



2025

# EMPLOYEE BENEFITS GUIDE

# WELCOME

At Harvard Bioscience we recognize that the success of our company is, in large part, attributed to our dedicated team members. We are pleased to present our employees with benefits that we believe create a culture of well-being. Employees are expected to familiarize themselves with our benefit plans and ask questions to select the best plan available for you and your family.

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This brochure summarizes the benefit plans that are available to Harvard Bioscience eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

# Eligibility

## Eligible Employees & Dependents

You may enroll in the Harvard Bioscience Employee Benefits Program within 30 days of your start date, if you are working at least 30 hours per week. Benefits go into effect on the first of the month following your start date.

If you are eligible for our benefits, then your dependents are, too. In general, eligible dependents include your spouse, domestic partner and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, stepchildren and children obtained through court-appointed legal guardianship, as well as children of same & non-same sex state-registered domestic partners.

## When Coverage Begins

The effective date for your benefits is January 1st, 2025. Newly hired employees and dependents will be effective in Harvard Bioscience's benefits programs on the first of month following your start date. The 2025 plan year will run January 1, 2025, to December 31, 2025.

## When Coverage Ends

If you or a dependent are no longer eligible for benefits the following information will help you understand when the benefits will terminate.

- **Medical / Dental / Vision:** Coverage ends at the end of the month in which you are no longer eligible. Dependents are covered until the end of the month in which they turn 26.
- **Employer and Employee Paid Life:** Coverage terminates at the end of the month in which you terminate.
- **Flexible Spending Accounts:** Coverage ends on your last day worked.
- **STD / LTD:** Coverage end at the end of the month in which you terminate.

**COBRA** continuation coverage information will be mailed to you from WEX Health, Inc. (formerly Discovery Benefits) once your employment ends.

## Coverage Changes

A qualified change in status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date.

Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.

## Open Enrollment

With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or delete coverage.
- Add, or drop dependents from coverage.
- Enroll, or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.

Enroll, or re-enroll in the Health Savings Account if you participate in the HDHP medical coverage with Aetna. Please elect your annual contribution in ADP.

# 2025 Benefits Overview

## Medical

Harvard Bioscience offers three medical plan options through Aetna. Preventive care is covered at no charge under all three plans. All employee contributions are withheld on a bi-weekly payroll basis. Medical plan deductibles run on a calendar plan year basis, meaning that every January 1<sup>st</sup> your deductible accumulation will reset. Virtual Visits through providers contracted with Aetna have no copay and no deductible.

- Aetna HRA 5000
  - The HRA pays the first \$3,000 of the employee only plan deductible, and the first \$6,000 for employee +1 and family plans.
  - Employee contributions:
    - Employee only Coverage: \$94.36
    - Employee+1: \$181.85
    - Family: \$281.55
- Aetna 750
  - \$30 copay for office visits. The deductible in this plan only applies towards inpatient/outpatient hospital care, inpatient mental health/substance abuse, and durable equipment.
  - Employee contributions:
    - Employee only coverage: \$177.34
    - Employee+1: \$341.78
    - Family: \$529.17
- Aetna HDHP
  - Can be paired with Health Savings Account. HB contributes to employee HSA in the amounts of \$1,000/annually for employee only, and \$2,000/annually for employee+1 and family coverage.
  - Employee contributions:
    - Employee only coverage: \$76.94
    - Employee+1: \$148.28
    - Family: \$229.46

## Dental

Regular dental care is essential to good health and Harvard Bioscience provides you with an opportunity to purchase dental coverage through UHC.

- Employee contributions:
  - Employee only coverage: \$5.22
  - Employee+1: \$10.69
  - Family: \$17.33

## Vision

Harvard Bioscience offers a voluntary vision plan through VSP Vision Care.

- Employee contributions:
  - Employee only coverage: \$3.54
  - Employee + spouse: \$5.66
  - Employee + child/ren: \$5.78
  - Family: \$9.32

## Flexible Spending Accounts (FSA)

Harvard Bioscience offers an FSA through Wex.

- FSA Health Care Spending: Allows you to set aside money on a pre-tax basis to use towards various out-of-pocket expenses not covered by medical, dental, vision insurance. You may contribute any amount up to \$3,300 for the 2025 plan year.
- FSA Dependent Care Spending: Allows you to set aside money on a pre-tax basis to use towards daycare or nursery school expenses. Educational expenses are not covered. You may contribute any amount up to \$5,000 for the 2025 plan year.

## Income Protection Benefits

Harvard Bioscience offers a voluntary vision plan through Reliance Standard.

- Employer Paid Basic Life and AD&D with an eligible benefit at 2x your annual earnings to a maximum of \$500,000.
- Employee Paid Supplemental Life and AD&D allows you to purchase insurance for yourself, your spouse and eligible children up to age 25. Premiums are age banded, please see full premium schedule in the full Benefits Guide.
- Employer Paid Short-Term Disability (STD)
- Employer Paid Long-Term Disability (LTD)

## Voluntary Benefits

- Accident through Hartford
- Critical Illness through Hartford
- Hospital Indemnity through Hartford
- Legal insurance through LegalEASE
- Pet Benefit Solutions offers veterinary discount and prescription savings plans through Pet Assure and PetPlus
- Group Auto / Home through Confie

## Other Benefits

- Travel assistance services offered by Frontier-MEDEX
- Employee Stock Purchase Plan (ESPP)
- 401k Retirement Savings Plan with employer safe harbor match
- Enhanced Employee Assistance Program through Reliance

# HRA V. HSA

Harvard Bioscience offers 3 medical plan options through Aetna. One plan option is paired with an HRA and another option can be paired with an HSA account. The charts later in the guide briefly outline each plan. This guide is intended to be a high-level overview of the plans. For more information, please refer to the summary plan description for more specific details.

## What is an HRA?

A Health Reimbursement Account (HRA) is an account Harvard Bioscience funds on your behalf. It can be used to help pay for your medical plan deductibles. Harvard Bioscience will contribute the first \$3,000 for Employee Only coverage and \$6,000 for Employee & Family coverage. Since the HRA is an employer funded account, any funds in the account that you do not spend will not roll over into the next year, nor will they remain with you if you leave Harvard Bioscience. Medical deductible expenses that are incurred 1/1/2025–12/31/2025 will be considered eligible under the HRA.

Only employees enrolled in the HRA 5000 plan are eligible for coverage under the HRA.

## HRA Process

Aetna manages the HRA. When you have a service that applies to your deductible, Aetna automatically tracks each claim. As you incur in-network deductible expenses, these expenses will be paid by the HRA until you have met the \$3,000 (Employee Only) or \$6,000 (Family) thresholds. At this point, the remaining \$2,000 or \$4,000 of deductible expenses will be your responsibility.

## What is an HSA?

An HSA is a pre-tax health savings account that can be used to pay for qualified healthcare expenses. If you do not use all of the money in your HSA in a given calendar year, the remaining money “rolls over” for use in future years. An HSA provides a triple-tax advantage: Contributions are tax-free, earnings are tax-free and withdrawals for eligible expenses are tax-free.

Only employees who enroll in the Aetna HDHP plan are eligible to enroll in a Health Savings Account.

## Restrictions

In order to contribute to the Health Savings Account, the following restrictions apply:

- You may not be enrolled in Medicare.
- You may not be enrolled in other health coverage that’s not a qualified high deductible health plan unless it’s permissible coverage such as vision or dental.

