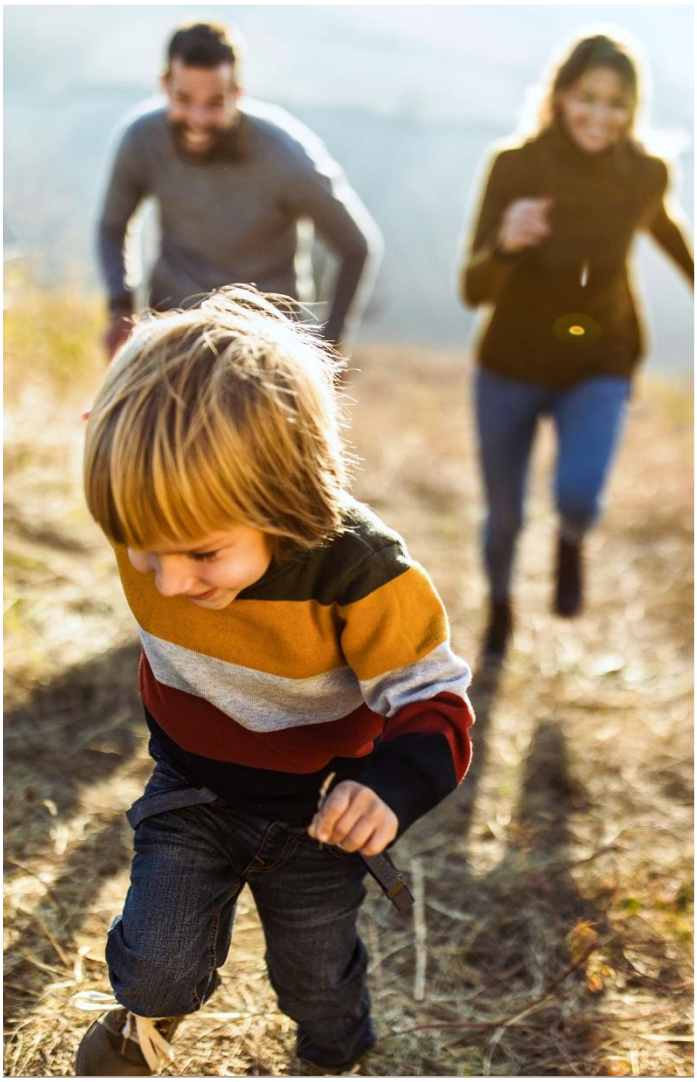






Foxdale Village

A Life Plan Community Guided by Quaker Values

Employee Benefit Guide

2027

What's Inside



At **Foxdale Village Retirement Community**, we're committed to providing you and your family with a **comprehensive and valuable benefits package** that supports your health, well-being, and financial security.

We want to help you make the most of your benefits — that's why we've created this Benefit Guide. Inside, you'll find an overview of the plans and programs available to you, along with helpful information to make it easier to choose the options that best meet your needs.

If you have any questions about the benefits outlined in this guide, please reach out to **Saprina Harter, your Payroll and Benefits Coordinator, at 814-272-2111**, or contact the **Leavitt Northeast Insurance Member Advocacy Team at (800) 326-9850**.

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Who is eligible to enroll in benefits?

If you are a **full-time employee** at Foxdale Village Retirement Community, you are eligible to enroll in **all benefits** outlined in this guide. If you are a **regular part-time employee**, you are eligible to enroll in the **dental and vision benefits** outlined in this guide. **Eligible dependents** include your **spouse** and **dependent children up to age 26**, as defined in your plan document.

All eligible employees must complete their benefit enrollment **before their coverage effective date.** New hire employees must complete their benefit enrollment for Voluntary Life Insurance **no later than 31 days after their coverage effective date.** If enrollment is completed after the coverage effective date and within the 31 days, coverage will be effective on the first of the month following that election. Enrollment must be submitted in advance to ensure that benefit elections are active when coverage begins.

Where to Find More Benefit Information?

Use your web browser to visit the **Employee Benefit Center (EBC) portal** at **www.myfoxdalevillagebenefits.org**

The **EBC portal** is your one-stop resource for benefits information and tools. It's available to you and your family **24 hours a day, 7 days a week, 365 days a year** — whenever you need it.

How to Make Changes After Open Enrollment

Unless you experience a **qualifying life event** and notify **Human Resources within 30 days** of the event, you cannot make changes to your benefits until the next Open Enrollment period. Examples of qualifying events include:

- **Marriage,** divorce, or legal separation
- **Birth or adoption** of a child
- **Change in a child's dependent status**
- **Death** of a spouse, child, or other qualified dependent
- **Change in employment status** (for you or your spouse) or a **change in coverage** under another employer-sponsored plan

Note: Changes must be **consistent with the event** (for example, adding a newborn to coverage). Documentation will be required. Please contact **Saprina Harter** for assistance.

Access the 2027 Benefit Presentation Video

Scan the QR Code to the right using your smart phone.

1. Open the camera app
2. Point the camera at the code
3. Tap to open in your selected browser
4. Or go to: https://qrco.de/bh4pO6

Scan Me

Online Benefit Enrollment Instructions

Benefit enrollment for **Foxdale Village Retirement Community** must be completed through the **online benefits enrollment system, Selerix**. You can access the Selerix website using your **computer, laptop, smartphone, or tablet** at **partners.benselect.com/foxdale**. If you have any questions or issues during your enrollment, please contact Saprina Harter, your Payroll and Benefits Coordinator, at 814-272-2111, or the Leavitt Northeast Insurance Member Advocacy Team at 1-800-326-9850.

