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EVIDENT

# 2026 Open Enrollment Presentation

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# WE'RE SO GLAD YOU'RE HERE.

**THIS YEAR'S OPEN ENROLLMENT IS FULLY ACTIVE.**  
**YOU MUST ACTIVELY ENROLL, TO HAVE BENEFITS**  
**FOR 2026**

This presentation provides an overview of Evident Scientific's benefits for the 2026 plan year. Please refer to your Employee Benefits Guide, for additional information.

# EVIDENT

**Open Enrollment is November 17 - November 23**

**Complete your elections for 2026 by:**

- **Phone: 5:00PM EST on Friday, November 21**
- **Online: 11:59PM EST on Sunday, November 23**



# IT'S NOT TOO LATE...

**Has your spouse already gone through Open Enrollment? No Problem**

**Employees will still have the opportunity to make educated decisions about benefits.**

- If you decide you want to go on your spouse's plan, termination of your Evident Scientific benefits will count as a Qualifying Life Event (QLE) - "Employee/Dependent lost other coverage," allowing you to join your spouse's plan.
- Likewise, if you decide you want to move to the Evident Scientific plan, and terminate your other qualified coverage, the enrollment in the Evident Scientific plan will count as a QLE - "Employee/Dependent gained other coverage," allowing you to terminate your other qualified coverage.



# 2026 OPEN ENROLLMENT

OPEN ENROLLMENT IS NOVEMBER 17 - NOVEMBER 23

## YOUR ACTION IS REQUIRED

This year's Open Enrollment will be a **fully active enrollment**. This means **you must log in and make your benefit elections** during the Open Enrollment period to have coverage for the 2026 plan year. Visit [www.evidentbenefits.com](http://www.evidentbenefits.com), and click “*Enroll Now*” on the home page. This will take you to your new benefits enrollment platform.

**If you do not take action, you will not have any of your current elected coverages** (such as medical, dental, or vision) for 2026. You will only be enrolled in the 100% employer-paid benefits.

Once Open Enrollment ends, changes to your benefits can only be made if you experience a **Qualifying Life Event (QLE)**, for example, marriage, birth or adoption of a child, or a change in other coverage. You have **30 days from the date of a QLE** to submit any benefit changes. If you do not make updates within that 30-day window, you will need to wait until the next Open Enrollment period.

This year's fully active enrollment is necessary due to **updates to the Evident Scientific MIS benefit plans**. We want every employee to take time to review the new plan options carefully and make selections that best fit your individual and family needs.

Your participation in this year's Open Enrollment is essential to ensure you have the benefits you want for 2026.



# CHANGES & ENHANCEMENTS FOR 2026

- **Health Plans:**

- **New PPO Plan → PPO Preferred**
  - Lowest cost option with the highest deductible, but includes the most free care
- **Plan Access:** All employees now has access to the PPO Plans

- **Medical Plan:**

- **Third Party Administrator:** Health Plans, Inc (HPI)
- **Network:** United Healthcare (UHC) + Harvard Pilgrim Healthcare (HPHC)
- **Medical Plan Concierge:** Pathways Concierge
- **Centers of Excellence:** Mayo Clinic
- **Benefits App:** Medxoom
- **Telemedicine:** Doctors on Demand

- **Pharmacy Plan:**

- Veracity Rx, utilizing the ProCare platform
  - Copay differential based on Select and Non-Select pharmacies

- **Free, Top Quality Care:** Garner Health provides free care when seeing top-quality doctors

- Free Care → up to 100% of your out-of-pocket cost for both PPO Plans
  - HSA Saver Plan is “search only” for Garner



# CHANGES & ENHANCEMENTS FOR 2026

- **Vision:**

- Carrier change → Ameritas
- New enhanced Dual Network option
  - Employees elect VSP or EyeMed during Open Enrollment



- **Critical Illness, Accident and Hospital Indemnity:**

- Carrier change → New York Life



- **Health Savings Account (HSA):**

- Administrator change → Empower



- **Identify Theft Protection:**

- Provider change → Allstate





# WHAT'S STAYING THE SAME

- **EAP** is remaining with CareBridge, which will be integrated into AllOne Health effective January 1, 2026
- **Dental** is remaining with Delta Dental Massachusetts
- **Global Travel Program** is remaining with UHC
- **Global Travel Benefits** is remaining with Zurich
- **Life Insurance and Disability** are remaining with NY Life
- **Flexible Spending Accounts** are remaining with VOYA
- **401K Plans** are remaining with Empower
- **Paid Time Off Benefits** are remaining the same
- **The Employee Discount Program** is remaining with Benefits Hub
- **Spousal and Tobacco Surcharges** are staying the same







# BENEFITS OVERVIEW

## YOUR 2026 BENEFITS

Evident Scientific benefits are tailored to you, prioritizing your health and well-being. Evident Scientific is dedicated to providing you with options for free access to high-quality care, ensuring peace of mind and a sense of well-being for both you and your family.

### **100% paid by Evident Scientific:**

- Basic Life and AD&D
- Disability: STD and LTD
- Global Travel Benefit
- Employee Assistance Program (EAP)

### **Significant contribution from Evident Scientific:**

- Medical and Pharmacy
- Dental
- Health Savings Account (HSA)

### **100% Employee Paid**

- Vision
- Voluntary Life and AD&D
- Flexible Spending Accounts (FSA)
- Critical Illness
- Accident
- Hospital Indemnity



# BENEFITS OVERVIEW

## ELIGIBILITY

### EMPLOYEE ELIGIBILITY

Employees who work at least 30 hours per week and their eligible dependents may participate in the Evident Scientific benefits program.

### DEPENDENT ELIGIBILITY

For the Evident Scientific benefits program, dependents are defined as:

- Your legal spouse
- Your qualified domestic partner
- Your children up to the age of 26
  - Disabled overage dependents may be eligible with additional documentation

### WHEN DOES COVERAGE BEGIN?

**New Hires:** All benefits are effective on your date of hire. Employees have 30 days to complete their New Hire Enrollment.

**Rehires:** All benefits are effective on your date of rehire.

**Open Enrollment:** All benefits are effective on 1/1/2026

**QLE:** All benefits are effective on the date of event.

### WHEN DOES COVERAGE END?

**Employment Termination:** End of the month in which termination occurs.

**QLE Termination:** On the date of event.

**26 Y/O Dependent Termination:** End of the month in which the dependent turns 26.

**It is crucial that you verify your dependent information, during your enrollment. Incorrect dependent information will result in denied claims.**



# BENEFITS OVERVIEW

## QUALIFYING LIFE EVENTS

In general, you may only make or change your existing benefit elections as a new hire or during the annual open enrollment period. However, you may change your benefit elections during the year if you experience a Qualifying Life Event (QLE) such as:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Loss or gain of other coverage by the employee or dependent
- Eligibility for Medicare or Medicaid

You have **30 days** from the Qualifying Life Event to make changes to your coverage. Depending on the type of event, you may need to provide proof of the event, such as a marriage license, birth certificate, etc. If you do not make the changes within 30 days of the Qualifying Life Event, you will have to wait until the next open enrollment period to make changes (unless you experience another Qualifying Life Event).

