HERITAGE BENEFITS

2027 Employee Benefits

Heritage

HERITAGE BENEFITS

Contacts

GROUP MEDICAL INSURANCE

(844) 235-3270
novahealthcare.com/members
For provider directory, visit novahealthcare.com/findaprovider/medicalproviders and search for the provider network your plan has access to matching the logo found on your ID card.

DENTAL INSURANCE

(888) 600-1600
guardiananytime.com
For dental directory visit, guardiananytime.com and select "Find a Dentist" at the top, then "Find a dentist through your workplace." Under Plan type, select "PPO DentalGuard Preferred."

VISION INSURANCE

(888) 600-1600
guardiananytime.com

FLEX AND HSA PLANS

(800) 688-2611
padmin.com

RETIREMENT PLAN

800-395-1113
myplan.johnhancock.com

BENEFITS OFFICE

(716) 338-0129
benefits@heritage1886.org
heritage1886.org/benefits

HERITAGE BENEFITS

Kronos Login and Benefit Enrollment

LOGIN TO KRONOS

To login, visit https://secure4.entertimeonline.com/ta/6076112.login. You can also find the Kronos link on our website at heritage1886.org/benefits. Your username is your initials followed by your 5-digit employee number. The temporary password is Iloveheritage#1. Once logged in, you must change your password to something only you will remember.

CURRENT BENEFITS

Take the path My Benefits > Benefit Plans to view the current plans in which you're enrolled and their associated coverages/costs.

QUALIFYING LIFE EVENTS

For qualifying life change events, you have 30 days from the event date to make changes to your benefits. After 30 days, you won't be able to change your coverage until the next open enrollment period. Please provide proof of the life change event to the Benefits Team at benefits@heritage1886.org.

NEW HIRE OR LIFE CHANGE

To enroll in benefits or update benefit information, click on the ≡ icon in the top, left corner of your browser window. From there, click the > symbol taking the path My Benefits > Enrollment. If you qualify to enroll, you'll see the options of "Life Change Event" or "New Employee Enrollment." Click "Start" under the appropriate option. This will take you to the page where you will select or waive each benefit.

ANNUAL OPEN ENROLLMENT

Employees have the ability to make benefit changes for the upcoming year during the "open enrollment" timeframe. To enroll in benefits or update benefit information, click on the ≡ icon in the top, left corner of your browser window. From there, click the > symbol taking the path My Benefits > Enrollment. Click "Start" on Open Enrollment and continue through enrollment process.

DEPENDENTS & BENEFICIARIES

It is important to review and update beneficiary information for any life insurance benefits and dependent information for other coverages as applicable.

You likely have dependents, spouse, or other beneficiaries set up within Kronos. Select "Add Existing" to add existing dependent and/or beneficiary info. If you would like to add a new beneficiary or dependent select "Add New."

HAVING TROUBLE?

If you have any difficulties or if logging on to Kronos proves problematic, we're here to help! Contact the Benefits Office at (716) 338-0129 and someone will walk you through login and enrollment.

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HERITAGE BENEFITS

Group Medical Insurance

MONTHLY PREMIUMS

HYBRID 2000

$436.57 – Single Coverage
$960.64 – Employee + Spouse
$829.14 – Employee + Children
$1,178.69 – Family Coverage

HIGH DEDUCTIBLE 3000/6000

$230.01 – Single Coverage
$504.24 – Employee + Spouse
$436.92 – Employee + Children
$619.08 – Family Coverage

HIGH DEDUCTIBLE 6000/12000

$0 – Single Coverage
$0 – Employee + Spouse
$0 – Employee + Children
$0 – Family Coverage

Benefit	Hybrid 2000	HDHP 3000/6000	HDHP 6000/12000
In- and Out-of-Network Deductible	$2,000/$4,000	$3,000/$6,000	$6,000/$12,000
In-Network Coinsurance	20%	0%	0%
In-Network Out-of-Pocket Maximum	$4,000/$8,000	$3,000/$6,000	$6,000/$12,000
Out-of-Network Coinsurance	40%	40%	20%
Out-of-Network Out-of-Pocket Maximum	$6,000/$12,000	$6,000/$12,000	$8,000/$16,000
Doctor Visits			
Office Visit	$25 copay	After deductible covered in full	After deductible covered in full
Adult Annual Physical	Covered in full	Covered in full	Covered in full
Child Annual Physical/Immunizations	Covered in full	Covered in full	Covered in full
Specialist Office Visit	20% after deductible	After deductible covered in full	After deductible covered in full
Allergy Test and Injections	20% after deductible	After deductible covered in full	After deductible covered in full
Mental Health Care *(outpatient visits)*	20% after deductible	After deductible covered in full	After deductible covered in full
Chemical Dependency *(outpatient visits)*	20% after deductible	After deductible covered in full	After deductible covered in full
Maternity Care			
Office, Hospital, Physician, Newborn	20% after deductible	After deductible covered in full	After deductible covered in full
Urgent/Emergency Care			
Urgent/Convenience Care	$50 copay	After deductible covered in full	After deductible covered in full
Emergency Room Care for Life Threatening Situations	20% after deductible	After deductible covered in full	After deductible covered in full
Emergency Care of Non Life Threatening/Non Urgent	20% after deductible	After deductible covered in full	After deductible covered in full