How to Access and Complete Your Enrollment in Selerix

🔗 Step 1: Access the Enrollment System

Website: partners.benselect.com/foxdale
Use your preferred web browser to access the Selerix enrollment portal.

📜 Step 2: Log In Using Your Personal Information

- **Employee ID or SSN:** Enter your **Social Security Number** with no dashes.
- **PIN:** Enter the **last four digits** of your SSN **+** the **last two digits** of your birth year.
  Note: All PINs are reset at the start of each Open Enrollment period.

Example: John Thompson / SSN: 123-45-6789 / Date of Birth: 01/01/1980

- **Login:**
  - SSN → 123456789
  - PIN → 678980

🔒 Step 3: Create a New Password

After logging in, you'll be prompted to change your password. Choose a password you'll remember, as you'll need it to return to your enrollment at any time. Select **Save and Continue** once complete.

👤 Step 4: Verify Your Personal Information

Review your pre-loaded personal details for accuracy, including address, contact information, and dependent data. If you find any errors that you cannot update, contact your Human Resources Department for assistance.

🩺 Step 5: Review and Select Your Benefits

After verifying your information, the system will guide you through your available benefit options. Carefully review each plan, premium, and coverage level before submitting your choices.

🖨️ Step 6: Print Your Enrollment Confirmation Form

Once you've completed your enrollment, you'll receive an **Enrollment Confirmation Form** summarizing:

- Your benefit elections
- Covered dependents
- Plan details and costs

Please **print and keep this form** for your records as confirmation of your 2027 enrollment.

💬 Need Assistance?

If you have questions, please contact your **Saprina Harter** or Leavitt Northeast Insurance for support.

Medical Benefits



Your **medical benefits** are provided through **Allied** and utilize the **Cigna network** of providers. Allied serves as the **third-party health plan administrator**, responsible for processing your health insurance claims and managing plan administration.

It is **your responsibility** to confirm that a health care provider is **in-network** before receiving medical treatment. Your chosen provider can assist you in verifying their network participation. Visiting in-network providers helps you avoid unnecessary out-of-pocket expenses.

How to Find an In-Network Provider

🔎 Follow these steps to locate an **in-network provider** through the **Cigna network** administered by **Allied**:

1. Visit www.alliedbenefit.com/ProviderNetworks and select **"Cigna."**
2. Click on **"Find a Doctor."**
3. Choose **"Employer or School."**
4. Enter the **geographic location** you wish to search and select your **search type** (e.g., doctor, hospital, specialty).
5. Select **"Continue as Guest."**
6. In the **"I Live In"** field, enter your state or ZIP code and click **"Continue."**
7. When prompted to choose a plan, select **"PPO, Choice Fund PPO."**

💡 **Tip:** Always confirm directly with your provider's office that they participate in the **Cigna PPO network** before scheduling an appointment.

Your Medical Cost in 2027

Bi-Weekly Contributions

Full-Time Employees working 72+ hrs. per pay			
$750 PPO Plan			
	Total Monthly Cost	**Employee Monthly Cost**	**Employee Per Pay**
Individual	$1,103.40	$136.50	$63.00
Couples	$2,336.37	$522.17	$241.00
Employee + Child	$1,635.29	$301.17	$139.00
Employee + Children	$2,014.56	$409.50	$189.00
Family	$3,095.48	$782.17	$361.00
$1500 PPO Plan			
	Total Monthly Cost	**Employee Monthly Cost**	**Employee Per Pay**
Individual	$907.04	$54.17	$25.00
Couples	$1,901.93	$212.33	$98.00
Employee + Child	$1,336.22	$121.33	$56.00
Employee + Children	$1,642.27	$166.83	$77.00
Family	$2,514.44	$329.33	$152.00

Full-Time Employees working 60 -71 hrs. per pay			
$750 PPO Plan			
	Total Monthly Cost	**Employee Monthly Cost**	**Employee Per Pay**
Individual	$1,103.40	$160.33	$74.00
Couples	$2,336.37	$600.17	$277.00
Employee + Child	$1,635.29	$333.67	$154.00
Employee + Children	$2,014.56	$463.67	$214.00
Family	$3,095.48	$910.00	$420.00
$1500 PPO Plan			
	Total Monthly Cost	**Employee Monthly Cost**	**Employee Per Pay**
Individual	$907.04	$60.67	$28.00
Couples	$1,901.93	$242.67	$112.00
Employee + Child	$1,336.22	$130.00	$60.00
Employee + Children	$1,642.27	$177.67	$82.00
Family	$2,514.44	$351.00	$162.00

Health Insurance

The following chart summarizes the medical and prescription drug plans available for 2027.