# ⊕ SURCHARGES

## SPOUSAL AND TOBACCO SURCHARGE

Spousal Surcharge
<b>\$60k and under: \$1,200 annually</b>
<b>\$60k to \$140K: \$1,500 annually</b>
<b>greater than \$140k: \$1,800 annually</b>

If your spouse/qualified domestic partner is employed or self-employed and is eligible to enroll in his/her employer's group medical plan and you choose to cover him/her in an Evident Scientific sponsored medical plan, then the spousal surcharge may apply to you. The spousal surcharge is a per-pay-period charge that you will pay in addition to your regular medical employee contribution. The surcharge does not apply to coverage under the dental or vision plans.

The spousal surcharge is based upon your annual pay or, if you receive commission, upon your Annual Benefits Base Rate (ABBR). The spousal surcharge is spread throughout the year and added to the total per-pay-period medical deduction.

## IMPORTANT NOTICE IF YOU USE NICOTINE/TOBACCO

Going nicotine- and tobacco-free is one of the most important steps you can take to maintain good health. A nicotine/tobacco surcharge applies to employees, spouses, and domestic partners who use tobacco products and participate in any health plan sponsored by Evident Scientific. The surcharge is \$20 biweekly per person, or \$40 if both you and your spouse/domestic partner use these products. Upon enrolling in the health plan, you will be asked to attest to your nicotine/tobacco usage. Your nicotine/tobacco status also impacts the rate you pay for Voluntary Life Insurance.

# ⊕ SURCHARGES

EVIDENT

## ACHIEVE HEALTH TOBACCO CESSATION PROGRAM



### A tobacco-free life is within reach

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

#### The program is:

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

#### How we can help

Together, you and your health coach will:

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

#### How it works

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

#### Not quite ready to quit?

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

**We'll be here for you every step of the way along your journey to quit. Give us a call at 866-234-4635 to get started.**

**Program Completion will result in Surcharge Being Removed**



# EVIDENT

## Benefits Service Center

# BENEFITS SERVICE CENTER

## WE'RE THERE WHEN YOU NEED US MOST

**Call:** (888) 599-9934

**Email:** [help@evidentbenefits.com](mailto:help@evidentbenefits.com)

Monday - Thursday 8am - 6pm EST

Friday 9am - 5pm EST

**Contact the Benefits Service Center for assistance with:**

- Plan Enrollment/Changes
- Finding a doctor
- How to file a claim
- Understanding your benefits
- Processing a Qualifying Life Event (QLE)

# ⊕ MEDICAL AND PHARMACY

EVIDENT

## OVERVIEW

For the 2026 plan year, you and your covered dependents have the option to choose between the below three medical plans, administered by Health Plans, Inc. (HPI):

- **PPO Preferred (NEW)**
- **HSA Saver**
- **PPO Premier**

### Network:

- **New England:** Harvard Pilgrim Healthcare (HPHC) Network
- **All other States:** United Healthcare (UHC) Choice Network



## MEDICAL PLAN ADMINISTRATOR

Contact HPI for ID Card requests, pre-authorizations for treatment, coverage questions, and claims issues. Member portal: [hpiTPA.com](http://hpiTPA.com) | 888-340-5487 | [PathwaysConcierge@urmedwatch.com](mailto:PathwaysConcierge@urmedwatch.com)



## EXPECT EXCELLENCE

Excellent care for the most complex conditions. Plus, 100% of your costs are covered when go through the Mayo Clinic Centers of Excellence program. Contact Pathways Concierge to see if you qualify. 888-340-5487 | [PathwaysConcierge@urmedwatch.com](mailto:PathwaysConcierge@urmedwatch.com)





# ⊕ MEDICAL AND PHARMACY

## PLAN DESIGN AND RATES



	PPO Preferred (NEW)	HSA Saver	PPO Premier
	In-Network	In-Network	In-Network
Garner Benefit (Reimbursement)	\$9,000 / \$18,000	-	\$5,500 / \$11,000
Employer HSA Contribution	N/A	\$600 / \$1,200	N/A
Plan Out of Pocket			
Deductible	\$6,000 / \$12,000	\$3,500 / \$7,000	\$2,000 / \$4,000
Coinsurance (member pays)	30%	20%	20%
Out-of-Pocket Max	\$9,000 / \$18,000	\$7,000 / \$14,000	\$5,500 / \$11,000

**2026 Premium Impact:**  
PPO Preferred: +5%  
HSA Saver: +10%

Biweekly Rates (<\$60k)				Biweekly Rates (\$60k-\$140k)				Biweekly Rates (>\$140k)			
	PPO Preferred	HSA Saver	PPO Premier		PPO Preferred	HSA Saver	PPO Premier		PPO Preferred	HSA Saver	PPO Premier
Employee	\$22.84	\$23.94	\$105.99	Employee	\$31.41	\$32.91	\$116.59	Employee	\$35.00	\$36.68	\$139.90
Employee + Spouse	\$88.24	\$92.47	\$287.52	Employee + Spouse	\$92.08	\$96.50	\$304.11	Employee + Spouse	\$104.81	\$109.84	\$364.93
Employee + Child(ren)	\$41.56	\$43.56	\$201.13	Employee + Child(ren)	\$53.45	\$56.01	\$218.97	Employee + Child(ren)	\$57.47	\$60.23	\$262.76
Family	\$120.95	\$126.75	\$373.22	Family	\$127.39	\$133.51	\$391.19	Family	\$145.58	\$152.57	\$469.43

# ⊕ MEDICAL AND PHARMACY

## PLAN DESIGN

Office Visits	PPO Preferred (NEW)	HSA Saver	PPO Premier
Primary Care Provider (PCP)	\$75 Copay	deductible, then 20%	\$30 copay
Specialist	\$150 Copay	deductible, then 20%	\$50 copay
Outpatient Therapies (PT, OT)	\$75 Copay	deductible, then 20%	\$50 copay
Testing			
Diagnostic Lab Test or X-ray	deductible, then 30%	deductible, then 20%	deductible, then 20%
Imaging (CT / MRI)	deductible, then 30%	deductible, then 20%	deductible, then 20%
Outpatient Surgery			
Facility Fee	deductible, then 30%	deductible, then 20%	deductible, then 20%
Physician Fees	deductible, then 30%	deductible, then 20%	deductible, then 20%
In-patient Surgery/ Hospitalization Services			
Facility Fee	deductible, then 30%	deductible, then 20%	deductible, then 20%
Physician Fees	deductible, then 30%	deductible, then 20%	deductible, then 20%
Emergency Care			
Emergency Room	\$750 Copay, waive if admitted	deductible, then 20%	\$500 Copay, waive if admitted
Urgent Care	\$75 Copay	deductible, then 20%	\$50 copay

**Remember: Use Garner to have your eligible deductible, copays, and coinsurance reimbursed on the PPO Plans!**

⊕ **Emergency Room does not qualify for Garner reimbursements**

# ⊕ MEDICAL AND PHARMACY

## FREE, TOP-QUALITY CARE

Garner Health is a **free benefit** that helps you find the highest quality doctors, while saving you up to \$18,000 per year.

