

2026 Salaried Benefit Summary

Our employees are our most valuable asset. That is why at Five Star Call Centers, we are committed to a comprehensive benefit program that helps our employees stay healthy, feel secure and maintain a positive work-life balance.

Below is a snapshot that provides you with information for each benefit we offer effective 8/01/2026 to 7/31/2027.

Type of Benefit		Deduction	Plan Information	
MEDICAL INSURANCE		Wellmark		
\$4,000 PPO Plan				
Deductible:	January 1 - December 31	Employee Deduction Rate Per Paycheck (24) <u>Employee Only</u> \$142.20 Non-Tobacco \$202.20 Tobacco <u>Employee + Spouse</u> \$425.83 Non-Tobacco \$503.33 Tobacco <u>Employee + Child(ren)</u> \$369.39 Non- Tobacco \$446.89 Tobacco <u>Employee + Family</u> \$797.43 Non-Tobacco \$874.93 Tobacco	Deductible: Single / Family	\$4,000 / \$8,000
Plan Year:	8/1/2026		Coinsurance	50% Wellmark
Website:	wellmark.com			50% Member
Contact:	800-524-9242		Out of Pocket: Single / Family	\$8,000 / \$16,000
			Office Visit	Primary Care \$25 Copay Specialty Care \$75 Copay Telehealth \$0
Spousal Surcharge of \$100 Monthly apply if spouse has access to other coverage.			Prescription Drug:	
			Tier 1 - Generics	\$0 Copay
			Tier 2	25% up to \$200
			Tier 3	50% up to \$200
			Tier 4	Deductible & Coinsurance
			Preventive Care, Screening, and Immunization Covered at No Charge	
\$4,750 PPO Plan				
Deductible:	January 1 - December 31	Employee Deduction Rate Per Paycheck (24) <u>Employee Only</u> \$137.53 Non-Tobacco \$197.53 Tobacco <u>Employee + Spouse</u> \$411.87 Non-Tobacco \$489.37 Tobacco <u>Employee + Child(ren)</u> \$357.28 Non-Tobacco \$434.78 Tobacco <u>Family</u> \$711.28 Non-Tobacco \$848.78 Tobacco	Deductible: Single / Family	\$4,750 / \$9,500
Plan Year:	8/1/2026		Coinsurance	50% Wellmark
Website:	wellmark.com			50% Member
Contact:	800-524-9242		Out of Pocket: Single / Family	\$9,100 / \$16,200
			Office Visit	Primary Care \$35 Copay Specialty Care \$80 Copay Telehealth \$0
Spousal Surcharge of \$100 Monthly apply if spouse has access to other coverage.			Prescription Drug:	
			Tier 1 - Generics	\$0 Copay
			Tier 2	25% up to \$150
			Tier 3	50% up to \$150
			Tier 4	Deductible & Coinsurance
			Preventive Care, Screening, and Immunization Covered at No Charge	
\$6,000 HDHP				
Deductible:	January 1 - December 31	Employee Deduction Rate Per Paycheck (24) <u>Employee Only</u> \$74.98 Non-Tobacco \$107.48 Tobacco <u>Employee + Spouse</u> \$317.34 Non-Tobacco \$394.84 Tobacco <u>Employee + Child(ren)</u> \$268.89 Non-Tobacco \$346.39 Tobacco <u>Employee + Family</u> \$642.64 Non-Tobacco \$720.14 Tobacco	Deductible: Single / Family	\$6,000 / \$12,000
Plan Year:	8/1/2026		Coinsurance	80% Wellmark
Website:	wellmark.com			20% Member
Contact:	800-524-9242		Out of Pocket: Single / Family	\$7,500 / \$15,000
			Office Visit	Primary Care Deductible & Coinsurance Specialty Care Deductible & Coinsurance Telehealth Deductible & Coinsurance
Spousal Surcharge of \$100 Monthly apply if spouse has access to other coverage.			Prescription Drug:	
			Tier 1 - Generics	Deductible & Coinsurance
			Tier 2	Deductible & Coinsurance
			Tier 3	Deductible & Coinsurance
			Tier 4	Deductible & Coinsurance
			Preventive Care, Screening, and Immunization Covered at No Charge	
DENTAL INSURANCE		Delta Dental of SD		
Base Plan		Paid by Delta Dental		
Plan Year:	August 1 - July 31	Employee Deduction Rate Per Paycheck (24) <u>Employee Only</u> \$11.75 <u>Employee + Spouse</u> \$23.50 <u>Employee + Child(ren)</u> \$22.50 <u>Employee + Family</u> \$36.00	Preventive Care	100%
Website:	deltadentalsd.com		Basic Services	50%
			Major Services	No Coverage
Contact:	877-841-1478		Orthodontia	No Coverage
			Deductible	Individual \$50 Family \$150
			Annual Maximum	\$1,000 per individual
Enhanced Plan		Paid by Delta Dental		
Plan Year:	August 1 - July 31	Employee Deduction Rate Per Paycheck (24) <u>Employee Only</u> \$19.75 <u>Employee + Spouse</u> \$39.00 <u>Employee + Child(ren)</u> \$40.00 <u>Employee + Family</u> \$58.50	Preventive Care	100%
Website:	deltadentalsd.com		Basic Services	80%
			Major Services	50%
Contact:	877-841-1478		Orthodontia	50% up to a lifetime maximum benefit of \$1,000 per individual; deductible waived
			Deductible	Individual \$50 Family \$150
			Annual Maximum	\$1,500 per individual
Endodontics, Periodontics, Major Services, and Orthodontics have a 12-month waiting period for coverage				

