



AMERIVET  
VETERINARY PARTNERS



# Investing In Your Well-Being, Today and Tomorrow

**2026 Employee Benefits Guide**



## Welcome!

We are grateful you're a part of the team here at AmeriVet Veterinary Partners. We care about your well-being and provide a benefits package that protects your health and financial security. We continually look for valuable benefits supporting your needs, whether single, married, or raising a family. We are committed to offering you the resources you need to understand your options now and in the future.

Don't miss out on these benefits and resources.

### For Your Physical Health

- Medical
- Virtual visits
- Teladoc's Livongo Health (for hypertension and diabetes)
- Hinge Health (for joint and muscle care)
- Wondr (for weight loss)
- Oviahealth (for reproductive health, fertility and menopause)
- BCBSTX 24-hour nurseline
- Well onTarget fitness program
- Blue365 deals
- Dental
- Vision

### For Your Financial Health

- **Quantum (NEW! See page 10)**
- Health savings account
- Flexible spending accounts
- Commuter benefits
- Life insurance
- AD&D insurance
- Short-term disability
- Long-term disability
- Critical illness insurance
- Accident insurance
- Hospital indemnity insurance
- Group whole life

### For Your Mental Health

- Medical mental health benefits
- SupportLinc employee assistance program (EAP) by CuraLinc
- Secondary EAP through Unum



If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your Prescription Drug Coverage. See page 27 for more details.

# Getting Started

## Eligibility

In general, full-time employees working 30 or more hours per week are eligible for the benefits outlined in this overview. As an active full-time employee, you are eligible to enroll in medical, dental, vision, short-term and long-term disability, and voluntary life and AD&D. Basic life and AD&D are provided by AmeriVet Veterinary Partners at no cost.

You can enroll the following family members in our medical, dental, vision, disability, critical illness, accident and hospital indemnity plans.

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse)
- Domestic partners
- Your children (Including children of domestic partner)
  - Under age 26, regardless of whether or not they're married, living with you, or in school.
  - Age 26 or older ONLY if they have a disability that causes them to be primarily dependent on you for support
  - Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law

Please refer to the Summary Plan Description for complete details on how benefits eligibility is determined.



**IMPORTANT:** If you have a family status event, you must make those changes within 30 days of the event. You can call the Benefits Counselors at 888-217-4728. Requests made after the 30-day deadline cannot be approved, due to IRS guidelines. All changes are subject to approval upon providing documentation of the change.

## Want Benefits Backup? Call the Benefits Counselors!

Our Benefits Counselors are your resource for any questions you may have during open enrollment and throughout the year. They can help you review your options on an individual, confidential basis, find the best plans for your needs and then complete your enrollment. AmeriVet cares about you, and we're happy to provide this service to help make your life easier.

### Call the Benefits Counselors to ask about:

- Enrollment help
- Benefits eligibility
- Qualifying life events
- How our medical, dental and vision plans work
- How to find an in-network provider
- Adding dependents
- Your costs (prescription drug costs, deductibles, and more)
- Workday password resets and other issues
- Request copies of medical cards

**To reach a Benefits Counselor, call 888-217-4728 Monday through Friday from 8 a.m. to 5 p.m. Central time. Extended hours are available during open enrollment!**



# How to Enroll

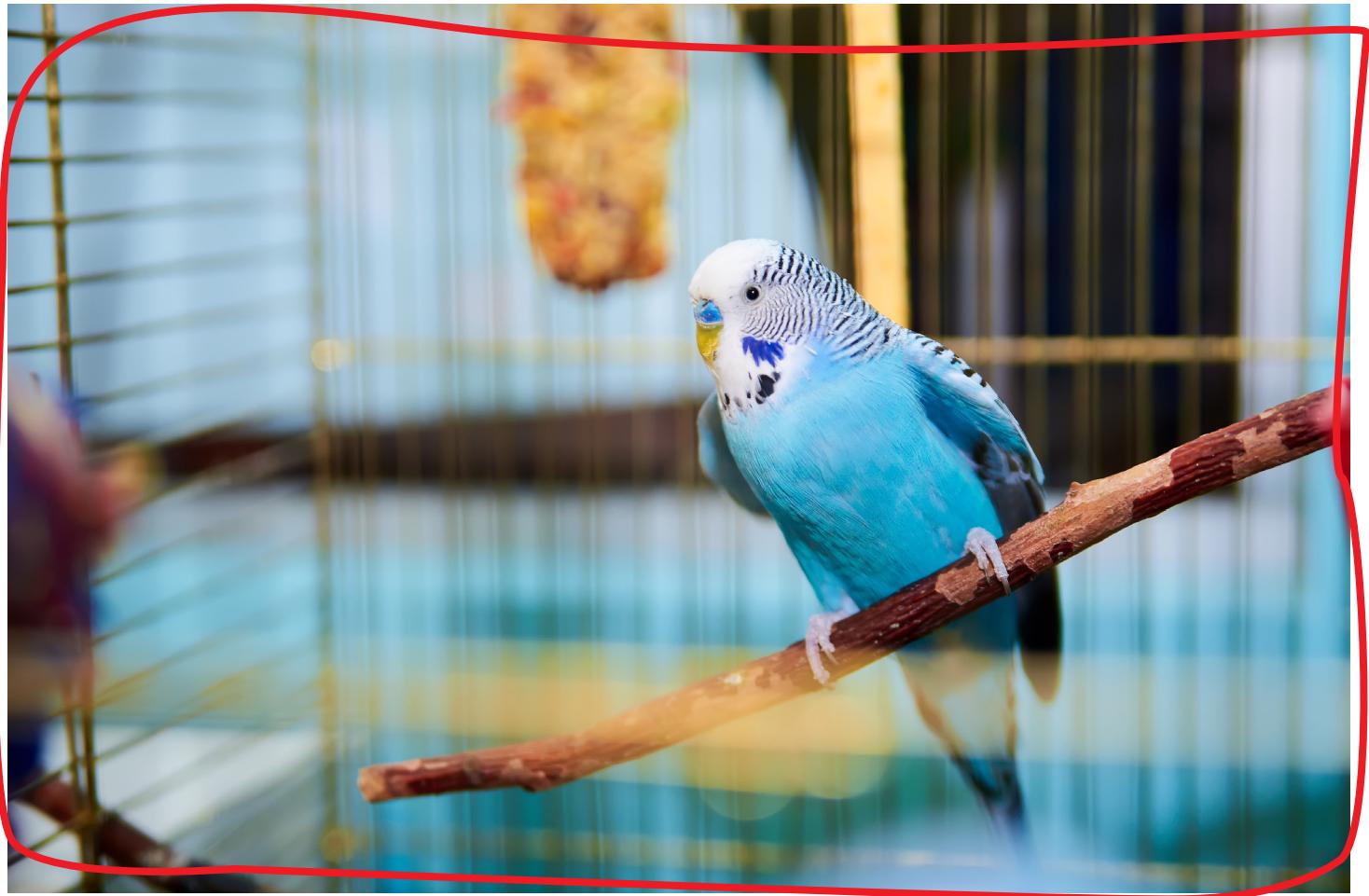
## Two Easy Ways to Enroll

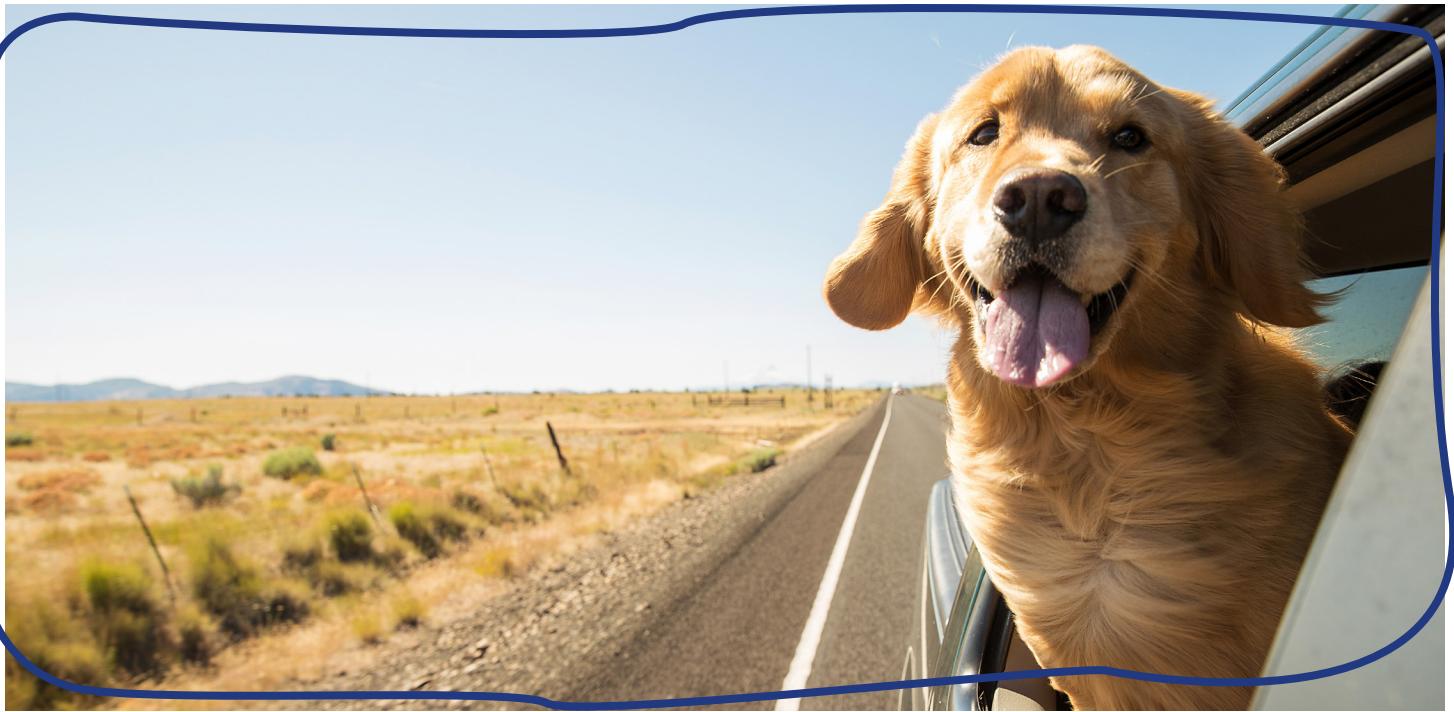
When you're ready, you can enroll by phone with a Benefits Counselor or online through Workday.

