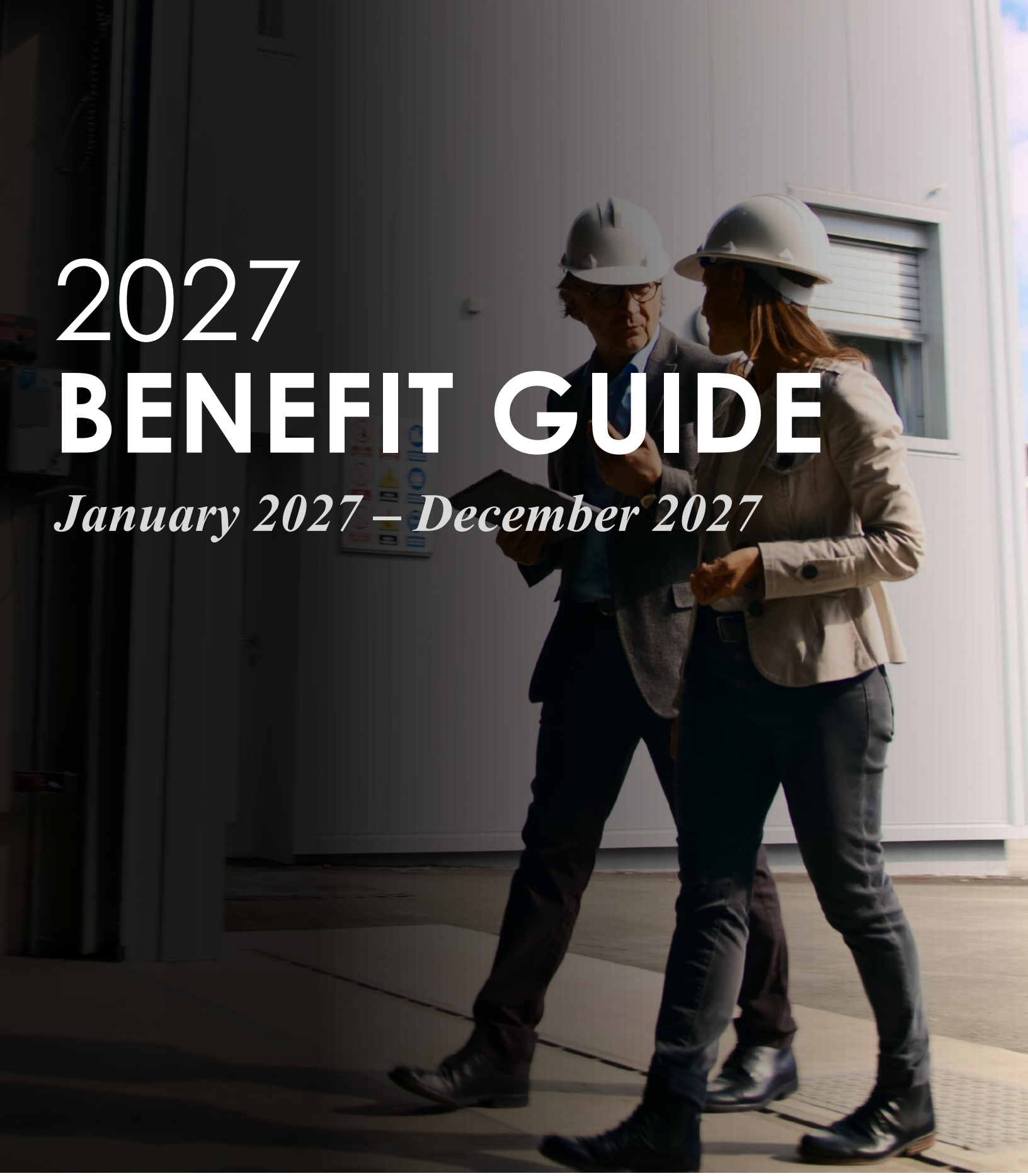


2027
BENEFIT GUIDE

January 2027 – December 2027

***Your* benefits, *your* story**

Benefits to fit your unique situation.

