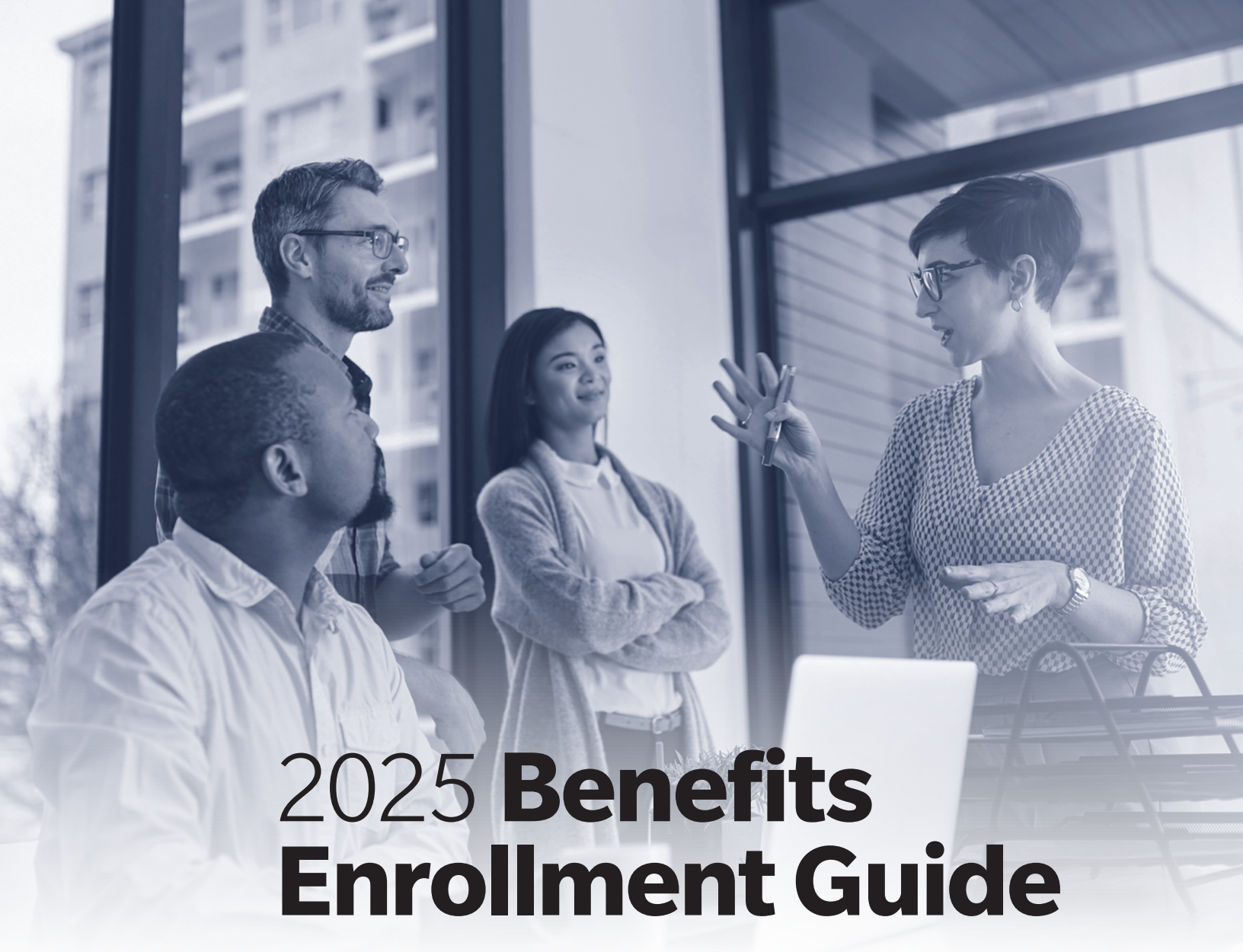


2025 **Benefits Enrollment Guide**

Newly Eligible Employees

EVERSOURCE

ACCESS · CONTRIBUTE · TRACK
ACT Wisely


ACCESS • CONTRIBUTE • TRACK
ACT
Wisely

WELCOME

Congratulations on your new position with Eversource! You are now part of a team that's always working to serve customers better and power the possibilities for New England. As an Eversource employee, you have access to a comprehensive benefits package that includes programs for protecting income, providing medical, dental, vision and prescription drug coverage, life and accident insurance, and retirement benefit programs. This guide is designed for you to learn about these programs.

Getting started

Our benefit programs are designed to help keep you and your family healthy and financially secure with coverage options that feature choice, flexibility and tax-savings opportunities. Take some time to read over this guide and learn about the benefit choices available to you and your eligible dependents.

What should I do first?

Read through this enrollment guide first to learn more about Eversource's benefit programs. Log into Workday, Eversource's human resources and payroll cloud-based system, to view your benefit enrollment options, the cost you will pay for each option, and the cost Eversource pays for your benefits.

How do I enroll in my health and life insurance benefits?

You will enroll online through Workday. You must complete certain on-boarding steps in Workday prior to enrolling in your healthcare and life insurance benefits. See page 20 for more information.

What if I have questions?

More than likely your questions can be answered within this guide. This is a comprehensive review of your benefit options intended to provide you with enough information to make informed enrollment decisions. If you find you need additional information, call HRConnect at 1-800-841-8684, Monday through Friday, 8:00 a.m. to 4:30 p.m., and select the "HR Generalist" prompt.

When is my enrollment deadline?

The deadline for enrollment is 31 days from the first day you are actively at work. If you enroll before the deadline, your elections will go into effect retroactive to your eligibility date, except for flexible spending accounts (FSAs), the Health Savings Account (HSA) and for life insurance amounts requiring evidence of good health and insurability (EOI). You will also owe retroactive contributions for those benefit elections in effect before the 31-day deadline.

Can I change my healthcare elections at any other time during the year?

Once enrolled, your benefits will remain in effect through December 31. You can change your benefits during the annual open enrollment period and if you experience a qualifying life event or a HIPAA special enrollment event. If you experience a qualifying life event during the year, log into Workday. From the Workday homepage menu (far left side), select Benefits and Pay / Benefits / Benefit Elections / Change Benefits. All benefit changes must be made within 31 days of the event and are retroactive to the date of the event. If you need to make an enrollment change during the year, the type of change you make must be consistent with your family or employment status change. Please refer to pages 16 and 17 for information regarding when you can make changes to your life insurance coverage.

How can I compare health care costs?

You can view health care costs for each medical, dental and vision option in Workday while you enroll. You will see the different coverage level options, your cost for the election and the cost Eversource pays on your behalf. Employee contribution rates are also available on HRConnect (see the Medical Benefits section, healthcare costs tab).

Are you a represented employee?

Some benefit programs differ across the various bargaining unit agreements at Eversource and from what is described in this guide. We have indicated those instances in which a variance may occur. All employees are encouraged to log into Workday to see the benefit options available for enrollment and their associated cost.

What if I have coverage elsewhere?

You have the option to waive medical coverage and receive taxable compensation unless you are a covered dependent under another Eversource option.

What if I don't enroll?

If you are a newly hired employee and you do not enroll or waive benefit coverage within 31 days from your eligibility date, you will be automatically enrolled in default coverage. Default coverage is only for you and does not include coverage for your dependents:

- **Medical:** PPO 90 medical option
- **Dental:** No dental coverage
- **Vision:** No vision coverage
- **Long-Term Disability (LTD):** A percentage of your base salary (see Workday)

The default coverage above will continue until you make new elections during an open enrollment period for the following plan year, or as the result of a qualifying change in status or HIPAA special enrollment event.

Subscriber ID Cards

If you enroll in medical and or dental coverage, you should receive your subscriber ID card(s) within 2 weeks of completing your benefits enrollment.

If you enroll in vision coverage, you will not receive a subscriber ID card. When you receive care from a VSP in-network provider, simply identify yourself as a VSP participant when scheduling an appointment. See page 12 for more information.

How can I learn more about Eversource's retirement benefit programs?

Eversource provides two retirement benefit programs. The program for which you are eligible, depends on your employment classification. The retirement benefit programs are described on pages 22 through 24 of this guide. Information is also available on HRConnect.

How can I enroll in the Eversource 401k Plan?

You can refer to page 22 of this guide for information on how to enroll in the 401k Plan.

What is the Eversource Med-Vantage Plan?

You can refer to page 24 for information about the Med-Vantage program.

How do I find out about other benefits and programs available at Eversource?

Eversource offers additional programs that are not part of this enrollment process. Information about these programs is available on HRConnect. Highlights of some of these programs are also provided on pages 24 and 25 of this guide.

Total Rewards Dashboard

After you enroll in your benefits coverage, you can review your personalized Total Rewards Dashboard on HRConnect. The dashboard provides you with an up to date view of the value of your compensation and benefits package. You can access the Dashboard on HRConnect (see Your Total Rewards at Eversource on the homepage).

You have 31 days to enroll in your benefits

The deadline for enrolling in your health care, life insurance, Long Term Disability, Flexible Spending Accounts and the Group Legal Plan, is 31 days from the first day you are actively at work. If you enroll before the deadline, your elections will go into effect retroactively to your eligibility date (except for flexible spending accounts, the Health Savings Account, and for life insurance amounts requiring evidence of insurability). You will also owe retroactive contributions for those benefit elections in effect before the 31-day deadline.

