JANUARY 2026 – DECEMBER 2026

2026 BENEFITS ENROLLMENT



YOUR BENEFITS, YOUR STORY

Benefits to fit your unique situation

5 WAYS TO SAVE

On healthcare expenses

3 TIPS

For an easy enrollment

The Arc East Central Iowa

TRUE NORTH Insurance and Financial Strategies

Table of Contents

	CONTACT INFORMATION		
	CARRIER/CONTACT	PHONE	WEBSITE/EMAIL
What's Changing This Enrollment			
Benefit Basics			
BENEFIT PLANS			
MEDICAL & PRESCRIPTION DRUG	Wellmark	800-524-9242	www.Wellmark.com
TELEMEDICINE	Doctor on Demand		www.doctorondemand.com
DENTAL	Delta Dental	800-544-0718	www.deltadentalia.com
VISION	Delta Vision	877-983-3582	www.deltadentalia.com
LIFE & AD&D	Mutual of Omaha	800-775-8808	www.mutualofomaha.com
DISABILITY	Mutual of Omaha	800-877-5176	www.mutualofomaha.com
ADDITIONAL PROTECTION	Supplemental Insurance Services	800-936-6813	supins@supinsurance.com
EMPLOYEE ASSISTANCE PROGRAM (EAP)	Mutual of Omaha	800-316-2796	www.mutualofomaha.com/eap
FLEXIBILE SPENDING ACCOUNTS	TASC	800-422-4661	www.tasconline.com
ADDITIONAL INFORMATION			
Your Enrollment Blueprint			
Important Notices Regarding Your Medical Plan			
TrueAdvocate Team		888-655-9980	trueadvocate@truenorthcompanies.com
Notes			
MONTHLY PREMIUM RATES (ALL PLANS)			

Disclaimer

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources. ***The information provided in this summary is for comparative purposes only. Actual claims paid are subject to the specific terms and conditions of each contract. This benefit summary does not constitute a contract.*** *The information in this booklet is proprietary. Please do not copy or distribute to others.*

Created by TrueNorth Companies, LC for The Arc of East Central Iowa

YOUR BENEFIT OFFERINGS:

- Medical
- Dental
- Vision
- Short-Term Disability
- Long-Term Disability
- Life Insurance
- Voluntary Plans

THINGS TO KNOW

5 WAYS TO SAVE

1. THINK ABOUT HOW YOU WILL USE YOUR BENEFITS.

- Do you have a chronic condition?
- Do you have surgery planned for this year?
- Are you adding any new dependents to your plan?

Consider these questions when choosing a plan.

2. MANAGE MEDICATION COSTS.

Ask your doctor to prescribe you generic medications. They can be just as effective and typically cheaper!

3. TRY Doctor On Demand OR URGENT CARE.

Telemedicine and urgent care can cost you much less than going to the ER and usually save you a lot of time.

4. STAY IN-NETWORK FOR CARE.

Think of it as an exclusive club. You may pay higher amounts if you go Out-of-Network.

5. PREVENTION IS KEY.

Prevention is key to catching disease or illness early on. Plus, preventive exams are often free or cost less than a normal doctor's visit.

3 TIPS FOR EASY ENROLLMENT

1. DON'T WAIT!

This is your one chance to choose your benefits until our annual enrollment period. After this enrollment period, the only way you'll be able to change your plans before the following enrollment period is if you have a **qualifying life event,** such as getting married or having a baby.

2. TO ENROLL OR NOT TO ENROLL?

You are required to enroll in and/or waive your benefits.

3. UP YOUR BENEFITS IQ

Have questions about your benefit options? Not sure what is right for you? Don't forget about the TrueAdvocate Team! They are available from 7:30 a.m. - 5 p.m. CST to answer your benefits questions. Just call 888-655-9980 OR email trueadvocate@truenorthcompanies.com.

The plan information outlined in this enrollment guide is intended to be a snapshot of the benefits and does not provide full plan details. For complete plan information and any policy restrictions, refer to your plan document. If any discrepancy exists between the summary displayed in this guide and the policy, the policy will govern.

BENEFITS BASICS

WELCOME TO YOUR 2025 BENEFITS!

The Arc of East Central Iowa benefits add value beyond your paycheck. They can make health care more affordable, provide income during a disability, and help you achieve financial goals.

