



Piping Solutions That Fit.®

 **PICOR®**

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2026-2027 Employee Benefits Guide Illinois

Core Pipe Benefits

Welcome to the Core Pipe Team!

At Core Pipe, our success comes from dedicated employees like you. You bring the insight, expertise, and ambition that help us deliver the best possible service to each employee's particular needs. We know that every employee is unique. Each of you has different needs when it comes to benefits. With that knowledge, Core Pipe provides a competitive benefits program that offers choices to protect the health and well-being of you and your family. This guide will provide an overview of the benefits available to all eligible employees. Please read this information carefully so you can make the best choices in benefits.

Enrollment Checklist

- ✓ **Read about your benefits.**
Read this guide and share it with your family.
- ✓ **Decide which benefits are best for you and your family.**
Think about your family's needs when considering plan options.
- ✓ **Enroll.**
Make your elections during Open Enrollment. If you are a new hire, please contact the HR department for eligibility information.

Benefits You Can Choose

- Medical
- Dental
- Voluntary Vision
- Voluntary Life
- Voluntary Accident
- Voluntary Critical Illness
- Voluntary Hospital Indemnity

Benefits Core Pipe Provides

- You receive this benefit at no cost to you.*
- Group Life and AD&D

**Additional Benefit information
can be viewed on
Corepipebenefits.com**

This Benefit Guide is offered as a highlight of the benefits available to eligible employees of Core Pipe. It is not intended to be a complete description of any plan. Nothing in this Benefit Guide is intended to create any express or implied contract of employment or guarantee of any benefits. All insurance contracts and plans have limitations and exclusions that apply. Please refer to and read all plan documents for more complete descriptions. If any statement conflicts with the applicable plan documents, the plan documents will govern. Core Pipe reserves the right to amend, modify, or eliminate any benefit program with or without prior notice.

Who's Eligible?

All full-time employees regularly scheduled to work at least 30 hours a week are eligible for benefits. You can enroll your eligible family members as described here. Please contact your Human Resources department regarding eligible dependents. Dependents who turn 26 come off the Medical and Vision plan on the last day of the month they turn 26. For all other plans, they lose coverage the day they turn 26.

Enrolling

New Hires: You must enroll at the appropriate time if you would like coverage. If you miss this deadline, you will need to wait until the next Open Enrollment or have a qualifying life event in order to elect benefits.

Open Enrollment: You may enroll or change your elections once a year during Open Enrollment. You will receive an announcement prior to Open Enrollment.

Qualifying Status Change

The benefit elections you make (either as a new hire or during Open Enrollment) stay in place for the entire plan year, unless you have a qualifying status change. Federal law prohibits you from dropping, adding, or changing any plan paid with pre-tax dollars during the plan year. However, you may make a change if you encounter a qualifying event. These events include changes in your family status that may affect your coverage needs, such as birth or adoption of a child, marriage, divorce, or a dependent who becomes ineligible for coverage.

If you experience a qualifying event and need to make a change during the plan year, contact Core Pipe's Human Resources department within 30 calendar days of the event. For IRS guidelines and a list of qualifying events, go to <https://www.healthcare.gov/glossary/qualifying-life-event/>.

Opt-Out Credit

This plan year Core Pipe will be offering an Opt-Out Credit for any full-time employee that wishes to waive their medical coverage. For anyone currently not enrolled in our medical plan you will receive a \$500 per month credit. (Please note this is taxable income). For anyone that is currently on the plan but wants to waive coverage you will receive \$500 per month for employee only coverage or \$1,000 for employee and spouse, employee and child(ren), or family coverage.

You must show proof that you have other coverage to receive the incentive payment.

Some things to consider before waiving coverage:

- Can you get coverage elsewhere? – waiving coverage now does not qualify as a life changing event to go to the Market Place or to be added to a spouse's plan unless they are also in the open enrollment period.
- Most employers have a plan that has a January renewal so if your spouse's plan is a January renewal make sure you can join their plan.

If you are Medicare eligible (over the age of 65) you can enroll in Medicare at any time as long as you have creditable health and prescription coverage (Core Pipe's plan is creditable).

Benefit Contacts

Need more information?

Use these contacts to find in-network providers, check your claims, ask questions about your benefits, and more.

Plan	Administrator	For Help with	Website	Phone
Medical		<ul style="list-style-type: none"> Finding network providers & pharmacies Managing claims Coverage questions Finding forms 	www.myuhc.com	Navigate: 855-828-7715 Charter: 877-805-1970 Core: 866-633-2446
Pharmacy		<ul style="list-style-type: none"> Finding in-network pharmacies Managing claims Coverage questions 	www.optumrx.com	800-356-3477
Dental		<ul style="list-style-type: none"> Finding network Dentists Managing dental claims Coverage questions 	www.deltadentalil.com	800-323-1743
Vision		<ul style="list-style-type: none"> Finding network providers Vision claims Coverage questions 	www.myuhcvision.com	800-638-3120
Life Insurance		<ul style="list-style-type: none"> Life and AD&D plan Supplemental Life plan 	www.myuhcftp.com	888-299-2070 Option 3
Accident Critical Illness Hospital Indemnity		<ul style="list-style-type: none"> Claims questions Reimbursements Coverage questions 	www.uhcfinancialprotection.com	888-299-2070
Employee Assistance Program		<ul style="list-style-type: none"> Financial & Legal Support Wealth Management Counseling Services Will and Trust preparation Travel Assistance Beneficiary Services Estate Planning Fraud Resolution 	liveandworkwell.com Code: LIFESENSVS	866-302-4480 (See brochure for additional information)

Medical Plan Options

Option 1: Core PPO w/HRA (EGLL)

Option 2: Navigate HMO w/ HRA (EGJ7)

Option 3: Charter HMO (EGI2)

Option 4: Core HSA (Health Savings Account) (EGGG)

Preferred Provider Organization (PPO)

Although you have the flexibility to see any doctor or visit any hospital of your choice, you will pay significantly less money out of your pocket if you use a doctor or hospital that is in the network. For most doctor visits, you simply pay a copayment at the time of service. You have a great deal of flexibility and choice with a PPO and can manage your out-of-pocket costs by remaining in network.

