



2026 Employee Benefits Open Enrollment

Effective January 1, 2026 - December 31, 2026

Overview

- ▶ Benefit Plan Renewal for Plan Year 2026
 - **Open Enrollment November 16th - 30th**
 - January 1st effective date
- ▶ Eligibility
 - Employees working at least 30 hours per week
 - Spouse or State Registered Domestic Partner
 - Dependent children to age 26
- ▶ Dependent Verification
 - Only eligible dependents should be enrolled on Inspire's benefit plans. Please confirm during Open Enrollment.
 - In order to cover your eligible dependents on our plans, you may be required to submit documentation in 2026.

2026 Plan Changes

▶ Employee Premiums

- Employee premiums are not changing for 2026!

▶ Medical

- Doula services – benefits received from an out-of-network provider will be paid the same as in-network
- Family planning benefit will increase from \$3,500 lifetime to \$10,000 lifetime, and now include coverage for egg-freezing and surrogacy
- Adding cardiometabolic program through RGA!

2026 Plan Changes

▶ Dental Benefits

- Our plan now has a \$3,000 lifetime benefit for ortho!
- Class I services will not count toward the annual maximum

▶ Vision

- Our plan now has a \$400 frame/contact benefit through Costco, plus free anti-reflective coating on your lenses

▶ Life/Voluntary Life/Disability/EAP

- Voluntary Life/AD&D
 - During Open Enrollment only employees and their spouse/DP can increase benefit elections up to the plan guaranteed issue amounts

Medical Plan

- ▶ Regence Group Administrators (RGA)
 - Plan year January 1, 2026 - December 31, 2026
- ▶ Benefits reset on the **Calendar Year**
- ▶ In-network:
 - PPO Providers
 - Participating Providers
- ▶ Out-of-network:
 - Any licensed provider

Medical Resources

▶ **RGA Mobile App:**

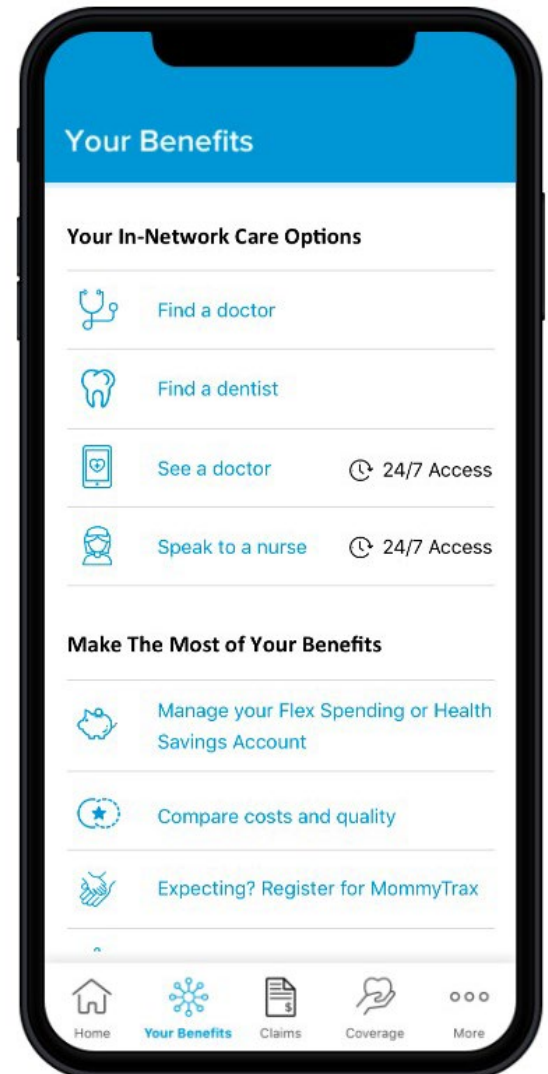
You can access your medical information, find a doctor, view a mobile ID card and more.

