



2026 Open Enrollment

Effective January 1st – December 31st 2026



Gallagher

Insurance | Risk Management | Consulting

Important Billing Information

Notice to Employers:

- **Businesses will be billed directly by carriers.**
- **For further details on how to pay your bills directly to each carrier (CDPHP, MVP & Highmark), please contact Gallagher with any questions.**
- **Payments must be made on or before the 1st of each month, with bills generated and sent on the 10th of each month.**
- **Late payments can result in access to coverage and termination.**
- **Invoice adjustments will be reflected on the following months invoice, Employers should pay the invoice as listed and credits will be applied to the further invoice.**

How to pay your bills, by carrier:

CDPHP & Delta Dental:

CDPHP

PO BOX 5525

Binghamton, NY 13902-5525

Online payment through Employer Portal at cdphp.com

MVP:

MVP Health Care

PO Box 22863

New York, NY 10087-2863

Online payment through MVPHealthCare.com

HIGHMARK:

You can pay online at Highmark.com

Annual Open Enrollment

Making benefit selections

OPEN ENROLLMENT

Open Enrollment is the one time of year employees can make changes to their Benefit Plans without a Qualifying Event.

ELIGIBILITY

All Full-time employees are eligible.

Eligibles may also elect coverage for a legal Spouse/Domestic Partner and Dependent Children (To Age 26)

NEW HIRES

Benefits begin on the first day of the month following 30-days of employment.

Once enrolled in coverage, all employees will be enrolled until the following January 1st.

Qualifying Event

Qualifying life events allow you to change your coverage outside of the Annual Open Enrollment period.

Qualifying Events

IRS Section 125 Plan Guidelines

A life event change, also called a qualifying event, is a personal change in status which may allow you to change your benefit elections outside of the Open Enrollment period.

Examples of Qualifying Events include, but are not limited to, the following:

- Change in legal marital status – marriage, divorce, legal separation, annulment, or death of a Spouse
- Change in number of dependents – birth, death, adoption, placement for adoption, award of legal guardianship
- Change in employment status of the employee's spouse or employee's dependent – switching from part-time to full-time employment status or from full-time to part-time, termination or commencement of employment, commencement of or return from an unpaid leave of absence which results in employee/dependent becoming ineligible for coverage
- Dependent satisfies or ceases to satisfy eligibility requirement

If you experience a qualifying event, you will need to request a change to your benefits *within 30 calendar days of the event* and provide required documentation.

If you do not request the change within 30 calendar days, the next opportunity you will have to make changes to your benefits will be during the next Open Enrollment period for **January 2027**.

Employee Pre-Tax Deductions

IRS Section 125 Plan Guidelines

Employee enrollments/changes for Health & Welfare plans offered by your employer on a pre-tax basis need to be completed during Open Enrollment.

Outside of Open Enrollment changes to pre-tax Health & Welfare plans are only permitted if employee is eligible for Special Enrollment Period:

- Loss of coverage due to divorce or separation; job loss or reduced hours, death of a spouse who maintained your coverage on their policy, loss of dependent status
- Marriage
- Birth or adoption of a child



Medicare Eligibility

Reminders for You and Your Dependents

Who is eligible for Medicare?

- Those age 65 and above
- Those with certain disabilities
- Those with End-Stage Renal Disease or ALS (Lou Gehrig's disease)

What are the parts of Medicare?

- Part A – Hospital Insurance (Skilled Nursing Facility, Hospice Care, Home Health)
- Part B – Doctor's Visits (Preventive Services, Outpatient Care, etc.)
- Part C – Medicare Advantage (covers Part A, Part B and may include Part D)
- Part D – Prescription Drug

How do you prepare for Medicare?

- Utilize Gallagher's Medicare Guide; an all-in-one resource including a Medicare Checklist
- You will receive a letter from the insurance carrier - it is important to follow the instructions provided to you (there are primary and secondary payer rules when you have other medical coverage i.e., your Employer's Group Health Plan)

Do I need to enroll in Medicare?