As an employee of The Arc of East Central Iowa ,you have a total compensation package - a combination of pay and benefit programs that is among the best in our industry. This guide describes the key features of our health, life and additional program offerings. They are designed to give you choices about the types and levels of protection that you want. As your needs change, you can continue to design a benefits program that best fits your life. Each year, you have the opportunity to review your choices and make new decisions.

This guide provides a brief summary of your Arc of East Central Iowa benefits. Please take the time to review your options and learn about the coverages that will best work for you and your family!

This information is a highlight of our benefit program. In the event of any discrepancy or omission, actual benefits will be determined by the applicable governing plan documents. The Arc of East Central Iowa reserves the right to change or end any benefit at any time to the extent allowed by the law.

ELIGIBILITY

As a full-time employee of The Arc of East Central Iowa, you are eligible for benefits once you meet certain requirements as outlined in your company handbook. Your dependents can also enroll for coverage, including:

- Your legal spouse.
- Your children up to age 26.

DEPENDENT ELIGIBLIITY

As part of the responsibility and management of our benefit plan, we have to ensure that all covered dependents meet the eligibility requirements. We are asking all employees to certify that their dependents meet the definition of an eligible dependent prior to adding them to our plans.

Benefit Basics Definition of an eligible dependent:

- A lawful spouse of an employee, including a common law spouse if recognized by your state
- Children of an employee up to age 26
- Children age 26 or older who are mentally or physically handicapped
- A legally adopted child, a step-child, or a child placed in your care by court order, all under 26 years of age.

Falsification of the eligibility verification form will result in coverage for the dependent being rescinded and may result in medical claims being denied.

QUALIFYING LIFE EVENTS

Generally, you may only make or change your existing benefit elections during the open enrollment window. However, you may change your benefit elections during the year if you experience an event such as:

- Gain or loss of other coverage
- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse or dependent child
- Qualification by the Plan Administrator of a child support order for health coverages
- New entitlement to Medicare or Medicaid

Go to healthcare.gov for a full list of qualifying life events.

You must **notify Human Resources within 30 days** of a qualifying life event. If you do not contact Human Resources within 30 days of the qualified event, you will have to wait until the next open enrollment window to make changes.



Which Medical Plan Is Best For You?

WELLMARK | 800-524-9242
WWW.WELLMARK.COM
GROUP NUMBER: 39956-0000

HOW TO FIND A NETWORK PROVIDER.

1. Visit the site, click Member Resources and Find a Provider
2. Choose from the POS or HMO Network

IN-NETWORK BENEFITS	PLAN 1 $3500 POS*	PLAN 2 $5500 HMO*
Deductible	$3,500 Single $7,000 Family	$5,500 Single $11,000 Family
Coinsurance	You pay 30%, plan pays 70%	You pay 30%, plan pays 70%
Out of Pocket Maximum	$7,000 Single $14,000 Family	$8,550 Single $17,100 Family
Office Visit Copay	$25 Designated PCP $40 Other PCP $60 Non-PCP $0 Virtual Visit - Doctor on Demand $40 Urgent Care	$25 Designated PCP $40 Other PCP $60 Non-PCP $0 Virtual Visit - Doctor on Demand $40 Urgent Care
Preventive Office Copay	Covered at 100%	Covered at 100%
Emergency Room Copay	$350 copay	$400 copay
Inpatient Hospital/ Outpatient Surgery	You pay 30% after deductible	You pay 30% after deductible
Prescription Drug		
	$25 / $50 / $100 Specialty: $160 / $225 / $275	$30 / $65 / $100 Specialty: $190 / $275 / $325

***Wellmark requires you to elect a Primary Care Physician. You will pay the least when you see your PCP. You can easily elect a primary care physician on the Wellmark website or on the mywellmark app or by calling Wellmark's customer service.**

If you do not select one, Wellmark will designate one for you. You can change it anytime throughout the year.

* The HMO plan does not provide coverage outside the state of Iowa unless it is an emergency situation. Students residing outside of Iowa may set up Guest Membership with Wellmark to be covered where they reside.



PRESCRIPTION DRUGS

ALTERNATIVE PHARMACY OPTIONS

ADDITIONAL WAYS TO SAVE YOU MONEY

WHAT YOU NEED TO KNOW BEFORE YOU GET STARTED

HEALTH PLAN COVERAGE VS ALTERNATIVES

When the cost of medication through a health plan's prescription drug coverage is still too high, **some have turned to alternative pharmacy options**.

