

Benefits Plan Year 2026

Employee Benefit Program

MEDICAL | DENTAL | VISION | FSA | DISABILITY | LIFE | RETIREMENT





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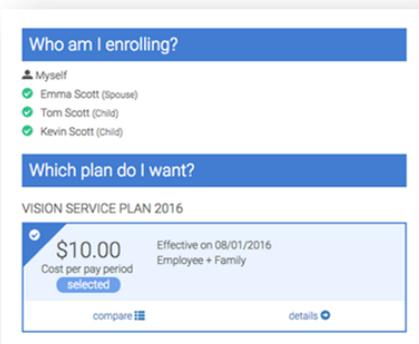
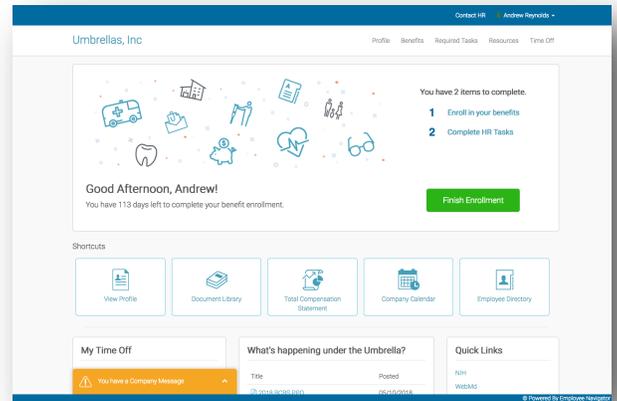
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Employee Navigator

Monadnock Developmental Services Brings you Employee Navigator! An Anytime, Anywhere Benefits Information Portal

Benefit communication: At the heart of the Employee Navigator system is a robust communication engine to help you best understand your benefits. Features include:

- Policy summaries & documents
- Side-by-side plan comparisons
- Carrier phone numbers
- Plan rates, eligibility and contributions



Online Enrollment: MDS offers online benefit elections! Just register your account using our Company Identifier (**MDSNH**), confirm all your dependents and update any other personal information, and then review your benefits. At open enrollment time, you can then choose who to cover and what plans you would like with the click of your mouse!

Document Resource Library: The document library puts all the forms you would ever need right in your hand without a trip to Human Resources and without printing everything off! We've made sure to include the basic documents for our benefit plans and will be adding our HR documents as well – make sure to check back soon!

Getting Started:

<https://www.employeenavigator.com/benefits/Account/Register>

Start off by browsing to the above registration link to set up your account. Enter your First Name, Last Name, the Company Identifier (**MDSNH**), the last 4 digits of your SSN and your Birthday. You can then set up a username and password and have full access to the Employee Navigator Portal.

Already have an account?

Log in here: <https://www.employeenavigator.com/benefits/Account/>



Our employees are our most valuable asset.

That's why at MDS we are committed to a comprehensive employee benefit program that helps our employees stay healthy, feel secure and maintain a work/life balance.

Stay Healthy

- Medical, Prescription, Dental Care
- Flexible Spending Accounts
- Vision

Work/Life Balance

- EAP
- Paid Time Off
- Holidays
- Sick Time
- Personal Days

Feeling Secure

- Life/Accidental Death & Dismemberment
- 403(b) Retirement Savings Plan

Medical Insurance

Who is Eligible and When

Full-time employees are eligible for medical insurance beginning the first day following 90 days of continuous employment. Under ACA, employees who have worked an average of 30 hours per week for 12 months will become eligible for medical benefits.

Benefits You Receive:

In 2026, MDS will continue to offer comprehensive Medical Benefits to all eligible employees through Cigna. We offer the Cigna Open Access Plus plan which offers national in-network coverage with no referrals needed. A **\$100** per pay period spousal surcharge will be added to your premium if you are newly electing to add coverage for your spouse and your spouse is eligible for coverage through their employer but chooses not to enroll. **If your spouse is not eligible for coverage as an employee, the spousal surcharge is waived. Employees who elect to enroll their spouse in the MDS Cigna insurance plan will be required to complete a Affidavit of Spousal Form.**

Choose a plan with confidence.

Cigna One Guide service can help.



