



2026

Open Enrollment Benefits Guide

October 6, 2025 – October 24, 2025

Open Enrollment Overview

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 and your way of life. This guide answers some of the basic questions you may have about your benefits and Open Enrollment. Please read it carefully, along with any supplemental materials you receive.

Crete Carrier Corporation is excited to offer a Benefits Open Enrollment period from October 6, 2025 to October 24, 2025 for the 2026 healthcare, dental, vision, healthcare flexible spending, dependent care flexible spending and voluntary benefits. **In order to enroll in or change your coverage elections, you must enroll on or before October 24, 2025.** Coverages become effective on January 1, 2026.

The following bullet points highlight the major items of which you must be aware:

- ▶ Enrollment and/or changes can be accomplished by two methods this year:
 - Via telephone by contacting Crete Carrier's enrollment call center at (877) 340-0369, Monday through Friday, 7:00 a.m. to 5:00 p.m. (Central Standard Time).
 - Online via MyADP – One central online location to access and manage your benefit enrollment, personal, payroll and tax information.
- **COBRA Participants Only:** Enrollment and/or changes can only be accomplished via telephone by contacting Crete Carrier's Benefits Department at (800) 998-8005 Monday - Friday, 8:00 a.m. - 5:00 p.m. (Central Standard Time).
- ▶ **Dependent Certification:** To prevent covering ineligible dependents, all elections for dependent coverages for healthcare, dental, and vision benefits must be supported with documentation of the dependency. Should you make a new election to cover your spouse, children or other eligible dependents on your healthcare, dental, or vision benefit plans, you will be required to provide proof of the dependent's status no later than December 31, 2025. Further instructions will be provided if you make a new election for dependent coverage.

- ▶ **All eligible participants desiring to newly enroll or make changes to their benefits must actively enroll during the Benefits Open Enrollment Period in order to be covered or change coverage elections. If you do not wish to make any changes, you will not be required to actively enroll to keep your benefits election, with the following exceptions:**
 - **Eligible participants who wish to continue their healthcare flexible spending or dependent care flexible spending benefits must actively enroll in these plans in order to continue participating during the 2026 plan year.**
 - **Medical plan eligible participants who wish to change to or from the Nebraska Blueprint Health Regional network plan must actively enroll.**
 - **Eligible participants who are enrolled in the Core (Exam Only) Vision Plan must actively enroll to keep this coverage.**

PLEASE NOTE: If you are currently a participant in benefits this Benefits Open Enrollment period is the only time you can choose to withdraw from these benefit plans until the next annual Benefits Open Enrollment period, except for a change in status/qualifying life event, which may include, but not be limited to, marriage, divorce, birth of a child, death of a spouse or child, or termination of employment. Nebraska residents may not generally switch to/from the Nebraska Blueprint Health Regional network during the year unless they move to/from the state of Nebraska.

This guide is for Benefits Open Enrollment election and is for informational purposes only. Please see the summary plan descriptions for each applicable benefit plan posted at cretecarrierbenefits.com for more plan details.

You may also contact Crete Carrier's Benefits Department at (800) 998-8005 if you need a copy of any of these documents.

Inside

- Summary of Benefit Changes
- Eligibility and Enrollment
- Medical
- Prescription Drug
- Dental
- Vision
- Flexible Spending Accounts (FSAs)
- Voluntary Benefits
- Cost of Benefits
- Contact Information

Enrollment

Go to cretecarrierbenefits.com and my.adp.com. There, you will find detailed information about the plans available to you and instructions for enrolling.

Summary of Benefit Changes

Summary of Benefit Plan Changes for 2026

Crete Carrier Corporation has always been able to offer very competitive benefit plans to you and your family while keeping monthly premiums affordable. For the 2026 plan year, we again worked diligently with our service providers to deliver quality benefits at an affordable price. Accordingly, the following summary highlights applicable changes to coverages and costs for your 2026 benefit plans. Please reference the premiums grids on the Cost of Benefits page within this guide for the applicable 2026 premiums.

Healthcare Coverage

Nationwide, healthcare premiums are expected to increase by over 8% in 2026. You may recall, over the last several years we implemented several new healthcare programs, including Well360 Complete/Clarity (healthcare concierge service), Well360 Motion (virtual physical care), and Well360 Diabetes Management. We have also encouraged you to be good stewards of your healthcare benefits, including receiving preventive care. Due, in part, to these programs and your good stewardship, we are pleased to announce that there will be **no changes to your healthcare premiums, deductibles, or copays for 2026!**

Be sure to set up your Highmark member account at myhighmark.com and download the MyHighmark app.