- Neither you, nor your spouse, may be enrolled in a traditional medical flexible spending account (FSA).
- Limited healthcare FSA enrollment is permissible.
- You cannot be claimed on someone else’s tax return.

Note: If you fall under one of these restrictions, you may still enroll in the PPO \$3300 medical insurance plan but will not be able to enroll in and contribute to the Health Savings Account (both employer and employee contributions). You can always spend down any prior contributed monies but will not be able to make or receive tax free contributions to the account moving forward.

## Contributions

- Employer: When you enroll in the HSA plan, Harvard Bioscience will contribute to your Health Savings Account each pay period (26 total), for a total of \$1,000 for employee only coverage and \$2,000 for family coverage for the 2025 plan year.
- Employee: You may make pretax payroll deduction contributions into your HSA as follows, based on your health insurance coverage option:

2025 IRS HSA Contribution limits:

- Employee Only: \$4,300
- Family: \$8,550
- Those over age 55 may contribute an additional \$1,000 as a catch up

## What Can My HSA Dollars Be Used On?

It’s not just for doctor visits. You can use your HSA to pay for medical, dental and vision needs such as eyeglasses, hearing aids, root canals, and qualified prescriptions.

You can even use your HSA to pay for qualified over-the-counter medical supplies such as bandages and thermometers. It’s important to note that you may not use your HSA dollars on cosmetic medical items or over-the-counter medications (unless you have a prescription written by your doctor). You may also use an HSA to save for future medical expenses and take it with you if you leave the company. It can also be used to pay for unemployment premiums, a long-term care policy, COBRA premiums and Medicare premiums once you retire.

Your HSA is managed by WEX Health Inc. (formerly Discovery Benefits). For any questions regarding your HSA, you may call 866-451-3399 to speak with a customer service representative.

<https://www.wexinc.com/discovery-benefits/>

# Employee Contributions

All full time eligible employees that work 30 or more hours a week have the opportunity to take advantage of our full benefit offering. The elections you make during open enrollment will become effective January 1, 2025. Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period.

Bi-Weekly Contributions		
Aetna HRA 5000	Employee	Employer
Employee Only	\$94.36	\$283.08
Employee + 1	\$181.85	\$545.57
Family	\$281.55	\$844.67
Aetna 750		
Employee Only	\$177.34	\$266.01
Employee + 1	\$341.78	\$512.68
Family	\$529.17	\$793.75
Aetna HDHP		
Employee Only	\$76.94	\$228.25
Employee + 1	\$148.28	\$439.92
Family	\$229.46	\$680.75
Dental UHC PPO		
Employee Only	\$5.22	\$15.61
Employee + 1	\$10.69	\$31.93
Family	\$17.33	\$51.80
Vision - VSP		
Employee Only	\$3.54	
Employee + Spouse	\$5.66	
Employee + Children	\$5.78	
Family	\$9.32	

**Bi-Weekly Contributions**

ID Theft - Allstate	Employee	Employer
Employee	\$4.82	\$0.00
<b>Accident - Hartford</b>		
Employee	\$4.13	\$0.00
Employee + Spouse	\$6.51	\$0.00
Employee + Children	\$7.05	\$0.00
Employee + Family	\$11.04	\$0.00
<b>Hospital Indemnity - Hartford</b>		
Employee	\$5.78	\$0.00
Employee + Spouse	\$12.52	\$0.00
Employee + Children	\$10.77	\$0.00
Employee + Family	\$18.33	\$0.00
<b>Critical Illness \$10,000 Hartford</b>		
>25	\$0.08	\$0.00
25-29	\$0.11	\$0.00
30-34	\$0.14	\$0.00
35-39	\$0.20	\$0.00
40-44	\$0.30	\$0.00
45-49	\$0.47	\$0.00
50-54	\$0.68	\$0.00
55-59	\$0.93	\$0.00
60-64	\$1.37	\$0.00
65-69	\$1.90	\$0.00
70-74	\$1.42	\$0.00
75+	\$1.56	\$0.00

# Medical Benefits

**Please note:**

All Aetna medical plans include 1 annual vision exam every 24 months.

Aetna HRA 5000				
	In-Network		Out-of-Network	
Annual Deductible				
Individual / Family	\$5,000 / \$10,000		\$8,000 / \$16,000	
What the HRA Pays	First \$3,000 / \$6,000			
Out-of-Pocket Maximum				
Individual	\$7,350		\$14,500	
Family	\$14,700		\$29,000	
	What You Pay			
Physician Office Visit				
Preventive Care (Exams are only covered once every 12 months)	No charge		20% after deductible	
Primary Care	\$30 copay		20% after deductible	
Specialty Care	\$50 copay		20% after deductible	
Immediate Care				
Virtual Visits	No charge		Not covered	
Urgent Care Facility	\$50 copay		20% after deductible	
Emergency Room	\$250 copay; waived if admitted			
Diagnostic Services				
X-ray and Lab Tests	No charge		20% after deductible	
Complex Radiology	0% after deductible		20% after deductible	
Hospital Care				
Inpatient	0% after deductible		20% after deductible	
Outpatient	0% after deductible		20% after deductible	
Mental Health / Substance Abuse				
Inpatient	0% after deductible		20% after deductible	
Outpatient	\$30 copay		20% after deductible	
Pharmacy Benefits				
	Retail 30 Day Supply	Mail Order 90 Day Supply	Retail 30 Day Supply	Mail Order 90 Day Supply
Tier 1	\$20 copay	\$50 copay	\$20 copay	Not covered
Tier 2	\$40 copay	\$100 copay	\$40 copay	
Tier 3	\$70 copay	\$175 copay	\$70 copay	



**Please note:**

All Aetna medical plans include 1 annual vision exam every 24 months.

## Aetna 750

	In-Network	Out-of-Network		
Annual Deductible				
Individual / Family	\$750 / \$2,250		\$3,000 / \$9,000	
Out-of-Pocket Maximum				
Individual	\$4,000		\$9,000	
Family	\$8,000		\$18,000	
	What You Pay			
Physician Office Visit				
Preventive Care (Exams are only covered once every 12 months)	No charge		20% after deductible	
Primary Care	\$30 copay		20% after deductible	
Specialty Care	\$30 copay		20% after deductible	
Immediate Care				
Virtual Visits	No charge		Not covered	
Urgent Care Facility	\$30 copay		20% after deductible	
Emergency Room	20% after deductible			
Diagnostic Services				
X-ray and Lab Tests	No charge		20% after deductible	
Complex Radiology	20% after deductible		40% after deductible	
Hospital Care				
Inpatient	20% after deductible		40% after deductible	
Outpatient	20% after deductible		40% after deductible	
Mental Health / Substance Abuse				
Inpatient	20% after deductible		40% after deductible	
Outpatient	\$30 copay		20% after deductible	
Pharmacy Benefits				
	Retail 30 Day Supply	Mail Order 90 Day Supply	Retail 30 Day Supply	Mail Order 90 Day Supply
Tier 1	\$10 copay	\$25 copay	\$10 copay	Not covered
Tier 2	\$35 copay	\$87.50 copay	\$35 copay	
Tier 3	\$70 copay	\$175 copay	\$70 copay	

**Please note:**

All Aetna medical plans include 1 annual vision exam every 24 months.

