MAY 5 - 16, 2025

WELCOME TO OPEN ENROLLMENT

Agenda

- Open Enrollment
- Elligiblity
- Medical Benefits
- Prescription Benefits
- Telemedicine
- Dental Benefits
- Vision Benefits
- Flexible Spending Accounts
- Retirement Plan
- Supplemental Benefits
- Links to Resources

Open Enrollment

May 5th - May 16th, 2025

View Enrollments or Make Changes

- Log into UKG
- Submit your Elections

Once Open Enrollment ends, you will not be able to make changes until the next Open Enrollment period without qualified life event

Passive - If you make no changes, your benefits will continue for 2025/2026 except:

- FSA elections must be updated annually in UKG Pro during Open Enrollment.
- SENA Health will also be an Active Enrollment at the following link because we have removed the requirement for participation to earn the Wellness Credit.

Highlights

- **No changes to insurance carriers, plan designs, or premiums.**
- Wellness Program: Premium reductions ($480 single/$960 employee + spouse/SO) are available for those who complete annual physicals and lab work. Submit proof to Wellworks by **May 31, 2025**.
- Telemedicine: Now offered through Recuro Health with a $10 copay. Contact info will be on your medical ID card.
- HRA Plan: Features continues to feature 2 unique benefits:
  - HRA Card (Flores) covers $500 of deductible expenses ($1,000 for those covering spouse and/or children
  - Infertility coverage up to $5,000.
- Imagine360 remains the point of contact for medical claims, provider searches, scheduling, and balance bill support.

Eligibility

	FLEX/SUB (24 HOURS PER MONTH)	PART TIME (LESS THAN 20 HOURS PER WEEK)	PART TIME (20-29 HOURS PER WEEK)	FULL-TIME (30+ HRS/WEEK)
Paid Time Off (PTO)	NJ-PSL (1 hr/30 hrs worked)	NJ-PSL (1 hr/30 hrs worked)	PTO (Accrual) + 4 hrs Holiday Pay	Full PTO
Health	N/A	N/A	N/A	Medical, Prescription, Dental, Vision, Wellworks, Flexible Spending Accounts
Retirement and Savings	N/A	N/A	403B (Company Match after 1 yr)	403B (Company Match after 1 yr)
Insurance	Workers' Comp and Temporary Disability (NJ only)	Workers' Comp and Temporary Disability (NJ only)	Workers' Comp and Temporary Disability (NJ only)	Life Insurance, LTD, AD&D (100% paid by Bancroft)
Other Benefits	Referral Bonus, EAP, Rain, KinderCare Discounts, Employee Discounts	Referral Bonus, EAP, Rain, KinderCare Discounts, Employee Discounts	Referral Bonus, EAP, Rain, KinderCare Discounts, Employee Discounts	Referral Bonus, EAP, Rain, KinderCare Discounts, Employee Discounts, Tuition Assistance

Medical Benefits

Coverage through Imagine360

- HRA Plan (with Bancroft funded debit card)
- Indemnity Copay Plan
- Cigna PPO Plan

Provider Choices

Our benefit plans do not require a “network” provider, but the following options are available for the **HRA** and **Indemnity Copay Plan**

- Imagine Health
- MagnaCare
- Partners Direct Health

Medical Benefits Summary

Benefit Description	HRA Plan – All Provider	Indemnity Copay Plan – All Providers	Cigna PPO Plan (In-Network)
Deductible (Individual/Family)	$2,000 / $4,000 ($1,000 / $2,000 for ImagineHealth)	$2,000 / $4,000 ($0 Deductible for ImagineHealth)	$2,000 / $4,000
Out-of-Pocket Maximum (Ind/Family)	$5,000 / $10,000 ($4,500 / $9,000 for ImagineHealth)	$5,000 / $10,000	$5,000 / $10,000
HRA Funding (Individual/Family)	$500 / $1,000	No	No
Referrals Required	No	No	No
Preventive Care	Included, Covered at 100%	Included, Covered at 100%	Included, Covered at 100%
PCP / Specialist	100% after deductible	$40 / $80 copay	$40 / $80 copay
Lab / X-ray/Complex Imaging	100% after deductible	$15 / $50 / $150 copay	$15 / $50 / $150 copay
Emergency Room / Urgent Care	100% after deductible	$400 / $100 copay	$400 / $100 copay
Inpatient Hospital	100% after deductible	75% after deductible	75% after deductible
Outpatient Surgery	100% after deductible	75% after deductible	75% after deductible

Medical Benefits

Why are HRA and Indemnity Copay plans less expensive?

