

2026 NTCA GHP Choice Guide

GROUP HEALTH PROGRAM





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GHP: A Member-Driven Approach to Health Coverage

Dear NTCA Member,

At NTCA, we understand that your employees are your greatest asset — and their health and wellbeing directly impact your company's success. That's why the Group Health Program (GHP) was built *by NTCA members, for NTCA members* — designed specifically with the needs of those in the telecommunications industry in mind.

As GHP's Trust Committee, we are NTCA member representatives, just like you. We live the same challenges, pursue the same goals and care deeply about ensuring high-quality, comprehensive health care for our employees and our communities. Our role is to guide the program with your interests at heart — and we're proud to bring that shared perspective into every decision we make.

GHP delivers far more than a health plan, including:

- A strong national network of providers.
- Flexible plan options to meet your workforce's diverse needs.
- Telemedicine and virtual care tools.
- A knowledgeable benefits team ready to support you and your employees every step of the way.

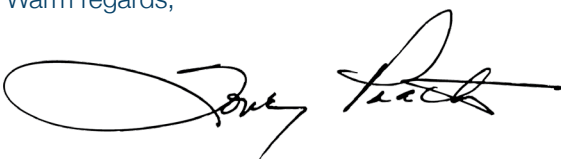
Behind the scenes, our committee works year-round to align GHP offerings with the care trends, financial realities and evolving needs of participating companies. Your input continues to shape this program — making it better, stronger and more responsive each year.

Whether you've been part of GHP for years or are just exploring it now, you can be confident in what this program offers: long-term value, collaborative decision-making and expert support — all backed by NTCA's legacy of service and advocacy.

We invite you to review the information in this guide and see how GHP can help you care for your team. And don't forget, your NTCA member relations manager is always here to help you navigate options and tailor a solution that fits.

Thank you for your trust. We're honored to support you and your employees through GHP.

Warm regards,



Toney Prather
Chairman of the Group Health Program Trust Committee

GHP Trust Committee Members



Toney Prather

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What's New for 2026?



Dental Plan Enhancement

For 2026, participants have additional flexibility in their dental care. Dental crowns and/or implants may be replaced, as needed, no longer requiring an established timeline. Please see page 13 for more information on the dental plan.



Supporting Organ Transplants

The Group Health Plan is improving access to organ transplants by removing limitations. Transplants continue to be subject to medical review and require medical necessity. Refer to the Summary Plan Description for more information.



Deductible Change for Select HDHP

To remain compliant with HSA contribution requirements set by the IRS, the individual and family deductibles under the Select HDHP are increasing to \$3,400 per individual and \$6,800 per family. See the medical benefits at-a-glance table on page 10 for more information.

New Year, Same Great Resources

With minimal changes to the GHP Choice offerings for 2026, you and your participants can have confidence in the comprehensive coverage and valuable resources available through NTCA.

As a member, you have access to a variety of health and wellbeing and ancillary life and disability benefits to choose from — a competitive offering designed by your peers, with your team's needs in mind.

Participants can leverage resources to support their whole selves, including:

Preventive Care Services

Under GHP, many preventive services — including annual physicals, immunizations and screenings — are covered at no cost from in-network providers. Remind participants to schedule routine check-ups and screenings to detect potential health issues early, leading to better long-term health outcomes and reduced medical expenses.

Behavioral Health Care Services

Mental wellness is crucial for handling life's challenges. Chronic stress, anxiety and burnout can reduce productivity, strain relationships and even affect physical health. Financial insecurity often worsens mental strain, creating a hard-to-break cycle. Through GHP, employees can access confidential virtual and in-person mental health support, therapy and counseling.



"Being governed by the membership means that the decisions made for our benefits are made by people who, in turn, care about the people that those decisions affect."

— Jennifer Neff
Chief Revenue Officer, GRM Networks



Scan the QR code to watch the full testimonial

Health on Your Terms – Care Anywhere, Everywhere



NTCA is proud to play a role in connecting people to these virtual services. Through broadband, these offerings make their way across the country and into homes to improve lives.

Hinge Health*



Hinge Health provides digital musculoskeletal and/or coaching services to support back, joint and muscle pain from the comfort of home.

Eligible participants can receive care for recent injuries, address chronic conditions or complete post-surgery rehabilitation. Employees who participate in the program may also receive:

- A tablet and wearable sensors that provide feedback as exercises are completed, free of charge.
- A personalized exercise therapy program and video visits with a Hinge Health team member.
- Unlimited 1:1 access to a health coach who can provide support via text, email or phone calls.



“For no cost, with therapy available when I’m available, including while I’m traveling and taking only 10-15 minutes per session, my sciatica pain is nearly nonexistent and my sleep has improved dramatically. I would recommend the Hinge Health team to anyone. Thank you, NTCA!”

— John Zeiler
General Manager, Community Telephone Company

Livongo*



Livongo provides diabetes management support for eligible participants, including unlimited Livongo test meter strips. Employees and their dependents living with diabetes are eligible for this service. Livongo also provides hypertension management support for employees and dependents aged 18 and older.

FitnessOnDemand™



Eligible participants, spouses and dependents (aged 18 and over) can work out anytime, anywhere with FitnessOnDemand. This platform offers a variety of fitness content that can be streamed from a computer or mobile app, and participants can follow monthly workout plans or develop their own.

myNurseLine

Optum

GHP offers health management services through OptumHealth, UnitedHealthcare’s clinical services division. Care counselors are available 24 hours per day, seven days a week, to help GHP participants and dependents with health-related questions.

Real Appeal®

Real Appeal™

Real Appeal is a free, virtual weight loss program that offers weight management support with interactive videos, online discussion groups and personalized coaching. Participants learn how to balance fitness, nutrition and mindfulness to maintain their success.

“I love Real Appeal! I lost 28 pounds so far. The tools provided (including the app) are great. I am now applying more healthy habits and tracking a few times most weeks. I’ve learned to love water, and I’m very conscious about moving more and tracking my steps. The weekly sessions are helpful, and it is nice to be able to view items in the library whenever needed. It’s a great program!”

— NTCA GHP participant

All members enrolled in GHP medical coverage have access to this service for their plan participants. Participants must be aged 18 and over, with a BMI of 19 or greater, subject to eligibility requirements.

Participants and their eligible spouses enrolled in the GHP Wellness Connections plan have the added opportunity to earn the \$150 maximum annual wellness reward by completing nine sessions of the Real Appeal program.

Teladoc



With Teladoc, GHP medical plan participants have access to virtual care through a qualified, national network of licensed, board-certified U.S.-based doctors, specialists and behavioral health professionals. Quality, non-urgent care is available by phone or video conference 24 hours a day, seven days a week, typically scheduled in less than an hour. Costs for Teladoc services are typically much less than the cost of an emergency room or urgent care visit. Participants are responsible for paying the entire cost of the Teladoc visit at the time of service. If applicable, they may be reimbursed automatically through GHP once the visit is processed according to their medical plan’s office visit benefits.

