



Employee Benefits Overview

2025 – 2026



AbelCine is committed to providing high quality benefits to you and your family. We have selected coverage from top insurers and opted to subsidize a significant portion of the cost for you and your dependents where eligible.

This brochure provides highlights of your benefit options. For complete plan details, refer to the official plan documents as they are controlling and **shall be given full force and effect**.

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Health Benefits



Customer Service: (800) 444-6222
www.myuhc.com

Coverage is provided through **Oxford**. Coverage can begin 60 days following your date of hire. Employees may enroll their eligible dependents to the coverage. Eligible dependents include:

- Your spouse (unless you are legally separated)
- Your dependent children to age 26 (coverage ends on the end of the calendar year)
- Domestic partners meeting specific eligibility criteria

Each participating employee is required to contribute a portion of his or her health insurance premium.

This pre-tax contribution is subject to change at the discretion of the principals.

Rates are in effect from July 1, 2025 to June 30, 2026. Rates may differ slightly due to rounding.

	Oxford Freedom Low Plan EPO		Oxford Freedom High Plan POS	
Drug Card				
Prescription Card – Retail (30 day)	\$15/\$25/\$50		\$10/\$25/\$50	Not Covered
Prescription Card - Mail Order (90 day)	\$37.50/\$62.50/\$125		\$25/\$62.50/\$125	
Prescription Deductible (Calendar Year)	\$100, waived for generics		\$100, waived for generics	
OON Reimbursement			390% Medicare	
Major Medical	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>
Deductible - Ind/Fam (Calendar Year)	\$500/\$1,000		N/A	\$3,000/\$6,000
Co-Insurance	0%		N/A	30%
Out-of-Pocket Maximum (Calendar Year)	\$2,000/\$4,000 (incl ded)		\$2,500/\$5,000	\$6,000/\$12,000 (incl ded)
Primary Care Office Visit	\$25 co-pay		\$25 co-pay	Ded then 30%
Preventive Care	No Charge		No Charge	Ded then 30%
Diagnostic Tests - X-Ray/Lab	Ded & Coins/Ded & Coins		No Charge	Ded then 30%/Not Covered
Complex Imaging* (MRI, CT/PET Scan)	Facility: Ded & Coins Office: Ded & Coins		Facility: No Charge; Office: No Charge	Ded then 30%
Specialist	\$40 co-pay		\$40 co-pay	Ded then 30%
Urgent Care	\$40 co-pay		\$40 co-pay	Ded then 30%
Hospital & Surgical Benefits				
In-Patient*	Ded & Coins		\$500 co-pay/admit	Ded then 30%
Out-Patient*	Ded & Coins		\$500 / \$250 co-pay	Ded then 30%
Emergency Room	\$200 co-pay		\$150 co-pay	\$150 co-pay
Mental Health & Substance Abuse				
In-Patient*	Ded & Coins		\$500 co-pay/admit	Ded then 30%
Out-Patient	IOP Facility: No Charge; Office: \$25/40 co-pay		\$500 /\$250 co-pay Office: \$25/40 co-pay	Ded then 30%
Other				
Outpatient Therapy - PT/ST/OT*	\$40 co-pay (60 visits/cal yr combined)		\$40 co-pay (90 visits/cal yr combined)	Ded then 30%
Chiropractic Care*	\$40 co-pay		\$40 co-pay	Ded then 30%
Gym Reimbursement** (50 visits per 6 months)	\$200/6 month – Employee \$100/6 month – Spouse/dependent children age 13 or older		\$200/6 month – Employee \$100/6 month – Spouse/dependent children age 13 or older	

*Prior Authorization may apply

**Gym reimbursement for employees & covered spouses. Dependent children age 13 or older are now eligible.



Dental Benefits



Customer Service: (800) 541-7846
www.guardiananytime.com

Coverage is provided through **Guardian**. Coverage can begin 60 days following your date of hire. Employees may enroll their eligible dependents to the coverage. Eligible dependents include:

- Your spouse (unless you are legally separated)
- Your dependent children to age 26 (coverage ends on 26th birthday)
- Domestic partners meeting specific eligibility criteria

Each participating employee is required to contribute a portion of his or her health insurance premium. This pre-tax contribution is subject to change at the discretion of the principals.

