



Shepherd Center



**2026**

# Benefit Election & ENROLLMENT GUIDE

**Open Enrollment - October 22 through  
November 10**



*All changes must be submitted no later than November 10<sup>th</sup>*

Thank you for being a valued member of our Shepherd family. We're committed to providing you with the best possible benefits package, and open enrollment is your chance to tailor it to your unique needs.

## **2026 Highlights**

- AmeriBen will continue to be the plan administrator for the medical plan (utilizing the Anthem network).
- High Deductible medical plan will have a slight increase to deductibles, \$3,400 Individual and \$6,800 Family.
- Medical plan premiums will increase slightly based on plan cost evaluations. Shepherd Center will continue to absorb the majority of the expense, minimizing the impact on staff.
- The Dental plan will continue to be administered by Guardian.
- EyeMed vision premiums will increase slightly as they have remained flat for the past six years.
- Our Pharmacy Benefit Manager will be ProAct as of January 1, 2026.
- Flexible Spending Account (FSA/LPFSA) annual contribution limit increases to \$3,400 for 2026. (Note, you MUST take action and enroll in FSA if you want to participate in 2026. Current plan year elections DO NOT roll over for 2026.)
- Dependent Care FSA annual contribution limit increases to \$7,500 (if single or married filing jointly) for 2026. If married and filing individually for tax purposes, the maximum amount is \$3,750.
- Health Savings Account (HSA) annual contribution limit increases to \$4,400 Individual and \$8,750 Family for 2026.
- Retirement Plan - 403(b) contribution limit increases to \$24,500; catchup contribution limit increases to \$8,000 for members age 50+; and a higher catchup contribution limit for members ages 60 to 63, increases to \$11,500.
- Retirement Plan - starting in 2026, employees who earned more than \$145,000 in the previous year will be required to make all 403(b) catch-up contributions on a Roth (after-tax) basis per IRS guidelines.

**Note:** This guide is intended to summarize the benefits provided to you and that are available to you from Shepherd Center. The actual determination of your benefits is based solely on the plan documents provided by the carrier of each plan. This guide is not legally binding, is not a contract, and does not alter any original plan documents.



## **Benefits Eligibility:**

- All full-time and part-time employees who work a minimum of 16 hours or more per week and their qualified dependents are eligible for benefits offered by Shepherd Center. Eligible/qualified dependents are your legal spouse and children up to age 26. Adopted, foster and stepchildren are also eligible for coverage with proof and supporting documentation.
- Spouses who have access to affordable healthcare as defined by the Affordable Care Act through another employer's health plan are ineligible for coverage under Shepherd Center's medical plan.
- Domestic partners are not considered to be eligible dependents under the Shepherd Center benefit plan.
- Once you elect your Shepherd Center benefit options, your elections will remain in effect for the plan year.

## **Shepherd Center Open Enrollment**

Open Enrollment is the time for you to review your current elections and make any desired changes for 2026. All changes made during Open Enrollment will become effective January 1, 2026 and will remain in effect for the year unless you have a qualifying event.

**Important Note:** Beneficiary, HSA, Legal/ID Shield, and 403b may be added, changed or dropped at any time. Lincoln voluntary products may be dropped at any time but can only be added during New Hire, Open Enrollment or as a Qualifying Life Event



# Medical



Review, Elect or Waive for 2026

## Medical / Prescription

### **(MYHR, Menu OPTION 3)**

Shepherd Center offers two medical plans from which to choose. A brief summary of each plan follows with a comparative chart on page 4.

- Anthem Balance Plan
- Anthem Choice Qualified Health Plan (QHP) with an HSA option

Both plans utilize an Open Access network through Anthem. Both plans provide annual preventive care covered at 100%.



