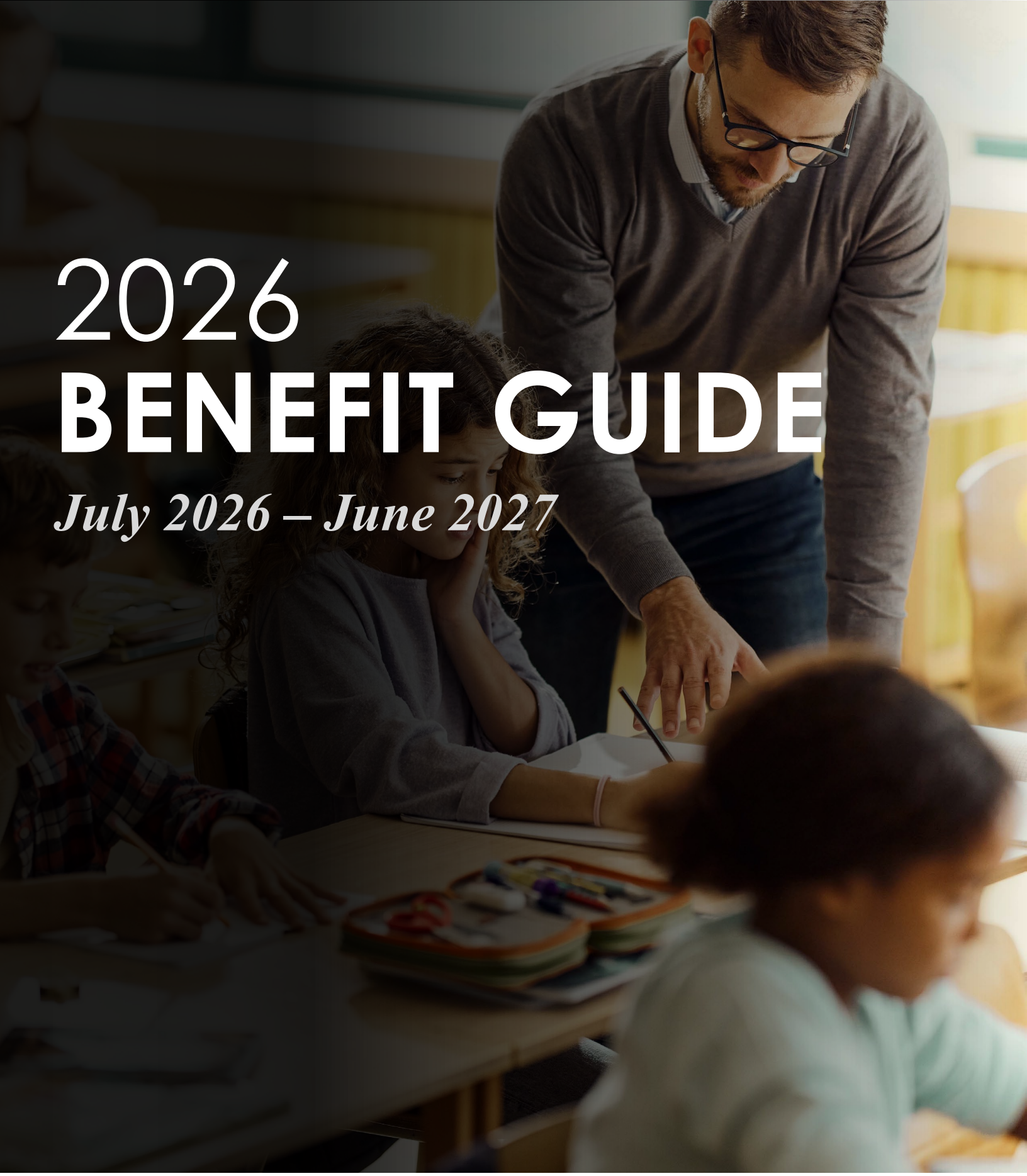


2026 BENEFIT GUIDE

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

- Eligibility
- Enrollment Blueprint

PHYSICAL & MENTAL HEALTH

- Medical & Prescription Drug
- Telemedicine
- Dental
- Employee Assistance Program (EAP)
- Life and AD&D
- Disability

ADDITIONAL PROTECTION

- Iowa Retirement Investors' Club

RESOURCES

- Contact Information
- TrueAdvocate Team

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.*

Created by TrueNorth Companies, LC for Henning Construction



BENEFITS ELIGIBILITY

Who is eligible to participate?

