OCTOBER 2026- SEPTEMBER 2027

2026-27 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

ESTES CONSTRUCTION

TRUE NORTH
Insurance and Financial Strategies

YOUR BENEFIT OFFERINGS:

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

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 DoctorOnDemand 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.

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.

3 TIPS FOR EASY ENROLLMENT

1. DON'T WAIT!

As a new hire this is your one chance to choose your benefits until our annual enrollment period. Your benefits will begin on the first of the month following 30 days, except life and disability insurance which has a 90 day waiting 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?

This year is a passive enrollment, so you aren't required to enroll in and/or waive your benefits.

- **Please note:** All those who are enrolled in the Flexible Spending Accounts (FSAs) **MUST RE-ENROLL IN THESE PLANS EVERY YEAR** no matter what!

3. UP YOUR BENEFITS IQ

Have questions about your benefit options? Not sure what is right for you? Make sure to check out your benefits website at: **myestesconstructionbenefits.com** and use the code: **estes.** And 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.

BENEFITS VOCABULARY

WELCOME TO YOUR 2026 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.

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)

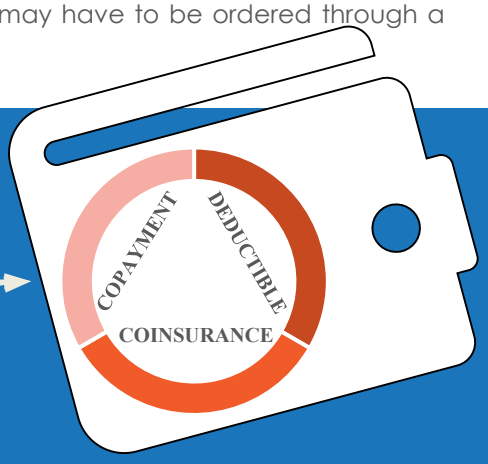
Fixed amount of money you pay each time you or your dependents receive care.



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

Partial Self-Funding



WHAT DOES THAT MEAN?

It means that Estes Construction pays for a higher deductible plan from Wellmark BCBS ("Company Plan") but offers you a lower deductible plan ("Employee Plan"). This plan is lower in cost to you than other plans available through Wellmark BCBS.

To utilize a partially self-funded plan, we have contracted with a Third-Party Administrator named EBS.

Employee visits Doctor.

Doctor submits claim to Wellmark BCBS.

Wellmark BCBS sends

Explanation of Benefits (**EOB**)

to doctor, EBS and employee

reflecting higher deductible "Company Plan."

EBS processes and adjusts EOB to reflect the lower deductible "Employee Plan."

EBS sends **revised EOB to doctor and employee.**

Employee should **retain the EBS EOB**.

Doctor sends **invoice to employee.**

Employee pays remainder of Doctor's invoice.

Which Medical Plan Is Best For You?

WELLMARK | 800-524-9242

WWW.WELLMARK.COM

HOW TO FIND A NETWORK PROVIDER.
Visit the site below and then click "Search Now" and enter your zip code.
If you have your ID card enter the correct info, otherwise click "Browse list of plans."

Select Wellmark Blue HMO

https://www.wellmark.com/member/find-provider

You will need to elect a Primary Care Provider, but you are not required to see them for any care.
If you choose to see them, you will pay a lower copay.

In-Network Benefits	Traditional Purchased HMO (Plan purchased from Wellmark)	Partial Self-Funded Plan (What you pay)
Network	Wellmark Blue HMO	
Deductible	$10,600 Single $21,200 Family	$2,000 Single $4,000 Family
Coinsurance	0%	20%
Out of Pocket Maximum	$10,600 Single $21,200 Family	$5,000 Single $10,000 Family
Office Visit Copay	$20 Designated Primary Care $25 Doctor on Demand $25 all other Primary Care $50 Specialist $25 Urgent Care	$20 Designated Primary Care $25 Doctor on Demand $25 all other Primary Care $50 Specialist $25 Urgent Care
Preventive Office Copay	Covered at 100%	Covered at 100%
Emergency Room Copay	$250 copay	$250 copay
Prescription Drug	Tier 1: $15 Tier 2: $40 Tier 3: $80 Specialty Preferred: $150 Specialty Non-Preferred: Ded & 50% coinsurance	Tier 1: $15 Tier 2: $40 Tier 3: $80 Specialty Preferred- $150 Specialty Non-Preferred: Ded & 50% coinsurance

	Employee	Employee + Spouse	Employee + Child(ren)	Family
MONTHLY RATES	$60.32	$533.45	$454.54	$1,053.23

Wellmark HMO*

No coverage outside of Iowa and the Quad City area on the HMO network unless it's a true emergency situation. Wellmark will not approve out of network providers if there is a specialist in your network qualified to treat your condition. College students residing out of state can set up a guest membership to be covered where they reside at school. Iowa City is considered in-network.

