EXTENDED CARE
HOSPITAL OF WESTMINSTER
CURE WHEN POSSIBLE, COMFORT ALWAYS

EMPLOYEE BENEFITS GUIDE

December 1, 2025 through November 30, 2026

CLIENT CONTACT

Human Resources

(714) 891-2769
Carol@echospitals.com

Benefits Website

www.echospital.benefitsmap.com
Username: echospital
Password: benefits

Benefits Service Center

(833) 214-5096
extendedcarebenefits@sullicurt.com
Monday - Friday, 7:30 am - 5:00 pm PST, Excluding holidays

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see the Notices and Disclosures handout for more details.

Extended Care Hospital is pleased to provide you with our Employee Benefits Guide.

Each year you have the opportunity to review the benefits offered and to decide which programs will best fit your needs over the coming year.

This brochure briefly highlights the benefits offered to all eligible employees and dependents. The content in this brochure provides you with an overview of our benefit plans, please refer to your **Summary of Benefits and Coverage documents (SBCs**) and/or carrier booklets and certificates for more detailed benefit information.

When Can You Enroll or Make a Change?

Annual Open Enrollment — Offers you the opportunity to make changes to your current elections or to participate in a benefit plan for which you have not previously enrolled.

New Employee — You have 30 days from the day you become eligible to elect or waive coverage.

Eligibility

To be eligible to enroll in our company's benefit plans, you must be a **regular full-time employee, have satisfied the waiting period, and work the minimum hour requirements.** You may also enroll your eligible dependents in the benefit plans including:

- Your legal spouse (same sex or opposite sex)
- Your qualified domestic partner (same sex or opposite sex)
- Your children up to **age 26** can be covered regardless of student and marital status

Declining Coverage & Family Status Change

It is important to note that if you waive any coverage, you will not be able to enroll in the health benefit plans unless you have a designated family status change event. You will need to wait until the next open enrollment period.

Federal regulations define a change in family status as:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- A child becoming ineligible for dependent coverage
- Death of a spouse or child
- A change from full time to part time (or the opposite)
- An unpaid leave of absence
- A change in your spouse's employment
- A move out of the service area
- A Qualified Medical Child Support Order
- A substantial change in your or your spouse's benefits coverage

Note: Please contact Human Resources immediately to complete the appropriate forms if you have a qualified family status change. If you do not update your coverage within 30 days from the date of the qualified family status change, you must wait until the next Annual Open Enrollment period.

Action Steps:

- Please see page 7 of this brochure for instructions on how to enroll in your benefits.
- **MANDATORY:** If you would like to enroll, you must complete your elections in the Paylocity enrollment portal.
- If you do not complete your elections in the Paylocity enrollment portal, you will not be eligible to enroll again until the next 2026-2027 open enrollment period for benefits effective December 1, 2026.

What's Offered for 2025—2026

- 2 Medical plan choices, a Deductible HMO and a Traditional HMO through Kaiser
- 2 Dental plan choices, a Dental HMO and a Dental PPO through Guardian
- Guardian's Dental Maximum Rollover Program offered if you enroll in the Dental PPO plan
- Vision Coverage offered with Guardian
- Basic Life and AD&D and Voluntary Life and AD&D offered through Guardian
- Employee Assistance Program offered – **FREE** - through Guardian

Your Benefits Website

For in-depth information about your benefits, log on to the benefits website, your hub for all of our employee benefits and wellness information. You will also find a wealth of resources from our carrier partners and vendors. Log on today and check it out!

www.echospital.benefitsmap.com
Username: **echospital**
Password: **benefits**

Medical Insurance - Kaiser

We offer you the choice of 2 medical HMO plan options through Kaiser Permanente. For a complete listing of covered services, please refer to the enclosed carrier **Summary of Benefit and Coverage documents (SBCs**) and/or benefit summaries for more detailed benefit information.

Kaiser utilizes an integrated managed care approach where most services such as office visits, diagnostic x-ray, lab and pharmacy services can be found at each facility. Under either of these plans, all of your care must be directed through a Kaiser provider. You will receive benefits only if you use the Kaiser doctors, clinics and hospitals.