We understand how confusing and overwhelming it can be to review your health plan options. And we want to help by providing the resources you need to make a decision with confidence. That's why **Cigna One Guide® service is available to you now.**

Call a One Guide® representative during preenrollment to get personalized, useful guidance.

Your personal guide will help you:

- Easily understand the basics of health coverage
- Identify the types of health plans available to you
- Check if your doctors are in-network to help you avoid unnecessary costs
- Get answers to any other questions you may have about the plans or provider networks available to you

The best part is, during the enrollment period, your personal guide is just a call away.

Don't wait until the last minute to enroll.

Call **888.806.5094** to speak with a Cigna One Guide representative today.

Access Cigna One Guide – after enrollment – in the way that's most convenient for you:



myCigna.com® or the myCigna® App



Live chat



Phone

After enrollment, the support continues for Cigna HealthcareSM customers.

One Guide service will be there to guide you through the complexities of the health care system, and help you avoid costly missteps. Our goal is a simpler health care journey for you and your family.

One Guide service provides personalized assistance to help you:

- Resolve health care issues
- Save time and money
- Get the most out of your plan
- Find hospitals and health care providers in your plan's network
- Get cost estimates and avoid surprise expenses
- Understand your bills

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, see your plan documents.

Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (Bloomfield, CT.) (CHLIC), Connecticut General Life Insurance Company, or (its) their affiliates, and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc. (CHC-TN), and Cigna HealthCare of Texas, Inc. In Utah, all products and services are provided by Cigna Health and Life Insurance Company (Bloomfield, CT). Policy forms: OK - HP-APP-1 et al., OR - HP-POL38 02-13, TN - HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN).

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Medical Plan Highlights



Cigna - Open Access Plus (In-Network Only)	
In-Network Member Deductible (Plan Year)	\$3,000 Individual, \$9,000 Family
Annual Out-of-Pocket Maximum (Medical and Rx Combined)	\$6,000 Individual, \$12,000 Family
Coinsurance	N/A
Plan Services	
Annual Preventative Services	No charge, covered 100%
Office Visit at Primary Care	\$25 copay
Office Visit at Specialist	\$50 copay
Inpatient - Physician and Hospital	Deductible, then no charge
Outpatient Day Surgery	Facility \$75 per admission deductible, then no charge Professional Services deductible, then no charge
Labs	Deductible, then no charge
X-Rays and Advanced Radiology (MRI, CT Scans, PET)	Deductible, then no charge
Emergency Room Care	\$250 copay, then no charge
Urgent Care Services	\$25 copay, then no charge
Routine Vision Exam (1 per year)	\$25 copay, then no charge
Chiropractic (12 days per plan year)	\$50 copay, then no charge
Therapies: Physical/Occupational/Speech (60 days per plan year)	\$50 copay, then no charge
Cigna Prescription Plan	
Retail Prescription Drug, 30-day supply	\$5 / \$35 / \$50
Mail Order Prescription Drug, 90-day supply	\$10 / \$70 / \$100

Cigna Open Access Plus 2026 Bi-Weekly Rates		
Plan Type	Employee/Non-Smoker	Employee/Smoker
Employee	\$56.13	\$86.13
Employee/Spouse	\$117.87	\$147.87
Employee/Spouse (with surcharge)	\$217.87	\$247.87
Employee/Child(ren)	\$106.64	\$136.64
Family	\$168.32	\$198.32
Family (with surcharge)	\$268.32	\$298.32

Cigna Vision Serviced by EyeMed

With your Cigna medical plan, you have access to one routine eye exam per 12 months. Please see your summary of benefits for more details.

Vision Services and Frequency	In-Network Plan Coverage**	In-Network Member Cost***	Out-of-Network Reimbursement
Exam and Professional Services: once per 12 month			
Eye Exam	100% after \$25 copay	\$25 copay	Up to \$45 Allowance
Retinal Screening	\$0	Up to \$39	Not Covered

How to use your Cigna Vision Benefits

(Please be aware that the Cigna Vision network is different from the networks supporting our health/medical plans).