The Health Reimbursement Arrangement (HRA) is automatic when you enroll in this plan. When you have claims that go toward your deductible, we reimburse you for part of your deductible. If you elect a plan with an HRA, You are responsible for the 1st 50% of the Deductible and then Core Pipe will cover the rest. The 2 plans that offer this option are the Core PPO w/HRA Plan (EGLL) Network: Core, and the Navigate HMO w/HRA (EGJ7) Network: Navigate HMO.

Health Maintenance Organization (HMO) With an HMO plan you will have lower out-of-pocket costs and a set copay for a range of medical services. However, you must select a primary care physician (PCP) who will provide or coordinate most of your care. For specialty care, you will need a referral from your PCP. If you do not receive care through a PCP, your medical costs will not be covered by the HMO.

High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

Although you have the flexibility to see any doctor or visit any hospital of your choice, you will pay significantly less money out of your pocket if you use a doctor or hospital that is in the network. Preventative care services are covered at 100%. For other services, including prescription drugs, no benefits will be paid until you have met your annual deductible. The HSA is a bank account paired with your HDHP that allows you to save money on a tax-free basis to pay your deductible and other out-of-pocket medical expenses in the current year or in the future. Qualified medical expenses that can be paid using this account include doctor visits, prescription drugs, and even dental and vision expenses. You own the money in your HSA account, and it is yours to keep – even when you change plans or retire. The funds can roll over from year to year and you do not pay tax on withdrawals used for qualified medical expenses. The HDHP PPO Plan (EGGG) allows you to open an HSA account.

Finding Network Providers

UnitedHealthcare has an extensive network both in and out of Illinois. To find in-network providers, go to www.myuhc.com and select “Find a Provider.” and Select the Core or Navigate HMO network. Look for the Premium Care Physician with blue hearts to get the best quality and most cost-efficient providers.

RX and Maintenance Medications

You may fill a 30-day supply at the preferred pharmacy of your choice or a 90-day supply at CVS, Costco, and Walgreens. As new drugs become available to consumers or the prices of existing drugs increase or decrease, insurers may add, remove or move drugs between cost tiers. Drugs placed in a higher tier may cost you more money or may only be covered after you try lower-tiered drugs first. For questions about specific prescriptions (including ongoing prescriptions) or for additional information regarding your prescription coverage, please contact your prescription drug provider at 800-356-3477 to determine the costs and learn more about their restrictions prior to filling your prescriptions. The prescription drug list associated with both plans is called the Advantage PDL.

PPO w/HRA Plan (EGLL) Network: Core (HRA applies to In-Network Benefits only)

Plan Features	In-Network Network: Core	Out-of- Network
Deductible	\$3,000 individual, \$6,000 family (individual pays first half of deductible – Core Pipe pays remainder)	\$5,000 individual, \$10,000 family
Coinsurance	80%	60%
Out-of-Pocket Maximum <i>(includes deductible)</i>	\$6,000 individual, \$12,000 family	\$10,000 individual, \$20,000 family
Office Visit	\$30 Primary (copay is waived for children under 19 in the Designated Network) / \$30 Designated Network Specialist or \$60 in Network Specialist	40% after deductible
Virtual Visit	\$0	40% after deductible
Preventive Care	\$0	40% after deductible
Inpatient Services	20% after deductible	40% after deductible
Urgent Care	\$50 copay	40% after deductible
Emergency Room	\$250 copay + 20% coinsurance	
Prescription Out-of-Pocket Maximum	Included in Medical	
Prescription Drugs Retail <i>(30-day)</i>	\$10 / \$35 / \$60	
Prescription Drugs Mail-Order <i>(90-day)</i>	2.5 x retail copay	
	HMO Navigate w/HRA (EGJ7) Network: Navigate	HMO Charter (EGI2) Network: Charter (Advocate Providers)
Plan Features	In-Network Benefits Only	In-Network Benefits Only
Deductible	\$2,000 individual, \$4,000 family (individual pays first half of deductible – Core Pipe pays remainder)	\$1,000 individual, \$2,000 family
Coinsurance	80%	100%
Out-of-Pocket Maximum <i>(includes deductible)</i>	\$6,000 individual, \$12,000 family	\$2,500 individual, \$5,000 family
Office Visit	\$30 Primary (this copay is waived for children under 19) / \$60 Specialist	\$20 Primary (this copay is waived for children under 19) / \$40 Specialist
Virtual Visit	\$0 Designated Virtual Provider	\$0 Designated Virtual Provider
Preventive Care	\$0	\$0
Inpatient Services	20% after deductible	0% after deductible
Urgent Care	\$50 copay	\$50 copay
Emergency Room	\$250 copay + 20% coinsurance	\$300 copay
Prescription Out-of-Pocket Maximum	Included in Medical	
Prescription Drugs Retail <i>(30-day)</i>	\$10 / \$35 / \$60	
Prescription Drugs Mail-Order <i>(90-day)</i>	2.5 x retail copays	

