

2025 BENEFIT GUIDE

December 2025 – November 2026

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 over 30 hours per week
- Your legal spouse or 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 60 days
- Coverage will end at the end of the month of your employment termination.

When can I enroll in or make changes to benefits?

- **New Hires:** Must submit your elections prior to the last day of the month before your effective date.
- **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)
- **Open Enrollment:** Occurs annually with an effective date of December 1.

YOUR ENROLLMENT BLUEPRINT

Here are some last-minute reminders:

STEP
01

EVALUATE YOUR OPTIONS

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

STEP
02

ENROLL IN YOUR BENEFITS

- [Prairie Community Bank](#)
- 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 Blue Cross Blue Shield of Illinois

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.bcbsil.com to search for providers.

IN-NETWORK BENEFITS	S531PPO Silver	B535PPO Bronze	P506PSN Platinum HMO
Network	Participating Provider Organization [PPO]	Participating Provider Organization [PPO]	Blue Precision HMO [BAV]
Preventive Care	100% Covered	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	\$50 PCP \$75 Non-PCP \$50 Virtual Visits \$80 Urgent Care	No charge after deductible	\$15 PCP \$45 Non-PCP \$45 Urgent Care
Emergency Room	\$500 Copay + 30% Coinsurance	\$250 Copay + Deductible	\$300 Copay
Rx Copay	\$5 Tier 1 \$60 Tier 2 \$110 Tier 3 \$250 Tier 4	No charge after deductible	\$5 Tier 1 \$60 Tier 2 \$110 Tier 3 \$250 Tier 4
Deductible	\$5,100 Single \$15,300 Family	\$7,300 Single \$14,600 Family	\$0 Single \$0 Family
Coinsurance	You pay 30%, plan pays 70%	You pay 0%, plan pays 100%	You pay 0%, plan pays 100%
Out of Pocket Maximum	\$9,200 Single \$18,400 Family	\$7,300 Single \$14,600 Family	\$1,750 Single \$5,250 Family
PER PAY RATES	S531PPO Silver	B535PPO Bronze	P506PSN Platinum HMO
Employee	\$2.50	\$2.50	\$2.50
Employee + Spouse	\$483.86	\$449.39	\$395.11
Employee + Child(ren)	\$411.66	\$382.36	\$336.22
Employee + Family	\$893.02	\$829.25	\$728.82

VIRTUAL DOCTOR VISITS - MDLive

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 MDLive?

- 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
- Mental health treatment, including online counseling, child behavior/learning issues, or stress management.
- Pediatric care including cold/ flu, ear infections, or pink eye
- Allergies, asthma, or sinus infections

Website: www.blueaccessformembers.com

Login using the link above. On the BAM homepage dashboard select Find All Care. When you need care, select Virtual Visits and click Schedule a Virtual Visit and sign up on MDLive's website.

Phone Number: 888-676-4204

DENTAL

Administered by Principal

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: Principal PPO Network

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

SERVICES	DENTAL PLAN IN-NETWORK
Preventive Services	100% covered
Deductible	\$50 Single / \$150 Family <<applies to Basic & Major services>>
Annual Maximum	\$1,000 per person per year
Basic Services	You pay 20% coinsurance (after deductible), plan pays 80%
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

PER PAY RATES	DENTAL PLAN
Employee	\$0.50
Employee + Spouse	\$20.85
Employee + Child(ren)	\$37.11
Employee + Family	\$61.84

Refer to the plan certificate to determine if a procedure is considered Basic or Major

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
Eyeglasses	
Frames 1 every 24 months	Covered up to \$130
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	Covered up to \$130
Medically Necessary 1 every 12 months	100% Covered after Copay
Contact Lens Fitting & Evaluation 1 every 12 months	\$25

PER PAY RATES	VISION PLAN
Employee	\$4.76
Employee + Spouse	\$9.52
Employee + Child(ren)	\$9.05
Employee + Family	\$14.22

LIFE / AD&D

Administered by Principal

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	1 times Base Annual Salary up to \$125,000 Minimum \$30,000

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 \$300,000 or 5 times earnings Guaranteed Issue: \$100,000
Spouse	Increments of \$5,000 up to the lesser of \$100,000 or 100% of employee benefit Guaranteed Issue: up to \$25,000
Children	Increments of \$5,000 up to \$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 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	LONG-TERM
Coverage amount	60% of weekly income	60% of monthly income
Accident benefits begin	Day 1	Day 45
Illness benefits begin	Day 8	Day 45
Maximum payment period	7 weeks	Social Security Normal Retirement Age (SSNRA)

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



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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: 800-450-1327

• **TTY: 711**

• **International: 800-662-4504**

Website: www.member.magellanhealthcare.com

When you create an account, enter Principal Core as the program name.

RESOURCES

Coverage

Carrier/Plan Sponsor

Phone & Website

Physical & Mental Health

Medical	BCBSIL Group ID: 797064	800-810-2583 www.bcbsil.com
Telemedicine	MDLive BCBSIL	888-676-4204 www.bam.com
Dental	Principal Group ID: 1134604-10001	800-986-3343 www.principal.com
Vision	Group ID: 1134604-10001	800-986-3343 www.vsp.com
Life Insurance	Group ID: 1134604-10001	800-896-3343 www.principal.com
Disability Insurance	Group ID: 1134604-10001	800-896-3343 www.principal.com
Employee Assistance Program	Principal Program Name: Principal Core	800-450-1327 www.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



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