Finding a doctor

There are three ways to find a quality eye doctor in your area:

1. Log into myCigna.com, under "Coverage", select Vision page. Click on Visit Cigna Vision. Then select "Find a Cigna Vision Network Eye Care Professional" to search the Cigna Vision – serviced by EyeMed Directory.
2. Don't have access to myCigna.com? Go to Cigna.com, top of the page select "Find A Doctor", click on Cigna Vision serviced by EyeMed Directory, from the Additional Directories drop down listing.
3. Prefer the phone? Call the toll-free number found on your Cigna insurance card and talk with a Cigna Vision customer service representative. Please be sure to call the vision number on your insurance card.

Urgent and Convenience Care

As you know, in a medical emergency, you should always dial 911 or go to the nearest Emergency Room. But, when your condition isn't life threatening, there are many places where you may seek care that are far less expensive for you than the ER. That's why it's important to Know Before you Go! Please see the chart below for helpful examples of where to go for specific type of conditions.

Emergency care and urgent care when traveling

You always have coverage in an emergency and when you have unforeseen issues when traveling. In a medical emergency, call 911 or go to the nearest emergency room. Once you are out of the hospital, be sure to follow up with a participating network provider for any additional care you may need. You have coverage for unexpected or unforeseen urgent care (e.g., earache, flu or sprain) when you're traveling. Otherwise, you must receive care from participating network providers and hospitals.

KNOW BEFORE YOU GO



Lower Cost and time Greater

	Virtual care	Convenience care clinic	Health care provider's office	Urgent care center	Emergency room
	For minor medical conditions. Connect with a board-certified doctor via video or phone when, where and how it works best for you. Visit myCigna.com , or call MDLIVE at 888.726.3171 to talk with a doctor 24/7.*	For minor medical concerns. Staffed by nurse practitioners and physician assistants. Located in retail stores and pharmacies. Often open nights and weekends.	The best place to go for routine or preventive care or to keep track of medications. Many PCPs offer virtual care. Contact your PCP to schedule an in-person or virtual care visit. Find a PCP on myCigna.com .	For conditions that aren't life threatening. Staffed by nurses and doctors and usually have extended hours.	For immediate treatment of critical injuries or illness. Open 24/7. If a situation seems life threatening, call 911 or go to the nearest ER. *Freestanding" ER locations are becoming more common in many areas. Because these ERs are not inside hospitals, they may look like urgent care centers. When you receive care at an ER, you're billed at a much higher cost than at other health care facilities.
Conditions treated**	<ul style="list-style-type: none"> › Colds and flu › Rashes › Sore throats › Headaches › Stomachaches › Fever › Allergies › Acne › Urinary tract infections (UTIs) and more 	<ul style="list-style-type: none"> › Colds and flu › Rashes or skin conditions › Sore throats, earaches, sinus pain › Minor cuts or burns › Pregnancy testing › Vaccines 	<ul style="list-style-type: none"> › General health issues › Preventive care › Routine check-ups › Vaccines and screenings 	<ul style="list-style-type: none"> › Fever and flu symptoms › Minor cuts, sprains, burns, rashes › Headaches › Lower back pain › Joint pain › Minor respiratory symptoms › UTIs 	<ul style="list-style-type: none"> › Sudden numbness, weakness › Uncontrolled bleeding › Seizure or loss of consciousness › Shortness of breath › Chest pain › Head injury/major trauma › Blurry or loss of vision › Severe cuts or burns › Overdose
Your cost and time	<ul style="list-style-type: none"> › Costs the same or less than a visit with your primary care provider (PCP) › Appointments typically in an hour or less › No need to leave home or work 	<ul style="list-style-type: none"> › Same or lower than provider's office › No appointment needed 	<ul style="list-style-type: none"> › May charge copay/coinsurance and/or deductible › Usually need appointment › Short wait times 	<ul style="list-style-type: none"> › Costs lower than emergency room (ER) › No appointment needed › Wait times vary 	<ul style="list-style-type: none"> › Highest cost › No appointment needed › Wait times may be long

Cigna Health Information Line

A telephone service staffed by clinicians who help you understand and make informed decisions about health issues you are experiencing, at no extra cost. These clinicians can help you choose the right care in the right setting at the right time, whether it's reviewing home treatment options, following up on a PCP's appointment or finding the nearest in-network urgent care center. Just call the number on your Cigna ID card, go to myCigna.com or use the [myCigna® App](#)*** Open 24/7.