*All participants enrolled in GHP medical coverage, and their dependents (aged 18 and over) with appropriate qualifying conditions, will have access to these services. Participants enrolled in an Employer Group Waiver Plan (EGWP) prescription drug plan as a Medicare Part D program are not eligible.

GHP Choice Health Care Plans

Medical

Choose from 10 plans designed for comprehensive care, offering real choice and value for your team in 2026. You can choose to offer up to five different medical plans and an accompanying prescription drug plan to your employees, directors and retirees. Giving participants options between levels of coverage and cost-sharing allows them to make the best choice for their individual health care needs.

No matter which plans you choose, all of them cover 100% of eligible in-network preventive care expenses.

The plans vary on annual deductibles, co-pays, coinsurance and specific benefit payments. Refer to the medical benefits at-a-glance tables beginning on page 6 for more information.

You also have the option to include dental and vision coverage for your employees and their dependents.

REMINDER: If you do not make an election, your current GHP medical plans will continue in 2026.

Health Care Savings for Your Company and Employees

One way to save on health care expenses — for both your company and participants — is to promote the use of providers and facilities in the UnitedHealthcare Choice Plus network. This helps contain future costs for NTCA GHP members, and participants pay less per visit when receiving care. It's easy to determine if a provider is in-network:

Ask the provider if they are in-network with UnitedHealthcare Choice Plus. There are many UnitedHealthcare networks and participants should be specific about the “Choice Plus” network when confirming in-network participation.

Use the online provider directory at www.ntca.org/UnitedHealthcare. Participants can search for medical and behavioral health providers by physician, facility or clinic, location, specialty, treatment or condition.

Call the provider search telephone line at (800) 860-5203. Refer to the member ID and group numbers found on the GHP ID card and request a call reference number when confirming network providers.



Plan Options

Preferred Provider Organization (PPO) Plans				
Diamond PPO	Platinum PPO	Gold PPO	Silver PPO	Bronze PPO
Advantage Plans				
AAA Advantage	AA Advantage	A Advantage		
High-Deductible Health Plans (HDHPs)				
Preferred HDHP		Select HDHP		



Why Consider an HDHP and HSA?

An HDHP could be a great option for participants who expect to have little to no health care expenses beyond their routine preventive care but want protection in case of an unexpected medical event. These affordable plans have lower monthly premiums but higher deductibles and are also Health Savings Account (HSA) compatible.

The Advantage of Pretax Accounts

Pretax accounts are like bank accounts for health care expenses. Offering your employees the option to participate in a pretax account provides them with an opportunity to pay for their health care expenses (including health plan premiums) with pretax dollars. Participants contributing pretax dollars to one of these accounts lower their taxable income, increasing take-home pay.

There are two pretax accounts available — the Flexible Spending Account (FSA) and the Health Savings Account (HSA).

What is an FSA?

A Flexible Spending Account (FSA) is a health care savings account typically provided through an employer. This account allows your employees to save tax-free dollars to pay for health care expenses and does not require enrollment in a high-deductible health plan. Unlike an HSA, deposits cannot be rolled over from employer to employer, and there is typically a time limit on when the funds can be used. Contact your member relations manager or visit www.ntca.org to learn more about NTCA's Flex Plan.

What is an HSA?

A Health Savings Account (HSA) is a health care savings account where individuals can save tax-free money to help pay for eligible out-of-pocket health care expenses now or in the future — even expenses that occur during retirement. HSA funds can also be invested and are available through various financial institutions. When an employee opens an HSA, they maintain control of their funds even if they leave their current organization.

GHP Wellness Connections

Invest in Your People and Watch Wellbeing Thrive

At NTCA, we believe healthy employees build stronger companies. That's why **GHP Wellness Connections** is more than a program — it's a movement toward better living. Designed exclusively for GHP members, this dynamic wellness initiative empowers employees and their spouses to take charge of their health **and get rewarded for it.**

Kick off a culture of wellbeing at your company starting January 1, 2026. Here's how:

- Offer a GHP medical plan.
- Complete a GHP Wellness Connections Adoption Agreement Addendum.
- Designate a wellness coordinator to promote wellness within your organization.
- Host at least two wellness activities each year.
- Fund rewards for participants who complete and document specific activities.



IT'S EASY TO GET HEALTHY WHILE BEING REWARDED! GHP HELPS FUND REWARDS!

Employees and/or spouses enrolled in a GHP medical plan can participate in health missions, earn up to \$150 in rewards and receive personalized wellness recommendations through the GHP Wellness Connections portal, powered by Rally Engage.™ The wellness portal is available at www.ntca.org/GHPWellnessConnections or as a free app on a mobile device.

We're committed to helping you encourage a healthier, more engaged workforce. In your first year, **GHP will cover 50% of the cost of all rewards earned by employees and their eligible spouses**, making it easier than ever to inspire healthy habits that last.

Wellness Action	Reward (up to \$150 per year)
Get an annual preventive exam, including a biometric screening performed either at the provider's office or at home using the Rally ordered self-collection kit.	\$75
Complete at least three Rally™ missions or a Rally Coach Program.	\$75
Complete nine sessions of the Real Appeal Weight Management Program.	\$150



For More Information About GHP Wellness Connections:

Email wellnessconnections@ntca.org or contact your member relations manager.

Save with Wellness-Driven Rates

When you participate in the GHP Wellness Connections plan in 2026, you will be eligible for a reduced medical plan rate for each employee and/or spouse who earns the full GHP Wellness Connections reward in 2026. This reduction will be applied to your company's 2027 GHP medical plan billing. To earn this rate differential, your company must:

1. Participate in GHP Wellness Connections during 2026, meet the requirements described in your GHP Wellness Connections Addendum and continue participation in 2027.
2. Have at least one employee or spouse complete the applicable activity(ies) by **November 30, 2026**, and earn the full GHP Wellness Connections reward.

Be on the lookout for more details when medical plan rates are announced in September.

IMPORTANT!

To earn GHP Wellness Connections rewards in a specific year, employees and/or their spouses must complete all wellness activities and submit documentation by November 30.



