About Opportunities Available to You

Please, read the following for some basic information. All these plans are available to you with the convenience of payroll deductions while you work here. Then, if interested in more information, complete and turn in the interest form page. Once you are set up as employee, you are given access with password to the staff web page where you can find more helpful materials: https://icthree.org/staff-area/.

Health Insurance

Excellus BlueCross BlueShield Four plan options are available to you, ranging from High monthly cost with lower copays, lower deductibles, and lower out-of-pocket maximums to low monthly cost and high deductible and out of pocket maximum. A document comparing the five plans is emailed to you once each year at renewal time. A Summary of Benefits and Coverage for each option will be posted on the staff web page. Here are the single subscriber monthly rates (family, children, and spouse rates can be seen in the "Excellus plans option comparison for 2027" document on the staff web page or you can request it from Cynthia): Gold 5 $1,313.82; Gold 17 $1,260.89; Silver 19 $1,041.51; Bronze 4 $851.45; Bronze 7 $733.12. Deductions for these are automatically pre-tax, which lowers your taxable income. If you already qualify for IC3 flex benefit and you are enrolled in an IC3 Health Insurance plan, we will ensure your Flex earnings per payroll is at least $229.52. Family, children, spouse rates are available on the "2027 Excellus plans comparison" document in the staff portion of the IC3 web page or you can request it from Cynthia.

For those who enroll in the health insurance plan, COBRA regulations give workers and their families who lose their health benefits the right to choose to continue group health benefits provided by their group health plan for limited periods of time under certain circumstances such as voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events. Qualified individuals may be required to pay the entire premium for coverage up to 102% of the cost to the plan.

Helpful resources on the staff web page include: a glossary of some common health insurance terms (also at https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/uniform-glossary-final.pdf), more COBRA information, and IC3's creditable coverage statement. You may request paper copies of any of the items mentioned above from Cynthia Hebbard, Finance Manager.

Voluntary Portable Insurance Options

These are insurance options you can take with you, if and when you leave IC3 employment. We can put you in touch with the Aflac agent to get more details. Here are some of the offerings with brief definitions:

PERSONAL SHORT-TERM DISABILITY A personal income protection plan, to help close the financial gap that can be created by a disability caused by sickness or injury. (The disability insurance your employer uses for you will usually only cover part of your lost income.)

WHOLE LIFE INSURANCE coverage continues as long as you want it – usually your whole life. Unlike term insurance, it accumulates some cash value, in case you need cash before death.

TERM LIFE INSURANCE issued to cover a specific amount of time – 10, 20, or 30 years for example, and generally does not accumulate cash value. It is usually the more affordable life insurance option because of these limits.

ACCIDENT INSURANCE May include emergency treatment, follow-up treatment, initial hospitalization, hospital confinement, accidental death plus more.

CRITICAL ILLNESS INSURANCE A specified disease insurance policy that pays a lump sum for major illnesses such as heart attack, stroke, kidney failure, bypass surgery, and even cancer.

HOSPITAL INDEMNITY INSURANCE Helps with expenses health insurance does not cover.

(You will find a helpful health insurance term glossary on the staff web page.)

403(b) Retirement Account Option

Invesco 403(b) retirement plan to which you can contribute a portion of your earnings before those earnings are taxed. You can start planning and preparing for your future now. You can do pre tax or after tax deductions, whichever you choose. You can find some basic information at: https://www.irs.gov/retirement-plans/retirement-plans-faqs-regarding-403b-tax-sheltered-annuity-plans.

A notice about Paid Family Leave (PFL)

We participate in New York PFL and all employees contribute to its cost. (PFL is required in NY.). Beginning January 1, 2027, the NY State Paid Family Leave contribution rate will increase to 0.452% of gross wages, capped at $451.81 annually. (0.452% of $1,000 = $4.52) If you use PFL, the maximum weekly benefit will rise to $1,287.91 for max of 12 weeks. You can learn more about PFL at https://paidfamilyleave.ny.gov/.