Together, all the way.®



Offered by Cigna Health and Life Insurance Company or its affiliates.

In 2026 MDS will provide your Prescription Drug benefits through Cigna 90 Now CVS.

Retail drugs for a 30 day supply may be obtained in-network at a wide range of pharmacies across the nation although prescriptions for a 90 day supply (such as maintenance drugs) will be available at select network pharmacies. (Please note Walgreens will be considered out-of-network for a 90 day supply.)

This plan will not cover out-of-network pharmacy benefits.

With the Cigna 90 Now Program, you can choose to fill your medications in a 30-or 90-day supply. If you choose to fill a 30 day prescription, it can be filled at any network or retail pharmacy or network home delivery pharmacy. If you choose to fill a 90-day prescription, it must be filled at a 90-day network retail pharmacy or network home delivery pharmacy covered by the plan.

Your pharmacy benefits share an out-of-pocket maximum with the medical/behavioral benefits.

Cigna provides several tools to help you understand medication costs. Log in to the myCigna App or myCigna.com and use the Price a Medication tool to see how much your medications costs before your get to the the pharmacy counter. Find lower-cost alternatives that can be used to treat the same condition (if available) and see whether your medication needs approval before your plan will cover it.

If you take a medication every day to treat an ongoing health condition, Express Scripts Pharmacy (Cigna's home delivery Pharmacy) may be a convenient option for you. It is convenient, provides safe, private delivery and they send refill reminders to help make sure you don't miss a dose.

Please refer to the flyers on the next few pages for more information on the new Rx program.

Know your medication costs before you fill.

Use the Price a Medication tool on myCigna.

Log in to the **myCigna® App**¹ or **myCigna.com**[®] and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter – or, even before you leave your doctor’s office.

Know before you go, with the Price a Medication tool.

Compare the price of your medication at in-network retail pharmacies and through Express Scripts[®] Pharmacy² and Accredo^{®2}.

- See which medications your plan covers
- Find lower-cost alternatives that can be used to treat the same condition (if available)³
- See your costs for a 30-day and 90-day supply (depending on what your plan allows)
- Find out if your medication needs approval before your plan will cover it

Shop wisely. Your medication may cost less at a different pharmacy.

Not all pharmacies charge the same amount for medications. When you and your doctor are considering the right medication for your treatment, knowing how much the medication will cost you to fill, what lower-cost alternatives may be available and which pharmacies offer the best prices can help you save money.

1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.

2. Not all plans offer Express Scripts[®] Pharmacy or Accredo as covered pharmacy options. Log in to the myCigna App or myCigna.com, or check your plan materials, to learn more about the pharmacies in your plan’s network. Cigna Healthcare maintains an ownership interest in Express Scripts[®] Pharmacy’s home delivery services and Accredo’s specialty pharmacy services. However, you have the right to fill prescriptions at any pharmacy in your plan’s network. You won’t be penalized regardless of where you fill your prescriptions.

3. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.

Para obtener ayuda en español llame al número en su tarjeta de Cigna Healthcare.

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Cigna 90 Now CVS / Advantage Formulary			
	30 - Day Retail	90 - Day Retail	Home Delivery (90 - Day)
Generic	\$5	\$15	\$10
Preferred Brand	\$35	\$105	\$70
Non-Preferred Brand	\$50	\$150	\$100

Cigna Prescription Mail Order Program

If you take a medication every day to treat an ongoing health condition, Express Scripts may be a convenient option for you. Express Scripts is a Cigna company and one of the country's largest home delivery pharmacies.

They provide convenience and a safe, private delivery of your medication. They also will send you a refill reminder to help make sure you don't miss a dose. Please see the flyer below for more details.

Make fills easier.

Use home delivery with Express Scripts® Pharmacy.



Home delivery with Express Scripts® Pharmacy is a convenient option when you're taking a medication on a regular basis.¹ It's simple, safe – and saves you trips to the pharmacy.

Make fills easier. Have your medication sent to your home.

