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HR News You Can Use



2026 Employee Benefits Guide MA/RI Machinists



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Your Health, Your Choice!

Welcome to your 2026 Benefit Enrollment Guide! We've prepared this Guide to serve as your roadmap through the benefit enrollment process. In it you will find an overview of changes made to the benefits program for 2026, as well as detailed descriptions of the individual benefit plans. Pricing schedules for each benefit are also included as are the contact information and website locations for all the carriers.

This guide summarizes the benefit plans that are available to eligible employees and their 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 in this guide, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

Important Note: Your enrollment is "ACTIVE" which means it requires you to either enroll or waive the dental and vision benefits. Please take this opportunity to review your current benefits elections, update beneficiaries and make any changes necessary. All changes go into effect on January 1, 2026. **If you fail to actively enroll in each benefit, voluntary benefits will discontinue such as Dental, Vision Voluntary Life Insurance/AD&D, Critical Illness and Accident Insurance.** Don't let this happen to you, act now!

Benefits Eligibility

Eligible Employees

You may enroll if you are a regular full-time employee who is actively working a minimum of 30 hours per week and are not covered by a union-sponsored healthcare plan.

Eligible Dependents

If you are eligible for our benefits, then your dependents are too. For dental, vision, voluntary accident and voluntary critical illness, eligible dependents include your spouse and children up to age 26. If your child is developmentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, legally adopted, stepchildren and children placed through court-appointed legal guardianship.

For Life Insurance Benefits, dependents are eligible to be covered from live birth through age 25.

When Coverage Begins

Newly hired employees and dependents will be eligible on the 31st day following the employee's date of hire. All elections are in effect for the entire calendar year and can only be changed during Open Enrollment unless you experience a Qualifying Life Event.

Qualified Life Event Change

A Qualifying Life Event is a change in your personal life that may impact your eligibility or dependent's eligibility for Benefits. Examples of Qualifying Life Event changes include:

- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 60 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 60 days of the event may result in your having to wait until the next open enrollment period to make your change. Log in to PlanSource to make your changes.

In the event of an employee's death, the company will continue to cover medical benefits for family members who are covered under the plan for 30 days after the date of death.

What's New For 2026

Flexible Spending Account (FSA) Contributions

- Increased IRS maximum annual contributions:
 - \$3,400 (Health Care / Limited Purpose FSA)
 - \$7,500 (Dependent Care family)
 - \$680 (Roll over)

Dental Insurance

- Your Dental Employee Contributions will be increasing for the 2026 Plan Year, effective January 1st.

Discover the New MyMiltonCat!

- We've redesigned MyMiltonCat to make it easier than ever to access your benefits, wellness tools, and HR resources—all in one place. With a modern look, simple navigation, and mobile-friendly design, it's your new go-to hub for staying informed, connected, and supported.
 -  Visit [MyMiltonCAT](#) – Benefits for You and All Your Well-Beings today!

How To Enroll for 2026

MyMiltonCAT.com is your one stop access for Open Enrollment information and resources.

Before you enroll, be sure to review your Personal Information (Address, W-4, Direct Deposit, Pay Stub Info, Emergency Contacts, etc.) in UKG.

Once you're ready..... Log into PlanSource, review current benefits and make your 2026 selections.

Visit www.MyMiltonCAT.com and click on PlanSource

Enter your username: [First Initial of First Name + Up to six characters of your Last Name + last 4 digits of your Social Security Number (SSN)] Example: JSmith3579

Enter your password: [Password: Birthdate in the format YYYYMMDD] Example: 19750207

(Note: Every year during Open Enrollment your password will reset back to your birthdate in the YYYYMMDD format.)

Password problems: Please call PlanSource at 844-307-4868, Monday-Friday 8:00am to 8:00pm EST

Important Note:

Enrollment is "ACTIVE" and requires you to take action to enroll for employee benefits. Please take this opportunity to review your current benefits elections, update beneficiaries and make any changes.

Review your current benefit selections to ensure dependent and beneficiary selections are accurate. This can be done once you log into Plansource by viewing Current Benefits in the top left-hand corner of the home page.