## Aetna HDHP

	In-Network	Out-of-Network		
Annual Deductible				
Individual / Family	\$3,200 / \$6,400	\$7,500 / \$15,000		
Out-of-Pocket Maximum				
Individual	\$6,000	\$15,000		
Family	\$12,000	\$30,000		
	What You Pay			
Physician Office Visit				
Preventive Care (Exams are only covered once every 12 months)	No charge	20% after deductible		
Primary Care	20% after deductible	40% after deductible		
Specialty Care	20% after deductible	40% after deductible		
Immediate Care				
Virtual Visits	No charge	Not covered		
Urgent Care Facility	20% after deductible	40% after deductible		
Emergency Room	20% after deductible			
Diagnostic Services				
X-ray and Lab Tests	20% after deductible	40% after deductible		
Complex Radiology	20% after deductible	40% after deductible		
Hospital Care				
Inpatient	20% after deductible	40% after deductible		
Outpatient	20% after deductible	40% after deductible		
Mental Health / Substance Abuse				
Inpatient	20% after deductible	40% after deductible		
Outpatient	20% after deductible	40% after deductible		
Pharmacy Benefits				
	Retail 30 Day Supply	Mail Order 90 Day Supply	Retail 30 Day Supply	Mail Order 90 Day Supply
Tier 1	\$10 copay	\$25 after deductible	\$10 copay after deductible	Not covered
Tier 2	\$30 after deductible	\$87.50 after deductible	\$35 copay after deductible	
Tier 3	\$60 after deductible	\$150 after deductible	\$60 copay after deductible	

# Pharmacy Benefits

Aetna partners with CVS for the management of your pharmacy benefit. You have access to retail chains as well as local independent pharmacies.

## Maintenance Medications

You have options for your monthly maintenance medications. When you pick up your first monthly maintenance fill, Aetna will reach out to provide you with options for your ongoing medication needs. You may use the CVS mail order pharmacy or have your maintenance medications filled at your local pharmacy as well, whichever is more convenient.

CVS		
Member-Only Pricing	Mail Service Pharmacy	Mail Service Perks
Fill at your local CVS Pharmacy. You can pick up your 3-month supply for 3X retail copay	<ul style="list-style-type: none"><li>Your medicine in your mailbox</li><li>You do not pay extra for this!</li><li>Your safety comes first</li></ul>	<ul style="list-style-type: none"><li>Fast reorders</li><li>Free standard shipping</li><li>Privacy</li></ul>

## How to get started



**1. Call us or go online.**  
Call us at **1-888-792-3862 (TTY: 711)** or go to **Aetna.com** to log in to your member website. You can also download the Aetna Health™ app.



**2. Request mail service.**  
By phone or online — you can also print out an order form and send it to us.



**3. Get refills your way.**  
It's easy to reorder online, by phone or by mail.

**Need help?**  
Call us, 24/7, at **1-888-792-3862 (TTY: 711)**.

**What will I pay?**  
Depending on your plan, you may pay less for medicine you get through home delivery than at a retail pharmacy. To know for sure, just check your plan details.

**Know the cost of your medicine ahead of time**  
How? Go to **Aetna.com** to log in to your member website and go to the "Pharmacy" section or use the Aetna Health app to search costs. Get cost estimates for generic or brand name drugs — and how to get the most value from your plan.  
You can also find a pharmacy near you or see detailed information on drugs, including any potential interactions or possible side effects.

Through CVS...	
In-Store	Bring your prescriptions or empty prescription bottles and the pharmacist will do the rest.
Phone	Call your local CVS Pharmacy and a pharmacy staff member will help you.
Online	Transfer your prescriptions in a few simple steps. Visit <a href="https://www.cvs.com/transfer">CVS.com/transfer</a>



# Virtual Visits

**Get quality virtual care that fits into your busy life!**

From your therapy appointments to quick care, we've got you covered. Easily schedule a virtual care appointment from anywhere. You can use CVS Health Virtual Care in addition to your traditional network of providers. Access is included in your medical plan.

## What can I use Virtual Visits for?

Below are a few examples of both on-demand 24/7 care or mental health services offered 7 days a week.

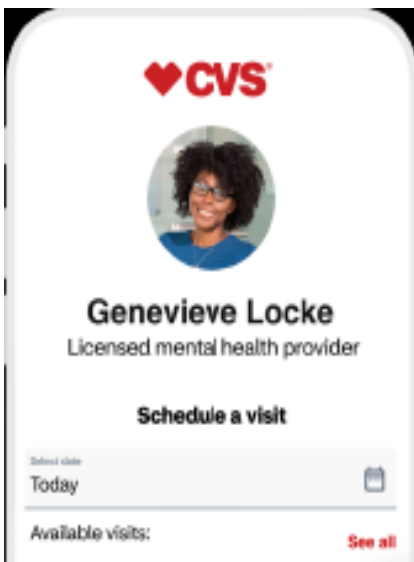
**On Demand Care:** Available to adults & children over 18 months

- Coughs, colds, flu, and strep
- Joint, head, and stomach pain
- Infections (ear, sinus, skin, UTI)
- Medication refills

**Mental health services:** Available to adults ages 18 & up

- Anxiety & mood disorders
- Depression screening
- Medication Management
- Support with stress, life adjustments, and conflict resolution
- Sleep & related health behaviors

**Schedule a visit quickly & easily!**



Mental health services available by appointment 7 days a week, plus you will be able to develop an ongoing relationship with your chosen counselor!



**Get started today**

Scan the QR code or go to **CVS.com/virtual-care** to register and schedule an appointment.

worked with patients seeking help with

# Dental Benefits

Regular dental care is essential to good health. HB provides you with an opportunity to purchase dental coverage with United Healthcare.

The chart on the right is a brief outline of the plan. Please refer to the summary plan description for complete plan details. Before you get any major dental work, you should talk to your dentist about getting a pretreatment estimate. That's when your dentist sends the plan for your care to United Healthcare. For most procedures, you and your dentist will receive the estimate that shows what your plan covers. Then you and your dentist can talk about your care and costs before your treatment. It's a great way to be prepared and plan ahead.

## In-Network vs. Out-of-Network

Our dental plan is designed to provide the dental coverage you need with the features you want. Take advantage of what this plan has to offer without compromising what matters most - including the freedom to visit the dentist of your and your dependents choice - an "in-network" dentist or an "out-of-network" dentist.

For the best savings, use a United Healthcare Insurance Company participating dentist or specialist. You can find a dentist by visiting [myuhc.com](https://myuhc.com) or by calling United Healthcare. Just show your dental plan card when you visit the dentist. If you choose a dentist who does not participate in the dental plan you will be responsible for paying any difference between the dentist's fee and the plan's payment for the approved service.



United Healthcare Dental Plan	
	In-Network or Out-of-Network
Annual Deductible	
Individual / Family	\$25 / \$75
Waived for Preventive Care	Yes
Annual Maximum	
Per Person	\$2,000
Diagnostic/Preventive Services	
Cleanings	100%
Fluoride Treatments	
Sealants	
Space Maintainers	
Periodic Oral Evaluation	
Radiographs	
Basic Services	
Restorations	80% after deductible
General Services	
Simple Extractions	
Oral Surgery	
Periodontlcs / Endodontics	
Major Services	
Inlays / Onlays / Crowns	50% after deductible
Dentures and other Removable Prosthetics	
Fixed Partial Dentures (Bridges)	
Orthodontia (child only)	
Benefit Percentage	50%
Dependent Child(ren) to age 19	Covered
Lifetime Maximum	\$1,500

# Vision Benefits

Harvard Bioscience offers a Voluntary Vision Program through VSP Vision Care.