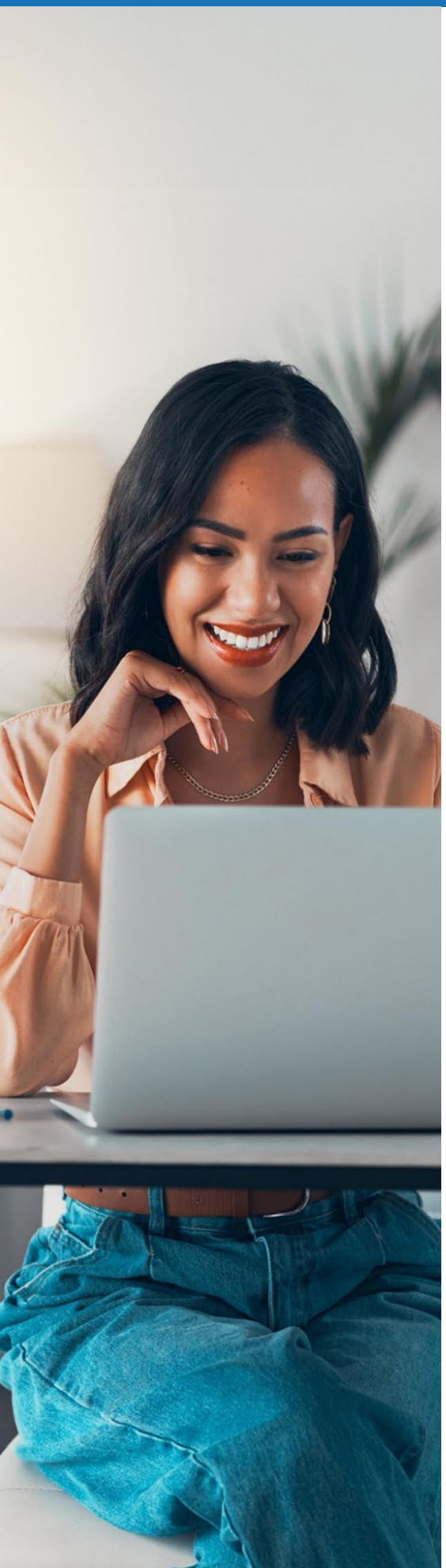
- Full-time employees working 30 hours per week
- Your legal spouse Your dependent child (natural, adopted or step) up to age 26

When does coverage start?

- New Hire coverage starts 1st of the month following your date of hire.

When can I enroll in or make changes to benefits?

- **New Hires:** Must submit your elections within 30 days of hire 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 July 1st .



YOUR ENROLLMENT BLUEPRINT

Here are some last-minute reminders:

STEP 01

EVALUATE YOUR OPTIONS

Review the information in this guide to learn about the benefits available to you.
Review the Roland-Story benefit portal for more details and review the annual notices: https://flimp.live/rolandstorycsd

NEXT STEPS

If you would like to enroll in the medical plan:

- You MUST complete the **2026-2027 Benefits Enrollment Form** (sent to you in the mail.
- New enrollees MUST also complete the **Wellmark Coverage Application** and **Personal Doctor Selection Form.**

STEP 02

If you would like to enroll in a Flexible Spending Account for 2026-2027:

- You MUST complete the **Advantage Administrators Flex Enrollment Form *and*** complete your **2026-2027 Benefits Enrollment Form.**

If you would like to enroll in voluntary dental coverage, offered through Delta Dental:

- You MUST complete the **2026-2027 Benefits Enrollment Form.**
- New enrollees MUST also complete the **Delta Dental Enrollment Form.**

If you would like to enroll in voluntary life + AD&D coverage, offered through MetLife:

- You MUST complete the **2026-2027 Benefits Enrollment Form**.
- New enrollees also MUST complete the **MetLife Enrollment Form**.

STEP 03

ENROLL IN YOUR BENEFITS

Return your completed 2026-2027 Benefits Enrollment Form and other applicable carrier forms to Lacy Lake by **May 1st , 2026.**

NEED HELP DECIDING? Contact TrueNorth's TrueAdvocate Team
Phone: 888-655-9980 **Email:** trueadvocate@truenorthcompanies.com

