



20YY BENEFIT GUIDE

Month year - Month year

class name

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

PAGE(S)

What's Changing This Enrollment <<optional>>

Eligibility

Enrollment Blueprint

PHYSICAL & MENTAL HEALTH

Medical & Prescription Drug

Telemedicine

Dental

Vision

Employee Assistance Program (EAP)

Life and AD&D

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ADDITIONAL PROTECTION

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RESOURCES

Contact Information

Benefits Vocab

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TrueAdvocate Benefits Help

Important Notices Regarding Your Medical Plan

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.



WHAT'S CHANGING? (OPTIONAL)

Every year, <<Client>> reviews the benefit package offering to ensure you and your family have access to benefits that best fit your needs. Changes listed below will be in effect << January 1, 2026 through December 31, 2026>>.

Medical & Rx:

- Xxx

Dental

- Xxx

Vision:

- Xxx

HSA/FSA:

- Xxx

Life:

- Xxx

Disability:

- Xxx

Additional Coverages:

- Xxx

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, <<domestic partner's>>) up to age 26

When does coverage start and end?

- New Hire coverage starts <<1st of the month following 60 days>>
- Coverage will end <<on the date>> of your employment termination.

When can I enroll in or make changes to benefits?

- **New Hires:** Must submit your elections within <<XX>> days of hire date
- **Open Enrollment:** Occurs annually with an effective date of <<January 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

VISIT YOUR BENEFITS PORTAL

Website:

Login:

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

- <<Insert website or where to find form>>
- Be mindful of your enrollment deadline!

QR CODE

STEP 04

NEED HELP DECIDING?

Contact TrueNorth's TrueAdvocate Team

Phone: 888-655-9980

Email: trueadvocate@truenorthcompanies.com



MEDICAL & RX

Administered by << Medical Carrier>>> & <<PBM>>

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.

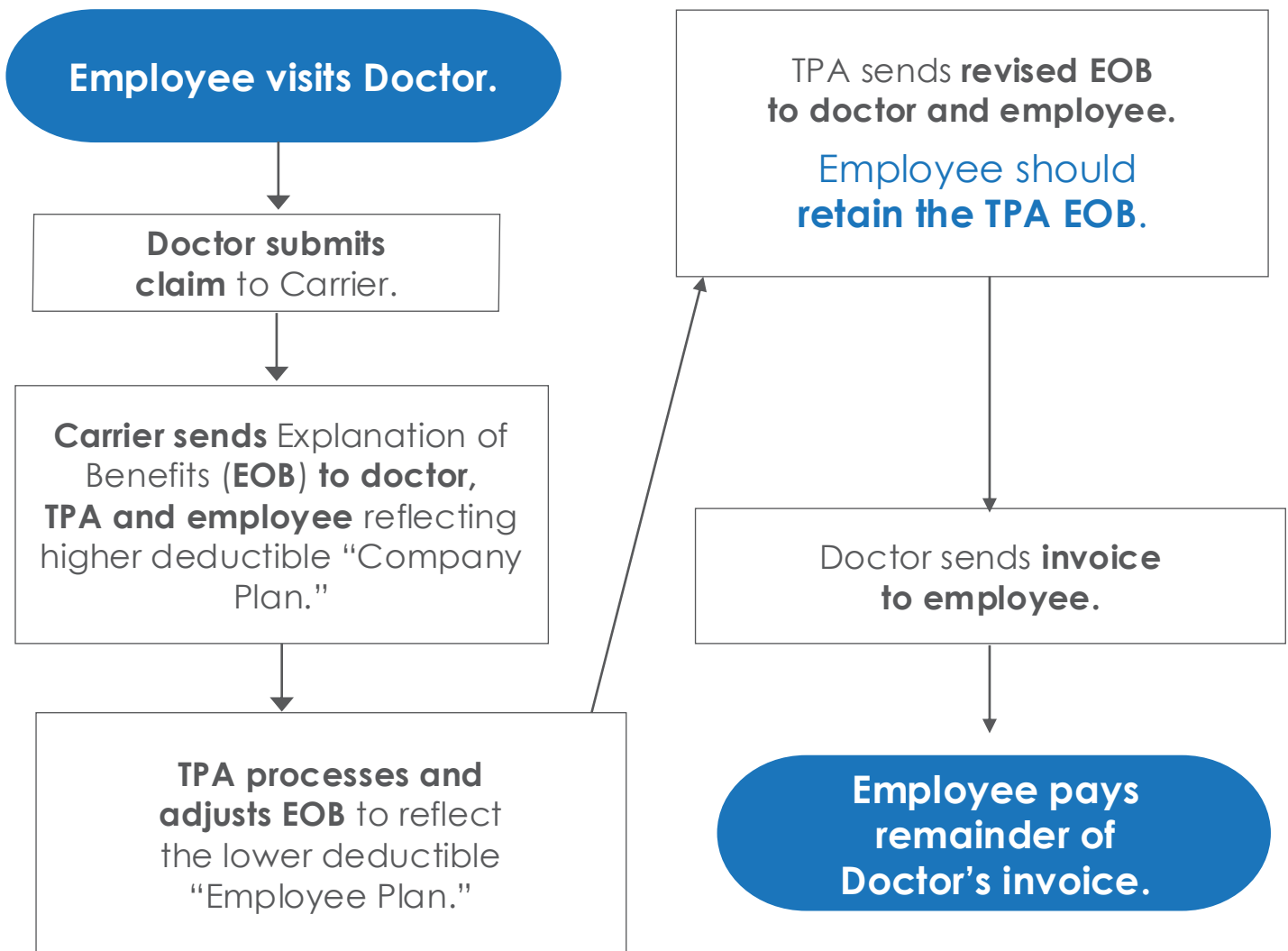
Use In-Network Providers for the best value! Visit <<>> to search for providers.