		Medical Plan Cost (per pay period) - All will be pre-tax deductions			
		Employee Only	Employee + Spouse	Employee + Child(ren)	Family
60+ Hours	Balance PPO	\$68.00	\$154.00	\$122.00	\$220.00
	Choice HDHP	\$42.00	\$77.00	\$62.00	\$110.00
32-59 Hours	Balance PPO	\$132.00	\$253.00	\$200.00	\$330.00
	Choice HDHP	\$67.00	\$128.00	\$100.00	\$167.00





	Anthem Network – Balance PPO		Anthem Network – Choice HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Calendar Year Deductible (Embedded Deductible &amp; OOP)</b>	\$1,500/Single \$3,000/Family	\$5,000/Single \$15,000/Family	\$3,400/Single \$6,800/Family	\$6,000/Single \$18,000/Family
<b>Coinsurance Reimbursement</b>	80% Reimbursement	60% Reimbursement	80% Reimbursement	60% Reimbursement
<b>Out-of-Pocket Calendar Year Maximum (Includes Deductible, Coinsurance, and Medical &amp; RX Copays)</b>	\$5,000/Single \$10,000/Family	\$50,000/Single \$100,000/Family	\$5,600/Single \$11,200/Family	\$50,000/Single \$100,000/Family
<b>Physician Services</b>				
Office Visit	\$25 Copay	40% after Deductible	20% after Deductible	40% after Deductible
Specialists	\$50 Copay	40% after Deductible	20% after Deductible	40% after Deductible
Routine Physicals	100% Reimbursement	40% after Deductible	100% Reimbursement	40% after Deductible
<b>Inpatient Hospital Services</b>				
Facility	20% after Deductible	40% after Deductible	20% after Deductible	40% after Deductible
<b>Outpatient Hospital Services</b>				
Facility	20% after Deductible	40% after Deductible	20% after Deductible	40% after Deductible
Emergency Care	\$200 Copay (waived if admitted)		20% after Deductible	
Urgent Care	\$50 Copay		20% after Deductible	
Telemedicine	\$0		\$55	
<b>Prescription Drugs</b>				
<b>30 Day Supply</b>	<b>ProAct</b>	<b>Shepherd Apothecary</b>	<b>ProAct</b>	<b>Shepherd Apothecary</b>
			(Once the deductible is met, then)	(Once the deductible is met, then)
Tier 1 (Generic)	\$15 Copay	\$7.50 Copay	20% up to OOP Max	10% up to OOP Max
Tier 2 (Preferred brand)	\$35 Copay	\$17.50 Copay	30% up to OOP Max	15% up to OOP Max
Tier 3 (Non-preferred brand)	\$65 Copay	\$32.50 Copay	40% up to OOP Max	20% up to OOP Max
Tier 4 (Specialty)	10% up to \$250 max	5% Up to \$125 Max	20% up to \$250 Max	10% up to \$125 Max
<b>Mail Order (90 Days)</b>	<b>ProAct</b>	<b>Shepherd Apothecary</b>	<b>ProAct</b>	<b>Shepherd Apothecary</b>
			(Once the deductible is met, then)	(Once the deductible is met, then)
Tier 1 (Generic)	\$30 Copay	\$15 Copay	20% up to OOP Max	10% up to OOP Max
Tier 2 (Preferred brand)	\$70 Copay	\$35 Copay	30% up to OOP Max	15% up to OOP Max
Tier 3 (Non-preferred brand)	\$130 Copay	\$65 Copay	40% up to OOP Max	20% up to OOP Max
Tier 4 (Specialty) (30 day only)	10% up to \$250 Max	N/A	20% up to \$250 Max	10% up to \$125 Max



# Dental



## Review, Elect or Waive for 2026

### Dental Insurance

Shepherd Center offers dental insurance through Guardian. You have a choice between two plans, Plan A and Plan B. The primary differences between the two plans are the annual maximum amount (Plan A is \$1,500 and Plan B is \$2,500), Plan B does not include an orthodontia benefit and has a lower premium cost to you. Both plans allow in and out-of-network benefits.

Please remember, using an in-network provider will be more cost effective. To find an in-network provider please visit [guardianlife.com](http://guardianlife.com).