Vision Coverage

There will be **no changes to premiums** for the 2026 plan year. **New for 2026:**

- ▶ **Dependent children can now be covered up to the age of 26 regardless of student status.**
- ▶ **Participants enrolled in Core Plan (Exam Only) coverage must actively enroll to keep this coverage.**

Dental Coverage

There will be **no change to premiums** for the 2026 plan year. **New for 2026:**

- ▶ **Dependent children can now be covered up to the age of 26 regardless of student status.**
- ▶ **Endodontic procedures (tooth pulp and root canals) and periodontic procedures (gums and ligaments) are covered at the Basic service coinsurance rate (20%) rather than the Major service coinsurance rate (50%).**
- ▶ **Child only orthodontia is available at no extra premium cost! Coinsurance is 50% with a \$1,750 lifetime maximum.**

Life and AD&D Insurance

Exclusive for this 2026 open enrollment period is an opportunity to enroll in or update your Voluntary Life and AD&D insurance through Mutual of Omaha. Life insurance provides your named beneficiaries with a benefit following your death, while accidental death and dismemberment (AD&D) insurance provides a benefit to you following a covered accident that leads to dismemberment, such as the loss of a hand, foot or eye. Should your death occur due to a covered accident, both the life benefit and the AD&D benefit is payable.

Open enrollment for these coverages does not occur annually and has not happened in recent years. Now is the opportunity to modify your coverage to ensure your loved ones stay protected.

Voluntary Short-Term Disability Insurance (Owner Operators Only)

Exclusive for this 2026 open enrollment period is an opportunity to enroll in Voluntary Short-Term Disability Insurance through Mutual of Omaha. Short-term disability insurance provides benefits that replace part of your lost income when you cannot work due to covered illness or injury.

Open enrollment for this coverage does not occur annually and has not happened in recent years. Don't miss this unique opportunity to take advantage of this valuable benefit while it's available.



Eligibility and Enrollment

Eligibility

You are eligible for benefits if you work 30 or more 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 age 26 or older who meet certain criteria may continue on your healthcare, dental, and vision coverage.

When Coverage Begins

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

How to Enroll (Telephone)

Crete Carrier Enrollment Call Center: (877) 340-0369
Monday - Friday, 7:00 a.m. to 5:00 p.m. (Central Standard Time).

COBRA Participants: Crete Carrier Benefits Department:
(800) 998-8005 Monday - Friday, 8:00 a.m. - 5:00 p.m.
(Central Standard Time).

How to Enroll (MyADP)

If this is your first time using ADP services, follow the self-registration process below. Otherwise, use your existing credentials.

1. Go to my.adp.com
2. Click **New user? Get Started**.
3. Select **I have a registration code**.
4. Enter "**Crete-1234**" and click **Continue**.
5. Follow the prompts to complete your registration.

Signing In

1. Go to my.adp.com
2. Enter your **User ID** and your **Password** that you set up when you completed the self-registration.
3. Click **Sign In**.

Forgot User ID

1. Click **Forgot User ID?**
2. Enter your First Name, Last Name, and way to be contacted.
3. Click **Next**.

Forgot Password

1. Click **Forgot Password?**
2. Enter your email or mobile number.
3. Click **Next**.

For further enrollment assistance, contact the Benefits Department at (800) 998-8005 or the Enrollment Call Center at (877) 340-0369.



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.

Medical

We are proud to offer you a medical plan that provides comprehensive medical coverage. The plan also offers many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of the plan.

Blue Cross Blue Shield PPO

This 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 network.

- ▶ 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**. You may also have to pay a fixed dollar amount (**copay**) for certain services.

- ▶ Once you meet the deductible, you pay a percentage of certain health care expenses (**coinsurance**) and the plan pays the rest.
- ▶ 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.

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

Key Medical Benefits	Blue Cross Blue Shield PPO	
	In-Network	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$1,350 / \$2,700	\$2,700 / \$5,400
Out-of-Pocket Maximum (per calendar year)		
Individual / Family	\$3,800 / \$7,600	\$6,500 / \$13,000
Covered Services		
Office Visits (physician/specialist)	20%*	30%*
Virtual Visits	20%*	N/A
Routine Preventive Care	No charge	30%*
Outpatient Diagnostic (lab/X-ray)	20%*	30%*
Complex Imaging	20%*	30%*
Chiropractic	20%*	30%*
Ambulance	20%*	20%* ²
Emergency Room	\$250 copay; then 20%*	\$250 copay; then 20%* ²
Urgent Care Facility	20%*	30%*
Inpatient Hospital Stay	20%*	30%*
Outpatient Surgery	20%*	30%*
Prescription Drugs (Generic / Brand / Non-Formulary) See page 6 for more details		
Retail Pharmacy (30-day supply)	Up to greater of: \$19 copay or 20%; \$49 or 20%; \$86 or 20%	N/A
Mail Order (90-day supply)	Mail or Retail; \$40 / \$138 / \$235	N/A

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.

