

2025 - 2026

Employee Benefits Guide



THE **NEIGHBORHOOD** DINING GROUP

Benefits October 1, 2025 - September 31, 2026

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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
- Your disabled children up to any age (if disabled prior to age 19*)
 - * 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 is 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.

Qualified Life Event		
Change in Marital Status	Change in Dependents	Change in Employment
• Marriage • Divorce • Death of your spouse	• 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 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 30 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 The Neighborhood Dining Group'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 for 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 forum.employeenavigator.com.

Company Identifier = **NeighborhoodDining**

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 3 medical plans through Cigna with the following features:

- Deductibles and out-of-pocket maximums accumulate October 1st through September 30th.
- Plan includes prescription drug coverage.
- If you enroll in the HDHP Medical plan, you can open and contribute to a Health Savings Account (HSA) to help cover some of your medical plan costs (refer to HSA section for more information).
- 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.mycigna.com

Access care from your home through Telehealth Services.
Log onto www.mycigna.com & select "Talk to a Doctor" after you have registered.

Download the Mobile App Today!



Medical

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

The Buy-Up Copay Plan* includes a Health Reimbursement Account that is explained on page 10.

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

	Health Savings Account Plan	Base Copay Plan	Buy-Up Copay Plan*
You Pay In-Network	In-Network (Individual / Family)	In-Network (Individual / Family)	In-Network (Individual / Family)
Deductible	\$6,000 / \$12,000	\$8,000 / \$16,000	\$3,000 / \$6,000
Coinsurance	0%	0%	0%
Out-of-Pocket Maximums	\$6,000 / \$12,000	\$8,000 / \$16,000	\$3,000 / \$6,000
Coinsurance/Copays			
Preventive Care	\$0	\$0	\$0
Primary Care	Deductible	\$45	\$40
Telemedicine	Deductible	\$0	\$0
Specialist Care	Deductible	\$90	\$60
Urgent Care	Deductible	\$90	\$60
Emergency Room Care	Deductible	Deductible	Deductible
Outpatient Surgery	Deductible	Deductible	Deductible
Inpatient Hospitalization	Deductible	Deductible	Deductible
Pharmacy Retail RX (only 30-day supply shown)			
Generic (Tier 1)	Deductible	\$15	\$15
Preferred Brand (Tier 2)	Deductible	\$70	\$70
Non-Preferred Brand (Tier 3)	Deductible	\$120	\$120
Specialty (Tier 4)	Deductible	20% to \$500	20% up to \$500

Prescription Drugs

Get the Most from Your Prescription Coverage.

When you enroll in the medical plan, you receive comprehensive prescription drug coverage through Express Scripts. For a list of approved drugs, log onto

www.mycigna.com

- If you take a maintenance medication, you can save money by enrolling in mail order RX.
- Not all medications can be filled via mail order.
- Specialty medications must be filled at the approved Express Scripts Specialty Pharmacy.
- Ask your doctor if it is appropriate to use a generic drug rather than a brand name. Some medications require programs to control cost of prescription drug expense.
- Compare pharmacies for the best price.
- Prescription Management may apply; such as prior authorization, step therapy, and quantity limits.



Preventive Care

Preventive services help you stay healthy, detect health problems early, determine the most effective treatments, and prevent certain diseases.

- Preventive services include exams, vaccines, lab tests, and screenings.
- Routine visits will only be covered under preventive care when using an in-network provider.
- Full list: healthcare.gov/what-are-my-preventive-care-benefits/

Health Reimbursement Account (HRA)

When you enroll in the Buy Up Copay plan, The Neighborhood Dining Group will contribute to an HRA which you can use to pay for remaining eligible out-of-pocket expenses. Once you have satisfied the first portion of your out-of-pocket cost, the HRA will automatically pay for the last portion of your out-of-pocket. The chart below summarizes how the HRA works with your medical plan.

Your HRA will be managed by Cigna and funded through your employer.



Eligible expenses must be incurred by September 30, 2026 (end of the current plan year).

Unused funds do NOT roll over from year to year.

Only in-network medical expenses are eligible for reimbursement under this HRA.

How are contributions made to the HRA?

You will not need to file claims or use a debit card. Claims are automatically filed to Cigna and paid to your providers directly. The only exception to the direct provider payment is copays for doctors or prescription. You must pay out of pocket and be reimbursed automatically by the HRA once the carrier sends the weekly claims file.