ACT Wisely

- **Access** and assess your individual situation (review your election options)
- **Consider** contributing more (take advantage of the tax-free savings accounts)
- **Track** your progress and adjust accordingly (monitor your deductible and out-of -pocket expenses)

STEP 1

Add Dependents

Consider whom you would like to include in benefit coverage.

Your Dependents

Before you consider which benefit options to elect, determine whom you want to cover first. You will provide the information for each dependent you wish to cover when you enroll online in Workday.

Whom Can You Add to Coverage?

:: Your legal spouse;

:: Your dependent child through the last day of the month in which he or she reaches age 26, who is a natural child or legally adopted child (or a child for whom you have entered into a formal order of adoption), stepchild, foster child or a child for whom you are legal guardian.

:: Your unmarried child (as described above) will continue to be eligible after his or her 26th birthday if deemed mentally or physically incapable of self support (subject to annual certification once the child reaches age 26) and covered under the Plan immediately prior to the attainment of age 26.

Submit Verification Documents

If you wish to add a dependent during your enrollment period, you must submit copies of certain documents verifying that your dependent is eligible for benefit coverage. You will submit these documents electronically when you enroll online in Workday. Required documents are as follows:

:: **Legal Spouse:** A government issued marriage certificate which identifies the date of marriage and your spouse's date of birth.

:: **Children:** Birth Certificate (long form issued by the municipality where the child was born).

:: **Adopted Children:** A government issued birth certificate, adoption certificate or placement agreement.

:: **Step Children:** A government issued birth certificate, which must include your spouse's name.

:: **Legal Guardianship:** Legal documentation from the state court or federal government documenting the legal guardianship status.

Workday Job Aid

If you need more detailed instructions for adding a dependent in Workday, please refer to the Workday job aid for adding a dependent during enrollment. You can find the Workday enrollment job aids from a link on the home page of HRConnect.

If you are adding a dependent

Your new dependent will not be covered unless you electronically attach all dependent eligibility verification documents in Workday within 31 days of your start date.

STEP 2

Health Care Elections: Medical

Compare medical options and choose one that best fits your needs and those of your family. Blue Cross Blue Shield is the medical benefit carrier.

Your Medical Options

You have the following three medical options from which to choose in addition to the option to waive medical coverage if you have coverage elsewhere:

- ◯ Saver Medical Option
- ◯ PPO 90 Medical Option
- ◯ PPO 100 Medical Option
- ◯ Waive medical coverage (receive taxable compensation unless you are a covered dependent under another Eversource option)

Coverage details are outlined on the following pages. Consult the Medical Option Comparison charts to view a side-by-side comparison and learn what the out-of-pocket maximum amounts mean for each option to help you determine which option is most appropriate.

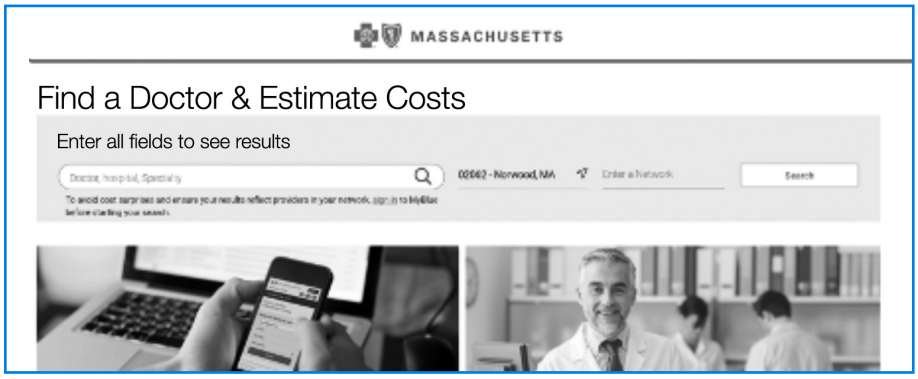
Coverage Levels

You also have the choice of whom, in addition to yourself, you want to cover under medical benefits. Your coverage level options (for example, you only, you and spouse, you, spouse and children, etc.) will be displayed for you within Workday.

You can search for providers in the Blue Cross Blue Shield Network - without creating an account:

1. Go to: www.bluecrossma.com/findadoctor
2. Enter your provider's name in the field "Doctor, hospital, Specialty" field (example: Smith, Christopher)
3. Enter the zip code of your physician's location
4. In the "Enter a Network" field, type "PPO or EPO"
5. Select "Search"
6. Your search will indicate if your provider is in the network

Note, you can also search for a type of provider. Enter the type of provider you are looking for in the "Doctor, hospital, specialty" field. For example, Endocrinology. Enter your home zip code to locate providers in your area, and select the PPO or EPO network.



Telehealth Services

When you prefer not to go to a physician's office or health facility for an in-person visit, you may see a provider online or by mobile device. You can call Blue Cross Blue Shield at 888-772-2493 to find an approved Telehealth provider.

Prescription Drugs

All three medical options include prescription drug benefits administered by Express Scripts (ESI).

PPO 100 and PPO 90 Medical Options

If you enroll in the PPO 90 or PPO 100 medical option, you will have a copay (and coinsurance for non-formulary retail pharmacy benefits) as indicated in the chart below. **It is mandatory for you to fill maintenance medications either through mail order or a CVS retail pharmacy via the Smart 90 program.** If you take a maintenance medication, you can fill one 30-day supply at a participating retail pharmacy, and one 30-day refill. Thereafter, you must fill your prescription through mail order (90 day supply) or a CVS pharmacy via Smart 90.

Saver Medical Option

If you enroll in the Saver medical option, you will have to first satisfy the deductible ($1,650 as an employee only or $3,300 as an employee plus one or more dependent) and then the prescription drug copays, as indicated below, will apply. You have the option to fill your maintenance medications (up to a 90-day supply) through mail order, the Smart 90 program, or receive up to a 34-day supply through a participating retail pharmacy. You are not required to use mail order or the Smart 90 program, but doing so will save you money when you fill brand-name and non-formulary medications.

If you enroll in the Saver medical option, you may not have to pay a copay, coinsurance or deductible for certain generic, preventative medications. You can find this list on HRConnect, in the Health & Wellness, Prescription Drug section.

Medical Option	**Type of Drug**	**Retail Pharmacy** (Up to a 34-day supply)	**Mail Order and Smart 90** (Up to a 90-day supply)	
PPO 100 and PPO 90 (Express Scripts)	Generic	$6	$12	Using mail order or a CVS pharmacy via Smart 90 is mandatory for maintenance medications
	Brand (Formulary)	$25	$50	
	Non-Formulary	50% coinsurance (up to an annual $1,000 maximum/person)	$97	
Medical Option	**Type of Drug**	**Retail Pharmacy** (Up to a 34-day supply)	**Mail Order and Smart 90** (Up to a 90-day supply)	
Saver Option (Express Scripts) (copays apply once the annual deductible is met; there are no copays or deductible for generic medication considered preventive)	Generic	$0	$12	Using mail order or a CVS pharmacy via Smart 90 is NOT mandatory for maintenance medications
	Brand (Formulary)	$25	$50	
	Non-Formulary	$50	$97	

Smart 90 Program

This program allows you to obtain up to a 90-day supply of maintenance medications at a CVS retail pharmacy at the same cost as mail order. You can choose to fill your maintenance medications using either mail order, or the Smart 90 Program. The Smart 90 program is available only at CVS retail pharmacies. This program is available through a partnership between Express Scripts and CVS and is subject to a continuing CVS/Express Scripts relationship.

Express Scripts information

To determine the cost for a specific prescription drug, go to www.express-scripts.com/eversource. Select a medical plan, and then select "Price a Medication". You can also identify participating retail pharmacies.

Medical Option Comparison Charts

In-Network Coverage

This chart refers to benefit coverage available if you use a provider who participates in the Blue Cross Blue Shield PPO network.