▶ **Website:** www.accessrga.com



RGA App:

Medical Information & mobile ID Cards



Telehealth by MDLIVE

- ▶ Telehealth/virtual visits are **FREE!** with MDLive (\$0 copay)

Common Conditions We Treat

- Acne
- Allergies
- Cold / Flu
- Constipation
- Cough
- Diarrhea
- Ear problems
- Fever
- Headache
- Insect bites
- Nausea / Vomiting
- Pink eye
- Rash
- Sore throats
- Urinary problems / UTI
- And more

Behavioral Health

- Marital Problems
- Child Behavior & Learning Issues
- Financial Hardship
- Coping with Loss & Grief
- Parenting Counseling & Advice
- Problems at Work
- Stresses & Challenges of Everyday Life

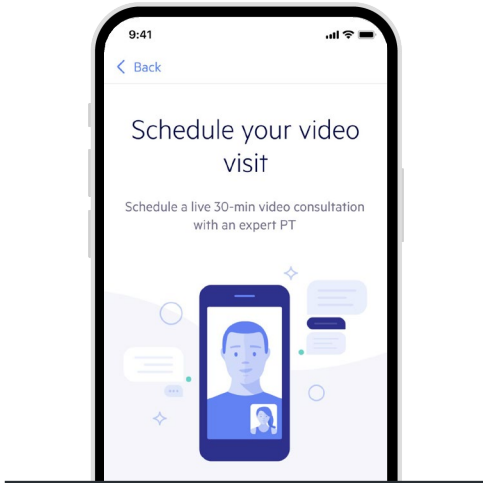


Download the App

Go to www.MDLIVE.com/RGA
call 877-596-8826
or download the App



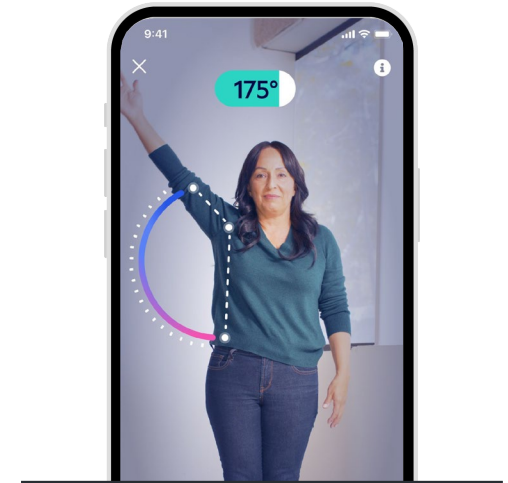
Improve joint and muscle health with Virtual-First MSK care



Lower your total cost of care with immediate intervention



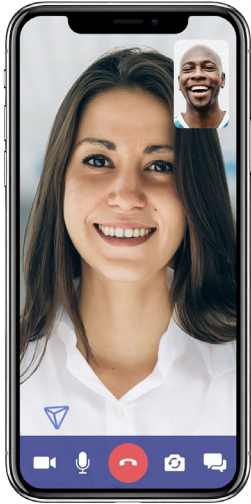
Unlimited access to fully dedicated physical therapists



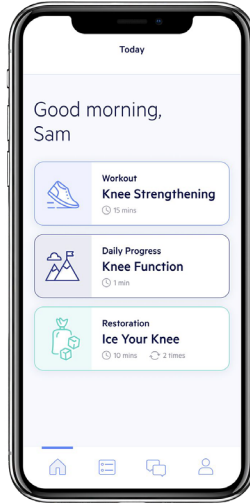
Receive clinical-grade care



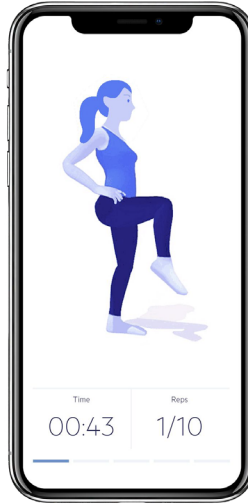
- **Omada App:** For iPhone or Android
 - **Website:** msk.omadahealth.com/go/rgawa
- Phone: 866-738-3924**



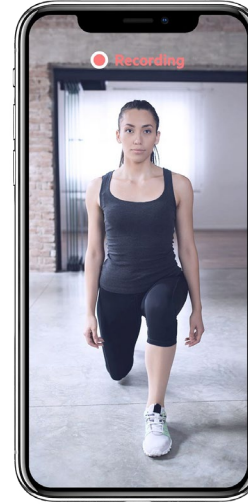
Immediate Access to
Unlimited, Dedicated
PT Care



