Milton CAT

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Benefit Matters

HR News You Can Use

2027 Employee Benefits Guide



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Your Health, Your Choice!

Welcome to your 2027 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 2027, 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 medical, 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, 2027. **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. Medical will default to Plan A (without employer HSA contribution).** 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 medical, 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.

Important Update: A new dependent verification process is being introduced this year. Employees enrolling dependents will be required to provide supporting documentation to verify their eligibility.

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.

401k Employer Match Contribution and Financial Wellness - Eligible Employees*

- Milton CAT plays an important role in your financial future, and we want to help provide a plan to secure and enhance your next chapter in retirement.
- For eligible employees, our annual Employer 401k Contribution for 2027 is $5,000.

What's New For 2027

Medical Insurance

- Your Medical Employee Contributions will be increasing for the 2027 Plan Year, effective January 1st.

Health Savings Account (HSA) Contributions

- Increased IRS maximum annual contributions:
  - $4,500 (self-only)
  - $9,000 (family)
  - **Those over age 55 can contribute an additional $1,000 for catch up contributions.
- Total annual Employer HSA contributions for Plan A and B will be available to employees on the first payroll of January 2027. The HSA employer amount for New Hires will be prorated and accessible on their first payroll.

Flexible Spending Account (FSA) Contributions

- Increased IRS maximum annual contributions:
  - $3,500 (Health Care / Limited Purpose FSA)
  - $7,500 (Dependent Care family)
  - $700 (Roll over)

Dependent Verification Process

- A new dependent verification process is being introduced for 2027. Employees enrolling dependents will be required to provide supporting documentation to verify their eligibility.

How To Enroll for 2027

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 2027 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. If you fail to take action, you will lose valuable benefits and company contributions and be defaulted into base Plan A's medical coverage

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.

	Salaried Employee Rates (Bi-Weekly)	Hourly Employee Rates (Weekly)
Medical: Cigna (Plan A)		
Employee Only	$0.00	$0.00
Employee + Spouse	$0.00	$0.00
Employee + Child(ren)	$0.00	$0.00
Employee + Family	$0.00	$0.00
Medical: Cigna (Plan B)		
Employee Only	$50.90	$25.45
Employee + Spouse	$98.74	$49.37
Employee + Child(ren)	$98.74	$49.37
Employee + Family	$129.18	$64.59
Medical: Cigna (Plan C)		
Employee Only	$252.87	$126.43
Employee + Spouse	$490.51	$245.26
Employee + Child(ren)	$490.51	$245.26
Employee + Family	$641.75	$320.88
Dental: Delta Dental of MA		
Employee Only	$9.68	$4.84
Employee + Spouse	$22.01	$11.01
Employee + Child(ren)	$20.54	$10.27
Employee + Family	$28.87	$14.43
Vision: EyeMed		
Employee Only	$3.18	$1.59
Employee + Spouse	$5.10	$2.55
Employee + Child(ren)	$5.20	$2.60
Employee + Family	$8.39	$4.19
Accident Insurance (Low): Voya		
Employee Only	$4.64	$2.32
Employee + Spouse	$7.79	$3.90
Employee + Child(ren)	$9.19	$4.60
Employee + Family	$12.35	$6.17
Accident Insurance (High): Voya		
Employee Only	$6.58	$3.29
Employee + Spouse	$10.95	$5.48
Employee + Child(ren)	$12.96	$6.48
Employee + Family	$17.33	$8.67
Critical Illness: Voya		
	See Following Page	

Reminder: If you opt-out of the Milton medical plan because you have medical coverage elsewhere (spouse, Military, etc.), you qualify up to $1,000 credit for single coverage or $2,500 for family coverage, which will be added to your paycheck as taxable income in equal installments.

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	Weekly	Tobacco Biweekly	Weekly	Non-Tobacco Biweekly	Weekly	Tobacco Biweekly	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	Weekly	Tobacco Biweekly	Weekly	Non-Tobacco Biweekly	Weekly	Tobacco Biweekly	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.

Medical Insurance

MEDICAL PLAN OVERVIEW

The following chart provides a high-level overview of what you pay for covered services for each of the medical plans available to you.