EPC



BENEFITS ELIGIBILITY

Who is eligible to participate?

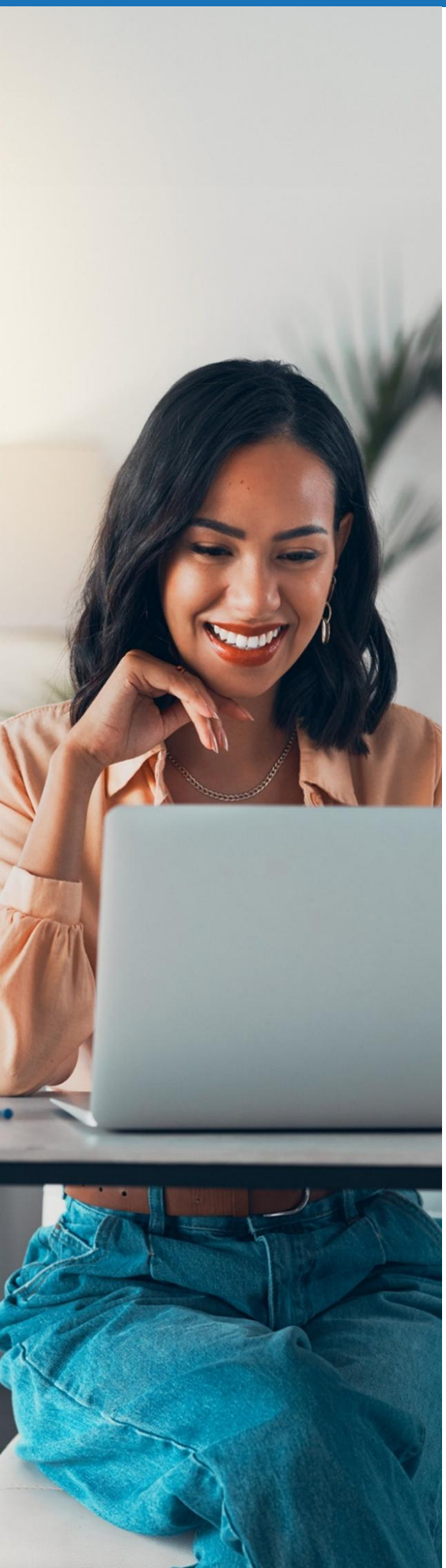
- Full-time employees working an average of 30 hours per week
- Your legal spouse Your unmarried dependent child (natural, adopted or step) up to age 26

When does coverage start and end?

- New Hire coverage starts 1st of the month following 60 days
- Coverage will end on the date of your employment termination.

When can I enroll in or make changes to benefits?

- **New Hires:** Must submit your elections within 30 days of hire date
- **Qualified Life Events:** Must notify Human Resources with 30 days of the event. Coverage goes into effect on the date of event. Some examples of qualified events include:
- Gain or loss of eligibility for another employer's coverage
- Marriage
- Divorce or legal separation
- Birth of your child, adoption or placement for adoption
- Death
- Change in employment status that impacts your eligibility for benefits
- Child support order
- New entitlement or loss of Medicare or Medicaid (60 days to notify HR)
- **Open Enrollment**: Occurs annually with an effective date of January



YOUR ENROLLMENT BLUEPRINT

Here are some last-minute reminders:

STEP 01

VISIT YOUR BENEFITS PORTAL

Website: http://epcbenefits.com

STEP 02

EVALUATE YOUR OPTIONS

- Review available benefit options for the year.
- Use carrier resources and tools to make decisions.

STEP 03

ENROLL IN YOUR BENEFITS

- www.paycomonline.net
- Be mindful of your enrollment deadline!

STEP 04

NEED HELP DECIDING?

Contact TrueNorth's TrueAdvocate Team

Phone: 888-655-9980

Email: trueadvocate@truenorthcompanies.com

MEDICAL & RX

Administered by Wellmark & MedOne

The medical insurance benefit uses a network of providers, hospitals, and pharmacies to provide employees and their families access to quality healthcare and protection against the cost of illness or injury.

