



2026 Open Enrollment

Presented by Brio Benefits
November 21, 2025



**THE
CENTER**
THE LESBIAN, GAY, BISEXUAL &
TRANSGENDER COMMUNITY CENTER

Meet Your Alera Group Service Team



Jordan Cohen

Senior Consultant



Talya Carter

Relationship Manager

tcarter@briobenefits.com

How your team can help:

- **Enrollment:** Questions about Open Enrollment or midyear changes due to qualifying life events.
- **Benefits:** Questions about plan benefits for specific services not related to medical coverage.
- **Claims:** Questions about how claims are processed, denied claims and assistance with appeals not related to medical coverage.
- **Billing:** Questions about doctor's office bills, insurance payments and reimbursements not related to medical coverage.

Open Enrollment Important Dates

Begins: Thursday, November 20th

Ends: Friday, December 5th

Open Enrollment

Your annual opportunity to review and make changes to your benefits and any eligible dependents.

Active and Passive Enrollment

All FSA and medical elections **must** be made in Paycom for benefits to be effective. All other benefits will automatically rollover to 2026 if you do not make changes.

- You must take action before **Friday, December 5th** by logging into Paycom to enroll in or decline benefits.
- All benefit elections will be effective from January 1, 2026 - December 31, 2026.
- Midyear changes are not allowed unless you experience a Qualifying Life Event.

NO ELECTION IN PAYCOM = NO COVERAGE FOR 2026

Disclaimer: This is a summary of the plan offerings. For additional information about full plan benefits and plan eligibility, refer to written plan documents. Copies are available upon request.

2026 Overview of Benefits

Disclaimer: This is a summary of the plan offerings. For additional information about full plan benefits and plan eligibility, refer to written plan documents. Copies are available upon request.



Who is eligible for benefits?

Staff regularly scheduled to work 20 or more hours per week are eligible for medical coverage, FSAs, Pet Assure, commuter benefits, and LegalShield. Staff must be regularly scheduled to work 30 or more hours per week to be eligible for Guardian benefits (dental, vision, long- and short-term disability, and life insurance)

Your eligible dependents are defined as:

- Legal spouse;
- Domestic Partner;
- Children up to age 26;
- Your disabled child(ren) up to any age (if disabled prior to age 19).

Eligible children include natural, step, legally adopted/or a child placed for adoption, or a child under your legal guardianship.

Dependents who are NOT eligible:

- Parents, in-laws and grandparents;
- Siblings;
- Nieces and nephews;
- Grandchildren;

Qualifying Life Events (QLE)

Benefit elections are generally irrevocable, unless you have a qualifying event.

Examples of qualifying events include:

- Marriage or divorce
- Birth, adoption or placement for adoption of a child
- Employment change or loss of other group health insurance
- Spouse's Open Enrollment.

You have 30 days to make your election change from the date of the qualifying event.

OVER 30 DAYS = NO COVERAGE

Important: You **must** contact Ryan McAllister on the People team if you think you have a Qualifying Life Event and would like to change your elections after the Open Enrollment period.

Medical Plan Highlights – Blue Cross Blue Shield PPO Network

What you pay	PPO Plan 12		PPO Plan 14	
	In Network	Out of Network	In Network	Out of Network
Preventive Care	\$0 copay	Not covered	\$0 copay	Not covered
Primary Care Physician Visit	\$10 copay	60% after out of network deductible	\$35 copay	60% after out of network deductible
Behavioral Health Visit	\$10 copay	80% after out of network deductible	\$35 copay	60% after out of network deductible
Specialist Visit	\$20 copay	60% after out of network deductible	\$50 copay	60% after out of network deductible
Urgent Care	\$20 copay	60% after out of network deductible	\$50 copay	60% after out of network deductible
Emergency Room	\$75 copay (waived if admitted)	\$75 copay (waived if admitted)	80% after deductible	80% after out of network deductible
Routine diagnostic lab, x-ray, and injections	No additional copay	60% after out of network deductible	No additional copay	Not covered
Outpatient Hospital	\$50 copay	60% after out of network deductible	80% after deductible	60% after out of network deductible
Inpatient Hospital	\$100 copay	60% after out of network deductible	80% after deductible	60% after out of network deductible
Prescription Copays (30-day supply)	\$5 / \$20 / \$45 / \$75		\$10 / \$30 / \$55 / \$100	
Prescription Copay (90-day mail order supply)	2 times retail		2 times retail	
Annual Deductible (Individual/Family)	\$0 / \$0	\$500 / \$1,000	\$1,250 / \$2,500	\$2,500 / \$5,000
Annual Out-of-Pocket	\$1,500 / \$3,000	\$3,000 / \$6,000	\$3,750 / \$7,500	\$7,500 / \$15,000

