




Open Enrollment Benefit Guide

Effective January 1, 2021

eHealth Technologies
is pleased to offer your
Benefits in association with





Dear Valued Employee,

This is our benefit booklet. We recognize that the decisions you make around benefits for you and your family are important. eHealth Technologies works hard to develop a benefits program to help you meet your health needs and financial goals. The Enrollment period is a time when eligible employees can enroll in medical, dental, vision, and other voluntary benefit plan coverage for the year.

Important information regarding the 2021 eHealth Technologies benefits program is enclosed. *Please review it carefully.* eHealth Technologies Web Benefits site will be open for you to make your 2021 elections. During this Benefit Enrollment period, all eligible employees must elect 2021 choices. **Failure to enroll may result in no coverage for 2021 unless through NY Marketplace.**

Your new rates and elections are effective January 1, 2021. Also, you must specify how much, if any, of your salary you would like to contribute to a Health Savings Account if so elected.

With the best interest of eHealth staff, eHealth Technologies worked with Novem Group (formerly American Portfolios) to manage our benefit costs. We are please to present our 2021 premiums, which are lower or level with 2020 premiums.

It is encouraged that you review **all** the options carefully in this guide or ask Human Resources if you have any questions. Participation is required. Opting out is still an election.

You are strongly encouraged to participate and become an educated consumer of all insurance options.



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Overview



Medical Plan- Excellus Medical Insurance

- eHealth Technologies offers medical plans with Excellus.
- Spousal Waiver – For 2021, spouses who have access to health insurance through another provider or employer but choose to enroll with eHealth Technologies will have a premium differential of \$50 per pay period to remain with eHealth Technologies medical plan. The differential will not apply to spouses who do not have access to medical insurance through another provider other than eHealth Technologies.

Health Savings Account

- The IRS has set the maximum contribution limit in 2021 at: \$3,600 for employee and \$7,200 for family coverage

Dental

- eHealth Technologies continues the contribution of 75% of the premium.
- 2021 Dental Insurance is with Lincoln

Vision

- Guardian is the Vision Insurance carrier for 2021.
- This is a voluntary Benefit, premiums 100% with the employee.

Life Insurance

- With Lincoln, eHealth pays 100% Basic Policy/1x annual salary up to \$50K.
- In addition to company paid benefit – there remains an option to purchase additional term life insurance.
- Your beneficiaries will be designated via electronic submission.

Cancer Insurance

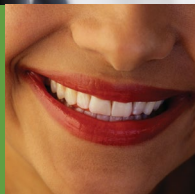
- A voluntary option with Colonial for staff to assist with expenses that medical insurance does not cover the treatment for a cancer diagnosis.

Supplemental Short-Term Disability Insurance

- Voluntary option to add paycheck replacement with Colonial Insurance.

Long Term Disability Insurance

- Lincoln Long Term Disability is provided as a company paid benefit.



Introduction and Eligibility

eHealth Technologies' benefit platform renews on January 1, 2021. You will be able to choose the level of Medical, Dental, and Vision coverage you want for yourself and/or your family (if you need any at all), and you will be able to elect from a combination of voluntary benefit options that provide additional benefits for you and your family members. You can also set up a Health Savings Account through your preferred bank or financial institution for high deductible medical plans on certain expenses out of pocket on a pre-tax basis.

Your Personal Handbook

Reviewing the information contained here will help you to make the benefit choices that best protect you and your family. Although eHealth Technologies cannot directly advise you on the benefit plans you should select, we have secured the services of Novem Group and GIS to provide information on each benefit contained in the plan to help you reach an informed decision.

For plan details, limitations and exclusions please refer to your Employee Handbook or ask for an HR Summary Plan Description. In the event of a conflict between the information summarized here and the official plan documents, the plan documents will govern.

[Take the Virtual Tour](#)

HR will provide log in.



Choose the right benefits
for you and your family.

