



**Bancroft**  
One world. For everyone.

# 2025-2026

## BENEFITS GUIDE

Bancroft offers you and your eligible family members a comprehensive and valuable benefits program. This guide has been developed to assist you in understanding the variety of benefits available to you.

We encourage you to take the time to review the options and choose the best coverage for you and your family.



# WELCOME TO BANCROFT BENEFITS!



## Questions?

If you have any questions about the benefits outlined in this guide or the enrollment process contact the Benefits Department at [Benefits@Bancroft.org](mailto:Benefits@Bancroft.org).

You can also call the Advocacy Team at **844.577.2616**.

## Inside This Guide

|                                      |    |
|--------------------------------------|----|
| Coverage & Eligibility               | 3  |
| Enrollment                           | 4  |
| Medical Benefits                     | 5  |
| Prescription Benefits                | 8  |
| Wellness Program                     | 9  |
| Telemedicine                         | 10 |
| Sena Health                          | 11 |
| Livongo Diabetes Management          | 12 |
| HRA, FSA, Commuter Benefits Provider | 13 |
| Health Reimbursement Account (HRA)   | 14 |
| FSA Accounts & Commuter Benefits     | 15 |
| How Does the HRA and FSA Differ?     | 16 |
| Vision Benefits                      | 17 |
| Dental Benefits                      | 18 |
| Employee Referral Program            | 19 |
| Life and AD&D Insurance              | 20 |
| Retirement Plan                      | 21 |
| Paid-Time Off (PTO)                  | 22 |
| Tuition Reimbursement                | 24 |
| Employee Assistance Program          | 25 |
| KinderCare                           | 26 |
| Voluntary Benefits                   | 27 |
| Instant Pay                          | 28 |
| Employee Discounts & Plum Benefits   | 29 |
| Carrier Contacts                     | 30 |
| Legal Notices                        | 31 |

# COVERAGE & ELIGIBILITY



## When Does Coverage Begin?

Eligible full-time education and non-education employees working an average of 30 hours or more per week who have completed 60 days of service are eligible to participate in the Plan.

Benefits will begin the first of the month coinciding with or the following first of the month after eligibility requirements are met.

## Who is Eligible to Elect Benefits?

Eligible staff, who are full-time working 30 or more hours per week, are able to enroll your eligible spouse, children, domestic partner or civil union partner in Bancroft's health benefit plans, as per the guidelines below.

- **Children** - Children receive Medical and Prescription Benefits from birth until the end of the month in which they turn 26 years of age. Bancroft requires proof of dependency for each child covered under the plan.
- **Spouse** - Proof of marriage is required to enroll a spouse.
- **Domestic Partner** - To enroll a domestic partner you will need to complete the Domestic Partner Affidavit and provide the required documentation listed on the following:  
<https://www.nj.gov/health/forms/reg-d33.pdf>
- **IMPORTANT:** Bancroft reserves the right to audit the dependent(s) enrolled in the plan(s) to ensure proper administration and compliance. Enrolling a non-eligible dependent could result in penalties including but not limited to: cancellation of benefits coverage, repayment of claims incurred by the non-eligible dependent, termination of employment, etc.

## Declining Coverage

If you do not need medical coverage at this time and wish to decline coverage, you may do so through the Self Service portal in UKG. UKG can be accessed by clicking on the UKG button within your OneLogin Account.



# ENROLLMENT

## How to Enroll

The first step is to review the benefit plans explained in this guide and select the coverage that best meets the needs of you and your family. Once you have decided upon the plans you want, you will need to complete the enrollment process in UKG by visiting:

- **Benefits > Manage My Benefits > Update My Benefits** and following the required steps to complete your elections and check out.

**NOTE:** Be sure to turn off your web browser's Pop-Up blocker in the browser settings.

## Qualifying Life Events

Unless you have a qualified life event, you cannot make changes to the benefits you elect *during Open Enrollment* until the next Open Enrollment period.

**Qualified life events include:** marriage, birth, death or divorce, legal separation (with court documentation), domestic partnership/civil union partner status change, legal guardianship order or adoption of a child, change in a child's dependent status, change of employment or benefit status for you, your spouse, civil union or domestic partner.



# MEDICAL BENEFITS

## IMAGINE360



Below is a summary of the medical plans available to you. If you need assistance or have questions, contact Imagine360 at **844.713.1097** or visit <https://mibenefits.imagine360.com>.

### HRA PLAN

| BENEFIT DESCRIPTION                                                                                         | ALL PROVIDERS                                                              |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>Deductible</b> Individual/Family                                                                         | \$2,000/\$4,000*<br>(\$1,000/\$2,000 for Imagine Health)**                 |
| <b>Out-of-Pocket Maximum</b> (Includes deductible, coinsurance, Rx, <u>and</u> copays)<br>Individual/Family | \$5,000/\$10,000<br>(\$4,500/\$9,000 for Imagine Health)**                 |
| <b>HRA Funding</b>                                                                                          | \$500/\$1,000                                                              |
| <b>Preventive Care Services</b>                                                                             | 100% NO deductible                                                         |
| <b>Primary Care Physician (PCP) Required?</b>                                                               | No                                                                         |
| <b>PCP Office Visit</b>                                                                                     | 100% after deductible                                                      |
| <b>Specialist Office Visit</b>                                                                              | 100% after deductible                                                      |
| <b>Mental Health/Substance Abuse Office Visit</b>                                                           | 100% after deductible                                                      |
| <b>Diagnostic Laboratory</b>                                                                                | 100% after deductible                                                      |
| <b>Diagnostic X-Ray/Imaging</b><br>(MRI, CT-Scan)                                                           | 100% after deductible                                                      |
| <b>Emergency Room</b>                                                                                       | 100% after deductible                                                      |
| <b>Urgent Care Center</b>                                                                                   | 100% after deductible                                                      |
| <b>Inpatient Hospital</b>                                                                                   | 100% after deductible                                                      |
| <b>Outpatient Surgery</b>                                                                                   | 100% after deductible                                                      |
| <b>Vision Care</b>                                                                                          | Hardware: \$100 every 2 years<br>(100% after deductible for ImagineHealth) |

\* Family deductible \$4,000 (\$2,000 - Imagine) must be satisfied before any family member receives benefits at 100% (excluding preventive care and Rx)

\*\* The ImagineHealth deductible and out-of-pocket maximums contribute towards the total for all providers.

## HRA PLAN MEDICAL & PRESCRIPTION PAYROLL CONTRIBUTIONS

CONTRIBUTIONS MADE ON A PER-PAY BASIS (Payments taken from 24 paychecks per year)

| COVERAGE TIER                     | NON-WELLNESS | WITH WELLNESS CREDIT |
|-----------------------------------|--------------|----------------------|
| <b>Employee Only</b>              | \$94.76      | \$74.76              |
| <b>Employee + Child(ren)</b>      | \$174.19     | \$154.19             |
| <b>Employee + Spouse (Couple)</b> | \$202.92     | \$162.92             |
| <b>Family</b>                     | \$297.98     | \$257.98             |



# MEDICAL BENEFITS

## IMAGINE360

Below is a summary of the medical plans available to you. If you need assistance or have questions, contact Imagine360 at **844.713.1097** or visit <https://mibenefits.imagine360.com>.