Benefit	Hybrid 2000	HDHP 3000/6000	HDHP 6000/12000
Hospital Coverage			
Ambulance	20% after deductible	After deductible covered in full	After deductible covered in full
Room & Board *(unlimited days semi-private)*	20% after deductible	After deductible covered in full	After deductible covered in full
Ambulatory Surgery	20% after deductible	After deductible covered in full	After deductible covered in full
Chiropractic Services & Therapy			
Office Visit	20% after deductible	After deductible covered in full	After deductible covered in full
Ancillary Charges	20% after deductible	After deductible covered in full	After deductible covered in full
Other Services			
Free Standing Laboratory	Covered in full	Covered in full	Covered in full
Laboratory	20% after deductible	After deductible covered in full	After deductible covered in full
X-Ray	20% after deductible	After deductible covered in full	After deductible covered in full
Chemo, Dialysis, Radiation	20% after deductible	After deductible covered in full	After deductible covered in full
Home Health Care	20% after deductible	After deductible covered in full	After deductible covered in full
Skilled Nursing Facility *(120 days per admission/360 lifetime)*	20% after deductible	After deductible covered in full	After deductible covered in full
Durable Medical Equipment	20% after deductible	After deductible covered in full	After deductible covered in full
Vision Coverage			
Eye Exam *(every 24 months)*	$25 copay	Not covered	Not covered
Glasses or Contact Lenses *(every 24 months)*	$60 allowance	Not covered	Not covered
Prescription Drug Coverage			
Retail Pharmacy	$15 / $30 / $50 *deductible does not apply*	After deductible covered in full	After deductible covered in full
Non Preferred Speciality Medications	50% coinsurance	After deductible covered in full	After deductible covered in full
Reminder: Heritage offers an In-House Pharmacy Discount Program. Please see In-House Pharmacy flyer for details.			

Deductible *is the amount you pay for health care services before your health insurance begins to pay.*
Coinsurance *is the percentage of costs of a covered health care service you pay (20%, for example) after you've paid your deductible.*
A ***copay*** *is the flat amount of money pay for a healthcare service.*

Note: *To understand prescription costs, talk with your pharmacist, NOVA, or review previous Explanation of Benefits.*

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HERITAGE BENEFITS

Dental Insurance

Heritage offers its employees the opportunity to participate in a voluntary dental plan through Guardian, offering a strong and wide network of participating providers. The plan encourages use of Guardian participating providers. Services may be sought through an out-of-network provider at a reduced benefit. Orthodontia is available with the Buy-Up plan for dependents on Employee + 1 and Family plans.

BASE PLAN MONTHLY PREMIUMS

$27.99 – Single Coverage
$58.50 – Employee + 1
$71.21 – Family Coverage

BUY-UP PLAN MONTHLY PREMIUMS

$37.17 – Single Coverage
$77.72 – Employee + 1
$94.60 – Family Coverage

	Base Plan	Buy-Up Plan
Class/Type I - Preventative		
Initial/Routine Oral Exams X-Rays and Cleaning Flouride Treatment and Sealants	100%	100%
Class/Type II - Basic Services		
Fillings, General Anesthetics, Simple Extractions, Oral Surgery Periodontics and Endodontics	75% Subject to Annual Deductible	100% Subject to Annual Deductible
Class/Type III- Major Services		
Crowns and Restorations Full or Partial Removable Dentures Fixed Bridgework	Not Covered	50% Subject to Annual Deductible
Class/Type IV - Orthodontia		
Children to Age 19	Not Covered	50%
Deductibles	50%	
Single (1x Annual Deductible) Family (3x Annual Per Person Deductible)	Single $50 Family $150	Single $50 Family $150
Maximums		
Calendar Year per Individual Classes subject to Annal Max Lifetime (Orthodontia)	$1,000 II and III None	$2,000 II and III $1,500
Maximum Contract Allowance	Fee Schedule	Fee Schedule
Dependent Age	26	26

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HERITAGE BENEFITS

Vision Insurance

OPTION 1 MONTHLY RATES

$6.44 – Single Coverage
$9.34 – Employee + 1
$16.74 – Employee + Children
$16.74 – Family Coverage

OPTION 2 MONTHLY RATES

$11.89 – Single Coverage
$17.25 – Employee + 1
$30.93 – Employee + Children
$30.93 – Family Coverage

OUT-OF-NETWORK COVERAGE

See Guardian Vision pdf online at www.heritage1886.org/benefits.

