



2026

BENEFITS

GUIDE



Your Health & Wellness



- 1 Medical Plan – Plan will remain the same
- 2 Dental – Plan will remain the same
- 3 Voluntary Benefits
 - Life, STD & LTD will remain the same
 - FSA will remain the same
- 4 Quick summary of other benefits
- 5 Timeline for Enrollment Changes

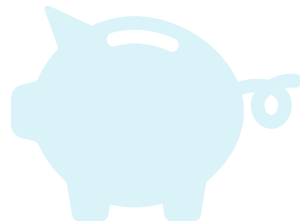
The information in this Enrollment Guide is intended for illustrative and informational purposes only. The information contained herein was taken from various summary plan descriptions, certificates of coverage, and benefit information. While every effort was taken to accurately report your benefits, discrepancies and errors are always possible. It is not intended to alter or expand rights or liabilities set forth in the official plan documents or contracts. It is not an offer to contract nor are there any express or implied guarantees. In case of a discrepancy between this information and the actual plan documents, the actual plan documents will prevail. If you have any questions about this summary, please contact Human Resources.

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WELCOME TO YOUR 2026 BENEFITS!

LinPepCo is pleased to provide you and your family with a wide range of competitive benefits. Your benefits are an important part of your total compensation. You have the flexibility to choose the benefits that are right for you and your family, to keep you physically and financially healthy now and in the future.

This benefits guide provides important information about your benefits and how to use them to your best advantage. Please review this information carefully, ask questions if needed, and make sure to enroll by the deadline.





Easy access to your ID card, deductible status and recent claims.

The screenshot shows the user interface of the BlueCross BlueShield Nebraska website. At the top, there is a navigation bar with the logo and links for Home, Coverage, Claims, and Contact Us. On the right side of the navigation bar, there are icons for Messages, Settings, and Log Out. The main content area is titled "Welcome, JOHN DOE!" and is divided into three columns. The first column, "Subscriber", displays the name "John Doe", Member ID "111111111", Status "Active", Plan Network "Blueprint Health", and Group "Blue Cross and Blue Shie...". It includes buttons for "View All Coverage Information", "View ID Card", and "View Another Plan". The second column, "Medical Deductible Status", features a dollar sign icon, the title "Medical Deductible Status", and a "Family Deductible" section with a progress bar. It shows "Met: \$2964.73" and "Remaining: \$235.27", along with a descriptive text and a "View Details" button. The third column, "Recent Claims", has a list icon and displays three recent claims from Walgreens and Mccarthy, John A, with their respective dates and claim numbers. A "View All Claims" button is located at the bottom of this section.



Find Care and Estimate Costs



Find a Doctor or Hospital
Find physicians and facilities in your network.



Find an Urgent Care Center
Find urgent care providers in your network.



Find a Dentist
Find a dental provider in your network.



Estimate My Costs
Find out what your care will cost.



Pharmacy Benefits
Compare drug costs and find pharmacies.

Blue Cross BlueShield
Nebraska

Settings



Dashboard

LOCATION 1011 N FROST AVE, AVOC... NETWORK Premier Select BlueCho...

Hello Donna,
What are you searching for today?



Doctors by name



Doctors by specialty



Places by name



Places by type



Estimate your costs



Treatment timelines



Condition information

Search all

Advanced search

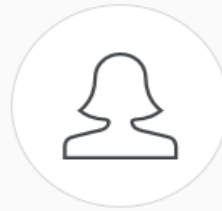


Know what you'll pay before you go

Get estimated costs for hospital stays, MRIs, office visits, surgeries, vaccines, X-rays and more.

Browse costs

LOCATING A
NETWORK
PROVIDER



WOLPERT, JUDY C, MD

DERMATOLOGY SPECIALISTS OF OMAHA LLC

Quality Reports

Compare

1
DERMATOLOGY SPECIALISTS OF OMAHA LLC
909 N 96TH ST STE 201
OMAHA, NE 68114

Main: (402) 330-4555
After Hours: (402) 933-4123
Fax: (402) 330-4626

Accepting new patients

6.1 mi. away
[Directions](#)

Call for Office Hours

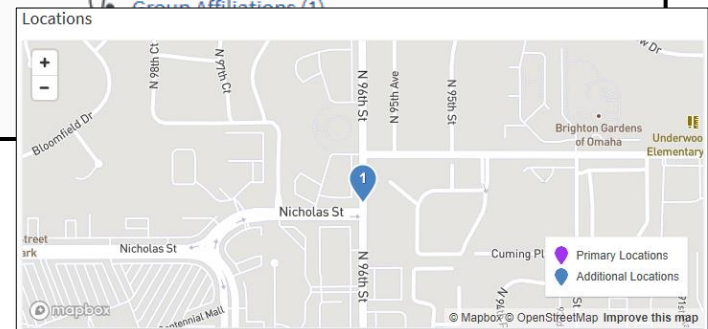
Specialties: Dermatology

Languages Spoken: English

Gender: Female

Board Certifications: ABMS Dermatology Verify Status

Group Affiliations (1)





Hello Donna,

What are you searching for today?



Doctors by name



Doctors by specialty



Places by name



Places by type



Estimate your costs



Treatment timelines



Condition information

Search all

Advanced search



Know what you'll pay before you go

Get estimated costs for hospital stays, MRIs, office visits, surgeries, vaccines, X-rays and more.