### INDEMNITY COPAY PLAN

| BENEFIT DESCRIPTION                                                                                      | ALL PROVIDERS                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>Deductible</b> Individual/Family                                                                      | \$2,000/\$4,000<br>(\$0 deductible for ImagineHealth)                   |
| <b>Out-of-Pocket Maximum</b> (Includes deductible, coinsurance, Rx, <u>and</u> copays) Individual/Family | \$5,000/\$10,000                                                        |
| <b>Preventive Care Services</b>                                                                          | 100% NO deductible                                                      |
| <b>Primary Care Physician (PCP) Required?</b>                                                            | No                                                                      |
| <b>PCP Office Visit</b>                                                                                  | 100% after \$40 copay                                                   |
| <b>Specialist Office Visit</b>                                                                           | 100% after \$80 copay                                                   |
| <b>Mental Health/Substance Abuse Office Visit</b>                                                        | 100% after \$40 copay                                                   |
| <b>Diagnostic Laboratory</b>                                                                             | 100% after \$15 copay                                                   |
| <b>Diagnostic X-Ray/Imaging</b> (MRI, CT-Scan)                                                           | X-Ray: 100% after \$50 copay<br>Complex Imaging: 100% after \$150 copay |
| <b>Emergency Room</b>                                                                                    | 100% after \$400 copay                                                  |
| <b>Urgent Care Center</b>                                                                                | 100% after \$100 copay                                                  |
| <b>Inpatient Hospital</b>                                                                                | 75% after deductible                                                    |
| <b>Outpatient Surgery</b>                                                                                | 75% after deductible                                                    |
| <b>Vision Care</b>                                                                                       | Hardware: \$100 every 2 years                                           |

\* Penn / Imagine Network shares the same OOP Max as all other providers. There is no network distinction, except that members have no deductible for services such as hospitalizations or surgeries when visiting Penn / Imagine providers. Those services are covered at 75% immediately. Copays do not change regardless of network status.

### INDEMNITY PLAN MEDICAL & PRESCRIPTION PAYROLL CONTRIBUTIONS

CONTRIBUTIONS MADE ON A PER-PAY BASIS (Payments taken from 24 paychecks per year)

| COVERAGE TIER              | NON-WELLNESS | WITH WELLNESS CREDIT |
|----------------------------|--------------|----------------------|
| Employee Only              | \$78.63      | \$58.63              |
| Employee + Child(ren)      | \$144.80     | \$124.80             |
| Employee + Spouse (Couple) | \$169.84     | \$129.84             |
| Family                     | \$248.76     | \$208.76             |

# MEDICAL BENEFITS

## IMAGINE360



Below is a summary of the medical plans available to you. If you need assistance or have questions, contact Imagine360 at **844.713.1097** or visit <https://mibenefits.imagine360.com>.

### CIGNA PPO PLAN

| BENEFIT DESCRIPTION                                                                                                | IN-NETWORK                                                              | OUT-OF-NETWORK                                                       |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>Deductible</b><br>Individual/Family                                                                             | \$2,000/\$4,000                                                         | \$5,000/\$10,000                                                     |
| <b>Out-of-Pocket Maximum</b> <i>(Includes deductible, coinsurance, Rx, <u>and</u> copays)</i><br>Individual/Family | \$5,000/\$10,000                                                        | \$10,000/\$20,000                                                    |
| <b>Preventive Care Services</b>                                                                                    | 100% NO deductible                                                      | 50% after deductible                                                 |
| <b>Primary Care Physician (PCP) Required?</b>                                                                      | No                                                                      | No                                                                   |
| <b>PCP Office Visit</b>                                                                                            | 100% after \$40 copay                                                   | 50% after deductible                                                 |
| <b>Specialist Office Visit</b>                                                                                     | 100% after \$80 copay                                                   | 50% after deductible                                                 |
| <b>Mental Health/Substance Abuse Office Visit</b>                                                                  | 100% after \$40 copay                                                   | 50% after deductible                                                 |
| <b>Diagnostic Laboratory</b>                                                                                       | 100% after \$15 copay                                                   | 50% after deductible                                                 |
| <b>Diagnostic X-Ray/Imaging</b><br>(MRI, CT-Scan)                                                                  | X-Ray: 100% after \$50 copay<br>Complex Imaging: 100% after \$150 copay | X-Ray: 50% after deductible<br>Complex Imaging: 50% after deductible |
| <b>Emergency Room</b>                                                                                              | 100% after \$400 copay                                                  | 100% after \$400 copay                                               |
| <b>Urgent Care Center</b>                                                                                          | 100% after \$100 copay                                                  | 50% after deductible                                                 |
| <b>Inpatient Hospital</b>                                                                                          | 75% after deductible                                                    | 50% after deductible                                                 |
| <b>Outpatient Surgery</b>                                                                                          | 75% after deductible                                                    | 50% after deductible                                                 |
| <b>Vision Care</b>                                                                                                 | Hardware: \$100 every 2 years                                           | Hardware: \$100 every 2 years                                        |

### CIGNA PPO PLAN MEDICAL & PRESCRIPTION PAYROLL CONTRIBUTIONS

*CONTRIBUTIONS MADE ON A PER-PAY BASIS (Payments taken from 24 paychecks per year)*

| COVERAGE TIER                     | NON-WELLNESS | WITH WELLNESS CREDIT |
|-----------------------------------|--------------|----------------------|
| <b>Employee Only</b>              | \$136.02     | \$116.02             |
| <b>Employee + Child(ren)</b>      | \$249.41     | \$229.41             |
| <b>Employee + Spouse (Couple)</b> | \$287.58     | \$247.58             |
| <b>Family</b>                     | \$423.85     | \$383.85             |

# PRESCRIPTION BENEFITS

## RXBENEFITS (EXPRESS SCRIPTS)



If you’re enrolled in one of the medical plans, you will automatically be enrolled in the prescription drug plan.

HRA PLAN, INDEMNITY COPAY PLAN  
& CIGNA PPO PLAN

### RETAIL PHARMACY (UP TO A 30-DAY SUPPLY)

|                     |                                       |
|---------------------|---------------------------------------|
| Generic             | \$10 copay                            |
| Preferred Brand     | \$40 copay                            |
| Non-Preferred Brand | \$60 copay                            |
| Specialty           | 90% up to \$300 member responsibility |

### MAIL ORDER PHARMACY (UP TO A 90-DAY SUPPLY)

|                     |             |
|---------------------|-------------|
| Generic             | \$20 copay  |
| Preferred Brand     | \$80 copay  |
| Non-Preferred Brand | \$120 copay |

## CDH Preventive Medications (\$0 Generic Copay)

Bancroft wants to support members dealing with chronic conditions such as diabetes, asthma, depression, and heart disease. Our prescription drug benefits include lower out-of-pocket costs for an expanded list of preventive medications.

Those medications that fall under this list will have a \$0 copay on all of our medical plans. All other prescription drugs will continue to be covered at the normal generic, formulary, non-formulary, or specialty copay. You can view more information at:

[www.bancroftbenefits.com/preventive-medications](http://www.bancroftbenefits.com/preventive-medications)



## National Preferred Formulary

A formulary is a list of prescription drugs covered by your prescription drug plan. Bancroft utilizes the National Preferred Formulary list to help reduce overall plan costs for you and Bancroft.

You can view information about the formulary by visiting:  
[www.bancroftbenefits.com/formulary](http://www.bancroftbenefits.com/formulary)

## Save On Your Prescriptions With Mail Order

If you are prescribed a maintenance medication, you must process it through mail order after two retail medication fills. Doing so saves you money, is more convenient, and helps keep the cost of prescriptions more affordable for everyone!

By using the mail order service on your maintenance medications, you will receive up to a 90-day (3 month) supply for the price of two retail copays. In addition to this savings, your prescription(s) will be delivered right to your home, for added convenience.