Which Medical Plan Is Best For You?

WELLMARK | 800-524-9242

WWW.WELLMARK.COM

HOW TO FIND A NETWORK PROVIDER.
Visit the site below and then click "Search Now" and enter your zip code.

If you have your ID card enter the correct info, otherwise click "Browse list of plans."

Select Wellmark Blue PPO

https://www.wellmark.com/member/find-provider

In-Network Benefits	Traditional Purchased PPO (Plan purchased from Wellmark)	Partial Self-Funded Plan (What you pay)
Network	**Wellmark Blue PPO**	
Deductible	$10,600 Single $21,200 Family	$3,000 Single $6,000 Family
Coinsurance	40%	20%
Out of Pocket Maximum	$10,600 Single $21,200 Family	$6,000 Single $12,000 Family
Office Visit Copay	$35 Doctor on Demand $35 Primary Care $70 Specialist $35 Urgent Care	$35 Doctor on Demand $35 Primary Care $70 Specialist $35 Urgent Care
Preventive Office Copay	Covered at 100%	Covered at 100%
Emergency Room Copay	Ded & 40% Coinsurance	Ded & 20% Coinsurance
Prescription Drug	Tier 1: $20 Tier 2: $40 Tier 3: $80 Specialty Preferred: $200 Specialty Non-Preferred: Ded & 50% coinsurance	Tier 1: $20 Tier 2: $40 Tier 3: $80 Specialty Preferred: $200 Specialty Non-Preferred: Ded & 50% coinsurance

	Employee	Employee + Spouse	Employee + Child(ren)	Family
MONTHLY RATES	$118.29	$684.61	$595.32	$1,272.83

Which Medical Plan Is Best For You?

WELLMARK | 800-524-9242

WWW.WELLMARK.COM

HOW TO FIND A NETWORK PROVIDER.
Visit the site below and then click "Search Now" and enter your zip code.

If you have your ID card enter the correct info, otherwise click "Browse list of plans."

Select Wellmark Blue HMO

https://www.wellmark.com/member/find-provider

You will need to elect a Primary Care Provider, but you are not required to see them for any care. If you choose to see them, you will pay a lower copay.

In-Network Benefits	Traditional Purchased HDHP HMO (Plan purchased from Wellmark)	Partial Self-Funded Plan (What you pay)
Network	Wellmark Blue HMO	
Deductible	$8,100 Single $16,200 Family	$4,000 Single $8,000 Family
Coinsurance	0%	0%
Out of Pocket Maximum	$8,100 Single $16,200 Family	$4,000 Single $8,000 Family
Virtual Visit Copay* (Doctor on Demand)	$0 Doctor on Demand	$0 Doctor on Demand
Preventive Office Copay	Covered at 100%	Covered at 100%
Emergency Room Copay	0% after deductible	0% after deductible
Prescription Drug	0% after deductible	0% after deductible

	Employee	Employee + Spouse	Employee + Child(ren)	Family
MONTHLY RATES	$11.51	$433.81	$362.44	$903.92

Wellmark HMO*
No coverage outside of Iowa and the Quad City area on the HMO network unless it's a true emergency situation. Wellmark will not approve out of network providers if there is a specialist in your network qualified to treat your condition. College students residing out of state can set up a guest membership to be covered where they reside at school.

New- $0 copay for Doctor on Demand- HDHP Plans only

Which Medical Plan Is Best For You?

WELLMARK | 800-524-9242

WWW.WELLMARK.COM

HOW TO FIND A NETWORK PROVIDER.
Visit the site below and then click "Search Now" and enter your zip code.

If you have your ID card enter the correct info, otherwise click "Browse list of plans."

