



2024 EMPLOYEE HEALTH BENEFITS GUIDE

JAY  PEAK

Benefits at Jay Peak Resort

May 1, 2024 – April 30, 2025

This guide is designed to highlight your benefit options so that you can make the best possible decisions for you and your family. Use this guide as your go-to-resource when you're enrolling for benefits and throughout the plan year. The choices you make will remain in effect during the plan year, unless you have a qualifying major life event.

We are committed to providing our employees with quality benefits programs that are comprehensive, flexible and affordable. Giving our employees the best in benefit plans is one way we can show you that as an employee, YOU are our most important asset. Eligible employees have many benefit plans to choose from, so we ask that you read this benefits guide carefully to help you make the benefit elections that are the best fit for you and your family.

Medical

Cigna
(800) 997-1654
<https://www.cigna.com/>

Telemedicine

Cigna
(800) 997-1654
<https://www.cigna.com/>

Health Savings Account

HealthEquity
(866) 364-5800
www.healthequity.com

Dental

Cigna
(800) 997-1654
<https://www.cigna.com/>

Vision

Cigna
(800) 997-1654
<https://www.cigna.com/>

Flexible Spending Account

National Benefit Services
(800) 274-0503
www.nbsbenefits.com

Life and AD&D

Disability
Guardian
(800) 525-4542
www.guardiananytime.com

Accident & Hospital Indemnity

Cigna
(800) 997-1654
<https://www.cigna.com/>

For escalated claims and questions related to Cigna Voluntary Benefits:
GBS Voluntary Department
(801) 819-7744
vbcustomerservice@gbsbenefits.com

Employee Assistance Program

Uprise Health
(800) 386-7055
www.ibhworklife.com
Access Code: worklife

Human Resources

Katie Tremblay
(802) 327-2416
ktremblay@jaypeakresort.com

Holly Testut, HR Specialist
(802) 327-2183 (x2101)
htestut@jaypeakresort.com

Open Enrollment & Claims Support

Florence Gregory, GBS Account Manager
(801) 819-7724
Florence.Gregory@gbsbenefits.com

Jillian Hyatt, GBS Account Manager Support
(801) 819-7842
Jillian.Hyatt@gbsbenefits.com

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We are committed to providing our employees with quality benefits programs that are comprehensive, flexible and affordable. Giving our employees the best in benefit plans is one way we can show you that as an employee, YOU are our most important asset.

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Benefits Overview

Making wise decisions about your benefits requires planning. By selecting benefits that provide the best care and coverage, you can optimize their value and minimize the impact to your budget. The best thing you can do is “shop” for benefits carefully, using the same type of decision-making process you use for other major purchases.

- 1. Take advantage of the tools available to you.** That includes this guide, access to plan information, provider directories, and enrollment materials.
- 2. Be a smart shopper.** If you were buying a car or purchasing a home, you would do a lot of research beforehand. You should do the same for benefits because the wrong decision could be costly.
- 3. Don't miss the deadline and keep record of your enrollment!** Pay attention to the enrollment deadline and be sure to provide Human Resources with your benefit elections in a timely manner. It is important to review your paycheck to ensure the accuracy of payroll deductions. Notify HR immediately if there are any discrepancies.

Who Is Eligible?

If you are a full-time employee working 30 or more hours per week (130 hours per month), coverage will begin on the first of the month following 30 days of employment.

You can also enroll your eligible dependents in the same plans you choose for yourself. Eligible dependents include:

- Your legal spouse
- Your natural, adopted or step-child(ren) to age 26

How We Define Medical Benefits Eligibility

We are a large employer according to the Employer Shared Responsibility provisions of the ACA. The enrollment guidelines listed in this guide may vary if you are hired to work less than 30 hours per week (130 hours per month) or your hours worked drop below the threshold. Please contact us for our complete policy on Measurement Methods to determine full-time benefits eligibility status under the Employer Shared Responsibility.

When Do I Enroll?

You can enroll for coverage within 30 days of your date of hire, or during the annual open enrollment period. Outside of your open enrollment period, the only time you can change your coverage is within 30 days after you experience a qualifying event.

Making Changes During The Year

The IRS provides strict regulations about the changes to pre-tax elections during the plan year. Once you enroll in

benefits, you will not be able to make any changes to your elections until the next annual open enrollment period, unless you experience a qualified life event.