Consider the list below to help you decide if an alternative option might be best for you and your family…

PHARMACY OPTION	PROS	CONS
Health Plan Coverage	**Contributes** toward your plan's deductible or out-of-pocket maximum	May be more expensive if your deductible is not met
GoodRx	Makes it easy to shop around to find a pharmacy offering the best price for your prescription	**DO NOT contribute** toward your plan's deductible or out-of-pocket maximum
Amazon Pharmacy	All the benefits of Amazon Prime, plus up to 80% savings on medications	**MAY NOT contribute** toward your plan's deductible or out-of-pocket maximum
Mark Cuban Cost Plus Drug Company (MCCPDC)	The company offers safe medications at the lowest possible price	**DO NOT contribute** toward your plan's deductible or out-of-pocket maximum

ARE THEY REALLY CHEAPER?

Some alternatives, like GoodRx, go around the drug supply chain, while others, like MCCPDC, tackle the drug supply chain head-on.

Though they may bypass the Pharmacy Benefit Manager (PBM) who partners with your health plan, **the costs do not contribute toward your plan's deductible or out-of-pocket maximum**.

THAT MEANS YOU MUST WEIGH THE COSTS VS. THE BENEFITS OF EACH

USE THE RESEARCH TOOL ON THE FOLLOWING PAGE TO GET STARTED

QUESTIONS ABOUT YOUR HEALTH PLAN?

Contact TrueNorth's TrueAdvocate Team:

888-655-9980
trueadvocate@truenorthcompanies.com
M – F | 7:30am – 5:00pm CST
For Spanish, select option 4

Benefit options provided by:

TRUENORTH Insurance and Financial Strategies

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Virtual Doctor Visits - Telehealth

It's now easier than ever To meet your providers online. All you need is a smartphone, tablet, or computer/laptop to have a successful online doctor visit.

USE TELEMEDICINE WHEN:

- You don't have time to wait a week to see a doctor
- You don't want to infect (or be infected by) another person

USE TELEMEDICINE FOR:

- Urgent care issues like colds, coughs, and stomach aches
- Mental health treatment, including online therapy, counseling, and medication management
- Recurring conditions like migraines or urinary tract infections
- Skin conditions
- Prescription management



How To Register

1 BE READY TO ACCESS

To get started, visit www.doctorondemand.com to **register and set up your account**

2 DOWNLOAD THE DOCTOR ON DEMAND APP to your mobile device and access your new account.

3 WHEN YOU NEED CARE

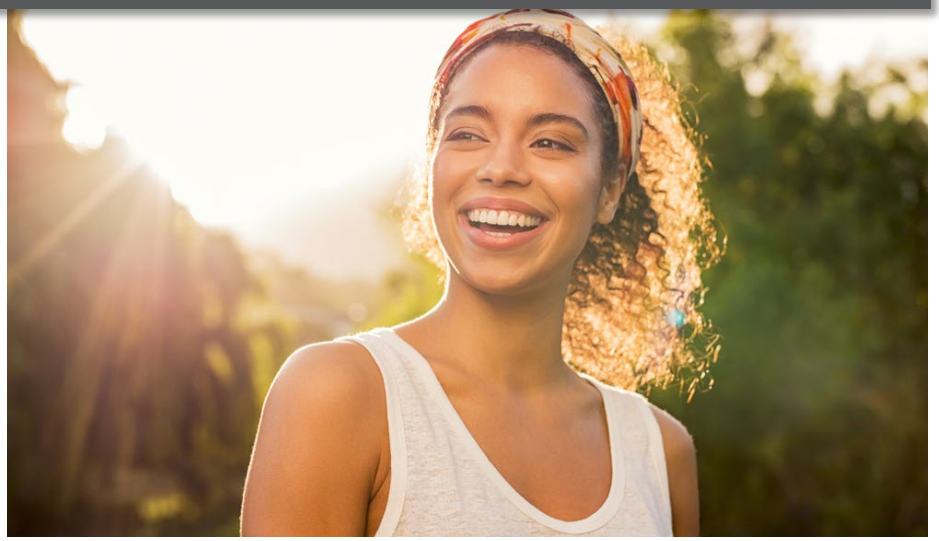
- find a well-lit, private spot with good signal on your device
- Select Sign in or See a Doctor now

Dental Plan

DELTA DENTAL | 800-544-0718

WWW.DELTADENTALIA.COM

GROUP NUMBER: 35047



MEDICAL INSURANCE DOESN'T ALWAYS COVER OTHER TYPES OF CARE.