Enroll Instructions

Know Who's Eligible

1. Yourself:

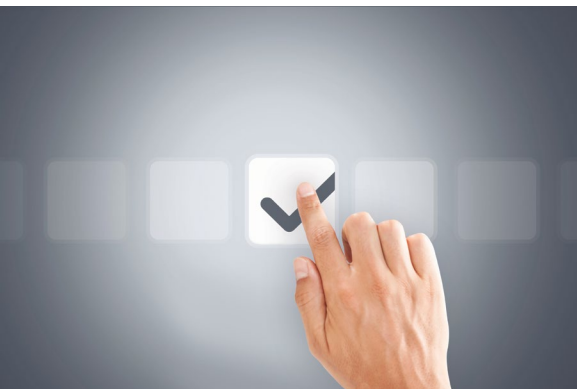
You must be regularly scheduled to work at least 30 hours per week. You are eligible the first day of the month following your hire date, with the exception of short term disability which has a 30-day waiting period from date of hire.

2. Your Dependents:

- a. Your spouse or domestic partner
- b. Your dependent child(ren) or your domestic partner eligible child(ren) up to age 26
- c. Your disabled dependent child(ren) of any age who are incapable of supporting themselves because of a disability.

Know When to Enroll

- 1. Current Employees in 2020: You can select your benefits during this Enrollment period for 2021.
- 2. Staff hired January 1, 2021 forward. You can enroll within 30 days of your hire date for coverage the 1st day of the month following your date of hire.



Even opting out of benefits is participating in a choice, all benefit eligible employees need to participate in Benefit Enrollment.

Know Your Options

Benefit Plans	Date of Eligibility
Medical and Dental	the first day of the month following employment, qualifying event, Open Enrollment
Life Insurance - for yourself & spouse/ domestic partner and/or dependents	the first day of the month following employment, qualifying event, Open Enrollment
Voluntary Term Life Insurance	the first day of the month following employment, qualifying event, Open Enrollment
Health Savings Account (For high deductible medical plans only)	any time
Vision Insurance	the first day of the month following employment, qualifying event, Open Enrollment
Cancer Insurance	the first day of the month following employment, qualifying event, Open Enrollment
Voluntary Short-Term Disability Insurance	the 30th day of employment, qualifying event, Open Enrollment
Long Term Disability Insurance	the first day of the month following the 90th day of employment

Know When You Can Make Changes

You may only make changes to your benefit elections during Enrollment

OR

If you experience a qualified life event, including but not exclusive of:

- Marriage
- Birth or adoption of a child
- Divorce
- Death of your spouse or child
- Change in employment status which affects benefit eligibility for you or your spouse
- Change of eligibility status of a dependent (i.e., your child reaches the age limit of a benefit plan)

All benefit changes must be consistent with your life event. For example, if you get married, you may add your spouse to your current medical and/or dental coverage.

Note: All benefit changes must take place **within 30 days of the qualifying life event**.

You must notify and submit any applicable documentation to HR Support within 30 days of a qualifying life event for review to ensure IRS guidelines are met.

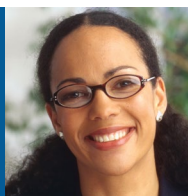
Enrollment Instructions

1. Research your options (in this booklet)
2. Ask your questions to HR or refer to Virtual Benefit Training Platform
3. Gather dependent date of birth and social security numbers
4. Log into: <https://boonchapman.benselect.com/Enroll/Login.aspx?Path=ehealth>
Need to add password if first time or how to retrieve



Failure to follow instructions can result in inaccurate coverage for 2021.

5. Be sure to verify your elections in the website by selecting "submit"
6. Print out your summary
7. Check your 1st pay stub in 2021!



Benefits are just as important as your compensation.

Medical Plans

Please visit the Excellus website or refer to Health Insurance Information Packets for more specific coverage comparisons. The information to follow is only meant to summarize your options.

Note: If you do not enroll yourself or your dependents when you (or they) are first eligible, then you must wait until the beginning of the next plan year January 1, 2022, to enroll unless you have a life event change such as a new dependent or loss of coverage through your spouse's/domestic partner's employer. Acceptance is subject to Health Insurer approval.

All premiums are per pay period, and **do not reflect any wellness premium deduction** as the next biometrics date will not be available until November 2021.

The 2021 Highest Deductible Plan has no wellness premium reduction option.

By participating in Biometrics, you receive a \$25 per pay period premium reduction (\$600 annually) for plans other than the highest deductible.

Take advantage of free preventive care!

Both medical plans cover preventive care at 100%. This includes annual routine physicals, bone density tests, cholesterol screenings, immunizations, mammograms, Pap smears, pelvic exams, PSA exams, sigmoidoscopies, and colonoscopies. Keep in mind that there may be limits on how often you can receive preventive care treatments and services. If you're not sure, ask your health care provider whether your visit is considered preventive.