Browse costs

ESTIMATE
COSTS



Dashboard / Estimate your costs

LOCATION [100 South 84th Street...](#) NETWORK [Premier Select BlueCho...](#)

[Back](#)

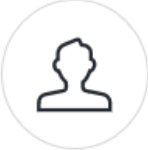






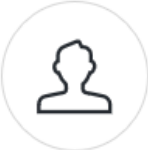





Estimate your costs

Type a medical service name to compare provider costs

Knee Replacement

- Artificial Joint Repair/Revision, Hip or Knee [**Knee Replacement**]
- Joint Replacement, Multiple Lower Limb [**Knee Replacement**]
- Knee Repair (Arthroscopic), ACL (Outpatient)
- Knee Repair (Arthroscopic), Cartilage (Outpatient)
- Knee Repair (Inpatient)



| | | |
|--|--|--|
|  | CONNOLLY, THOMAS J, MD <i>BOYS TOWN NATIONAL RESEARCH HOSPITAL</i> Orthopedic Surgery | Your estimated out-of-pocket cost: \$2,747 Average Total Cost: \$43,779 |
| <input type="checkbox"/> Compare |  14040 BOYS TOWN HOSPITAL RD BOYSTOWN, NE 68010 4 miles Get directions More locations |  Click on the dollar amount to advance to the cost estimator details |
|  (402) 778-6800  Call for Office Hours  Accepting new patients  Quality Reports | | |
|  | ARNOLD, RYAN M, MD <i>ORTHONEBRASKA CLINICS</i> Orthopedic Surgery | Your estimated out-of-pocket cost: \$2,697 Average Total Cost: \$14,848 |
| <input type="checkbox"/> Compare |  2725 S 144TH ST STE 212 OMAHA, NE 68144 5.2 miles Get directions More locations | |
| |  (402) 637-0800  Call for Office Hours  Accepting new patients  Quality Reports | |

NETWORK OPTIONS



Network Blue

- Broadest Network
- National Coverage
- Applicable for employees residing in Kansas, Iowa or located outside the Lincoln, NE service area (ex: Alliance, Valentine, Sidney)
- Optional for employees residing in the Lincoln, NE or Hasting, NE service area

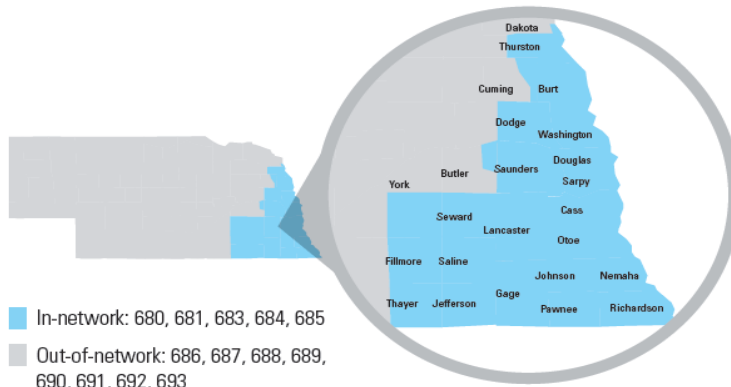
Premier Select BlueChoice

- Narrow network
- Regional coverage only in Nebraska, but access to Network Blue network throughout the rest of the country (Omaha & Lincoln areas)
- NOT available for employees residing in Kansas, Iowa or located outside the Lincoln, NE service area (ex: Alliance, Valentine, Sidney)
- Optional for members residing in the Lincoln, NE or Hastings, NE service areas

BluePrint Health

- Narrow network
- Regional coverage only in Nebraska, but access to Network Blue network throughout the rest of the country (Omaha, Lincoln, Grand Island, Kearney)
- NOT available for employees residing in Kansas, Iowa or located outside the Lincoln, NE service area (ex: Alliance, Valentine, Sidney, Hastings)
- Optional for members residing in the Lincoln, NE service area

NETWORK OPTIONS



Premier Select BlueChoice

Our Premier Select BlueChoice network helps keep health care expenses manageable. This regional two-tier network is available to groups headquartered in Omaha, Lincoln and the surrounding communities (680, 681, 683, 684 and 685 ZIP codes). All other Nebraska providers are out-of-network.

Some key hospitals and health care providers in the Premier Select BlueChoice network include:

Omaha Area

- Boys Town National Research Hospital – Downtown and Pacific Street
- Children’s Hospital and Medical Center
- Fremont Health
- Madonna Rehabilitation Specialty Hospital
- Midwest Surgical Hospital
- Memorial Community Hospital (Blair)
- Nebraska Medicine
 - Nebraska Medical Center
 - Bellevue Medical Center
- Nebraska Methodist Hospital System
 - Methodist Hospital
 - Methodist Jennie Edmundson Hospital
 - Methodist Women’s Hospital

- Nebraska Orthopedic Hospital
- SecureCare (Chiropractors)
- Select Specialty Hospital
- Affiliated physicians and clinics

Lincoln Area

- Beatrice Community Hospital (Beatrice)
- Bryan Health – East (Lincoln)
- Bryan Health – West (Lincoln)
- Community Medical Center (Falls City)
- Fillmore County Hospital (Geneva)
- Henderson Community Hospital (Henderson)
- Howard County Medical Center (St. Paul)
- Jefferson Community Hospital Center (Fairbury)