That's why we offer you the option to enroll in a separate dental plan. Please see a summary of your plan below and review the full plan summary or Certificate of Coverage for details.

HOW TO FIND A NETWORK PROVIDER.

1. Visit the site above, click Find a Provider
2. Choose from the Delta Dental Network Dentist

SERVICES	PREMIER DENTIST	OUT OF NETWORK
Diagnostic & Preventive Care Services	Covered at 80%; deductible is waived	Covered at 60%
Deductible	$25 per person	$50 per person
Routine & Restorative Services	Covered at 50%	Covered at 40%
Major Services	Covered at 50%	Covered at 40%
Posterior Composites & Implants	Covered at 40%	Covered at 30%
Annual Maximum	$1,500 per person per year	
Orthodontic For dependent children up to age 19	You pay 50% coinsurance (after deductible), up to a lifetime maximum of $1,500	

Vision Plan

DELTA VISION | 800-544-0718

WWW.DELTADENTALIA.COM

GROUP NUMBER: 35047



MEDICAL INSURANCE DOESN'T ALWAYS COVER OTHER TYPES OF CARE.

That's why we offer you the option to enroll in a separate vision plan. Please see a summary of your plan below and review the full plan summary or Certificate of Coverage for details.

HOW TO FIND A NETWORK PROVIDER.

1. Visit the site above, click Provider Search
2. Choose Find a Vision Provider

SERVICES	IN-NETWORK MEMBER COST
Exam 1 every 12 months	$10 copay
Contacts 1 every 12 months	**Please note:** Contact lenses are in place of lenses and frame. • $130 allowance for elective contact lens exam • 15% discount on the balance over $130 • No copay applies
Frames 1 every 24 months	• $130 allowance and 20% off the amount over your allowance • $10 copay applies
Lenses 1 every 12 months	Single Vision -covered with $10 materials copay Bifocal – covered with $10 materials copay Trifocal – covered with $10 materials copay Lenticular – covered with $10 materials copay Additional discount on other lens options such as UV coating, tint, scratch resistance, standard polycarbonate and anti-reflective coating
Laser Vision Correction	• 15% off retail price • 5% off promotional price

DELTA DENTAL

DeltaVision

YOUR BENEFIT

INFORMATION AT YOUR FINGERTIPS



Get Started Today!

Make the most of your dental and/or vision benefits with Delta Dental of Iowa's online Member Connection. Sign up today at **www.deltadentalia.com** to:

- Print an ID card
- View claim details and status
- Find a provider
- Find eligibility and benefit information
- Access an explanation of benefits (dental only)

To register for Member Connection:

1. Go to **www.deltadentalia.com** select Dental Member from the drop down menu, and then click on"New user? Sign up." link in the "My Account" box on the right side of the homepage.
2. Complete the online registration.
3. Create a username & password, enter your email, create a challenge question and then click on "Register User."
4. Once your account has been created, be sure to go back to **www.deltadentalia.com** to log-in and view your complete account information.



Helpful tips when registering:

- Enter first and last name for the primary subscriber (exactly as your employer entered it during enrollment; e.g., "Bob" may be "Robert")
- Enter assigned subscriber ID or Social Security number (enter the nine digit number with no dashes or leading zeros)

TO REGISTER FOR MEMBER CONNECTION
Visit **deltadentalia.com**

Life and AD&D Insurance

MUTUAL OF OMAHA

WWW.MUTUALOFOMAHA.COM



EMPLOYER-PAID LIFE AND AD&D

Life insurance pays a benefit (called a death benefit, which is usually a lump sum) to a beneficiary (whomever you choose to receive the benefit) after your death. If you have a life insurance policy on a family member (such as your spouse or your child(ren)), you would receive the money if that family member died. This money can help replace your income.

EMPLOYEE-PAID LIFE AND AD&D

You have the option to purchase Life and AD&D coverage. Decide whether this benefit is worth the cost of coverage for you and your family. To figure this out, ask a few questions:

How would your family's finances be affected if you died?

How much of your paycheck is used for monthly living expenses?

