



Benefits Guide 2025-2026

Getting Started

Making benefit selections

Open Enrollment

Open Enrollment begins on **Wednesday, April 9th** and ends on **Friday, April 18th**. **Open enrollment will be active, meaning if you do not want to make any changes, you still need to log in and make your elections.**

If you would like to enroll and/or make any plan changes for the upcoming year, please log into Employee Navigator and make your elections before Friday, April 18th.

Your benefits will be effective starting: May 1, 2025

[Enroll now](#)



[Enrollment Instructions](#)

Eligibility

Note: You, the employee, must be enrolled in the coverages you wish to enroll a dependent into.

- Legally Married Spouse
- Domestic Partner
- Biological Children
- Stepchildren
- Adopted Children
- Children in your custody for adoption
- Children under your legal guardianship
- Permanently disabled children over the age restrictions

Mid Year Changes | Qualifying Life Events

You may only enroll or make changes to your benefits when you are first eligible upon your date of hire, during open enrollment, or if you experience a qualifying life event:

- Marriage
- Divorce
- New Baby/Adoption
- Death of Dependent
- Your Dependent's Open Enrollment
- You/Dependent lose other coverage
- You/Dependent gain other coverage
- You/Dependent lose Medicaid coverage
- You/Dependent gain Medicaid/Medicare Coverage



If you have a qualifying life event, you must submit your changes within 30 days of the event (60 days for Medicare or Medicaid events), or you must wait until annual open enrollment to make any benefit changes. These events should be entered online through your enrollment platform. You may also be required to provide proof of the event to HR.

Medical insurance

Select from three medical options.

All plans cover in-network preventive care at 100%, prescription drugs, and include an annual limit on your expenses. The differences are:

- what you pay for the **plan**,
- doctor’s and hospitals are part of a **limited network** (ie: Select HMO)
- how **out-of-network care** is covered, and
- your **annual maximum cost for care** (out-of-pocket maximum).

HPHC Member Guide



	HMO Best Buy	PPO Best Buy	HMO Focus Network Best Buy
In-network care	Plan Details	Plan Details	Plan Details
Annual Deductible (DED):	\$3,000 Individual / \$6,000 Family	\$3,000 Individual / \$6,000 Family	\$3,000 Individual / \$6,000 Family
Employee Pays First:	\$1,000 Individual / \$2,000 Family	\$1,000 Individual / \$2,000 Family	\$1,000 Individual / \$2,000 Family
HRA pays remaining:	\$2,000 Individual / \$4,000 Family	\$2,000 Individual / \$4,000 Family	\$2,000 Individual / \$4,000 Family
Out-of-pocket maximum	\$6,000 Individual \$12,000 Family	\$6,000 Individual \$12,000 Family	\$6,000 Individual \$12,000 Family
Preventive care	100% covered	100% covered	100% covered
Primary care visit	\$30 copay	\$30 copay	\$30 copay
Specialist visit	\$30 copay	\$30 copay	\$30 copay
Urgent care	\$30 copay/ visit	\$30 copay/ visit	\$30 copay/ visit
Emergency room	\$250 copay	\$250 copay	\$250 copay
Inpatient hospital care	\$0, after deductible	\$0, after deductible	\$0, after deductible
Prescription drugs	(30 days 90 days)	(30 days 90 days)	(30 days 90 days)
Low cost Generic	\$5 copay \$10 copay	\$5 copay \$10 copay	\$5 copay \$10 copay
Generic	\$20 copay \$40 copay	\$20 copay \$40 copay	\$20 copay \$40 copay
Preferred brand	\$75 copay \$150 copay	\$75 copay \$150 copay	\$75 copay \$150 copay
Non-preferred brand	\$100 copay \$300 copay	\$100 copay \$300 copay	\$100 copay \$300 copay
Your cost for coverage	Per paycheck	Per paycheck	Per paycheck
Employee only	\$145.38	\$109.02	\$186.37
Employee + 1	\$261.37	\$193.67	\$338.07
Employee + Family	\$297.77	\$217.57	\$362.30

● See your plan documents for out-of-network benefits.

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

Additional perks for Harvard Pilgrim Members



There's more to love with these extra benefits.

Telehealth

[Plan Documents](#)

Telehealth gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video, or mobile app visits. It's an affordable option for quality medical care.

Reduce My Costs

[Plan Documents](#)

Reduce My Costs is a personalized health care concierge service, you can connect with a nurse, via phone or chat, who can help you find high-quality, cost-effective providers near you. Depending on the service and the associated cost savings, you could earn a Visa® gift card

Living Well at Home

[Plan Documents](#)

Our well-being programs are here for you when you need them the most. Whether you are looking to shake it up, stretch it out, or get centered, we've got you covered with Zumba®, yoga, strength training, guided mindfulness, and wellness sessions, which are available to everyone. All classes are free and easy to access via Zoom.

