Ellerbrock-Norris

2026 Benefits Overview

Welcome!

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family & your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if satisfied the waiting period and you averaged at least 30 hours per week. You may also enroll your eligible family members under certain plans you choose for yourself.

Eligible family members include:

- Your legally married spouse
- Your children who are your biological children, stepchildren, adopted children or children for whom you have **legal custody** (age restrictions may apply). Disabled children aged 26 or older who meet certain criteria may continue on your health coverage.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year.

Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

Enrollment

Pizza Hut

https://hcm.paycor.com/authentication/signin.

Dave's Hot Chicken

Dave's Hot Chicken Insurance Enrollment for 2026 – Fill out form

When Coverage Begins

New Hires:

Elections you make during enrollment will become effective on the 1st of the month following your eligibility or January 1st during open enrollment. If you have questions about any of the benefits mentioned in this guide, please do not hesitate to reach out to HR.

If you fail to enroll on time, you will NOT have benefits coverage.

Open Enrollment:

December 3, 2025 – December 14, 2025

Changes made during Open Enrollment are effective January 1, 2026 - December 31, 2026.

Making Changes

To make changes to your benefits elections, you must contact Human Resources within 30 days of the qualified life event (including newborns).

Be prepared to show documentation of the event such as a marriage license, birth certificate or divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information – When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential. Proof of dependent status is required if dependent last name is different than the employee.

What's New This Year: 2026

Medical Highlights

- We are switching to a fully-insured medical plan through Medica
- We are moving to the Medica PPO network – we are no longer offering BCBS
- We are adding a HDHP plan this year so you will have a third plan option

Health Savings Account (HSA)

- With the addition of the HDHP you will now have the ability to contribute to a health savings account on your own.

Voluntary Benefits

- We have eliminated BCBS dental coverage and are moving to Principal dental coverage

Benefits Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical & Prescription	Medica	1-866-209-4222	www.medica.com
Dental	Principal	(800) 986-3343	www.principal.com/dentist
Vision	VSP	(800) 877-7195	www.vsp.com
Life & Long-Term Disability	Lincoln Financial	(855) 891-3684	https://www.mylincolnportal.com/customer/public/migration-help
Flexible Spending Account	WEX	(866) 451-3399	www.wexinc.com/solutions/benefits

Benefits Website

Our benefits website:

Pizza Hut

https://hcm.paycor.com/authentication/signin can be accessed anytime you want additional information on our benefits program.

