BENETITS - STEEL - STE







HERE IS WHERE TO FIND...

Who is Eligible?3
How to Enroll3
Making Changes3
2026 Benefits open enrollment4
Medical5
Flexible Spending Account (FSA)7
Supplemental Health Benefits8
Dental9
bd9
Vision10
Vision11
Life and Disability Insurance12
Additional Benefits13
Glossary of Terms15
Contacts16



This guide is clickable

It is designed to give you quick access to your benefits information

2026 EMPLOYEE BENEFITS GUIDE

Please read this guide carefully. It summarizes your plan options and provides helpful tips for optimizing your benefits. If you have questions about benefits and the annual enrollment process, contact **hr@cretepa.com** for assistance.

Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan description.



WHO IS ELIGIBLE?

Benefits are available to all full-time employees (minimum 20 hours per week) and their dependents. If you enroll during Open Enrollment, your benefits will become effective on January 1st, 2026. Open enrollment will be ACTIVE this year, meaning current benefits will not rollover. You will need to go into the UKG portal and select your benefits for 2026.

Eligible dependents include:



(Including your natural, legally adopted, stepchildren, and/or your unmarried dependent children of any age who are mentally or physically disabled and who are dependent on you for support.)

*A domestic partner is generally defined as an unrelated, unmarried person who shares a residence and a committed relationship with one another. This partnership can involve two people of any gender and is not legally recognized as marriage in their state of residence. If your domestic partner is not a proven tax-dependent, then you would be subject to incur an imputed income.

HOW TO ENROLL

To sign up for benefits, visit https://cretepa.ukg.net before the end of your enrollment period.

MAKING CHANGES **D**

You may only change your elections during Open Enrollment each year or when you experience a qualifying life event. Qualifying life events include, but are not limited to:

- Birth, legal adoption, or placement for adoption.
- Marital status.
- Dependent child reaches age 26.
- Spouse gains or loses employment or eligibility with current employer.
- Death of a covered dependent.
- Spouse or dependent becomes eligible or ineligible for Medicare/ Medicaid or SCHIP.
- Change in residence that changes eligibility for coverage.
- Court-ordered change.

Changes to your coverage due to a qualifying life event must be made within 30 days of that life event. Proof of the qualifying life event is required (marriage certificate, divorce decree, birth certificate, or loss of coverage letter).

Note: Any change you make to your coverage must be consistent with the change in status.



Home Enrolling Health Dental/Vision Life/Disability Additional Benefits Glossary Contacts

2026 BENEFITS OPEN ENROLLMENT

OPEN ENROLLMENT ASSISTANCE

This year's enrollment is an Active enrollment. All employees must go into the system and make their elections. Benefits will not carry over to 2026.

Visit the Benefits Homepage by using the QR Code or link provided below!



Schedule your personalized appointment with a Benefits Counselor to learn more about your benefit options



Review the Benefits Guide and other educational tools to learn more about your benefit offerings



Enroll in Benefits! Be sure to have new dependent and beneficiary SS# and DOB available to complete your enrollment



https://cretepa.benefitsinfo.com



SCAN THE QR CODE OR USE THE LINK TO VISIT THE BENEFITS HOMEPAGE



Log into UKG to complete your enrollment: https://cretepa.ukg.net



MEDICAL

HAWAII MEDICAL SERVICE ASSOCIATION (HMSA)

Your medical benefits are provided by HMSA and include coverage for both in-network and out-of-network providers. You will always have higher benefit coverage when visiting in-network providers.

Medical	Preferred Provider Plan			
	In-network	Out-of-network		
Annual deductible (Individual/Family)	\$0/\$0	\$100/\$300		
Out-of-pocket maximum (Individual/Family)*	\$2,500/\$7,5	500		
Preventive care	Covered at 100%	30% coinsurance		
Primary physician office visit	\$12	30% coinsurance		
Specialist office visit	\$12	30% coinsurance		
Inpatient hospital services	10% coinsurance	30% coinsurance		
Outpatient services (lab, x-ray, diagnostic)	20% coinsurance	30% coinsurance		
Advanced diagnostics	20% coinsurance	30% coinsurance		
Urgent care	\$12	30% coinsurance		
Emergency room care	20% coinsurance	20% coinsurance		
Prescription drugs 🔼				
Retail (30-day supply)				
Out-of-pocket maximum (Individual/Family)	\$3,600/\$4,2	200		
Generic - Tier 1	\$7	\$7 + 20% coinsurance		
Brand preferred - Tier 2	\$30	\$30 + 20% coinsurance		
Brand non-preferred - Tier 3	\$30, plus an additional \$45 cost share	\$30 + 20% coinsurance		
Preferred - Tier 4	20% coinsurance	Not Covered		
Non-Preferred - Tier 5	25% coinsurance	Not Covered		
Mail order (90-day supply)				
Generic - Tier 1	\$11	Not Covered		
Brand preferred - Tier 2	\$65	Not Covered		
Brand non-preferred - Tier 3	\$65, plus an additional \$135 cost share	Not Covered		
Preferred - Tier 4	Not Covered	Not Covered		
Non-Preferred - Tier 5	Not Covered	Not Covered		