Qualified life events include, but are not limited to:

- Change in your legal marital status
- Change in number of dependents
- A dependent no longer meets the eligibility requirements
- You and/or your dependent becomes eligible or loses eligibility for Medicare, Medicaid or the Children's Health Insurance Program (CHIP)
- Employee or dependents change in employment status resulting in loss or gain of eligibility for employer sponsored benefits
- A court or administrative order

It is your responsibility to notify Human Resources within 30 days after a qualified life event. Any benefit changes must be directly related to the qualified life event.

When Coverage Ends

For most benefits, coverage will end on the last day of the month in which:

- Your regular work schedule is reduced to fewer than 30 hours per week
- Your employment with Jay Peak Resort ends

Your dependent(s) coverage ends:

- When your coverage ends, or
- The last day of the month in which the dependent is no longer eligible



Important Information

GoodRx Comparison Tool

Stop paying too much for your prescriptions! With the GoodRx Comparison Tool, you can compare drug prices at over 70,000 pharmacies, and discover free coupons and savings tips.

Isn't health insurance all I need?

Your health insurance provides valuable prescription and other health benefits, but a smart consumer can save much more, especially for drugs that are not covered by health insurance (weight-loss medications, some antihistamines, etc.), drugs that have limited quantities, drugs that can be found for less than your copay, or drugs with a lower priced generic.

How can I find these savings? The GoodRx Comparison Tool provides you with instant access to current prices on more than 6,000 drugs at virtually every pharmacy in America.

1. On the web: <https://www.goodrx.com/> Instantly look up current drug prices at CVS, Walgreens, Walmart, Costco, and other local pharmacies.

2. On your phone: Available in the App Store or Google Play. Or simply visit m.goodrx.com from your phone.

Please Note:

- Prescription drug pricing displayed on the GoodRx

Comparison Tool may be more or less than your insurance drug card.

- Please be sure to compare all discount pricing options before you purchase.
- Check your insurance carrier's pharmacy benefit before purchasing a 90-day supply.

Health Care Reform And You

For the most up-to-date information regarding the ACA, please visit www.healthcare.gov.

Summary of Benefits and Coverage (SBC) and Uniform Glossary

In addition to the plan information in this Benefits Guide, you can also review a Summary of Benefits and Coverage for each medical plan. This requirement of the ACA standardizes health plan information so that you can better understand and compare plan features. We will automatically provide you a copy of the SBC and Uniform Glossary annually during open enrollment. Please contact HR should you need an additional copy.





Side-By-Side Plan Comparison

Plan Details (In Network)	Cigna Traditional OAP Copay	Cigna HDHP OAP Buy Up	Cigna HDHP OAP Base
Provider Network	OAP	OAP	OAP
HSA Compatible	No	Yes	Yes
Deductible Calendar Year	\$3,500 / Person \$7,000 / Family	\$3,500 / Single \$7,000 / Family	\$5,500 / Single \$11,000 / Family
Out-of-Pocket Max Calendar Year	\$5,500 / Person \$11,000 / Family	\$5,500 / Single \$11,000 / Family	\$7,500 / Single \$15,000 / Family
Out-of-Network Coverage	Yes	Yes	Yes
Coinsurance	20%	20%	20%
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Primary Care Visit	\$25 Copay	20% AD	20% AD
Specialist Visit	\$45 Copay	20% AD	20% AD
Urgent Care	\$45 Copay	20% AD	20% AD
Inpatient & Outpatient Services	20% AD	20% AD	20% AD
Emergency Room	\$300 Copay	20% AD	20% AD
Pharmacy- Retail Only (30 Days)			
Generic	\$10 Copay	\$10 AD	\$10 AD
Preferred Brand	\$35 Copay	\$35 AD	\$35 AD
Non-Preferred Brand	\$60 Copay	\$60 AD	\$60 AD
Specialty	\$100 Copay	\$100 AD	\$100 AD
Pharmacy- Maintenance Only (90 Days)			
Generic	\$25 Copay	\$25 AD	\$25 AD
Preferred Brand	\$88 Copay	\$88 AD	\$88 AD
Non-Preferred Brand	\$150 Copay	\$150 AD	\$150 AD
Specialty	\$100 Copay	\$100 AD	\$100 AD