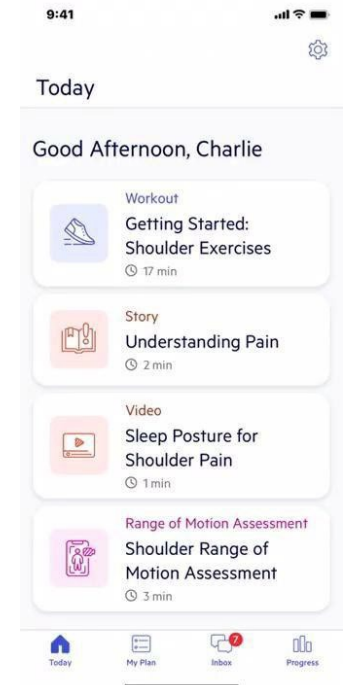
Personalized Care Plans
& Daily Progress



Injury Prevention &
500+ Exercises



Accurate
Assessments



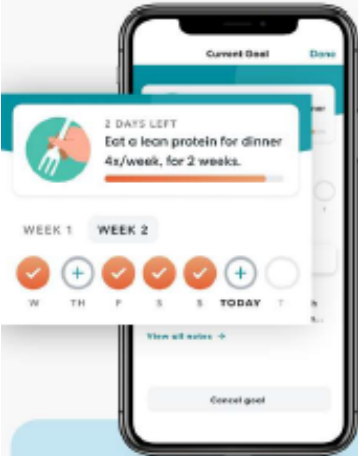
What do you get as a member?

- ✓ A licensed physical therapist with unlimited video visits
- ✓ Personalized treatment plan
- ✓ Free exercise kit*
- ✓ Tools for managing stress






Cardiometabolic Suite



Prevention

Reduce risk of diabetes onset by providing guidance and a plan backed by science


- ▶ Connected scale
- ▶ Supportive Health Coach
- ▶ Peer network program
- ▶ Interactive lessons



Diabetes

Help your members take control of their diabetes with proactive support and data-driven intervention

- ▶ Connected scale
- ▶ Certified Diabetes Care and Education Specialists (CDCES)
- ▶ Supportive Health Coach
- ▶ Diabetes-specific Peer Groups



Hypertension

Help your members reduce their risk of heart disease

- ▶ Connected scale
- ▶ Hypertension Specialist
- ▶ Supportive Health Coach
- ▶ Hypertension-specific peer groups

Important Terms

Coinsurance: The percentage of eligible expenses you pay for services, once you have satisfied the plan's deductible

Copay: A flat dollar amount you pay for certain services when you receive care, such as an office visit or when filling a prescription

Deductible: The amount you must pay each year before the plan pays benefits for most covered expenses

In-Network Services: Services you receive from providers in your plan's network who have agreed to charge lower negotiated fees to plan members

Out-of-Network Services: Services you receive from providers outside your plan's network; they typically cost more out of pocket than in-network services

Out-of-Pocket Maximum: The most you will pay for out-of-pocket expenses in a plan year. Once you reach this amount, the plan pays 100 percent of covered expenses for the rest of the year.

Comparing Medical Plans

RGA	Value Plan		Core Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	\$500 per member \$1,500 per family	\$1,000 per member \$3,000 per family	\$350 per member \$1,050 per family	\$700 per member \$1,400 per family
Calendar Year Out-of-Pocket Maximum	\$2,500 per member \$7,500 per family	\$5,000 per member \$15,000 per family	\$6,600 per member \$13,200 per family	\$13,200 per member \$26,400 per family
Preventive Care	Covered in full		Covered in full	

Reminder: Prescriptions, Vision, and Dental are the same on both medical plans!

Comparing Medical Plans

RGA	Value Plan (In-Network Benefits) You Pay	Core Plan (In-Network Benefits) You Pay
Office Visit: <ul style="list-style-type: none"> •Primary Care Physician •Specialist 	\$25 copay, then 100% \$35 copay, then 100%	\$25 copay, then 100% \$35 copay, then 100%
Virtual Care with MDLive	Covered in full	Covered in full
Urgent Care Provider	\$25 copay, then 100%	\$25 copay, then 100%
Diagnostic Lab and X-ray; Outpatient Complex Imaging and MRI	Covered in full	Covered in full
Emergency Room (ER)	\$250 copay deductible waived, then 20%	\$250 copay deductible waived
Hospital <i>Inpatient/Outpatient</i>	20% after deductible	Covered in full

Rx Administrator vs. Rx Network



Administrator

- Provides customer service
- Answer questions on drug coverage
- Support complex pharmacy issue resolution
- Help find lower cost drug alternatives
- **Questions?** Email: customercare@rxbenefits.com or call **800-334-8134**

