



2026 Benefits

AT-A-GLANCE

Plan year: January 1 - December 31, 2026



2026 Open Enrollment

Open Enrollment will be held from **Tuesday, December 16th to Monday, December 22nd, 2025.**

Open Enrollment is your opportunity to review your current benefit elections and make any desired changes.

This year's Open Enrollment is **ACTIVE**, which means you must actively make your benefit elections, or you will **not** have coverage in 2026.

How to Enroll

To enroll in benefits for 2026, you must fill out the annual enrollment form and submit to HR no later than **December 22nd, 2025.**

Who is Eligible to Enroll?

Full time employees working 30 or more hours per week and their eligible dependents may enroll in benefits for 2026. Coverage begins on the first of the month following 30 days after your date of hire.

Eligible dependents include:

- Your legally married spouse
- Your domestic partner*
- Your dependent children:
 - Biological, legally adopted, step child(ren), or court-ordered dependent child(ren) up to age 26
 - Continuously disabled dependent child(ren)**

* Domestic Partner's medical expenses cannot be reimbursed under your Health Savings Account (HSA) and Health Care Flexible Spending Account (HCFSAs)

** If the child(ren) is/are disabled prior to age 26; the dependent child(ren) is incapable of self-sustaining employment and dependent upon you for support, regardless of age

Qualifying Life Events (QLEs)

Once you have made your benefit elections, they will be in effect for the duration of the plan year. You will not be able to make any changes until the next annual Open Enrollment unless you experience a QLE.

Qualifying Life Events include:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan
- Change in residence that affects benefits offered to you
- Eligibility for Medicare

If you experience a QLE, you must notify Human Resources within 31 days of the event.



Medical Benefits: Horizon BCBS

In 2026, you will have the option to enroll in one of the three Advantage EPO medical plan options administered by Horizon BCBS: OMNIA 3, EPO Design DE, and EPO Design EE. To find a provider, visit Horizon BCBS’s website at www.horizonblue.com/members and click on **Find a Doctor**.

Additionally, when you enroll in one of the medical plans, you automatically receive prescription drug coverage through Horizon Prescription Formulary. You will save money when you utilize drugs listed on the formulary. You can also save money by using the Mail Order program through Amazon Pharmacy, which allows you to purchase a 90-day supply of maintenance medications. When you use mail order, you will pay two copays for a 90-day supply of generic, brand and non-formulary drugs instead of three if you are enrolled in the OMNIA 3 or EPO Design DE plan.

Horizon BCBS Medical/Prescription Coverage

Medical Benefits	OMNIA 3 Plan		EPO Design DE		EPO Design EE	
	OMNIA Tier 1	OMNIA Tier 2	In-Network		In-Network	
Annual Deductible (Individual/Family)	\$0 / \$0	\$1,500 / \$3,000	\$1,000 / \$2,000		\$1,500 / \$3,000	
Out-of-Pocket Maximum (Individual/Family)	\$2,500 / \$5,000	\$4,500 / \$9,000	\$3,500 / \$7,000		\$4,000 / \$8,000	
PCP Selection Required?	No	No	No		No	
Primary Care Provider	\$5 copay	\$20 copay	\$20 copay		\$20 copay	
Specialist	\$15 copay	\$30 copay	\$40 copay		\$40 copay	
Diagnostic X-Rays, MRI/MRA, CT Scans/PET						
Office	You pay 0%	You pay 0%	You pay 0%		You pay 0%	
Facility	You pay 0%	You pay 20%*	You pay 20%*		You pay 30%*	
Inpatient Hospital (Per stay)	\$250 per day up to 5 day max	You pay 20%*	You pay 20%*		You pay 30%*	
Outpatient Hospital (Per stay)	\$150 copay	You pay 20%*	You pay 20%*		You pay 30%*	
Emergency Room	\$100 copay	\$100 copay	You pay 20% after \$100 copay		You pay 30% after \$100 copay	
Urgent Care	\$15 copay	\$30 copay	\$40 copay		\$40 copay	
Prescription Benefits	OMNIA 3 Plan		EPO Design DE		EPO Design EE	
	Retail (Up to a 30-day supply)	Mail Order (Up to a 90-day supply)	Retail (Up to a 30-day supply)	Mail Order (Up to a 90-day supply)	Retail (Up to a 30-day supply)	Mail Order (Up to a 90-day supply)
Preferred Generic Drugs	\$5 copay	\$10 copay	\$10 copay	\$20 copay	\$15 copay	\$35 copay
Preferred Brand Drugs	\$15 copay	\$30 copay	\$25 copay	\$50 copay	\$50 copay	\$125 copay
Non-Preferred Brand Drugs	\$30 copay	\$60 copay	\$50 copay	\$100 copay	\$75 copay	\$200 copay

* After deductible

Please refer to page 7 for contributions.