- To reach a Benefits Counselor, call 888-217-4728 Monday through Friday from 8 a.m. to 5 p.m. Central time. Extended hours are available during open enrollment!
- To enroll online, log in to your Workday profile on your desktop or mobile app.

## When to Enroll and When Your Benefits Begin

- **As a new hire:** You have 30 days to enroll for benefits after your hire date.
  - Your medical, dental, vision, HSA, FSA, commuter benefits, basic life coverage, basic AD&D coverage and EAP begin on the 1st of the month following your hire date.
  - Voluntary life, voluntary AD&D, voluntary short-term disability, voluntary long-term disability, critical illness, accident, hospital indemnity and group whole life coverage begin the 1st of the month after you complete your enrollment.
- **Each year after that:** You can change your elections during our annual enrollment period. Your new elections are in effect beginning January 1.





## Save Big With BenefitHub, Your Discount Marketplace

Save up to \$5,328 per year with deals across a variety of categories.



### Travel

- Car and Truck Rental
- Cruises
- Flights
- Hotels
- RV Rentals and Sales
- Transportation and parking
- Vacation Packages



### Tickets

- Live Events
- Movie Theatre
- Sporting Events
- Theme Parks and Attractions



### Benefits

- Auto Insurance
- Home Insurance
- Renters Insurance
- Identity Theft Protection
- Legal Services

... plus seasonal deals, gift cards, local deals and additional discounts on select items!

**It's easy to access. Start saving today!**

1. Go to: [amerivet.benefithub.com](http://amerivet.benefithub.com)
2. Enter the referral code: **IZHZWA**
3. Complete the registration

**Questions?** Call 866-664-4621 or email [customercare@benefithub.com](mailto:customercare@benefithub.com).

# Don't Miss These Apps!



## BCBSTX

- Find an in-network doctor, hospital or urgent care facility
- Access your claims, coverage and deductible information
- View and email your ID card
- Download your Explanation of Benefits

App Store



Google Play



## Quantum Health

- Talk to a Care Coordinator
- Check the status of claims and deductibles
- Find in-network providers
- View all your plan's benefits
- Access or request your ID card

App Store



Google Play



## CVS Caremark

- Check drug costs and coverage
- Renew or request mail order prescriptions
- Find in-network pharmacies

App Store



Google Play



## Kaiser Permanente

- Choose a doctor
- Find facilities and pharmacies near you
- Schedule, view and cancel routine appointments and see past visits
- Access your membership card
- Get virtual care

App Store



Google Play



## Benefits by WEX

- Manage your HSA, FSA and commuter benefits
- Check account balances
- See lists of qualified expenses
- Enter a new claim and check claim status

App Store



Google Play



## eConnect Mobile (by CuraLinc)

- Access CuraLinc's SupportLinc resources for stress, relationship issues, depression, anxiety, grief and more
- Schedule counseling or coaching, or message with your counselor

App Store



Google Play



# Medical and Prescription Drugs: BCBSTX Luminare and CVS

	Standard HSA		Enhanced HSA		PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b>	Individual deductible will apply for each person enrolled under the family coverage. Each person must meet the individual deductible until the family deductible is met.		Full family deductible must be met before coinsurance applies if dependents are covered.			
Individual	\$3,500	\$5,000	\$2,000	\$5,000	\$2,500	\$5,000
Family	\$7,000	\$10,000	\$4,000	\$10,000	\$5,000	\$10,000
<b>Annual Out-of-Pocket Max<sup>1</sup></b>						
Individual	\$6,350	\$10,000	\$5,000	\$15,000	\$7,500	\$15,000
Family	\$12,700	\$20,000	\$9,200	\$30,000	\$15,000	\$30,000
<b>Coinurance After Deductible<sup>1</sup></b>	20%	50%	20%	50%	30%	50%
<b>Office Visit</b>						
Primary Care	20% <sup>1</sup>	50% <sup>1</sup>	20% <sup>1</sup>	50% <sup>1</sup>	\$50 copay	50% <sup>1</sup>
Specialist	20% <sup>1</sup>	50% <sup>1</sup>	20% <sup>1</sup>	50% <sup>1</sup>	\$75 copay	50% <sup>1</sup>
Virtual Visit	20% <sup>1,2</sup>	50% <sup>1</sup>	20% <sup>1,2</sup>	50% <sup>1</sup>	\$30 copay	50% <sup>1</sup>
Preventive Care	Covered at 100%	50% <sup>1</sup>	Covered at 100%	50% <sup>1</sup>	Covered at 100%	50% <sup>1</sup>
<b>Lab and X-ray</b>						
Diagnostic X-Ray & Lab-Independent Facility Advanced Imaging (CT Scan, MRI, Scan)	20% <sup>1</sup>	50% <sup>1</sup>	20% <sup>1</sup>	50% <sup>1</sup>	30% <sup>1</sup>	50% <sup>1</sup>
20% <sup>1</sup>	50% <sup>1</sup>	20% <sup>1</sup>	50% <sup>1</sup>	30% <sup>1</sup>	50% <sup>1</sup>	
<b>Urgent Care</b>	20% <sup>1</sup>	50% <sup>1</sup>	20% <sup>1</sup>	50% <sup>1</sup>	\$75 copay	50% <sup>1</sup>
<b>Emergency Room</b>	20% <sup>1</sup>	50% <sup>1</sup>	20% <sup>1</sup>	50% <sup>1</sup>	\$500 copay then 30% <sup>1</sup>	50% <sup>1</sup>
<b>Therapy Services (Physical, Speech, Occupational)</b>	20% <sup>1</sup>	50% <sup>1</sup>	20% <sup>1</sup>	50% <sup>1</sup>	30% <sup>1</sup>	50% <sup>1</sup>
<b>Prescription Drugs</b>	<b>Performance Drug List</b>		<b>Performance Drug List</b>		<b>Performance Drug List</b>	
Prescription Deductible	Calendar year deductible (waived for preventive drugs), then:		Calendar year deductible (waived for preventive drugs), then:		N/A	
Retail, 31-day supply	10%, up to \$250 20%, up to \$250 30%, up to \$250 30%, up to \$250 3.0x Retail		10%, up to \$250 20%, up to \$250 30%, up to \$250 30%, up to \$250 3.0x Retail		10%, up to \$250 20%, up to \$250 30%, up to \$250 30%, up to \$250 3.0x Retail	
Generic	10%, up to \$250		10%, up to \$250		10%, up to \$250	
Preferred Brand	20%, up to \$250		20%, up to \$250		20%, up to \$250	
Non-preferred Brand	30%, up to \$250		30%, up to \$250		30%, up to \$250	
Specialty	30%, up to \$250		30%, up to \$250		30%, up to \$250	
Mail Order, 90-day supply	3.0x Retail		3.0x Retail		3.0x Retail	

<sup>1</sup>This is the percentage YOU pay after meeting the deductible.

<sup>2</sup>The cost of a standard virtual visit is on average \$48 initially. After your deductible, you pay 20% of that amount.

## Your Medical Rates

	Standard HSA		Enhanced HSA		PPO	
	Monthly	Biweekly	Monthly	Biweekly	Monthly	Biweekly
<b>Employee Only</b>	\$108.55	\$50.10	\$200.45	\$92.52	\$334.28	\$154.28
<b>Employee + Spouse</b>	\$631.17	\$291.31	\$858.68	\$396.31	\$1,068.82	\$493.30
<b>Employee + Children</b>	\$539.35	\$248.93	\$742.21	\$342.56	\$1,038.90	\$479.49
<b>Employee + Family</b>	\$695.39	\$320.95	\$927.73	\$428.18	\$1,273.35	\$587.70

## Finding In-Network Providers: BCBSTX

You can visit any provider you choose, but you'll generally save money by staying in-network. The plan will pay more and providers in the network have agreed to charge lower rates for services. To find providers in our plans' **Blue Choice PPO** network, contact **Quantum**.

# Medical: Kaiser

Available ONLY to employees living in California, Oregon and Washington

	Standard HMO	Enhanced HMO
	In-Network	In-Network
<b>Annual Deductible</b>		
Individual	\$2,000	\$500
Family	\$4,000	\$1,000
<b>Annual Out-of-Pocket Max<sup>1</sup></b>		
Individual	\$4,000	\$2,500
Family	\$8,000	\$5,000
<b>Coinsurance After Deductible</b>	20%	20%
<b>Office Visit</b>		
Primary Care	\$20 copay	\$20 copay
Specialist	\$30 copay	\$30 copay
Virtual Visit	Covered at 100%	Covered at 100%
Preventive Care	Covered at 100%	Covered at 100%
<b>Lab and X-ray</b>		
Diagnostic X-Ray & Lab-Independent Facility Advanced Imaging (CT Scan, MRI, Pet Scan)	\$10 per encounter  CA: 20% <sup>1</sup> up to \$150 OR: \$150 copay per encounter after deductible WA: \$150 copay per encounter after deductible	\$10 per encounter  CA: 20% <sup>1</sup> up to \$100 OR: \$100 copay per encounter after deductible WA: \$100 per encounter after deductible
<b>Urgent Care</b>	CA and WA: \$20 copay OR: \$30 copay	\$20 copay
<b>Emergency Room</b>	CA and WA: \$250 copay after deductible, then 20% OR: \$250 copay (no deductible)	CA and WA: \$200 copay after deductible, then 20% OR: \$200 copay (no deductible)
<b>Therapy Services (Physical, Speech, Occupational)</b>	CA: \$20 copay OR and WA: \$30 copay	CA: \$20 copay OR and WA: \$30 copay
<b>Prescription Drugs</b>		
Retail, 31-day supply		
Generic	\$10 copay	\$10 copay
Preferred Brand	\$30 copay	\$30 copay
Non-preferred Brand	\$60 copay	\$60 copay
Specialty	20% up to \$250 max copay per prescription	20% up to \$250 max copay per prescription
Mail Order, 90-day supply	2.0x Retail	2.0x Retail

<sup>1</sup>This is the percentage YOU pay after meeting the deductible

## Your Medical Rates

	Standard HMO		Enhanced HMO	
	Monthly	Biweekly	Monthly	Biweekly
<b>Employee Only</b>	\$202.54	\$93.48	\$391.32	\$180.61
<b>Employee + Spouse</b>	\$1,108.32	\$511.53	\$1,296.23	\$598.26
<b>Employee + Child(ren)</b>	\$927.46	\$428.06	\$1,275.80	\$588.83
<b>Employee + Family</b>	\$1200.84	\$554.23	\$1,663.97	\$767.99

## Finding In-Network Providers: Kaiser

With these two plans, you can ONLY use Kaiser network providers. You can find in-network providers on [healthy.kaiserpermanente.org/doctors-locations](http://healthy.kaiserpermanente.org/doctors-locations). Search based on your region.