Have questions? Need Help? Please contact the HR Department at hr@miltoncat.com or 508-482-5740

Employee Contributions

The share of premiums that you pay for coverage is deducted on a pre-tax basis through payroll deductions.

	Employee Rates
Dental: Delta Dental of MA	
Employee Only	\$4.84
Employee + Spouse	\$11.01
Employee + Child(ren)	\$10.27
Employee + Family	\$14.43
Vision: EyeMed	
Employee Only	\$1.59
Employee + Spouse	\$2.55
Employee + Child(ren)	\$2.60
Employee + Family	\$4.19
Accident Insurance (Low): Voya	
Employee Only	\$2.32
Employee + Spouse	\$3.90
Employee + Child(ren)	\$4.60
Employee + Family	\$6.17
Accident Insurance (High): Voya	
Employee Only	\$3.29
Employee + Spouse	\$5.48
Employee + Child(ren)	\$6.48
Employee + Family	\$8.67
Critical Illness: Voya	
	See Following Page

Critical Illness

		Employee - \$10,000 of Coverage				Spouse - \$5,000 of Coverage				Child(ren) - \$2,500 of Coverage	
Critical Illness (Low Plan)	Age-Bands	Non-Tobacco Biweekly	Tobacco Weekly	Non-Tobacco Biweekly	Tobacco Weekly	Non-Tobacco Biweekly	Tobacco Weekly	Non-Tobacco Biweekly	Tobacco Weekly	Bi-Weekly	Weekly
	< 30	\$3.42	\$1.71	\$4.52	\$2.26	\$2.15	\$1.07	\$2.61	\$1.30	\$0.52	\$0.26
	30 - 39	\$4.48	\$2.24	\$6.37	\$3.18	\$2.72	\$1.36	\$3.69	\$1.85		
	40 - 49	\$8.58	\$4.29	\$13.06	\$6.53	\$4.62	\$2.31	\$6.83	\$3.42		
	50 - 59	\$15.46	\$7.73	\$24.83	\$12.42	\$7.04	\$3.52	\$10.87	\$5.43		
	60 - 64	\$20.86	\$10.43	\$34.85	\$17.42	\$9.16	\$4.58	\$14.65	\$7.33		
	65 - 69	\$27.69	\$13.85	\$42.55	\$21.28	\$11.95	\$5.98	\$17.63	\$8.82		
	70+	\$29.08	\$14.54	\$43.34	\$21.67	-	-	-	-		

		Employee - \$15,000 of Coverage				Spouse - \$10,000 of Coverage				Child(ren) - \$5,000 of Coverage	
Critical Illness (High Plan)	Age-Bands	Non-Tobacco Biweekly	Tobacco Weekly	Non-Tobacco Biweekly	Tobacco Weekly	Non-Tobacco Biweekly	Tobacco Weekly	Non-Tobacco Biweekly	Tobacco Weekly	Bi-Weekly	Weekly
	< 30	\$4.52	\$2.26	\$6.18	\$3.09	\$3.09	\$1.55	\$4.02	\$2.01	\$1.04	\$0.52
	30 - 39	\$6.12	\$3.06	\$8.95	\$4.48	\$4.25	\$2.12	\$6.18	\$3.09		
	40 - 49	\$12.28	\$6.14	\$18.99	\$9.50	\$8.03	\$4.02	\$12.46	\$6.23		
	50 - 59	\$22.59	\$11.30	\$36.65	\$18.32	\$12.88	\$6.44	\$20.54	\$10.27		
	60 - 64	\$30.69	\$15.35	\$51.67	\$25.83	\$17.12	\$8.56	\$28.11	\$14.05		
	65 - 69	\$40.94	\$20.47	\$63.23	\$31.62	\$22.71	\$11.35	\$34.06	\$17.03		
	70+	\$43.02	\$21.51	\$64.41	\$32.20	-	-	-	-		

Voluntary Life and AD&D Insurance

Age	Employee & Spouse Rate per \$1,000
Through age-29	\$0.05
30-34	\$0.07
35-39	\$0.10
40-44	\$0.17
45-49	\$0.26
50-54	\$0.41
55-59	\$0.73
60-64	\$1.33
65-69	\$2.19
70-99	\$3.21
Child Life Rate	\$0.17 per family unit
Voluntary AD&D Employee Rate	\$0.03

Important Note: You must purchase coverage for yourself in order to purchase for your dependents.