Select Wellmark Blue PPO

https://www.wellmark.com/member/find-provider

In-Network Benefits	Traditional Purchased HDHP PPO (Plan purchased from Wellmark)	Partial Self-Funded Plan (What you pay)
Network	Wellmark Blue PPO	
Deductible	$8,100 Single $16,200 Family	$4,000 Single $8,000 Family
Coinsurance	0%	0%
Out of Pocket Maximum	$8,100 Single $16,200 Family	$4,000 Single $8,000 Family
Virtual Visit Copay (Doctor on Demand)	$0 Doctor on Demand	$0 Doctor on Demand
Preventive Office Copay	Covered at 100%	Covered at 100%
Emergency Room Copay	0% after deductible	0% after deductible
Prescription Drug	0% after deductible	0% after deductible

	Employee	Employee + Spouse	Employee + Child(ren)	Family
MONTHLY RATES	$69.72	$547.22	$467.27	$1,074.09

New- $0 copay for Doctor on Demand- HDHP Plans only

Health Savings Account

AN HSA CAN HELP YOU
lower your taxes, cover some expenses your plan doesn't, and even help save for retirement. Contact your local bank for more information!

HEALTH SAVINGS ACCOUNT (HSA)	
To be eligible you must:	• 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: $4,400 in 2026 & $4,500 in 2027 Family: $8,750 in 2026 & $9,000 in 2027 Catch-up: $1,000 (those 55+)
Pre-tax contributions?	Yes
Eligible Expenses Beyond your plan coverage	Examples include: • Hospital Services • Vision Expenses • Dental Expenses • Chiropractor • Lab Fees • Therapy & Counseling • Wheelchairs • Transplants • Non healthcare related items post tax after age 65 • And more! 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

The HMO & PPO HDHP plans qualify for a Health Savings Account.

Healthcare Hacks

Still need assistance with picking a plan or saving money on healthcare? Don't worry, you have all the right tools at your fingertips!



EVEN MORE WAYS TO SAVE

Check out these tools from Wellmark to help you save more and get educated!

- **myWellmark:** Member portal with customized information on your benefits & claims.
- **Blue365:** Receive discounts on gym memberships, fitness equipment & more!
- **ID Theft Protection:** Free protection for members.
- **BeWell 24/7:** Talk to a real person when you have questions about care navigation or need to speak with a nurse.
- **Doctor on Demand ®:** Get connected to a board-certified doctor anytime, anywhere through online video chat. Doctors treat non-emergency conditions like:
- Cold & flu symptoms
- Sinus infections
- Pink eye
- Allergies & more

FREE MOBILE APP

Manage your healthcare on the go.

1. Download the app from the App Store or Google Play.
2. Sign up for myWellmark
3. Gain access to:
   - Your benefits, claims and spending
   - Wellness information
   - Your Wellmark ID card
   - Network Providers and more.

How To Register

1 HAVE WHAT YOU NEED

Two ways to register:

If you have your Wellmark ID and number:

- Date of Birth
- Last four digits of your Social Security Number

If you DO NOT have your Wellmark ID and number:

- Date of Birth
- Last name
- Full Social Security Number

2 START YOUR ACCOUNT

1. Go to **welcome.wellmark.com.**
2. Enter your email address and password. (make note of these for future use)
3. Follow the registration process.