Fitness Reimbursement

[Plan Documents](#)

We'll reimburse fees for your fitness facility membership or virtual fitness subscription and/or costs paid toward a fitness tracker. Up to two members on a family plan can be reimbursed, and each member is eligible for reimbursement of \$150.

Estimate My Cost

[Plan Documents](#)

Prices for the exact same procedure can vary by hundreds or even thousands of dollars. Harvard Pilgrim's Estimate My Cost tool helps you estimate your out-of-pocket costs and get quality care from a provider that fits your budget.

Wellness Perks and Discounts

[Plan Documents](#)

Harvard Pilgrim wants to help you reach your wellness goals with discounts on nutrition, mind and body, fitness, and other services related to good health.



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Health Reimbursement Arrangement (HRA)



Health care dollars from Victory Programs, Inc.

Pay for eligible health care expenses with an HRA – funded by Victory Programs, Inc. .

A health reimbursement arrangement (HRA) is an IRS-approved, employer-funded, tax-advantaged health benefit linked to the medical HRA plan used to help employees pay for out-of-pocket medical expenses.

How does it work?

- All Harvard Pilgrim medical plans offered by Victory Programs, Inc. have deductibles. Deductibles apply to inpatient hospitalizations & outpatient procedures. (Note: Please refer to your Summary of Benefits and Coverage for full deductible details).
- The plans have an individual deductible of \$3,000 and a family deductible of \$6,000
- Employees are responsible for the first 1/3 of the deductible; \$1,000 per individual and not to exceed \$2,000 per family.
- Victory Programs then subsidizes the remaining 2/3 of the deductible; \$2,000 per individual and up to \$4,000 per family via a Health Reimbursement Arrangement (HRA). The HRA is administered by HealthEquity.
- If you are within the first \$1,000 of your individual deductible or \$2,000 of your family’s deductible, you will receive a bill from your provider/facility for the deductible expense. You are responsible for up to your own deductible responsibility; then HealthEquity will pay your provider/facility the balance of the full deductible.

Contributions

	Employee Only	Family
Annual Deductible	\$3,000	\$6,000
Employee Pays the First	\$1,000	\$2,000
Victory Programs, Inc Pays Remaining	\$2,000	\$4,000

 [What is an HRA?](#)



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Flexible Spending Accounts (FSAs)

Pay for qualifying expenses with tax-free money using your Flexible Spending Account through Cafeteria Plan Advisors.

Flexible Spending Account is a blanket term that covers a number of pre-tax savings options. Flexible Spending Accounts are a form of self-insurance and follow the same laws as other types of pre-tax benefits (like medical or dental). Once elected, you must have a qualifying life event to stop or change your deduction amount. If you do not elect when eligible/available, you cannot newly enroll without a qualifying life event.

Eligible expenses

Enrollment & Change Form

Open Enrollment for these benefits take place in the Fall and will run on a Calendar Year (January - December)

Full Purpose FSA

Allowed Expenses	Medical, Dental, and Vision
2025 IRS maximum contribution	\$3,300
Balance Availability	Full annual election available day one
Annual Rollover Amount	\$660
Special Considerations	You cannot also contribute to an HSA

Dependent care FSA

Allowed Expenses	Childcare or adult daycare
2025 IRS maximum contribution	\$5,000
Annual rollover amount	Rollover not allowed by the IRS
Balance Availability	Funds are available as they are deposited
Special Considerations	Funds can be spent on tax dependents and are to be used so you (and your spouse, if applicable) can go to work. Funds are forfeited if you leave employment.

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Employee Assistance Program (EAP)



Care for your mind – and your life – with support through Mutual of Omaha.

Everyone needs support sometimes (even superheroes).

Our Employee Assistance Program (EAP) is a confidential service with access to guidance and resources **at no cost** for:

- mental health concerns (including substance abuse or addiction),
- adoption, parenting, or caregiving needs,
- financial or legal support,
- familial relationships and friendships,
- coping with day-to-day challenges, and
- so much more.

Essentially, if it's part of your life, our EAP is here for you.

Access support online, through live chat, or over the phone. 24/7/365.