Plan Features	Kaiser Permanente Deductible $1,500	Kaiser Permanente Traditional $0 Deductible
Deductible	$1,500 Individual / $3,000 Family	None
Office Visit / Specialist	$20 co-pay after deductible	$20 co-pay
Virtual Visits	No charge	No charge
Hospital Facility Services	20% after deductible	$500 co-pay / admit
Outpatient Surgery	20% after deductible	$20 co-pay / surgery
Emergency Room	20% after deductible	$150 co-pay / visit (waived if admitted)
Urgent Care	$20 co-pay after deductible	$20 co-pay
Chiropractic Services	$15 co-pay (up to 30 visits per year)	$15 co-pay (up to 30 visits per year)
Diagnostic Lab / X-Ray	$10 co-pay after deductible	No charge
Complex Imaging (CT/PET scans, MRIs)	20% up to $150 after deductible	No charge
Prescription Drug Coverage Generic: Preferred Brand: Non-Preferred Brand: Specialty:	 $10 co-pay $30 co-pay $30 co-pay 20% up to $250	 $10 co-pay $30 co-pay $30 co-pay $30 co-pay
Out of Pocket Maximum	$3,000 Individual / $6,000 Family	$3,000 Individual / $6,000 Family

Please refer to your carrier Summary(ies) of Benefits and Coverage (SBCs) for more detailed benefit information. Plan documents will govern.

Voluntary Dental - Guardian

We are pleased to offer you a choice of 2 dental plans: Dental HMO or PPO with Guardian. The DHMO plan is a scheduled fee plan, covering Preventive, Basic, Major, and Orthodontic services. Please refer to your copay schedule for more details. The DPPO chart gives you a side-by-side look at how each type of service is covered when you use in-network and out-of-network providers.

Tips:

Be sure to ask your dental office to submit a **pre-estimate** plan to your insurance carrier prior to receiving major dental work. Your insurance carrier will provide an **Explanation of Benefits** illustrating services the insurance will cover or not cover and how much will be your responsibility.

It is important to bring your DHMO Copay Schedule to your dentist. Most covered services will show a copayment alongside the service description and ADA Code.

Guardian Dental DHMO	ADA Code	In-Network ONLY
Deductible (Individual/Family)		None
Annual Benefit Maximum		Unlimited
Prophylaxis (adult/child)	D1110/20	$0
Amalgam Fillings	D2140	$8
Root Canal (Molar)	D3330	$170
Orthodontia (child/adult)	D8080/8090	$1,500 / $2,800

Guardian DPPO	In-Network	Out-of-Network
Deductible	$50, 3X per family	
Annual Benefit Max	$2,000	
Preventive Services	No charge	20% deductible waived
Basic Services	20% after deductible	20% after deductible
Major Services	50% after deductible	50% after deductible
Orthodontic Services	Not covered	
Wait Periods	None. Late entrant rules apply.	

Dental Maximum Rollover

Save Your Unused Claims Dollars For When You Need Them Most

Guardian will roll over a portion of your unused annual maximum into your personal Maximum Rollover Account (MRA). If you reach your Plan Annual Maximum in future years, you can use money from your MRA. To qualify for an MRA, you must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year. Your MRA may not exceed the MRA limit. You can view your annual MRA statement detailing your account and those of your dependents on www.GuardianAnytime.com.

Description	Amount
Plan Annual Maximum*: Maximum claims reimbursement	$2,000
Threshold: Claims amount that determines rollover eligibility	$800
Maximum Rollover Amount: Additional dollars added to Plan Annual Maximum for future years	$400
In-Network Only Rollover Amount: Additional dollars added to Plan Annual Maximum for future years if only in-network providers were used during the benefit year	$600
Maximum Rollover Account Limit: Plan Annual Maximum plus Maximum Rollover cannot exceed $3,500 in total	$1,500

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, ($1500 PPO/$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan.*

Basic Life/AD&D - Guardian

100% COMPANY PAID — We provide full-time employees with Group Term Life and Accidental Death & Dismemberment (AD&D) insurance through Guardian Insurance Company. Please see your HR Manager for more details.

Voluntary Term Life/AD&D - Guardian

If you need additional financial protection for your family, you also have the opportunity to purchase additional Term Life and AD&D insurance. A voluntary AD&D benefit is included when you purchase voluntary life insurance. The amount for the Life and AD&D is equal. This premium is paid with after-tax dollars through payroll deductions.

Benefits are available to employees and dependents up to a maximum. Employees must enroll in order to purchase additional life insurance for dependents.