Excellus Simply Blue Co-Pay Plan

Benefits Include:

Preventive Care Visits	\$0
Co-Pay	\$25 / \$40
Single Deductible	\$0 – \$500
Family Deductible	\$0 – \$1,500
Single Out of Pocket Max	\$4,200 – \$8,400
Family Out of Pocket Max	\$12,600 – \$25,200
Prescriptions	\$10 – Generic
30 Day Co Pay	\$35 – Preferred Name Brand
90 Day Supply mail order	\$70 – Non-Preferred Name Brand
Dependent Coverage	Children to age 26



Excellus Simply Blue High Deductible Plan

Benefits Include:

Preventive Care Visits	\$0
Single Deductible	\$1,400 in network, \$2,600 out of network
Family Deductible	\$2,800 in network, \$5,200 out of network
Co-Insurance	20% in network, 40% out of network
Single Out of Pocket Max	\$3,000 in network– \$12,000 out of network
Family Out of Pocket Max	\$6,000 in network– \$24,000 out of network
Prescriptions (once deductible is met)	\$5 – Generic
30 Day Co Pay	\$35 – Preferred Name Brand
90 Day Supply mail order	\$70 – Non-Preferred Name Brand
Dependent Coverage	Children to age 26

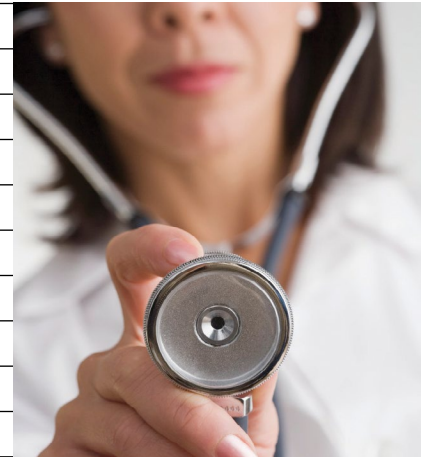
Carrier/Plan Plan*	EE per PP Simply Blue Co-Pay Plan*	EE per PP Simply Blue High Deductible
Single	\$177.10	\$99.85
Two Person	\$432.13	\$267.22
Two Person (with Spouse Surcharge)	\$482.13	\$317.22
Employee plus Children	\$368.62	\$225.60
Family	\$467.36	\$280.17
Family (with Spouse Surcharge)	\$517.36	\$330.17

* A total of \$25 credit per pay period premium reduction (\$600 annual) is possible with Biometrics

Excellus Simply Blue Higher Deductible Plan

Benefits Include:

Preventive Care Visits	\$0
Single Deductible	\$3,000 in network, \$6,000 out of network
Family Deductible	\$6,000 in network, \$12,000 out of network
Co-Insurance	20% in network, 40% out of network
Single Out of Pocket Max	\$5,500 in network–\$11,000 out of network
Family Out of Pocket Max	\$11,000 in network– \$22,000 out of network
Prescriptions (once deductible is met)	\$10 – Generic
30 Day Copay	\$35 – Preferred Name Brand
90 Day Supply mail order	\$70 – Non-Preferred Name Brand
Dependent Coverage	Children to age 26



Excellus Simply Blue Highest Deductible Plan

Benefits Include:

Preventive Care Visits	\$0
Single Deductible	\$6,350 in network, \$12,700 out of network
Family Deductible	\$12,700 in network, \$25,400 out of network
Co-Insurance	20% in network, 40% out of network
Single Out of Pocket Max	\$6,350 in network–\$12,700 out of network
Family Out of Pocket Max	\$12,700 in network– \$25,400 out of network
Prescriptions (once deductible is met)	\$10 – Generic
30 Day Co Pay	\$35 – Preferred Name Brand
90 Day Supply mail order	\$70 – Non-Preferred Name Brand
Dependent Coverage	Children to age 26

Highest Deductible not eligible for Wellness Credits

Carrier/Plan	EE per PP Higher Deductible*	EE per PP Highest Deductible
Single	\$92.10	\$64.49
Two Person	\$224.71	\$157.34
Two Person (with Spouse Surcharge)	\$274.21	\$207.34
Employee plus Children	\$181.03	\$134.22
Family	\$230.65	\$189.33
Family (with Spouse Surcharge)	\$280.65	\$239.33

* A total of \$25 credit per pay period premium reduction (\$600 annual) is possible with Biometrics

Domestic Partner Coverage Rules



eHealth Technologies seeks to promote acceptance of diversity in all its dimensions. In light of this goal, the benefits provided to domestic partners are the same benefits as provided to spouses of legally recognized married employees.