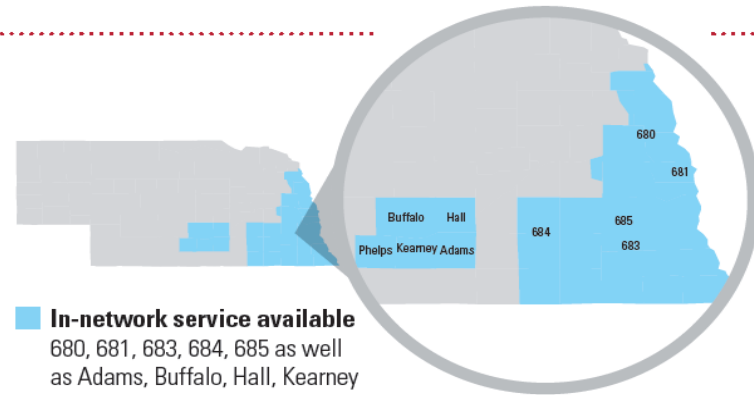
- Johnson County Hospital (Tecumseh)
- Lincoln Surgical Hospital (Lincoln)
- Madonna Rehabilitation Specialty Hospital (Lincoln)
- Mary Lanning Memorial Hospital (Hastings)
- Memorial Hospital (Seward)
- Nemaha County Hospital (Auburn)
- Pawnee County Memorial Hospital (Pawnee City)
- Saunders Medical Center (Wahoo)
- York General Hospital (York)
- SecureCare (Chiropractors)
- Select Specialty Hospital (Lincoln)
- Affiliated physicians and clinics

NETWORK OPTIONS



Blueprint Health

Our Blueprint Health network features CHI Health, Children's Hospital and Medical Center, and other providers. This regional two-tier network is available to groups headquartered in the Omaha/Lincoln and 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.



In-network service available
680, 681, 683, 684, 685 as well as Adams, Buffalo, Hall, Kearney and Phelps counties

Some key hospitals and health care providers in the Blueprint Health network include:

- Alegent Creighton Health Services
- Callaway District Hospital
- CHI Health Creighton University Medical Center – Bergan Mercy
- CHI Health Good Samaritan
- CHI Health Immanuel
- CHI Health Lakeside
- CHI Health Mercy Council Bluffs
- CHI Health Midlands
- CHI Health Nebraska Heart
- CHI Health Plainview
- CHI Health Richard Young
- CHI Health Schuyler
- CHI Health St. Elizabeth
- CHI Health St. Francis
- CHI Health St. Mary's
- Children's Hospital and Medical Center
- Cozad Community Hospital
- Creighton St. Joseph Regional Health
- Dundy County Hospital
- Lasting Hope Recovery Center
- Nebraska Spine Hospital LLC
- SecureCare (chiropractors)
- Affiliated physicians and clinics



| PPO Plan | | |
|---------------------------------|----------------------------|--------------------|
| | In-Network | Out of Network |
| ** Embedded Family Deductible | | |
| Calendar Year Deductible | | |
| Individual Family | \$1,000 \$2,000 | \$2,000 \$4,000 |
| Out of Pocket Maximum | | |
| Individual Family | \$4,000 \$8,000 | \$8,000 \$16,000 |
| | You pay | You pay |
| Coinsurance | 20% | 40% |
| Primary Care Physician | \$35 Copay | 40% |
| Specialist | \$50 Copay | 40% |
| Telemedicine | \$10 Copay | 40% |
| Adult Routine Exams | \$0, Ded Waived | 40% |
| Pediatric Routine Exams | \$0, Ded Waived | 40% |
| Routine Immunizations | \$0, Ded Waived | 40% |
| Routine Mammography | \$0, Ded Waived | 40% |
| Routine Scopic Procedures | \$0, Ded Waived | 40% |
| Routine Vision Exam (1 per CY) | \$0, Ded Waived | 40% |
| Inpatient/Outpatient | 20% | 40% |
| Urgent Care | \$50 Copay | 40% |
| Emergency Room | Ded, \$150 Copay, then 20% | 40% |

No Changes

**Embedded deductible: No one family member will pay more than the individual deductible or out-of-pocket-maximum

PHARMACY



| | PPO Plan | |
|--------------------------|---------------------------------------|--|
| | In-Network | Out of Network |
| | You pay | You pay |
| Retail (30-day Supply) | * Mandatory Generic Pricing Applies | |
| Generic on Formulary | \$15 Copay | \$15 Copay + 25% |
| Brand Name of Formulary | \$20% (\$30 min - \$100 max copay) | \$20% (\$30 min - \$100 max copay +25%) |
| Brand Name not Formulary | \$20% (\$60 min - \$100 max copay) | \$20% (\$60 min - \$100 max copay +25%) |

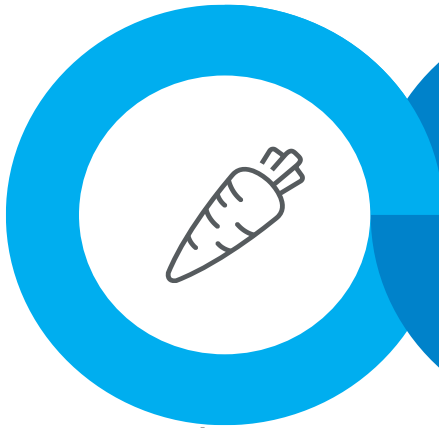
No Changes

Note: The preferred drug listing may classify prescription drugs on a different tier than listed today. If you are taking a maintenance medication, you will want to determine which tier your medication will be listed by referring to the formulary at the following web address:

www.nebraskablue.com

***Mandatory Generic Pricing Applies:** If you choose brand name over the available generic an Ancillary Charge (the difference) applies in addition to your normal member responsibility.