In-Network Highlights	PPO 90	PPO 100	Saver Option
Lifetime Maximum	Unlimited		
Annual Deductible	$250 per person up to a $500 family maximum	None	$1,650 employee only OR $3,300 employee plus one or more dependent(s)
Coinsurance	10%	None	10%
Annual Out-of-Pocket (OOP) Maximum* (Includes deductible)	$1,500 per person up to a $3,000 family maximum (Applies only to certain services)	$750 per person up to a $1,500 family maximum (Applies only to certain services)	$2,500 employee only OR $5,000 employee plus one or more dependent(s) (Applies to all services)
Employer HSA Funding All Employees	No	No	$500 employee only OR $1,000 employee plus one or more dependent(s)
Prescription Drug (Retail copays for up to a 34-day supply)	No deductible applies $6 (generic) $25 (brand) 50% of cost up to $1,000 (non-formulary) Express Scripts	$6 (generic) $25 (brand) 50% of cost up to $1,000 (non-formulary) Express Scripts	Full cost until deductible is met; then copays apply[1]: $0 (generic) $25 (brand) $50 (non-formulary) Express Scripts
Prescription Drug (Mail order and Smart 90 copays for up to a 90-day supply)	No deductible applies $12 (generic) $50 (brand) $97 (non-formulary) Express Scripts	$12 (generic) $50 (brand) $97 (non-formulary) Express Scripts	Full cost until deductible is met; then copays apply: $12 (generic) $50 (brand) $97 (non-formulary) Express Scripts
Office Visit (PCP)	$20 copay No deductible applies	$15 copay	10% coinsurance after meeting deductible
Office Visit (Specialist)	$35 copay No deductible applies	$30 copay	
Telehealth	$10 copay	$5 copay	10% coinsurance after meeting deductible
Preventive Care[2]	100% covered, No deductible applies	100% covered	100% covered, No deductible applies
Inpatient Hospital	10% coinsurance after deductible	$150 per day (not to exceed $300 per admission)	10% coinsurance after deductible is met
Outpatient Surgery		$150 copay	
Emergency Room	$100 copay (waived if admitted)	$100 copay (waived if admitted)	
Urgent Care/Walk-In	$30 copay	$30 copay	
Lab and X-Ray	10% coinsurance after deductible	100% covered	
Advanced Radiology (MRI, CAT/PET scan)		$150 copay	
Infertility Procedures	Plan provides coverage for specific infertility procedures (after any applicable deductible, co-insurance, or copay). Prior authorization is required for certain services.		
Hearing Aid Device	Plan provides up to $2,000 benefit per ear, every 36 months for the hearing aid device. You must meet the annual deductible in the Saver Plan before the benefit is provided.		

[1]The Saver Plan requires no deductible or copays for certain generic medications that are considered preventive. A list of these generic medications is available on HRConnect.
[2]Any non-preventive services provided by an in-network provider as part of a preventive care visit will be considered standard service and any annual deductibles, copays and coinsurance will apply.

*The total out-of-pocket maximum shown for participants in the Saver medical option apply to 100 percent of costs, which means the total cost a Saver participant could pay for any in-network charges will never exceed these amounts. Participants in the PPO options, however, should be aware that their out-of-pocket maximums apply only to certain services and other services will not be limited. This means the total cost for a PPO participant could exceed amounts shown on the chart. In no event will PPO participants be charged more than the federally mandated out-of-pocket limits imposed under the Affordable Care Act: $9,200 for individual coverage and $18,400 for family coverage for all services. See charts on pages 8 and 9 and Blue Cross Blue Shield's Summaries of Benefit Coverage (SBCs) on HRConnect for more information.

Out-of-Network Coverage

This chart refers to benefit coverage available if you use a provider who DOES NOT participate in the Blue Cross Blue Shield PPO network. The cost of out-of-network services is based on the carrier's maximum reimbursable charges (MRC), a defined fee schedule developed by the medical carrier and/or what other doctors in your area charge. You will pay 100 percent of costs above MRC and these amounts do not apply to your deductible or out-of-pocket maximum.

Out-of-Network Highlights	PPO 90	PPO 100	Saver Option
Lifetime Maximum	Unlimited		
Annual Deductible	$1,000 per person up to a $2,000 family maximum	$400 per person up to a $1,200 family maximum	Combined amount for in- and out-of-network, see In-Network chart
Coinsurance	30%	30%	30%
Annual Out-of-Pocket (OOP) Maximum (Includes deductible)	$3,000 per person up to a $6,000 family maximum	$3,000 per person up to a $6,000 family maximum	Combined amount for in- and out-of-network, see In-Network chart
Employer HSA Funding	No	No	(See In-Network Chart)
Prescription Drug (Retail copays)	No Out-of-Network coverage	No Out-of-Network coverage	No Out-of-Network coverage
Prescription Drug (Mail order copays)			
Office Visit (PCP)	30% coinsurance after deductible is met	30% coinsurance after deductible is met	30% coinsurance after deductible is met
Office Visit (Specialist)			
Preventive Care			
Inpatient Hospital			
Outpatient Surgery			
Emergency Room	$100 copay per visit (waived if admitted)	$100 copay per visit (waived if admitted)	10% coinsurance after deductible is met
Urgent Care/Walk-In	$30 copay	$30 copay	
Lab and X-Ray (at independent lab or facility)	30% coinsurance after deductible is met	30% coinsurance after deductible is met	30% coinsurance after deductible is met
Advanced Radiology (MRI, CAT/PET scan) at outpatient facility			
Infertility Procedures	Plan provides coverage for specific infertility procedures (after deductible and co-insurance). Prior authorization is required for certain services.		
Hearing Aid Device	Plan provides up to $2,000 per ear every 36 months, after you satisfy the deductible and 30% coinsurance.		

Legal Notices

A collection of legal notices is included in your onboarding package. Keep this collection of notices with your other benefit materials.

Medical Option Comparison Charts

How are the three medical options the same?

No matter which medical option you elect, your medical benefits will be administered by the Blue Cross Blue Shield PPO network and the same network discounts apply. All preventive care is covered at 100 percent and you will have no lifetime maximums or pre-existing limitations on essential health services to worry about.

In-Network Services	PPO 90	PPO 100	Saver
:: Blue Cross Blue Shield PPO network :: Same carrier discounts for in-network services :: Out-of-network coverage :: No referrals for specialty care :: No Primary Care Physician designation required :: Same coverage rules for all services	✓	✓	✓
100% Coverage for Preventive Care :: Adult: Annual physicals, routine age-based screenings, immunizations, etc. :: Routine pediatric care: 10 visits first year of life, 3 visits second year of life, 2 visits age 2, and 1 visit per year age 3+ and immunizations.	✓	✓	✓
:: No lifetime maximums or pre-existing condition limits :: No annual limits on essential health services :: Protection against catastrophic cost through out-of-pocket maximums	✓	✓	✓

Saver Medical Option

Saver has the lowest fixed paycheck cost but also has the least predictable out-of-pocket costs.

All services (other than preventive care) are subject to a deductible. After the deductible is satisfied, coinsurance and copays apply. One hundred percent of costs are subject to the annual out-of-pocket maximum. Limits under the Saver option are based on the level of coverage you elect. If you elect "employee only" coverage, the annual deductible is $1,650 and your out-of-pocket maximum amount is $2,500. If you elect "employee plus one or more dependent(s)," the annual deductible is $3,300 and the out-of-pocket maximum is $5,000—and limits for this coverage level can be met by one individual or by all family members combined.

Note, If you elect the Saver medical option and you have non-high-deductible coverage elsewhere, you will be in violation of IRS regulations.

Saver Medical Option			
Service (In Network Only)	**You Pay**	**Is there a Deductible?**	**Out-of-Pocket Maximum Apply?**
Preventive Care	$0	NO	NO
Prescription Drugs	Express Scripts Copays (after deductible)	YES, for all services: $1,650 employee only OR $3,300 employee plus one or more dependent(s)	YES, for all services: $2,500 employee only OR $5,000 employee plus one or more dependent(s) (Includes deductible)
PCP Office Visit	10%		
Specialist Office Visit	10%		
Urgent Care/Walk-in Clinic	10%		
Lab & X-Ray	10%		
Advanced Imaging (MRI, CT, PET)	10%		
Emergency Room	10%		
Outpatient Surgery	10%		
Inpatient Hospitalization	10%		

PPO 90 Medical Option

PPO 90 has a lower fixed paycheck cost than PPO 100 and more predictable out-of-pocket costs than Saver.

Although fixed copays apply for basic services, other services are subject to a deductible and coinsurance. All copays of $100 or more—plus deductibles and coinsurance—are subject to annual out-of-pocket maximum limits. Copays under $100 are not limited, which means that once you reach the out-of-pocket maximum amount, you will continue to pay these copays.

PPO 90 Medical Option			
Service (In Network Only)	**You Pay**	**Is there a Deductible?**	**Does Out-of-Pocket Maximum Apply?***
Preventive Care	$0	NO	NO
Prescription Drugs	Express Scripts Copays		
PCP Office Visit	$20		
Specialist Office Visit	$35		
Telehealth	$10		
Urgent Care/Walk-in Clinic	$30		
Emergency Room	$100 (waived if admitted)		YES $1,500/person up to $3,000/family (Includes deductible)
Lab & X-Ray	10%	YES $250/person up to a $500 family maximum	
Advanced Imaging (MRI, CT, PET)	10%		
Outpatient Surgery	10%		
Inpatient Hospitalization	10%		

PPO 100 Medical Option

PPO 100 has the highest fixed paycheck cost and the most predictable out-of-pocket costs.

All charges are subject to a fixed copay amount and no deductibles apply. Only copays of $100 or more are subject to the annual out-of-pocket limit. Other services, such as office visits and prescription drug copays, are not limited.