Dental Benefits: MetLife

You have the option to enroll in the MetLife Dental PPO plan. Under the plan, you have access to a broad range of providers in the MetLife network. You also have the option to see Out-of-Network providers. Please refer to page 7 for contributions.

MetLife Dental PPO Plan

	Ameritas PPO Dentists	Non-PPO Dentists
Annual Deductible (Individual/Family) Applies to Basic Care	\$50 / \$150 (waived for preventive)	\$50 / \$150 (waived for preventive)
Annual Maximum (Per person)	\$1,000	\$1,000
Preventive and Diagnostic Services (Exams, cleanings, x-rays, sealants)	You pay 0%	You pay 0%
Basic Services (Fillings)	You pay 20%	You pay 20%
Major Services (Crowns, inlays, onlays, and cast restorations)	You pay 50%	You pay 50%
Orthodontics (Children up to age 19)	Not covered	Not covered



Vision Benefits: Horizon BCBS

The vision program, administered by Horizon BCBS, is designed to provide routine preventive care such as eye exams, eyewear, and other vision services. If you enroll in the Vision plan, you will have access to the Horizon BCBS provider network. If you receive services Out-of-Network, coverage is based on a reimbursement schedule. Please refer to page 7 for contributions.

Horizon BCBS Vision Plan

	In-Network	Out-of-Network
Frequency (Exams, Lenses, and Frames)	Covered once every 12 months	Covered once every 12 months
Eye Exam	\$10 copay	Up to \$40 reimbursement
Basic Lenses (Per pair) Single Vision Lined Bifocal Lined Trifocal Lenticular	\$10 copay	Up to \$40 reimbursement Up to \$60 reimbursement Up to \$80 reimbursement Up to \$100 reimbursement
Frame Allowance (Any frame, including prescription sunglasses)	\$150 copay	Up to \$50 reimbursement
Contact Lenses Elective Medically-Necessary	\$150 allowance Covered in full after copay	Up to \$105 reimbursement Up to \$225 reimbursement

Life/AD&D and Disability Benefits: MetLife

Basic Life and AD&D Insurance

Pelorus provides all eligible, active full-time employees with Basic Life and AD&D insurance in the flat amount of \$50,000 at no cost to you. There is a reduction schedule of 35% at age 65 and 50% at age 70.

Short-Term Disability Insurance

All eligible employees working at least 30 hours per week are eligible for STD coverage. The STD program provides a benefit equal to 60% of your weekly earnings up to a maximum benefit of \$2,000 per week for up to 25 weeks. Benefits begin 7 days after an accident or illness.

Long-Term Disability Insurance

All eligible employees working at least 30 hours per week are eligible for LTD coverage. The benefit pays 60% of your monthly pre-disability earnings to a maximum monthly benefit of \$8,000. Benefits begin after 180 consecutive days of disability.



Benefits Member Advocacy Center (MAC): Conner Strong & Buckelew

The Benefits Member Advocacy Center (“Benefits MAC”), provided by Conner Strong & Buckelew, can help you and your covered family members navigate your benefits.

Contact the Benefits MAC to:

- Find answers to your benefits questions
- Search for participating network providers
- Clarify information received from a provide or your insurance company, such as a bill, claim, or explanation of benefits (EOB)
- Guide you through the enrollment process or how you can add or delete coverage for a dependent
- Rescue you from a benefits problem you’ve been working on
- Discover all that your benefits have to offer!

You can contact Benefits MAC in any of the following ways:

- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm
- Via the web: **www.connerstrong.com/memberadvocacy**
- Via e-mail: **cssteam@connerstrong.com**
- Via fax: **856.685.2253**

Member Advocates are available Monday through Friday, 8:30 am to 5:00 pm (Eastern Time). After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours of your inquiry.



Bi-Weekly Employee Contributions: Medical, Dental, and Vision Plans

Medical/Prescription Plan Contributions

	OMNIA 3 (with BlueCard) Plan	EPO Design DE (with BlueCare) Plan	EPO Design EE (with BlueCard) Plan
Employee	\$60.89	\$51.14	\$45.21
Employee + Spouse	\$131.12	\$110.24	\$98.80
Employee + Child(ren)	\$118.79	\$99.86	\$89.37
Family	\$194.91	\$163.86	\$146.86

Dental Plan Contributions

	Dental PPO
Employee	\$4.33
Employee + Spouse	\$20.18
Employee + Child(ren)	\$23.37
Family	\$42.75

Vision Plan Contributions

	Vision Plan
Employee	\$0.00
Employee + Spouse	\$0.00
Employee + Child(ren)	\$0.00
Family	\$0.00





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Elder & Behavioral Health