With the VSP, you can choose to get more personalized care from a private practice or take advantage of the convenience retail chains offer with evening and weekend hours or online shop at [eyeconic.com](https://eyeconic.com). Either way, we're focused on providing you with a better eye care experience. Walmart and Costco are in the network for your convenience as well.

In-Network, covered-in-full benefits (up to the plan allowance and after applicable copay) include a comprehensive exam, eyeglasses with standard single vision, lined bifocal, lined trifocal, or lenticular lens, and the frame, or contact lenses in lieu of eyeglasses.



## Finding a Provider

To find the provider who best meets your needs, log in to [vsp.com](https://vsp.com) or call 1-800-877-7195.

VSP Voluntary Vision Program			
Service	In-Network Copayment or Allowance	Out-of-Network Allowance	Frequency
Vision Exam	\$10	Up to \$45	Once every January
Material Copay (Frames, Spectacle Lenses or Necessary Contact Lenses)	\$25	Up to \$70	Once every January
Lenses			
Single Vision	Covered in Full	Up to \$70	Once every January
Lined Bifocal	Covered in Full	Up to \$30	
Lined Trifocal	Covered in Full	Up to \$50	
Lenticular	Covered in Full	Up to \$50	
Frames			
Retail Frame Allowance	\$150	Up to \$70	Once every other January
Discount on overage (at participating providers)	20%	N/A	
Walmart Allowance	\$150	N/A	
Costco Allowance	\$80	N/A	
Elective Contacts			
Contact Lens Material Allowance	\$150	Up to \$105	12 months
Contact Lens Fitting and Evaluation Allowance	Covered in Full	Incl in lens allowance	
Necessary Contact Lenses	Covered in Full	Up to \$210	
Lens Options			
Polycarbonate Lenses (up to age 19)	Covered in Full	Up to \$70	
Value Services			
Laser Vision Discount	15-20% off retail price; 5% off promotional prices		

# Flexible Spending Accounts (FSA)

HB offers the Flexible Spending Accounts through Wex (formerly Discovery Benefits). Flexible Spending Accounts allow you to set aside money on a pre-tax basis to use towards various out-of-pocket expenses not covered by a health care plan. IRS regulates FSAs and they are administered on a “use it or lose it” basis; however, there is a grace period to use your funds. The maximum carryover amount for 2025 is \$640.

Your FSA runs on a plan year, meaning that each January 1st, you must re-elect your coverage. If you join the plan mid-year you will want to keep this in mind when determining how much to contribute.

If you have unused contributions in either your Health Flexible Spending Account or your Dependent Care Flexible Spending Account at the end of the current plan year, you can continue to receive reimbursement for expenses incurred during the first 2.5 months immediately following the end of the Plan year, until such unused funds are depleted. All claims must be submitted no later than 90 days after the end of the plan year.

**NOTE:** Mid-year changes cannot be made to your FSA unless you have a qualified change in family status. Also, if you were previously enrolled in FSA, you must re-enroll each year if you want to remain in this plan; otherwise, you will not be allowed to participate.

## Health Care Spending Account

- You may contribute any amount up to \$3,300 for the plan year 1/1/2025 - 12/31/2025 (subject to change based on IRS limits).
- Funds are available immediately and will be withdrawn from your pay during the plan year.
- A debit card is provided for use with this plan to reduce paper claim filings.
- FSA can be used to pay for unreimbursed health care expenses incurred by you and your covered dependents including:
  - Medically necessary procedures not covered by health plan
  - Cost of eyeglasses/contacts
  - Office visit copays
  - Deductibles & member coinsurance
  - Cost for prescription copays
  - Certain dental expenses including orthodontics
- As required by Health Care Reform, over the counter medications are no longer eligible for FSA reimbursement unless accompanied by a doctor’s prescription. However, certain medications can be covered with a prescription from your physician.

## Dependent Care Spending Account

- You may contribute any amount up to \$5,000 (\$2,500 if married and filing separately) for the plan year 1/1/2025 - 12/31/2025.
- Funds are available only as they are withdrawn from your pay.
- You must be a single parent; a married employee whose spouse is employed; or a married employee whose spouse is a fulltime student or disabled.
- Used to pay for charges associated with day care (if during the time you work) or nursery school. Educational expenses are not covered.
- To qualify for reimbursement:
  - Services must be for someone under age 13 or for a disabled dependent.
  - Services cannot be provided by a dependent.



# Income Protection Benefits

Harvard Bioscience is proud to provide income protection through Reliance Standard for our employees. Eligible employees are enrolled in Life and AD&D, Short-Term Disability and Long-Term Disability benefits, covered 100% by Harvard Bioscience.

**IMPORTANT REMINDER!** Be sure to assign a beneficiary through your ADP Workforce Now/Benefits account, to ensure your assets are distributed according to your wishes.

## Life and AD&D

The life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

Life and AD&D Benefits	
Benefit	
Eligible Benefit	2x your Annual Earnings including commission
Maximum	\$500,000
Guaranteed Issue	\$500,000
Limitations and Exclusions	
Benefit Reduction	65% at age 65; 40% at age 70; 20% at age 75
Coverage Termination	Coverage terminates on the last day worked
Additional Features	
Waiver of Premium	Included (if totally disabled prior to age 60)
Conversion	Included, must apply within 30 days of termination

## Supplemental Life and AD&D

You can purchase supplemental term life and AD&D insurance through Reliance Standard for yourself. If you elect coverage for yourself, you also have the option purchase coverage for your spouse and eligible children up to age 25.

Supplemental Life and AD&D	
Self-Life/AD&D	
Self-Life Benefit Amount Self Life Benefit Max	Increments of \$10k \$500,000 (Not to exceed 5x base annual earnings)
Dependent Life/AD&D	
Spouse Life Benefit Amount Spouse Life Benefit Max Spouse Life Benefit Amount Child Life Benefit Max	\$1k increments up to \$20k; \$5k increments up to \$250k \$250,000 (Not to exceed 100% of employee amount) \$20,000
Guaranteed Issue Amount	
Employee / Self	\$200,000
Spouse	\$25,000
Child	\$20,000
Additional Provisions	
Benefit Reduction	65% at age 65; 40% at age 70; 20% at age 75

Please reference the Benefits Portal to learn more.



## Short-Term Disability (STD)

Your short-term disability coverage through Reliance Standard helps provide a portion of your income while you recover due to a short-term injury or illness. Please see the summary plan description for complete plan details.

Short-Term Disability Benefits		
Benefit	Annual Earnings of \$100,000 or less	Annual Earnings over \$100,000
Eligible Benefit	60%	60%
Weekly Maximum	\$1,200	\$2,500
Elimination Period	7 days	7 days
Benefit Duration	12 weeks	12 weeks

### Additional features included with your income protection benefits

#### Travel assistance services offered by Reliance Standard

- **Pre-Trip Help:** Immunization, Visa & passport requirements, Travel advisories, Embassy & consular referrals, Exchange rates, Cultural information
- **During Trip Help:** Non-med emergency services, Interpretation or translation, Emergency travel arrangements, Legal assistance, medical emergency services such as:
  - Transportation
  - Local MD referrals
  - Prescriptions
  - Return of mortal remains
- US Contact: 800-456-3893; Worldwide Contact: 603-328-1966

#### Beneficiary Services

- Financial and Legal services for help with financial concerns
- Free, 30-minute call for legal services
- 25% discounted rate for attorney services
- Referrals to community resources, network of clinicians
- Two face-to-face grief counseling sessions
- Beneficiary kit

## Long-Term Disability Insurance (LTD)

Harvard Bioscience offers long-term income protection through Reliance Standard in the event you become unable to work due to a non-work-related illness or injury. This benefit covers a portion of your monthly base salary. Benefit payments begin after 90 days of disability. Please see the summary plan description for complete plan details.