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

2. Network Deductible

Nebraska Blueprint Health Regional Network

Nebraska Residents Only

The Nebraska Blueprint Health Regional network plan provides all of the Key Medical Benefits listed above, but within A LIMITED REGIONAL NETWORK consisting mostly of CHI providers, including CHI Health, Alegacy Creighton Health Services, Children's Hospital and Medical Center, St. Elizabeth's Hospital and other providers and facilities in Nebraska and contiguous counties in Iowa. This regional network is available in Lincoln, Omaha and the surrounding communities in ZIP codes 680, 681, 683, 684 and 685, as well as Adams, Buffalo, Hall, Kearney and Phelps counties. All other Nebraska providers are out of network.

Because network savings are expected to be greater in the Nebraska Blueprint Health Regional network, monthly premiums for this plan option are discounted, however, the number of in-network providers are limited. Therefore, your current provider(s) may not be in-network if you elect this limited network option. To ensure you receive in-network level of benefits, you may need to change providers.

To determine if a provider is in the Nebraska BluePrint Health Regional network, contact Highmark BCBS Member Services at 866-370-2583. See the FAQ document at [cretecarrrierbenefits.com](https://www.cretecarrrierbenefits.com) for more detailed information.

Prescription Drug

Your prescription drug provider will remain MaxCare. As a part of your pharmacy benefit, you will have access to the MaxCare nationwide network of more than 66,000+ chain and independent pharmacies and you can enjoy the convenience of prescription home delivery through MaxCare's mail service program. You also have access to the Retail 90 program. By participating in this program, you can receive a 90-day supply of your maintenance medications through select participating retail pharmacies as well as your mail service pharmacy. Retail 90 offers you choice and savings when you fill your prescription at any of MaxCare's network pharmacies, such as Walmart, Costco, Publix, Kroger and many more.

Visit the MaxCare member website, mymaxcarerx.com, for helpful information on your prescription drug benefits. The website contains a pharmacy locator to help you find in-network pharmacies in your area; access to view and print prior authorization forms, reimbursement forms, and preferred drug lists; and other news and wellness information. In addition, you can access the member portal to view your claims history, estimate your copay for particular drugs, and view other information regarding your prescription drug benefits.

Prescription drug expenditures continue to increase substantially. To help slow this increase and to save money, you are strongly encouraged to:

1. Purchase prescription drugs from a preferred pharmacy.
2. Purchase generic drugs whenever possible. If generic substitutes are not available, purchase brand-name (preferred) drugs that are on the preferred drug list.
3. Purchase your maintenance (i.e., cholesterol, high blood pressure, diabetes) drugs through the mail-order program or at a participating Retail 90 retail pharmacy.



Did you know you can lower your copay by filling your prescriptions at a preferred pharmacy?

Your plan allows you to fill your prescriptions with any contracted pharmacy, but your copays are higher at **non-preferred** pharmacies. Your plan's non-preferred pharmacies are Walgreen's, CVS, and Albertson's. All other network pharmacies are considered preferred.

Preferred Pharmacy (All Network Pharmacies Other Than Walgreens, CVS and Albertsons)

Your prescription benefits are as follows, subject to other prescription management programs:

Retail

- ▶ Generic drugs: up to \$19 copay or 20% coinsurance, whichever is greater.
- ▶ Preferred drugs: up to \$49 copay or 20% coinsurance, whichever is greater.
- ▶ Non-Preferred drugs: up to \$86 copay or 20% coinsurance, whichever is greater.

Mail or Retail 90

Saves you money because you can receive a 90-day supply instead of a 30-day supply

- ▶ Generic drugs: \$40
- ▶ Preferred drugs: \$138
- ▶ Non-Preferred drugs: \$235

Specialty Drugs: 30-Day Supply

- ▶ Generic drugs: 20% coinsurance up to a \$50 maximum copay
- ▶ Preferred drugs: 20% coinsurance up to a \$80 maximum copay
- ▶ Non-Preferred drugs: 20% coinsurance up to a \$150 maximum copay

Total Maximum Out-of-Pocket

- ▶ Single Subscriber: \$1,500
- ▶ Family Subscriber: \$3,000

Non-Preferred Pharmacy (Walgreens, CVS and Albertsons)

Retail

- ▶ Generic drugs: up to \$34 copay or 30% coinsurance, whichever is greater.
- ▶ Preferred drugs: up to \$59 copay or 30% coinsurance, whichever is greater.
- ▶ Non-Preferred drugs: up to \$96 copay or 30% coinsurance, whichever is greater.