Medical

Cigna- Traditional OAP Copay Plan

Participating Network OAP	In-Network Your Cost	Out-of-Network Your Cost
Deductible	\$3,500/single \$7,000/family	\$5,000/single \$10,000/family
Out-of-Pocket Maximum	\$5,500/single \$11,000/family	\$10,000/single \$20,000/family
Preventive Care	Covered in Full	40% AD
Office Visits		
Primary Care	\$25 Copay	40% AD
Specialist	\$45 Copay	40% AD
Urgent Care	\$45 Copay	40% AD
Hospital Services		
Inpatient	20% AD	40% AD
Outpatient	20% AD	40% AD
Mental Health Services		
Office Visit	\$25 Copay	40% AD
Emergency Room		\$300 Copay
Pharmacy	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	\$10 Copay	\$25 AD
Preferred Brand	\$35 Copay	\$88 AD
Non-Preferred Brand	\$60 Copay	\$150 AD
Specialty	\$100 Copay	NA

AD = After Deductible

Status	Medical Premiums		
	Employer Monthly Contribution	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	\$379.04	\$379.07	\$174.96
Employee + Spouse	\$795.72	\$795.71	\$367.25
Employee + Child	\$757.87	\$757.86	\$349.78
Employee + Children	\$757.87	\$757.86	\$349.78
Family	\$1,515.94	\$1,515.94	\$699.66



Medical

Cigna- High Deductible Health Plan OAP Buy Up Plan

Participating Network OAP	In-Network Your Cost	Out-of-Network Your Cost
Deductible	\$3,500/single \$7,000/family	\$5,000/single \$10,000/family
Out-of-Pocket Maximum	\$5,500/single \$11,000/family	\$10,000/single \$20,000/family
Preventive Care	Covered in Full	40% AD
Office Visits		
Primary Care	20% AD	40% AD
Specialist	20% AD	40% AD
Urgent Care	20% AD	40% AD
Hospital Services		
Inpatient	20% AD	40% AD
Outpatient	20% AD	40% AD
Mental Health Services		
Office Visit	20% AD	40% AD
Emergency Room		20% AD
Pharmacy	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	\$10 AD	\$25 AD
Preferred Brand	\$35 AD	\$88 AD
Non-Preferred Brand	\$60 AD	\$150 AD
Specialty	\$100 AD	NA

AD = After Deductible

Status	Medical Premiums		
	Employer Monthly Contribution	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	\$301.28	\$301.28	\$139.05
Employee + Spouse	\$632.65	\$632.65	\$291.99
Employee + Child	\$602.56	\$602.55	\$278.10
Employee + Children	\$602.56	\$602.55	\$278.10
Family	\$1,205.13	\$1,205.12	\$556.21



Medical

Cigna- High Deductible Health Plan OAP Base Plan

Participating Network OAP	In-Network Your Cost	Out-of-Network Your Cost
Deductible	\$5,500/single \$11,000/family	\$7,500/single \$15,000/family
Out-of-Pocket Maximum	\$7,500/single \$15,000/family	\$14,000/single \$28,000/family
Preventive Care	Covered in Full	40% AD
Office Visits		
Primary Care	20% AD	40% AD
Specialist	20% AD	40% AD
Urgent Care	20% AD	40% AD
Hospital Services		
Inpatient	20% AD	40% AD
Outpatient	20% AD	40% AD
Mental Health Services		
Office Visit	20% AD	40% AD
Emergency Room		20% AD
Pharmacy	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	\$10 AD	\$25 AD
Preferred Brand	\$35 AD	\$88 AD
Non-Preferred Brand	\$60 AD	\$150 AD
Specialty	\$100 AD	NA

AD = After Deductible

Status	Medical Premiums		
	Employer Monthly Contribution	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	\$371.83	\$200.21	\$92.40
Employee + Spouse	\$600.65	\$600.64	\$277.22
Employee + Child	\$572.06	\$572.05	\$264.02
Employee + Children	\$572.06	\$572.05	\$264.02
Family	\$1,144.10	\$1,144.09	\$528.04



Health Savings Account

HealthEquity

A Health Savings Account (HSA) paired with our qualified high deductible health plan helps you and your family plan, save and pay for qualified health care expenses. An HSA empowers you to build savings for health care expenses in a tax advantaged account.

About Health Savings Accounts

A Health Savings Account (HSA) is a tax advantaged savings account that you own and control. HSAs are like retirement accounts in that they rollover year-to-year, they are portable when you move jobs or retire, the balance can be invested in mutual funds, and there are survivor benefits.