EMPLOYER-PAID LIFE AND AD&D BENEFIT	
Life and Accidental Death & Dismemberment	$25,000

EMPLOYEE-PAID LIFE AND AD&D BENEFITS	
Employee	Increments of $10,000 up to $300,000 or 5 times earnings **Guaranteed Issue** 5 times earnings up to $100,000
Spouse	Increments of $5,000 up to $100,000 or 100% of employee amount **Guaranteed Issue** 100% of employee elected amount up to $25,000
Children	Increments of $1,000 with a $2,000 minimum up to 100% of employee amount **Guaranteed Issue** $10,000

Guaranteed Issue is the amount you can elect before you are required to complete a health questionnaire, otherwise known as **Evidence of Insurability (EOI)**.

Income Replacement



MUTUAL OF OMAHA

WWW.MUTUALOFOMAHA.COM

If you are unable to work, disability insurance can help replace your income so you can pay your bills and protect your savings.

EMPLOYEE-PAID SHORT-TERM DISABILITY

Short-term benefits pay a weekly benefit when you are unable to work for a certain amount of time. You may not receive Short-Term Disability benefits if you are receiving Workers' Compensation benefits.

EMPLOYER-PAID LONG-TERM DISABILITY

Long-term benefits usually take over when Short-term benefits end. This is often a monthly benefit, either a percentage of your salary or a flat amount.

BENEFITS*	SHORT-TERM	LONG-TERM
Coverage amount	60% of weekly income	60% of monthly income
Maximum payment period	24 weeks	Social Security Normal Retirement Age (SSNRA)
Accident benefits begin	Day 15	Day 180
Illness benefits begin	Day 15	Day 180
Maximum Benefit	$1,200 per week	$5,000 per month

Monthly Rates for All Insurance Plans

MEDICAL PLANS

	PLAN 1 3500 POS	PLAN 2 5500 HMO
EMPLOYEE ONLY	$370.69	$161.25
EMPLOYEE & SPOUSE	$736.77	$319.03
EMPLOYEE & CHILD(REN)	$682.63	$295.70
EMPLOYEE & FAMILY	$1,093.42	$472.75

DENTAL PLAN

Age 21+	$33.64
Age 20 and Under	$23.80

VISION PLAN

EMPLOYEE ONLY	$9.40
EMPLOYEE & SPOUSE	$17.88
EMPLOYEE & CHILD	$20.24
EMPLOYEE & FAMILY	$26.72

EMPLOYEE PAID LIFE PLAN

Age Range	Rate per $1,000
0-29	$0.11
30-34	$0.12
35-39	$0.15
40-44	$0.21
45-49	$0.35
50-54	$0.57
55-59	$0.88
60-64	$1.36
65-69	$2.43
Child Life	$0.18

SHORT-TERM DISABILITY

Rate per $10 of benefit
$0.75

Employee Assistance Programs

EMPLOYEE ASSISTANCE PROGRAM (EAP)

You have access to easy, **convenient and confidential** experienced clinicians and professional staff **24 hours a day**.

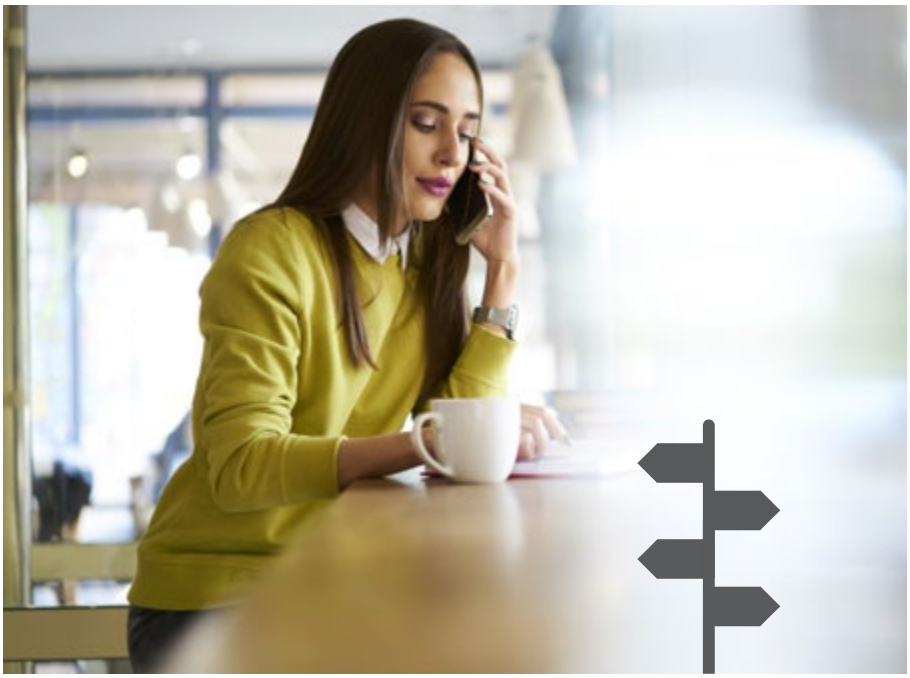
The Employee Assistance Program (EAP) is **available to all employees and members of your household**, whether you are enrolled in a medical plan or not.

