

Dependent Care Spending Account www.optumbank.com 1-800-243-5543

Optum Financial® Milton Hershey School allows you to defer a portion of your pay through payroll deduction into a flexible spending account. The money that goes into an FSA is deducted on a pre-tax basis, which means it is taken from your pay before federal and social security taxes are calculated. Because you do not pay taxes on the money that goes into your FSA, you decrease your taxable income.

Employee account reports are available online at www.optumbank.com.

It is important that you estimate carefully. If you do not use all of the money in your accounts by the end of the plan year, federal law requires you to forfeit any unused balances. You have up to March 31st of the following plan year to submit qualified expenses for reimbursement incurred during the prior year.

You may deposit up to \$7,500 per plan year into your account. Highly compensated employees are limited to \$1,325. Eligible expenses include payments to day care centers, preschool costs, before and after school care and elder care.

Disability & Life Insurance

 Your disability benefits provide you with a source of income in the event you are unable to work due to a non-work-related illness or injury.

Short-Term Disability (STD): Your STD benefit equals 100% of your weekly base earnings for weeks 1-13 and 85% for weeks 14-26.

Long-Term Disability (LTD): Your LTD benefit (through Mutual of Omaha) equals 50% of your base annual salary to a maximum benefit of \$5,000 per month. You may elect to buy-up to a 60% or 66 2/3% benefit with a maximum benefit of \$6,000 or \$6,667 per month, respectively.

All full-time regular employees receive basic life insurance (through Mutual of Omaha) equal to 1x your annual base salary to a maximum of \$700,000. Supplemental Life Insurance is also available up to 4x your annual basic earnings, but the combination of basic and supplemental life will not exceed \$1,000,000. Supplemental life insurance over \$500,000 requires Evidence of Insurability. You may elect to purchase spouse life insurance of \$15,000 and dependent life insurance of \$10,000.

Retirement Plans TIAA www.tiaa.org/MHS 1-800-842-2252

- **Group Supplemental Retirement Annuity (GSRA)**
 - > Voluntary contributions
 - > Immediate vesting
 - > Eligible Immediately
 - > Pre-tax and Post-tax 403(b)
- **Money Purchase Plan (MPP)**
 - > Contributions 8%
 - > Eligible after 1 year of service on 1st of following month
 - > 100% School funded

Miscellaneous Information

- Benefit offerings are on the intranet under Human Resources, Benefits
 - Annual Wellness Offerings – details are on the intranet under Human Resources, MHS Wellness
- Policy 4.07 Health and Fitness Reimbursement Plan
 - Monthly benefits tips via Email
 - Employee Discount Book

Summary of Benefits

Benefit	Description	Who Pays
Medical and prescription – First of month following date of hire or coincident if hired on first day of month	Highmark Blue Shield: one plan offered	Employee and Employer
Dental - First of month following date of hire or coincident if hired on first day of month	United Concordia: three plans offered	One plan available at no cost to the employee. The other two plans are Employee and Employer.
Vision - First of month following date of hire or coincident if hired on first day of month	National Vision Administrators (NVA): one plan	Employer
Dependent Care Flexible Spending Account - First of month following date of hire or coincident if hired on first day of month	Optum	Employee
Health Savings Account	Optum: must be enrolled in the Qualified High Deductible Health Plan	Employee and Employer
Life Insurance – Basic & Supplemental Coverage (eff. Date of hire)	Mutual of Omaha: one basic plan and 1-4x supplemental offered	Employer pays for basic plan. Employee pays for supplemental coverage.
Spouse & Child Life (eff. Date of hire)	Mutual of Omaha: one plan each offered	Employee
Long-term Disability (eff. Date of hire)	Mutual of Omaha: one basic plan and supplemental offered	Employer pays for basic plan. Employee pays for supplemental coverage.
Employee Assistance Program (eff. Date of hire)	Mazzitti & Sullivan: one plan	Employer
Short-term Disability (eff. Date of hire)	UPMC/MHS: one plan	Employer
Retirement Plans (voluntary eff. Immediately)	TIAA: two plans offered	Employer and Employee



2026 Benefits Plan Overview

The following pages offer a highlight of Milton Hershey School's benefit plans. This benefits summary includes information about the programs available to eligible employees. Your specific rights to benefits are governed solely, and in every respect, by the official Plan Documents and Summary Plan Descriptions (SPD). If there is any discrepancy between the description of the programs as contained in the material and the official plan documents, the language in the official plan document shall prevail as accurate. The SPD's are located on the intranet, under Benefits.

Contacts

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Life Events

The Internal Revenue Service (IRS) states that eligible employee may only make elections to the plan at time of hire and once a year during Open Enrollment. Open Enrollment is typically held in early November to make changes for the following calendar year (January 1). The following circumstances are the only reasons you may change your benefits during the year:

- Marriage
 - Birth & Adoption
 - Gain/Loss of spouse or dependent coverage when coverage is maintained through the spouse/dependent employer coverage
- Divorce
 - Loss of dependent status
- Death of a dependent/spouse
 - Change in day care expenses (Dependent FSA only)

These special circumstances, often referred to as life event changes, will allow you to make applicable changes at any time during the year in which they occur. For any allowable changes, you must inform Human Resources within 31 days of the event to avoid lapse in coverage. All other changes are deferred to open enrollment.