Mail or Retail 90

Saves you money because you can receive a 90-day supply instead of a 30-day supply

- ▶ Generic drugs: \$55
- ▶ Preferred drugs: \$153
- ▶ Non-Preferred drugs: \$250

Total Maximum Out-of-Pocket

- ▶ Single Subscriber: \$1,500
- ▶ Family Subscriber: \$3,000

Dental

We are proud to offer you a dental plan.

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Ameritas network.

Following is a high-level overview of the coverage available.

Key Dental Benefits	Ameritas DPPO ²	
	In-Network	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$50 / N/A	\$50 / N/A
Benefit Maximum (per calendar year; preventive, basic, and major services combined)		
Per Individual	\$1,750	\$1,750
Coinsurance		
Preventive Services	No charge	No charge
Basic Services	20%*	20%*
Major Services	50%*	50%*
NEW FOR 2026: Orthodontia (Child Only)	\$1,750 Lifetime Maximum	\$1,750 Lifetime Maximum

Coinsurance percentages 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.

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

Vision

We are proud to offer you a vision plan.

The **Ameritas/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 Ameritas/VSP network.

Following is a high-level overview of the coverage available, showing what the member is responsible for paying. **If you are currently a participant in the Core Plan, you must actively enroll to keep this coverage.**

Key Vision Benefits	Ameritas/VSP Core Plan		Key Vision Benefits	Ameritas/VSP Buy-Up Plan	
	In-Network	Out-of-Network Reimbursement		In-Network	Out-of-Network Reimbursement
Exam	\$10; then covered 100%	\$10; then covered up to \$45	Exam (once every 12 months)	\$25; then covered 100%	\$25; then covered up to \$45
Materials Copay	20% savings on complete pair of glasses	N/A	Materials Copay	\$0	N/A
Lenses	20% savings on complete pair of glasses	N/A	Lenses (once every 12 months)		
Single Vision			Single Vision	\$0	Covered up to \$30
Bifocal			Bifocal	\$0	Covered up to \$50
Trifocal			Trifocal	\$0	Covered up to \$65
Frames	20% savings on complete pair of glasses	N/A	Frames (once every 12 months)	Covered up to \$200	Covered up to \$70
Contact Lenses	15% off contact lens exam		Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to \$200 ¹	Covered up to \$105

1. Medically Necessary - In-Network: Covered in full; Out-of-Network: Covered up to \$210.

Flexible Spending Accounts

Active Employees Only

We provide you with an opportunity to participate in our flexible spending accounts (FSAs) 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.

Participating in a healthcare FSA or dependent care FSA is a smart way to take home more of your hard-earned paycheck. Prescriptions, over-the-counter drugs and copays are just some of the expenses you can save money on. Childcare is one of this country's biggest costs. You can easily save on childcare or certain elder care by participating in a dependent care FSA.

Healthcare FSA

For 2026, you may contribute up to \$3,200* to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- | | | | |
|---------------|---------------------|--------------------|------------------|
| ▶ Coinsurance | ▶ Prescriptions and | ▶ Menstrual Care | ▶ Orthodontia |
| ▶ Copayments | Over-the-Counter | Products | ▶ Eye exams, |
| ▶ Deductibles | Drugs | ▶ Dental treatment | materials, Lasik |

Dependent Care FSA – For Care of Children and Disabled Adult Dependents

For 2026, you may contribute up to \$7,500* (per family) to cover eligible dependent care expenses (\$3,500 if you and your spouse file separate tax returns). The primary purpose of a dependent care FSA is to pay for your minor children's daycare expenses. Some eligible expenses include:

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

*Unless otherwise adjusted by the IRS. If you elect the above maximum and the IRS subsequently makes an adjustment, you will be deemed to have elected the adjusted maximums.

FAST FACT

Don't know how much to elect? Determine how much you spent on healthcare expenses last year and estimate the amount you'll spend this year using the eligible expense list. Any funds you contribute to the medical FSA must be spent by the end of the plan year, subject to any grace period.

Healthcare FSA and Dependent Care FSA

To learn more about healthcare FSA and dependent care FSA, scan the QR code to the right:

Benefits Mobile App

Access your benefits on the go 24/7 with the WEX benefits mobile app. This free app gives you convenient, real-time access to all your benefit accounts in one spot. This makes it easy to use your hard-earned dollars and view recent account activity without ever needing to call in. The benefits mobile app keeps your benefits always within reach. Want to know the status of a recent claim or easily check the balance of your accounts? Log in to our secure app to get answers to those questions and so many more – wherever and whenever you want.

