



# 2026 BENEFITS ENROLLMENT SUMMARY



# 2026 BENEFITS

## INTRODUCTION

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Northwest Building Supply is proud to offer a comprehensive benefits package to eligible employees who satisfy the plan requirements.

The complete benefits package is briefly summarized in this booklet. More detailed information about each of these programs can be found within your contract documents.

### BENEFITS OFFERED

- Medical - Cigna
- Primary Health Partners
- Dental - Mutual of Omaha
- Vision - Mutual of Omaha
- Basic Life and AD&D - Mutual of Omaha
- Short Term Disability- Mutual of Omaha
- Flexible Spending Account

If you have any questions about the information within this packet, please feel free to contact the broker resource listed on the contact page of the guide, or your Human Resources Department.

Your dental and vision payroll deductions are reflected within this guide. Please consult your Human Resources Department regarding your cost for medical coverage.

*\*If you (and your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal Law gives you more choices about your prescription drug coverage. Please see the notice section of this guide for details.*

*The plan year is June 1st — May 31st. However, the plan benefits run on a calendar year basis which means the deductible and out of pocket start over January 1st.*

# 2026 MEDICAL & PHARMACY BENEFITS

Administered by Cigna

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare.

Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost. Northwest Building Supply offers you OAP Buy Up (37532693) plan. To see a current list of network providers online, visit <https://hcpdirectory.cigna.com/>.

Please see page 8 for more information regarding Insure Oklahoma.

<b>OAP Buy Up (37532693) Insure OK Qualified</b>	
<b>In-Network</b>	
<b>Annual Deductible</b>	\$1,000 Individual \$3,000 Family
<b>Annual Out-of-Pocket (includes deductible)</b>	\$3,000 Individual \$9,000 Family
<b>Coinsurance (Member Pays)</b>	20%
<b>Doctor's Office</b>	
<b>Primary Care Office Visit</b>	\$20 Copay
<b>Specialist Office Visit</b>	\$20 Copay
<b>Preventive Care:</b> <i>(routine exams, x-rays/tests, immunizations, well baby care and mammograms)</i>	Covered 100%
<b>Emergency Room</b>	\$100 Copay then 20% after deductible
<b>Urgent Care</b>	\$50 Copay
<b>Retail Prescription Benefits</b>	
<b>Preferred Generic</b>	\$10 Copay
<b>Preferred Brand</b>	\$35 Copay
<b>Non-Preferred Brand</b>	\$75 Copay
<b>Specialty</b>	\$150 Copay
<b>Mail Order Prescription Benefits</b>	
<b>Preferred Generic</b>	\$25 Copay
<b>Preferred Brand</b>	\$88 Copay
<b>Non-Preferred Brand</b>	\$188 Copay
<b>Specialty</b>	N/A

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Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost. Northwest Building Supply offers you OAP Simple Plan (37532687) plan. To see a current list of network providers online, visit <https://hcpdirectory.cigna.com/>.

	<b>OAP Simple Plan (37532687)</b>
	<b>In-Network</b>
<b>Annual Deductible</b>	\$0 Individual \$0 Family
<b>Annual Out-of-Pocket (includes deductible)</b>	\$6,000 Individual \$12,000 Family
<b>Coinsurance (Member Pays)</b>	0%
<b>Doctor's Office</b>	
<b>Primary Care Office Visit</b>	\$50 Copay
<b>Specialist Office Visit</b>	\$85 Copay
<b>Preventive Care:</b> <i>(routine exams, x-rays/tests, immunizations, well baby care and mammograms)</i>	Covered 100%
<b>Emergency Room</b>	\$500 Copay
<b>Urgent Care</b>	\$150 Copay
<b>Retail Prescription Benefits</b>	
<b>Preferred Generic</b>	\$20 Copay
<b>Preferred Brand</b>	\$40 Copay
<b>Non-Preferred Brand</b>	\$70 Copay
<b>Specialty</b>	\$150 Copay
<b>Mail Order Prescription Benefits</b>	
<b>Preferred Generic</b>	\$60 Copay
<b>Preferred Brand</b>	\$120 Copay
<b>Non-Preferred Brand</b>	\$210 Copay
<b>Specialty</b>	\$450 Copay

# 2026 MEDICAL & PHARMACY BENEFITS

Administered by Cigna

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare.

Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost. Northwest Building Supply offers you OAP HSA (37532691) plan. To see a current list of network providers online, visit <https://hcpdirectory.cigna.com/>.

**If you select this plan, the employee only will be enrolled in the Primary Health Partners Plan. Spouse and dependent children may also be added at the employee's expense.**

	<b><u>OAP HSA (37532691)</u></b>
	<b>In-Network</b>
<b>Annual Deductible</b>	\$6,000 Individual \$12,000 Family
<b>Annual Out-of-Pocket (includes deductible)</b>	\$7,000 Individual \$14,000 Family
<b>Coinsurance (Member Pays)</b>	20%
<b>Doctor's Office</b>	
<b>Primary Care Office Visit</b>	20% after deductible
<b>Specialist Office Visit</b>	20% after deductible
<b>Preventive Care:</b> <i>(routine exams, x-rays/tests, immunizations, well baby care and mammograms)</i>	Covered 100%
<b>Emergency Room</b>	20% after deductible
<b>Urgent Care</b>	20% after deductible
<b>Retail Prescription Benefits</b>	
<b>Preferred Generic</b>	\$10 Copay after deductible
<b>Preferred Brand</b>	\$30 Copay after deductible
<b>Non-Preferred Brand</b>	\$60 Copay after deductible
<b>Specialty</b>	N/A
<b>Mail Order Prescription Benefits</b>	
<b>Preferred Generic</b>	\$30 Copay after deductible
<b>Preferred Brand Name</b>	\$90 Copay after deductible
<b>Non-Preferred Brand</b>	\$180 Copay after deductible
<b>Specialty</b>	N/A



## What is Primary Health Partners?

PHP is a group of direct primary care providers with a new approach to healthcare. The center of every practice is a personal relationship between the patient and provider.

### What makes PHP different?

- **Same day/next day appointments**  
with no wait or short wait times in the lobby.
- **Appointments that fit your needs**  
Our providers can see you in the clinic, video call, phone call, or even text message.
- **More time with your doctor**  
No being rushed in and out of the clinic! Your provider has time to understand your needs and history. In a hurry? Your provider can also meet your timeline for those needs that require a quick check and consult.
- **After hour access to your doctor**
- **Onsite lab and medications at cost**  
No more running to the lab or pharmacy, everything happens at the clinic **and** at wholesale cost.
- **We can work with any insurance**  
While we don't bill your insurance for your membership, we understand how insurance works and can be a resource in using your benefits in the best way possible.

### What's included in a PHP membership?

- **Treatment of acute conditions**  
(cold & flu, strep, ear infections, asthma, sinusitis, ingrown toenails, nail infections, UTI, and more)
- **Treatment and management of chronic conditions**  
(diabetes, cholesterol, blood pressure, auto immune diseases)
- **EKG**
- **IV Treatment**
- **Removal of skin tags, lesions, moles, and cryotherapy**
- **Laceration repair -sutures/staples**
- **Annual wellness visits**
- **Joint injections**

#### Available at wholesale cost:

- Flu test & flu shot
- RSV test
- Allergy testing & drops
- Hormone therapy pellets
- COVID testing
- Vaccines/immunizations

**Cost - \$79/month for adults \$49/month for children (17 and under)**

**No contract.**

The amount of money saved on medications, labs, specialty appointments, and more pays for the monthly membership. BESIDES having peace of mind that you have an amazing doctor at your fingertips.

## What services are included in my PHP membership?

Wellness Exams  
Well Child Check  
Diabetes Management Urgent Care Visit  
Family Planning  
Ingrown Toenail Removal/Care  
Sports Physicals  
Pregnancy Test  
Weight Loss Management COPD Management Hypertension Management Lipid Management Medication Management

Rapid Strep Test  
Urinalysis  
IV Fluids  
Cryotherapy  
(freezing skin tags, warts, etc) EKG  
Ear Lavage  
Spirometry  
Stitches/Staples Placement  
Stitches/Staples Removal Casting Placement  
Casting Removal

### Available at wholesale cost:

Flu Test  
Flu Shot  
Joint Injections  
Trigger Point Injections  
Osteopathic Manipulation \*  
PRP Injections \*  
Removal of Skin Lesions Lab Draw  
On-Site Pharmacy



## What is Insure Oklahoma?

Insure Oklahoma is an Employer Sponsored Insurance plan that helps employers provide eligible employees with affordable health care insurance.