- This is specific to the individual, their situation and if your employer has fewer than 20 employees
- If you are interested in reviewing Medicare Plans, Gallagher has a licensed Representative:



**Late
Enrollment
Penalties
May Apply!**

Contact your Gallagher Client Manager for more information.

2026 Insurance Carrier and Broker contact information

CDPHP

Group: 10003415

1-888-258-0477

www.cdphp.com/members

/use-your-benefits

/secure-member-site

MVP Health Care

Group: 412636

1-888-687-6277

www.mvphealthcare.com

/contact-us

Highmark

Group: 277934

1-800-241-5704

www.Highmark.com

/member/member-guide

Delta Dental - CDPHP

Group: 10003415

1-888-258-0477

www.cdphp.com/members

/use-your-benefits

/secure-member-site

Highmark-Vision

Group: 277934

1-800-241-5704

www.Highmark.com

/member/member-guide

Gallagher Benefit Services-Broker

Eric C. Kane

Area Vice President

518-729-6451

Eric_Kane@ajg.com

2026 Medical Plan(s)



Select from nine medical options offered by CDPHP.




For more information, contact Eric Kane at Eric_Kane@ajg.com or 518-729-6451

Rates & Coverages are effective January 1st, 2026

Medical Coverage Options	CDPHP EPO Platinum 120 View PDF	CDPHP EPO Gold 221 View PDF	CDPHP HMO Gold 224 View PDF	CDPHP EPO Silver 320 View PDF	CDPHP EPO Silver 324 View PDF	CDPHP EPO Bronze 421 View PDF
Benefits Summary	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Network	EPO National	EPO National	HMO Local NYS	EPO National	HMO Local NYS	EPO National
Health Account Compatibility	N/A	\$200 CDPHP debit card	N/A	HSA Compatible	HSA Compatible	HSA Compatible
Deductible Type	N/A	Embedded	N/A	Aggregate	Aggregate	Embedded
Deductible Individual	\$0	\$250	\$0	\$2,500	\$3,000	\$7,100
Deductible Family	\$0	\$500	\$0	\$5,000	\$6,000	\$14,200
Out-of-pocket max Individual	\$7,500	\$10,150	\$9,550	\$8,000	\$8,000	\$7,100
Out-of-pocket max Family	\$15,000	\$20,300	\$19,100	\$16,000	\$16,000	\$14,200
Coinurance	0%	0%	0%	0%	0%	0%
Primary Care Visit	\$15	\$30 after deductible	Enhanced PC \$0 / \$50	\$30 after deductible	\$25 after deductible	\$0 after deductible
Specialist visit	\$20	\$50 after deductible	\$50	\$40 after deductible	\$50 after deductible	\$0 after deductible
Virtual Telemedicine visit	\$0	\$0	\$0	\$0 after deductible	\$0 after deductible	\$0 after deductible
Urgent Care	\$35	\$70 after deductible	\$100	\$60 after deductible	\$60 after deductible	\$0 after deductible
Emergency Care	\$100	\$200 after deductible	\$500	\$500 after deductible	\$300 after deductible	\$0 after deductible
Inpatient Hospital	\$500	\$1,500 after deductible	\$1,500	\$1,500 after deductible	\$500 after deductible	\$0 after deductible
Outpatient Surgery	\$100	\$200 after deductible	\$200	\$200 after deductible	\$200 after deductible	\$0 after deductible
Prescription Drugs Rx <small>Non Participating Pharmacy 50% Cost Share</small>						
Rx Deductible	N/A	N/A	N/A	Subject to deductible	Subject to deductible	Subject to deductible
Rx Retail	\$4/\$30/\$60	\$10/\$50/\$80	\$0/\$50/\$80	\$10/\$50/\$80	\$10/\$40/\$60 after deductible	\$0 after deductible
Rx Mail Order	\$8/\$60/\$120	\$20/\$100/\$160	\$0/\$100/\$160	\$20/\$100/\$160	\$20/\$80/\$120 after deductible	\$0 after deductible
Monthly Rates	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Employee	\$1,510.03	\$1,282.05	\$1,171.07	\$1,082.87	\$974.05	\$920.12
Employee & Spouse	\$3,020.06	\$2,564.09	\$2,342.14	\$2,165.74	\$1,948.10	\$1,840.25
Employee & Child(ren)	\$2,567.05	\$2,179.48	\$1,990.82	\$1,840.88	\$1,655.88	\$1,564.21
Employee & Family	\$4,303.59	\$3,653.83	\$3,337.55	\$3,086.18	\$2,776.04	\$2,622.35