Download the app for free on Apple and Android smartphones and tablets using the QR codes to the right:

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:

Unused funds will **NOT** be returned to you or carried over to the following year.

However, a grace period extends the period of time you have to use your FSA funds on eligible expenses, such as going to the doctor or purchasing prescriptions or over-the-counter medications. Think of it as a safety net for your FSA. If you end up spending less than you anticipated when you made your elections during open enrollment, you can tap into those funds for up to an additional 2 1/2 months.

You can incur expenses through March 15, 2027, and must file claims by March 31, 2027.

Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.



What is FSA
(Video)



Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Allstate Benefits are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries.

Outpatient Physician's Treatment Benefit

Pays a \$50 benefit when you are treated by a physician outside of a hospital for any reason, some limitations may apply. 2 - Visits per year, 4 - If dependents are covered.

Critical Illness Insurance

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000¹? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

Wellness Benefit

Pays a \$50 benefit each year, 1 per covered family member, when an insured has one of the covered wellness screening tests performed.

Scan the QR code below for instructions on how to file a claim and receive your Physician Treatment or Wellness Benefit.



Hospital Indemnity Insurance

When you or a dependent need to be hospitalized, your family deserves to focus on their well-being, not the stress of the average three-day hospital stay, which can cost you \$30,000¹. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered hospitalization.

Universal Life Insurance

Universal Life Insurance provides a lump sum cash benefit upon death. Life Insurance coverage is for the living; those left behind who must deal with final expenses, bills, mortgage, and expenses associated with day-to-day life. It can also help provide financial security during life-changing events that occur as you age or your needs change. Plus, fund value accumulation allows for loans and withdrawals when needed.

Universal Life policies can be purchased on employee, spouse, dependent child(ren)* and grandchild(ren)*.

*Child(ren) and grandchild(ren) must be age 18 and under to be eligible for coverage.
1. MetLife Accident and Critical Illness Impact Study, October 2013

Don't forget to file your Outpatient Physician's Treatment and Wellness Benefit claims! Contact Allstate for assistance in sending claims at (877) 340-0369 or allstatebenefits.com/mybenefits.

Brochures and rates for the above coverage can be found on the benefit website, critecarrierbenefits.com

Life and AD&D Insurance

Exclusive for this 2026 open enrollment period is an opportunity to enroll in or update your Voluntary Life and AD&D insurance through Mutual of Omaha. Life insurance provides your named beneficiaries with a benefit following your death, while accidental death and dismemberment (AD&D) insurance provides a benefit to you following a covered accident that leads to dismemberment, such as the loss of a hand, foot or eye. Should your death occur due to a covered accident, both the life benefit and the AD&D benefit is payable.

Open enrollment for these coverages does not occur annually and has not happened in recent years. Now is the opportunity to modify your coverage to ensure your loved ones stay protected.

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend upon the plan you select and if you choose to cover eligible family members. **Note: Healthcare COBRA rates are the equivalent of 102% of the stated amounts under the Total column of the Active Employee Total Monthly Premium section below. Dental and Vision COBRA rates are 102% of the stated Independent Contractor Monthly Premium amounts.**

Healthcare

Coverage Tier	Active Employee Total Monthly Premiums					
	PPO			Nebraska Blueprint Health (Nebraska Residents Only)		
	Employee	Employer	Total	Employee	Employer	Total
Subscriber Only	\$161.00	\$604.00	\$765.00	\$135.00	\$585.00	\$720.00
Subscriber + Spouse	\$547.00	\$1,486.00	\$2,033.00	\$485.00	\$1,427.00	\$1,912.00
Subscriber + Child(ren)	\$382.00	\$925.00	\$1,307.00	\$340.00	\$889.00	\$1,229.00
Family	\$569.00	\$1,760.00	\$2,329.00	\$507.00	\$1,683.00	\$2,190.00

Coverage Tier	Independent Contractor Total Monthly Premiums	
	PPO Plan	Nebraska Blueprint Health (Nebraska Residents Only)
Subscriber Only	\$732.00	\$689.00
Subscriber + Spouse	\$1,946.00	\$1,829.00
Subscriber + Child(ren)	\$1,251.00	\$1,176.00
Family	\$2,228.00	\$2,095.00

Dental

Coverage Tier	Active Employee/Independent Contractor Monthly Premiums	
	Active Employee	Independent Contractor
Subscriber Only	\$22.48	\$22.48
Subscriber + Spouse	\$46.84	\$46.84
Subscriber + Child(ren)	\$48.00	\$48.00
Family	\$71.64	\$71.64