# Comparing Your BCBSTX Medical Plan Options

We offer three medical plans through BCBSTX. All plans include prescription drug coverage, and they cover essential preventive care at no cost to you when you visit in-network providers. But they all have some key features that make them very different. Here's a quick overview of each one's **in-network benefits**.

	Standard HSA	Enhanced HSA	PPO
<b>In-Network Deductible</b>	Highest	Lowest	Middle
<b>Premium Costs</b>	Lowest	Middle	Highest
<b>Meeting the Family Deductible</b>	No single individual will pay more than the individual amount.	The full family amount must be met before the plan pays coinsurance for any members, if dependents are covered.	No single individual will pay more than the individual amount.
<b>In-Network Coinsurance YOU Pay After Deductible</b>	20%*	20%*	30%*
<b>Includes Copays Before Deductible</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Prescription Drug Coverage Before the Deductible</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Includes HSA with Money from AmeriVet to Help Pay for Expenses</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

\* Coinsurance in this chart refers to the percentage of costs YOU pay after the deductible is met. The plan pays the remaining percentage.

## How the Plans Work

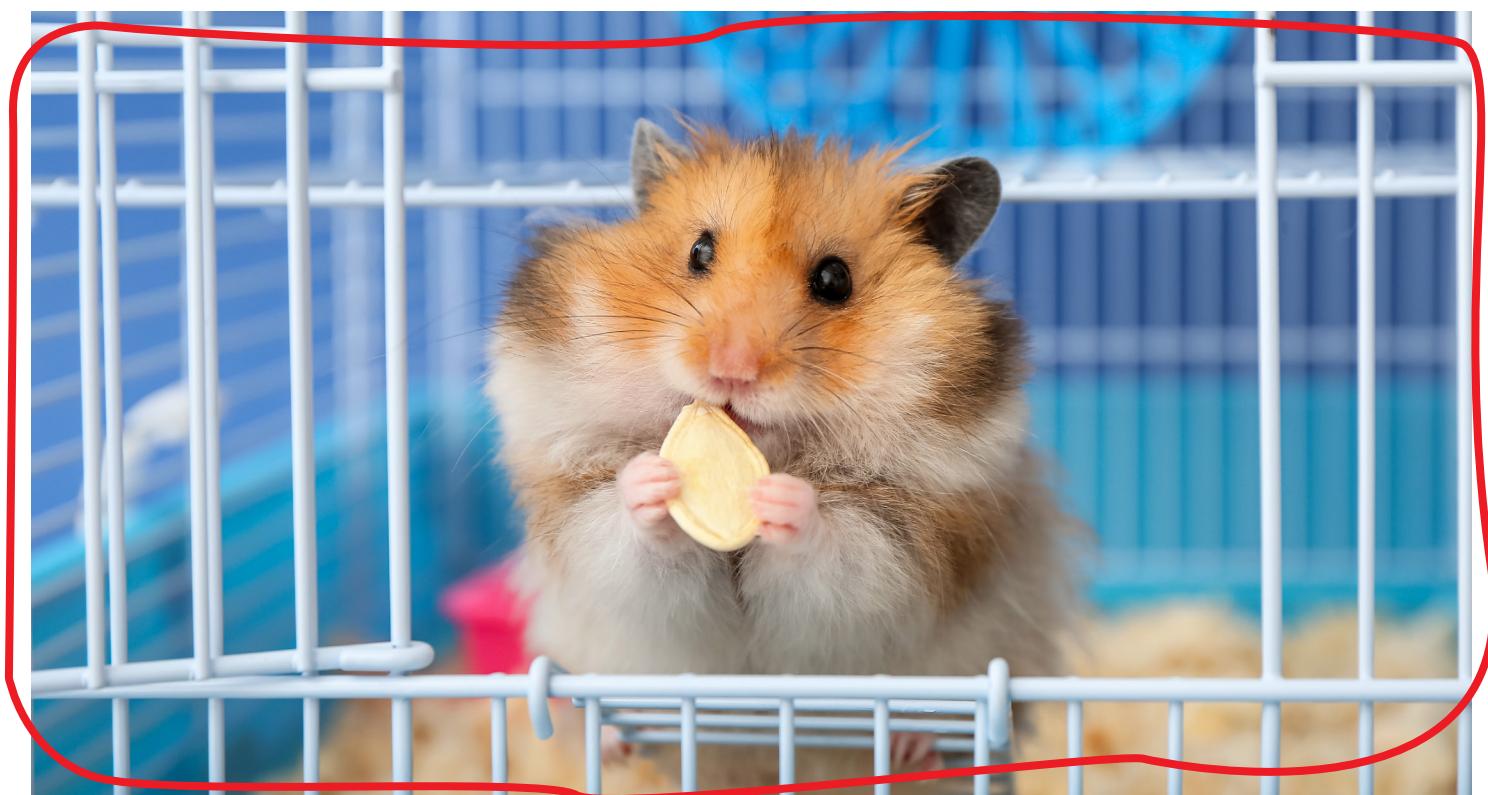
You pay the **premium**, pretax, from your paycheck.

**HSA Plans:** You pay the BCBS negotiated cost for services until you meet the deductible, except for HSA preventive drugs and preventive care.

**PPO Plan:** You will pay a copay for office visits and a coinsurance for prescription drugs without having to meet the deductible. For most other services, you have to meet the calendar year deductible.

Then the plan picks up most of the cost for services after your deductible. This cost sharing is called **coinsurance**.

You never pay a penny more than your **out-of-pocket maximum** for covered expenses as long as you are seeing an in-network provider.



# Quantum Health: Simplifying Healthcare

Quantum is a team of problem-solving, frustration-fighting people on a mission to make your healthcare simpler. They're here to be your advocates, and should be the first place you turn for all questions and help related to your BCBSTX medical benefits, health and care.

## Real Support That Saves You Time and Money

When you call, you'll talk to a real person who knows your medical benefits and can help with any request. Their dedicated team of nurses, claims specialists and benefits experts (Care Coordinators) can save you time and:

- Answer claims, billing and benefits questions
- Find in-network providers
- Verify coverage and get prior approval, if needed
- Contact providers to coordinate your treatment
- Review your care options
- Provide information on health issues
- Help you save on out-of-pocket costs
- Help you get the most out of your benefits
- Replace your ID card

**No question is too big or too small.** And if there's a way to help you get more out of your benefits, they'll find it.

- **Confused by spending accounts?** They can explain.
- **Need help understanding your dental and vision coverage?** They understand.
- **Looking for the right benefit for your situation?** They can help.
- **Forgot which benefits you signed up for during open enrollment?** They know.
- **Can't figure out who to contact about a specific benefit?** Call them.

## Contact Quantum First for Pre-Authorizations

Quantum can confirm pre-certifications and pre-authorizations to be sure you're covered. Call if you need:

- Inpatient and skilled nursing facility admissions
- Outpatient surgeries
- MRI/MRA and PET scans
- Chemotherapy and radiation therapy
- Genetic testing (except for standardized BRCA testing)
- Dialysis
- Organ, tissue and bone marrow transplants
- Home healthcare
- Hospice care
- Durable medical equipment (DME) — all rentals and any purchase over \$1,500
- Partial hospitalization and intensive outpatient care for mental health services

## Quantum Might Call You—for Important Reasons Only

Most of the time, it's up to you to reach out when you need something. But in some cases, Quantum might reach out to you. Here are some possible reasons why:

- To save you money, if you could save on your out-of-pocket costs
- If there is a concern with your prescriptions
- If insurance information is needed
- If you qualify for a coaching program
- To follow up on a procedure or discharge



### Help Is a Call, Tap, Click or Chat Away.

- Call **866-499-5170** with any question.
- Log in to [myamerivetbenefits.com](http://myamerivetbenefits.com) or use the **Quantum Health app**, where you can explore information on your own or chat in real time with a Care Coordinator.

**Quantum Health will be available beginning January 1, 2026.**



# CVS Caremark Prescription Drug Resources

If you enroll in one of our BCBSTX medical plans, your prescription drug benefits will be provided through CVS Caremark.

## Tap into Savings: Use the Member Website and App

Sign up and log in to [caremark.com](#) and the **CVS Health app** to manage your prescriptions and keep your costs as low as possible.

- **Pharmacy Locator tool:** Find in-network pharmacies near you. (You are NOT limited to CVS retail pharmacies.)
- **Check Drug Cost tool:** Different pharmacies often charge different prices for the same medications! Use this resource to check and compare drug costs across in-network pharmacies and find the best deals.
- Sign up for email or text alerts to easily get important updates, including status alerts on any changes to your covered medications.
- Get guidance and support if you need medications for a complex condition.

## Caremark Cost Saver

CVS Caremark has partnered with a third-party network to give you access to lower discount card prices, when available. Show your medical ID card when filling your prescription, and you'll automatically pay either the discount card price or your benefit price—whichever is lower. The cost of your prescription will be applied to your deductible (or out-of-pocket maximum).

## Save Time on Maintenance Medications

Maintenance medications are those you take regularly for ongoing needs or conditions (like diabetes, high blood pressure, asthma, etc.). You can get up to a 90-day supply of maintenance medications at a preferred retail pharmacy OR through convenient home delivery.

- First, ask your doctor to write a prescription for a 90-day supply of your medication.
- Then have it filled at any in-network pharmacy OR set up mail order delivery.

You can set up mail order delivery and request refills through the CVS Health app.

## Specialty Medications and PrudentRx

Prescriptions for specialty medications must be filled through the CVS Specialty Pharmacy. They offer complimentary delivery by mail to your home, office, or other location of choice. You also get access to a therapy management team of nurses, pharmacists and support coordinators who work together to help you understand your medication and any side effects. For more details, call **833-894-0676** or visit [cvsspecialty.com](#).

The CVS Specialty Pharmacy also includes the PrudentRx program for certain specialty medications. If you are enrolled in PrudentRx, these medications are covered at \$0 cost. If you opt out of the PrudentRx program, a **30%** coinsurance will apply instead. For specialty medications not included in PrudentRx, the normal plan coinsurance will apply.



# BCBSTX Resources for Your Total Well-Being

The following resources are available to BCBSTX members, at no cost to you!