Eligibility & Dependents

As a benefits-eligible employee, your spouse and dependent children up to age 26 are eligible for medical, dental, vision and life insurance. Spouse life of \$15,000 benefit and dependent children \$10,000 benefit. The child life is for under age 26 and it's one price/contract for all children under 26.

If you would like to cover your spouse and/or children on our plans, you must provide documentation as described in the benefit plan eligibility handout. All documentation must be provided at time of hire or when reporting a life event, to enroll eligible dependents.

MHS Coordination of Benefits

If both parents cover a child, which plan pays primary is determined by the Birthday Rule. In this rule the parent whose birthday (month and day only) falls first in a calendar year is the parent with the primary coverage for the dependent. When both spouses work full-time at MHS, there are special rules that apply to the medical, dental and vision insurances. We refer to this as “coordination of benefits”, general information below.

Benefit	MHS Couples
Medical	One spouse elects coverage and covers the entire family. The other spouse waives coverage and receives a \$840/yr. waiver bonus.
Dental	Both spouses may elect the coverage. If two plans are selected, the plans will coordinate to potentially have the service paid at 100% in network.
Vision	Both spouses may elect the coverage. If two plans are selected, the plans will duplicate coverage.

Medical Benefits



MHS offers a Qualified High Deductible Health Plan (QHDHP) with a Health Savings Account (HSA). With a QHDHP the deductible applies to all services (except preventive).

For provider information, visit Myhighmark.com
Search Providers under the PPOBlue network.
Member Service: 1-800-345-3806
Express Scripts: 1-800-903-6228

BENEFIT	Qualified High Deductible Health Plan	
	In-Network	Out-of-Network
Annual Deductible	\$2,000 Individual; \$4,000 Family	
Plan Pays - based on plan allowance	100% after deductible	40% after deductible
Out-of-Pocket Limit (Once met, plan pays 100% coinsurance for the rest of the benefit period)		
Individual	None	\$5,000
Family Aggregate	None	\$15,000
Total Maximum Out Of Pocket Limit (Includes deductible, coinsurance, copays, prescription drug cost sharing and other qualified medical expenses, Network only)	\$8,500 single \$17,000 family	N/A N/A
Retail Clinic Visits & Virtual Visits	100% after \$30 copay after deductible	40% after deductible
Primary Care Provider Office Visits & Virtual Visits	100% after \$20 copay after deductible	40% after deductible
Specialist Office Visits & Virtual Visits	100% after \$30 copay after deductible	40% after deductible
Urgent Care Center Visits	100% after \$50 copay after deductible	40% after deductible
Telemedicine Service	100% after \$20 copay after deductible	Not Covered
Emergency Room Services	100% after \$100 copay after INN deductible (waived if admitted)	
Preventive Care Physical Exams, Adult & Pediatric Immunizations, Routine Gynecological Exams, Pap Test, Mammograms, Colorectal Cancer Screening, Diagnostic Services and Procedures	100%	40% after deductible
Hospital Inpatient	100% after deductible	40% after deductible
Hospital Outpatient	100% after deductible	40% after deductible
Diagnostic Services Advanced Imaging (MRI, CAT, PET scan, etc.)	100% after deductible	40% after deductible
Physical Medicine	100% after deductible	40% after deductible
	Limit 30 visits/calendar year	
Respiratory Therapy	100% after deductible	40% after deductible
Speech & Occupational Therapy	100% after deductible	40% after deductible
	Limit: 30 visits for speech & 30 visits for occupational therapy/calendar year	
Spinal Manipulations	100% after \$30 copay after deductible	40% after deductible
	Limit: 30 visits/calendar year	
Other Therapy Services (Cardiac Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy and Dialysis)	100% after deductible	40% after deductible
Inpatient Mental Health Services	100% after deductible	40% after deductible
Inpatient Detoxification / Rehabilitation	100% after deductible	40% after deductible
Outpatient Mental Health Services	100% after deductible	40% after deductible
Outpatient Substance Abuse Services	100% after deductible	40% after deductible
Prescription Drug Deductible Individual & Family	Integrated with Medical Deductible	
• Limited Preventive Medications Covered Prior to Deductible • Mandatory Mail Order, Mandatory Generic • Quantity Level Limits • Utilization Management	Retail (31 day Supply) After deductible has been met Copays and Coinsurance apply • \$10 Generic Copay • 20% to \$100 Maximum Coinsurance for Brand Prescriptions	
	Mandatory Mail Order – initial prescription and one refill; then mail order (90-day Supply) After Deductible has been met Copays and Coinsurance apply • \$20 Generic Copay • 20% to \$200 Maximum Coinsurance for Brand Prescriptions	

Optum Financial®

A HSA is a tax favored savings account created for the purpose of paying medical, dental & vision expenses. HSA is administered by Optum Bank. Once enrolled, you will receive a welcome letter providing account information, and a debit Mastercard in a separate mailing.