This is a brief description of benefits provided for demonstration purposes only. Actual benefits, limitations and exclusions are set forth in the certificate of insurance issued to members.

 \$0 Doctor On Demand No-cost video doctor visits for physical and mental health <small>Deductible applies on HSA qualified high deductible plans.</small>	CDPHP Rx for Less Get discounts on specific generic drugs when purchased at participating retailers.	CDPHP FITNESS REIMBURSEMENT Subscribers can be reimbursed up to \$400 per benefit year and covered dependents can earn up to \$200 - a total of \$600 per contract!	CDPHP'S \$180 Life Points Rewards per contract per calendar year
Find Care - CDPHP	http://www.cdphp.com/less	Fitness Reimbursement - CDPHP	CDPHP Health Hub - CDPHP





Select from eight medical options offered by CDPHP.



For more information, contact Eric Kane at Eric_Kane@ajg.com or 518-729-6451

Rates & Coverages are effective January 1st, 2026

Medical Coverage Options	CDPHP EPO Silver Copay First 425 View PDF		CDPHP EPO Silver Copay First 427 View PDF		CDPHP HMO Bronze 428 View PDF
Benefits Summary	Option 7		Option 8 *New*		Option 9
Network	EPO National		HMO Local NYS		HMO Local NYS
Health Account Compatibility	N/A		N/A		HSA Compatible
	Phase 1	Phase 2	Phase 1	Phase 2	
Deductible Type	N/A	Embedded	N/A	Embedded	Aggregate
Deductible Individual	\$0	\$6,000	\$0	\$6,000	\$6,350
Deductible Family	\$0	\$12,000	\$0	\$12,000	\$12,700
Out-of-pocket max Individual	\$6,000		\$6,000		\$7,500
Out-of-pocket max Family	\$12,000		\$12,000		\$15,000
Coinurance	0%		0%		20%
	Your cost share plus the amount CDPHP pays. Once \$3,000 / \$6,000 (Single/Family) in shared cost have been met, claims are subject to the Phase 2 Deductible		Your cost share plus the amount CDPHP pays. Once \$3,000 / \$6,000 (Single/Family) in shared cost have been met, claims are subject to the Phase 2 Deductible		
Primary Care Visit	\$30	\$0 after deductible	\$30	\$0 after deductible	20% after deductible
Specialist visit	\$50	\$0 after deductible	\$50	\$0 after deductible	20% after deductible
Virtual Telemedicine visit	\$0	\$0 after deductible	\$0	\$0 after deductible	\$0 after deductible
Urgent Care	\$60	\$0 after deductible	\$60	\$0 after deductible	20% after deductible
Emergency Care	\$75	\$0 after deductible	\$75	\$0 after deductible	20% after deductible
Inpatient Hospital	\$500	\$0 after deductible	\$500	\$0 after deductible	20% after deductible
Outpatient Surgery	\$100	\$0 after deductible	\$100	\$0 after deductible	20% after deductible
Prescription Drugs Rx					
			Non Participating Pharmacy 50% Cost Share		
Rx Deductible	N/A	N/A	N/A	N/A	Subject to deductible
Rx Retail	\$10/\$30/\$50	\$0 after deductible	\$10/\$30/\$50	\$0 after deductible	20% after deductible
Rx Mail Order	\$20/\$60/\$100	\$0 after deductible	\$20/\$60/\$100	\$0 after deductible	20% after deductible
Monthly Rates	Option 7		Option 8 *New*		Option 9
Employee	\$1,066.54		\$975.70		\$842.35
Employee & Spouse	\$2,133.09		\$1,951.40		\$1,684.71
Employee & Child(ren)	\$1,813.12		\$1,658.69		\$1,432.00
Employee & Family	\$3,039.65		\$2,780.74		\$2,400.71