Buy Up Copay plan with HRA

Cigna Plan Year Deductible & Out-Of-Pocket

**This is the amount you will see on your online Cigna medical portal and EOB*

\$4,000 per Individual
(what the plan is BEFORE the HRA)
\$8,000 Family max
(what the plan is BEFORE the HRA)

Neighborhood Dining Group HRA Reimbursement

**This is the portion of the out-of-pocket expense that NDG pays for you once you satisfy the first \$3,000 per member*

\$1,000 per Individual
\$2,000 Family max

Your Out-of-Pocket Responsibility

\$3,000 per Individual
\$6,000 Family max

Health Savings Account (HSA)

If you elect the Health Savings Account Plan (a qualified high-deductible plan) and you are not enrolled in disqualifying coverage elsewhere, you are eligible to contribute to a Health Savings Account through Benefit Coordinators. You can set aside tax-free money from each paycheck now and save funds to cover qualified healthcare expenses that come up later.

How does an HSA work?

Confirm amount to be deducted from each paycheck. Activate your account through Benefit Coordinators. Use your HSA debit card to pay for qualifying expenses.

To view eligible purchases with your HSA account, please visit hsastore.com.

Advantages

- Balance rolls over each year
- Contributions are tax-free
- Account belongs to you; any money in the account is yours – no vesting

[†] Tax treatment of HSAs for state tax purposes may vary by state

Limitations

- Can not be enrolled in Medicare or Tricare
- Can not be claimed as a dependent on someone’s tax return
- Can not be receiving Veterans Affairs (VA) benefits, or within the past 3 months
- Can not be contributing towards a Healthcare FSA, nor can you be covered under a spouse’s FSA

Distributions

- Money must be in the account to spend
- Funds can be used for you and your tax dependents' eligible expenses
- 20% tax penalty applied if you are under age 65 and use the funds for non-eligible expenses
- At age 65, monies can be used for non-eligible health expenses with no penalty; normal income tax will apply
 - You can also pay for Medicare Part B premiums with your HSA funds

Enrollment Tiers	2025 Maximum Contribution Allowed
Employee Only	\$4,300
Employee + Dependent(s)	\$8,550
Employee 55+ Over	Additional \$1,000 per year as catch-up

Login to your online account through Benefit Coordinators within 60-days and designate a beneficiary. Please refer to your HSA plan documents regarding filing claims, debit cards, and grace periods.

Dental

Dental insurance is offered through Guardian’s DentalGuard Preferred Network PPO. Your choice of dentists can determine the cost savings you receive.

You will pay less for in-network services. For out-of-network providers, DentalGuard Preferred Network PPO will pay claims based on reasonable and customary (R&C) charges. You are responsible for paying the balance of the bill.

Please refer to the plan summary for out-of-network benefits, subject to balance billing, and limitations.



	In-Network	Out-of-Network
Benefit Maximum Per Person		
Calendar Year Annual Max		\$2,000
Deductible (applies only to Basic & Major Services)		
Per Person		\$50 up to \$150 family max
Benefit	You Pay	You Pay
Preventive Services	0%	0% of 90 th Percentile
Basic Services	20%	20% of 90 th percentile
Major Services	50%	50% of 90 th percentile

Rollover Benefit

If you do not use more than \$800 of your annual benefit, then you can do “roll-over” \$400 (\$600 in-network) to the next year’s annual maximum. The total annual max cannot exceed \$1,500.

Vision

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

In-network coverage is provided when you use VSP Choice providers.



Here is what you'll pay in-network:

Refer to the plan summary for out-of-network benefits and limitations

VSP Choice	
Based on Once every calendar year	In-Network
Eye Exam <i>Once every 12 months</i>	\$10 Copay
Lenses Single, Lined Bifocal, Lined Trifocal, Lenticular <i>Once every 12 months</i>	\$10 Copay
Frame <i>Once every 24 months</i>	Allowance up to \$130; then 20% off balance
Contacts <i>Instead of glasses, Once every 12 months</i>	Allowance up to \$130

In addition to discounts on contacts, and frames, additional discounts through participating providers.

- Non-Covered Glasses - 20% discount on usual and customary fees
- Contact Lenses - 15% discount on participating services
- LASIK Surgery - Discounts averaging 15% off full price and 5% off promotional pricing

Life Insurance

Basic Life/AD&D

If you are enrolled in the medical plan, a \$15,000 Basic Life insurance policy is provided to you through Guardian.

You are automatically enrolled in this benefit. This coverage includes an Accidental Death and Dismemberment (AD&D) provision, at the same coverage amount, in the event of accidental death and other conditions. Benefit amounts begin to reduce at age 65. Please refer to the benefit summary for details.

What is Life Insurance?

- A lump sum payment distributed to beneficiaries upon death of the insured or insureds.
- Reassurance that your loved ones would be financially secure if you passed away unexpectedly. Average funeral cost is \$10,000.



Reminder! Update your Beneficiaries!

