



Coverage
Peace Of Mind
Security
Health
Wellness

2025-2026

BENEFITS AT-A-GLANCE

HELPING YOU LIVE YOUR BEST LIFE

Merion Residential strives to provide you and your family with a comprehensive and valuable benefits package. We believe this will help provide you the health coverage and many of the tools and resources you need as part of a focus on some of the key areas of wellness.

BENEFITS AT-A-GLANCE

ELIGIBILITY AND ENROLLMENT

WHEN TO ENROLL IN BENEFITS

OPEN ENROLLMENT

Current employees are eligible to make changes or enroll in benefits during the Annual Open Enrollment Period.

NEW HIRE

Newly hired employees are eligible to enroll in benefits on the first of the month following 60 days of employment.

SPECIAL ENROLLMENT PERIOD

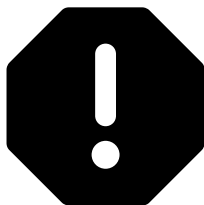
You may change your benefit elections during the year if you experience a

[Qualifying Life Event](#)

To learn more, review Section 125 in the Disclosures pages in the back of this guide and/or go to:

[Healthcare.gov](https://www.healthcare.gov)

You must notify the Human Resources Department within 30 days of a Qualifying Life Event.*



Make sure your ID card is easily accessible and available before you visit a provider.

After your plan goes into effect, be sure you provide your new ID card to your provider during your office visit.

*You must submit the proper documentation supporting the life event when reporting the event itself. If you do not notify the Human Resources Department within the required timeframe, you will have to wait until the next open enrollment period to make changes (unless you experience another qualifying life event).

BENEFITS AT-A-GLANCE

MEDICAL

Find out if your providers are in-network:

- [PPOBlue Network Providers](#)

For more information:

After your benefits effective date, you can register on [MyHighmark.com](#) or download the My Highmark mobile app.

Unless otherwise noted, benefits are per plan year after deductible.

| PLAN NAME | Option 1 PPO Blue Healthy Savings \$3000Q 80/50 w/HRA | Option 2 PPO Blue Sharing \$3000 |
|--|--|---|
| Provider/Carrier | Highmark | Highmark |
| Plan Type | HDHP | PPO |
| Network | PPOBlue | PPOBlue |
| Referral required | No | No |
| IN-NETWORK BENEFITS | | |
| Preventive Care | 100% | 100% |
| Deductible: Single/Individual | \$3,000 (\$1,500 HRA) | \$3,000 |
| Deductible: Family | \$6,000 (\$3,000 HRA) | \$6,000 |
| Co-Insurance – Plan Pays | 80% after deductible | 100% after deductible |
| Out-of-Pocket Max/Limit: Single/Individual | \$4,000 | \$4,000 |
| Out-of-Pocket Max/Limit: Family | \$8,000 | \$8,000 |
| Inpatient Facility | 20% after deductible | \$500 (5-day max) after deductible |
| Outpatient Surgery | \$500 after deductible | \$500 after deductible |
| COPAYS | | |
| PCP (office or virtual) | \$30 after deductible | \$30 copay |
| Specialist (office or virtual) | \$60 after deductible | \$60 copay |
| Telemedicine via Well360 | \$0 after deductible | \$0 copay |
| Urgent Care | \$100 after deductible | \$100 copay |
| ER | \$300 after ded. (waived if admitted) | \$300 after ded. (waived if admitted) |
| OTHER SERVICES | | |
| Diagnostic X-Ray & Lab | \$60 after deductible | \$60 copay |
| MRI & CT Scan | \$200 after deductible | \$200 copay |
| RETAIL PRESCRIPTION | | |
| Preferred Generic Rx (31/60/90-day supply) | \$20 / \$40 / \$60 after deductible | \$20 / \$40 / \$60 copay |
| Preferred Brand Rx (31/60/90-day supply) | \$40 / \$80 / \$120 after deductible | \$40 / \$80 / \$120 copay |
| Non-Preferred Brand Rx (31/60/90-day supply) | \$70 / \$140 / \$210 after deductible | \$70 / \$140 / \$210 copay |
| Preferred Specialty Rx (31-day supply) | 50% to \$500 max after deductible per Rx | 50% to \$500 max per Rx |
| MAIL ORDER PRESCRIPTIONS (90-day supply)* | After ded: \$40 generic / \$80 brand / \$140 non-preferred | \$40 generic / \$80 brand / \$140 non-preferred |
| OUT-OF-NETWORK BENEFITS | | |
| Deductible: Single | \$5,000 | \$5,000 |
| Deductible: Family | \$10,000 | \$10,000 |
| Co-Insurance | 50% after deductible | 50% after deductible |
| Out-of-Pocket Limit: Single/Individual | \$10,000 | \$10,000 |
| Out-of-Pocket Limit: Family | \$20,000 | \$20,000 |
| Inpatient Facility | 50% after deductible | 50% after deductible |
| Outpatient Surgery | 50% after deductible | 50% after deductible |

* For maintenance prescriptions, you will get a discount using mail order vs. going to a retail pharmacy. Refer to the plan documents for details.