Who Is Eligible?

You must be enrolled in our qualified high deductible health plan and meet the following requirements:

- Have no other health insurance coverage except what’s permitted by the IRS
- Not be enrolled in Medicare
- Not be claimed as a dependent on someone else’s tax return

What Is A Qualified Health Care Expense?

You can use money in your HSA to pay for any qualified health care expenses for you, your spouse and your tax dependents, even if they are not covered on your plan. Examples of qualified health care expenses include: your insurance plan deductibles, copayments, and coinsurance; doctor’s office visits; prescriptions; dental treatments and x-rays; and eyeglasses and vision exams.

How Much Can I Contribute To An HSA?

Each year the IRS establishes the maximum contribution limit. The chart below represents the limits for 2024. These limits are for the total funds contributed, including company contributions, your contributions and any other contributions. Please keep in mind you can change your HSA allocation at any time during the plan year. The chart below also illustrates the annual contributions Jay Peak Resort will make into your HSA.

	<u>Employer HSA Contributions</u>	
	Annual Contribution from Jay Peak	IRS HSA Contribution Limits for 2024
Employee Only	\$250 (\$62.50 per quarter)	\$4,150
Employee + Spouse	\$500 (\$125 per quarter)	\$8,300
Employee + Child	\$500 (\$125 per quarter)	\$8,300
Employee + Children	\$500 (\$125 per quarter)	\$8,300
Family	\$500 (125 per quarter)	\$8,300

At age 55, an additional \$1,000 contribution is allowed annually



Health Savings Account

HealthEquity

Qualified Health Care Expenses

You can use money in your HSA to pay for any qualified health care expenses you, your legal spouse and your tax dependents incur, even if they are not covered on your plan. Qualified health care expenses are designated by the IRS (Publication 502). They include medical, dental, vision and prescription expenses not covered by the insurance carrier.

Qualified expenses include, but are not limited to:

- Acupuncture
- Alcoholism (rehab)
- Ambulance
- Amounts not covered under another health plan
- Annual physical examination
- Artificial limbs
- Birth control pills/prescription contraceptives
- Body scans
- Post-mastectomy breast reconstruction surgery
- Chiropractor
- Contact lenses
- Crutches
- Dental treatments
- Eyeglasses/eye surgery
- Hearing aids
- Long-term care expenses
- Medicines (prescribed)
- Nursing home medical care
- Nursing services
- Optometrist
- Lasik surgery
- Orthodontia
- Oxygen
- Stop-smoking programs
- Surgery, other than unnecessary cosmetic surgery
- Telephone equipment for the hearing-impaired
- Therapy
- Transplants
- Weight-loss program (prescribed)
- Wheelchairs
- Wigs (prescribed)
- Over-the-counter drugs without a prescription

Non-qualified expenses include any expenses incurred before you establish your HSA. Other non-qualified expenses include, but are not limited to:

- Concierge services
- Dancing lessons
- Diaper service
- Elective cosmetic surgery
- Electrolysis or hair removal
- Funeral Expenses
- Future medical care
- Hair transplants
- Health club dues
- Insurance premiums*
- Medicines and drugs from other countries
- Teeth whitening

The following insurance premiums may be reimbursed from your HSA:

- COBRA premiums
- Health insurance premiums while receiving unemployment benefits
- Qualified long-term care premiums
- Medicare premiums (Parts A, B, C, etc.)

Important

Any funds you withdraw for non-qualified expenses will be taxed at your income tax rate plus a 20% tax penalty if you're under age 65. After age 65, you pay taxes but no penalty.

Documentation is Key

An HSA can be used for a wide range of health care services within the limits established by law. Be sure you understand what expenses are HSA qualified, and be able to produce receipts for those items or services that you purchase with your HSA. You must keep records sufficient to show that:

- The distributions were exclusively to pay or reimburse qualified medical expenses,
- The qualified expenses had not been previously paid or reimbursed from another source, and
- The qualified expense had not been taken as an itemized deduction in any year.

Do not send these records with your tax return. Keep them with your tax records.



Flexible Spending Account

National Benefit Services

A Flexible Spending Account (FSA) provides you the opportunity to pay for health care and dependent care expenses on a pre-tax basis. By anticipating your family's needs for the next plan year, you can lower your taxable income.