Long-Term Disability Benefits		
Benefit	Annual Earnings of \$100,000 or less	Annual Earnings over \$100,000
Definition of Disability	24 months, own occupation	Extended
Elimination Period	90 days	90 days
Earnings Test	80% Own Occ / 60% Any Occ	80% Own Occ / 60% Any Occ
Benefits Payable		
Eligible Benefit	60%	60%
Monthly Maximum	\$5,000	\$10,000
Elimination Period	90 Days	90 Days
Benefit Duration	Reducing Benefit Duration with Social Security Normal Retirement Age	Reducing Benefit Duration with Social Security Normal Retirement Age
Limitations and Exclusions		
Pre-existing Conditions Exclusion	3 / 6 / 12	3 / 6 / 12
Mental/Nervous Limitation	24 months, lifetime	24 months, lifetime
Substance Abuse Limitation	24 months, lifetime	24 months, lifetime
Subjective Symptoms Limitation	No limit	No limit

# Employee Stock Purchase Plan (“ESPP”)

## What Does the Plan Do?

The ESPP gives eligible employees of the Company and certain subsidiaries of the Company an opportunity to purchase Common Stock of the Company at a price which is below the market price. Eligible employees may purchase Common Stock through post-tax payroll deductions, up to a maximum of 10% per pay period. The Company will pay all costs of administering and carrying out the Plan.

## Who is Eligible to Participate in the plan?

You are eligible to participate in the Plan on a voluntary basis if you are, on the first day of any offering period:

- An employee of the Company or a Designated Subsidiary; and
- Customarily employed for more than 20 hours per week and for more than five months per year.

## What is an Offering Period?

An “offering period” is a six-month period during which you can set aside funds through payroll deduction. On the last business day of an offering period, the amounts you have set aside are used to purchase shares of Common Stock. Offering periods will begin on the first business day occurring on or after each January 1 and July 1 and end on the last business day occurring on or before the following June 30 and December 31, respectively.

## How Do I Join the Plan?

Open enrollment communications are sent out semi-annually in June and December. Harvard Bioscience has partnered with Solium Capital for management and administration of our ESPP. Solium’s web-based application, Shareworks™, will provide you with secure access to your portfolio from any computer with an internet connection. New participants will be required to set up a Solium/Shareworks™ to enroll in the ESPP.

## Important

This brochure summarizes the Employee Stock Purchase Plan (ESPP). Official Plan documents contain the details, conditions, and restrictions of this Plan. If there is any conflict of information in this brochure, the official Plan documents prevail. The Plan documents are available upon request through the Human Resources Department.

# 401(k)

## Get to know your plan

Harvard Bioscience Employee 401k Plan

### Introduction

This section describes highlights of your employer's retirement plan. It represents a general overview of the information printed in your employer's Summary Plan Description (SPD). Your retirement program is more fully described in the formal provisions of your employer's plan document. If there is a conflict between these plan highlights and your SPD, the language provided in the plan document will govern.

### Eligibility Requirements

You are eligible to participate in the plan when you are 21 years of age and have 30 days of service.

### Enrollment Dates

Once you have met the eligibility requirements, you can join the plan.

### Auto Enroll

Your plan has an automatic election provision. If you choose not to enroll by selecting your own fund allocations and contribution percentages and not opt out of the automatic election provision, your company will automatically enroll you into a TIAA-CREF Lifecycle Index fund at 4%.

### Employee Contributions

You may contribute 0 - 100% of your annual pay, not to exceed \$23,500 annually. Annual limitations are set by the IRS and are subject to change. The tax laws may also let you contribute an additional amount over the regular annual limit if you are at least 50 years old. Check with your benefits manager to see if you can take advantage of the increased opportunity to 'catch up' and contribute even more to your employer's plan. If your adjusted gross income does not exceed certain limits, you may be eligible for a tax credit.

### Roth Contributions

Your plan permits Roth after-tax employee contributions. You may contribute a minimum of 1% and your total employee contributions (Roth after-tax and Traditional pre-tax deferrals combined) may not exceed annual IRS limitations. Annual limitations are set by the IRS and are subject to change.

### Employer Contributions

#### *Profit Sharing*

Your employer has established a Profit Sharing plan. A Profit Sharing plan is a tax-qualified retirement plan in which your employer makes contributions on your behalf. The amount of the contribution is determined by an allocation formula that is generally based on participant earnings, while annual contributions are generally based on the company's profits. Contributions may be modified during times of business hardship.

#### *Employer Match*

Your employer may match a portion of the contributions you make to the plan.

#### *Employer Safe Harbor*

The employer will contribute an amount equal to the sum of 100% of a Participant's Elective Deferrals that do not exceed 1% of Participant's Compensation, plus 50% of the Participant's Elective Deferrals that exceed 1% of the Participant's Compensation but do not exceed 6% of the Participant's Compensation.

### Vesting

You will always be 100% vested in the portion of your account attributable to your employee contributions. You are also 100% vested upon your death, normal retirement, or disability. Your employer contributions are subject to the following vesting schedule:

#### *Employer Match Contributions*

1 year of service 100%.

#### *Profit Sharing Contributions*

1 year of service 100%.

### Rollovers

Money from other qualified plans is accepted. Rollover contributions are allowed prior to meeting the eligibility requirements of the plan.

### Investment Transfers

Using Voya's automated telephone or Internet service, you have the ability to review your accounts and transfer funds from one investment option to another, 24-hours a day.

# Voluntary Benefits

These benefits are paid for by employees.

## Supplemental Health Insurance

For 2025, HB provides you the option to purchase accident insurance, critical illness and hospital indemnity insurance through The Hartford.

Even with comprehensive coverage from your primary medical plan, you will still have some out-of-pocket expenses if you get critically ill or are seriously injured.

Supplemental medical insurance offers additional protection to help you pay expenses not covered by your primary medical plan.

- Your primary medical plan pays your doctors and hospitals for day-to-day health care needs.
- Supplemental medical plans provide cash benefits paid directly to you in the event of an accident or critical illness.
- You can use the money to help pay for co-pays, your deductible or coinsurance and other life needs like groceries or caregiving

### Accident:

Accident Insurance can help you be prepared for the unexpected.

The accident plan pays you a lump sum benefit depending on the covered accident you experience. Examples of covered accidents include fractures, dislocations, lacerations, burns, and some hospital care. Other advantages of accident insurance include the following:

- You receive cash benefits for expenses that may not be covered under your medical insurance, and you use the money as you see fit.
- There are no health questions to answer and no waiting period.
- You can insure your spouse and children.
- There is no limit to the amount of accidents you can claim under the policy (with exception to policy rules).

### Critical Illness:

Critical Illness Coverage Helps You Cover Your Bills When You Need It Most.