PPO 100 Medical Option			
Service (In Network Only)	**You Pay**	**Is there a Deductible?**	**Does Out-of-Pocket Maximum Apply?***
Preventive Care	$0	NO	NO
Prescription Drugs	Express Scripts Copays		
PCP Office Visit	$15		
Specialist Office Visit	$30		
Telehealth	$5		
Urgent Care/Walk-in Clinic	$30		
Lab & X-Ray	$0		
Advanced Imaging (MRI, CT, PET)	$150		YES $750/person up to $1,500/family
Emergency Room	$100 (waived if admitted)		
Outpatient Surgery	$150		
Inpatient Hospitalization	$150/day up to $300/admission		

*For both PPO medical options, it is possible to have out-of-pocket limits beyond these amounts due to copayments, which are not subject to the limits shown. In no event will out-of-pocket costs in any medical option plan design exceed the maximum limits established under Affordable Care Act regulations. In 2025, the limits are $9,200 for individual coverage and $18,400 for family coverage. Limits under each option will be significantly lower for some services. Lower limits are imposed by Eversource Flexible Benefits Plan rules and may not apply to all services. Refer to the Summaries of Benefit Coverage (SBCs) located on the HRConnect website for more information.

Glossary of Health Care Terms

Coinsurance

The percentage of allowed charges for covered services that you are required to pay. For example, your benefits plan may cover 90 percent of charges for a covered hospitalization, and you will be responsible for the other 10 percent up to your out-of-pocket maximum. This 10 percent cost is known as the coinsurance.

Copayment (Copay)

A flat dollar amount you must pay for a covered service. For example, you may have to pay a copayment for each covered visit to a primary care or specialist doctor. Copays are not always subject to the out-of-pocket maximum.

Deductible

The amount you pay each year before your benefit plan shares in the cost of certain services. The deductible may not apply to all services. For example, preventive care is covered and no deductible will be required before your preventive services are paid.

Formulary

A list of approved prescription drug medications that your benefit plan will cover. Your formulary includes both generic and brand-name drugs, and categorizes them into different coverage tiers.

Out-of-Pocket Costs

Your expenses for medical care that are incurred when you seek care and are not reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance and copays for covered services, plus all costs for services that aren't covered—including amounts above the maximum reimbursable fees when you seek out-of-network care.

Out-of-Pocket Maximum

The most you can pay for certain copays and any deductibles and coinsurance amounts. Once you pay this amount out of your pocket during the year, your benefit plan usually pays 100 percent of covered services, excluding payroll contributions. If you elect medical options PPO 100 or PPO 90, you will continue to pay for provider office visit copays and prescription drug copays. If you elect the Saver medical option, all in-network covered expenses—including copays—are limited to the total out-of-pocket maximum.

In no event will out-of-pocket costs in any medical option plan design exceed the maximum limits established under Affordable Care Act regulations. In 2025, the limits are $9,200 for individual coverage and $18,400 for family coverage. Limits under each option will be significantly lower for some services. Lower limits are imposed by Plan rules and may not apply to all services.

In-network preventive care is covered at 100 percent

No matter which medical option you elect, preventive care is covered at 100 percent. Preventive care includes annual physicals, routine age-based screenings, immunizations, etc.

STEP 3

Health Care Elections: Dental

You have two dental options from which to choose and the option to waive dental coverage. Your dental carrier is Delta Dental of Massachusetts.

Your Dental Options

Before you determine which dental option to consider, determine whom you want to cover. The coverage level for dental does not need to be the same as medical—this means you can choose to cover yourself only for dental and your family for medical.

You have the following dental options:

- ○ Dental 1000
- ○ Dental 1800
- ○ Waive Dental Coverage

Dental Benefit Highlights	Your Costs under Dental 1000	Your Costs under Dental 1800
Your Annual Deductible	$50 per person to a family maximum of $150	$25 per person
Preventive and Diagnostic Treatment (exams, x-rays and cleanings)	20% after deductible	No cost; no deductible
Restorative and other Basic Services (standard amalgam and composite fillings, dentures, denture repair, simple extractions and root canals)	20% after deductible	20% after deductible
Oral and Periodontal Surgery (not subject to the calendar year maximum) *Please note that Delta Dental of MA is the primary insurance carrier when submitting oral or periodontal surgery claims.*	20% after deductible	20% after deductible
Prosthodontics and other Services (bridges and crowns; implants allowed once per 60 months per implant)	50% after deductible	40% after deductible
Temporomandibular Joint (TMJ) Appliance (subject to deductible and calendar year maximum)	50% after deductible	50% after deductible
Maximums Paid by the Plan	**Plan Pays**	**Plan Pays**
Calendar Year Maximum for Covered Services	$1,000 per person* (includes orthodontia)	$1,800 per person*
Lifetime Maximum for Orthodontia (for adults and children)	100% up to $750 lifetime maximum*; included in calendar year maximum; not subject to deductible	100% up to separate $1,800 lifetime maximum* per person; not subject to deductible
*You pay 100 percent of services once calendar and lifetime maximums have been paid by the Plan.		

STEP 4

Health Care Elections: Vision

Vision is a separate election from your medical option election. Vision Service Plan (VSP) is your vision administrator.

You can elect vision benefits independent of your medical and/or dental elections, which means you can elect vision coverage for yourself and any qualified dependent regardless of whom you cover under medical. You also don't need a benefit identification card when receiving care from a vision provider who participates in VSP's network. Always identify yourself as a VSP participant when scheduling your appointment.

Benefit	Description	Copay	Frequency
Well Vision Exam **Routine Retinal Screening**	Focuses on your eyes and overall wellness	$15 $39	Every calendar year
Prescription Glasses		$25	See frame and lenses
Frame	- $130 allowance for a wide selection of frames - 20% off amount over your allowance	Included in Prescription Glasses	Every other calendar year
Lenses	- Single vision, lined bifocal, and lined trifocal lenses - Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every other calendar year
Lens Options	- Standard progressive lenses - Premium progressive lenses - Custom progressive lenses - Average 30% off other lens options	$0 (Standard) $95 – $105 (Premium) $150 – $175 (Custom)	Every other calendar year
Contacts (instead of glasses)	- $335 allowance for contacts (includes fitting and evaluation)	$0	Every other calendar year
Essential Medical Care	- Services related to type 1 and 2 diabetes; ask your VSP doctor for details - See Essential Medical Eye Care Program chart below.	$5	As needed
Extra Savings and Discounts	**Glasses and Sunglasses** - 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last Well Vision Exam		
	Laser Vision Correction - Average 15% off the regular price or 5% off the promotional price; discounts available only from contracted facilities		
Your Coverage with Other Providers (Out-of-Network Benefits)			
Visit vsp.com if you plan to see a provider other than a VSP doctor. Plan copays still apply.			
Exam: up to $45 Frame: up to $47	Single Vision Lenses: up to $45 Lined Bifocal Lenses: up to $65	Lined Trifocal Lenses: up to $85 Progressive Lenses: up to $85	Contacts: up to $105

Vision Benefit Authorization

Follow these steps each time you or your eligible dependents seek vision care so your provider can obtain benefit authorization on your behalf:

1. Locate a VSP provider by visiting www.vsp.com or by calling 1-800-877-7195.
2. Choose the VSP "Choice" network of providers.
3. Call the VSP provider to schedule an appointment.
4. Always identify yourself as a VSP participant when scheduling your appointment.

Essential Medical Eye Care Program

Generally, coverage for medical related urgent eye care (due to illness or injury) is provided under the Eversource medical plans. However, you can access treatment for the following services using a VSP Provider, after a $5 copayment: sudden vision change or vision loss, eye trauma, pink eye, and foreign body removal. If you need essential medical eye care, contact your VSP Provider to schedule an appointment.

STEP 5

Health Savings Elections (Saver Option Only)

If you enroll in the Saver medical option, you also have access to a Health Savings Account (HSA) administered by Fidelity Investments. Eversource contributes money to your HSA depending on your coverage level, and when you are hired during the year. HSA funds will roll over year to year.

In addition to company contributions, you can also make additional contributions to your HSA by actively electing your pre-tax dollar amount in Workday. If you enroll in the Saver medical option, you must also elect the Health Savings Account (HSA) in Workday—even if you don't make contributions. The maximum amount you can contribute to the HSA (as determined by the IRS) is shown in the chart below. The company contribution amount counts toward the annual maximum contribution amounts.

Coverage Level		IRS Maximum Contribution	Company Contribution (See Workday)	Remaining Amount You Can Contribute
Employee Only	All Employees	$4,300	$500	$3,800
Employee Plus One or More Dependent	All Employees	$8,550*	$1,000	$7,550
Employees age 55 or older who are not enrolled in Medicare may contribute up to an additional $1,000.				

*Per family

Establishing your HSA

You are required to complete a few steps to establish your Fidelity HSA if you enroll in the Saver option. See page 14.

Enrolling in the HSA

If you are electing the Saver medical option, Eversource will contribute to your HSA according to the chart above (pro-rated according to the number of full months you will be participating in the HSA this year). You can also elect to make additional pre-tax contributions from your paycheck through Workday.

Contribute to Your HSA at Any Time

- Contribute by automatic pre-tax payroll deductions throughout the year, which can be changed at any time in Workday.
- Contribute by personal check, electronic funds transfer, after-taxes, up-front and taking your tax deduction at the end of the year when you file your income tax return.

Accessing the Funds in Your HSA

HSA funds are available for reimbursements only after you have contributed them. If you enroll in the Saver option and activate your Fidelity HSA (See page 14), you will receive a Fidelity HSA debit card for accessing your funds and other important information from Fidelity Investments.

Dependents and the HSA

Qualified medical expenses are those incurred by:

- You and your spouse; and
- All dependents you claim on your tax return.