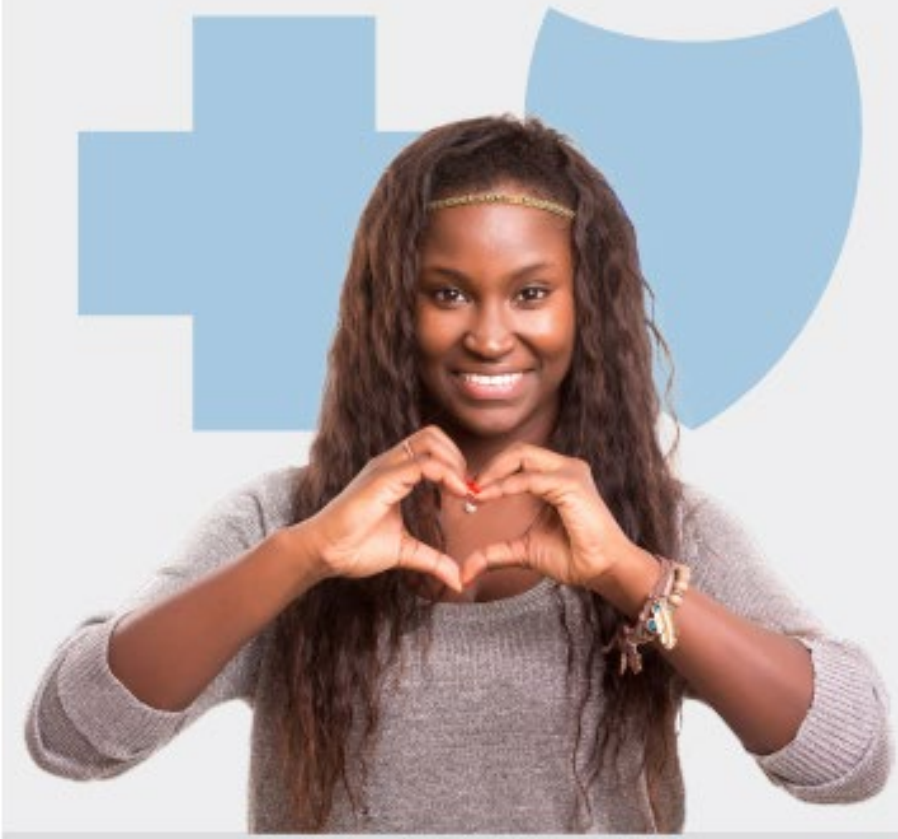
3 COMPLETE REGISTRATION

You will receive an email confirmation. Click on 'activate my account' in the email. Do this **within seven days** to prevent your new registration from expiring.

After clicking the link, you can login to **myWellmark** member portal.

Virtual Visits – Doctor on Demand

Wellmark



Feeling better **should be easy**

Visit a doctor on your smartphone, tablet or computer from virtually anywhere.

Connect in minutes

Same day mental health appointments are available. You can also choose your provider and see a therapist or psychiatrist within days rather than months. Plus, get treatment for 90 percent of all common ER complaints, from common colds to uncommon rashes, whenever and wherever you're comfortable.

Get treatment for:

- **Mental health**[1]
- **Cold and flu**
- **Bronchitis and sinus infections**
- **Urinary tract infections**
- **Sore throats**
- **Allergies**
- **Fever**
- **Headache**
- **Pink eye**
- **Skin conditions**

[1] Mental health coverage includes psychiatry services and medication management along with treatment for psychological conditions, emotional issues and chemical dependency. For more information, call Wellmark with the number on the back of your ID card.



Getting started is easy.

1. Scan the QR code to visit. **DoctorOnDemand.com/Wellmark** and download the Doctor On Demand® app.
2. Have your Wellmark Blue Cross and Blue Shield member ID card ready.
3. Create an account or sign in to begin your visit.
4. Pick your provider. Select the next available appointment or find the time best for your schedule.

24/7 QUESTIONS: Call 800-997-6196

Callers could experience longer wait times between 10 p.m. and 6 a.m. CST or may be directed to schedule an appointment in some instances.

Flexible Spending Accounts

HEALTH EQUITY
877-924-3967

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)

Maximum contributions	Medical FSA: $3,400 Limited Purpose FSA: $3,300 Dependent Care: $7,500
Pre-tax contributions?	Yes

FSA funds may only be used for eligible expenses as set by the IRS.
Some eligible expenses include:

Medical FSA

- Medical/dental office visits
- Orthodontic care
- Eye exams and prescription glasses/contacts
- Prescriptions
- Over the counter medications
- Menstrual products

Limited Purpose FSA

- Dental office visits
- Orthodontic care
- Eye exams and prescription glasses/contacts

Dependent Care FSA

- Daycare
- Before and after-school care
- Summer Camp

Availability of funds	Healthcare and Limited: Available on day 1 Dependent Care: Funds must accumulate before using
Use it or lose it?	Yes, however, the Medical and Limited Purpose FSAs allow you to rollover up to $660 of unused money into the next plan year.
Can take it with you if you leave the company?	No