This is a brief description of benefits provided for demonstration purposes only. Actual benefits, limitations and exclusions are set forth in the certificate of insurance issued to members.

50 Doctor On Demand No-cost video doctor visits for physical and mental health Deductible applies on HSA qualified high deductible plans.	CDPHP Rx for Less Get discounts on specific generic drugs when purchased at participating retailers.	CDPHP FITNESS REIMBURSEMENT Subscribers can be reimbursed up to \$400 per benefit year and covered dependents can earn up to \$200 - a total of \$600 per contract!	CDPHP'S \$180 Life Points Rewards per contract per calendar year	
Find Care - CDPHP	http://www.cdphp.com/less	Fitness Reimbursement - CDPHP	CDPHP Health Hub - CDPHP	



Select from six medical options offered by MVP.



For more information, contact **Eric Kane** at Eric_Kane@ajg.com or 518-729-6451

Rates & Coverages are effective January 1st, 2026

Medical Coverage Options	MVP EPO Platinum 1 (DP) View PDF	MVP HMO Platinum 6 (DP) View PDF	MVP HMO Gold 1 (DP) View PDF	MVP EPO Silver 7 (DP) View PDF	MVP EPO Bronze 5 HDHP (DP) View PDF	MVP HMO Bronze 10 (DP) View PDF
Benefits Summary	Option 1	Option 2	Option 3 <i>*New*</i>	Option 4	Option 5	Option 6 <i>*New*</i>
Network	EPO National	HMO Local NYS	HMO Local NYS	EPO National	EPO National	HMO Local NYS
Health Account Compatibility	N/A	N/A	N/A	N/A	HSA Compatible	N/A
Deductible Type	N/A	N/A	Embedded	Embedded	Embedded	Embedded
Deductible Individual	\$0	\$0	\$850	\$3,100	\$6,500	\$10,150
Deductible Family	\$0	\$0	\$1,700	\$6,200	\$13,000	\$20,300
Out-of-pocket max Individual	\$2,450	\$2,000	\$7,000	\$8,700	\$7,250	\$10,150
Out-of-pocket max Family	\$4,900	\$4,000	\$14,000	\$17,400	\$14,500	\$20,300
Coinurance	0%	0%	0%	0%	50%	0%
Primary Care Visit	3 visits \$0, then \$5	3 visits \$0, then \$15	3 visits \$0, then \$15	3 visits \$0, then \$35	\$0 after deductible	3 visits \$0, then \$0 after deductible
Specialist visit	\$45	\$35	\$50 after deductible	\$50 after deductible	50% after deductible	\$0 after deductible
Virtual Telemedicine visit	\$0	\$0	\$0	\$0	\$0	\$0
Urgent Care	\$45	\$35	\$50	\$50	50% after deductible	\$0 after deductible
Emergency Care	\$100	\$100	\$300	\$250 after deductible	\$100 after deductible	\$0 after deductible
Inpatient Hospital	\$300	\$500	\$500 after deductible	\$750 after deductible	50% after deductible	\$0 after deductible
Outpatient Surgery	\$100	\$100	\$200 after deductible	\$300 after deductible	50% after deductible	\$0 after deductible
Prescription Drugs Rx	Tier 1 / Generic-No deductible			Tier 1 / Generic-No deductible		
Rx Deductible	N/A	N/A	\$200-Ind/\$400-Fam deductible*	N/A	Subject to deductible	Subject to deductible
Rx Retail	\$5/20%/30%	\$10/\$30/\$60	\$10/\$35*/\$70*	\$15/30%/50%	\$5/\$30/50% after deductible	\$0 /\$0/\$0 after deductible
Rx Mail Order	\$12.50/20%/30%	\$25/\$75/\$150	\$25/\$87.5*/\$175*	\$37.50/30%/50%	\$12.50/\$75/50% after deductible	\$0 /\$0/\$0 after deductible
Monthly Rates	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Employee	\$1,370.60	\$1,262.19	\$1,094.98	\$1,008.37	\$845.05	\$777.63
Employee & Spouse	\$2,741.20	\$2,524.38	\$2,189.96	\$2,016.74	\$1,690.10	\$1,555.26
Employee & Child(ren)	\$2,330.02	\$2,145.72	\$1,861.47	\$1,714.23	\$1,436.59	\$1,321.97
Employee & Family	\$3,906.21	\$3,597.24	\$3,120.69	\$2,873.85	\$2,408.39	\$2,216.25