If you are diagnosed with a critical illness, you will need extra financial support to help offset the treatment costs and cover your day-to-day expenses, so you can focus on your health.

The critical illness plan pays a lump sum benefit if you are diagnosed with a covered illness, and you can use the benefit as you see fit.

You may elect coverage for yourself, your spouse, and/or children. A set amount of money is paid directly to you to be used however you choose based on the amount you elect.

Some of the covered illnesses include heart attack, stroke, paralysis, coma, and cancer.

There are no medical exams or health questionnaires to complete.

The cost for this coverage depends on your age.

### Hospital:

Hospital Visits Bring Extra Costs. Be Prepared with Hospital Indemnity.

Expenses from hospital visits can pile up quickly. While medical insurance typically pays the majority of the cost for hospital care, deductibles, copays, and non-covered medical services may be expensive.

The hospital indemnity plan pays the following benefits:

- Hospital admission
- Daily hospital confinement benefit
- Intensive care unit confinement benefits

Benefits are paid regardless of what is covered by medical insurance, and payments would be made directly to you to spend as you see fit.

There are no medical exams or health questionnaires to complete.

You may purchase this plan for yourself, your spouse, and/or your dependent children.

## LegalEASE

Legal Insurance through LegalEASE gives you access to a network of attorneys for a variety of legal needs, including

- estate planning, financial matters, real estate matters,
- defense of civil lawsuits,
- traffic offenses, document preparation and review, immigration assistance, juvenile matters and consumer protection.

Most services provided by a network attorney are covered in full, while services provided by non-network attorneys are payable up to specified plan maximums.

For more information about the plan, visit: <https://www.legaleaseplan.com/harvardBioscience> ; to learn more, call: 1(800) 248-9000 and reference “HB”.

## Pet Benefit Solutions

Save 25% off all in-house medical services (office visits, dental procedures, emergency visits, and more!) at participating veterinarians.

### Pet Assure Veterinary Discount Plan

Discounts on office visits, vaccinations, dental procedures, emergency visits and more!

- \$8/month for one pet, or
- \$11/month for an unlimited number of pets

### PETPlus Prescription Savings Plan

Discounts on prescriptions, flea & tick products, dietary foods, heartworm preventatives and more!

- \$3.75/month for one pet, or
- \$7.50/month for an unlimited number of pets

### Enroll in one or both plans!

Enroll through ADP Workforce Now/Benefits. Find more information about this plan at [www.petbenefits.com/land/harvardbio](http://www.petbenefits.com/land/harvardbio).

## ID Theft

Allstate Identity Theft Protection delivers comprehensive fraud monitoring and powerful mobile and desktop cybersecurity to help you protect yourself, your family and your finances from emerging threats. See and manage your personal data, safeguard your devices, and protect your identity. If fraud occurs, you can rely on their full-service remediation and restoration, plus up to \$5 million in fraud expense reimbursement to cover stolen funds or out of pocket costs.

These plans are enhanced and exclusive, with features and pricing only available through Harvard Bioscience.

## Auto / Home

Confie is the nation's leading distributor of personal lines and as a Harvard Bioscience employee, you have access to their multi-carrier comparison shopping tools and full-service experience for personal lines that meet the customer where they prefer (online, by phone, or in 850 retail locations). Confie offers access to over 150 personal lines carriers in auto, home, and more, serving all 50 states.

Please visit: <https://alliantautohome.insureonepremier.com> to start the quote process or call: 1-877-755-1667

# EAP with Reliance

Reach out to your Assistance Program for short-term counseling, financial coaching, caregiving referrals and a wide range of well-being benefits to reduce stress, improve mental health and make life easier.

The following services are free to use, confidential, and available to you and your family members:

- ✓ **Mental Health Sessions** Up to 3 sessions\* to help manage stress, anxiety and depression, resolve conflict, improve relationships, overcome substance abuse and address any personal issues, with options for in-person, telephonic, or video counseling sessions.
- ✓ **Life Coaching** To help reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and build balance.
- ✓ **Financial Consultation** To help build financial wellness related to budgeting, buying a home, paying off debt, managing taxes, preventing identity theft, and saving for retirement or tuition.
- ✓ **Legal Consultation** To help with a variety of personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.
- ✓ **Life Management** To provide information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.
- ✓ **Personal Assistant** To help manage everyday tasks and give back time by providing information and referrals for home services, repairs, travel, entertainment, dining and personal services.
- ✓ **Medical Advocacy** To help navigate insurance, obtain doctor referrals, secure medical equipment or transportation, and plan for transitional care and discharge.
- ✓ **Member Portal and App** Access your benefits 24/7/365 with online requests and chat options, and explore thousands of articles, webinars, podcasts and tools covering total well-being.

EAP benefits are free of charge, 100% confidential, available to all family members regardless of location, and easily accessible through ACI's 24/7, live-answer, toll-free number. EAP services are provided by ACI Specialty Benefits, under agreement with Reliance Standard Life Insurance Company. Reliance Matrix is a branding name. Reliance Standard Life Insurance Company (Home Office Schaumburg, IL) is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. First Reliance Standard Life Insurance Company (Home Office New York, NY) is licensed in New York and Delaware. Standard Security Life Insurance Company of New York (Home Office New York, NY) is licensed in all states. Absence services are provided by Matrix Absence Management, Inc. Product features and availability may vary by state. \*3 Sessions per Six Months for California Employees

RS-2506 (09/22)

Contact ACI Specialty Benefits  
**855-775-4357**  
[rsli@acieap.com](mailto:rsli@acieap.com)  
<http://rsli.acieap.com>  
 Company Code: RSLI859



A MEMBER OF THE TOKIO MARINE GROUP

# Aetna Discount Programs

## Services to solve day-to-day problems

### Healthy vision

- ✓ Savings you can see  
If your vision isn't 20/20, you'll love discounts on:
  - Designer frames
  - Prescription lenses
  - Lens options like scratch coating and tint
  - Non-disposable contact lenses, and more
- ✓ Great rates on eye exams
  - Your eye exams are always discounted. So even if your plan covers your first exam, you can save on another one from any participating doctor.
- ✓ Lots of locations
  - You can visit many doctors in private practice. Plus, national chains like LensCrafters®, Target Optical® and Pearle Vision®. Check your member website at Aetna.com for a full list.
- ✓ More eye-openers
  - Savings on LASIK laser eye surgery
  - Replacement contact lenses, delivered to your door
  - Savings on eyeglass chains, lens cases and cleaners, and nonprescription sunglasses

### A fit, fabulous you

Save on gym memberships, health coaching, fitness gear and nutrition products that support a healthy lifestyle. You get access to local and national discounts on brands you know.

- ✓ Health coaching
  - Try one-on-one coaching to lose weight, ease stressor reach another goal.
- ✓ At-home weight-loss program
  - Get weight-loss tips and menus, and track progress from the privacy of your home.
- ✓ Healthy food options
  - Enjoy healthy food options like meal delivery to your home, on your schedule.
- ✓ Even more savings
  - Wearable fitness devices
  - Yoga, meditation and wellness programs
  - Group fitness on demand

### How to get started

Log in to your member website at [Aetna.com](https://www.aetna.com), once you're an Aetna member. It's the place to take care of your benefits. Your place to save, too. You can:

Find a vision, hearing or natural therapy professional

Sign up for a weight-loss program

Buy health products

Find a gym, and more

### A natural health boost

- ✓ You can try these natural products and services at a discount.
  - Ease your stress and tension with therapeutic massage.
  - Heal pain or stress points with acupuncture.
  - Relieve neck and back pain with chiropractic care.
  - Get advice from registered dietitians with nutrition services.
  - Save on a wide variety of popular products from health and fitness vendors.

