



2026 Benefits AT-A-GLANCE



Plan year: January 1 - December 31, 2026

2026 Open Enrollment

Open Enrollment will be held from **Tuesday, December 16th to Monday, December 22nd, 2025.**

Open Enrollment is your opportunity to review your current benefit elections and make any desired changes.

This year's Open Enrollment is **ACTIVE**, which means you must actively make your benefit elections, or you will **not** have coverage in 2026.



How to Enroll

To enroll in benefits for 2026, you must fill out the annual enrollment form and submit to HR no later than **December 22nd, 2025.**

Who is Eligible to Enroll?

Full time employees working 30 or more hours per week and their eligible dependents may enroll in benefits for 2026. Coverage begins on the first of the month following 30 days after your date of hire.

Eligible dependents include:

- Your legally married spouse
- Your domestic partner*
- Your dependent children:
 - Biological, legally adopted, step child(ren), or court-ordered dependent child(ren) up to age 26
 - Continuously disabled dependent child(ren)**

* Domestic Partner's medical expenses cannot be reimbursed under your Health Savings Account (HSA) and Health Care Flexible Spending Account (HCFSAs)

** If the child(ren) is/are disabled prior to age 26; the dependent child(ren) is incapable of self-sustaining employment and dependent upon you for support, regardless of age

Qualifying Life Events (QLEs)

Once you have made your benefit elections, they will be in effect for the duration of the plan year. You will not be able to make any changes until the next annual Open Enrollment unless you experience a QLE.

Qualifying Life Events include:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan
- Change in residence that affects benefits offered to you
- Eligibility for Medicare

If you experience a QLE, you must notify Human Resources within 31 days of the event.

Medical Benefits: Horizon BCBS

In 2026, you will have the option to enroll in one of the three Advantage EPO medical plan options administered by Horizon BCBS: OMNIA Gold, OMNIA Gold BlueCard, and OMNIA Platinum. To find a provider, visit Horizon BCBS's website at www.horizonblue.com/members and click on **Find a Doctor**.

Additionally, when you enroll in one of the medical plans, you automatically receive prescription drug coverage through Horizon Prescription Formulary. You will save money when you utilize drugs listed on the formulary. You can also save money by using the Mail Order program through Amazon Pharmacy, which allows you to purchase a 90-day supply of maintenance medications. When you use mail order, you will pay two copays for a 90-day supply of generic, brand and non-formulary drugs instead of three.

Horizon BCBS Medical/Prescription Coverage

Medical Benefits	OMNIA Gold		OMNIA Gold BlueCard		OMNIA Platinum	
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2
Annual Deductible (Individual/Family)	\$1,350 / \$2,700	\$2,500 / \$5,000	\$1,500 / \$3,000	\$2,500 / \$5,000	\$0 / \$0	\$2,000 / \$4,000
Out-of-Pocket Maximum (Individual/Family)	\$8,550 / \$17,100	\$9,000 / \$18,000	\$7,250 / \$14,500	\$9,200 / \$18,400	\$3,550 / \$7,100	\$5,750 / \$11,500
Coinsurance	0%	30%	20%	40%*	0%	30%
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Provider	\$20 copay	\$30 copay*	\$20 copay	\$30 copay	\$15 copay	\$20 copay
Specialist	\$40 copay	\$50 copay*	\$40 copay	\$50 copay	\$25 copay	\$35 copay
Diagnostic X-Rays	\$50 copay*	You pay 30%*	You pay 20%*	You pay 40%*	\$15 copay*	You pay 30%*
MRI/MRA, CT Scans/PET	\$75 copay*	You pay 30%*	You pay 20%*	You pay 40%*	\$15 copay*	You pay 30%*
Inpatient Hospital (Per stay)	\$500 copay*	You pay 30%*	You pay 20%*	You pay 40%*	\$350 copay*	You pay 30%*
Outpatient Hospital (Per stay)	\$250 copay*	You pay 30%*	You pay 20%*	You pay 40%*	\$15 copay*	You pay 30%*
Emergency Room	\$100 copay*, then you pay 10%		\$100 copay*, then you pay 20%		\$100 copay*	\$100 copay
Urgent Care	\$75 copay	\$75 copay*	\$75 copay	\$75 copay	\$50 copay*	\$70 copay

Prescription Benefits	OMNIA Gold		OMNIA Gold BlueCard		OMNIA Platinum	
	Retail (Up to a 30-day supply)	Mail Order (Up to a 90-day supply)	Retail (Up to a 30-day supply)	Mail Order (Up to a 90-day supply)	Retail (Up to a 30-day supply)	Mail Order (Up to a 90-day supply)
Preferred Generic Drugs	\$10 copay*	\$20 copay*	\$10 copay	\$20 copay	\$5 copay*	\$10 copay*
Preferred Brand Drugs	\$40 copay*	\$80 copay*	\$40 copay	\$80 copay	\$15 copay*	\$30 copay*
Non-Preferred Brand Drugs	\$75 copay*	\$150 copay*	\$75 copay	\$150 copay	\$30 copay*	\$60 copay*

* After deductible

For specific rate information, please reach out to your HR representative and provide your name, date of birth, and any eligible dependents you wish to enroll.

