



# 2026 SUMMARY OF BENEFITS

## FULL-TIME EMPLOYEES

<b>Medical Insurance</b>   BlueCross BlueShield of Illinois	<b>Blue Cross Blue Shield of Illinois PPO</b> <ul style="list-style-type: none"><li>For plan details see Summary of Benefits and Coverage</li><li>Bi-weekly contributions as of January 1, 2026</li></ul> <table><tbody><tr><td>Employee</td><td>\$150.00</td></tr><tr><td>EE + Spouse</td><td>\$265.38</td></tr><tr><td>EE + Child(ren)</td><td>\$230.77</td></tr><tr><td>Family</td><td>\$346.15</td></tr></tbody></table>	Employee	\$150.00	EE + Spouse	\$265.38	EE + Child(ren)	\$230.77	Family	\$346.15
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<b>Medical with HSA Insurance</b>   BlueCross BlueShield of Illinois	<b>Blue Cross Blue Shield of Illinois HSA/PPO</b> <ul style="list-style-type: none"><li>For plan details see Summary of Benefits and Coverage \$3,400 / \$6,800 Embedded Deductible In-Network Deductible, then 20%</li><li>Bi-weekly contributions as of January 1, 2026</li></ul> <table><tbody><tr><td>Employee</td><td>\$99.23</td></tr><tr><td>EE + Spouse</td><td>\$198.46</td></tr><tr><td>EE + Child(ren)</td><td>\$188.31</td></tr><tr><td>Family</td><td>\$249.23</td></tr></tbody></table>	Employee	\$99.23	EE + Spouse	\$198.46	EE + Child(ren)	\$188.31	Family	\$249.23
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<b>Wellness Program</b> <b>Nicotine Free Discount</b>	<ul style="list-style-type: none"><li>Participation in the program provides a discount off your Medical Insurance contribution when submitting certification that you are Nicotine Free</li><li>Bi-weekly discount as of January 1, 2026</li></ul> <table><tbody><tr><td>Employee</td><td>\$17.00</td></tr><tr><td>Spouse</td><td>\$17.00</td></tr></tbody></table>	Employee	\$17.00	Spouse	\$17.00				
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<b>HealthJoy</b>  	<ul style="list-style-type: none"><li>Virtual Care, Anywhere – 24/7</li><li>FREE consultations</li><li>Doctor visit without leaving your home</li><li>Prescriptions called in to pharmacy of your choice</li><li>Telemedicine services offered to all covered health insurance members</li></ul>								
<b>Dental Insurance</b>  	<ul style="list-style-type: none"><li>Deductibles: Individual-\$50/Family-\$150 (aggregate)</li><li>Preventive Services are 100% covered (2 Cleanings per Benefit Period)</li><li>Basic Services covered- 80% / Major Services covered- 50%</li><li>\$1,000 annual maximum benefit per person</li><li>Orthodontia covered – 50% (children and adults) Up to \$1,000 Lifetime Maximum</li><li>Bi-weekly contributions as of January 1, 2026</li></ul> <table><tbody><tr><td>Employee</td><td>\$13.00</td></tr><tr><td>EE + Spouse</td><td>\$17.50</td></tr><tr><td>EE + Child(ren)</td><td>\$22.00</td></tr><tr><td>Family</td><td>\$29.00</td></tr></tbody></table>	Employee	\$13.00	EE + Spouse	\$17.50	EE + Child(ren)	\$22.00	Family	\$29.00
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<b>Vision Insurance</b>  	<ul style="list-style-type: none"><li>Benefit Frequency:<ul style="list-style-type: none"><li>Vision Exam: Every 12 months</li><li>Spectacle Lenses: Every 12 months</li><li>Frames: Every 24 months up to \$130 allowance</li></ul></li><li>Contact Lenses: Every 12 months (\$110 Allowance)</li><li>Freedom Pass: Choice of any frame at Target</li><li>Co-Pays<ul style="list-style-type: none"><li>Vision Examination: \$10.00</li><li>Materials: starting at \$10.00</li></ul></li><li>Bi-Weekly Rates:<ul style="list-style-type: none"><li>Employee Only: \$3.02</li><li>Employee + One: \$4.38</li><li>Employee + Family: \$7.85</li></ul></li></ul>								
<b>Critical Illness Insurance</b>  	<ul style="list-style-type: none"><li>Provides a specific cash benefit for critical illnesses or hospital admissions</li><li>Types of conditions include Invasive Cancer, Heart Attack, Stroke, Kidney Failure, Addison's Disease, Alzheimer's, Parkinson's, coma, and MS</li><li>Rates based on age and coverage amount</li></ul>								
<b>Cancer Select Plus Insurance</b>  	<ul style="list-style-type: none"><li>Benefit Coverage Includes –<ul style="list-style-type: none"><li>Surgery/Cancer Maintenance Therapy/Cancer Screenings/Radiation &amp; Chemotherapy</li></ul></li><li>Wellness Benefit Rider:<ul style="list-style-type: none"><li>Benefit of \$150 is payable per calendar year for one annual cancer screening test on benefit list for employee and spouse.</li></ul></li></ul>								

