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



Metro Waste Authority
We Know Where It Should Go

TRUE NORTH
Insurance and Financial Strategies

Contact Information

	CONTACT INFORMATION		
	CARRIER/CONTACT	PHONE	WEBSITE/EMAIL
BENEFIT PLANS			
MEDICAL & PRESCRIPTION DRUG	Wellmark Blue Cross Blue Shield / Optum Rx	800-524-9242 / 888-354-0090	www.wellmark.com / www.optumrx.com
DENTAL	Wellmark Blue Cross Blue Shield	877-333-0164	www.wellmark.com
VISION	Benefits Management Group	319-365-2810	
AD&D	Benefits Management Group	319-365-2810	
LIFE & DISABILITY	Reliance Standard	800-351-7500	www.reliancestandard.com
RETIREMENT	IPERS	800-622-3849	www.ipers.org
	Principal Financial Chris Thomas Blake Ramsey	515-246-4000 515-418-1662 515-343-4785	www.principal.com Thomas.chris@principal.com Ramse.blake@principal.com
Metro Waste Authority	Human Resources Emily Dobbins Bailey Ortega	515-326-2102 515-323-6514 515-323-6520	edo@mwatoday.com bor@mwatoday.com
Heavy Highway	Douglas J. Reed	515-402-4422	doug@hhfbac.com
TrueAdvocate Team	TrueNorth - TrueAdvocate	888-655-9980	trueadvocate@truenorthcompanies.com

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.*

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 TELEMEDICINE 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!

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?

This year you aren't required to enroll in and/or waive your benefits.

- **Please note:** All those who are enrolled in the Health Savings Account (HSA) and/or 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: http://mymwabenefits.com/ and use the code UNION. 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 BASICS

WELCOME TO YOUR 2026 BENEFITS!

Metro Waste Authority 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 Metro Waste Authority, 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 Metro Waste Authority 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. Metro Waste Authority 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 Metro Waste Authority, you are eligible for benefits. 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.



Medical Plan

Wellmark Blue Cross Blue Shield

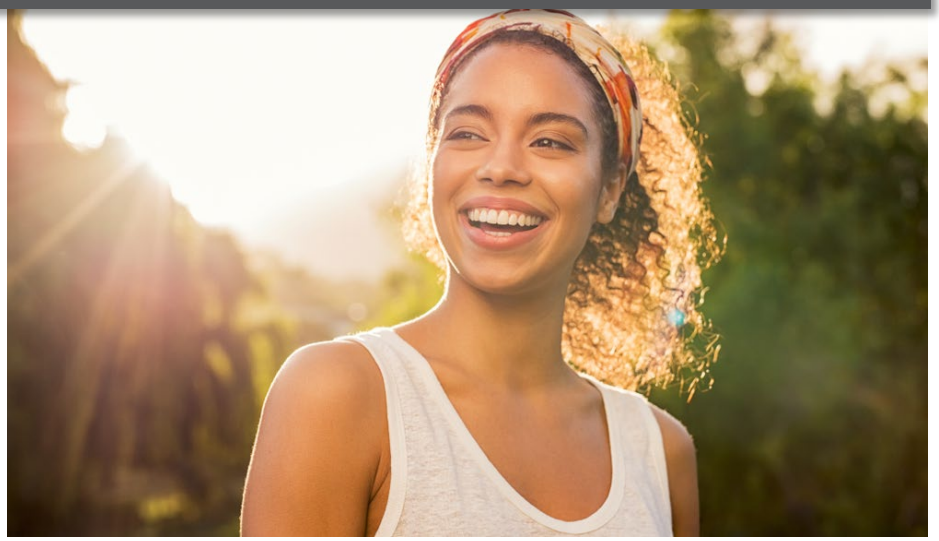
MEDICAL BENEFITS		PRESCRIPTION DRUG BENEFITS	
SERVICES	**BENEFITS**	**TIERS-RETAIL**	**BENEFITS**
Physician Visit	You pay a $20 copay	**Generic**	You pay the greater of $10 copay or 10% of cost
Deductible - Individual - Family	$750 $1500	**Brand Name**	You pay the greater of $20 copay or 20% of cost
Coinsurance	You pay 20%, Plan pays 80%	**Brand Name with Generic Equivalent**	You pay the greater of $30 copay or 30% of cost
Hospitalization	You pay 20%, Plan pays 80%	**TIERS-MAIL ORDER**	**BENEFITS**
Preventive Care	No charge in-network	**Generic**	You pay the greater of $20 copay or 20% of cost
Emergency Room	You pay a $200 copay followed by deductible and 20% coinsurance	**Brand Name**	You pay the greater of $40 copay or 20% of cost
Out-of-Pocket Maximum - **Individual** - **Family**	$4,000 $8,000	**Brand Name with Generic Equivalent**	You pay the greater of $60 copay or 20% of cost