MEDICAL BENEFITS AT-A-GLANCE											
PPO PLANS											
Additional Information (Refer to GHP Specifications for Specific Limits)*		Diamond PPO		Platinum PPO		Gold PPO		Silver PPO		Bronze PPO	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
KEY FEATURES		Maximizes benefits when using in-network providers • No in-network deductible (except in the Silver PPO and Bronze PPO Plans) • Co-pay for office visits									
NETWORK		United-Healthcare Choice Plus	N/A	United-Healthcare Choice Plus	N/A	United-Healthcare Choice Plus	N/A	United-Healthcare Choice Plus	N/A	United-Healthcare Choice Plus	N/A
Deductible		\$0	\$200 per individual \$400 per family	\$0	\$500 per individual \$1,500 per family	\$0	\$500 per individual \$1,500 per family	\$1,000 per individual \$2,000 per family	\$3,000 per individual \$5,000 per family	\$6,300 per individual \$12,600 per family	\$10,000 per individual \$20,000 per family
Coinsurance Out-of-Pocket Maximum	Does not include deductible or co-payments	N/A	\$2,500 per individual \$5,000 per family	\$2,000 per individual \$6,000 per family	\$3,000 per individual \$9,000 per family	\$2,000 per individual \$6,000 per family	\$3,000 per individual \$9,000 per family	\$2,500 per individual \$6,500 per family	\$5,000 per individual \$10,000 per family	N/A	\$10,000 per individual \$20,000 per family
Benefit Maximum		Unlimited for essential benefits		Unlimited for essential benefits		Unlimited for essential benefits		Unlimited for essential benefits		Unlimited for essential benefits	
Preventive Care**	UCR may apply to out-of-network benefits	100%	70% after deductible	100%	70% after deductible	100%	60% after deductible	100%	60% after deductible	100%	50% after deductible
Office Visits*** (Including Mental Health and Substance Abuse)	UCR may apply to out-of-network benefits	100% after \$20 co-pay per visit	70% after deductible	100% after \$25 co-pay per visit; Non-preventive treatment received during office visit subject to coinsurance	70% after deductible	100% after \$30 co-pay per visit; Non-preventive treatment received during office visit subject to coinsurance	60% after deductible	100% after \$35 co-pay per visit; Non-preventive treatment received during office visit subject to deductible and coinsurance	60% after deductible	100% after \$40 co-pay per visit; Non-preventive treatment received during office visit subject to deductible and coinsurance	50% after deductible
Hospital Benefits and Inpatient Surgery	Maximum charge may apply to out-of-network benefits	100%	70% after deductible	90%	70% after deductible	80%	60% after deductible	80% after deductible	60% after deductible	100% after deductible	50% after deductible
	Semi-private room rate										
	Subject to medical review										
Outpatient Surgery (Including Mental Health and Substance Abuse)	Maximum charge may apply to out-of-network benefits	100%	70% after deductible	90%	70% after deductible	80%	60% after deductible	80% after deductible	60% after deductible	100% after deductible	50% after deductible
Diagnostic X-ray, Anesthesiology and Lab Services (Including Mental Health and Substance Abuse), Out-of-Network Radiology, Anesthesiology and Pathology Specialist Services****	UCR may apply to out-of-network benefits	100%	70% after deductible	90%	70% after deductible	80%	60% after deductible	80% after deductible	60% after deductible	100% after deductible	50% after deductible
Emergency Services	Contract allowable or billed charge may apply	100% after \$50 co-pay per visit		90%		80%		80% after deductible		100% after deductible	
Urgent Care Centers	Contract allowable or billed charge may apply	100% after \$40 co-pay per visit		100% after \$50 co-pay per visit		100% after \$60 co-pay per visit		100% after \$70 co-pay per visit		100% after \$80 co-pay per visit	

*All inpatient and certain outpatient services are subject to advance medical review. Refer to the GHP Specifications and Summary Plan Descriptions for additional detail.

**Preventive care includes well-baby/child visits, screenings, immunizations, routine physicals and other age appropriate preventive services.

***Office visit co-pays on PPO plans do not include chiropractic or physical therapy services.

****Out-of-network radiology, anesthesiology, pathology (RAP) specialist services, hospitalist and neuromonitoring providers are considered in-network when provided at an in-network facility.

Due to the 2026 GHP Choice Guide publication date, certain benefit provisions outlined in the medical benefits at-a-glance table may be subject to change.



Terms used in this table:

Maximum Charge: For non-emergency treatment at a hospital, 200% of the Medicare allowable rate or 50% of billed charges.

Usual, Customary and Reasonable (UCR): The usual amount paid for a specific health care service or supply. The definition of UCR for non-facility services for out-of-network non-emergency treatment will be either: (1) the Negotiated Rate; or (2) if there is no Negotiated Rate, 200% of the Medicare allowable rate or if there is no Medicare rate published by CMS, then the 70th percentile of the applicable rate published in the FAIR Health national database.

Contract Allowable: GHP's negotiated rate.

		MEDICAL BENEFITS AT-A-GLANCE									
		PPO PLANS									
Additional Information (Refer to GHP Specifications for Specific Limits)*		Diamond PPO		Platinum PPO		Gold PPO		Silver PPO		Bronze PPO	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
NETWORK		United-Healthcare Choice Plus	N/A	United-Healthcare Choice Plus	N/A	United-Healthcare Choice Plus	N/A	United-Healthcare Choice Plus	N/A	United-Healthcare Choice Plus	N/A
Other Major Medical**	UCR may apply to out-of-network benefits	100%	70% after deductible	90%	70% after deductible	80%	60% after deductible	80% after deductible	60% after deductible	100% after deductible	50% after deductible
Mental Health and Substance Abuse Inpatient, Out-of-Network Radiology, Anesthesiology and Pathology Specialist Services***	Maximum charge may apply to out-of-network benefits	100%	70% after deductible	90%	70% after deductible	80%	60% after deductible	80% after deductible	60% after deductible	100% after deductible	50% after deductible
	Semi-private room rate										
	Subject to medical review										
Mental Health and Substance Abuse Outpatient	UCR may apply to out-of-network benefits	100%	70% after deductible	90%	70% after deductible	80%	60% after deductible	80% after deductible	60% after deductible	100% after deductible	50% after deductible
Chiropractic****	Maximum \$50 payment per visit, 1 visit per day, 30 visits per calendar year	100%	70% after deductible	90%	70% after deductible	80%	60% after deductible	80% after deductible	60% after deductible	100% after deductible	50% after deductible
Physical Therapy****	UCR may apply to out-of-network benefits	100%	70% after deductible	90%	70% after deductible	80%	60% after deductible	80% after deductible	60% after deductible	100% after deductible	50% after deductible
	Subject to medical review										
Acupuncture	Maximum \$50 payment per visit, 20 visits and \$1,000 per calendar year; limited to treatment of an injury or illness covered by GHP	100%	70% after deductible	90%	70% after deductible	80%	60% after deductible	80% after deductible	60% after deductible	100% after deductible	50% after deductible
Hearing Aids	Maximum of 3 hearing aid devices every 4 years, not to exceed total maximum payment as described under each medical plan	100%, not to exceed a maximum payment of \$6,250		90%, not to exceed a maximum payment of \$5,625		80%, not to exceed a maximum payment of \$5,000		80% after deductible, not to exceed a maximum payment of \$5,000		100% after deductible, not to exceed a maximum payment of \$6,250	
Vision Exam GHP Medical*****	UCR may apply	100% after deductible		70% after deductible		60% after deductible		60% after deductible		100% after deductible	
	Maximum \$100 payment and 1 routine exam per calendar year; the \$100 limit does not apply to anyone under age 19										
Vision Exam VSP*****	1 routine exam per calendar year	100%	N/A	100%	N/A	100%	N/A	100%	N/A	100%	N/A
Eyeglass Lenses and Frames or Contacts GHP Medical*****	UCR may apply to out-of-network benefits	100% after deductible, not to exceed a maximum payment of \$187.50		70% after deductible, not to exceed a maximum payment of \$150		60% after deductible, not to exceed a maximum payment of \$150		60% after deductible, not to exceed a maximum payment of \$150		100% after deductible, not to exceed a maximum payment of \$187.50	
	For eyeglass lenses, the maximum benefit does not apply to anyone under age 19										
Eyeglass Lenses and Frames or Contacts VSP*****		\$180 frame allowance plus \$0 co-pay for single vision, lined bifocal or lined trifocal lenses OR \$180 allowance for contacts and \$55 for fitting and evaluation		\$180 frame allowance plus \$0 co-pay for single vision, lined bifocal or lined trifocal lenses OR \$180 allowance for contacts and \$55 for fitting and evaluation		\$180 frame allowance plus \$0 co-pay for single vision, lined bifocal or lined trifocal lenses OR \$180 allowance for contacts and \$55 for fitting and evaluation		\$180 frame allowance plus \$0 co-pay for single vision, lined bifocal or lined trifocal lenses OR \$180 allowance for contacts and \$55 for fitting and evaluation		\$180 frame allowance plus \$0 co-pay for single vision, lined bifocal or lined trifocal lenses OR \$180 allowance for contacts and \$55 for fitting and evaluation	
Vision Surgery	1 procedure per eye per lifetime, not to exceed total maximum payment as described under each medical plan	100%, not to exceed a maximum payment of \$937.50		90%, not to exceed a maximum payment of \$843.75		80%, not to exceed a maximum payment of \$750		80% after deductible, not to exceed a maximum payment of \$750		100% after deductible, not to exceed a maximum payment of \$937.50	