DIABETES MANAGEMENT SOLUTIONS



TYPE 2 REVERSAL

Ketogenic nutrition program powered by Virta



\$0 INSULIN

No member cost share for preferred insulin



CARE MANAGEMENT

Nurse health coaching support and resources, powered by a user-friendly mobile platform, to help manage or reverse prediabetes, type 1 and type 2 diabetes



Type 2 Diabetes Reversal Program

powered by Virta

- Medical supervision from a Virta physician, nurse or physician assistant
- Unlimited one-on-one health coaching
- Diabetes testing supplies such as meters, strips and more
- Nutrition education program, including videos, recipes and meal plans
- Access to a private online patient community

To enroll in the Virta program, visit NebraskaBlue.com/Diabetes

NEW!



HbA1c Target

1.0 Reduction



Weight Target

5% Weight Loss



Diabetes Med Target

40% Cost Reduction



Insulin Therapy at No Cost to You

The following insulin therapy medications are covered as preventive care, which mean you can get your insulin prescription filled at no cost to you

| Insulin Name | | |
|---|------------------------------|-------------------------------------|
| FIASP | LEVEMIR | NOVOLIN R RELION |
| FIASP FLEXTOUCH | LEVEMIR FLEXTOUCH | NOVOLOG |
| FIASP PENFILL | NOVOLIN 70/30 | NOVOLOG FLEXPEN |
| HUMULIN R U-500 (CONCENTRATED) | NOVOLIN 70/30 FLEXPEN | NOVOLOG MIX 70/30 |
| HUMULIN R U-500 KWIKPEN | NOVOLIN 70/30 FLEXPEN RELION | NOVOLOG MIX 70/30 PREFILLED FLEXPEN |
| INSULIN ASPART | NOVOLIN N | NOVOLOG PENFILL |
| INSULIN ASPART FLEXPEN | NOVOLIN N FLEXPEN | TOUJEO MAX SOLOSTAR |
| INSULIN ASPART PENFILL | NOVOLIN N FLEXPEN RELION | TOUJEO SOLOSTAR |
| INSULIN ASPART PROTAMINE/INSULIN ASPART | NOVOLIN N RELION | TRESIBA |
| INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN | NOVOLIN R | TRESIBA FLEXTOUCH |
| LANTUS | NOVOLIN R FLEXPEN | |
| LANTUS SOLOSTAR | NOVOLIN R FLEXPEN RELION | |

DIABETIC TEST STRIP PROGRAM



- There are multiple companies that manufacture glucose testing meters and test strips to report blood glucose levels. All meters work by measuring and displaying blood glucose levels and are required to meet meter accuracy standards approved by the Food and Drug Administration.
- Program is intended to encourage the use of cost-effective preferred glucose testing products.
- The preauthorization process requires that preferred supplies be tried prior to a non-preferred glucose testing supply.
 - BCBSNE's preferred glucose test strip/disk and meter class of supplies is Ascensia®, Contour®, and other products manufactured by Ascensia Diabetes Care.
- Go online to request a FREE testing meter!
 - Contour Next One smart meter
 - Contour Next EZ meter
 - Contour Next meter

Website: www.contournextfreemeter.com (reference ID code BDC-BNB)

Phone: 800-401-8440



The following services require pre-service review:

- Computed Tomography (CT/CTA)
- Magnetic Resonance Imaging (MRI/MRA)
- Nuclear Cardiology
- Positron Emission Tomography (PET)
- Excluded if performed in conjunction with an emergency
- If not pre-authorized, Claim may be denied
- Contracting Providers
 - Nebraska/Outside of Nebraska



Radiology Preauthorization Program

At Blue Cross and Blue Shield of Nebraska (BCBSNE), member safety is a top concern. To ensure the necessity and appropriateness of procedures and services for our members, a prior authorization program is in place, which includes pre-service reviews.

The following services require pre-service review:

- Computed Tomography (CT/CTA)
- Magnetic Resonance Imaging (MRI/MRA)
- Nuclear Cardiology
- Positron Emission Tomography (PET)

Please note: Plain radiology films, imaging studies performed in conjunction with emergency room services and inpatient hospitalizations are excluded from this requirement.

If the service is not pre-authorized, **THE CLAIM MAY BE DENIED AND YOU MAY BE RESPONSIBLE FOR PAYMENT OF THE CHARGES.**

If you reside within Nebraska, contracting providers with BCBSNE are responsible for obtaining pre-service reviews for the services listed above. Nebraska-based providers have been notified about this change. If a contracting provider fails to obtain a pre-service review, he or she will be held responsible for any charges related to services performed.

If you reside outside of Nebraska, you may see providers who practice outside of the state. It is important to note that BCBSNE does not have contractual agreements with out-of-state providers, and these providers may not be aware of the prior authorization and pre-service programs required for your health plan.

It is ultimately your responsibility to see that a pre-service review takes place when required. **If your provider does not submit a pre-service request for the services listed, the claims for those services will be denied and may be considered your liability.**

To avoid possible denial and financial responsibility for the charges if a pre-service review is not done, please familiarize yourself with the services noted, and request that your provider submit a pre-service review if needed, by visiting medicalpolicy.nebraskablue.com.

Also note that if a pre-service review is submitted, but not approved, and the service is provided, you may be held liable for charges for services determined to be not medically necessary.

*BCBSNE does contract with certain facilities in contiguous counties. A contiguous county is a border county in another Blue Plan's service area one county over from the BCBSNE Plan's service area. For example, Harrison County in Iowa is in the Westmark Blue Cross Blue Shield Plan's service area, and a contiguous county to BCBSNE's service area. Therefore, BCBSNE contracted facilities in Harrison County are responsible for obtaining the pre-authorization review for BCBSNE members who see providers at those BCBSNE contracted facilities. BCBSNE is an independent licensee of the Blue Cross and Blue Shield Association. 3/13/21 (1) 04-10



Connecting you to health at no cost



SIGNING UP IS EASY!