Please remember that if you choose to enroll in Voluntary Life and AD&D insurance after your initial eligibility date, Evidence Of Insurability (EOI) will be required.

If you would like additional information please refer to Guardian's documents.

Voluntary Vision Insurance - Guardian

Whether your vision is 20/20 or less than perfect, everyone needs to receive regular vision care. Guardian provides professional vision care and high quality lenses and frames through a broad network of optical specialists. Similar to a PPO plan, you may take advantage of the highest level of benefit by receiving services from in-network vision providers.

Guardian	Vision Plan—VSP Choice Network	
Copay	**Exams: $10 / Materials: $25**	
Frequency Exam Lenses Frames Contact Lenses	**Per calendar year:** Every 12 Months Every 12 Months Every 24 Months Instead of Glasses: Every 12 Months	
Coverage	**Patient Pays:**	**Reimbursed up to:**
Exam	$10 co-pay	$39
Lenses Single Vision Bifocal Trifocal	 $25 co-pay $25 co-pay $25 co-pay	 $23 $37 $49
Frames	$130 allowance + 20% off balance	$46
Contact Lenses Medically Necessary Elective	 No charge $130 allowance	 $210 $100

401(k) Retirement Plan

Planning and saving are the keys to living well when you reach retirement. By enrolling in the 401K Plan, you will be taking a major step forward in achieving a personalized retirement savings strategy for a more enjoyable future. Employees can contribute up to $22,500 for 2025 For those who are age 50 or over at any time during the year, the catch-up contribution limit is $7,500. So, those aged 50 or over can contribute a total of $30,000 to their 401(k) during 2025-2026.

Extended Care will match 25% of the employee contribution with a maximum contribution of 4% of your salary. You can contribute up to the mandated maximums listed above, but Extended Care will match 25%, up to 4% of your salary.

Gateway Travel

Traveling away from home? Gateway Travel Medical Insurance will protect you in the event of an injury or illness. It will pay for your medical bills abroad and even pay for you to be evacuated back to the U.S. if necessary. The cost of an international travel insurance policy is quite low compared to the protection it provides. For more information on the medical plans available, please call **(877) 808-7434** or visit the website at **www.gatewayplans.com/individuals/leisure-travel/gateway-international**. Travel insurance is NOT sponsored by your employer. In order to access this coverage, you must purchase it online.

Notice to Medicare Eligible Employees

Medicare is the federal health insurance program for people who are 65 or older, certain younger people with disabilities and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).

If you have Medicare and other health insurance (like from a group health plan, retiree coverage, or Medicaid), each type of coverage is called a "payer." When there's more than one payer, "coordination of benefits" rules decide who pays first. The "primary payer" pays what it owes on your bills first, and then sends the rest to the "secondary payer" (supplemental payer) to pay. If you have questions about who pays first, or if your coverage changes, call the Benefits Coordination & Recovery Center at 1-855-798-2627 (TTY: 1-855-797-2627).

If you would like to learn more about Medicare and the various plan options, reach out to Martin & Associates Insurance Services for a no-cost phone consultation to discuss your situation: www.MartinMedicare.com

Kaiser Extras

Healthy Living Programs & Workshops. FREE to Kaiser members kp.org/centerforhealthyliving

- In person interactive workshops—call your local Kaiser facility
- Wellness Coaching By Phone—**1-866-862-4295**, Monday—Friday, from 7 a.m. to 7 p.m. Pacific time
- Personal Action plans online—kp.org/actionplan
- Weight Management Programs—kp.org/healthybalance

Healthy Lifestyles Program FREE to Kaiser members.

With our online wellness programs, you'll get advice, encouragement, and tools to help you create positive changes in your life. Our complimentary programs can help you:

- Lose weight
- Eat healthier
- Quit smoking
- Reduce stress
- Manage ongoing conditions like diabetes or depression

Start with a Total Health Assessment, a simple online survey to give you a complete look at your health. You can also share and discuss the results with your doctor.

kp.org/healthylifestyles
kp.org/vidasana (en español)

Wellness Coach—FREE to Kaiser members

Coaching can get you started on a healthy path– and give you tools, resources, and encouragement to help you see it through. It can help you:

- Achieve a health weight
- Stop using tobacco
- Become more active
- Reduce stress
- Eat healthier

Make the first move—Call 1-866-862-4295, Monday through Friday, 7 a.m. to 7 p.m. Pacific time to make an appointment. Coaching is offered in English and Spanish.