## What Can IO Do For Me?

### What Every Employee Should Know About the IO Program

- ◆ Employees who participate in Insure Oklahoma save on health insurance premiums provided by their employer by receiving subsidies through Insure Oklahoma.
- ◆ The qualified employee pays no more than 15% of the premium.
- ◆ The employer pays 25% and Insure Oklahoma pays the remaining 60%.
- ◆ If the spouse is eligible for subsidy and enrolled in the health insurance plan, Insure Oklahoma will subsidize 85% of their premium.
- ◆ Insure Oklahoma IS NOT AN INSURANCE COMPANY. Insure Oklahoma is administered by the Oklahoma Health Care Authority.

## Employee Qualifications

### To qualify, an employee should:

- ✓ Be between the ages of 19 and 64.
- ✓ Be an Oklahoma resident and meet citizenship requirements.
- ✓ Not be enrolled in any other state program like SoonerCare (Family Planning, BCC) or Medicare.
- ✓ Be able to provide SSN for all household members.
- ✓ Have an annual household income at or below the Income Guidelines.

2026 ESI Income Guidelines		
Family Size	Max Monthly Income	Annual Income
1	\$3,032	\$36,384
2	\$4,113	\$49,356
3	\$5,191	\$62,292
4	\$6,269	\$75,228
5	\$7,350	\$88,200
6	\$8,429	\$101,148
7	\$9,507	\$114,084
8	\$10,588	\$127,056

Income guidelines are effective April 1, 2026 - March 31, 2027

\* To qualify, the applicant's household must have a modified gross income (MAGI) at or below the guidelines noted above. Visit [www.insureoklahoma.org](http://www.insureoklahoma.org) for information on how MAGI is determined. Dependent children may count toward household size and may be eligible for Insure Oklahoma.

Coverage for spouses and dependents may be available through Insure Oklahoma.

Spouses may be approved for benefits if the spouse:

- Is not employed, or
- Works full-time for an employer that would qualify for IO but is not participating, or
- Works less than 29 hours per week for any size employer.

To see if your children qualify for Insure Oklahoma, please call 888-365-3742 or visit [www.insureoklahoma.org](http://www.insureoklahoma.org).

# Welcome to Cigna Healthcare.

Simple ways to make the most of your plan.

Cigna Healthcare<sup>SM</sup> resources are designed to help you make smarter choices to improve your whole health and health plan spending.



## First, register on [myCigna.com](https://mycigna.com)<sup>®1</sup> to access your digital ID cards and activate all available programs

When your plan year begins, register on [myCigna.com](https://mycigna.com). That way you're ready to go whenever you need to find in-network health care providers, estimate costs or use My Health Assistant.



Register here

## Access virtual care

Conveniently connect with board-certified doctors, therapists, psychiatrists and dermatologists<sup>2</sup> via video or phone.<sup>3</sup>

## Connect with Cigna One Guide<sup>®</sup>

Our friendly guides have forward-thinking technology to answer questions on your plan, offer personalized advice and connect you to the right care.

## Call our 24/7 Health Information Line

Talk with a clinician who can help you choose the right care, whenever you need it – late nights, holidays and more.



Offered by Cigna Health and Life Insurance Company.

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## Ensure in-network care

myCigna<sup>®</sup> and One Guide can help you stay in-network, maximize savings and avoid any surprises.

## Get preventive care

Preventive care, such as check-ups, biometric screenings and wellness screenings, is available at no additional cost to you. It's even available<sup>4</sup> virtually for maximum convenience.

## Prioritize behavioral support

- 115K+ virtual providers, the largest virtual network in the country<sup>5</sup>
- 285K+ mental health and substance use providers<sup>5</sup>

## Simplify with home delivery medications

Express Scripts<sup>®</sup> Pharmacy, our home delivery pharmacy, is a convenient option when you're taking a medication on a regular basis. It's simple and safe – and saves you trips to the pharmacy.

## Identity Theft protection

IdentityForce offered through Cigna Healthcare at **no additional cost**.<sup>6</sup>

## Utilize case management programs

Complex medical conditions can be overwhelming. Our trained teams can help you coordinate care, understand benefits and reach goals through online coaching.