## Getting Started

To begin using mail order, simply log in to your account on [www.express-scripts.com](http://www.express-scripts.com) and for any medication that displays the “Transfer to Home Delivery” option, click the button, then select the item, click “Add to cart”, and complete the checkout process.

Additionally, you can mail your prescriptions to:  
**Express Scripts**  
**P.O. Box 52150**  
**Phoenix, AZ 85072-2150**  
**Fax Number: 877.895.1900**  
**Express Scripts Patient Customer Service Center:**

# WELLNESS PROGRAM

## WELLWORKS FOR YOU



At Bancroft, we value each of our employees and believe that your health is one of our top priorities. We also recognize that your health and well-being is important to the health of our organization. Employees will have the opportunity to participate in our wellness program. The program requirements are detailed below and will provide those employees and their spouses enrolled in the Bancroft sponsored medical insurance plans to earn a Wellness Credit reduce next year's medical plan premium contribution.

### Steps to Earn Incentives

#### *Step 1: Annual Physical With Lab Work*

##### **DEADLINE: MAY 31, 2025**

Visit your Primary Care Provider (PCP) for an annual physical with lab work. Tell your provider that you have a form for their completion and signature. The form requests the provider to include the results from your routine lab work. Most providers will advise you to have the lab work done before your appointment and will send or provide a lab slip.

Print out the **Provider Results Form** and take it to your provider. All required metrics must be collected between **June 1, 2024 and May 31, 2025**.

Do not send lab results directly to Wellworks For You. Lab results only need to be included on the form completed by your provider and returned to Wellworks For You. No Provider Results forms will be shared with Bancroft.

#### *Step 2: Submit Your Completed Form*

All completed documents should be submitted to the Wellworks Forms Department in one (1) of the following ways:

- **Scan and Email:** [direct@wellworksforyou.com](mailto:direct@wellworksforyou.com)
- **Upload to Portal:** Click **"Contact Us"** on the main menu bar of the Portal, or via the portal, and use the **"Attach File"** button to select a file from your computer. Users are limited to one (1) file per email.
- **Mail:** 70 Lancaster Ave. Frazer, PA 19335  
Attention: Forms Department
- **Smartphone App:** Take a photo of your document on your smartphone, open your Wellworks For You App, select Contact Us, and upload your file.

***Members who do not complete their annual physical and blood work by May 31st, are still encouraged to complete the requirements to submit for the 2026/2027 plan year.***

### Incentives

You and your spouse/domestic partner (if enrolled) must complete Steps 1 and 2 by **May 31, 2025** to earn a Wellness Credit effective July 1, 2025.



# TELEMEDICINE

## RECURO HEALTH



Anyone enrolled in one of Bancroft's medical plans and their covered dependents have immediate access to this benefit.

Board-certified providers, licensed counselors, psychiatrists, and care coordinators are available 24/7/365 to resolve many of your medical issues through phone or video consults for **only a \$10 copay!** Set up your account today so when you need care, a provider is just a call or click away.

### *The following conditions can be treated:*

- Allergies
- Rash
- Hypertension
- Bronchitis
- Sinus infection
- Cold and flu
- Ear infection
- Pink eye
- Strep throat
- Urinary tract infection
- And more!

### Get Started

It's quick and easy online. Call **844.715.1724** or visit <https://imagine360.com/care>.

### Request a Consult

Once your account is set up, request a consult anytime you need care. The doctor will diagnose and prescribe medication, if medically necessary, to the pharmacy of your choice.



### To Use Telemedicine

- Visit <https://imagine360.com/care>
- Call **844.715.1724**
- Download the "Recuro Care" app

# HEALTH CONCIERGE

## SENA HEALTH



### About SENA Health

Bancroft provides high-touch access to a 24/7/365 team of experienced Health Coordinators who will help you and your family members with whatever health questions matter the most to you.

If you are on a Bancroft health benefits plan, SENA Health can help you and your plan dependents seamlessly navigate your medical, pharmacy, and wellness needs.

### *SENA Health provides:*

- High-touch service built around your needs
- Local health coordinators connected to physicians and facilities in the tri-state area
- Personal support to help you find and schedule appointments with a Primary Care Provider, specialists, and other clinical services
- Support earning the Wellness Credit tracked through Wellworks for You
- Support for chronic care and healing at-home support
- Help using your health plan benefits to your advantage

**SENA Health continues to offer support coordinating care for employees, spouses, and children on our medical plans.**

**To participate for 2025/2026, you must enroll by scanning the QR code during Open Enrollment**



**For more information, contact SENA Health at 609.503.4706 or email [hello@senahealth.com](mailto:hello@senahealth.com).**

# DIABETES/HYPERTENSION MANAGEMENT

## LIVONGO



Livongo assists members enrolled in any of Bancroft's medical plans who have diabetes and diagnosed high blood pressure. This program is paid for by Bancroft.

### *Do you have Type 1 or Type 2 Diabetes?*

#### **Those choosing to enroll in Livongo receive:**

- A **FREE** Connected Blood Glucose Meter
- Unlimited **FREE** Test Strips and Lancets
- One-on-One Coaching for support with:
  - Optional Goals & Challenges
  - Coordination of Diabetes Care

Some individuals may also qualify for a **FREE** smart scale and blood pressure monitor.

### *Have you been diagnosed with High Blood Pressure?*

#### **Those choosing to enroll in Livongo receive:**

- A Cellular Blood Pressure Monitor
- One-on-One Coaching for support with:
  - Monitoring of Blood Pressure
  - Food & Activity Support
  - Medication Support

Individuals with a certain BMI may also qualify for a **FREE** smart scale.



**For more information on these programs please contact Livongo at 800.945.4355.**

# HRA, FSA & COMMUTER BENEFITS

## FLORES & ASSOCIATES

Flores prides themselves on providing superior customer service. Below are some of the ways they are able to do this.

- **Simple Claims Process & Timely Reimbursement.** Claims can be accepted via US mail, fax, or secure upload via our e-Receipt Mobile app and Flores247 participant portal. Flores processes claims daily and issues reimbursements weekly so that you are repaid in a timely manner.
- **e-Status Updates.** Flores e-Status updates will keep you informed throughout the claims process. Reminders are sent via email regarding the claims filing deadline and remaining balances. You can even sign up for text alerts!
- **Debit Card.** You will be provided a debit card if you enroll in either our HRA or FSA plan. You can use this card to pay for eligible claims. *If you elect the HRA and FSA, you will be issued one card that can be used for both accounts. (Commuter Allowance, HRA, Healthcare FSA, Dependent Care FSA will all be on the same debit card).*

### To Contact Flores

**Call:** 704.335.8211

**Visit:** [www.flores247.com](http://www.flores247.com)



# HEALTH REIMBURSEMENT ACCOUNT (HRA)

## FLORES & ASSOCIATES



Employees who elect the **HRA Plan** are automatically enrolled in a Health Reimbursement Account (HRA) administered by Flores.

An HRA is an employer funded account designed to pay for your medical only deductible and coinsurance costs such as: medical appointments, bloodwork, x-rays, specialist visits, sick visits and surgery. Prescription costs, dental expenses and eyeglasses are **not covered** by the HRA funded amounts. These expenses can be covered by Flexible Spending Accounts **YOU** fund.

### How Much Does Bancroft Fund?

Bancroft will fund the following amounts for participants in the HRA Plan to be used to help satisfy the plan deductible:

- **\$500** for single coverage\*
- **\$1,000** for employees enrolled in all other tiers\*

*\* HRA accounts are pro-rated based on the date benefits begin.*

### How Do I Use the HRA Funds?

You can use your HRA by:

- **Using your HRA card.** Once you use your card, submit receipts or an EOB through the member portal as substantiation.
- **Be reimbursed by check or direct deposit.** Submit claims by mail, fax, or uploading through the Mobile App or member portal.