With just a few simple clicks of your mobile phone, tablet or computer, your important medications will be on their way to your door (or location of your choice).

- **Easily order, manage, track and pay for your medications** on your phone or online
- Standard shipping at **no extra cost**²
- Fill up to a **90-day supply** at one time³
- Helpful pharmacists **available 24/7**
- **Automatic refills**⁴ or refill reminders so you don't miss a dose
- **Flexible payment options** – split your bill into three smaller equal payments

Three easy ways to get started using Express Scripts® Pharmacy

1. **Log in to the myCigna® App⁵ or myCigna.com® to move your prescription electronically.** Click on the Prescriptions tab and select My Medications from the dropdown menu. Then simply click the button next to your medication name to move your prescription(s). Or,
2. **Call your doctor's office.** Ask them to send a 90-day prescription (with refills) electronically to Express Scripts Home Delivery. Or,
3. **Call Express Scripts® Pharmacy at 800.835.3784.** They'll contact your doctor's office to get your prescription. Have your Cigna HealthcareSM ID card, doctor's contact information and medication name(s) ready when you call.



Got a new prescription?

Ask your doctor to send it to Express Scripts® Pharmacy for you.

1. **Electronically:** For fastest service, have them send it electronically to Express Scripts® Home Delivery, NCPDP 2623735. Or,
2. **By fax:** Have them call **888.327.9791** to get a Fax Order Form.

Cigna Supplemental Solutions

myCigna

On myCigna.com or the “myCigna” app you can find in-network providers, manage and track claims, see cost estimates for medical procedures and prescription drugs, find retail pharmacies, compare quality of care for doctors and hospitals and access a variety of health and wellness tools and resources. Additionally, you can print or obtain your digital ID cards through myCigna. Cigna does not mail physical ID cards to your home.

To register either go to myCigna.com or launch the “myCigna” app on your smart phone and:

- 1) Select “Register Now”
- 2) Enter your personal information
- 3) Create your security information and provide your primary email address
- 4) Review, then select “Submit”

Cigna Mental Health Resources

Cigna offers a wide variety of resources to support mental health and wellbeing. For more information go to www.mycigna.com.

- **HeadSpace:** A digital mental health and well-being program that gives members access to thousands of meditations, mindfulness exercises, sleepcasts, guided workouts, focus music, and evidence-based programs for stress, sleep, burnout, and anxiety. Members can also use Ebb, an empathetic AI companion for emotional check-ins and personalized guidance. Headspace connects with other Cigna benefits through myCigna, providing ongoing support and proven tools to improve mental health outcomes.
- **Talkspace:** Talkspace is an online therapy platform allows you to connect with a licensed behavioral therapist from anywhere, at any time. You can send unlimited text, video, and voice messages to your dedicated therapist via web browser or the Talkspace mobile app. Access at www.talkspace.com/cigna and enter your registration details.
- **MDLive:** MDLive provides virtual behavioral health care. You have access to talk therapy and psychiatry from the privacy of your home. To access go to www.mycigna.com.

Flexible Spending Accounts

Monadnock Developmental Services offers all employees who have satisfied the eligibility requirement of 20 hours per week and who have attained six (6) months of service a Flexible Spending Account (FSA) program. The FSA allows employees to have pre-tax dollars deducted from their salaries to pay for eligible out-of-pocket expenses. Participation in the Health Care and/or Dependent Care FSA is optional and determined on an annual basis for the plan year.

The pre-tax contributions made to the FSA can be used to pay for non-reimbursed health care expenses and/or dependent care expenses during the plan year. The FSA program reduces your taxable income, allowing you to keep more of the money you earn.

You determine how much to contribute to the account, up to the MDS specified maximum, based on anticipated expenses during the plan year. Contributions are directed to the FSA through payroll deduction on a pre-tax basis. This tax-free money is then available to you for reimbursement of out-of-pocket expenses.

The rollover provision allows participants to carry over up to the IRS specified amount of \$680 of their unused Health FSA balance remaining at the end of the 2026 plan year into 2027. Participants will have the 90-day run-off period to submit claims from the prior plan year and then the rollover will kick in for funds up to the max allowed amount. Employees can still elect the full 2026 Health FSA Benefit amount even if they carry over the maximum amount from 2025.

