2026 EMPLOYEE BENEFITS SUMMARY

Full-time employees are eligible to participate in the following programs. This is a summary for benefits in effect from January 1, 2026 – December 31, 2026

MEDICAL: Wellmark

800-524-9242 | www.wellmark.com
Group Number: 57027-0000

With Wellmark, you get access to one of the largest networks in the United States. To ensure your transition goes smoothly, ensure you verify your doctor is in-network. Go to www.wellmark.com. Click on Member Resources and select Find a Provider.

BENEFITS SUMMARY	Plan 1 – 1500 PPO In-Network Benefits	Plan 2 – 1500 POS In-Network Benefits	Plan 3 – 7000 POS In-Network Benefits
Annual Deductible (Single / Family)	$1,500 / $3,000	$1,500 / $3,000	$7,000 / $14,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible	You pay 30% after deductible
Out of Pocket Maximum	$3,000 / $6,000	$3,000 / $6,000	$8,150 / $16,300
Preventive Care	100% Covered	100% Covered	100% Covered
Physician / Specialist	$40 PCP $80 Specialist $40 Telehealth	$35 Designated PCP $40 other PCP $80 Specialist $40 Telehealth	$35 Designated PCP $40 other PCP $80 Specialist $40 Telehealth
Emergency Room	$400 copay	$400 copay	$400 copay
Urgent Care Facility	$100 copay	$100 copay	$100 copay
Prescription Drug			
1) Generic	$15	$15	$15
2) Brand Formulary	$45	$45	$45
3) Non-Formulary	$85	$85	$85
4) Specialty	$150/$250/$500	$150/$250/$500	$150/$250/$500
PER PAY PERIOD RATE	**Plan 1 – 1500 PPO**	**Plan 2 – 1500 POS**	**Plan 3 – 7000 POS**
Employee	$148.48	$107.44	$64.47
Employee + Spouse	$324.44	$276.77	$196.82
Employee + Child(ren)	$275.84	$199.32	$153.76
Employee + Family	$483.00	$366.08	$283.71

DENTAL: Mutual of Omaha

877-999-2330 | www.mutualofomaha.com
Group Number: GUDS-0BH9F

The dental plan is through Mutual of Omaha. To get the most out of your benefits, ensure you utilize an in-network dentist. You may do so by visiting www.mutualofomaha.com.

BENEFITS SUMMARY	In-Network	Out-of-Network
Annual Deductible (Single / Family)	$50 / $150	$50 / $150
Calendar Year Benefit Maximum	$1,000	$1,000
Preventive Care	100% Covered	100% Covered
Basic Procedures	100% Covered	20% after deductible
Major Procedures	50% after deductible	50% after deductible

RATES	Single	Emp + Sp	Emp + Ch	Family
BI-WEEKLY	$7.72	$16.90	$19.39	$27.60

VISION: Avesis

800-828-6341 | www.avesis.com
Group Number: 30912-1187

Vision insurance is offered through Avesis. You have access to wide variety of optometrists in the network. Check online to verify your provider is in network. You may get contacts and lenses every 12 months and frames every 24 months.

BENEFITS SUMMARY	In-Network	Out-of-Network
Eye Exam	$10 copay 1 time / 12 months	Up to $35 copay
Lenses	$25 copay 1 time / 12 months	$25 - $80 copay
Frames	$150 allowance + 20% off balance 1 time / 24 months	Up to $50 allowance
Contact Lens (instead of Frames/Lenses)	$150 allowance + 10% off balance 1 time / 12 months	Up to $128 copay

RATES	Single	Emp + Sp	Emp + Ch	Family
BI-WEEKLY	$2.11	$5.09	$5.54	$7.13

FINANCIAL PROTECTION: Mutual of Omaha

877-999-2330 | www.mutualofomaha.com
Group Number: GLUG-0BH9F & GLTD-0BH9F

LIFE AND AD&D: Bethany Lutheran provides a benefit of one times your annual salary to a max of $50,000 in Life and Accidental Death and Dismemberment insurance at no cost to you. You also have the option to purchase Voluntary Life Insurance for you and your family. The cost of this insurance is paid by you. Rates are based on your age and the volume you select.

EMPLOYEE	SPOUSE	CHILDREN
Increments of $10,000 to a max of $500,000 or 5 times annual earnings. **GI Amount: $100,000**	Increments of $5,000 to a max of $250,000 or 100% of employee amount. **GI Amount: $30,000**	$10,000

DISABILITY: Bethany Lutheran provides you the opportunity to purchase Short-Term Disability benefits. If you become sick or injured, these benefits will supplement your income. Short Term provides a benefit of 60% of your weekly earnings up to $1,500 after you satisfy a 14-day waiting period. The cost of this insurance is paid by you. Rates are based on your age and your salary.

RETIREMENT SAVINGS: Empower

855-756-4738 | www.empower-retirement.com

Bethany Lutheran matches 50% of the first 6% of the employee's contribution. Employee may make pre-tax or post-tax contributions. You must be age 21 or older to contribute to a 401k plan.

ACCIDENT INSURANCE

800-877-5176 | www.mutualofomaha.com

When you have a covered accident, you can receive a cash benefit to use however you see fit. The cost of this insurance is paid by you.

RATES	Single	Emp + Sp	Emp + Ch	Family
BI-WEEKLY	$5.36	$8.53	$11.46	$15.14

CRITICAL ILLNESS

800-877-5176 | www.mutualofomaha.com

When you have a covered illness, you can receive a lump sum cash benefit to use however you see fit. The cost of this insurance is paid by you. Rates are based on your age and the benefit amount selected.

FLEXIBLE SPENDING: WEX

866-451-3399| www.benefitslogin.wexhealth.com

You have the option to enroll in a Flexible Spending Account allowing you to set aside pre-tax dollars to be used for your qualified medical, dental, and vision expenses as well as your Dependent Care expenses.

For 2026 you may elect to defer up to $2,000 for Medical Spending and up to $7,500 for Dependent Care.

BETHANY
Lutheran Health Services

QUESTIONS?
CONTACT TRUEADVOCATE
888-655-9980
trueadvocate@
truenorthcompanies.com

BENEFITS PROVIDED BY
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Insurance and Financial Strategies

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