Core HDHP PPO Plan (EGGG) with Health Savings Account (HSA) Network: Core

Plan Features	In-Network Network: Core	Out-of- Network
Deductible	\$3,400 individual, \$6,800 family	\$5,000 individual, \$10,000 family
Coinsurance	100%	80%
Out-of-Pocket Maximum <i>(includes deductible)</i>	\$4,000 individual, \$8,000 family	\$10,000 individual, \$20,000 family
Office Visit	0% after deductible	20% after deductible
Virtual Visits	\$54	Not available
Preventive Care	\$0	20% after deductible
Inpatient Services	0% after deductible	20% after deductible
Urgent Care	0% after deductible	20% after deductible
Emergency Room	0% after deductible	
Prescription Drugs Retail <i>(30-day)</i>	\$10 / \$35 / \$60 after deductible	
Prescription Drugs Mail – Order <i>(90-day)</i>	2.5 x retail after deductible	

Important information for medical professionals about UnitedHealthcare's HRA

Attention: Doctors, hospital staff and all appropriate billing and administrative personnel

Re: Billing procedures for UnitedHealthcare HRA members

UnitedHealthcare is committed to improving the health care experience for everyone involved: the employers who purchase it, the doctors who deliver it, and most of all, the people who receive it. Our consumer-driven health plans (CDHPs) put more decision-making power in the hands of consumers. UnitedHealthcare's HRA is an example of a CDHP in that it pairs a dedicated account for qualified health expenses with "first dollar" coverage for all eligible member responsibility.



Please follow these steps concerning claims processing for UnitedHealthcare HRA members:

1. Ask the member to show his or her UnitedHealthcare medical ID card. Contract numbers appear on the front of the card.
2. Please do not ask members to pay any deductible or other cost of care, except indicated copays, at the time of service.
3. Submit all claims to the mailing address on the back of the member ID card. Claims are paid directly to UnitedHealthcare network providers from the member's health reimbursement account (HRA). If the member has a remaining balance, UnitedHealthcare will notify you and inform the member of any remaining balance he or she owes to you. You may then bill the member directly.

Members should notify UnitedHealthcare of any inpatient admissions and certain other procedures as described in their plan documents.

Thank you for your attention to this process.

For questions and eligibility and benefit verification, call your physician service number. Or call Customer Care at the number indicated on the back of the member's ID card.

HMO & PPO Members

24/7 virtual care. Zero dollars.

Connect to a provider anytime, anywhere with 24/7 Virtual Visits. With your health plan, your cost is usually \$0.¹



Another way to get care

With 24/7 Virtual Visits, providers may treat a wide range of health conditions — many of the same ones treated in an emergency room (ER) or urgent care. If needed, providers may even prescribe medications.²

- Cough • Difficulty sleeping
- Headache • Congestion / sinus
- Sore Throat • Fever
- Fatigue / Weakness • Loss of appetite
- Nasal discharge

Looking for smart savings?

An estimated 25% of ER visits may be treated with a 24/7 Virtual Visit — bringing a potential \$2,000³ cost down to

\$0

Visit Call Open

myuhc.com/virtualvisits | 1-855-615-8335 | UnitedHealthcare® app

Access to care for unexpected health concerns



24/7 Virtual Visit experience

Meet Tessa, a working mom with young children.

Tessa is getting ready for work when she notices her son has a rash. She schedules a 24/7 Virtual Visit through myuhc.com® and the provider diagnoses her son with contact dermatitis and sends a prescription to a local pharmacy. Tessa picks up the prescription on her way to daycare and 15 minutes later heads to work.



Scan the QR code to access your virtual care options

United Healthcare

¹ The Designated Virtual Visit Provider's reduced rate for a 24/7 Virtual Visit is subject to change at any time.

² Certain prescriptions may not be available, and other restrictions may apply.

³ Average allowed amounts charged by UnitedHealthcare network providers are not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. Estimated urgent care savings are based on the difference between average urgent care visit cost of \$180 and virtual visit cost of \$0; \$2,000.00 difference between the average emergency room visit and the average urgent care visit. The information and estimates provided are for general informational and illustrative purposes only and is not intended to be nor should be construed as medical advice or a substitute for your doctor's care. You should consult with an appropriate health care professional to determine what may be right for you. In an emergency, call 911 or go to the nearest emergency room.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

24/7 Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.



HSA Members Visit with a provider 24/7 — whenever, wherever

With 24/7 Virtual Visits, you can connect to a provider by phone or video¹ through myuhc.com[®] or the UnitedHealthcare[®] app



Another way to get care

Providers can treat a wide range of health conditions — including many of the same conditions as an emergency room (ER) or urgent care — and may even prescribe medications,² if needed. **With a UnitedHealthcare plan, your cost for a 24/7 Virtual Visit is usually \$54 or less.³**

Consider 24/7 Virtual Visits for these common conditions and more

- Cough • Fatigue/weakness • Congestion/sinus pain
- Headache • Nasal discharge • Fever
- Sore throat • Difficulty sleeping • Loss of appetite

\$54^{or less}

An estimated 25% of ER visits could be treated with a 24/7 Virtual Visit — bringing a potential \$2,000⁴ cost down to \$54 or less

Get started

Sign in at myuhc.com/virtualvisits | Call the number on your health plan ID card
| Download the UnitedHealthcare app

United Healthcare[®]

¹ Data rates may apply.

² Certain prescriptions may not be available, and other restrictions may apply.

³ The Designated Virtual Visit Provider's reduced rate for a 24/7 Virtual Visit is subject to change.