Download the Wellframe app from the **App Store** or **Google Play**. Enter your member ID and access code NEWELL when prompted.

Once you sign up, you will have access to:



A personal, daily [health checklist](#) of things you can do to meet your wellness goals



Customized [notifications](#) for your medications, doctor appointments or other daily tasks, encouraged by your health coach



Your [personal dashboard](#) – shows you how many steps you've walked, how many medications you've taken today and what day of the program you are on



A [direct chat](#) with your health coach or care manager for you to ask questions, get advice or just touch base



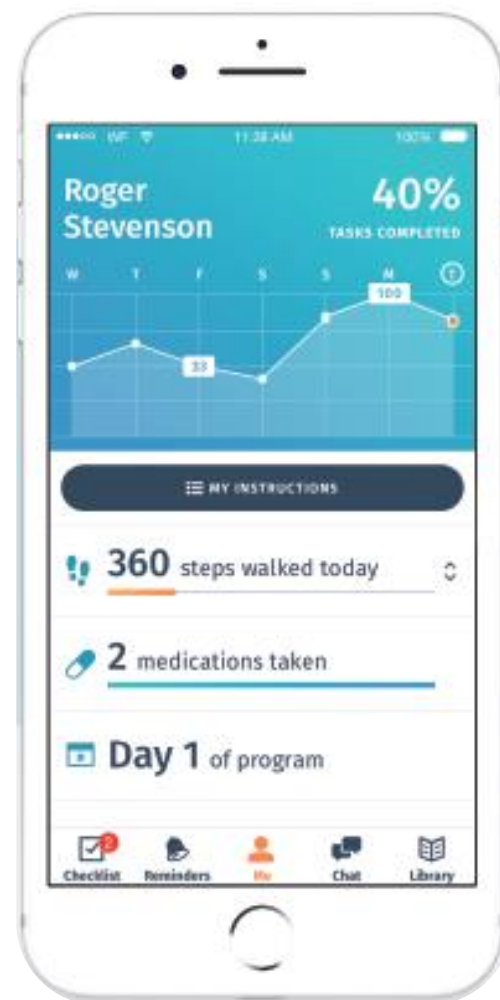
A [library](#) of articles, pictures and videos to learn about different health topics



Download the [Wellframe](#) mobile app

- Access to free services
 - Connected to your very own [health advisor](#)
 - Together you can make the best choices for your health
 - Assess your [daily progress](#) toward your wellness goals
 - Receive [messages](#) directly on your device to help you achieve your goals.
 - Access to a [library](#) of [articles](#) and [educational material](#) to help you better understand any health topics that interest you.

All at no cost to you!





Certified nurse health coaches

Individual help for your specific health goals. Reduce your risk for illness, better manage a health condition, or provide extensive and targeted support for a more complex health problem to inspire healthy living and overall wellbeing.

Health coaching areas of focus:

- [Weight management](#)
- [Healthy eating](#)
- [Tobacco cessation](#)
- [Physical activity program](#)
- [Stress management](#)
- [Chronic health conditions, such as:](#)
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Congestive heart failure
 - Depression
 - Diabetes
 - Heart disease/high blood pressure





ROAD TO RECOVERY

If you are experiencing a complex medical condition or a catastrophic illness or accident, our case management program can help

- Advocate for you and assist you in making informed health care decisions
- Coordinate your care plan with you, your healthcare providers, and other relevant caregivers(including family members)
- Provide information to help you understand your health insurance benefits
- Identify and refer services and resources to meet your needs
- Encourage involvement in your treatment program and empower you to manage your Condition
- Contact you periodically to assure your needs are being met



NURSE-SUPPORTED PROGRAMS

Helping guide you through major life events

Personal Health Care Support

- Weight Management
- Controlling Blood Pressure
- Tobacco Cessation
- Stress Management

Diabetes

- Education and Support
- Prediabetes, Type 1 and Type 2

Maternity

- Education and Encouragement
- Health and High-risk Pregnancies



MENTAL WELL-BEING

You have access to resources for enhancing your overall health and well-being.

Whether you want tips and guidance for practicing self-care, need immediate crisis support or something in between.

Mental and Behavioral Health Care Team

Team of nurses that collaborate and coordinate care for you and your family's mental and behavioral health needs

Telehealth

Video chat with a licensed therapist when and where it's convenient for you.

Visit [NebraskaBlue.com/MentalHealth](https://www.NebraskaBlue.com/MentalHealth) to learn more

