

# EMPLOYEE BENEFITS

## GUIDE

2026



greenlight<sup>TM</sup>  
networks

January 1, 2026 – December 31, 2026

# WELCOME

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family, and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work 30+ hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your registered domestic partner (RDP) and/or his/her children, where applicable by state law.
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## When Coverage Begins

**New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire.

If you fail to enroll on time, you will not have benefits coverage (except for company-paid benefits).

## Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit (26 years old)
- Death of a spouse, RDP, or child
- You lose coverage under your spouse's / RDP's plan
- You gain access to state coverage under Medicaid or CHIP

## Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

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## Enrollment

Go to: [Paychex's My Benefits](#)

There you will find detailed information about the plans available to you and instructions for enrolling



# MEDICAL PLANS

We are proud to offer you choice among three (3) Medical plans that provide comprehensive medical and prescription drug coverage

## Excellus BlueCross BlueShield (BCBS) Hybrid – Plan 1 High Deductible Health – Plan 2 & Plan 3

A High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Excellus BCBS network. Here's how the plan works:

- **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. *NOTE:* If you enroll one or more family members, you must meet the full *FAMILY* deductible before the plan starts to pay expenses for any one individual.
- **Coinsurance:** Once you have met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For in-network services, our plan pays either 80% or 100%, based on the plan you choose, and you pay the difference (20% or 0%).

## Health Savings Account (HSA)

If you enroll in one of our Excellus BCBS qualified HDHP plans (or any other HDHP plan through your partner's employer), you qualify for a Health Savings Account (HSA). By contributing to these accounts through pre-tax payroll deductions, you will help offset your annual deductible and pay for **qualified health care expenses**, as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. This includes, but is not limited to:

Coinsurance, Prescription Eye exams/eyeglasses, Co-payments, Dental treatment, Lasik eye surgery, Deductibles, Orthodontia, etc.

For a complete list of **qualified health care expenses**, visit [www.irs.gov/pub/irs-pdf/p502.pdf](https://www.irs.gov/pub/irs-pdf/p502.pdf)

**NOTE: If your health insurance is covered by Medicare Part A or Part B or Tricare, you do not qualify to participate in the Health Savings Account (HSA).**

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans, retire, or leave the company. **There is no "use-it or lose-it" rule.** Your account grows over time as you continue to rollover unused dollars from year-to-year.

The company provides an employer contribution towards those individuals enrolled in one of the qualified HDHPs offered by Greenlight Networks (\$2,500 or \$7,000 HDHP). The annual amount for anyone enrolled in these plans are \$600 Single and \$1,200 Family (EE + Spouse, EE + Child(ren), and Family).. These annual amounts are spread amongst your weekly or bi-weekly pay periods.

In addition to the employer contribution, employees are able to contribute their own pre-tax dollars, up to the IRS Maximum Limits. These limits are employer + employee combined limits, so you'll want to ensure you do not exceed the maximums (listed below).

IRS HSA Contribution Limit	2026
Employee Only	\$4,400
Family (employee + 1, or more)	\$8,750
Catch-Up Contribution (Age 55+)	\$1,000



# MEDICAL PLANS – OPTION 1 (HYBRID)

Employee Cost Per Pay Period	Weekly	Bi-Weekly
Single	\$41.74	\$83.48
Employee + 1	\$140.78	\$281.56
Employee + Children	\$116.91	\$233.82
Family	\$208.48	\$416.95