Flexible Spending Accounts (FSA)

You can set aside tax-free dollars each year to cover eligible out-of-pocket health care and daycare expenses. For the plan year, you can elect up to **\$3,400** for your General-Purpose Health Care Account. And you can set aside up to **\$7,500 (\$3,750** if married filing separately) for eligible daycare expenses in the Dependent Care Spending Account. Each account is separate; you cannot use health care funds to pay for dependent care expenses or vice versa. You can elect to participate in both accounts.

How the Plans Work

- You elect a contribution amount to deduct from your pay on a pre-tax basis and put into the Flexible Spending Account
- You may not change your contribution amount during the plan year unless you have a Qualifying Life Event
- Expenses must be incurred between your enrollment date in the Flexible Spending Account and December 31, 2026
- You may submit claims for expenses incurred (your enrollment date – December 31, 2026) by March 31, 2027
- Up to \$680 of unused Health Care FSA monies can be rolled over into the next year.

It is important to plan your contribution amounts carefully. The Internal Revenue Service requires that you forfeit any money in excess of the \$680 that is rolled over in your account for which you have not incurred eligible expenses by the end of the plan year.

General Purpose Health Care FSA (GPFSA)

Funds that you set aside in a GPFSA can be used to reimburse yourself for eligible out-of-pocket health care expenses not covered under the dental or vision plans. Reimbursements can be made for most expenses that would qualify for a health care deduction on your income tax return.

FSA Debit Card Process

If you are a first-time enrollee in the HealthCare FSA, PlanSource will send you an FSA debit card to your home. Many eligible transactions can be auto substantiated at the point of service. However, there are certain purchases that may be declined and require you to submit receipts to validate the expense. You will be reimbursed by PlanSource for these purchases once the expenses have been approved.

Eligible Health Care Expenses

- Prosthetic, orthopedic, and orthotic devices
- Acupuncture, chiropractic, and physical therapy visits
- Vision care (exams, glasses, contacts, Lasik surgery)
- Dental care (including orthodontia)

Ineligible Health Care Expenses

- Cosmetic expenses
- Massage therapy
- Health club dues
- Weight loss programs
- Insurance premiums

Dental Insurance

Delta Dental

The Delta Dental PPO Plus Premier plan provides access to two of Delta Dental's extensive national networks – Delta Dental PPO, with more than 283,000 dentist locations and Delta Dental Premier, the largest dental network in the country with more than 358,000 dentist locations. You will enjoy great benefits when you receive your dental care from a participating dentist in either the Delta Dental PPO or Delta Dental Premier networks.

- Both networks offer discounted fees and a no balance billing policy.
- You will receive good value from Delta Dental Premier network dentists who generally accept discounted fees but will be subject to the out-of-network co-insurance level shown in the Coverage Summary.
- You will enjoy the greatest savings when visiting Delta Dental PPO network dentists and will receive the in-network co-insurance level shown in the Coverage Summary.

If you choose to receive services from a non-participating dentist, you will have higher out-of-pocket costs as the Delta Dental contract rates and the no balance billing policy do not apply.

Simply visit www.deltadentalma.com to find a participating dentist in your area.



Visit deltadentalma.com for detailed benefit information

Coverage Summary for Milton CAT Group #015734

	In-Network	Out-of-Network Reimbursement
Annual Deductible Individual	\$50	\$50
Annual Deductible Family	\$150	\$150
Waived for Preventive	Yes	Yes
Annual Plan Maximum	\$1,500	\$1,500
Lifetime Orthodontia Maximum	\$1,200	\$1,200
Diagnostic and Preventive Services		
Diagnostic and Preventive	100%	100%
Basic Services		
Basic	80%	80%
Endodontic Treatment	80%	80%
Periodontic Treatment	80%	80%
Major Services		
Major	50%	50%
Implants	Included	Included
Orthodontia Services		
Orthodontia	50%	50%
Dependent Children	Covered up to age 19	Covered up to age 19
Adults (and covered full-time students, if eligible)	N/A	N/A

Vision Insurance

Vision benefits through EyeMed offer more than just an eye exam. You also receive benefits that help you save on your favorite eyewear or contacts, Lasik eye surgery, and more.