How It Works

Each plan year you designate an annual election to be deposited into your health care and/or dependent care accounts. Your annual election will be divided by the number of pay periods in the plan year and deducted equally from each paycheck on a pre-tax basis. For health care expenses, you have immediate access to the total amount you elected to contribute for the plan year. With the dependent care, you have access to the amount of the current contributions in your account at the time you request reimbursement.

Things To Consider

- To enroll in the FSA, you must be enrolled in the OAP Copay Plan.
- Be conservative when estimating your annual election amount. The IRS has a strict “use it or lose it” rule. You will forfeit any funds exceeding \$500 left in your account after the end of the plan year.
- Your FSA 2024 contributions must be used for expenses you incur May 1, 2024-April 30, 2025. You have 90 days from April 30, 2025, to file claims for expenses incurred throughout the plan year.
- The health care and dependent care FSAs are two separate accounts and funds cannot be transferred between accounts.
- You cannot stop or change your contribution amount during the year unless you have a qualified change in family status.
- Expenses reimbursed through a Health Care FSA cannot be used as a deduction or credit on your federal income taxes.

FSA Reimbursement Options

To receive reimbursement from your FSA, you can submit a claim online, complete a paper claim form or use your FSA debit card. It is important to save your receipts. National Benefit Services may ask you to provide a copy to substantiate a claim.

Flexible Spending Account Options		
	Health Care FSA	Dependent Care FSA
Maximum Plan Year Contribution Amount	Up to \$3,200	Up to \$5,000 (\$2,500 if married and filing separate income tax returns)
Examples of Eligible Expenses	Medical, dental and vision deductibles, coinsurance & copays	Used to pay for eligible dependent care services, such as preschool, summer day camp, before or after school programs, and child (up to age 13) or adult daycare
Access To Funds	You will have immediate access to the total amount elected for the plan year.	You will have access to the amount in your account at the time that you request reimbursement



Dental

Cigna DPPO

Annual Maximum Benefit

If you utilize your preventative benefit, the maximum will increase each year!

Year 1: \$1,500 Year 2: \$1,650 Year 3: \$1,800 Year 4: \$1,950

Plan Features	In-network Your Cost	Out-of-network Your Cost
Calendar Year Deductible (waived for Preventive Services)	\$50 per person/ \$150 Family	
Annual Maximum	\$1,500	
Class I: Preventive Services (e.g. x-rays, cleanings, exams) No Waiting Period	100% Covered	100% Covered
Class II: Basic Services (e.g. fillings, extractions, periodontics, endodontics) No Waiting Period	20% AD	20% AD of Fee Schedule
Class III: Major Services (e.g. dentures, crowns, implants) No Waiting Period	50% AD	50% AD of Fee Schedule
Class IX: Implants	50% AD	50% AD of Fee Schedule
Class IV: Orthodontics (for children 19 and under) No Waiting Period	50%	50%
Orthodontic Lifetime Maximum	\$1,500 per person	

AD = After Deductible

Status	Dental Premiums		
	Employer Cost Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	\$14.93	\$14.94	\$6.90
Employee + Spouse	\$29.87	\$29.87	\$13.79
Employee + Child(ren)	\$29.87	\$29.87	\$13.79
Family	\$57.78	\$57.79	\$26.67



Vision

Cigna

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

Cigna Vision Network	In-Network	In-Network Member Cost	Out-of-Network Plan Reimburses You
Exam Retinal Screening <i>Once per 12 month</i>	\$10 Copay \$0	\$10 Copay Up to \$39	Up to \$45 Not Covered
Frames <i>One per 24 months</i>	\$150 allowance + 20% discount	\$150 allowance + 20% discount	Up to \$83
Lenses <i>One pair per 12 months</i>			
Single Vision	\$25	\$25	Up to \$32
Bifocal	\$25	\$25	Up to \$55
Trifocal	\$25	\$25	Up to \$65
Contact Lenses			
Elective	\$150 retail allowance	Balance over \$150	Up to \$120
Therapeutic	100% allowance	\$0	Up to \$210
<i>One pair or single purchase per 12 months</i>			
<i>In lieu of frame & lens benefit</i>			

Your Frequency Period begins on January 1 (Calendar year basis)

Status	Vision Premiums		
	Employer Cost Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	\$2.82	\$2.81	\$1.30
Employee + Spouse	\$5.01	\$5.01	\$2.31
Employee + Child(ren)	\$5.01	\$5.01	\$2.31
Family	\$7.13	\$7.13	\$3.29



Life and AD&D

Guardian

Life Insurance and Accidental Death & Dismemberment (AD&D) benefits provide you and your loved one's financial protection in the event of an illness, accident, or death.