*All inpatient and certain outpatient services are subject to advance medical review. Refer to the GHP Specifications and Summary Plan Descriptions for additional detail.

**Certain limited benefits have specific payment limitations.

***Out-of-network radiology, anesthesiology, pathology (RAP) specialist services, hospitalist and neuromonitoring providers are considered in-network when provided at an in-network facility.

****Office visit co-pays on PPO plans do not include chiropractic or physical therapy services.

*****Routine vision benefits are available if the member company has adopted vision coverage.

MEDICAL BENEFITS AT-A-GLANCE				
ADVANTAGE PLANS				
Additional Information (Refer to GHP Specifications for Specific Limits)*		AAA Advantage	AA Advantage	A Advantage
KEY FEATURES	Fee-for-service plans (i.e., "indemnity plans") • Different deductibles, coinsurance levels and out-of-pocket maximums for each plan • Flexibility for participant to visit any doctor or hospital, but lower out-of-pocket costs when using in-network providers • Plan deductible applies for most services before benefits are paid			
NETWORK		UnitedHealthcare Choice Plus	UnitedHealthcare Choice Plus	UnitedHealthcare Choice Plus
Deductible		\$200 per individual / \$400 per family OR \$300 per individual / \$600 per family OR \$500 per individual / \$1,000 per family OR \$750 per individual / \$1,500 per family	\$300 per individual / \$600 per family OR \$500 per individual / \$1,000 per family OR \$750 per individual / \$1,500 per family OR \$1,000 per individual / \$2,000 per family	\$300 per individual / \$600 per family OR \$500 per individual / \$1,000 per family OR \$750 per individual / \$1,500 per family OR \$1,000 per individual / \$2,000 per family OR \$2,000 per individual / \$4,000 per family
Coinsurance Out-of-Pocket Maximum	Does not include deductible	\$1,500 per individual \$3,000 per family	\$2,500 per individual \$5,000 per family	\$4,000 per individual \$8,000 per family
Benefit Maximum		Unlimited for essential benefits	Unlimited for essential benefits	Unlimited for essential benefits
Preventive Care**	UCR may apply	100%	100%	100%
Office Visits (Including Mental Health and Substance Abuse)	UCR may apply	80% after deductible	80% after deductible	80% after deductible
Hospital Benefits and Inpatient Surgery	Contract allowable or maximum charge may apply	100%	100% after deductible 80% after deductible for physician and all other inpatient costs	80% after deductible
	Semi-private room rate			
	Subject to medical review			
Outpatient Surgery (Including Mental Health and Substance Abuse)	Contract allowable or maximum charge may apply	100%	100% after deductible	100% after deductible
Diagnostic X-ray, Anesthesiology and Lab Services (Including Mental Health and Substance Abuse)	UCR may apply	100%	80% after deductible	80% after deductible
Emergency Services	Contract allowable or billed charge may apply	100% after deductible	100% after deductible	80% after deductible
Urgent Care Centers	Contract allowable or billed charge may apply	100% after deductible	100% after deductible	80% after deductible

*All inpatient and certain outpatient services are subject to advance medical review. Refer to the GHP Specifications and Summary Plan Descriptions for additional detail.

**Preventive care includes well-baby/child visits, screenings, immunizations, routine physicals and other age appropriate preventive services.

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Usual, Customary and Reasonable (UCR): The usual amount paid for a specific health care service or supply. The definition of UCR for non-facility services for out-of-network non-emergency treatment will be either: (1) the Negotiated Rate; or (2) if there is no Negotiated Rate, 200% of the Medicare allowable rate or if there is no Medicare rate published by CMS, then the 70th percentile of the applicable rate published in the FAIR Health national database.

Contract Allowable: GHP's negotiated rate.

MEDICAL BENEFITS AT-A-GLANCE				
ADVANTAGE PLANS				
Additional Information (Refer to GHP Specifications for Specific Limits)*		AAA Advantage	AA Advantage	A Advantage
NETWORK		UnitedHealthcare Choice Plus	UnitedHealthcare Choice Plus	UnitedHealthcare Choice Plus
Other Major Medical**	UCR may apply	80% after deductible	80% after deductible	80% after deductible
Mental Health and Substance Abuse Inpatient	Contract allowable or maximum charge may apply	100%	100% after deductible 80% after deductible for physician and all other inpatient costs	80% after deductible
	Semi-private room rate			
	Subject to medical review			
Mental Health and Substance Abuse Outpatient	UCR, contract allowable or maximum charge may apply	100%	100% after deductible	100% after deductible
Chiropractic	Maximum \$50 payment per visit, 1 visit per day, 30 visits per calendar year	80% after deductible	80% after deductible	80% after deductible
Physical Therapy	UCR may apply	80% after deductible	80% after deductible	80% after deductible
	Subject to medical review			
Acupuncture	Maximum \$50 payment per visit, 20 visits and \$1,000 per calendar year; limited to treatment of an injury or illness covered by GHP	80% after deductible	80% after deductible	80% after deductible
Hearing Aids	Maximum of 3 hearing aid devices every 4 years, not to exceed total maximum payment as described under each medical plan	100% after deductible, not to exceed a maximum payment of \$6,250	80% after deductible, not to exceed a maximum payment of \$5,000	80% after deductible, not to exceed a maximum payment of \$5,000
Vision Exam GHP Medical***	UCR may apply	80% after deductible	80% after deductible	80% after deductible
	Maximum \$100 payment and 1 routine exam per calendar year; the \$100 limit does not apply to anyone under age 19			
Vision Exam VSP***	1 routine exam per calendar year	100%	100%	100%
Eyeglass Lenses and Frames or Contacts GHP Medical***	UCR may apply	80% after deductible, not to exceed a maximum payment of \$150	80% after deductible, not to exceed a maximum payment of \$150	80% after deductible, not to exceed a maximum payment of \$150
	For eyeglass lenses, the maximum charge does not apply to anyone under age 19			
Eyeglass Lenses and Frames or Contacts VSP***		\$180 frame allowance plus \$0 co-pay for single vision, lined bifocal or lined trifocal lenses OR \$180 allowance for contacts and contact lens exam and \$55 for fitting and evaluation	\$180 frame allowance plus \$0 co-pay for single vision, lined bifocal or lined trifocal lenses OR \$180 allowance for contacts and contact lens exam and \$55 for fitting and evaluation	\$180 frame allowance plus \$0 co-pay for single vision, lined bifocal or lined trifocal lenses OR \$180 allowance for contacts and contact lens exam and \$55 for fitting and evaluation
Vision Surgery	Contract allowable or maximum charge may apply	80% after deductible, not to exceed a maximum payment of \$750	80% after deductible, not to exceed a maximum payment of \$750	80% after deductible, not to exceed a maximum payment of \$750
	1 procedure per eye per lifetime, not to exceed total maximum payment as described under each medical plan			