Medical Plan Choices	Plan A	Plan B	Plan C
	Choice Fund Open Access	Choice Fund Open Access	Open Access Plus
In-Network Coverage	**You Pay**	**You Pay**	**You Pay**
Annual Deductible †			
Individual / Family	$3,000 / $6,000 ($3,500 embedded deductible for those enrolled as EE+1 or more)	$3,000 / $6,000 ($3,500 embedded deductible for those enrolled as EE+1 or more)	$2,000 / $4,000
Annual Out-of-Pocket Maximum			
Individual / Family	$6,000 / $12,000	$6,000 / $12,000 ($3,500 embedded out-of-pocket max for those enrolled as EE+1 or more)	$4,000 / $8,000
* Deductibles and Out-of-Pocket Maximums are combined both in and out of network. Each plan has an individual deductible that applies to both employee only enrolled or employee+1 or more enrolled. If you're enrolled in Plan A or B, your individual deductible is $3,000 (if enrolled as employee only) and $3,500 (if enrolled as employee+1 or more). For Plan C, your individual deductible is $2,000 regardless of your enrollment tier.			
You Pay After The Deductible			
Coinsurance	20%	10%	10%
Service Type			
Essential Preventive Care Visits	$0	$0	$0
General Practitioner Office Visit	Deductible, then 20%	Deductible, then 10%	$20 per visit
Specialist Visit	Deductible, then 20%	Deductible, then 10%	$40 per visit
Telemedicine (MD Live)	Cost varies based on type of service (see page 23 for more details)	Cost varies based on type of service (see page 23 for more details)	$20 per call
Urgent Care	Deductible, then 20%	Deductible, then 10%	$40 per visit
Emergency Room	Deductible, then 20%	Deductible, then 10%	$150 per visit
Outpatient Care	Deductible, then 20%	Deductible, then 10%	Deductible, then 10%
Diagnostic Lab/Xray - Outpatient Hospital / Facility	Deductible, then 20%	Deductible, then 10%	Deductible, then 10%
CAT/PET Scan, MRI	Deductible, then 20%	Deductible, then 10%	Deductible, then 10%
Hospital Admission / Inpatient Care	Deductible, then 20%	Deductible, then 10%	Deductible, then 10%
Prescription Drugs	**Retail / Mail**	**Retail / Mail**	**Retail / Mail**
Generic Preventive*	**$0 / $0**	**$0 / $0**	**$0 /$0**
Other Generic	Deductible, then 20%	Deductible, then 10%	$10 / $20
Brand	Deductible, then 20%	Deductible, then 10%	$20 / $40
Non-Preferred Brand	Deductible, then 20%	Deductible, then 10%	$50 / $100
Out-of-Network Coverage	**You Pay**	**You Pay**	**You Pay**
Annual Deductible			
Individual / Family	$3,000 / $6,000	$3,000 / $6,000	$2,000 / $4,000
Annual Out-of-Pocket Maximum			
Individual / Family	$6,000 / $12,000	$6,000 / $12,000	$4,000 / $8,000
You Pay After The Deductible			
Coinsurance	40%	40%	30%

Medical Insurance (continued)

Medical Plan Choices	Plan A	Plan B	Plan C
	Choice Fund Open Access	Choice Fund Open Access	Open Access Plus
In-Network Coverage	**You Pay**	**You Pay**	**You Pay**
Pre-Tax Funding Account Allowed ††			
General Purpose Health FSA			X
Limited Purpose Health FSA	X	X	
Health Savings Account (HSA)	X	X	
HSA Annual Contribution Maximums †††	**Yes**	**Yes**	**No**
Company Contribution - Individual / Family	$1,000 / $2,000	$750 / $1,500	N/A
Voluntary Employee Contribution - Individual / Family	$3,500 / $7,000	$3,750 / $7,500	N/A
Additional Contribution for those age 55+	$1,000	$1,000	N/A
† For employees who have 3 or more members covered under the medical plan, no 1 person will ever have to pay more than the individual deductible			
†† Each plan option is allowed one or both types of Pre-Tax Accounts that can help members pay for out-of-pocket costs:			
- GPFSAs and LPFSAs are funded by employees using pre-tax dollars. If funds are not used by the end of the calendar year then up to $680 can be rolled over into the next calendar year			
- A full list of qualified expenses for GPFSA, LPFSA and HSA can be found under IRS Publication 502 (see IRS Publication 502 https://www.irs.gov/pub/irs-pdf/p502.pdf)			
- Health Savings Accounts (HSAs) are funded partially by the employer and employees can also contribute to this account using pre-tax dollars. Employees own this account so any unused funds roll over year to year and can be taken with the employee if they leave the company			
††† Per IRS regulations, Medicare or Tricare enrollees and/or those who have an active General Purpose FSA (including spouses) are not eligible to open and actively contribute to an HAS			
* A full listing of preventative generic drugs can be found in PlanSource under Benefit Documents 2027 or on mymiltoncat.com.			

This summary is not a legal document and does not replace or supersede the “Evidence of Coverage”, policy, or the Summary Plan Description (SPD). Please refer to the Evidence of Coverage/Insurance Policy/Summary Plan Description (SPD) for a complete description of the coverage, eligibility criteria, controlling terms, exclusions, limitations, and conditions of coverage.

Milton reserves the right to terminate, suspend, withdraw, reduce, or modify the Benefits described in the Evidence of Coverage/Insurance Policy/Summary Plan Description (SPD) in whole or in part, at any time. No statement in this or any other document and no oral representation should be construed as a waiver of this right. This summary is the confidential property of Milton.