VISION INSURANCE		VSP			
VSP Choice Network					
Website:	vsp.com	Employee Deduction	Exam	Once every 12 Months	\$10 / Up to \$60
		Rate Per Paycheck (24)	Lens	Once every 12 Months	*\$25 / Basic
Contact:	800-877-7195	Employee Only	Frames	Once every 12 Months	**\$200 Allowance
		\$6.70	Contacts	Once every 12 Months	\$150 Allowance / in lieu of glasses
		Employee + Spouse	Lightcare	One every 12 Months	\$200 Allowance on non-prescription glasses
		\$10.72			
		Employee + Child(ren)			
	\$10.94				
	Employee + Family				
	\$17.64				
			*Additional charges may apply to lenses based on selection		
			**Additional Discounts may apply. See Plan Summary for Details		
HEALTH SAVINGS ACCOUNT available with \$6,000 HDHP			Health Equity		
Website:	healthequity.com	2026 Contribution Limit	2027 Contribution Limits	Plan Year August -July	
Contact:	866-735-8195	Self only \$4,400	Self only \$4,500		
		Family \$8,750	Family \$9,000		
FLEXIBLE SPENDING ACCOUNT			Health Equity		
Website:	healthequity.com	2026 Contribution Limit			
Contact:	866-735-8195	Self only \$1,500	Carryover: \$500		
		Family \$1,500			
DEPENDENT CARE SPENDING ACCOUNT			Health Equity		
Website:	healthequity.com	2026 Contribution Limit			
Contact:	866-735-8195	\$5,000			
VOLUNTARY SUPPLEMENTAL BENEFIT		Lincoln Financial	Lincoln Financial	The Standard	Lincoln Financial
Voluntary Employee Paid Rate Per Paycheck (24)	Accident	Critical Illness	Short Term Disability	Hospital Indemnity	
	Employee			Employee	
	Low Plan: \$3.87	Rates are Age Banded	Rates are Age Banded	Low Plan: \$8.97	
	High Plan: \$7.00			High Plan: \$17.88	
	Employee + Spouse	See your Employee Benefits Website for Rates		Employee + Spouse	
	Low Plan: \$6.69			Low Plan: \$17.94	
	High Plan: \$12.10			High Plan: \$35.95	
	Employee + Child(ren)			Employee + Child (ren)	
	Low Plan: \$10.25			Low Plan: \$12.81	
	High Plan: \$18.09			High Plan: \$25.55	
Family			Family		
Low Plan: \$12.83			Low Plan: \$22.36		
High Plan: \$23.74			High Plan: \$44.72		
GROUP TERM & VOLUNTARY LIFE AND LTD		Lincoln Financial			
Group Life & AD&D Insurance - First of the Month Following 60 Days	Employer paid	\$50,000			
Voluntary Group Term Life & AD&D First of the Month Following 60 Days	Employee paid	Employee	Increments of \$10,000 up to \$500,000 – not to exceed 5X Annual Earnings		
	Rates are Age Banded	Guaranteed Issue	\$150,000		
	See your Employee Benefits Website for Rates	Spouse	Increments of \$5,000 up to \$250,000 – not to exceed 50% of Employee coverage.		
		Guaranteed Issue	\$25,000		
		Child(ren)	14 Days to 6 Months - \$250 6 Months to Age 19 (25 if Full Time Student) - \$10,000		
Long-Term Disability (LTD) First of the Month Following 60 Days	Employer Paid	Elimination Period:	90 Days		
		Benefit Duration:	Later of Age 65 or Social Security Normal		
		Maximum Monthly Benefit Amount:	\$10,000		
401K RETIREMENT PLAN – Empower					
Enrollment dates:		Eligible the first of the month after 180 days of employment			

This is a general outline of covered benefits and does not include all the benefits, limitations, and exclusions of the policy. If there are any discrepancies between the illustrations contained herein and the insurance carrier proposal or contract, the insurance carrier materials prevail. See insurance company contract for full list of exclusions. Actual monthly and annual premium amounts may vary due to fluctuations in the enrollment counts and/or ages of covered persons over the previous and next year.