Self Care Apps

These apps can help you build resilience, set goals, and take meaningful steps toward becoming healthier and happier.

- **Calm** — Calm is an app for daily use that uses meditation and mindfulness to help lower stress, reduce anxiety, and improve sleep quality. With guided meditations, programs taught by world-renowned experts, sleep stories narrated by celebrities, mindful movement videos, and more.

- **Headspace Care** — Headspace Care (formerly called Ginger) app offers 1-on-1 support for many common challenges — from anxiety, stress, and low mood to issues with work, relationships, and more. Headspace Care's skilled emotional support coaches are ready to help 24/7. Kaiser Permanente members can use the app for **90 days per year at no cost**.

Visit **kp.org/selfcareapps** to get started.

Join Health Classes

With all kinds of health classes and support groups offered at our facilities, there's something for everyone. Classes vary at each location, and some may require a fee. Go online to see the classes available near you.
kp.org/classes / kp.org/clases (en español)

Member Discounts

Get reduced rates on a variety of health-related products and services through The ChooseHealthy® Program. These include:

- **Acupuncture**– 25% off a contracted acupuncturist's regular rates
- **Active&Fit Direct**—members pay $28 per month for access to a national network of more than 12,200 fitness centers
- **Chiropractic care**—25% off a contracted chiropractor's regular rates
- **Massage therapy**—25% off a contracted massage therapist's regular rates

To find a provider:

- Go to kp.org/choosehealthy. Choose your region
- Click the "ChooseHealthy" link, then click "Find a Provider"
- Or call 1**-877-335-2746** for help

More Ways to Access Kaiser Care

Virtual Visits – Telephone & Video Visits

See your doctor without a trip to the doctor's office. Kaiser offers members the option to have a same day telephone appointment or video visit. Must be registered on kp.org.

- HMO Members— **NO COST!**

Target Clinics—offered at selected Target locations
Locations: https://www.kptargetclinic.org/#locations

- Staffed with Kaiser Permanente nurse practitioners and licensed vocational nurses
- More than 85 different services available
- Integrated with members electronic health record

Care away from home—CVS MinuteClinics

For members traveling in states without Kaiser Permanente providers

- Staffed by non-Kaiser Permanente nurse practitioners and physician assistants
- Providing limited urgent care services
- Can help improve the financial experience for members accessing care while traveling

College Tuition Services

Special reward for participants enrolled in the Dental plan

Your employer has worked with Guardian to make College Tuition Benefit services available to eligible members enrolled in a Dental plan. Welcome to the College Tuition Benefits Rewards program! You can now create your Rewards account and start accumulating your Tuition Rewards that can be used to pay up to one year's tuition at SAGE Scholar Consortium of colleges.

You can use your College Tuition Benefits Rewards at over 340 private colleges and universities across the nation. 80% of SAGE colleges have received an "America's Best" ranking by US News and World Reports. Here is how the service works

- You will receive 2,000 rewards for each year you have Guardian Dental Plan benefits
- Each Tuition Reward point equals a $1 tuition reduction
- Tuition Rewards can be given to your relatives including children, nephews, nieces, and grandchildren

To learn more about the program and how to get started, go to: **www.Guardian.CollegeTuitionBenefit.com** to set up your account. If you have any questions, please feel free to visit the website or contact College Tuition Benefit directly at **215-839-0119**.

Employee Assistance Program — Guardian

100% COMPANY PAID - You, your dependents, and all household members can contact master's-degreed clinicians 24/7 by phone, email, or online. Receive referrals to support groups, a network counselor, community resources or your health plan. Your program includes 6 face to face assessment and counseling sessions with Guardian Uprise Health. EAP services can help with:

- Depression, grief, loss and emotional well-being
- Family, marital and other relationship issues
- Life improvement and goal-setting
- Additions such as alcohol and drug abuse
- Stress or anxiety with work or family
- Financial and legal concerns
- Identity theft and fraud resolution
- Online will preparation

Contact the EAP service 24 hours a day, 7 days a week:

Guardian Uprise Health by phone at **(800) 386-7055,** email at **eapcounselor@uprisehealth.com** or online at **worklife.uprisehealth.com**