IN-NETWORK BENEFITS	PLAN 1	PLAN 2	PLAN 3
Network	<<>>	<<>>	<<>>
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	\$00 PCP \$00 Non-PCP \$00 Telemed \$00 Urgent Care	\$00 PCP \$00 Non-PCP \$00 Telemed \$00 Urgent Care	\$00 PCP \$00 Non-PCP \$00 Telemed \$00 Urgent Care
Emergency Room	\$00 Copay + XX% Coinsurance	\$00 Copay + XX% Coinsurance	\$00 Copay + XX% Coinsurance
Rx Copay	\$00 Tier 1 \$00 Tier 2 \$00 Tier 3 \$00 Tier 4	\$00 Tier 1 \$00 Tier 2 \$00 Tier 3 \$00 Tier 4	\$00 Tier 1 \$00 Tier 2 \$00 Tier 3 \$00 Tier 4
Specialty Rx Copay	\$00 Biosimilar \$00 Preferred Specialty \$00 Non-Preferred Specialty	\$00 Biosimilar \$00 Preferred Specialty \$00 Non-Preferred Specialty	\$00 Biosimilar \$00 Preferred Specialty \$00 Non-Preferred Specialty
Deductible	\$0,000 Single \$0,000 Family	\$0,000 Single \$0,000 Family	\$0,000 Single \$0,000 Family
Coinsurance	You pay 00%, plan pays 00%	You pay 00%, plan pays 00%	You pay 00%, plan pays 00%
Out of Pocket Maximum	\$0,000 Single \$00,000 Family	\$0,000 Single \$00,000 Family	\$0,000 Single \$00,000 Family
<<Bi-Weekly>> Per Pay Rates	PLAN 1	PLAN 2	PLAN 3
Employee	\$0.00	\$0.00	\$0.00
Employee + Spouse	\$0.00	\$0.00	\$0.00
Employee + Child(ren)	\$0.00	\$0.00	\$0.00
Employee + Family	\$0.00	\$0.00	\$0.00

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 - 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:
Phone Number:

HEALTH SAVINGS ACCOUNT

Administered by << Carrier >>

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: \$4,300
Family: \$8,550
Catch-up: \$1,000 (those 55+)

Pre-tax contributions?