## First, register on myCigna.com or the myCigna® App<sup>7</sup>

Once you've registered, you can:

- Access your digital ID cards for yourself and any dependents. You can download the card images to save, share, print or email directly to your dependents and to your providers.
- Understand what's covered in your plan
- Find in-network doctors, hospitals and facilities and sort them by location, reviews and Cigna's quality rating
- Get cost estimates for appointments, procedures and medications<sup>8</sup>
- Compare costs for 30- and 90-day medications and see if lower-cost alternatives are available
- Find retail pharmacies that offer a 90-day supply
- Manage and track claims
- Get alerts when new plan documents are available
- Access a variety of health and wellness resources, including an online health assessment, health tracking tools and My Health Assistant digital coaching

## Virtual care<sup>3</sup>

Virtual care can be a convenient and affordable option for a wide range of care. For appointments, you can work with an in-network provider or connect with an MDLIVE<sup>®3</sup> provider at **myCigna.com**.

Right from your phone, tablet or computer, you can:

- Access board-certified doctors, psychiatrists, dermatologists and licensed therapists
- Get virtual urgent care 24/7/365 – even on weekends and holidays with MDLIVE
- Access virtual primary care for preventive care, routine care and specialist referrals
  - Preventive care check-ups/wellness screenings are available at no additional cost<sup>9</sup> and can help identify conditions early
  - Routine care visits allow you to build a relationship with the same primary care provider (PCP) to help manage conditions
- Access dermatologists<sup>2</sup> for fast, customized care for skin, hair and nail conditions – no appointment required

- Schedule an online virtual behavioral health appointment in minutes through MDLIVE
- Have a prescription sent directly to your local pharmacy if appropriate

## Cigna One Guide

Through a combination of intelligent technology and empathetic human support, One Guide delivers a simplified experience through seamless interactions delivered via phone, live chat on **myCigna.com** or the myCigna App. One Guide can help you:

- Resolve health care issues
- Save time and money
- Get the most out of your plan
- Find the right hospitals, dentists and other health care providers in your plan's network
- Get cost estimates
- Understand your bills
- Navigate the health care system

## In-network care

Save money when you use doctors, hospitals and health facilities that are part of your plan's network. Chances are there's a network doctor or facility right in your neighborhood. It's easy to find quality, cost-effective care at **myCigna.com**.

## Preventive care

It's important to catch any issues while they're still small. That's why we cover eligible preventive care services at no extra cost, including:<sup>4</sup>

- Screenings for blood pressure, cholesterol and diabetes
- Testing for colon cancer
- Clinical breast exams and mammograms
- Pap tests
- Additional covered procedures listed on **myCigna.com**

Since your physical and emotional health are connected, make sure to talk about how you're feeling at your annual check-up.

## Behavioral care

You have access to 115K+ virtual providers, the largest virtual network in the country,<sup>5</sup> and 285K+ mental health and substance use providers.<sup>5</sup> Whether you're dealing with a behavioral health condition, going through a rough time or looking for substance use support, you can find the one that fits your needs, either in person or virtually. To find a virtual provider:

- Go to **myCigna.com** > Find Care & Cost
- Search for "Behavioral Health Counselor" under "Doctor by Type"
- Call to make an appointment with your selected provider

Online visits with our behavioral health network providers cost the same as in-office visits. Costs vary by plan.

## 24/7 Health Information Line

At no extra cost, you can speak to a clinician to make better informed decisions about your care. Whether it's reviewing home treatment options, following up on a doctor's appointment or finding the nearest urgent care center in your plan's network, you can call the number on your Cigna Healthcare<sup>SM</sup> ID card, day or night.

## Specialty medications

If you're using a specialty medication to treat a complex medical condition, Accredo<sup>®</sup>, a Cigna specialty pharmacy, can help. Their team of specialty-trained pharmacists and nurses will fill and ship your medication to your home (or location of your choice).<sup>10</sup> They'll also provide you with the personalized care and support you need to manage your therapy – at no extra cost. Here are some of the services they provide:

- **Easily order, manage and track** your medications on your phone or online<sup>11</sup>
- Fast shipping, at **no extra cost**<sup>12</sup>
- Easy refills and free reminders. Refill certain prescriptions **by text**<sup>13</sup>
- **24/7 access to specialty-trained pharmacists and nurses** experienced in complex conditions
- **Personalized** care services
- **Help with applying for third-party copay assistance** programs and other options

To learn more about Accredo, go to **Cigna.com/specialty**. To get started using Accredo, call **877.826.7657**.