Plan for your expected and unexpected life changes by ensuring you and your family are protected. Update your beneficiaries now and keep them current each year.

Disability

Guardian administers our Disability insurance benefit plans for any full-time employee that chooses to enroll. You will pay the full cost of this benefit with post-tax payroll deductions, therefore your benefit while out on Disability, will not be taxed.

Earnings are defined as: Income at the time of Disability (or prior year W2)

Short-Term Disability

Short-Term Disability (STD) benefits are payable when you are unable to work due to an injury (unrelated to work), illness or maternity.

When do the benefits start?

15th day of accident or illness

(Benefit duration is reduced by the initial disability waiting period (before benefits begin))

How much would the benefit pay?

60% of your weekly salary up to \$1,000 per week

Are there any pre-existing exclusions?

3 prior / 12 exclusion

How long will the benefit pay?

Up to 11 weeks*

*Benefit duration is reduced by the initial disability waiting period (before benefits begin)



A pre-existing condition is any accident or illness for which you have received advice or treatment in the months prior to your coverage effective date and will be excluded from this benefit for the month exclusion period listed.

STD benefits integrate with state mandated disability plans.

The EAP can provide you, your family and household members with confidential information and assistance on a wide range of topics and issues including work stress, debt problems, family issues, relationship worries, parenting challenges, anxiety, grief and much more.

Offered through Uprise Health, counseling is provided at no cost to you. Counselors are available for support by phone 24 hours a day, seven days a week.

Counselors can talk to you about anything going on in your life, including:

- Family & Relationships
- Work
- Money
- Grief
- Legal Services
- Identity Theft Recovery
- Anxiety, Depression
- Health
- Everyday Life



www.worklife.uprisehealth.com

800-386-7055

Access Code: worklife

Additional Benefits

WillPrep

WillPrep, the group legal plan, available through Guardian, gives you convenient access to legal services such as:

- Estate documents (wills and trusts)
- Financial Power of Attorney
- Estate Taxes
- Guardianship and Conservatorship
- Executors and Probate
- Healthcare Power of Attorney
- Advanced Health Care Directives

Additional Benefits

Several of the insurance benefits listed in this guide have additional benefits included. Please review these when you are signing up through coverage through the benefit portal. All flyers and additional information are included such as Wellness program, discounts and rewards programs.



Cost of Coverage

Contributions are made from each paycheck toward the benefits below and 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 (Bi-Weekly)

	Health Savings Account Plan	Base Copay Plan	Buy-Up Copay Plan
Employee Only	\$110.77	\$120.62	\$135.23
Employee + Spouse	\$373.77	\$406.98	\$456.27
Employee + Child(ren)	\$335.66	\$365.49	\$409.74
Employee + Family	\$627.67	\$683.46	\$766.21

Dental and Vision Contributions (Bi-Weekly)

	Dental	Vision
Employee Only	\$17.18	\$3.77
Employee + Spouse	\$36.08	\$7.12
Employee + Child(ren)	\$39.52	\$8.43
Employee + Family	\$58.42	\$11.21

Other Benefit Contributions

Benefit	
Life and AD&D <i>*for those enrolled in the medical plan</i>	\$ 1.52 bi-weekly
Short Term Disability	Cost is shown through online enrollment portal
Employee Assistance Program (EAP)	Free to you and your household

Contact Information

Benefit	Partner	Website / Phone
Dental Group #: 00553596	Guardian Network: DentalGuard Preferred PPO	www.guardianlife.com 888-600-1600
Disability Group #: 00553596	Guardian	www.guardianlife.com 888-600-1600
Employee Assistance Program	Uprise Health Access Code: worklife	www.worklife.uprisehealth.com 800-386-7055
Health Savings Account (HSA)	Benefit Coordinators	www.bci4me.com 803-772-0110
Health Reimbursement Arrangement (HRA)	Cigna	www.mycigna.com 866.494.2111
Health Savings Account	Benefit Coordinators	www.bci4me.com 803-772-0110
Life Group #: 00553596	Guardian	www.guardianlife.com 888-600-1600
Medical & Prescription	Cigna	www.mycigna.com 866.494.2111
Vision Group #: 00553596	Guardian Network: VSP Choice - Full Feature	www.vsp.com 866-600-1600
Benefit Enrollment	Alera	employeeecare@aleragroup.com 864.233.1101



Client Service Advocate (CSA) Team

You have access to the Employee Benefits CSA Team through Alera Group. The CSA Team serves as a liaison between The Neighborhood Dining Group employees and insurance carriers to help you understand and navigate your benefits.

Email: employeecare@aleragroup.com

Phone: 864-233-1101

Available Monday - Friday, 8:30 AM - 5PM EST

Benefits Effective October 2025-September 2026

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