Rates are in effect from July 1, 2025 to June 30, 2026. Rates may differ slightly due to rounding.

	Guardian DentalGuard Preferred PPO	
	<i>In-Network</i>	<i>Out-of-Network*</i>
Deductible (Calendar Year - Waived for Preventive Services)	\$50/\$150	\$50/\$150
Annual Maximum (Calendar Year)		\$1,000
Type 1: Preventive Services	100%	100%
Oral Exams (2x/12 mos.)		
Cleanings (2x/12 mos.)		
X-Rays (Full-mouth series 1/36 mos.)		
Fluoride Treatment (to age 19, 2x/12 mos.)		
Space Maintainers		
Sealants (to age 16, 1/36 mos.)		
Type 2: Basic Services	50%	50%
Amalgam & Composite Fillings		
Simple Extractions		
Root Canal Treatment		
Periodontal Surgery		
Periodontal Maintenance		
General Anesthesia		
Scaling & Root Planing		
Type 3: Major Services	50%	50%
Crowns, Inlays & Onlays		
Bridges		
Implants		
Dentures		

*Covered % is based on 80th percentile of UCR



Vision Benefits



Customer Service: (800) 541-7846
www.guardiananytime.com

Coverage is provided through **Guardian**. Coverage can begin 60 days following your date of hire. Employees may enroll their eligible dependents to the coverage. Eligible dependents include:

- Your spouse (unless you are legally separated)
- Your dependent children to age 26 (coverage ends on 26th birthday)
- Domestic partners meeting specific eligibility criteria

Each participating employee is required to contribute a portion of his or her health insurance premium. This pre-tax contribution is subject to change at the discretion of the principals.

Rates are in effect from July 1, 2025 to June 30, 2026. Rates may differ slightly due to rounding.

	Guardian VSP Vision Network – Full Feature	
	<i>In-Network</i>	<i>Out-of-Network</i>
Exam Frequency: 1 per calendar year	\$20 copay	\$39 allowance
Lenses Frequency: 1 per calendar year		
Single Vision Lenses	\$20 copay	\$23 allowance
Bifocal Lenses	\$20 copay	\$37 allowance
Trifocal Lenses	\$20 copay	\$49 allowance
Lenticular Lenses	\$20 copay	\$64 allowance
Contact Lenses * (retail allowance) Frequency: 1 per calendar year		
Elective	\$130 allowance (copay waived)	\$100 allowance
Medically Necessary	\$20 copay	\$210 allowance
Frame (retail allowance) Frequency: 1 per 2 calendar yr	\$130 allowance + 20% discount	\$46 allowance

*One pair or a single purchase supply of contact lenses in lieu of lenses and frame benefit



Life and Disability Insurance



Customer Service: (800) 541-7846

www.guardiananytime.com

Coverage is provided through **Guardian**. Benefit is for employee only and paid by AbelCine. Coverage will begin 60 days following your date of hire.

You are responsible for paying tax for any coverage above \$50,000.

Life and AD&D Insurance:

- 1x Base Salary to a maximum of \$100,000
- Equal amount of AD&D
- Guarantee Issue
- Benefit reduction 35% at age 65, 60% at age 70, 75% at age 75 and 85% at age 80

Long Term Disability Insurance:

- 60% of Base Salary
- Maximum of \$10,000 a month
- Guarantee Issue
- 90 day waiting period
- Benefit is paid to Social Security Normal Retirement Age
- AbelCine pays the premium and LTD benefits are taxable



Commuter Benefits

HealthEquity® Customer Service: (877) 924-3967
www.healthequity.com

Coverage is provided through **HealthEquity**. Benefit is for employees only.

Examples include:

Parking:

- Near employee's workplace
- Near a place from which employees commute to work via mass transit
- Employer-owned parking

Transit:

- Buses
- Trains
- Subways
- Ferries
- Streetcars
- Vanpools

Member Options include:

- Direct-home delivery
- IRS-compliant transit and parking debit cards/smart cards
- Employer parking management
- Direct payment to parking facilities
- Annual transit pass support
- Partnerships with vanpool operators
- Convenient mobile app

Transit Benefits:

- 2026 Monthly Pre-Tax Contribution Limit of \$340
- Additional money may be added post-tax
- Contributions may be changed on a monthly basis
- Unused contributions rollover
- Order options include:
 - **Smart Card (MetroCard, CTA, Clipper, etc.)**
 - **Reloadable Commuter Check Card**
 - **Commuter Check Voucher**