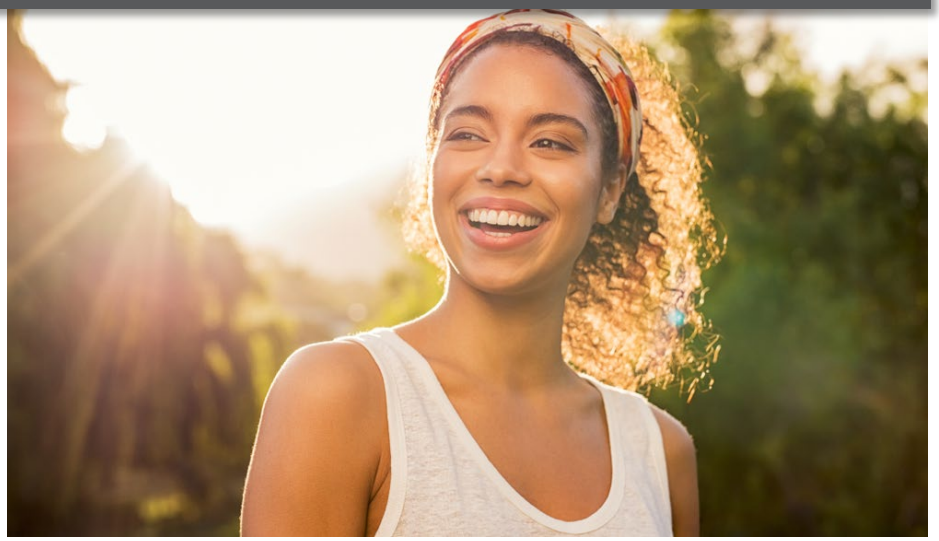
Dental Plan

DELTA DENTAL | 800-544-0718

WWW.DELTADENTALIA.COM

HOW TO FIND A NETWORK PROVIDER.

1. Visit the site above and select a Specialty.
2. Choose between the Delta Dental PPO network and Premier network.
3. **Keep in mind, you will pay less if you utilize a dentist within the Delta Dental PPO network.**



SERVICES	PPO DENTIST	PREMIER DENTIST/ OUT OF NETWORK DENTIST
Preventive Services	100% covered	100% covered
Deductible	$15 Single / $45 Family	$25 Single / $75 Family
Basic Services	You pay 10% coinsurance	You pay 20% coinsurance
Major Services	You pay 50% coinsurance (after deductible)	
Annual Maximum	$1,500 per person per year	
Orthodontic For dependent children up to age 19	You pay 50% coinsurance (after deductible), Benefit lifetime maximum of $1,500	

	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	FAMILY
MONTHLY RATES	$11.30	$46.74	$64.12	$121.62

Vision Plan



EYEMED | 800-939-3633
WWW.EYEMED.COM

HOW TO FIND A NETWORK PROVIDER.
Visit the site above and search in the Insight Network

****Save even more if you visit a *PLUS Provider*.**

SERVICES	IN-NETWORK MEMBER COST
Exam Once every plan year	$10 copay
Contacts Once every plan year	• $0 copay for elective contact lens exam • $0 copay for medically necessary contact lens exam (fitting and evaluation) • $150 allowance and 15% off the amount over your allowance • PLUS PROVIDER: $200 allowance and 15% off the amount over your allowance
Frames Once every other plan year	• $150 allowance and 20% off the amount over your allowance • PLUS PROVIDER: $200 allowance and 20% off the amount over your allowance
Lenses Once every plan year	Single Lined -$25 Bifocal Lined - $25 Trifocal - $25 Lenticular - $25

	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	FAMILY
MONTHLY RATES	$7.31	$13.87	$15.70	$20.75

Life and AD&D Insurance

TRANSAMERICA | 800-797-2643

WWW.TRANSAMERICA.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. **100% of the cost of this benefit is covered by Estes Construction.**

EMPLOYEE-PAID LIFE AND AD&D

You have the option to purchase a greater amount of Life and AD&D coverage. Decide whether this extra 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?



LIFE AND AD&D BENEFIT	
Life and Accidental Death & Dismemberment	2 times Base Annual Salary up to $300,000

EMPLOYEE-PAID LIFE AND AD&D BENEFITS	
Employee	Increments of $10,000 up to $300,000 or 5 times earnings. **Guaranteed Issue** up to $100,000.
Spouse Spouse coverage cannot exceed 100% of employee benefit	Increments of $5,000 up to $100,000 or 100% of employee. **Guaranteed Issue** up to $25,000.
Children Dependent coverage cannot exceed 100% of employee benefit	Increments of $5,000 up to $25,000

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



TRANSAMERICA | 800-797-2643
WWW.TRANSAMERICA.COM

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

EMPLOYER-PAID SHORT-TERM DISABILITY

Short-term benefits pay a weekly benefit when you are unable to work for a certain amount of time. Note: Earned paid personal days must be exhausted before the STD Salary Continuation Plan benefits become payable.