Employee Interest Form

If you are interested, let us know…

Check the box of the offerings for which you would like more information for yourself and/or your family, then turn it in to the front desk or Cynthia Hebbard, Finance Manager.

☐ **Medical Reimbursement Flexible Spending Account** A special account you put money into that you use to pay for certain out-of-pocket health care costs. You don't pay income taxes on this money. You submit your receipts to IC3 for reimbursement. Notes: 1. If you do not use all the funds you designate, by government regulation only a certain amount may roll over into the next year; you would lose the rest. 2. Employees who already have an HSA should not enroll in a Medical Care FSA.

☐ **Dependent Care Flexible Spending Account** A special account you put money into that you use to pay for certain dependent care costs. You don't pay income taxes on this money. Note: If you do not spend all you designate, you lose what you did not spend at the end of the year. [As a childcare provider, and your employer, IC3 can make sure you designate only what you need for IC3 if your child is enrolled here; just indicate "Up to $_____ as needed for IC3 costs."]

☐ **Excellus** Health Insurance – five plan levels from which to choose.

☐ **Aflac** You can get you the most current information from our Aflac rep. Please, put your contact information below.

- ☐ **GROUP DENTAL PLAN** We must have enough people enrolled in this plan to do it.
- ☐ **PERSONAL SHORT-TERM DISABILITY**
- ☐ **ACCIDENT INSURANCE**
- ☐ **CANCER/SPECIFIED DISEASE INSURANCE**
- ☐ **DENTAL INSURANCE** (not the group plan)
- ☐ **HOSPITAL INDEMNITY INSURANCE** - There are enrollment level options.
- ☐ **TERM LIFE INSURANCE**
- ☐ **WHOLE LIFE INSURANCE**

☐ **Invesco 403(b)** Retirement savings from pre-tax income. We will pass your contact information on to the Invesco representative so they can talk with you. Please, put your contact information below.

Your Contact Information – for Invesco 403(b) or Aflac representatives if you have checked boxes for them above.

Email: _____ Phone number: _____

Employee Name Print: _____

Sign: _____ Date: _____

2027 ENROLLMENT **Name:** _____ **Last 4 of SSN:**_____

All employees fill out this form. ***IF enrolling*** *in offerings for 2027, read the related tax/pre-tax statement, check the box "□", fill spaces as appropriate, and initial to indicate your understanding where indicated. Then read Section 5. Sign the Participation Signature space if you are participating in any plans on this form.* ***IF NOT*** *enrolling in any of the plans sign in the Declination Signature space. Enter the date after your signature.*

Section 1: Elections for Flexible Spending Accounts (FSAs) or a Health Savings Account (HSA)

I understand contributions are made on a pre-tax basis by deductions from my pay unless I note otherwise, in writing, to the plan administrator.	*OR* **26 pays/ year**	**Annual election**	**Effective paycheck date**	***Initials***
□Medical Flexible Spending Account (FSA) Annual limit $3,500; up to $134.61 per pay period for 26 payrolls per year.			2nd pay in Jan. 2027 through 1st pay Jan. 2028	
□Health Savings Account (HSA) You must be covered by a high-deductible health plan to do this. You must arrange the HSA with a financial institution like a bank. You may not have both a Medical FSA and an HSA.			Your choice while eligible.	
□**Dependent care reimbursement account** Annual limit $7,500*; up to $312.50 twice per month for 24 (of 26) payrolls per year for single taxpayers and married couples filing jointly. (Limit for married couples filing separately is $3,750; up to $156.25 per pay for 24 (of 26) payrolls.			2nd pay in Jan. 2027 through 1st pay Jan. 2028	

□**Section 2: Insurance Premiums** I understand my insurance premiums (Excellus BlueCross BlueShield, AFLAC, Colonial), offered by my employer only, will be deducted from my pay on a pre-tax basis (as allowable) unless I note otherwise, in writing, to the plan administrator. Continued enrollment in health insurance and supplemental insurance is automatic if I am already a participating member. Payroll deductions will be done twice per month (24 payrolls per year). *Initials*

