

# 2026 ENROLLMENT BENEFITS GUIDE



**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 and your way of life. This Open Enrollment guide is just a high level summary of the changes occurring in the 2026 plan year. For full plan details please see the Summary Plan Descriptions (SPD'S).

## WHEN COVERAGE BEGINS

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

## OPEN ENROLLMENT INSTRUCTIONS

Open enrollment is your annual opportunity to make changes to the plan you elect and people you cover. This year, enrollment is passive meaning if you do not wish to make changes, your enrollment will roll over to the next year. To enroll, please follow the steps below.

### TWO EASY WAYS TO ENROLL

Benefits Call Center

1. Review the provided benefit materials
2. When ready, phone the Benefits Call Center, SMBO (If possible, be in front of a computer when calling)
3. The SMBO representative will then enroll you over the phone

OR

Benefits Online Portal

1. Login to the benefits portal, enter your username: Social Security Number & password: last 4 Social + last 2 digits of year of birth

[www.huwabenefits.com](http://www.huwabenefits.com)

877-282-0808

Monday - Friday: 7:00am - 5:00pm (CST)

## CHOOSE CAREFULLY

Due to IRS regulations, if you do not make an election during this Open Enrollment period (**October 27 - November 7**), you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. You have 30 days from your qualifying life event to make changes to your benefit plans. 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, Registered Domestic Partner, or child
- You lose coverage under your spouse's/Registered Domestic Partner's plan
- You gain access to state coverage under Medicaid or CHIP



**Important:** Be sure to have your dependents dates of births & social security numbers when you are ready to call or login.

**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 PLANS

Your medical plan options are through Cigna utilizing the Open Access Plus Network. Below is a summary of the plan options. Visit [mycigna.com](http://mycigna.com) to view your medical benefits.

Key Medical Benefits	Cigna PPO Plan		Cigna HDHP / HSA Plan	
	In-Network Only	Out-of-Network <sup>1</sup>	In-Network Only	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)				
Individual / Family	\$1,000 / \$2,000	\$2,000 / \$6,000	\$3,400 / \$6,800	\$7,000 / \$14,000
<b>Out-of-Pocket Maximum</b> (per calendar year)				
Individual / Family	\$3,500 / \$7,000	\$6,000 / \$12,000	\$3,400 / \$6,800	\$14,000 / \$28,000
<b>Covered Services</b>				
Office Visits (physician/specialist)	\$30 / \$60 Copay	50% Coinsurance*	0% Coinsurance*	50% Coinsurance*
Routine Preventive Care	No Charge	Not Covered	No Charge	Not Covered
Outpatient Diagnostic (lab/X-ray)	20% Coinsurance*	50% Coinsurance*	0% Coinsurance*	50% Coinsurance*
Imaging	20% Coinsurance*	50% Coinsurance*	0% Coinsurance*	50% Coinsurance*
Ambulance	20% Coinsurance*		0% Coinsurance*	
Emergency Room	\$250 Copay		0% Coinsurance*	
Urgent Care Facility	\$60 Copay	50% Coinsurance*	0% Coinsurance*	50% Coinsurance*
Inpatient Hospital Stay	\$250 Copay, then 20%*	50% Coinsurance*	0% Coinsurance*	50% Coinsurance*
Outpatient Surgery	20% Coinsurance*	50% Coinsurance*	0% Coinsurance*	50% Coinsurance*
<b>Prescription Drugs</b> (Tier 1 / Tier 2 / Tier 3)				
Retail Pharmacy (31-day supply)	\$10 / \$35 / \$70	\$10 / \$35 / \$70	0% Coinsurance*	0% Coinsurance*
Mail Order (90-day supply)	\$25 / \$87.50 / \$175	Not Covered	0% Coinsurance*	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.

# DENTAL PLAN

Your dental plan is through Cigna. Below is a summary of the plan options. Visit [mycigna.com](http://mycigna.com) to view your dental benefits.

	Dental PPO	
	In-Network Only	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)		
Individual / Family	\$25 / \$75	\$25 / \$75
<b>Benefit Maximum</b> (per calendar year; Preventive, Basic, and Major Services combined)		
Per Individual	\$2,000	\$2,000
<b>Covered Services</b>		
Preventive Services	No Charge	No Charge
Basic Services	0%*	0% of allowed charge*
Major Services	40%*	40% of allowed charge*
Orthodontia (Child only, up to age 19)	50%; \$1,000 Max.	50% of allowed charge; \$1,000 Max.

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.

# VISION PLAN

Your vision plan offered through Cigna, utilizing the Eyemed Network. Visit [mycigna.com](http://mycigna.com) to view your vision benefits.

	UHC Vision Plan	
	In-Network	Out-of-Network Reimbursement
<b>Exam</b> (once every 12 months)	\$10	Up to \$45
<b>Lenses Copay</b>	\$25	N/A
<b>Lenses</b> (once every 12 months)	No charge after lenses copay (copay covers standard lenses only)	
Single Vision		Up to \$40
Bifocal		Up to \$65
Trifocal		Up to \$75
<b>Frames</b> (once every 12 months)	Covered up to \$150	Up to \$83
<b>Contact Lenses</b> (once every 12 months; in lieu of glasses)	Covered up to \$150	Up to \$120

# HEALTH SAVINGS ACCOUNT

The updated IRS Maximum Contributions are as follows:

Type of Limit	2026	
<b>HSA Contribution Limit</b>	Self-only	\$4,400
	Family	\$8,750
<b>HSA Catch-up Contribution</b>	Age 55 or older	\$1,000

# ADDITIONAL BENEFITS

## THRIVEWORKS

Premium counselling and psychiatry services in person and online to help manage challenges like depression, anxiety and relationship issues. In network with affordable self-pay rates.