Health Savings Account (HSA)

If you enroll in Plans A or Plan B you might qualify for an HSA that allows you to set aside pre-tax dollars to cover certain out-of-pocket health care expenses not covered by the plan. Milton CAT will also make employer contributions to your HSA.

- Tax-free employee and employer contributions
- Tax-free withdrawals for qualified health care expenses
  - Qualified health care expenses are any expense listed under IRS Publication 502 https://www.irs.gov/pub/irs-pdf/p502.pdf, such as medical/dental/vision expenses
- You decide how to use the money in your account to cover out-of-pocket expenses. Do you use it to pay for your expenses as they occur, or do you save the money in your account and let it accumulate for future health care needs? Unlike a Health Care Flexible Spending Account (FSA), there is no "use it or lose it" rule. You remain in control of your account:
  - You decide how much to contribute – up to the IRS annual maximum limit
  - You choose where and how to spend the money in your HSA
  - Your HSA can be used for you, your spouse and any dependent you claim on your tax returns
  - You build tax-free savings to spend on eligible health care costs in the future even into retirement

Your HSA goes where you go - if you leave the company, your HSA is portable and is yours to keep.

Who is eligible for the HSA?
New hires are eligible to set up an HSA on the 1st of the month following benefits eligibility. Also, both new hires and existing employees must meet all of the following criteria as of January 1, 2027:
You are enrolled in Plan A or Plan B
You are not eligible or enrolled in Medicare or Tricare
You are not claimed as a dependent on someone else's tax returns
You are not covered under any other health insurance that is not considered an HSA qualified plan.
You or your spouse are not participating in a General-Purpose Health Care Flexible Spending Account (GPFSA), or do not have any balance in your GPFSA as of January 1, 2027*

**If you currently have a GPFSA we urge you to spend down your account before the end of the year. However, if you find that you are not able to do this* you will automatically have the balance remaining (up to $500) rolled over to the Limited Purpose Health Care FSA (LPFSA) which you can use for dental and vision expenses.

How Plan A and Plan B work with the Health Savings Account (HSA)

If you enroll in Plan A or Plan B and qualify for the HSA, PlanSource will provide you with the option to contribute to your HSA. Your HSA will be set up with HSA Bank, a Cigna partner. The employee and employer contributions and annual maximum for 2027 are as follows:

	EE Contribution – Plan A	EE Contribution – Plan B	ER Contribution - Plan A	ER Contribution – Plan B	Annual Maximum
Employee Only Coverage:	$3,500	$3,750	$1,000	$750	$4,500
Employee, +1 or Family Coverage:	$7,000	$7,500	$2,000	$1,500	$9,000
	Additionally: If you are age 55 or older, you can make an additional 'catch-up" contribution of up to $1,000 per year				

Exciting News: The total annual employer contributions will be available to employees on the first payroll in January 2027. The HSA employer amount for New Hires will be prorated and accessible on their first payroll.

Health Savings Account (HSA)

Unlike an FSA, you are allowed to change your HSA contribution amount at any time throughout the year.

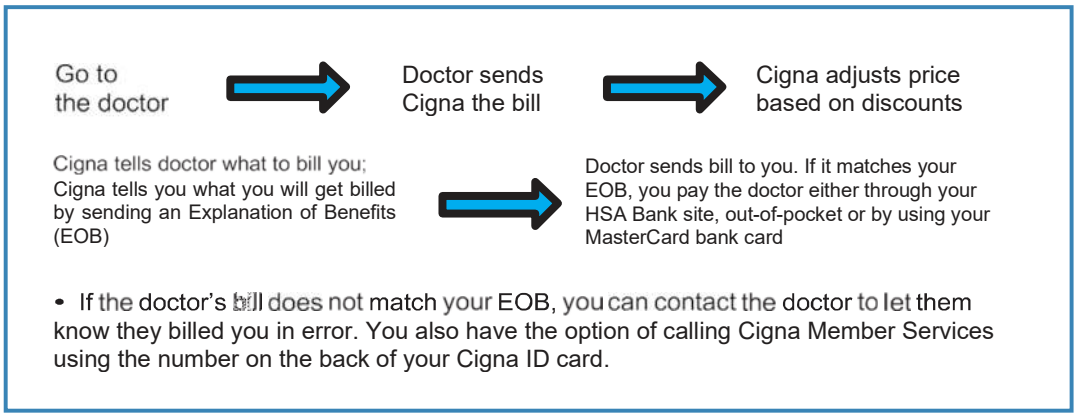
Using Your Health Savings Account (HSA)
First time HSA enrollees will receive a welcome packet and a bank debit card will be mailed to your home address. Important Reminder: Accounts cannot be opened without a physical address. Please be sure that your physical address (not a P.O. Box) is updated in UKG.