	$750 PPO Plan		$1500 PPO Plan	
Services	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Deductible* (Individual/Family)	$750/$1,500	$3,000/$6,000	$1,500/$3,000	$3,000/$6,000
Coinsurance (Plan pays/Member pays)	90%/10%	50%/50%	80%/20%	50%/50%
Coinsurance Maximum	$250/$500	$1,250/$2,500	$2,000/$4,000	$5,000/$10,000
Total Max Out-of-Pocket (Individual/Family)	$9,200/$18,400	Not Applicable	$9,200/$18,400	Not Applicable
Primary Care Visit	$15 copay	50% after deductible	$15 copay	50% after deductible
Specialist Care Visit	$35 copay	50% after deductible	$35 copay	50% after deductible
Urgent Care Visit	$35 copay	50% after deductible	$75 copay	50% after deductible
Teladoc Medical Visit	$0 copay	Not covered	$0 copay	Not covered
Teladoc Mental Health Visit	$0 copay	Not covered	$0 copay	Not covered
Emergency Room Visit	$250 copay - waived if admitted		$250 copay - waived if admitted	
Preventive Care	100%	50% after deductible	100%	50% after deductible
Inpatient Hospital	10% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Facility	10% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Diagnostic Testing	10% after deductible	50% after deductible	20% after deductible	50% after deductible
Inpatient Mental Health	10% after deductible	50% after deductible	20% after deductible	50% after deductible
Office Visit Mental Health	$15 copay	50% after deductible	$15 copay	50% after deductible
Therapy (PT/OT/Speech)	$35 copay	50% after deductible	$35 copay	50% after deductible
Retail Pharmacy Generic Formulary Brand Non-Formulary Brand Specialty (30-day supply)	Retail / Mail $15 copay / $30 copay $30 copay / $60 copay $60 copay / $120 copay $30 Copay		Retail / Mail 10% coinsurance 30% coinsurance 50% coinsurance 30% coinsurance	

***See page 8 for information on the Health Reimbursement Account (HRA) that reimburses part of your annual deductible.**

Health Reimbursement Account (HRA)

A **Health Reimbursement Account (HRA)** is an **employer-funded** account that reimburses employees for **qualified medical deductible expenses** paid out of pocket.

👥 Who Is Eligible?

Employees who enroll in the **Foxdale Village medical plan** are **automatically enrolled** in the HRA. No additional action or forms are required.

💰 What Is a Qualified Medical Expense?

The **HRA**, administered by **Leavitt Northeast Insurance**, reimburses:

- Up to **$500** in **deductible expenses** for *individual coverage*
- Up to **$1,000** in **deductible expenses** for *family coverage*

Note: Copays and coinsurance are **not eligible** for reimbursement under the HRA.

🏢 Who Funds the HRA?

The **HRA is 100% funded by Foxdale Village**. There are **no employee contributions** required.

📬 How to Submit a Claim

To be reimbursed for eligible deductible expenses:

1. Submit a copy of your **Explanation of Benefits (EOB)** from **Highmark**, along with an **HRA claim form**, to **Leavitt Northeast Insurance**.
2. You may submit your claim via **mail, fax, or email**:
   Mail:
   Leavitt Northeast Insurance
   PO Box 593
   Hollidaysburg, PA 16648
   Fax: (814) 317-1610
   Email: LNE-Claims@leavitt.com

💵 Reimbursement Timing

- Claims **submitted by Friday at 4 PM** are **processed by Tuesday** of the following week.
- **Checks** are mailed on **Thursday**.
- If you set up **direct deposit** in the **Leavitt Northeast Insurance Portal**, your funds will typically be deposited by **Friday**.

(See page 17 of this guide for portal access instructions.)

🏥 Who Pays the Provider?

You are responsible for paying your provider directly. To ensure timely reimbursement, submit your claim to Leavitt Northeast Insurance promptly after receiving your EOB.

📞 Need Assistance?

If you have any questions about your HRA or reimbursement process, contact:
Leavitt Northeast Insurance
📞 **1-800-326-9850**

Teladoc Telehealth

If you are enrolled in **any Foxdale Village medical plan**, you have access to **Teladoc** — a convenient way to receive medical care from wherever you are.



Your **Teladoc benefit** provides you and your covered family members with **24/7 virtual access** to board-certified doctors and healthcare professionals for non-emergency medical concerns.

🩺 With Teladoc, you can:

- Speak with a doctor by phone or video visit
- Get treatment for common conditions such as colds, flu, allergies, sinus infections, and more
- Receive prescriptions when appropriate
- Access care anytime, anywhere — from home, work, or while traveling

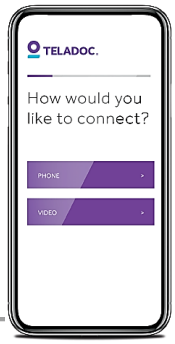
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📱 How to Access Teladoc

Getting started with Teladoc is quick and easy!
You can access care **online, by app, or by phone** — whichever is most convenient for you.

To register and begin using Teladoc:

1. **Go to:** www.teladoc.com
2. Click **"Set up account"** or **"Log in."**
3. Enter your information and verify your eligibility through **Allied**.
4. Download the **Teladoc app** from the **App Store** or **Google Play** for easy access on your smartphone.
5. When you need care, request a visit and a Teladoc doctor will contact you — often within **minutes**.



☎️ Need Help?

If you need assistance setting up your account or scheduling a visit, contact **Teladoc Member Support** at **1-800-TELADOC (1-800-835-2362)** or visit **www.teladoc.com**.

Your Introduction to Virtual Primary Care

🩺 Virtual Primary Care – Powered by Recuro Health

In partnership with **Recuro Health**, **Allied** brings **next-generation Primary Care** directly to you.

If you are enrolled in any Foxdale Village medical plan, you have access to **Virtual Primary Care** — giving you and your covered family members access to high-quality virtual care services **anytime, anywhere — at no cost to you!**

💬 Your Personalized Virtual Care Experience

With Virtual Primary Care, you have direct access to top-tier physicians who take the time to understand your health needs and create a care plan designed around your lifestyle. Appointments are conducted conveniently by **video or phone**, with **same-day scheduling available**.

