

















## 2026 SUMMARY OF BENEFITS

### FULL-TIME EMPLOYEES

<p><b>Medical Insurance</b></p>  <p>BlueCross BlueShield of Illinois</p>	<p><b>Blue Cross Blue Shield of Illinois PPO</b></p> <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 <table data-bbox="828 346 1088 457"> <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> </table> </li> </ul>	Employee	\$150.00	EE + Spouse	\$265.38	EE + Child(ren)	\$230.77	Family	\$346.15		
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<p><b>Medical with HSA Insurance</b></p>  <p>BlueCross BlueShield of Illinois</p>	<p><b>Blue Cross Blue Shield of Illinois HSA/PPO</b></p> <ul style="list-style-type: none"> <li>For plan details see Summary of Benefits and Coverage</li> <li>\$3,400 / \$6,800 Embedded Deductible In-Network Deductible, then 20%</li> <li>Bi-weekly contributions as of January 1, 2026 <table data-bbox="755 609 1015 720"> <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> </table> </li> </ul>	Employee	\$99.23	EE + Spouse	\$198.46	EE + Child(ren)	\$188.31	Family	\$249.23		
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<p><b>Wellness Program</b> <b>Nicotine Free Discount</b></p>	<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 <table data-bbox="820 846 1071 898"> <tr><td>Employee</td><td>\$17.00</td></tr> <tr><td>Spouse</td><td>\$17.00</td></tr> </table> </li> </ul>	Employee	\$17.00	Spouse	\$17.00						
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<p><b>HealthJoy</b></p> 	<ul style="list-style-type: none"> <li>Virtual Care, Anywhere – 24/7 <ul style="list-style-type: none"> <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> </li> </ul>										
<p><b>Dental Insurance</b></p> 	<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 <table data-bbox="820 1266 1071 1377"> <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> </table> </li> </ul>	Employee	\$13.00	EE + Spouse	\$17.50	EE + Child(ren)	\$22.00	Family	\$29.00		
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<p><b>Vision Insurance</b></p> 	<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> <li>Contact Lenses: Every 12 months (\$110 Allowance)</li> </ul> </li> <li>Freedom Pass: Choice of any frame at Target</li> <li>Co-Pays <table data-bbox="657 1591 933 1650"> <tr><td>Vision Examination:</td><td>\$10.00</td></tr> <tr><td>Materials: starting at</td><td>\$10.00</td></tr> </table> </li> <li>Bi-Weekly Rates: <table data-bbox="1006 1591 1282 1675"> <tr><td>Employee Only:</td><td>\$3.02</td></tr> <tr><td>Employee + One:</td><td>\$4.38</td></tr> <tr><td>Employee + Family:</td><td>\$7.85</td></tr> </table> </li> </ul>	Vision Examination:	\$10.00	Materials: starting at	\$10.00	Employee Only:	\$3.02	Employee + One:	\$4.38	Employee + Family:	\$7.85
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<p><b>Critical Illness Insurance</b></p> 	<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>										
<p><b>Cancer Select Plus Insurance</b></p> 	<ul style="list-style-type: none"> <li>Benefit Coverage Includes – Surgery/Cancer Maintenance Therapy/Cancer Screenings/Radiation &amp; Chemotherapy</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>										

<p><b>Off-the-Job Accident Insurance</b></p> 	<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>
<p><b>Employee Assistance Program (EAP)</b></p>	<p><b><i>Company Sponsored Benefit</i></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>
<p><b>Company Sponsored Life and AD&amp;D Insurance</b></p> 	<p><b><i>Company Sponsored Benefit (no cost to employee)</i></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>
<p><b>Voluntary Life and AD&amp;D Insurance</b></p> 	<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>
<p><b>Short Term Disability</b></p> 	<p><b><i>Company Sponsored Benefit (no cost to employee)</i></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>
<p><b>Voluntary Long-Term Disability Insurance</b></p> 	<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>
<p><b>Flexible Spending Account</b></p> 	<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>
<p><b>Retirement Savings Plan</b></p> 	<ul style="list-style-type: none"> <li>• Pretax 401(k) <ul style="list-style-type: none"> <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> </ul> </li> <li>• Post Tax Roth 401(k)</li> </ul>