You are eligible to open and contribute to an HSA if:

- You are covered by an QHDHP
 - You are not covered by any other health plan that is not a QHDHP
 - You are not claimed as a dependent on someone else’s tax return
- You are not enrolled in any form of Medicare or TRICARE
 - You are not covered by a health care flexible spending account (FSA)

Save, earn and spend income tax-free

HSAs put more money in your pocket with income tax-free:

- Contributions to your account
- Interest and potential investment earnings
- Withdrawals used for qualified medical expenses

Scan for more HSA resources



For more information visit optumbank.com or call 1-866-234-8913.

*MHS pays the base monthly maintenance fee. You are responsible for the monthly Investment Fee if you choose to invest.

Dental Benefits



MHS offers three dental plans, The network is the same for all three plans. Please note that only the in-network benefits are listed on the summary grid. A complete provider directory can be accessed online at www.unitedconcordia.com. Search participating providers under the Advantage Plus Network. Member Service: 1-800-332-0366

DENTAL SERVICES	Basic	Enhanced	High Option
Annual Maximum per Calendar Year	\$1,000	\$1,500	\$2,000
Lifetime Orthodontic Maximum	Not Covered	\$1,500	\$1,500
Deductible Per Person / Per Family	\$25 / \$75	\$25 / \$75	\$25 / \$75
Diagnostic/Preventive X-rays (Periapical X-rays—as required. Bitewing X-rays—once in a 6 consecutive month period. Full mouth X-rays—once in any 36-month period unless special need is shown. Cone Beam X-rays—High Option Plan-Only eligible for implants-one per lifetime age 18 and over.) Palliative emergency treatment, Sealants, Space Maintainers (Deductible does not apply for the Enhanced or High Option)	Member Pays 20% Plan Pays 80%	Member Pays 0% Plan Pays 100%	Member Pays 0% Plan Pays 100%
Routine Exam (Two routine oral exams eligible during a calendar year period)	Member Pays 20% Plan Pays 80%	Member Pays 0% Plan Pays 100%	Member Pays 0% Plan Pays 100%
Basic Restorative/Oral Surgery/ Endodontic/Periodontic (Covered oral surgery codes: D3410, D3421, D3425, D3426, D3430, D3450, D3920, D6100, D7210, D7220, D7270, D7280, D7291, D7310, D7311, D7320, D7321, D7340, D7350, D7510, D7511, D7670, D7671, D7770, D7771, D7960, D7963, D7971, D7995, D7999)	Member Pays 20% Plan Pays 80%	Member Pays 0% Plan Pays 100%	Member Pays 0% Plan Pays 100%
Major Services - Crowns, inlays, onlays, complex oral surgery*, surgical periodontics *Additional benefits may be covered under the medical plan	Member Pays 20% Plan Pays 80%	Member Pays 20% Plan Pays 80%	Member Pays 20% Plan Pays 80%
Prosthetics - Dentures/Fixed Bridges	Not Covered	Member Pays 50% Plan Pays 50%	Member Pays 20% Plan Pays 80%
Orthodontics - Diagnostic, Active Retention Treatment (Dependents to age 19; High option covers adult ortho)	Not Covered	Member Pays 50% Plan Pays 50%	Member Pays 50% Plan Pays 50%
Bleaching Services (Service must be received in a dentist’s office or custom tray/ kit made by dentist is eligible. Services are eligible once every 24 months (D9972 or D9973)	Not Covered	Not Covered	Member Pays 0% Plan Pays 100%
Implants - High Option Plan Only Eligible Implant services are limited to members age 18 and over	Not Covered	Not Covered	Member Pays 50% Plan Pays 50%

Vision Benefits



www.e-nva.com 1-800-672-7723

Benefit	Frequency	In-Network	Out-of-Network
Eye Exam	Once every 12 months	Covered 100%	Reimbursed Amount Up to \$32
Contact Lenses Evaluation/Fitting	Once every 12 months	Covered 100%	Daily Wear: \$20 / Extended Wear: \$30
Lenses	Once every 12 months	Standard Glass or Plastic Covered 100%	Single Vision: Up to \$24 Bifocal: Up to \$36 Trifocal: Up to \$48 Lenticular: Up to \$72 Polycarbonates (under age 19): Up to \$70 (including standard lens allowance)
Frames	Once every 24 months	Retail Allowance Up to \$115 (30% discount off balance)	Up to \$60
Elective Contact Lenses (in lieu of lenses)	Once every 12 months	Up to \$130 Retail (25% discount off balance)	Up to \$75

Employee Assistance Program



We understand the importance of balancing work and family issues. Through our Employee Assistance Program, counseling and referral services are available through Mazzitti & Sullivan. Milton Hershey School is pleased to provide this EAP benefit at no cost to eligible employees, their spouses, eligible dependents, and anyone living in your household. You are automatically enrolled. Our EAP offers 12 face-to-face counseling life coaching services, online services and access, webinars, legal services and financial services.

Member Service Phone: 1-800-543-5080

Access Online Services: www.mseap.com (click member login, then enter MHS as your access code)