Benefit	Description ("Option 2" in BOLD)	Copay
Well Vision Exam	• Focuses on your eyes and overall wellness • Every 12 months	$10
Prescription Glasses		$25
Frame	• $130/**$200** fram allowance • 20% savings on amount over allowance • Every 24 months	Included in Prescription Glasses
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every 12 months	Included in Prescription Glasses
Lens Enhancements	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Progressive lenses, Scratch coating, Anti-Reflective coating, Photochromatic • Average savings of 20-25% on other lens enhancements • Every 12 months	$55 $95 - $105 $150 - $175 $17 - $70
Contacts *(instead of glasses)*	• $130/**$200** allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every 12 months	Up to $60
Extra Savings	**Description**	
Glasses & Sunglasses	• Choice plans offer 20% off any additional pairs of glasses purchased within 12 months of the exam. Members also receive 20% off the amount exceeding the copay allowands on frams purchased as well as 15% off providers professional services for prescriotion contact lenses. These discounts only apply to services from an in-network provider.	
Retinal Screening	• No more than $39 copay routine screening as an enhancement to a Well Vision Exam.	
Laser Vision Correction	• Average 15% off the regular price or 5% off the promotional price; discounts only available to contracted facilities.	

HERITAGE BENEFITS

FSA and HSA Plans

FLEXIBLE SPENDING ACCOUNTS (FSA)

Medical FSA and Limited FSA

Heritage offers a Medical Flexible Spending Account (FSA) for employees who do not elect the High Deductible Health Plan (HDHP). An FSA allows employees to set aside, through pre-tax payroll deduction, a pre-determined amount of money to pay for out-of-pocket medical expenses. This plan follows the IRS-allowed items including many dental, vision, and over-the-counter items and includes a debit card. A Limited FSA is available for employees on HDHP plans to cover dental and vision expenses.

- ✓ The maximum election is projected to be $3,500 for 2007. A pre-tax, employee funded spending account, ensuring a low-cost way to enhance employee benefits.
- ✓ FSA funds can carryover to the next Plan Year. Our plan follows the maximum carryover allowed by the IRS.

Dependent Care Account (DCA). A DCA is for expenses for the care of dependents allowing an employee (or an employee and their spouse) to work or to attend school full-time. Eligible expenses for children (under age 13) include pre-school & nursery school program, day care, after school programs, etc.

- ✓ The minimum election is projected to be $250 per calendar year.
- ✓ The maximum election is projected to be $7,500 per calendar year.
- ✓ No carryover is allowed with Dependent Care FSA per the IRS; it is a use-it-or-lose-it benefit.

HEALTH SAVINGS ACCOUNTS (HSA)

HSAs are available for employees on elect a High Deductible Health Plan (HDHP) and is a great way to put money away at a pre-tax basis for medical expenses now and in the future. HSA funds never expire and you as the account owner are able to designate a beneficiary.

- ✓ Contributions to an HSA accrue over time and can be used as they are available.
- ✓ The maximum contribution for 2027 is $4,500 for an individual and is $9,000 for a family.
- ✓ The HSA catchup amount for employees over age 55 for 2027 is $1,000.
- ✓ The employer contribution for 2027 will be $250 for an indvidual and $500 for a family.
- ✓ Funds never expire. The owner of the HSA can designate a beneficiary.

HERITAGE BENEFITS

Life Insurance

BASIC LIFE INSURANCE

Heritage Ministries offers all eligible employees a Basic Life and Accidental Death and Dismemberment Insurance policy through Guardian. This policy is at no cost to the employee.

LIFE INSURANCE SUPPLEMENTAL COVERAGE

Heritage Ministries also offers employees the option of purchasing Supplemental Life and Accidental Death and Dismemberment Insurance through Guardian. This may be purchased for the employee, the employee's spouse, or children.

Please reach out to benefits@heritage1886.org for individual information.

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HERITAGE BENEFITS

Voluntary Long-Term Disability

Voluntary Long-Term Disability insurance is an offering through Guardian. This benefit provides off the job coverage for accident and injury. Voluntary Long-Term Disability benefit replaces a portion of your pre-disability earnings, less any offsets from other disability programs or social security payments.