<h3>Off-the-Job Accident Insurance</h3> 	<ul style="list-style-type: none"> <li>Two different plans are offered – <b>Value and Advantage</b></li> <li><b>Value and Advantage</b> Plan Benefits Include: <ul style="list-style-type: none"> <li>Accident Emergency Treatment</li> <li>Follow-Up Visits and Physical Therapy</li> <li>Initial Accident Hospitalization</li> <li>20% organized sport benefit</li> </ul> </li> <li><b>Advantage</b> Benefits Include: <ul style="list-style-type: none"> <li>Accident Only Expanded Benefits Rider to include burns, lacerations, eye injury, emergency dental work, brain concussion, coma, paralysis, tendons, ligaments, rotator cuffs, etc.</li> </ul> </li> <li><b>Wellness Benefit Rider:</b> <ul style="list-style-type: none"> <li>Benefit is payable of \$150 per calendar year for one annual health screening test on benefit list for employee and spouse.</li> <li>On the Advantage Plan only \$50 is payable per calendar year for one annual health screening test on benefit list for each child covered by the plan</li> </ul> </li> <li>For details on rates, see the Employee Benefit Guide</li> </ul>
<h3>Employee Assistance Program (EAP)</h3>	<p><b>Company Sponsored Benefit</b></p> <p>We all experience personal stress at some point in our lives. For those times when you might need a little extra support and guidance. Your EAP is just a phone call away.</p> <ul style="list-style-type: none"> <li>Assessment Process</li> <li>Short-Term Counseling</li> <li>Referral</li> <li>Work-Life Solutions</li> <li>Legal-Financial Solutions</li> <li>On-Line Solutions</li> </ul>
<h3>Company Sponsored Life and AD&amp;D Insurance</h3> 	<p><b>Company Sponsored Benefit (no cost to employee)</b></p> <ul style="list-style-type: none"> <li>1x Annual Base Salary* Life and AD&amp;D policy (*up to a maximum of \$250,000)</li> </ul>
<h3>Voluntary Life and AD&amp;D Insurance</h3> 	<ul style="list-style-type: none"> <li>Minimum of \$10,000, up to a max. of \$500,000- or 5-times base wages</li> <li>Guarantee Issue <ul style="list-style-type: none"> <li>Employee (Under Age 70) \$100,000</li> <li>Spouse-\$30,000</li> <li>Child(ren)-\$10,000</li> </ul> </li> <li>Rates based on age and coverage amount</li> </ul>
<h3>Short Term Disability</h3> 	<p><b>Company Sponsored Benefit (no cost to employee)</b></p> <ul style="list-style-type: none"> <li>Coverage is available at 60% of base wages</li> <li>Eligibility Requirements <ul style="list-style-type: none"> <li>Must be a regular full-time employee for a minimum of 1 year</li> </ul> </li> </ul>
<h3>Voluntary Long-Term Disability Insurance</h3> 	<ul style="list-style-type: none"> <li>Coverage is available at 60% of base wages</li> <li>Coverage is available with a minimum of \$500/month and a maximum of \$5,000/month</li> <li>Rates based on base wages and employee's age</li> </ul>
<h3>Flexible Spending Account</h3> 	<ul style="list-style-type: none"> <li>Medical Spending Account – maximum \$3,400 Annual</li> <li>Dependent Day Care Account – maximum \$7,500 Annual</li> <li>Debit cards are available for employees and adult dependents</li> </ul>
<h3>Retirement Savings Plan</h3> 	<ul style="list-style-type: none"> <li>Pretax 401(k)</li> <li>All employees will automatically be enrolled at 6% unless they choose to waive or alter the benefit</li> <li>There will be a 1% increase at the beginning of each new calendar year Unless the employee chooses to waive or alter the benefit</li> <li>Post Tax Roth 401(k)</li> </ul>