Access Code: worklife

Plan Costs

	Your Cost Per Pay Period (24)
Kaiser Permanente Deductible $1,500	
Employee Only	$78.52
Employee + Spouse	$549.66
Employee + Child(ren)	$471.13
Employee + Family	$863.74
Kaiser Permanente Traditional $0 Deductible	
Employee Only	$204.45
Employee + Spouse	$826.69
Employee + Child(ren)	$722.98
Employee + Family	$1,241.51
Guardian Dental DHMO	
Employee Only	$4.65
Employee + Spouse	$10.05
Employee + Child(ren)	$11.69
Employee + Family	$17.09
Guardian DPPO	
Employee Only	$25.21
Employee + Spouse	$51.95
Employee + Child(ren)	$55.44
Employee + Family	$86.84
Guardian Vision	
Employee	$4.65
Employee + One Dependent	$9.40
Employee + Two or More Dependents	$13.20

Find a Doctor

Kaiser Permanente

- Log on to www.kp.org
- You have the option to search by "Doctor & Location"
- Choose your region and search by "type of Doctors or Locations"
- You may refine your search results by Specialty or Hospital Affiliation **(Note: You are not required to select a personal physician)**

Guardian Dental

- Log on to www.guardianlife.com
- Click on "Find a dentist"
- Select a **Plan Type** - Managed Dental Care (DHMO/Prepaid) or PPO: DentalGuard Preferred
- Enter Location: City, State Zip Code
- Click on magnifying glass icon for a list of providers

Guardian Vision

- Log on to www.guardianlife.com
- Click on "Find a Vision Provider"
- Click "VSP"
- Search by location enter - Zip Code or Address
- Under ADVANCE SEARCH Select a network "Choice"
- Click "APPLY FILTERS" for a list of providers

Contact Information

Benefits Service Center

833-214-5096
extendedcarebenefits@sullicurt.com
Monday - Friday, 7:30 am - 5:00 pm PST, Excluding holidays

Kaiser (Group #: 226643)

Medical HMO Customer Service: 800-464-4000
www.kp.org

Chiro (ASH Plans) Customer Service: 800-678-9133
www.ashlink.com

Kaiser Permanente has teamed up with Target to bring everyone convenient, high–quality care provided by Kaiser Permanente professional staff. Have even more access to personalized care — days, evenings, and weekends. Convenient care open to all at a Target near you. Learn more at **kp.org/scal/targetclinic**

Guardian (Policy#: 00531743)

Dental and Vision Customer Service 888-600-1600

Life/AD&D Claims Customer Service: 800-525-4542

www.guardianlife.com

For EAP services
Guardian Uprise Health Phone: 800-386-7055

Email: eapcounselor@uprisehealth.com or Visit: *worklife.uprisehealth.com*
Access Code: worklife

T. Rowe Price 401(k)

Your Retirement Plan Website: *rps.troweprice.com*
Dedicated Representatives: 800-354-2351 business days between 7 a.m. and 10 p.m. eastern time
Mobile Solutions: Visit: *troweprice.com/mobilesolutions*

Medicare

Martin & Associates Insurance Services
Elliott Martin
Email: Elliott@WeRetireSmart.com
Direct: 714 -912-1003 | Office: 800-464-4941

Benefits Website

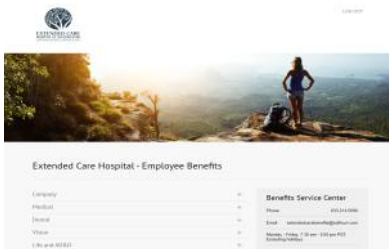
www.echospital.benefitsmap.com
Username: echospital
Password: benefits

Enrollment Instructions

STEP 1: START AT OUR BENEFITS WEBSITE

To view our plan options, learn more about what each plan has to offer and review costs, start at our benefits website. Log in to:

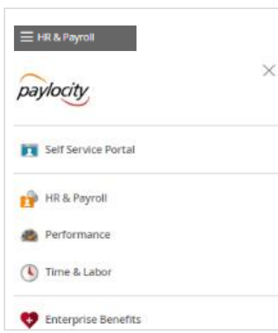
www.echospital.benefitsmap.com
Username: echospital
Password: benefits



Once you have logged into the benefits website review your plan options, eligibility and more. When you are ready to enroll, click the "Paylocity Enrollment Portal" button to log into the Paylocity enrollment system where you will complete your enrollment. You can also access Paylocity directly by going to **login.paylocity.com**.