*All inpatient and certain outpatient services are subject to advance medical review. Refer to the GHP Specifications and Summary Plan Descriptions for additional detail.

**Certain limited benefits have specific payment limitations.

***Routine vision benefits are available if the member company has adopted vision coverage.

MEDICAL BENEFITS AT-A-GLANCE				
HIGH-DEDUCTIBLE HEALTH PLANS				
KEY FEATURES	Additional Information (Refer to GHP Specifications for Specific Limits)*	Preferred HDHP		Select HDHP
		In-Network	Out-of-Network	
Different deductibles, coinsurance levels and out-of-pocket maximums for each plan • Full price of prescription drugs paid by participant until deductible is met • Preventive prescriptions are not subject to a deductible • Health Savings Account (HSA) compatible • Participants may open and contribute to an HSA to help pay for eligible health care expenses (Medicare-eligible retirees are not eligible to contribute to an HSA)				
NETWORK		UnitedHealthcare Choice Plus	N/A	UnitedHealthcare Choice Plus
Deductible		\$3,500 per individual \$7,000 per family	\$5,000 per individual \$10,000 per family	\$3,400 per individual \$6,800 per family
Coinsurance Out-of-Pocket Maximum	Does not include deductible	N/A	\$4,000 per individual \$8,000 per family	\$2,200 per individual \$4,400 per family
Benefit Maximum		Unlimited for essential benefits		Unlimited for essential benefits
Preventive Care**	UCR may apply	100%	50% after deductible	100%
Office Visits*** (Including Mental Health and Substance Abuse)	UCR may apply	100% after deductible and after \$20 co-pay per visit	50% after deductible	80% after deductible
Hospital Benefits and Inpatient Surgery	Contract allowable or maximum charge may apply	100% after deductible	50% after deductible	80% after deductible
	Semi-private room rate			
	Subject to medical review			
Outpatient Surgery (Including Mental Health and Substance Abuse)	Contract allowable or maximum charge may apply	100% after deductible	50% after deductible	100% after deductible
Diagnostic X-ray, Anesthesiology and Lab Services (Including Mental Health and Substance Abuse), Out-of-Network Radiology, Anesthesiology and Pathology Specialist Services****	UCR may apply to out-of-network benefits	100% after deductible	50% after deductible	80% after deductible
Emergency Services	Contract allowable or billed charge may apply	100% after deductible		80% after deductible
Urgent Care Centers	Contract allowable or billed charge may apply	100% after deductible		80% after deductible

*All inpatient and certain outpatient services are subject to advance medical review. Refer to the GHP Specifications and Summary Plan Descriptions for additional detail.

**Preventive care includes well-baby/child visits, screenings, immunizations, routine physicals and other age appropriate preventive services.

***Office visit co-pays on PPO plans do not include chiropractic or physical therapy services.

****For Preferred HDHP only: Out-of-network radiology, anesthesiology, pathology (RAP) specialist services, hospitalist and neuromonitoring providers are considered in-network when provided at an in-network facility.

Due to the 2026 GHP Choice Guide publication date, certain benefit provisions outlined in the medical benefits at-a-glance table may be subject to change.



Terms used in this table:

Maximum Charge: For non-emergency treatment at a hospital, 200% of Medicare allowable rate or 50% of billed charges.

Usual, Customary and Reasonable (UCR): The usual amount paid for a specific health care service or supply. The definition of UCR for non-facility services for out-of-network non-emergency treatment will be either: (1) the Negotiated Rate; or (2) if there is no Negotiated Rate, 200% of the Medicare allowable rate or if there is no Medicare rate published by CMS, then the 70th percentile of the applicable rate published in the FAIR Health national database.

Contract Allowable: GHP's negotiated rate.



The Internal Revenue Service (IRS) sets limits on annual HSA contributions. The limits for 2026 are \$4,400 for individual coverage and \$8,750 for family coverage.

MEDICAL BENEFITS AT-A-GLANCE				
HIGH-DEDUCTIBLE HEALTH PLANS				
Additional Information (Refer to GHP Specifications for Specific Limits)*		Preferred HDHP		Select HDHP
		In-Network	Out-of-Network	
NETWORK		UnitedHealthcare Choice Plus	N/A	UnitedHealthcare Choice Plus
Other Major Medical**	UCR may apply	100% after deductible	50% after deductible	80% after deductible
Mental Health and Substance Abuse Inpatient, Out-of-Network Radiology, Anesthesiology and Pathology Specialist Services***	Contract allowable or maximum charge may apply	100% after deductible	50% after deductible	80% after deductible
	Semi-private room rate			
	Subject to medical review			
Mental Health and Substance Abuse Outpatient	UCR, contract allowable or maximum charge may apply	100% after deductible	50% after deductible	100% after deductible
Chiropractic****	Maximum \$50 payment per visit, 1 visit per day, 30 visits per calendar year	100% after deductible	50% after deductible	80% after deductible
Physical Therapy****	UCR may apply to out-of-network benefits	100% after deductible	50% after deductible	80% after deductible
	Subject to medical review			
Acupuncture	Maximum \$50 payment per visit, 20 visits and \$1,000 per calendar year; limited to treatment of an injury or illness covered by GHP	100% after deductible	50% after deductible	80% after deductible
Hearing Aids	Maximum of 3 hearing aid devices every 4 years, not to exceed total maximum payment as described under each medical plan	100% after deductible, not to exceed a maximum payment of \$6,250		80% after deductible, not to exceed a maximum payment of \$5,000
Vision Exam GHP Medical*****	UCR may apply	100% not subject to deductible		80% not subject to deductible
	Maximum \$100 payment and 1 routine exam per calendar year; the \$100 limit does not apply to anyone under age 19			
Vision Exam VSP*****	1 routine exam per calendar year	100%	N/A	100%
Eyeglass Lenses and Frames or Contacts GHP Medical*****	UCR may apply	100% not subject to deductible, not to exceed a maximum payment of \$187.50	N/A	80% not subject to deductible, not to exceed a maximum payment of \$150
	For eyeglass lenses, the maximum charge does not apply to anyone under age 19			
Eyeglass Lenses and Frames or Contacts VSP*****		\$180 frame allowance plus \$0 co-pay for single vision, lined bifocal or lined trifocal lenses OR \$180 allowance for contacts and contact lens exam and \$55 for fitting and evaluation	N/A	\$180 frame allowance plus \$0 co-pay for single vision, lined bifocal or lined trifocal lenses OR \$180 allowance for contacts and contact lens exam and \$55 for fitting and evaluation
Vision Surgery	Contract allowable or maximum charge may apply	100% after deductible, not to exceed a maximum payment of \$937.50		80% after deductible, not to exceed a maximum payment of \$750
	1 procedure per eye per lifetime, not to exceed total maximum payment as described under each medical plan			