Domestic partners are persons who are at least 18 years of age, either same or opposite gender, competent to contract at the time the domestic partner affidavit is completed, not legally married to any person, not related in any way that would prohibit marriage in our state of operation, are each others' sole domestic partner for at least 6 months, and/or share permanent residence.

Domestic Partners must have a least three of the following with the affidavit:

1. Joint lease, mortgage or deed.
2. Joint ownership of vehicle.
3. Joint ownership of checking account or credit account.
4. Designation of the domestic partner as beneficiary for the employee's life insurance or retirement benefits.
5. Shared household expenses.

To register a domestic partnership contact Human Resources for information and a form. Upon receipt of a properly completed form and supporting documentation, the partnership will be considered for approval. Once approved, the partnership will be registered as of the date of the signature on the form.

Children of domestic partners are eligible for benefits under the same conditions as are the children of employees' legal spouses. Enrollment of domestic partners and eligible dependent children is subject to the same rules as enrollment of other dependents.

Premiums are on a post-tax basis.

An employee may terminate a domestic partnership by notifying Human Resources in writing of the termination of the domestic partnership within thirty days of its termination. The employee must wait 6-months from the date of the notice before registering another domestic partnership, except in either of the following cases:

- The employee is registering the same domestic partnership within thirty days notification of the termination of that domestic partnership, or
- The employee's former domestic partnership was dissolved through the death of the employee's domestic partner.

Questions regarding this policy should be directed to Human Resources.

Dental Plans

www.lincolffinancial.com

eHealth Technologies has a dental option available through Lincoln. The plans are summarized in the following charts or to see a more detailed explanation of these benefits please visit the Lincoln website above.

CALENDAR YEAR DEDUCTIBLE:

Deductible Type: Annual: Type II and Type III	In Network	Out of Network
INDIVIDUAL	\$25	\$25
FAMILY	\$50	\$50

BENEFITS LEVELS

PPO Plan

TYPE I – Diagnostic & Preventive	100%	100%
TYPE II – Basic	80%	80%
TYPE III – Major Services	50%	50%
TYPE IV – Orthodontia for Children	50%	50%
Out of Network – 90th percentile U & C		
MAXIMUM BENEFIT per covered person:		
TYPES I, II, and III combined, per calendar year	\$1,000	\$1,000
TYPE IV, while covered by the plan	\$1,000	\$1,000

MaxRewardsSM

A covered person may be eligible for the Rollover Amount for Types I, II, and III combined based on the following:

- | | |
|--|-----------------------------|
| i. Eligible Range (claim threshold) | \$1–\$500 per calendar year |
| ii. Rollover Amount | \$250 per calendar year |
| iii. Rollover Amount with Preferred Provider | \$350 per calendar year |
| iv. Maximum Rollover Account Balance | \$1000 |

BENEFIT WAITING PERIOD

TYPE II Expenses, TYPE III Expenses, TYPE IV Expenses	None
Terms of the Prior Carrier Credit Provision and Continuity of Coverage Provision may apply	

LATE ENTRANT

TYPE II Expenses, TYPE III Expenses, TYPE IV Expenses	12 Months
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Lincoln Dental Plan (all employees) – per pay period

Single \$3.29
Family \$10.17



Health Savings Account–2021

Annual Maximum \$3,600 single, \$7,200 family

Through a Health Savings Spending Account (HSA), you are able to use tax-free dollars to pay for expenses not covered by the High Deductible Medical plans, Dental, and Vision and out-of-pocket expenses.

Think about the Health Savings Spending Account and all the out-of-pocket Medical, Dental, and Vision expenses you may incur during the plan year. It's a good way to plan for those expenses and a smart way to pay for them.

In general, your HSA can be used for:

1. Expenses applied to your health plan deductible.
2. Dental care services
3. Vision care services
4. Prescription services
5. Over the counter medications **prescribed by your doctor**.
6. Certain medical equipment.