A person cannot be claimed if:

- The person filed a joint return;
- The person had gross income over the limit as described in IRS Publication 969; or
- You (or your spouse if filing jointly) could be claimed as a dependent on someone else's tax return.

HSAs are private accounts owned by employees and are not Eversource-sponsored benefits under the Eversource Flexible Benefits Plan. See IRS Publications 502 and 969 available on HRConnect for more information.

If you are enrolled in Medicare

If you are enrolled in Medicare, you are eligible to enroll in the Saver medical option and you can draw on funds from an HSA, but IRS rules prevent you from contributing to an HSA and Eversource cannot contribute any funds to an HSA on your behalf. Contact HRConnect if you are enrolled or will be enrolled in Medicare.

HSA Contribution Limit - Married Couples with Dependent Coverage

If you and your spouse are enrolled ***separately*** in high deductible health plans (HDHP), and one of you is covering a dependent(s), you and your spouse can contribute up to the IRS maximum contribution for family coverage. This means you and your spouse can divide the 2025 contribution limit of $8,550 any way you wish, but your total contributions as a couple, cannot exceed this amount. Note, the $8,550 limit does include employer contributions, and it is your responsibility to ensure your combined contributions do not exceed this limit.

Opening a Health Savings Account with Fidelity Investments

1 During Your New Hire Benefits Enrollment Period in Workday

(Your first 31 days of employment)

Accept Fidelity's Terms and Conditions in Workday

- Log into Workday to elect your benefits.
- Elect your annual HSA contribution amount. If you choose not to make contributions to your HSA, you still must select "elect" to enroll in the HSA.
- Read and click "I Accept" to accept the Terms and Conditions on the final Workday enrollment screen. Then click "Submit" to finalize your enrollment elections.

2 After You Enroll in Workday, go to www.401k.com

(Approximately 7 to 10 calendar days after you finalize your Benefit Elections in Workday)

Activate Your Fidelity HSA

1. Log into the Fidelity Investments NetBenefits website at www.401k.com. This website will provide you with access to your HSA and 401(k) account information.
2. Select "Log in or register", then select "Register as a new user".
3. Click the link in the green box titled "Health Savings Account" and follow the online instructions. Once you complete this action, your Fidelity HSA will be fully activated.

Note, you will receive a reminder from Fidelity Investments to activate your HSA.

The Saver option and FSAs

Enrolling in the Saver option allows you to participate in a Health Savings Account (HSA) administered by Fidelity Investments, but prevents you from participating in a Health Care Flexible Spending Account (FSA). You may participate in the Dependent Care FSA regardless of which medical option you elect.

Need help?

If you need assistance, please click the **"AskHR"** link from the HRConnect site to electronically submit your question to HR, or call **1-800-841-8684** and select the "HR Generalist" prompt.

HSA's Provide Triple Tax Savings

1. Pre-tax contributions
2. Tax-free interest and investment earnings
3. Tax-free withdrawals for qualified medical expenses.

Investing in Your Funds

You can begin investing your Fidelity HSA funds immediately, as there is no minimum balance required. You will receive more information about investing your HSA funds once you activate your Fidelity HSA. HSA funds must be in cash in order to withdraw funds.

OTC Healthcare Products

Many over-the-counter health care products are considered eligible expenses under Health Savings Accounts, without requiring a prescription. Examples: Bandages, pain relievers and cold and flu medications. For more information see IRS publication 502.

STEP 6

Spending Care Elections

WEX is the administrator for Eversource's Health Care and Dependent Care Flexible Spending Accounts (FSAs). Take care to enroll in the appropriate FSA for your needs.

Health Care FSA

You can contribute up to $3,200 on a pre-tax basis into a Health Care FSA for 2025. The amount you elect will be taken in equal amounts from each paycheck during the year. You can use the Health Care FSA for expenses you and your dependents* incur that are not covered by the medical, prescription drug, dental or vision benefits including:

:: Deductibles and copays

:: Charges that exceed maximum reimbursable limits

:: Expenses not covered by the Plan that meet IRS guidelines

:: Many over-the-counter (OTC) health care products are considered qualified expenses under Health FSAs, without requiring a prescription. Examples are: Bandages, pain relievers, allergy and cold medicine. For more information, go to https://www.wexinc.com/solutions/benefits/participants-employees/ or refer to IRS publication 502.

**Dependents eligible for Health Care FSA reimbursements are those covered by an Eversource medical option (according to dependent rules described on page 3) and any qualified tax dependent.*

Dependent Care FSA

You can contribute up to $5,000 per family (or up to $2,500 per person if you are married and file a separate tax return) on an annual, pre-tax basis to pay for dependent care expenses for qualified tax-dependent children under 13 years of age and qualified elder dependents. You can use the Dependent Care FSA for the following expenses:

:: Babysitting and au pair services

:: Before- and after-school programs

:: Day care and nursery school

:: Pre-school programs

:: Senior day care and elder care services

FSA Debit Cards

Both FSAs include the use of a debit card for convenient access to your funds. If you are electing to contribute to either FSA, WEX will mail you a debit card(s).

FSA Rules and Restrictions

:: You do not need to elect an Eversource medical option to participate in either FSA.

:: You must re-enroll in the FSAs each year during open enrollment. Participation is not automatic.

:: Unused money in your FSA is forfeited—you must use it or you will lose it.

:: You will have until December 31, 2025, to exhaust 2025 Dependent Care FSA funds, and until June 30, 2026, to submit claims for reimbursement.

:: You will have until March 15, 2026, (the grace period) to exhaust 2025 Health Care FSA funds, and until June 30, 2026, to submit claims for reimbursement. You can use your debit card during the grace period.

:: You cannot transfer funds during the year between Health Care and Dependent Care FSAs.

:: Funds for reimbursement in the Health Care FSA are available as soon as you make your election. Funds for reimbursement in the Dependent Care FSA are available as they are contributed to your Dependent Care FSA account.

The Saver option and FSAs

Enrolling in the Saver option allows you to participate in a Health Savings Account (HSA) but prevents you from participating in a Health Care FSA. You may participate in the Dependent Care FSA regardless of which medical option you elect.

Which FSA should I elect?

Please be sure you elect the right FSA based on your intended use of the funds. The Health Care FSA is for reimbursable health care expenses for you and your eligible dependents; the Dependent Care FSA is for reimbursable day care or elder care expenses for eligible dependents.

STEP 7

Life and Accident Insurance

Life insurance benefits are administered by Securian Financial. Your life insurance coverage and options depend upon your employment status (non-represented or represented; and if represented, your bargaining unit agreement).

Please see the information below regarding some of the Life and Accident Programs. Log into Workday to see your personalized benefit information.

Basic Life and Basic AD&D

The company provides Basic Life and Basic Accidental Death and Dismemberment (Basic AD&D) coverage to all employees, except employees represented by the CT Teal and Yankee Gas contracts. No election is required for company provided Basic Life and Basic AD&D. Coverage changes due to salary increases will occur automatically and without any required evidence of insurability (EOI), provided you are actively at work. Beginning at age 65, your Basic Life and Basic AD&D coverage (if applicable) will reduce at certain age milestones. The amount of Basic Life and Basic AD&D coverage you are eligible for is provided in Workday.

Basic Occupational Accidental Death

The company provides Basic Occupational Accidental Death coverage to employees represented by the CT Teal and Yankee Gas contracts if the employee enrolls in Optional Life coverage.

Optional Life and Dependent Life

All employees are eligible to purchase Optional Life coverage (life insurance for the employee). You are not required to provide Evidence of Insurability (EOI) to Securian Financial if you elect coverage (up to a maximum amount) during your initial enrollment. If you later elect to purchase coverage, you will be required to provide EOI in accordance with Securian Financial's rules.

If you enroll in Optional Life at the one-times annual base salary level or higher, you can enroll in Dependent Life (coverage for your spouse and or children). If you elect this coverage as a newly hired employee, your spouse is not required to provide EOI. If you do not elect coverage for your spouse or child dependent during your initial enrollment and later decide to elect Dependent Life coverage, your spouse will be required to submit EOI in accordance with Securian Financial's rules. Note, children are not required to provide EOI.

Optional Accidental Death & Dismemberment (AD&D)

All employees are eligible to purchase Optional AD&D coverage. If you elect to purchase Optional AD&D coverage for yourself, you can elect to purchase Optional AD&D coverage for your dependents.

How do I enroll in Optional Life, Dependent Life and/or Optional AD&D Coverage?

When you login to Workday to make your benefit selections, you will see your options and cost for electing Life and Accident coverage.

What is Evidence of Insurability (EOI)?

Typically, EOI is required when purchasing life insurance. EOI requires you to provide Securian Financial with information regarding your health (or your spouse's health for Dependent Life). Based on the information provided, Securian Financial will approve or deny your request.

How do I provide EOI?

If you need to provide EOI, Securian Financial will contact you with instructions.

How do I designate a beneficiary for my life insurance coverage?

Securian Financial provides life and accident insurance beneficiary designation and record-keeping services for Eversource. If you have life or accident benefits, Securian Financial will provide you with beneficiary designation instructions after you've enrolled. Note, if you purchase Dependent Life and or Optional AD&D coverage for your dependents, you are the beneficiary for this coverage.