MEDICAL & RX

Administered by Wellmark

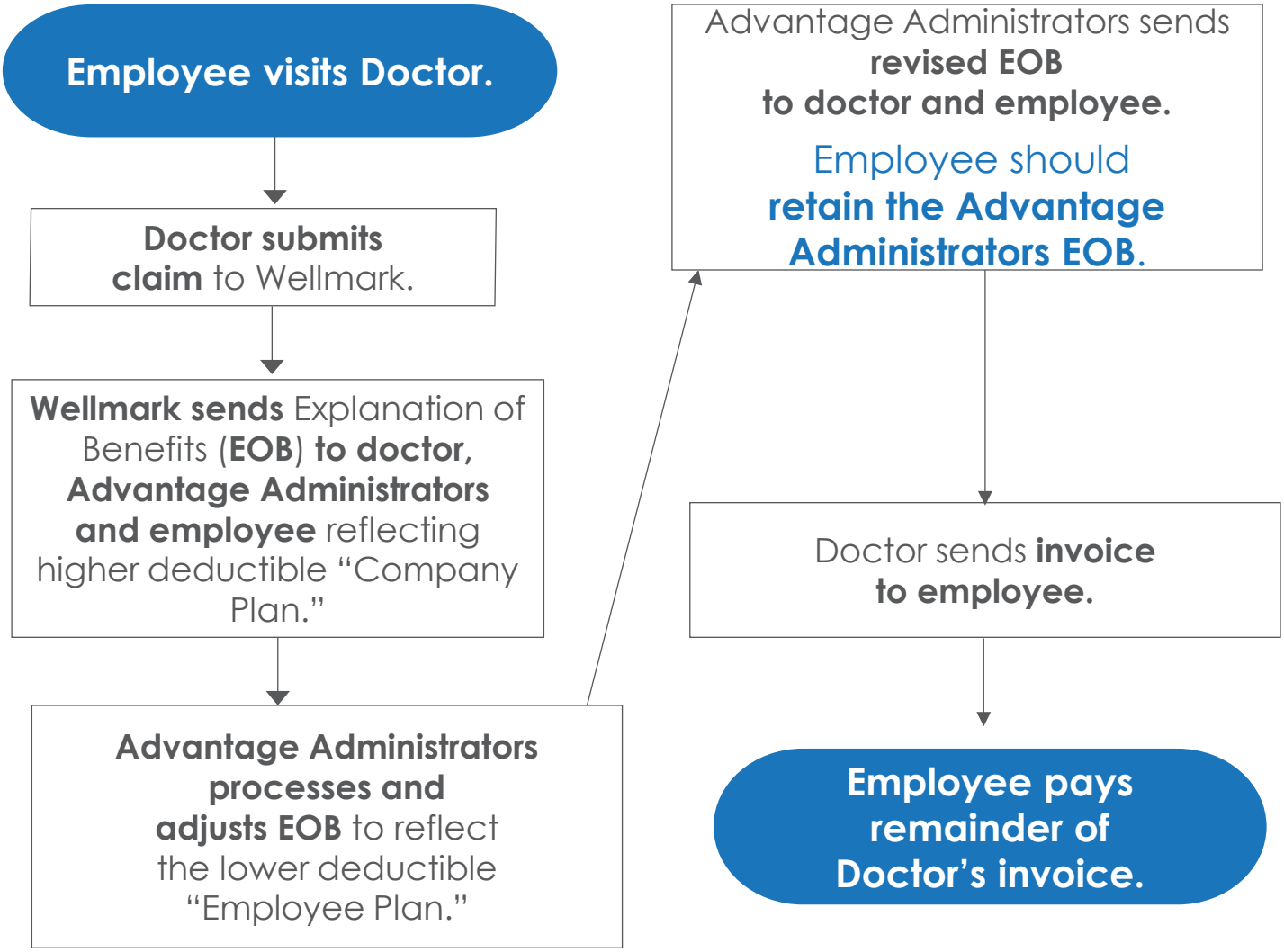
Use In-Network Providers for the best value! Visit www.wellmark.com to search for providers.

IN-NETWORK BENEFITS	Wellmark	PSF
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	$15 PCP $20 Non-PCP $20 Telemed $20 Urgent Care	$15 PCP $20 Non-PCP $20 Telemed $20 Urgent Care
Emergency Room	$250 Copay + 20% Coinsurance	$250 Copay + 20% Coinsurance
Rx Copay	$10 Tier 1 $30 Tier 2 $55 Tier 3 $50 Tier 4	$10 Tier 1 $30 Tier 2 $55 Tier 3 $50 Tier 4
Specialty Rx Copay	$100 Preferred Specialty 50% Non-Preferred Specialty	$100 Preferred Specialty 50% Non-Preferred Specialty
Deductible	$6,000 Single $12,000 Family	$1,000 Single $2,000 Family
Coinsurance	You pay 20% Plan pays 80%	You pay 20%, plan pays 80%
Out of Pocket Maximum	$8,000 Single $16,000 Family	$2,500 Single $5,000 Family

PARTIAL SELF-FUNDING

What is Partial Self-Funding?