### To Contact Flores

Call: **704.335.8211**

Visit: **[www.Flores247.com](http://www.Flores247.com)**



# FSA ACCOUNTS & COMMUTER BENEFITS

## FLORES & ASSOCIATES



### Flexible Spending Accounts (FSA)

Bancroft provides you with the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through the Flexible Spending Accounts (FSA). **You must enroll/re-enroll in the FSA every year.**

### Healthcare FSA

The Healthcare FSA is used to reimburse out-of-pocket medical expenses incurred by you and your dependents. The maximum you can contribute to the Healthcare FSA is **\$3,300**.

#### *Eligible Expenses Include:*

- Doctor office copays
- Non-cosmetic dental procedures
- Prescription contact lenses, glasses and sunglasses
- LASIK eye surgery

### Dependent Care FSA

The Dependent Care FSA is used to reimburse expenses related to the care of eligible dependents under age 13 and adult dependents who live with the participant, relying on them for at least 50% of their support. The maximum that you can contribute to the Dependent Care FSA is \$5,000 if you are a single employee or married filing jointly. If you are a married employee filing separately the maximum you can contribute is \$2,500.

#### *Eligible Expenses Include:*

- Au Pair
- After school programs
- Baby-sitting/dependent care to allow you to work or actively seek employment
- Day camps and preschool
- Adult/eldercare for adult dependents

### Commuter Benefits

#### *Ride Eco & Parking Reimbursement*

This benefit allows you to set aside pre-tax dollars to use for eligible expenses to pay for qualified mass transit and parking expenses associated with your commute to work. You may contribute **up to a maximum of \$325 per month**.

#### *Mass Transportation*

Expenses incurred for commuter transportation via train, subway, bus or transit via van-pooling (vehicle must seat six adults not including the driver and at least 80% of mileage must be used to drive to and from work) will be eligible for reimbursement. You may contribute **up to a maximum of \$325 per month**.

Parking expenses incurred by parking near your place of employment or commuter parking at or near a point of mass transit will be eligible for reimbursement.

### To Contact Flores

Call: **704.335.8211**

Visit: **[www.Flores247.com](http://www.Flores247.com)**



# HOW DOES THE HRA AND FSA DIFFER?

## FLORES & ASSOCIATES



|                                                                                              | HRA                                                                                                                                                                                                            | HEALTH CARE FSA                                                                                                                          | DEPENDENT CARE FSA                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>What is it?</b>                                                                           | An account set up and funded by your employer to help pay for eligible health care expenses.                                                                                                                   | An account you can use to pay for eligible health care expenses for you and your covered dependents.                                     | An account you can use to pay for eligible dependent care services for your covered dependents age 13 and under, or disabled dependents of any age who are unable to care for themselves. |
| <b>Who's eligible?</b>                                                                       | Anyone who is part of the HRA Plan.                                                                                                                                                                            | Anyone regardless if you are enrolled in a medical plan.                                                                                 | Anyone with dependents age 13 and under or disabled of any age.                                                                                                                           |
| <b>Who contributes?</b>                                                                      | Bancroft                                                                                                                                                                                                       | You                                                                                                                                      | You                                                                                                                                                                                       |
| <b>Limit to the dollar amount that can be put in?</b>                                        | Bancroft contributes \$500 for single coverage and \$1,000 for employees enrolled in all other tiers                                                                                                           | Yes. There is an IRS limit on how much you can put into it each year.                                                                    | Yes. There is an IRS limit on how much you can put into it each year.                                                                                                                     |
| <b>Will the balance carry over into the next plan year?</b>                                  | No                                                                                                                                                                                                             | Yes, up to \$640                                                                                                                         | No                                                                                                                                                                                        |
| <b>Can I take the account with me? Is it portable?</b>                                       | No                                                                                                                                                                                                             | No                                                                                                                                       | No                                                                                                                                                                                        |
| <b>Eligible Expenses</b>                                                                     | Fees charged up to the annual deductible (costs associated with medical appointments, bloodwork, x-rays, specialist visit, sick visits, and surgery) and can not be used for prescription, dental, eyeglasses. | Includes doctor office copays, non-cosmetic dental procedures, prescription contact lenses, glasses, sunglasses, LASIK eye surgery, etc. | Au Pair, after school programs, day camps, preschool, adult/eldercare for adult dependents, baby-sitting/dependent care to allow you to work                                              |
| <b>Can I use the money for things other than qualified or eligible health care expenses?</b> | No                                                                                                                                                                                                             | No                                                                                                                                       | No                                                                                                                                                                                        |
| <b>Can I use the money to pay for COBRA or other plan premiums?</b>                          | No                                                                                                                                                                                                             | No                                                                                                                                       | No                                                                                                                                                                                        |



To access the FSA store and purchase Health Care FSA-eligible products, visit [fsastore.com](https://fsastore.com).

Need to talk with an account representative? Contact Flores at (800) 532-3327. Normal business hours are Monday through Friday, 8:30 AM to 5:00 PM Eastern Time.

# VISION BENEFITS

## EYEMED



### LOW OPTION

### HIGH OPTION

| BENEFITS                                                                                        | IN-NETWORK                                            | OUT-OF-NETWORK REIMBURSEMENT                          | IN-NETWORK                                            | OUT-OF-NETWORK REIMBURSEMENT                          |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|
| <b>Exam</b>                                                                                     | \$10 copay                                            | Up to \$35                                            | \$10 copay                                            | Up to \$35                                            |
| <b>Frames</b>                                                                                   | \$130 allowance                                       | Up to \$65                                            | \$150 allowance                                       | Up to \$75                                            |
| <b>Lenses</b><br>Single Vision Lenses<br>Bifocal Lenses<br>Trifocal Lenses<br>Lenticular Lenses | \$20 copay                                            | Up to \$40<br>Up to \$60<br>Up to \$80<br>Up to \$100 | \$20 copay                                            | Up to \$40<br>Up to \$60<br>Up to \$80<br>Up to \$100 |
| <b>Contact Lenses</b><br>(in lieu of eyeglasses)                                                | \$100 allowance                                       | Up to \$80                                            | \$150 allowance                                       | Up to \$120                                           |
| <b>Frequency</b><br>Vision Exam<br>Lenses<br>Frames                                             | Every 12 months<br>Every 12 months<br>Every 24 months |                                                       | Every 12 months<br>Every 12 months<br>Every 12 months |                                                       |

### Additional Discounts!

- **40% off** additional pairs of glasses and a 15% discount on conventional lenses once funded benefit is used
- **40% off** Hearing Exams from Amplifon Hearing Network and a low price guarantee on hearing aids
- **20% off** any item not covered by the plan including non-prescription sunglasses and polarized lenses
- **15% off** Retail LASIK or PRK from US Laser Network

### More Value, More Savings at Plus Providers

- **\$0 copay** vision care exam
- **\$50 additional** frame allowance
- **\$100 additional glasses allowance** (applied after EyeMed's industry-leading 40% off second pair of glasses discount)
- Find nearby PLUS Providers on the EyeMed Provider Locator. **Just look for the PLUS.**

### VISION PAYROLL CONTRIBUTIONS

*CONTRIBUTIONS MADE ON A PER-PAY BASIS (24 PAYS/YEAR)*

| COVERAGE TIER                | LOW OPTION | HIGH OPTION |
|------------------------------|------------|-------------|
| <b>Employee Only</b>         | \$3.09     | \$4.47      |
| <b>Employee + Child(ren)</b> | \$6.17     | \$8.94      |
| <b>Employee + Spouse</b>     | \$5.86     | \$8.49      |
| <b>Family</b>                | \$9.07     | \$13.14     |