If I acquire a new spouse or child in the future, can I elect life insurance coverage?

Yes, you can elect coverage up to a maximum amount without EOI, as long as you elect coverage within 31 days of the event.

Can I change my Optional Life, Dependent Life and Optional AD&D elections at any other time during the year?

Employees Represented by CT Teal or Yankee Gas Contracts:

- You can elect to makes changes to your life and or accident benefits during the annual open enrollment period or within 31 days of a qualifying event (marriage, birth or adoption of a child, etc.). Electing coverage or increasing your coverage may require that you and or a dependent spouse provide EOI to Securian Financial.

All Employees except those represented by CT Teal or Yankee Gas Contracts:

- You can elect to makes changes to your life and or accident benefits at any time of the year (or within 31 days of a qualifying event) by initiating a Life and Accident Insurance Coverage Change through Workday. Electing coverage or increasing your coverage may require that you and or a dependent spouse provide evidence of insurability (EOI) to Securian Financial.

Note, if you are married to an Eversource employee or retiree, you cannot elect Optional Life, Optional AD&D, Dependent Life or Retiree Optional Life (if applicable) for each other or duplicate coverage for your dependents under these elections. This means you, as an employee, cannot be covered as an employee under your own policy and also as a dependent spouse under your spouse's policy. It also means you cannot cover your dependent children under your policy and also as dependent children under your spouse's policy. You may be contacted once enrollment closes if a change in coverage is necessary.

STEP 8

Insurance Elections: Long-Term Disability

Long-Term Disability (LTD) benefits are administered by Lincoln Financial. Depending upon your employment status (non-represented or represented; and if represented, your bargaining unit agreement), you will have different LTD benefit options. Log into Workday to see your personalized benefit information.

Long-Term Disability (LTD) insurance offers financial protection in the event of a serious illness or injury. Eversource pays the full cost of your core LTD benefit, depending on your employment status (non-represented or represented; and if represented, your bargaining unit agreement). Please see Workday for your core LTD benefit amount.

You can elect to increase your LTD coverage

You have the option to increase your LTD coverage (See Workday for your buy-up options and cost). You do not need to provide proof of good health or evidence of insurability (EOI), however a pre-existing condition limitation does apply.

If you elect additional coverage during this enrollment period and later experience a disability related to an illness or injury (within the first 12 months of being covered) for which you received medical treatment or took prescription drugs during the three months immediately before the higher coverage amount becomes effective, your disability income will revert to your core, company-paid coverage level.

If you do not elect to purchase buy-up coverage during this enrollment period, you can elect this coverage during any annual open enrollment period.

STEP 9

Additional Benefits: MetLife Legal Plan

The MetLife Legal Plan offers Eversource employees a voluntary legal assistance benefit. This benefit is not part of the Eversource Flexible Benefits Plan and is not sponsored by Eversource.

The MetLife Legal Plan offers you and your eligible dependents access to a nationwide network of 18,500 attorneys and representation for $16.60 a month. You also have the option to extend some of the legal assistance program features to your parents and your spouse's parents for an extra $6 per month. With the MetLife Legal Plan, you can receive legal advice and representation on a wide range of matters, including estate planning documents, financial matters, real estate matters, immigration assistance and consumer protection.

Digital Estate Planning Tool

If you enroll in the MetLife Legal Plan, you will have the ability to create wills, living wills and powers of attorney online. The self-guided process allows you to create state-specific documents for yourself and your spouse (and parents, if applicable). You'll be asked a few questions to make sure that the online process is the best fit for you, and if not, you will be directed to the attorney network.

Payroll Deduction for MetLife Legal Plan

Payroll deduction is required for the full cost of this program, and deductions are taken on an after-tax basis. Enrollment does not carry over from year to year—you must elect this program each year during the open enrollment period. **Once enrolled, you will be required to remain in the program for the full program plan year.**

Additional Information and How to Contact MetLife Legal Plan

If you are interested in enrolling and want to find out more about this benefit, you can:

1. Review the MetLife Legal Plan Overview on HRConnect (Work Life & Extras/Legal Program).
2. Go to https://www.legalplans.com/why-enroll. Once on the site, select the "How We Work" tab for details about the plan. If you'd like, you can create an account, which provides access to tour the digital estate planning solution, and allows you to view the attorney network. By creating this account, you are not enrolling in the plan.
3. Call MetLife Legal Plans at 800-821-6400 Monday through Friday, 8 a.m. to 8 p.m. Eastern Time.

How do I use the program?

If you enroll in the plan, MetLife will provide you with a member number. You will need to provide this number when you make an appointment with a network attorney.

To get started:

1. Find an attorney

   Create an account at https://www.members.legalplans.com. Select the legal matter you need help with, and you'll be guided to the attorney locator to find an attorney. Or, you can call MetLife at 800-821-6400.
2. Make an appointment
3. That's It!

There are no copays, deductibles or claim forms when you use a network attorney for a covered matter.

Coverage for your parents

MetLife extends some Legal Assistance program features to your parents and your spouse's parents. From traffic tickets, money matters and real estate issues for you, to drafting estate planning documents and answering questions about Medicare for your parents, this plan provides affordable legal help for you and your family. You can elect legal assistance coverage to include your parents and parents-in-law for an additional $6 per month (for a monthly total of $22.60).

Limitations and restrictions apply

Certain limitations and restrictions apply to the legal assistance benefit. For more information and to find a participating attorney in your area, go to https://www.legalplans.com/why-enroll.

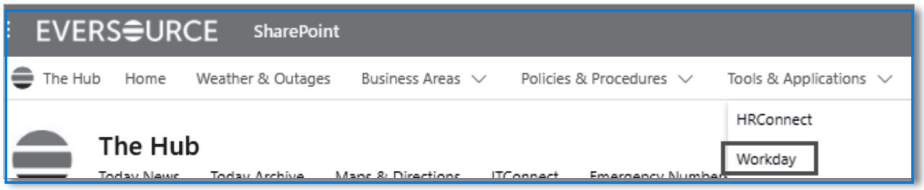
Enrollment Instructions

Your benefits enrollment will be done online through Workday. You can access Workday from a Eversource issued laptop or personal/mobile device, once you start work at Eversource.

Remote Access Using an Eversource-Issued Laptop

Log onto The Hub (employee intranet) using your Eversource user name and password that you use to log onto your Eversource-Issued laptop. If you are not sure of your user name or password, contact the IT Support Center at 860-665-HELP (860-665-4357). You have 31 days from your first day of active employment to enroll in your benefits.

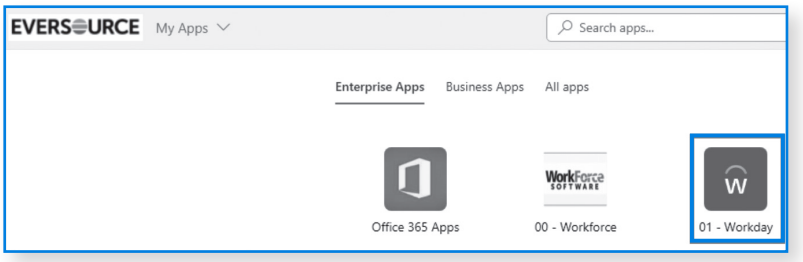
1. Go to The Hub (employee intranet) and select Workday under "Tools and Applications"



Remote Access Using a non-Eversource computer or mobile device

To access Workday from a non-Eversource computer or mobile device, you will need to first set up your preferred method of authentication using a text or phone call, if you have not already done so.

1. Open a browser and go to https://aka.ms/mfasetup and sign in with your Eversource email account and password. Select your preferred method of verification.
2. Once you've set up your authentication, go to https://myapps.microsoft.com from your computer or mobile device browser.
   - Choose or enter an account (use your Eversource email address and the password you use to log into the Eversource system).
   - Depending on the method you chose for authentication you will receive a call or text notification.
   - Enter the verification code on the next screen
   - Select the "Workday" application from the "MyApps" page.



Have you completed all of your on-boarding steps?

You must complete several on-boarding steps **prior** to enrolling in your health care benefits in Workday. Please see the "Your Workday Inbox" below for more information.

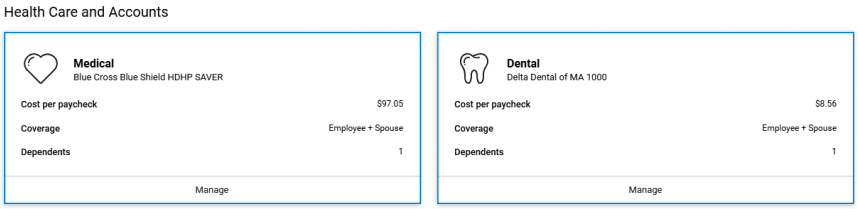
Your Workday Inbox

1. Once you've completed certain on-boarding steps, you will see the *Access to Benefit Plan Documents* in the "Awaiting Your Action" section in your Workday inbox. You'll need to acknowledge access to benefit plan information and select **Submit**, before you can begin making your benefit elections.
2. Once you complete the above step, you can select the *Change Benefits for Life Event* in the "Awaiting Your Action"section of your Workday inbox, to begin making your elections.