### PPO Preferred (NEW):

Up to: \$9,000 (Individual) or \$18,000 (EE + Dependents) Reimbursement

**HSA Saver:** Garner search access only

### PPO Premier:

Up to: \$5,500 (Individual) or \$11,000 (EE + Dependents) Reimbursement

### Quality Care Matters:

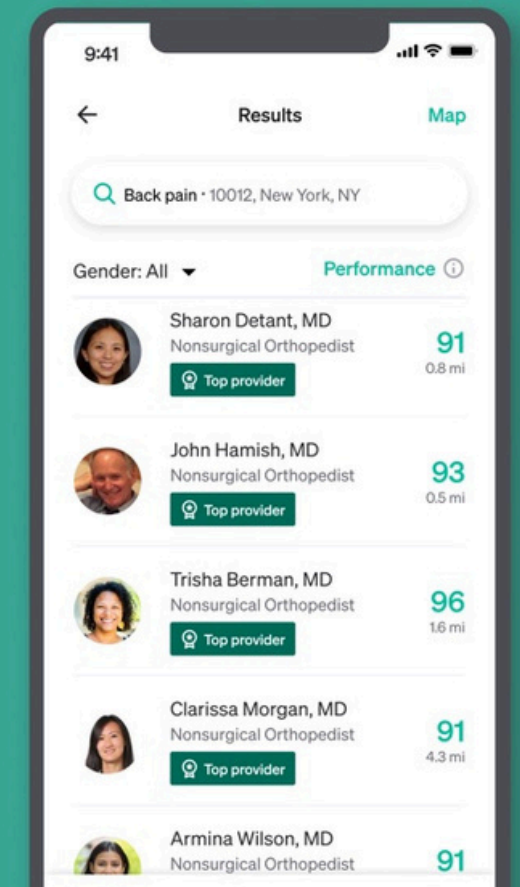
- Top doctors can be hard to find.
- The best doctors are often the least expensive.
- Missed diagnoses, unnecessary surgeries, and bad health outcomes are painful and expensive.
- **With Garner, it's free and easy to see the very best doctors.**

+ Emergency Room and Prescription Drug charges do not qualify for Garner reimbursement

EVIDENT

garner

Find the top 20% of doctors in your area, based on data analysis





# MEDICAL AND PHARMACY

EVIDENT

## FREE, TOP-QUALITY CARE

### Getting Started:

1. Register for Garner (App or Website)
2. Get a Garner Recommendation before visiting the doctor:
  - a. via App, Website, Email, or Phone
3. Visit the recommended Garner provider
4. Several weeks after your visit, you will receive a check or bank deposit from Garner, which matches your deductible, copay, and/or coinsurance expense at the Garner recommended provider.

**Note: The HSA Plan is only eligible for Garner Search, not Garner reimbursements.**

FIND THE BEST DOCTORS  
IN YOUR AREA

garner



Visit [getgarner.com/signup](https://getgarner.com/signup) to get started.

Download the **Garner Health App**

Email [concierge@getgarner.com](mailto:concierge@getgarner.com) or

call **866-761-9586** to locate the top doctors in your area

FAQ's: [mygarnerguide.com](https://mygarnerguide.com)

# ⊕ MEDICAL AND PHARMACY

## PHARMACY BENEFITS

30-Day Retail	PPO Preferred (NEW)	HSA Saver	PPO Premier
	Select/Non-Select	Select/Non-Select	Select/Non-Select
Generic	\$5 / \$25	deductible, then \$5 / \$25	\$5 / \$25
Preferred Brand	\$35 / \$55	deductible, then \$25 / \$45	\$25 / \$45
Non-preferred Brand	\$70 / \$90	deductible, then \$50 / \$70	\$50 / \$70
Specialty	Contact Veracity Rx for Assistance		
90-Day Retail - Select Pharmacies Only			
Generic	\$15	deductible, then \$15	\$15
Preferred Brand	\$105	deductible, then \$75	\$75
Non-preferred Brand	\$210	deductible, then \$150	\$150
<b>Important Notes:</b> <ul style="list-style-type: none"><li>• <b>30-Day Retail</b> copays increase +\$20 at Non-select pharmacies (CVS, Walgreens, Target and Rite-Aid)</li><li>• <b>90-Day Retail</b> is available at Select pharmacies only (all other pharmacies)</li><li>• <b>Mail Order</b> copays increase +\$5 vs. 90-Day Retail</li></ul>			

**Note: Prescription copays are not eligible for Garner reimbursement.**

# ⊕ MEDICAL AND PHARMACY

## PHARMACY BENEFITS

EVIDENT



### Pharmacy Benefits Partner

VeracityRx will oversee and manage your pharmacy benefits. As your benefits partner, VeracityRx will handle all claims and customer service functions including Specialty and Personal Importation pharmacy fulfillment.

**New for 2026:** Select vs. Non-Select Pharmacy Tiered Copays

### Where You Can Fill Prescriptions

- **30 Day Retail:**
  - A \$20 copay difference applies between Select and Non-Select Pharmacies. This differential applies to all medical plans and all prescription tiers.
  - **Select Pharmacies:** Most independent, grocery, and retail pharmacies (e.g., Walmart, Costco, Kroger, Publix).
  - **Non-Select Pharmacies:** CVS, Walgreens, Target, and Rite-Aid.
  - Filling prescriptions at a Select Pharmacy will help you avoid higher copays and reduce overall plan costs.
- **90 Day Retail:** Select Pharmacies only (e.g., Walmart, Costco, Kroger, Publix).
- **Mail Order; Specialty Medications; and Personal Importation Program:** contact VeracityRx to get started.