### To Contact Eyemed

Call: **866.800.5457**

Visit: **[www.eyemed.com](http://www.eyemed.com)**



# DENTAL BENEFITS

## DELTA DENTAL



Below is a summary of the dental plans available to you.

|                                                                                                                                                                          | BASIC PLAN                  | DELUXE PLAN                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|
| BENEFITS                                                                                                                                                                 | IN-NETWORK & OUT-OF-NETWORK | IN-NETWORK & OUT-OF-NETWORK |
| <b>Calendar Year Deductible</b><br>Individual/Family                                                                                                                     | None                        | None                        |
| <b>Calendar Year Maximum</b> (per patient)                                                                                                                               | \$1,000                     | \$1,500                     |
| <b>Preventive &amp; Diagnostic Services</b><br>Exams, Cleanings, Bitewing X-rays (each twice per year), Fluoride Treatment (once in a calendar year, children to age 19) | 100%                        | 100%                        |
| <b>Basic Services</b><br>Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants                                                           | 100%                        | 100%                        |
| <b>Major Services</b><br>Crowns, Gold Restorations, Bridgework, Full and Partial Dentures                                                                                | Not Covered                 | 50%                         |
| <b>Orthodontia Benefits</b> (children age 19 and below)                                                                                                                  | Not Covered                 | 50%                         |
| <b>Orthodontia Lifetime Maximum</b> (per patient)                                                                                                                        | Not Covered                 | \$1,000                     |



## DENTAL PAYROLL CONTRIBUTIONS

CONTRIBUTIONS MADE ON A PER-PAY BASIS (24 PAYS/YEAR)

| COVERAGE TIER         | BASIC PLAN | DELUXE PLAN |
|-----------------------|------------|-------------|
| Employee Only         | \$12.24    | \$20.87     |
| Employee + Child(ren) | \$23.78    | \$36.93     |
| Employee + Spouse     | \$26.47    | \$48.79     |
| Family                | \$34.00    | \$59.49     |

## To Contact Delta Dental

Call: 800.452.9310

Visit: [www.deltadentalnj.com](http://www.deltadentalnj.com)

# EMPLOYEE REFERRAL PROGRAM



We are always looking for caring individuals to join the Bancroft Team, and with the challenges we face with the current economic climate, we will be offering a **Premium \$1,000 Employee Referral Bonus!**

If you refer a friend, a relative, an acquaintance, or a colleague to Bancroft for a position and we hire that person, then you are eligible for a bonus payment when the Payment Eligibility Criteria below are met!

## The Details

If a candidate you refer is hired, or newly applies for employment, you will be eligible to receive \$1,000 for every 40-hour per week position if the Program criteria below are met.

## How to Refer a Qualified Candidate

- Have your referral apply online at [www.Bancroft.org/Careers](http://www.Bancroft.org/Careers)
  - Make sure the candidate lists your full name on their online application as the Bancroft employee who referred them. If your name is not listed as the referral when the application is initially submitted, and you didn't submit their name directly to the Talent Acquisition Team, you cannot be added later.

## OR

- Submit your referral on the Buzz via the Employee Referral Form or email [TAP@bancroft.org](mailto:TAP@bancroft.org) for a recruiter to contact to encourage them to fill out an application and list you as the referral.

Additional details can be found on [www.bancroftbenefits.com](http://www.bancroftbenefits.com).

# LIFE AND AD&D INSURANCE

## NEW YORK LIFE

As a full-time employee, you are automatically enrolled in a Group Life, Accidental Death & Dismemberment, and Long-Term Disability Policy which is paid for by Bancroft. You can also purchase additional Life and AD&D coverage through New York Life.

### Basic Life and AD&D

The Basis Life Insurance benefit is 1.5 times your annual earnings subject to a maximum of \$300,000, and a minimum of \$10,000.

### Long-Term Disability (LTD)

Long-Term Disability (LTD) insurance protects workers in the event they become disabled for a prolonged period prior to retirement. Bancroft LTD provides you with income continuation in the event your illness or injury last beyond 180 days. This helps ensure you have a continued income if you are unable to work due to a covered sickness or injury. You may receive 60% of your pre-disability earnings to a maximum benefit per month.

### Additional Information:

Company paid life insurance beneficiary designations should be completed at this time or whenever your situation requires changes. You do not have to wait until a specific time to make changes to your beneficiary. Voluntary Life Insurance forms can be obtained by contacting [Benefits@Bancroft.org](mailto:Benefits@Bancroft.org).

### To Contact New York Life

Call: 888.842.4462  
Visit: [www.myNYLGBS.com](http://www.myNYLGBS.com)

### Voluntary Term Life

Term Life Insurance gives your family financial resources if you pass away to help your family:

- Cover your funeral costs
- Cover their living expenses
- Pay off your mortgage or other debts
- Take care of your children’s education

The maximum guaranteed issue amount (not subject to proof of Evidence of Insurability) at your initial new hire enrollment period is \$150,000 for yourself, \$50,00 for your spouse, and \$20,000 for your dependent children.

| VOLUNTARY TERM LIFE |                                                                                                                                  |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------|
| BENEFIT INFORMATION |                                                                                                                                  |
| Employee            | <b>Benefit Amount:</b> Increments of \$10,000<br><b>Maximum:</b> \$500,000                                                       |
| Spouse              | <b>Benefit Amount:</b> Increments of \$10,000<br><b>Maximum:</b> \$500,000 not to exceed 100% of the employees benefit           |
| Children            | <b>Benefit Amount:</b> Increments of \$5,000<br><b>Maximum:</b> \$20,000; Under 14 days old \$500;<br>Under 6 months old \$2,000 |

### Voluntary AD&D Insurance

The Benefit Amount for an employee is in increments of \$10,000 to a maximum of \$500,000 (not to exceed 10 times earnings amounts over \$150,000).

### Spouse and Child(ren) Benefit Amounts:

- Spouse with no child(ren): 50% of the employee amount
- Spouse with child(ren): 40% of the employee amount
- Child(ren) with spouse: 10% of the employee amount
- Child(ren) with no spouse: 15% of the employee amount

# RETIREMENT PLAN

## LINCOLN

After you have satisfied one year of service, Bancroft will match 50%, up to the first 4% you contribute. You must work at least 1,000 hours between your hire date and your first anniversary date to be eligible for the match. The match will start on the first of the month of the quarter following your one year anniversary (January, April, July, October). This means that after one year of service, if you are contributing 4% of your salary to your retirement savings, Bancroft will put in an additional 2% of your salary towards your retirement! After you complete two years of service, the funds Bancroft contributed become yours, e.g., 100% vested.

### What Retirement Fund is Best for Me?

#### The 403(b) option may be right for you if:

- You expect your taxes to be lower in retirement than they are today.
- You would rather increase your current take-home pay.

#### The Roth IRA option may be right for you if:

- You expect your taxes to be higher in retirement than they are today.
- You have many years to accumulate savings before retirement.
- You would rather pay taxes now than later.

### How Much Should I Contribute?

Visit [www.lfg.com](http://www.lfg.com) and check out the “Retirement Income Esitmate” section to see if you are on track and how much more you would need to contribute.

### Have Questions?

Visit [www.lfg.com](http://www.lfg.com) to access your account, make changes, designate your beneficiary and other resources or contact **800.234.3500**.