⁴ Average allowed amounts charged by UnitedHealthcare Network Providers are not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. Estimated urgent care savings are based on a \$131 difference between an average urgent care visit cost of \$180 and a Virtual Visit cost of \$54; \$2,000 difference between the average emergency room visit and the average urgent care visit. The information and estimates provided are for general informational and illustrative purposes only and are not intended to be nor should be construed as medical advice or a substitute for your doctor's care. You should consult with an appropriate health care professional to determine what may be right for you. In an emergency, call 911 or go to the nearest emergency room.

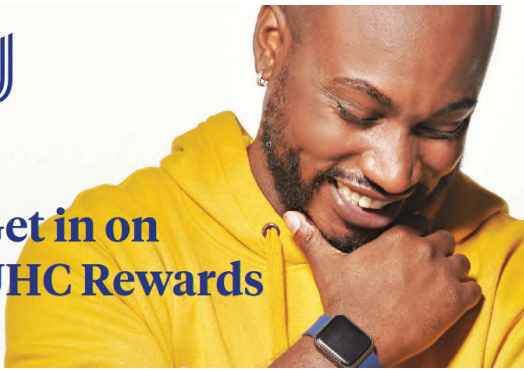
The UnitedHealthcare[®] app is available for download for iPhone[®] or Android[®]. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

24/7 Virtual Visits is a service available with a Designated Virtual Network Provider via video, or audio-only where permitted under state law. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.



Get in on
UHC Rewards



United
Healthcare

Good news—your health plan comes with a new way to earn up to \$300. UnitedHealthcare Rewards is included in your health plan at no additional cost.

There's so much good to get

With UHC Rewards, a variety of actions—including many things you may already be doing—lead to rewards. The activities you go for are up to you—same goes for ways to spend your earnings. Here are some ways you can earn:

Reach daily goals

- Track 5,000 steps or 15 active minutes each day, or double it for an even bigger reward
- Track 14 nights of sleep

Complete one-time reward activities

- Go paperless
- Get a biometric screening
- Take a health survey
- Connect a tracker

Personalize your experience by selecting activities that are right for you—and look for new ways of earning rewards to be added throughout the year.

Earn up to
\$300

There are 2 ways to get started



On the UnitedHealthcare® app

- Scan this code to download the app
- Sign in or register
- Select the **Menu** tab and choose **UHC Rewards**
- Activate UHC Rewards and start earning
- Though not required, connect a tracker and get access to even more reward activities

On myuhc.com®

- Sign in or register
- Select **UHC Rewards**
- Activate UHC Rewards
- Choose reward activities that inspire you—and start earning



Your health

Get in on an experience that's designed to help inspire healthier habits

Your goals

Personalize how you earn by choosing the activities that are right for you

Your rewards

Earn up to \$300 and use it however you want

Questions?

Call customer service at **1-866-230-2505**

UnitedHealthcare Rewards is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. Receiving an activity tracker, certain credits and/or rewards and/or purchasing an activity tracker with earnings may have tax implications. You should consult with an appropriate tax professional to determine if you have any tax obligations under this program, as applicable. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. You may call us toll-free at 1-866-230-2505 or at the number on your health plan ID card, and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Rewards may be limited due to incentive limits under applicable law. Subject to HSA eligibility, as applicable. This program is not available in Hawaii, Kansas, Vermont and Puerto Rico. Components subject to change.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

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Rediscover your passion for health

With One Pass Select™, we're on a mission to make fitness engaging for everyone. One Pass Select can help you reach your fitness goals, while finding new passions along the way. Find a routine that's right for you whether you work out at home or at the gym. Choose a membership tier that fits your lifestyle and provides everything you need for whole body health in one easy, affordable plan

As of January 1, 2025, you and your eligible family members (18+) can get started with One Pass Select when you activate UnitedHealthcare Rewards. Plus, you can use your earnings to help pay for your One Pass Select membership.



Find your fit with One Pass Select



At the gym

Choose from our large nationwide network of gym brands and local fitness studios. Use any gym in the network and create a routine just for you.

\$34 /mo
Classic
 12,000+ gym locations

\$109 /mo
Premium
 16,000+ gym and premium locations

\$69 /mo
Standard
 14,000+ gym and premium locations

\$159 /mo
Elite
 20,000+ gym and premium locations

**An enrollment fee may apply.
 Or get started with a digital-only plan for \$10/Mo.**



At home

Work out at home with live or on-demand online fitness classes. Try our workout builder to get routines created just for you based on your fitness level and interests.



To get started:

1. Scan this code to download the **UnitedHealthcare®** app
2. Sign in or register
3. Select **UHC Rewards**
4. Select **Redeem rewards** to access One Pass Select

One Pass Select is a voluntary program featuring a subscription based nationwide gym network, digital fitness and grocery delivery service. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them. Purchasing discounted gym and fitness studio memberships, digital fitness or grocery delivery services may have tax implications. Employers and individuals should consult an appropriate tax professional to determine if they have any tax obligations with respect to the purchase of these discounted memberships or services under this program, as applicable. One Pass Select is a program offered by Optum. Subscription costs are payable to Optum.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

UnitedHealthcare Rewards is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. Receiving an activity tracker, certain credits and/or rewards and/or purchasing an activity tracker with earnings may have tax implications. You should consult with an appropriate tax professional to determine if you have any tax obligations under this program, as applicable. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. You may call us toll-free at 1-866-230-2505 or at the number on your health plan ID card, and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Rewards may be limited due to incentive limits under applicable law. Components subject to change. This program is not available for fully insured members in Hawaii, Vermont and Puerto Rico nor available to level funded members in District of Columbia, Hawaii, Vermont and Puerto Rico.