## Case management programs

Take advantage of our personal services to help you with your personal health needs. A Cigna Healthcare case manager, trained as a nurse, can work closely with you and your doctor to check on your progress. You can get help with conditions and illnesses, such as cancer and end-stage renal disease, as well as with neonatal care and pain management.

You also have access to My Health Assistant on **myCigna.com** to help you:

- Control stress
- Lose weight and eat better
- Enjoy exercise
- Quit tobacco
- Manage diabetes, chronic obstructive pulmonary disease, asthma and other conditions

 Enroll online today. Go to **myCigna.com** > Wellness > Health Assistant.

## TIPS TO HELP YOU SAVE MONEY

Save on prescription drugs	Know where to go for care	Choose the right provider	Be proactive about your health
<ul style="list-style-type: none"> <li>Find the complete list of covered medications on <b>myCigna.com</b></li> <li>Use the Price a Medication tool on myCigna to compare prices and purchase mail-order prescriptions<sup>4</sup></li> <li>Use generics when possible</li> <li>Know what brand-name medications are covered in your plan</li> <li>Ask your doctor about a 90-day supply for your maintenance medication(s) through our home delivery pharmacy service<sup>5</sup></li> </ul>	<ul style="list-style-type: none"> <li>Use an emergency room for true emergencies</li> <li>Don't wait: Locate an in-network convenience care clinic, sometimes found within a grocery store, or urgent care center near you, before you need it</li> <li>For minor medical conditions, connect with a board-certified doctor via video or phone when, where and how it works best for you. Visit <b>myCigna.com</b>, or call MDLIVE at 888.726.3171 to talk with a doctor 24/7.<sup>3</sup></li> <li>Don't be fooled: Some emergency rooms look like urgent care centers, so know what type of facilities are in your area</li> </ul>	<ul style="list-style-type: none"> <li>Know which providers are in your network by going to <b>myCigna.com</b> &gt; Find Care &amp; Costs</li> <li>Choose providers who have received the Cigna Care Designation – high-performance recognition given to physicians in certain specialties who meet Cigna Healthcare quality and medical cost-efficiency standards<sup>6</sup></li> <li>Opt to connect with a board-certified doctor, therapist or psychiatrist via video or phone<sup>3</sup></li> <li>Use in-network national labs to help save money</li> </ul>	<ul style="list-style-type: none"> <li>Get information on the cost of medications and treatments to avoid surprises</li> <li>Use your preventive care benefits, learn your core health numbers (blood pressure, cholesterol and blood glucose), and make use of the health improvement tools at <b>myCigna.com</b></li> </ul>

### Find your way to better health.

Get more information on all the programs that are available to you.



When your plan year begins, register on **myCigna.com**.



Call the 24/7 customer service number on your ID card.



Download the **myCigna App**.<sup>6</sup>



1. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com. 2. Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care. Treatment plans will be completed within a maximum of 3 business days but usually within 24 hours. 3. Cigna Healthcare provides access to virtual care through participating in-network providers. Not all providers have virtual capabilities. Cigna Healthcare also provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. All health care providers are solely responsible for the treatment provided to their patients; providers are not agents of Cigna Healthcare. Refer to plan documents for complete description of virtual care services and costs. 4. Not all preventive care services are covered, and different plans may cover different things. For example, immunizations for travel are usually not covered. See your plan materials for a complete list of covered preventive care services. 5. Internal unique provider data as of November 2022. Subject to change. 6. The program and services are provided by an independent company/entity and not by Cigna Healthcare. Program and services are subject to all applicable program terms and conditions. Program availability is subject to change. Not available to insured clients situated in NY and NJ. 7. The downloading and use of any mobile App is subject to the terms and conditions of the App and the online store from which it is downloaded. Standard mobile phone carrier and data usage charges apply. 8. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information. 9. For legacy clients that have a non-zero preventive care benefit, customers' preventive benefit will be applied when receiving a virtual wellness screening. 10. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office. 11. You'll see your first order in the myCigna App or website once Accredo ships it. 12. Standard shipping costs are included as part of your prescription plan. 13. The ability to refill prescriptions by text is only available for certain medications. To get text messages, you'll have to sign up for Accredo's texting service. You can do this when you call Accredo to refill your prescription. Once you sign up, simply reply to their welcome text to get started. Standard text messaging rates apply. 14. Prices shown on myCigna are not a guarantee. Coverage falls under your plan terms and conditions. Visit myCigna for more information. 15. Not all plans offer coverage for 90-day prescriptions. 16. Patient experience, quality designations, cost-efficiency and other ratings found in Cigna Healthcare's online provider directories are a partial assessment of quality and should not be the only basis for decision-making (as such measures have a risk of error). They are not a guarantee of the quality of care that will be provided to individual patients. Individuals are encouraged to consider all relevant factors and talk with their physician about selecting a health care facility. Providers are solely responsible for any treatment provided and are not agents of Cigna Healthcare.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, contact a Cigna Healthcare representative.