## REAL APPEAL

When enrolled in the United Healthcare medical plan, you have access to Real Appeal. Real Appeal is a proven weight management program designed to help you get healthier and stay healthier. It's available to you and eligible family member at no additional cost as part of your benefits.

## LEGAL INSURANCE

The legal plan from ARAG covers a wide range of legal needs and issues such as: adoption, small claims court, debt collection, traffic tickets, name changes, and so much more.

## IDENTITY THEFT

Allstate Identity Protection monitors credit reports and scores. If something happens, there is 24/7 assistance to help restore your identity.

## EMPLOYEE ASSISTANCE PROGRAM

Life is full of challenges, and balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families.

## PET INSURANCE

PetPartners can help you pay for your dogs and/or cats needs, including broken bones, diagnostics, prescriptions and more.

# LIFE AND DISABILITY

Huwa Enterprises provides Life and AD&D Insurance as well as Short Term Disability and Long Term Disability coverage at **NO COST** to you through The Hartford. Refer to plan documents for details.

# VOLUNTARY LIFE

**Voluntary Life is offered through The Hartford.**

If you determine you need more than the basic coverage, you may purchase additional coverage for yourself and your eligible family members. If you enroll for new coverage, or increase your coverage, you must submit Evidence of Insurability to Lincoln Financial for approval.

	Benefit Option	Guaranteed Issue*
<b>Employee</b>	\$10,000 increments not to exceed 5x annual salary or \$500,000 max	\$150,000
<b>Spouse</b>	\$5,000 increments to \$250,000 not to exceed 50% of employee election	Equal to Benefit Amount
<b>Child(ren)</b>	\$10,000	\$10,000

\*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.

# WHOLE LIFE WITH LONG TERM CARE

You have the option to elect into a Whole Life Insurance Policy which includes a Long Term care benefit provided through Boston Mutual. This benefit is a permanent life insurance policy and builds guaranteed cash values and is fully portable if you leave or retire from Huwa.

# ACCIDENT

Accident Insurance can help provide you and your family a cash benefit, paid directly to you, to help with the costs associated with out-of-pocket expenses and bills - expenses major medical insurance may not take care of.

# CRITICAL ILLNESS

The Aflac Critical Illness Insurance will pay out, directly to you, a flat dollar amount (based on the amount you elect), that can be used to pay for whatever you may need. These funds can help your family to cover medical bills, mortgage, or even savings for the future.

# HOSPITAL INDEMNITY

Hospital Indemnity Insurance can help reduce costs by paying you or a covered dependent a benefit to help cover deductibles, coinsurance and other out-of-pocket cost due to a covered hospitalization.

- The Accident and Hospital Indemnity plans include an annual wellness benefit, paying **you and your covered dependents** \$50 for completing your annual wellness exam.
- The Critical Illness plan includes an annual wellness benefit, paying **you and your covered spouse** \$50 just for completing your annual wellness exam.

# 2026 COST OF BENEFITS

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

## MEDICAL - WEEKLY

COVERAGE TIER	EMPLOYEE CONTRIBUTION	HUWA CONTRIBUTION	EMPLOYEE CONTRIBUTION	HUWA CONTRIBUTION
	CIGNA PPO		CIGNA HDHP / HSA	
Employee Only	\$39.48	\$157.49	\$17.50	\$157.49
Employee & Spouse	\$159.91	\$253.7	\$113.75	\$253.74
Employee & Child(ren)	\$138.01	\$236.24	\$96.25	\$236.24
Employee & Family	\$258.43	\$332.49	\$192.49	\$332.49

## DENTAL - WEEKLY

COVERAGE TIER	EMPLOYEE CONTRIBUTION	HUWA CONTRIBUTION
	CIGNA	
Employee Only	\$0.84	\$7.57
Employee + Spouse	\$4.97	\$11.70
Employee + Child(ren)	\$7.48	\$14.21
Employee + Family	\$13.08	\$19.81

## ACCIDENT - WEEKLY

COVERAGE TIER	EMPLOYEE CONTRIBUTION
	AFLAC
Employee Only	\$3.61
Employee + Spouse	\$5.30
Employee + Child(ren)	\$6.28
Employee + Family	\$7.96

## HOSPITAL INDEMNITY - WEEKLY

COVERAGE TIER	EMPLOYEE CONTRIBUTION
	AFLAC
Employee Only	\$5.14
Employee + Spouse	\$10.42
Employee + Child(ren)	\$8.15
Employee + Family	\$13.43

### Questions?

If you have additional questions, you may contact:

Human Resources  
[hr@huwaenterprises.com](mailto:hr@huwaenterprises.com)

## VISION - WEEKLY

COVERAGE TIER	EMPLOYEE CONTRIBUTION	HUWA CONTRIBUTION
	CIGNA	
Employee Only	\$0.17	\$1.52
Employee + Spouse	\$0.85	\$2.20
Employee + Child(ren)	\$0.86	\$2.21
Employee + Family	\$1.68	\$3.03

## ID PROTECTION - WEEKLY

COVERAGE TIER	EMPLOYEE CONTRIBUTION
	ALLSTATE
Employee Only	\$2.49
Employee + Family	\$4.49

## LEGAL PROTECTION - WEEKLY

EMPLOYEE CONTRIBUTION
ARAG
\$5.63

## PET INSURANCE- WEEKLY

COVERAGE TIER	EMPLOYEE CONTRIBUTION
	PET PARTNERS
Monthly cost per dog	\$11.44
Monthly cost per cat	\$5.82

Voluntary Life and AD&D and Critical Illness rates are based on age and/or amount of benefit elected.

**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.

