

2026 BENEFIT GUIDE

June 2026 – May 2027

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

Benefits to fit your unique situation.

Navigate HOMES



BENEFITS ELIGIBILITY

Who is eligible to participate?

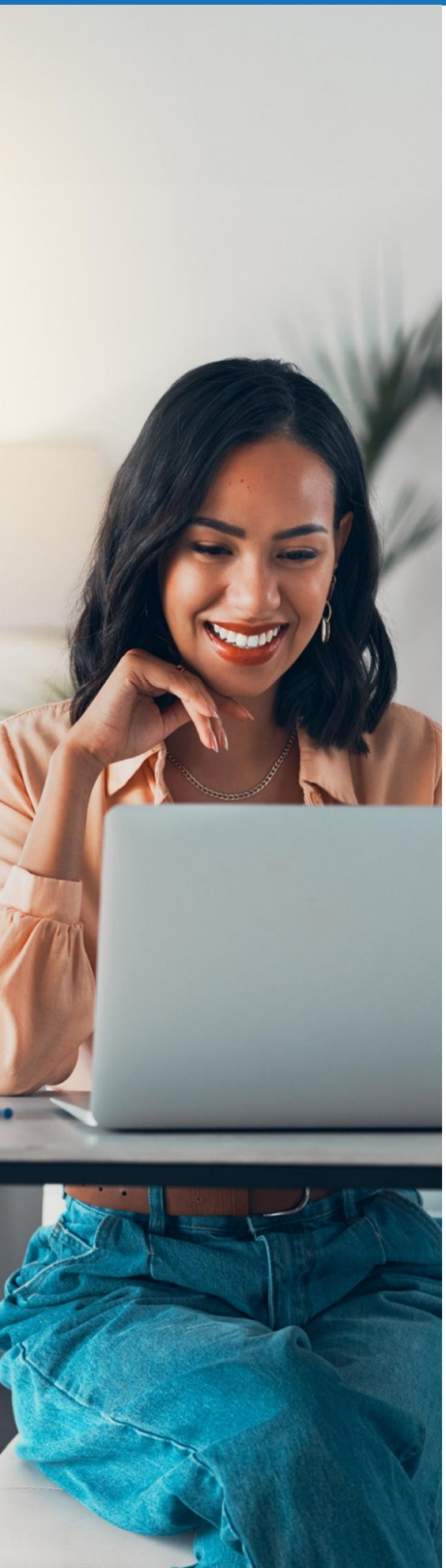
- Full-time employees working an average of 30 hours per week
- Your legal spouse
- Your unmarried dependent child (natural, adopted or step) up to age 26

When does coverage start and end?

- New Hire coverage starts 1st of the month following date of hire
- Coverage will end of the month 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
- **Open Enrollment**: Occurs annually with an effective date of June 1st
- **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

VISIT YOUR BENEFITS PORTAL

Website: http://mynavigatehomes.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

