



2026-2027 BENEFIT GUIDE

July 2026 – June 2027

Your benefits, your story
Benefits to fit your unique situation.





A NOTE FROM LEADERSHIP:

We strive to provide you and your family with a comprehensive and valuable benefits package that enables you to have a better life. We invite you to review the information in this booklet to gain a better understanding of how these benefits can support you and your family.

BENEFIT ELIGIBILITY & ENROLLMENT

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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.



BENEFITS ELIGIBILITY

Who is eligible to participate?

- Full-time employees working an average of 30 hours per week
- Your legal spouse or domestic partner
- 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 30 days

When can I enroll in or make changes to benefits?

- **New Hires:** Must submit your elections within 30 days of hire date
- **Open Enrollment:** Occurs annually with an effective date of July 1
- **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)



YOUR ENROLLMENT BLUEPRINT

Here are some last-minute reminders:

STEP 01

EVALUATE YOUR OPTIONS

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

STEP 02

ENROLL IN YOUR BENEFITS

- www.workforcenow.adp.com/
- Be mindful of your enrollment deadline!

STEP 03

NEED HELP DECIDING?

Contact TrueNorth's TrueAdvocate Team

Phone: 888-655-9980

Email: trueadvocate@truenorthcompanies.com

MEDICAL & RX

Administered by Wellmark

The medical insurance benefit that 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/find-care to search for providers.

IN-NETWORK BENEFITS	HDHP POS	TRADITIONAL POS
Network	Wellmark POS Network	Wellmark POS Network
Preventive Care	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	Deductible + Coinsurance	\$35 PCP \$70 Non-PCP \$35 Doctor on Demand \$35 Urgent Care
Emergency Room	Deductible + Coinsurance	\$500 Copay
Rx Copay	Deductible + Coinsurance	\$10 Tier 1 \$40 Tier 2 \$80 Tier 3
Specialty Rx Copay	Deductible + Coinsurance	\$75 Biosimilar \$150 Preferred Specialty \$300 Non-Preferred Specialty
Deductible	\$6,900 Single \$13,800 Family	\$4,000 Single \$8,000 Family
Coinsurance	You pay 0%,	You pay 20%,
Out of Pocket Maximum	\$6,900 Single \$13,800 Family	\$6,000 Single \$12,000 Family
Per Pay Rates	HDHP POS	COPAY POS
Employee	\$95.89	\$106.63
Employee + Spouse	\$365.70	\$382.32
Employee + Child(ren)	\$338.01	\$353.38
Employee + Family	\$548.01	\$572.92

VIRTUAL DOCTOR VISITS – Doctor on Demand

It's now easier than ever to meet your providers online. All you need is a smartphone, tablet, or computer/laptop to have a successful online doctor visit.

WHEN CAN I USE DOCTOR ON DEMAND?

- You don't have time to wait a week to see a doctor
- If you're considering the ER or urgent care center for a non-emergency issue
- You don't want to infect (or be infected by) another person
- On vacation, on a business trip, or away from home
- For short-term prescription refills

GET THE CARE YOU NEED

Request a medical consultation anytime and anywhere you need it for:

- Urgent care issues like colds, coughs, allergies, sore throat and stomach aches
- Recurring conditions like migraines or urinary tract infections
- Skin conditions
- Prescription management

DoctorOnDemand.com

1-800-997-6196

Download the Teladoc app

- [App Store](#)
- [Google Play](#)

GETTING STARTED IS EASY

1. Scan the QR code to download the Doctor on Demand app or visit www.doctorondemand.com
2. Create an account or sign in



App Store



Google Play

HEALTH SAVINGS ACCOUNT

Employees are responsible for opening a Health Savings Account at the bank of their choice and providing HR with the account information.

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: \$4,400
Family: \$8,750
Catch-up: \$1,000 (those 55+)

Pre-tax contributions?

Yes

Employer contributions?

MYA contributes \$1,400 to a Single HSA and \$2,800 to a Family HSA annually

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

FLEXIBLE SPENDING ACCOUNTS

Administered by Midwest Benefit Group

AN FSA CAN HELP YOU

use pretax money to pay for certain out-of-pocket health expenses or dependent care expenses.