Key Medical Benefits	Excellus Signature \$40_ \$1,000 Hybrid	
	In-Network	Out-of-Network
<b>Deductible (per calendar year)</b>		
Individual / Family	\$1,000 / \$3,000 (embedded)	\$2,000 / \$6,000 (embedded)
<b>Out-of-pocket Maximum (per calendar year)</b>		
Individual / Family	\$4,200 / \$8,400 (embedded)	\$8,400 / \$25,200 (embedded)
<b>Covered Services and Member Copays</b>		
Preventive Routine Care	Covered in Full	Covered in Full
Primary Office Visit	\$40 Copay	Covered at 60%, subject to deductible
Specialist Office Visit	\$60 Copay	Covered at 60%, subject to deductible
Outpatient Diagnostic (Lab/X-Ray)	Lab: Covered in Full / X-Ray: \$60 Copay	Covered at 60%, subject to deductible
Complex Imaging (CT, MRI)		Covered at 60%, subject to deductible
Chiropractic	\$60 Copay	Covered at 60%, subject to deductible
Ambulance	Covered at 80%, subject to deductible	Covered at 60%, subject to deductible
Inpatient Hospital	Covered at 80%, subject to deductible	Covered at 60%, subject to deductible
Outpatient Surgical Procedure (facility)	Covered at 80%, subject to deductible	Covered at 60%, subject to deductible
Emergency Room	\$250 Copay	Covered at 60%, subject to deductible
Urgent Care Center	\$60 Copay	Covered at 60%, subject to deductible
<b>Prescription Drugs (Tiers: Tier 1 – Generic / Tier 2 – Preferred Brand / Tier 3 – Non-Preferred Brand)</b>		
Retail Pharmacy	\$10 / \$30 / \$50	
90-day Mail Order	\$20 / \$60 / \$100	

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



# MEDICAL PLANS – OPTIONS 2 & 3 (HDHPs)

	Excellus Signature \$2,500 / \$5,000 HDHP		Excellus Signature \$7,000 / \$14,000 HDHP	
Employee Cost Per Pay Period	Weekly	Bi-Weekly	Weekly	Bi-Weekly
Single	\$29.65	\$59.29	\$0.00	\$0.00
Employee + 1	\$116.60	\$233.20	\$57.32	\$114.63
Employee + Children	\$99.80	\$199.60	\$49.41	\$98.82
Family	\$164.20	\$328.41	\$79.71	\$159.43

Key Medical Benefits	Excellus Signature \$2,500 / \$5,000 HDHP		Excellus Signature \$7,000 / \$14,000 HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible (per calendar year)</b>				
Individual / Family	\$2,500 / \$5,000	\$5,000 / \$10,000	\$7,000 / \$14,000	\$14,000 / \$28,000
<b>Out-of-pocket Maximum (per calendar year)</b>				
Individual / Family	\$5,000 / \$10,000	\$10,000 / \$20,000	\$7,000 / \$14,000	\$14,000 / \$28,000
<b>Covered Services and Member Copays</b>				
Preventive Routine Care	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Primary Office Visit	Covered at 80%, subject to deductible	Covered at 60%, subject to deductible	Covered at 100%, subject to deductible	Covered at 100%, subject to deductible
Specialist Office Visit	Covered at 80%, subject to deductible	Covered at 60%, subject to deductible	Covered at 100%, subject to deductible	Covered at 100%, subject to deductible
Outpatient Diagnostic (Lab/X-Ray)	Covered at 80%, subject to deductible	Covered at 60%, subject to deductible	Covered at 100%, subject to deductible	Covered at 100%, subject to deductible
Complex Imaging	Covered at 80%, subject to deductible	Covered at 60%, subject to deductible	Covered at 100%, subject to deductible	Covered at 100%, subject to deductible
Chiropractic	Covered at 80%, subject to deductible	Covered at 60%, subject to deductible	Covered at 100%, subject to deductible	Covered at 100%, subject to deductible
Ambulance	Covered at 80%, subject to deductible	Covered at 60%, subject to deductible	Covered at 100%, subject to deductible	Covered at 100%, subject to deductible
Inpatient Hospital	Covered at 80%, subject to deductible	Covered at 60%, subject to deductible	Covered at 100%, subject to deductible	Covered at 100%, subject to deductible
Outpatient Surgical Procedure (facility)	Covered at 80%, subject to deductible	Covered at 60%, subject to deductible	Covered at 100%, subject to deductible	Covered at 100%, subject to deductible
Emergency Room	Covered at 80%, subject to deductible	Covered at 60%, subject to deductible	Covered at 100%, subject to deductible	Covered at 100%, subject to deductible
Urgent Care Center	Covered at 80%, subject to deductible	Covered at 60%, subject to deductible	Covered at 100%, subject to deductible	Covered at 100%, subject to deductible
<b>Prescription Drugs (Tiers: Tier 1 – Generic / Tier 2 – Preferred Brand / Tier 3 – Non-Preferred Brand)</b>				
	Subject to Deductible (Except Preventive Rx)			
Retail Pharmacy	\$5 / \$45 / \$90		\$0 / \$0 / \$0	
90-day Mail Order	\$10 / \$90 / \$180		\$0 / \$0 / \$0	