Dave's Hot Chicken

Dave's Hot Chicken Insurance Enrollment for 2026 – Fill out form

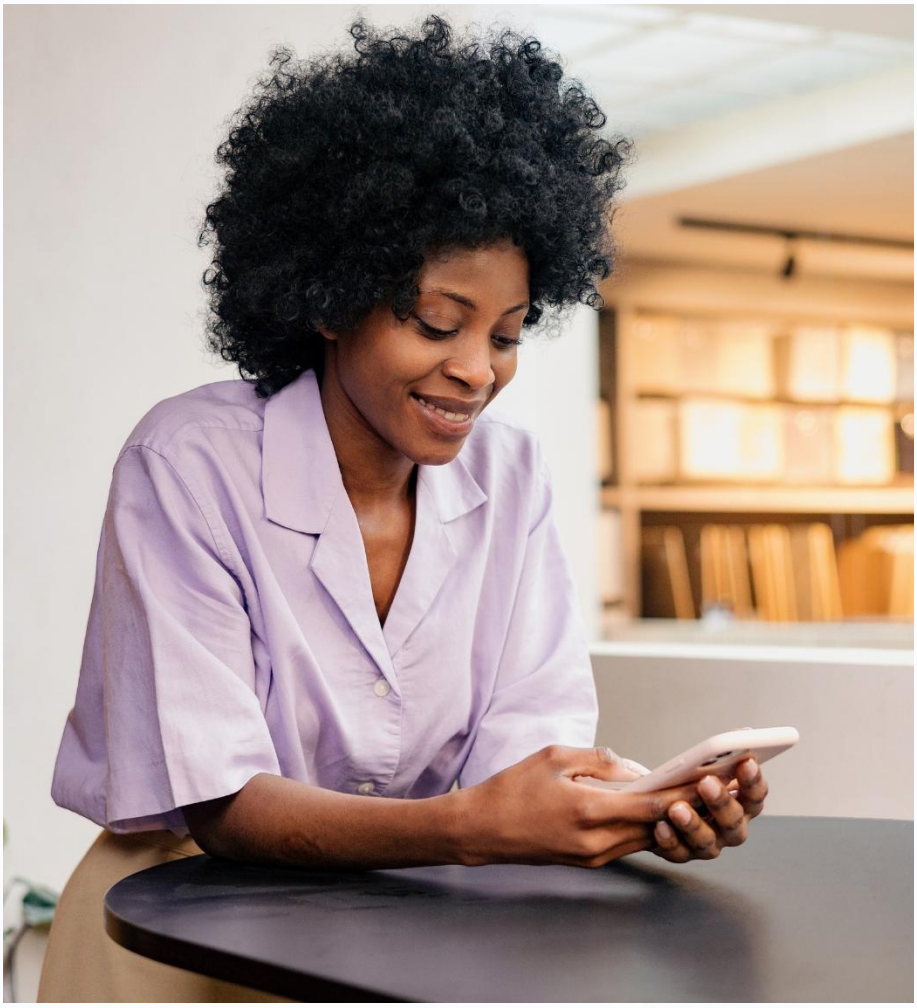
Questions

If you have additional questions, you may also contact:

Lois Smidt

(308) 382-1053 ext. 1028

lsmidt@staabmgt.com



How to Enroll

Pizza Hut

The first step is to review the current benefits offered and make your benefit elections. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully. **Log into your Paycor account. Benefit elections can be found under the employee's profile picture in Paycor.**

Dave's Hot Chicken

Here is the link to do this from a computer: Dave's Hot Chicken Insurance Enrollment for 2026 – Fill out form

Here is a QR Code if you want to do this on your phone:

When to Enroll

After you have completed your waiting period - 90 days for Full-time employees, 12 months for part-time employees and you are averaging 30 hours or more per week.

Or during - Open enrollment begins on 12/3/2025 and runs through 12/14/2025. The benefits you choose during open enrollment will be effective on 01/01/2026.

How to Make Changes

Once you elect your benefits, you CANNOT make changes to your elections until the next open enrollment period, unless you experience a life-changing qualifying event. CHANGES MUST BE MADE WITHIN 30 DAYS OF THE EVENT. IF CHANGES ARE NOT MADE DURING THAT TIME, YOU MUST WAIT UNTIL THE NEXT OPEN ENROLLMENT TO CHANGE YOUR BENEFITS. YOU WILL NEED TO PROVIDE DOCUMENTATION VERIFYING THE CHANGE EVENT, SUCH AS BIRTH CERTIFICATE, ADOPTION PAPERS OR MARRIAGE LICENSE.

Qualifying events include things like:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in child's dependent status – such as a loss of other coverage or turned age 26
- Death of a spouse, child, or other qualified dependent
- Change in employment status
- Change in coverage under another employer-sponsored plan – such a spouse coverage
- Medical Child Support Order
- Entitlement to Medicare
- Change in Medicaid/CHIP Status

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes (pre-tax) for the medical, dental vision, and flex benefits. All Voluntary Life & Long-Term Disability coverages are deducted after taxes (post-tax). The total cost will depend upon the plan you select and if you choose to cover eligible family members.

Medical

Medical Contributions	Employee Contribution Per Pay Period (26)		
	National $1,500 PPO	National $5,000 PPO	National $7,000 HDHP
Employee Only	$187.14	$138.46	$75.86
Employee + Spouse	$430.08	$358.63	$348.60
Employee + Child(ren)	$381.63	$318.23	$309.33
Employee + Family	$641.65	$535.06	$520.08

Dental & Vision

Dental & Vision Contributions	Employee Contribution Per Pay Period (26)	
	Principal Dental	VSP Vision
Employee Only	$14.05	$4.05
Employee + Spouse	$27.21	$6.48
Employee + Child(ren)	$39.27	$6.61
Employee + Family	$55.45	$10.67

Employer Paid Basic Life Insurance

ONLY AVAILABLE TO ASSISTANT MANAGERS AND ABOVE IF YOU ELECT ONE OF THE MEDICAL PLANS.