EyeMed has an extensive network of doctors along with facilities such as LensCrafters, Pearle Vision and Target. If you already have an eye doctor and you want to know if he or she is participating with EyeMed, you may call the doctor directly or contact EyeMed at (866) 800-5457. Be sure to refer to the “Insight” Network. To check providers online go to <https://eyemed.com/en-us>.

Below is a summary of benefits. A comprehensive summary can be found on the PlanSource benefits portal.

In addition to this, members enrolled in our Cigna medical plan have access to one eye exam each year. This exam is offered at no cost providing an in-network provider is used.

	In-Network Your Cost	Out-of-Network Reimbursement
Exams	100% After \$0 copay	Up to \$50 reimbursement
Retinal Imaging	Up to \$39	Not Covered
Contact Lens Fit and Follow-Up Standard Premium	\$40 10% off retail price	Not Covered Not Covered
Frame Any available frame at provider location	\$0 copay; 20% off balance over \$130	Up to \$104 reimbursement
Standard Plastic Lenses Lens Options Contact Lenses	See EyeMed Summary of Benefits	See EyeMed Summary of Benefits
Frequencies of Benefit Exam & Lenses (or Contacts) Frames	(Plan allows member to receive either contacts and frame, or frames and lens services) Once every calendar year Once every other calendar year	
In-Network Discounts Available	40% off prescription sunglasses 20% off non-prescription sunglasses Hearing Care from Amplifon NetworkCare Lasik or PRK from U.S. Laser Network	

Out of Network services – all out of network services are paid out of pocket by the member. Submitting a claim form with a copy of your receipt will allow EyeMed to reimburse you up to the maximum reimbursement amount.

Basic Life and AD&D Insurance

Milton provides company-paid Basic Life/Accidental Death & Dismemberment (AD&D) Insurance through The Standard to assist you and your family in the event of a loss.

Benefits	The Standard
Definition	Massachusetts & Rhode Island Union Employees
Waiting period	All Benefits for full time employees begin on the 31st day of employment (30 day waiting period.)
Benefits Life Amount	\$50,000
Benefits AD&D Amount	\$20,000
Benefits Reduction Schedule	To 65% at age 67; To 50% at age 72
Accelerated Death Benefits	6 months; 50%
Conversion Privilege	Included
Portability Privilege	Included

Important Note: To ensure your assets are distributed according to your wishes, be sure to assign a beneficiary or living trust.



Disability Insurance

In the event you are unable to work as a result of an illness or injury, the company provides disability insurance through The Standard. The plans offer income protection and will replace a portion of your earnings while you are unable to work.

Short Term Disability (STD)

Benefits	The Standard
Definition	Massachusetts & Rhode Island Machinists Union Employees
Waiting Period	Benefit eligibility for full-time employees begin on the 31st day of employment (30 day waiting period.)
Benefits Percentage	66.67%
Benefits Maximum (Weekly)	\$600
Benefits Start (Accident/Illness)	1 day/8 days
Benefits Duration	26 weeks
Premiums Paid By	Employer

Voluntary Life and AD&D Insurance

You may purchase Voluntary Life and/or Accidental Death and Dismemberment Insurance for you and your eligible dependent through The Standard in the amounts shown below. Your cost of the Voluntary Life insurance is based on your age and the amount of coverage requested. Your spouse's cost of the Voluntary Life is based on their age and amount of coverage requested. The rates for employee and dependent coverage are outlined below. Payroll deductions are deducted on an after-tax basis.