Use In-Network Providers for the best value! Visit www.wellmark.com/finder to search for providers.

IN-NETWORK BENEFITS	TRADITIONAL $3,500	HDHP $6,050	MEC PLUS (limited benefit plan; not Major Medical)
Preventive Care	100% Covered	100% Covered	100% Covered
	*Preventive Care is defined by the Affordable Care Act (ACA) Visit **HealthCare.gov** to access a list of covered preventive services by gender and age		
Office Visit Copay	$35 PCP $70 Specialist $35 Urgent Care $0 Doctor on Demand	Deductible $0 Doctor on Demand	PCP: $20 Copay (3 visits per plan year) Specialist: Not covered Urgent Care: $50 copay (3 visits per plan year) Telemed: $0 copay (unlimited visits) Behavioral Health Services: $0 copay (unlimited visits)
Emergency Room	Deductible and Coinsurance	Deductible	Not covered
Rx Copay	$100 Deductible Generic: $10 Brand: $35 Specialty: $200	Deductible	Generic: $0 copay Tier 1: 10% coinsurance
Deductible	$3,500 Individual $7,000 Family maximum	$6,050 Individual $12,100 Family maximum	N/A See the next page for more information on the MEC plan and reimbursement opportunities.
Coinsurance	You pay 20%, plan pays 80%	You pay 0%, plan pays 100%	
Out of Pocket Maximum	$6,350 Individual $12,700 Family maximum (includes medical and pharmacy deductibles, coinsurance and all copays)	$6,050 Individual $12,100 Family maximum	

TOBACCO FREE RATES PER PAYCHECK	TRADITIONAL $3,500	HDHP $6,050	MEC PLUS
Employee	$151.18	$105.92	$61.38
Employee + Spouse	$367.63	$270.22	$117.23
Employee + Child(ren)	$335.61	$245.92	$110.77
Employee + Family	$578.48	$430.29	$175.85

TOBACCO USER RATES PER PAYCHECK	TRADITIONAL $3,500	HDHP $6,050	MEC PLUS
Employee	$197.34	$152.08	$61.38
Employee + Spouse	$413.78	$316.37	$117.23
Employee + Child(ren)	$381.77	$292.07	$110.77
Employee + Family	$624.64	$476.44	$175.85

MEC PLUS GLOBE LIFE

Administered by Apex-MEC & Globe Life

A Minimum Essential Coverage (MEC) plan is designed to meet the Affordable Care Act's (ACA) requirement for minimum essential health coverage. This plan provides coverage for a wide range of preventive care services to help you stay healthy and avoid more serious health issues.

Your MEC plan is not a major medical plan!

It is a limited benefit plan that focuses on preventive care services, including but not limited to:

- Routine physical exams
- Associated imaging and laboratory services, such as mammograms and PSA tests
- Well-child exams
- Immunizations

This plan ensures access to essential preventive care but does not cover comprehensive medical services such as hospital stays, emergency care, or specialty care. For more extensive health coverage, consider enrolling in one of the Wellmark major medical plans.

IN-NETWORK BENEFITS	MEC PLUS (limited benefit plan; not Major Medical Coverage)
Network	PHCS Nationwide Network
Preventive Care	100% covered
Office Visit Copay	PCP: $20 Copay (3 visits per plan year) Specialist: Not covered Urgent Care: $50 copay (3 visits per plan year)
Telemedicine MDLive	Telemed: $0 copay (unlimited visits) Behavioral Health Services: $0 copay (unlimited visits)
Emergency Room	Not covered
Rx Copay	Generic: $0 copay Tier 1: 10% coinsurance
GLOBE LIFE	**REIMBURSMENT OPPORUNITIES INCLUDED IN MEC PLUS PLAN**
Hospital Indemnity Benefits	Hospital Confinement: $600 per day (10 days per plan year) Hospital Intensive Care Unit: $1,000 per day (10 days per plan year) Hospital Admission: $1,000 per day (1 day per plan year)
Surgery/Anesthesia Benefits	Inpatient Surgery: $500 per day (1 day per plan year) Outpatient Major Surgery: $300 per day(1 day per plan year) Outpatient Minor Surgery: $100 per pay (1 day per plan year) Anesthesia: $300 per day (1 day per plan year)
Emergency Room Benefits	Emergency Room for Sickness: $50 per day (2 days per plan year) Emergency Room for Injury: $200 per day (2 days per plan year)
Outpatient Benefits	Outpatient Diagnostic Lab: $50 per day (3 days per plan year) Outpatient Diagnostic X-ray: $100 per day (1 day per plan year) Outpatient Major Diagnostic Testing: $300 per day (1 day per plan year)
Group Term Life	Employee: $10,000 Spouse: $5,000 Child(ren): $2,500