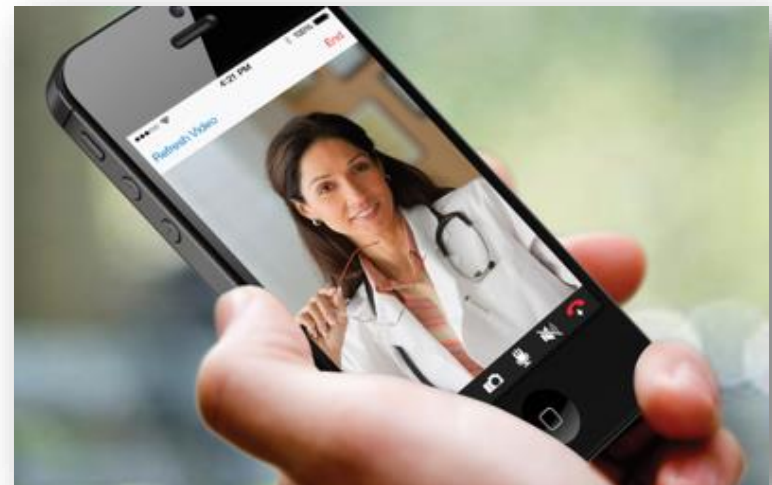
TELEHEALTH SERVICES - \$10 COPAY



- 24/7/365 services provided by Telescope Health (change from AmWell)
- Member access to **U.S. board-certified, licensed and credentialed physicians** for online health care encounters in the comfort of their home or workplace
- **Computer, tablet or phone** access for common conditions-such as sinus infection, Cold, Flu, Rashes, pink eye, and more
- E-prescriptions to the patient's preferred pharmacy*



Connecting to a telehealth doctor is easy! You can scan the code or visit myNebraskaBlue.com to log into your online account, or call the telehealth number on the back of your new member ID card.

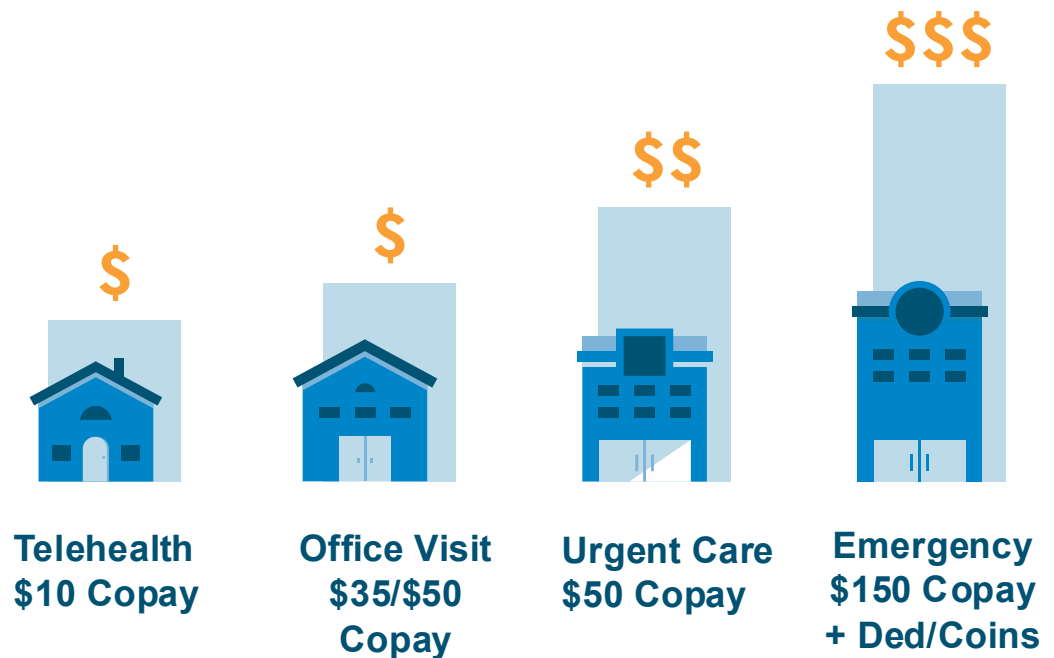




Getting the Right Care at the Right Place

Hospital emergency rooms (ERs) are staffed to focus on medical emergencies.

If you go to the ER for a problem that is not an emergency, you may spend a lot more time and money than for a telehealth visit or at another health care facility.



DECIDING WHERE TO GO...



| If you experience... | You should probably go to... | | | | | |
|---|---|----------------------------------|---|--|--|-----------------------|
| | Telehealth | Your personal physician's office | Retail health clinic | Urgent care center | Emergency room | |
| Animal bites | | | | ✗ | <ul style="list-style-type: none"> Any life-threatening or disabling condition Sudden or unexplained loss of consciousness Chest pain, numbness in face, arm or leg; difficulty speaking Severe shortness of breath High fever with stiff neck, mental confusion or difficulty breathing Coughing up or vomiting blood Cut or wound that won't stop bleeding Major injuries Possible broken bones | |
| Stitches | | | | ✗ | | |
| X-rays | | | | ✗ | | |
| Back pain | ✗ | ✗ | | ✗ | | |
| Mild asthma | ✗ | ✗ | | ✗ | | |
| Minor headaches | ✗ | ✗ | | ✗ | | |
| Sprains, strains | ✗ | ✗ | | ✗ | | |
| Nausea, vomiting, diarrhea | ✗ | ✗ | | ✗ | | |
| Bumps, cuts, scrapes | ✗ | ✗ | ✗ | ✗ | | |
| Burning with urination | ✗ | ✗ | ✗ | ✗ | | |
| Coughs, sore throat | ✗ | ✗ | ✗ | ✗ | | |
| Ear or sinus pain | ✗ | ✗ | ✗ | ✗ | | |
| Eye swelling, irritation, redness or pain | ✗ | ✗ | ✗ | ✗ | | |
| Minor allergic reactions | ✗ | ✗ | ✗ | ✗ | | |
| Minor fevers, colds | ✗ | ✗ | ✗ | ✗ | | |
| Rashes, minor burns | ✗ | ✗ | ✗ | ✗ | | |
| Vaccinations | | ✗ | ✗ | ✗ | | |
| Who usually provides care? | Choice of trusted, U.S. board-certified doctors | Primary care doctor | Physician assistant or nurse practitioner | Internal medicine, family practice, pediatric and ER doctors | | ER doctors and nurses |
| Typical cost | \$ | \$\$ | \$\$ | \$\$\$ | | \$\$\$\$\$ |

SPINE PAIN MANAGEMENT PROGRAM



- BCBSNE is committed to promoting quality care, patient safety and appropriate use of health care.
- Partnered with National Imaging Associates (NIA), a Magellan Health Services' company.
- Program was implemented to ensure the right care is delivered at the right time with high quality and appropriateness of procedures performed according to clinical guidelines.
- Services required for preauthorization include:
 - Lumbar spinal fusion
 - Cervical spinal fusion
 - Epidurals
 - Facet injections
 - Ablations
- Average turn around time for review of requested procedure is 4.5 days.