This is a summary of coverage; please refer to your summary plan description for the full scope of coverage. In-network services are based on negotiated charges; Out-of-network services are based on a percentage of Medicare charges. *Includes Deductible and Copayments

www.hmsa.com 800.776.4672



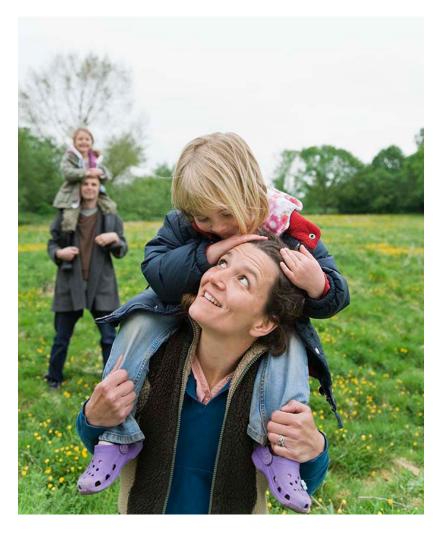


MEDICAL

KAISER PERMANENTE

Your medical benefits are provided by Kaiser Permanente and include coverage for in-network providers only.

Medical	Group Plan 320		
	In-network		
Annual deductible (Individual/Family)	\$0/\$0		
Out-of-pocket maximum (Individual/Family)*	\$2,500/\$7,500		
Preventive care	Covered at 100%		
Primary physician office visit	\$15		
Specialist office visit	\$15		
Inpatient hospital services	10% coinsurance		
Outpatient hospital services (lab, x-ray, diagnostic)	\$15		
Advanced diagnostics	20% coinsurance		
Urgent care	\$15		
Emergency room care	\$100		
Prescription drugs 🔼			
Retail (30-day supply)			
General Maintenance Drugs - Tier 1	\$3		
Other Generic Drugs - Tier 2	\$10		
Brand-Name Drugs - Tier 3	\$45		
Specialty Drugs - Tier 4	\$200		
Non-Preferred Drugs - Tier 5	Not Covered		
Mail order (90-day supply)			
General Maintenance Drugs - Tier 1	\$6		
Other Generic Drugs - Tier 2	\$20		
Brand-Name Drugs - Tier 3	\$90		
Specialty Drugs - Tier 4	\$400		
Non-Preferred Drugs - Tier 5	Not Covered		



www.kp.org

800.966.5955

This is a summary of coverage; please refer to your summary plan description for the full scope of coverage. In-network services are based on negotiated charges.



FLEXIBLE SPENDING ACCOUNT (FSA)

EMPLOYEE BENEFITS CORPORATION (EBC FLEX)

What is a Flexible Spending Account?

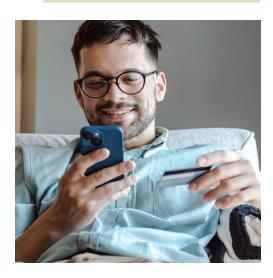
A Flexible Spending Account (FSA) is a tax-advantaged account that can reimburse you for qualified healthcare or dependent care expenses. You can fund qualified expenses with pre-tax dollars deducted from your paycheck.

When electing an FSA, you will set an annual contribution amount. Any unused funds over the maximum of \$680 will be forfeited if not used by December 31st, 2026. The goal is to choose an amount that will adequately cover medical or dependent care expenses, not an excessive amount that will cause you to forfeit money at the end of the year.

You can choose to participate in either the Healthcare FSA, the Dependent Care FSA or both, and it's unnecessary to "sign up" specific family members for these accounts.



www.ebcflex.com 800.346.2126



Healthcare FSA

A healthcare FSA reimburses employees for eligible medical expenses, up to the amount contributed for the plan year. Eligible healthcare expenses include many out-of-pocket costs you pay to maintain your health and well-being. Visit **irs.gov** for a full list of eligible expenses.