## Teladoc Health: Manage Your Diabetes or Blood Pressure

Teladoc Health offers a one-of-a-kind approach to chronic condition management using virtual care that inspires lasting changes. You get unlimited access to health monitoring devices and support from physicians and mental health specialists to help manage conditions like diabetes, hypertension and prediabetes.



Teladoc Health is offered at no additional cost to you, including shipping of your devices and supplies. You will not be billed anything for joining. To get started, visit [teladochealth.com/SMILE/HEALTH-TX](http://teladochealth.com/SMILE/HEALTH-TX) or call 800-835-2362 to join.

After you enroll, you will receive a welcome kit that includes the appropriate connected device(s) for your condition so you can begin your readings immediately. You'll have access to member.teladoc.com, the Teladoc Health member website, where you can personalize the program and access your readings. You can also download the mobile app for easy tracking, personalized tips, all of your data in one place and more.

You have access to one or more of the following programs, depending on your needs:

- **Diabetes management:** Get an advanced blood glucose meter, unlimited strips and lancets, personalized tips and expert coaching.
- **Hypertension management:** Get a connected blood pressure monitor, personalized insights and expert coaching.
- **Diabetes prevention program:** Reduce your risk of developing type 2 diabetes with a smart scale, structured lessons and expert coaching.

These programs are **FREE** for employees and adult dependents enrolled on our medical plans.

## Hinge Health: Your Digital Clinic for Joint and Muscle Care

With Hinge Health, you can conquer back or joint pain without drugs or surgery. You and your eligible covered family members get free access to Hinge Health's programs for back, knee, hip, shoulder or neck pain, which include:

- A free tablet computer and wearable sensors
- Unlimited 1-on-1 health coaching
- Personalized exercise therapy

This program is **FREE** for employees and adult dependents enrolled on our medical plans. To learn more, visit [hingehealth.com/for-individuals](http://hingehealth.com/for-individuals) or call 855-902-2777.



## Wondr: Support for Weight Loss

Wondr is a digital weight loss program that teaches you how to enjoy the foods you love to improve your overall health. Their behavioral science-based program was created by a team of doctors and clinicians and is clinically-proven for lasting results.

According to Wondr's participants, after following their program:

- 84% lost weight
- 61% have more energy
- 68% are more physically active
- 62% feel more confident
- 85% feel more in control of their weight
- 57% feel their mood has improved

This program is **FREE** for employees and adult dependents enrolled on our medical plans. Visit [enroll.wondrhealth.com/start?s=BCBSTX](http://enroll.wondrhealth.com/start?s=BCBSTX) to learn more.



# Virtual Visits

## BCBSTX Virtual Visits: MDLIVE

With virtual visits through MDLIVE, you can talk to a doctor from your computer or mobile device – quickly and without an advance appointment – for a variety of non-emergency medical conditions.

- **Save money:** PPO plan members only pay a \$30 copay — less than an office visit with your PCP. Standard HSA and Enhanced HSA members pay \$48 on average for a standard visit until you meet your deductible, and then you pay 20% of that cost.
- **Convenient care:** It's available days and nights, weekdays, weekends, and even on holidays.
- **To use virtual visits:** Call 888-673-1992 or 888-680-8646, visit [mdlive.com/bcbstx](http://mdlive.com/bcbstx) or log in to [bcbstx.com](http://bcbstx.com) and find **Virtual Visits** under the **My Coverage** tab. Register now so that you're prepared and can get care faster when you need it!

### MDLIVE Doctors Can Help With ...

- |             |                    |                  |
|-------------|--------------------|------------------|
| ▪ Allergies | ▪ Sinus infections | ▪ Rashes         |
| ▪ Asthma    | ▪ Cold/flu         | ▪ Pinkeye        |
| ▪ Nausea    | ▪ Ear problems     | ▪ And much more! |

## Kaiser Virtual Visits

Kaiser offers convenient phone and video visits for medical and mental health needs — **at NO COST to you!**

### Get the Care You Need

- Talk to a doctor about minor medical issues such as cold and flu symptoms, ear infections, respiratory infections, skin problems and more.
- Talk to a therapist to help with mental health concerns such as depression and anxiety, general counseling and therapy, autism assessment guidance, substance abuse disorders and more.

### To Use Kaiser Telehealth

- Schedule a phone or video visit on [kp.org/getcare](http://kp.org/getcare) or by calling  

<b>Oregon</b> Portland: 503-813-2000 All other areas: 1-800-813-2000	<b>California</b> Northern California: 1-866-454-8855 Southern California: 1-833-574-2273	<b>Washington:</b> 1-800-297-6877
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- If you are joining on a mobile device, you will need to download and log in to the Kaiser Permanente app.
- If you are joining from your computer or laptop, sign on to [kp.org](http://kp.org) then download and install the Video Web plug-in.

### Low Cost for Care

- **HSA plans:** You pay \$48 on average for a standard visit until you meet your deductible, then only 20% of that cost!
- **PPO plan:** You pay a \$30 copay!
- **Kaiser plans:** Virtual visits are free for you!



# Health Savings Account (HSA)

The HSA is a personal savings account that you can use for eligible healthcare expenses. It helps you set aside pretax dollars for healthcare now or in the future. It's not a medical plan itself, but it works with our Standard HSA and Enhanced HSA plans, giving you more flexibility and control in managing your healthcare costs alongside your medical plan. Our HSA is administered by WEX.

## Three Reasons to Love the HSA

- 1. It's all yours.** You own, manage, and control the account. Unused funds earn interest and roll over from year to year. You can keep the account for as long as you want, even if you're no longer with AmeriVet.
- 2. It saves you money.** You get triple tax advantages. Any contributions you make are automatically deducted from your paychecks pretax, which lowers your taxable income. The funds in your account earn interest over time, tax-free. And the funds you use continue to be tax-free as long as you use them for eligible expenses.
- 3. You can use it when you want to.** You can use your HSA to pay for things you need today or save it to build a financial nest egg for the future – even for retirement. If you do not use it, you do not lose it.

## Contributions

If you enroll in an HSA plan, AmeriVet Veterinary Partners will make contributions each paycheck to help you build your account, based on the medical plan tier you've elected. The IRS sets limits on the TOTAL amount you can contribute each calendar year, including contributions from AmeriVet. **Make sure that your contributions + AmeriVet's don't exceed \$4,400 for individual coverage, or \$8,750 if you cover dependents.**

**Here's the maximum amount you can contribute:**

Standard HSA		Enhanced HSA	
	Individual	Family	Individual
AmeriVet Contributes <sup>1</sup>	\$750 (\$28.85 biweekly)	\$1,250 (\$48.08 biweekly)	\$500 (\$19.24 biweekly)
You Can Contribute	\$3,650 <sup>2</sup>	\$7,500 <sup>2</sup>	\$8,250 <sup>2</sup>

<sup>1</sup> AmeriVet's contributions will be pro-rated based on your pay schedule.

<sup>2</sup> If you're age 55 or older, you're allowed an extra \$1,000 in catch-up contributions each year

## Using the Account

When funds are available: As soon as AmeriVet receives your account number, the account is funded on a per-paycheck basis as you and AmeriVet contribute to it. Unused funds roll over from year to year and can earn interest.

- How to use funds:** Use your HSA debit card from WEX or pay out of pocket and reimburse yourself later from your available funds.
- Eligible expenses:** Medical, prescription, dental and vision expenses listed in [Publication 502 on irs.gov](#). Keep your receipts in case of an IRS audit.
- Setting up your account:** You must complete your HSA account set up through [wexinc.com](#).
- Managing your HSA:** You can manage your HSA through [wexinc.com](#).

## Eligibility Rules

You are not eligible to participate in an HSA if:

- You are enrolled in AmeriVet's BCBSTX PPO plan or a Kaiser plan, or you have any other medical coverage through another employer or Medicare, etc.
- You are covered under Medicare or Medicaid
- You are claimed as a dependent on someone else's tax return
- You or your spouse have a healthcare FSA



# Flexible Spending Accounts (FSAs)

We offer two types of FSAs: healthcare and dependent care. FSAs allow you to set aside pretax money to pay for eligible healthcare or dependent care expenses.

Healthcare FSA	
<b>Election Restrictions</b>	Must not have an HSA.
<b>Eligible Expenses</b>	Medical, dental and vision expenses in <a href="#">publication 502 on irs.gov</a>
<b>Annual Contribution Limit</b>	\$3,200 <sup>1</sup>
<b>Funds Availability</b>	Full elected amount is available when account is open
<b>Deadline to Spend 2026 Funds</b>	December 31, 2026
<b>Deadline to Submit Claims</b>	90 days after the end of the plan year

<sup>1</sup>This amount is the 2025 IRS limit. The 2026 limit had not yet been announced at the time of publication.

Dependent Care FSA	
<b>Election Restrictions</b>	No restrictions
<b>Eligible Expenses</b>	Day care or elder care expenses that allow you to work (see <a href="#">publication 503 on irs.gov</a> )
<b>Annual Contribution Limit</b>	\$5,000, or \$2,500 if married and filing separate taxes
<b>Funds Availability</b>	Account is funded as you make contributions each pay period
<b>Deadline to Spend 2026 Funds</b>	December 31, 2026
<b>Deadline to Submit Claims</b>	90 days after the end of the plan year

## Good to Know

- You can manage your FSAs on [wexinc.com](#).
- You will get an FSA debit card that you can use to pay for eligible expenses (except for dependent care) at the time of purchase.
- You can also pay out-of-pocket and submit a claim to Optum for reimbursement, as long as you have enough funds in your account.
- Keep all of your receipts for eligible expenses. You may have to submit them to Optum to prove your expenses are FSA-eligible.
- **Your FSA elections never carry over from year to year.** You must re-elect them to participate.

# Commuter Benefits

Commuter benefits through WEX help you reduce the cost of your work commute by paying for eligible commuter expenses with pretax dollars.

## Eligible Expenses

- Buses, trains, subways, ferries, vanpools, UberX Share and Lyft Shared
- Parking at your place of employment or a location from which you commute to work

## How it Works

1. Before the month starts, choose how much you want to contribute to your transit and/or parking account, up to the IRS limits of \$315 each month. The chosen amount will be deducted from your paycheck, before taxes, over the course of the month.
2. You'll receive a WEX Mastercard in the mail. Use this card to access your funds for eligible transportation costs.
3. You can manage your account online through [wexinc.com](#).



# Dental

Regular visits to your dentist can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body. Dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease. Coverage is provided by BCBSTX. This plan uses the BlueCare network.