Guardian Network		
Plan Attribute	Plan A	Plan B
<b>Annual Deductible</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Deductible Applies To</b>	Basic & Major	Basic & Major
<b>Annual Maximum Benefit Per Individual</b>	\$1,500	\$2,500
<b>Preventive Services</b>		
Cleaning - 2 treatments per year	Paid at 100% of negotiated fees No Deductible	Paid at 100% of negotiated fees No Deductible
X-rays - Bitewings & Full Mouth		
Fluoride Treatments for Adults & Children		
<b>Basic Services</b>		
Fillings	\$50 Deductible Applies; After deductible, you pay 20% co-insurance up to the annual maximum allowed	\$50 Deductible Applies; After deductible, you pay 20% co-insurance up to the annual maximum allowed
Simple Extractions		
Endodontics		
Periodontics		
<b>Major Services</b>		
Crowns	\$50 Deductible Applies; After deductible, you pay 50% co-insurance up to the annual maximum allowed	\$50 Deductible Applies; After deductible, you pay 50% co-insurance up to the annual maximum allowed
Bridges		
Dentures		
Implants		
<b>Orthodontia</b>		
For Adults & Children	Plan pays 50% of negotiated fees	Not Included
Lifetime Max	\$2,500	N/A

		Dental Plan Cost (per pay period) - All will be pre-tax deductions			
		Employee Only	Employee + Spouse	Employee + Child(ren)	Family
60+ Hours	A - With Ortho	\$10.00	\$20.00	\$17.50	\$32.00
	B - w/o Ortho	\$8.75	\$17.50	\$15.25	\$28.00
32-59 Hours	A - With Ortho	\$16.00	\$32.00	\$28.00	\$51.00
	B - w/o Ortho	\$14.00	\$28.00	\$24.50	\$44.50



# Vision



## Review, Elect or Waive for 2026

### Vision Insurance (MYHR, Menu OPTION 9)

Shepherd Center offers two voluntary vision plans for your consideration. The plans are offered through EyeMed and allow for in-network as well as out-of-network providers. You will receive a more cost effective outcome for exams, frames and eyeglasses with an in-network provider.

To find a vision doctor in the EyeMed network, visit [eyemed.com](http://eyemed.com) and reference the "Select" network.



### Vision Benefits

		Base Plan		Buy-Low Plan	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Exams (every 12 months)		\$10 co-pay	\$30 allowance	\$25 co-pay	\$30 allowance
Lenses (every 12 months)					
Single Lens		\$25 co-pay	\$25 allowance	\$25 co-pay	\$25 allowance
Bifocal Lens		\$25 co-pay	\$40 allowance	\$25 co-pay	\$40 allowance
Trifocal Lens		\$25 co-pay	\$60 allowance	\$25 co-pay	\$60 allowance
Lenticular		\$25 co-pay	\$60 allowance	\$25 co-pay	\$60 allowance
Frames (Base Plan every 12 months Buy-Low Plan every 24 months)		\$130 allowance + 20% off over \$130	\$65 allowance	\$100 allowance 20% off balance over \$100	\$50 allowance
Standard Contact Lens (Fit and Follow Up)		Up to \$40	N/A	Up to \$40	N/A
Premium Contact Lens (Fit and Follow Up)		10% off retail price	N/A	10% off retail price	N/A
Contact Lenses:					
Conventional		\$0 co-pay; \$120 allowance, 15% off balance over \$120	\$96	\$0 co-pay; \$100 allowance, 15% off balance over \$100	\$80
Disposable		\$0 co-pay; \$120 allowance, plus balance over \$120	\$96	\$0 co-pay; \$100 allowance, plus balance over \$100	\$80
Medically Necessary		\$0 co-pay, paid in full	\$210 allowance	\$0 co-pay, paid in full	\$210 allowance

		Vision Plan Cost (per pay period) - All will be pre-tax deductions			
		Employee Only	Employee + Spouse	Employee + Child(ren)	Family
32-72+ Hours	Base Plan	\$2.69	\$5.11	\$5.39	\$7.92
	Buy-Low Plan	\$1.70	\$3.23	\$3.40	\$4.99



Review, Elect or Waive for 2026

## Flexible Spending Accounts (FSAs)

**(MYHR, Menu OPTION 8)**

Shepherd Center offers two Flexible Spending Accounts (FSAs), Healthcare FSA and Dependent Care FSA. You do not have to be enrolled in any of the health plans to participate in one or both of the FSA programs. If you are participating in a Health Savings Account (HSA; details on this page), however, you may participate in a limited Healthcare FSA whereby only dental and vision eligible expenses are reimbursed, no healthcare expenses are reimbursed.