The debit card works just like a bank debit card meaning you can use it only up to your account's current balance. There are various ways you can pay for your qualified out-of-pocket expenses using your HSA. You can:

- Use your debit card*
- Register an online account with HSA Bank, log in and pay directly from the site
- Pay out-of-pocket and reimburse yourself through the HSA or
- Pay out-of-pocket and decide not to reimburse yourself so that your HSA account can continue to grow

**The HSA Bank debit card only supports purchases for qualified items at places that have the appropriate medical or pharmaceutical merchant code. If the card is denied yet is a qualified expense, you can pay with personal funds and reimburse yourself from your HSA.*

As a reminder, outside of pharmacies where you must pay at time of services, this is how your claims are processed under Plan A and Plan B:



ABOUT HSA Bank

HSA Bank, a division of Webster Bank, is a well-known, nationwide provider of HSA administration services. Here are some important things to know about your HSA with HSA Bank:

- When your account is created with HSA Bank you will automatically receive monthly electronic account balance statements. Should you wish to receive paper mail statements you must log in and actively elect this option. There is a fee of $1.85 per paper statement which is automatically withdrawn from your account
- Integrated, single sign-on and single view of both medical information as well as HSA account information is maintained throughout the online/customer experience via mycigna.com. Through here you can view claims, view your HSA balance and make payments to providers/facilities
- HSA Bank account holders have access to investment options. Offering two different investment options, self-direct brokerage or via mutual funds, subject to a $1,000 minimum balance in the HSA account
- Should you leave the company or inactivate your HSA, a monthly fee of $3.00 is automatically withdrawn from your HSA

Flexible Spending Accounts (FSA)

Those who elect medical Plan A or Plan B have the option of electing a Limited Purpose Flexible Spending Account (LPFSA). This pre-tax account is for dental and vision expenses only. Even though you can use your HSA for dental and vision expenses, you might prefer to put foreseeable dental and vision expenses into the FSA so that you can preserve your HSA dollars. The LPFSA works the same way our existing General Purpose Health Care FSA (GPFSA) works except that is limited to dental and vision expenses only.

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 **$3,500** for either your General-Purpose Health Care Spending Account or your Limited Purpose Health Care Spending 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, 2027
- You may submit claims for expenses incurred (your enrollment date – December 31, 2027) by March 31, 2028
- For 2027, up to $700 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 $700 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 medical, prescription drug, dental or vision plans. Reimbursements can be made for most expenses that would qualify for a health care deduction on your income tax return.

Limited Purpose Health Care FSA (LPFSA)

Funds that you set aside in an LPFSA can be used to reimburse yourself for eligible out-of-pocket dental and vision expenses.

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

- Deductibles, copayments, coinsurance
- Prescription drugs and medicines
- Over-the-counter medications that are medically necessary (Dr. prescription required)
- Hearing aids, batteries and exams
- 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

- Over-the-counter medications not medically necessary
- Cosmetic expenses
- Massage therapy
- Health club dues
- Weight loss programs
- Insurance premiums

Flexible Spending Accounts (FSA)

Dependent Care FSA

A Dependent Care Account can be used to pay for certain child/day care, or elder care expenses incurred during the plan year. Your dependent care expenses must be necessary in order for you and your spouse to work or actively look for work or attend school as a full-time student.

Eligible Dependent Care Expenses

- Childcare for a dependent age 13 or less, provided at a day care center or through a private provider
- Childcare for a dependent over age 13 if he/she is physically or mentally incapable of caring for him or herself
- Nanny services in the home associated with the care of a dependent
- Day camps associated with the care of a dependent
- Pre-school tuition that is day care related (price of tuition alone is not eligible)
- After-hours care that results from working odd hours or overtime

Ineligible Dependent Care Expenses

- Tuition cost for pre-school that is not associated with day care services, or for first grade and above
- Housekeeper/nanny services in the home that is not associated with care of a dependent
- Education related fees for classes or camps not associated with care of a dependent
- Entertainment related expenses
- Materials fee (i.e. books, clothing, food, etc.)
- After-hours care not associated with work