EAP features:

- **Confidential.** No one at Victory Programs, Inc. will ever know you called or what was discussed.
- **Available 24/7/365.** Life doesn't happen during office hours. The EAP is here when you need them.
- **Family care is included.** Anyone living in your home is eligible for EAP services at no cost.
- **Face-to-face visits.** When needed, each person can receive up to 6 face-to-face (or virtual) visits with a licensed counselor per issue per year per household.. **At no cost.** Additional visits – if needed – will go through your health insurance.

24/7/365 access to care.

1-800-316-2796

mutualofomaha.com/eap

Victory Programs, Inc. – G000BQH9

Travel Assist

Travel Assistance provided by AXA assistance USA

Will Preparation

Will Preparation provided by Epoq, Inc.



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Dental insurance

Dental coverage is through Delta Dental MA.

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

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

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



Dental plan

 [Plan Details](#)

Network name:	National PPO
	In-network
Annual Deductible (DED)	\$50 per person \$150 family max
Annual maximum benefit	\$1,500 per person
Preventive care	100% covered
Basic care	Deductible then you pay 20%
Major care	Deductible, then you pay 50%
Your cost for coverage	Per paycheck
Employee only	\$14.59
Employee + Family	\$37.71

 [Learn about dental care categories](#)

Stay in-network to avoid balance billing (the difference between what an out-of-network provider charges and the amount your insurance pays).

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Vision insurance

Your vision coverage through EyeMed.

You'll get an annual exam with coverage for lenses and frames, or contacts in lieu of glasses.



Vision plan

 [Plan Details](#)

In-network care

Network name:	National PPO
Annual eye exam (every 12 months)	\$10 copay
Lenses (every 12 months)	Single, Bi-focal, Tri-Focal - 100% Covered
Frames (every 12 months)	\$130 allowance, 20% off balance
Contact lenses (every 12 months)	Elective: \$135 allowance, 15% off balance Medically nec: 100% covered
Frequency of services	Exams: every 12 months Lenses: every 12 months Frames: every 24 months Contacts: every 12 months
Your cost for coverage	Per paycheck
Employee only	\$2.36
Employee + 1	\$4.48
Family	\$6.57



 Vision, More than Just Glasses

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Life and AD&D insurance

Financial peace of mind through Mutual of Omaha.

Life insurance pays a benefit if you pass away while you're covered. **Accidental Death and Dismemberment (AD&D)** insurance offers additional support if you pass away or are seriously injured due to an accident.



Basic life and AD&D insurance

Plan Details

Victory Programs, Inc. provides life and AD&D insurance at no cost to you.

	Basic life	Basic AD&D
Coverage	1 X your annual earnings up to \$50,000	

Make sure to designate a **beneficiary** for your life insurance coverage to ensure your family is cared for according to your wishes.

What's AD&D?

Accidental death and dismemberment (AD&D) insurance may pay:

- **your beneficiary** if you pass away due to an accident
- **you** a partial benefit if you lose specified bodily functions (sight, limbs, etc.)

Additional life and AD&D insurance

Plan Details

Evidence of Insurability

You may also purchase additional coverage for you, your spouse, and your eligible child(ren).

	For you	For your spouse	For your child(ren)
Coverage increments	\$10,000	\$5,000	N/A
Coverage maximum	5x your annual earnings to \$500,000	Your (employee) coverage amount to \$250,000	Flat \$10,000
Medical question limit	\$100,000	\$25,000	N/A

Medical question limit

When you're first eligible (a new hire), you can purchase additional life insurance up to this limit without any medical questions required.

Medical questions and approval will be required for all future increase and purchase requests.

Disability insurance

Protect your paycheck with disability insurance through Mutual of Omaha

Disability coverage insures your paycheck, replacing a portion of your income if you're unable to work due to a covered illness or injury.

Long-term disability – employer paid

 Plan Details

Long-term disability coverage can provide lasting income protection if you remain unable to work. Victory Programs, Inc. provides this coverage at no cost to you

Benefits begin	After 90 days of inability to work (once short-term disability ends)
Coverage amount	60% of your income up to \$8,000 per month
Payments may continue	Until your <u>Social Security Normal Retirement Age</u> if you remain unable to work.

Pre-existing condition limitations

If you make a disability claim within the **first year** of being covered, check your plan details to see how pre-existing condition limitations might impact your coverage.



Wish you knew more about finances? Now you can – **at no cost!**



Additional Coverage from Mutual of Omaha



Check out these additional lines of coverage through Mutual of Omaha

Critical Illness Insurance

- Plan Details
- Evidence of Insurability

Critical illness coverage through **Mutual of Omaha** pays you a cash benefit to help with your expenses— your deductible or copays, transportation, groceries and more – if you or a covered family member is diagnosed with a covered critical illness. The money is yours to use as you choose.