Life insurance can help provide for your loved ones if something where to happen to you.
SMC provides Assistant Managers, RGM'S, and Office Staff with $50,000 in group life and accidental death and dismemberment (AD&D) insurance **if you elect one of our medical plans** at no cost to you.

For Area Coaches & Executive Officer's, SMC provides you with $100,000 in group life and accidental death and dismemberment (AD&D) insurance **if you elect one of our medical plans** at no cost to you.

Voluntary Life Insurance

IS AVAILABLE TO ALL ELIGIBLE EMPLOYEES

While SMC offers company paid basic life insurance to Assistant Managers and above, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

With voluntary life insurance, you are responsible for paying the full cost of coverage through bi-weekly after-tax deductions. You can purchase coverage for yourself or for your dependents in $10,000 increments. The minimum coverage level is $10,000. The maximum is $300,000 for yourself, $150,000 for spouse, and $10,000 **for children under age 19**. The chart on page 16 outlines the monthly costs of purchasing additional coverage.

Medical

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. For the 2026 plan year, our new medical carrier is Medica, and we are including a choice of two PPO "copay" plans and one HSA qualified High-Deductible Health Plan. All plans utilize the Medica PPO network. They are our partners in providing great health care benefits & increasing our ability to deliver healthcare management programs.

HDHP "HSA Plan"

The High-Deductible Health Plan (HDHP) works similarly to a traditional PPO:

- You may see any health care provider and still receive coverage but will maximize your benefits and lower your out-of-pocket costs if you see an in-network provider.
- The plan pays the full cost of qualified in-network preventive health care services.
- **You pay the full cost of non-preventive health care services until you meet the annual deductible.**
- Once your deductible and out-of- pocket maximum limits are reached, the plan pays the full cost of all qualified health care services for the rest of the year.
- You contribute pre-tax funds to the HSA through automatic payroll deductions, and we will deposit those funds into a qualified HSA bank account wherever you would like.

HSA Contribution Limit	2026
Employee Only	$4,400
Family (Employee + 1 or more)	$8,750
Catch-up (age 55+)	$1,000

PPO "Copay" Plan

The plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Medica network.

- The plan pays the full cost of qualified in-network preventive health care services.
- Once your deductible, copays and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year.
- Important to know: Once you're In-Network copays, deductibles and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the calendar year. Copays only accumulate to the out-of-pocket maximum. **They do NOT accumulate toward the deductible health coverage.**

Important Notes

- You must meet certain eligibility requirements to have an HSA: You must; a) be at least 18 years old, b) be covered under a qualified HDHP, c) must not be enrolled in Medicare or TRICARE, d) cannot be claimed as a dependent on another person's tax return. For more information, please refer to IRS Publication 969.
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

Medical Plan Overview

SMC is pleased to provide eligible employees and dependents with three medical plans through Medica. For your reference, we have highlighted some of the most frequently used benefits.

	National $1,500 PPO	National $5,000 PPO	National $7,000 HDHP
Annual Deductible			
Individual	$1,500	$5,000	$7,000
Family	$3,000	$10,000	$14,000
Out-of-Pocket Maximum			
Individual	$4,000	$6,350	$7,000
Family	$8,000	$12,700	$14,000
Coinsurance (Plan/Member)			
	80% / 20%	70% / 30%	100% / 0%
Physicians Visit			
Preventive Care	No Charge	No Charge	No Charge
Office Visit	$30 Copay	$50 Copay	0% After Deductible*
Specialist	$60 Copay	$70 Copay	0% After Deductible*
Urgent Care	$30 Copay	$50 Copay	0% After Deductible*
Hospital Services			
Emergency Room	20% After Deductible*	30% After Deductible*	0% After Deductible*
In-Patient Hospital	20% After Deductible*	30% After Deductible*	0% After Deductible*
Out-Patient Hospital	20% After Deductible*	30% After Deductible*	0% After Deductible*
Prescription Drugs			
Generic	$10 Copay	$15 Copay	0% After Deductible*
Formulary Brand	$30 Copay	$45 Copay	0% After Deductible*
Non-Formulary Brand	$50 Copay	$80 Copay	0% After Deductible*
Specialty Drugs	20% up to $200	20% up to $200	0% After Deductible*

* Benefits with an asterisk * require that the deductible be met before the Plan begins to pay.