# PAID-TIME OFF (PTO)

## NON-EDUCATION PROGRAM EMPLOYEES & EDUCATION PROGRAM 52-WEEK EMPLOYEES

Paid-Time Off (PTO) is a benefit that includes paid hours for vacation, illness, or other personal needs that require time away from work. Whenever possible, time-off should be requested and approved in advance. You can request to use your PTO at the time-clock. Your request will be considered for approval based on the needs of your program at that time. For more information on PTO, check the Employee Handbook on the Buzz.

**PTO Bank Limit:** Employees will be permitted to carry up to 1.5 times their annual PTO accrual entitlement, at any time of the year. However, once an employee's PTO bank reaches the 1.5 times their Annual PTO Accrual, they will stop accruing additional time until they drop below this limit.

The below PTO schedule applies to non-Education Program employees and Education Program 52-week employees. Education employees working either a 42 or 49-week schedule following the school calendar (i.e. observes Winter & Spring Breaks) have a different time-off accrual for PTO hours, as noted in the "Education Employees (42 or 49 week work schedule)" on the following page.

| NON-EXEMPT (HOURLY) EMPLOYEE ACCRUAL SCHEDULE |                       |                        |                                             |
|-----------------------------------------------|-----------------------|------------------------|---------------------------------------------|
| YEARS OF SERVICE                              | ACCRUAL RATE PER PAY* | ANNUAL PTO ACCRUAL     | PTO BANK LIMIT<br>(1.5X ANNUAL PTO ACCRUAL) |
| Hire Date through 4 years                     | 5.84 hours            | 19 days (151.84 hours) | 28.5 days (227.76 hours)                    |
| Upon 5th year anniversary                     | 7.38 hours            | 24 days (191.88 hours) | 36 days (287.82 hours)                      |
| Upon 10th year anniversary                    | 8.92 hours            | 29 days (231.92 hours) | 43.5 days (347.88 hours)                    |

Hourly employees in the job titles of Registered Nurse, Licensed Practical Nurse and ABA Specialist accrue at the "Exempt" schedule below.

| EXEMPT EMPLOYEE ACCRUAL SCHEDULE (1) |                       |                        |                                             |
|--------------------------------------|-----------------------|------------------------|---------------------------------------------|
| YEARS OF SERVICE                     | ACCRUAL RATE PER PAY* | ANNUAL PTO ACCRUAL     | PTO BANK LIMIT<br>(1.5X ANNUAL PTO ACCRUAL) |
| Hire Date through 4 years            | 7.38 hours            | 24 days (191.88 hours) | 36 days (287.82 hours)                      |
| Upon 5th year anniversary            | 8.92 hours            | 29 days (232 hours)    | 43.5 days (347.88 hours)                    |

\* Accrual Rate per Pay shown above is based on a 40 hour per week position, and is prorated based on actual hours paid, as noted above.



# PAID-TIME OFF (PTO)

## PT EMPLOYEES UNDER 20 HOURS PER WEEK, FLEX AND SUB & EDUCATION EMPLOYEES REGARDLESS OF YEARS OF SERVICE (42 OR 49 WEEK WORK SCHEDULE)

Paid-Time Off (PTO) is a benefit that includes paid hours for vacation, illness, or other personal needs that require time away from work. Whenever possible, time-off should be requested and approved in advance. You can request to use your PTO at the time-clock. Your request will be considered for approval based on the needs of your program at that time. For more information on PTO, check the Employee Handbook on the Buzz.

**PTO Bank Limit:** Employees will be permitted to carry up to 1.5 times their annual PTO accrual entitlement, at any time of the year. However, once an employee's PTO bank reaches the 1.5 times their Annual PTO Accrual, they will stop accruing additional time until they drop below this limit.

| PT EMPLOYEES UNDER 20 HOURS PER WEEK, FLEX AND SUB |                    |                                                                           |                                                                             |
|----------------------------------------------------|--------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| ACCRUAL RATE (REGARDLESS OF YEARS OF SERVICE)      | ANNUAL PTO ACCRUAL | PTO BANK LIMIT                                                            | PTO USES                                                                    |
| 1 hour of PTO for every 30 hours worked            | 5 days (40 hours)  | 40 per year; up to 40 hours carried over from one fiscal year to the next | PTO can <b>only</b> be used for NJ-Paid Sick leave qualifying circumstances |

| EDUCATION EMPLOYEES REGARDLESS OF YEARS OF SERVICE (42 OR 49 WEEK WORK SCHEDULE) - <u>SALARIED, EXEMPT</u> |                       |                    |                                          |
|------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|------------------------------------------|
| WEEKLY HOURS/ANNUAL WEEKS                                                                                  | ACCRUAL RATE PER PAY* | ANNUAL PTO ACCRUAL | PTO BANK LIMIT (1.5X ANNUAL PTO ACCRUAL) |

|                              |                |                    |                     |
|------------------------------|----------------|--------------------|---------------------|
| 35 hours/week; 52 weeks/year | 3.77 PTO hours | 14 days (98 hours) | 21 days (147 hours) |
|------------------------------|----------------|--------------------|---------------------|

| EDUCATION EMPLOYEES REGARDLESS OF YEARS OF SERVICE (42 OR 49 WEEK WORK SCHEDULE) - <u>HOURLY, NON-EXEMPT</u> |                       |                    |                                          |
|--------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|------------------------------------------|
| WEEKLY HOURS/ANNUAL WEEKS                                                                                    | ACCRUAL RATE PER PAY* | ANNUAL PTO ACCRUAL | PTO BANK LIMIT (1.5X ANNUAL PTO ACCRUAL) |

|                              |                |                          |                           |
|------------------------------|----------------|--------------------------|---------------------------|
| 35 hours/week; 42 weeks/year | 3.77 PTO hours | 11.31 days (79.15 hours) | 16.96 days (118.73 hours) |
|------------------------------|----------------|--------------------------|---------------------------|

|                              |                |                          |                           |
|------------------------------|----------------|--------------------------|---------------------------|
| 35 hours/week; 49 weeks/year | 3.77 PTO hours | 13.19 days (92.35 hours) | 19.79 days (138.52 hours) |
|------------------------------|----------------|--------------------------|---------------------------|

|                                |                |                                   |                           |
|--------------------------------|----------------|-----------------------------------|---------------------------|
| 37.5 hours/week; 49 weeks/year | 4.04 PTO hours | 13.19 days ( <b>98.94 hours</b> ) | 19.79 days (148.41 hours) |
|--------------------------------|----------------|-----------------------------------|---------------------------|

|                              |                |                           |                           |
|------------------------------|----------------|---------------------------|---------------------------|
| 40 hours/week; 49 weeks/year | 4.31 PTO hours | 13.19 days (105.54 hours) | 19.79 days (158.31 hours) |
|------------------------------|----------------|---------------------------|---------------------------|

|                                                                                        |  |  |  |
|----------------------------------------------------------------------------------------|--|--|--|
| 2 Paid Breaks - Winter & Spring According to School Calendar <u>not</u> charged to PTO |  |  |  |
|----------------------------------------------------------------------------------------|--|--|--|

|                                                                                                                                                                                               |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Education hourly, non-exempt 42 & 49 week employees with 5 or more years of service will receive one (1) additional paid week to be used when school is not in session during the June break. |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|

\* Accrual Rate per Pay shown above is based on the weekly hours / weeks per year shown, and is prorated based on actual hours paid.

# TUITION REIMBURSEMENT

Bancroft's Tuition Reimbursement Program is designed to support employees' professional development goals by providing reimbursement for eligible expenses in pursuit of higher education at an accredited university or college.