This guide is subject to periodic review and modification. Each plan is governed by an official Summary Plan Description (SPD) document. If there is any conflict between this benefits guide and the SPD official document, the plan SPD document is the final authority. As an enrollee, your actual SPD will be provided under separate cover, by your health carrier or your employer. Please review the SPD for additional details.

HEALTH ADVOCATE

Navigating the healthcare system can be a challenge. We have partnered with Health Advocate to bring you a unique level of personalized support. They will answer your questions and take on virtually any healthcare issue, so you and your family get the right care at the right time — all at no cost to you.

Health Advocate is staffed by benefit professionals 24 hours a day, 7 days a week, to help whenever you encounter a problem. For personal service that is confidential and responsive, contact Health Advocate:

- By phone: 866.799.2731
- By email: answers@HealthAdvocate.com
- On the Internet: www.HealthAdvocate.com/members
- For more information, visit your [employee benefits site](#)



Download the Health Advocate Mobile App.



HRA & FLEXIBLE SPENDING ACCOUNTS

Health Reimbursement Account

Merion Residential offers a health reimbursement arrangement to help fund your deductible. The HRA is administered by Ameriflex. Enrollment in the Highmarks medical plan is a requirement to receive the HRA funds.

Merion Residential Annual Contributions:

\$1,500 for Employees Only

\$3,000 for Employees enrolled with dependents

Visit Myameriflex.com or call 888-868-3539 for access to claims and balance information.

Flexible Savings Account

Flexible Spending Accounts (FSA) are a powerful tool that allows you to set aside pre-tax dollars for eligible healthcare expenses. Use your FSA for medical, dental, and vision care expenses (such as copayments, coinsurance, deductibles, eyeglasses, and doctor-prescribed over-the-counter medications) for you and your dependents.

2026 Contribution Limits

Healthcare FSA: \$3,400

Dependent Care FSA: \$7,500

Commuter Benefits: \$340

For more information on Flexible Spending Accounts, visit your [employee benefits site](#)

Please note: The Health Reimbursement Account and Flexible Spending plans (medical FSA / DCA / Commuter) are calendar year based. The next Open enrollment for these plans will occur during Q4 in 2026 for the effective date of Jan. 1, 2027. For more info [click here](#).

BENEFITS AT-A-GLANCE

DENTAL

Find an in-network Guardian dental provider [here](#).

| | Plan #1 Value Plan | Plan #1 NAP Plan |
|--|----------------------------------|---------------------------------|
| | Guardian | Guardian |
| | DentalGuard Preferred | DentalGuard Preferred |
| Benefit | In- / Out-of-Network | In- / Out-of-Network |
| Annual Maximum Per Individual / Per Benefit Year | \$2,000 | \$2,000 |
| Calendar Year Deductible Per Individual / Per Family | \$50 / \$150 | \$50 / \$150 |
| Preventive / Basic* / Major Services** | Covered at: 100% / 100% / 60% | Covered at: 100% / 80% / 50% |
| Orthodontia (children to age 19) | 50% \$1,500 | 50% \$1,500 |
| Orthodontia Lifetime max. (per individual) | \$1,500 | \$1,500 |

This Summary is for informational purposes only. For specific benefit information, please refer to the applicable Insurance Contract.

* Basic Services cover fillings, simple / surgical extractions, periodontics, and endodontics

** Major Services cover crowns, bridgework, and dentures

Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider, but you may pay a higher cost.

Employee Assistance Program (EAP)

The employee assistance program provides access to many resources at no cost. It is available to you, your spouse, dependent children up to age 26, and all other household members (if applicable).

For more information, visit:

www.mutualofomaha/eap

Or call:

800-316-2796

Find an in-network Vision provider for the VSP network [here](#)

VISION

Guardian VSP Vision Plan

| Benefit | In Network (copay) | Out-of-Network (before copay) | Your Coverage |
|---|--|--|---|
| Eye Exams* | \$10 | \$39 max | Focuses on your eyes and overall wellness |
| Lenses* | \$25 | \$23 max / \$37 max / \$49 max / \$64 max | Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children |
| Frames Allowance** | \$130 retail max + 20% off balance | \$46 max | Costco, Walmart®/Sam's Club® frame: \$70 retail max (not covered out of network) |
| Contact Lenses* (In lieu of eye glasses and/or frames) | Medically Necessary – Covered after copay Elective - \$130 max (copay waived) | Medically Necessary – \$210 max Elective - \$100 max (copay waived) | In Network Elective Fitting and Evaluation: Included in the Contact Lens Allowance. 15% discount on the fee. Out-of-Network: Included in the Contact Lens Allowance. |

This Summary is for informational purposes only. For specific benefit information, please refer to the plan information.