*All inpatient and certain outpatient services are subject to advance medical review. Refer to the GHP Specifications and Summary Plan Descriptions for additional detail.

**Certain limited benefits have specific payment limitations.

***For Preferred HDHP only: Out-of-network radiology, anesthesiology, pathology (RAP) specialist services, hospitalist and neuromonitoring providers are considered in-network when provided at an in-network facility.

****Office visit co-pays on PPO plans do not include chiropractic or physical therapy services.

*****Routine vision benefits are available if the member company has adopted vision coverage.

Prescription Drug

Members have two prescription drug plan options: Platinum and Gold. You will choose one prescription drug plan for each medical plan selected. The same prescription drug plan can be offered with each medical plan, or you can mix and match the prescription drug plans with different medical plans.

PRESCRIPTION DRUG BENEFITS AT-A-GLANCE		
	Platinum Rx Plan	Gold Rx Plan
Retail Network Pharmacy (30-day supply)	Generic: \$12 co-pay Preferred: \$50 co-pay Non-preferred: \$75 co-pay	Generic: 20% (min \$12, max \$35) Preferred: 30% (min \$25, max \$75) Non-preferred: 30% (min \$50, max \$150)
Mail Order Pharmacy or Retail (90-day supply)	Generic: \$25 co-pay Preferred: \$100 co-pay Non-preferred: \$175 co-pay	Generic: 20% (min \$30, max \$90) Preferred: 30% (min \$65, max \$195) Non-preferred: 30% (min \$125, max \$375)
Out-of-Pocket Maximum	\$1,850 per individual / \$3,700 per family	
Additional Information	<ul style="list-style-type: none"> For all GHP HDHPs, prescription drugs (except certain preventive prescriptions and dosages) are subject to the deductible. Out-of-network pharmacies are subject to the mail order co-pays. The out-of-pocket maximum for prescription drugs is in addition to the medical plan out-of-pocket maximum. GHP offers preferred prescription drugs due to their cost and/or effectiveness. Some drugs are excluded from coverage. SaveOnSP is offered as a specialty pharmacy co-pay assistance program for certain medications. Participants enrolled in the Employer Group Waiver Plan (EGWP) prescription drug plan as a Medicare Part D program are not eligible. Medical Channel Management covers specific specialty drug categories exclusively under the prescription drug plan benefit. 	



90-Day Supply

Participants can choose a 90-day supply of eligible prescription drugs — either through the Express Scripts mail order pharmacy or at certain participating retail pharmacies. Not all retail pharmacies are eligible to dispense a 90-day supply.



Medicare Part D

Medicare provides eligible retirees with a prescription drug benefit — Medicare Part D. Medicare-eligible retirees (and their Medicare-eligible dependents) will be automatically enrolled in GHP's Medicare Part D plan, which offers a more comprehensive benefit coverage than the standard Medicare Part D plan. Medicare-eligible retirees and dependents who enroll in a separate Medicare Part D prescription drug plan will not be eligible for GHP prescription drug coverage.



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**GET THE
APP**

Save Time by Using the Express Scripts App

GHP participants can manage prescriptions anytime, anywhere, using the Express Scripts mobile app. The app provides many features, including:

- **Pharmacy Locator** — Find pharmacies in your area.
- **Price a Medication** — Compare drug pricing for home delivery and multiple local retail pharmacies.
- **Medication History** — View your past prescription activity and payment details.
- **Refills and Renewals** — Get easy access to refills and renew home delivery prescriptions.
- **Transfer to Home Delivery** — Save time and money by switching to home delivery services.
- **Order Status** — Check your order status to confirm that it has been processed and shipped.
- **Pharmacy Care Alerts** — Set personalized alerts for your specific treatment plan.

Dental



Members have a choice of two dental plans: Platinum and Gold. You may offer one or both dental plans. If you elect to offer both plans, your employees, directors and retirees can elect to participate in either plan.

DENTAL BENEFITS AT-A-GLANCE		
	Platinum Dental Plan	Gold Dental Plan
Deductible	\$75 per individual \$150 per family	\$75 per individual \$150 per family
Maximum Benefit	\$3,000 per individual per calendar year	\$1,000 per individual per calendar year
Preventive Oral Exam and Prophylaxis	100% of UCR Not subject to the deductible	80% of UCR Not subject to the deductible
Basic and Major Procedures	80% of UCR after the deductible	50% of UCR after the deductible
Orthodontic Procedures	80% of UCR after the deductible Maximum lifetime benefit of \$1,500 per individual (also applies to the calendar year maximum per individual)	Not covered
TMJ	80% of UCR after the deductible Maximum lifetime benefit of \$5,000 per individual Not subject to the \$3,000 calendar year maximum benefit	50% of UCR after the deductible Maximum lifetime benefit of \$5,000 per individual Not subject to the \$1,000 calendar year maximum benefit
Additional Information	The Usual, Customary and Reasonable (UCR) fee for dental services is the 80th percentile of the applicable rate published in the FAIR Health national database.	

Vision | vision care

You have the option to provide vision coverage. If elected, this benefit:

- Will be included in your elected medical plans and cannot be waived by participants.
- Allows participants to select between routine vision benefits under GHP medical coverage or the Vision Service Plan (VSP).

If you do not offer vision coverage, the medical plan will not provide benefits for routine eye exams, eyeglasses and frames or contacts.

[See the medical benefits at-a-glance tables beginning on page 6 for more information about vision benefits.](#)



Group Life and Accidental Death & Dismemberment

Offer your employees and their families greater peace of mind with a range of **life and accidental death & dismemberment (AD&D) insurance options through MetLife**. In addition to vital financial protection, participants gain access to **value-added services** that help them manage whatever life may bring — from planning assistance to support during challenging times.