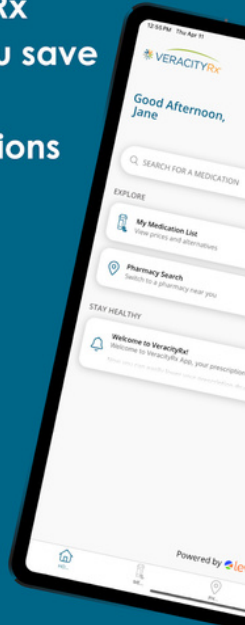
### Member Portal Access and Benefits Management

- Register for your member portal access
- Use your online account to:
  - Review your prescription claims history or individual prescriptions
  - Look up a drug to identify formulary status and preferred alternatives
  - Locate network pharmacies

### Mobile App

Download the free VeracityRx App from the AppStore or Google Play Store.

VeracityRx  
helps you save  
on your  
prescriptions



# ⊕ MEDICAL AND PHARMACY

## PHARMACY BENEFITS



### Preventive and Maintenance Medications

Many preventive and maintenance medications for chronic conditions are available for a \$0 cost. A comprehensive list can be found on the Resources section of the Evident Benefits Website or may be requested by emailing [help@evidentbenefits.com](mailto:help@evidentbenefits.com).

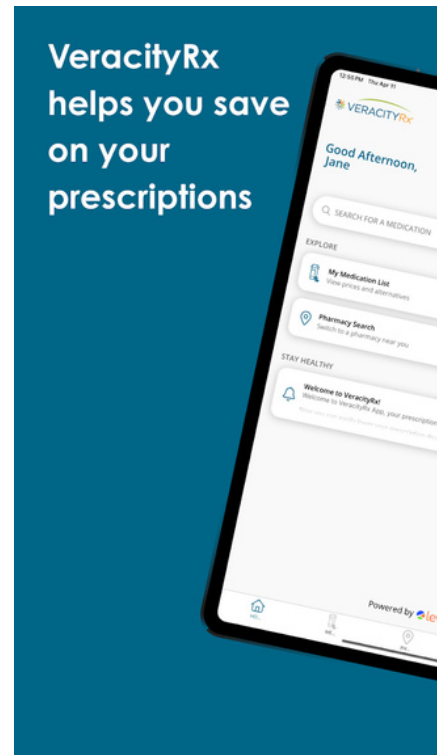
### Specialty Pharmacy Services

- **Specialty Medications**

- For more information on specialty drugs, please go to [www.veracity-rx.com](http://www.veracity-rx.com) and complete the “Enrollment Form”. Once completed, a VeracityRx Specialty team member will be in touch.

- **Personal Importation Medications**

- Medications that can be obtained internationally (from Canada) can also be acquired through VeracityRx Pharmacy Services. When the medications are obtained this way, the cost to you is \$0 Copay. If you choose not to participate, you will be responsible for 50% of the cost of the medication at your local pharmacy.





# ⊕ MEDICAL AND PHARMACY PATHWAY'S CONCIERGE



The Pathways concierge team knows all about your benefits and can help you with anything healthcare related. Their services are part of your benefit plan and are always free to you and your covered dependents.

## **Call Pathways with questions on:**

- Finding a doctor or hospital
- Understanding your health plan
- Help with a bill or a claim
- Your copay amounts and when you'll pay them
- The cost you'll pay for a procedure
- To speak directly to a nurse regarding your a medical condition, prescriptions, or care plans

## **Pathways can also help you with things like:**

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

**You and your dependents will not be in the Pathways Concierge system until your coverage effective date. Due to this, Pathways may have difficulty locating you in their system, until your coverage is effective**

## **Just one more thing to know:**

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



**Questions? Contact Pathways Concierge:**  
**Call Monday - Friday 8am - 8pm EST**  
**888-340-5487**

# ⊕ MEDICAL AND PHARMACY

## MAYO CLINIC CENTERS OF EXCELLENCE PROGRAM

EVIDENT



### MAYO CLINIC

Autoimmune Disorders

Cancer

Complex Pediatrics

Gastrointestinal Disorders

Rare Blood Disorders

Nuerological Disorders

Spine Surgery

Organ Transplants

Undiagnosed Symptoms



# MOBILE BENEFITS HUB

## MEDXOOM: BENEFITS APP

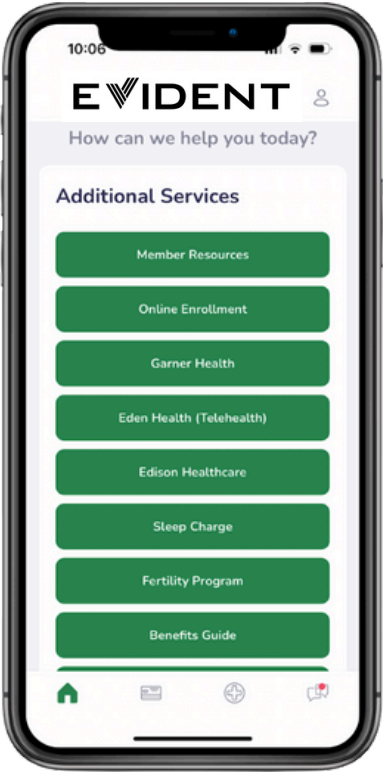


Make the most of your benefits conveniently from your smartphone. Access your ID cards and necessary information whenever you require it. Your benefits are easily accessible through the Medxoom app or by visiting [member.medxoom.com](https://member.medxoom.com) for online access.

- Download the app and register using your social security number and date of birth (rest assured, your information remains private and secure).
- Check your profile details by clicking on your name in the upper right-hand corner.

### KEY FEATURES:

- View Insurance ID Cards
- View Medical Claims History
- See your YTD Deductible and Maximum Out of Pocket
- Links to all other Benefits Programs



***You must be enrolled in an Evident Scientific medical plan to have access to Medxoom.***

# ⊕ VISION OVERVIEW

Network Choices: **vsp** vision.

OR

**eyeMed**

**EVIDENT**  
**Ameritas** 

Evident Scientific offers Vision insurance through Ameritas, which allows you to choose whether you would like to participate in the VSP Focus Choice vision network or the EyeMed Insight vision network. Choose carefully, as the network you choose will remain your network for the entire 2026 plan year. Using participating network providers will help you to maximize your benefits. You can find participating providers by going to: [www.ameritas.com](http://www.ameritas.com); select “Health”; “Find a Health Provider”; scroll down to “Find a Vision Provider” and select either VSP or EyeMed, depending on your plan choice. This link will take you to the appropriate VSP or EyeMed provider search.



## Member Account

Register for or log in to your member account at [VSP.com](http://VSP.com), then verify your coverage and eligibility. Access your ID card and find a provider directly from your account. Manage your vision benefits anytime by downloading the VSP Vision Care app.