The Standard	
Voluntary Life	
Benefits Election Schedule	
- Employee	Choice of \$10,000 increments up to \$800,000 (limited to 5 xs your annual salary)
- Spouse	Choice of \$5,000 increments up to \$250,000 (not to exceed 100% of employee amount)
- Child(ren)	\$10,000 Children are defined as those live birth up to age 26
Guaranteed Issue Amount (GI) & Evidence of Insurability Rules (EOI)	
Guarantee Issue Amounts: Employee: \$150,000 / Spouse: \$30,000	
Guarantee issue is the amount of coverage The Standard will guarantee you and/or your spouse. Any amounts exceeding the guarantee issue amount will require the employee and/or spouse to complete an evidence of insurability form which will then need to be approved by underwriting.	
Evidence of Insurability (EOI) is also needed if you are a late entrant and electing more than 1 or 2 increments of coverage. Late entrants are those who declined coverage when it was first offered.	
Enrollment / Election	
As mentioned above, you can elect voluntary life when you are first eligible or annually during each open enrollment. If you wish to avoid going through the evidence of insurability (EOI) process, you must stick to the guidelines as set forth by The Standard. To elect coverage with no EOI, see the guidelines below. Please refer to your Standard certificate of coverage for full details.	
- For new enrollees who are first-time eligible	Elect as many increments as desired but do not exceed the guarantee issue amount.
- New enrollees who are not first-time eligible (late entrant)	Elect 1 or 2 increments but do not exceed the guarantee issue amount.
- For existing enrollees who wish to increase coverage	Elect 1 or 2 increments but do not exceed the guarantee issue amount.
Voluntary AD&D (for Employees Only)	
Benefits Election Schedule	
Employee	Choice of \$10,000 increments up to \$800,000 (limited to 5 times your annual salary)

Important Election Reminders:

- You can increase your Life coverage by 1 or 2 increments (\$10,000 or \$20,000) with no proof of medical insurability providing your elected amount does not exceed the guarantee issue amount of \$150,000.
- You can increase your Spouse coverage by 1 or 2 increments (\$5,000 or \$10,000) with no proof of medical insurability providing your elected amount does not exceed \$30,000.
- Voluntary AD&D does not come with medical evidence insurability requirements so you can increase by as many increments as desired up to the maximum limit.

Important Notice:

- You must purchase coverage for yourself to purchase for your spouse and/or children.
- Milton CAT Group #166507

Additional Voluntary Benefits

ACCIDENT INSURANCE PLAN

Voya Accident Insurance can help you be financially prepared in the event of an on-or-off-the job accidental injury. This money can help offset your out-of-pocket costs due to an accident.

- Accident insurance pays you Benefits for specific injuries and events resulting from a covered accident including, but not limited to, ambulance services, emergency treatment, MRIs/CT/CAT, EEG scans, therapy, fractures, dislocations, and more
- Includes an annual wellness benefits that pays an annual benefit if you complete your annual preventive care (medical, dental or vision visits)
- Benefits are paid directly to you on a per occurrence basis
- Spouse and Dependent Child(ren) coverage is also available
- Employees can choose between a Low Option or High Option

This plan is portable, so you may continue coverage if you leave the company.

CRITICAL ILLNESS INSURANCE PLAN

Voya Critical Illness Insurance pays you a lump-sum benefits if you are diagnosed with a covered disease or condition. You can use this money however you like.

- Coverage includes critical illnesses such as Heart Attack, Stroke, End Stage Renal (Kidney) Failure, Major Organ Failure, Invasive Cancer, Skin Cancer, and more
- Includes an annual wellness benefits that pays an annual benefit if you complete your annual preventive care (medical, dental or vision visit)
- Benefits are paid directly to you on a per occurrence basis
- Employees can choose between a Low Option or High Option
- Spouse and Dependent Child(ren) coverage is also available
- Rates are based on whether you're a tobacco user or non-tobacco user
- The rate issued to you at time of enrollment never changes, even as you age, providing you don't change plans in the future
- Benefits are limited to one payment per occurrence; however, the policy has a recurrence benefits where, under some circumstances, the benefits could pay out again

This plan is portable, so you may continue coverage if you leave the company.