Weekly Medical Plan Deductions

Weekly Deductions	PPO Plan 12	PPO Plan 14
If your salary is \$0 - \$69,999		
Employee	\$62.27	\$30.98
Employee + Spouse	\$139.62	\$73.90
Employee + Child (ren)	\$145.45	\$90.69
Family	\$230.44	\$135.00
If your salary is \$70,000 - \$130,000		
Employee	\$74.73	\$37.18
Employee + Spouse	\$167.54	\$88.68
Employee + Child (ren)	\$174.54	\$108.83
Family	\$276.52	\$162.00
If your salary is > \$130,000		
Employee	\$83.03	\$41.31
Employee + Spouse	\$186.16	\$98.54
Employee + Child (ren)	\$193.93	\$120.92
Family	\$307.25	\$180.00

Note: If you enroll your domestic partner or domestic partner's child(ren), you will be taxed on imputed income.

Dental Plan Highlights — DPPO

	DMO Plan Managed Dental Care	PPO Plan	
Available Services	In-Network	In-Network	Out of Network
Annual Deductible (Individual / Family)	\$0	\$50 / \$150	\$75 / \$225
Calendar Year Maximum	Unlimited	\$1,000	\$1,000
Preventive Care	\$0	Covered at 100%	Covered at 80%
Basic Services	Fee Schedule	Covered at 80%	Covered at 80%
Major Services	Fee Schedule	Covered at 50%	Covered at 50%
Orthodontia	Fee Schedule	Covered at 50% to \$1000	
Employee Cost Per Week			
Employee	\$4.86	\$10.52	
Employee + Spouse	\$9.90	\$20.94	
Employee + Child(ren)	\$10.26	\$21.54	
Family	\$15.19	\$32.48	

Vision Plan Highlights

Your network is VSP.	In Network	Out-of-Network
Exam	\$20 Copay	Up to \$46
Frames	\$115 Allowance + 20% discount	Up to \$47
Lenses	\$20 Copay	Up to \$125
Contact Lenses (Elective)	\$105 Allowance	Up to \$105
Contact Lense (Evaluation & Fitting)	15% off UCR	Retail Cost
Frequency (Exams/Frames/Lenses)	12 / 24 / 12 Months	

*Benefits includes coverage for glasses or contact lenses, not both.

**For the discount to apply your purchase must be made within 12 months of the eye exam.

***Laser correction Surgery - Up to 15% off UCR or 5% off promotional price.



	Employee Cost per Week
Employee	\$1.60
Employee + Spouse	\$2.70
Employee + Child (ren)	\$2.75
Family	\$4.36



Employer Paid

Short Term Disability (STD)

Disability Insurance replaces a percentage of your income during extended periods of illness or injury that prevent you from performing your regular work.

Short-Term Disability (STD)

Weekly Benefit %	60% of salary to \$1,000 per week
Elimination Period	7 Days
Benefit Duration	13 Weeks



Voluntary Life/AD&D & Long-Term Disability (LTD)

Voluntary Life and AD&D	
Covered Amount	Choice of \$20K, \$25K, \$50K, \$75K or \$100K
Guaranteed Issue	\$10,000
Age Reduction	Age 65 - 65% Age 70 - 40% Age 75 - 25% Age 80 - 15%
Spouse Maximum	50% of employee amount
Child Maximum	10% of employee amount

Voluntary LTD	
Monthly Benefit %	60%
Maximum Benefit	\$6,500 per month
Elimination Period	90 days
Duration	Age 65

If you are newly enrolling in voluntary life and/or long-term disability benefits, you must complete an Evidence of Insurability (EOI) before Guardian will approve your enrollment.

See Paycom/HR for rates



Health Reimbursement Arrangement (HRA)

An HRA is a promise to pay.

The Center uses the HRA to reimburse employees for a portion of deductible expenses as they are incurred.

The Center will pay the first half of in-network deductible expenses on the PPO14 plan.

Employees have two reimbursement options:

Pay Upfront - If you paid the deductible, you can submit a reimbursement to Clarity with the Explanation of Benefits (EOB).

Pay Upon Invoice Receipt - Send the bill from the medical provider and Explanation Of Benefits (EOB) to Clarity. Clarity will pay you the funds then you can pay the provider.