Employer Paid Basic Life Insurance and Accidental Death and Dismemberment (AD&D)

Jay Peak Resort provides all eligible employees with a basic group life insurance and accidental death and dismemberment coverage at no cost to you.

Voluntary Life Insurance

You also have the option to purchase additional life insurance coverage for yourself, your spouse and your dependent children to age 26. However, you may only elect coverage for your dependents if you elected additional coverage for yourself. You pay for the cost of additional coverage through payroll deductions on a post-tax basis.

Beneficiary Designation

We recommend you designate a beneficiary for your life insurance policy(ies). A beneficiary is the person (or people, estate, trust, etc.) to whom benefits will be paid to in the event of your death. You may change your beneficiary at any time during the plan year.

Portability and Conversion

Which means you may continue a policy without having to answer any medical questions.

Plan Features	Basic Life And AD&D	Employee Voluntary Life	Spouse Voluntary Life	Child Voluntary Life <i>age limit from days 14 to age 26</i>
Life Benefit Amount	\$100,000	Elect in \$10,000 increments up to maximum	Elect in \$5,000 increments up to maximum	\$10,000
AD&D Benefit Amount	Equal to Life Benefit	N/A	N/A	N/A
Maximum Life / AD&D Benefit	\$100,000	\$500,000	\$250,000 Up to 100% of employee amount	\$10,000
Voluntary Life Guaranteed Issue		Employee: \$300,000 Spouse: \$50,000		
Benefit Reduction	<i>35% at age 65, 50% at age 70</i>	<i>35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80</i>		

GI amounts vary at ages 65+. Please see the plan documents for the age reduction schedule



Disability

Guardian

Disability insurance benefits replace a portion of your income if you are unable to work for a period due to a qualified off-the-job injury or illness.

Employer Paid Short-Term Disability

Short-term disability provides a source of income should your qualified disability keep you from working for more than two weeks.

Employer Paid Long-Term Disability

Long-term disability provides an ongoing source of income if your disability is prolonged.

Definition of Disability

The definition of disability is used to determine an employee's eligibility for benefits. An individual's physical or mental inability to perform the major duties of his/her occupation because of illness or injury.

Pre-existing Condition

Disabilities that begin within the first 12 months after your effective date will not be covered if you have received treatment for the disability within the 3 months prior to your effective date.

Plan Features	Short-Term Disability	Long-Term Disability
Benefit Amount	60% of weekly salary	60% of monthly salary
Maximum Benefit	Up to \$1,000/week	Up to \$15,000/month
Benefit Waiting Period	14 days Benefits begin on day 15	90 days Benefits begin on day 91
Maximum Benefit Duration	11 Weeks	Social Security Normal Retirement Age
Pre-Existing Waiting Period	N/A	3/12



Telemedicine

MDLIVE- Cigna

MDLIVE offers 24/7/365 on-demand access to national network of board-certified doctors that can diagnose, recommend treatment, and prescribe medication. Get the care you need, when you need it.

When Should I Use MDLIVE?	What can be treated?	Who are our providers?
<ul style="list-style-type: none">• If you are considering the ER or urgent care for a non-emergency medical issues• Your primary care physician is not available• At home, traveling or at work• 24/7/365, even holidays!	<ul style="list-style-type: none">• Allergies• Asthma• Bronchitis• Cold and Flu• Ear infections• Sinus problems	<ul style="list-style-type: none">• Our providers practice primary care, pediatrics, family and emergency medicine, and have incorporate MDLIVE into their practice to provide convenient access to quality care.

Get Started Today!

Register online or by phone!

Go to mdlive.com/cignacompany. You will need the last four digits of your Social Security number and your date of birth. Or Call 1-888-726-3171

Complete your medical history!

Just complete your medical history during registration

Request a consultation!

Simple pay the applicable in-network copay.

MDLIVE staff is available 24/7/365 by online video or phone!