Yes

[Company Name] Employer contributions?

Yes, \$000.00
per pay period.

Single: \$00.00
EE/Spouse: \$00.00

EE/Child(ren): \$00.00
Family: \$00.00

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 << Carrier >>

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: \$3,300 Dependent Day Care: \$5,000		
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 - <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?	Yes, however, ... [insert from the following copy/verbiage, then delete the other] ... any unused funds will be forfeited by the end of the plan year ... the Healthcare FSA allows you to rollover up to \$660 of unused money into the next plan year. ... 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:

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 << Carrier >>

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: <<<XXXXXXX>>

Use In-Network Providers for the best value! Visit <<insert website>> to search for providers.

SERVICES	PLAN 1 IN-NETWORK	PLAN 2 IN-NETWORK
Preventive Services	100% covered	100% covered
Deductible	\$00 Single / \$00 Family <<applies to Basic & Major services>>	\$00 Single / \$00 Family <<applies to Basic & Major services>>
Annual Maximum	\$0,000 per person per year	\$0,000 per person per year
Benefit Roll-over		
Basic Services	You pay 00% coinsurance (after deductible), plan pays 00%	You pay 00% coinsurance (after deductible), plan pays 00%
Major Services *	You pay 00% coinsurance (after deductible), plan pays 00%	You pay 00% coinsurance (after deductible), plan pays 00%
Orthodontic ** For dependent children up to age 19	You pay 00% coinsurance (after deductible), plan pays 00% coinsurance, up to a lifetime maximum of \$0,000	You pay 00% coinsurance (after deductible), plan pays 00% coinsurance, up to a lifetime maximum of \$0,000

<<Bi-Weekly>> Per Pay Rates	PLAN 1	PLAN 2
Employee	\$0.00	\$0.00
Employee + Spouse	\$0.00	\$0.00
Employee + Child(ren)	\$0.00	\$0.00
Employee + Family	\$0.00	\$0.00

* 12 month waiting period applies

** 24 month waiting period applies

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

VISION

Administered by << Carrier >>

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

Vision Network:<<<XXXXXXX>>>

Use In-Network Providers for the best value!

Visit <<insert website>> to search for providers.

SERVICES	PLAN 1	PLAN 2
Exam 1 every 12 months	\$00	\$00
Eyeglasses		
Frames 1 every 24 months	\$000 allowance and <<XX>>% discount off the balance	\$000 allowance and <<XX>>% discount off the balance
Lenses 1 every 12 months	Single Lined-\$00 Bifocal Lined-\$00 Trifocal-\$00 Lenticular-\$00	Single Lined-\$00 Bifocal Lined-\$00 Trifocal-\$00 Lenticular-\$00
Contacts	Please note: Contact lenses are in place of lenses and frame.	
Elective Contacts 1 every 12 months	\$00	\$00
Medically Necessary 1 every 12 months	100% Covered	100% Covered
Contact Lens Fitting & Evaluation 1 every 12 months	\$00	\$00
<<Bi-Weekly>> Per Pay Rates		
Employee	\$0.00	\$0.00
Employee + Spouse	\$0.00	\$0.00
Employee + Child(ren)	\$0.00	\$0.00
Employee + Family	\$0.00	\$0.00

LIFE / AD&D

Administered by << Carrier >>

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	2 times Base Annual Salary up to \$000,000
Spouse & Child	<<do they offer?>>

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 \$00,000 up to the lesser of \$000,000 or 5 times earnings Guaranteed Issue: \$000,000
Spouse	Increments of \$00,000 up to the lesser of \$000,000 or 00% of employee benefit Guaranteed Issue: up to \$00,000
Children	Increments of \$0,000 up to \$00,000 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 << Carrier>>

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 / Employer Paid	LONG-TERM Employee / Employer Paid
Coverage amount	00% of weekly income	00% of monthly income
Accident benefits begin	Day X	Day X
Illness benefits begin	Day X	Day XX
Maximum payment period	XX weeks	Social Security Normal Retirement Age (SSNRA)
Pre-existing conditions	3 months / 12 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.