BCBSTX Dental Plan		
	In-Network	Out-Of-Network <sup>1</sup>
<b>Calendar Year Deductible</b>		
Individual	\$50	
Family	\$150	
<b>Calendar Year Dental Maximum Benefit</b>		\$1,500
<b>BlueMaximum Advantage<sup>2</sup></b>		
Extra Benefit Amount	\$200 per year (up to 3 years, max of \$600)	
Three-Year Max Benefit	\$2,100 (total possible benefits over 3 years)	
<b>Orthodontia Lifetime Maximum</b> (for children up to the age of 19 years old)		\$1,000
<b>Preventive</b>	100% covered	100% covered
<b>Basic</b>	20% after deductible	20% after deductible
<b>Major</b>	50% after deductible	50% after deductible
<b>Orthodontia</b> (for children up to the age of 19 years old)	50%	50%

Coinsurance in this chart refers to the percentage of costs YOU pay after the deductible is met. The plan pays the remaining percentage.

<sup>1</sup> There is a negotiated fee when you see an out-of-network dentist and you will likely pay more in out-of-pocket costs.

<sup>2</sup> After you are enrolled in the dental plan for 12 consecutive months, you get an additional \$200 applied to your calendar year maximum. On each anniversary, for years two, three and four that \$200 increase is applied, for up to three years, reaching a maximum of \$600. For example: your maximum would increase to \$1,700 in the second year, \$1,900 in the third, and \$2,100 in the fourth year. After that, the maximum stays at \$2,100 because you've reached the \$600 limit.

## Your Dental Rates

	Monthly	Biweekly
<b>Employee Only</b>	\$28.90	\$13.34
<b>Employee + Spouse</b>	\$57.17	\$26.39
<b>Employee + Child(ren)</b>	\$75.04	\$34.64
<b>Employee + Family</b>	\$113.93	\$52.59





## Vision

Vision coverage helps with the cost of eyeglasses or contacts. Even if you don't need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease. Coverage is provided by BCBSTX.

### BCBSTX Vision Plan (EyeMed Vision Network)

	In-Network	Out-of-Network (Before Copay)
<b>Eye Exam</b> - Once every calendar year	\$10 copay	\$50 max reimbursement
<b>Lenses</b> - Once every calendar year Single Bifocal Trifocal Lenticular	\$25 copay	\$48 max reimbursement less copay \$67 max reimbursement less copay \$86 max reimbursement less copay \$126 max reimbursement less copay
<b>Frames</b> - Once every calendar year	\$130 allowance + 20% off balance	\$91 max reimbursement less copay
<b>Contacts</b> - Once every calendar year (Contact allowance includes materials only) Lens Fit and Follow Up Conventional Disposable Medically Necessary	Standard: up to \$40; Premium: 10% off retail price \$0 copay/\$130 allowance + 15% off balance \$0 copay/\$130 allowance \$0 copay, paid in full	N/A Up to \$105 Up to \$105 Up to \$210

### Your Vision Rates

	Monthly	Biweekly
<b>Employee Only</b>	\$5.24	\$2.42
<b>Employee + Spouse</b>	\$9.95	\$4.60
<b>Employee + Child(ren)</b>	\$10.48	\$4.84
<b>Employee + Family</b>	\$15.41	\$7.11



## Alliant Medicare Solutions: A Non-Government Entity

If, like most people, you become eligible for Medicare at age 65, you have a seven-month window to enroll, starting three months before you turn age 65 and ending three months after your birthday month.

### Introducing Alliant Medicare Solutions

Choosing a Medicare plan – and understanding how it can affect your employer-provided medical coverage – can be confusing. That's why we are offering Alliant Medicare Solutions to help you understand Medicare, what is and isn't covered, and how to choose the best coverage for your situation.

Alliant Medicare Solutions is a no cost service available to you, your family members, and friends nearing age 65.

### How Does It Work?



### Find Out More

To learn more, read [Your Guide to Medicare](#) and watch the [Medicare 101 Video](#). You can also visit Alliant Medicare Solutions online at [alliantmedicaresolutions.com](http://alliantmedicaresolutions.com).

For comprehensive information about Medicare, visit [medicare.gov](http://medicare.gov).

Alliant Medicare Solutions is provided by Insuractive LLC, a Nebraska resident insurance agency. Insuractive LLC is wholly owned by Alliant Insurance Services, Inc.



# Life Insurance and AD&D

If you have loved ones who depend on your income for support, having life and accidental death insurance can help protect your family's financial security and pay for large expenses such as housing and education, as well as day-to-day living expenses. Coverage is provided by Unum.

## Basic Life and AD&D Insurance

Basic life insurance pays your beneficiary a lump sum if you die. AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident. AmeriVet fully covers this benefit, so basic life and AD&D insurance is offered at no cost to you.

<b>Basic Life Amount</b>	\$25,000*
<b>Basic AD&amp;D Amount</b>	\$25,000*

\*Your benefits are reduced beginning at age 65.

## Voluntary Life and AD&D Insurance

You can also purchase supplemental life and AD&D coverage at group rates. **Employee and spouse rates are both based on the employee's age.\*** You must purchase coverage for yourself in order to purchase it for your dependents. Coverage begins the 1st of the month after you complete your enrollment.

	<b>Employee*</b>	<b>Spouse*</b>	<b>Child</b>
<b>Benefit Amount</b>	\$10,000 increments, up to \$500,000	\$5,000 increments, up to \$250,000 (not to exceed 100% of the employee amount)	Live birth to 14 days: \$1,000 14 days to 6 months: \$2,000 6 months to age 26: increments of \$1,000 to a maximum benefit of \$10,000
<b>Guarantee Issue</b>	\$200,000	\$25,000	\$10,000

\*Your benefits are reduced beginning at age 65.

## Monthly Voluntary Life and AD&D Rates (Per \$1,000 of benefit)

AGE	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+*
<b>Employee/Spouse</b>	\$0.10	\$0.11	\$0.12	\$0.15	\$0.21	\$0.32	\$0.49	\$0.74	\$1.30	\$2.29
<b>Child(ren)</b>						\$0.215				

### Important Guideline

If you enroll when you are first eligible, the guarantee issue amounts shown above apply. If you enroll at any other time, you may be required to provide evidence of insurability (EOI), meaning you may have to submit medical information to be approved.

### Beneficiary Reminder

Make sure that you have named a beneficiary for your life insurance benefit. It's important to know that many states require that a spouse be named as the beneficiary unless they sign a waiver.

To update your beneficiary, call the Benefit Counselors at 888-217-4728 Monday through Friday from 8 a.m. to 5 p.m. Central time.



# Voluntary Short-Term Disability (STD)

AmeriVet offers voluntary STD to all full-time employees for purchase at group rates. These benefits help replace a portion of your income if you're unable to work because of an illness or injury. Benefit description and rates are given below. Coverage begins the 1st of the month after you complete your enrollment.

## Unum Short-Term Disability

Weekly Benefit Amount	60% of weekly earnings
Maximum Weekly Benefit	\$2,000
Benefits Begin On	15th day for illness or injury
Maximum Benefit Period	26 weeks

### Monthly Voluntary STD rates (Per \$10 of Weekly Benefit)

AGE	< 54	55-59	60+
Employee	\$0.710	\$0.790	\$0.910

#### Pre-Existing Condition Exclusions

A pre-existing condition is a condition that existed within the 3 months prior to your effective date of coverage and causes you to become disabled during your first 12 months of coverage. Pre-existing conditions are excluded from coverage.

# Voluntary Long-Term Disability (LTD)

If you are still in need of benefits once your STD benefits terminate, AmeriVet offers voluntary LTD to all full-time employees for purchase at group rates. Benefit description and rates are given below. Coverage begins the 1st of the month after you complete your enrollment.

## Unum Long-Term Disability

Monthly Benefit Amount	60% of monthly earnings
Maximum Monthly Benefit	\$5,000
Elimination Period	180 days
Maximum Pre-Disability Annual Earnings	\$100,000

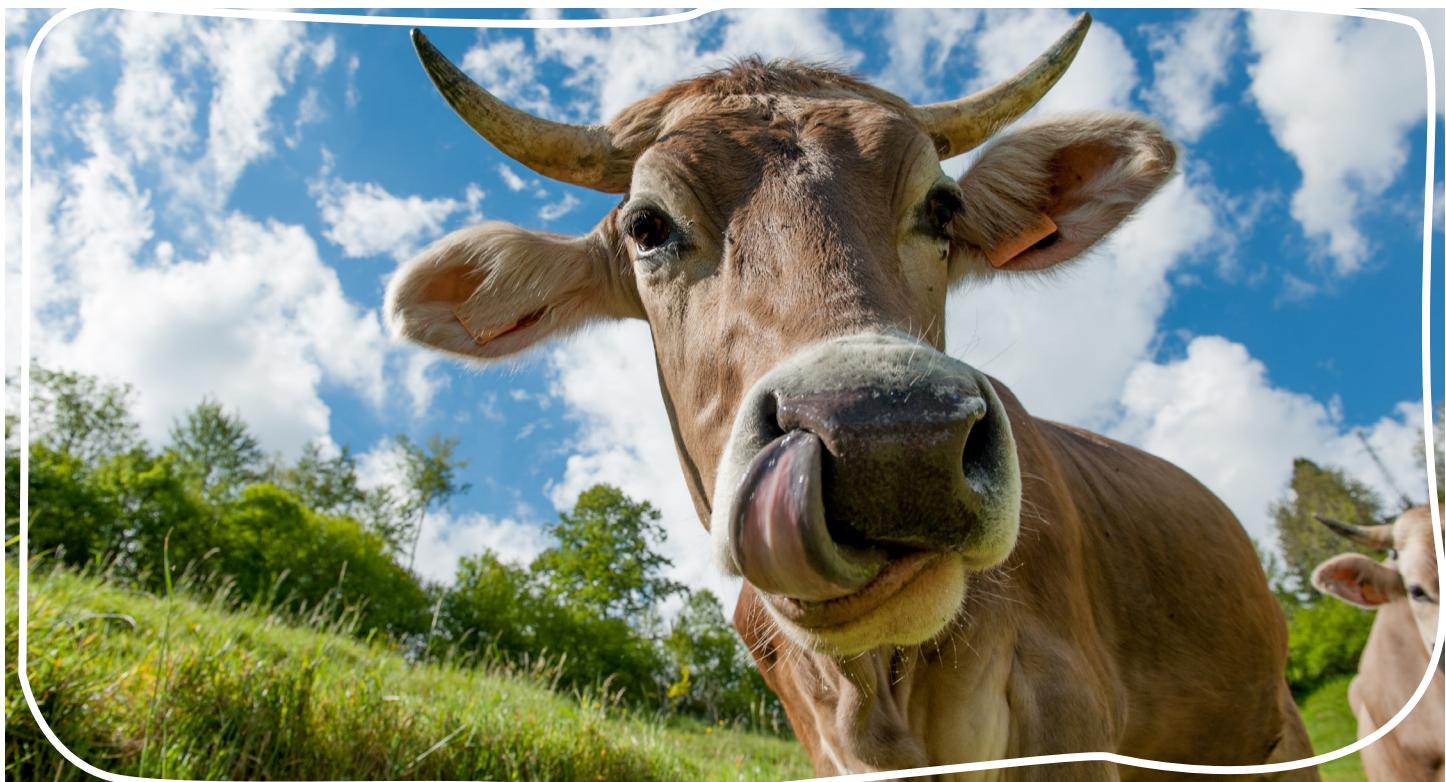
### Monthly Voluntary LTD rates (Per \$100 of Monthly Covered Payroll)

AGE	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Employee	\$0.056	\$0.072	\$0.137	\$0.214	\$0.319	\$0.430	\$0.595	\$0.632	\$0.667

#### Pre-Existing Condition Exclusions

A pre-existing condition is a condition that existed within the 3 months prior to your effective date of coverage and causes you to become disabled during your first 12 months of coverage. Pre-existing conditions are excluded from coverage.