🌟 Virtual Primary Care Features

1. 👨‍⚕️ **Dedicated, board-certified physicians** available when you are.
2. 🧪 **At-home labs** and **health risk assessments** for personalized care.
3. 💙 **Integrated Behavioral Health** and **Acute Care services** for whole-person support.
4. 📞 **Same-day virtual appointments** by phone or video — no waiting rooms, no travel

ALLIEDCARE | RECURO HEALTH



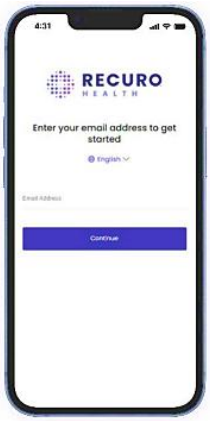
Getting Started with Virtual Primary Care

Follow the steps below to start accessing your virtual primary care benefits.

STEP 1

Activate

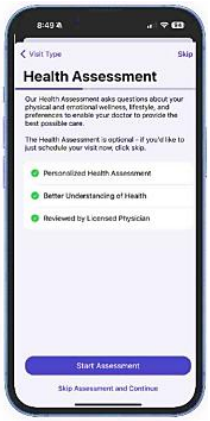
Open the My Allied Portal app and click Primary Care to begin activating your Recuro Health account.



STEP 2

Complete Health Assessment

Request your initial visit and complete the health assessment for your personalized care plan.



STEP 3

Order Labs

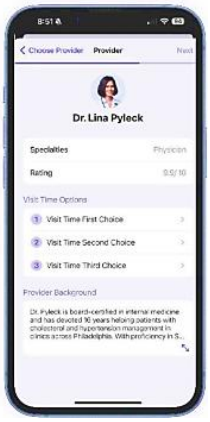
Order your at-home lab kit, conveniently delivered to your doorstep.



STEP 4

Select Provider and Schedule Consult

Choose your preferred physician and available appointment time. See the same dedicated physician for your annual check-up and any follow-up visits.



📘 Virtual Primary Care Quick Reference

Access Method	Details
🌐 **Website**	www.recurohealth.com *(or your Allied member portal link, if applicable)*
📱 **Mobile App**	Download the Recuro Health app from the **App Store** or **Google Play**
☎️ **Phone**	Call **1-855-6RECURO (1-855-673-2876)** for assistance or to schedule a visit
⏰ **Availability**	Same-day appointments available, 7 days a week
👥 **Who Can Use It**	Employees enrolled in any Foxdale Village medical plan and their covered family members. Read limitations below.
💲 **Cost**	*No cost* to you or your covered dependents

Members must be at least 18 years old to receive Virtual Primary Care services through Recuro Health. Urgent Care services are available to members of all ages. Behavioral Health services are limited to members aged 14 years and older. For dependents under 18 years old, the primary account holder must request the visit on their behalf through the app, website or by phone; the parent/guardian must be present at the beginning and end of each visit

Recuro services are for non-emergency conditions only. Recuro services are not considered insurance or a Qualified Health Plan under the Patient Protection and Affordable Care Act. Recuro doctors do not prescribe DEA controlled substances (schedule I-IV) and do not guarantee that a prescription will be written. For updated full disclosures, please visit www.recurohealth.com

United Concordia Dental Plan

In addition to keeping your smile healthy, **dental insurance** helps cover the cost of routine care such as **checkups, cleanings, and X-rays**. Maintaining good oral health does more than protect your teeth — research shows that oral conditions like **gum disease (periodontitis)** can impact overall health, including your **heart**.



Regular dental visits help you and your family stay healthy and can also protect you from the **high costs of dental disease and surgery** down the road.

United Concordia Dental offers a nationwide network that makes it easy to find an in-network dentist. You'll save money by staying in network for your dental care. You still have the flexibility to see an out-of-network dentist, but you'll usually pay more out of pocket. You may also have to file claims yourself.

Full-Time Employees working 72+ hrs. per pay

	Basic Plan Full-Time Rates			Buy-Up Plan Full Time Rates		
	Total Cost	Employee Monthly Cost	Employee Per Pay	Total Cost	Employee Monthly Cost	Employee Per Pay
Employee Only	$37.11	$6.55	$3.02	$41.11	$11.09	$5.12
Couples	$63.02	$26.66	$12.31	$69.82	$34.66	$16.00
Employee + Children	$68.07	$28.81	$13.30	$75.41	$37.44	$17.28
Family	$105.76	$44.77	$20.66	$117.17	$58.17	$26.85

Full-Time Employees working 60 - 71 hrs. per pay & Part-Time Employes

	Basic Plan Part-Time Rates			Buy-Up Plan Part-Time Rates		
	Total Cost	Employee Monthly Cost	Employee Per Pay	Total Cost	Employee Monthly Cost	Employee Per Pay
Employee Only	$37.11	$37.11	$17.13	$41.11	$41.11	$18.97
Couples	$63.02	$63.02	$29.09	$69.82	$69.82	$32.22
Employee + Children	$68.07	$68.07	$31.42	$75.41	$75.41	$34.80
Family	$105.76	$105.76	$48.81	$117.17	$117.17	$54.08

Dental Plans

The following chart summarizes the dental benefits available to you for 2027. Please refer to the full benefit summary for additional information.