This is a brief description of benefits provided for demonstration purposes only. Actual benefits, limitations and exclusions are set forth in the certificate of insurance issued to members.

<div> <p>Manage Your Health</p> <p>Your Guide to Your Health</p> <p>Access benefit information and care with Gia. Sign in online or via the Gia by MVP app.</p> <ul style="list-style-type: none"> Get 50 virtual care, 24/7 in the Gia by MVP app* Connect to urgent care in minutes Speak with a behavioral health provider Message a doctor for primary care and everyday needs Request medications, lab tests, screenings, and more </div> <div> <p>Create an account today!</p> <p>It's minimal setup and no stress—registering for your Gia account only takes a few minutes.</p> <p>Visit my.mvphealthcare.com</p> <p>OR</p> <p>Download the Gia by MVP mobile app:</p> <ul style="list-style-type: none"> Scan the QR code or Text the word GIA to 888682 (TXTMVP). (Message and data rates may apply.) <p>Select Register Now and follow the instructions. Enter information as it appears on your MVP Member ID Card. A valid email address is required. Access Gia online and in the Gia by MVP mobile app using the same username and password.</p> </div>	<p><u>MVP'S PREFERRED PROVIDER FACILITIES</u></p> <p>Laboratory, Radiology, and Ambulatory services at a preferred provider facility will be covered in full, after deductible (if applicable).</p>	<p>MVP'S \$600 WELL-BEING REIMBURSEMENT BENEFIT</p> <p>MVP will reimburse you up to \$600 per contract, per calendar year, for the things you do to improve your well-being. Do more of the things that make you feel well! MVP will reimburse you for them.</p>
<p>THIS IS A LINK TO FIND A DOC: Find Care - MVP Health Care</p>	<p>MVP Preferred Providers Directory</p>	<p>https://www.mvphealthcare.com/WellBeingForms</p>



Select from three medical options offered by Highmark.