Medica Commercial Preventive Drug List

(1/1/2026)

Certain health plans provide a specific benefit for preventive outpatient drugs that are considered maintenance drugs used to treat common disease states. Plan terms vary and members should consult their benefit plan documents to determine whether they have coverage for preventive maintenance drugs and, if so, with lower or no member cost sharing. Some strengths or dosage forms, noted with an *, may not be included in the Preventive Drug List, regardless of their appearance in this document. Certain products or categories may not be covered or may be subject to utilization management edits such as step therapy, prior authorization, or quantity limits. Please check with your plan provider should you have any questions about coverage. If your benefit includes mail order, please note that some drugs and supplies may not be available through this service.

ANTIPLATELETS

ANTICOAGULANTS

ELIQUIS
enoxaparin
fondaparinux
rivaroxaban*
warfarin*
XARELTO

PLATELET AGGREGATION INHIBITORS

BRILINTA
clopidogrel
dipyridamole
prasugrel
Ticagrelor

CORONARY ARTERY DISEASE

ANTIHYPERLIPIDEMICS

atorvastatin
cholestyramine
colesevelam*
colestipol
ezetimibe
fenofibrate*
fenofibric acid*
fluvastatin
gemfibrozil
icosapent ethyl
lovastatin
niacin ext-rel
omega-3 acid ethyl esters
pravastatin
rosuvastatin
simvastatin

COMBINATION ANTIHYPERLIPIDEMICS

amlodipine/atorvastatin
ezetimibe/simvastatin

DIABETES

BLOOD GLUCOSE MONITORS

ACCU-CHEK GUIDE BLOOD GLUCOSE METER
CONTOUR NEXT BLOOD GLUCOSE METER

INJECTABLE DIABETES AGENTS

HUMULIN R* (U-500 Only)
INSULIN DEGLUDEC
INSULIN GLARGINE-YFGN
liraglutide
NOVOLIN N, R, 70/30
NOVOLOG
OZEMPIC
RYBELSUS
SEMGLEE (YFGN)
TOUJEO
TRESIBA
TRULICITY
VICTOZA

ORAL DIABETES AGENTS

acarbose
FARXIGA
glimepiride
glipizide
glipizide ext-rel
glipizide/metformin
glyburide
glyburide/metformin
GLYXAMBI
JANUMET
JANUMET XR
JANUVIA
JARDIANCE
metformin
metformin ext-rel
miglitol
nateglinide
pioglitazone
pioglitazone/glimepiride
pioglitazone/metformin
repaglinide
SYNJARDY XR
SYNJARY
TRIJARDY XR
XIGDUO XR

SUPPLIES

INSULIN SYRINGES, AND NEEDLES – BD/Embecta Products

HYPERTENSION

ACE INHIBITORS/ ANGIOTENSIN II RECEPTOR ANTAGONISTS AND COMBINATION AGENTS

amlodipine/benazepril
benazepril
benazepril/hydrochlorothiazide
candesartan
candesartan/hydrochlorothiazide
captopril
captopril/hydrochlorothiazide
enalapril

Please note: This list represents brand products in CAPS, branded generics in upper- and lowercase, and generic products in lowercase.

Please check with your plan provider should you have any questions about coverage. Additional medications may be included in this list from time to time in compliance with Affordable Care Act requirements and/or U.S. Internal Revenue Service (IRS) guidance. This list includes medications considered preventive by the IRS; it may not include all preventive medications.

enalapril/hydrochlorothiazide
eprosartan
fosinopril
fosinopril/hydrochlorothiazide
irbesartan
irbesartan/hydrochlorothiazide
lisinopril
lisinopril/hydrochlorothiazide
losartan
losartan/hydrochlorothiazide
moexipril
perindopril
quinapril
quinapril/hydrochlorothiazide
ramipril
telmisartan
telmisartan/hydrochlorothiazide
trandolapril
trandolapril/verapamil ext-rel
valsartan
valsartan/hydrochlorothiazide

BETA-BLOCKERS AND COMBINATION AGENTS

acebutolol
atenolol
atenolol/chlorthalidone
betaxolol
bisoprolol
bisoprolol/hydrochlorothiazide
carvedilol
labetalol
metoprolol
metoprolol succinate ext-rel
metoprolol/hydrochlorothiazide
nadolol
pindolol
propranolol
propranolol ext-rel
propranolol/hydrochlorothiazide
timolol maleate