Parking Benefits:

- 2026 Monthly Pre-Tax Contribution Limit of \$340
- Additional money may be added post-tax
- Contributions may be changed on a monthly basis
- Unused contributions rollover
- Order options include:
 - **Direct Pay (My Commuter Check pays the garage/lot)**
 - **Reloadable Commuter Check Card**
 - **Commuter Check Voucher**



Flexible Spending Account



Customer Service: (877) 797-7475

member.uhcs.com

Coverage is provided through **United Benefit Services** and can begin as of your date of hire.

Medical Flexible Spending Account (FSA):

- Allows employees to set aside money on a pre-tax basis for IRS eligible medical expenses
- FSA runs on a plan year from 7/1 to 6/30
- 2026 Pre-Tax Annual Contribution Limit: \$3,400
- All IRS eligible expenses:
<https://www.myuhc.com/member/prefsaCalcExpenses.do?pagelink=eligibleHealthCare>
- Over-the-counter medication and menstrual products are now eligible without a prescription
- Grace period is 2.5 months. You may incur expenses from July 1, 2025 through September 15, 2026.

Dependent Care Account (DCA):

- Allows employees to set aside money on a pre-tax basis for eligible dependent care expenses
- Expenses are only eligible if the care enables you and your spouse to work, look for work, or go to school full-time. ***If your spouse is a stay-at-home mom or dad, you cannot participate.***
- DCA runs on a plan year from 7/1 to 6/30
- 2025 Pre-Tax Annual Contribution Limit:
 - \$7,500 married, filing jointly
 - \$3,750 single filing separately



Discount Programs

Aflac



Aflac provides cash benefits directly to you. Use the money for any purpose, including help in paying:

- Rising deductibles and co-payments.
- The extra cost of going to a medical provider not on your approved network.
- Charges beyond what is reasonable or customary.
- Travel-related expenses for treatment, including airfare, hotels, and meals.
- Everyday living expenses like mortgage (or rent) payment, car notes, groceries, and utility bills.
- Lost income – particularly if the healthy spouse has to leave work to care for the recuperating one.



Customer Service: (877) 872-8800 | info@unitedpetcare.com
www.unitedpetcare.com

Easy. Instant. Affordable. United Pet Care offers a pet care plan that you and your pet will love.

We are pleased to offer our employees the opportunity to save on your pet’s veterinary care. One low price includes preventative, accident and sick care.

Get Care – From two months to twenty years, you can enroll your pet at any stage. We never punish you for age or pre-existing conditions.

Feel the Love – From our veterinary providers to our UPC service team, we’re all about providing compassion and support for your pet care journey.

<p>Wellness Care</p> <p>Office Visits</p> <hr/> <p>Annual Examinations</p> <hr/> <p>Vaccinations</p> <hr/> <p>Puppy & Kitten Vaccines <i>(under age of 1 year, series of vaccines including rabies)</i></p>	<p>Savings</p> <p>20% to 50%</p>	<p>Program Pricing</p> <p>Employee Rate Per Month</p> <table border="1"> <tr><td>1 Pet</td><td>\$17.50</td></tr> <tr><td>2 Pets</td><td>\$34.00</td></tr> <tr><td>3 Pets</td><td>\$50.50</td></tr> <tr><td>Each Additional</td><td>\$16.50</td></tr> </table> <p>Includes Access to 24/7 Pet Helpline</p> <ul style="list-style-type: none"> ✘ No deductibles ✘ No waiting periods ✘ No claim forms 	1 Pet	\$17.50	2 Pets	\$34.00	3 Pets	\$50.50	Each Additional	\$16.50
1 Pet	\$17.50									
2 Pets	\$34.00									
3 Pets	\$50.50									
Each Additional	\$16.50									
<p>Additional Procedures</p> <p>All Surgeries/Hospitalization</p> <hr/> <p>Dental Cleaning/Extractions</p> <hr/> <p>Diagnostic Testing/Lab Work</p> <hr/> <p>Radiology</p> <hr/> <p>Medications</p> <hr/> <p>Spay & Neuter</p>	<p>Savings</p> <p>20% to 25%</p>									

All savings are based on standard agreements. Each Veterinary Provider can choose to increase/decrease discount percentages and/or exclude any service. Please review your specific providers discounts and exclusions prior to selecting them as your primary provider



BenefitHub



Customer Service: (866) 664-4621 | customercare@benefithub.com
abelcineperks.benefithub.com

Enjoy discounts, rewards and perks on 1000s of brands you love in a variety of categories:

- Travel
- Apparel
- Entertainment
- Beauty & Spa
- Auto
- Local Deals
- Restaurants
- Tickets
- Electronics
- Educations
- Health & Wellness
- Auto & Home Insurance



It's easy to get access and start saving!