- The HRA and Indemnity Copay plans pay facility claims based on a % above Medicare OR a % above the facility's reported costs.
- The Cigna plan pays facility claims on a discount off billed charges.

Service: MRI	Average Billed Charge	Facility Reported Cost	Medicare Reimbursement Rate	CIGNA Plan Allowed Employee Cost	HRA Plan Allowed Employee Cost	Indemnity Copay Allowed Employee Cost
Hospital #1	$2,188	$163	$184	**$1,094**	**$339**	**$339**
Hospital #2	$3,147	$218	$201	**$1,573**	**$418**	**$418**
Hospital #3	$5,840	$110	$199	**$2,920**	**$575**	**$575**

Service: Hip + Knee Joint Replacement Surgery	Average Billed Charge	Facility Reported Cost	Medicare Reimbursement Rate	CIGNA Plan Allowed Employee Cost	HRA Plan Allowed Employee Cost	Indemnity Copay Allowed Employee Cost
Hospital #1	$209,000	$21,000	$26,000	**$83,600**	**$43,540**	**$43,540**

2025 - 2026 Benefit Contributions

MEDICAL + RX (Per Pay – 24 Pays/Year)			
TIER	**HRA Plan**	**INDEMNITY COPAY Plan**	**CIGNA Plan**
Employee	$74.76	$58.63	$116.02
Couple	$154.19	$124.80	$229.41
Employee + Child(ren)	$162.92	$129.84	$247.58
Family	$257.98	$208.76	$383.85

MEDICAL + RX (Per Pay – 24 Pays/Year)			
TIER	**HRA Plan**	**INDEMNITY COPAY Plan**	**CIGNA Plan**
Employee	$1,794.24	$1,407.12	$2,784.48
Family	$6,191.52	$5,010.24	$9,212.40

2019/20 Medical Benefits

Benefit Description	Horizon HRA Plan	EPO	Direct Access Plan
Deductible (Individual/Family)	$1,500 / $3,000	$1,000 / $2,000	None
Out-of-Pocket Maximum (Ind/Family)	$5,000 / $10,000	$2,000 / $4,000	$1,500 / $3,000
HRA Funding (Individual/Family)	$500 / $1,000	No	No
PCP	100% after deductible	$25 copay	$15 copay
Specialist	100% after deductible	$60 copay after deductible	$50 copay
Emergency Room	100% after deductible	$350 copay after deductible	$300 copay
Inpatient Hospital	100% after deductible	$300 copay after deductible	90% coverage
Outpatient Surgery	100% after deductible	$200 copay after deductible	90% coverage
Employee Only Per Pay	$57.91 (412 Enrolled)	$70.76 (196 Enrolled)	$133.67 (141 Enrolled)

Prescription Benefits

- Coverage through **RxBenefits**
  - RxBenefits using the Express Scripts platform
- Enrolling in a medical plan automatically includes prescription coverage.

- Mail-Order Program
  - Save money (2x copay / 3 month supply)
  - Medications delivered right to your door.
  - Maintenance medications must be filled through mail-order

Prescription Benefit Summary

- No changes in benefits for 2025/26

- Don’t forget about the $0 Generic Preventive medication list
- Includes select medications for conditions such as:
  - Diabetes
  - Asthma
  - Depression
  - Heart Disease

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

Health Plan Comparison 1

Assumptions

- 2 sick visits to a Primary Care Doctor + 1 Emergency Room visit + 1 Telemedicine visit

CATEGORY	HRA PLAN
EE Contribution* (Annual)	$1,794.24
2 Sick Visits (ded. applies) Est. of $75 / visit	$150
ER Visit - (ded. applies) Est. avg of $1,000	$1000
Telemedicine Visit $10 copay	$10
Total Medical Bills	$1,160
Bancroft HRA Contribution	$500
Net Medical Bills	**$660**
Total Cost (Premium + Net Medical Bills)	**$2,454.24**