To learn more about these annual limits, please go to [irs.gov](https://www.irs.gov) and in the search box type "Flexible Spending Account Limits." The 2026 annual contribution limit for FSAs is \$3,300 and the annual Dependent Care Reimbursement Account contributions are limited to \$7,500 per plan year.

The new plan year runs January 1, 2026 through December 31, 2026.

You must re-elect this benefit each plan year.

Flex Benefit Debit Card

The Flex Benefit Debit Card is a convenient way to access your FSA funds at the point of sale rather than submitting a paper claim and waiting for reimbursement. You can use it to pay for office visit and prescription copays, health insurance deductibles and qualified over-the-counter expenses.

- The Flex Benefit Debit Card draws funds directly from your current FSA account.
- The card should only be used for expenses that you and your dependents incur within this plan year. It cannot be used to pay for services incurred in a prior plan year that are being billed for in this plan year.
- A service must be rendered before payment can be made with the Benefit Card.
- Do not throw out any receipts! Even if your transaction goes through at the register at time of purchase, you still may need to provide documentation.
- Do not throw away your Debit Card at the end of the year. The card has a three-year expiration date.

Dental Plan

Delta Dental

In 2026 MDS will continue to offer a comprehensive Dental plan through Delta Dental, the same plan as last year with a slight increase. Employees working 30 or more hours per week are eligible for Dental benefits on the first of the month following 90 days of employment.

Delta Dental - Explanation of Benefits In-Network	
Plan Deductible Individual Family Limit	<i>Deductible waived for Preventive Services</i> \$25 \$75
Annual Maximum	\$1,500 per person per plan year Expenses incurred for covered Diagnostic and Preventive services do not accrue to your annual maximum.
Preventive Services Covered at 100%	Exams, cleanings, x-rays oral cancer screenings, fluoride once in a 12 month period to age 19, sealant applications to permanent molars for children to age 19
Basic Services Covered at 80% after deductible	Fillings (including white fillings on anterior and posterior teeth), simple extractions, includes periodontics and endodontics
Major Services Covered at 50% after deductible	Dentures, crowns, inlays, implants
Orthodontia Services Covered at 50%	\$1,500 lifetime max per patient <i>Orthodontia services available for dependent children to age 19</i>

2026 Employee Bi-Weekly Rates	
Employee	\$2.08
Two Person	\$4.04
Family	\$6.89

Vision Plan

DeltaVision

In 2026 MDS will continue to offer a Voluntary Materials Only Vision Care Plan, through DeltaVision (EyeMed Network). This is a 100% employee paid benefit. Employees working 30 or more hours per week are eligible for the Vision Care Plan on the first of the month following 90 days of employment. This is a very comprehensive vision plan that includes many savings opportunities for employees, particularly those purchasing prescription glasses and lenses. Please see the Plan Description for details.



DeltaVision Materials Only Vision Care Plan Summary

	Network Benefit	Non-Network Benefit
Frames	\$150 allowance, then 20% off balance	\$75
Standard Plastic Lenses (Single/Bifocal/Trifocal)	Member pays \$10, plan pays balance <i>(See additional lens options/costs on benefit summary)</i>	\$25/\$40/\$55
Conventional Contact Lenses	\$150 allowance, then 15% off balance	\$120
Disposable Contact Lenses	\$150 allowance, member pays balance	\$120
Frequency-Lenses or Contacts/Frames	12 / 24	

2026 Employee Bi-Weekly Rates

Employee	\$2.24
Employee and Spouse or Employee and Child	\$3.85
Employee and Children / Family	\$6.89

Life insurance offers you and your family important financial protection. MDS, through The Hartford, provides regular full-time employees working a minimum of 37.5 hours per week a 100% employer paid basic term life insurance plan of 1x your annual salary to a maximum of \$50,000. There is a 35% benefit reduction at age 70 and a 50% reduction at age 75.

You are also provided with 100% employer paid Accidental Death and Dismemberment (AD&D) insurance, which provides benefits if a serious injury or death results from an accident. You will find details about the basic life insurance plan in the Summary Plan Description. Benefits received from these plans are subject to applicable Federal and State tax laws.