Vision

Coverage Tier	Active Employee/Independent Contractor Monthly Premiums			
	Core Plan (Exam Only)		Buy-up Plan (Includes Materials)	
	Active Employee	Independent Contractor	Active Employee	Independent Contractor
Subscriber Only	\$0.00	\$0.70	\$8.56	\$9.26
Subscriber + Spouse	\$0.60	\$1.36	\$16.84	\$17.57
Subscriber + Child(ren)	\$0.60	\$1.41	\$17.68	\$18.48
Family	\$1.16	\$2.02	\$26.28	\$27.14

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Highmark Blue Cross Blue Shield	(866) 370-2583	myhighmark.com
Prescription Drugs	MaxCare	(855) 537-5843	mymaxcarerx.com
Voluntary Benefits	Allstate	(877) 340-0369	allstatebenefits.com/mybenefits
Dental	Ameritas	(800) 487-5553	ameritas.com
Vision	Ameritas/VSP	Core: (800) 487-5553, Buy-up: (800) 877-7195	ameritas.com
Flexible Spending Accounts (FSAs)	WEX	(866) 451-3399	wexinc.com/contact/health
Ability Assist (EAP)	Mutual of Omaha	(800) 316-2796	
Voluntary Term Life Insurance	Mutual of Omaha	(800) 775-8805	

Benefits Website

Our benefits website cretecarrierbenefits.com can be accessed anytime you want additional information on our benefits programs.

Questions?

If you have additional questions, you may also contact:

Crete Carrier Enrollment Call Center
(877) 340-0369

Crete Carrier Benefits Department
(800) 998-8005
benefits@cretecarrier.com



Reminder of Highmark Member Programs

Well360 Motion – Virtual Physical Care

One in four people experience frequent and ongoing muscle and joint pain. To help address these issues, we've enhanced our Highmark medical plan with a virtual physical care program.

Virtual physical care offers a digital solution for those who are experiencing pain in the back, neck, shoulder, elbow, wrist, hip, knee, ankle or pelvic area. With virtual physical care, you'll work with a physical therapist to design an at-home exercise program to fit your busy schedule and needs. You will be provided a tablet to help guide you through the exercises. Additionally, you'll have virtual support at any time from your dedicated therapist. **And even better – this is at NO COST to you!**

Go to join.swordhealth.com/highmarkbcbs to get started today!



Well360 Diabetes Management

Great news to share about a digital care solution for diabetes – Diabetes Management!

Managing your diabetes just got a whole lot easier. **And the best part? It already comes with your health plan and there is NO COST for most eligible members.**

Diabetes Management is a personalized, at-home solution that helps you manage your diabetes. If eligible, you will receive:

- A free smart blood glucose meter
- Unlimited test strips
- Continuous day-to-day support especially related to food and exercise
- Virtual visit access to a care team of Certified Diabetes Educators (CDEs), nutritionists, pharmacists and board-certified endocrinologists



Well360 Complete/Clarity – Highmark's Healthcare Concierge Service

Your Complete/Clarity team is ready to help you get started and get set up on the website.

Your personal team of experts is available any time you have questions about finding care or understanding your health plan.

They can help:

Match you with the right high-quality in-network providers and schedule appointments.

Direct you to the right place to get the care you need – so you don't have to pay more out of pocket.

Answer any benefits, claims or billing questions you have.



For more information, contact a Complete/Clarity team member at 1-866-370-2583.

Preventive Care Benefits at Crete Carrier Corporation

Preventive care helps prevent health problems or finds them before they become serious, making them easier to treat. The need for these types of services depends on your age, gender, health and family history.

We have highlighted certain recommended medical preventive services for various adult age groups below and also include information on how all of Crete Carrier's employee benefits combined can help you stay healthy by utilizing preventive care.

Healthcare Coverage Preventive Services

Under 40

- Yearly routine checkup
- Yearly depression screening
- Cholesterol (lipid) screening (at least once every 5 years)
- Immunizations
- Hepatitis C screening
- Pelvic and breast exam
- Cancer screenings
 - PAP exam

Ages 40 – 44

- Yearly routine checkup
- Yearly depression screening
- Cholesterol (lipid) screening (at least once every 5 years)
- Immunizations
- Hepatitis C screening
- Pelvic and breast exam
- Cancer screenings
 - PAP exam
 - Yearly mammogram
- Diabetes screening (once every three years)

Ages 45 – 49

- Yearly routine checkup
- Yearly depression screening
- Cholesterol (lipid) screening (at least once every 5 years)
- Immunizations
- Hepatitis C screening
- Pelvic and breast exam