□**Section 3: 403b Retirement Contributions** I understand contributions to an existing account are tax-deferred; continued enrollment is automatic if I am already a participating member; and contributions via payroll deduction will continue unless I note otherwise, in writing, to the Plan Administrator. Payroll deductions will be done with every payroll, 26 or 27 payrolls per year depending on the year. *Initials*

Section 4: Plan information *Please, read the following statements. Sign to participate or decline.*

PARTICPATION: I wish to participate in the plan(s) as shown above. I understand that my pre-tax elections may not be terminated or changed unless I have a qualifying event as outlined by the IRS. I understand that all claims must be for services provided (not paid) during my coverage period. I further understand that the IRS requires forfeiture of any remaining balance in my flexible spending account, as of the last day of the grace period in which I am allowed to submit claims. In order to receive reimbursement from a flexible spending account for healthcare or for dependent care other than at IC3, I must complete and sign a claim form and attach all necessary documentation for myself or my dependents. Elections for dependent care provided by IC3 will automatically be applied to my child's account at IC3. I understand that the plan provisions have been outlined in the Summary Plan Description available to me from my employer.

PARTICPATION SIGNATURE _____ **DATE:** _____

DECLINATION: I waive participation in all FSA, HSA, health insurance, and 403(b) plans offered by IC3.

DECLINATION SIGNATURE _____ **DATE:** _____

2027

Health Insurance Waiver

This form is required for all eligible employees who are not enrolling in health insurance offered by ITHACA COMMUNITY CHILDCARE CENTER at the time of initial enrollment and/or the group's open enrollment period.

Employee Name: (Please Print) _____

I understand that I am eligible for group health insurance offered by ITHACA COMMUNITY CHILDCARE CENTER.

At this time, I am waiving coverage for: myself, spouse/domestic partner, dependents. I have chosen to waive enrollment in the following coverage(s):

- ☐ Medical and Prescription Insurance

On behalf of myself and my eligible dependents (if any), I waive the option to enroll in health insurance offered at this time by or through my employer for the following reason: (please check one):

- ☐ I have other coverage through my spouse/domestic partner or other family member.
  This other coverage is: ☐ Individual ☐ COBRA ☐ Medicare ☐ Medicaid
  Name of carrier: _____ plan #:_____
- ☐ Coverage under my spouse's/domestic partner's plan
- ☐ I have other coverage through another source that is not employer- sponsored or employer-paid. Other coverage – name of carrier: _____ plan #:_____
  This other coverage is: ☐ Individual ☐ COBRA ☐ Medicare ☐ Medicaid
- ☐ I have no other coverage but choose not to enroll in my employer's plan. *(I am declining health insurance entirely)*

Special Enrollment Notice and Certification – (*Please review and sign below if you wish to waive coverage.)*

By signing below, I certify that I have been given an opportunity to apply for coverage for myself and my eligible dependents, if any. I am declining enrollment as indicated above. I understand that I am declining enrollment for myself or my eligible dependents (including my spouse) because of other health insurance or group health plan coverage, I may be able to enroll myself and my eligible dependents in this plan if I lose, or my eligible dependents lose, eligibility for that other coverage (or if the employer stops contributing towards my or my eligible dependents' other coverage).

I understand that I must request enrollment no more than 30 days after the date the other health plan coverage ends (or after the employer stops contributing toward the other coverage). If I do not do so, I will not be able to enroll until my employer's next annual open enrollment period.

In addition, I understand that if I have a newly eligible dependent as a result of marriage, birth, adoption, or placement for adoption, I may be able to enroll myself and my eligible dependent(s). However, I must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

I understand that in order to request special enrollment or obtain more information, I should contact my group administrator: Cynthia Hebbard, Finance Manager.