- 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 United Healthcare

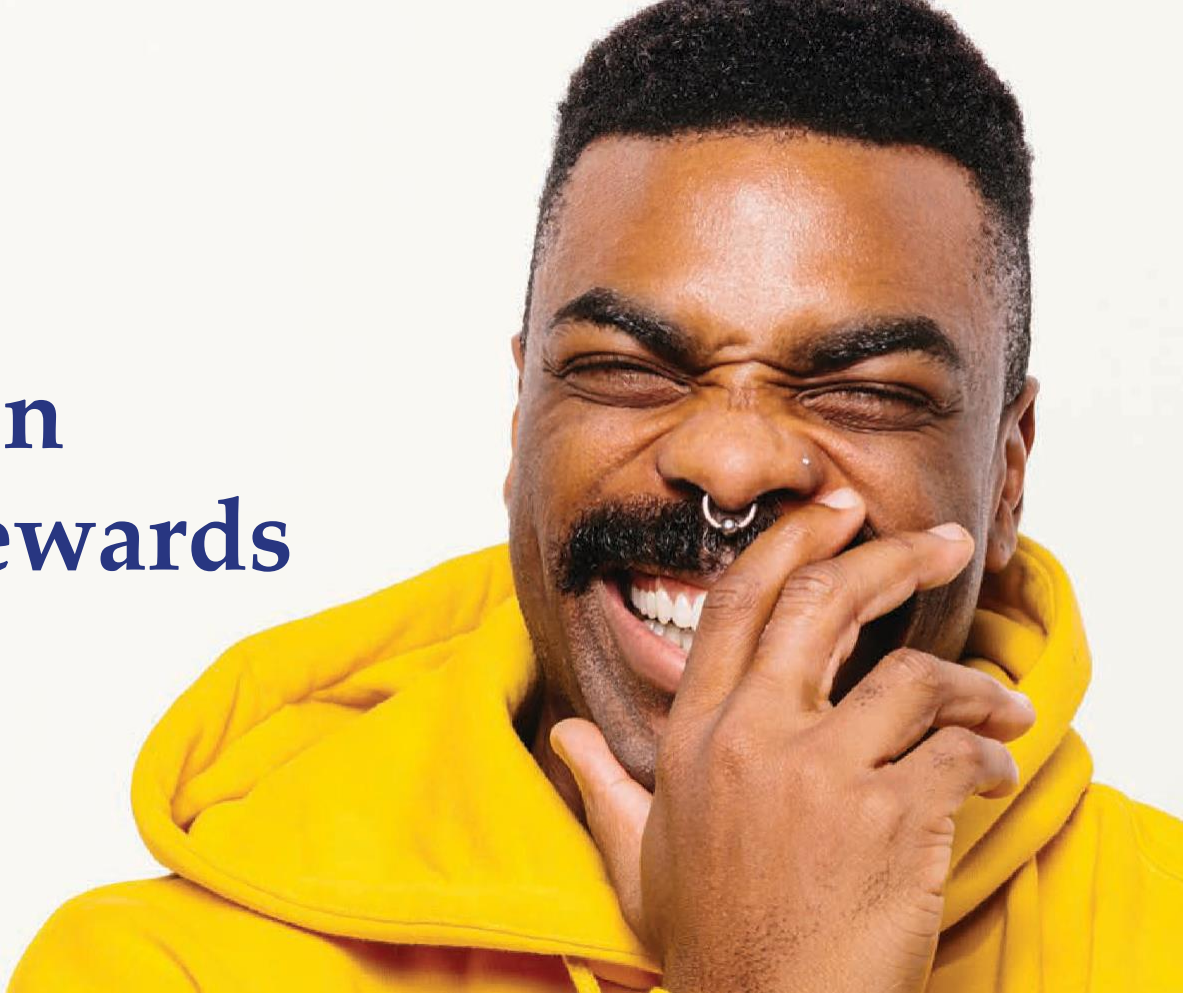
The medical insurance benefit that uses a network of providers, hospitals, and pharmacies to provide employees and their families access to quality healthcare and protection against the cost of illness or injury.

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

IN-NETWORK BENEFITS	Choice Plus POS P3000i80LX21B	Choice Plus POS P5000i80LX21B
Preventive Care	100% Covered	100% Covered
	*Under age 19 - Network visits are covered at No Charge	
Office Visit Copay	$25 PCP $75 Non-PCP $0 Telemed (designated virtual network provider) $50 Urgent Care	$25 PCP $75 Non-PCP $0 Telemed (designated virtual network provider) $50 Urgent Care
Emergency Room	$300 Copay + 20% Coinsurance	$300 Copay + 20% Coinsurance
Rx Copay	$15 Tier 1 $50 Tier 2 $150 Tier 3 $250 Tier 4	$10 Tier 1 $35 Tier 2 $75 Tier 3 $250 Tier 4
Deductible	$3,000 Single $6,000 Family	$5,000 Single $10,000 Family
Coinsurance	You pay 20%, plan pays 80%	You pay 20%, plan pays 80%
Out of Pocket Maximum	$6,500 Single $13,000 Family	$8,150 Single $16,300 Family

Bi-Weekly Per Pay Rates	Choice Plus POS P3000i80LX21B	Choice Plus POS P5000i80LX21B
Employee	$71.47	$67.22
Employee + Spouse	$276.43	$259.42
Employee + Child(ren)	$263.08	$246.92
Employee + Family	$471.41	$442.06

Get in on UHC Rewards



UnitedHealthcare Rewards is a digital experience where you can earn up to $1,000 for reaching program goals and completing one-time reward activities. And get this: It's included in your health plan at no additional cost. The activities you go for are up to you—same goes for ways to spend your earnings.