HEALTH SAVINGS ACCOUNT

AN HSA CAN HELP YOU

Lower your taxes, cover some expenses your plan doesn't, and even help save for retirement.

HEALTH SAVINGS ACCOUNT (HSA)

To be eligible you must: ***Note:** If your eligible dependent is covered under Medicare, you can continue contributing to the HSA	• Be covered under a High Deductible Health Plan (HDHP) • Not be claimed as a dependent on someone else's tax return • Not maintain a Healthcare FSA • Not be enrolled in Medicare* • Not have received VA benefits within the past three months • Not have a spouse with an FSA plan through their employer		
Maximum contributions	Single: $4,500 Family: $9,000 Catch-up: $1,000 (those 55+)		
Pre-tax contributions?	Yes		
Eligible Expenses Beyond your plan coverage	More common examples: • Medical • Dental • Vision • Prescription	Less common examples: • Special education • Seeing eye dog • Braille literature • Hair loss pieces	Download a full list from the IRS - Publication 502.
Availability of funds	Funds must accumulate before using		
Use it or lose it?	No, unused funds roll over from year to year		
Can take it with you if you leave the company?	Yes		

DENTAL

Administered by Mutual of Omaha

Dental care is an important part of your overall health. This plan provides you with no-cost, in-network preventive care, as well as coverage for basic care and major procedures.

Group number: G000CT6L
Use In-Network Providers for the best value! Visit mutualofomaha.com to search for providers.

Services	PPO Dentist
Preventive Services	100% covered
Deductible	$50 Single / $150 Family
Annual Maximum	$1,000 per person per year
Basic Services	You pay 20% coinsurance (after deductible), plan pays 80%
Major Services	You pay 50% coinsurance (after deductible), plan pays 50%
Orthodontic For dependent children up to age 26	You pay 50% coinsurance (after deductible), plan pays 50% coinsurance, up to a lifetime maximum of $1,000

Per Pay Rates	PPO Dentist
Employee	$6.30
Employee + Spouse	$12.28
Employee + Child(ren)	$16.76
Employee + Family	$22.56

VISION

Administered by Mutual of Omaha

Enroll in vision coverage to save money on eligible vision care expenses, such as eye exams, glasses and contact lenses.

Group number: G000CT6L
Use In-Network Providers for the best value! Visit mutualofomaha.com/vision to search for providers in the EyeMed insight network.

SERVICES	IN-NETWORK
Exam 1 every 12 months	$10 Copay
Eyeglasses	
Frames 1 every 24 months	$200 allowance and 20% off the amount over your allowance
Lenses 1 every 12 months	$25 Materials Copay
Contacts	**Please note:** Contact lenses are in place of lenses and frame.
Contact Lenses 1 every 12 months	$200 Allowance plus 15% off balance over allowance
Medically Necessary 1 every 12 months	100% Covered
Laser Vision Correction	15% off retail price or 5% off promotional price

Per Pay Rates	
Employee	$2.03
Employee + Spouse	$4.05
Employee + Child(ren)	$4.33
Employee + Family	$6.93

LIFE / AD&D

Administered by Mutual of Omaha

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death. Accidental Death and Dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes death or dismemberment (i.e., the loss of a hand, foot or eye).



Designate Your Beneficiary(ies)

Designate your beneficiary(ies) and review them annually to ensure they are up to date.