- **Tuition Reimbursement** of up to \$5,250 annually towards a college degree in programs such as: Psychology, Applied Behavioral Analysis, Social Work, Education, Nursing, Human Services, Health Care, Business and more!
- **Partnership with Rider University.** Onsite M.A. in Applied Psychology: ABA with tuition paid in FULL by Bancroft.

For full information, submissions, and eligibility requirements, please click the Grow Your Career section on the Buzz.

For more information, contact  
844.577.2616 or [Benefits@Bancroft.org](mailto:Benefits@Bancroft.org).



# EMPLOYEE ASSISTANCE PROGRAM (EAP)

## CAREBRIDGE

Bancroft offers the Carebridge Employee Assistance Program (EAP) to all staff regardless of status. The EAP offers various resources and tools to help you handle hardships in your life, deal with everyday situations, or plan for your future.

The Carebridge Employee Assistance Program (EAP) is a confidential service that provides you and your family members with support services for a variety of issues associated with daily living. These services include:

- **Personal Growth & Training Center.** Find skill courses for communication, personal and professional development, interpersonal skills, and more!
- **Emotional Wellbeing.** Call or email to schedule [4 free counseling sessions](#) for you or your dependents.
- **Financial.** Call about financial pressures or go online to find calculators and resources on budgeting, debt, education planning, investing, and savings goals.
- **Legal.** Call or go on the website to find information, articles, resources, legal forms, wills, authorizations, and more!
- **Discount Shopping.** Find discounts and local deals on restaurants, entertainment, hotels and more!
- **Child Care & Elder Care Services.** Call, email or go to the website to find childcare or elder care services for your dependents or family members.
- **Health.** Visit the website to find assessments, articles, videos, and resources to help you on your journey to a healthier you!

The information listed above is just a small sampling of the many services offered through the Carebridge EAP. Call, visit the website, or email Carebridge to start utilizing this great service.

### To Contact Carebridge

- Call: **800.437.0911**
- Visit: **[www.myliferesource.com](http://www.myliferesource.com)**
- Website Access Code: **MRTXF**
- Email: **[clientservice@carebridge.com](mailto:clientservice@carebridge.com)**



# TUITION ASSISTANCE PROGRAM

## KINDERCARE



Bancroft and KinderCare Education have collaborated to provide a 10% **savings on tuition at KinderCare Learning Centers and Champions school programs**. Most Bancroft families will save over \$1,000 per year!

Enjoy access to safe, fun, and engaging learning experiences with proven curriculum for ages 6 weeks to 12 years with industry leading health and safety measures.

### Tuition Benefits

The tuition benefits program is available at over 1,500 KinderCare Learning Centers and over 500 Champions before- and after-school programs nationwide.

This offer is available for anyone who currently may have children already in KinderCare centers, or for anyone considering changing their current childcare provider, looking for before- or after-school care, or interested in any of our other program options that KinderCare oversees.

### The KinderCare Experience

A child's world gets a little bigger every time they step – or crawl, or roll, or hop! – into a KinderCare classroom. Here they can build a skyscraper, cook an imaginary feast, or heal a teddy bear's runny nose. Everything in our classrooms is designed around their unique need. Every day, our KinderCare team, Center Directors, and teachers make a positive, lasting impact for children and their parents. Everything we do is designed to create an exceptional experience with long-term benefits for families.

### How to Enroll

To find if a center is near you visit [www.kindercare.com](http://www.kindercare.com) or call **888.525.2780**, or schedule a virtual tour with the Center Director to learn more about the program.

# VOLUNTARY BENEFITS

## AFLAC



### Aflac Benefits

Aflac is different from major medical insurance; it's for daily living! They pay you cash benefits to use as you see fit to help with unexpected expenses.

- **Group Accident Insurance** helps pay for out-of-pocket costs that arise from covered accidents such as fractures, dislocations, and lacerations.
- **Group Critical Illness Insurance** helps pay the unexpected expenses that arise from a diagnosis of a covered critical illness such as cancer (internal or invasive), heart attack, stroke, end-stage renal failure, or major organ transplant.
- **Group Short-Term Disability Insurance** helps protect your income in the event that you are unable to work due to an off-the-job injury or illness.

For more details, specifics, restrictions or to enroll in any of the Aflac benefits, visit [www.aflacatwork.com/enroll](http://www.aflacatwork.com/enroll) or contact **800.433.3036**.

# INSTANT PAY

## RAIN



Bancroft is partnering with Rain Instant Pay, allowing you to get some of your paycheck early. It's not a loan, and there is no interest!

Download Rain Instant Pay for Apple or Android to access portions of your paycheck before payday.

1. Down the free **"Rain Instant Pay"** app from the App Store or Google Play or simply scan the QR Code below.
2. Sign up, selecting **"Bancroft"** as your employer
3. Add a debit card or bank account
4. Withdraw portions of your upcoming paycheck.  
Choose between two options:
  - Free (can take up to three days) OR
  - \$3.99 instantly
5. Get the rest on payday!



Scan the QR Code  
to Download Rain  
Instant Pay

### Have Questions?

Contact Rain Instant Pay by emailing [care@rain.us](mailto:care@rain.us) or by calling **424.369.7246**.



# EMPLOYEE DISCOUNTS & PLUM BENEFITS



## Cell Phone Services

### Verizon 22%

To register for the employee discount or to validate your employment if you are already enrolled in the program, please follow the steps below.

- Validate your employment for your Verizon Discount by visiting [www.verizonwireless.com/discount-program](http://www.verizonwireless.com/discount-program)
- Enter your mobile phone number or My Verizon User ID in the Existing Verizon Customer Field.
- Click Login and Validate:
  - By email with your work email
  - By pay-stub and follow the instructions to upload your pay stub

### AT&T 25%

Bancroft employees can use **Fan Number 04057101** at any location along with your work ID so they can verify your employment and offer you the discount.

### T-Mobile

T-Mobile does not offer a discount; however, if you plan on adding a line, they will give you a \$25 reward card for the line. This is a one-time reward and not an ongoing discount. The Promo Code for the reward card is: **30645TMOFAV!**

## Working Advantage

Working Advantage Rewards is your exclusive discount marketplace. After signing in, you will have access to a wide variety of money saving offers, including discount tickets, cars, rentals, and hotels; as well as amazing product and service deals for your everyday needs. It's cost-free and easy to enroll. Visit the Buzz under Employee Essentials/ Benefits At A Glance for more information and begin saving today on items like:

- Electronics
- Theme Parks
- Hotels
- Groceries
- And more!

## Plum Benefits

On Plum Benefits you can find discounts on:

- Sporting Events
- Broadway Shows
- Amusement Parks
- Hotels and Car Rentals
- Movie Tickets
- Concerts
- And more!

Visit [www.plumbenefits.com](http://www.plumbenefits.com) and enter the code **ac0529376**.



# CARRIER CONTACTS

Below is a list of important contacts for all of your employee benefits needs.

