2026 EMPLOYEE BENEFITS SUMMARY

Full-time employees are eligible to participate in the following programs. This is a summary for benefits in effect from October 1, 2026 – September 30, 2027.

HOW DO I ENROLL?

Visit www.mybigmbenefits.com to
- Learn about the benefit changes
- View plan comparisons
- Watch a recorded benefit presentation
- Access plan documents
- Access required notices

Enroll Online
- Go to www.employeenavigator.com
- Company Code: BIGM

SAVE FOR FUTURE HEALTHCARE EXPENSES

Wex | (866) 451-3399
https://benefitslogin.wexhealth.com/Login

If you enroll in the Medical Bronze HDHP, Big M will contribute money into your Health Savings Account (HSA) to use on qualified expenses. Visit https://www.wexinc.com/resources/benefits-toolkit/eligible-expenses/ to learn more.
- Employee Only: $500 per year
- Family: $1,000 per year

MEDICAL: BCBS MS

800-942-0278 | www.BCBSMS.com

IN-NETWORK BENEFITS	GOLD PLAN	SILVER PLAN	BRONZE HDHP w/ HSA
Preventive	Covered at 100%	Covered at 100%	Covered at 100%
Office Visit	PCP: $25 Specialist: $40 Urgent Care: $40	PCP: $50 Specialist: $50 Urgent Care: $50	You pay up to Deductible, then 20% Coinsurance
Emergency Room	You pay up to Deductible, then 20% Coinsurance	You pay up to Deductible, then 20% Coinsurance	You pay up to Deductible, then 20% Coinsurance
Prescription Deductible	$50 per individual	$200	Included in Medical Deductible
Prescription Copay	Tier 1: $15 Tier 2: $35 Tier 3: $75 Tier 4: $100	Tier 1: $15 Tier 2: $35 Tier 3: $75 Tier 4: $100	You pay up to Deductible, then 20% Coinsurance
Member Deductible	Single: $1,000 Family: $2,000	Single: $3,000 Family: $6,000	Single: $5,000 Family: $10,000
Coinsurance	You pay 20% Plan pays 80%	You pay 20% Plan pays 80%	You pay 20% Plan pays 80%
Out-of-Pocket Maximum	Single: $8,150 Family: $16,300	Single: $9,200 Family: $18,400	Single: $6,000 Family: $12,000
MONTHLY RATE			
Employee	$281.67	$208.00	$65.00
Employee + Spouse	$1,126.68	$832.00	$195.00
Employee + Child(ren)	$760.51	$561.60	$162.50
Employee + Family	$1,408.35	$981.76	$227.50

PRESCRIPTION DRUG: BCBS MS

800-942-0278 | www.BCBSMS.com

Learn how to alleviate the burden of high medication costs and prioritize your health!
- Use generic drugs
- Discount programs
- Compare pharmacies
- Know your insurance
- Download the About Prescription Drug Benefits Booklet to learn how the plans work.

DENTAL

800-638-5433 | www.metlife.com

DENTAL	IN & OUT OF NETWORK
Dental Network	MetLife PDP Plus
Preventive Services	Covered at 100%
Deductible	Single: $50 Family: $150
Annual Maximum	$1,250
Basic Services	You pay 20% Plan pays 80%
Major Services	You pay 50% Plan pays 50%
Orthodontic Children up to age 19	$1,000 lifetime maximum

MONTHLY RATES	EE	EE + SP	EE + CH	FAM
PPO	$22.21	$48.83	$69.55	$96.19

VISION

800-877-7195 | www.vsp.com

BENEFITS	IN-NETWORK
Vision Network	VSP
Exam 1 every 12 months	$10 Copay
Frames 1 every 24 months	$150 allowance + 20% off balance
Lenses 1 every 12 months	$25 copay (Single, Bifocal, Trifocal)
Contacts	Please Note: Contacts are in place of lenses & frame
Elective Contacts 1 every 12 months	$150 allowance
Medically Necessary 1 every 12 months	$0 copay
Contact Lens Fitting & Evaluation 1 every 12 months	Up to $60

MONTHLY RATES	EE	EE + SP	EE + CH	FAM
PPO	$7.35	$13.98	$14.72	$21.64

VOLUNTARY LIFE INSURANCE

800-638-5433 | www.metlife.com

VOLUNTARY LIFE AND AD&D	BENEFITS	GUARANTEED ISSUE
Employee	Increments of $10,000 up to the lesser of $500,000 or 5x earnings	Up to $150,000
Spouse	Increments of $5,000 up to $100,000 Spouse coverage cannot exceed 100% of employee elected amount	Up to $50,000
Children	Increments of $1,000, $2,000, $4,000, $5,000 or $10,000 for children up to 26 years or full-time student	Up to $10,000

MONTHLY RATES
AGE BASED RATES AVAILABLE ON MEMBER PORTAL

DISABILITY INSURANCE

800-638-5433 | www.metlife.com

BENEFITS	VOLUNTARY SHORT-TERM	VOLUNTARY LONG-TERM
Benefit Amount	60%	60%
Maximum Benefit	$1,000 per week	$6,000 per month
Elimination Period	14 Days	90 Days
Maximum Benefit Duration	13 Weeks	RBD w/ SSNRA
Pre-Existing Condition	3/12	3/12

MONTHLY RATES
AGE BASED RATES AVAILABLE ON MEMBER PORTAL

CRITICAL ILLNESS & ACCIDENT

800-638-5433 | www.metlife.com

CRITICAL ILLNESS: Helps protect your finances from the expense of a serious health problem, such as a stroke or heart attack. This plan provides a lump-sum benefit directly to you at the first diagnosis of a covered condition.

ACCIDENT: Accident coverage will pay benefits to you for treatments and injuries sustained as the result of a covered accident. These benefits are paid directly to you.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

AVAILABLE TO EMPLOYEES COVERED UNDER THE DISABILITY PLAN AND MEMBERS OF YOUR HOUSEHOLD.

888-319-7819 | one.telushealth.com | MetLife

Counselors are available to assist with support during difficult situations related to mental health, legal assistance, wellness coaching, counselor sessions and more.

QUESTIONS? CONTACT HEALTHJOY

877-500-3212 | SUPPORT@HEALTHJOY.COM

Our team can assist 24/7/365 with:

- Benefit coverage questions
- Ordering an ID card
- Claim questions and explanation
- Finding a form
- Provider search

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