The EAP can help with challenges like:

- mental wellness
- financial planning
- retirement planning
- stress & anxiety
- substance abuse
- and more

EAP Services include:

- Unlimited telephone access
- Robust network of licensed mental health professionals
- Legal assistance and financial services
- 4 face to face sessions at no extra cost (per household/calendar year)



CALL: MUTUAL OF OMAHA
800-316-2796

LOG IN ONLINE
www.mutualofomaha.com/eap

Flexible Spending Accounts

TASC

WWW.TASCONLINE.COM

AN FSA CAN HELP YOU

use pretax money to pay for certain out-of-pocket health expenses or dependent care expenses.

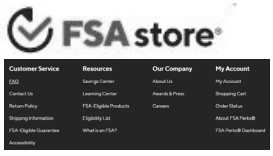
HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)

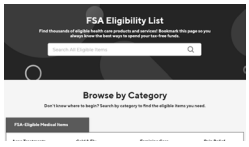
Eligibility rules	If you are **enrolled in a High Deductible Health Plan** (HDHP) you can only enroll in a **Limited Flexible Spending Account**		
Maximum contributions	Healthcare: $3,400 Dependent Care: $7,500		
Pre-tax contributions?	Yes		
Eligible Expenses Beyond your plan coverage	• Medical • Dental • Vision • Prescription • Dependent care	For **Health Care and Limited FSAs** download a full list from the IRS website	For information on **Child and Dependent Care Expenses,** check out to IRS website for details.
Availability of funds	Healthcare and Limited: Available on day 1 Dependent Care: Funds must accumulate before using		
Use it or lose it?	The plan allows you to submit claims for calendar year 2025 through 03/15/26. After that time, you can carryover a maximum balance of $660 (from calendar year 2025) to be used in calendar year 2026. Any carryover funds in excess of $660 remaining after 3/15/26 will be forfeited. For the 2026 FSA calendar year, the carryover maximum increases to $680.		
Can take it with you if you leave the company?	No		

START WITH THE RIGHT TOOLS:

FSAstore.com provides lists of eligible purchases using your account, as well as help to understand, manage and USE this great benefit!

Getting Started





FSAstore.com/FSA-Eligibility-List.aspx

YOUR ENROLLMENT BLUEPRINT

Here are some last-minute reminders:

STEP 01



All benefits are effective the first of the month following 30 days.



STEP 02

EVALUATE YOUR OPTIONS

- **All plan information and materials are saved on the benefit portal. Visit the portal to review benefit options**



STEP 03

ENROLL IN YOUR BENEFITS

- **Download your election form. Complete it and return to Doriene.**
- **The enrollment deadline is the last day of the month before your effective date (unless noted)**

NEED HELP DECIDING?

Contact Human Resources or TrueNorth's TRUEADVOCATE TEAM
Phone: 888-655-9980
trueadvocate@truenorthcompanies.com



DO YOU HAVE QUESTIONS ABOUT YOUR BENEFIT PROGRAMS AND AREN'T SURE WHO TO CONTACT?

The TrueNorth TRUEAdvocate Team is here to help!

Monday - Friday | 7:30 a.m. to 5:00 p.m. CT
For Spanish, please select option 4

Our team can assist with:

- Benefit coverage questions
- Ordering an ID card
- Claim questions and research
- Finding a provider
- Choosing a plan that works for you

(888) 655-9980

trueadvocate
@truenorthcompanies.com

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