CALCIUM CHANNEL BLOCKERS AND COMBINATION AGENTS

amiloride/hydrochlorothiazide
amlodipine
diltiazem - select products
felodipine ext-rel
isradipine
nicardipine
nisoldipine ext-rel
verapamil
verapamil ext-rel

DIURETICS

chlorthalidone
furosemide
hydrochlorothiazide
indapamide
spironolactone
spironolactone/hydrochlorothiazide
torsemide
triamterene/hydrochlorothiazide

OTHER ANTIHYPERTENSIVE AGENTS

amlodipine/valsartan/hydrochlorothiazide
clonidine
clonidine transdermal
guanfacine
hydralazine
methyldopa
Minoxidil

MENTAL HEALTH

ANTIDEPRESSANTS

amitriptyline
amoxapine
bupropion
bupropion ext-rel
citalopram
clomipramine
desipramine
desvenlafaxine succinate ext-rel
doxepin
duloxetine delayed-rel
escitalopram
fluoxetine
fluoxetine delayed-rel
fluvoxamine
imipramine HCl
imipramine pamoate
mirtazapine
nortriptyline
paroxetine HCl
paroxetine HCl ext-rel
phenelzine
protriptyline
sertraline
tranylcypromine
trazodone
trimipramine
venlafaxine
venlafaxine ext-rel

ANTIPSYCHOTICS

aripiprazole
chlorpromazine
clozapine
fluphenazine
haloperidol
loxapine
lurasidone
olanzapine
olanzapine orally disintegrating tabs
paliperidone
perphenazine
quetiapine
quetiapine ext-rel
risperidone
thioridazine
thiothixene
trifluoperazine
ziprasidone

OSTEOPOROSIS

BONE RESORPTION THERAPY

alendronate
ibandronate
raloxifene
risedronate

Please note: This list represents brand products in CAPS, branded generics in upper- and lowercase, and generic products in lowercase.

Please check with your plan provider should you have any questions about coverage. Additional medications may be included in this list from time to time in compliance with Affordable Care Act requirements and/or U.S. Internal Revenue Service (IRS) guidance. This list includes medications considered preventive by the IRS; it may not include all preventive medications.

RESPIRATORY DISORDERS

RESPIRATORY AGENTS

ADVAIR HFA
albuterol inhaler*
albuterol nebulizer solution
ARNUITY
ASMANEX HFA
ASMANEX TWISTHALER
BREO ELLIPTA
BREYNA
budesonide inhalation suspension
budesonide-formoterol
cromolyn sodium
DULERA
fluticasone/salmeterol diskus*
INCRUSE ELLIPTA
ipratropium nebulizer solution
ipratropium/albuterol nebulizer solution
levalbuterol nebulizer solution
montelukast
QVAR REDIHALER
SPIRIVA
SPIRIVA RESPIMAT
SYMBICORT
theophylline
tiotropium
zafirlukast

Over-the-counter (OTC) products require a prescription. Coverage may vary by plan.

Virtual care with Amwell

Save time, connect with a provider online

Virtual care, also known as online care or an e-visit, is a quick, cost-effective, and easy way to get care for non-urgent, common health conditions like:

- Allergies
- Bladder infection
- Bronchitis
- Cold and cough
- Ear pain
- Flu
- High blood pressure
- Migraines
- Pink eye
- Rashes
- Sinus infection

With Amwell

- Receive care from a board-certified doctor or nurse practitioner
- Get help for many common medical conditions
- Access behavioral health care services, including therapy and psychiatry*

24/7 doctor access

Amwell is a virtual care clinic available to members in all states anytime, day or night. You can talk to a doctor in minutes without an appointment or long wait times. It's a great option when your primary care doctor isn't available; when you're traveling; or if you need fast, real-time, non-emergency care.

Benefits

- Save time — avoid a trip to the doctor's office and get care from the comfort of your home, work, or wherever you are.
- Get care for non-urgent medical conditions when you need it — visits are available 24/7.
- Save money — a virtual care visit typically costs less than a regular visit to the doctor's office, depending on your plan.