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# Know which medications your plan covers.

View your drug list 24/7 at [Cigna.com/PDL](https://Cigna.com/PDL), on the myCigna® App or at [myCigna.com](https://myCigna.com)®.

Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.  
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## View your drug list online.

Whether you're a taking medication now or in the future, it's important to know which medications your plan covers.

### Before your plan starts:

1. Go to [Cigna.com/PDL](https://Cigna.com/PDL).
2. Click on "Drug Lists for Employer Plans" and scroll down until you get to the section for the Cigna Advantage Prescription Drug List.
3. Click on the pdf called **4 Tier (all specialty medications covered on tier 4)**.

### Once your plan starts:

1. Log in to the **myCigna app**<sup>1</sup> or **myCigna.com**.
2. Use the **Price a Medication tool** to see how your medication is covered and how much it costs.<sup>2</sup>



Your plan uses the Cigna Healthcare<sup>SM</sup> Advantage 4-Tier prescription drug list.

1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at [myCigna.com](https://myCigna.com).  
2. Prices shown on [myCigna](https://myCigna.com) are not guaranteed and coverage is subject to your plan terms and conditions. Visit [myCigna](https://myCigna.com) for more information.

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# 2026 DENTAL BENEFITS

Administered by Mutual of Omaha

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Northwest Building Supply dental benefit plan. To see a current list of network providers online, visit [www.mutualofomaha.com](http://www.mutualofomaha.com) and search for dental providers.

<b>Dental Benefits</b>		
<b>Annual Deductible</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Individual</b>	\$50	\$50
<b>Family</b>	\$150	\$150
<b>Waived for Preventive</b>	Yes	Yes
<b>Annual Maximum</b>		
<b>Per Person</b>	\$1,500	\$1,500
<b>Covered Services</b>		
<b>Type A - Preventive</b>	100%	100%
<b>Type B - Basic Restorative</b>	80% after deductible	80% after deductible
<b>Type C - Major Services</b>	50% after deductible	50% after deductible

\*Each time you need dental care, you can choose to:

<b>See an In-Network Provider</b>	<b>See an Out-of-Network Provider</b>
<ul style="list-style-type: none"> <li>Your Out-of-pocket cost will generally be the least amount because Mutual of Omaha Providers have contracted to accept a lower Allowable Amount as payment in full for Eligible Dental Expenses</li> <li>You are not required to file claim forms</li> <li>You are not balance billed for costs exceeding the Allowable Amount for Mutual of Omaha Dentists</li> </ul>	<ul style="list-style-type: none"> <li>Your out-of-pocket costs may be greater because Non-Contracting Providers have not entered into a contract with Mutual of Omaha to accept any Allowable Amount determination as payment in full for Eligible Dental Expenses</li> <li>You are required to file claim forms</li> <li>You are balance billed for costs exceeding the Mutual of Omaha Allowable Amount</li> <li>OON reimbursement 95th percentile R&amp;C</li> </ul>

# 2026 VISION BENEFITS

Administered by Mutual of Omaha

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone. To keep your eyes healthy, Northwest Building Supply offers Mutual of Omaha vision benefits through the EyeMed's Insight Network.

See below for a synopsis of the general benefits available under the plan.