EMPLOYEES/DIRECTORS	BASIC LIFE AND AD&D	SUPPLEMENTAL LIFE AND AD&D
Employee	<ul style="list-style-type: none"> Flat amount (e.g., \$3,000, \$4,000, \$5,000, \$10,000 and other \$10,000 increments) Multiple of estimated compensation (1x, 1.5x, 2x, 2.5x, 3x, 4x) A combination of both schedules Maximum coverage amount per employee: \$700,000 (combined with supplemental life and AD&D) 	<ul style="list-style-type: none"> Voluntary “buy-up” in \$10,000 increments Maximum coverage amount per employee: \$700,000 (combined with supplemental life and AD&D)
Director	<ul style="list-style-type: none"> Flat amount (\$5,000, \$10,000, \$15,000) Maximum coverage amount: \$15,000 	<ul style="list-style-type: none"> Not available

DEPENDENTS	DEPENDENT LIFE	SUPPLEMENTAL SPOUSE LIFE
Employee’s Spouse	<ul style="list-style-type: none"> Flat amount (\$1,000, \$2,000, \$5,000, \$25,000, \$50,000) Maximum coverage amount: \$50,000 	<ul style="list-style-type: none"> Supplemental life only; supplemental AD&D not available for spouses Voluntary “buy-up” in \$5,000 increments Maximum coverage amount for spouse: \$100,000
Employee’s Children (Age 7 days to 26 years)	<ul style="list-style-type: none"> 50% of spouse benefit, not to exceed the applicable limit 	<ul style="list-style-type: none"> Not applicable

RETIRED EMPLOYEES/DIRECTORS	RETIREE LIFE	ADDITIONAL INFORMATION
Retiree	<ul style="list-style-type: none"> Up to 25% of active basic and supplemental coverage combined Maximum coverage amount per retiree: \$100,000 Additional coverage options may be available for retirees of newly enrolling companies 	<ul style="list-style-type: none"> One-time election at retirement No minimum or maximum age to continue coverage Retirees can reduce retiree life coverage annually Minimum coverage amount per retiree: \$1,000

ADDITIONAL INFORMATION

- NTCA group life and AD&D plans are underwritten by MetLife. **Evidence of insurability for enrollment applications may be required by MetLife.**
- Plan and coverage options are determined by each member company, and the maximum coverage is based on the elected coverage schedule.
- Active employees, directors and retained attorneys will have coverage reductions upon attaining certain ages. Refer to the applicable group life booklet for details.



24-Hour and Hi-Limit Business Travel Accident

GHP provides additional accident plans for member election. You have the option to choose either or both of these accident plans for your employees and directors and select the level of coverage to offer plan participants.

24-HOUR ACCIDENT*	HI-LIMIT BUSINESS TRAVEL*
<ul style="list-style-type: none"> • Provides coverage 24 hours per day and benefits if an employee or his/her dependents are accidentally injured or killed, regardless of whether the accident is job-related. • Coverage can be provided for employees and directors. • Coverage schedules available: \$10,000, \$20,000, \$25,000, \$50,000 and \$100,000. • For no additional cost, spouses are covered for 50% and children for the lesser of 15% or \$15,000. 	<ul style="list-style-type: none"> • Provides coverage if an employee or director is accidentally injured or killed while traveling on official company business. • Coverage can be provided for employees and directors. • Coverage schedules available: \$50,000 and \$100,000. <p>NOTE: The \$100,000 schedule is only available to the directors, retained attorneys and general managers.</p>

* The 24-hour and hi-limit business travel accident plans are underwritten by AIG.

Disability Plans

GHP offers short-term and long-term disability plans to help protect employees' financial wellbeing if an injury or illness forces them out of work for a period of time.

Short-Term Disability Plan

The short-term disability (STD) plan replaces a portion of the employee's income while they are disabled on a short-term basis because of a non-job-related illness, accident or injury. Benefits begin:

- On the 1st day out of work, if the disability is due to an accident.
- On the 8th day out of work, if the disability is due to an illness.

If you choose to offer this coverage, you determine the benefit payment and length of time benefits will be paid based on the following options:

SHORT-TERM DISABILITY OPTIONS		
Benefit Payment Option	Maximum Benefit Period	Maximum Benefit Payment
<p>YOU CHOOSE: Flat amount (\$40/week minimum) or A percentage of estimated compensation (70% or 50%)</p>	<p>YOU CHOOSE: 13 weeks or 26 weeks</p>	<p>THE EMPLOYEE RECEIVES: The flat amount or the lesser of 70% or 50% of estimated compensation (based on the benefit payment/plan option you choose) or \$12,500/month</p>

Long-Term Disability Plan

The long-term disability (LTD) plan replaces a portion of the employee's income while they are totally disabled on a long-term basis because of an illness, accident or injury. If you choose to offer this coverage, you determine the benefit payment/plan and the benefit waiting period based on the following options:

LONG-TERM DISABILITY OPTIONS		
Benefit Payment/Plan Option	Benefit Waiting Period	Maximum Benefit Payment
<p>YOU CHOOSE: Platinum Plan: 70% of estimated compensation or Gold Plan: 50% of estimated compensation</p>	<p>YOU CHOOSE: 13 weeks or 26 weeks</p>	<p>THE EMPLOYEE RECEIVES: Lesser of 70% or 50% of estimated compensation (based on the benefit payment/plan option you choose) or \$12,500/month</p>

Protect Employees — and Their Benefits — When It Matters Most

Offering **long-term disability (LTD) coverage through GHP** is already a smart move — but adding the **Waiver of Contribution option** takes it even further. If an employee becomes totally disabled and is receiving LTD benefits, **GHP will pay the cost of their health, retirement or other selected benefits on your behalf** — so they can focus on recovery without losing critical coverage.

You choose which plans to include, such as **medical, dental, basic life, AD&D or the Retirement & Security (R&S) Program**. It's an added layer of security that shows your employees you've got their back — even in the toughest times.

Prefer flexibility? You can also offer LTD without the waiver, depending on what works best for your organization.



Explore GHP Costs, Coverage and Tools



The GHP Choice Savings Estimator

The GHP Choice Savings Estimator will help you determine the right cost-sharing level for your company. The estimator confirms all NTCA GHP medical plan options meet the Patient Protection and Affordable Care Act (PPACA) shared responsibility minimum value requirement.

The estimator is **available upon request** and used to:

- Model different cost-sharing scenarios. You will input your lowest-earning, full-time employee's annual salary to determine the maximum employee cost-sharing deemed affordable under the PPACA.
- Determine estimated 2026 costs. You can determine a general, safe-harbor rate that ensures affordability is met when company-specific salary information is entered into the tool.
- Help communicate the value of GHP Choice and your benefit plan package to your employees.

Customize Coverage for Your Team

After selecting your GHP Choice plans, decide **which participant groups** will be offered a choice of medical plans. Options include:

- Employees
- Employees and directors
- Employees, directors and retirees
- Employees and retirees*

* This option is available if you do not offer medical coverage to directors. If directors are offered GHP medical coverage, you cannot elect to offer a choice of medical plans to employees and retirees and only offer a single medical plan to directors. The same plan options must be offered to each participant group. For example, if you offer GHP Choice to both employees and retirees, you cannot select two medical plans for employees and two different medical plans for retirees. However, you can set different cost-shares for the two groups.