YOUR COSTS FOR 2026 (INCLUDES MEDICAL/PRESCRIPTION DRUG, DENTAL, VISION, DEATH, SHORT TERM DISABILTIY AND ACCIIDENTAL DEATH/DISMEMBERMENT

TIER	EMPLOYEE	EMPLOYEE/ SPOUSE	EMPLOYEE/ CHILD(REN)	FAMILY
Per Pay Period	$78.51	$124.77	$94.78	$267.92

Dental Plan

Wellmark Blue Cross Blue Shield



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.

SERVICES	PPO DENTIST
Annual Maximum	$1,700 per person
Deductible	$0 per person
Preventive Services	No charge
Basic Services	You pay 15%, Plan pays 85%
Major Services	You pay 50%, Plan pays 50%
Medically Necessary Orthodontia Services	You pay 50%, Plan pays 50%

YOUR COSTS FOR 2026 (INCLUDES MEDICAL/PRESCRIPTION DRUG, DENTAL, VISION, DEATH, SHORT TERM DISABILTIY AND ACCIIDENTAL DEATH/DISMEMBERMENT

TIER	EMPLOYEE	EMPLOYEE/ SPOUSE	EMPLOYEE/ CHILD(REN)	FAMILY
Per Pay Period	$78.51	$124.77	$94.78	$267.92

Vision Plan

Benefits Management Group



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.

SERVICES	BENEFITS
Eye Exams	You pay $20 copay for each exam
Eye Exam Frequency	**Employee or Spouse** once every other calendar year **Covered Dependent Children** once every calendar year
Examination, Corrective Lenses and Appliance Maximum Amounts	**Employee or Spouse** $200 per person; **benefit payable once every 24 months** **Covered Dependent Children** $150 per dependent; **benefit payable once every calendar year**

YOUR COSTS FOR 2026 (INCLUDES MEDICAL/PRESCRIPTION DRUG, DENTAL, VISION, DEATH, SHORT TERM DISABILTIY AND ACCIIDENTAL DEATH/DISMEMBERMENT

TIER	EMPLOYEE	EMPLOYEE/ SPOUSE	EMPLOYEE/ CHILD(REN)	FAMILY
Per Pay Period	$78.51	$124.77	$94.78	$267.92

Death and Disability Benefits

Benefits Management Group



Below you will find a short summary of the Death, Disability and Accidental Death and Dismemberment benefits under the Health and Welfare Benefits Plan.

ACCIDENTAL DEATH / DISMEMBERMENT BENEFITS

Benefit Payment	The plan will pay benefits up to $1,000 to you (if living) or to your beneficiary.
Requirements for Benefit Payment	1. The injury was caused solely by an accident occurring while covered; and 2. The loss is directly related to the accident and independent of other causes; and 3. The loss occurs within 180 days after the accident.

SHORT TERM DISABILITY BENEFITS

Benefit Payment	Benefits will be paid for a Total Disability at $300 per week for a maximum period of 15 weeks.
Period of Total Disability	Benefits are payable for a maximum of 15 weeks for any one disability that comes from the same or related causes. Benefits begin on the 1st day following the date of an injury and the 6th day following the date of the start of an illness.

Basic Life and Long-Term Disability

Reliance Standard



At Metro Waste Authority, we want to make sure you and your family are taken care of in times of need. Below you will find a short summary of the Basic Life and Long-Term Disability benefits available to you. Metro Waste Authority pays the full cost of both the Basic Life and Long-Term Disability plans.

BASIC LIFE

Benefit	You receive a flat amount of $20,000.
Age Reduction	Benefits are reduced to 65% at age 70 and to 50% at age 75.
Who Pays for Coverage?	MWA pays the full cost of these benefits.

LONG-TERM DISABILITY

Monthly Benefit	You receive 66 2/3% of your monthly earnings up to a maximum of $6,000 per month.
Elimination Period *(The period of time you must be disabled before benefits are payable.)*	90 days
Who Pays for Coverage?	MWA pays the full cost of these benefits.