<b>Vision Benefits: EyeMed's Insight Network</b>		
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Eye Exam—Every 12 Months</b>	\$10 Copay	Up to \$37
<b>Lenses—Every 12 Months</b>		
<b>Single Vision Lenses</b>	\$25 Copay	Up to \$20
<b>Lined Bifocal Lenses</b>	\$25 Copay	Up to \$36
<b>Lined Trifocal Lenses</b>	\$25 Copay	Up to \$64
<b>Lenticular Lenses</b>	\$25 Copay	Up to \$64
<b>Frames—Every 24 Months</b>		
<b>Allowance</b>	\$150 allowance then 20% off	Up to \$66
<b>Contact Lenses—Every 12 Months</b>		
<b>Medically Necessary</b>	Covered in full	Up to \$210
<b>Elective</b>	Conventional: \$150 allowance then 15% off; Disposable: \$150 allowance	Conventional: Up to \$102; Disposable: Up to \$120
<b>Contact Fitting and Evaluation</b>	Standard: \$40 allowance; Premium: 10% off retail price	N/A

# 2026 BASIC TERM LIFE & AD&D BENEFITS

Administered by Mutual of Omaha

## Employer Paid

Northwest Building Supply provides employees with Basic Life and AD&D insurance through Mutual of Omaha. This benefit is applicable to active full-time employees that satisfy all plan requirements **at no cost to you.**

<u>Basic Term Life / AD&amp;D</u>	
<b>Basic Life</b>	An amount equal to 2 times Your Basic Annual Earnings.
<b>Accidental Death &amp; Dismemberment</b>	An amount equal to your Basic Life Insurance
<b>Plan Maximum</b>	\$350,000
<b>Age Reduction Formula (reduces by)</b>	Reduces by 35% of the original amount at age 65; and to 50% of the original amount at age 70+.

Term Life Features	AD&D Features
<ul style="list-style-type: none"> <li>Continuation of Life insurance while totally disabled as defined by the Group Policy</li> <li>Accelerated Benefits Option</li> <li>Portability</li> <li>Grief Counseling</li> <li>Funeral discounts and planning services</li> </ul>	<ul style="list-style-type: none"> <li>Seat Belt Benefit</li> <li>Child Care Benefit</li> <li>Life Settlement Account</li> <li>Air Bag Benefit</li> <li>Common Carrier Benefit</li> </ul>

# 2026 SHORT-TERM DISABILITY

Administered by Mutual of Omaha

Short Term Disability insurance can replace a portion of your income during the initial weeks of a disability. Because of unforeseen circumstances that can arise, Northwest Building Supply provides you with an opportunity to elect Short Term Disability coverage. Certain exclusions, along with any pre-existing condition limitations, may apply; Benefit is available for all active full-time employees who are enrolled in the medical plan working at least 30 hours per week **at no cost to you.**

Short Term Disability Benefits	
<b>Weekly Benefit Percentage</b>	60%
<b>Weekly Benefit Maximum</b>	\$1,000
<b>Elimination Period—Injury/Sickness</b>	14 Calendar Days
<b>Benefit Duration</b>	11 Weeks

Answers to Some Important Questions...

**Q: Can I still receive benefits if I return to work part time?**

A: Yes. As long as you are disabled and meet the terms of your Disability plan, you may qualify for adjusted disability benefits.

Your plan offers financial and Rehabilitation incentives designed to help you to return to work when appropriate, even on a part time basis when you participate in an approved Rehabilitation Program. While disabled, you may receive up to 100% of your pre-disability earnings when combining benefits. Rehabilitation Incentives and other income sources such as Social Security Disability Benefits and State Disability Benefits, and part-time earnings.

With the Rehabilitation Incentive you can get a 10% increase in your weekly benefit. Following the 4th weekly benefit payment, the Family Care Incentive provides reimbursement up to \$100 per week for eligible expenses, such as child care. You may be eligible for the Moving Expense Incentive if you incur expenses in order to move to a new residence recommended as part of the Rehabilitation Program. Expenses must be approved in advance.

**Q: Are there exclusions to my coverage?**

A: Yes. Your plan does not cover any disability which results from or is caused or contributed by:

- Elective treatment or procedures, such as cosmetic surgery, sex-change surgery, reversal of sterilization, liposuction, visual correction surgery or in-vitro fertilization, embryo transfer procedure, artificial insemination, or other specific procedures. However, pregnancies and complications any of these procedures will be treated as a sickness.
- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
- Active participation in a riot;
- Intentionally self-inflicted injury or attempted suicide;
- Commission of or attempt to commit a felony.

Additionally, no payment will be made for disability caused or contributed to by any injury or sickness for which you are entitled to benefits under Worker's Compensation or a similar law.