CATEGORY	INDEMNITY COPAY
EE Contribution* (Annual)	$1,407.12
2 Sick Visits to PCP $40 copay / visit	$80
ER Visit $400 copay	$400
Telemedicine Visit $10 copay	$10
Total Medical Bills	$490
Bancroft HRA Contribution	n/a
Net Medical Bills	**$490**
Total Cost (Premium + Medical Bills)	**$1,897.12**

CATEGORY	CIGNA PPO
EE Contribution* (Annual)	$2,784.48
2 Sick Visits to PCP $40 copay / visit	$80
ER Visit $400 copay	$400
Telemedicine Visit $10 copay	$10
Total Medical Bills	$490
Bancroft HRA Contribution	n/a
Net Medical Bills	**$490**
Total Cost (Premium + Medical Bills)	**$3,274.48**

**Assumes Employee Earns Annual Wellness Credit*

Health Plan Comparison 2

Assumptions (Member injures their knee and receives an MRI and Physical Therapy)

- 1 Emergency Room Visit + 1 MRI + 10 Physical Sessions

CATEGORY	HRA PLAN
EE Contribution* (Annual)	$1,794.24
ER Visit - (ded. applies) Est. avg of $1,000	$1,000
MRI (ded. applies) – Est $375 allowable	$375
10 PT Visits (ded applies until $2k is met) - $150/ visit	$625
Total Medical Bills	$2,000
Bancroft HRA Contribution	$500
Net Medical Bills	**$1,500**
Total Cost (Premium + Medical Bills)	**$3,294.24**

CATEGORY	INDEMNITY COPAY
EE Contribution* (Annual)	$1,407.12
ER Visit $400 copay	$400
MRI on Knee $150 copay ($375 allowable)	$150
10 PT Visits $40 copay x 10 visits	$400
Total Medical Bills	$950
Bancroft HRA Contribution	n/a
Net Medical Bills	**$950**
Total Cost (Premium + Medical Bills)	**$2,357.12**

CATEGORY	CIGNA PPO
EE Contribution* (Annual)	$2,784.48
ER Visit $400 copay	$400
MRI on Knee $150 copay ($1,200 allowable)	$150
10 PT Visits $40 copay x 10 visits	$400
Total Medical Bills	$950
Bancroft HRA Contribution	n/a
Net Medical Bills	**$950**
Total Cost (Premium + Medical Bills)	**$3,734.48**

**Assumes Employee Earns Annual Wellness Credit*

Health Plan Comparison 3

Assumptions (Member injures their knee and receives an MRI, has Surgery and Physical Therapy)

- 1 Emergency Room Visit + 1 MRI + Surgery + 10 Physical Therapy Sessions

CATEGORY	HRA PLAN
EE Contribution* (Annual)	$1,794.24
ER Visit - (ded applies) Est. avg of $1,000	$1,000
MRI (ded applies) – Est $375 allowable	$375
Surgery (ded applies & is met) Est of $20,000 repriced	$675
10 PT Visits (ded satisfied) – 100% covered after ded.	$0.00
Total Medical Bills	$2,000
Bancroft HRA Contribution	$500
Net Medical Bills	**$1500**
Total Cost (Premium + Medical Bills)	**$3,294.24**

CATEGORY	INDEMNITY COPAY
EE Contribution* (Annual)	$1,407.12
ER Visit $400 copay	$400
MRI on Knee $150 copay ($375 allowable)	$150
Surgery (ded applies & is met) Estimate of $20,000 repriced	$4,450
10 PT Visits (ded satisfied) – 100% covered after ded.	$0.00
Total Medical Bills	$5,000
Bancroft HRA Contribution	n/a
Net Medical Bills	**$5,000**
Total Cost (Premium + Medical Bills)	**$6,407.12**

CATEGORY	CIGNA PPO
EE Contribution* (Annual)	$2,784.48
ER Visit $400 copay	$400
MRI on Knee $150 copay ($1,200 allowable	$150
Surgery (ded. applies & is met) Estimate of $30,000 repriced	$4,450
10 PT Visits (ded satisfied) – 100% covered after ded.	$0.00
Total Medical Bills	$5,000
Bancroft HRA Contribution	n/a
Net Medical Bills	**$5,000**
Total Cost (Premium + Medical Bills)	**$7,784.48**