Benefit Highlights	Basic Plan In-Network	Buy-Up Plan In-Network
Plan Year Deductible • Individual • Family	 $25 $75	 $25 $75
Preventative • Exams – 2 per year • Cleanings – 3 per year • Bitewing x-rays – every 18 months • Full mouth x-rays – every 60 months	Covered at 100% Deductible waived Does not count towards annual maximum	Covered at 100% Deductible waived Does not count towards annual maximum
Basic Services • Filings • Extractions • Endodontics • Crown, Bridge, and Denture Repairs	Covered at 90% after deductible	Covered at 90% after deductible
Major Services • Inlays • Onlays • Dentures • Implants	Covered at 60% after deductible	Covered at 60% after deductible
Annual Maximum	**$1,000 per person**	**$1,500 per person**
Orthodontic Services (Children up to age 19)	Covered at 50% Deductible waived Does not count towards annual maximum	Covered at 50% Deductible waived Does not count towards annual maximum
Orthodontic Lifetime Max	**$1,500 per child**	**$1,500 per child**

Manage Your Benefits & Find A Dental Provider

www.unitedconcordia.com

- Click on **Find a Dentist**
- Type in an office location or dentist's name
- Select the **Elite Plus** network from the drop-down list
- Click **Next** to view the available providers

Vision Insurance



Driving to work, reading a news article, and watching TV are everyday activities that all rely on one thing — **your vision**. Taking care of your eyes is essential not just for clear sight but also for identifying potential health issues early.

Foxdale Village's vision insurance helps you maintain your eye health and provides valuable coverage for routine exams, eyewear, and more. The plan includes:

- Comprehensive eye exams and vision screenings
- Allowances or discounts for eyeglasses and contact lenses
- Additional savings when you use an in-network provider listed in the Preferred Provider directory

Your vision coverage makes it easy and affordable to keep your eyes and overall health in focus.

Type of Service	Basic Plan (In-Network)	Enhanced Plan (In-Network)
Exam	$5 Copay – Every 12 Months	$5 Copay – Every 12 Months
Prescription Glasses	$20 Copay – Every 12 Months	$20 Copay – Every 12 Months
Frame	**$50 Wholesale (approx. $125 retail)– Every 24 Months**	Up to $200 Retail – **Every 12 Months**
Lenses	Single Vision, Bifocal, Trifocal – Every 12 Months	Single Vision, Bifocal, Trifocal – Every 12 Months
Contacts (Instead of glasses)	15% off UCR Fitting and Evaluation **$90 Contact Allowance**	15% off UCR Fitting and Evaluation **$200 Contact Allowance**

Full-Time Employees working 72+ hrs. per pay

	Basic Plan Full-Time Rates			Enhanced Plan Full Time Rates		
	Total Cost	Employee Monthly Cost	Employee Per Pay	Total Cost	Employee Monthly Cost	Employee Per Pay
Employee Only	$4.46	$2.88	$1.33	$9.46	$7.89	$3.64
Couples	$10.55	$4.88	$2.25	$22.37	$16.71	$7.71
Employee + Children	$10.55	$4.88	$2.25	$22.37	$16.71	$7.71
Family	$10.55	$4.88	$2.25	$22.37	$16.71	$7.71

Full-Time Employees working 60 - 71 hrs. per pay & Part-Time Employes

	Basic Plan Part-Time Rates			Enhanced Plan Part-Time Rates		
	Total Cost	Employee Monthly Cost	Employee Per Pay	Total Cost	Employee Monthly Cost	Employee Per Pay
Employee Only	$4.46	$4.46	$2.06	$9.46	$9.46	$4.37
Couples	$10.55	$10.55	$4.87	$22.37	$22.37	$10.32
Employee + Children	$10.55	$10.55	$4.87	$22.37	$22.37	$10.32
Family	$10.55	$10.55	$4.87	$22.37	$22.37	$10.32

Flexible Spending Accounts

Foxdale Village offers Flexible Spending Accounts (FSAs) through Leavitt Northeast Insurance. Full-time employees working 30 or more hours per week are eligible to participate. The Plan Year runs from January 1 through December 31.

FSAs are a great way to save money by using pre-tax dollars to pay for eligible healthcare and dependent care expenses, helping lower your taxable income.

You may choose to participate in one or both of the following accounts:

- **General-Purpose Health FSA** – For eligible out-of-pocket medical, dental, and vision expenses
- **Dependent Care FSA** – For eligible childcare or dependent care expense

Medical Spending Accounts

By enrolling in the Medical Flexible Spending Account (FSA), you can pay for eligible, out-of-pocket medical, dental, and vision expenses using pre-tax dollars—helping reduce your taxable income. For the 2027 plan year, the maximum amount you may contribute is $3,400.

Please note, the FSA is generally a "use it or lose it" plan, meaning most unused funds do not carry over to the next year. However, under the Carryover Provision, participants may carry over up to $680 in unused Health FSA funds into the following plan year. You do not need to make a new election in order to have the carryover, as long as you remain a benefits eligible employee, your carryover amount will be available for you to use.

Below is a brief list of eligible expenses:

- Office Visit Copays
- Deductibles and coinsurance
- Eyeglasses and exams
- Chiropractic Services
- Hearing exams & hearing aids
- Over-the Counter drugs
- Prescription Drug Copays
- Dental and Orthodontia Expenses
- Contact Lenses and Solutions
- Over-the-Counter medical supplies used to treat an injury (i.e., Band-aids, supports/braces, etc.)

A detailed receipt must be included with your claim submission. The receipt must clearly show the following information:

- Name of the provider
- Name of the dependent (if applicable)
- Date of service
- Amount of the claim
- Description of the service performed

Dependent Care Accounts



The Dependent Care FSA allows you to use pre-tax dollars to be reimbursed for eligible day care expenses for your child(ren) or other qualifying dependents.

You may contribute up to $7,500 per year, or $3,750 if you are married and filing separately.