Enroll

Take a few minutes to create an account with Amwell:
Smartphone/tablet: Download the free Amwell app from the App Store or on Google Play.
Computer: Go to **Amwell.com/cm.**
Phone: Call **1 (844) 733-3627**.

Medica. | amwell

Provider Network: Medica

Provider Details

To visit the online provider search, simply go to https://medica.healthsparq.com/healthsparq/public/#/one/insurerCode=MEDICA_I&brandCode=MEDICA&productCode=CNAT3

Begin searching for a doctor or facility. You can use either the general or category search to see provider details that typically include:

- Board certification
- Hospital affiliation
- Medical school/year of graduation
- Gender

You can also see additional provider information that can include participation information, other office locations, whether they're accepting new patients, maps, driving directions and more.

Where to Seek Care

Amwell Virtual Care

Use Amwell Virtual Care to seek treatment for minor and easily diagnosable medical conditions. Text/message with a board-certified physician/pediatrician over the phone.

- Colds & flu
- Sore throats
- Headaches
- Stomach aches
- Fever
- Allergies & rashes
- Pink eye

- Your insurance covers the cost of the consultation.
- Registration takes 10-15 minutes. Consultation calls can take 10-15 minutes. No need to leave home or work.

Primary Care

See a general practitioner or your primary care physician for routine or preventive care, to keep track of medications and health maintenance.

- General health, immunizations, screenings
- Preventive care
- Routine check-ups

- You usually need an appointment.
- Wait times vary based on their appointment schedule.

Urgent Care Clinic

Visit an urgent or convenience care clinic to seek treatment for minor medical conditions that may be more urgent or that should be diagnosed in-person.

Note: Free-standing ERs are growing in popularity. They look like urgent care clinics, but bill as ERs.

- Colds & flu
- Rashes or skin conditions
- Sore throats, earaches, sinus pain
- Minor cuts or burns
- Pregnancy testing
- Vaccinations
- X-ray

- It ultimately depends on what codes the facility uses when submitting claims.
- Some clinics take appointments, but walk-ins are most common.

Emergency Room

Only visit the ER for immediate treatment of critical or life-threatening injuries or illnesses.

If truly life-threatening, call 911.

- Uncontrolled bleeding
- Compound fractures
- Sudden numbness or weakness
- Seizure or loss of consciousness
- Shortness of breath
- Chest pain
- Head injury or other major trauma
- Blurry vision or loss of vision
- Severe cuts or burns

- Depending on the extent of services provided, you may be balanced billed.
- Wait times vary but can often be extensive for ERs.

Dental

We are proud to offer you a comprehensive dental plan through Principal.

This plan offers you the freedom and flexibility to use the dentist of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Principal network. Following is a high-level overview of the coverage available.

Principal℠	DPPO
Annual Deductible	
Individual	$50
Family	$100
Benefit Maximum	
Per Individual	$1,500
Covered Services	
Preventive Care	No Charge
Basic Services	20% plus Deductible
Major Services	50% plus Deductible
Orthodontia (Adult & Children up to 19)	50% plus Deductible
Orthodontia Lifetime Benefit	$1,500

Vision

We are proud to offer you a vision plan.

The VSP vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Vision Service Provider (VSP) network. Following is a high-level overview of the coverage available.

VSP	VSP
Covered Services	
Exam (Once Every 12 Months)	$20 Copay
Lenses (Once Every 12 Months)	$20 Copay
Single Vision Lenses	$30 Copay
Lined Bifocal Lenses	$50 Copay
Lined Trifocal Lenses	$50 Copay
Frames (Once Every 24 Months)	$130 Allowance
Contact Lenses (Once Every 12 Months)	$130 Allowance

Long-Term Disability

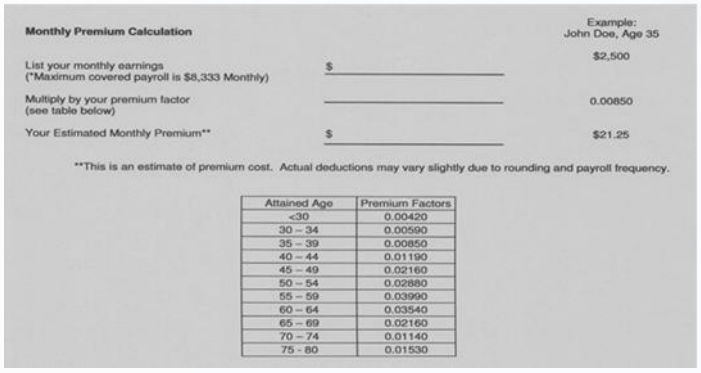
ONLY AVAILABLE TO ASSISTANT MANAGERS AND ABOVE

SMC offers voluntary long-term disability income benefits to Assistant Managers, RGM's, and Office staff. Without disability coverage, you and your family may struggle to get by if you miss work due to an injury or illness.