Other limitations or exclusions to your coverage may apply. Please review your Certificate of Insurance for specific details or contact your Human Resources Department.

# FLEXIBLE SPENDING ACCOUNTS

## Administered by Flex Administrators

### Flexible Spending Accounts

The Medical Flexible Spending Account is commonly known as an FSA.

You can use your FSA for medical, dental and vision expenses. You can elect up to **\$3,400** for your Medical FSA for the year.

FSA's are a "use it or lose it" plan, which means that if you don't use all of the money you elected you will forfeit the remaining dollars back to your employer.

### Dependent Care Flexible Spending Account

Your Dependent Care FSA can be used to pay for out-of-pocket daycare expenses, after-school programs, and day camp programs for dependents up to the age of 13. It also covers costs for disabled spouse or dependents of any age.

- Your household can elect up to \$7,500 annually through the Dependent Care FSA.
- A household can be a single adult electing \$7,500 or if you are married or have a domestic partner and elect \$7,500 total together as a household.
- If you are married but filing separately your total annual election can still not exceed \$7,500.

You can contribute dollars to your Dependent Care FSA pre tax via your payroll dollars to help pay for qualified dependent care expenses.

### FSA IRS Regulations

- Elections cannot be changed mid-year
- Qualifying status changes
  - Marital status
  - Number of dependents
  - Job status
  - Daycare cost/provider change

Need help?

Please visit [www.myflexaccount.com](http://www.myflexaccount.com).

**\*\*NOTE:** Any remaining funds in your account, **exceeding the \$660 rollover allowance**, will need to be used before the deadline (incurred by May 31, 2026, but can be submitted up until July 31, 2026). Please note the rollover for 2026-2027 will increase to \$680.00

# 2026 PAYROLL DEDUCTIONS

June 1, 2026—May 31, 2027

Dental—Mutual of Omaha	Monthly	Employer Monthly Contribution	Employee Per Payroll Contribution
Employee Only	\$34.97	-	\$16.14
Employee + Spouse	\$71.67	-	\$33.08
Employee + Child(ren)	\$74.65	-	\$34.45
Employee + Family	\$118.71	-	\$54.79
Vision—Mutual of Omaha	Monthly	W/ Medical Insurance	W/O Medical Insurance
Employee Only	\$6.37	\$0	\$2.94
Employee + Spouse	\$12.76	\$2.95	\$5.89
Employee + Child(ren)	\$10.80	\$2.04	\$4.98
Employee + Family	\$17.82	\$5.28	\$8.22
Primary Health Partners—Cigna	Monthly		
Adults	\$84		
Children (17 and under)	\$49		

**\*\*Please note: if you are waiving medical coverage at NWBS but have other medical insurance elsewhere. Your vision payroll deduction is "with Medical Insurance". Also, if you don't enroll in any type of health insurance, you are only eligible for dental and vision paid by the employee.**

**Medical payroll deductions are available through your employer or log into the EASE system. Northwest covers 70% to 80% of the employee premium based off which plan you elect.**

# CONTACT INFORMATION

JUNE 1, 2026 - MAY 31, 2027

If you should have any questions during the plan year, there are many resources at your disposal. The carrier contacts listed below can assist you with many types of issues, including understanding your benefits, assisting with claim problems and helping you locate network providers. If the carrier contacts listed are unable to assist you, please feel free to reach out to the broker resource indicated.

CARRIER INFORMATION			
BENEFIT	CARRIER	WEBSITE	
Medical	Cigna	<a href="https://hcpdirectory.cigna.com/">https://hcpdirectory.cigna.com/</a>	
Dental	Mutual of Omaha	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>	
Vision	Mutual of Omaha	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>	
Basic Term Life & AD&D	Mutual of Omaha	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>	
Short Term Disability	Mutual of Omaha	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>	
Flexible Spending Accounts	Flex Administrators	<a href="http://www.myflexaccount.com">www.myflexaccount.com</a>	
OTHER			
Gallagher Benefit Services	Tiffany Paine Edmunds	405.471.5053	<a href="mailto:Tiffany_Edmunds@ajg.com">Tiffany_Edmunds@ajg.com</a>

# NOTES



# DISCLAIMER

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to the amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

*This benefit summary prepared by*



**Gallagher**

Insurance | Risk Management | Consulting