Eligible Expenses Include:

- Before- and after-school care programs
- Summer day camp (not overnight camps)
- Care provided in your home or by a licensed provider (provider must report income for tax purposes)
- Nursery school or preschool

Ineligible Expenses Include:

- Child support payments
- Food, clothing, or entertainment
- Educational supplies and activity fees

Claim Submission Requirements:

All claims must include a detailed receipt showing:

- Provider's name and Tax ID or Social Security number
- Dates of service
- Amount of the expense

Grace Period and Deadlines:

The carryover provision does not apply to the Dependent Care FSA. However, a grace period allows you to incur eligible expenses through March 15, 2027, and apply them to your 2026 account balance.

All claims must be submitted no later than March 31, 2027.

How do I access my online Flexible Spending Account?

The Leavitt Northeast Insurance benefit portal and app will allow you to file FSA and HRA claims, check your account balance, view your claim history, upload any required debit card receipts, and establish direct deposit to receive reimbursements quickly and securely.

Follow the steps below to access your online account:

1. **Visit the portal or download the app**
   Go to https://leavittnortheastinsurance.lh1ondemand.com or down the app using the QR codes below.

   Download on the App Store

   Get it on Google play

2. **Log in as an existing user**
   Once you are enrolled in the FSA, you are automatically assigned a **temporary login ID and password**. Please note you do not need to set up a new account – please log in under the **Existing User** section.
   - Temporary login ID: First initial of your **first name, full last name**, and the **last four digits of your SSN**.
     - *Example: Jane Smith JSmith1999*
   - Temporary password: Your full SSN (no dashes)
3. **Log in and update your account**
   Enter your login ID and password in the corresponding fields and click LOGIN. Please note first time users will have to establish their security questions and update their password upon initial logon.

Submitting Claims

Claims may also be submitted via mail, secure fax, or email:

Mailing address: Leavitt Northeast Insurance
Attn: Claims
PO Box 593
Hollidaysburg, PA 16648

Claims secure fax: 814-317-1610

Claims email: LNE-Claims@leavitt.com



If you have questions about your FSA, please contact the Leavitt Northeast Insurance Member Advocacy Team at 1-800-326-9850.

Disability Income Benefits



Foxdale Village Retirement Community provides full-time employees who work at least 30 hours per week with short- and long-term disability income benefits. Without disability coverage, you and your family may struggle to get by if you miss work due to an injury or illness.

At Foxdale Village Retirement Community, we want to do everything we can to protect you and your family. That's why Foxdale Village Retirement Community pays for the full cost of short- and long-term disability insurance - meaning that you owe nothing out of pocket.

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

	Short-term Disability
Benefits Begin	15th Day
Benefits Payable	Up to 11 Weeks
Percentage of Income Replaced	60%
Maximum Benefit	$1,500 Weekly

	Long-term Disability
Benefits Begin	91st Day
Benefits Payable	To your normal social security retirement age
Percentage of Income Replaced	60%
Maximum Benefit	$6,000 Monthly

Basic Term Life Insurance

Foxdale Village Retirement Community provides **full-time employees** with **Basic Term Life Insurance** equal to **1× your base annual earnings** (maximum coverage: **$50,000**).

- **Accelerated Benefit (Terminal Illness):** If you are terminally ill, you may receive a **partial, early payment** of your life insurance benefit. You may use this payment as you see fit. *See your plan booklet for details and limitations.*

Age Reduction Schedule
Your life insurance coverage reduces with age as follows:

- **At age 65:** benefit reduces by **35%**
- **At age 70:** benefit reduces by **50%**
  (See plan booklet for how reductions apply to your original amount.)



When Coverage Ends
Coverage ends upon termination of employment or as otherwise specified in the plan booklet. You may be eligible to convert your group coverage to an individual life policy issued by Principal. *Deadlines apply—see plan certificate for details.*

Basic Accidental Death & Dismemberment (AD&D)

Basic AD&D pays benefits for **loss of life** or certain **covered injuries** caused by a **covered accident**:

- **100%** of the benefit for **loss of life**

You are **automatically enrolled** for an AD&D amount **equal to your Basic Term Life** coverage.

Foxdale Village pays the **full cost**—you pay **no monthly premium** for Basic AD&D.
AD&D benefits are paid regardless of other coverage you may have.

Update Your Beneficiary

To update your life and AD&D **beneficiary information**, contact:

Saprina Harter
Payroll and Benefits Coordinator
📞 814-272-2111
✉️ saprinah@foxdalevillage.org

Employee Voluntary Term Life

This optional coverage available through Principal lets you add to the Basic Group Term Life Insurance Foxdale Village provides.



Who's eligible & when coverage starts

- **Eligible:** All active full-time employees
- **Start date:** The first day of the month after your hire date
- **How you pay:** Premiums come out of your paycheck (26 pay periods per year)

Choosing your coverage amount

- You can elect coverage **in $10,000** increments
- **Minimum:** $10,000 **Maximum:** $500,000
- **Age reductions:** Benefits reduce beginning at **age 70** (see your Certificate of Insurance for details)

Guaranteed coverage when you are first eligible for the benefit

During your **initial enrollment window**, employees under the age of 70 may elect up to **$200,000 without medical questions** (if you stay within the plan limits above).

Changing your coverage

- Open Enrollment (each year): You can enroll, increase, or decrease your amount. Your cost may change each January as rates adjust to your current age band.
- Life events: If you have a qualifying event (e.g., marriage, birth/adoption), you have 30 days from the event to add coverage for newly eligible dependents without medical questions, subject to plan rules noted in your Certificate.

When medical questions (EOI) are required

In general, new enrollments or increases beyond those outlined above will require Evidence of Insurability (EOI). This will require you to complete a medical questionnaire and obtain Principal approval.