A spouse or domestic partner's contributions to health insurance at their employer are not eligible for reimbursement through your HSA.

Useful Tips

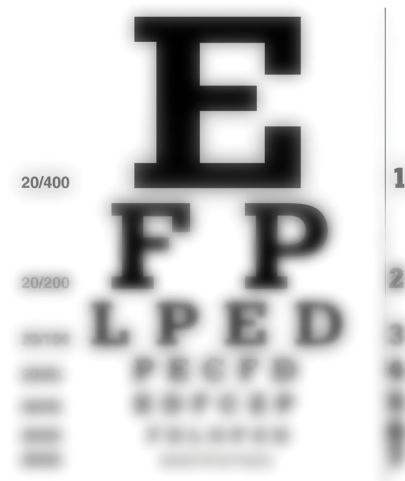
1. **How the Account Works:** The Health Savings Spending Account operates a lot like a bank account. You may deposit, pre-tax, as little as \$5 or as much as the annual limit. Your deposit comes from your salary. Deposits will be made each payday. This means that if you decide to deposit \$240 annually, \$10.00 will be deposited each pay period.
2. **Receiving Reimbursements:** Participants can set up a HSA with any financial institution of their choice and will receive a participant enrollment packet explaining the reimbursement procedure.
3. **Plan Carefully:** Health Savings Accounts were created by the 2003 Medicare bill designed to help individuals save for future qualified medical and retiree health expenses on a tax-free basis. Employees must be covered by a High Deductible Health Plan and cannot be a dependent on another health insurance plan. The account allows employees to pay for routine health care expenses on a prefunded pretax basis. Unused balances rollover from year to year. Dependents up to age 26 are allowable expenses as well if enrolled in the plan.

Vision Insurance

www.guardianlife.com

Please see the Guardian Insurance Information Packets for more specific coverage comparisons. The information to follow is only meant to summarize your options. **You will have to select which Network at time of enrollment.**

Vision Care Services	Guardian Vision Care VSP In Network	Guardian Vision Care Davis In Network
Exam with Dilation	\$20 co-pay	\$20 co-pay
Retinal Imaging		
Frames	\$130 retail max +20% Off balance	\$130 retail max +20% Off balance
Standard Plastic Lenses		
Single	\$20 co-pay	\$20 co-pay
Bifocal	\$20 co-pay	\$20 co-pay
Trifocal	\$20 co-pay	\$20 co-pay
Lenticular	\$20 co-pay	\$20 co-pay
Examination	Once every 12 months	
Lenses or contract Lenses	Once every 12 months	
Frame	Once every 12 months	



Employee Plan Costs –24-Pay Periods



Guardian – VSP		Guardian – Davis	
Health Tier	Payroll Deduction	Health Tier	Payroll Deduction
EE	\$ 3.52	EE	\$ 3.45
EESP	\$ 7.56	EESP	\$ 7.41
EECH	\$ 7.56	EECH	\$ 7.41
FAM	\$ 7.56	FAM	\$ 7.41

Guardian VSP network is one of the largest networks in the industry with over 50,000 provider locations nationwide. Visit guardianlife.com and select “Find a Provider.”

Guardian Davis network offers access to over 43,000 providers nationwide including private practice and retailers such as Wal-Mart, Sam’s Club, Target, Sears.

Term Life Insurance

www.lincolnfinancial.com

Eligibility: eligible employees are enrolled first day of the month following hire for up to 1x annual salary capped at \$50,000.

Additional life insurance can be purchased on self, spouse, and/or eligible dependents. *Only if you select insurance for yourself, is there the option to buy coverage for your spouse and/or dependents.*

Supplemental coverage options for yourself are from \$10,000 – \$300,000 in \$10,000 increments – not to exceed 5x annual salary. You may purchase increment amounts for your spouse of \$5,000 up to \$150,000 capped at 2.5x employees' salary not to exceed 50% of employees elected amount. Additionally, if you elect coverage for yourself, you may elect \$1,000 for dependent children 14 days to 6 months and \$10,000 for dependent children ages 6 months to 19 years old (25 for full time student).

Outside of the initial 30 days of employment, if supplemental life insurance is opted, Guardian reserves the option to inquire about evidence of insurability (EOI).



