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: 602796-1000

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 HMO In-Network Benefits	Plan 2 – 4000 HMO In-Network Benefits	Plan 3 – 4000 PPO In-Network Benefits
Annual Deductible (Single / Family)	$1,500 / $3,000	$4,000 / $8,000	$4,000 / $8,000
Coinsurance	You pay 20% after deductible	You pay 30% after deductible	You pay 30% after deductible
Out-of-Pocket Maximum (Single / Family)	$7,000 / $14,000	$9,500 / $19,000	$9,500 / $19,000
Preventive Care	100% Covered	100% Covered	100% Covered
Physician	$25 designated PCP $40 other PCP $0 Doctor on Demand	$35 designated PCP $50 other PCP $0 Doctor on Demand	$40 copay $0 Doctor on Demand
Specialist	$60 copay	$100 copay	$100 copay
Emergency Room	$500 copay	$700 copay	$700 copay
Urgent Care Facility	$40 copay	$50 copay	$40 copay
Prescription Drugs			
1) Generic	$15	$30	$30
2) Brand Formulary	$50	$60	$60
3) Non-Formulary	$100	$150	$150
4) Specialty	$150/$200/$500	$135/$150/$500	$135/$150/$500

Medical rates can be found by logging in to your Portal at https://myoakviewbenefits.com.

DENTAL: MetLife

800-942-0854 | www.metlife.com
Group Number: 05-347634

The dental plan is through MetLife. To get the most out of your benefits, ensure you utilize an in-network dentist. You may do so by visiting www.metlife.com. **Please note that ID cards are not provided.**

BENEFITS SUMMARY	Low Plan	High Plan
Annual Deductible (Single / Family)	$25 / $75	$25 / $75
Calendar Year Benefit Maximum	$1,000	$1,500
Preventive Care	100% Covered	100% Covered
Basic Procedures	You pay 40% after deductible	You pay 20% after deductible
Major Procedures	You pay 60% after deductible	You pay 50% after deductible
Orthodontia	N/A	You pay 50% after deductible up to a $1,000 lifetime maximum

RATES	Single	Emp + Sp	Emp + Ch	Family
Low Plan	$13.60	$27.28	$34.55	$49.37
High Plan	$21.35	$42.61	$54.01	$77.16

VISION: MetLife

800-942-0854 | www.metlife.com
Group Number: 05-347634

Vision insurance is offered through MetLife. You have access to wide variety of optometrists in the network. Check online to verify your provider is in network. **Please note that ID cards are not provided.**

BENEFITS SUMMARY	In-Network
Eye Exam	$10 copay 1 every 12 months
Lenses	$25 copay 1 every 12 months
Frames	$130 allowance + 20% off balance $70 allowance at Costco 1 every 24 months
Contact Lenses (instead of Frames/Lenses)	$60 for contact lens exam $130 allowance 1 every 12 months

RATES	Single	Emp + Sp	Emp + Ch	Family
BI-WEEKLY	$5.13	$8.70	$10.28	$14.35

FINANCIAL PROTECTION: MetLife

800-942-0854 | www.metlife.com
Group Number: 05-347634

LIFE AND AD&D: You are provided a benefit in the amount of $10,000 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.	Increments of $5,000 to a max of $250,000 or 100% of employee amount.	Amounts of $2,000, $4,000, $6,000, $8,000 or $10,0000
GI Amount: $100,000	**GI Amount: $25,000**	**GI Amount: $10,000**

DISABILITY: You are given 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 $1,200 after you satisfy an 8-day waiting period. The cost of this insurance is paid by you. Rates are based on your age and your salary.

ACCIDENT INSURANCE

800-441-6455| www.guardiananytime.com

When you have a covered accident, you can receive a cash benefit to use however you see fit. Coverage typically includes ambulance services, emergency room visits, intensive care confinement and more! The cost of this insurance is paid by you. Rates are based on the tier you select.

CRITICAL ILLNESS

800-441-6455| www.guardiananytime.com

When you have a covered illness, such as stroke, heart attack or cancer, 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.

HOSPITAL INDEMNITY

800-441-6455| www.guardiananytime.com

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! The cost of this benefit is paid by you. Rates are based on the tier you select.

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.

The Views SENIOR LIVING
Assisted Living • Memory Care • Skilled Nursing
of Burlington

QUESTIONS?
CONTACT TRUEADVOCATE
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