Mind. Body. You.

Make the connection with Calm Health.



The Calm Health app provides programs and tools to help support your mental health and well-being — all at your own pace. As a UnitedHealthcare member, Calm Health is included in your health plan and available at no additional cost.

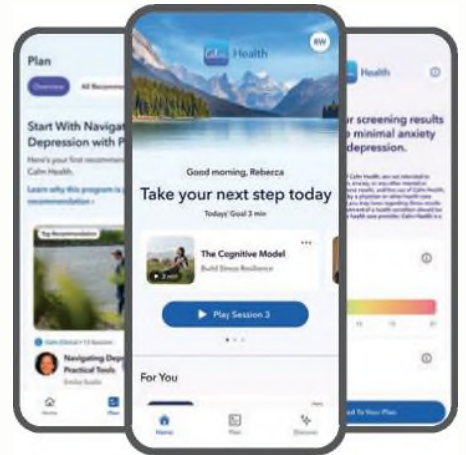
Resources to help support your mental health

To help tailor your Calm Health experience, you'll begin with a short mental health screening. Then, Calm Health will suggest certain programs for you to consider based on where you are in your well-being journey.

Tap into tools and support

The Calm Health app brings you a library of support — including mindfulness content and programs created by psychologists — for a variety of health experiences and life stages. This information is designed to help you:

- **Learn techniques to improve well-being** – Find tools, music and sounds to help you meditate, improve focus, move mindfully and feel calm
- **Work toward goals** – Join self-guided self-care programs, and track your progress along the way
- **Support your mind and body** – Access mental health information and support to help you strengthen the mind-body connection



Scan this code to get started or visit uhc.app/calm

You'll be prompted to sign in on the UnitedHealthcare® app or at myuhc.com® first. If you don't have an account, select Register to create one.



Health Savings Account (HSA)

Health Savings Account

If you enroll in the HSA PPO plan, you may enroll in a Health Savings Account (HSA). An HSA is a separate, tax-advantaged medical savings account available *only* if you enroll in what's considered a qualified high deductible health plan (HDHP). You can open an HSA through most major banks.

An HSA works similarly to a personal checking account; however, the money can only be used to pay for qualified medical expenses. Your HSA can pay for you *and* your eligible dependents' medical expenses tax free. An HSA belongs solely to you, which means you keep the account even if you change jobs or retire, and any unused funds rollover from year to year. Other HSA advantages include:

- You can add tax free contributions. You take the deduction when filing your taxes. This helps you save on most state and federal taxes.
- You can use the money in your account to pay for eligible out-of-pocket medical, dental, and vision expenses.
- You can pay COBRA and *some* Medicare premiums with your HSA.
- You can use the money at any time, as long as it's for a qualified medical expense.

Who can't open an HSA?

- You cannot be enrolled in Medicare. (If you had an HSA prior to enrolling in Medicare, you may still use the funds. You just can't contribute to the account anymore.)
- You cannot be claimed as a dependent on someone else's taxes.
- You cannot have a regular FSA. (If you do have an FSA, but decide to open an HSA, your FSA will be re-labeled a limited use FSA. Limited use FSAs cannot be used to pay for medical and pharmacy expenses but can be used for qualified dental and vision.)

Contribution Limits

Each year, the IRS sets an annual limit on deposits to HSAs. The maximum you can deposit into your HSA depends on whether you enroll in individual or family coverage. The limits consider contributions from all sources – amounts you or anyone else deposits. Individuals over the age of 55 may contribute an additional \$1,000 every year.

2026 HSA Contribution Limits

Individual	\$4,400
Family	\$8,750



You and your eligible dependents can enroll in the Delta Dental PPO dental plan. In the PPO, you are free to use any dentist at any time, but using an In-Network Delta Dental PPO provider you will receive the greatest discount and your annual maximum will go further. The Premier Network also uses In-Network dentists, but you will receive a lesser discount than the PPO Network. **You will maximize your benefit by receiving care from a Delta PPO network dentist.** Network providers offer discounted fees to Delta Dental, and you share in the savings.

*Out of Network dentists can result in balance billing from your provider.

Delta Dental PPO			
Plan Features	Delta Dental PPO Network (You Pay)	Delta Dental Premier Network Dentist (You Pay)	Out-of-Network* (You Pay)
Annual Maximum	\$1,000 per person + To Go Rollover		
Deductible	\$50 Single / \$150 Family		
Preventive (<i>Exams, Bitewing X-rays, Cleanings, Fluoride, Space Maintainers, Sealants</i>)	0% Deductible waived	0% Deductible waived	0% Deductible waived
Basic Services (<i>Periodontics, Fillings, Simple Extractions, Endodontics, Oral Surgery</i>)	20% Deductible applies	20% Deductible applies	20% Deductible applies
Major Services (<i>Crowns, Bridges, Dentures, implants</i>)	50% Deductible applies	50% Deductible applies	50% Deductible applies
Orthodontia (<i>to age 19</i>)	50%	50%	50%
Orthodontia Lifetime Maximum	\$1,500 per person		

Implants are included in Major services and the To Go feature rolls over a portion of your unused annual maximum (see next page for details).

To find an In-Network dentist visit www.deltadentalil.com

Take it to go with Delta Dental of Illinois.

The To GoSM feature - an option for Delta Dental PPOSM and Delta Dental Premier[®] programs - ensures that enrollees don't have to leave unused annual maximum behind.

Enrollees don't have to leave unused annual maximums behind anymore. With Delta Dental of Illinois' To Go feature, they can take the unused amount "to go" from one year to the next. This option offers enrollees more flexibility and can help them prepare for more extensive and costly dental treatment.