Members should never pay a provider bill without reviewing the Explanation of Benefits (EOB).



Flexible Spending Accounts

Health Care FSA

USE IT OR LOSE IT

Use these funds for medical, prescription, dental and vision expenses.

- ✓ **Contribute up to \$3,400**
- ✓ Use funds for services incurred between 01/01/26 - 12/31/26.
- ✓ Unused funds of \$680 will be rolled over to 2027.

Dependent Care FSA

USE IT OR LOSE IT

Care for children under 13, disabled older children, or dependent adults.

- ✓ Care must allow you and your spouse, if married, to work, attend school, or look for work.
- ✓ **Contribute up to \$7,500** for the year or 3,750 per individual if you are married.

Commuter Benefits

MONTH TO MONTH ROLLOVER

Put aside pre-tax money to pay for work related transit and parking.

Transit includes public transportation like buses, trains, and qualified Vanpool

Transit Max - \$340/month

Parking includes permits, daily fees, or meters when parking at or near work

Parking Max - \$340/month

REMINDER: You must keep ALL receipts for FSA spending per IRS guidelines!

Retirement Plan

Entry Requirements	Employees can make pre-tax and Roth contributions to retirement plans starting 1 st of the quarter following 90 days of hire (Must be 21+ years old).
Auto-enrollment Feature	Staff who do not take any action to enroll in their own contributions will be auto-enrolled at 1% pre-tax of weekly pay. This will increase by 1% at the start of each calendar year until an employee reaches 5%.
Employer Contribution	3% of gross wages. Employees are eligible for the employer contribution 1 st of the quarter following 1 year of employment (Note: Must be 21+ years old).
Vesting	No vestment period



LegalShield

- Legal advice on unlimited issues
- Letters/Calls made on your behalf
- Review of contracts and documents (up to 10 pages)
- Online legal forms and videos
- Lawyers can assist with
 - ✓ Wills
 - ✓ Living Wills
 - ✓ Health Care Proxy
 - ✓ Traffic-Related Issues
- 24/7 Emergency Access for covered situations
- 25% Preferred Member Discounts*

*Up to 90% of member inquiries are covered by the plan with no additional fees. All other requests for service are entitled to a 25% discount on the law firm's hourly rate (including pre-existing issues).



IDShield

- Free credit score and analysis
- Credit monitoring and alerts
- Unlimited Identity Theft consultation
- Comprehensive Identity Restoration
- \$5 million service guarantee

Weekly Pricing

Legal Shield for Individual or Family - \$4.83

ID Shield for Individual - \$2.53

ID Shield for Family - \$4.83

Legal Shield & ID Shield for Individual - \$7.36

Legal Shield & ID Shield for Families - \$8.98



Pet Insurance

You will receive a 25% discount on in-network veterinarians.

✓ All pets are eligible

Weekly Rates

Single Pet - \$1.85

Unlimited Pets - \$2.54

Prescription Savings Plan

Single Pet Prescription - \$0.87

Unlimited Pet Prescription - \$1.73





Next steps?

All employees must make elections/changes to any benefits in Paycom by Friday, December 5th. The plan year runs from 1/1/26-12/31/26.

Active Enrollment

You must log into Paycom to elect your **medical** and **FSA** benefits

Passive Enrollment

If you have no other changes, the other benefits will rollover from this year.

Reminder

After OE, changes to your coverage can only be made if you experience a Qualifying Event (i.e., marriage, divorce, birth or adoption of a child, etc.).

You will have 30 days from the date of the qualifying event to make the change.



Carrier Contact Information

	Provider	Phone	Website
Medical	United Furniture Workers Insurance Fund - Blue Cross Blue Shield PPO Network	Will be provided soon	
Prescription	Sav-RX	800-228-3108	www.savrx.com
Dental	Guardian	888-600-1600	https://www.guardianlife.com
Vision	Guardian	888-600-1600	https://www.guardianlife.com
HRA/FSAs/Commuter Benefits	Clarity	888-423-6359	https://www.login.claritybenefitsolutions.com/
Voluntary Life	Guardian	888-600-1600	https://www.guardianlife.com
Short-Term Disability / Long-Term Disability	Guardian	888-600-1600	https://www.guardianlife.com

Thank you!

Disclaimer: This is a summary of the plan offerings. For additional information about full plan benefits and plan eligibility, refer to written plan documents. Copies are available upon request.