BASIC LIFE / AD&D (COMPANY-PAID)

This benefit is provided at NO COST to you.

	Benefit
Life	$20,000
Accidental Death & Dismemberment	$20,000
Age Reduction	33% at age 70 55% at age 75

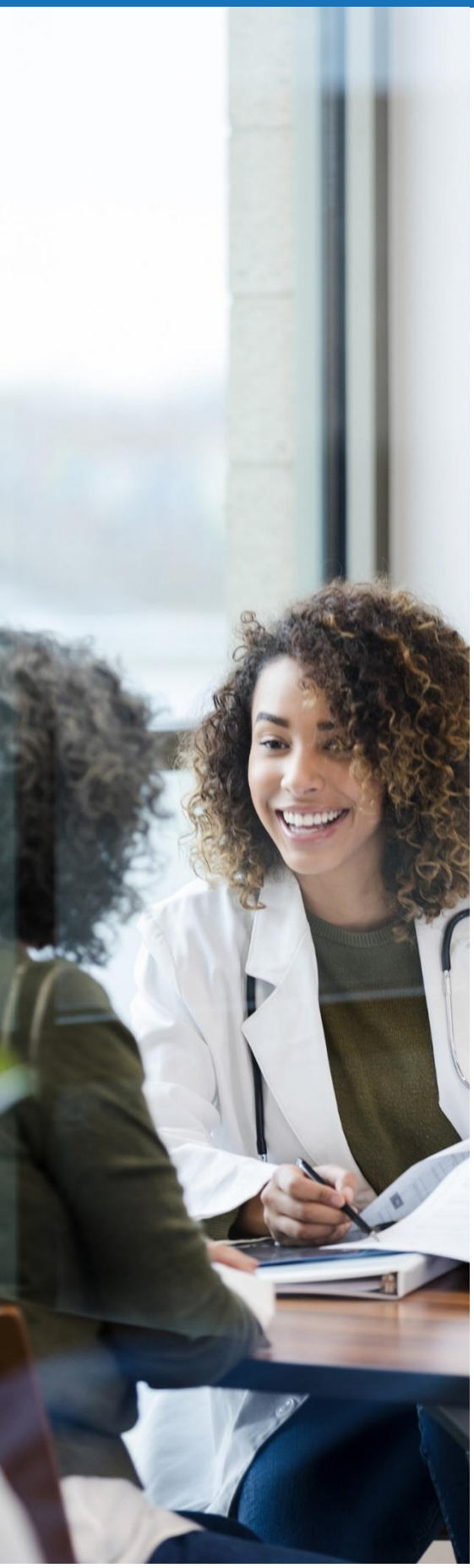
SUPPLEMENTAL BASIC LIFE / AD&D (EMPLOYEE-PAID)

You may enhance your life benefit by purchasing supplemental insurance. Cost is based on your age and coverage amount elected.

Voluntary	
Employee	Increments of $10,000 up to $500,000. $10,000 minimum. **Guarantee Issue** up to $250,000.
Spouse	Increments of $5,000 up to 100% of employee's voluntary benefit or $100,000. **Guaranteed Issue:** up to $50,000
Children	Increments of $1,000 up to $10,000 on your eligible children 6 months and older. **Guaranteed Issue:** up to $10,000 Birth to 14 days: $0 14 days to 6mos: $1,000

**Age reductions may apply. Refer to the benefit plan document.*

Evidence of Insurability (EOI): If you elect coverage after your new hire election period or request coverage over the Guaranteed Issue amount, your coverage will require an additional approval from the insurance company. Coverage will not take effect until approved by the carrier.



DISABILITY

Administered by Mutual of Omaha

Short-term and long-term disability insurance provides you benefits to replace part of your lost income when you become unable to work due to a covered injury or illness.

BENEFITS*	SHORT-TERM
Coverage amount	60% of weekly income to a weekly max of $1,000
Benefits begin	15th day of your disability
Maximum payment period	11 weeks
Pre-existing conditions	Benefits are not payable for any disability that existed in the 3 months prior to your initial enrollment date. Once you have been covered by this plan for 6 months, this exclusion no longer applies.

