



2026 Employee Benefits Summary

Eligibility: Regular and Seasonal Full-Time Employees

Benefit Credits: In addition to your base salary, Benefit Credits of \$3.38 per hour are provided for you to purchase your employee-only benefits.

Coverage begins: First day of employment, when elections are submitted within 30 days

Medical Insurance

In-Network Covered Services	NationalONE \$0 copay / 50% Coinsurance	Empower HSA
<i>HealthPartners' (in partnership with Cigna) <u>Open Access</u> network allows you to maximize your benefits nationwide.</i>		
Calendar Year Deductible	\$0	\$5,000 Individual \$10,000 Family
Health Savings Account (HSA) SEH HSA Contribution	-	SEH contributes to your HSA Bank Account up to \$500 single / \$1,000 family
Calendar Year Out-of-Pocket Limit	\$3,500 Individual \$7,000 Family	\$5,000 Individual \$10,000 Family After SEH HSA Contribution: \$4,500 Individual \$9,000 Family
Preventive Care Routine Physical Exams Immunizations, Well Child Care Routine Cancer Screenings Routine Eye Exams Prenatal & Postnatal Care	100% coverage (Deductible does not apply)	
Physician's Office Services Office/Telemedicine Visits Physical, Occupational & Speech Online Visits through www.virtuwell.com (available in <u>some states</u>)	100%	100% after deductible
Lab & X-Ray Services	50%	100% after deductible
Hospital Services Inpatient Hospital Services Outpatient Hospital Services Outpatient Lab & X-Ray Services Outpatient MRI & CT Services	50%	100% after deductible
Emergency Care Urgent Care Center Emergency Room Ambulance	100% 50% 50%	100% after deductible
Prescription Drugs Generic / Brand Name Medicare Creditable Coverage Status	\$15 copay / \$60 copay Creditable	\$15 copay / \$60 copay Creditable
Mental/Chemical Health Services Outpatient Inpatient	50%	100% after deductible



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Health Savings Account (HSA) – Associated Bank

Employees enrolled in the Empower HSA medical plan may voluntarily open an HSA bank account to set aside pre-tax dollars for eligible non-reimbursed health care expenses, as well as receive the SEH contribution.

Maximum HSA contribution limit, including SEH contribution: \$4,400 single / \$8,750 family

-SEH Contribution: up to \$500 single / \$1,000 family, as contributed per pay period

-Eligible participants age 55+ by the end of the calendar year may also contribute an additional

Flexible Spending Accounts (FSA)

Healthcare / Limited Use FSA allows you to set aside up to \$3,300 pre-tax dollars for eligible non-reimbursed health care expenses. The Dependent Care FSA allows you to set aside \$7,500 pre-tax dollars per household for eligible dependent care expenses.

Dental Insurance

In-Network Covered Services

Delta Dental's PPO Plus Premier network allows you to maximize your benefits nationwide.

Deductible	\$100 per person per lifetime
Calendar Year Plan Maximum	\$1,200 per person per calendar year
Lifetime Orthodontic Maximum	\$1,200 per person per lifetime
Diagnostic, Preventive and Basic <ul style="list-style-type: none">• Routine exams, cleanings• Fluoride treatment, sealants• X-Rays• Simple extractions• Amalgam (silver) fillings, composite (white) resin fillings	100% after lifetime deductible
Oral Surgery (6-month waiting period) <ul style="list-style-type: none">• Surgical/Nonsurgical extractions	100% after lifetime deductible (Simple) 50% after lifetime deductible (Complex)
Restorative Services (12-month waiting period) <ul style="list-style-type: none">• Crowns, space maintainers• Endodontics (root canal therapy) Periodontics (gum treatment)• Bridges, dentures	50% after lifetime deductible
Orthodontic Services (24-month waiting period) <ul style="list-style-type: none">• Per eligible covered person age 8 through 18	50% after lifetime deductible



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Vision Insurance – EyeMed (Insight Network)

Employees may voluntarily purchase coverage on glasses and contact lenses for themselves, spouses/domestic partners, and dependent children. Includes additional discounts on laser vision correction services, hearing exams and hearing aids.

Basic Life with Accidental Death & Dismemberment (AD&D) Insurance – The Hartford

No cost to eligible employees. Paid for by SEH Benefit Credits. Benefit: \$50,000 Basic Life and \$50,000 AD&D coverage.

Supplemental Life with Accidental Death & Dismemberment (AD&D) Insurance – The Hartford

Employees may voluntarily purchase additional amounts of group term life and AD&D insurance for themselves, spouses/domestic partners, and dependent children.

Short-Term Disability Insurance – Formula Corporation

No cost to eligible employees. Paid for by SEH Benefit Credits on an after-tax basis to ensure any disability benefits payable are excluded from taxable income.

Benefit: 60% of weekly salary, up to \$1,500 maximum weekly benefit

Waiting Period: 0 days for non-work related injury, 7 days for illness/pregnancy

Maximum Benefit Period: 12 weeks of disability, or until eligible for Long-Term Disability benefits

Long-Term Disability Insurance – The Hartford

No cost to eligible employees. Paid for by SEH Benefit Credits on an after-tax basis to ensure any disability benefits payable are excluded from taxable income.

Benefit: 60% of monthly salary or 70% of monthly earnings after deduction of other income benefits, up to \$12,500 monthly maximum benefit.

USI Benefit Resource Center

We encourage you to contact the **USI Benefit Resource Center (BRC) Team** with any benefit related questions throughout the year. The Benefit Specialists at USI are experienced professionals and their primary responsibility is to assist you! They can answer many of the benefits questions you have, or they will help you find an answer. Contact them during Open Enrollment or any time throughout the year for benefit and claim assistance.

Monday through Friday 8:00am to 5:00pm Mountain & Central Standard Time

Phone: 855-874-0742

Email: BRCMT@usi.com

Disclaimer

Summary Plan Descriptions (SPD) are available on Connect. SPDs include out-of-network coverage information, full plan coverage details and eligibility rules. In the event of any discrepancies, the SPD will prevail.