2026 EMPLOYEE BENEFITS SUMMARY

Full-time employees are eligible to participate in the following programs. This is a summary for benefits in effect from January 1, 2026 – December 31, 2026

MEDICAL: Wellmark

800-524-9242 | www.wellmark.com
Group Number: 57910-0000

With Wellmark, you get access to one of the largest networks in the United States. To ensure your transition goes smoothly, ensure you verify your doctor is in-network. Go to www.wellmark.com. Click on Member Resources and select Find a Provider.

BENEFITS SUMMARY	Plan 1 – 3000 HMO In-Network Benefits	Plan 2 – 4000 HMO In-Network Benefits	Plan 3 – 5500 PPO In-Network Benefits
Annual Deductible (Single / Family)	$3,000 / $6,000	$4,000 / $8,000	$5,500 / $11,000
Coinsurance	You pay 30% after deductible	You pay 30% after deductible	You pay 30% after deductible
Out-of-Pocket Maximum (Single / Family)	$6,000 / $12,000	$8,000 / $16,000	$8,550 / $17,100
Preventive Care	100% Covered	100% Covered	100% Covered
Physician	$20 designated PCP $35 other PCP $0 Doctor on Demand	$25 designated PCP $40 other PCP $0 Doctor on Demand	$30 PCP $0 Doctor on Demand
Specialist	$50 copay	$60 copay	$30 copay
Emergency Room	$350 copay	$400 copay	$400 copay
Urgent Care Facility	$35 copay	$40 copay	$30 copay
Prescription Drugs			
1) Generic	$25	$25	$30
2) Preferred Formulary	$50	$50	$65
3) Non-Preferred Formulary	$100	$100	$100
4) Specialty	$160/$225/$275	$160/$225/$275	$190/$275/$325

RATES	PLAN 1 – 3000 HMO	PLAN 2 – 4000 HMO	PLAN 3 – 5500 PPO
Single	$123.23	$85.38	$120.00
Employee + Spouse	$380.77	$341.54	$376.15
Employee + Child(ren)	$366.92	$306.00	$360.00
Family	$415.38	$369.23	$403.85

DENTAL: MetLife

800-942-0854 | www.metlife.com
Group Number: 05-386283

BENEFITS SUMMARY	Low Plan	High Plan
Annual Deductible (Single / Family)	$25 / $75	$25 / $75
Calendar Year Benefit Maximum	$1,500	$1,500
Preventive Care	100% Covered	100% Covered
Basic Procedures	You pay 40% after deductible	You pay 20% after deductible
Major Procedures	You pay 60% after deductible	You pay 50% after deductible
Orthodontia	N/A	You pay 50% after deductible up to a $1,000 lifetime maximum

The dental plan is through MetLife. To get the most out of your benefits, ensure you utilize an in-network dentist. You may do so by visiting www.metlife.com. **Please note that ID cards are not provided.**

RATES	Single	Emp + Sp	Emp + Ch	Family
Low Plan	$14.23	$26.78	$29.47	$44.83
High Plan	$17.64	$33.09	$38.22	$57.48

VISION: MetLife

800-438-6388 | www.metlife.com
Group Number: 05-386283

Vision insurance is offered through MetLife. You have access to wide variety of optometrists in the network. Check online to verify your provider is in network. **Please note that ID cards are not provided.**

BENEFITS SUMMARY	In-Network
Eye Exam	$10 copay 1 every 12 months
Lenses	$25 copay 1 every 12 months
Frames	$130 allowance + 20% off balance $70 allowance at Costco 1 every 24 months
Contact Lenses (instead of Frames/Lenses)	$60 for contact lens exam $130 allowance 1 every 12 months

RATES	Single	Emp + Sp	Emp + Ch	Family
BI-WEEKLY	$3.39	$6.79	$5.75	$9.48

FINANCIAL PROTECTION: Mutual of Omaha

800-775-6000| www.mutualofomaha.com
Group Number: G000CDML

LIFE AND AD&D: You are provided a benefit in the amount of $25,000 in Life and Accidental Death and Dismemberment insurance at no cost to you. You also have the option to purchase Voluntary Life Insurance for you and your family. The cost of this insurance is paid by you. Rates are based on your age and the volume you select.

EMPLOYEE	SPOUSE	CHILDREN
Increments of $10,000 to a max of $250,000 or 5 times annual earnings.	Increments of $5,000 to a max of $250,000 or 100% of employee amount.	Increments of $1,000 with a minimum of $2,000 to a maximum of $10,000
GI Amount: $100,000	**GI Amount: $25,000**	**GI Amount: $10,000**

DISABILITY: You are given the opportunity to purchase Short-Term Disability benefits. If you become sick or injured, these benefits will supplement your income. Short Term provides a benefit of 60% of your weekly earnings up to $1,000 after you satisfy a 14-day waiting period. The cost of this insurance is paid by you. Rates are based on your age and your salary.

ACCIDENT INSURANCE – Mutual of Omaha

800-775-6000| www.mutualofomaha.com

When you have a covered accident, you can receive a cash benefit to use however you see fit. Coverage typically includes ambulance services, emergency room visits, intensive care confinement and more! The cost of this insurance is paid by you. Rates are based on the tier you select.

CRITICAL ILLNESS – Mutual of Omaha

800-775-6000| www.mutualofomaha.com

When you have a covered illness, such as stroke, heart attack or cancer, you can receive a lump sum cash benefit to use however you see fit. The cost of this insurance is paid by you. Rates are based on your age and the benefit amount selected.

HOSPITAL INDEMNITY – Mutual of Omaha

800-775-6000| www.mutualofomaha.com

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! The cost of this benefit is paid by you. Rates are based on the tier you select.

Birkwood Village of Fort Madison
Birkwood Village of Tama | Toledo
Montrose Health Center

QUESTIONS?
CONTACT TRUEADVOCATE
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