Electing Your Benefits - New Hire Page

All of your benefit plan options are shown on this page. Each benefit option has its own tile (section).

All newly eligible employees are automatically enrolled in the following plans:



- PPO 90 medical option with employee only coverage
- LTD "core" plan

You can elect to make changes to your medical and LTD coverage during this enrollment event. You can also elect enrollment in other benefits such as dental, vision and life insurance.

At the bottom of each benefit tile, you will see one of the following links: **Manage**, **Enroll** or **View**, which is explained below.

Manage – This means you are automatically enrolled in the benefit (Medical, LTD). Click the **Manage** link to view the cost of changing your plan, adding a dependent(s) as applicable, etc.

Enroll – This means you are not automatically enrolled in the benefit. To view the cost of enrolling in the benefit, including adding a dependent(s), click the **Enroll** link.

View – The **View** link allows you to access information about the benefit, however, you cannot make any changes. You will see the View link on benefit plans that are provided to you by Eversource, such as the Employee Assistance Program (EAP) and life insurance provided to eligible employees (not all employees receive company provided life insurance).

Note, if a benefit tile indicates "Included" in the "Cost per paycheck" or the "You Pay" section within the benefit tile, this means the benefit is paid by Eversource.

Your benefit options are presented in three sections: **Health Care and Accounts**, **Insurance and Retirement** (life insurance, LTD, 401(k) and **Additional Benefits**.

Health Care and Accounts

3. Review your **Health Care and Accounts** tiles and make your selections. Once you select Manage or Enroll, follow the *General Instructions* provided within the benefit tile.

Insurance and Retirement (Life Insurance, LTD and 401(k))

4. Review your life insurance and LTD options.
   - Basic Life and Basic AD&D: Some employees within certain classifications receive Basic Life and Basic AD&D coverage, provided by Eversource. If you are eligible, select View on these benefit tiles to see information about your coverage.
   - Optional Life, Dependent Life, Optional AD&D: All employees are eligible to purchase enrollment in these plans. Click the Enroll link to see the cost of enrolling, and to enroll in coverage.

- LTD Plan: Click the Manage link to view the cost of purchasing additional LTD coverage, and to enroll in additional coverage.
- 401(k) – You will see a 401(k) benefit tile, but you cannot enroll in the 401(k) Plan on Workday. You will enroll through Fidelity Investments. Please see page 2 of this guide for information on how to enroll in the plan.

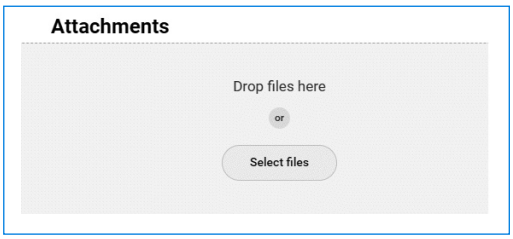
Additional Benefits

5. Review the Additional Benefit Tiles. If you would like to enroll in the Legal Program, or view the cost to participate, click Enroll at the bottom of the tile. You are automatically enrolled in the Employee Assistance Program (EAP) and Business Travel Accident coverage, at no cost to you.

Once you have completed your benefit elections, select **Review and Sign** at the bottom of the page. Or, click **Save for Later**, if you want to save your changes and return at a later time to complete your enrollment. Note, all elections must be submitted within 31 days of your start date.

View Summary

6. This page reflects all of your benefit elections, including your cost (scroll down using the inner scroll bar). You should review your elections to make sure they are accurate. If you need to make a change, click cancel at the bottom of the page to return to the **Elections Page**.
7. Scroll down to the **Attachments** section (use the outer scroll bar). If you've added a dependent(s) to any of your benefit plans, you must upload electronic verification documents to the Attachments section. If you do not upload the required documents, your new dependent(s) will not be added to coverage.



8. Continue to scroll down to the **Electronic Signature** section (under Attachments section). After reading this section, click the "I Accept" box to authorize Eversource to take deductions from your paycheck to pay for your portion of the benefit cost, and to authorize Fidelity Investments to open a Health Savings Account (if you are enrolling in the Saver medical option).
9. Next, click the **Submit** button at the bottom of the page, to submit your elections. You can select cancel to return to the Elections page if you are not ready to submit your elections.

Submitted Page

10. Your benefits elections have been submitted. You can select the **View Benefits Statement**, and then select **Print**, to save a copy of your elections to your records. Then, scroll up to the top of the page and click on the Eversource logo in the upper left corner, to return to the Workday homepage.

If you do not want to save a copy of your elections, click **Done**, which will bring you back to the Workday homepage.

Your enrollment deadline is 31 days from your start date.

If you are adding a dependent(s)

Your dependent(s) will not be covered unless you electronically attach all dependent eligibility verification documents in Workday within the 31 day enrollment window.

Need help?

If you need assistance, please click the "**AskHR**" link from the HRConnect website to electronically submit your question to HR, or call **1-800-841-8684** and select the "**HR Generalist**" prompt.

Retirement Benefit Programs

Eversource's retirement benefit programs are designed to provide meaningful opportunities to help build income employees can use in retirement.

Eversource has two retirement benefit programs which are explained below. The retirement benefit program for which you are eligible, depends on your employment classification (see Employee Eligibility column in chart below).

You do not need to make elections for these plans within 31 days of your start date, as is required for health care elections.

Retirement Benefit Programs	Employee Eligibility	Program Description
Cash Balance Pension Program	All newly hired employees except employees represented by Local 369	1. 401k Plan 2. Cash Balance Pension Plan
K-Vantage Program	All newly hired employees represented by Local 369	1. 401k Plan 2. K-Vantage Plan

In addition to the retirement benefit programs, all newly hired employees age 40 or older, are eligible to participate in the Med-Vantage Program, which is explained on page 24.

401k Plan

Overview

All employees are eligible to participate in the Eversource 401k Plan. Employees can contribute funds on a pre-tax basis and post-tax (ROTH) to the 401k Plan. The Plan is administered by Fidelity Investments.

Here's How It Works:

- You can save up to 50 percent of eligible pay, up to the annual IRS dollar limits.
- The plan provides 100% immediate vesting.
- Choice of a variety of investment options and self-directed brokerage feature.
- Loans and rollovers from other 401k plans are allowed.

401k Employer Match Contributions:

All employees except employees represented by Local 369 are eligible for:

- 100% employer match up to the first 6% of employee pre-tax and/or Roth contributions (immediate eligibility)

Employees represented by Locals 369 are eligible for:

- 100% employer match up to the first 3% of employee pre-tax contributions and/or Roth contributions (after six months of start date)

How to Enroll in the 401k Plan:

1. You will receive an enrollment kit from Fidelity Investments approximately 2 weeks after your start date.
2. Once you receive this kit, you can make your enrollment elections on the Fidelity NetBenefits website at www.401k.com. You cannot enroll in the Plan prior to receiving this enrollment kit.
3. If you do not enroll in the plan within 60 days of your start date, you will automatically be enrolled in the plan at 3% of pre-tax contributions, which you can change at any time. If you elect to make zero contributions on the Fidelity NetBenefits website, you will not be automatically enrolled.

Cash Balance Pension Plan

Overview

The Cash Balance Pension Plan is provided to all newly hired employees, except employees represented by Local 369. The Plan is a defined benefit pension where money is placed in a trust on your behalf to pay your future benefit.

Here's How It Works:

- Each year, Eversource will contribute a set percentage of your eligible pay* to an account based on your age plus years of service, each January 1. This contribution is called a **Pay Credit**.
- In addition, interest of at least 4% will be accrued through the year on account balances and deposited on January 1 into your Cash Balance account. This is called an **Interest Credit**.
- The value of your account will grow each year as you earn **Pay Credits** and **Interest Credits** on your balance; it will be fully yours once you complete three years of vesting service.

Cash Balance Pension Plan - Pay Credits

Age Plus Years of Service as of January 1	Pay Credit Contribution Percentage
Less than 40 years	3.5% of eligible pay*
40 to 59 years	4.5% of eligible pay*
60 + years	6.0% of eligible pay*

*Eligible pay: base pay, bonus and overtime pay (as applicable for each employee classification)

How to Enroll in the Cash Balance Plan

Eligible employees will automatically be enrolled in the Cash Balance Plan. No action is required.

The Cash Balance Pension Plan is administered by Fidelity Investments. You can view your account information on the Fidelity NetBenefits website at www.401k.com, along with your 401k Plan balance.

K-Vantage Program

All newly hired employees represented by Local 369 are eligible for the K-Vantage Program.

Overview

This is a special account *within the 401k Plan*, that provides automatic employer contributions to your account each pay period. The amount of employer company contributions made to your K-Vantage account is based on your age plus years of service, as summarized below. These employer K-Vantage contributions are **in addition** to the 401k employer matching contributions, even if you do not actively contribute to the 401k Plan.

Here's How It Works:

- You will receive the applicable contribution percentage (see below), multiplied by your eligible pay* to arrive at the K-Vantage contribution for the pay period.
- You can elect how your K-Vantage contributions are invested by choosing among the different plan investment options in the 401k Plan.