## Member Account

Register or log in to your member account at [EyeMed.com](http://EyeMed.com) and locate the MyBenefits page to verify your coverage and eligibility. Access your ID card and find a provider directly from your account. Manage your vision benefits anytime by downloading the EyeMed Members app.

Employee	\$2.77
Employee + Spouse	\$5.53
Employee + Child(ren)	\$7.20
Family	\$8.86

## Contact Information

**VSP** (benefit/claims/network questions)

[800-877-7195](tel:800-877-7195)

**EyeMed** (benefit/claims/network questions)

[866-289-0614](tel:866-289-0614)

**Ameritas** (billing/administration/ID card/  
network questions)

[800-487-5553](tel:800-487-5553)

[group@ameritas.com](mailto:group@ameritas.com)

# VISION

## PLAN DESIGN

Network Choices: **vsp** vision.

OR

eyemed

EVIDENT

Ameritas 

	VSP Focus - Choice Network		EyeMed ViewPointe - Insight Network	
	In Network	Out of Network Reimbursement	In Network	Out of Network Reimbursement
<b>Deductibles</b>	\$0 Exam \$0 Eye Glass Lenses/Frames	\$20 Exam \$20 Eye Glass Lenses/Frames	\$0 Exam \$0 Eye Glass Lenses	No deductible
<b>Eye Exam</b>	Covered in full	Up to \$45	Covered in full	Up to \$52
<b>Contact Lens Fitting and Follow-up</b>	Up to \$60	Non-reimbursable	Standard: Up to \$40 Premium: 10% off of retail	Non-reimbursable
<b>Frames Allowance</b>	\$150 <i>Costco and Walmart amount will be wholesale equivalent</i>	Up to \$70	\$150	Up to \$104

**Frequencies (Exam / Lenses / Frames / Contacts) : Every 12 months**

# VISION

## PLAN DESIGN

Network Choices: **vsp** vision.

OR

eyemed

EVIDENT

Ameritas 

	VSP Focus - Choice Network		EyeMed ViewPointe - Insight Network	
	In Network	Out of Network Reimbursement	In Network	Out of Network Reimbursement
Lenses				
Single	Covered in full	Up to \$30	Covered in full	Up to \$68
Bifocal	Covered in full	Up to \$50	Covered in full	Up to \$96
Trifocal	Covered in full	Up to \$65	Covered in full	Up to \$130
Lenticular	Covered in full	Up to \$100	20% discount	Non-reimbursable
Progressive	Cost will vary by option	Non-reimbursable	Cost will vary by option	N/A
Lens Treatment	Additional costs and copays may apply. Refer to benefits summary for complete details.		Additional costs and copays may apply. Refer to benefits summary for complete details.	
Contacts Allowance				
Elective	Up to \$150	Up to \$120	Up to \$150	Up to \$104
Medically Necessary	Covered in full	Up to \$210	Covered in full	Up to \$200
Lasik and PRK Vision Correction	Avg. discount: 15% off retail / 5% off promotional at participating providers.	Lasik: \$1,800/\$2,300 PRK: \$1,500 <i>*VSP provider must coordinate procedure</i>	Avg. discount: 15% off retail / 5% off promotional at participating providers.	Non-reimbursable



# DENTAL



EVIDENT

	In-Network
<b>Deductible (Individual/Family)</b>	\$50 Individual / \$150 Family waived for Diagnostic and Preventive
<b>Calendar Year Maximum</b>	\$2,000 per person
<b>Diagnostic Care (No deductible)</b>	100%
<b>Preventive Care (No deductible)</b>	100%
<b>Restorative</b>	80%
<b>Major Restorative</b>	60%
<b>Orthodontics</b>	
<b>Coverage for children up to age 19</b>	60%, after deductible, \$2,000 lifetime max

With Delta Dental of Massachusetts, you can see any dentist of your choosing. If you choose a dentist in the Delta Dental PPO or Premier network, you will ensure lower out-of-pocket costs. You can locate in-network providers by visiting [deltadentalma.com](https://deltadentalma.com) and selecting “Find a Dentist”.

Dental Biweekly Rates	
<b>Employee</b>	\$4.38
<b>Employee + Spouse</b>	\$8.72
<b>Employee + Child(ren)</b>	\$11.38
<b>Family</b>	\$16.85







# LIFE INSURANCE

## BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

EVIDENT



Life insurance is an important part of your financial wellbeing, especially if others depend on you for support.

**Evident Scientific provides Basic Life and Accidental Death and Dismemberment (AD&D) insurance to you at no cost, equal to 2x Base Annual Earnings, rounded to the next \$1,000.**

The benefit amount is subject to a minimum of \$10,000 and a maximum of \$500,000. **This coverage is 100% paid by Evident Scientific.**

**Basic Life Insurance and Imputed Income:** The IRS requires you to be taxed on the value of employer-provided group term life insurance over \$50,000. The taxable value of this life insurance coverage is called “imputed income.” The imputed cost of coverage over \$50,000 must be included in your income and is subject to taxation. To avoid this imputed income, employees can elect a flat \$50,000 in coverage as opposed to 2x annual salary. On your paycheck you will see an amount (code 19) under deductions and the same amount under earnings. **If an employee does not complete an active enrollment, they will be automatically enrolled in the \$50,000 option, to avoid imputed income.**



# LIFE INSURANCE

## VOLUNTARY LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

EVIDENT



You may choose to purchase additional life and AD&D coverage for yourself and your dependents at affordable group rates. Rates are based on age and the coverage level chosen.

Voluntary Life and AD&D Insurance for you	
Employee	<ul style="list-style-type: none"><li>You can elect the benefit in increments of \$10,000 up to a max of \$500,000</li><li>Guaranteed Issue: up to \$350,000</li></ul>
Voluntary Life and AD&D Insurance for your dependents	
Spouse	<ul style="list-style-type: none"><li>May elect in increments of \$5,000 (not to exceed 50% of the employee's voluntary life and AD&amp;D coverage)</li><li>Up to a \$250,000 max, not to exceed 50% of employee amount</li><li>Guaranteed Issue: up to \$50,000</li></ul>
Child(ren) - birth to age 26	<ul style="list-style-type: none"><li>\$5,000 or \$10,000 per child</li><li>Covered from Birth</li><li>Must be added within 31 days of birth</li></ul>

### Special Enrollment Opportunity!

This Open Enrollment, Employees and Spouses can elect up to the Guaranteed Issue Amount, without health questions and/or a physical exam.

**Spouse Life Rates are based on the Employee age**

**Important:** If you use tobacco products and you fail to confirm this through the Tobacco Certification question, NYL has the right to deny any benefits payable under the plan. Anyone requesting an increase in his/her supplemental life insurance benefit amounts may be subject to Evidence of Insurability (EOI) by NYL.