There's so much good to get

With UHC Rewards, a variety of actions—including many things you may already be doing—lead to rewards. Here are some ways you can earn:

Reach daily goals

- Track 5,000 steps or 15 active minutes each day, or double it for an even bigger reward
- Track 14 nights of sleep

Complete one-time reward activities

- Go paperless
- Get a biometric screening
- Take a health survey
- Connect a tracker

Personalize your experience by selecting activities that are right for you—and look for new ways of earning rewards to be added throughout the year.

Earn up to

$1,000

United Healthcare

There are 2 ways to get started

On the UnitedHealthcare® app

- Scan this code to download the app
- Sign in or register
- Select the **Me** tab and choose **Rewards**
- Activate Rewards and start earning
- Though not required, connect a tracker and get access to even more reward activities

On myuhc.com®

- Sign in or register
- Select **Rewards**
- Activate Rewards
- Choose reward activities that inspire you—and start earning

Your health

Get in on an experience that's designed to help inspire healthier habits

Your goals

Personalize how you earn by choosing the activities that are right for you

Your rewards

Earn up to $1,000 and use it however you want

Questions?

Call customer service at **1-866-230-2505**

United Healthcare

UnitedHealthcare Rewards is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. Receiving an activity tracker, certain credits and/or rewards and/or purchasing an activity tracker with earnings may have tax implications. You should consult with an appropriate tax professional to determine if you have any tax obligations under this program, as applicable. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. You may call us toll-free at 1-855-256-8669 or at the number on your health plan ID card, and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Rewards may be limited due to incentive limits under applicable law. Subject to HSA eligibility, as applicable.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

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VIRTUAL DOCTOR VISITS - Telehealth

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 TELEHEALTH?

- 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
- You need a lower-cost option.

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

Website: www.myuhc.com

FLEXIBLE SPENDING ACCOUNTS

Administered by WEX

AN FSA CAN HELP YOU

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

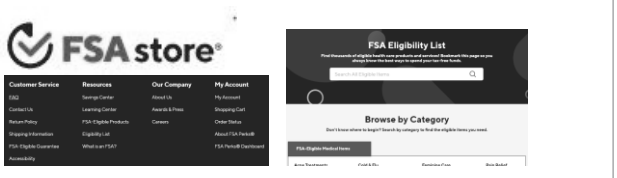
HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)

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	• Medical • Dental • Vision • Prescription • Dependent care	For **Health Care and Limited FSAs** download a full list from the IRS - Publication 502.	For information on **Child and Dependent Day Care Expenses** download the IRS Publication 503
Availability of funds	Healthcare and Limited: Available on day 1 Dependent Day Care: Funds must accumulate before using		
Use it or lose it?	Yes, however, the plan has a grace period that allows you to use current year funds to pay for services incurred in the first 2.5 months of the next plan year.		
Can take it with you if you leave the company?	No		

START WITH THE RIGHT TOOLS:

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

GETTING STARTED



FSAstore.com/FSA-Eligibility-List.aspx

DENTAL

Administered by Wellmark

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

SERVICES	PLAN 1 IN-NETWORK
Preventive Services	80% covered
Deductible	$25 Single / $75 Family applies to Basic & Major services
Annual Maximum	$1,500 per person per year
Basic Services	You pay 50% coinsurance (after deductible), plan pays 50%
Major Services	You pay 50% coinsurance (after deductible), plan pays 50%
Orthodontic For dependent children up to age 19	You pay 50% coinsurance (after deductible), plan pays 50% coinsurance, up to a lifetime maximum of $1,000