It's easy: Log in to your member website at Aetna.com to find program professionals. Then, just take your Aetna ID card to your visit.

- ✓ Savings on at-home products
  - Blood pressure monitors
  - Pedometers and activity trackers
  - Electrotherapy TENS units (devices for pain relief)
  - Many other Omron® products

Ready to browse and buy? Just log in to your member website at Aetna.com for easy ordering instructions.

- ✓ Oral health care products  
We provide discounts on oral health care products so you can keep your mouth as healthy as possible. You can save on teeth whitening, electronic toothbrushes, Z Sonic™ toothbrushes, replacement brush heads and various oral health care kits.

### Hearing your world better

With Hearing Care Solutions, you get:

- ✓ Discounts on a large choice of hearing aids
- ✓ A three-year supply of batteries, then you can join a discount battery mail-order program
- ✓ Free in-office service of hearing aids for one year
- ✓ Free routine cleanings and battery door replacements for one year after purchase from the original provider

With Amplifon Hearing Health Care, you get:

- ✓ Discounts on many styles of hearing aids, including programmable and digital hearing aids from leading makers
- ✓ Savings on hearing exams and hearing aid repairs
- ✓ Free follow-up services for one full year
- A two-year supply of batteries



# Your benefits, your way! Manage your health care at home or on the go with the Aetna App!



## Stay on top of your benefits

- Review your benefits and what's covered.
- Track your spending.
- View and pay claims on your member website.
- See your ID card online.
- Get cost info before you get care.\*



## Connect to care

- Find in-network providers, including virtual care.
- Locate walk-in clinics and urgent care centers near you.
- See reviews of providers.

## Get started today



Visit **MyAetnaWebsite.com** to register for your member website.



Get the **Aetna Health<sup>SM</sup> app** by texting **"AETNA"** to **90156** to receive a download link. Message and data rates may apply.\*\*

— OR —



Scan the **QR code** to download the **Aetna Health<sup>SM</sup> app**.

# Introducing Benefit Advocate Services!

Highly trained professionals with extensive industry experience

- ▼ General benefit questions
- ▼ Benefits education
- ▼ Denied claims appeals
- ▼ Prescription problems
- ▼ COBRA inquires
- ▼ HIPAA Compliant
- ▼ Medicare questions

(in partnership with Alliant Medicare Solutions)

Detailed Alliant Benefit Advocate utilization reporting available.

## What to Expect

- ▼ Available for employees and dependents
- ▼ Tracked and monitored to resolution
- ▼ Reach by phone and email - fully confidential
- ▼ Monday – Friday 8:00 am to 8:00 pm EST
- ▼ Standard response time is end of the next business day
- ▼ Interpretation service available (125 different languages)

Contact the Benefit Advocates 5 days a week!

- ▼ Contact via email: [benefitsupport@alliant.com](mailto:benefitsupport@alliant.com)
- ▼ Contact via phone: 800-489-1390

# Contact Information

## Have Questions? Need Help?

For assistance with your benefits, please contact your carrier using the information listed below.

Benefit	Carrier	Phone Number / Email	Website
Medical	Aetna	1-844-600-1070	<a href="http://www.MyAetnaWebsite.com">www.MyAetnaWebsite.com</a>
Dental	United Healthcare	800-842-0204	<a href="http://www.myuhc.com">www.myuhc.com</a>
Vision	VSP	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Life Insurance, Short-Term & Long-Term Disability	Reliance Standard	1-800-351-7500	<a href="http://www.reliancestandardlife.com">www.reliancestandardlife.com</a>
Hospital Indemnity, Critical Illness, Accident, EAP	The Hartford	1-800-351-7500	<a href="http://www.thehartford.com">www.thehartford.com</a>
Flexible Spending Accounts, COBRA	WEX Health Inc.	866-451-3399 <a href="mailto:customerservice@wexhealth.com">customerservice@wexhealth.com</a>	<a href="http://www.wexbenefitsyou.com/openenrollment.com">www.wexbenefitsyou.com/openenrollment.com</a>
Pet Insurance	Pet Benefit Solutions	(800) 891-2565 <a href="mailto:customercare@petbenefits.com">customercare@petbenefits.com</a>	<a href="http://www.petbenefits.com/land/harvardbio">www.petbenefits.com/land/harvardbio</a>
Legal	LegalEase	Enrollment Hotline (for questions during enrollment period) 1-(800) 248-9000 Member Services 1-(888) 416-4313	<a href="https://www.legaleaseplan.com/harvardBioscience">https://www.legaleaseplan.com/harvardBioscience</a>
ID Theft	Allstate	1-800-789-2720	<a href="http://www.myaip.com">www.myaip.com</a>
Home/Auto	Alliant / Confie	1-877-755-1667	<a href="https://alliantautohome.insureonepremier.com">https://alliantautohome.insureonepremier.com</a>
Benefit Advocate Center	Alliant Insurance	800-489-1390 <a href="mailto:Benefitsupport@alliant.com">Benefitsupport@alliant.com</a>	<a href="mailto:Benefitsupport@alliant.com">Benefitsupport@alliant.com</a>

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## Medicare Part D Notice

### Important Notice from Harvard BioScience, Inc. About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Harvard BioScience, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Harvard BioScience, Inc. has determined that the prescription drug coverage offered by the Aetna OAMC \$5,000, Aetna OAMC HSA \$3,300, and Aetna OAMC \$750 plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your Harvard BioScience, Inc. coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under the Aetna OAMC \$5,000, Aetna OAMC HSA \$3,300 and Aetna OAMC \$750 plans are creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Harvard BioScience, Inc. prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Harvard BioScience, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information or call Aetna at (888) 982-3862. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Harvard BioScience, Inc. changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit [medicare.gov](https://www.medicare.gov)

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 800-772-1213 (TTY 800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

**Date:** October 18, 2024

**Name of Entity/Sender:** Harvard BioScience, Inc.

**Contact-Position/Office:** Human Resources

**Address:** 84 October Hill Rd, Suite 10 Holliston, MA 01746

**Phone Number:** (508)-893-8999

## Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending

physician and the patient, for:

All stages of reconstruction of the breast on which the mastectomy was performed;

Surgery and reconstruction of the other breast to produce a symmetrical appearance;

Prostheses; and

Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

Therefore, the following deductibles and coinsurance apply:

**Aetna OAMC \$5,000**

\$1,500/\$3,000 (Individual/Family)

0%

**Aetna OAMC HSA \$3,300**

\$3,300/\$6,600 (Individual/Family)

0%

**Aetna OAMC \$750**

\$3,300/\$6,600 (Individual/Family)

0%

If you would like more information on WHCRA benefits, call your plan administrator at (866) 962-1818.

**Newborns' and Mothers' Health Protection Act**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at (866) 962-1818.

**HIPAA Notice of Special Enrollment Rights**

If you decline enrollment in Harvard BioScience, Inc's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in Harvard BioScience, Inc's health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in Harvard BioScience, Inc's health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

**Availability of Privacy Practices Notice**

We maintain the HIPAA Notice of Privacy Practices for Harvard BioScience, Inc. describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting (866) 962-1818.

**Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as

of July 31, 2024. Contact your State for more information on eligibility—

<b>ALABAMA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a>   Phone: 1-855-692-5447
<b>ALASKA – Medicaid</b>
The AK Health Insurance Premium Payment Program   Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a>   Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a>   Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
<b>ARKANSAS – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a>   Phone: 1-855-MyARHIPP (855-692-7447)
<b>CALIFORNIA – Medicaid</b>
Health Insurance Premium Payment (HIPP) Program website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322   Fax: 916-440-5676   Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943   State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991   State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a>   HIBI Customer Service: 1-855-692-6442
<b>FLORIDA – Medicaid</b>
Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
<b>GEORGIA – Medicaid</b>
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>   Phone: 678-564-1162, press 2
<b>INDIANA – Medicaid</b>
Health Insurance Premium Payment Program All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>   <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a>   Family and Social Services Administration Phone: (800) 403-0864   Member Services Phone: (800) 457-4584
<b>IOWA – Medicaid and CHIP (Hawki)</b>
Medicaid Website: <a href="#">Iowa Medicaid   Health &amp; Human Services</a>   Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a>   Hawki Phone: 1-800-257-8563 HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a> HIPP Phone: 1-888-346-9562
<b>KANSAS – Medicaid</b>
Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>   Phone: 1-800-792-4884   HIPP Phone: 1-800-967-4660
<b>KENTUCKY – Medicaid</b>
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihhipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihhipp.aspx</a>   Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPPI.PROGRAM@ky.gov">KIHIPPI.PROGRAM@ky.gov</a> KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>   Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>
<b>LOUISIANA – Medicaid</b>
Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
<b>MAINE – Medicaid</b>
Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> Phone: 1-800-442-6003   TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 800-977-6740   TTY: Maine relay 711
<b>MASSACHUSETTS – Medicaid and CHIP</b>
Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>   Phone: 1-800-862-4840   TTY: 711 Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>
<b>MINNESOTA – Medicaid</b>
Website: <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a>   Phone: 1-800-657-3672
<b>MISSOURI – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>   Phone: 573-751-2005
<b>MONTANA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084   email: <a href="mailto:HHSHIPPProgram@mt.gov">HHSHIPPProgram@mt.gov</a>
<b>NEBRASKA – Medicaid</b>

Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633   Lincoln: 402-473-7000   Omaha: 402-595-1178
<b>NEVADA – Medicaid</b>
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>   Medicaid Phone: 1-800-992-0900
<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218   Toll-free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a>
<b>NEW JERSEY – Medicaid and CHIP</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>   Phone: 800-356-1561 CHIP Premium Assistance Phone: 609-631-2392   CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710 (TTY: 711)
<b>NEW YORK – Medicaid</b>
Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>   Phone: 1-800-541-2831
<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>   Phone: 919-855-4100
<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>   Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>   Phone: 1-888-365-3742
<b>OREGON – Medicaid and CHIP</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>   Phone: 1-800-699-9075
<b>PENNSYLVANIA – Medicaid and CHIP</b>
Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a>   Phone: 1-800-692-7462 CHIP Website: <a href="#">Children's Health Insurance Program (CHIP) (pa.gov)</a>   CHIP Phone: 1-800-986-KIDS (5437)
<b>RHODE ISLAND – Medicaid and CHIP</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>   Phone: 1-855-697-4347 or 401-462-0311 (Direct Rlte Share Line)
<b>SOUTH CAROLINA – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>   Phone: 1-888-549-0820
<b>SOUTH DAKOTA – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>   Phone: 1-888-828-0059
<b>TEXAS – Medicaid</b>
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493
<b>UTAH – Medicaid and CHIP</b>
Utah's Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a> Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a>   Phone: 1-888-222-2542   Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>
<b>VERMONT – Medicaid</b>
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427
<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> or <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
<b>WASHINGTON – Medicaid</b>
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>   Phone: 1-800-562-3022
<b>WEST VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> or <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700   CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>   Phone: 1-800-362-3002
<b>WYOMING – Medicaid</b>
Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>   Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Employee Benefits Security Administration	U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services
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This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 9.02% in 2025 of your modified adjusted household income.

#### Illinois Consumer Coverage Disclosure Act

The Consumer Coverage Disclosure Act requires employers to notify Illinois employees which of the Essential Health Benefits listed below are and are not covered by their employer-provided group health insurance coverage. Refer to the [Access to Care and Treatment Benchmark Plan](#) and the [Pediatric Dental Plan](#) to reference the pages listed below.

Employer Name:		Harvard BioScience, Inc.		
Employer State of Situs:		MA		
Name of Issuer:		Aetna		
Plan Marketing Name:		Aetna OAMC \$5,000, Aetna OAMC HSA \$3,300, Aetna OAMC \$750		
Plan Year:		January 1, 2025 – December 31, 2025		
Ten (10) Essential Health Benefit (EHB) Categories:				
<ul style="list-style-type: none"><li>• Ambulatory patient services (outpatient care you get without being admitted to a hospital)</li><li>• Emergency services</li><li>• Hospitalization (like surgery and overnight stays)</li><li>• Laboratory services</li><li>• Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)</li><li>• Pediatric services, including oral and vision care (but adult dental and vision coverage aren’t essential health benefits)</li><li>• Pregnancy, maternity, and newborn care (both before and after birth)</li><li>• Prescription drugs</li><li>• Preventive and wellness services and chronic disease management</li><li>• Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)</li></ul>				
2020-2023 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	Covered Benefit?
1	Accidental Injury—Dental	Ambulatory	Pgs. 10 & 17	Yes
2	Allergy Injections and Testing	Ambulatory	Pg. 11	Yes
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	No
4	Durable Medical Equipment	Ambulatory	Pg. 13	Yes
5	Hospice	Ambulatory	Pg. 28	Yes
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23–24	No
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15–16	Yes
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	Yes
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	Yes
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	Yes
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	No
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Yes
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	Yes
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24–25	Yes
17	Reconstructive Surgery	Hospitalization	Pgs. 25–26 & 35	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	Yes
19	Skilled Nursing Facility	Hospitalization	Pg. 21	Yes
20	Transplants—Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	Yes
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Yes
22	Intranasal opioid reversal agent associated with opioid	MH/SUD	Pg. 32	No

	prescriptions			
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8–9, 21	Yes
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	No
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	Yes
26	Tele-Psychiatry	MH/SUD	Pg. 11	Yes
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	Yes
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	No
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26–27	No
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29–34	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	Yes
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	Yes
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31–32	Yes
36	Mammography—Screening	Preventive and Wellness Services	Pgs. 12, 15 & 24	Yes
37	Osteoporosis—Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	Yes
38	Pap Tests/ Prostate—Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Yes
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Yes
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12–13	Yes
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22 & 35	Yes
<i>Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.</i>				

#### The ‘No Surprises’ Rules

The “No Surprises” rules protect you from surprise medical bills in situations where you can’t easily choose a provider who’s in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you’re no longer in need of emergency care. These are called “post-stabilization services.” You shouldn’t get this notice and consent form if you’re getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren’t required to sign the form and shouldn’t sign the form if you didn’t have a choice of health care provider or facility before scheduling care. If you don’t sign, you may have to reschedule your care with a provider or facility in your health plan’s network.

[View a sample notice and consent form](#) (PDF).

This applies to you if you’re a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.