*Once every 12 months | **Once every 24 months

Key Terms to Know

To help you better understand your benefits, view the definitions of the key terms used to describe your health insurance.

[View Key Terms](#)

BENEFITS AT-A-GLANCE

YOUR BENEFIT COSTS

Merion Residential continues to pay a portion of your healthcare coverage. The chart below outlines the pre-tax contributions you would make for your choice of medical, dental, and/or vision plans. Your total contribution is automatically made through payroll deductions once you have made your elections.

| Payroll Deductions Bi-Weekly | Employee Only | Employee / Spouse | Employee / Child(ren) | Employee / Family |
|--|------------------|----------------------|--------------------------|----------------------|
| MEDICAL | | | | |
| HIGHMARK | | | | |
| OPT 1 - PPO BLUE HEALTHY SAVINGS \$3000Q 80/50 with HRA | \$77.97 | \$201.78 | \$229.11 | \$272.45 |
| OPT 2 - PPO BLUE SHARING \$3000 | \$102.61 | \$265.45 | \$268.05 | \$366.33 |
| DENTAL | | | | |
| Guardian | | | | |
| Choice Plan | \$2.89 | \$5.34 | \$7.66 | \$13.62 |
| VISION | | | | |
| VSP (through Guardian) | | | | |
| VSP Choice | \$2.68 | \$4.29 | \$4.38 | \$7.06 |

Please refer to the Paycom benefits enrollment portal to review Domestic Partner rates.

BENEFITS AT-A-GLANCE

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Basic Life and Accidental Death & Dismemberment (AD&D)

Merion Residential provides you with Basic Life and AD&D coverage through Mutual of Omaha for all eligible employees at no cost. Be sure to designate a beneficiary for the life insurance benefit.

> > > **Senior Executive Management:** Benefit Amount is equal to 2x annual salary to \$300,000 maximum

> > > **All Other FT Employees:** Benefit Amount is equal to 1x annual salary to \$100,000 maximum

Reduction: Benefit reduces to 65% of the original amount at Age 70; 50% of the original amount at Age 75

Living Care Benefit: 80% to Employee Benefit Amount Maximum

Voluntary Life Insurance

Additional Voluntary Life and AD&D Insurance is available for purchase for yourself, a spouse or domestic partner, and your eligible children through Mutual of Omaha. Evidence of Insurability (EOI) is not required up to the guaranteed issue amount. Your contribution for this additional benefit will be deducted post-tax from your paycheck.

Benefit Maximum are as follows:

> > > **Employee:** \$10,000 to \$500,000 in \$10,000 increments

> > > **Your Spouse:** \$5,000 to \$250,000 in \$5,000 increments up to 100% of your coverage amount

> > > **Your Child:** \$2,000 to \$10,000 in \$1,000 increments

Note: Dependent life insurance cannot exceed 50% of employee voluntary life coverage. You must elect voluntary life insurance to be able to request it for your dependent. Also, if you choose coverage that is higher than the guaranteed amounts, it will be subject to evidence of insurability.

Please note: If you and your eligible dependents do not enroll for Voluntary Life and AD&D when first eligible, future enrollment will be subject to medical underwriting; you and/or your eligible dependents may be declined. New enrollment applicants may be subject to a medical questionnaire (Evidence of Insurability or "EOI").

Should your employment with Merion Residential end, your voluntary life and AD&D coverage would end on your last day worked. However, Mutual of Omaha offers you to option to port or convert your voluntary life and AD&D coverage within the 31-day conversion period, Mutual of Omaha would pay the death benefit.

BENEFITS AT-A-GLANCE

DISABILITY

If you ever become too sick or injured to work, you will receive a portion of your income while you're out so you can focus on getting well.

Employer-Paid Short-Term Disability

Merion Residential offers a short-term disability option through Mutual of Omaha Insurance Company.

Short-Term Disability (STD) coverage begins on the seventh day of an injury or illness and continues up to your recovery or 12 weeks, whichever comes first.

Coverage Amount:

> > > **Senior Executive Management:** 60% of your eligible earnings, up to a maximum benefit of \$1,000 per week.