Employee Assistance Program

Guardian- UpriseHealth

Employee Assistance Program

The EAP is a short-term solution to help you navigate a variety of life's challenges. EAP services are confidential and FREE to you, your dependents, and all household members. The EAP offers confidential advice, support, and practical solutions to real-life issues. Up to **3 sessions** with a behavioral health coach via phone or unlimited asynchronous chat.

How We Can Help



Telephonic or online help for short-term issues



Access legal and financial assistance and resources – including Will Prep Services



Expert advice and support tools are just a click away when you visit the WorkLifeMatters website or download the app

To access the WorkLifeMatters Employee Assistance Program, visit <https://worklife.uprisehealth.com/>
Access Code: worklife

Or call **1-800-386-7055**

The WorkLifeMatters team is available 24 hours a day, 7 days a week.





Voluntary Accident

Cigna

Group Accident Insurance (off-the-job)

Accident insurance can help provide you with a cushion to help cover expenses and living costs when you get hurt unexpectedly. While you can count on health insurance to cover medical expenses, it doesn't usually cover indirect costs that can arise with a serious or even not-so-serious injury. You may end up paying out of your own pocket for things like transportation, over-the-counter medicine, day care or sitters and extra help around the house. With accident insurance, the benefits you receive can help take care of these extra expenses and anything else that comes up.

With Cigna Group Accident Insurance, you can have peace of mind knowing :

- Coverage is guaranteed issue
- Benefits are paid directly to you unless assigned to someone else.
- Benefits are paid in addition to any other coverage.

Plan Features

Benefit Amounts

Plan Features	Benefit Amounts
Accident Physician Treatment	\$100
X-ray	\$75
Ambulance	\$400 ground / \$1,600 air
ER Service	\$200
Dislocation/Fracture Benefit	Up to \$8,000
Hospital Confinement/Daily Benefit	\$1,000 admission / \$200 daily
Accident Follow-Up Visits	\$75/ up to 10 visits
Organized Sports Benefit	25% increase
Burns	Up to \$10,000
Wellness Benefit	\$75/ per insured per year

Group Accident Bi-Weekly Premiums

Employee Only	\$3.65
Employee & Spouse	\$6.77
Employee & Child(ren)	\$8.56
Family	\$11.68

**This is not a complete description of benefits. For a complete description of benefits and policy requirements, please refer to the brochures and certificates of coverage.*



Hospital Indemnity

Cigna

Group Hospital Indemnity Insurance

An overnight stay in the hospital is expensive, and there may be additional costs unrelated to your stay such as having a baby or missing work. Hospital Confinement coverage pays a cash benefit when you are admitted for an overnight stay. You can use the monies to pay for medical bills not covered by insurance, or in any way you see fit.

With Cigna Group Hospital Indemnity Insurance, you can have peace of mind knowing:

Benefits from a Hospital Indemnity plan can be used to assist you in paying deductibles, coinsurance, out-of-network costs, daily living expenses, etc.

Benefits are paid regardless of other coverage and this plan is compatible with Health Savings Accounts.

Benefits Include:

Guarantee Issue	Yes
Pre-Existing	None
Maternity Waiting Period	None
First Day Hospital Confinement	\$1,000
Daily Hospital Benefit <i>Up to 30 Days</i>	\$100/ day
Intensive Care <i>Up to 30 days</i>	\$200/ day
Observation Stay	\$150

Hospital Indemnity Bi-Weekly Premiums

Employee Only	\$7.26
Employee & Spouse	\$18.38
Employee & Child(ren)	\$11.94
Family	\$23.06

**This is not a complete description of benefits. For a complete description of benefits and policy requirements, please refer to the brochures and certificates of coverage.*

NOTES



This guide provides highlights of our benefits program. A complete description of your benefit plans can be found in the plan documents, Summary Plan Descriptions (SPD) and contracts. While every effort has been made to provide an accurate summary of the plans, the information contained in this guide does not replace or change the meaning of our employer-sponsored benefit(s) plan documents; SPDs and contracts; the plan documents and contracts are controlling in the event of any discrepancy. We reserve the right to terminate or amend these employer-sponsored plans at any time, in whole or in part, for any reason. Any such amendment or termination may apply to current and future participants, covered spouses, beneficiaries, and dependents.



BENEFITS PLAN SUMMARY

This summary provides information about the benefits offered by Jay Peak Resort for consideration when you are newly enrolling, changing your elections, or re-enrolling in our benefit programs. Please refer to plan information, provider directories, and enrollment materials for full details.

APRIL 2024