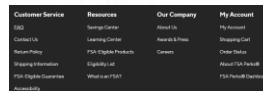
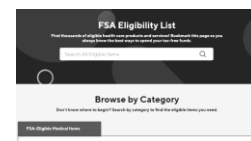
HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)

Eligibility rules	If you are enrolled in a High Deductible Health Plan (HDHP) you can only enroll in a Limited Flexible Spending Account		
Maximum contributions	Healthcare: \$3,400 Dependent Day Care: \$7,500		
Pre-tax contributions?	Yes		
Eligible Expenses Beyond your plan coverage	<ul style="list-style-type: none"> • Medical • Dental • Vision • Prescription • Dependent care 	For Health Care and Limited FSAs download a full list from the IRS - <u>Publication 502</u> . 	For information on Child and Dependent Day Care Expenses download the IRS <u>Publication 503</u> . 
Availability of funds	Healthcare and Limited: Available on day 1 Dependent Day Care: Funds must accumulate before using		
Use it or lose it?	The Healthcare FSA allows you to rollover up to \$500 of unused money into the next plan year.		
Can take it with you if you leave the company?	No		

START WITH THE RIGHT TOOLS:

FSAsite.com provides lists of eligible purchases using your account, as well as help to understand, manage and use this great benefit!

GETTING STARTED



FSAsite.com/FSA-Eligibility-List.aspx

DENTAL

Administered by Delta Dental of Iowa

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.

Dental Network: PPO or Premier Dentist

Use In-Network Providers for the best value! Visit www.deltadentalia.com/find-a-provider/ to search for providers.

SERVICES	PPO DENTIST	PREMIER/NON-PAR
Preventive Services	100% covered	
Deductible	\$50 Single / \$150 Family	\$75 Single / \$225 Family
Annual Maximum	\$1,000 per person per year	
"To Go Carryover"	"To Go Carryover" allows you to roll over a portion of unused annual maximum dollars into the next year, helping cover future dental expenses. To qualify, members must submit at least one claim during the benefit period	
Basic Services	You pay 0% coinsurance (after deductible)	
Major Services*	You pay 40% coinsurance (after deductible)	You pay 50% coinsurance (after deductible)
Orthodontic ** For dependent children up to age 19	You pay 50% coinsurance (after deductible), up to a lifetime maximum of \$1,000	

Per Pay Rates	DENTAL
Employee	\$18.62
Employee + Spouse	\$37.72
Employee + Child(ren)	\$53.11
Employee + Family	\$72.54

VISION

Administered by Avesis

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

Vision Network: Avesis

Use In-Network Providers for the best value!

Visit www.myavesis.com/members/ to search for providers.

SERVICES	CORE PLAN	ENHANCED PLAN
Exam 1 every 12 months	\$10	\$10
Eyeglasses		
Frames 1 every 24 months	\$130 allowance	\$150 allowance
Lenses (standard) 1 every 12 months	\$25	\$10
Preferred Pricing Options	Polycarbonate \$40/\$44 Scratch resistant \$17 UV Screening \$15 Tint \$17 Anti reflective coating \$45 Level 1 Progressives \$75 Level 2 Progressives	100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered
Contacts	Please note: Contact lenses are in place of lenses and frame.	
Elective Contacts 1 every 12 months	\$130 allowance	\$150 allowance
Medically Necessary 1 every 12 months	100% Covered	100% Covered
Contact Lens Fitting & Evaluation 1 every 12 months	Standard: \$50 Custom: \$75	Standard: \$50 Custom: \$75
Extra- Refractive Laser Surgery 1 every 12 months	\$150 allowance + 25% discount	
Per Pay Rates	CORE PLAN	ENHANCED PLAN
Employee	\$4.37	\$6.89
Employee + Spouse	\$8.25	\$13.22
Employee + Child(ren)	\$8.99	\$14.41
Employee + Family	\$11.57	\$18.00

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

Employee

\$25,000

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.

Employee

Increments of \$10,000 up to the lesser of \$500,000 or 5 times earnings

Guaranteed Issue: \$150,000 or 5 times earnings

Spouse

Increments of \$10,000 up to the lesser of \$250,000 or 100% of employee benefit

Guaranteed Issue: up to \$30,000

Children

\$10,000

Note: coverage may vary for children under 1 year of age.

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

Evidence of Insurability (EOI): If you are a late enrollee or requested coverage over the Guaranteed Issue amount, your coverage may require an additional approval from the insurance company. Please note you are considered a late enrollee if you did not elect coverage when initially offered.