Per Pay Contributions										
Employee	**$10,000**	**$20,000**	**$30,000**	**$40,000**	**$50,000**	**$60,000**	**$70,000**	**$80,000**	**$90,000**	**$100,000**
To age 29	$0.27	$0.54	$0.80	$1.07	$1.34	$1.61	$1.87	$2.14	$2.41	$2.68
30-34	$0.33	$0.66	$1.00	$1.33	$1.66	$1.99	$2.33	$2.66	$2.99	$3.32
35-39	$0.42	$0.85	$1.27	$1.70	$2.12	$2.55	$2.97	$3.40	$3.82	$4.25
40-44	$0.66	$1.32	$1.98	$2.64	$3.30	$3.96	$4.62	$5.28	$5.94	$6.60
45-49	$1.02	$2.04	$3.06	$4.08	$5.10	$6.12	$7.14	$8.16	$9.18	$10.20
50-54	$1.54	$3.08	$4.62	$6.17	$7.71	$9.25	$10.79	$12.33	$13.87	$15.42
55-59	$2.17	$4.34	$6.51	$8.68	$10.85	$13.02	$15.18	$17.35	$19.52	$21.69
60-64	$2.52	$5.04	$7.56	$10.08	$12.60	$15.12	$17.64	$20.16	$22.68	$25.20
65-69	$4.00	$7.99	$11.99	$15.99	$19.98	$23.98	$27.98	$31.98	$35.97	$39.97
70+	$8.83	$17.67	$26.50	$35.34	$44.17	$53.00	$61.84	$70.67	$79.50	$88.34

Spouse Voluntary Term Life

If you enroll in Voluntary Life for yourself, you can also choose coverage for your spouse.

Who's eligible

- Spousal coverage is available **only if** you have Voluntary Life on yourself.

How much you can elect

- Up to **50% of your own Voluntary Life amount**
- Elected in **$5,000 increments**
- **Minimum:** $5,000 **Maximum:** $200,000

Guaranteed coverage when you are first eligible to enroll

- During your **initial enrollment window**, employees under age 70 may elect up to **$30,000** for your spouse **with no medical questions**, as long as it does **not exceed 50%** of your own coverage.

Evidence of Insurability (EOI)

- Any new election or any increase in future years outside of a newly eligible employee requires a medical questionnaire and Principal approval.

Other details

- Benefits reduce beginning at **age 70** (see your Certificate of Insurance).
- **Premiums are based on the employee's age** and are deducted each pay period.

Per Pay Contributions										
Spouse	**$5,000**	**$10,000**	**$15,000**	**$20,000**	**$25,000**	**$30,000***	**$35,000***	**$40,000***	**$45,000***	**$50,000***
To age 29	$0.13	$0.27	$0.40	$0.54	$0.67	$0.80	$0.94	$1.07	$1.20	$1.34
30-34	$0.17	$0.33	$0.50	$0.66	$0.83	$1.00	$1.16	$1.33	$1.50	$1.66
35-39	$0.21	$0.42	$0.64	$0.85	$1.06	$1.27	$1.49	$1.70	$1.91	$2.12
40-44	$0.33	$0.66	$0.99	$1.32	$1.65	$1.98	$2.31	$2.64	$2.97	$3.30
45-49	$0.51	$1.02	$1.53	$2.04	$2.55	$3.06	$3.57	$4.08	$4.59	$5.10
50-54	$0.77	$1.54	$2.31	$3.08	$3.85	$4.62	$5.40	$6.17	$6.94	$7.71
55-59	$1.08	$2.17	$3.25	$4.34	$5.42	$6.51	$7.59	$8.68	$9.76	$10.85
60-64	$1.26	$2.52	$3.78	$5.04	$6.30	$7.56	$8.82	$10.08	$11.34	$12.60
65-69	$2.00	$4.00	$6.00	$7.99	$9.99	$11.99	$13.99	$15.99	$17.99	$19.98
70+	$4.42	$8.83	$13.25	$17.67	$22.08	$26.50	$30.92	$35.34	$39.75	$44.17

This election will require a medical questionnaire to be completed, and coverage approved by the insurance carrier.

Dependent Child(ren) Voluntary Term Life

You can add coverage for your eligible children **if you're enrolled in at least $10,000** of Voluntary Life on yourself.

How it works

- One **single premium** covers **all** eligible dependent children at a **cost of $.92 per pay**.

Coverage amounts

- **15 days to 26 years** (additional requirements may apply): **$10,000**
- **Birth to 14 days: $1,000**
- It is your responsibility to notify Human Resources within 30 days if you no longer have children who are eligible for this benefit.

403(b) Retirement Plan

Enrollment

Beginning January 1, 2027, new employees will have two opportunities to begin making their own contributions to the 403(b) plan: they may enroll immediately upon hire, or they will be automatically enrolled after completing 90-days of employment unless they opt out.

How Self-deferrals will work:

- **Enroll upon hire** – Employees may begin self-deferrals immediately upon hire by completing an enrollment form.
- **Automatic enrollment after 90-days** – If a new employee does not enroll or opt-out upon hire, the employee will be automatically enrolled at a 3.5% self-deferral rate after completing the 90-day probationary period.
- **Opt-out if you do not wish to contribute** – Employees who do not want to make self-deferrals must complete an opt-out form.

Contribution Limits

- Employees **under age 50** may contribute up to **$24,500** per year.
- Employees **age 50 or older** may contribute an **additional $8,000** ("catch-up"), for a total of **$32,500** annually.
- Employees earning **more than $150,000** annually and making **catch-up contributions** must make those as **ROTH contributions**.
- Participants who are **age 60, 61, 62, or 63** at the end of 2027 are eligible for an **enhanced catch-up limit** of **$11,250**, bringing their **total allowable contribution** to **$35,750**.

