

CARE YOU CAN COUNT ON.

Your Guide to 2026 Centra Health Benefits



Welcome to Centra Health

Our mission is to improve the health and quality of life for the communities we serve. Our hope for the future is to pursue excellence, inspire hope, and advance health & healing.

At Centra, we know we cannot achieve our vision without you. We know our most important asset is our people! That's why we offer a robust benefits package and resources to provide for your health and wellbeing, both in and out of the workplace.

Table of Contents

Total Rewards	3	Hospital Indemnity	26
Overview of Benefits	4	Critical Illness	26
Who's Eligible?	5	Accident Insurance	26
How and When to Enroll	6	LegalEASE	26
Making Changes During the Year?	7	Voluntary Long-Term Care	26
Medical Coverage	8	Retirement	27
Maternity Benefits Spotlight	9	Wellness Programs	29
Prescription Drug Coverage	11	Paid Time Off	33
GLP-1 Weight Loss Prescriptions	12	Centra Employee Resources	34
Comprehensive Care Management	13	Questions? Ask the Experts	35
Diabetes Program and Enhanced Pharmacy Benefit	14	Centra Medical Benefits Plan Non-Discrimination Notice	36
KindBody	15		
Tax Savings Account	16		
Dental Coverage	19		
Vision Coverage	20		
2026 Health Insurance Bi-Weekly Rates	21		
Life and AD&D Insurance	23		
Disability Income Protection	25		

The Medicare Part D Notice of Creditable Coverage is in the Important Required Notices section of this benefit guide.

NEED MORE INFORMATION?

Important contact information can be found on [page 35](#). Also, don't forget to look over the Important Required Notices starting on [page 36](#).

The information in this guide gives you a brief summary of the benefits you can currently choose through the Centra Benefits Program. Centra may change benefits in whole or in part at any time. All benefits are governed by legal documents and insurance contracts. If there is any discrepancy between this description and the official plan documents and contracts, the documents and contracts will determine the benefits. For purposes of ERISA, this brochure serves as a Summary of Material Modification for all the applicable Summary Plan Descriptions.



Total Rewards

Every day, you provide superior care for our patients, our communities and each other to ensure an excellent Centra experience. Total Rewards is our way of saying thank you for all you do.

What's New in 2026

Dependent Supplemental Life and AD&D

Dependent Spouse Life is an incremental plan that allows for more freedom in selecting the amount that fits your needs best. The benefit will be offered in \$5,000 increments up to a maximum of \$500,000 with the non-medical maximum set to \$50,000.

Additionally, Dependent AD&D will be offered on the individual level for both Spouses and Children. If AD&D is elected, the amount will match the Supplemental Life benefit.

Minimal Increases to Dental

We continue to offer you lower rates for dental coverage than other healthcare employers in this area. That's because when rates must go up, we increase the amount of the premium that we pay to make your increases smaller. Make your dollars go further by using an in-network provider.

In House Pharmacy

Beginning January 1, 2026, if you are enrolled in Centra's health insurance plan and use GLP-1 medications for weight loss (such as Wegovy or Saxenda), your prescriptions will need to be filled through Centra's In-House Pharmacy.

Discretionary Employer Contribution

This will allow Centra, if and when able, to make additional contributions to employee retirement accounts

Centra's Comprehensive Care Management Team

Centra offers caregivers and their dependents on the health plan a dedicated team to help them along their health and wellness journey. Including but limited to a diabetes incentive for disease management, health coaching services, and nicotine cessation. See [page 13](#) for more information.

Telemedicine

Teladoc \$0 Copay in 2026 for both the Basic Care Plan and High Deductible Health Plan (HDHP).

DCFSA Maximum Contribution Increase

The Dependent Care FSA Annual Maximum Contribution* is \$7,500 from \$5,000.

* The Dependent Care FSA is subject to annual non-discrimination testing which can lower the maximum allowable tax advantaged amounts for Highly Compensated Employees.

Acupuncture

Acupuncture will be a covered benefit for select conditions (subject to co-pay/co-insurance).





Overview of Benefits

Centra is proud to offer you and your family a quality, comprehensive benefits program.

Benefits are a significant part of Centra's total compensation plan available to our team members, accounting for approximately 25% of your overall salary.

Enrolling in Centra's benefits plan provides you and your family the opportunity to:

- Stay healthy with medical, dental and vision coverage.
- Take advantage of tax savings with flexible spending accounts or health savings accounts.
- Enjoy security and peace of mind with disability, life and retirement plans.
- Grow your retirement savings faster with Centra's 100% match of the first 3% of pay you contribute for full-time and part-time employees.

The Benefits Guide will help you understand the programs and options available to you. Review it carefully as you consider your enrollment options. For more detailed information about any of the benefits in this guide, visit [Centra People>Resources>Human Resources>Benefits](#).

Please reach out to Human Resources through Oracle HR Help if you have any questions.

Note: Access benefits information when you are not on the Centra Network by logging into the enrollment center year round.

This is where you can view your confirmation statement, beneficiaries, and find benefit summaries.

Do you need to take action?

Newly hired employees must make benefits elections within 30 days of your hire date for the remainder for 2025 and for 2026 benefits. To enroll, log on to Centra's Benefit Enrollment Center connect.electbenefits.com/CENTRA where you can:

- Elect medical, dental, and vision coverage.
- Add or drop dependents from coverage.
- Contribute to the Health Care and/or Dependent Day Care Spending Accounts and Health Savings Account.
- Add Voluntary Life Insurance or disability insurance elections.
- Elect voluntary benefits, such as Hospital Indemnity, Accident Insurance, LifeTime Benefit Term, a form of Universal/Permanent Life Insurance, Critical Illness and LegalEase.

Download our mobile wallet pass to access your benefits information, with ease.

- Contact information for vendors listed in one easily-accessible spot
- Push notifications for important reminders (Opt out available)
- Access this new resource just like a boarding pass for travel

Scan to add the pass to your smart phone wallet

Available on Apple Wallet and Google Wallet





Who's Eligible?

Employees

You are eligible to participate in Centra's benefits plans if you are a full-time or regular part-time employee*.

New hires must enroll within 30 days of their hire date to have coverage for the rest of the plan year.

Benefits go into effect on the first day of the month following your hire date. If your hire date is the first of the month, your benefits will go into effect on the first day of that month. If you are enrolling due to a status change or life event, benefits will begin the first of the month following the date the Enrollment Center team receives and approves your completed enrollment forms and supporting documentation.

Dependents

Your dependents are eligible for many of the plans we offer. Eligible dependents include:

- Your legal spouse.
- Your dependent children up to age 26.
- Your disabled dependent children of any age.

The term "children" shall include natural children, stepchildren, adopted children, and children placed with a covered employee by an authorized placement agency or by court order.

Spouses who are employed by Centra and eligible for benefits can be covered either as an employee or as a dependent, but not both. Also, your dependent children may only be covered by one of you.

Important: When enrolling a spouse or dependent for the first time, you should provide his or her Social Security number and date of birth.

Note: If your spouse is eligible for medical coverage through another employer, you may still elect to cover her/him under Centra's medical plan. Please note, a surcharge of \$50 per bi-weekly pay period will be assessed.

Centra participates in a dependent eligibility audit for new hires to ensure dependents covered on the medical and dental plans are verified.

Anyone who enrolls a dependent in medical or dental coverage must verify their eligibility within 60 days of their benefit effective date. If a dependent is not verified, they risk loss of coverage.

Scheduled Hours Per Week to Qualify for Benefits

	Full-Time	Part-Time
Centra	32+	24-31

* WEO employee FT and PT hours for benefit eligibility are:
WEO A 48 hours per pay period
WEO B 24 hours per pay period





How and When to Enroll

Enrollment is your once-a-year opportunity to enroll in, update or make changes to your benefits elections – unless you have a qualifying life event, like getting married or having a child. If you wish to enroll in employee benefits, you must either call the enrollment center at [888-659-1475](tel:888-659-1475), or log into Centra's self-service enrollment site at connect.electbenefits.com/CENTRA.

IMPORTANT! Please register by first following the prompts outlined below under "Self Registration."

Newly hired employees must make benefits elections within 30 days of your hire date. Benefits go into effect on the first day of the month following your hire date. If your hire date is the first of the month, your benefits will go into effect on the first day of that month.

Tips and Tricks for a Smooth Enrollment

Enrollment is easy! Follow the steps below for a stress-free enrollment:

1. Review this guide and benefit materials available at [Centra People](#).
2. Take action to enroll within 30 days of your hire date by logging into connect.electbenefits.com/CENTRA or by calling [888-659-1475](tel:888-659-1475) (Monday through Friday, 9 a.m. - 6 p.m. EST).

3. Self Registration

Follow the below steps to self register and create your new account.

1. Visit enrollment.electbenefits.com/app/CENTRA/register
2. There will be four or more fields on the page, each of which relates to a piece of your personal information. Enter the data requested for each field then click the register button.
 - a. If you see the message "Failed to verify account information", double check the information you entered and try again. If all information is correct and you still get this message please call our customer service team at 888-659-1475.
 - b. If you have already registered you will be sent an email with instructions to log in.

3. You will be required to enter an email address. This can be work or personal but you need to be able to access it. This will be used for registration as well as any password resets you may need.
4. Once you enter your email address you will get an email with a one time use authentication code. This code expires 15 minutes after creation. Copy the code and enter it into the text box.
5. Your account has now been created. You will receive an email with instructions to log in for the first time. Save this email for future reference as this will contain the username you must use to access the enrollment center.

4. Logging In for the First Time

For your first login you will need to reset your password. These steps walk you through this process.

- a. Follow the link provided in the email you received at the end of the self registration process.
- b. You will be prompted to validate your email address to reset your password. This must be the same email address you registered with.
- c. Once you enter your email address you will get an email with a one time use authentication code. This code expires 15 minutes after creation. Copy the code and enter it into the text box.



How and When to Enroll (cont.)

- d. Once you enter the code you will be shown a screen confirming the code is validated. Click continue.
 - e. Enter your new password then click Continue. Your password must be 8 to 64 characters long and must contain at least 3 of the following; lowercase letter, uppercase letter, number, symbol.
 - f. After resetting your password you will be logged in and taken to the ElectBenefits dashboard. You are now done with registration and do not need to go through this process again.
- 5. Logging In After the First Time**
- a. After you have completed your initial login you can follow access ElectBenefits by visiting connect.electbenefits.com/CENTRA then enter your username and password.
 - b. Your username is in the email you received when you self registered.
- 6.** Be aware that your benefit elections begin **first day of the month following your hire date** and remain in effect for the full year. If your hire date is the first of the month, your benefits will go into effect on the first day of that month. You will not be able to make changes until next year's open enrollment period, unless you experience a qualifying life event.

Making Changes During the Year?

The benefit choices you make during enrollment will remain in effect for the entire plan year unless you experience a qualifying life event. Examples of qualifying life events include, but are not limited to:

- Change in your marital status.
- Birth or adoption of a child.
- Change in employment status.
- Qualified Medical Child Support Order (QMCSO).

It is your responsibility to report a qualified life event to the enrollment center within 30 days of the event.

You may need to provide documentation of the event, such as a marriage license or birth certificate. Any benefit changes must be directly related to the event. For more information, go to Life Changes on the [Centra People](#) intranet site, or call the enrollment center at **888-659-1475**. Report a life event online at connect.electbenefits.com/centra.



Once registered, scan the QR code to enroll in benefits.



Medical Coverage

At Centra, we understand the importance of good health as the foundation for a productive life at home and at work. To keep you and your family healthy all year long, Centra offers you two comprehensive medical plans.

The Basic Care PPO

The Basic Care PPO is a traditional insurance plan in which you must meet your deductible before the plan begins to pay benefits. You pay a copay for certain services and prescription drugs before and after meeting your deductible. Once the deductible is met, the plan pays 80% of the cost of most other in-network services for Tier 1.

The High Deductible Health Plan (HDHP)

The HDHP requires you pay the full cost of your medical care until you meet the annual deductible (except for certain maintenance medications and wellness visits). Once you meet the deductible, the plan pays 100% in tier 1 (please see SBC for tier 2 and 3) of the cost of most other in-network services. The HDHP includes a Health Savings Account, co-funded by Centra, which can be used to help cover the up-front costs of the plan.

With both plans, stay in the Meritain Health, an Aetna company, network for healthcare services to receive the highest level of benefits. See the comparison chart on [page 10](#) for details on costs for certain services under each plan.

Take advantage of your free in-network preventive care services by visiting hhs.gov/programs/prevention-and-wellness/index.html for a list of covered preventive services.

Meritain Health Member Website

If you have an account, just log in to meritain.com. If you're a new user, you'll need to register by using the last four of your Social Security number to help identify you or you'll need your Member ID and group ID from your ID card. If you're new to the plan, you'll receive your ID card in the mail soon. Select **Member** under **I am a**. Then, click **Next**.



Scan the QR code to visit the Meritain Health member website





Maternity Benefits Spotlight

Maternity Coverage with the Basic Care Plan

- There is no authorization required for labor and delivery if you and your child go home together (for in-network facilities)*.
- **Childbirth/delivery hospital service costs:** Covered at 80% after the deductible has been met, depending on the Tier.
- **Newborn inpatient care:** 80% after deductible has been met.
- **Routine maternity care (initial office visit, prenatal care, delivery, post-acute care):** Covered at 100% after copay.
- **Other outpatient service costs (outside of normal maternity care):** Covered at 80% after deductible, depending on the Tier.

Maternity Coverage with the HDHP

- There is no authorization required for labor and delivery if you and your child go home together (for in-network facilities)*.
- **All maternity services such as childbirth/delivery hospital service costs, routine maternity care, and other outpatient service costs (outside of normal maternity care):** Covered at 100% in Tier 1 after the deductible has been met, and 90% in Tier 2 (Meritain) after the deductible has been met.

*Applies to newborn children who are eligible to be covered under the plan.

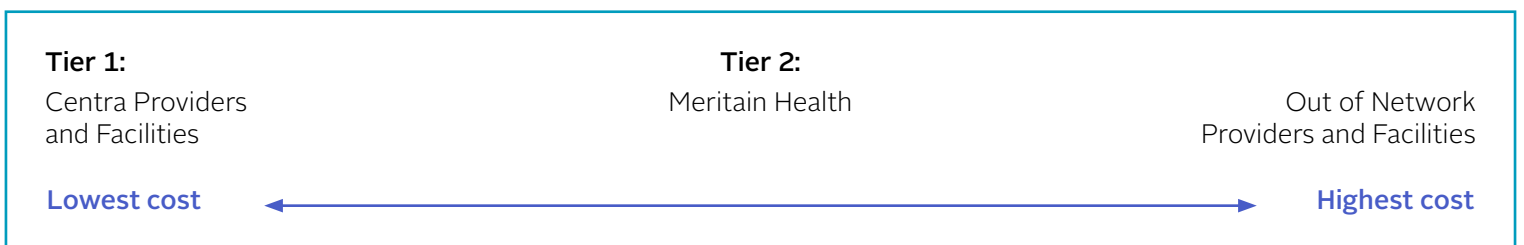
Disclaimer: All information should be verified with Meritain for your specific circumstances.





Medical Features	Basic Care PPO		High Deductible Health Plan (HDHP)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible Individual/Family	Tier 1: \$1,250/\$2,500* Tier 2: \$1,650/\$3,300*	\$6,000/\$12,000	Tier 1: \$3,400/\$6,800 Tier 2: \$3,800/\$7,600	\$5,700/\$11,400
Annual Out-of-Pocket Maximum (includes copays) — Individual/Family	Tier 1: \$4,000/\$8,000 Tier 2: \$6,000/\$12,000	\$12,000/\$24,000	Tier 1: \$3,900/\$7,800 Tier 2: \$4,900/\$9,800	\$11,400/\$22,800
Coinsurance (portion you pay)	Tier 1: 20% Tier 2: 30%	40%	Tier 1: 0% Tier 2: 10%	40%
Preventive Care Services e.g., annual physicals, well-child exams, age appropriate screenings such as mammograms, etc.	Covered 100%, no deductible	40% after deductible	Covered 100%, no deductible	40% after deductible
Office Visits Primary Care Physician Mental Health/ Substance Use	Tier 1: \$10 Tier 2: \$35	40% after deductible	Tier 1: 0% after deductible Tier 2: 10%	40% after deductible
Teladoc Primary Care Physician Mental Health/ Substance Use	\$0 copay	N/A	Covered 100%	N/A
Office Visits Specialists	Tier 1: \$25 Tier 2: \$60	40% after deductible	Tier 1: 0% after deductible Tier 2: 10%	40% after deductible
Diagnostic Lab & X-ray	Tier 1: 20% Tier 2: 30%	40% after deductible	Tier 1: 0% after deductible Tier 2: 10%	40% after deductible
Inpatient Hospital	Tier 1: 20% Tier 2: 30%	40% after deductible, plus \$500 per admission	Tier 1: 0% after deductible Tier 2: 10%	40% after deductible, plus \$500 per admission
Emergency Room (copay waived if admitted)	Centra: \$300 copayment, 20% after Tier 1 deductible Non-Centra: \$300 copayment, 30% after Tier 2 deductible	\$300 copay, 30% after Tier 2 deductible	Centra: 0% after Tier 1 deductible 10% after Tier 2 Deductible	10%

*These deductible amounts are medical only and are not combined with pharmacy.





Prescription Drug Coverage

Your Centra medical plans also include prescription drug coverage at an in-network pharmacy only.

The chart below shows your cost for certain services under each plan.

Type of Medication	Basic Care PPO*	High Deductible Health Plan (HDHP)**
	In-Network Only	
Retail (30-day supply)		
<ul style="list-style-type: none"> Generic Preferred Brand Non-preferred Brand Specialty*** Specialty Fertility*** 	\$10 copay \$35 copay \$60 copay 30% coinsurance (or \$0 copay*) Included in the Fertility Benefit LTM through Kindbody and subject to medical plan cost share.	Brand and generic preventative medications are covered at \$0. All other medications after the deductible: \$10 copay \$35 copay \$60 copay \$75 copay Included in the Fertility Benefit LTM through Kindbody and subject to medical plan cost share.
Mail Order (90-day supply)		
<ul style="list-style-type: none"> Generic Preferred Brand Non-preferred Brand 	\$25 copay \$87.50 copay \$150 copay	Brand and generic preventative medications are covered at \$0. All other medications after the deductible: \$25 copay \$87.50 copay \$150 copay

*Basic Care PPO-\$0 copay for Specialty drugs if enrolled in the PrudentRx copay program. Fertility drugs are excluded from the Prudent Rx program.

**See Centra People > Employee Matters > Benefits for a list of maintenance medications covered at \$0 under the HDHP option. The list of maintenance drugs is compliant with the IRS regulations for preventative services.

***Specialty medications must be obtained from CVS Specialty Pharmacy and are only available as a 30 day supply.

***Under the Kindbody plan, Fertility RX is part of the covered services and goes towards the \$10K LTM for all fertility services, and it does need to go through KindbodyRx.

All services are subject to the cost shares/deductibles/OOP max as defined under the medical plans, but there is not a \$75 copay for Fertility RX.



GLP-1's indicated for weight loss will be required to be dispensed at the Centra in-house pharmacy as of 1/1/2026 if you live in Virginia. Please reference the next page.



New in 2026: An Update on GLP-1 Weight Loss Prescriptions

Beginning January 1, 2026, if you are enrolled in Centra's health insurance plan and use GLP-1 medications for weight loss (such as Wegovy or Saxenda), and you live in the state of Virginia, your prescriptions will need to be filled through Centra's In-House Pharmacy.

We know how important access to these medications is, and we want to ensure you can continue receiving them. Unfortunately, the cost of GLP-1 drugs has risen significantly across the country. By moving prescriptions in-house, we're able to manage these costs more effectively and keep this valuable benefit available to you.

Centra's Pharmacy is here to make this transition as seamless as possible

Convenient options:

Pick up locally or receive your prescriptions by mail if you live outside the Lynchburg area.

Pharmacy Contact Information:

434.200.4170

Pharmacy Location & Hours:

1331 Oak Lane Lynchburg, VA, 24503
Monday–Friday, 8:30 a.m.–5 p.m

If you have any questions about this change, please reach out to the HR Team at HRHelp@centrahealth.com.





Comprehensive Care Management

Centra's Comprehensive Care Management Team offers a variety of free, confidential, and voluntary programs to help you or your dependents take control of your health.

This includes:

- **Complex Care Management**
- **Care Coordination**
- **Transition of Care**
- **Comprehensive Disease Management (new for 2026)** if you have diabetes, hypertension, hyperlipidemia, or chronic low back pain
- **Health Coaching (new for 2026)**

This team can help you

- Achieve your personal health and wellness goals
- Build a trusting relationship and empower you to improve your health
- Provide information to help you understand your illness or conditions & proactively participate in your own care
- Help you find primary care providers and specialists
- Connect you with appropriate resources within Centra and the broader community
- Answer questions about your specific health plan details & coverage
- Educate and encourage preventive health screenings
- Help you coordinate care when you have complex medical needs

To learn more or enroll into the program, please contact the team at **434.200.2700** or email carecoordination@centrahealth.com.





Diabetes Program and Enhanced Pharmacy Benefit

For employees and their covered dependents who have been diagnosed with diabetes, Centra offers the Diabetes Management Program. Enrollment in the program is voluntary and completely free to use. Active participants will receive certain diabetes medications at a zero-dollar copay. A qualifying drug list, which is updated over time, will be provided after enrollment.

How do I enroll?

To learn more or enroll into the program, please contact the Comprehensive Care Management Team at [434.200.2700](tel:434.200.2700) or email carecoordination@centrahealth.com.

Important Details

The diabetes program will transition to Centra's Comprehensive Care Management Team in 2026.

[Refer to Centra People for more details.](#)

The RX Benefit

Through the health plan, you can earn a \$0 copay for certain diabetes medications during the plan year. To receive this benefit, you must be an Active Participant in the program by either demonstrating ongoing management of your diabetes, or participating in the program. Participation in the program requires ongoing contact. This contact is based on the personal diabetes plan you established when you enrolled in the program. Any member receiving the benefit who either doesn't respond to outreach or stops participating in the Diabetes Program will lose the \$0 copay for his/her qualified diabetic medications. This means you will pay for the cost of your medications according to the plan you are enrolled in and the type of medication you are taking.

In order to re-enroll in the program and qualify for the \$0 copay for diabetes medications, you must start the program over. Centra reserves the right to cancel or modify this program at any time.





KindBody

Planning for a family can be an exciting time, but the journey to parenthood is not always straightforward. Centra partners with KindBody to offer end-to-end fertility services to any employee facing difficulties with their family planning journey.

What treatments are covered?

Kindbody's fertility benefit includes support from a dedicated Care Navigation Team to guide you through the options and support available to you.

Treatment options include:

- Fertility testing and assessment.
- Egg freezing and embryo banking.
- IVF (In Vitro Fertilization).
- IUI (Intra-Uterine Insemination).
- Fertility medications.
- Wellness support.
- LGBTQ+ care.

Who is covered?

Employees and spouses who are enrolled in the Centra Health Group Health plan are eligible for this benefit.

How do I access this benefit?

To access your KindBody fertility benefits, activate your account at kindbody.com/activate-kindbody-benefits. You will need an access code and unique ID. Your access code is **KINDCENTRA**. Your unique ID is your employee ID; for your spouse/partner, the unique ID is the employee ID+ 'S'.

Once you have activated your account you will have access to a variety of tools both online and via the dedicated Care Navigation Team.



Tax Savings Account

Health Savings Account (HSA)

If you enroll in the HDHP, you can contribute to a health savings account (HSA). An HSA provides a triple tax advantage:

- Contribute pre-tax funds.
- Use tax-free dollars to pay for qualified medical expenses.
- Invest unused funds to grow tax-free.

Funds contributed to the HSA roll over from year to year, so you never lose any money you contribute. There are no penalties for withdrawing invested HSA dollars to pay for qualified medical expenses.

Centra partners with MetLife to create Health Savings Accounts for all eligible HDHP participants. You can contribute to your account per requirements listed below. Centra will make an employer contribution to your account even if you don't contribute.

HSA Eligibility Requirements

You are eligible to open an HSA if you meet the requirements defined by the IRS below:

- You are covered by an HSA-eligible High Deductible Health Plan (HDHP) and have no other health coverage (unless it is a HDHP).
- You or your covered spouse do not participate in a Health Care Spending Account other than a LPFSA or DCFSA.

- You are not enrolled in Medicare or TRICARE.
- You are not claimed as a dependent on someone else's tax return.

Things to Consider

The HSA helps you save for medical expenses.

- If you elect to enroll in an HSA, your contributions and investment earnings are not taxable.
- You can increase your savings through several investment options.
- Any funds you don't use will continue to accumulate and you can take the money with you if you decide to leave Centra.
- You can make changes to your HSA contribution throughout the year. Please note, changes will update through payroll as soon as administratively feasible.

Please refer to the [IRS website](#) for more information about eligible expenses. The IRS publication that refers to allowable Health Savings Account (HSA) expenses is Publication 9691. However, for a detailed list of qualified health expenses, you can refer to [IRS Publication 502](#).

To help with decisions, contribution recommendations, and savings goals visit myhsaplanner.com/met.

HDHP Tier	Employee HSA Annual Contribution (Optional)	Employer HSA Annual Contribution*	Maximum Total Annual Contribution Limit for 2026*
EE Only	\$0 - \$3,650	\$750	\$4,400 per the IRS
EE + 1 Child	\$0 - \$7,750	\$1,000	\$8,750 per the IRS
EE + Children	\$0 - \$7,750	\$1,000	\$8,750 per the IRS
EE + Spouse	\$0 - \$7,750	\$1,000	\$8,750 per the IRS
EE + Family	\$0 - \$7,750	\$1,000	\$8,750 per the IRS

*Employer contributions are pro-rated and deposited over the course of the year each pay period for all Tiers.

**Employees age 55 and over can contribute an additional \$1,000.



Limited-Purpose FSA (LPFSA)*

Centra also offers another spending account for those who choose coverage under the High Deductible Health Plan (HDHP) with a Health Savings Account (HSA).

The Limited-Purpose (LPFSA) Account: You can contribute up to \$3,300 per year on a pre-tax basis to pay for out-of-pocket dental and vision expenses.

A limited-purpose FSA (LPFSA) is restricted to paying for only dental and vision expenses. If you have a Health Savings Account (HSA), you cannot have a regular healthcare spending account (FSA) but you can have a LPFSA. LPFSA operates the same way as regular FSAs for enrollment, debit cards, reimbursements, etc.

It may be advantageous to contribute to a LPFSA if you choose to contribute the entire allowable yearly maximum to your HSA. Your HSA funds will be invested and your account will increase while you use the LPFSA to pay for dental and vision expenses.

Visit [metlife.com/insurance/hsa-fsa](https://www.metlife.com/insurance/hsa-fsa) to learn more and review the qualified expense lists.

It is important to consider that if at anytime you are no longer eligible for an active HSA account (due to account verification failure per IRS standards or other reasons) and your HSA is closed, your LPFSA will also close.

Flexible Spending Accounts (FSAs)*

Centra offers two regular spending account choices as a smart and convenient way to stretch your benefit dollars and receive real tax savings:

- **The Health Care Account:** You can contribute up to \$3,300 per year on a pre-tax basis to pay for eligible out-of-pocket medical, dental, and vision expenses. (HDHP participants are not eligible for this account.)
- **The Dependent Day Care Account:** You can contribute up to \$7,500 per household per year (\$3,750 if married, filing separately) on a pre-tax basis to cover your cost of child care for children up to age 13.

*FSA maximums are released by the IRS in the fall and are subject to change.

Important Note: Highly Compensated Employees (HCEs) should be aware of annual non-discrimination testing results that may effect their Dependent Care FSA contribution limits each year.

How FSAs Work

Expenses such as deductibles and copays can quickly add up, and dependent care costs can be even more expensive. FSAs let you pay these expenses with pre-tax dollars, so you save money. Your contributions will be deducted from your paychecks in equal installments throughout the year and deposited into your account(s).

- Keep in mind that the IRS has a “use it or lose it” rule. If you do not use the full amount in your spending accounts by the end of the calendar year, you will lose any remaining funds.
 - You must incur expenses by March 15th of the following calendar year.
 - You must submit all claims by April 30th of the following year to be reimbursed.
- When estimating your health care and dependent care costs, it is better to be conservative and underestimate rather than overestimate your expenses.

FSA Enrollment

Important: Each year that you would like to participate in the FSA, you must elect the amount you want to contribute to the FSA. Even if you participated the previous year, your election does not carry over; **you must actively enroll to contribute to the FSA.**

- Remember, you cannot stop or change your contribution amount during the year unless you experience a qualified life change event.
- You cannot transfer funds from one account to another.

MetLife Debit Card

When you enroll in a health care account MetLife will send you a MasterCard debit card in the mail that can be used for eligible expenses. The debit card is directly linked to your account and can be used to cover eligible expenses. It is also accepted at doctors' offices and other qualified merchants, such as pharmacies. When you use your MetLife debit card to pay for qualified expenses, the money is instantly deducted from your account.



Reimbursement

If you paid for qualified expenses out-of-pocket and want to receive reimbursement from your FSA, you may submit a paper claim form or submit an online claim for eligible out-of-pocket dependent care and health care expenses. Please save your receipts! To comply with IRS regulations, MetLife monitors the expenses paid from your FSA by verifying your receipts. When you receive a request from MetLife, send copies of your receipts immediately.

If a claim is not substantiated properly, MetLife notifies Centra to take action and funds may become taxable income and reported through payroll.

Eligible Expenses

Below are examples of eligible expenses. For a comprehensive list, visit [irs.gov](https://www.irs.gov).

FSA Type	Eligible Expenses
Health Care Account	<ul style="list-style-type: none"> Medical, dental, and vision deductibles, copays, and other out-of-pocket costs. Vision care including prescription glasses, contact lenses, and solution. Hearing care.
Dependent Care Account	<ul style="list-style-type: none"> Daycare center, daytime summer camp, nursery school, or after school care. Adult daycare or adult sitter.
Limited Purpose	<ul style="list-style-type: none"> Out-of-pocket dental or vision expenses.

Note: Although Centra utilizes several IRS approved auto-substantiation programs for debit card transactions, there may be instances where a receipt will be required.

Everything you need to manage your MetLife policy is all in one place. Securely access your account to view your Tax Savings benefits. Download the MetLife app in the App Store or Google Play Store.





Dental Coverage

Your teeth and gums deserve the very best care. That's why Centra offers MetLife dental coverage. The plan offers services to keep your teeth healthy and help repair problems as soon as they occur.

Dental rates have increased slightly for 2026. Make your dollars go further by using an in-network provider.

	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ % of R&C Fee ³
Coverage Type		
Type A: Preventive (cleanings, exams, X-rays)	100%	100%
Type B: Basic Restorative (fillings, extractions, TMJ)	80%	80%
Type C: Major Restorative (bridges, dentures)	50%	50%
Type D: Orthodontia	50%	50%
Type B and C Service Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit		
Per Person	\$1,250	\$1,250
Orthodontia Lifetime Maximum		
Per Person ⁴	\$1,500	\$1,500

¹"In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

²Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

³R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

⁴Available for dependent children up to age 19.

Everything you need to manage your MetLife policy is all in one place. Securely access your account to find a dentist in your area, view your ID cards and more. [Download the MetLife app](#) in the App Store or Google Play Store.



Scan the QR code to get the MetLife app.



Vision Coverage

The vision plan includes benefits for eye exams, eyeglasses, and contact lenses through Superior Vision. You may visit a doctor within the Superior Vision network and take advantage of higher benefits coverage, or visit an out-of-network provider of your choice for a reduced benefit. Keep in mind, when you visit an out-of-network provider, you will pay more for services.

Plan Features	In-Network	Out-of-Network Benefit
Exam	\$10 copay	Plan pays up to \$50
Prescription Glasses		
Frames	Plan pays up to \$150	Plan pays up to \$100
Lenses	\$25 copay	Single Vision: Plan pays up to \$35 Bifocal: Plan pays up to \$50 Trifocal: Plan pays up to \$65 Progressive: Plan pays up to \$70
Contacts	Plan pays up to \$150	Plan pays up to \$100
Extra Savings	<p>Discounts are offered on unlimited materials after the initial benefit is utilized.</p> <ul style="list-style-type: none"> Exams, frames, and prescription lenses - 30% off retail. Contacts, miscellaneous options - 20% off retail. Disposable - 10% off retail. <p>Laser vision correction (LASIK): A National LASIK Network of laser vision correction providers, featuring QualSight, offers Superior Vision members a discount on services. These discounts should be verified prior to service.</p> <p>Hearing discounts: A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.</p>	
Benefit Frequency		
	<ul style="list-style-type: none"> Exam: < age 19 is twice per calendar year and all others is once per calendar year. Lenses: < age 19 is twice per calendar year and all others is once per calendar year. Frames: Once per calendar year. Contact Lenses: Once per calendar year. 	





2026 Health Insurance Bi-Weekly Rates

Enrollment by Salary

Level 1
<\$39,999

Level 2
\$40,000 -
\$54,999

Level 3
\$55,000 -
\$94,999

Level 4
\$95,000 -
\$149,999

Level 5
\$150,000 +

If you have a change in compensation, your benefit rates will change as soon as administratively feasible. This includes status changes, job changes, promotions or demotions, and salary bands apply.

Medical Basic Care Plan - PPO

Bi-Weekly Full-Time Employee Premiums

	Employee	Employee + Child	Employee + Children	Employee + Spouse	Employee + Family
Level 1	\$44.88	\$108.90	\$142.74	\$159.36	\$237.27
Level 2	\$48.62	\$117.80	\$154.40	\$172.39	\$256.65
Level 3	\$53.81	\$132.65	\$173.88	\$194.13	\$289.02
Level 4	\$63.55	\$154.72	\$202.81	\$226.42	\$337.10
Level 5	\$90.82	\$216.09	\$283.25	\$316.22	\$470.81

Bi-Weekly Part-Time Employee Premiums

Level 1	\$67.32	\$163.34	\$214.12	\$239.05	\$355.90
Level 2	\$72.94	\$176.70	\$231.60	\$258.59	\$384.98
Level 3	\$80.72	\$198.98	\$260.83	\$291.20	\$433.53
Level 4	\$95.33	\$232.08	\$304.22	\$339.63	\$505.66
Level 5	\$136.23	\$324.13	\$424.87	\$474.34	\$706.21



2026 Health Insurance Bi-Weekly Rates

Medical High Deductible Health Plan (HDHP)

Bi-Weekly Full-Time Employee Premiums

	Employee	Employee + Child	Employee + Children	Employee + Spouse	Employee + Family
Level 1	\$12.12	\$75.22	\$97.30	\$107.07	\$164.03
Level 2	\$24.50	\$81.70	\$105.69	\$116.29	\$178.16
Level 3	\$40.89	\$87.61	\$113.33	\$124.71	\$191.05
Level 4	\$49.59	\$106.98	\$138.39	\$152.28	\$233.30
Level 5	\$70.81	\$149.10	\$192.85	\$212.21	\$325.12

Bi-Weekly Part-Time Employee Premiums

Level 1	\$15.30	\$112.83	\$145.95	\$160.60	\$246.05
Level 2	\$36.75	\$122.55	\$158.53	\$174.44	\$267.24
Level 3	\$61.33	\$131.42	\$169.99	\$187.06	\$286.57
Level 4	\$74.39	\$160.47	\$207.58	\$228.42	\$349.95
Level 5	\$106.22	\$223.64	\$289.27	\$318.31	\$487.68

Dental

Bi-Weekly Full-Time

Bi-Weekly Part-Time

Coverage Level	Dental Plan	Coverage Level	Dental Plan
Employee Only	\$4.47	Employee Only	\$8.90
Employee + Spouse	\$14.16	Employee + Spouse	\$24.84
Employee + Child(ren)	\$13.47	Employee + Child(ren)	\$25.23
Employee + Family	\$16.05	Employee + Family	\$30.78

Vision

Vision Bi-Weekly Full-Time and Part-Time

Coverage Level	Vision Plan
Employee Only	\$2.75
Employee + Spouse	\$5.92
Employee + Child	\$4.47
Employee + Children	\$4.47
Employee + Family	\$8.12

Medical Surcharges

- Spouses who are eligible for medical coverage through another employer can be covered under a Centra medical plan, for an additional \$50.00 per bi-weekly pay period.
- Tobacco users will pay \$24.92 more per bi-weekly pay period for medical coverage.
- To have the tobacco surcharge removed from your medical premiums, employees can participate in tobacco cessation. Contact 434.200.2700 for more information or to get started.



Life and AD&D Insurance

Basic Life and AD&D Insurance

Providing economic security for your family is a major consideration in personal financial planning. In the event of death, disability, or serious injury or illness, you will want to be prepared. Centra provides full-time and part-time employees with Basic Employee Life and Accidental Death and Dismemberment (AD&D) Insurance coverage through Lincoln Financial at no cost to you. You automatically receive Life and AD&D coverage in the amount of 1x your base annual pay (at the time of your death).

If the amount is over \$50,000, the benefit is taxable and will be reported as “imputed income” on your paycheck.

*Executives please contact HRHelp@centrahealth.com for more information about your specific Basic Life and AD&D benefit.

Supplemental Life and AD&D Insurance

You also have the opportunity to purchase additional life and AD&D insurance for yourself, your spouse, and your children at group rates. The chart below describes the amounts of additional Supplemental Life Insurance you may purchase.

Coverage Option	Life Amount	AD&D Amount	Age Reductions
Employee	1 - 8x base annual pay** Non-medical maximum is \$500,000	\$25,000 increments to \$1,000,000	35% reduction at age 65 50% reduction at age 70
Spouse*	NEW Increments of \$5,000 to a maximum amount of \$500,000 Non-medical maximum is \$50,000	If elected, AD&D amount will match Life benefit	
Child*	Increments of \$2,500 up to \$10,000 coverage per child	If elected, AD&D amount will match Life benefit	Coverage available from birth until age 26

*The amount of life insurance for a dependent will not be more than 100% of the employee's life insurance value.

**\$2 Million maximum.



LifeTime Benefit Term, a form of Universal/Permanent Life Insurance

LifeTime Benefit Term, a form of Universal/Permanent Life Insurance can provide additional protection for you and your family if you were no longer able to provide for them. Your family can receive cash benefits paid directly to them upon your death that they can use to help cover expenses like mortgage payments, credit card debt, childcare, college tuition and other household expenses. Cash benefits can also be paid directly to you while you are living for long term care expenses.

LifeTime Benefit Term, a form of Universal/Permanent Life Insurance offers guaranteed premiums, guaranteed benefits during your working years, guaranteed benefits after age 70, Long Term Care protection with the extension of benefits, and terminal illness coverage after two years.





Disability Income Protection

Centra recognizes the importance of your financial well-being in the event of a disability. Most of us insure our homes, automobiles, and other assets, yet we often overlook our most valuable asset—our ability to earn an income! Your regular monthly obligations such as your mortgage or rent, utility bills, food, and other necessities, continue even if you are unable to work. Centra offers short-term and long-term disability options to full- and part-time employees provided by Lincoln Financial.

Short-Term Disability (STD)

Centra provides both full- and part-time employees with Short-Term Disability (STD) coverage with a 14 day wait at 60% of your salary when you have a short-term injury or illness and can't work. There are no pre-existing conditions that apply. The disability period for pregnancy under STD is 12 weeks starting the date of delivery. There is no waiting period for maternity leave. **This coverage is paid for by Centra—your coverage is automatic.**

Voluntary Long-Term Disability (LTD)

You can purchase Long-Term Disability (LTD) to continue income replacement when your Short-Term Disability ends and you've been disabled 90 days. To qualify for LTD, you must be unable to perform the regular duties of your job. Please note that LTD is age banded. **If you want LTD coverage, be sure and sign up during enrollment.**

Disability Insurance				
	Elimination Period	Coverage Duration	Benefit Amount	Cost
Short-Term Disability*	14 days	Max duration of 13 weeks (11 weeks paid and 2 weeks for the Elimination Period)	60% of base salary (up to \$1,500 per week) Directors and above 60% of base salary (up to \$2,300 per week)	Paid for by Centra
Voluntary LTD	90 days	Up to normal retirement age	60% of your monthly salary (up to \$10,000 per month)	Employee paid

*Physicians please contact HRHelp@centrahealth.com for more information about Short-Term disability.

Executives, please contact HRHelp@centrahealth.com for more information about Short-Term disability and Long-Term disability options.



Voluntary Benefits

Hospital Indemnity

Hospital Indemnity Insurance provided by Lincoln Financial Group can pay benefits that help you with the costs of a covered hospital visit. It helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness, or childbirth. The money is paid directly to you – not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as coinsurance, copays, and deductibles.

What's included?

- \$2,000 for the day of hospital admission, once per calendar year.
- \$150 for each day of your covered hospital stay, up to 60 days per calendar year.
- \$300 for each day you spend in intensive care, up to 30 days per calendar year.

Hospital indemnity insurance is affordable, and the cost is deducted directly from your paycheck. If you leave the company or retire, you can take your coverage with you, without having to answer new health questions, and will be billed directly for the insurance.

Critical Illness

If you're diagnosed with an illness that is covered by this insurance provided by Lincoln Financial, such as heart attack, stroke, and cancer, you can receive a benefit payment in one lump sum. You can use the money however you choose to cover out-of-pocket expenses like copays and deductibles. You can use the coverage more than once if you have a different condition later, and you can cover your spouse and children.

Note: Centra offers an employee discount if you have an inpatient or outpatient surgery at one of our locations.

Accident Insurance

Accidents happen when you least expect it. With Accident Insurance through Lincoln Financial, you can stay ahead of the out-of-pocket expenses that may occur due to a non-work related injury. Accident Insurance provides a lump sum payment based on the accident or injuries sustained, so you

can be prepared financially. The benefit is paid directly to you, and you decide the best way to spend it. It's that simple. Whether it's to pay medical expenses, the mortgage, car payments, or even utility bills, you decide.

Other advantages of Accident Insurance include the following:

- You'll receive cash benefits for expenses that may not be covered under your medical insurance.
- There are no health questions to answer.
- You can insure your spouse and children.
- There is no limit to the amount of accidents you can claim under the policy (with exception to policy rules).

LegalEASE

LegalEASE covers the cost of attorney fees for the most frequently needed personal legal matters. Employees who elect the plan have access to an attorney who can provide legal assistance with no waiting periods, no deductibles and no claim forms. Their experienced attorneys can represent employees for a wide range of legal services, including family law.

For a comprehensive overview of this benefit, please review the plan details on Centra People or by visiting the website below.

To learn more, visit legaleaseplan.com/centrahealth. You can also call **(800) 248-9000** for assistance.



Retirement

Save for the Future with Matching Tax Deferred Savings Plans

Saving for the future is a top priority in smart financial planning. That's why Centra sponsors a Matching Tax Deferred Savings Plan: a 403(b) plan for all Centra employees.

Employee Contributions

Upon hire, eligible employees (full-time, part-time and limbo) are automatically enrolled in the plan at a pretax contribution rate of 3% of your pay unless you opt out of the plan within 35 days of your hire date.

Temporary Employees are not automatically enrolled and are not eligible to receive company match but are eligible to make deferrals and would need to self-enroll by contacting Fidelity. Limbo Employees are automatically enrolled, are eligible to make deferrals but are not eligible to receive company match. You can opt out or change your contribution percentage by contacting Fidelity at NetBenefits.com/atwork or calling **800-343-0860**.

If you do not opt out or change your contribution percentage within 35 days from your hire date, 3% will be deducted from your pay as soon as administratively feasible.

You may make traditional pre-tax contributions or Roth after-tax contributions, or both. Unlike traditional, pretax retirement contributions, Roth contributions are invested using after-tax dollars, meaning you pay taxes on your savings up front, rather than in the future. Roth contributions may provide the following benefits as part of your saving strategy:

- The earnings grow tax-deferred and withdrawals are tax-free as long as it's been five years since the initial contribution and you don't begin withdrawals until age 59½, at the earliest.
- Tax diversification when making both Roth after-tax, and traditional pre-tax contributions.

Participants may contribute up to the annual IRS limit in pre-tax earnings under both plans, and those age 50 or older are eligible to make an additional catch-up contribution up to the IRS limits. You can increase, decrease, or stop your contributions at any time to either plan by contacting Fidelity. Remember to select your retirement plan beneficiaries by logging on to NetBenefits.com/atwork or calling **800-343-0860**.



Centra Contributions

For eligible full-time and part-time employees, Centra will make a matching contribution of 100% of the first 3% of the pay you contribute, up to the annual compensation limits (\$10,800 for 2026) listed in the chart below. You are immediately vested in your contributions, and any employer matching contributions.

Retirement Plan Limits	2026	2025
Elective contribution limit for 401(k), 403(b), and most 457 plans	\$24,500	\$23,500
Catch-up contribution limit for 401(k) and 403(b)**	Ages 50-59 and 64+: \$8,000 Ages 60-63: \$11,250	\$7,500
Annual compensation limit under Sections 401(a)(17), 404(1), 408(k)(3)(C), and 408(k)(6)(D)(ii)	\$360,000*	\$350,000

** Centra will be following new regulations introduced by Secure 2.0 Act. Currently "Employees earning more than \$150,000 (indexed) in the prior year will be required to make their catch-up contributions as Roth (after tax) contributions (2025)"

Plan Eligibility

Employee Status	Automatically Enrolled	Eligible to Make Employee Deferrals**	Eligible for Company Match
Full-time	✓	✓	✓
Part-time	✓	✓	✓
Limbo	✓	✓	
Temporary		✓	

** Deferrals are payments that are invested into a retirement account before taxes are applied.

Company Match True Up Feature

All company matching contributions will go through a year-end true-up calculation to ensure that the match is based on your total contributions made to the Centra Health Retirement Plans during the year while you are eligible for a match, rather than only the pay periods in which you contributed.

If you did not contribute during one or more pay periods (perhaps you met the contribution limits before the end of the year), if you are eligible for the True Up, you will receive a true-up match by the end of the third quarter of the following year.

Discretionary Contribution: Centra may make an additional contribution to employee's retirement account depending on annual financial performance and other factors. When made, amount may vary from year to year.

Other Tax Deferred Savings Plans

457b Deferred Compensation Plan: A select group of management and highly compensated employees are eligible for this nonqualified savings plan. Centra does not make employer contributions to the plan. Refer to the plan highlights document posted on [Centra People > Employee Matters > Benefits](#) for complete details, and visit [NetBenefits.com/atwork](#) for any questions.

Manage your investments at [NetBenefits.com/atwork](#). If automatically enrolled, your contributions are invested in The Vanguard Target Retirement Date Funds, but you can change investments at any time. You may transfer your investment in the Qualified Default Investment Alternative (QDIA) to any other available investment alternative under the Plan by logging into your account at [NetBenefits.com/atwork](#). Unless you choose otherwise, your account will be invested in the QDIA, Vanguard Target Retirement Fund series, which is a group of single target date funds based on your assumed retirement age of 65.

Personalized Financial Coaching Through CAPTRUST

If you need support navigating your personal financial situation, **CAPTRUST** provides unbiased financial guidance. **Schedule a call** with CAPTRUST to create a financial plan, prepare for retirement or get advice on creating the right investment mix based on your financial goals. CAPTRUST also helps you with other financial priorities like budgeting, debt, credit and college savings. Take advantage of this service at no cost.

CAPTRUST is a Registered Investment Advisor and acts in a fiduciary capacity when providing investment advice, this means that the advice they give you must be in your best interest. Reach out to [CAPTRUST at Work](#) or by calling **800-967-9948**.





Wellness Programs

Centra's wellness programs are designed to keep you healthy and happy while supporting your efforts at living an active lifestyle.

Free Programs

Centra offers many programs at no cost to you:

- **Flu and other Vaccines:** Receive your annual flu shots, along with other required vaccines through Employee Care at no cost to you.
- **Employee Assistance Program (EAP) and Work Life Portal:** Find more information on [page 34](#).
- **Preventive Check-ups and Screenings*:** Each year, Centra medical plan participants are allowed one wellness visit and health screening at no cost.
- **Care Management*:** Centra offers a knowledgeable, caring health professional to assist you through an illness, help you better manage your health, and helps you to take an active role in your medical care decisions. The team will build a trusting relationship and help empower you to improve your health. See [page 13](#) for more information.
- **On-site Fitness Center:** Get your sweat on at Lynchburg General Hospital and Bedford Memorial Hospital and Southside Community Hospital free of charge for employees! Complete the module in the Centra Learning Portal for badge access.
- **Care.com Membership:** Employees have free access to a Care.com membership which opens the doors to vetted child care, senior care, pet care, and house cleaning assistance. Go to [care.com/yourbenefits](https://www.care.com/yourbenefits) to get started.
- **Financial Coaching/Wellness:** CAPTRUST supports you with timely, relevant, and actionable content to help you make smarter financial decisions and ultimately retire with confidence. See [page 28](#) for more information.

*Services for Centra Medical Plan Participants only.

The team can also assist with finding primary care and specialists, identify community resources, educate about preventive health screenings, provide you information to help you understand your illness or condition & proactively participate in your own care. To learn more or enroll into the program, please contact the team at [434.200.2700](tel:434.200.2700) or email carecoordination@centrahealth.com.





Reach a doctor 24/7 with Teladoc

Your health care benefits include Teladoc healthcare. Receive reliable, on-demand care for illness, injuries, and behavioral health needs from the comfort of your home.

Teladoc gives you access to talk to a doctor anytime, anywhere about non-emergent medical conditions. Teladoc physicians have an average of over 10-15 years of experience in practice, and include a network of board-certified doctors, pediatricians, dermatologists, psychiatrists, and therapists.

Talk to a doctor in as little as 15 minutes when you need care fast, including prescriptions and short-term renewals of existing medications.*

Teladoc offers:

- **New:** A \$0 copay for the Basic Care Plan and HDHP in 2026
- No surprise costs. No hassle.
- Available on-demand 24/7, or schedule a time that works for you – nights, weekends, and holidays included.
- Board-certified Teladoc doctors care for more than 80 common conditions.
- A reliable and affordable alternative to urgent care clinics when you're too sick to see someone in person, when you're traveling, or any other time you can't see your primary care physician.
- A summary of your visit can be shared with your doctor upon request.

*Prescriptions are available at the physician's discretion when medically necessary. A renewal of an existing prescription can also be provided when your regular physician is unavailable, depending on the type of medication.

How to access Teladoc:

- Activate your account by visiting teladoc.com.
- Download the Teladoc mobile app.
- Request a visit by phone 24/7 or call **1-800-TELADOC (835-2362)** to speak with a Teladoc customer service representative.

Use Teladoc for:

- Cold
- Rash
- Diarrhea.
- Cough
- Pink eye
- Fever
- Flu
- Allergies
- Urinary tract infection
- Sinus infection
- Vomiting
- Sore throat
- Prescription renewal
- Anxiety & Depression





Employee Discount Benefits

Centra offers Eplee to our employees and their families. Enjoy employee discounts on hundreds of items and services. Visit centrahealthperks.com to learn more. Other discounts include:

- **Weight Watchers:** Enjoy a 50% subsidy on Weight Watchers meetings or Online Plus to help you improve your overall health and reach your weight loss goals.
- **YMCA:** Sign up at a participating YMCA and get 25% off the monthly membership. Visit Centra People for a complete list of locations.
- **Other Local Gym Discounts:** Visit Eplee by scanning the QR code below to learn more.
- **Free Women & Children's Services Educational Classes:** Attend classes at Centra, such as Baby Basics, Breast Feeding, Infant Safety, and Family Nutrition.
- **Tobacco Replacement Therapy*:** Prescription and OTC smoking cessation products (e.g., nicotine products, bupropion [generic only], Chantix) are covered for adults at \$0 copay. Quantity limit of 2 cycles per year applies to each active ingredient.
- **Gift Shop:** Employees of Centra LGH and VBH enjoy a 10% discount in the gift shops. Employees can receive 20% off on Payday Thursdays. Some exclusions apply.
- **Education Assistance:** Receive up to \$5,250/year in education assistance. View complete policy in the Policy Manager.
- **Discounted Movie Tickets:** Pick up \$10.00 Regal Movie Tickets available in the LGH and VBH gift shops while supplies last!
- **Cafeterias:** 25% discount for dining in on-site cafeterias.
- **Image Recovery Salon:** 10% off services received in the salon.
- **Healthy Skin Center:** 30% for skin services. 10% off of plastic surgery.
- **20% discount on patient pay balance for the following services:** (Centra Policy ADM.03.04.01)
 - Acute Care Inpatient
 - Acute Care Outpatient
 - Centra Lab Technical Services
 - Pathways Hospital Services
 - Childbirth
 - Family Education classes
 - Radiation Oncology Hospital Services



Learn more by scanning the QR code



Get Fit!

In addition to the YMCA membership discount, free on-site gym facilities at two locations, and other local gym perks, Centra encourages you to take advantage of the following:

Race Subsidies: Centra subsidizes participation in races such as the VA 10-Miler, I Am Woman 5k, and other local events.

Healthy Steps: Work with nurses and exercise physiologists from Centra's own Stroobants Cardiovascular Center to create a specialized exercise therapy care plan to meet your needs and goals. For more information, ask to speak with a Stroobants Heart Center representative at the closest participating location near you.

LOCATIONS/HOURS	
Centra Healthy Living Centers:	
Jamerson Family YMCA	434.237.8163 Monday/Wednesday: 7am-6:30pm Friday: 7am-5pm; Tuesday/Thursday: 8:30am-1pm
Bedford Area Family YMCA	540.586.3483 Monday/Wednesday/Friday: 8am-6pm
Altavista Area YMCA	434.369.9622 Tuesday/Thursday: 8am-12pm





Paid Time Off

Centra offers a variety of paid programs to encourage you to rest and relax away from your job. You can use the time accrued immediately for vacation, holidays, illness, or personal time. The maximum amount of PTO that may be accrued throughout the year is 300 hours. Accrual rates for the majority of Centra employees are based on months of service per the following schedule:

See the Paid Time Benefits Policy in the Online Centra Policy Manual for More Information

You can donate hours to co-workers who are going through a crisis, or to the Centra Foundation. Refer to the Earned Time/Paid Time Off Donation Policy in the Centra policy manual for the procedure.

Discretionary Time Off Benefits for Managers, Directors, and Executives

- No minimum or maximum number of DTO days available per year, up to the discretion of the leader.
- Does not accrue; no cash value, not eligible for payout or buyback.
- Excludes any Medical Directors whose paid time off is managed through Centra Medical Group.*
- See policy for more information.

Centra Recognized Holidays:

- New Year's Day
- Easter
- Memorial Day
- Independence Day (July 4th)
- Labor Day
- Thanksgiving Day
- Christmas Day

Note: Employees are able to use PTO for your preferred holidays and celebrations, with manager approval based on your departments needs.

PTO Bands

Months	Accrual Rate**	Hours Accrued per 80 Hours Paid	Annual Days
0-47	0.1	8	26
48-59	0.1077	8.61	28
60-108	0.1154	9.23	30
109-179	0.1308	10.46	34
180-299	0.1346	10.76	35
300+	0.1385	11.07	36

** Chart reflects days accrued per biweekly paycheck and annually based on a standard 80 hours worked. Accrual will look different for part-time employees.





Centra Employee Resources

Employee Assistance Program (EAP)

The Employee Assistance Program offered by HealthWorks provides services to employees and their family members with work and personal concerns. EAP is available to any Centra employee, their spouse, and their dependents.

How can EAP help you?

EAP allows you to have a confidential conversation with a licensed professional. Things that are often discussed with your EAP team include:

- Depression.
- Anxiety and stress.
- Grief and loss.
- Stress related to financial, medical, or legal problems.
- Family issues – marital, relationships, parenting.
- Career or job concerns.
- Alcohol or drug abuse.
- Other concerns about emotions or behaviors.

How do I make an appointment?

Simply call the EAP at HealthWorks. It does not matter where you live, EAP staff will help you schedule an appointment.

If you have any questions you can call or visit:

434-200-6000

Toll free: **833-200-6282**

The EAP office is open for appointments from **8am-5pm**. When the office is closed or on holidays, an EAP Warm Line is open for service anytime.

WorkLife Portal (a Part of Your EAP)

Some problems that don't seem serious can affect work-life balance. Issues like transportation, childcare, or sleeplessness create imbalances that take a toll over time. Think of WorkLife as a personal assistant that allows you to have the ability to find available resources to support you. For Worklife Services questions, call **800-537-2153**.

Through this resource you will find access to support including:

- Legal and financial support.
- Resiliency support resources.
- Emotional well-being resources.
- Caregiver support locators including elder care services, new parent services, educational services, etc.

Learn more at healthworks.personaladvantage.com and login with company code **CENTRA**.



Questions? Ask the Experts

Make sure to mention that you are a Centra employee when asked.

Benefit	Provider	Telephone	Web Site
Medical	Meritain Health Plan Group #23913	800-925-2272	meritain.com
Prescription Drugs	CVS/Caremark Rx BIN: 004336; RxPCN: ADV; RxGRP: RX0497	844-460-8768	caremark.com/wps/portal
Spending Accounts	MetLife	833-571-0500	healthsavingsandspending.metlife.com
Accident Insurance	Lincoln Financial Group	888-526-5774	LincolnFinancial.com
Critical Illness	Lincoln Financial Group	888-526-5774	LincolnFinancial.com
Hospital Indemnity	Lincoln Financial Group	888-526-5774	LincolnFinancial.com
Dental	MetLife Group # 227686 - 237004	800-GET-MET8	mybenefits.metlife.com
Vision	Superior Vision Group # 227686 - 237004	833-EYE-LIFE	mybenefits.metlife.com
Life/AD&D Insurance	Lincoln Financial Group	888-526-5774	LincolnFinancial.com
LifeTime Benefit Term, a form of Universal/ Permanent Life Insurance	Chubb Insurance	888-763-7474	chubb.com
Family Planning	KindBody	855-950-2149	kindbody.com
Short-Term Disability	Lincoln Financial Group	888-526-5774	LincolnFinancial.com
Long-Term Disability	Lincoln Financial Group	888-526-5774	LincolnFinancial.com
Long-Term Care	Unum	800-227-4165	unuminfo.com/centrahealth/enrollment.aspx
403(b) Savings Plan & 401(k) Savings Plan	Fidelity	800-343-0860	NetBenefits.com/atwork
Financial Coaching	CAPTRUST	800-967-9948	captrustadvice.com
Legal	LegalEASE	800-248-9000	legaleaseplan.com/centrahealth



Centra Medical Benefits Plan Non-Discrimination Notice

Discrimination is Against the Law

The Centra Medical Benefits Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Centra Medical Benefits Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Centra Medical Benefits Plan

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters.
 - Information written in other languages.

If You Need These Services, Contact Aubrey Varraux

If you believe that the Centra Medical Benefits Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Aubrey Varraux, Corporate Benefits Director, 1920 Atherholt Road, Lynchburg, VA 24501; phone **434-200-7993**, fax **434-200-7410**, email aubrey.varraux@centrahealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Aubrey Varraux is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **800-868-1019**, **800-537-7697** (TDD).

Complaint forms are available at: hhs.gov/ocr/complaints/index.html.

MM Text Notices

Important Notices

About This Guide

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Descriptions (SPDs), plan document, and/or certificate of coverage for each plan. Your SPDs can be obtained on **Centra People**; you may also request a copy free of charge by calling **434-200-5555**.

Enclosed are important notices about your rights under your health and welfare plan Centra Health Employee Health and Welfare Plan, the "Plan".

The information in the accompanying guide provides updates to your existing SPDs as of 01/01/2026 and is intended to be a Summary of Material Modification.

If any discrepancy exists between this guide and the official documents, the official documents will prevail. Centra Health reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

Reminder of Availability of Privacy Notice

This is to remind plan participants and beneficiaries of the Centra Health Employee Health and Welfare Plan (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and discloses protected health information (PHI). You can obtain a copy of the Centra Health Employee Health and Welfare Plan Privacy Notice upon your written request to the Human Resources Department, at the following address:



Centra Health, Human Resources, 1920 Atherholt Road, Lynchburg, VA 24501. If you have any questions, please contact the Centra Health Human Resources Office at **434-200-5555**.

Patient Protection Notice

Centra Health Employee Health and Welfare Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Meritain at **888-674-3368**.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Centra Health Employee Health and Welfare Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in-network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Meritain at **888-674-3368**.

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at **434-200-5555**.

Newborns' and Mothers' Health Protection Act Disclosure

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

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted, and you will continue to pay the same amount as if you were not absent.

If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact WEX for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service-connected illnesses or injuries, as applicable.



Important Notice from Centra Health About Your Prescription Drug Coverage and Medicare

Medicare Part D Notice of Creditable Coverage

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

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

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

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose (or are losing) your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Centra Health coverage will not be affected.

Your Centra Health coverage pays for other medical expenses in addition to prescription drugs. This coverage provides benefits before Medicare coverage does (i.e., the plan pays primary). You and your covered family members who join a Medicare prescription drug plan will be eligible to continue receiving prescription drug coverage and these other medical benefits. Medicare prescription drug coverage will be secondary for you or the covered family members who join a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and voluntarily drop your current medical and prescription drug coverage from the plan, be aware that you and your dependents may not be able to get this coverage back until the next annual enrollment or you experience a qualifying life event.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

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

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

For More Information About This Notice or Your Current Prescription Drug Coverage:

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Centra Health changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted



directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program for personalized help. See the inside back cover of your copy of the “Medicare & You” handbook for their telephone number.
- Call **800-MEDICARE (800-633-4227)**. TTY users should call **877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help:

- Visit Social Security on the web at www.ssa.gov, or
- Call **800-772-1213**. TTY users should call **800-325-0778**.

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

Date: 01/01/2026
Name of Entity/Sender: Centra Health
Contact: Aubrey Varraux
Address: 1920 Atherholt Road, Lynchburg, VA 24501
Phone Number: **434-200-5555**

Your ERISA Rights

As a participant in the Centra Health benefit plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

ERISA provides that all plan participants shall be entitled to receive information about their plan and benefits, continue group health plan coverage, and enforce their rights. ERISA also requires that plan fiduciaries act in a prudent manner.

Receive Information About Your Plan and Benefits

You are entitled to:

Examine, without charge, at the plan administrator’s office, all plan documents—including pertinent insurance

contracts, trust agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration;

- Obtain, upon written request to the plan’s administrator, copies of documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series), and updated Summary Plan Description. The administrator may make a reasonable charge for the copies.
- Receive a summary report of the plan’s annual financial report. The plan administrator is required by law to furnish each participant with a copy of this Summary Annual Report.

Continued Group Health Plan Coverage

You are entitled to:

- Continued health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review the Summary Plan Description governing the plan on the rules governing your COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plans. The people who operate your plans are called “fiduciaries,” and they have a duty to act prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to:

- Know why this was done;
- Obtain copies of documents relating to the decision without charge; and
- Appeal any denial.

All of these actions must occur within certain time schedules.

Under ERISA, there are steps you can take to enforce your rights. For instance, you may file suit in a federal court if:

- You request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days. In such a case, the court may require the plan



administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator;

- You have followed all the procedures for filing and appealing a claim (as outlined earlier in this summary) and your claim for benefits is denied or ignored, in whole or in part. You may also file suit in a state court;
- You disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order; or
- The plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights. You may also seek assistance from the U.S. Department of Labor.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if the court finds your claim frivolous.

Assistance With Your Questions

If you have questions about how your plan works, contact the Human Resources Department. If you have any questions about this statement or your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office listed on EBSA's website: www.dol.gov/agencies/ebsa/about-ebsa/about-us/regional-offices.

Or you may write to the:
Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor 200 Constitution Avenue, NW
Washington, DC 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the Employee Benefits Security Administration at: **866-444-3272**. You may also visit the EBSA's website on the Internet at: www.dol.gov/agencies/ebsa.

General Notice of Continuation Coverage Rights Under COBRA

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA

continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end.

For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

Summaries of Benefits and Coverage (SBCs)

Availability Notice

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web on Centra People. A paper copy is also available, free of charge, by calling **434-200-5555** (a toll-free number).



HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the Centra Health group health plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days OR ANY PERIOD THAT APPLIES UNDER THE PLAN after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within [30 days OR ANY LONGER PERIOD THAT APPLIES UNDER THE PLAN] after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact **Aubrey Varraux, Corporate Benefits Director**, at **434-200-5555**.

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

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply.

If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

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

4. **ALABAMA** – Medicaid Website: myalhipp.com
Phone: 1-855-692-5447
5. **ALASKA** – Medicaid The AK Health Insurance Premium Payment Program Website: myakhipp.com
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: health.alaska.gov/dpa/Pages/default.aspx
6. **ARKANSAS** – Medicaid Website: myarhipp.com
Phone: 1-855-MyARHIPP (855-692-7447)
7. **CALIFORNIA** – Medicaid Health Insurance Premium Payment (HIPP) Program Website: dhcs.ca.gov/hipp Phone: 916-445-8322
Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
8. **COLORADO** – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: www.healthfirstcolorado.com
Health First Colorado Member Contact Center: 1-800-221-3943
State Relay 711 CHP+: hcpf.colorado.gov/chp
CHP+ Customer Service: 1-800-359-1991
State Relay 711 Health Insurance Buy-In Program (HIBI): www.mycohibi.com
HIBI Customer Service: 1-855-692-6442
9. **FLORIDA** – Medicaid Website: www.flmedicaidprecovery.com/
flmedicaidprecovery.com/hipp/index.html
Phone: 1-877-357-3268



10. **GEORGIA** – Medicaid GA HIPP Website:
[medicaid.georgia.gov/programs/third-party-liability/health-insurance-premium-payment-program-hipp](https://www.medicaid.georgia.gov/programs/third-party-liability/health-insurance-premium-payment-program-hipp)
Phone: 678-564-1162, Press 1 GA CHIPRA
Website: [medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra](https://www.medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra)
Phone: 678-564-1162, Press 2
11. **INDIANA** – Medicaid Health Insurance Premium Payment Program
All other Medicaid Website: www.in.gov/medicaid/
www.in.gov/fssa/dfp
Family and Social Services Administration Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584
12. **IOWA** – Medicaid and CHIP (Hawki) Medicaid Website:
hhs.iowa.gov/programs/welcome-iowa-medicaid
Phone: 1-800-338-8366
Hawki Website: hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki
Hawki Phone: 1-800-257-8563
HIPP Website: hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp
HIPP Phone: 1-888-346-9562
13. **KANSAS** – Medicaid Website:
www.kancare.ks.gov
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660
14. **KENTUCKY** – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website:
chfs.ky.gov/agencies/dms
15. **LOUISIANA** – Medicaid
Website: www.medicaid.la.gov or
www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or
1-855-618-5488 (LaHIPP)
16. **MAINE** – Medicaid Enrollment Website:
www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740
TTY: Maine relay 711
17. **MASSACHUSETTS** – Medicaid and CHIP Website:
www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com
18. **MINNESOTA** – Medicaid Website:
mn.gov/dhs/health-care-coverage
Phone: 1-800-657-3672
19. **MISSOURI** – Medicaid Website:
www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005
20. **MONTANA** – Medicaid Website:
<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov
21. **NEBRASKA** – Medicaid Website:
www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178
22. **NEVADA** – Medicaid Website:
dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900
23. **NEW HAMPSHIRE** – Medicaid Website:
www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov



24. **NEW JERSEY** – Medicaid and CHIP Medicaid Website:
www.state.nj.us/humanservices/dmahs/clients/medicaid
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: www.njfamilycare.org/index.html CHIP
Phone: 1-800-701-0710 (TTY: 711)
25. **NEW YORK** – Medicaid Website:
www.health.ny.gov/health_care/medicaid
Phone: 1-800-541-2831
26. **NORTH CAROLINA** – Medicaid Website:
medicaid.ncdhhs.gov
Phone: 919-855-4100
27. **NORTH DAKOTA** – Medicaid Website:
www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825
28. **OKLAHOMA** – Medicaid and CHIP Website:
www.insureoklahoma.org
Phone: 1-888-365-3742
29. **OREGON** – Medicaid Website:
<http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075
30. **PENNSYLVANIA** – Medicaid and CHIP Website:
www.pa.gov/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp
Phone: 1-800-692-7462
CHIP Website: www.pa.gov/en/agencies/dhs/resources/chip.html
CHIP Phone: 1-800-986-KIDS (5437)
31. **RHODE ISLAND** – Medicaid and CHIP Website:
www.eohhs.ri.gov
Phone: 1-855-697-4347, or
401-462-0311 (Direct RItte Share Line)
32. **SOUTH CAROLINA** – Medicaid Website:
www.scdhhs.gov
Phone: 1-888-549-0820
33. **SOUTH DAKOTA** – Medicaid Website:
dss.sd.gov
Phone: 1-888-828-0059
34. **TEXAS** – Medicaid Website:
www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
Phone: 1-800-440-0493
35. **UTAH** – Medicaid and CHIP Medicaid Utah's Premium Partnership for Health Insurance (UPP) Website:
medicaid.utah.gov/upp
Email: upp@utah.gov Phone: 1-888-222-2542
Adult Expansion Website:
medicaid.utah.gov/?s=utah+medicaid+expansion
Buyout Program Website:
medicaid.utah.gov/buyout-program/CHIP
Website: chip.utah.gov **VERMONT** – Medicaid Website:
dvha.vermont.gov/members/medicaid/hipp-program
Phone: 1-800-250-8427
36. **VIRGINIA** – Medicaid and CHIP Website:
coverva.dmas.virginia.gov/learn/premium-assistance/famis-select and coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP Phone: 1-800-432-5924
37. **WASHINGTON** – Medicaid Website:
www.hca.wa.gov
Phone: 1-800-562-3022
38. **WEST VIRGINIA** – Medicaid and CHIP Website:
dhr.wv.gov/bms and mywvhipp.com
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
39. **WISCONSIN** – Medicaid and CHIP Website:
dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002
40. **WYOMING** – Medicaid Website:
health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility
Phone: 1-800-251-1269

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

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for
Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565



Glossary

Affordable Care Act (ACA)

Also called Health Care Reform, the ACA requires health plans to comply with certain requirements. The ACA became law in March 2010. Since then, the ACA has required some changes to medical coverage—like covering dependent children to age 26, no lifetime dollar limits on medical benefits, covering preventive care in-network without cost-sharing if the plan is grandfathered, etc., among other requirements.

Brand Name Drug

The original manufacturer's version of a particular drug. Because the research and development costs that went into developing these drugs are reflected in the price, brand name drugs cost more than generic drugs.

Coinsurance

A percentage of costs you pay “out-of-pocket” for covered expenses after you meet the deductible.

Copayment (Copay)

A fee you have to pay “out-of-pocket” for certain services, such as a doctor's office visit or prescription drug.

Deductible

The amount you pay “out-of-pocket” before the health plan will start to pay its share of covered expenses.

Employer Contribution

Each month the company provides you with an amount of money that you can apply toward the cost of your health care premiums. The amount of the employer contribution depends on who you cover. You can see the amount you'll receive when you enroll. If you're enrolling as a new hire, the employer contribution amount will be prorated based on your date of hire.

Generic Drug

Lower-cost alternative to a brand name drug that has the same active ingredients and works the same way.

High-Deductible Health Plan (HDHP)

High-deductible health plans (HDHPs) are health insurance plans with lower premiums and higher deductibles than traditional health plans. Only those enrolled in an HDHP are eligible to open and contribute tax-free to a health savings account (HSA).

Health Savings Account (HSA)

A health savings account (HSA) is a portable savings account that allows you to set aside money for health care expenses on a tax-free basis.

You must be enrolled in a high-deductible health plan in order to open an HSA. An HSA rolls over from year to year, pays interest, can be invested, and is owned by you—even if you leave the company.

Out-of-Pocket Maximum

The most you pay each year “out-of-pocket” for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for covered expenses.

Plan Year

The year for which the benefits you choose during enrollment remain in effect. If you're a new employee, your benefits remain in effect for the remainder of the plan year in which you enroll, and you enroll for the next plan year during the next enrollment period.

Preventive Care

Health care services you receive when you are not sick or injured—so that you will stay healthy. These include annual checkups, gender- and age-appropriate health screenings, well-baby care, and immunizations recommended by the Advisory Committee on Immunization Practices (ACIP).



ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (434) 200-7668

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (434) 200-7668 번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (434) 200-7668

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電(434) 200-7668

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم. هاتف الصم والبكم: 1: (434) 200-7668

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (434) 200-7668

{ این اعلامیه حامی اطلاعات مهم میباشد. این اعلامیه حامی اطلاعات مهم درباره فرم تقاضا و یا پوشش بیمه ای شما مربوط به به تاریخ های مهم در این اعلامیه توجه نمایید. شما ممکن است تا به تاریخ های مشخصی. }
Centra Medical Benefits Plan { برای حفظ پوشش مزایای یا برای کمک به مخارج مزایای ملزوم به انجام کارهایی باشید. شما حق این را دارید که این اطلاعات و کمک را به زبان خود به طور رایگان دریافت نمایید. (434) 200-7668

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ (434) 200-7668 (መስማት ለተሳናቸው: (434) 200-7668.

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں (434) 200-7668.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (434) 200-7668.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (434) 200-7668 (телефайп: (434) 200-7668).

ध्यान दः: य-द आप ँहदी बोलते ह ँतो आपके लिए मुफ्त म- भाषा सहायता सेवाएं उपलब्ध ह। (434) 200-7668 पर कॉल कर।



ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (434) 200-7668.

লক্ষ্য করুন: যিঁদ আপিন বাংলা, কথা বলেত পারেন, তাহেল িন:খরচায় ভাষা সহায়তা পিরেষবা উপলব্ধি জোছ।
ফোন করন (434) 200-7668

Li bihne lini li gwe banga bi niigana. Li bihne lini li gwe banga bi niigana nyu mam ma kolbaha ndjombi yong tole ma teeda mong ngueda [insert SBM program name]. Yeng ma kel ma ngui muni li bihne lini. Bebeg le u nlama bon nguim man nwaale guim di loo i nkwo nyu l teda mateda ma mboo yong tole l bana mi nsombog mi mahola. U gwee Kundei kosna biniiguene bini ni mahola i hop wong nni nsaa wogui wo. Sebel (434) 200-7668

Edemede a were otutu ihe di nkpa nime ya. Edemede a were otutu ihe di nkpa nime ya gbasara akwukwo gi ma obu inshooransi site [insert SBM program name]. Chota, ubochi -di-nkpa nime edemede a, maka na enwere oge ga eru nu, l ga eji ego were nweta inshooransi ahu-ike ma obu nye maka. l nwere ohere iwenta nye maka na omuma a na asusu gi na akwu gi ugwo. Kpo (434) 200-7668.

Akiyesi yi ni Ifitonileti Patàki Nínu. Akiyesi yi ni ifitonileti patàki nipa leta-isèbéèrè tàbí ìdójútòfò rẹ nipa [insert SBM program name] nínu. Se àwàrí àwọn oṣo patàki tí n bẹ nínu àkíyèsí yí. O le ní láti gbe awon igbese ni ibamu pelu awon ojo to gbeyin kan ni pato lati le pa idojutofò ilera re tabi iseranwo fun o mo pelu sisanwo. O ni eto lati ri iranwo ati ifitonileti yi gbà ní èdè rẹ láisanwó. Pè sórí (434) 200-7668



CENTRA

CARE YOU CAN COUNT ON.

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

NH.CENTRA_MPL_06879