Home Medicines Pharmacies Learn Forms

Home Delivery

We are excited to announce that PrimeMail now works with Walgreens Mail Service to fill your mail order prescriptions.

Manage your mail order prescriptions with [Walgreens Mail Service](#)



Manage your medicines

- [See prescription history](#)
Review your prescription history and cost information
- [Find medicines](#)
See cost and coverage information
- [Find a pharmacy](#)
Search pharmacies in your network

Home Delivery

We are excited to announce that PrimeMail now works with Walgreens Mail Service to fill your mail order prescriptions.

Manage your mail order prescriptions with [Walgreens Mail Service](#)



Your prescription history for 2017

| | |
|------------------|----------------|
| Total cost: | \$35.66 |
| Your plan paid: | \$0.00 |
| You paid: | \$35.66 |

Prescription history

Condition resources



Get personal support for managing diabetes, high cholesterol, and autoimmune diseases

Prime Specialty by AllianceRx Walgreens Prime



e.com/

BLUE 365 – EXCLUSIVE DEALS



Fitness

Save on activity tracking devices, fitness center memberships, registration fees, athletic footwear and other products and services from Fitbit, Reebok, Skechers and Tivity Health.

Healthy Eating

Get discounts on weight management, healthy eating and meal delivery programs from Jenny Craig, Nutrisystem and Sun Basket.

Personal Care

Save on hearing, vision and dental products and services from Beltone, TruHearing, Davis Vision, ContactsDirect, Glasses.com, LasikPlus and Qualsight Lasik.

Staying Healthy at Home

Working or working out from home? Find the best discounts on Garmin, TRX, Sun Basket and more.

Savings from **over 90** national brands, like: 



[How it Works | Blue365 Deals](#)



How to Register for Blue365

Click the Join Button

The "Join Blue365" button is located on the header at the top of the page.



2026 MEDICAL CONTRIBUTIONS



| | Employee Monthly Premium | Employee per pay period Contribution (26 Pay Periods) |
|-----------------------|--------------------------|---|
| Single | \$203.12 | \$93.75 |
| Employee + Spouse | \$392.16 | \$181.00 |
| Employee + Child(ren) | \$448.51 | \$207.00 |
| Family | \$582.82 | \$268.99 |



| Service | Cost |
|---|---|
| Calendar Year Deductible | |
| Individual Family (3 x Max for Family) | \$50 \$150 |
| Calendar Year Out-of-Pocket Maximum | |
| Per Individual | \$1,000 per individual (Preventive, Basic and Major Services combined) |
| You pay | |
| Preventive Care – 2 per Calendar Year | |
| Exams, Cleanings, X-rays, Fluoride Treatments | Deductible Waived, 0% Coinsurance |
| Basic Services | |
| Fillings, Space Maintainers, Sealants, Extractions, Periodontal Maintenance | Deductible, 20% Coinsurance |
| Major Services | |
| Crowns, Inlays/Outlays, Dentures and Bridgework, Repairs, Oral Surgery, Endodontics | Deductible, 50% Coinsurance |
| Orthodontia | |
| Children (up to 19th birthday) -Lifetime Maximum | Deductible, 50% Coinsurance \$1,000 Lifetime Maximum |

No Changes

The Annual Benefit amount of \$1,000 applies to Preventive Care, Basic & Major Services

Services Late Entrant only At Annual Enrollment

2026 DENTAL CONTRIBUTIONS



| | Employee Monthly Premium | Employee per pay period Contribution (26 Pay Periods) |
|--|---------------------------------|--|
|--|---------------------------------|--|

| | | |
|-----------------------|---------|---------|
| Single | \$36.61 | \$16.90 |
| Employee + Spouse | \$60.89 | \$28.10 |
| Employee + Child(ren) | \$54.83 | \$25.31 |
| Family | \$87.96 | \$40.60 |



Flexible Spending Account Contribution Limits

General Purpose & Limited Purpose

\$3,400

Annual election available 1st day of plan year

Dependent Care

\$7,500

Funds available as deposited in account

Your 2025 election will **NOT** roll over to the 2026 plan year. If you would like to enroll for 2026, you will need to go through the Open Enrollment process. Changes to your election during the year are only allowed with a Qualified Life Event.



Reimburses yourself for necessary daycare expenses incurred by you, and if married, your spouse.