Personify Health

The health of our employees matters! Early detection of illness and disease allows you to stay healthier, get more effective treatment and pay less for overall medical care. To help support you in leading a healthy lifestyle, employees and Cigna Enrolled spouses have the potential to earn up to \$800 and 2,000 points of **combined** incentives! The action items and incentive amounts are as follows:

Type Goal	Employee	Cigna Spouse
Annual Physical	\$200	\$200
Cancer Screening	\$200	\$200
Health Check Survey	1,000 Points	1,000 Points
Maximum Reward Value	\$400 & 1,000 Points	\$400 & 1,000 Points
Combined Potential Reward Earnings	\$800 & 2,000 Points	

Eligibility Requirements

Those eligible to earn reward points and dollars include:

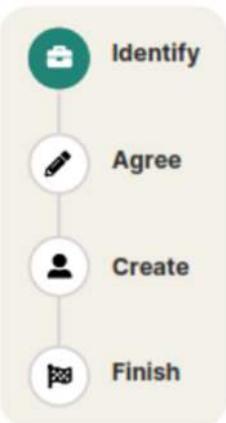
- Cigna enrolled employees
- Cigna enrolled spouses
- Non-Cigna enrolled employees

*Non-Cigna enrolled spouses may participate in the Personify Health program but will not be eligible to earn rewards.

Sign Up for Personify Health

Visit join.personifyhealth.com/Miltoncat or open the app and select **Create Account**.

Follow the progress bar as you complete these easy steps:



Tell us who you are. We'll ask for a few details about you and your sponsor organization to check your eligibility. Some of the fields may already be filled.

Legal and privacy. Review and agree to the rules, data collection and privacy policy.

Create your account. Add your email, make a password and give us some additional details to customize your experience.

You're all set. Your account is ready. Click Take Me There to sign in.



Download the
Personify Health
App Today

The Standard Value Adds

Life Services Toolkit

(standard/std)

Provided by The Standard for Term Life and Accidental Death and Dismemberment Insurance. The program provides assistance and resources to you, your family and your beneficiaries. Services include:

- Estate Guidance Will Preparation
- Financial Planning
- Funeral Arrangements
- Identity Theft Online Resources
- Beneficiary Support up to one year after a loss

Visit www.standard.com/mytoolkit (username “assurance”) for information and tools.

Beneficiary support can be found at www.standard.com/mytoolkit (username “support”) or call 800-378-5742.

Health Advocate Select

While you are out on short-term disability, you can connect with a Personal Health Advocate who’ll help you navigate the complexities of the healthcare system. Take advantage of Health Advocacy Select, a service that is included with your group Short Term Disability insurance through The Standard. Ways they can help you are:

- Assistance with understanding your medical benefits so you can take full advantage
- Find and schedule appointments with the right doctors
- Manage your out-of-pocket expenses by finding alternative services and cost information
- Locate post pregnancy support in the event of a difficult delivery or when complications arise
- Resolve medical claims and billing issues
- Find resources for services that may not be covered through your employer’s health benefits program

Personal Health Advocates are available Monday – Friday, 8am – 11pm ET at 1-800-450-5543.

Emergency Travel Assistance

The Standard provides Travel Assistance through Assist America to employees and their household family members when traveling more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:

- Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories
- Credit card and passport replacement and missing baggage
- Help replacing prescription medication or lost corrective lenses
- Emergency evacuation to the nearest adequate medical facility
- Connection to medical care providers, interpreter services, and local attorneys
- Evacuation arrangements

For assistance from the United States, Canada, Puerto Rico, U.S. Virgin Islands and Bermuda, contact 1-800-872-1414. Contact 1-609-334-0807 from anywhere else.

You can also text 1-609-334-0807 or email medservices@assistamerica.com.

Focus on Wellness

Dana Farber Cancer Institute – Direct Connect

If you or your family are faced with a cancer diagnosis, the Direct Connect team can provide streamlined access and care coordination tailored to our individual situation. The Dana-Farber team will work closely with you and your loved ones to ensure you have what you need throughout your experience. The Dana-Farber Direct Connect program offers a wide range of holistic wellness resources to educate and support patients, families and caregivers. You can access Direct Connect by calling through DirectConnect@dfci.harvard.edu or by calling 866-977-3262.