Evidence of Insurability (EOI): This is your one-time opportunity to elect coverage without submitting EOI. If you don't elect this year you may have to submit EOI next year for any new enrollees or those requested coverage over the Guaranteed Issue amount.

ADDITIONAL PROTECTION

ACCIDENT

Stay ahead of the medical and out-of-pocket expenses that add up so quickly after an accident. When you have a covered accident, you can receive cash benefits to use however you see fit. Coverage typically includes ambulance services, emergency room visits, intensive care unit confinement, etc.

PLAN RATES PER PAY PERIOD	
Employee	$3.77
Employee + Spouse	$6.99
Employee + Child(ren)	$7.80
Employee + Family	$9.59

CRITICAL ILLNESS

Typically pays a lump-sum benefit directly to you at the time a covered illness (such as a stroke or heart attack) occurs or is diagnosed. When you are sick, the last thing you want to think about is your finances. You can typically use the money for everyday expenses like mortgage payments, utility bills or childcare.

COVERAGES	INITIAL BENEFIT
Employee	$10,000, $20,000 or $30,000
Spouse	100% of Employee benefit up to $30,000
Children	50% of Employee benefit up to $15,000

Visit the benefit portal for more information and rates

HOSPITAL INDEMNITY

Similar to Accident and Critical Illness Plans, Hospital Indemnity provides a lump-sum benefit to use for expenses related to a hospital stay. Expenses covered include: hospital admission, hospital confinement, lodging, transportation and more.

HOSPITAL INDEMNITY PER PAY RATES	
Employee	$6.87
Employee + Spouse	$14.03
Employee + Child(ren)	$10.79
Employee + Family	$17.95

HOSPITAL INDEMNITY BENEFIT	
Admission Benefit (2 per calendar year)	• Admission Benefit - $1,000 • ICU Admission Benefit - $1,000
Confinement Benefit (30 days per calendar year)	• Confinement Benefit - $100/day • ICU Confinement Benefit - $100/day
Daily Rehab Confinement (30 days per calendar year)	• $175/day
Express Benefit (1 benefit per hospital admission)	• $100



ADDITIONAL PROTECTION

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.

100% CONFIDENTIAL SUPPORT:

- Addictive Behaviors
- Alcohol Abuse
- Anger Management
- Anxiety
- Caregiver Support
- Dependent Care Issues
- Depression
- Drug Use and Abuse
- Family/Marital Problems
- Financial Issues
- Grief and Loss
- Legal Problems
- Organization Change
- Relationship Concerns
- Stress-Related Concerns
- Work-Life Balance

CONTACT THE EMPLOYEE ASSISTANCE PROGRAM:

Phone: 800-316-2796
Website: mutualofomaha.com/eap

TRAVEL ASSISTANCE

If you are enrolled in a Mutual of Omaha coverage, you have access to travel assistance! Access a network of professionals who can help you with local medical referrals or provide other emergency assistance services in forging locations.

- Pre-trip Assistance
- Emergency Travel Support Services
- Medical Assistance
- ID Theft
- And more!

RESOURCES

Coverage	Carrier/Plan Sponsor	Phone & Website
Physical & Mental Health		
Medical	Wellmark Group ID: 36978	800-524-9242 www.wellmark.com/finder
Prescription Drugs	MedOne Group ID: WLLMKENGPC	888-884-6331 www.medone-rx.com
MEC Plus and Globe Life	Apex-Mec Globe Life	Apex-Mec: Email: info@apex-mec.com www.apex-mec.com Globe Life: 844-726-4372 www.globelifeinsurance.com
Dental	Mutual of Omaha Group ID: G000CT6L	800-775-6000 www.mutualofomaha.com
Vision	Mutual of Omaha Group ID: G000CT6L	800-775-6000 www.mutualofomaha.com
Life Insurance	Mutual of Omaha Group ID: G000CT6L	800-775-6000 www.mutualofomaha.com
Disability Insurance	Mutual of Omaha Group ID: G000CT6L	800-775-6000 www.mutualofomaha.com
Additional Protection		
Accident Insurance	Mutual of Omaha Group ID: G000CT6L	800-775-6000 www.mutualofomaha.com
Critical Illness Insurance	Mutual of Omaha Group ID: G000CT6L	800-775-6000 www.mutualofomaha.com
Hospital Indemnity Insurance	Mutual of Omaha Group ID: G000CT6L	800-775-6000 www.mutualofomaha.com

BENEFITS VOCABULARY

WELCOME TO YOUR BENEFITS!