Bi-Weekly Per Pay Rates	Per Person Enrolled
Age 19+	$12.51
Under Age 19	$8.88

VISION

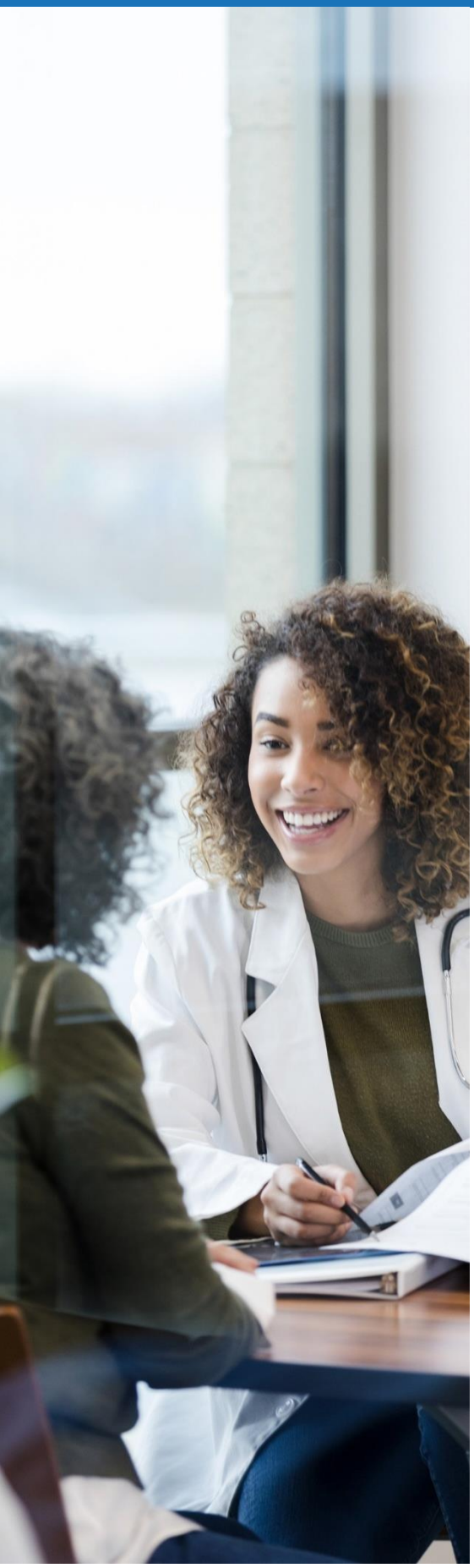
Administered by Principal

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

Vision Network: VSP Network
Use In-Network Providers for the best value!
Visit www.vsp.com to search for providers.

SERVICES	IN-NETWORK
Exam 1 every 12 months	$10 copay
Eyeglasses	
Frames 1 every 24 months	$130 allowance and 20% discount off the balance
Lenses 1 every 12 months	Single Lined-$25 Bifocal Lined-$25 Trifocal-$25 Lenticular-$25
Contacts	**Please note:** Contact lenses are in place of lenses and frame.
Elective Contacts 1 every 12 months	$130 retail allowance
Medically Necessary 1 every 12 months	100% Covered

Bi-Weekly Per Pay Rates	
Employee	$3.63
Employee + Spouse	$7.53
Employee + Child(ren)	$8.09
Employee + Family	$12.88



DISABILITY

Administered by Principal

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 Employer Paid	LONG-TERM Employer Paid
Coverage amount	60% of weekly income	60% of monthly income
Accident benefits begin	Day 1	Day 91
Illness benefits begin	Day 8	Day 91
Maximum payment period	13 weeks	Social Security Normal Retirement Age (SSNRA)

**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.



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.

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: 1-800-450-1327
Website: member.magellanhealthcare.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

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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

Navigate HOMES

TRUE NORTH



REQUIRED ANNUAL NOTICES

IMPORTANT NOTICES FROM NAVIGATE HOMES REGARDING THE HEALTH PLAN

In compliance with insurance regulations, we provide information regarding the health benefits we offer and what options you have as an employee.

DOWNLOAD YOUR COPY AT

https://flimp.live/Navigate-Homes#plandocumentsnotices

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