## Critical Illness Insurance

This coverage pays a lump sum benefit to you if you're diagnosed with one of the covered illnesses. You can use it to help pay for whatever you need – including covering your deductible and coinsurance costs or even groceries. Coverage begins the 1st of the month after you complete your enrollment.

### What's Covered?

#### Critical Illnesses

- Heart attack
- Stroke
- Major organ failure
- End-stage kidney failure
- Coronary Arteriosclerosis (30% first occurrence)

#### Progressive Diseases

- Amyotrophic Lateral Sclerosis (ALS) (100% benefit, first occurrence)
- Alzheimer's disease (50% benefit, first occurrence)
- Multiple Sclerosis (MS) (30% benefit, first occurrence)
- Parkinson's disease (100% benefit, first occurrence)

#### Supplemental Conditions

- Loss of sight, hearing or speech
- Coma
- Permanent Paralysis (50% for 1 limb, 100% for 2 limb)
- Infectious Diseases (30% benefit, first occurrence)

### Coverage Options

- **Youself:** Choose \$10,000, \$20,000 or \$30,000. The guarantee issue amount is \$30,000.
- **Spouse:** If you enroll, you can also purchase coverage for your spouse at 50% of the amount you elect. The guarantee issue amount is \$15,000.
- **Children:** If you enroll, your dependent children up to age 26 are automatically covered at no extra cost at 50% of your benefit amount. (Diagnosis must occur after the child's coverage effective date.)

### Be Well Benefit

Every calendar year, each family member who has critical illness coverage can also receive \$50 for submitting their covered Be Well Benefit screening test, such as an annual physical, dental or vision exam, cancer screenings, immunizations, and more.

# Critical Illness Insurance Continued

## Critical Illness Rates

NOTE: The table below shows the applicable rates for employees and spouses. Employee and spouse rates are NOT combined; you will pay the rates below for employee and for spouse (if you choose to cover your spouse). The rates are based on the employee's age at the time of purchase and do not change as the employee ages.

(Per \$10,000 of Monthly Covered Payroll)				
Age	Employee and Child		Spouse	
	Monthly	Biweekly	Monthly	Biweekly
<b>&lt;25</b>	\$3.10	\$1.43	\$1.55	\$0.72
<b>25-29</b>	\$3.10	\$1.43	\$1.55	\$0.72
<b>30-34</b>	\$4.20	\$1.94	\$2.10	\$0.97
<b>35-39</b>	\$4.20	\$1.94	\$2.10	\$0.97
<b>40-44</b>	\$7.20	\$3.32	\$3.60	\$1.66
<b>45-49</b>	\$7.20	\$3.32	\$3.60	\$1.66
<b>50-54</b>	\$12.10	\$5.58	\$6.05	\$2.79
<b>55-59</b>	\$12.10	\$5.58	\$6.05	\$2.79
<b>60-64</b>	\$18.60	\$8.58	\$9.30	\$4.29
<b>65-69</b>	\$18.60	\$8.58	\$9.30	\$4.29
<b>70-74</b>	\$31.00	\$14.31	\$15.50	\$7.15
<b>75-79</b>	\$31.00	\$14.31	\$15.50	\$7.15
<b>80-84</b>	\$31.00	\$14.31	\$15.50	\$7.15
<b>85+</b>	\$31.00	\$14.31	\$15.50	\$7.15

(Per \$20,000 of Monthly Covered Payroll)				
Age	Employee and Child		Spouse	
	Monthly	Biweekly	Monthly	Biweekly
<b>&lt;25</b>	\$6.20	\$2.86	\$3.10	\$1.43
<b>25-29</b>	\$6.20	\$2.86	\$3.10	\$1.43
<b>30-34</b>	\$8.40	\$3.88	\$4.20	\$1.94
<b>35-39</b>	\$8.40	\$3.88	\$4.20	\$1.94
<b>40-44</b>	\$14.40	\$6.65	\$7.20	\$3.32
<b>45-49</b>	\$14.40	\$6.65	\$7.20	\$3.32
<b>50-54</b>	\$24.20	\$11.17	\$12.10	\$5.58
<b>55-59</b>	\$24.20	\$11.17	\$12.10	\$5.58
<b>60-64</b>	\$37.20	\$17.17	\$18.60	\$8.58
<b>65-69</b>	\$37.20	\$17.17	\$18.60	\$8.58
<b>70-74</b>	\$62.00	\$28.62	\$31.00	\$14.31
<b>75-79</b>	\$62.00	\$28.62	\$31.00	\$14.31
<b>80-84</b>	\$62.00	\$28.62	\$31.00	\$14.31
<b>85+</b>	\$62.00	\$28.62	\$31.00	\$14.31

(Per \$30,000 of Monthly Covered Payroll)				
Age	Employee and Child		Spouse	
	Monthly	Biweekly	Monthly	Biweekly
<b>&lt;25</b>	\$9.30	\$4.29	\$4.65	\$2.15
<b>25-29</b>	\$9.30	\$4.29	\$4.65	\$2.15
<b>30-34</b>	\$12.60	\$5.82	\$6.30	\$2.91
<b>35-39</b>	\$12.60	\$5.82	\$6.30	\$2.91
<b>40-44</b>	\$21.60	\$9.97	\$10.80	\$4.98
<b>45-49</b>	\$21.60	\$9.97	\$10.80	\$4.98
<b>50-54</b>	\$36.30	\$16.75	18.15	\$8.38
<b>55-59</b>	\$36.30	\$16.75	\$18.15	\$8.38
<b>60-64</b>	\$55.80	\$25.75	\$27.90	\$12.88
<b>65-69</b>	\$55.80	\$25.75	\$27.90	\$12.88
<b>70-74</b>	\$93.00	\$42.92	\$46.50	\$21.46
<b>75-79</b>	\$93.00	\$42.92	\$46.50	\$21.46
<b>80-84</b>	\$93.00	\$42.92	\$46.50	\$21.46
<b>85+</b>	\$93.00	\$42.92	\$46.50	\$21.46



# Accident Insurance

Accident insurance pays you money based on the injury and the treatment you receive, whether it's a simple strain or something more serious, like an injury from a car accident or you need surgery due to an accidental knee injury while playing basketball. Your plan can pay you a benefit for emergency room treatment, stitches, crutches, injury-related surgery, and a list of other accident-related expenses including chiropractic care related to an accident. The money is paid directly to you, and you decide how to spend it. The plan also includes reimbursement of up to \$75 under both plan options for preventive exams under the Be Well Benefit.

If you elect coverage for yourself, you can also elect coverage for your dependents. Coverage begins the 1st of the month after you complete your enrollment.

Services Related to an Accident	Plan 1	Plan 2
<b>Chiropractic Care</b>	\$50	\$40
<b>Emergency Room</b>	\$300	\$200
<b>Knee Cartilage</b> (meniscus Injury)	\$200	\$150
<b>Wrist Fracture</b>	\$550	\$450
<b>Stitches</b> (laceration less than two inches)	\$200	\$150
<b>Emergency Room</b>	\$300	\$200

\* See the policy for specific plan details.

## Accident Rates

	Plan 1		Plan 2	
	Monthly Rates	Biweekly Rates	Monthly Rates	Biweekly Rates
<b>Employee only</b>	\$22.49	\$10.38	\$15.75	\$7.27
<b>Employee and Spouse</b>	\$32.77	\$15.12	\$23.27	\$10.74
<b>Employee and Child(ren)</b>	\$33.99	\$15.69	\$24.24	\$11.19
<b>Family</b>	\$44.27	\$20.43	\$31.76	\$14.66

# Hospital Indemnity Insurance

Hospital Insurance can help you and your family cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness, or childbirth. The money is paid directly to you — not to a hospital or care provider — and you can use it to pay for the out-of-pocket expenses your medical plan may not cover, such as coinsurance, copays, deductibles, or whatever you need. Coverage begins the 1st of the month after you complete your enrollment.

## Benefit Amounts

- Hospital admission (up to 1 day per year): \$1,000
- ICU admission (up to 1 day per year): \$1,000
- Hospital daily stay (up to 31 days per year: \$200 per day)
- ICU daily stay (up to 15 days per year, per insured): \$200 per day
- Be Well Benefit (once per covered person per calendar year): \$50



## Good to Know

- You must elect coverage for yourself in order to cover your spouse and/or child(ren)
- You and/or your spouse must enroll before age 70 in order to be eligible. If you or your spouse is over the age of 69, you are not eligible to enroll in coverage

## Hospital Indemnity Rates

	Monthly Rates	Biweekly Rates
<b>Employee Only</b>	\$21.24	\$9.80
<b>Employee + Spouse</b>	\$34.85	\$16.08
<b>Employee + Child(ren)</b>	\$33.32	\$15.38
<b>Employee + Family</b>	\$46.93	\$21.66



# Group Whole Life

This coverage, offered by Allstate, offers fully guaranteed premiums payable to age 95, death benefits and cash value that can be used along the way. Allstate Benefits Whole Life coverage provides a lump sum death benefit during life-changing events such as the death of a wage earner. The policy offers coverage amounts from a minimum of \$20,000 to a maximum of \$100,000. Coverage begins the 1st of the month after you complete your enrollment.