Employee Signature: _____ Date: _____

Gallagher

Ithaca Community Childcare Inc

Effective Date: 01/01/2027

	Excellus	Excellus	Excellus	Excellus	Excellus
	SimplyBlue Plus Gold 5 (PD)	SimplyBlue Plus Gold 17 (PD)	SimplyBlue Plus Silver 19 (PD)	SimplyBlue Plus Bronze 7 (PD)	SimplyBlue Plus Bronze 4 (PD)
	Option 1	Option 2	Options 3	Options 4	Option 5
Deductible					
Single	$0	$1,300	$4,000	$11,750	$8,700
Family	$0	$2,600	$8,000	$23,500	$17,400
Out-of-Pocket Maximum					
Single	$9,200	$9,750	$8,700	$11,750	$8,700
Family	$18,400	$19,500	$17,400	$23,500	$17,400
Coinsurance	0%	20%	0%	0%	0%
Preventative Services **according to Federal Guidelines*	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Physician Services					
Primary Care Physician	$40	$40	$10 after deductible	$0 after deductible	$0 after deductible
Specialist	$70	$70	$50 after deductible	$0 after deductible	$0 after deductible
Professional Services					
Hospitalization	Facility: $1,500 / Physician: $0	20% after deductible	Facility: $500 after deductible / Physician: $0 after deductible	Facility: $0 after deductible / Physician: $0 after deductible	Facility: $0 after deductible / Physician: $0 after deductible
Outpatient Surgery	Facility: $650 / Physician: $0	20% after deductible	Facility: $350 after deductible / Physician: $0 after deductible	Facility: $0 after deductible / Physician: $0 after deductible	Facility: $0 after deductible / Physician: $0 after deductible
Emergency Room	$650	$300	$350 after deductible	$0 after deductible	$0 after deductible
Urgent Care	$70	$70	$50 after deductible	$0 after deductible	$0 after deductible
Outpatient Diagnostic Lab	$70	$40	$25 after deductible	$0 after deductible	$0 after deductible
Outpatient Diagnostic X-Ray	$70	$70	$50 after deductible	$0 after deductible	$0 after deductible
Complex Imaging (MRI, MRA, CT)	$100	$100	$100 after deductible	$0 after deductible	$0 after deductible
Physical / Occupational Therapy	$40, 60 visits max	$40, 60 visits max	$25 after deductible, 60 visits max	$0 after deductible, 60 visits max	$0 after deductible, 60 visits max
Prescription					
Rx Deductible	In Network: None	In Network: None	In Network: Integrated	In Network: Integrated	In Network: Integrated
Rx Retail (Tier 1, Tier 2, Tier 3)	$15/40%/50%	$10/$45/$90	$5/$45/$90 after deductible	$0 after deductible	$0 after deductible
Rx Mail (Tier 1, Tier 2, Tier 3)	$37.50/40%/50%	$25/$112.50/$225	$12.50/$112.50/$225 after deductible	$0 after deductible	$0 after deductible
Rx Specialty	N/A	N/A	N/A	N/A	N/A
Out-of-Network					
Deductible (Single/Family)	$5,000 / $10,000	$5,000 / $10,000	$5,000 / $10,000	$12,000 / $24,000	$10,000 / $20,000
Out-of-Pocket Maximum (Single/Family)	$10,000 / $20,000	$10,000 / $20,000	$10,000 / $20,000	$12,000 / $24,000	$10,000 / $20,000

Tiered Rates	*Rate Details*	*Rate Details*	*Rate Details*	*Rate Details*	*Rate Details*
Subscriber	$1,313.82	$1,260.89	$1,041.51	$733.12	$851.45
Subscriber & Spouse	$2,627.63	$2,521.78	$2,083.02	$1,466.24	$1,702.90
Subscriber & Child(ren)	$2,233.49	$2,143.51	$1,770.57	$1,246.31	$1,447.46
Family	$3,744.37	$3,593.54	$2,968.31	$2,089.39	$2,426.63