In traditional PPO plans, the annual maximum is a "use it or lose it" benefit. The To Go feature gives enrollees the ability to carryover any qualified, unused portion of their annual maximum in a given year and apply it to their To Go Bank, increasing their total dollars for dental treatment. (Contact your sales executive for complete underwriting guidelines; this feature may not be available for all Delta Dental PPO

and Delta Dental Premier plans.) Unused annual maximums eligible for carryover in a given year will be subject to a dollar threshold depending on the specific plan design. The enrollee also must have had a dental service that applies to the annual maximum (preventive/diagnostic, basic or major) during the year in order to carry over any unused annual maximum.

Example

Year 1	Year 2	Year 3
		Annual Max: \$1,000
	Annual Max: \$1,000	To Go Bank balance for year 3: \$1,000
	To Go Bank balance for year 1: \$500	Eligible Benefits Received (Applied to Year 3 Annual Max): \$1,500
Annual Max: \$1,000	Eligible Benefits Received: (Applied to Year 2 Annual Max) \$400	Unused Annual Max: (Exhausted all \$1,000 of Annual Max) \$0
Eligible Benefits Received: \$500	Unused Annual Max: (\$1,000 - \$400) \$600	To Go Benefit Used: Claims exceeded annual max by \$500
Unused Annual Max: \$500	To Go Benefit/carryover: (The To Go Bank balance is \$500; total To Go Bank cannot exceed the total of the annual max (\$1,000) so only \$500 of the unused annual max for the current year can be applied to the To Go Bank) \$500*	To Go Benefit/carryover: (Used all \$1,000, therefore there is \$0 to carryover into the To Go Bank, but there is still a To Go Bank balance that will carryover to Year 4) \$0
To Go Benefit/carryover: \$500	To Go Bank balance: (Available for use in Year 3) \$1,000	To Go Bank balance: (Available for use in Year 4) \$500

\$500 was applied to the annual maximum with \$500 unused. \$500 is carried over into the To Go Bank, increasing the total benefit in Year 2.

*Total To Go Bank cannot exceed the total of the annual maximum. With \$500 already in the To Go Bank (amount carried over from Year 1). Only \$500 from the \$600 unused annual maximum for Year 2 (current year) can be carried over into the To Go Bank for a total of \$1,000 (equal to the annual maximum).

Because the paid claims exceeded the annual maximum by \$500, \$500 was deducted from the To Go Bank. The total annual maximum of \$1,000 was used so there was no carryover for Year 3. However, the To Go Bank still carries a balance of \$500 that can be applied in Year 4.

**Enrollees cannot take unused annual maximums with them upon termination of employment or the dental plan, nor can they apply the unused annual maximum to another dental plan.*



You and your eligible dependents can enroll in vision coverage through UHC. This plan offers network benefits for eye exams, prescription eyeglasses, frames, and contact lenses. You can also take advantage of special discounts on eyeglass frames, sunglasses, and even laser vision correction. The vision plan gives you access to an extensive network of UHC providers. They have an exclusive agreement with Warby Parker.

		Exam with Materials
Benefit Frequency		
	Comprehensive Exam(s)	Once every 12 months
	Eyeglass Lenses	Once every 12 months
	Frames	Once every 24 months
	Contact Lenses instead of Eyeglasses	Once every 12 months
In-Network Services		
Copays		
	Exam(s)	\$10.00
	Eyeglasses (lenses and frame)	\$25.00
	Contact lenses instead of Eyeglasses	\$25.00
Frame Benefit (for frames that exceed the allowance, an additional 30% discount may be applied to the coverage)		
	Private Practice Provider or Retail Chain Provider	\$130.00 retail frame allowance
Lens Options		
	Standard Scratch-resistant Coating, Polycarbonate Lenses for Dependent Children (up to age 19) - covered in full	
Contact Lens Benefit (Formulary contact lenses refer to contact lenses available on our formulary contact list. Contact lenses not on this list are referred to as Non-Formulary. A copy of the list can be found at myuhcvision.com).		
	Formulary contact lenses The fitting/evaluation fees, contac lenses, and up to two follow-up visits are covered in full after copay.	If you choose disposable contacts, up to 4 boxes are included when obtained from an in-network provider.
	Non-Formulary contact lenses An allowance is applied toward the purchase of contact lenses outside the Formulary. Contact lens copay is waived	\$130.00
	Necessary contact lenses	Covered in full after copay (if applicable).
Children's and Maternity Eye Care Benefit		
	Members age 0-12 and members pregnant or breastfeeding are eligible for a 2nd exam. Members age 0-12 and members pregnant or breastfeeding are also eligible for a replacement frame and lenses if they have a prescription change of 0.5 diopter or more. The 2nd exam and replacement benefits are the same as the initial exam, frame and lens benefits.	
Out-of-Network Reimbursements (Copays do not apply)		
	Exam(s)	Up to \$40.00
	Frames	Up to \$45.00
	Single Vision Lenses	Up to \$40.00
	Lined Bifocal and Progressive Lenses	Up to \$60.00
	Lined Trifocal Lenses	Up to \$80.00
	Lenticular Lenses	Up to \$80.00
	Elective Contacts instead of Eyeglasses	Up to \$130.00
	Necessary Contacts instead of Eyeglasses	Up to \$210.00



Life and Accidental Death and Dismemberment (AD&D) provides your beneficiary with a sum of money in the event of your death. Core Pipe provides group life insurance at no cost to you. You can purchase additional coverage for you and your eligible family members for added protection (refer to Voluntary Life). The Life and AD&D plans are administered by UHC.