- Cancer screenings
 - PAP exam
 - Yearly mammogram
 - Colorectal exam
- Diabetes screening (once every three years)

Ages 50 and Older

- Yearly routine checkup
- Yearly depression screening
- Cholesterol (lipid) screening (at least once every 5 years)
- Immunizations
- Hepatitis C screening
- Osteoporosis screening (ages 65 and older) (once every 2 years)
- Pelvic and breast exam
- Cancer screenings
 - PAP exam
 - Yearly mammogram
 - Colorectal exam
- Diabetes screening (once every three years)

Well360 Complete/Clarity

- Contact a Complete/Clarity team member at 1-866-370-2583 to help you find a provider and schedule appointments
- Help with benefit, claim and billing questions

Dental

- Routine exams and cleanings
- X-rays

Vision

- Eye exam

Accident, Critical Illness and Hospital Indemnity Plan

- Annual \$50 wellness benefit



Diabetes Benefits at Crete Carrier Corporation

People with diabetes need to make healthy choices, stay at a healthy weight, move more every day, and take their medicine, even when they feel good. Here's how all of Crete Carrier's employee benefits combined can help you during this journey.

Healthcare Coverage

- Well360 Complete/Clarity
 - Contact a Complete/Clarity team member at 1-866-370-2583 to help you find a provider and schedule appointments
 - Help with benefit, claim and billing questions
- Office visit
- Well360 Diabetes Management
- Well360 virtual health visits
- Preventive
 - Hemoglobin A1C
 - Microalbumin (renal function testing)
 - Lipid panel
- Nutritional counseling (with obesity diagnosis)
- Health coaching
- Medication (under MaxCare pharmacy plan)

Dental Coverage

- Routine exams
- Cleanings
- X-rays
- Dental health report card

Vision Coverage

- Eye exams
- Eye exam reminder letters

Hospital Indemnity

- Pays a lump sum benefit if you are hospitalized
- Annual \$50 wellness benefit

Employee Assistance Plan (EAP)

- Five face-to-face visits with a professional counselor free of charge



Cancer Benefits at Crete Carrier Corporation

Crete Carrier's employee benefits have programs and services to help you manage cancer treatment and recovery and help find the emotional support you need when receiving a cancer diagnosis.

Healthcare Coverage

- Well360 Complete/Clarity
 - Contact a Complete/Clarity team member at 1-866-370-2583 to help you find a provider and schedule appointments
 - Help with benefit, claim and billing questions
- Office visit
- Preventive (covered at 100%)
 - Cancer screenings
 - Mammogram
 - PAP
 - Colorectal
 - Breast cancer genetic screening (BRCA) – high risk only covered at 100%
- Well360 virtual health visits
- Health coaching
- Benefits (deductible and coinsurance)
 - Inpatient/outpatient surgeries
 - Radiation
 - Chemotherapy (at home when appropriate)
 - Radiology (MRI/CAT)
 - Pain management
 - Home health (limit: 60 days per benefit period combined with visiting nurse)
 - Mental health therapy
 - Palliative care
- Medication (under MaxCare pharmacy plan)

Short-Term Disability

- Pays a weekly benefit of 60% of your earnings, up to \$500, after an elimination period

Hospital Indemnity

- Pays a lump sum benefit if you are hospitalized
- Annual \$50 wellness benefit

Critical Illness Coverage

- Pays a lump sum benefit if you are diagnosed with cancer - Plan 2 ONLY
- Annual \$50 wellness benefit

Employee Assistance Plan (EAP)

- Five face-to-face visits with a professional counselor free of charge



Musculoskeletal Benefits at Crete Carrier Corporation

Musculoskeletal pain from a chronic condition like arthritis, or an unfortunate accident or injury, can interfere with your usual activities. Here's how all of Crete Carrier's employee benefits combined can help you during this journey.

Healthcare Coverage

- Well360 Complete/Clarity
 - Contact a Complete/Clarity team member at 1-866-370-2583 to help you find a provider and schedule appointments
 - Help with benefit, claim and billing questions
- Office visit
- Well360 Motion – Virtual Physical Care
- Well360 virtual health visits (behavioral health if any needs)
- Therapy (PT, OT, chiropractic)
- Durable medical equipment
- Health coaching
- Medication (under MaxCare pharmacy plan)

Short-Term Disability

- Pays a weekly benefit of 60% of your earnings, up to \$500, after an elimination period