The benefit amount is 60% of your pre-disability monthly earnings; subject to the plan's maximum monthly benefit of $6,000.

When do benefits begin and how long do they continue? Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. The elimination period is 180 days. This benefit has a 24-month own occupation period and a maximum of a 5-year benefit duration. Please note that this plan has a pre-existing condition clause.

Age Brackets	Cost per $100 of Coverage
Under 24	$0.091
25-29	$0.170
30-34	$0.308
35-39	$0.449
40-44	$0.622
45-49	$0.889
50-54	$1.350
55-59	$2.050
60-64	$2.080
65-69	$2.080
70+	$2.080

MONTHLY PREMIUM EXAMPLE

Annual Salary $35,000
Monthly Salary $2,916.67
Age 35
Premium Calculation
($2,916.67 x .449) / 100 = $13.10 *or*
$6.55 per pay period

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HERITAGE BENEFITS

Voluntary Short-Term Disability

Voluntary Short-Term Disability insurance is an offering through Guardian. This benefit provides off the job coverage for accident and injury. The Short-Term Disability benefit replaces a portion of your pre-disability earnings, less any offsets from other disability plans. (e.g., state disability benefits, no-fault auto laws, sick pay, vacation pay, etc.).

The benefit amount is 60% of your pre-disability weekly earnings; subject to the plan's maximum weekly benefit of $1,000.

When do benefits begin and how long do they continue? Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit.

The elimination periods are/is as follows:

- ✓ For Injury – 8 days
- ✓ For Sickness (includes pregnancy) – 8 days

Benefits continue for as long as you are disabled up to a maximum duration of 26 weeks. Please note that this plan has a pre-existing condition clause.

Age Brackets	Rate per $10 of weekly coverage
Under 24	$0.930
25-29	$0.974
30-34	$0.906
35-39	$0.907
40-44	$0.974
45-49	$1.187
50-54	$1.478
55-59	$1.814
60-64	$2.150
65-69	$2.150
70+	$2.150

MONTHLY PREMIUM EXAMPLE

Annual Salary $35,000
Weekly Salary $673.08
Age 35
Benefit design 60% to $1,000
Premium Calculation
($673.08 x .907) / 10 = $61.05 *or*
$30.53 per pay period

HERITAGE BENEFITS

Voluntary Hospital Indemnity Insurance

Voluntary Hospital Indemnity insurance is an offering through Guardian. This benefit provides a lump sum benefit payment upon hospital admission or confinement. There are two options available, a low plan and a high plan.

Benefits are paid directly to you when you need it most. The benefits are paid even if medical insurance is paying 100% of the cost. Your cost is based on your selected tier of coverage. You can elect coverage based on Employee Only, Employee + Spouse, Employee + Children, or Family.

Below is a chart with the covered conditions. For complete coverage information, reference Guardian Benefit Summary located at heritage1886.org/benefits.

LOW PLAN MONTHLY RATE

- **$9.66** – Single Coverage
- **$17.78** – Employee + Spouse
- **$14.68** – Employee + Children
- **$22.80** – Family Coverage

HIGH PLAN MONTHLY RATE

- **$18.11** – Single Coverage
- **$33.27** – Employee + Spouse
- **$27.43** – Employee + Children
- **$42.60** – Family Coverage

Benefits	Low Plan	High Plan
Hospital/ICU Admission	$500 per admission, limited to admission(s) per insured	$1,000 oer admission, limited to 1 admission(s) per insured
Hospital/ICU Confinement	$100/$100 per day, limited to day(s) per insured per benefit year	$165/$165 per day, limited to 15 day(s) per insured benefit year
Pre-Existing Conditions Limitation A pre-existing condition includes any condition for which you, in the specified time perioud prior to coverafe in this plan, consulted with a physician, received treatment, or took prescribed drugs	Not Applicable	Not applicable
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years

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HERITAGE BENEFITS

Voluntary Accident Insurance

Voluntary Accident Insurance is an offering through Guardian. This benefit provides a lump sum benefit payment upon one of the covered accident conditions. There are two options available, a low plan and a high plan.

Benefits are paid directly to you when you need it most. The benefits are paid even if medical insurance is paying 100% of the cost. Your cost is based on your selected tier of coverage. You can elect coverage based on Employee Only, Employee + Spouse, Employee + Children, or Family. Accidents on and off the job are covered, and coverage portablity is included. For complete coverage information, reference Guardian Benefit Summary located at heritage1886.org/benefits.