UHC Group Life and AD&D *(paid by employer)*

Plan Features	Benefits
Base Life and AD&D	Hourly Employees: \$25,000; Salaried Employees: \$50,000
Spouse Amount	\$5,000
Children Amount	\$2,000 for children ages 6 months to 26 - \$500 for children 14 days to 6 months
Reduction Schedule	Reduces to 65% of the original amount at age 65, 40% at age 70, and 25% at age 75

UHC Voluntary Life *(paid by employee)*

Plan Features	Benefits
Employee Benefit	5x Annual Salary, up to \$500,000 in increments of \$10,000 Guarantee Issue: \$100,000
Spouse Voluntary Life Amount	100% of Employee's Benefit up to \$250,000 in increments of \$5,000. The spousal coverage terminates when the employee reaches age 70 Guarantee Issue: \$25,000
Child(ren) Voluntary Life Amount – age 14 days old to 26 years	Children 14 days to age 26: Increments of \$2,000 up to \$10,000. Coverage cannot exceed 100% of the employee's base amount of life insurance
Employee Age Reduction	Benefit amount reduces to 65% of the original amount at age 70, 45% at age 75, 30% at age 80 and 15% at age 85

Annual enrollment will allow employees and spouses currently enrolled in Voluntary Life, to increase up to one increment, if they do not go over the Guarantee Issue amount listed above.

*Any purchase or increase of voluntary life benefits which does not take place within 31 days of employee's or dependents' eligibility effective date is subject to Evidence of Insurability (EOI).

Accident Insurance

UnitedHealthCare's Accident Plan

provides accident insurance protection for a wide range of covered benefits. Injured employees and their dependents may use the cash benefits however they want – to satisfy deductibles, pay out-of-pocket medical expenses, or pay household bills, for example.

• Highlights

- **Guaranteed Issue.**
- **A Wide Range of Covered Benefits:** Benefits for injuries are payable once for each covered accident (unless stated otherwise in the certificate), and benefits for hospital stays and related care are payable up to a specific number of days or visits for each covered accident.

• Categories of Coverage:

- **For Injuries:** Insureds will receive a payment for covered dislocations, fractures, lacerations, burns, and other injuries both on and off the job.
 - **For Diagnosis and Services:** Insureds will receive a payment for related covered medical services (ranging from X-rays to office visits), hospital services (including emergency room admissions and ambulance rides), surgeries, and emergency dental (crown and extraction).
 - **For Loss:** The plan includes accidental death and dismemberment coverage and pays benefits for loss of hearing and for loss of sight occurring as a result of a covered accident.
 - **Coverage for Families:** Employees can add coverage for spouses and dependent children.
 - **Accident insurance is a limited benefit policy. It provides accident coverage only.**
- **Wellness Rider:** \$50 per insured employee and spouse

Schedule of Benefits

Life	\$20,000	Fracture Ankle	\$450 - \$900
Emergency Room	\$100	Lacerations	\$30 - \$400
Coma	\$10,000	Hospital Admission	\$1,000
Concussion	\$150	See schedule for full list of benefits	

Weekly Rates

Employee	\$1.65
Employee + Spouse	\$2.64
Employee + Child(ren)	\$3.15
Family	\$4.91

Why Critical Illness Insurance?

Heart attack, stroke, cancer and other illnesses can affect not only your health but also your bank account; medical expenses reportedly lead to more than half of all bankruptcies in the United States. When faced with a severe illness and the accompanying medical costs, critical illness insurance can help.

What is Critical Illness Insurance?

Critical Illness Insurance is offered as a voluntary benefit by your employer to supplement your regular medical coverage. This insurance is designed to **cover out-of-pocket expenses not covered by your health insurance**, such as your deductible and copays. Illness can often lead to extended time away from work, and Critical Illness benefits can offset some of those lost wages and help you pay routine living expenses such as childcare, transportation and rent or mortgage payments. If you don't want to drain your savings because of medical bills and time away from work, Critical Illness Insurance can protect you from financial loss.

Covered Conditions

- Cancer
- Carcinoma In Situ
- Chronic Renal (Kidney) Failure
- Coma
- Coronary Artery Disease
- Heart Attack
- Heart Failure
- Major Organ Failure
- Permanent Paralysis
- Stroke
- Childhood diseases

Wellness screening benefit: To promote healthy lifestyles and early detection, we will pay employees and a covered spouse \$50, once per plan year, when we receive proof of an eligible health screening like an electrocardiogram.

Pre-Existing condition exclusion: 12/12

Benefit Amounts	
Employee	\$10,000
Spouse	\$10,000
Child (to age 26)	\$5,000

Employee Paid Monthly Premium	Option 1: EE \$10,000 / SP \$10,000 / CH \$5,000							
	EE Only		EE + SP		EE + CH		EE + SP + CH	
	Uni-Tobacco		Uni-Tobacco		Uni-Tobacco		Uni-Tobacco	
Age Range								
Under 25	\$2.80		\$5.70		\$3.85		\$6.75	
25-29	\$3.70		\$8.00		\$4.75		\$9.05	
30-34	\$5.10		\$10.50		\$6.15		\$11.55	
35-39	\$6.90		\$14.50		\$7.95		\$15.55	
40-44	\$11.50		\$22.60		\$12.55		\$23.65	
45-49	\$19.30		\$35.50		\$20.35		\$36.55	
50-54	\$28.30		\$50.20		\$29.35		\$51.25	
55-59	\$40.30		\$67.40		\$41.35		\$68.45	
60-64	\$55.80		\$96.90		\$56.85		\$97.95	
65-69	\$79.60		\$132.80		\$80.65		\$133.85	
70-74*	\$47.40		\$88.20		\$48.45		\$89.25	
75+*	\$65.55		\$113.90		\$66.60		\$114.95	

Hospital Indemnity and Employee Assistance Program

Hospital Indemnity Protection Plan

Is an insurance plan that pays cash directly to you. It can be used to help pay costs from a hospital stay and related treatment, health plan deductible and other out-of-pocket costs.