**Benefits Helpline Hours of Operation:** Monday through Friday, 8:30 am to 5:00 pm EST

| BENEFITS/RESOURCES                                       | CONTACT             | PHONE NUMBER | WEBSITE/EMAIL                                                                                                    |
|----------------------------------------------------------|---------------------|--------------|------------------------------------------------------------------------------------------------------------------|
| <b>Bancroft Benefits Helpline</b>                        | N/A                 | 844-577-2616 | cssteam@connerstrong.com                                                                                         |
| <b>HR Benefits Department</b>                            | Bancroft            | N/A          | benefits@bancroft.org                                                                                            |
| <b>Medical</b>                                           | Imagine360          | 844-713-1097 | <a href="https://mibenefits.imagine360.com">https://mibenefits.imagine360.com</a>                                |
| <b>Prescription</b>                                      | Express Scripts     | 800-282-2881 | <a href="http://www.express-scripts.com">www.express-scripts.com</a>                                             |
| <b>Wellness Program</b>                                  | Wellworks           | 800-425-4657 | <a href="http://www.wellworksforyoulogin.com">www.wellworksforyoulogin.com</a>                                   |
| <b>Telemedicine</b>                                      | Recuro Health       | 844-715-1724 | <a href="https://imagine360.com/care">https://imagine360.com/care</a>                                            |
| <b>Diabetes/Hypertension Management</b>                  | Livongo             | 800-945-4355 | <a href="http://www.join.livongo.com/register">www.join.livongo.com/register</a>                                 |
| <b>HRA, FSA &amp; Commuter Benefits</b>                  | Flores & Associates | 704-335-8211 | <a href="http://www.Flores247.com">www.Flores247.com</a>                                                         |
| <b>Vision</b>                                            | EyeMed              | 866-800-5457 | <a href="http://www.eyemed.com">www.eyemed.com</a>                                                               |
| <b>Dental</b>                                            | Delta Dental        | 800-452-9310 | <a href="http://www.deltadentalnj.com">www.deltadentalnj.com</a>                                                 |
| <b>Life and AD&amp;D</b>                                 | New York Life       | 888-842-4462 | <a href="http://www.myNYLGBS.com">www.myNYLGBS.com</a>                                                           |
| <b>Employee Assistance Program</b>                       | Carebridge          | 800-437-0911 | <a href="http://www.myliferesource.com">www.myliferesource.com</a><br>Register With Access Code: MRTXF           |
| <b>Tuition Assistance Program</b>                        | KinderCare          | 888-525-2780 | <a href="http://www.kindercare.com/employee-benefits/Bancroft">www.kindercare.com/employee-benefits/Bancroft</a> |
| <b>Accident, Critical Illness, Short-Term Disability</b> | Aflac               | 800-433-3036 | <a href="http://www.aflacatwork.com/enroll">www.aflacatwork.com/enroll</a>                                       |
| <b>Medical GAP Insurance</b>                             | Colonial Life       | 856-983-9600 | N/A                                                                                                              |
| <b>403(b) &amp; IRA Retirement</b>                       | Lincoln Financial   | 732-237-6799 | <a href="http://www.LFG.com">www.LFG.com</a>                                                                     |
| <b>Tuition Reimbursement</b>                             | N/A                 | N/A          | Submit via Bancroft Support Desk Portal                                                                          |
| <b>Instant Pay</b>                                       | Rain                | 424-369-7246 | <a href="mailto:care@rain.us">care@rain.us</a>                                                                   |
| <b>Health Coordination Team</b>                          | Sena Health         | 609-503-4706 | <a href="mailto:hello@senahealth.com">hello@senahealth.com</a>                                                   |
| <b>Fulton Bank</b>                                       | Fulton Bank         | 856-787-6282 | <a href="mailto:LMarett@FultonBank.com">LMarett@FultonBank.com</a>                                               |

# LEGAL NOTICES

## Notice Regarding Special Enrollment

**Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program)** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

## Loss of coverage for Medicaid or a State Children's Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program (CHIP).

## New dependent by marriage, birth, adoption, or placement for adoption

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you request a change due to a special enrollment event within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment.

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

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

## Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Women's Health and Cancer Rights Act

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

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other benefits. If you have any questions, please speak with Human Resources.

## Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

Please contact Human Resources for a copy of your SBC.

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility -

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

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

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

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

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)  
Health First Colorado Website: <https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Center:  
1-800-221-3943/State Relay 711  
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>  
CHP+ Customer Service: 1-800-359-1991/State Relay 711  
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>  
HIBI Customer Service: 1-855-692-6442

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

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

# LEGAL NOTICES

## INDIANA – Medicaid

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

## IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:  
Iowa Medicaid | Health & Human Services  
Medicaid Phone: 1-800-338-8366  
Hawki Website:  
Hawki – Healthy and Well Kids in Iowa | Health & Human Services  
Hawki Phone: 1-800-257-8563  
HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)  
HIPP Phone: 1-888-346-9562

## KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>  
Phone: 1-800-792-4884  
HIPP Phone: 1-800-967-4660

## KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  
<https://chfs.ky.gov/agencies/dms/member/Pages/kihhip.aspx>  
Phone: 1-855-459-6328  
Email: [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)  
KCHIP Website: <https://kynect.ky.gov>  
Phone: 1-877-524-4718  
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

## LOUISIANA – Medicaid

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

## MAINE – Medicaid

Enrollment Website: [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)  
Phone: 1-800-442-6003  
TTY: Maine relay 711  
Private Health Insurance Premium Webpage:  
<https://www.maine.gov/dhhs/ofi/applications-forms>  
Phone: 1-800-977-6740  
TTY: Maine relay 711

## MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>  
Phone: 1-800-862-4840  
TTY: 711  
Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

## MINNESOTA – Medicaid

Website:  
<https://mn.gov/dhs/health-care-coverage/>  
Phone: 1-800-657-3672

## MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 573-751-2055

## MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084  
Email: [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

## NEBRASKA – Medicaid

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

## NEVADA – Medicaid

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

## NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>  
Phone: 603-271-5218  
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218  
Email: [DHHS.ThirdPartyLiabi@dhhs.nh.gov](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

## NEW JERSEY – Medicaid and CHIP

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

## NEW YORK – Medicaid

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

## NORTH CAROLINA – Medicaid

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

## NORTH DAKOTA – Medicaid

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

## OKLAHOMA – Medicaid and CHIP

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

## OREGON – Medicaid and CHIP

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

## PENNSYLVANIA – Medicaid and CHIP

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

## RHODE ISLAND – Medicaid and CHIP

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

## SOUTH CAROLINA – Medicaid

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

## SOUTH DAKOTA – Medicaid

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

## TEXAS – Medicaid

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

## UTAH – Medicaid and CHIP

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

## VERMONT – Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>  
Phone: 1-800-250-8427

## VIRGINIA – Medicaid and CHIP

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

## WASHINGTON – Medicaid

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

## West Virginia – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/http://mywvhipp.com/>  
Medicaid Phone: 304-558-1700  
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

## WISCONSIN – Medicaid and CHIP

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

## WYOMING – Medicaid

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

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565



# INSURANCE MARKETPLACE NOTICE

## PART A: General Information

When key parts of the health care law took effect in 2014, there was a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets our needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace began in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the insurance carrier’s customer service number located on your ID card. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area. To get information about the Marketplace coverage, you can call the government’s 24/7 Help-Line at 1-800-318-2596 or go to <https://www.healthcare.gov/marketplace/individual/>.

## PART B: Information about Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

|                                                                                           |                        |                                                 |  |
|-------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------|--|
| 3. Employer Name<br>Bancroft Neurohealth                                                  |                        | 4. Employer Identification Number<br>21-0672770 |  |
| 5. Employer Address<br>236 West Route 38                                                  |                        | 6. Employer phone number<br>856-348-1137        |  |
| 7. City<br>Moorestown                                                                     | 8. State<br>New Jersey | 9. Zip Code<br>08057                            |  |
| 10. Who can we contact about employee health coverage at this job?<br>Benefits Department |                        |                                                 |  |
| 11. Phone number (if different from above)<br>844-577-2616                                |                        | 12. Email address<br>Benefits@Bancroft.org      |  |

<sup>1</sup> An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



**Bancroft**  
One world. For everyone.

Bancroft reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. If you have any questions about your Guide, contact Human Resources.