

# Medical

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Plan Features	Preferred Provider Organization (PPO)	High Deductible Health Plan (HDHP)
Carrier	UMR	UMR
2025 Offerings	\$1,750 PPO Plan	\$3,500 HDHP
100% Coverage for Preventive	Yes	Yes
Provides coverage for out of network providers?	Yes	Yes
Primary Care Physician (PCP) Required?	No	No
Copay based or deductible / coinsurance?	Combination of both copays and deductible/co-insurance benefits	Primarily deductible / coinsurance benefits
Eligible for tax advantaged account?	FSA	HSA
Other Considerations	<ul style="list-style-type: none"> <li>- Freedom to seek care from any provider of your choice, however seeing in-network providers proves to be cost beneficial.</li> <li>- You pay the full cost of non-preventive health care services until you meet the annual deductible. You may also have to pay a fixed dollar amount (copay) for certain services.</li> <li>- Once you meet the deductible, you pay a percentage of certain health care expenses (coinsurance) and the plan pays the rest.</li> <li>- Once your deductible, copays, 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.</li> </ul>	<ul style="list-style-type: none"> <li>- Freedom to seek care from any provider of your choice, however seeing in-network providers proves to be cost beneficial.</li> <li>- You pay the full cost of non-preventive health care services until you meet the annual deductible.</li> <li>- Once you meet the deductible, you pay a percentage of certain health care expenses (coinsurance) and the plan pays the rest.</li> <li>- Once your deductible 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.</li> </ul>

# Medical Plan Comparison

The following is a high-level overview of the coverage available through UMR. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	\$1,750 PPO Plan		\$3,500 HDHP	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
Deductible (per calendar year)				
Individual / Family	\$1,750 / \$2,750	\$2,750 / \$4,750	\$3,500 / \$7,000	\$7,000 / \$14,000
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$3,500 / \$7,000	\$7,000 / \$14,000	\$5,000 / \$10,000	\$10,000 / \$20,000
Company Contribution to Your Health Savings Account (HSA) (per calendar year; prorated for new hires/newly eligible employees)				
Individual / Family	N/A		\$250 / \$500	
Covered Services				
Office Visits (physician/specialist)	\$30 / \$60 copay	40%*	20%*	40%*
Telehealth (physician/ specialist)	\$40 / \$75 copay	Not Covered	20%*	40%*
Teladoc	100% Covered (Deductible waived)		\$10 per occurrence	
Routine Preventive Care	No charge		No charge	
Outpatient Diagnostic (lab/X-ray)	20%*	40%*	20%*	40%*
Complex Imaging	20%*	40%*	20%*	40%*
Chiropractic Services	\$30 copay <sup>4</sup>	40%*	20%*	40%*
Ambulance	20%*		20%*	
Emergency Room	\$225 copay		20%*	
Urgent Care Facility	\$75 copay	40%*	20%*	40%*
Inpatient Hospital Stay	20%*	40%*	20%*	40%*
Outpatient Surgery	20%*	40%*	20%*	40%*
Prescription Drugs (Generic / Brand / Non-Formulary / Specialty) <sup>2</sup>				
Rx Out-of-Pocket Maximum (Individual/Family)	\$1,500 / \$3,000	N/A	Rx Out-of-Pocket Maximum combined with Medical Out-of-Pocket Maximum	N/A
Retail Pharmacy (30-day supply)	\$10 / \$50 / \$75 / \$75	Not Covered	20%*	Not Covered
Mail Order (90-day supply) <sup>3</sup>	\$20 / \$100 / \$150	Not Covered	20%*	Not Covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

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

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

2. Specialty drugs must be purchased at Accredo Specialty Pharmacy. These medications are limited to 30 day supplies and are restricted to be mailed only.

3. Mail Order Pharmacy is through ESI Home Delivery

4. 24 visit maximum

# Life Insurance

## Basic Life/AD&D

**Life insurance** provides your named beneficiary(ies) with a benefit after 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 dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Benefit Amount	
Employee	1x annual earnings not to exceed \$55,000



## Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Mutual of Omaha for yourself and your eligible family members.

Benefit Option		Guaranteed Issue <sup>1</sup>
Employee	\$10,000 increments to the lesser of 5 times earnings or \$250,000	5 X BAE to \$100,000 <sup>2</sup>
Spouse	\$5,000 increments to the lesser of 50% of the employee's benefit amount or \$100,000	\$30,000
Child(ren)	\$10,000 age 14 days up to age 26	\$10,000

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

2. BAE is Base Annual Earnings

# Cost of Benefits

**January 1 - December 31, 2025**

Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend on the plan you select and if you choose to cover eligible family members.

## Medical

Coverage Tier	Weekly Employee Contribution	
	\$1,750 PPO Plan	\$3,500 HDHP
	UMR	
Employee Only	\$51.53	\$12.20
Employee + Spouse	\$104.05	\$47.70
Employee + Child(ren)	\$102.47	\$46.35
Family	\$162.37	\$77.25

## Dental

Coverage Tier	Weekly Employee Contribution
	Ameritas
Employee Only	\$5.09
Employee + 1	\$9.68
Family	\$18.00

## Vision

Coverage Tier	Weekly Employee Contribution
	Mutual of Omaha
Employee Only	\$1.38
Employee + Spouse	\$3.16
Employee + Child(ren)	\$3.50
Family	\$5.35

## Life/AD&D

Deductions for Life/AD&D are taken from your paycheck. Rates are available during enrollment.

# Important Contacts

Coverage	Contact	Phone	Website
Medical	UMR	800-826-9781	<a href="http://www.umar.com">www.umar.com</a>
Dental	Ameritas	800-283-9588	<a href="http://www.ameritas.com">www.ameritas.com</a>
Vision	Mutual of Omaha	877-591-4231	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Flexible Spending Accounts (FSAs)	Employee Benefits Corporation	800-272-7255	<a href="http://www.ebcflex.com">www.ebcflex.com</a>
Life/AD&D	Mutual of Omaha	877-591-4231	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Disability	Mutual of Omaha	877-591-4231	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Employee Assistance Program (EAP)	HealthJoy	888-731-3327	<a href="http://eap.healthjoy.com">eap.healthjoy.com</a>
Health Savings Accounts (HSAs)	Optum	866-234-8913	<a href="http://www.optum.com/en/">www.optum.com/en/</a>
Voluntary Benefits	Mutual of Omaha	877-591-4231	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>

## Benefits Website

Our benefits website [assethr.myisolved.com/cloudservice](http://assethr.myisolved.com/cloudservice) can be accessed anytime you want additional information on our benefits programs.



## Questions?

If you have additional questions, you may also contact: MyLife Advisors at **855-547-8505**

**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.

Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.