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



# DENTAL PLAN

We are proud to offer you a choice of Dental Plans through Guardian in 2026. These plan options allow you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates. Following is a high level overview of the coverage available:

Key Dental Benefits	*Guardian DentalGuard Preferred			
	LOW Dental Plan		HIGH Dental Plan	
Deductible (per calendar year – applies to Basic & Major services only)				
Individual / Family	\$25 / \$75		\$50 / \$150	
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)				
Per Individual	\$1,000		\$2,000	
Preventive Services	100% Covered		100% Covered	
Basic Services	80% Covered		80% Covered	
Major Services	No Coverage		50% Covered	
Orthodontia Services (Adults & Children)	No Coverage		50% Covered (up to \$2,000 lifetime maximum)	
Costs Per Pay Period	Weekly	Bi-Weekly	Weekly	Bi-Weekly
Single	\$5.94	\$11.87	\$9.91	\$19.83
Employee + 1	\$11.54	\$23.08	\$19.26	\$38.53
Employee + Children	\$14.57	\$29.14	\$24.33	\$48.66
Family	\$21.20	\$42.40	\$35.40	\$70.80

Coinurance percentages shown in the chart represent what the insurance company pays.

Benefits with an asterisk (\*) require that the deductible be met before the Plan begins to pay.

#### Manage Your Benefits:

Go to [www.Guardianlife.com](http://www.Guardianlife.com) to access secure information about your Guardian benefits, including access to an image of your ID card.

#### Find a Dentist:

Visit [www.Guardianlife.com](http://www.Guardianlife.com). Click on "Find a Provider" and choose your plan

\*Please see your Guardian Enrollment Kit for a full explanation of benefits.

Dependent Age Limit: 26

# VISION PLAN

We are proud to offer you a vision plan through Guardian in 2026. The Guardian vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the VSP Network. Following is a high-level overview of the coverage available:

Key Vision Benefits	Guardian VSP Vision Plan	
	In-Network	Out-of-Network (you pay – after copay)
Exams	\$10 Copay	Amount over \$39
Materials	\$25 Copay	Single: Amount over \$23 Bifocal: Amount over \$37 Trifocal: Amount over \$49
Lenses (single, bifocal, trifocal)	\$25 Copay	
Frames	\$150 Allowance + 20% off discount	Amount over \$46
Contact Lenses	\$150 Allowance	Amount over \$100
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts

#### Service Frequency

**Exams** – Once Every Calendar year

**Lenses** – Once Every Calendar year

**Frames** – Once Every Other Calendar Year

Dependent Age Limit: 26

#### Find a Provider:

Visit <https://www.vsp.com>

Costs Per Pay Period	Weekly	Bi-Weekly
Single	\$1.65	\$3.30
Employee + 1	\$3.12	\$6.25
Employee + Children	\$3.18	\$6.37
Family	\$5.04	\$10.09

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



# FLEXIBLE SPENDING ACCOUNT (FSA)

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In addition to a Health Savings Account (HSA), we offer a Flexible Spending Account (FSA), which can be used to cover healthcare and dependent care costs. All two (2) of these FSAs described below allow use of pre-tax dollars which means you pay less in federal income, Social Security and Medicare taxes.

## Health Care FSA

This account can be used to pay the same types of out-of-pocket healthcare covered by an HSA. For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](https://www.irs.gov/pub/irs-pdf/p502.pdf).