- Partial Self-Funding is when your employer purchases a higher deductible/lower cost plan from the insurance carrier ("Company Plan") but offers you a lower deductible plan ("Employee Plan").
- This new plan is lower in cost to you than other plans available through the insurance carrier.
- To utilize a partially self-funded plan, your employer has contracted with a Third-Party Administrator.



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
- 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

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 Doctorondemand.com
2. Create an account or sign in

App Store

Google Play

FLEXIBLE SPENDING ACCOUNTS

Administered by Advantage Administrators

AN FSA CAN HELP YOU

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

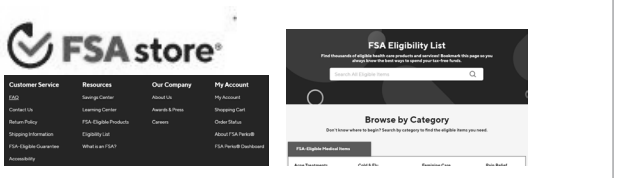
HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)

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, you lose money you haven't used or claimed by certain annual deadlines.		
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 Delta Dental

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.

One Great plan, 2 networks to choose from!
Use In-Network Providers for the best value! Visit www.deltadental.com to search for providers.
Select either PPO Network or Premier Network to search for a provider.

SERVICES	PPO	PREMIER
Preventive Services	100% covered	
Deductible	$15 Single / $45 Family applies to Basic & Major services	$25 Single / $75 Family applies to Basic & Major services
Annual Maximum	$1,500 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 $2,000	

LIFE / AD&D

Administered by MetLife

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	$10,000

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.

	Benefit
Employee	You can purchase coverage on yourself in increments of $10,000 to the lesser of $500,000 or 5 times your annual income. There is a guaranteed issue amount of $100,000 for newly eligible employees. This means you can election up to $100,000 without underwriting approval.
Spouse	You may purchase insurance on your spouse in $5,000 increments with a minimum issue amount of $5,000 to a maximum of $100,000, not to exceed 50% of the employee amount. Newly eligible spouses have a guaranteed issue amount of $25,000 before underwriting approval is required.
Children	Increments of $1,000, $2,000, $4,000, $5,000 or $10,000 for children older than 6 months up to the age of 26 may be covered. **Maximum** benefit $10,000. $1,00 benefit for children 15 days to 6 months.

**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. The form is available on your benefit portal at www.myrolandstorybenefits.com



DISABILITY

Administered by MetLife

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*	LONG-TERM Employer Paid
Coverage amount	60% of your pre-disability earnings up to a monthly maximum benefit of $5,000
Benefits begin	Day 91
Maximum payment period	The greater of your Social Security Normal Retirement Age (SSNRA) or 4 years

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



ADDITIONAL PROTECTION

Iowa Retirement Investors' Club

How do you picture your future? Working in the herb garden you've always wanted but didn't have time to tend to? Starting a new business? Exploring a new hobby or traveling to a new place? Moving to a condo to avoid yard work? Waking up to the sunrise, not an alarm? Getting a part-time job doing something you've always been interested in, but didn't have time to do? Playing golf?

Whatever the future looks like for you—are you saving enough money today to make your dreams happen tomorrow?

The Iowa Retirement Investors' Club can help you get there.

Learn more about the plan at **https://das.iowa.gov/RIC/403b/plan_details** or call 800-460-4692



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

Phone: 833-434-1335
Email: consulting@covenantfamilysolutions.com
Hours: 7 am – 6 pm Mon – Thurs and 7 am – 4 pm Fri

RESOURCES

Coverage	Carrier/Plan Sponsor	Phone & Website
Physical & Mental Health		
Medical & Prescription Drugs	Wellmark	800-524-9242 www.wellmark.com
Telemedicine	Doctor on Demand	800-997-6196 www.doctorondemand.com
Flexible Spending Accounts	Advantage Administrators	800-383-1623 www.advantageadmin.com
Dental	Delta Dental	800-544-0718 www.deltadentalia.com
Life Insurance	MetLife	866-492-6983 www.metlife.com
Disability Insurance	MetLife	800-300-4296 www.metlife.com
Employee Assistance Program	Covenant Family Solutions	833-434-1355 consulting@covenantfamilysolutions.com
Additional Protection		
Retirement 401(k)	Iowa Retirement Investors' Club	800-460-4692 https://das.iowa.gov/RIC/403b/plan_details

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
@truenorthccompanies.com

TRUE NORTH

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