EMPLOYER-PAID LONG-TERM DISABILITY

Long-term benefits usually takes 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	100% of weekly income	66.3% of monthly income (up to $8,000 monthly)
Maximum payment period	13 weeks	Social Security Normal Retirement Age (SSNRA)
Accident benefits begin	Day 1	Day 90
Illness benefits begin	Day 4	Day 90

Additional Protection

QUESTIONS? CONTACT

Supplemental Insurance:

supins@supinsurance.com

563-652-6813



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.

CRITICAL ILLNESS

Typically pays a lump-sum benefit directly to you at the time a covered illness (such as a stroke, heart attack or cancer) 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.

HOSPITAL INDEMNITY

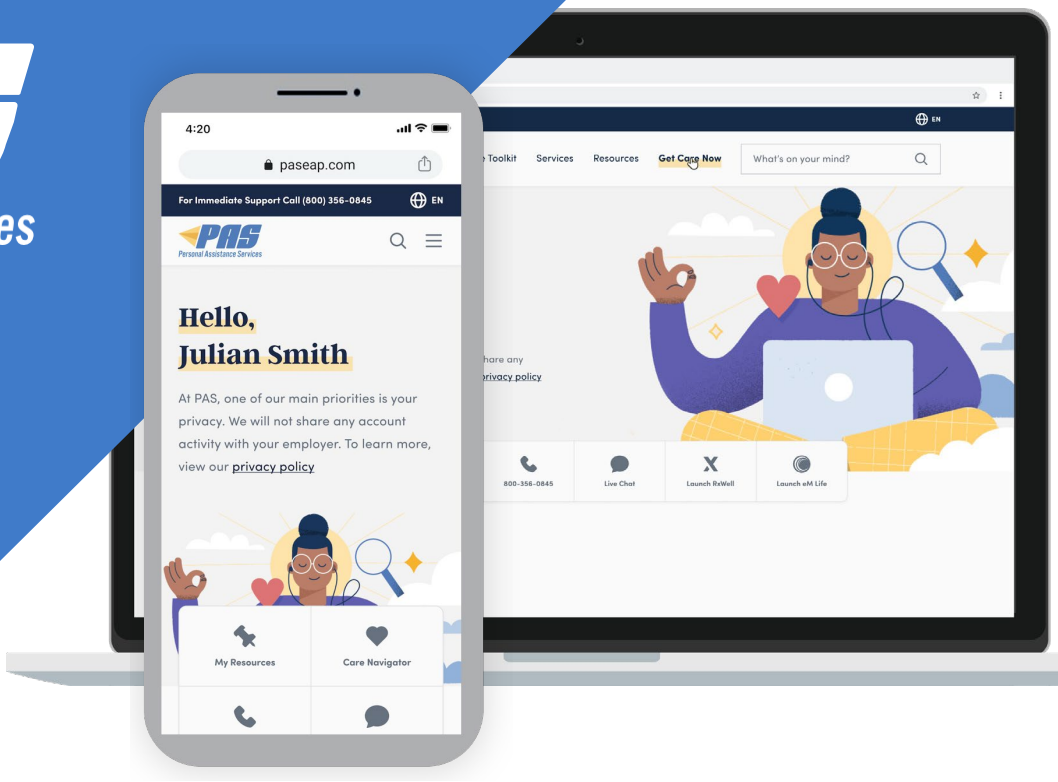
Similar to Accident and Critical Illness Plans, Hospital Indemnity provides a lump-sum benefit to use for expenses related to a hospital stay. Expenses covered include: hospital admission, hospital confinement, lodging, transportation and more.

CANCER

This coverage can provide a cash benefit once you are diagnosed. Depending on the covered disease, you can access transportation benefits, hospice and nursing services, and more. Carefully read the policy before you purchase something to be sure the things that are covered meet your expectations.

Personal Assistance Services

New member portal



New URL: www.mypaseap.com

Your organization code is:

Assistance

Please create a user ID and password to access the portal, entering your name, email and phone number, either personal or work. Any eligible family member may have their own account.

Features of the new member portal include:

- Personalized Member Dashboard with easy access to PAS digital engagement tools
- Quick connect bar to access PAS services from any device using chat, voice and email
- Care Navigator needs assessment with personalized recommendations to PAS resources and services
- Easy access to all PAS resources including calculators, worksheets and micro trainings
- Ability to pin articles and resources for future reference

For questions about the member portal, please email us at:
pasadmin@paseap.com

©2022 Personal Assistance Services

Employee Benefits Portal

Don't forget your Benefit Portal!