The plan year runs for a 12-month period from January 1<sup>st</sup> ending December 31<sup>st</sup>. Plan carefully, as any leftover funds greater than \$680 will be forfeited.

**Important Note:** Unsubstantiated expenses will be taxable.

## Healthcare FSA

You may contribute up to \$3,400 to your Healthcare FSA for 2026. Calculate carefully what you desire to have withheld pre-tax from your paycheck each pay period. Once determined, this amount cannot be changed.

## Dependent Care FSA

You may contribute up to \$7,500 to your Dependent Care FSA if you are single or married filing jointly. If married filing individually for tax purposes the maximum amount is \$3,750.

Eligible dependents include children under the age of 13 who are claimed as a dependent for tax purposes and a disabled spouse/child of any age. Eligible dependent care expenses for eligible dependents include day care, after school programs, and day camp.

Please visit [irs.gov](https://www.irs.gov) for a complete listing of eligible health and dependent care expenses.

## Limited Purpose FSA

Shepherd Center provides a Limited Purpose FSA for those contributing to an HSA. This Limited Purpose FSA can be used to pay for eligible out-of-pocket dental and vision expenses. You may contribute up to \$3,400 to your Limited Purpose FSA.

The plan year runs for a 12-month period from January 1<sup>st</sup> ending December 31<sup>st</sup>. Plan carefully, as any leftover funds greater than \$680 will be forfeited.



## Health Savings Account (HSA)

**(MYHR, Menu OPTION 8)**

Our Qualified Health Plan (QHP) is used in conjunction with an HSA and is designed to give you more control over how you manage your health care expenses. As long as you are enrolled in a QHP, you may continue to contribute money into your HSA, pre-tax, up to the maximum IRS limit. This money can be used to pay for eligible expenses including deductibles, coinsurance, prescription drugs, dental and vision expenses, etc.

For 2026, the maximum IRS limits you may defer to your HSA are \$4,400 for individual coverage and \$8,750 for all other tiers (employee + child, employee + spouse or family coverage). If you are age 55 or older, you may defer an additional \$1,000 which is considered a catch-up contribution.



## **Life & Disability Insurance**

Shepherd Center provides the following benefits at no cost to benefit eligible employees who are working 30 hours or more a week.

- Basic Life / Accidental Death & Dismemberment
- Short-term Disability and Long-term Disability

You will also have the opportunity to purchase additional life insurance for you, your spouse and your dependent children.

### **Information Only**

#### **Basic Life Insurance**

All benefit-eligible employees have life insurance and accidental death and dismemberment coverage in the amount of \$50,000 effective on the 31<sup>st</sup> day of employment. The cost for this benefit is paid in full by Shepherd Center.

This \$50,000 employer paid benefit will reduce to the % shown below based on attained age:

- 65% of the Life Insurance Benefit at age 65 (\$32,500)
- 40% of the Life Insurance Benefit at age 70 (\$20,000)
- 25% of the Life Insurance Benefit at age 75 (\$12,500)

In addition, the AD&D benefit will terminate at age 70. Please make sure your beneficiary designation is current.

#### **Supplemental Life / AD&D Insurance**





## Review, Elect or Waive for 2026

For benefit eligible employees, enrollment in the supplemental life program is purely voluntary and will be funded by you through after-tax payroll deductions. Evidence of insurability is required for those who have declined coverage in the past or are a late entrant. Any coverage requiring evidence of insurability will not become effective until approved by Lincoln. Once approved by Lincoln, your elections will occur the first payroll cycle after your approval date. You must purchase employee supplemental coverage in order to purchase coverage for your spouse.

