



HomeCentris
HEALTHCARE
HOME-CENTRIC HEALTHCARE STRATEGIES



2026

Employee Benefits Guide PA Caregivers (Full-Time)

Benefits Effective January 1, 2026 - December 31, 2026

Eligibility

Who is Eligible?

- An active full-time employee working 30 or more hours per week

Your dependents are eligible if they are:

- Your legal spouse
- Your child(ren)[†] up to age 26 and your disabled children up to any age (pursuant to plan documents and state law, please see Human Resources for more information)

[†] Includes natural, step, legally adopted/or a child placed for adoption, or a child under your legal guardianship

Making Benefit Changes During the Plan Year

The benefit elections you make during your initial enrollment period will be in effect through the end of the plan year. If you have a “qualifying life event,” you may make changes to certain benefits if you apply for the change and provide supporting documentation to Human Resources within 30 days of the event. Proof of life events are subject to approval. Please reach out to your employer for specific documentation to be submitted for a qualified life event during the benefit year. Changes are effective prospectively unless the event is for birth, adoption, or placement for adoption.

Qualifying Life Event

Change in Marital Status

- Marriage
- Divorce
- Death of your spouse

Change in Dependents

- Birth, adoption or placement for adoption of an eligible child (Retroactive to the date of the event)
- Death of your covered dependent
- Gain or loss of Medicare or Medicaid during the year

Change in Employment

- Change in you or your spouse’s work status that affects benefits eligibility
- Your spouse’s Open Enrollment differs from yours
- Relocation if the move impacts eligibility for the plan

Your Coverage

When Does Coverage Begin?

Benefits for new hires, unless explained otherwise, will become effective **on the first of the month following 60 days of employment.**

If you do not enroll during your eligibility period, you may enroll at the next open enrollment period.

Termination of Coverage

If you or a covered dependent no longer meet the eligibility requirements or if your employment ceases, your benefits will end.

You are responsible for informing Human Resources within 30 days if any of your dependents become ineligible for benefits.

Benefits can be canceled due to:

- Open Enrollment
- Termination (voluntary or involuntary)
- Retirement
- Qualified Life Event



A Note About Health Care Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because HomeCentris's medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy. Additional information is available at www.healthcare.gov.

Enrollment

When Can I Enroll in Benefits?

You can enroll in benefits:

- Within 30 days of first becoming eligible for benefits
- During the annual Open Enrollment period
- During the plan year, if you experience a Qualifying Life Event

How Do I Enroll?

To enroll (or make changes) to your benefits, log onto the Employee Navigator.

Company Identifier = HCHMD

For new user registration, you will need:

- Your legal First & Last name
- Last 4 of your SSN
- Birth Date

Create your username & password and save them for future reference.

Annual Open Enrollment

This is a once-a-year opportunity to review your benefit plan elections and make adjustments that meet the needs of you and your family. Changes will go into effect October 1st.





Scan to view
[Glossary of Health Coverage and Medical Terms](#)

How a Health Plan Works

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.)

Copayment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.

Deductible

An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible.)

Evidence of Insurability (EOI)

EOI is an application process through which you provide information on the condition of your health or your dependent's health in order to be considered for certain types of insurance coverage. EOI may be required for life and/or disability insurance elections.

Maximum Out-of-pocket Limit

Yearly amount the federal government sets as the most each individual or family can be required to pay in cost sharing during the plan year for covered, in-network services. Applies to most types of health plans and insurance. This amount may be higher than the out-of-pocket limits stated for your plan.

Medical Overview

We offer a medical plans through Kaiser Permanente with the following features:

- Deductibles and out-of-pocket maximums accumulate October 1st through September 30th
- Includes prescription drug coverage
- Please refer to the Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC) as well as the carrier contracts for information regarding specific benefit levels, exclusions and limitations for all policies

Medical Provider Finder

To search for in-network medical providers:

Log onto www.kp.org

Register your member account using the information found on your Medical ID card.

Download the Mobile App Today to access your care and find providers on the go!



Medical

Only In-Network benefits are shown as a summary of your medical plan benefits offered to you.

For details and limitations, please refer to your summary of benefits for specific requirements regarding pre-authorizations, coverage limits, and out-of-network costs.

Kaiser Permanente	Out-of-Area MV1 \$4,000	
You Pay In-Network	Contracted Network (Individual / Family)	Out-of-Network (Individual / Family)
Deductible	\$4,000	\$6,000
Coinsurance	30%	50%
Out-of-Pocket Maximums	\$7,000 / \$14,000	\$10,000 / \$20,000
Coinsurance/Copays		
Preventive Care	No Charge	50% after deductible
Primary Care	\$50 copay	50% after deductible
Telemedicine	Variable; Determined by provider type	50% after deductible
Specialist Care	\$60 copay	50% after deductible
Urgent Care	\$60 copay	50% after deductible
Emergency Room Care	\$100 copay	\$100 copay after deductible
Outpatient Surgery	30% after deductible	50% after deductible
Inpatient Hospitalization	30% after deductible	50% after deductible
Pharmacy RX	Retail (30-day supply)	Mail-Order (90-day supply)
Generic (Tier 1)	\$25 copay	\$50 copay
Preferred Brand (Tier 2)	\$40 copay	\$80 copay
Non-Preferred Brand (Tier 3)	\$65 copay	\$130 copay

Vision

Routine eye exams are important for maintaining good vision and can also provide early warning of other health conditions. The Kaiser Permanente vision benefits provide coverage for exams, glasses and contact lenses, as shown below.

In-network coverage is provided when you use Kaiser Permanente providers. Refer to plan summary for out-of-network benefits and limitations.



Here is what you'll pay in-network:

Kaiser Permanente	In-Network Member Responsibility
Eye Exams & Treatments <i>Optometry</i>	\$50
Eye Exams & Treatments <i>Ophthalmology</i>	\$60
Vision Hardware <i>Once every 24 months</i>	\$100 Frames Discount \$150 Lens Discount \$50 Contact Lens Discount

Please visit www.kp.org/ooappo/mas to locate a participating provider.

Cost of Coverage & Contact Information

Contributions are made **weekly** from each paycheck toward the benefits below. These are automatically deducted from your gross pay before Federal Income and Social Security taxes are calculated. Since contributions are deducted before your pay is taxed, your taxes will be based on a lower gross pay, and you end up paying lower taxes on the same salary.

Medical Contributions

Kaiser Permanente	OOA MV1 \$4,000
Employee Only	\$35.57
Employee + Spouse	\$343.83
Employee + Child(ren)	\$237.13
Employee + Family	\$519.31

Benefit	Partner	Website / Phone
Medical & Prescription	Kaiser Permanente	www.kp.org 800.777.7902
Human Resources	HomeCentris	HR@homecentris.com
Benefit Enrollment	Employee Navigator	www.employeenavigator.com Company Identifier: HCHMD

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