

2026

EMPLOYEE BENEFITS

**Open Enrollment:
November 3rd - November 30th**



As part of our commitment to continuously enhance our offerings, we have carefully reassessed our benefits package to better serve your needs.


We remain dedicated to providing you with competitive and affordable health and wellness benefits. This is your opportunity to review your current benefits and make selections that best suit you and your family.

UPDATES FOR 2026

- **Kaiser HMO:** Deductible increase to \$1,000 for the individual and \$2,000 for the family.
- **Voluntary Life Plan:** Guarantee issue amount will **increase** for employee and spouse levels. Employees will now receive \$300k and spouses will receive \$50k.
- **Short-term and Long-term Disability Plans:** Crete will now offer Employer-Paid STD and LTD at no cost to you!

The following is a high-level overview of the benefits being offered by Crete PA in 2026. Please see the benefits guide for additional details.

Medical	High PPO	Mid PPO	Base PPO	HDHP with HSA
	In-network	In-network	In-network	In-network
Annual deductible (Individual/Family)	\$1,000 / \$2,000	\$2,000 / \$4,000	\$4,000 / \$8,000	\$3,200 / \$6,400
Out-of-pocket maximum (Individual/Family)*	\$4,000 / \$8,000	\$5,000 / \$10,000	\$6,000 / \$12,000	\$5,000 / \$10,000
Preventive care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Primary physician office visit	\$25	\$30	\$40	20% after Ded.
Specialist office visit	\$40	\$55	\$65	20% after Ded.
Urgent care	\$75	\$75	\$100	20% after Ded.
Emergency room care	20% after Ded.	20% after Ded.	20% after Ded.	20% after Ded.
Prescription drugs ▶				
Retail (30-day supply)				
Generic	\$10	\$10	\$15	20% Coinsurance
Brand preferred	\$30	\$30	\$40	20% Coinsurance
Brand non-preferred	\$50	\$50	\$65	20% Coinsurance
Mail order (90-day supply)				
Generic	\$25	\$25	\$38	20% Coinsurance
Brand preferred	\$75	\$75	\$100	20% Coinsurance
Brand non-preferred	\$125	\$125	\$163	20% Coinsurance

Medical	Kaiser HMO (For CA Employees Only)
	In-network
Annual deductible (Individual/Family)	\$1,000 / \$2,000
Out-of-pocket maximum (Individual/Family)*	\$3,000 / \$6,000
Preventive care	Covered at 100%
Primary physician office visit	\$30
Specialist office visit	\$30
Urgent care	\$30
Emergency room care	\$100
Prescription drugs 	
Retail (30-day supply)	
Generic	\$10
Brand preferred	\$35 after drug deductible is met
Brand non-preferred	\$35 after drug deductible is met
Mail order (90-day supply)	
Generic	\$10
Brand preferred	\$35 after drug deductible is met
Brand non-preferred	\$35 after drug deductible is met

Dental	Low DPPO	High DPPO
	In-network	In-network
Annual deductible (Individual/Family)	\$50 / \$150	\$50 / \$150
Annual maximum (per person)	\$1,000	\$1,500
Diagnostic and preventive care	Covered at 100%	Covered at 100%
Basic services	Covered at 80%	Covered at 80%
Major services	Covered at 50%	Covered at 50%
Orthodontia	Not Covered	Covered at 50%
Lifetime maximum	N/A	\$1,000

Vision	Vision
	In-network
Examination (every 12 months)	\$10
Material	\$25
Lenses (every 12 months)	
Single	\$25 copay
Bifocal	\$25 copay
Trifocal	\$25 copay
Frames (every 24 months)	
New frames	\$130 allowance + 20% off coverage
Contact lenses (every 12 months)	
Elective	Up to \$130 allowance
Medically necessary	Covered at 100%



ADDITIONAL BENEFITS

- Life and AD&D
- Employer-Paid Short-Term Disability
- Employer-Paid Long-Term Disability
- Supplemental Health Benefits
- HSA and FSA
- Commuter Benefits
- Employee Assistance Program
- Pet Insurance

FAQS

Q. Will my current benefits rollover?

No, your current benefits will not rollover from 2025 to 2026. If you do not go into the UKG portal and elect benefits, all current coverages will be dropped for 2026.

Q. Can I participate in the HSA if I'm enrolled in a PPO Medical plan?

No, you can only participate in the HSA if you are enrolled in the HDHP plan.

Q. Do the Dental plans cover orthodontics?

The High DPPO plan covers orthodontics at 50%. However, it only provides coverage for your dependents up to age 19.

Q. What is the difference in reimbursement between the Dental plans?

The Low DPPO operates on a MAC pricing model while the High DPPO operates on a UCR pricing model. UCR stands for "Usual, Customary, and Reasonable," and it refers to the average fee charged by dentists in a specific geographic area for a given procedure. If your dentist's fee exceeds the UCR amount, you may be responsible for paying the difference. MAC, or "Maximum Allowable Charge," is a fixed fee set by the insurance company for each procedure. If your dentist charges more than the MAC, you'll also pay the difference. The High DPPO will offer a better out-of-network reimbursement than the Low DPPO.