**Assumes Employee Earns Annual Wellness Credit*

Wellness Credit 2025/26

- Complete the Annual Physical with Lab work (there is a Lab Corp voucher)
- Submit your completed form to Wellworks by May 31, 2025
- Enroll and complete 2 consultations w/ Sena Health

- These programs are HIPAA compliant. Your information is *never* shared with Bancroft

- Earn **$480** (single) or **$960** (employee and spouse/significant other)

Wellness in 2025/26

- We will continue to offer the Wellness Credit to those completing the Annual Physical with Lab work
- Submit your completed form to Wellworks by May 31, 2026

- SENA Health is not required to earn the wellness credit in 2025/26 (for 7/1/26 contributions)

- Don’t forget about the additional incentives (gift cards) through Wellworks for completing additional wellness and education

Telemedicine

- Coverage through **Recuro Health**

- 24/7 Access to Virtual Care
  - Primary care
  - Behavioral health
  - Urgent care

- Download the app or visit imagine360.com/care

Benefits Member Advocacy

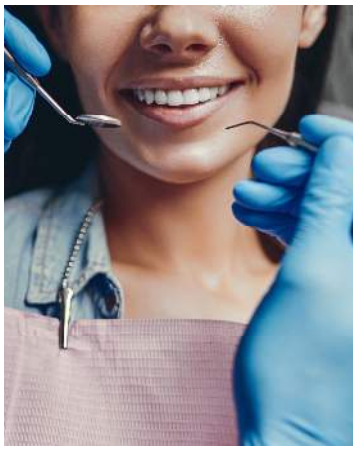
- Benefit Advocates can assist with
  - Open Enrollment Questions
  - Benefit Claims Issues
  - Coverage Questions
  - Enrollment Inquiries and more

- Call 844-577-2616
- Email cssteam@connerstrong.com

Dental Benefits

Two Coverage Options through **Delta Dental**

- **Basic**
- **Deluxe**



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

- **ID Cards** are not automatically issued - Print ID Cards from www.deltadentalnj.com

Vision Benefits

Two Coverage Options through **EyeMed**

- **Low Option**
- **High Option**

	LOW OPTION		HIGH OPTION	
BENEFITS	**IN-NETWORK**	**OUT-OF-NETWORK REIMBURSEMENT**	**IN-NETWORK**	**OUT-OF-NETWORK REIMBURSEMENT**
Exam	$10 copay	Up to $35	$10 copay	Up to $35
Frames	$130 allowance	Up to $65	$150 allowance	Up to $75
Lenses Single Vison Lenses Bifocal Lenses Trifocal Lenses Lenticular Lenses	$20 copay	 Up to $40 Up to $60 Up to $80 Up to $100	$20 copay	 Up to $40 Up to $60 Up to $80 Up to $100
Contact Lenses (in lieu of eyeglasses)	$100 allowance	Up to $80	$150 allowance	Up to $120
Frequency Vision Exam Lenses Frames	 Every 12 months Every 12 months Every 24 months		 Every 12 months Every 12 months Every 12 months	

- **ID Cards** are not automatically issued - Print ID Cards from www.eyemed.com

2025 - 2026 Benefit Contributions

DENTAL PLAN (Per Pay – 24 Pays/Year)		
TIER	**DELTA BASIC**	**DELTA DELUXE**
Employee	$12.42	$21.17
Employee + Child(ren)	$24.14	$37.48
Employee + Spouse	$26.86	$49.51
Family	$34.50	$60.37

VISION PLAN (Per Pay – 24 Pays/Year)		
TIER	**EYEMED Low Option**	**EYEMED High Option**
Employee	$3.09	$4.47
Employee + Child(ren)	$6.17	$8.94
Employee + Spouse	$5.86	$8.49
Family	$9.07	$13.14

Flexible Spending Accounts

Cafeteria Plans and Flexible Spending plans are administered by **Flores**:

Health Reimbursement Account (HRA)

- Bancroft contributes $500 for single coverage and $1,000 for all other tiers

Healthcare Flexible Spending Account (FSA)

- Max Contribution: $3,300

Dependent Care FSA

- Max Contribution: $5,000 (single/married filing jointly); $2,500 (married filing separately).