For more information, contact **Eric Kane** at Eric_Kane@ajg.com or 518-729-6451



Rates & Coverages are effective January 1st, 2026

Medical Coverage Options	Highmark PPO Platinum	Highmark POS Gold Radius High	Highmark POS Silver 8000
Benefits Summary	Option 1	Option 2	Option 3
Network	PPO National	POS Local	POS Local
Health Account Compatibility	N/A	N/A	H.S.A Compatible
Deductible Type	Embedded	Embedded	Embedded
Deductible Individual (IN/OON)	\$0 / \$5,000	\$0 / \$5,000	\$5,500 / \$10,000
Deductible Family (IN/OON)	\$0 / \$10,000	\$0 / \$10,000	\$11,000 / \$20,000
Out-of-pocket max Individual (IN/OON)	\$7,000 / \$10,000	\$9,100 / \$10,000	\$7,500 / \$20,000
Out-of-pocket max Family (IN/ONN)	\$14,000 / \$20,000	\$18,200 / \$20,000	\$15,000 / \$40,000
Coinsurance (IN/ONN)	0% / 50%	0% / 50%	0% / 30%
Primary Care Visit	\$15	\$30	\$0 after deductible
Specialist visit	\$30	\$50	\$0 after deductible
Virtual Telemedicine visit	\$0	\$0	\$0 after deductible
Urgent Care	\$75	\$75	\$0 after deductible
Emergency Care	\$150	\$300	\$0 after deductible
Inpatient Hospital	\$500	\$1,000	\$0 after deductible
Outpatient Surgery	\$100	\$250	\$0 after deductible
Prescription Drugs Rx			
Rx Deductible	N/A	N/A	Subject to deductible
Rx Retail	\$10/\$40/\$125	\$10/\$55/50%	\$10/\$40/50% after deductible
Rx Mail Order	\$25/\$100/\$312.5	\$25/137.5/50%	\$25/\$100/50% after deductible
Monthly Rates	Option 1	Option 2	Option 3
Employee	\$1,471.44	\$1,195.70	\$953.20
Employee & Spouse	\$2,942.87	\$2,391.39	\$1,906.40
Employee & Child(ren)	\$2,501.44	\$2,032.68	\$1,620.44
Employee & Family	\$4,193.59	\$3,407.73	\$2,716.63

This is a brief description of benefits provided for demonstration purposes only. Actual benefits, limitations and exclusions are set forth in the certificate of insurance issued to members.

How to find in-network providers

1. Visit [Highmark.com/BlueShieldNENY](https://www.highmark.com/BlueShieldNENY).
2. Scroll down and click **Find A Doctor** under **Find Care**.
3. Choose a location and plan.
4. Enter an alpha prefix OR browse a list of plans.
5. Search by provider name, specialty, location, or type.

Use the advanced search to filter by language, gender, area of focus, appointment scheduling, and more.

Well360 Telemedicine
24/7 Access to Virtual Care
- \$0 Copay per Visit



Web: www.myhighmark.com



\$250 Gym Card

Employees can use this card on gym memberships. Consider it a little something extra for the journey to good health.



Wellness Card

Preloaded with \$250 to pay for your gym membership. You can add your Wellness Card to a mobile wallet app, which lets you virtually store your credit cards in one place. Fitness classes or personal training are not eligible unless they're included in the gym membership fee.

<https://www.highmark.com/employer/care-management/health-wellness-program#well360>

www.Member.Highmark.com

Doctor on Demand Telemedicine

24/7 Access to Virtual Care - \$0 Copay per Visit; \$59 Copay (HDHP) before Deductible is met

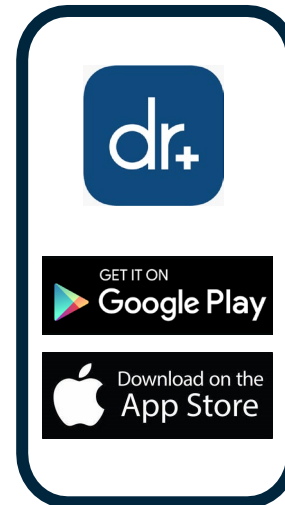
Doctor on Demand offers a whole person health solution that provides patients with immediate access to care. Employees and their family members enrolled in the Telemedicine plan have 24/7 access to telehealth triage, treatment, and navigation services to provide a range of patient services including emergent and urgent care, primary and specialty care, behavioral health, and more.