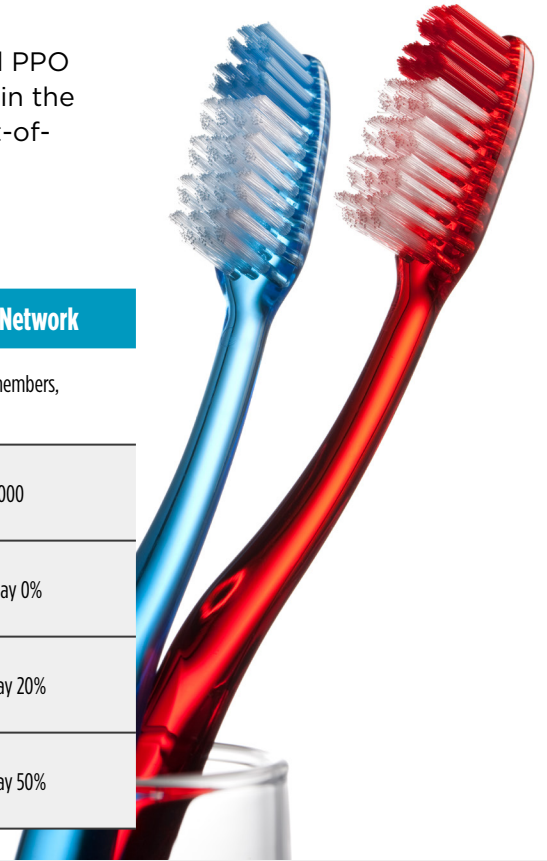


Voluntary Dental Benefits: Guardian

You have the option to enroll in the Voluntary Guardian DentalGuard PPO plan. Under the plan, you have access to a broad range of providers in the DentalGuard Preferred network. You also have the option to see Out-of-Network providers.

Voluntary Guardian Dental PPO Plan

	In-Network	Out-of-Network
Annual Deductible Applies to Basic Care	\$50 (Once the deductible is met by each of three members, no further deductibles apply)	
Annual Maximum (Per person)	\$1,000	\$1,000
Preventive and Diagnostic Services (Exams, cleanings, x-rays, sealants)	You pay 0%	You pay 0%
Basic Services (Fillings, simple extractions, scaling & root planing, general anesthesia)	You pay 20%	You pay 20%
Major Services (Dentures, single crowns)	You pay 50%	You pay 50%



Voluntary Vision Benefits: Guardian/VSP

The voluntary vision program, administered by Guardian and VSP Vision, is designed to provide routine preventive care such as eye exams, eyewear, and other vision services. If you enroll in the voluntary vision plan, you will have access to the VSP Vision provider network. If you receive services Out-of-Network, coverage is based on a reimbursement schedule.

Voluntary VSP Vision Plan

	In-Network	Out-of-Network
Frequency (Exams, Lenses, and Frames)	Covered once every 12 months for exams, lenses, and contact lenses; Covered once every 24 months for frames	
Eye Exam	\$10 copay	Up to \$39 reimbursement
Basic Lenses (Per pair) Single Vision Lined Bifocal Lined Trifocal Lenticular	\$25 copay	Up to \$23 reimbursement Up to \$37 reimbursement Up to \$49 reimbursement Up to \$46 reimbursement
Frame Allowance (Any frame, including prescription sunglasses)	Up to \$130 allowance (20% discount on overage)	Up to \$46 reimbursement
Contact Lenses Elective Medically-Necessary	\$130 allowance Covered in full after copay	Up to \$100 reimbursement Up to \$210 reimbursement

Benefits Member Advocacy Center (MAC): Conner Strong & Buckelew

The Benefits Member Advocacy Center (“Benefits MAC”), provided by Conner Strong & Buckelew, can help you and your covered family members navigate your benefits.

Contact the Benefits MAC to:

- Find answers to your benefits questions
- Search for participating network providers
- Clarify information received from a provide or your insurance company, such as a bill, claim, or explanation of benefits (EOB)
- Guide you through the enrollment process or how you can add or delete coverage for a dependent
- Rescue you from a benefits problem you’ve been working on
- Discover all that your benefits have to offer!

You can contact Benefits MAC in any of the following ways:

- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm
- Via the web: www.connerstrong.com/memberadvocacy
- Via e-mail: cssteam@connerstrong.com
- Via fax: **856.685.2253**

Member Advocates are available Monday through Friday, 8:30 am to 5:00 pm (Eastern Time). After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours of your inquiry.