To better understand your coverage, it's helpful to be familiar with **benefits vocabulary**. Take a moment to review these terms, which may be referenced throughout this guide.

Balance Bill – When a health care provider bills a patient for the difference between what the patient's health insurance chooses to reimburse and what the provider chooses to charge.

Copay – A fixed dollar amount you pay the provider at the time of service; for example, a $25 copay for an office visit or a $10 copay for a generic prescription.

Coinsurance – The percentage paid for a covered service, shared by you and the plan. Coinsurance can vary by plan and provider network. Review the plans carefully to understand your responsibility. You are responsible for coinsurance until you reach your plan's out-of-pocket maximum.

Deductible – The amount you pay each calendar year before the plan begins paying benefits. Not all covered services are subject to the deductible; for example, the deductible does not apply to preventive care services.

Emergency Room Care – Care received at a hospital emergency room for life- threatening conditions.

In-Network Care – Care provided by contracted doctors within the plan's network of providers. This enables participants to receive care at a reduced rate compared to care received by out-of-network providers.

Out-of-Network Care – Care provided by a doctor or at a facility outside of the plan's network. Your out-of-pocket costs may increase and services may be subject to balance billing.

Out-of-Pocket Maximum – The maximum amount you pay per year before the plan begins paying for covered expenses at 100%. This limit helps protect you from unexpected catastrophic expenses.

Premium – The complete cost of your plans. You share this cost with your employer and pay your portion through regular paycheck deductions.

Preventive Care – Routine health care including annual physicals and screenings to prevent disease, illness, and other health complications. In-network preventive care is covered at 100%.

Urgent Care – Urgent care is not the same as emergency care. Visit urgent care for sudden illnesses or injuries that are not life-threatening.

Urgent care centers are helpful when care is needed quickly to avoid developing more serious pain or problems.

Preferred generic drugs – Generic drugs have the same active ingredients and work the same way as the brand-name drugs they copy. They usually cost less than the brand-name versions.

Preferred brand drugs – These drugs are included in a plan's list of covered drugs and may not have a generic version. They cost more than generic drugs but less than non-preferred brand drugs.

Specialty drugs – These drugs are used to treat ongoing health conditions and can be costly. They often require special handling and may have to be ordered through a specialty pharmacy.

MEC Plan – Minimum Essential Coverage. A MEC plan is health insurance that meets the federal government's standard for coverage.

BENEFITS 101

Deductible

Amount you pay for healthcare **BEFORE** your insurance starts to pay.

Coinsurance (aka Cost Share)

A **percentage** of the cost of care you are responsible to pay for **AFTER** you have met the deductible.

Co-Payment (aka Copay)

Fixed amount of money you pay each time you or your dependents receive care.

Out of Pocket Maximum (OPM)

Greatest amount of money you can spend on healthcare for the year.

- Does not include premiums or costs that your insurance plan does not cover.



DEDUCTIBLE

COINSURANCE

COPAYMENT

Out of Pocket Maximum



Do You Have Questions About Your Benefit Programs and Aren't Sure Who to Contact?

THE TRUENORTH TRUEADVOCATE TEAM IS HERE TO HELP!

You can contact one of our Advocates
Monday – Friday from 7:30 am – 5:00 pm CT

Our team can assist with:

- Benefit coverage questions
- Ordering an ID card
- Claim questions and explanation of benefits
- Finding a form
- Provider search
- Choosing a plan that works for you

(888) 655-9980

trueadvocate
@truenorthcompanies.com

EPC

TRUENORTH

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