The Hartford Voluntary Life Insurance

Additional Voluntary Employee Paid Term Life Insurance is available for regular full-time employees working 35+ hours per week. This benefit is 100% employee paid. Coverage is also available for spouses and dependent children.

During Annual Open Enrollment, **employees currently enrolled in voluntary life:**

- Employees may elect or increase life insurance coverage by up to 4 increments of \$10,000 (totaling \$40,000), up to the guarantee issue of the lesser of 5X salary or \$200,000, NO MEDICAL QUESTIONS ASKED.
- Spouses may elect or increase life insurance coverage by up to 2 increments of \$5,000 (totaling \$10,000), up to the guarantee issue of the lesser of \$30,000 or 50% of the employee's elected amount, with NO MEDICAL QUESTIONS ASKED.
- The allowed increments are on a guaranteed acceptance basis provided that the employee and/or spouse have not been previously declined for coverage.
- Medical questions will be asked if employee/spouse wish to buy additional coverage over allowed annual increments.

During Annual Open Enrollment, for employees NOT currently enrolled in voluntary life:

- Employees not currently covered or enrolled can elect coverage at Open Enrollment (or any time) with Evidence of Insurability (EOI).
- Newly eligible employees can elect coverage up to the GI limit without EOI. Any amounts over the GI will require EOI.

Please remember that spousal premiums will be calculated based on employee age. Term Life Insurance is designed to cover individuals for the elected term period, and not thereafter.

Voluntary AD&D is elected separately from Voluntary Life.

**Exceptions/requirements apply. Please see The Hartford materials for further detail.*

Long Term Disability

The Hartford

MDS provides full-time employees working at least 37.5 hours per week with long-term disability income benefits and pays the full cost of this coverage. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income.

LTD Benefits	
Benefits Begin	90 days after disability begin
Benefits Payable	2-year own occupation, 65+ benefit duration
% of Income Replaced	60% of monthly salary
Maximum Benefit	\$6,000 per month

Employee Assistance Program

The Hartford

MDS employees have access to an Employee Assistance Program (EAP) through The Hartford. The Hartford EAP is called Ability Assist. Ability Assist provides professional counseling for financial, legal and emotional issues. This includes three face-to-face sessions per year and unlimited phone access. Services are also available to spouses and dependent children and can include guidance from highly trained master's and doctoral level clinicians to help deal with job pressures, relationship and marital conflicts, stress, anxiety, depression, and substance abuse.

To register for Ability Assist and have access to hundreds of personal health topics and resources for child care, elder care, attorneys or financial planners, go to www.guidanceresources.com. In the Organization Web ID field enter: **HLF902**. In the Company Name field at the bottom of the personalization page enter: **ABILI**. After selecting "Ability Assist program," create your confidential username and password.

Workers Compensation

MDS carries Workers' Compensation Insurance on all employees to assist with income and certain expenses in the event of a work-related illness or injury.

Education Reimbursement

MDS encourages employees to continue their education through accredited programs that support growth in their current role or future opportunities. Active employees in good standing who work at least weekly and have completed six months of employment are eligible to apply. Employees pay for tuition and textbooks upfront and may be reimbursed up to \$500 twice per calendar year upon successful completion of an approved course, provided they remain actively employed through the course completion date and earn a passing grade of "B" or obtain certification. Funding is limited and available on a first come, first serve basis. Please refer to the Monadnock Developmental Services Handbook for full details.

403(b) Retirement Plan

An Employer Sponsored Discretionary Vested Matching 403(b) Retirement Plan in a tax-sheltered annuity is available to those who wish to participate. All dollars that you contribute will reduce your taxable income and grow on a tax-deferred basis until you withdraw your funds.

- There is no minimum age requirement to make salary reduction contributions, including Designated Roth Contributions, to this plan.
- There is no minimum service requirement to make salary reduction contributions to this plan.
- You must be at least 21 years of age to receive employer matching contributions under this plan.
- You must complete at least one year of service to receive employer matching contributions under this plan.
- You are included as a participant in the plan on the first day of the month coinciding with or immediately following your date of hire.