You may contribute up to \$3,400 annually (funds will be available as of the election effective date).



Limited Purpose FSA

You may set aside up to \$3,400 in 2026 into a Limited Purpose FSA on a tax-free basis. You can use this money to pay for eligible out-of-pocket dental and vision expenses.

Please note this account cannot be used for medical expenses.

Only those enrolled in the HDHP with HSA plan can participate in the Limited Purpose FSA.



You may use pre-tax dollars from your Dependent Care FSA to pay expenses for the care of a dependent child, spouse, or elderly parent inside your home (from a qualified provider), and expenses outside your home, such as babysitters, nursery schools, or daycare centers.

You may contribute up to \$7,500 annually (or \$3,750 if you are married and file a separate tax return). You can only be reimbursed up to the amount that you have contributed.



SUPPLEMENTAL HEALTH BENEFITS

UNUM

Our medical plans offer excellent coverage for healthcare needs. However, everyone's needs differ, and that's where supplemental health options come into play. These benefits are designed to protect your family's finances in case of an unforeseen injury or illness. These benefits are offered to you through Unum. Please visit www.unum.com for additional details.

Accident Insurance

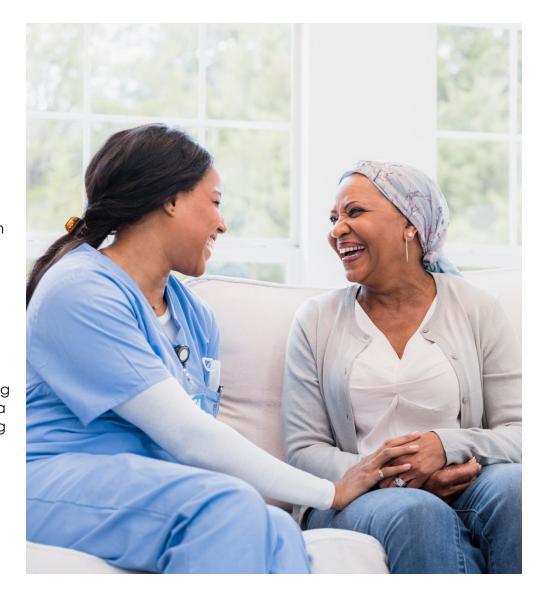
After a covered accident, accident plans pay cash benefits directly to you to cover some of the remaining costs your health insurance plan may not cover. If you participate in a health screening, you can receive up to \$50 as a wellness benefit.

Critical Illness Insurance

Critical illness insurance helps protect your income and personal assets when out-of-pocket expenses increase due to a specified illness. This plan covers conditions such as heart attack, stroke, end-stage renal failure, and invasive cancer. You may elect up to \$10,000, \$20,000, or \$30,000 of coverage with no medical underwriting if you apply during the open enrollment period. If you participate in a health screening, you may receive up to \$50, \$75, or \$100 depending on the level of coverage you select.

Hospital Indemnity Insurance

Hospital stays can be expensive, even with insurance. Hospital Indemnity plans are designed to provide financial protection by paying you a direct benefit to cover out-of-pocket expenses and extra bills that can occur. Lump sum benefits are paid directly to you based on the facility type and number of confinement days. If you participate in a health screening, you can receive up to \$50 as a wellness benefit.





Home Enrolling Health Dental/Vision Life/Disability Additional Benefits Glossary Contacts

DENTAL

HAWAII DENTAL SERVICE (HDS)

Dental plans cover diagnostic and preventive care, plus basic and major services. Although you can choose any dental provider, you will generally pay less when you visit an in-network dentist. If you choose an out-of-network provider, you may be billed the difference between what HDS pays, and what your out-of-network provider charges for the services.

Dental	Low DPPO		
	In-network		
Annual deductible (Individual/Family)	\$0/\$0		
Annual maximum (per person)	\$1,700		
Diagnostic and preventive care (includes cleanings, fluoride treatments, sealants, and x-rays)	Covered at 100%		
Basic services (includes fillings*, periodontics, scaling, and root planning, and oral surgery)	Covered at 70%		
Major services (includes crowns, bridges, and full and partial dentures)	Covered at 50%		
Orthodontia	Covered at 50%		
Lifetime maximum	\$1,000		

Plan includes out-of-network benefits; see plan summary for additional details.