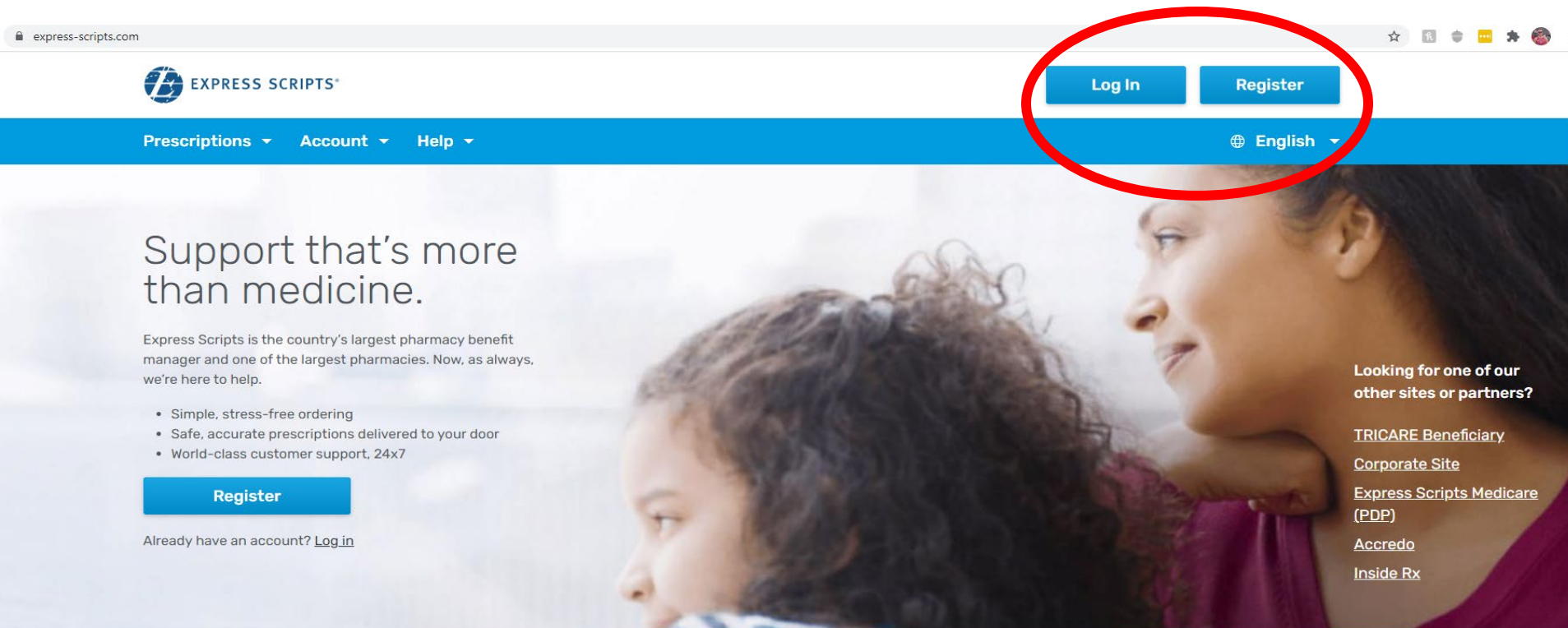


- Provides member portal / app
- Maintains "in-network" of pharmacies
- Maintains formulary (list) of covered drugs
- Website: www.express-scripts.com or call **800-282-2881**

Prescription Drugs

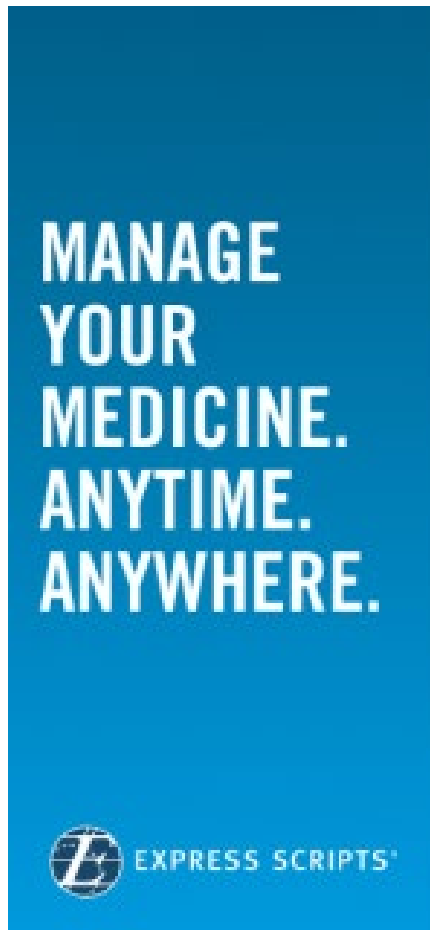
► Express Scripts Website

■ www.express-scripts.com



Prescription Drugs

► Express Scripts Mobile App



- Order Refills
- See Order Status
- Set Automatic Refills
- Set Dose Reminders

Prescription Drugs

Express Scripts through RxBenefits	BOTH PLANS (In-Network Benefits)
Retail Pharmacy: 30-day supply	
Generic	\$10 copay
Preferred Brand Name	\$25 copay
Non-Preferred Brand Name	Greater of 50% or \$50 copay
Mail Order: 90-day supply	
Generic	\$20 copay
Preferred Brand Name	\$50 copay
Non-Preferred Brand Name	Greater of 50% or \$100 copay
Specialty Pharmacy	\$50 copay

*Some preventive medications are covered at no cost to you. For details, please visit www.express-scripts.com or contact RxBenefits for questions.

Optimize MyCare Diabetes Support Program

▶ **Administered by RxBenefits & Tria Health**

▶ **How the Program Works**

- If you are eligible, Tria Health will reach out to schedule a pharmacist consultation (phone call).
- You will receive a customized Care Plan addressing all aspects of your health.
- Your Care Plan is shared with you and your physician.
- Tria Health will assist with ongoing care, follow-ups and your medication regimen.

Incentive: If you participate in this program, you are eligible for a \$50 gift card. Participation is 100% voluntary, not required.

Preventive Care Reminder





- ▶ Your annual physical is covered **at 100%, no cost to you!** (if you see an in-network provider)
- ▶ Immunizations like flu shots, shingles and other vaccines are covered at 100% in-network.
- ▶ Age-related screenings like mammograms and colonoscopies are covered at 100% in-network.
- ▶ Diabetes Management: No Cost for certain Glucose and Blood Pressure Monitors (not every brand)
- ▶ Some preventive medications are covered at No Cost to you. For details, please visit www.express-scripts.com or contact RxBenefits for questions.

Preventive Care Reminder

Recommendations for Preventive Adult Health Care

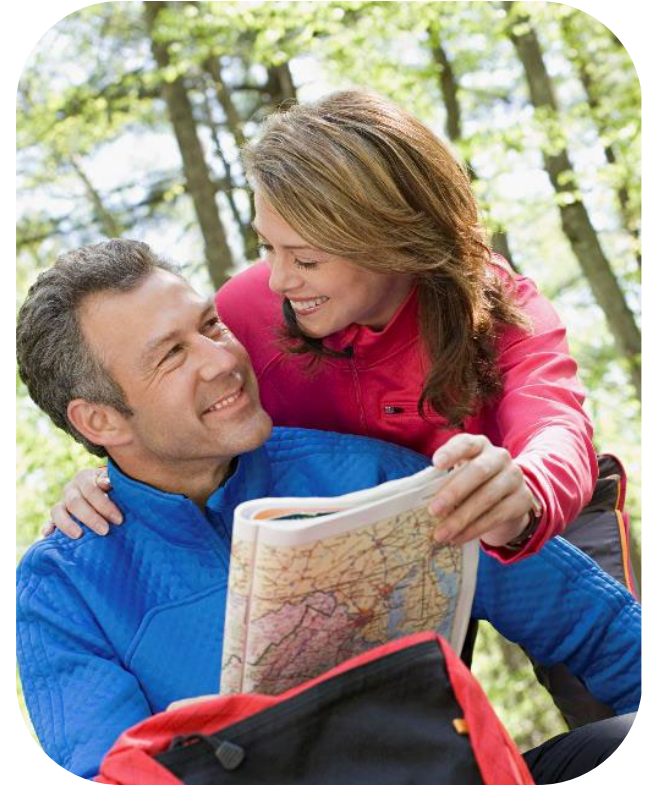
AGE	18	19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Breast cancer screening (Mammogram)							Personal choice ¹		Every 2 years				
Cervical cancer screening (Pap Smear)	All women aged 21 to 65, or within 3 years of the onset of sexual activity – every 3 years												
Osteoporosis screening							Postmenopausal women at increased risk					Over age 65	
Blood pressure (Hypertension)	Routine screening												
Cholesterol screening			High-risk only			Every 5 years							
Colorectal cancer screening									Annual screening to age 75				
• High sensitivity Fecal Occult Blood Test (FOBT)									Annual screening to age 75				
• Flexible sigmoidoscopy with FOBT									Every 5 years to age 75				
• Colonoscopy									Every 10 years to age 75				
Diabetes Screening					High-risk: every 2 years			Every 3 years					
Height and weight (Obesity screening)	Screening every year												
Prostate cancer screening (Prostate Specific Antigen Test (PSA))									Personal choice ²				
Immunizations													
• Influenza	Every year												
• Tetanus, diphtheria, pertussis (Td/Tdap)	1-time dose of Tdap (women: 1 dose Tdap each pregnancy), then Td booster every 10 years												
• Chicken Pox (Varicella, VZV)	2 doses (if born in 1980 or later)												
• Human Papillomavirus (HPV)	2-3 doses												
• Shingles (Zoster)											1-2 doses		
• Measles, mumps, rubella (MMR)	1 or 2 doses (if no evidence of immunity)												
• Pneumonia	1 to 2 doses for at-risk adults											1 dose	

Right Care, Right Time

Provider	Type of Care	Cost
 Telehealth with MDLive	Virtual visit with a doctor in your area via your mobile phone or laptop	FREE!
 Primary Care Doctor	Preventive or routine care with your regular doctor	\$\$
 Urgent Care	Immediate care that is not and emergency or life-threatening	\$\$\$
 Emergency Room	True Emergencies Only (This is when to call 911)	\$\$\$\$

Care Navigator by RGA

- ▶ Healthcare can be confusing... the Care Navigator is here to help!
- ▶ Your Care Navigator is ready to work with you one-on-one to help you make better informed healthcare decisions
- ▶ Get started by calling RGA Customer Care at **866-738-3924**



VSP Vision Plan

- ▶ **Vision Service Plan (VSP)**

- Plan year January 1, 2026 – December 31, 2026

- ▶ In-network:

- Participating VSP Providers – Choice Network

- ▶ Out-of-network:

- Any licensed provider

- ▶ **Reminder: No ID Cards issued;** simply tell your provider you have VSP, and they will look up your account by employee SSN/DOB

Vision Resources

▶ **VSP Mobile App:**

You can **find a provider**, download a mobile ID card and more on VSP's mobile app.

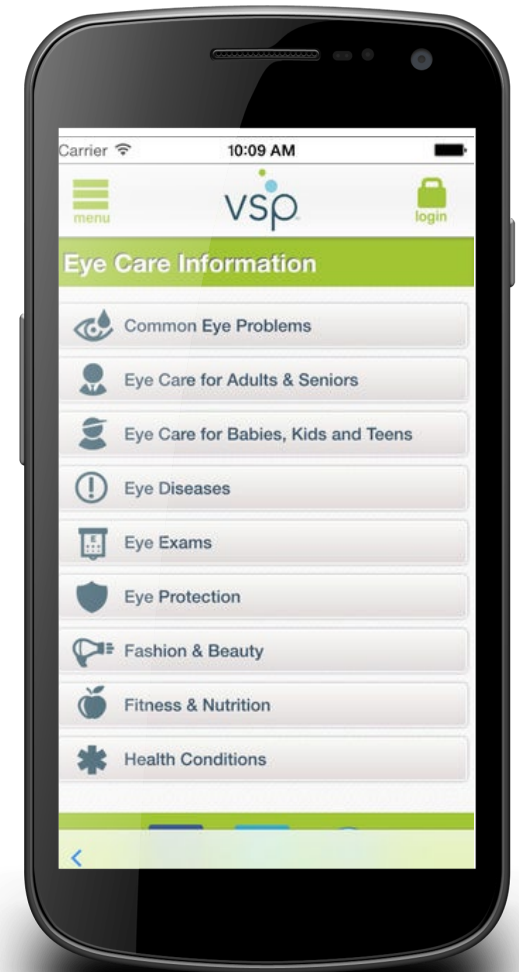


VSP App:

Available on Android or iPhone

▶ **Website:**

www.vsp.com



VSP Vision Plan

VSP Vision Plan	VSP Choice Network Provider
Vision Exam <i>Once per calendar year</i>	\$20 copay
Lenses (Single vision, lined bifocal and lined trifocal) <i>Once per calendar year</i>	Covered in full <i>Add-ons are member's responsibility.</i>
Anti-Reflective Coating	Covered in full
Frames <i>Once per calendar year</i>	Covered up to \$400*
Contact Lenses (<u>Instead of lenses and frames</u>) <i>Once per calendar year</i>	Covered up to \$400
Out of Network Benefits	Please note you pay out-of-pocket and then submit a claim form to VSP for reimbursement. Reimbursement Schedule – please refer to the plan summary for benefits.

- **Diabetic Eye Exams:** Covered under both the VSP vision plan and the RGA medical plans
- **Out-of-Network Benefits:** You pay out-of-pocket and then submit a claim form to VSP for reimbursement
- **Preventive Care Reminder:** Make sure to get your annual eye exam! It is covered at 100% after a \$20 copay

Dental Resources

▶ **Delta Dental Mobile App:**

You can **find a dentist**, view a mobile ID card and more on Delta Dental's mobile site or app.



Delta Dental App:

Available for Android or iPhone

▶ **Website:**

www.deltadentalwa.com

- ▶ Dental ID Cards mailed to your home address (different from RGA medical ID card)



Dental Plan

Delta Dental of Washington Group # 00943	PPO Dentists	Premier Dentist	Non-Network
Calendar Year Maximum <i>Waived for Class I</i>	\$3,000 per member		
Calendar Year Deductible <i>Waived for Class I & Class II</i>	\$50 per member \$150 per family		
Class I: Diagnostic/Preventive <i>Cleaning, x-rays, fluoride, sealants etc.</i>	Covered in full		
Class II: Restorative <i>Fillings, oral surgery, root canals, etc.</i>	Covered in full		
Class III: Major <i>Crowns, bridges, inlays, etc.</i>	Incentive: 50%, 60%, 70%, 80% or 85%*		
Orthodontics <i>Adults and Children to age 26</i>	50% \$3,000 lifetime maximum		
Non-Network Benefits: You may be balanced billed for amounts over Delta Dental’s allowed amount			

*Be cautious! Non-Network providers can bill patients for amounts over and above Delta Dental's allowed amount!

Delta Dental TotalHealth Wellness Program

If you are diagnosed as having a qualifying medical conditions, you are eligible to receive **additional dental cleaning benefits**. Covered dental benefits include additional cleanings, periodontal maintenance. Please see additional details available on [Inspire's Benefit Portal](#).

Qualifying Conditions Include:

- ALS
- Alzheimer's
- Cancer
- Chronic kidney disease
- Dementia
- Diabetes
- Heart disease
- Huntington's disease
- Joint replacement
- Lupus
- Opioid misuse and addiction
- Oral Cancer
- Parkinson's disease
- Periodontal disease
- Pregnancy
- Rheumatoid arthritis
- Sjogren's syndrome
- Stroke
- Other auto immune diseases
- Other neurological diseases

Dental Plan Reminders

▶ **Orthodontia**

- Benefit is 50% to a lifetime maximum benefit of **\$3,000** per person
- Adults and children to age 26 are covered
- This is a separate benefit – expenses do not reduce your benefits for other dental services

▶ **Remember to get your annual preventive care exam with your dentist!**

- Preventive care is covered at **NO COST** to you!
- Exam is covered at 100% in-network
- 2 cleanings are covered at 100% in-network
- Basic x-rays are covered at 100% in-network

Life and AD&D

NEW YORK LIFE		
Employee	Spouse	Dependent Child
Life: \$50,000 AD&D: \$50,000	Flat \$25,000	Flat \$5,000 per child
100% Paid by employer	Premium paid by you	

Beneficiary Reminder: Make sure to keep your beneficiary information updated in Ultipro. You can change your beneficiary at any time by logging into Ultipro.

Voluntary Life Insurance

NEW YORK LIFE

Your Benefit	Benefit Amount: <ul style="list-style-type: none"> Available in increments of \$50,000 Maximum Benefit: \$500,000 	Guaranteed Issue (new hires): \$150,000 for those under age 65
Spouse Benefit	Benefit Amount: <ul style="list-style-type: none"> Available in increments of \$25,000 Maximum Benefit: \$150,000 (not to exceed 100% of employee coverage) 	Guaranteed Issue (new hires): \$50,000
Child Benefit (Live birth to age 26):	Benefit Amount: <ul style="list-style-type: none"> Maximum Benefit: \$10,000 	Guaranteed Issue (new hires): \$10,000
Guarantee Issue	<ul style="list-style-type: none"> For new hires, you may elect up to the Guaranteed Issue Amounts shown above without completing Evidence of Insurability (EOI). Increasing coverage or electing coverage after your initial eligibility requires EOI for all coverage amounts. 	
Premium	Paid by you	
Cost	Depends on your age	
Cost Example:	<ul style="list-style-type: none"> 35 year old @ \$50,000; 1 unit = \$5.35 per month With Spouse @ \$25,000; 1 unit = \$2.93 per month 	
Dependent Costs	\$1.08 per month (Flat Rate, regardless of number of children)	
Portability	When you retire or leave Inspire - you may continue your voluntary life insurance by completing the Portability process. See HR for more details.	