1. Go to <https://abelcineperks.benefithub.com/Welcome>
2. Not registered? Click on link for "Don't have an account? Signup"
3. Complete registration using referral code: RTKW3W

Or scan here now:





Gym Memberships



Special Rates for employees of AbelCine:

GREEN OPTION

\$34 Month to Month All access (includes Manhattan)

BLUE OPTION

\$25 Month to Month Regional access (excludes Manhattan)

ANNUAL FEE

\$59.99 charged on the 3rd day of the 2nd month

\$0 buy out fee / 45-day notice required to cancel

For more information:

corporatemembership@blink-fitness.com



Join or Renew: www.onlineccs.com

password: abelcine

Or stop by Crunch Gyms and ask for your Corporate Deal.

Special Rates for employees of AbelCine:

NATIONWIDE ACCESS

\$76 per month

NYC ACCESS

\$72 per month

ONE CLUB NY/HOBOKEN ACCESS

\$69 per month

CALIFORNIA ACCESS

\$60 per month.

\$0 enrollment / \$0 processing fee

For more information:

frank.sancilio@crunch.com

This brochure provides highlights of your benefit options.

For complete plan details, refer to the official plan documents as they are controlling and shall be given full force and effect.



Gym Reimbursement Program



Customer Service: (800) 444-6222

www.myuhc.com

Reimbursement is provided by **Oxford** and is for enrolled employees and their enrolled spouses/domestic partners. Dependent children age 13 or older are now eligible.

- \$200 per 6 months for employees
- \$100 per 6 months for spouses/partners/dependent children age 13 or older

Your reimbursement period begins on the date of your first fitness facility visit or class and ends after you have completed 50 visits, 50 classes, or a mix of visits and classes that add up to 50. The reimbursement period ends six months from your first visit. You can start a new reimbursement period one day after your last reimbursement period ends.

The claim form can be found at: https://www.oxhp.com/secure/materials/SweatEquity_ClaimForm.pdf

Examples of qualifying fitness facilities and classes:

- Aerobics
- Boot camps
- Boxing/Kickboxing
- CrossFit
- Indoor rock climbing
- Martial arts
- Personal training
- Pilates
- Pure Barre
- Standard gym, including YMCAs and community centers where fitness services are offered
- Swimming
- Tennis/Racquetball
- TRX
- Weight/Resistance
- Yoga
- Zumba®

Examples of cardiovascular equipment:

- Elliptical trainer/Cross-trainer
- Rowing machine
- Stair climber
- Stationary bicycle
- Treadmill



Employee Assistance Program (EAP)



Customer Service: (800) 386-7055

worklife.uprisehealth.com

Access Code: worklife

Coverage is provided through **Guardian - Uprise Health**.

Uprise Health Employee Assistance Program offers services to help promote well-being and enhance the quality of life for you and your family. Your Confidential Employee Assistance Program – Helping find balance between work and home life.

Uprise Health provides guidance for personal issues that you might be facing and information about other concerns that affect your life, whether it's a life event or on a day-to-day basis.

- Unlimited free telephonic consultation with an EAP counselor available 24/7 at 800-386-7055
- Referrals to local counselors — up to three sessions free of charge
- State-of-the-art website featuring over 3,400 helpful articles on topics like wellness, training courses, and a legal and financial center

Guardian - Uprise Health can offer help with:

Health

- Healthy Living
- Stress Management
- Mental Health
- Diet and fitness
- Overall wellness

Family

- Parenting Support
- Child and Elder care
- Learning program
- Special needs help

Legal and Financial

- Legal Issues
- Will preparation
- Taxes and debt
- ID theft services
- Financial tools and assistance
- Medical bill negotiation tools