- **To enroll, please see below scenarios that would qualify you in 2026:**
  - If you opt out of healthcare coverage at Greenlight, you can sign-up for the FSA
  - If you enroll in the Option 1 Hybrid plan through Greenlight, you can sign-up for the FSA
  - If you enroll in Options 2 or 3 HDHPs through, since all enrollees in 2026 will be receiving employer contributions into your HSA, you cannot sign up for the Medical FSA in 2026.
- For 2026, you may contribute up to \$1,500 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26.
- For 2026, unused funds up to \$680 can be carried over to the following 2027 plan year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds in excess of **\$680** will NOT be returned to you or carried over to the following year.

## Dependent Care FSA

This account can be used to cover eligible dependent care expenses such as

- Dependent child under the age of 13 by babysitters
- Nursery Schools
- Pre-school or daycare centers
- Care of a household member (adult) who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent.

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p503.pdf](https://www.irs.gov/pub/irs-pdf/p503.pdf).

- For 2026, you may contribute up to \$7,500 (per household) or \$3,750, if married, filing separately.
- Unused funds will **NOT** be returned to you or carried over to the following year.
- For 2026, your plan has a 90-day "run-out" period which gives you 90 days from 12/31/26, to submit any expenses incurred during the plan year.

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## How do I enroll?

You can enroll by logging into [www.paychexflex.com](https://www.paychexflex.com) and selecting **Benefits Account (PBS)**. Please see your Paychex FSA Enrollment Guide for more information.



# DISABILITY INSURANCE

Short Term Disability (STD) Insurance can help replace a portion of your income during the initial weeks of a disability to help you pay your bills and maintain your current lifestyle. It helps by protecting you and your income if a sickness or accidental injury limits you from working.

**Greenlight Networks** offers short-term disability coverage on a voluntary basis (meaning it's 100% paid for by the employee, through post-tax payroll deductions), however the company provides Long-Term Disability coverage at no cost to you. Long-Term Disability coverage will be effective after 90 days of employment (for any newly hired employees).

	Short-Term Disability Plan	Long-Term Disability Plan
General Plan Information		
Benefits Begin	7 days Accident / 7 days Illness	180 days
% of Income Replaced	60%	60%
Maximum Benefit	\$2,000 per week	\$6,000 per month
Maximum Duration	26 Weeks	Up until SSNRA (Social Security Normal Retirement Age)
*Pre-Existing Limitation	None	3 month / 12 month
Carrier	Guardian	Guardian

# LIFE AND AD&D INSURANCE

**Life Insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

**Accidental Death & Dismemberment (AD&D) Insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

## Greenlight Networks plan offers two benefits:

### Basic Life and AD&D (Company Paid)

This benefit is provided at no cost to you through Guardian and is equal to \$50,000.

### Supplemental Life/AD&D (Employee Paid)

If you determine you need more than the basic coverage, you may purchase additional coverage for yourself and your eligible family members.

**Please Note:** In order to enroll in Spouse Supplemental Life Insurance, you are required to be enrolled in Employee Supplemental Life Insurance first.

SUPPLEMENTAL LIFE/AD&D		
Benefit Option		Guaranteed Issue (GI)
Employee	\$10,000 increments up to \$500,000	\$150,000
Spouse (coverage terminates at age 70)	\$5,000 increments up to \$200,000	\$30,000
Children (ages 14 days to 23 years; 25 if full-time student)	\$2,500 increments up to \$10,000	\$10,000
Age Reductions	35% at age 65 50% at age 70	

### **Guaranteed Issue (GI)**

The amounts listed above are the amounts approved with no health questions asked. If you elect above these amounts as a new hire, you will be automatically approved for the Guaranteed Issue amount, however amounts exceeding will be placed in 'pending' status and require an evidence of insurability (EOI) form to be submitted to Guardian for consideration. You will receive a letter from Guardian (usually takes up to 10 business days for review), informing you if you're approved for this additional coverage.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.





# ASPCA PET INSURANCE PLAN

Greenlight Networks offers pet insurance through ASPCA Pet Insurance.

ASPCA Pet Health Insurance plans can help you follow your vet's recommendations and worry less about cost.