Accident Plan

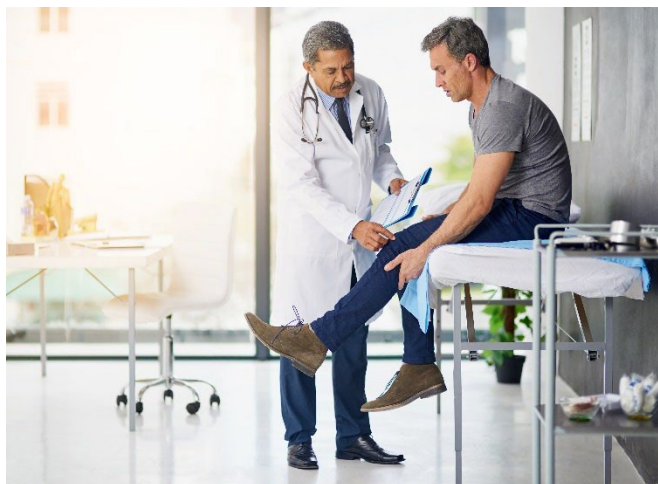
- Pays a lump sum benefit for unexpected expenses due to an injury
- Annual \$50 wellness benefit

Hospital Indemnity

- Pays a lump sum benefit if you are hospitalized
- Annual \$50 wellness benefit

Employee Assistance Plan (EAP)

- Five face-to-face visits with a professional counselor free of charge



Pregnancy Benefits at Crete Carrier Corporation

Congratulations, you just found out you're pregnant! Here's how all of Crete Carrier's employee benefits combined can help you during this journey.

Healthcare Coverage

- Well360 Complete/Clarity
 - Contact a Complete/Clarity team member at 1-866-370-2583 to help you find a provider and schedule appointments
 - Help with benefit, claim and billing questions
- Office visits
- Preventive (covered at 100%)
 - Gestational diabetes screening
 - Depression screening/counseling during pregnancy and postpartum
 - Rh typing at first visit
 - Rh antibody testing for Rh-negative women
 - Tdap with every pregnancy
 - Urine culture and sensitivity at first visit
 - Nutritional counseling
- Baby Blue Prints Health Coaching
- Health Coaching/NurseLine to help assist with postpartum weight loss

Short-Term Disability

- Pays a weekly benefit of 60% of your earnings, up to \$500, after an elimination period

Hospital Indemnity

- Pays a lump sum benefit if you are hospitalized
- Annual \$50 wellness benefit

Employee Assistance Plan (EAP)

- Five face-to-face visits with a professional counselor free of charge

Dependent Care Flexible Spending Account

- Set aside up to \$7,500 from your paycheck annually on a pretax basis to cover eligible dependent care expenses





HELPFUL VIDEOS

Accident Insurance ([Brainshark](#) | [Vimeo](#))

Benefits Terminology ([Brainshark](#) | [Vimeo](#))

Cancer Insurance ([Brainshark](#) | [Vimeo](#))

Choosing Your Provider ([Brainshark](#) | [Vimeo](#))

Comparing Medical Plan Types ([Brainshark](#) | [Vimeo](#))

Critical Illness ([Brainshark](#) | [Vimeo](#))

EAP ([Brainshark](#) | [Vimeo](#))

FSA ([Brainshark](#) | [Vimeo](#))

Hospital Indemnity ([Brainshark](#) | [Vimeo](#))

How to Read an EOB ([Brainshark](#) | [Vimeo](#))

Life Insurance ([Brainshark](#) | [Vimeo](#))

Mental Health ([Brainshark](#) | [Vimeo](#))

Open Enrollment ([Brainshark](#) | [Vimeo](#))

Prescription Drug Coverage ([Brainshark](#) | [Vimeo](#))

Preventive Care ([Brainshark](#) | [Vimeo](#))

Qualifying Events ([Brainshark](#) | [Vimeo](#))

Retirement ([Brainshark](#) | [Vimeo](#))

Seeing a PCP Regularly ([Brainshark](#) | [Vimeo](#))

Telehealth ([Brainshark](#) | [Vimeo](#))

Where to Go For Care ([Brainshark](#) | [Vimeo](#))





Benefits Department
400 NW 56th Street
Lincoln, NE 68528

Enrollment Deadline October 24, 2025




Crete Carrier Corporation
Benefits Department
400 NW 56th Street
Lincoln, NE 68528

 800-998-8005

 402-479-2579

 benefits@cretecarrier.com

Telephone Enrollment Available at:

 877-340-0369

Monday through Friday /
7:00 AM – 5:00 PM (Central Time)

Online Enrollment Available at:
[MyADP.com](https://myadp.com)

IMPORTANT INFORMATION about your 2026
Healthcare, Dental, Vision, FSA, and Voluntary Benefit Plans.
OPEN ENROLLMENT PERIOD: October 6 - October 24, 2025.