MONTHLY LOW PLAN RATE

- **$6.01** – Single Coverage
- **$9.02** – Employee + Spouse
- **$9.50** – Employee + Children
- **$12.51** – Family Coverage

MONTHLY HIGH PLAN RATE

- **$9.76** – Single Coverage
- **$15.35** – Employee + Spouse
- **$15.70** – Employee + Children
- **$21.29** – Family Coverage

Accidental Death and Dismemberment	Low Plan	High Plan
Benefit Amount(s)	Employee $25,000 Spouse $5,000 Child $5,000	Employee $25,000 Spouse $25,000 Child $5,000
Catastrophic Loss	Quadriplegia, Loss of Speech and Hearing (both ears), Loss of Cognitive Function: 100% of AD&D Hemiplegia and Paraplegia: 50% of AD&D	Quadriplegia, Loss of Speech and Hearing (both ears), Loss of Cognitive Function: 100% of AD&D Hemiplegia and Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D Benefit	200% of AD&D Benefit
Common Disaster	200% of Spouse AD&D Benefit	200% of Spouse AD&D Benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D Benefit Multiple: 100% of AD&D Benefit	Single: 50% of AD&D Benefit Multiple: 100% of AD&D Benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D Benefit	25% of AD&D Benefit
Seatbelts and Airbags	Seatbelts: $10,000 Airbags: $15,000	Seatbelts: $10,000 Airbags: $15,000
Reasonable Accommodation to Home or Vehicle	$2,500	$2,500
Children(s) Age Limits	Children age birth to 26	Children age birth to 26

HERITAGE BENEFITS

Voluntary Critical Illness Insurance

Voluntary Critical Illness offered through Guardian provides a lump sum benefit payment upon diagnosis of any qualified critical illnesses listed under covered conditions.

Benefits are paid directly to you when you need it most. The benefits are paid even if medical insurance is paying 100% of the cost. Your cost is based on your age and amount of coverage you select. There will be cost adjustments as you age. You must elect coverage for yourself to cover your spouse and/or children.

Below is a chart of benefits. For complete coverage information, reference Guardian Benefit Summary located at heritage1886.org/benefits.

Critical Illness - Employee	$15,000 Benefit	$30,000 Benefit
Age	Monthly Rate	Monthly Rate
Under 30	$2.70	$5.40
30-39	$6.00	$12.00
40-49	$12.60	$25.20
50-59	$24.30	$48.60
60-69	$40.20	$80.40
70+	$61.35	$122.70

Critical Illness - Spouse	$7,500 Benefit	$15,000 Benefit
Age	Monthly Rate	Monthly Rate
Under 30	$1.35	$2.70
30-39	$3.00	$6.00
40-49	$6.30	$12.60
50-59	$12.15	$24.30
60-69	$20.10	$40.20
70+	$30.68	$61.35

	Specified Disease	
Benefit Amount(s)	Employee may choose a lump sum benefit of $15,000 to $30,000 in $15,000 increments.	
CONDITION		
Cancer	1st Occurance	2nd Occurance
Invasive Cancer	100%	100%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	$250 per Lifetime	Not Covered
Vascular		
Heart Attack	100%	100%
Stroke	100%	100%
Heart Failure	100%	100%
Coronary Arteriosclerosis	30%	0%
Other		
Organ Failure	100%	100%
Kidney Failure	100%	100%
Spouse Benefit	May choose a lump sum benefit of $7,500 to $15,000 in $7,500 increments up to 50% of the employee's lump sum benefit	
Child Benefit (children age birth to 26 years	50% of employee's lump sum benefit	

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HERITAGE BENEFITS

Retirement Plan

Heritage offers a retirement plan through John Hancock to all employees who are at least 19 years of age. Employees are eligible for the retirement plan the first of the month following 30 days. Enterance into the plan is done on a quarterly basis. Heritage match is 50% of each dollar contribute up to a maximum of 3% of your compensation

401K ELECTIVE DEFERRAL

All eligible employees will automatically be enrolled for 3% of their compensation through payroll deductions. Deferrals automatically increase 1% in the first payroll of each new year and thereafter until a maximum of 6% is reached. Employees have the ability to make changes at any point to this auto enroll/auto deferral increase.

ROTH ELECTIVE DEFERRAL

Heritage also offers a Roth IRA which allows you to make after-tax contributions and then get tax-free withdrawals when you retire. Employees have the ability to make changes at any point to their Roth IRA.

To review plan design, please see the Reirement Plan Summary Description at www.heritage1886.org/benefits.

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Brown & Brown 2025 Benefit Guide
Compliance Section on following pages