### • Employee Supplemental Coverage

- o You have the option of selecting coverage equal to a multiple of your annual salary (up to 5 times) to an overall maximum of \$800,000 with evidence of insurability.
- o The Guarantee Issue amount is up to a maximum of \$400,000.
- o When you reach age 65, coverage is available at a reduced percentage of the elected coverage amount.
- o Please Note: Supplemental ADD will terminate at age 70.

### • Voluntary Spouse Life Insurance

- o You may elect coverage for your spouse in increments of \$5,000, not to exceed 100% of the Employee Supplemental Life or a maximum of \$100,000.
- o Your spouse can get up to \$50,000 of coverage with no health questions.
- o When your spouse reaches age 65, coverage is available at a reduced percentage of the elected coverage amount.
- o Please Note: Supplemental ADD will terminate at age 70.

### • Voluntary Dependent Child(ren) Life Insurance

- o You may elect coverage for your eligible dependent child(ren) up to age 26 as follows:
  - Birth to 14 days: \$500
  - 15 days to 26 years: \$10,000

## Supplemental Life / AD&D Insurance

The supplemental life coverage will reduce to the % shown below based on attained age:

- 65% of the Life Insurance Benefit at age 65
- 40% of the Life Insurance Benefit at age 70
- 25% of the Life Insurance Benefit at age 75

## Voluntary Life Coverage Will Cost per Month:

Age	Employee & Spouse Cost per \$1,000
<29	\$0.05
30 - 34	\$0.07
35 - 39	\$0.100
40 - 44	\$0.140
45 - 49	\$0.230
50 - 54	\$0.380
55 - 59	\$0.610
60 - 64	\$0.950
65 - 69	\$1.690
70 - 74	\$3.490
75+	\$3.989
Child(ren) per month	\$1.16

## Voluntary AD&D Coverage Will Cost per Month:

	Cost per \$1,000
Employee	\$0.020
Spouse	\$0.028
Child(ren)	\$0.030



## Information Only

### Short-term Disability & Long-term Disability

A disabling injury or illness that keeps you out of work could have a devastating impact on your income and jeopardize your ability to cover normal household expenses. To supplement your income if time away from work due to a non-occupational injury, illness or maternity leave is necessary, Shepherd Center provides Short-term Disability (STD) and Long-term Disability (LTD) for our benefit eligible employees.

#### Short-term Disability

Short-term Disability	
<b>Weekly Benefit</b>	60% of base + diff wages
<b>Benefit Waiting Period (time away from work until benefit applies)</b>	14 Days for Accident and/or Illness
<b>Definition of Covered Earnings</b>	Employee's annual base salary, excluding extra compensation, bonus, or commissions.
<b>Taxation of Benefits</b>	Benefit is not taxable due to gross up feature
<b>Maximum Benefit Period</b>	26 Weeks for Accident and/or Illness
<b>Minimum Benefit</b>	\$25 per week
<b>Pre-existing Condition Limitation</b>	None

#### Long-term Disability

Long-term Disability	
<b>Monthly Benefit</b>	60% to a maximum of \$10,000
<b>Benefit Waiting Period (time away from work until benefit applies)</b>	180 days (designed to dovetail behind STD)
<b>Definition of Disability</b>	24 Months Own Occupation
<b>Definition of Covered Earnings</b>	Employee's annual base salary, excluding extra compensation, bonus, or commissions.
<b>Taxation of Benefits</b>	Benefit is not taxable due to gross up feature
<b>Minimum Benefit</b>	Greater of \$100 or 10% of benefit
<b>Maximum Benefit Period</b>	Social Security Normal Retirement Age
<b>Benefit Reduction Schedule</b>	Social Security Normal Retirement Age
<b>Survivor Benefits</b>	3 months lump sum
<b>Continuation of Insurance</b>	Family Medical Leave (12 weeks) Family Medical Military Leave (12 weeks)
<b>Pre-existing Condition Limitation</b>	3 months prior / 12 months insured
<b>Mental Illness &amp; Substance Abuse Limitation</b>	24 Month Lifetime Limitation

## Review and Modify for 2026

### 403(B) Tax Deferred Savings Plan (MYHR, Menu OPTION 7)

All employees are eligible to participate in the plan from the first date of employment regardless of PRN, full-time, or part-time status. Full-time/part-time employees regularly scheduled to work 32 hours or more per pay period and have one year of service are eligible for an employer match as follows:

YEARS OF SERVICE	SHEPHERD CENTER MATCH*
1 – 4	25 %
5 – 9	35 %
10+	50 %

\*Employees are always fully vested in their own contributions and are fully vested in the employer match after three (3) years of employment.