# DISABILITY

Disability insurance provides income replacement should you become disabled and unable to work due to a non-work-related illness or injury. The company provides disability coverage at no cost as shown below. This coverage is 100% paid by Evident Scientific, and no action is required to enroll.

Short-Term Disability (STD)	<ul style="list-style-type: none"><li>• &lt; 1 year of service: 50% of covered earnings</li><li>• 1 - 2 years of service: 60% of covered earnings</li><li>• 2 - 3 years of service: 70% of covered earnings</li><li>• 3 -4 years of service: 80% of covered earnings</li><li>• 4 - 5 years of service: 90% of covered earnings</li><li>• &gt; 5 years of service: 100% of covered earnings</li></ul>
Long-Term Disability (LTD)	<ul style="list-style-type: none"><li>• Employees who <b>are not</b> commission eligible: 60% of your base salary, to a maximum of \$10,000 per month if you are disabled and are unable to work for more than 180 days.</li><li>• Employees who <b>are</b> commission eligible: 60% of your Annual Benefits Base Rate (ABBR), to a maximum of \$10,000 per month if you are disabled and are unable to work for more than 180 days.</li><li>• Benefits are offset with other sources of income, such as Social Security and Workers' Compensation.</li></ul>

**Family Medical Leave Act (FMLA):** If you have been with the company for 12 months, you may be eligible for up to 12 work weeks of unpaid leave per year, under the Family and Medical Leave Act (FMLA). FMLA can be used for an illness of your own, care needed for a family member, care for a newborn, and certain other medical needs.

# ⊕ VOLUNTARY BENEFITS

## CRITICAL ILLNESS

### How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment.

**Pre-existing conditions are excluded**

### What's the benefit?

It can help you with out-of-pocket costs, such as medical expenses or day-to-day expenses.

### Health Screening Benefit (\$50)

Each covered family member can receive \$50 per screening per year for getting a

### Covered Screening Test:

- Annual exams: physicals, well-child visits, or dental and vision exams
- Screenings for cancer: including pap smear and colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

**Rates will be calculated during enrollment, as rates are based on age and benefit amount.**



EVIDENT

	Benefit Amount	Guaranteed Issue Amount
Employee	\$10,000, \$20,000 or \$30,000	\$30,000
Spouse	100% of employee amount	\$30,000
Child(ren)	50% of employee amount	\$15,000

Covered Conditions	
Stroke	100%
Heart attack	100%
Coronary artery disease (with bypass or intervention)	100%
Major organ failure	100%
End stage (renal) kidney failure	100%
Invasive cancer	100%
Non-invasive cancer	25%
Skin cancer	2.5%

# ⊕ VOLUNTARY BENEFITS

## ACCIDENT



Accident Insurance provides a lump-sum cash benefit based on the type of injury you have and the type of treatment you need.

### What's the benefit?

It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles. However, you can use the money for whatever you would like.

### Health Screening Benefit (\$50)

Each covered family member can receive \$50 per screening per year for getting a

#### Covered Screening Test:

- Annual exams: physicals, well-child visits, or dental and vision exams
- Screenings for cancer: including pap smear and colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

### Organized Sports Benefit (+25%)

If the covered member's injury is due to Organized Sports, the benefit will increase by 25% to a maximum additional benefit of \$1,000.

Accident Biweekly Rates	
Employee	\$3.96
Employee + Spouse	\$7.15
Employee + Child(ren)	\$8.46
Family	\$11.65

Accident Type	Benefit Amount
Fractures	\$300 - \$8,000
Dislocations	\$200 - \$6,000
Other Common Injuries	
Burns (2nd and 3rd degree)	\$900 - \$12,000
Coma	\$12,000
Concussion	\$500
Paralysis	\$10,000 - \$20,000
Lacerations	\$30 - \$600
Emergency and Hospitalization Benefits	
Ambulance (ground and air)	\$500 / \$2,000
Emergency room	\$200
Urgent care	\$200
Hospital admission	\$1,000

# ⊕ VOLUNTARY BENEFITS

## HOSPITAL INDEMNITY



Hospital Indemnity insurance pays you a fixed cash benefit directly if you’re admitted to the hospital, regardless of your other health insurance coverage.

### What’s the benefit?

It can be used for out-of-pocket expenses or anything you need during your recovery.

Benefit	Benefit Amount
Admission Benefits	
Hospital admission benefit	\$1,000
Intensive Care Unit (ICU) admission benefit	\$2,000
Confinement Benefits	
Daily inpatient hospital confinement benefit	\$200
Newborn/healthy baby confinement benefit	\$500
Intensive Care Unit (ICU) confinement benefit	\$400
Rehabilitation facility confinement	\$100
Short stay/observation unit	\$100

Hospital Indemnity Biweekly Rates	
Employee	\$7.48
Employee + Spouse	\$20.27
Employee + Child(ren)	\$13.14
Family	\$25.93



# IDENTITY THEFT

## ALLSTATE IDENTITY PROTECTION



The Allstate Identity Protection Pro+ and Pro+ Cyber Plan gives you the tools and protection to monitor activity, stop identity theft early, and resolve it quickly. Most victims only discover they have a problem when they are denied credit or receive bills for items never ordered. We encourage you to consider this benefit as a proactive step to help protect your personal information.

### Benefits include but are not limited to:

- Proactive Credit Monitoring
- Credit Score Tracking
- Social Media & Dark Web Monitoring
- Student Loan Activity Alerts
- Lost Wallet Protection
- Data Breach Notifications
- Credit Freeze & Dispute Assistance
- Stolen Fund Reimbursement
- IP Address Monitoring
- Deceased Dependent Protection
- 24 / 7 Remediation Support

Identity Theft Biweekly Rates		
Coverage Level	Pro+	Pro+ Cyber
Employee	\$3.67	\$5.05
Employee + Family	\$6.90	\$9.21

### NEW Allstate Scam Protection<sup>SM</sup>

Moving beyond prevention, our new focus for 2026 is on more extensive scam protection. We're deeply committed to continuously improving our scam detection and alert systems to catch fraudulent activity before it causes harm. By giving your employees improved tools and tech to stay safe, we're putting scam control back in their hands.

### Also launching in 2026

- Expanding new reimbursements to include scams, social engineering, cryptocurrency fraud, and cyberbullying.
- Data removal tool for Pro+ Cyber that discovers and removes member data on broker sites automatically.
- Child credit checks to detect and prevent identity theft for minors with Pro+ and Pro+ Cyber family plans.
- Cybersecurity device expansion to 10 devices per individual or 10 per family member with a family plan.





# SPENDING ACCOUNTS

## HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

A Health Flexible Spending Account (FSA) allows you to set aside pre-tax money to pay for eligible health expenses.