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.

Critical Illness

Typically pays a lump-sum benefit directly to you at the time a covered illness (such as a stroke, heart attack or stroke) 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.

Hospital Indemnity

Similar to Accident and Critical Illness Plans, Hospital Indemnity provides a lump-sum benefit to use for expenses related to a hospital stay. Expenses covered include: hospital admission, hospital confinement, lodging, transportation and more.

Cancer

This coverage can provide a cash benefit once you are diagnosed. Depending on the covered disease, you can access transportation benefits, hospice and nursing services, and more. Carefully read the policy before you purchase something to be sure the things that are covered meet your expectations.

ADDITIONAL PROTECTION

Identity Theft

Identity theft protection can offer ongoing analysis of your personal credit score and alert you immediately of potentially fraudulent credit card charges. And, some services monitor your online footprint as well and can help keep your information and reputation protected.

Phone:

Website:

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:

Website:

Pet Insurance

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:

Website:

A man with dark hair and glasses, wearing a blue denim shirt, is smiling while looking at a laptop screen. He is sitting at a desk with a white mug in front of him. The background is a modern office setting with a large window and a hanging lamp.

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:

Website:

SAVING FOR THE FUTURE

RETIREMENT PLAN

Company is proud to offer you the **Plan Name** to assist you in planning for your retirement. Please review the Summary Plan Description (SPD) for full details.

Eligibility & Entry Requirements

Must be at least **age**

Have completed **6 months of service**

Deferral Options:

Pre-tax or Roth

Roth:

- Contribute after-tax dollars.
- Withdrawals (deferrals and investment growth): Generally tax-free at retirement with provisions

Pre-Tax

- Contribute with pre-tax dollars lowering taxable income this year
- Withdrawals (deferrals and investment growth): Generally taxable at ordinary income tax rates with provisions

Employer Contributions

Company will contribute **%** of your pay each pay period

Company will match **%** of your deferrals each pay period

You will be vested in the employer contributions after **time**

Getting Registered

Go to **Carrier Website**

Select Register

Follow the prompts to create a username and password

To reach **Carrier** by phone:

Call **1-800-338-4015**

Monday -Friday 7 am - 9 am CST

Automatic Enrollment

Auto-Enrollment at **3%** of Salary

You can opt out or change this. Ask your employer when these changes go into effect.

TrueNorth Retirement Team

Stephanie Reece, Account Manager

Ben Verhille, Plan Advisor

sreece@truenorthcompanies.com

(319) 209-7009

Securities offered through Lion Street Financial, LLC. (LSF), member FINRA & SIPC. Investment Advisory Services offered through Lion Street Advisors, LLC (LSA). LSF and LSA are not affiliated with TrueNorth Companies, L. C. or **Empower**. LSF and LSA do not provide tax or legal advice. The opinions and strategies above are for general information only and are not intended to provide specific advice or recommendations for any individual.

RESOURCES

Coverage

Carrier/Plan Sponsor

Phone & Website

Physical & Mental Health

Medical

Wellmark Group ID: XXX

Xxx-xxx-xxxx
www.xyz.com

Prescription Drugs

Vivid Clear
Group ID: xxxx

Telemedicine

Spending Accounts

Voya
Group ID: xxxxx

Dental

Vision

Life Insurance

Disability Insurance

Employee Assistance Program

Additional Protection

Accident Insurance

Critical Illness Insurance

Hospital Indemnity Insurance

Legal & ID Theft

Pet Insurance

Retirement 401(k)

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





REQUIRED ANNUAL NOTICES

IMPORTANT NOTICES FROM **COMPANY NAME**
REGARDING THE **PLAN NAME**

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

QR CODE

DOWNLOAD YOUR COPY AT
[**COMMUNICATIONS HUB LINK**]

NOTES