Cobra

If you ever leave Metro Waste Authority, there are options for continuation of your Health and Welfare benefits.

COBRA CONTINUATION COVERAGE	
What is COBRA?	Gives employees and their families the opportunity to continue health care (medical, prescription and dental coverage) when there is a "Qualifying Event" that would result in a loss of coverage.
What are Common Qualifying Events?	• Resignation / Termination • Death of an Employee • Reduction in Employee's hours • Leave of Absence • Employee's divorce or legal separation • Dependent child no longer meeting eligibility requirements
How Long Does Coverage Last?	Generally, up to a total of **18 months but** could be up to 36 months depending on the situation.
How Do You Elect COBRA Continuation Coverage?	You must notify the Heavy Highway Contractors Association and complete the correct Election Form. **Phone:** (515) 402-4422 **Address:** 2600 Grand Ave. Suite 232, Des Moines, IA 50312
How Much Does COBRA Continuation Coverage Cost?	Generally, it will cost **102%** of the **total cost** to the Health and Welfare Plan (this includes both the employer and employee contributions).
When Must Payment for COBRA be Made?	You must make your first payment for continuation coverage **no later than 45 days after the date of your election.**

Retirement

At Metro Waste Authority, we want to make sure you are secure in retirement. As an employee at Metro Waste Authority, you will automatically be enrolled in the plan through IPERS (Iowa Public Employees' Retirement System). You can also choose to enroll in our 457 Deferred Compensation Plan. **Please see your IPERS Member Handbook and your 457 Enrollment Kit for a full review of these plans.**

IPERS	
How Does my Plan Work?	The plan through IPERS is a **Defined Benefit Plan.** Your benefits will grow with you throughout your working career. When you retire, you receive the benefit you earned regardless of the performance of the stock market.
How Do I Enroll?	You will automatically be enrolled in the plan.

457 DEFERRED COMPENSATION PLAN	
How Does my Plan Work?	This plan is designed to supplement your retirement income. The term "deferred compensation" just means that a portion of your income is paid at a later date than when it was actually earned. You can contribute up to $22,500 a year if you are under age 50, $26,000 if you are 50 or older.
How Do I Enroll?	Online through Mission Square Website - https://retirement.financialtrans.com/msq/
Who Should I Call with Questions?	Your Retirement Plans Specialist Michael McIntosh Work: (202) 759-7130 Cell: (202) 264-0904 eFax: (833) 242-2863 Email: mmcintosh@missionsq.org Web: www.missionsq.org

Retiree Program

If you ever leave Metro Waste Authority, there are options for continuation of your Health and Welfare benefits.

RETIREE PROGRAM	
Eligibility Requirements	• The employee has been eligible in this plan at least 36 months of the 60 coverage months immediately before his/her retirement. • The employee is eligible for this plan at the time of his/her retirement.
Proof of Retirement Status	Proof of retirement status will be required.
Participation	You must participate when you are first eligible to do so. If you do not participate immediately upon retirement, you will not be allowed to participate at a later date.
Required Enrollment with Medicare	When you or your dependent becomes eligible for Medicare in addition to this plan, you are required to enroll in Medicare, both Parts A and B.
Contributions	Self-payments are required on a monthly basis at the beginning of the month of coverage. Rates are based on your Medicare eligibility.
Benefit Limitations	All normal plan provisions apply except for: • Death or AD&D benefits • Pregnancy expense and newborn dependent child benefits

Questions?

WHEN AM I ELIGIBLE FOR BENEFITS?

- You are eligible the first of the month following your date of hire.

WHERE CAN I FIND MORE INFORMATION ABOUT THE PLANS OFFERED?

- Please visit the **MyMWABenefits.com** for more detailed information on our benefit plans.
- To access MyMWABenefits.com, follow the steps below:
    - Go to **https://flimp.live/mwa_union**

WHO DO I CONTACT WITH QUESTIONS?

- To learn more about IPERS, please call: local – (515) 281-0020 or toll free – (800) 622-3849.
- Contact Douglas Reed for Heavy Highway Fringe Benefits Admin Co. at (515) 402-4422
- Contact Emily Dobbins for Metro Waste Authority Human Resources at (515) 323-6514



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
- Filing a claim
- Finding a provider
- Choosing a plan that works for you

(888) 655-9980

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Notes