By accessing your Benefits Portal, you will have access to:

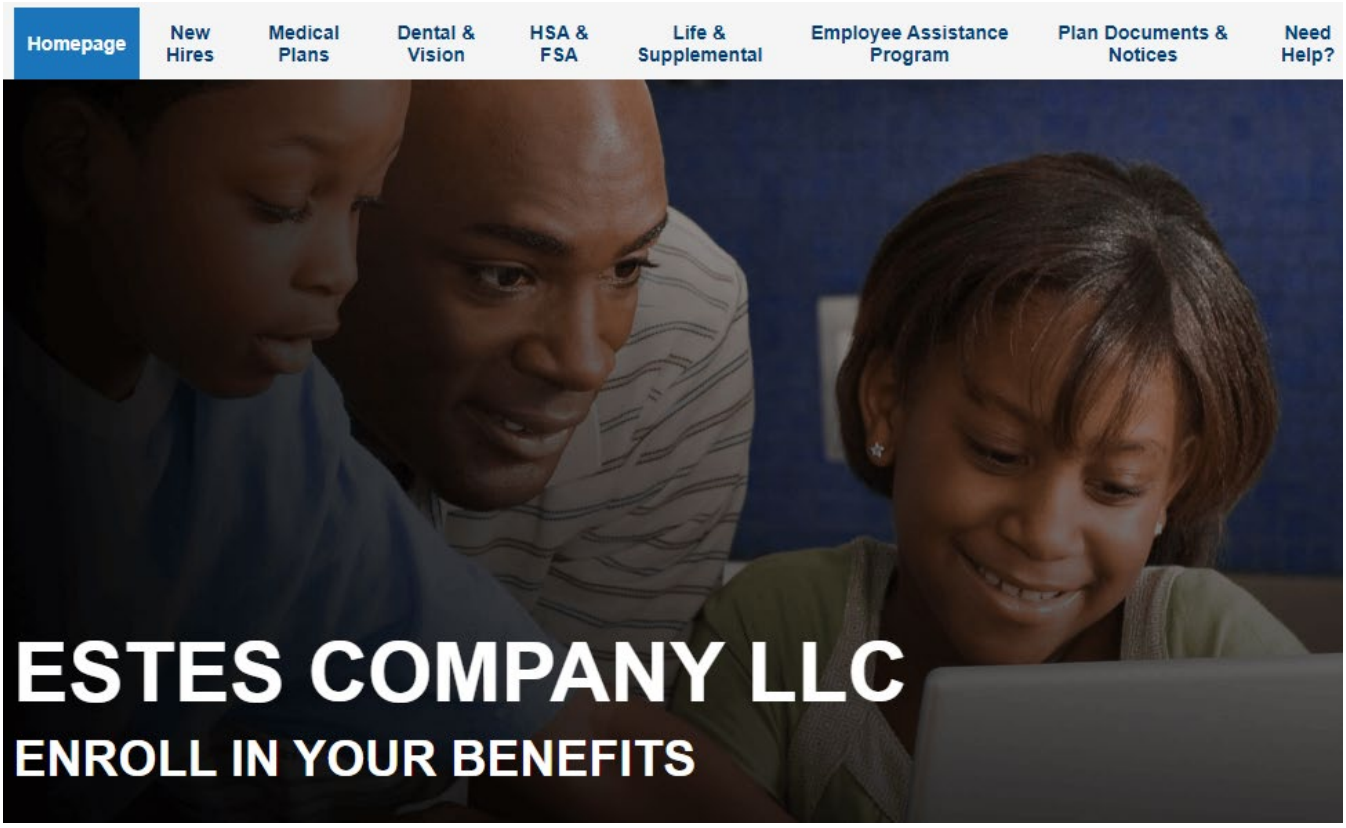
- Benefit plan details, rates and forms
- Links to provider resources
- HR required notices and employee documents
- Contact information when you need help

Find Answers to Questions Such As...

"What benefits are offered by my employer?"
"What is my deductible and copay?"
"How to add a spouse or child to my plan?"
"Where can I download an enrollment form?"

VISIT THE SITE AT:

LOGIN AT: myestesconstructionbenefits.com
code: estes



For more information refer to the portal OR Contact your TrueAdvocate at 888-655-9980.



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
- Find a form
- Finding a provider
- Choosing a plan that works for you

(888) 655-9980

trueadvocate
@truenorthcompanies.com

ESTES CONSTRUCTION

TRUE NORTH
Insurance and Financial Strategies