Foxdale Match & Grant Eligibility

To receive the **Foxdale match and grant**, employees must:

- Be **21 years of age or older**, **and**
- Be **regular part-time** or **regular full-time**, **or** work **1,000 hours in a plan year**, **and**
- Have **completed their introductory period**.

Match & Grant Start Date:
The Foxdale match and grant begin on the **first day of the month following completion of 90 days of employment**, if eligibility criteria are met.

Vesting Schedule

Contribution Type	Vesting Schedule
Employee Contributions	100% vested immediately
Foxdale Contributions	50% vested after 2 qualifying years 100% vested after 3 qualifying years

A qualifying year is any calendar year in which an employee works 1,000 hours.

Managing Your Account

Access your account anytime through the **Empower App** or online at https://empowerretirementplan.empower-retirement.com/.

Important Reminder

If you currently participate in the 403(b) plan, please take a moment to **review and update your beneficiaries**.

Aflac Individual Policies



Foxdale Village provides all **regular full-time** and **regular part-time** employees with the convenience of **payroll deductions** for individual policies purchased through **Aflac**, including **Whole Life**, **Accident**, and **Critical Illness** plans.

These are **individual, employee-owned policies** — they are **not employer-sponsored**. Any products you elect from Aflac are **contracts between you and Aflac**.

Below is a brief overview of some of the available Aflac products:

Accident Insurance

Accidents happen. When a covered accident occurs, Aflac's Accident Insurance pays **cash benefits directly to you** to help with unexpected medical and everyday expenses that begin to add up almost immediately.

Critical Illness Insurance

Be prepared for the unexpected. Aflac's Critical Illness Insurance provides a **lump-sum payment** if you experience a covered health event, helping you focus on recovery rather than financial strain.

Whole Life Insurance

Aflac's Whole Life Insurance offers **long-term financial protection** for your loved ones, ensuring peace of mind that your family will have the support they need when it matters most.

Contact Information

For more details or to enroll, contact:
Kaylie Ling
Foxdale's Aflac Representative
📧 **kaylie_smith@us.aflac.com**
📞 **(724) 456-4748**

Nationwide Pet Insurance

Nationwide Pet Insurance is available to all **regular full-time** and **regular part-time** employees at their own cost.

Plan Options

- **My Pet Protection®** with **50% Reimbursement**
- **My Pet Protection® with Wellness** with **70% Reimbursement**

Highlights

- **Preferred pricing** offered through Foxdale Village
- **No network restrictions** and **no pre-approvals required**
- **Coverage available for birds and exotic pets**



For a personalized quote or more information:
📞 **Nationwide:** (877) 738-7874
🌐 https://petsnationwide.com

Electronic Disclosure Notice

Availability of Health & Welfare Plan Notices and Summary of Health Information

The Employee Retirement Income Security Act (ERISA), Department of Labor (DOL), Department of Health and Human Services (HHS) and Internal Revenue Service (IRS) require plan administrators to provide certain information related to their health and welfare benefit plans to plan participants in writing. Below are the notices that are located at **www.myfoxdalevillagebenefits.org**. These notices explain your rights and obligations in relation to the health and welfare plans provided by Foxdale Village.

The **Summary of Benefits and Coverage (SBC)** noted below, summarizes important information about any health coverage option in a standard format, to help you compare across options. Please read these notices carefully and retain a copy for your records.

The **Health Insurance Marketplace Coverage** Notice summarizes basic information about the Marketplace and employment-based health coverage offered by Foxdale Village.

The following are annual notices included in the Health and Welfare Notice:

- Medicare Part D (Creditable Coverage)
- HIPAA Privacy
- HIPAA Special Enrollment Rights
- Uniformed Services Employment and Reemployment Rights Act (USERRA)
- Genetic Information Nondiscrimination Act (GINA)
- Michelle's Law
- Discrimination is Against the Law
- Qualified Medical Child Support Order (QMCSO)
- Women's Health and Cancer Rights Act (WHCRA)
- Newborns' and Mothers' Health Protection Act (NMHPA)
- Information on Rescissions
- Preventive Care
- Women's Preventive Health Services
- Family and Medical Leave Act (FMLA)
- Mental Health Parity and Addiction Equity Act (MHPA/MHPAEA)
- COBRA Rights
- Rights and Protections Against Surprise Medical Bills

The following are additional annual notices located on your Paylocity portal under the benefit section (separate from the Health and Welfare Notice):

- Children's Health Insurance Program Reauthorization Act (CHIPRA) Notice
- Summary of Benefits and Coverage (SBC)
- Health Insurance Marketplace Coverage Notice

Please follow the directions below to get to the notices.

1. Go to the website address: **www.myfoxdalevillagebenefits.org**
2. Click on the "**Compliance Notices**" tab.

A paper copy is also available, free of charge, by calling (800) 326-9850.

Benefit Information Contacts

Payroll and Benefits Coordinator

Saprina Harter
814-272-2111
saprinah@foxdalevillage.org





Leavitt Northeast Insurance Member Advocacy Team

Confidential assistance with things like:

- Missing or lost ID cards
- Claims issues
- Questions about medical, dental, vision, prescription coverage, and flexible spending accounts



How to reach us:

Leavitt Group

Leavitt Northeast Insurance

Phone: (800) 326-9850

Email: LNE-BenefitsHotline@leavitt.com

Weekdays: 8:00 a.m. to 4:00 p.m. eastern 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 actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR.