2026 Benefit Enrollment Quick Guide

How to Enroll in Your Benefits

To make the enrollment process easier than ever, you can now enroll directly over the phone with one of our benefit counselors. Check out timptebenefits.com for more information.

Benefits Call Center: 877-282-0808 Monday – Friday 7AM to 5PM CST

	PPO – Platinum Plan	HDHP – Gold Plan	PPO – Silver Plan
	In-Network	In-Network	In-Network
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited
Calendar Year Deductible	$1,500 single / $3,000 family	$3,400 single / $6,800 family	$4,000 single / $8,000 family
Calendar Year Out-of-Pocket Maximum	$5,000 single / $10,000 family	$6,000 single / $12,000 family	$8,000 single / $16,000 family
Coinsurance	25%	50%	25%
DOCTOR'S OFFICE			
Primary Care Office Visit	$20 copay	Deductible & Coinsurance	Paid at 100%
Specialist Office Visit	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Preventive Care (routine exams, x-rays/tests, immunizations, well baby care and mammograms)	Paid at 100%	Paid at 100%	Paid at 100%
Telehealth	$10 Copay	Paid at 100%	Paid at 100%
HOSPITAL SERVICES			
Emergency Room	$500 copay; waived if admitted	$500 copay after deductible; copay waived if admitted	$500 copay; waived if admitted
Inpatient	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Surgery	$100 copay per visit; then Coinsurance; Deductible is waived	Deductible & Coinsurance	$100 copay per visit; then Coinsurance; Deductible is waived
Chiropractic Care	$30 copay	Deductible & Coinsurance	$30 Copay

Health Savings Account (HSA): If you choose the QHDHP medical plan, you may open an HSA with Optum Bank. This tax advantaged account may be used to pay for out-of-pocket medical, dental and vision expenses. The money in your account rolls over from year to year and the money in the account is immediately vested (you own it).

Flexible Spending Account (FSA) – Health Care, Limited Purpose & Daycare Spending Account: Use tax-advantaged dollars to pay for out-of-pocket medical, dental, vision and daycare expenses.

MEDICAL PLAN WELLNESS	MONTHLY
PPO - Platinum Plan	
Employee	$300.00
Employee + Spouse	$500.00
Employee + Child(ren)	$430.00
Family	$520.00
HDHP – Gold Plan	
Employee	$40.00
Employee + Spouse	$170.00
Employee + Child(ren)	$145.00
Family	$215.00
PPO – Silver Plan	
Employee	$50.00
Employee + Spouse	$200.00
Employee + Child(ren)	$175.00
Family	$260.00

MEDICAL PLAN NON-WELLNESS	MONTHLY
PPO - Platinum Plan	
Employee	$344.00
Employee + Spouse	$588.00
Employee + Child(ren)	$474.00
Family	$608.00
HDHP – Gold Plan	
Employee	$84.00
Employee + Spouse	$258.00
Employee + Child(ren)	$189.00
Family	$303.00
PPO – Silver Plan	
Employee	$94.00
Employee + Spouse	$288.00
Employee + Child(ren)	$219.00
Family	$348.00

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DENTAL PLAN	IN-NETWORK / OUT-OF-NETWORK PPO
Calendar Year Deductible	$50 per person; no family maximum
Calendar Year Benefit Maximum	$1,500 per calendar year
Preventive Dental Services (cleanings, exams, x-rays)	100%
Basic Dental Services (fillings, root canal therapy, oral surgery)	80%
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	50%
Orthodontia Services (covered to age 19)	50% to $1,500 lifetime maximum

VISION PLAN	IN-NETWORK (ANY VSP PROVIDER)	OUT-OF-NETWORK (ANY QUALIFIED NON-NETWORK PROVIDER OF YOUR CHOICE)
Eye Exam — once every 12 months	$10 copay; covered in full	$10 copay; up to $45
LENSES — ONCE EVERY 12 MONTHS		
Single Vision Lenses	Covered in full	Up to $30
Lined Bifocal Lenses	Covered in full	Up to $50
Lined Trifocal Lenses	Covered in full	Up to $65
Lenticular Lenses	Covered in full	Up to $100
Frames — once every 12 months	Up to $180	Up to $90
Contact Lenses — once every 12 months if you elect contacts instead of lenses/frames	Elective Up to $180 Medically Necessary Covered in full	Elective Up to $144 Medically Necessary Up to $210
Laser Vision Care	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. A VSP provider must coordinate the procedure	

DENTAL PLAN	MONTHLY
Employee	$6.06
Employee + Spouse	$12.18
Employee + Child(ren)	$16.64
Family	$22.78

VISION PLAN	MONTHLY
Employee	$5.58
Employee + Spouse	$11.08
Employee + Child(ren)	$10.36
Family	$15.84

Employer Paid Life Insurance Life insurance and Accidental Death & Dismemberment benefit provided to you by Timpte. Access your coverage amount on ADP under Myself – Benefits – Enrollments – View Benefits

Voluntary Life Insurance You may purchase additional life insurance on yourself and your family members. Certain amounts are guaranteed to be issued without medical underwriting as a new hire. Premiums are based on age and elected amount.

Employer Paid Short-Term Disability If you are unable to work due to an accident or a sickness, this policy pays you 66.67% of your weekly earnings (max $800) for up to 26 weeks. Visit with Human Resources if you have an upcoming absence.

Employee Assistance Program 24/7 support offered through Mutual of Omaha; resources and information for anxiety, depression, grief, relationship conflicts, elder care, childcare, and more. Includes 3 sessions per year per household conducted by either face-to-face counseling or video telehealth, Support is available in more than 120 languages, Employee Family Legal Services is available on the EAP website along with Employee Family Financial Services. Visit www.mutualofomaha.com/eap or call 800-316-2796.

Voluntary Accident Insurance An accident policy offered through Mutual of Omaha can supplement your medical coverage and provide a cash benefit for injuries you or an insured family member sustains from an accident. This benefit can be used to pay out-of-pocket medical expenses; help supplement your daily living expenses and cover unpaid time off work.

Voluntary Critical Illness Insurance A critical illness policy offered through Mutual of Omaha gives you and your family the extra security that can lessen the financial impact of a serious illness. Having a critical illness insurance policy provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke or cancer. This benefit can be used to pay out-of-pocket expenses or supplement your daily cost of living.

Voluntary Hospital Indemnity Insurance A hospital indemnity policy offered through Mutual of Omaha gives you and your family the ability to lessen the financial impact should you be hospitalized. This policy provides a cash benefit upon admission to pay out-of- pocket expenses .

Voluntary Universal Life Insurance with LTC A universal life policy with long term care providing you a flexible benefit that is portable.

Timpte 401(k) Timpte offers you as an employee to participate in our 401(k) plan through Principal. You can make payroll contributions to the plan on either an elective (pre-tax) or Roth (after-tax) deferral. After a year of service, employees are eligible for a company match of 100% of the first 4%.