With the ASPCA Pet Health Insurance Program, you can choose the care you want when your pet is hurt or sick and take comfort in knowing they have coverage.

## Simple to Use

Just pay your vet bill, submit claims, and get reimbursed for covered expenses! You're free to visit any license vet specialist or emergency clinic you want, and you can choose to receive reimbursement by direct deposit or mail.

## Exam Fees, Diagnostics, and Treatments

- Accidents
- Dental Disease
- Hereditary Conditions
- Illnesses
- Cancer
- Behavioral Issues

## Customizable Options

**Annual Limit** – from \$3,000 to unlimited

**Reimbursable Percentage** – 90%, 80%, or 70% of your covered vet bill

**Deductible** – select \$100, \$250, or \$500. You'll only need to satisfy it once per 12-month policy period.

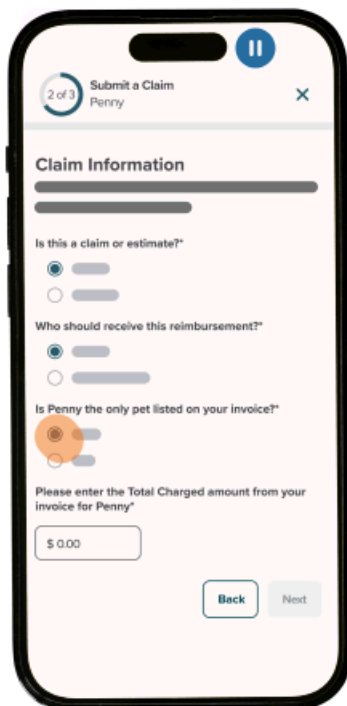
**Add Preventive Care Coverage** – Get reimbursed scheduled amounts for things that protect your pet from getting sick, like vaccines, dental cleanings, and screenings for a little more per month.

**Select Accident-Only Coverage** – If you're just looking to have some cushion when your pet gets hurt, you can choose coverage that only includes care for accidents.

**Let us help you find the perfect plan for you and your pet.**

Save with your discount! | Visit: [www.aspcapetinsurance.com/EB-PetInsurance](http://www.aspcapetinsurance.com/EB-PetInsurance) | Priority Code: EB-PetInsurance

## Submit Claims in a Snap



1

**Open the app and select "Claims"**

Get your claim started anywhere, anytime—even before you leave your vet's office.

2

**Tell us what happened**

Answer a few questions about your pet's treatment.

3

**Add a picture of your invoice**

Snap a picture of your itemized invoice and any related notes from your vet.

4

**Hit "Submit" and get cash back on eligible vet bills in a flash**

That's it! Use the app to track the status of your claim every step of the way.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

# SUPPLEMENTAL PLANS

Supplemental Plans are cost-effective solutions to assist employees offset out-of-pocket medical expenses. These plans include Accident Insurance, Specified Disease Insurance, and Hospital Indemnity Insurance.

Greenlight Networks offers these benefits to employees on a voluntary basis. If you choose to enroll in any of these plans, you pay the premium on a post-tax basis through payroll deductions. Some other great features of these plans include:

- **You can cover your entire family** – coverage available for employees, spouses, and child(ren)
- **On AND Off-the-Job coverage**
- **Guaranteed Issue** – no health questions asked
- **Flexible** – you can use the benefit payments for any purpose, as its your money
- **Portable** – if you leave employment, you can take the coverage with you

## Accident Insurance

Accident Benefit	Benefit Amount
<b>Accident Death Benefit Amount</b>	Employee \$50,000 Spouse \$25,000 Children \$5,000
Sample of Covered Services	Benefit Amount
<b>Hospital Admission / ICU Admission</b>	\$1,250 / \$2,500
<b>Emergency Room</b>	\$250
<b>Ambulance (Ground / Air)</b>	\$300 / \$1,500
<b>Doctor Follow-Up Visits</b>	\$75 (up to 6 treatments)
<b>X-Ray</b>	\$50
<b>Coma</b>	\$12,500