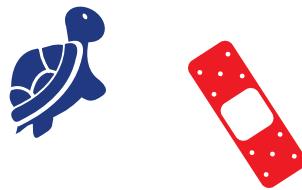
Over time, as premiums are paid, the policy is building cash value. Premiums are guaranteed at issue and the coverage becomes fully paid up at age 95 if all premiums have been paid.

## Employee and Dependent Eligibility

- Employees age 18 to 70 who are actively working are eligible for coverage.
- Working spouses age 18 to 70 who are actively at work at least 20 hours per week for the last 3 months and earning W-2 taxable income.
- Non-working spouses age 18 to 70 who are not working (or who work less than 20 hours per week) and are not earning W-2 taxable income.

## Guarantee Issue Amounts:

- Employee: \$100,000
- Working spouse: \$20,000
- Non-working spouse: \$10,000 applicable during initial enrollment



## Policy Benefits and Highlights

- **Death Benefit:** Pays a lump-sum cash benefit when the insured dies.
- **Portability:** The rates do not change when you leave the group. To continue coverage, you must pay premiums directly to Allstate.
- **Accelerated Death Benefit for Terminal Illness:** An advance of the death benefit, up to 75% of the certificate face amount, when certified terminally ill.
- **Accelerated Death Benefit for Long-Term Care with Restoration of Benefits:** A monthly advance of 4% of the death benefit for up to 25 months while receiving qualified long-term care services, after a 90-day elimination period when certified chronically ill by a licensed health care practitioner. The restoration benefit restores the death benefit and cash value to the pre-acceleration amounts.

## Exclusions and Limitations:

- **Pre-Existing Conditions:** Benefits are not paid for chronic illness care resulting from a pre-existing condition that begins within the first 6 months of coverage. A pre-existing condition is a condition that existed within the 6-month period prior to the effective date, including medical advice or treatment.
- **Suicide:** If a covered person commits suicide, the death benefit may be limited to the premiums paid for that covered person.

For full limitations and exclusions, please refer to your policy details.

## Premiums and Enrollment

Coverage is available from \$20,000 to \$100,000 and is guarantee issue. It is only available for new hires who apply within 31 days after satisfying their eligibility period.

If you're making an election during open enrollment, either to increase your current coverage OR to elect it for the first time (if you declined coverage when you were first eligible), you will need to complete the evidence of insurability (EOI) process with Allstate and get approved.

Rates are based on coverage amount and age at the time of effective date. Please contact a Benefits Counselor at 888-217-4728 to discuss your options in detail.

# SupportLinc by CuraLinc for Mental Health and Well-Being: Your Enhanced EAP



Working in the veterinary industry can be rewarding, but it can also be stressful and have an impact on your health. Just like exercising regularly or going to the doctor for an annual checkup, prioritizing your mental wellness supports your overall health. Whether you're experiencing personal or work-related concerns, SupportLinc (by CuraLinc) gives you the tools to improve your mental wellness.

**These resources are available to ALL W-2 employees.** All services are completely confidential. CuraLinc ensures no one will know you have accessed the program without your written permission except as required by law. To get started, call 888-881-5462 or visit [supportlinc.com](http://supportlinc.com) (group code: **amerivet**).

## Get Help with Everyday Issues

### In-the-Moment Support

Reach a licensed clinician by phone 24/7/365 for immediate assistance.

### Financial Expertise

Planning and consultation with a licensed financial counselor.

### Legal Consultation

By phone or in-person with a local attorney.

### Short-Term Counseling

**Get 5 FREE counseling sessions per incident (in-person or video)** to help with stress, anxiety, depression, relationship issues, work-related pressures or substance abuse.

### Convenience Resources

Referrals for child and elder care, home repair, housing needs, education, pet care and so much more.

### Counseling for Teens

Specialized resources to support teens and pre-teens, including in-person and video counseling, text therapy and coaching for emotional fitness.

## Convenient, On-the-Go Support

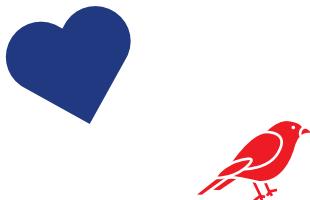
- Textcoach:** Message with a licensed counselor through an exchange of text-based chats, voice notes, resource links and video lessons. You can message your coach any time, without worrying about scheduling conflicts. All messaging is encrypted and stored securely.
- Amino:** Get self-guided resources to improve your focus, well-being and emotional fitness.
- Virtual Support Connect:** Participate in moderated group therapy sessions on an anonymous, chat-based platform.

## Your Web Portal and Mobile App

- The website ([supportlinc.com](http://supportlinc.com)) and eConnect mobile app are your one-stop shop for program services, information and more.
- Discover on-demand training to boost your well-being and life balance.
- Find search engines, financial calculators and career resources.
- Explore thousands of articles, tip sheets, self-assessments and videos.

## Get Counseling and Coaching for ...

- |                        |                        |                            |
|------------------------|------------------------|----------------------------|
| • Addiction            | • Emotional fitness    | • Mindfulness              |
| • Adjustment disorders | • Family               | • Personal stress          |
| • Alcohol use          | • Grief                | • Physical health/wellness |
| • Anxiety              | • Job stress           | • Self-esteem              |
| • Depression           | • Marital/relationship | • Sleep fitness            |
| • Drug use             | • Meditation           | • Trauma                   |





## Unum Secondary EAP

We offer an additional employee assistance program (EAP) through Unum. It provides you and your family members with confidential, personal and online/web-based support on a wide variety of important and relevant topics — such as stress management, depression, relationship issues, dependent/elder care, nutrition, fitness, legal and financial issues and much more.

**Call 800-854-1446 or visit [unum.com/lifebalance](http://unum.com/lifebalance) to use these resources.**

### Counseling and Coaching

- Online modules and coaching — learn, develop, and practice new skills to improve mental fitness
- Telephonic counseling — unlimited, 24/7 consultations with master's level staff clinicians for information, assessment, short-term problem resolution and referrals
- Face-to-face counseling — up to 3 visits per employee/household member per issue, per year
- Video counseling — In lieu of face-to-face sessions, video counseling sessions are available

### Work/Life Resources

- Child and elder care referral — unlimited telephonic consultation with a Work/Life specialist (part of Work/Life services)
- Webinars, podcasts, articles and FAQs — various topics available on the EAP website
- Medical Bill Saver service that can help negotiate out-of-pocket medical and dental expenses over \$400 that are not covered by insurance

### Legal and Financial Resources

- Debt management solutions
- Budgeting assistance
- Credit report assistance
- Personal/family and elder law
- Real estate
- Identity theft



### Two EAPs Are Better Than One!

We offer two EAPs. Your primary EAP will be through CuraLinc, which provides a more enhanced program. Your secondary EAP will be through Unum. We encourage you to use the CuraLinc program first, then use the Unum EAP if you still need support. See the previous page for information on CuraLinc.

# Notices

## Medicare Part D Notice

Please read this notice carefully and keep it where you can find it. This notice has information about your current Prescription Drug Coverage with AmeriVet Veterinary Partners and about your options under Medicare's Prescription Drug Coverage. This information can help you decide whether or not you want to join a Medicare Drug Plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare Prescription Drug Coverage in your area. Information about where you can get help to make decisions about your Prescription Drug Coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's Prescription Drug Coverage:

1. Medicare Prescription Drug Coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers Prescription Drug Coverage. All Medicare Drug Plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. AmeriVet Veterinary Partners has determined that the Prescription Drug Coverage offered by the AmeriVet Veterinary Partners health plan is, on average for all plan participants, expected to pay out as much as the standard Medicare Prescription Drug Coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare Drug Plan.

## When Can You Join A Medicare Drug Plan?

You can join a Medicare Drug Plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable Prescription Drug Coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare Drug Plan.

## What Happens To Your Current Coverage If You Decide To Join A Medicare Drug Plan?

If you decide to join a Medicare Drug Plan, your AmeriVet Veterinary Partners coverage will [or will not] be affected. See below for more information about what happens to your current coverage if you join a Medicare Drug Plan.

Since the existing Prescription Drug Coverage under AmeriVet Veterinary Partners health plan is creditable (e.g., as good as Medicare coverage), you can retain your existing Prescription Drug Coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing Prescription Drug Coverage.

If you do decide to join a Medicare Drug Plan and drop your AmeriVet Veterinary Partners Prescription Drug Coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

## When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with AmeriVet Veterinary Partners and don't join a Medicare Drug Plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare Drug Plan later.

If you go 63 continuous days or longer without creditable Prescription Drug Coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare Prescription Drug Coverage. In addition, you may have to wait until the following October to join.

## For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the Benefits Consultants for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare Drug Plan, and if this coverage through AmeriVet Veterinary Partners changes. You also may request a copy of this notice at any time.

## For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer Prescription Drug Coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare Drug Plans.

For more information about Medicare Prescription Drug Coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare Prescription Drug Coverage is available. For information about this extra help, visit Social Security on the web at [socialsecurity.gov](http://socialsecurity.gov), or call them at 800-772-1213 (TTY 800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare Drug Plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

**Date:** October 1, 2025

**Name of Entity/Sender:** AmeriVet Veterinary Partners

**Contact:** Benefits Team

**Address:** 8610 N. New Braunfels Ave. Suite 500, San Antonio, TX 78217

**Email:** [HR@Amerivet.com](mailto:HR@Amerivet.com)



# Notices

## Women's Health Act

The Women's Health and Cancer Rights Act ("WHCRA") requires AmeriVet Veterinary Partners to notify participants and beneficiaries of the AmeriVet Veterinary Partners Group Health Plan (the "Plan"), of their rights to mastectomy benefits under the Plan. Participants and beneficiaries have rights to coverage to be provided in a manner determined in consultation with the attending Physician for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits are subject to the same deductible and copays applicable to other medical and surgical benefits provided under your plan. For further details, please refer to the plan's Summary Plan Description.

## Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Health Insurance Portability and Accountability Act (HIPAA)

We maintain the HIPAA Notice of Privacy Practices for AmeriVet Veterinary Partners describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting People and Culture. A copy of our notices is also available by request from People and Culture.

## COBRA Continuation Coverage

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

## Deadline for Filing Lawsuit Under ERISA after Exhaustion of All Claims Procedures

Any lawsuit must be filed within 36 months of the final decision on the claim. Exhaustion of all claims and appeals procedures is required prior to filing a suit. Please refer to the WRAP Summary Plan Description for the plan-specific statute of limitations.