- Child Care and/or Adult Day Care Expenses
- Care for children under 13 or those incapable of self care
- Care for adult dependents incapable of self care
- Qualified Childcare Providers Include:
 - Private Sitter
 - Licensed Day Care Provider
 - An in-home provider *(Not your child under age 19, or anyone you claim as a dependent for income tax purposes)*
 - Summer camps, except overnight camps
 - Tuition is considered a daycare expense through preschool






Account Maintenance

- Plan year ends December 31st
- 2 ½ Month Grace Period – Claims incurred January 1, 2026 – March 15, 2027
- Up to 120 days to file claims for the 2026 plan year
- Unclaimed \$'s are forfeited to the plan

'Use-it-or-Lose-it'

- FSA Administrator makes determinations whether distributions are eligible
- FSA Administrator performs random audits

| Service | Cost |
|--|--|
| WellVision Exam | \$10 |
| <hr/> | |
| Frame | |
| <ul style="list-style-type: none"> \$120 allowance for a wide selection of frames 20% savings on the amount over |  |
| <hr/> | |
| Lenses | |
| <ul style="list-style-type: none"> Single vision Lined bifocal Lines trifocal lenses Standard Progressive Lenses | <ul style="list-style-type: none"> \$25 Copay \$25 Copay \$25 Copay \$90 Copay |
| <hr/> | |
| Lens Enhancements | |
| <ul style="list-style-type: none"> Standard Polycarbonate Tint (solid & gradient) Standard Scratch-Resistance | <ul style="list-style-type: none"> \$40 \$15 \$15 |
| <hr/> | |
| Contacts (instead of glasses) | |
| <ul style="list-style-type: none"> \$120 allowance on contacts; \$25 copay does not apply Contact lens exam (fitting and evaluation) | Reimbursed up to \$55 |

No Changes

2026 VISION CONTRIBUTIONS



**No
Changes**

| | Employee Monthly Premium | Employee per pay period Contribution (26 Pay Periods) |
|-----------------------|--------------------------|---|
| Single | \$6.55 | \$3.02 |
| Employee + Spouse | \$12.44 | \$5.74 |
| Employee + Child(ren) | \$13.10 | \$6.05 |
| Family | \$19.25 | \$8.89 |



Basic Life and AD&D

| Employer Paid Benefit | Benefit Amount |
|---|---|
| Employee | 1.5 Times Basic Annual Earning rounded to next \$1000 Max \$150,000 |
| Spouse | \$5,000 |
| Children | |
| <ul style="list-style-type: none"> • 14 days to 6 months | \$250 |
| <ul style="list-style-type: none"> • 6 months to 19 years (23 if Fulltime Student) | \$2,500 |

Accidental Death & Dismemberment benefit equals the Life Insurance Benefit



Voluntary Life and AD&D

| Voluntary Benefit by the Employee | Benefit Amount |
|-----------------------------------|---|
| Employee | 5 Times Annual Earning in increments of \$10,000 Max \$500,000-New Hire Guarantee Issue \$200,000 |
| Spouse | Increments of \$5,000 up to 2.5 times the employees Annual Earnings Max \$250,000-New Hire Guarantee Issue \$30,000 |
| Children | <ul style="list-style-type: none"> <li data-bbox="214 953 1284 989">• 14 days to 6 months \$250 <li data-bbox="214 996 1306 1032">• 6 months to 25 years \$10,000 |

- **If you are currently enrolled in coverage you can increase your benefit**– You will be able to increase your benefit up to 2 increments without an Evidence of Insurability form.



Short-Term Disability

Employer Paid Benefit

| | |
|------------------------|--|
| Benefit Percentage | 66 2/3% |
| Maximum Weekly Benefit | \$1,500 |
| Elimination Period | 0 days – Accident/Injury 8th day - Sickness |
| Maximum Payment Period | 12 weeks |



Long-Term Disability

Voluntary Benefit by the Employee

| | |
|---------------------------|--|
| Elimination Period | 90 days |
| Gross Disability Benefit | 50% |
| Maximum | \$5,000 per month |
| Minimum | \$100 per month |
| Maximum period of Payment | To Age 65 Reducing Benefit Duration |
| Own Occupation Period | 24 months |

- Age band adjustments occur on renewal date (Jan 1)
- Reducing Benefit Duration
- **Evidence of Insurability** will be required for employees that did not elect coverage during their initial enrollment - At that time, you could be denied coverage



Group Voluntary Accident
Critical Illness Insurance
Hospital Insurance



- Benefits Paid Directly to You
- Coverage for On and Off-the-Job Accidents
- Coverage for You and/or Dependents
- Coverage is Portable
- * No Pre-existing condition exclusions. No EOI required for Timely Enrollees.



24-hour coverage for all insured for accident/injury

Emergency Room Visits

Surgeries

Doctors Visits

Treatments

Follow-up Referral Visits

Ambulance

Hospitalization

Appliances

Physical Therapy

Lacerations

Burns

Fractures of dislocations

Wellness Benefits

- \$75 per year



Initial Critical Illness Benefits

- \$10,000 or \$20,000 Benefit
- Stroke (100%)
- Heart Attack (100%)
- Coronary Artery By-Pass Surgery (30%)
- Major Organ Transplant (100%)
- End Stage Renal Failure (100%)
- Waiver of Premium

Initial Critical Illness Benefits (Plan 2 Only)

- Invasive Cancer (100%)
- Carcinoma in Situ (30%)

Wellness Benefits

- \$75 per year

* No Pre-existing condition exclusions. No EOI required for Timely Enrollees.



- \$1,000 per admission to a max of 1 per year, and 2 per family per year
- \$100/\$200 per day for Hospital/ICU confinement up to 15 days per year

* No Pre-existing condition exclusions. No EOI required for Timely Enrollees.



2026 Open Enrollment

- Your current enrollment will NOT rollover 1/1/2026. You MUST re-enroll for all benefit elections.
- All benefit elections must be Completed online by **December 5th**.

-See enrollment packets for more information-



MARSH & McLENNAN
AGENCY