### Eligible expenses may include:

- Copays and coinsurance
- Prescription medications
- Glasses or contact lenses
- Deductibles
- LASIK surgery
- Orthodontia

**2026 Contribution Limit: \$3,400**

### Use It or Lose It

The funds in your Healthcare FSA are use-it-or-lose-it, so it's important to accurately estimate your upcoming expenses.

Remember you must spend the entire balance for the plan year. You'll choose your contribution amount when you enroll during the open enrollment period.

This plan offers a roll-over feature, up to the IRS maximum for 2026 of \$680. With this feature, any remaining balance, up to the \$680, will roll over to the next calendar plan year automatically.



#### Prepaid debit card

Spend pre-tax dollars on eligible health, dependent care and/or commuter expenses using just one card. Smart card technology is coded into your card, so it can automatically pull funds from the proper account.



#### Convenient mobile app

Capture receipts, reimburse yourself for out-of-pocket expenses, view your account balance, complete transactions and more, all on the go with your mobile device.



#### Secure online portal

Complete the same tasks you can with the app — plus file claims, get email notifications and more through a secure consumer portal.



# SPENDING ACCOUNTS

## DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCAP)

A Dependent Care Flexible Spending Account (FSA) allows you to set aside pre-tax money to pay for eligible dependent care expenses. Expenses must be related to the care of a dependent child (under age 13, or any age with special needs) or dependent adult, and must enable you to work or attend school full-time.

### Eligible expenses may include:

- Daycare
- After-school care
- Preschool
- Adult day programs
- In-home care
- Summer day camp

### 2026 Contribution Limits:

**Married Employee, Filing Separately: \$3,750**

**Married or Single Parent: \$7,500**

### Use It or Lose It

The funds in your Dependent Care FSA are use-it-or-lose-it, so it's important to accurately estimate your upcoming expenses.

Remember you must spend the entire balance for the plan year or forfeit any remaining funds. You'll choose your contribution amount when you enroll during the open enrollment period.

This plan offers a run-out feature. Meaning, you have an additional 90 days into the next calendar year to submit claims that were INCURRED in 2026. Date(s) of service must have been in 2026.



# SPENDING ACCOUNTS

## HEALTHCARE SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) is a tax-advantaged account that helps you save and pay for healthcare expenses now and in the future. Your unused money automatically carries over year to year, and the HSA is yours to keep — even if you leave your job or change health plans.

### Eligible expenses may include:

- Doctor, dental & vision exams
- Copays and deductibles
- Prescription drugs
- Vision and dental expenses

### 2026 Employer Annual Contribution:

**Employee Only: \$600**

**Employee + Dependent: \$1,200**

### How Does It Work?

- During enrollment, you must sign up for a high deductible health plan and then sign up for an HSA.
- Choose how much money you'd like to have deducted from your paycheck each pay period to put into your HSA.
- You can use these funds immediately, up to the amount that's been put into your account.
- When paying for eligible expenses, use your Empower Benefit Accounts card for purchases, or use personal funds and get reimbursed.
- Save your receipts in case documentation is needed.
- An HSA through Empower is seamlessly connected to your workplace retirement account so you can easily access and manage your accounts in one place.



# EMPLOYEE ASSISTANCE PROGRAM (EAP)

## CONFIDENTIAL ASSISTANCE THAT'S EASY TO ACCESS.

When you reach out to AllOne Health (formerly CareBridge), you'll be immediately connected to a compassionate professional who will learn about you and your needs and customize a path to wellbeing. All the services available to you are kept confidential. Your privacy is important to us.

AllOne Health's EAP provides confidential, no-cost support for employees and their households, including 24/7 counseling, life and work coaching, legal and financial guidance, work-life referrals, and every day concierge assistance to help manage personal, family, and workplace challenges.



888-451-1834



AllOneHealth.com

Access Code: R5WET



# OPEN ENROLLMENT

NOVEMBER 17 - NOVEMBER 23

## Benefits Service Center



### ONLINE:

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



### PHONE:

(888) 599-9934

Mon - Thurs: 8am - 6pm EST

Fri: 8am - 5pm EST

**ENROLLMENT IS FULLY ACTIVE, MEANING YOU MUST COMPLETE YOUR ENROLLMENT TO HAVE BENEFITS IN 2026.**

**CURRENT BENEFITS FROM 2025 WILL NOT CARRY-OVER.**

**Email: [help@evidentbenefits.com](mailto:help@evidentbenefits.com)**

# Appendix



# DEPENDENT ELIGIBILITY VERIFICATION

## COVERING DEPENDENTS

If you choose to cover dependent(s) on your medical, dental, or vision plan(s) and have not previously submitted dependent verification documents, you will receive an email from the Benefits Service Center, following enrollment, with a request for supporting documentation.

Evident Scientific takes pride in offering a benefits package that ensures employees and their families have the best quality care, while keeping your premiums and out of pocket costs as low as possible. This process helps ensure that your premiums aren't inadvertently spent on an ineligible member. Please be sure to provide the dependent documentation by the deadline indicated in the email for your dependent(s) to have coverage.

- Legal spouses, qualified domestic partners, and child(ren) to age 26 are eligible for coverage.
- **Spouses** who enroll in the Evident Scientific plan but are eligible for other coverage through their employer, are subject to a Spousal Surcharge.
- **Children** are eligible until their 26th birthday:
  - This includes stepchildren living at your address or children for which you have legal custody.
  - Overage (age 26+) dependent children who are incapable of self-support because of a physical or mental disability are eligible. Supporting documentation from a licensed physician is required.

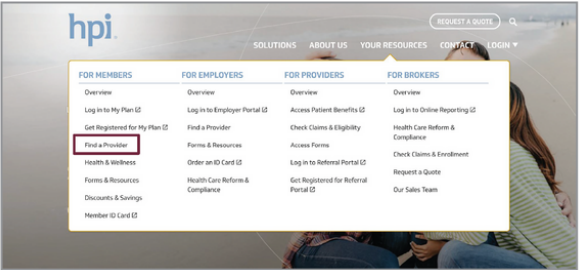


# FIND A NETWORK PROVIDER

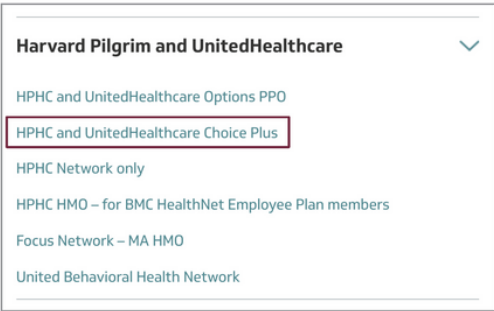
## HPHC AND UNITED HEALTHCARE CHOICE PLUS



1) Go to [hpiTPA.com](https://hpiTPA.com) and visit the Your Resources menu. Then, under For Members, click **Find a Provider**.