Headspace – Self-guided mental Health Content

Headspace is your personal guide to supporting your mind and navigating everyday life. Scientifically proven to help you stress less, focus more, and sleep better, Headspace offers hundreds of guided meditations and mindfulness tools. Plus, get one-on-one support from mental health coaches and clinicians — and practical resources to help with work-life balance. You can access Headspace by visiting bit.ly/miltoncat

Preventative care

Good preventative care can help you stay healthy and detect any “silent” problems early, when they’re most likely to be treatable. Most in-network preventative services are covered in full, so there’s no excuse to skip them.

Have a routine physical exam each year. You’ll build a better relationship with your doctor and can reduce your risk for many serious health conditions.

Get regular dental cleanings. Studies show a link between regular dental cleanings and disease prevention – including lower risks of heart disease, diabetes and stroke.

See your eye doctor at least once every two years. If you have certain health risks, such as diabetes or high blood pressure, your doctor may recommend more frequent eye exams.

Don’t have a Personal Doctor? You should. Here’s why.

Better health. Getting the right health screenings each year can reduce your risk for many serious conditions. And remember, preventative care doesn’t cost you anything and you can earn incentives.

A healthier wallet. A PCP can help you avoid costly trips to the ER. Your doctor will also help you decide when you really need to see a specialist and can help with coordinating care.

Peace of mind. Advice from someone you trust – it means a lot when you’re healthy, but it’s even more important when you’re sick.

Benefits Apps

On your mobile phone:

- Download apps from Google Play or the iTunes App Store



With the **Delta Dental App**, members receive quick and easy access to ID cards and are able to search and find a dental provider nearby. The easy-to-use Dental Care Cost Estimator tool provides estimated cost ranges for common dental care needs.

PLANSOURCE[®]

PlanSource with touch ID. (Open Enrollment and benefit information). Look up coverages, dependents, effective dates, copays, your ID cards, and so much more.

PLANSOURCE[®]

My Benefits Accounts – WealthCare Mobile. (Flexible Spending Account). View your balances anytime, take a picture of a receipt and upload it to substantiate a purchase, and look at transaction history.



EyeMed gives you access to your benefit information on-the-go. The app also gives you the ability to find savings for an exam, frames from top brands like Ray Ban, Michael Kors, Ralph Lauren, contacts and lenses, check your claims status, download your ID card and have direct access to EyeMed support.

Carrier Contact Information

Carrier	Phone	Website
Dana Farber Cancer Institute Direct Connect	866-977-3262	Email: DirectConnect@dfci.harvard.edu
Delta Dental of Massachusetts Dental	800-872-0500	www.deltadentalma.com
EyeMed Vision	866-939-3633	www.eyemed.com
The Standard Life and Disability Insurance	888-937-4783	www.standard.com
PlanSource Flexible Spending Accounts	888-266-1732	www.mywealthcareonline.com/plansource
Voya Accident & Critical Illness	800-955-7736	www.voya.com
The Standard Life Beneficiary Services	800-378-5742	www.standard.com/mytoolkit username = support
The Standard Travel Assistance	For assistance from the United States, Canada, Puerto Rico, U.S. Virgin Islands and Bermuda, contact 1-800-872-1414. Contact 1-609-334-0807 from anywhere else. You can also text 1-609-334-0807	medservices@assistamerica.com
Headspace Mental Health Support	855-432-3822	Mental Health App for Meditation & Sleep - Headspace
Personify Health Wellness Program	N/A	Log in to Personify Health Email: support@personifyhealth.com
The Standard Health Advocate Service	844-450-5543	N/A
The Standard Absence Management	866-756-8116 (Group Policy # 166507)	www.standard.com/absence
PlanSource Helpline Member Support	877-549-8549 8am-8pm: Eastern M-F	www.PlanSource.com Email: contact.center@plansource.com
Human Resources	508-482-5740	Email: HR@miltoncat.com

Additional information regarding benefits plans can be found on the PlanSource online benefits portal. Please contact Human Resources to complete any changes to your Benefits that are not related to your initial or annual enrollment.

Summary of Benefits and Coverage (SBCs)

The Summary of Benefits and Coverage (SBC) document shows you how you and the plan would share the cost for covered health care services. Full copies of the SBC's can be found at Plansource.com

Note: This does not include any employee payroll contribution