www.hawaiidentalservice.com 808.529.9248





^{*}White fillings for all teeth

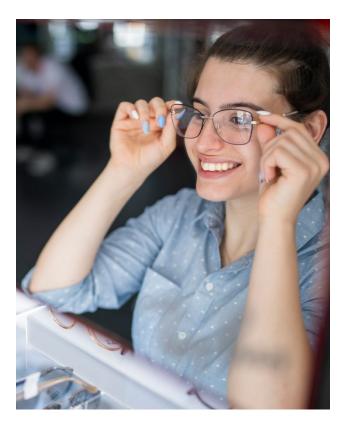


HAWAII MEDICAL SERVICE ASSOCIATION (HMSA)

Our vision care benefits include coverage for eye exams, lenses and frames, contact lenses, and discounts for laser surgery. The below vision benefits are included in the HMSA medical plan. In order to receive vision benefits, you must be enrolled in the HMSA medical plan.

Vision	Vision		
	In-network		
Examination (every 12 months)	\$10		
Lenses (every 12 months)			
Eyeglass Lenses	\$25 copay		
Frames (every 24 months)			
New frames	Up to \$110 allowance		
Contact lenses (every 12 months)			
Elective	Up to \$110 allowance		

www.hmsa.com 800.776.4672







KAISER PERMANENTE

Our vision care benefits include coverage for eye exams, lenses and frames, contact lenses, and discounts for laser surgery. The below vision benefits are included in the Kaiser medical plan. In order to receive vision benefits, you must be enrolled in the Kaiser medical plan.

Vision	Vision		
	In-network		
Examination (every 12 months)	\$15		
Lenses (every 12 months)			
Eyeglass Lenses	Up to \$150 allowance		
Frames (every 12 months)			
New frames	Up to \$150 allowance		
Contact lenses (every 12 months)			
Elective	Up to \$150 allowance		

www.kp.org 800.966.5955





LIFE AND DISABILITY INSURANCE

UNUM

Life Insurance

Crete Professionals Alliance provides Basic Life and Accidental Death & Dismemberment (AD&D) insurance at no cost to you!

Insurance Coverage	Benefit
Basic Life and AD&D	1x your earnings up to \$150,000

If you would like additional coverage, Voluntary Life and AD&D insurance are available to you, your spouse, and your dependent children. You must enroll in coverage for yourself to cover your spouse or children. If you don't enroll in Voluntary Life when it's first available or elect an amount over the Guaranteed Issue, you may be subject to complete the Evidence of Insurability (EOI) online form through UKG.

Insurance Coverage	Benefit
Voluntary Employee Life	Choose from \$10,000 to \$500,000 in \$10,000 increments, up to 5 times your earnings. You can get up to \$300,000 with no medical underwriting.*
Voluntary Spouse Life	Get up to \$100,000 in increments of \$5,000. Spouse coverage cannot exceed 100% of the Employee amount. Spouses can get up to \$50,000 with no medical underwriting.*
Voluntary Child Life	Birth to 6 months: \$1,000 6 months to 26 years: Up to \$10,000 in increments of \$2,000





*Increased for 2026

Disability **D**

Crete PA offers Short-term and Long-term Disability benefits at no cost to you! These plans give you income protection in the event you are ill, suffer a non-work-related injury, and can't work.

Employer-Paid Short-term Disa	ıbility Benefits	Employer-Paid Long-term Disability Benefits		
Elimination period	7 days (for both accident and illness)	Elimination period	90 days	
Weekly benefit	60% of weekly earnings	Monthly benefit	60% of monthly earnings	
Maximum weekly benefit	\$2,500 weekly benefit	Maximum monthly benefit	\$10,000 monthly benefit	
Maximum benefit period	12 weeks	Maximum benefit period SSNRA (Social Security Normal Retirement Age)	SSNRA (Social Security Normal Retirement Age)	



ADDITIONAL BENEFITS

Commuter Benefits				
Description	Sometimes called "transportation benefits," commuter benefits help cover costs associated with traveling to and from work. These benefits are often provided tax-free, meaning the cost or reimbursement for the benefits are not included in your taxable income.			
	Commuter benefits can pay expenses related to qualified parking, transit passes and rides in commuter highway vehicles. Here are some common examples:			
	 Qualified parking is parking provided at or near your workplace. It also includes parking at or near the location from which you commute to work using mass transit, commuter highway vehicles or carpools. It doesn't include parking at or near your home. 			
	2. Transit passes include any passes, tokens, fare cards, vouchers or similar items that allow you to ride free of charge (or at a reduced rate) on mass transit.			
	You can enroll in this benefit and determine how much you would like to be payroll deducted towards this benefit!			
	You must enter your deferral on the EBC Flex website, or you will not be permitted to use this benefit.			
Contact information	EBC Flex www.ebcflex.com			
Who pays?	Employee			