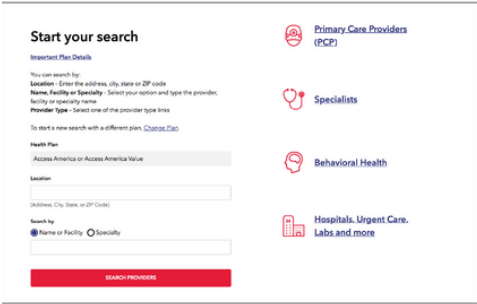


2) Choose **HPHC** and **UnitedHealthcare Choice Plus Network** from the Harvard Pilgrim and UnitedHealthcare network list.

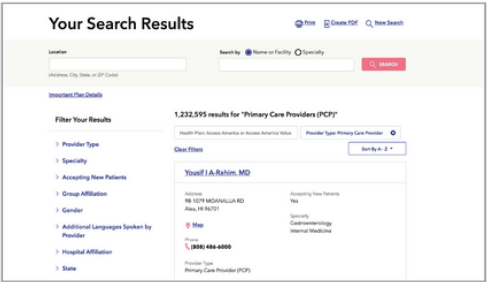


3) To find a provider, you can search by:

- **Location:** Enter an address, city, state or ZIP Code.
- **Name, Facility or Specialty:** Select your option and type in the provider, facility or specialty name.
- **Provider Type:** Select one of the provider type links.



4) View your results. You can refine your results by choosing from the Filter Your Results list.



Questions? Contact Pathways Concierge:  
Call Monday - Friday 8am - 8pm EST  
**888-340-5487**







# HPI ONLINE ACCESS: MY PLAN

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

## Register in Minutes!



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

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



**Questions? Contact Pathways Concierge:**  
**Call Monday - Friday 8am - 8pm EST**  
**888-340-5487**



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

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



*On your mobile device!*



# DENTAL



EVIDENT

With Delta Dental of Massachusetts, you can see any dentist of your choosing. If you choose a dentist in the Delta Dental PPO or Premier network, you will ensure lower out-of-pocket costs. You can locate in-network providers by visiting [deltadentalma.com](https://deltadentalma.com) and selecting “Find a Dentist”.

## Member Resources

### Visit [deltadentalma.com](https://deltadentalma.com):

- Find a Dentist search tool
- Online Dental Care Cost Estimator
- Healthy Living discount program information
- Oral health blog
- Customer Care contact information

### Login to Delta Dental’s [secure, online member portal](#):

- Find a Dentist search tool
- Benefit and plan overview
- Review coverage and claims history
- View benefit maximums

### Visit [TeleDentistry.com/DDMA](https://TeleDentistry.com/DDMA):

- Virtual dentist appointments for emergency or urgent dental issues

### Download the Delta Dental Mobile App:

- Mobile ID card
- Coverage information
- Find a Dentist search tool
- Claims history
- Dental Care Cost Estimator

## FIND AN IN-NETWORK PROVIDER

Visit [deltadentalma.com](https://deltadentalma.com) and use the “Find a Dentist” search tool. Follow prompts and select the Delta Dental PPO Plus Premier as the network, then enter your Zip code.

Visit in-network dentists to minimize your out-of-pocket expenses and prevent balance billing.



Questions? Contact Customer Care:

Call Monday-Friday 8am - 8pm ET

**800-872-0500** or email [customer.care@deltadentalma.com](mailto:customer.care@deltadentalma.com)





# UHC GLOBAL TRAVEL PROGRAM



When traveling on company business outside your home country, you’re protected by UnitedHealthcare Global’s Business Travel Medical Insurance. This coverage provides emergency medical care, medical evacuation and repatriation, and assistance services such as lost document replacement, translation support, and travel coordination.

Employees also have access to a 24/7 multilingual emergency response center and a global provider network to ensure rapid, high-quality care wherever travel takes you.

This coverage is for urgent and emergency care only and is not a substitute for your regular health insurance.

This benefit is 100% paid by Evident Scientific.

Plan Details	Coverage Highlights
Eligibility	All active full-time employees traveling on company business outside their home country
Coverage Level	100% coverage for eligible medical expenses; no deductible or out-of-pocket cost
Plan Maximum	\$300,000 per person per trip
Pharmacy Benefits	Covered up to plan maximum when related to emergency treatment
Emergency Medical Evacuation & Repatriation	Up to \$250,000
Travel Emergency Services	24/7 worldwide assistance, including lost documents, translation, and travel coordination
Sojourn Travel	Up to 7 days of personal travel coverage during a business trip
Virtual Visits & Pre-Existing Conditions	Included
For assistance while traveling	Contact the UnitedHealthcare Global Emergency Response Center (number on your ID card).





# ZURICH GLOBAL TRAVEL BENEFIT

This benefit provides 24-hour coverage for employees and their eligible dependents in the event of an accidental death, dismemberment, paralysis, or other serious injury. Coverage applies anywhere in the world, including while traveling on company business or accompanying an employee on an approved trip.

### Who’s Covered

All full-time U.S. employees and their eligible dependents. This benefit is fully paid by Evident Scientific.

Key Benefits	
Benefit	Coverage Summary
Accidental Death	Benefit amount varies by benefits class and ranges from approximately 4–5× base annual earnings for employees, with maximums up to \$2,000,000. Spouse and dependent child benefits are also included.
Accidental Dismemberment / Paralysis	Payable up to the same amount as the accidental death benefit, depending on the type and severity of loss.
Coma Benefit	Monthly benefit equal to 1% of the covered amount for up to 11 months, plus a final lump sum if the coma continues.
Additional Benefits	Includes coverage for carjacking, critical burn, day care, higher education, home alteration and vehicle modification, natural disaster, rehabilitation, seat belt/air bag, spouse retraining, and therapeutic counseling.

### Out-of-Country Travel Medical

Provides medical coverage for employees and dependents traveling on company business outside their home country.

- Coverage up to **\$250,000 per accident or illness**
- **No deductible**; 100% of reasonable and customary charges covered
- Includes hospitalization, emergency medical evacuation, repatriation, emergency dental, and pregnancy-related care
- Assistance and coordination provided through Zurich’s global travel support team

### Enhanced Travel Assistance

When traveling on company business, employees have access to Zurich’s global assistance services, including:

- Emergency medical evacuation and repatriation
- Hospital admission and medical expense guarantees
- Return of remains
- Family visitation or companion return travel
- Return of dependent children
- Security evacuation in the event of imminent danger



All services require pre-authorization through Zurich’s travel assistance provider.