Telemedicine provides diagnosis and treatment of many common disorders such as:

- Allergies
- Cold/Flu
- Ear, sinus and urinary tract infections
- Mild asthma
- Pediatric conditions

Mental Health counseling is available for help with:

- Alcohol and drug abuse
- Anxiety and depression
- Child and family issues
- Parenting and elder care
- Post-traumatic Stress Syndrome (PTSD)
- And more



Web: www.DoctorOnDemand.com

Well360 Telemedicine

24/7 Access to Virtual Care - \$0 Copay per Visit

Well360 offers a whole person health solution that provides patients with immediate access to care. Employees and their family members enrolled in the Telemedicine plan have 24/7 access to telehealth triage, treatment, and navigation services to provide a range of patient services including emergent and urgent care, primary and specialty care, behavioral health, and more.

Telemedicine provides diagnosis and treatment of many common disorders such as:

- Allergies
- Cold/Flu
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Mental Health counseling is available for help with:

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- Child and family issues
- Parenting and elder care
- Post-traumatic Stress Syndrome (PTSD)
- And more



Web: www.MyHighmark.com

Gia® by MVP Telemedicine

24/7 Access to Virtual Care - \$0 Copay per Visit

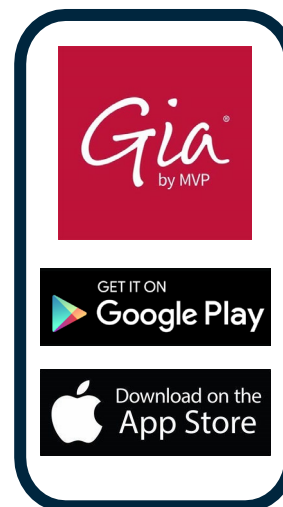
Gia® by MVP offers a whole person health solution that provides patients with immediate access to care. Employees and their family members enrolled in the Telemedicine plan have 24/7 access to telehealth triage, treatment, and navigation services to provide a range of patient services including emergent and urgent care, primary and specialty care, behavioral health, and more.

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- Anxiety and depression
- Child and family issues
- Parenting and elder care
- Post-traumatic Stress Syndrome (PTSD)
- And more



Web: www.GoAskGia.com

Highmark Member Programs

Available to All Members Enrolled in the Medical Plan



Wellness Card

Preloaded with \$250 to pay for your gym membership. You can add your Wellness Card to a mobile wallet app, which lets you virtually store your credit cards in one place. Fitness classes or personal training are not eligible unless they're included in the gym membership fee.

www.Member.Highmark.com
Click Benefits then Spending Account Balance

Spring Health

Access to Mental Well-Being powered by Spring Health. Spring Health offers easy access to in-person (where available) or virtual care, such as therapy/counseling and coaching, in addition to resources to help you feel better and navigate life's challenges.

www.HighmarkBlueShield.SpringHealth.com

Blue365

Whether it's travel advice or fitness gear, Blue365® gives members access to special savings on health-related products and services including fitness discounts on gym memberships, apparel and footwear, wearable devices, nutrition support, hearing and vision programs and more!

www.Highmark.com/Blue365

sword Virtual Physical Care

The Virtual Physical Care program treats all major joints and helps with preventive, chronic and post-surgical pain. Combining personalized care with the latest digital tools gives you the freedom to overcome joint and muscle pain anytime, anywhere. Sword is available at no additional cost to all members (age 13 and over).

www.Meet.SwordHealth.com/Thrive/HighmarkBCBS

MVP Member Programs

Available to All Members Enrolled in the Medical Plan

Well-Being **Your Way**

MVP will reimburse you up to \$600 per contract, per calendar year, for the things you do to improve your well-being. Get reimbursed for things like yoga and meditation classes or apps, concert and movie tickets, ergonomic equipment for your home office, home security items and more!

www.my.mvphealthcare.com
Register/Sign In with your MVP ID Card



With the ChooseHealthy® program, save more on wellness products and be empowered with health improvement tools to help you live better every day. Get discounts from 10% to 50% on popular health and fitness brands. Save 25% on services from specialty health care practitioners.