Optional Cancer Insurance

Colonial Base Plan

This coverage provides financial relief from the devastating affect cancer can have on a family. Your medical plan will cover most cancer related medical expenses, but cancer has many non-medical and out-of-pocket expenses.

Non-medical expenses include travel, food, lodging and household help costs. In addition, loss of earning power by either the person with cancer or a caretaker can have a significant impact on your ability to meet everyday expenses like: health insurance premiums, mortgage or rent payments, car payments, utility bills and groceries.

Cancer Screening Wellness Benefit—Colonial voluntary cancer insurance does offer some monetary reward for one of the following: preventive screenings, mammogram, breast ultrasound, Pap smear, ThinPrep, biopsy, flexible sigmoidoscopy, hemoccult stool specimen, chest X-ray, CEA (blood test for colon cancer), CA 125 (blood test for ovarian cancer), PSA (blood test for prostate cancer), thermography or colonoscopy or virtual colonoscopy.

Eligibility: eligible employees may enroll during Open Enrollment annually or within the first 30 days of your employment.



Long Term Disability

www.lincolnfinancial.com

Eligibility: eligible employees are enrolled first day of the month following hire for up to 60% monthly salary capped at \$7,500.

Provides coverage for illness or injuries that exceed ability to return to work from 90 days.

Features of the plan include:

Company paid.

24-hour coverage: Disabilities due to both occupational and non-occupational accident and illness are covered.

Benefits begin 90 days within a 180-day calendar period following disability and are payable to age 65.

- If you become disabled after age 60, the duration is based on your age at disability.

Minimum monthly benefit \$100 or 10% of the Insured Employees Monthly Benefit, whichever is greater.

*3-month pre-existing condition limitation applies.



Paycheck Replacement Plans



If you become disabled and are unable to work and earn a paycheck, what sources of income do you have available?

New York State Disability Income

New York State Disability will provide a weekly benefit of 50% of your weekly pay to maximum of \$170 per week. Benefits begin accruing on the eighth day of disability. This benefit would be paid for a maximum of 26 weeks. This coverage is paid for by eHealth Technologies.

Colonial Voluntary Short-Term Disability Insurance

Eligibility: eligible employees may enroll during Open Enrollment annually or within the first 30 days of your employment.

Short Term Disability Insurance will help fill in the difference between your paycheck and the disability benefits you would receive from eHealth Technologies, Inc.'s New York State Disability.

Collect up to \$5,000/month (amount of income replacement is based on salary and benefit period.)

Provides coverage for sicknesses and off-the-job accidents. Benefits are paid to you tax-free under current tax law.

Requirements: A Colonial Short-Term Disability application must be completed with a Colonial Insurance representative.

Features of the plan include:

Design the plan that meets your needs

Benefits can begin following 7, 14 or 30 days of disability

Benefits can be paid for 3 months

Benefits up to 40% of your Gross Pay are non-taxable as income

Pays in addition to any other benefits you receive

Portable: If you leave eHealth Technologies you can take this plan with you

It's affordable

No Medical Exams, only 3 health questions to answer:

(Based on responses to these questions, additional medical history may be necessary.)

- In the last year have you missed more than five consecutive days of work due to illness or injury?
- Have you or any proposed insured received inpatient or outpatient hospital treatment in the last year?
- Have you or any proposed insured been diagnosed with or received treatment from a member of the medical profession for acquired immune deficiency syndrome (AIDS) or AIDS-related complex?

Pre-existing conditions are covered AFTER your policy has been in force for 12 months

Compliance Notices

HIPAA Special Enrollment Rights

Federal law (called HIPAA) requires that we notify you of your right to enroll in the Group Health Plan under its "special enrollment provision" if you acquire a new dependent, or you or an eligible dependent decline coverage under this Plan because of alternative coverage and later lose such coverage due to certain qualifying reasons. In addition, effective **April 1, 2009**, a special enrollment right also applies upon gaining or losing eligibility under a state's Medicaid plan or children's health insurance program, as described below.

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



Legal Disclaimer

eHealth Technologies, Inc. has attempted to ensure all information in this enrollment handbook is clear and accurate. However, this handbook is not a legal document. For plan details, limitations and exclusions please refer to your Summary Plan Description. In the event of a conflict between the information summarized here and the official plan documents, the plan documents will govern.