Dental Insurance

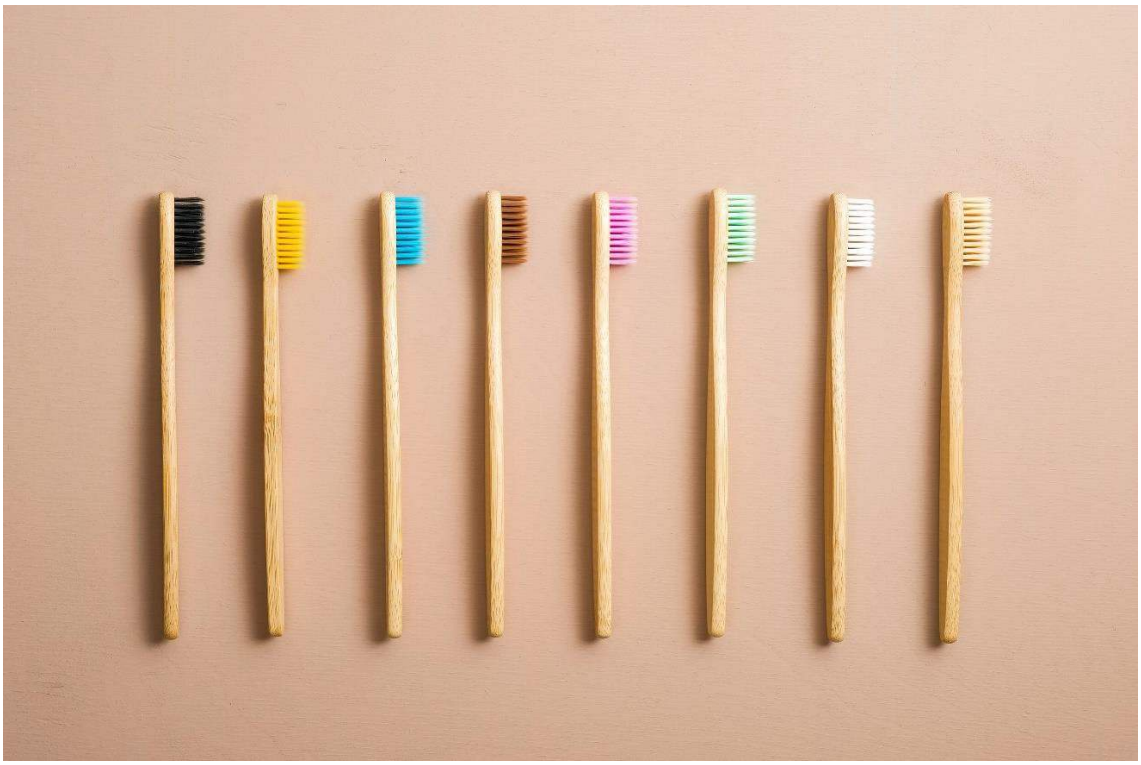
Delta Dental

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.



DELTA DENTAL

Delta Dental PPO℠ *Plus Premier*

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 Servies		
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.	

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 CAT 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.

	Salaried, Non-Union Hourly	MA/RI Machinists	NH/VT Union, Scarborough, ME Union-Like	Brewer, ME Union
	All Benefits for full time employees begin on the 31st day of employment (30 day waiting period.)			
Benefits Summary				
Benefits Life Amount	1x annual salary up to $150,000 (minimum $50,000)	$50,000	$50,000	1x annual salary up to $50,000
Benefits AD&D Amount	1x annual salary up to $150,000 (minimum $50,000)	$20,000	$50,000	2x annual salary up to $100,000
Benefits Reduction Schedule	To 65% at age 67; To 50% at age 72	To 65% at age 67; To 50% at age 72	To 65% at age 67; To 50% at age 72	To 65% at age 67; To 50% at age 72
Accelerated Death Benefits	6 months; 50%	6 months; 50%	6 months; 50%	6 months; 50%
Conversion Privilege	Included	Included	Included	Included
Portability Privilege	Included	Included	Included	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, Milton CAT 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	**Salaried**	**Non-Union Hourly**	**ME Union**	**ME Union-Like and NH/VT Union**	**MA/RI Machinists**	**Milton Rents Union**
Waiting Period	Benefit eligibility for full-time employees begin on the 31st day of employment (30 day waiting period.)					
Benefits Percentage	66.67%	66.67%	60.00%	60.00%	66.67%	N/A
Benefits Maximum (Weekly)	$2,000	$1,250	$500	$600	$600	N/A
Benefits Start (Accident/Illness)	31 days/31 days	1 day/8 days	1 day/8 days	1 day/8 days	1 day/8 days	N/A
Benefits Duration	22 weeks	26 weeks	13 weeks	26 weeks	26 weeks	N/A
Premiums Paid By	Employer	Employer	Employer	Employer	Employer	N/A

Long Term Disability (LTD)

Benefits	The Standard				
Definition	**Salaried**	**Non-Union Hourly**	**ME Union**	**ME Union-Like and NH/VT Union**	**Milton Rents Union**
Waiting Period	Benefit eligibility for full-time employees begin on the 31st day of employment (30 day waiting period.)				
Benefits Percentage	60.00%	60.00%	60.00%	60.00%	N/A
Benefits Maximum (Monthly)	$10,000	$5,000	$2,000	$2,000	N/A
Pre-Existing Conditions	12 months	12 months	12 months	12 months	N/A
Elimination Period	180 days	180 days	90 days	180 days	N/A
Benefits Duration	Social Security Normal Retirement Age	Social Security Normal Retirement Age	Social Security Normal Retirement Age	Social Security Normal Retirement Age	N/A
Premiums Paid By	Employer	Employer	Employer	Employer	N/A

LTD Benefits received are reduced by other income received such as Workers Compensation and Social Security.

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.