Participant Cost-Sharing Level

After you have determined your participant groups, you should determine the participant cost-sharing level for each plan offered. You can choose different cost-sharing levels for each participant group (employees, directors and retirees). Your company may also consider a different cost-sharing level for employees participating in the GHP Wellness Connections plan as an additional way to support wellness initiatives at your company.

NOTE: If you offer a plan without cost-sharing, GHP will not allow employees to waive that coverage. Cost-sharing levels for employees are subject to IRS nondiscrimination testing. This testing service is provided annually at no cost to members and is completed when participant enrollment materials are received by NTCA.

Employer Mandate Requirements

In 2026, employers with 50 or more full-time equivalent employees must provide affordable coverage as defined under the Patient Protection and Affordable Care Act (PPACA) or be subject to a penalty. The 2026 GHP Choice Savings Estimator can assist in determining affordable coverage for specific participant cost-sharing levels.

All employers subject to this employer mandate are required to file annual reports to the IRS on the coverage offered to their full-time employees and their dependents. NTCA will file and distribute IRS Form 1095-B — Health Coverage for participating members. Visit www.ntca.org/benefits for updates.

Continuation of Coverage

Medical, dental and life coverage may be continued for retirees and for their dependents covered in the medical and dental plans, provided the member company offers GHP coverage. GHP also allows COBRA extension of coverage and provides COBRA recordkeeping and administrative services for participating member companies. Specific requirements for eligibility of these continuation coverages are described in the NTCA GHP specifications.

"Last year, I was diagnosed with cancer, and I am happy to report that I am now in full remission. Until then, I had never needed to use my medical insurance for much other than my annual physical. Not having to stress over the medical claims was extremely beneficial. Having a person to talk to at NTCA about my insurance claims was very important to me. Some of the NTCA staff and I even got to know each other on a first-name basis."

— Karen Hensley
CEO & General Manager, BTC

Expert Support, Every Step of the Way

Our **Benefits Enrollment team** is here to make benefits enrollment easy and seamless — for both your company and your employees. From eligibility and billing to COBRA administration and navigating the **My NTCA Benefits portal**, our experienced professionals are your go-to resource for personalized guidance and responsive support.

For general eligibility and enrollment questions, please email beunit@ntca.org or reach out to your designated enrollment specialist at be-east@ntca.org or be-west@ntca.org.

Admissions and Enrollment Reminders

NTCA sponsors GHP, which is designed specifically for employers in the rural broadband and telecommunications industry. Since GHP is available exclusively to NTCA members, specific enrollment requirements ensure the program remains strong and secure on behalf of the those covered by these plans.

Company Adoption Requirements

An application process is required for member companies seeking enrollment in GHP medical, dental, life or disability plans for the first time.

1

To Apply

You will need to submit:

- Confirmation of active NTCA membership.
- A summary plan description or equivalent benefit summary for your current group coverage.
- Premium billing statements for the most recent 12-month period.
- Aggregate paid or incurred claims for the past two years of coverage from the current insurance carrier. If the current carrier will not release claims experience, the application must include:
 - A letter from the carrier indicating claims experience will not be provided.
 - A completed Statement of Health Condition (SOHC) Form from all **eligible** employees, retirees, directors, retained attorneys, COBRA beneficiaries and their dependents. If current enrollment is not requested for directors and retained attorneys, the SOHC Form is not required. However, the SOHC Form will be required for a separate admission review if director and retained attorney coverage is requested in the future. **Note:** The SOHC Form must be signed within 90 days of enrollment.
- Census listing all **eligible** individuals.
- Verification from associate, subsidiary and alliance members that the company meets IRC 501(c)(9) requirements. Members in these membership categories must receive at least 50% of their revenue from telecommunications service providers as defined under the North American Industry Classification System, or be at least 50% owned by GHP participating telco members.
- Completed Ownership Form.
- Completed GHP Adoption Agreement Request Form.

2

After Applying

The application materials will be reviewed, and the group will be deemed qualified current or qualified deferred.

- Qualified current members **may** adopt coverage on the first of the month following approval.
- Qualified deferred members **may** adopt coverage 12 months from the original deferral date without providing additional application documents.

3

Other Enrollment Requirements

- Associate and alliance members must enroll a minimum of five employees (does not include directors) in GHP coverage.
- If a participant cost-share is required for medical, dental, disability and/or life coverage, a member company must initially enroll at least 65% of eligible employees in each coverage and must maintain at least 51% enrollment in each coverage after initial enrollment. If there is no participant cost-share, eligible participants cannot waive and must enroll in the selected coverage.
- Dental plan coverage is available only if medical plan coverage is also selected when members are seeking GHP enrollment. If a member company later decides to terminate medical coverage for their group, dental coverage may be maintained only if the dental experience loss ratio does not exceed an average of 90% in the two preceding years.
- Accidental death and dismemberment coverage and/or dependent life coverage enrollment is only available if group life coverage is selected by the member company.
- Members may not maintain their enrollment in any disability plan if medical coverage is terminated.

NOTE: Admissions requirements are subject to change.

What's Next?

September 2025	For members: 2026 rates and instructions — The 2026 medical and dental plan rates and instructions will be available in early September. Members will receive an email with the GHP Choice Addendum Request Form, key dates and resources for navigating Annual Enrollment. The GHP Choice Savings Estimator will be available upon request by contacting the Benefits Resource Unit at (828) 281-9000 or via email to benefitsresource@ntca.org .
	For members: GHP Choice enrollment begins in early September.
	For members: GHP Choice Addendum Request Form submitted. For members participating in GHP Choice, the 2026 Addendum Request Form must be submitted to NTCA's Asheville, N.C. office or via email to ghpchoice@ntca.org by September 30 .
	For members: Create your 2026 Benefits Enrollment Guide tailored to the benefits you have selected for your employees. Updated pages that reflect benefit plan changes will be available at www.ntca.org/Benefits-Enrollment-Guide .
October 2025	For participants: GHP Choice Annual Enrollment begins in mid-October. Summary of Benefits and Coverage notices are available at www.ntca.org . Members should share these with their participants.
November 2025	For participants: GHP Choice Annual Enrollment ends.
	For members: Completed GHP Wellness Connections Addendum. If you decide to offer GHP Wellness Connections for the first time in 2026, a completed GHP Wellness Connections Addendum must be submitted to NTCA's Asheville, N.C., office or via email to wellnessconnections@ntca.org by November 30 .
December 2025	For members and participants: Summary Plan Descriptions and 2026 GHP ID Cards will be released to new participants or those with 2026 plan changes.
January 2026	For members and participants: New benefit plan year begins.

NTCA Member Relations Managers



Patsy Schoellerman | Jeff Yarbrough | Jennifer Benson | Jane Wigen | Melanie Jore | Dennis Renowski | Sheryl Vogle | Sally Wlasuk | Marlene Sanders

Questions?

Contact your NTCA member relations manager using the information found at **www.ntca.org/MemberRelations**, or email **ghpchoice@ntca.org**. NTCA benefits resource specialists are also available at **(828) 281-9000**.