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 Employee Paid	LONG-TERM Employer Paid
Coverage amount	60% of weekly income up to \$1,000	60% of monthly income up to \$6,000
Accident benefits begin	Day 15	Day 91
Illness benefits begin	Day 15	Day 91
Maximum payment period	11 weeks Maternity: 4 weeks 6 weeks (Cesarean)	Social Security Normal Retirement Age (SSNRA)
Pre-existing conditions	3 months / 6 months look back	3 months / 12 months look back

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



Designate Your Beneficiary(ies)

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

Short-Term Disability Evidence of Insurability (EOI): If you are a late enrollee or requested coverage over the Guaranteed Issue amount, your coverage may require an additional approval from the insurance company. Please note you are considered a late enrollee if you did not elect coverage when initially offered.

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.

ACCIDENT BENEFIT

Initial Care	\$400
Emergency Room	\$325
Urgent Care Center	\$175
Initial Physician Office Visit	
Physician Follow-up	\$100 (up to 6)
Emergency Transportation	
Ground Ambulance	Up to \$2,000
Air Ambulance	
Lodging	\$300 per night, up to 30 nights per accident
Therapy Services	\$50 (up to 6)
Wellness Benefit	\$75 per insured person
Per Pay Rates	
Employee	\$5.17
Employee + Spouse	\$8.47
Employee + Child(ren)	\$11.42
Employee + Family	\$15.19

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.

COVERAGE INCREMENTS		BENEFIT OPTIONS
EE	\$5,000	\$5,000 - \$30,000
SP	\$5,000	\$5,000 - \$30,000 Up to 100% of EE benefit
CH		50% of EE benefit up to \$10,000
Wellness Benefit		\$50 per insured person

ADDITIONAL PROTECTION

Legal Assistance

Protect yourself and your family by taking advantage of the legal assistance coverage. This plan covers: telephone consultations, will prep, document reviews and more.

Phone: 800-247-4184

Website: www.deltadentalia.com/employers/legal/

Pet Insurance

Pet Insurance provides peace of mind for your furry friends. That's why we offer you the option to purchase pet insurance through MetLife.

Enjoy benefits like:

- Up to 100% reimbursement
- Freedom to visit any US licensed vet
- Optional preventive care coverage
- Access live 24/7 vet chat
- Discounts and offers on pet care
- MetLife Pet mobile app

Enrollment is not limited to Open Enrollment. Start by getting a quote.

Phone: 833-532-2617

Website: www.metlifepetinsurance.com

Form to get a quote and enroll: www.quote.metlifepetinsurance.com

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. **Employees and family members receive 3 visit a calendar year per issue.**

The EAP can help with challenges like:

- mental wellness
- financial planning
- retirement planning
- stress & anxiety
- substance abuse
- and more

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: www.mutualofomaha.com/eap

RESOURCES

Coverage

Carrier/Plan Sponsor

Phone & Website

Physical & Mental Health

Medical

Wellmark Group
Group ID: 53431

800-524-9242
www.wellmark.com

Telemedicine

Doctor on Demand

800-997-6196
www.doctorondemand.com

Spending Accounts

Midwest Group Benefits

800-344-3766
www.midwestbenefits.com/

Dental

Delta Dental of Iowa
Group ID: 40065

800-544-0718
www.deltadentalia.com/find-a-provider/

Vision

Avesis
Group ID: 60790-2240

855-214-6777
www.myavesis.com/members/

Life Insurance

Mutual of Omaha
Group ID: G000C4QL

800-228-7104
www.login.mutualofomaha.com

Disability Insurance

Mutual of Omaha
Group ID: G000C4QL

800-228-7104
www.login.mutualofomaha.com

Employee Assistance Program

Mutual of Omaha
Group ID: G000C4QL

800-228-7104
www.login.mutualofomaha.com

Additional Protection

Accident Insurance

Mutual of Omaha
Group ID: G000C4QL

800-228-7104
www.login.mutualofomaha.com

Critical Illness Insurance

Mutual of Omaha
Group ID: G000C4QL

800-228-7104
www.login.mutualofomaha.com

Legal & ID Theft

Delta Dental/ARAG

800-247-4184
www.deltadentalia.com/employers/legal/

Pet Insurance

MetLife

833-532-2617
www.metlifepetinsurance.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



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