Voluntary Life

Special Open Enrollment for Voluntary Life!

- ▶ Current employees can elect up to the Guaranteed Issue amount **without** supplying Evidence of Insurability (EOI)
- ▶ **Take advantage of this opportunity during the 2026 Open Enrollment window**
- ▶ If you do not enroll in Voluntary Life coverage now or elect less than the Guaranteed Issue and decide to elect it later, you may be required to submit EOI

Employee Assistance Plan

- ▶ WorkPartners EAP
- ▶ **800-647-3327** – no cost phone call
- ▶ www.lifewsolutionsforyou.com
(Company Code: **Inspire**)
- ▶ Available all day, every day: "24/7"
- ▶ Available to:
 - Employees
 - Your dependents (even if not on your benefits)

Employee Assistance Plan

Up to **6 face-to-face visits**, per issue, per year
at No Cost to you!

Our Assistance Program helps with:

- ▶ 24/7 phone support for immediate help
- ▶ Coaching and counseling
in person, by telephone, or by video.
- ▶ Referrals for childcare and elder care
- ▶ Family or relationship problems
- ▶ Cope with anxiety, depression, or other issues.

Voluntary Worksite Benefits

Inspire Development Centers provides employees the opportunity to purchase additional benefits.

- ▶ Accident, Critical Illness and Hospital Indemnity Insurance are available through AFLAC
- ▶ Pet Insurance is available through Nationwide Insurance

For additional information on how to enroll, contact Human Resources.

Premium Contributions

- ▶ **Employee Premiums are not increasing for 2026.**
- ▶ When premiums are deducted pre-tax
 - Mid-year changes (including cancellation) are not allowed - EXCEPT with a qualifying event
 - Effectively reduces your cost by reducing your FICA and Federal Income taxes
- ▶ Notify Human Resources for a waiver if you do not want pre-tax deductions

Premium Contributions

- ▶ Monthly costs for 2026

Medical/Rx Vision/Dental	Value Plan		Core Plan	
	Total Premium	Employee Cost	Total Premium	Employee Cost
Employee Only	\$1,026.89	\$189.43	\$1,091.06	\$285.94
Employee plus 1*	\$1,635.48	\$402.78	\$1,795.67	\$532.95
Employee plus 2*	\$2,096.07	\$564.25	\$2,328.86	\$719.87
Employee plus 3*	\$2,178.88	\$593.28	\$2,424.76	\$753.49
Employee plus 4 or more*	\$2,261.77	\$622.34	\$2,520.81	\$787.16

What You Need to Do?

To complete the online enrollment process
Log into Inspire's Office365 and go to the ULTI^{PRO} Application
~ No later than November 16th - 30th ~

- ▶ **Making a Change** - You will need to:
 - Enroll or make a change to the Medical Plan you wish to enroll in
 - Add or remove dependents from your insurance options (medical, group life and voluntary life)
 - Enroll or change your elections in Voluntary Life insurance OR
 - Decline or waive insurance options offered

- ▶ **Not Making a Change** - If you are not making changes to your medical, dental and/or vision election, you do not need to do anything during the open enrollment period

Open Enrollment

▶ **November 16th – November 30th**

Only time of the year* to:

- Enroll or waive coverage
- Change medical plans
- Add /delete dependents without a qualifying event

▶ **Changes effective January 1, 2026**

** Note: "HIPAA special circumstances" or "Qualified family status changes" provide opportunity to change elections within 30 days of qualifying event (60 days for birth or adoption)*

Alera Group Employee Advocates

Scan QR code
with your mobile
device to save
Advocate phone
and email!



Scan me!

- ▶ Call the Alera Group Employee Advocates
 - With your benefit questions
 - For help with claims
 - No questions are silly questions!
- ▶ Toll-free: **866-561-6252**
- ▶ Email: employee.advocate@aleragroup.com

Questions

**THANK
YOU!**