SMC provides Long Term Disability to Area Coaches & Executive office at no cost.

If you become disabled from a non-work-related injury or sickness, long term disability income benefits will provide a partial replacement of lost income.

Long-Term Disability	
Benefit Percentage	60% of Wages
Monthly Benefit Maximum	$5,000
When Benefits Begin	After the 90th day of disability
Maximum Benefit Duration	Social Security Retirement Age



Monthly Premium Calculation — Example: John Doe, Age 35

List your monthly earnings (*Maximum covered payroll is $8,333 Monthly) $ _____ $2,500

Multiply by your premium factor (see table below) _____ 0.00850

Your Estimated Monthly Premium** $ _____ $21.25

**This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Attained Age	Premium Factors
<30	0.00420
30 – 34	0.00590
35 – 39	0.00850
40 – 44	0.01190
45 – 49	0.02160
50 – 54	0.02880
55 – 59	0.03990
60 – 64	0.03540
65 – 69	0.02160
70 – 74	0.01140
75 - 80	0.01530

Voluntary Life Insurance - Cost

Monthly Cost for Every $1,000 of Employee Life Insurance Coverage											
Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
Life	$ .09	$ .10	$ .13	$ .24	$ .36	$ .62	$ .92	$ 1.55	$ 2.83	$ 4.03	$ 8.72
AD&D	$ .15	$ .16	$ .19	$ .30	$ .42	$ .68	$ .98	$ 1.61	$ 2.89	$ 4.09	$ 8.78
Dependent Children	Cost is .77										

Monthly Cost for Every $1,000 of Spouse Life Insurance Coverage											
Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
Life	$ .08	$ .09	$ .12	$ .22	$ .33	$ .56	$ .84	$ 1.41	$ 2.57	$ 3.66	$ 7.93
AD&D	$ .14	$ .15	$ .18	$ .28	$ .39	$ .62	$ .90	$ 1.47	$ 2.63	Not available	Not available

Example: Employees want $ 130,000.00 in Life insurance coverage **with AD&D**				
Age	Monthly Rate Per $1000.00	X	Benefit in $1000.00	= Monthly cost
36	**0.019**		**($130,000.00/$1000.00) = 130**	**(130*.19) = $ 24.70**

Example: Spouse wants $ 80,000.00 in Life insurance coverage **with AD&D**				
Age	Monthly Rate Per $1000.00	X	Benefit in $1000.00	= Monthly cost
41	**0.28**		**($80,000.00/$1000.00) = 80**	**(80*.28) = $ 22.40**

Flexible Spending Accounts

We provide you with an opportunity to participate in a flexible spending account (FSA) administered through WEX. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Medical FSA (Not available if you elect the HDHP)

For 2026, you may contribute up to $3,400 to cover qualified health care expenses incurred by you, your spouse, and/or your children up to age 26. Some of the qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions
- Dental Treatment
- Orthodontia
- Eye exams/glasses
- Lasik Eye Surgery
- Therapy
- Hearing Aids

For a complete list of eligible expenses, visit www.fsafeds.gov/explore/hcfsa/expenses

Dependent Care FSA

For 2026, you may contribute up to $7,500 (per family) to cover eligible dependent care expenses ($3,750 if you and your spouse file separate tax returns). Some qualified expenses include:

- Care of a dependent child under the age of 13, babysitters, nursery schools, pre-school, and/or daycare centers
- Care of a household members who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.fsafeds.gov/explore/dcfsa/expenses

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Medical FSA: You may incur expenses through March 15, 2027, and must file claims by March 15, 2027.

Dependent care FSA: Unused funds will NOT be returned to you or carried over to the following year. You may incur expenses through March 15, 2027, and must file claims by March 15, 2027.