## Statement of Material Modifications

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the AmeriVet Veterinary Partners summary plan description (SPD). It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

## Notice of Special Enrollment Rights for Medical Plan Coverage

If you decline enrollment in a AmeriVet Veterinary Partners medical plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in a AmeriVet Veterinary Partners medical plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request medical plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30-day timeframe, coverage will be effective on the date of birth, adoption, or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in AmeriVet Veterinary Partners' medical plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for special enrollment rights, you may add the dependent to your current coverage or change to another medical plan.

## What You Need to Know About the "No Surprises" Rules

The "No Surprises" rules protect you from surprise medical bills in situations where you can't easily choose a provider who's in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you're no longer in need of emergency care. These are called "post-stabilization services." You shouldn't get this notice and consent form if you're getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren't required to sign the form and shouldn't sign the form if you didn't have a choice of health care provider or facility before scheduling care. If you don't sign, you may have to reschedule your care with a provider or facility in your health plan's network.

### [View a sample notice and consent form \(PDF\).](#)

This applies to you if you're a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.

# Notices

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [healthcare.gov](http://healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your state Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your state Medicaid or CHIP office or dial 877-KIDS NOW or [insurekidsnow.gov](http://insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at [askebsa.dol.gov](http://askebsa.dol.gov) or call 866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your state for more information on eligibility.

### ALABAMA – Medicaid

Website: [www.myalhipp.com](http://www.myalhipp.com)  
Phone: 1-855-692-5447

### ALASKA – Medicaid

The AK Health Insurance Premium Payment Program  
Website: [www.myakhipp.com](http://www.myakhipp.com)  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

### ARKANSAS – Medicaid

Website: [www.myarhipp.com](http://www.myarhipp.com)  
Phone: 1-855-MyARHIPP (855-692-7447)

### CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program  
Website: <http://dhcs.ca.gov/hipp>  
Phone: 916-445-8322  
Fax: 916-440-5676  
Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

### COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711  
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>  
CHP+ Customer Service: 1-800-359-1991/State Relay 711  
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com>  
HIBI Customer Service: 1-855-692-6442

### FLORIDA – Medicaid

Website: <https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html>  
Phone: 1-877-357-3268

### GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
Phone: 678-564-1162, Press 1  
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>  
Phone: 678-564-1162, Press 2

### INDIANA – Medicaid

Health Insurance Premium Payment Program  
All other Medicaid  
Website: <https://www.in.gov/medicaid/>  
<http://www.in.gov/fssa/dfr/>  
Family and Social Services Administration  
Phone: 1-800-403-0864  
Member Services: 1-800-457-4584

### IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>  
Medicaid Phone: 1-800-338-8366  
Hawki Website:  
<https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>  
Hawki Phone: 1-800-257-8563  
HIPP Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>  
HIPP Phone: 1-888-346-9562

### KANSAS – Medicaid

Website: [www.kancare.ks.gov](http://www.kancare.ks.gov)  
Phone: 1-800-792-4884  
HIPP Phone: 1-800-967-4660

### KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
Phone: 1-855-459-6328  
Email: [KIHIPP.PROGRAM@ky.gov](mailto:KIHIPP.PROGRAM@ky.gov)  
KCHIP Website: <https://kynect.ky.gov>  
Phone: 1-877-524-4718  
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

### LOUISIANA – Medicaid

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or  
[www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

### MAINE – Medicaid

Enrollment Website: <https://www.mymaineconnection.gov/benefits/s>  
Phone: 1-800-442-6003 TTY: Maine relay 711  
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>  
Phone: 1-800-977-6740 TTY: Maine relay 711

### MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>  
Phone: 1-800-862-4840 TTY: 711  
Email: [masspremessaging@accenture.com](mailto:masspremessaging@accenture.com)

### MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>  
Phone: 1-800-657-3672

### MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 573-751-2005

# Notices

## MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084  
Email: [HHSHIPPProgram@mt.gov](mailto:HHSHIPPProgram@mt.gov)

## NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>  
Phone: 1-855-632-7633  
Lincoln: 402-473-7000  
Omaha: 402-595-1178

## NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>  
Medicaid Phone: 1-800-992-0900

## NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>  
Phone: 603-271-5218  
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218  
Email: [DHHS.ThirdPartyLiabi@dhhs.nh.gov](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

## NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
Phone: 1-800-356-1561  
CHIP Premium Assistance Phone: 609-631-2392  
CHIP Website: <http://www.njfamilycare.org/index.html>  
CHIP Phone: 1-800-701-0710 (TTY: 711)

## NEW YORK – Medicaid

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

## NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>  
Phone: 919-855-4100

## NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>  
Phone: 1-844-854-4825

## OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742

## OREGON – Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
Phone: 1-800-699-9075

## PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>  
Phone: 1-800-692-7462  
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>  
CHIP Phone: 1-800-986-KIDS (5437)

## RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>  
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)

## SOUTH CAROLINA – Medicaid

Website: <https://www.scdlhrs.gov>  
Phone: 1-888-549-0820

## SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059

## TEXAS – Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>  
Phone: 1-800-440-0493

## UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP)  
Website: <https://medicaid.utah.gov/upp/>  
Email: [upp@utah.gov](mailto:upp@utah.gov)  
Phone: 1-888-222-2542  
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>  
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>  
CHIP Website: <https://chip.utah.gov/>

## VERMONT – Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>  
Phone: 1-800-250-8427

## VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>  
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>  
Medicaid/CHIP Phone: 1-800-432-5924

## WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>  
Phone: 1-800-562-3022

## WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bmrs/> and <http://www.mywvhipp.com>  
Medicaid Phone: 304-558-1700  
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

## WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
Phone: 1-800-362-3002

## WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

## U.S. Department of Labor

Employee Benefits Security Administration  
[dol.gov/agencies/ebsa](https://dol.gov/agencies/ebsa)  
866-444-EBSA (3272)

## U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services  
[cms.hhs.gov](https://cms.hhs.gov)  
877-267-2323, Menu Option 4, Ext. 61565

# Notices

## Illinois Consumer Coverage Disclosure Act

The Consumer Coverage Disclosure Act requires employers to notify Illinois employees which of the Essential Health Benefits listed below are and are not covered by their employer-provided group health insurance coverage. Refer to the **Access to Care and Treatment Benchmark Plan** and the **Pediatric Dental Plan** to reference the pages listed below.

<b>Employer Name:</b>	AmeriVet Partners Management, Inc.
<b>Employer State of Situs:</b>	Texas
<b>Name of Issuer:</b>	Blue Cross Blue Shield of Texas
<b>Plan Marketing Name:</b>	Base Plan, Buy Up Plan
<b>Plan Year:</b>	October 1, 2025

### Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

## 2020-2023 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)

Item	EHB Benefit	EHB Category	Benchmark Page # Reference	Employer Plan Covered Benefit?
1	Accidental Injury -- Dental	Ambulatory	Pgs. 10 & 17	Yes
2	Allergy Injections and Testing	Ambulatory	Pg. 11	Yes
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	Yes
4	Durable Medical Equipment	Ambulatory	Pg. 13	Yes
5	Hospice	Ambulatory	Pg. 28	Yes
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	No
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	Yes
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	No
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	Yes
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	Yes
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Yes
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	No
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	Yes
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26 & 35	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	Yes
19	Skilled Nursing Facility	Hospitalization	Pg. 21	Yes

# Notices

## 2020-2023 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)- CONTINUED

Item	EHB Benefit	EHB Category	Benchmark Page # Reference	Employer Plan Covered Benefit?
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	No
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	No
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	Yes
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	No
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	Yes
26	Tele-Psychiatry	MH/SUD	Pg. 11	Yes
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	Yes
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See All Kids Pediatric Dental Document	Yes
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	Yes
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	Yes
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	Yes
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	Yes
36	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	Yes
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	Yes
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Yes
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Yes
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	Yes
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	Yes

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.

# Important Contacts

	Contact ...	Phone Number and Website
<b>Enrollment Help</b>	Benefits Counselors	888-217-4728
<b>Medical Benefits Questions and Healthcare Concierge</b>	Quantum Health	Contact information available January 1, 2026
<b>Medical</b>	BCBSTX Luminare Group #:????	Reach out to Quantum Health (contact information available January 1, 2026)
<b>Prescription Drugs</b>	CVS Caremark	Reach out to Quantum Health (contact information available January 1, 2026)
<b>Medical/Prescription Drugs (CA, OR, WA)</b>	Kaiser California North Group #: 607483 California South Group #: 235878 Oregon NW Group #: 24974 Washington Group #: 2472000	California: 800-464-4000 Oregon: 800-813-2000 Washington: 888-901-4636 <a href="http://healthy.kaiserpermanente.org">healthy.kaiserpermanente.org</a>
<b>HSA, FSA and Commuter Benefits</b>	WEX Group #: 49188	866-451-3399 (questions after you enroll) 844-561-1337 (questions before you enroll) <a href="http://wexinc.com">wexinc.com</a>
<b>Dental</b>	BCBSTX Group #: 393727	877-442-4207 <a href="http://bcbstx.com/ancillary/employees">bcbstx.com/ancillary/employees</a>
<b>Vision</b>	BCBSTX	877-442-4207 <a href="http://member.eyemedvisioncare.com/bcbstx">member.eyemedvisioncare.com/bcbstx</a>
<b>Life/AD&amp;D</b>	Unum Group #: 967932	800-421-0344 <a href="http://unum.com/employees">unum.com/employees</a>
<b>Short-Term Disability (STD) and Long-Term Disability (LTD)</b>	Unum Group #: 967933	800-421-0344 <a href="http://unum.com/employees">unum.com/employees</a>
<b>EAP (Enhanced Option)</b>	CuraLinc	888-881-5462 <a href="http://supportlinc.com">supportlinc.com</a> Group code: amerivet
<b>EAP (Base Option)</b>	Unum	800-854-1446 <a href="http://unum.com/lifebalance">unum.com/lifebalance</a>
<b>Critical Illness, Accident and Hospital Indemnity</b>	Unum Critical Illness Group #: 967949 Accident Group #: 967948 Hospital Indemnity Group #: 967954	800-421-0344 <a href="http://unum.com/employees">unum.com/employees</a>

This brochure summarizes the health care and income protection benefits that are available to all AmeriVet employees and their eligible dependents. Official plan documents, policies, and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the People and Culture Department. Information provided in this brochure is not a guarantee of benefits.