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

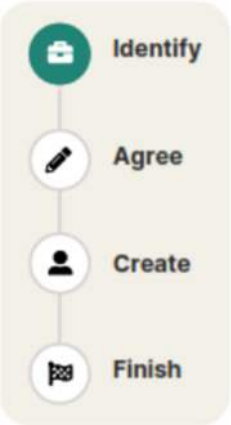
Those eligible to earn reward points and dollars include:

- 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.

personify HEALTH

Download the Personify Health App Today

Cigna Value Adds

Transition of Care

What is Transition of Care?

With Transition of Care, you may be able to continue to receive services for specified medical and behavioral conditions with health care professionals who are not in the Cigna network at in-network coverage levels. This care is for a defined period until the safe transfer of care to an in-network doctor or facility can be arranged. You must apply for Transition of Care at enrollment, or when there is a change in your Cigna medical plan. You must apply no later than 30 days after the effective date of your coverage.

What is Continuity of Care?

With Continuity of Care, you may be able to receive services at in-network coverage levels for specified medical and behavioral conditions when your health care professional leaves the Cigna network. There must be solid clinical reasons preventing immediate transfer of care to another health care professional. This care is for a defined period. You must apply for Continuity of Care within 30 days of your health care professional's termination date. This is the date that he or she is leaving the Cigna network.

Examples of acute medical conditions that may qualify for Transition of Care/Continuity of Care include, but are not limited to:

- Pregnancy in the 2nd or 3rd trimester if you're a new enrollee or the date the health care professional leaves the network
- Pregnancy that is considered 'high-risk' if the mother is 35 years or older, or patient has/had: early delivery, gestational diabetes, pregnancy induced hypertension or multiple inpatient admissions during pregnancy
- Newly diagnosed or relapsed cancer in the midst of chemotherapy, radiation therapy or reconstruction
- Recent major surgeries still in the follow-up period, that is generally 6 to 8 weeks
- Acute conditions in active treatment such as heart attacks, strokes or unstable chronic conditions
- Behavioral health condition during active treatment

If you feel you may qualify for either of these programs you can submit a request to Cigna, in writing, using the Transition of Care/Continuity of Care request form found in PlanSource's Global Document tab. This form must be submitted at time of enrollment or when your health care professional leaves the Cigna network. After Cigna reviews and evaluates the information provided, they will send you a letter informing you whether your request was approved or denied. A denial will include information about how to appeal the determination.



MSK Program: Pathwell Bone & Joint by Cigna

Musculoskeletal (MSK) conditions are on the rise and are unfortunately one of the top medical-spend categories. Cigna's Pathwell Bone & Joint program works to help employees with spine, hip, knee or shoulder pain by giving them access to designated providers who meet the quality and cost criteria. Employees in the program will also be supported by a Clinical Care Advocate, who will help them make the right decisions about their treatment path and avoid unnecessary surgeries.

For questions or support regarding the Program, call the Cigna Pathwell Bone & Joint Provider Team at (855) 678-0042.

Get Ahead of High Costs

Using predictive models, Cigna can help identify customers at risk for spine, knee, hip, or shoulder surgery up to one year in advance, and proactively reach out to encourage enrollment in the Pathwell Bone & Joint program to help arrange proper support.

Clinical Care Advocate

A Clinical Care Advocate will work 1:1 with employees via digital messaging and/or phone. Based on insights and assessment responses, they will customize the program to each employee's unique needs all while guiding, motivating, and encouraging their success.

Digital Guidance and Engagement

Cigna helps employees take greater control of their MSK pain with their guided digital experience. Powered by insights and evidence-based guidelines, the digital experience includes personalized activities, assessments, content, treatment guidance support, care navigation tools, and more.

The Right Care at the Right Time

When care is needed, Cigna helps connect employees with top-tier, in-network providers (in person or virtually) and helps to optimize available benefits. Employees also have access to programs that may support their medical, behavioral, or lifestyle needs throughout their MSK journey.

Surgery Benefit

If faced with surgery, a Benefit Specialist can help employees understand how to qualify for the zero or low-cost surgery benefit and travel benefit along with pre- and post- surgery support. Employees will have access to designated, in-network orthopedic surgeons and neurosurgeons that meet Cigna Healthcare affordability, quality, volume, and outcome selection criteria.

Telemedicine

Cigna provides access to telehealth services through MD LIVE as part of your medical plan. Cigna Telehealth Connection lets you get the care you need – including most prescriptions – for a wide range of minor conditions. You can connect with a board-certified doctor via video chat or phone, without leaving your home or office.

Choose when: Day or night, weekdays, weekends, and holidays
Choose where: Home, work or on the go
Choose how: Phone or video chat

Say it is the middle of the night and your child is sick. Or you are at work and not feeling well. If you pre-register, you can speak with a doctor for help with:

› sore throat
› headache
› stomachache
› fever
› cold and flu
› allergies
› rash
› acne
› UTIs and more

The cost savings are clear.