www.my.mvphealthcare.com
Select Well-Being, then Discounts



With Active & Fit Direct™, members pay one standard fitness membership fee (monthly) and have access to 12,200+ fitness centers and over 9,300 Workout videos. 1:1 Well-Being Coaching available. No annual fees or long-term contracts. Switch gyms anytime.

www.my.mvphealthcare.com



Living well means being informed about the best ways to take care of yourself – physically, emotionally, financially, or otherwise. MVP offers a variety of classes and workshops for all members at all activity levels. Log onto your account to view the Events Calendar for local seminars and activities.

www.mvphealthcare.com/about/events

Medical Coverage Alternatives

Child Health Plus (CHIP) and Children's Medicaid

NYS Health Insurance for Children

Child Health Plus (CHIP) or Children's Medicaid

- To be eligible, the child must be under the age of 19 and a resident of New York State
- Eligibility depends on gross family income
- There are dozens of insurance providers across New York State that accept these coverages
- Your monthly premium is based on your monthly income and family size
- Under Child Health Plus, there are no copay for services
- To learn more about these programs:
 - Call: 1-800-698-4543 (1-800-698-4KIDS)
 - Visit: https://www.health.ny.gov/health_care/child_health_plus/
 - Email: chplus@health.ny.gov
- Income Charts can be found on the next slide

**Please note, due to licensing requirements, Gallagher cannot advise nor assist employees with enrolling in either program.*

Delta Dental Plan K offered by CDPHP

Plan Benefit	In-Network	Out-of-Network
Annual Deductible	\$25 Individual / \$75 Family Waived for Preventive Services	
Annual Plan Maximum	\$1,500 Preventive Services Do Not Apply	
Orthodontia Lifetime Maximum	Not Covered	
Dependent Covered to Age	26 / 26	
Class 1: Preventive Services Exams, Cleanings, X-rays	Covered at 100%	Covered at 100%
Class 2: Basic Services Fillings, Root Canals, Surgery	Covered at 80%	Covered at 80%
Class 3: Major Services Crowns, Inlays, Onlays	Covered at 50%	Covered at 50%
Prosthodontics Bridges, Dentures & Implants	Covered at 50%	Covered at 50%
	2026 Monthly	
Employee	\$45.55	
Employee + Spouse / DP	\$96.39	
Employee + Child(ren)	\$92.11	
Employee + Family	\$146.70	

Notes: Please see Benefit Summary/Contract for full Benefit details.

Vision Plan coverage is through Highmark

Plan Benefit	In-Network	Out-of-Network
Eye Exam Once Every 12 Months	\$0 Copay	Reimbursed up to \$40
Frames Once Every 12 Months	\$120 Allowance then 20% off the Balance	Amount over \$47
Lenses Once Every 12 Months	Included in materials	Reimbursed up to \$40
Contact Lenses - Elective	\$150 Allowance	Amount over \$47
Contact Lenses - Medically Necessary*	\$225 Allowance	\$225 Allowance
Dependent Age	26 / 26	
	2025 Monthly	
Employee	\$11.08	
Employee + Spouse / DP	\$21.06	
Employee + Child(ren)	\$22.15	
Employee + Family	\$33.24	

Notes: Please see Benefit Summary/Contract for full Benefit details.

Open Enrollment Closes December 22nd!

Please contact Eric Kane from Gallagher to discuss your coverage options.

Plan Offering	How to Enroll	Insurance Carrier
Medical	Contact Gallagher Benefit Services	CDPHP/MVP/Highmark
Dental	Contact Gallagher Benefit Services	Delta Dental - CDPHP
Vision	Contact Gallagher Benefit Services	Highmark

Thank you!!

Get in touch to let us know how we can help.

Eric C Kane

Area Vice President

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Gallagher

Insurance | Risk Management | Consulting

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