For plan year 2026 the maximum IRS limit is \$24,500; if you are over age 50 or older at the end of the calendar year you may contribute an additional \$8,000 to your account; if you are age 60-63, you may contribute up to \$11,500 to your account. This maximum does not apply to the amount contributed by Shepherd Center.

Starting in 2026, employees who earned more than \$145,000 in the previous year will be required to make all 403(b) catch-up contributions on a Roth (after-tax) basis per IRS guidelines.

Funds are managed by TransAmerica. To enroll in our 403(B) plan or to make changes to your existing account, visit Workday.

All benefits eligible new hires will be automatically enrolled in the 403b plan at 4%. Employees may opt out at any time. All employees are encouraged to regularly review their investment options and contribution levels.



Review, Elect or Waive for 2026

### Accident Insurance

Designed to supplement your employer sponsored health coverage, accident insurance pays specific benefit amounts for expenses resulting from covered non work-related injuries and accidents. Benefits are paid in a lump sum, tax-free to you and typically increase with the severity of the accident. Coverage is available for you, your spouse, and/or your children.

A wellness benefit is included for each family member who has accident coverage. Every year, the covered member can receive \$50 for getting a health screening such as blood tests, chest x-rays, stress tests, colonoscopies and mammograms.



Review, Elect or Waive for 2026

### ID Shield

Millions of people lose their identities every year. Identity theft has been the top consumer complaint filed with the Federal Trade Commission (FTC) for 16 years straight. Victims are spending an exorbitant amount of time and money dealing with it. Criminals are getting smarter. IDShield membership has a \$5 million service guarantee.

### Legal Shield

Expected and unexpected legal issues arise every day. As a member of LegalShield, you will have access to talk to a lawyer on any personal legal matter, no matter how trivial or traumatic, all without the worry of high hourly fees.

Monthly Premium	Individual	Family
LegalShield	\$16.95	\$18.95
IDShield	\$8.95	\$18.95
Combined	\$25.90	\$33.90



**Review, Elect or Waive for 2026**

### **Critical Illness Insurance**

Group Critical Illness insurance provides cash benefits if you are diagnosed with a covered critical illness, such as cancer, heart attack, or stroke. More importantly, the plan helps you focus on recuperation instead of the costs of medical and personal bills. Cash benefits are paid directly to the insured upon diagnosis of a covered critical illness. You may also elect coverage for spouses and/or dependent children.

You can choose a benefit of \$10,000, \$20,000 or \$30,000 of coverage. Your spouse is eligible for 50% of the employee coverage purchased.

This plan includes a wellness benefit of \$50 per year for each covered family member when they complete a Be Well Benefit screening test such as your annual exam, colonoscopy, cardiovascular function screenings, screenings for diabetes and cholesterol and others.

**Review, Elect or Waive for 2026**

### **Hospital Indemnity Insurance**

Hospital Indemnity Insurance is designed to help provide financial protection for covered individuals by paying a benefit due to hospitalization. You can use the benefit to meet the out-of-pocket expenses and extra bills that can occur. Indemnity lump sum benefits are paid directly to you based on the amount of coverage listed, regardless of the actual cost of treatment. The option of electing spouse and/or dependent coverage is also available.

What's included?

- Newborn Care - \$100 per day for 2 days per calendar year
- \$1,000 for one hospital admission per year
- \$100 for each day of your covered stay, up to 60 days
- \$200 for each of intensive care stay, up to 30 days



**Shepherd Center**