Telehealth visits with MDLIVE can be a cost-effective alternative to a convenience care clinic or urgent care center and cost less than going to the emergency room. And the cost of a phone or online visit is the same or less than with your primary care provider. Remember, your telehealth services are only available for minor, non-life-threatening conditions. In an emergency, dial 911 or go to the nearest hospital.

Choose with confidence.

MDLIVE uses quality national telehealth providers, so you can choose your care confidently. When you cannot get to your doctor, Cigna Telehealth Connection is here for you.

MDLIVE is only available for medical visits. For covered services related to mental health and substance abuse, you have access to the **Cigna Behavioral Health** network of providers.

› Go to Cignabehavioral.com to search for a video telehealth specialist

› Call to make an appointment with your selected provider

Telehealth visits with Cigna Behavioral Health network providers cost the same as an in-office visit.

Signing up is easy!

- Set up and create an account with MDLIVE
- Complete a medical history using their “virtual clipboard”
- Download vendor apps to your smartphone/mobile device**
- Register today so you will be ready to use a telehealth service when and where you need it

	MDLive
Website	www.mdliveforcigna
Contact Number	888-726-3171
Telephonic Option	Yes
Video Chat Option	Yes
Prescription issuing available	Yes

MDLive services are charged based on plan benefits. The total cost can change from year to year and is also based on the plan you are enrolled in. Use the mycigna.com tool to see your cost share for MDLive services. Follow these steps once the mycigna.com tool is launched:

- Click **Talk to a Doctor**
- Click **Connect** in the **Medical** section
- Select the appropriate patient to view cost share for each MDLive service.

** Availability may vary by location and plan type and is subject to change. See vendor sites for details.
** The downloading and use of any mobile app is subject to the terms and conditions of the mobile app and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

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.

Make the Most of Your Future

Are you headed toward a comfortable retirement? Our company-sponsored retirement savings plan through Fidelity Investments can be your ticket to a brighter financial future – whether your destination's a long way off or just around the bend. Consider your 401k contributions as part of overall benefit package to provide you with long-term financial security.

Fidelity 401k Savings Plan

Your 401k savings plan is one of the best ways to save for your retirement and we encourage you to take advantage of that benefit.

Eligible Employees

Full time non-union employees and Scarborough union-like employees.

401k Match

The company offers a match of 100% of your first 3% of contributions and a match of 50% of contributions beyond 3%, up to a maximum annual employer match of $5,000.

Match Dates

Employer match dates are credited each payday and are fully vested immediately.

Changing Contribution Amounts

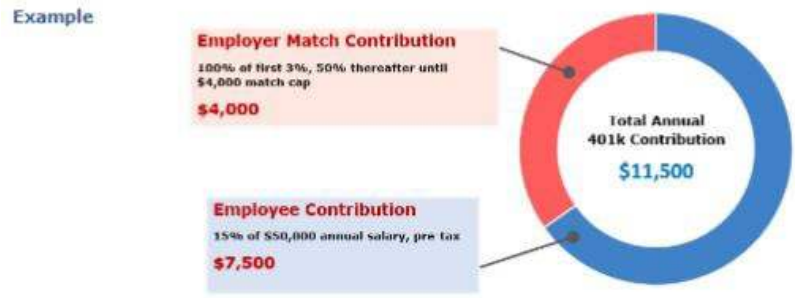
You can change your contributions anytime throughout the year at www.401k.com. Please note it can take up to two pay periods before the change goes into effect.

401k Contribution Limits

The 2027 contribution limits are $24,500 for those 49 and under, and those 50 and older can contribute an additional $8,000 or a total of $32,500 (typically called catch-up contributions).

How to Enroll

Log into www.401k.com, choose Get Started, and choose Enroll Now.



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.

Omada for Cigna

Omada for Cigna is a digital lifestyle change program that combines the latest technology with ongoing support so you can make the changes that matter the most – whether that's around eating, activity, sleep, or stress. It's an approach shown to help you lose weight and reduce the risk of type 2 diabetes and heart disease. This program is available to eligible employees and their covered dependents. To see if you or your dependents are eligible, visit omadahealth.com/Miltoncat.

Encircle Rx Program by Cigna + Omada: Weight loss GLP1's now covered!

Encircle Rx is a weight management solution that offers GLP-1 weight-loss drug access with enhanced coverage criteria to control costs and optimize lifestyle changes. Did you know that just a 5% loss in weight can ***decrease*** the risk of chronic diseases related to obesity? Encircle Rx helps customers taking GLP-1 medications reach their healthy weight through guidance and support. Please see the next page for more on how GLP-1's will be approved, and for an example of how the solution works.

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 ad 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.

