



WEST GAINES
SEED



West Gaines Seed

EMPLOYEE BENEFITS GUIDE

Plan Year: January 1, 2026 - December 31, 2026

Welcome!

The employee benefits at West Gaines Seed was designed to give you the flexibility to tailor your benefit coverage to meet you and your family's needs.

This enrollment guide is designed to help you understand your benefit options so you can make the choices that meet your needs. Please review your options, their costs, and make sure to ask questions to help you make your benefit choices.

Your Enrollment Checklist

PREPARE

- ☐ Review your Benefit Guide
- ☐ Review all benefit options in Employee Navigator
- ☐ Understand your options and ask questions!

ENROLL

- ☐ Enroll in benefits at: www.employeenavigator.com
- ☐ Review your confirmation and print a copy for your records prior to exiting
- ☐ Deadline to enroll is: **December 5th, 2026**

CONFIRM

- ☐ Check your pay stub to make sure your benefit elections are reflected correctly. You will see your benefit contributions as deductions in your paycheck within one to two pay periods after you enroll.
- ☐ Email **Bailey Gammill** at: bgammill@westgainesseed.com if you have questions

ENROLLMENT & ELIGIBILITY



Who is Eligible to Participate?

Full-time employees (working more than 30 hours per week) are eligible to enroll in the benefits included in this Benefit Guide.

The following family members are eligible to participate:

- Your spouse, to whom you are lawfully married under the law of any domestic or foreign jurisdiction that has the legal authority to sanction marriages.
- Dependent children, up to age 26, which can include:
 - Natural children of the first degree,
 - Legally adopted children, and
 - Stepchildren



When to Enroll?

- **New Hires:** You will become eligible for benefits on the 1st of the month following 30 days of employment.
- **Current Employees:** Open Enrollment will occur each year during the month of December. Benefits elected during open enrollment will be effective from January 1, 2026 through December 31, 2026.



How to Enroll?

Please carefully review your benefit options and then make your benefits elections by enrolling in [Employee Navigator](#).



When to Make Changes?

You are not eligible to make changes to the benefits you elect until the Open Enrollment Period unless you have a qualifying life event, per IRS guidelines.



Please note: You must make any coverage changes within 31 days of the qualifying event. If you do not notify West Gaines Seed of the change within 31 days, you may not make the change until the next annual Open Enrollment period.

Examples of Qualifying Life Events:

- Marriage, divorce, or legal separation
- Birth/adoption of child
- Death of spouse or dependent
- Change in Spouse's benefits or employment status
- Loss or gain of other coverage

IMPORTANT DATES

Open Enrollment:

December 1st

Deadline to Enroll:

December 5th

Plan Year:

2026

QUESTIONS?

Please contact:

Bailey Gammill

806-698-0282

EXT 144

bgammill@

westgainesseed.com

Open Enrollment via Employee Navigator

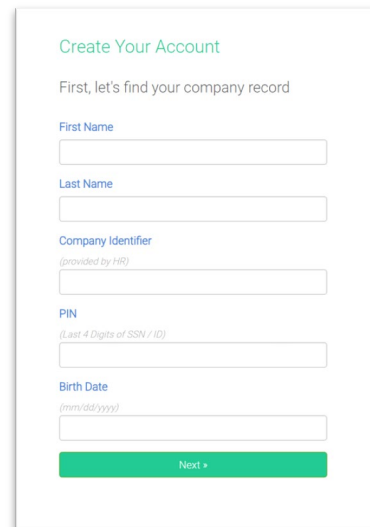
Employees will receive an Open Enrollment email from Employee Navigator with a hyperlink to the portal. You must log into the portal to elect your benefits by: December 5th, 2026.

1 Visit <https://www.employeenavigator.com/benefits/Account/Login>

2 Create Your Account

The system will prompt you to input the following

- First Name
- Last Name
- Company Identifier: WestGS
- PIN: last 4 digits of your social
- Birthdate (mm/dd/yyyy)



3 Register your Account

The system will prompt you to create your own:

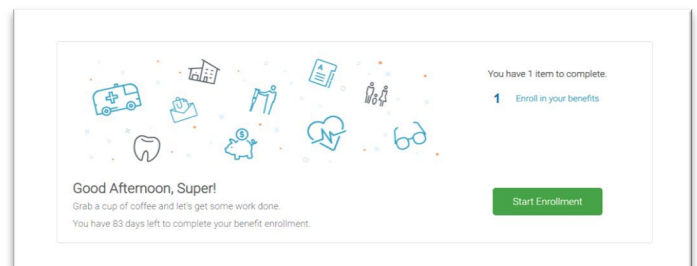
- Username (company email recommended)
- Password

4 Welcome Screen – Continue & Begin

Click **“Continue”** and then click **“Let’s Begin”** on the Participation Required Screen

5 Start Enrollment

Use the “Start Enrollment” button on the right-hand side to see the benefits you’re eligible to enroll in. Later, it will help you keep track of where you’re at in the enrollment process, as well as the plans that you’ve enrolled in or declined.