K-Vantage - Annual Company Contribution

Age Plus Years of Service	Company Contribution Percentage
Less than 40 years	2.5% of eligible pay*
40 to 59 years	4.5% of eligible pay*
60 + years	6.5% of eligible pay*

*Eligible pay for K-Vantage: base pay, bonus and overtime pay (as applicable for each employee classification)

How to enroll in the K-Vantage Plan

Eligible employees will automatically receive the company contribution, even if they don't enroll in the 401k Plan. No action to enroll in the K-Vantage Plan is required. However, employees should indicate their 401k contribution amount, even if they elect to contribute $0.

The 401k Plan and the K-Vantage Plan are both administered by Fidelity Investments, so you can review your plan information in one place – Fidelity Netbenefits website at www.401k.com

Med-Vantage Plan

Overview

The Med-Vantage Plan is a Health Reimbursement Arrangement (HRA) available to all newly hired employees age 40 or older. The purpose of the account is to provide benefits in the form of reimbursements for medical expenses ***incurred after your employment with Eversource ends.*** For example, the funds in your Med-Vantage Account could be used to pay eligible health care expenses, such as in your retirement.

Here's How It Works:

- A Med-Vantage Account is automatically established when an employee becomes eligible (age 40).
- Eversource funds the account with tax-free dollars while the employee is working for Eversource; employees cannot contribute to the account.
- Eversource's contribution is $1,000 per full year of service following the participants attainment of age 40. For partial years (such as the year in which an employee is hired, or the employee turns 40), the amount of contribution is pro-rated accordingly.
- Once an employee is terminated or retired from Eversource, the funds in the Med-Vantage account can be used to pay for IRS qualified health care expenses incurred **AFTER** the employee leaves Eversource.
- The account is administered by WEX, Eversource's HRA partner.

How to Enroll in the Med-Vantage Plan

Enrollment in this plan is automatic once an employee is eligible; no action is required.

Other Programs

The following programs are available to all employees (unless otherwise indicated). They are not part of your enrollment event, therefore you can enroll in most of these programs at any time. These programs are not part of any Eversource benefits plan (except the Employee Assistance Program, Learn to Live and Livongo for Diabetes Programs). You can find more information on HRConnect using the links provided, which you can access beginning on your first day of work (you cannot access prior to your start date).

Care.com (back-up care for children/adults)

To help employees balance the competing demands of work and home, Eversource offers the Care@Work Program by Care.com to help you address employee family care needs. The program provides:

- Free membership to Care.com where you can connect with a network of qualified nannies, sitters, senior caregivers, dog walkers and more. You can also use a caregiver of your choice for child care and get reimbursed for a portion of the costs that exceed your copay.
- Subsidized backup care for children, adults and seniors, which provides an opportunity to schedule up to 10 days each year
  - $6 per hour for in-home care for children or adults
  - $10 per child per day at child-care centers ($25 family maximum per day)
- Childcare and senior care planning to help you review options and secure care for aging loved ones

See HRConnect for more information.

Employee Assistance Program (EAP)

Eversource offers its employees and families the benefit of an Employee Assistance Program (EAP) for better health and well-being. Eversource offers confidential, short-term counseling, resources, consultation and referrals for your emotional and work/life balance issues. You are automatically enrolled in this plan. More information is available on HRConnect.

SoFi - Student Loan Refinancing Program

You may be able to pay off your student loans or the loans you've taken on to fund your child's education, faster than you think. There are additonal offerings through SoFi, such as financial well-being resources to hellp you meet your financial goals. Through Eversource's partnership with SoFi, you're eligible to take advantage of these great benefits. For more information call SoFi at 833-277-7634 or see HRConnect.

Tuition Assistance

Eversource provides tuition assistance to employees, in recognition of the mutual benefits derived from personal growth and increased professional and technical work competencies. For more information, go to HRConnect.

Voluntary Programs through the Eversource Discount Marketplace

Eversource offers the following three programs through the Eversource Discount Marketplace. The programs are available through convenient payroll deduction with discounted rates.

1. LifeLock Identify Protection
2. Auto and Home Insurance (offered through two carriers)
   - Farmers Group Select
   - Liberty Mutual
3. Nationwide Pet Insurance

You can find more information about these programs on HRConnect.

Programs for Better Health:

- **Dana-Farber - Direct Connect**
  Dana-Farber Direct Connect is a program offered to all employees and dependents. Dana Farber's dedicated team of experts are there to provide support during your cancer diagnosis, treatment or second opinion. See HRConnect for more information.

- **Learn to Live**
  Learn to Live is an online program that provides you with help dealing with stress, anxiety, depression, insomnia and substance abuse. See HRConnect for more information.

- **Livongo for Diabetes**
  Livongo makes living with diabetes easier by providing participants with an advanced blood glucose meter, unlimited testing strips and coaching. This program is offered at no cost to employees and eligible family members who have diabetes and are enrolled in an Eversource medical option through Blue Cross Blue Shield. Eligible family members include spouses and dependent children age 18 or older. More information is available on HRConnect.

- **Wellness Incentive Program**
  Eversource partners with Personify Health (formerly known as Virgin Pulse) to give you access to personalized daily tips and tools, health challenges, activity tracking, videos and more. Each year, employees and spouses can earn up to $200 in rewards and receive a free Max Go activity tracker or $35 towards alternative merchandise. See HRConnect for more information.

Information Resources

HRConnect is your source for benefit, compensation, time off, health and wellness and career development information.

Contact Information

Eversource's benefit carriers and program administrators can provide you with benefit coverage, eligibility and network provider information. If you have detailed coverage questions—for example, you want to know if a particular service or treatment is covered and at what cost—**please contact the appropriate benefit carrier or program administrator listed below, once you start work at Eversource (some links are not available until your start date).**

Dental
Delta Dental of Massachusetts
800-872-0500
www.deltadentalma.com

Employee Assistance Program
Kathleen Greer Associates (KGA)
800-648-9557
https://my.kgalifeservices.com

Flexible Spending Accounts
WEX
866-451-3399
https://www.wexinc.com/solutions/benefits/participants-employees/

Health Savings Account
Fidelity Investments
800-261-4015
www.401k.com

Legal Program
MetLife Legal Plans
800-821-6400
https://www.legalplans.com/why-enroll

Life and Accident
Securian Financial
866-293-6047
www.LifeBenefits.com

Medical, Behavioral Health
Blue Cross Blue Shield
888-772-2493
https://planinfo.bluecrossma.com/customblue/2025/eversourceenergy

Prescription Drugs
Express Scripts
800-351-0509
https://www.express-scripts.com/

Telehealth
Blue Cross Blue Shield
https://www.bluecrossma.org

Vision
Vision Service Plan (VSP)
800-877-7195
www.vsp.com

Wellness Incentive Program
Personify Health
888-671-9395

HRConnect

Your source for information on your benefits, compensation, time off, health and wellness and career development is HRConnect. HRConnect is where you will go to find a list of your benefit carriers, plan documents and HR news. This is also the place to go to submit an electronic ticket to HR with any requests or questions. A link to HRConnect can be found on The Hub. If you don't have intranet access, or need further assistance, please call HRConnect at 800-841-8684 and select the "HR Generalist" prompt.

You will notice that the HRConnect site is hosted by Towers Watson and that you will be automatically signed in when you are logged into the Eversource system. This means HRConnect will know who you are and you won't have to log in again.

You have 31 days to enroll in your benefits

The deadline for enrolling in your benefits and providing supporting documentation is 31 days from the first day you are actively at work. If you enroll before the deadline, your elections will go into effect retroactively to your eligibility date (except for flexible spending accounts, the Health Savings Account, and for life insurance amounts requiring evidence of insurability). You will also owe retroactive contributions for those benefit elections in effect before the 31-day deadline.

Notes

Notes

Information contained in this brochure applies only to eligible employees of Eversource and certain properly designated affiliates (the "Company") and eligible dependents of such employees. This brochure serves as your summary of 2025 material modifications (SMM) to the summary plan description for the Eversource Flexible Benefits Plan. All Company benefits are governed by the official plan documents, summary plan descriptions, summary of material modifications (SMM), insurance contracts or personnel policy statements ("Documents"). While we have made every attempt to ensure the accuracy of the information here, if there is any discrepancy between this brochure and the Documents, the Documents will govern and control. This brochure does not constitute or imply a contract of employment, nor does it guarantee the continuation of any benefit plan or program. As in the past, the Company reserves the right to modify, amend, suspend or terminate any of its benefit plans or programs and any provisions thereof at any time and for any reason with respect to any current or former employee, dependent or beneficiary, with or without notice, on either a retrospective or prospective basis, and the Company will continue to review all of its benefit plans and programs and make such changes as it determines appropriate in its sole discretion. Your chosen elections (and their associated cost as they appear on your enrollment screen) in addition to this guide, are considered a part of your Eversource Flexible Benefits Plan Summary Plan Description (SPD). The Health Savings Account, MetLife Legal Plan and all programs identified on pages 24 and 25 (except EAP, Learn to Live and Livongo for Diabetes), are not Eversource sponsored benefits provided under the Eversource Flexible Benefits Plan. Information in this guide relating to these benefits, therefore, is not part of the SMM.

Eversource 1/2025

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