Pre-Existing Conditions Exclusion: 12/12

Wellness Benefit Rider: \$50 per employee and insured spouse

Plan Benefits

Hospital Admission (1 day per plan year)	\$500
Hospital Confinement (up to 364 days per plan year)	\$100
ICU Admission (1 day per plan year)	\$500
ICU Confinement (up to 364 days per plan year)	\$100

Weekly Rates

Employee Only	\$2.61
Employee + Spouse	\$5.43
Employee + Child(ren)	\$4.16
Family	\$7.33

Employee Assistance Program To help you manage life's everyday challenges, whether personal or work-related, you and your family have access to the EAP at no cost to you. EAP services are provided through liveandworkwell with counselors and specialists available any time, day or night, to listen and determine the type of help that best offers the support you need. In addition to personal counseling. EAP services include:

- Counseling services (translators are available)
- Will and trust preparation
- Beneficiary Services
- Financial & Legal support
- Fraud and ID Theft resolution
- Travel Assistance



When you call the EAP, a specialist will ask you for a description of your concern and about the service that can help you access the right information and resources.

Strictly Confidential!

Your participation in EAP is always voluntary and *always* confidential. Participating in the EAP is always your choice. liveandworkwell, an independent provider, administers the EAP and follows strict confidentiality guidelines as defined by HIPAA. Your personal health information is never shared with your employer.

Call your EAP today: (866) 302-4480

Or visit liveandworkwell.com Access code: LIFESENSVS

Employee Contributions (Per Week)

Medical – CORE Network				
Tier	Core PPO w/HRA	Navigate HMO	Charter HMO	Core HDHP w/ HSA PPO
Employee	\$35.00	\$29.00	\$18.00	\$32.00
Employee + Spouse	\$82.00	\$60.00	\$56.00	\$72.00
Employee + Child(ren)	\$64.00	\$50.00	\$41.00	\$59.00
Family	\$132.00	\$92.00	\$75.00	\$125.00

Dental	PPO
Employee	\$2.60
Employee + Spouse	\$6.00
Employee + Child(ren)	\$7.00
Family	\$10.50

Vision	
Employee	\$1.44
Employee + Spouse	\$2.74
Employee + Child(ren)	\$2.88
Family	\$4.24

Voluntary Life (for employee & spouse, rate per \$1,000) **Monthly**

Employee Age	Rate
<25	\$0.050
25-29	\$0.060
30-34	\$0.080
35-39	\$0.090
40-44	\$0.100
45-49	\$0.150
50-54	\$0.230
55-59	\$0.431
60-64	\$0.661
65-69	\$1.272
70-74	\$2.063
75-79	\$2.063
80+	\$2.063

*This plan is rated using the same rates for employee and spouse. Employee and spouse rates are calculated based on the employee's age as of the effective date of the plan. Employee and spouse rates are adjusted once each year on the plan anniversary date for employees advancing to the next age band. Spouse coverage terminates when the employee attains age 70 (regardless of the spouse's actual age)

Voluntary Life (for children)

Rate per \$1,000

\$0.200

This glossary was created to help you better understand the different terms used by health plans when describing coverage and costs.

Allowed amount—The amount the plan pays for covered services is based on the “allowed amount” as determined by the insurance company.

Balance Billing—When an out-of-network provider charges more than the allowable amount or discounted fee, you may be billed for the difference. PPO providers do NOT balance bill you for amounts over the allowable amount.

Coinsurance—Your share of the cost of health services provided to you.

Copays or Copayments—A set dollar amount that you pay for a covered health care service.

Covered Services—Health care services that will be paid for, in part or in full, by a medical plan.

Deductible—The amount of money you are required to pay each plan year for health care services before your health plan starts paying a portion of the medical bill. In most plans, the deductible for in-network and out-of-network (non-preferred) providers is separate.

Emergency care—Medical care that is needed immediately to save your life or to prevent serious harm to your health.

Explanation of Benefits (EOB)—After you’ve visited a doctor, clinic or hospital, you will receive an EOB from your health plan administrator that tells you what portion of the provider’s charges are eligible for benefits and explains what’s covered. If the service is declined, the EOB will include the reason(s) and appeal information. If your provider is part of a network, you will also see the calculated discount.

In-Network—A group of health care providers and facilities that form an affiliation and contract as a group with a health plan to offer negotiated rates and savings discounts.

Out-of-Pocket Limits—Health care expenses paid by you in the form of copays, coinsurance and deductibles. Charges that are not covered by the insurance plan, are not medically necessary, or are billed by a non-network provider and are over the allowed amount are not included in the out-of-pocket maximum.

Out-of-Network or Non-PPO—Health care providers and facilities who are not under contract with a health plan to provide discounted fees.

Preferred Provider Organization (PPO)—A network of medical providers that contracts with an insurer to provide services at pre-negotiated, discounted fees.

Preventive Care—Medical care that focuses on healthy behavior and includes services that help prevent health problems and allow you to manage risk factors. This includes health education, immunizations, early disease detection, health evaluations, and routine care and exams.