\*Please see listing of exclusions and limitation in the Guardian Enrollment Kit (available in the benefits website)

## Specified Disease Insurance

Specified Disease Benefit	Employee	Spouse / Child
<b>Benefit Amount</b>	\$20,000	Spouse: \$10,000 Child: \$5,000
<b>Guarantee Issue</b>	\$20,000	
Conditions	1st Occurrence	2nd Occurrence
<b>Cancer (Invasive)</b>	100%	100%
<b>Heart Attack</b>	100%	50%
<b>Kidney Failure</b>	100%	50%
<b>Organ Failure</b>	100%	50%
<b>Stroke</b>	100%	50%
<b>Cancer (Non-Invasive)</b>	30%	0%
<b>Non-Melanoma Skin Cancer</b>	\$250 (lifetime)	
Benefit Limitations		
<b>Pre-Existing Limitation</b>	6 months / 6 months	
<b>*Wellness Benefit</b>	\$50	

### \*Wellness Benefit:

This provides an annual benefit payment if you complete a health screening test. You may only receive a benefit payment once per year, even if you complete multiple health screening tests. The annual benefit amount is \$50 (for each covered member) per plan year.

## Hospital Indemnity Insurance

Hospital Benefit	Benefit Amount
<b>Hospital Admission</b>	\$1,000 (limited to 1 admission(s) per insured and 2 admissions(s) per covered family, per benefit year)
<b>Intensive Care Unit (ICU) Admission</b>	
<b>Hospital Confinement</b>	\$100 per day (limited to 30 days(s) per insured per benefit year)
<b>Intensive Care Confinement</b>	
<b>Pre-Existing Condition</b>	None (Maternity Admission: 9 months Limitation)

\*Hospital Admissions & Hospital ICU Admission benefits are not payable on the same day (same for confinement).

Dependent insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or home confined

\*In force Major Medical coverage is required for employee, spouse and child, in order to elect Hospital Indemnity coverage in this state.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



# EMPLOYEE ASSISTANCE PROGRAM (EAP)

\*Available to all employees of Greenlight Networks (as well as household family members)

## WHAT IS AN EAP?

At some point, we all need help coping or making difficult decisions. The Employee Assistance Program (EAP) makes it easy to access support, guidance, and resources.

EAP professionals can help with referrals to support groups, a network counselor, community resources or your health plan. If necessary, their professionals can connect you to emergency services.

The program is available 24/7/365 to all employees as well as their family members. This is a voluntary program offered by Greenlight Networks, and \$0 cost to employees. For whatever reason you're reaching out to NexGen ENI EAP, all conversations will remain completely confidential; only your EAP professional will know you have called.

The **EAP plan** includes up to **8 face-to-face** assessment and counseling sessions at \$0 cost. EAP services can help with:

- Depression, grief, loss and emotional wellbeing
- Family, marital and other relationship issues
- Life improvement and goal-setting
- Addictions such as alcohol and drug abuse
- Stress or anxiety with work or family
- Financial and legal concerns
- Identity theft and fraud resolution
- Online will and other legal document preparation

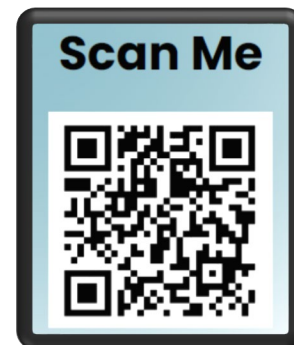
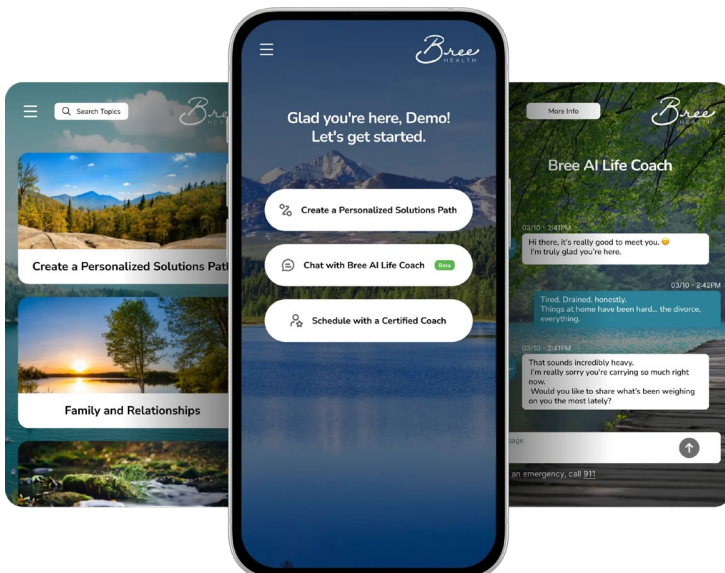
**Virtual Concierge** provides expert, multilingual telephonic and internet-based consultations and referrals for:

- Childcare services
- Elder care services
- Health and wellness
- Emotional and well-being
- Daily living resources, relocation and community volunteering



## Getting Started with Bree Health

- **Login at:** [login.breehealth.com](https://login.breehealth.com) or scan the QR code to download the Bree Health mobile app
- **Register** with your company ID (9482)
- **Create your member profile** and begin your total well-being journey.



This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.



# CONTACT INFORMATION

CARRIER	GROUP NUMBER	PHONE	WEBSITE
Excellus BCBS Medical	00308117	1-800-499-1275	<a href="https://www.excellusbcbs.com">https://www.excellusbcbs.com</a>
Guardian DentalPreferred	00042837	888-600-1600	<a href="https://www.guardiananytime.com">https://www.guardiananytime.com</a>
Guardian VSP Vision	00042837	888-600-1600	<a href="https://www.guardiananytime.com">https://www.guardiananytime.com</a>
Guardian Life	00042837	1-800-225-5695	<a href="https://www.newyorklife.com">https://www.newyorklife.com</a>
Guardian Disability	00042837	1-800-225-5695	<a href="https://www.newyorklife.com">https://www.newyorklife.com</a>
Guardian (DBL/PFL)	00042837	1-800-225-5695	<a href="https://www.newyorklife.com">https://www.newyorklife.com</a>
Guardian Accident	00042837	1-212-598-8000	<a href="https://www.guardiananytime.com">https://www.guardiananytime.com</a>
Guardian Specified Disease	00042837	1-212-598-8000	<a href="https://www.guardiananytime.com">https://www.guardiananytime.com</a>
Guardian Hospital Indemnity	00042837	1-212-598-8000	<a href="https://www.guardiananytime.com">https://www.guardiananytime.com</a>
NexGen EAP	Company ID: 9482	1-800-327-2255	<a href="http://www.nexgeneap.com">www.nexgeneap.com</a>
HSA Bank	GREENLIGHT	1-800-357-6246	<a href="https://www.hsabank.com">https://www.hsabank.com</a>

## Greenlight Networks - Human Resources Department

[humanresources@greenlightnetworks.com](mailto:humanresources@greenlightnetworks.com)

## Broker: Daybright Financial / US Employee Benefits Services Group (USEBSG)

Name	Title	Phone	Email
Kristen Burke	Director, Account Management	585-270-5761 x102	<a href="mailto:kburke@usebsg.com">kburke@usebsg.com</a>
Trinity Logsdon	Account Manager	585-270-5761 x123	<a href="mailto:tlogsdon@usebsg.com">tlogsdon@usebsg.com</a>

### \*Benefits Website\*

Our benefits website:  
<https://greenlight.mybenefitsinfo.com>  
 can be accessed anytime you want  
 additional information on our benefit  
 programs.

### Questions?

Feel free to contact our benefits  
 broker at Daybright Financial / U.S.  
 Employee Benefits Services Group  
 (USEBSG) with any questions.





## **Employee Benefits**

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### **Services Group.**

The information in this guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit summaries. While every effort was taken to accurately summarize your benefits, discrepancies, or errors are always possible. In case of discrepancy between this guide and the official plan documents, the official plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