Pet Insurance				
Description	More than ever, pets play such a huge role in our lives. We want to do everything to keep them safe and healthy. Help make sure your furry family members are protected against unplanned vet expenses for covered accidents or illnesses with MetLife Pet Insurance.			
Contact information	MetLife 1.800.GET.MET8 www.metlife.com/getpetquote			
Who pays?	Employee: Discounts provided			



Home	Enrolling	Health	Dental/Vision	Life/Disability	Additional Benefits	Glossary	Contacts
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o additional cost, you have access to PerkSpot which provides you with exclusive discounts to hundreds of merchants nationwide. are discounts in dozens of categories including but not limited to: oparel Electronics Health and Fitness
tomotive • Travel and entertainment p at Locktonsoutheast.perkspot.com/login to see all available discounts!
a p itc

Employee Assistance Program D		
Description	 EAPs provide voluntary, confidential support to employees who need help managing personal and work-related problems. Unlimited access to Master's-level counselors by phone 24/7. Up to 3 face-to-face visits with a counselor at no cost. Unlimited access to helpful tools and resources online. Referrals available. 	
Contact information	Unum 1.800.854.1446 (multi-lingual) www.unum.com/lifebalance	
Who pays?	Employer	

Travel Assist		
Description	Whenever you travel 100 miles or more from home — to another country or just another city — be sure to pack your worldwide emergency travel assistance phone number. Travel assistance speaks your language, helping you locate hospitals, embassies and other "unexpected" travel destinations. Add the number to your cell phone contacts, so it's always close at hand. Just one phone call connects you and your family to medical and other important services 24 hours a day.	
Contact information	Unum 1.800.872.1414 (Within U.S.) +609.986.1234 (Outside US) Or download and activate the app today from the Apple App Store or Google Play.	
Who pays?	Employer	

Life Planning Resources		
Description	When a loved one dies or is terminally ill, survivors can get personal, customized financial and legal support from highly trained counselors. Resources also include information about estate settlement, Social Security, taxes and investment planning.	
Contact information	Unum 1.800.854.1446 (multi-lingual) or visit <u>members.healthadvocate.com</u> (Enter Unum-Life Planning)	
Who pays?	Employer	





COPAYMENT: A copayment (copay) is the fixed dollar amount you pay for certain in-network services on a PPO-type plan. In some cases, you may be responsible for coinsurance after a copay is made.

COINSURANCE: Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've met the deductible. Your plan pays a certain percentage of the total bill, and you pay the remaining percentage.

DEDUCTIBLE: A deductible is the amount of money you must meet before your plan begins paying for services covered by coinsurance. Some services, such as office visits that require copays, do not apply to the deductible. For example, if your plan's deductible is \$1,000, you'll pay 100 percent of eligible healthcare expenses until you have met the \$1,000 deductible. After that, you share the cost with your plan by paying coinsurance.

FORMULARY: A list of prescription drugs covered by the plan. Also called a drug list.

IN-NETWORK: A group of doctors, clinics, hospitals, and other healthcare providers that have an agreement with your medical plan provider. You pay a negotiated rate for services when you use in-network providers.

OUT-OF-NETWORK: Care received from a doctor, hospital, or other provider not part of the plan agreement. You'll pay more when you use out-of-network providers since they don't have a negotiated rate with your plan provider. You may also be billed the difference between what the out-of-network provider charges for services and what the plan provider pays.

OUT-OF-POCKET MAXIMUM: This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.





CONTACTS

Medical/Rx/Vision: Hawaii Medical Service Association (HMSA)

Member Services 800.776.4672

www.hmsa.com

Medical/Rx/Vision: Kaiser Permanente

Member Services 800.966.5955

www.kp.org

Dental: Hawaii Dental Service (HDS)

Member Services 800.997.1654

www.hawaiidentalservice.com

Savings Accounts (FSA, DCFSA, LPFSA) and

Commuter Benefits: Employee Benefits Corporation (EBC Flex)

Member Services 800.346.2126, Option 1

www.ebcflex.com

Life & Disability: Unum

Member Services 1.866.779.1054

services.unum.com

Leave and Absence Management: Unum

https://portal.unum.com

Supplemental Health (Accident, Critical Illness, Hospital

Indemnity): Unum

Member Services 1.866.779.1054

services.unum.com

Support Line

Member Services hr@cretepa.com

Benefits Website

Visit Crete's benefit website here

Annual Notice

Annual notices are available here





