

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

What's Changing This Enrollment

Eligibility

Enrollment Blueprint

PHYSICAL & MENTAL HEALTH

Medical & Prescription Drug

Telemedicine

Dental

Vision

Employee Assistance Program (EAP)

Life and AD&D

Disability

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.*



WHAT'S CHANGING?

Every year, Waterloo Warehousing 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 July 1, 2026 through June 30, 2027.

Medical & Rx:

- Staying with UMR and Vivid Clear

Dental

- Moving to Mutual of Omaha

Vision:

- Moving to Mutual of Omaha

Life:

- Moving to Mutual of Omaha

Disability:

- Moving to Mutual of Omaha



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?

- New Hire coverage starts on the 90th day of employment.
- Regular full time employees who work a minimum of 40 hours per week are eligible to enroll in employee life and disability coverage on the first day following 180 days of continuous employment from 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

MEDICAL & RX

Administered by UMR & Vivid Clear

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.umar.com to search for providers.

IN-NETWORK BENEFITS	In Network
Preventive Care	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	\$25 PCP \$55 Non-PCP \$0 Teladoc \$35 Urgent Care
Emergency Room	\$250 Copay
Rx Copay	\$10 Tier 1 \$50 Tier 2 \$100 Tier 3 \$250 Tier 4
Specialty Rx Copay	\$250 copay
Deductible	\$2,000 Single \$4,000 Family
Coinsurance	You pay 20%, plan pays 80%
Out of Pocket Maximum	\$4,000 Single \$8,000 Family
Weekly Rates	
Employee	\$35.12
Employee + Family	\$107.75

VIRTUAL DOCTOR VISITS – Teladoc

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 TELADOC?

- 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

TELADOC.com
1-800-TELADOC
1-800-835-2362

Download the Teladoc app

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



App Store



Google Play

GETTING STARTED IS EASY

1. To register, please call 1-800-835-2362
2. Scan the QR code to download the Teladoc app or visit teladoc.com
3. Create an account or sign in

DENTAL

Administered by Mutual of Omaha

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.

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

SERVICES	LOW PLAN IN-NETWORK	HIGH PLAN IN-NETWORK
Preventive Services	100% covered	100% covered
Deductible	\$0 Single / \$0 Family applies to Basic & Major services	\$50 Single / \$150 Family
Annual Maximum	\$500 per person per year	\$1,000 per person per year
Basic Services	You pay 0% coinsurance (after deductible), plan pays 100%	You pay 50% coinsurance (after deductible), plan pays 50%
Major Services	Not Covered	You pay 50% coinsurance (after deductible), plan pays 50%
Orthodontic For dependent children up to age 19	Not Covered	You pay 50% coinsurance (after deductible), plan pays 50% coinsurance, up to a lifetime maximum of \$1,500

Weekly Rates	Low Plan	High Plan
Employee	\$2.72	\$6.34
Employee + Spouse	\$5.77	\$12.71
Employee + Child(ren)	\$6.87	\$11.69
Employee + Family	\$11.03	\$19.66

VISION

Administered by Mutual of Omaha

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	IN-NETWORK
Exam 1 every 12 months	\$10
Eyeglasses	
Frames 1 every 24 months	\$130 allowance and 30% discount off the balance
Lenses 1 every 12 months	Single Lined - covered in full Bifocal Lined - covered in full Trifocal – covered in full Lenticular – covered in full
Contacts	Please note: Contact lenses are in place of lenses and frame.
Elective Contacts 1 every 12 months	\$125 allowance
Medically Necessary 1 every 12 months	100% Covered
Contact Lens Fitting & Evaluation 1 every 12 months	\$10

Weekly Rates	
Employee	\$1.39
Employee + Spouse	\$2.57
Employee + Child(ren)	\$2.79
Employee + Family	\$3.51

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	\$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 \$300,000 Guaranteed Issue: \$50,000
Spouse	Increments of \$5,000 up to \$100,000 or 100% of employee Guaranteed Issue: up to \$25,000
Children	Increments of \$1,000 up to \$10,000 or 100% of employee Note: coverage may vary for children under 1 year of age.

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

New Hire Guaranteed Issue is the amount you can elect before you are required to complete a health questionnaire, otherwise known as Evidence of Insurability (EOI).

This year is a true open enrollment; you can enroll up to the guaranteed issue amount without completing a health questionnaire.

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
Coverage amount	66.67% of the first \$525 weekly income
Accident benefits begin	Day 1
Illness benefits begin	Day 1
Hospitalization	Day 1
Maximum payment period	180 days

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

RESOURCES

Coverage

Carrier/Plan Sponsor

Phone & Website

Physical & Mental Health

Medical & Prescription Drug

UMR & Vivid Clear

800-826-9781
www.umar.com

Telemedicine

Teladoc

800-835-2362
www.Teladoc.com

Dental

Vision

Life Insurance

Disability Insurance

Mutual of Omaha

800-775-6000
www.mutualofomaha.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