> > > **All Other FT Employees:** 60% of your eligible earnings, up to a maximum benefit of \$500 per week.

Your weekly benefit will be reduced by any benefit you receive from other sources of income (i.e., state disability payments, workers' compensation, etc.).

Employer-Paid Long-Term Disability

Merion Residential offers long-term income protection through Mutual of Omaha Insurance Company. If you are unable to return to work after 90 days, Long-Term Disability (LTD) kicks in. This benefit continues to age 65 or Social Security Normal Retirement Age.

Coverage amount:

> > > **Senior Executive Management:** 60% of your monthly salary, up to a maximum monthly benefit of \$10,000.

> > > **All Other FT Employees:** 60% of your monthly salary, up to a maximum monthly benefit of \$3,000.

BENEFITS AT-A-GLANCE

VOLUNTARY BENEFITS AND PERKS

Pet Insurance

Nationwide® Pet Insurance helps offset the cost of caring for your pet and covers everything from preventive care to accidents and illness, as well as the costs of X-rays, office visits, medications, emergency boarding, surgeries, and hospital stays. It offers a choice of reimbursement options so you can find coverage that fits your budget. All plans have a \$250 annual deductible and a \$7,500 maximum annual benefit. Every policy includes a helpline with 24/7 access to veterinary experts via phone, chat, and email and a medication benefit enables members to fill pet prescriptions at participating in-store retail pharmacies across the U.S. Rx claims are submitted directly to Nationwide.

For pricing and/or to enroll, visit <https://poi8.petinsurance.com/benefits/merionresidential>, or call Nationwide with any questions at 877-738-7874.

Merion Residential provides the following Voluntary Benefits. The following plans are paid entirely by the employee and are not deducted pre-tax. Personal Legal Protector Plan, ID Theft Plan & Credit Monitoring (Secure Pro+ Plan).

Legal Protection

Our voluntary prepaid legal program, Personal Legal Protector Plan, offered through IDIQ, gives you and your family access to advice from experienced attorneys over the telephone, through their online legal system, or through in-office consultations about a wide range of personal legal matters, such as:

- Preparation of wills and trusts
- Consumer protection and identity-theft defense
- Document preparation and review
- Limited IRS and state tax relief advice

\$14.74 / month

Identify Theft Protection & Credit Monitoring

Victims of identity theft spend countless hours trying to sort out the damage. Identity protection could help you catch fraud in its early stages through 24/7 monitoring of your personal and financial information. It can also help you act quickly to limit damage if your personal or financial information is stolen.

ID Theft Plan and Credit Monitoring (Secure Pro Plan) is a voluntary benefit administered by IDIQ.

\$12.98 per insured per month

BENEFITS AT-A-GLANCE

CONTACTS

Below is a list of contacts for your benefits. If you can't find what you need or have questions, please contact HR at 610-896-0093 or submit an inquiry to, BenefitsHelpdesk@merionresidential.com.

| Plan / Program | Who to call | Phone Number | Website |
|---|--------------------------------------|--------------|---|
| Medical | Highmark | 844-576-1245 | MyHighmark.com |
| Dental | Guardian | 800-541-7846 | guardianlife.com/dental |
| Vision | Guardian VSP | 877-814-8970 | www.guardiananytime.com/fpapp/vision |
| HRA and Flexible Spending Accounts: FSA / DCA / Transit | Ameriflex | 888-868-3539 | www.myameriflex.com |
| Life and AD&D | Mutual of Omaha Insurance Company | 800-775-1000 | www.mutualofomaha.com |
| Disability (STD/LTD) | Mutual of Omaha Insurance Company | 800-775-1000 | www.mutualofomaha.com |
| Employee Assistance Program (EAP) | Mutual of Omaha Insurance Company | 800-316-2796 | www.mutualofomaha.com/eap |
| Telemedicine | Teladoc | 800-Teladoc | Teladochealth.com |
| Legal Protection | IDENTITY IQ | 800-550-5297 | www.identityiq.com |
| Identity Theft | IDENTITY IQ | 800-550-5297 | www.identityiq.com |
| Pet Insurance | Nationwide | 877-738-7874 | https://poi8.petinsurance.com/benefits/merion-residential |
| How does my plan work? | Health Advocate | 866-799-2731 | www.healthadvocate.com/members |
| Assistance with Claims | Health Advocate | 866-799-2731 | www.healthadvocate.com/members |
| Assistance with Medicare | Karen Carella The Assurance Group | 609-707-5784 | kacarella@assuregrp.com |
| Benefit Advisors | World Insurance Associates | 800-886-5757 | eb.worldinsurance.com |

BENEFITS AT-A-GLANCE

NOTES

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