STEP 2: ACCESSING PAYLOCITY

Once you launch your HR & Payroll Self Service Portal, you will be able to access the Enterprise Benefits site by clicking on the "HR & Payroll" in the upper left hand corner and then selecting the "Enterprise Benefits" icon from the sidebar menu options. You will not need a separate User ID or password when accessing the site via the Self Service Portal.



STEP 3: MAKING YOUR BENEFIT ELECTIONS

From the Home Page, click on "Start Your Enrollment".

The enrollment process consists of the following 4 steps/tabs. You will be taken through each tab to make changes or confirm your information on file and choose your benefits for the new plan year. 1.) Employee (Personal Information) 2.) Family (Family Information) 3.) Enroll 4.) Confirm

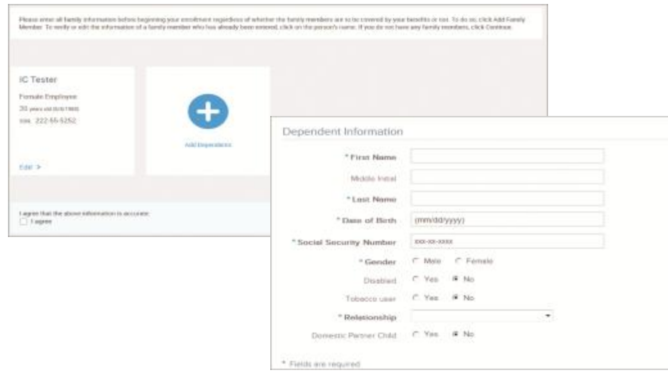
STEP 4: VERIFY YOUR PERSONAL INFORMATION

Before beginning your enrollment, please verify the accuracy of all of your personal information (e.g., address, DOB, etc.) If you need to make any changes, please do so in your Employee Self-Service portal. All updates will reflect on this page within 24 hours. You can still move on with your enrollment. Verify that all information is accurate. When done, check "I agree" at the bottom of the page and click "Continue."

Please Note: Any field that has an asterisk next to it is required.

STEP 5: VERIFY YOUR FAMILY INFORMATION

Please be sure to add all dependents that may be missing from the Family Information section before proceeding to the next section. To do this, click on Add Dependents. When all of your family information is accurate, check "I agree" and click "Continue."

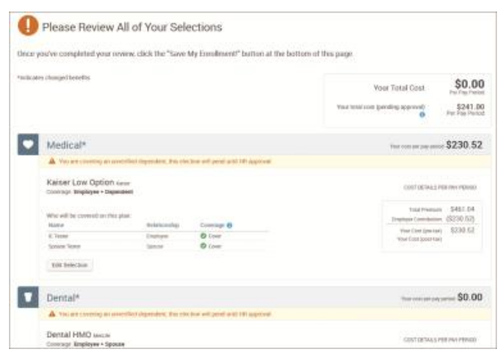


STEP 6: MAKING BENEFIT ELECTIONS

From here, you can compare costs across all available plans and compare medical, dental and vision plan details side by side by selecting which dependents you would like to cover (the system will generate your coverage tier based on this) and clicking on the Compare Plans link. You can also review details of a specific plan by clicking on the View Plan Details link and then clicking on the name of the document that you wish to view. If you wish to add a new dependent at this time, click on the 'Add Dependents' button to be taken directly to the family tab to add the dependent. Once you have selected which dependents to cover, check the box next to the plan you would like to enroll in and click 'Next'.

STEP 7: ALMOST FINISHED!

After selecting your benefits, you will be on the final review page. Review all of your benefit elections and covered dependents. If you wish to make any changes simply click on any one of the EDIT buttons. It will return you to the enrollment page.



Once you've completed your review, check the 'I agree, and I'm finished with my enrollment' and 'Save my Enrollment' at the bottom of the page. If you stop at any point before this step, your progress will be saved, but your enrollment is NOT complete.

You can send yourself an e-mail confirmation of your elections or print it for your records.

DISCLAIMER

This summary provides an overview of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment; neither is it a legal plan document. If there is a disagreement between this summary and the plan documents, the plan documents will govern. In addition, the plans described in this summary are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions please contact Human Resources.