You need to re-enroll in your FSAs each year as your participation does not automatically roll over

Retirement Plan

- Defined Contribution Retirement Plan through **Lincoln Financial**

- If eligible, Bancroft will match 50% of the first 4% you contribute
- Company match begins on the first of the month of the quarter following your one year anniversary

- Log into LincolnFinancial.com/Retirement
- Schedule an appointment with a Lincoln Representative - www.lfg.com/Bancroftschedule

Employee Assistance Program

Coverage through **Carebridge** includes:

- 4 Free Counseling sessions for any household member per year, per issue
- Financial planning
- Legal assistance
- Wellness
- Counseling
- Personal growth
- Elder care assistance
- Trainings
- Live webinars
- On-Demand content

Voluntary Offerings

- Coverage through **AFLAC**

- Accident Insurance
  - Employee and Family
- Critical Illness Insurance
  - Lump sum payment upon diagnosis
- Short-Term Disability Insurance
  - Employee Only
  - *Ideal for DE and PA Staff Members*

Voluntary Offerings

Life and AD&D coverage through **New York Life**

To Contact New York Life

Call: **888.842.4462**

Visit: **www.myNYLGBS.com**

VOLUNTARY TERM LIFE

	BENEFIT INFORMATION
Employee	**Benefit Amount:** Increments of $10,000 **Maximum:** $500,000
Spouse	**Benefit Amount:** Increments of $10,000 **Maximum:** $500,000 not to exceed 100% of the employees benefit
Children	**Benefit Amount:** Increments of $5,000 **Maximum:** $20,000; Under 14 days old $500; Under 6 months old $2,000

Instant Pay

Early access to your paycheck is available through **Rain** allowing you to:

- Transfer a portion of your paycheck before payday
- Cash out options
  - Free ACH bank transfer (may take up to 3 business days)
  - Instant transfer for $3.99

Have Questions?

Contact Rain Instant Pay by emailing **care@rain.us** or by calling **424.369.7246**.

Back Up Childcare

Services offered through **KinderCare**

- Tuition for New or Existing Enrollment
  - 10% savings for Bancroft employees
- Back-Up care
  - $15 a day

Back-Up Care is available on days when your regular daycare or childcare provider is unavailable due to:

- Holidays
- Unexpected Closure
- Illness (of the childcare provider)

Visit www.kindercare.com to find a KinderCare center

Employee Discount Programs

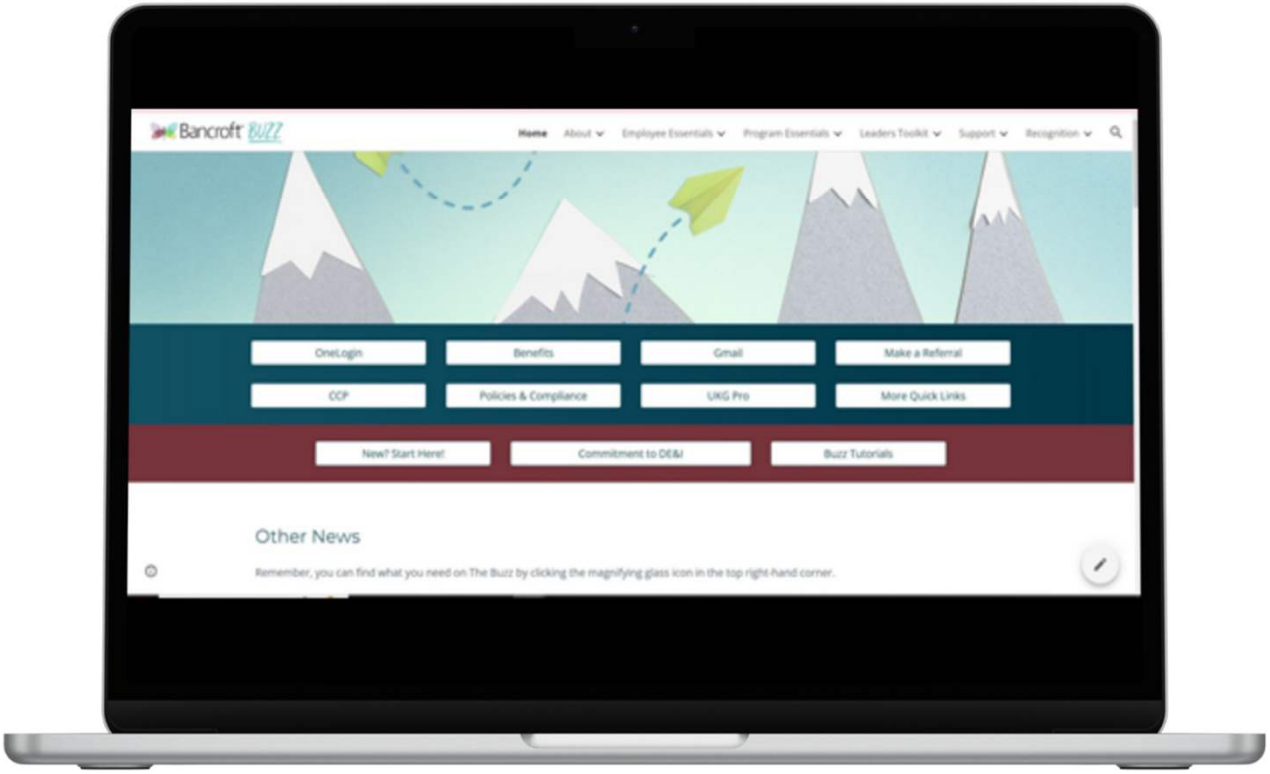
Plans Administered by **Plum Benefits** and include:

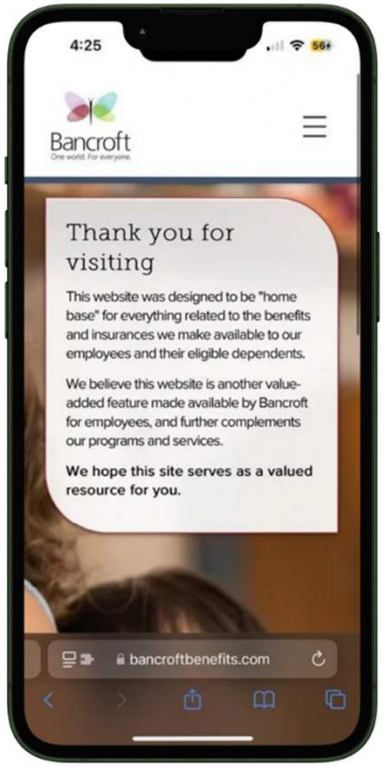
- AAA Discount Program
- Wireless Carrier Discounts: T-Mobile, Verizon, and AT&T
- Pet Insurance
- Cove Haven Resorts
- Six Flags Great Adventure (see Working Advantage)
- Morey's Piers
- Movie tickets, sporting events, Broadway shows, concerts, hotels, etc.
- Working Advantage

Visit www.plumbenefits.com and enter code: ac0529376

Benefits Portal

- For more information, visit www.BancroftBenefits.com or The Buzz



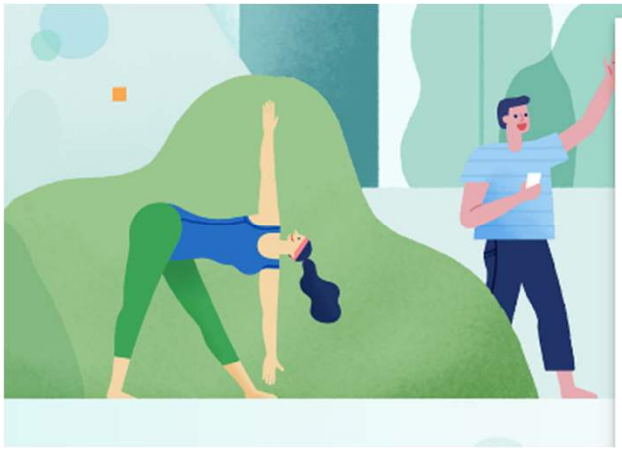


Next Steps

- If you're not changing your current benefit plans, covered dependents, or enrolling in an FSA, no action is needed in UKG Pro. Your coverage will stay the same.

- To re-enroll, to enroll, or to change your FSA election, you must update UKG Pro by May 16th. Anyone who does not make a new 2025/26 FSA election will not be enrolled as of July 1, 2025.

- Visit the Benefits Home Page on the Buzz for detailed instructions on how to enroll



UKG

Your UKG Launch experience begins here!

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  - Enrollment Inquiries and more

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