****An Evidence of Insurability Form is required to enroll in the Critical Illness Benefit.***

Voluntary Hospital Indemnity Insurance

- Plan Details

This insurance through **Mutual of Omaha** offers financial protection by paying a cash benefit if you or an insured dependent are hospitalized. Unless otherwise stated, the benefit amount payable is the same for you and your insured dependent(s).

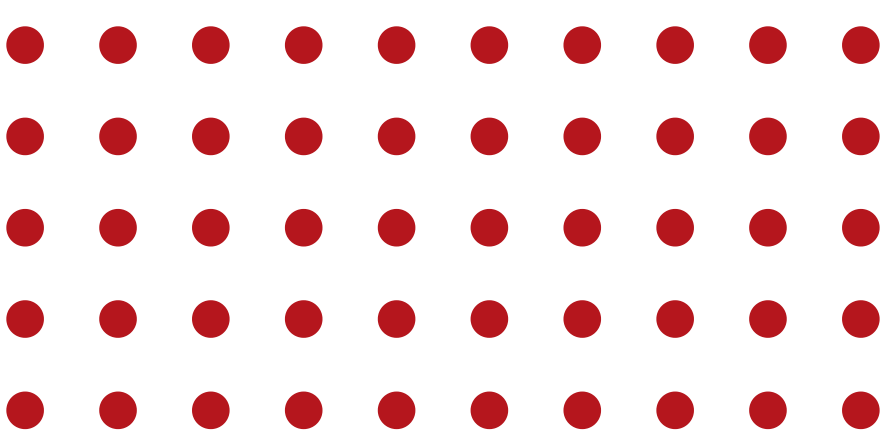
**This is a fixed indemnity policy, NOT health insurance. This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.*

Voluntary Accident Insurance

- Plan Details

This insurance through **Mutual of Omaha** offers financial protection by paying a cash benefit if you or an insured dependent are injured as a result of a covered accident. Unless otherwise stated, the benefit amount payable is the same for you and your insured dependent(s).

Contact Information



Questions?

Lisa Kawakami | Benefits & HR
Administrator

Tel: 617-221-3090
Email: lkawakami@vpi.org



[Enroll now](#)

Benefits contacts

Medical insurance	Havard Pilgrim Health Care	1-888-333-4742 www.harvardpilgrim.org
Health Reimbursement Arrangement (HRA)	HealthEquity	1-866-346-5800 www.healthequity.com
Flexible Spending Accounts (FSAs)	Cafeteria Plan Advisors (CPA Inc.)	1-781-848-9848 www.cpa125.com
Employee Assistance Program (EAP)	Mutual Of Omaha	1-800-316-2796 www.mutualofomaha.com/eap/
Dental insurance	Delta Dental	1-800-872-5000 www.deltadentalma.com
Vision insurance	EyeMed	1-866-804-0982 www.eyemed.com
Life and AD&D insurance	Mutual of Omaha	1-800-877-5176 www.mutualofomaha.com
Disability insurance	Mutual of Omaha	1-800-775-1000 www.mutualofomaha.com
Critical Illness Insurance	Mutual of Omaha	1-800-948-9478 www.mutualofomaha.com

Helpful terms & resources

We've removed as much jargon as possible.

But you'll probably still encounter some terms as you enroll in and use your benefits, and we want you to be prepared!

Balance billing

When you use an **out-of-network** medical or dental provider, they may bill you the difference between what they charge and the amount your insurance pays.

***Medical:** balance billing is in addition to – and does not count towards – your out-of-pocket maximum.*

Coinsurance

After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

Copay

A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts paying deductible-eligible expenses.

In-network

In-network care is always your lowest-cost option. Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service.

Out-of-pocket maximum

The most you'll pay for covered in-network medical care in a year. This includes your deductible, any coinsurance or copays, and prescription drugs.

The out-of-pocket maximum does not include your premium (the amount you pay for coverage), non-covered expenses, or out-of-network care that's been balance billed.

Primary care physician

A primary care physician (**PCP**) is your main medical doctor – usually a general practitioner (GP), family doctor, internist, OB/GYN, or pediatrician (for children).

Referral/pre-authorization


Some specialty medical providers and services require a referral from a primary doctor. These may include – but are not limited to – cardiology, psychiatry, orthopedic surgeons, rheumatology, surgery, and imaging (CT or MRI).



Annual Notices

We're required to tell you about certain rights and responsibilities you have as an employee of Victory Programs, Inc. .

You can request a paper copy at no charge from HR.

 [Download now](#)



How to handle medical bills (4:46)