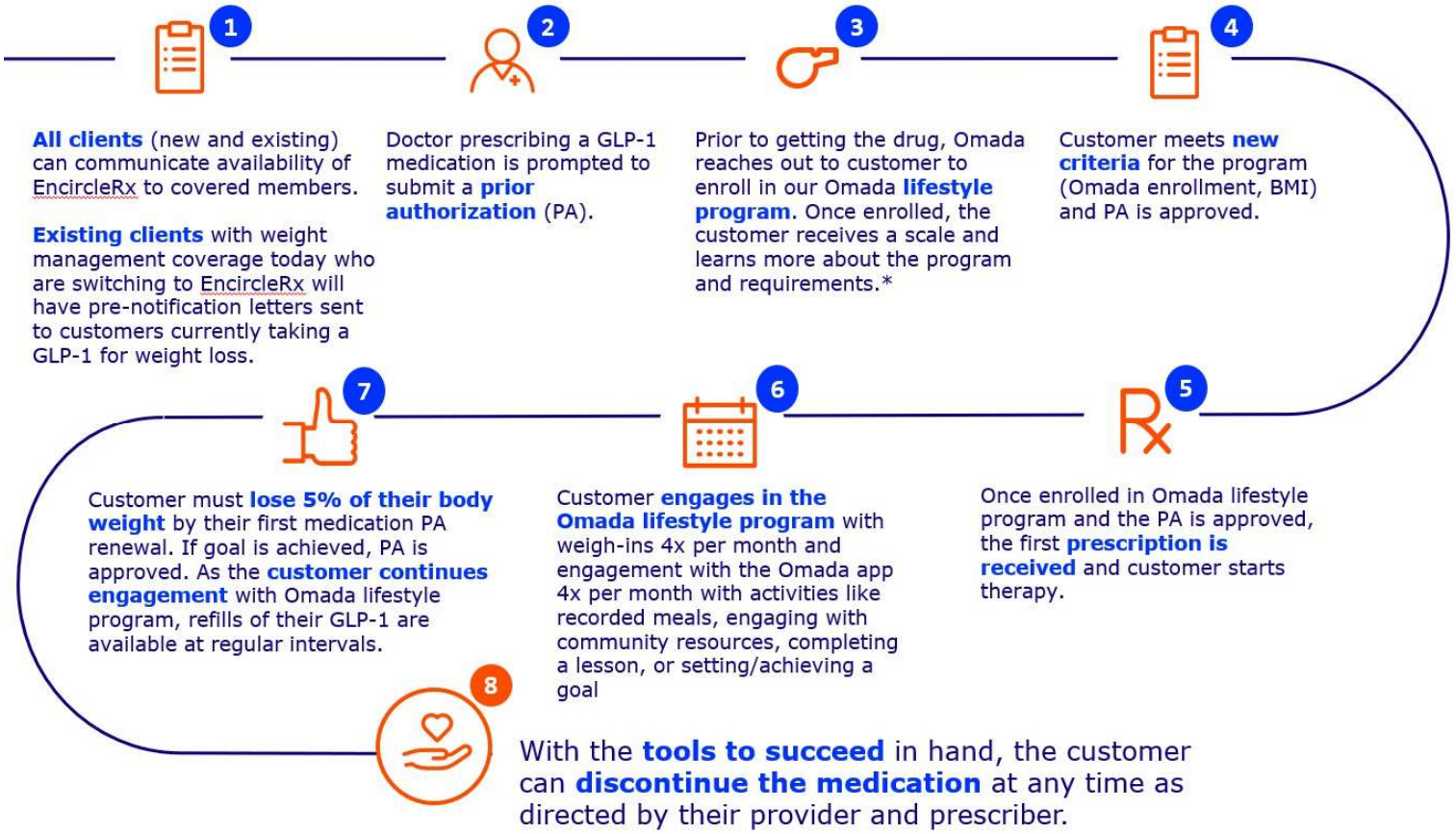
Peace of mind. Advise from someone you trust – it means a lot when you're healthy, but it's even more important when you're sick.

How Encircle Rx Works

Criteria for Encircle RX:

- Saxenda will be approved initially for 4 months
- Wegovy will be approved initially for 7 months
- Zepbound will be approved initially for 8 months

Members must demonstrate 5% body weight loss by the end of the initial authorization period in order to have the reauthorization approved. You only need to prove 5% body weight loss once, after the initial authorization period in order for the drug to be deemed successful.



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.

MyCigna with 1-touch fingerprint access. (Medical, Prescription, Flexible Spending Account and Health Spending Account (HSA)). Includes provider directory, coverage details, deductible expenses, account balances, claims information, and more.

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

With MDLIVE for Cigna telehealth services, you can get the healthcare you need anytime, anywhere. Our nationwide network of U.S. board certified doctors or pediatricians are ready to assist you with non-urgent medical diagnosis via your MDLIVE for Cigna app 24 hours a day, 7 days a week, and even holidays.



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.

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

Carrier Contact Information

Carrier	Phone	Websit
Cigna **Medical**	Customer Service: 800-997-1654 Coverage and Claims: 800-CIGNA24 Pre-Enrollment Line 888-806-5042	https://my.cigna.com/
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	https://plansource.wealthcareportal.com/page/home
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 contributions.**