You will be credited with a year of service for eligibility at the end of your first twelve months of employment provided you complete at least 1,000 hours of service within that twelve-month period. If you complete fewer than 1,000 hours during your first twelve months with us, you will be credited with a year of service for eligibility at the end of the first twelve-month period, beginning on the anniversary date of your date of hire, in which you complete 1,000 hours of service.

If you have a break-in-service after becoming a participant in the plan and are later rehired, you will be eligible to resume participation in the plan on the first day of the month coinciding with or immediately following the date you are rehired:

- a) If you were at least partially vested in your benefit before you terminated service, or
- b) If, regardless of your vesting status when you terminated service, your break-in-service did not exceed five consecutive years.

In any other case, you will be eligible to resume participation in the plan only upon completion of the applicable service requirement. A break-in-service means a twelve-consecutive month period during which you do not complete more than 500 hours of service with us due to your termination, layoff, leave or similar reason.

MDS will match up to five (5%) of each employee's gross salary if the employee voluntarily contributes that much or more to the plan. MDS will make the matching contribution on a bi weekly basis provided the Board determines there are sufficient funds to accommodate the match. Please call the Human Resource Manager for more information.

Vacation, Sick Time, Holidays

Paid Time Off (PTO)

Paid Time Off year is January 1st through December 31st. PTO is defined as vacation and holiday time. Full time employees must work a minimum of 37.5 hours per week to be eligible for PTO accrual. Accrual begins on the first day of full time employment. Please refer to Monadnock Developmental Services Handbook for specific details. Regular part time employees scheduled for 30 hours or more per week are eligible for PTO. Please refer to the MDS handbook.

Sick Leave

All full-time employees will accrue one (1) sick day per month. Sick time may be used for well care, medical and dental appointments or personal illnesses for yourself or an immediate family member. Immediate family members, for this policy, include spouse or domestic partner, children, foster children, parent(s) or parent(s)- in-law. Sick time will not accrue during an extended sick leave, i.e. FMLA, Long Term Disability or Worker's Compensation, Military Leave, Bereavement Leave, or any other leave of absences. Please refer to Monadnock Developmental Services Handbook for specific details. Regular part time employees scheduled for 30 hours per week will be eligible for sick leave. Please refer to the MDS handbook.

Personal Time

Personal time is not included in PTO. Full time employees employed less than two (2) years will be credited with one (1) personal day per calendar year (January 1 – December 31). Full time employees employed for two (2) or more years will be credited with three (3) personal days per calendar year (January 1 – December 31). Personal time is not paid out at the end of employment.

Holidays

MDS recognizes 11 holidays per year:

New Years Day

Martin Luther King Day

President's Day

Memorial Day

Juneteenth

Independence Day

Labor Day

Veteran's Day

Thanksgiving Day

Day after Thanksgiving

Christmas Day

Contacts

Who do I contact with questions or changes to my plans?

Please contact Human Resources if you have questions about benefits or a change of address, phone number, a significant life change such as marriage, divorce, addition or deletion of dependents.



Plan / Carrier	Contact Information	
Medical Insurance Cigna - Medical Cigna - Vision (Eyemed)	866-494-2111 888-353-2653 www.myCigna.com	
Dental Insurance Northeast Delta Dental	800-832-5700 -or- 603-223-1234 www.nedelta.com	
Vision Insurance DeltaVision (through EyeMed)	866-723-0513 www.nedelta.com/DeltaVision	
Flexible Spending Accounts American Benefits Group	Elizabeth Bonney 800-499-3539 fax: 877-723-0147 support@amben.com claims: www.amben.com/wealthcare	Mail claims to: American Benefits Group PO Box 1209 Northampton, MA 01061-1209
Employee Assistance Program (EAP) The Hartford Ability Assist	800-964-3577 www.guidanceresources.com Organization Web ID: HLF902 Company Name: ABILI	
Life and Disability The Hartford	800-523-2233 https://www.thehartford.com/contact-the-hartford/employee-benefits	
Mutual of America Financial Group Jaxon Farina	401-470-7097 Jax.Farina@mutualofamerica.com	

This benefit booklet
is provided to employees of



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Revised November 7, 2025.