Key points to remember when making your elections!

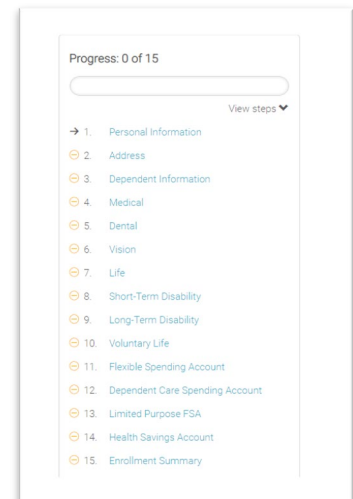
- Dependents need to be added on dependent screen before you can add them to any plan
- Once on the plan election page, check the box next to the dependent’s name to add them to the plan (rates will adjust automatically)
- Plan documents are available on the right of the screen
- Rates are represented “per pay period” on the plan screens
- Employees may make changes to their benefits up until the enrollment deadline.

6 Update Personal & Dependent Information

You will be prompted to verify your personal information, add your address and dependents. Please keep in mind you will not be able to enroll Dependents in coverage if they are not entered into the Dependent screen.

7 Enroll in your Benefits!

You will be prompted to elect or waive each of the Benefits offered. On the right hand side of the screen you will be able to track your progress through the enrollment process. Select the “View Steps” arrow to see a drop down of all steps remaining before the enrollment is completed.



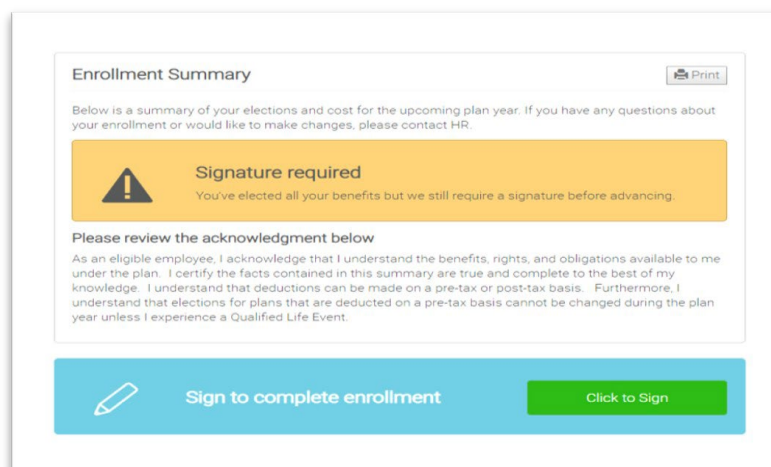
Progress: 0 of 15

View steps ▼

- 1. Personal Information
- 2. Address
- 3. Dependent Information
- 4. Medical
- 5. Dental
- 6. Vision
- 7. Life
- 8. Short-Term Disability
- 9. Long-Term Disability
- 10. Voluntary Life
- 11. Flexible Spending Account
- 12. Dependent Care Spending Account
- 13. Limited Purpose FSA
- 14. Health Savings Account
- 15. Enrollment Summary


8 Complete your Enrollment

Once you complete the enrollment process you will see an Enrollment Summary with all of your elections. To complete the enrollment you will need to click the green “Click to Sign” button.




Enrollment Summary Print

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions about your enrollment or would like to make changes, please contact HR.

 **Signature required**
You've elected all your benefits but we still require a signature before advancing.

Please review the acknowledgment below

As an eligible employee, I acknowledge that I understand the benefits, rights, and obligations available to me under the plan. I certify the facts contained in this summary are true and complete to the best of my knowledge. I understand that deductions can be made on a pre-tax or post-tax basis. Furthermore, I understand that elections for plans that are deducted on a pre-tax basis cannot be changed during the plan year unless I experience a Qualified Life Event.

 **Sign to complete enrollment** Click to Sign

9 Enrollment Confirmation

Please print or save your Enrollment Confirmation for your records.

MEDICAL INSURANCE



HEALTH PLAN OVERVIEW

For 2026, West Gaines Seed is offering medical coverage through UnitedHealthcare. The medical plan is offered as a PPO/HDHP utilizing the carrier network. The table below shows a general summary of your medical benefits; please refer to your Summary Plan Description (SPD) for additional details on benefits/out-of-network benefits.

To find an In-Network Provider visit: www.myuhc.com

	UHC HSA PPO	UHC Copay PPO
Network	UHC Choice Plus PPO	UHC Choice Plus PPO
Deductible Type	Calendar Year	
Annual Deductible	Individual: \$6,000 Family: \$12,000	Individual: \$4,000 Family: \$8,000
Annual Out-of-Pocket Maximum (Includes Annual Deductible)	Individual: \$6,000 Family: \$12,000	Individual: \$6,350 Family: \$12,700
	You Pay	
Preventive Care	Covered by plan at 100%; deductible waived	
Coinsurance	100%	80%
Primary Care Office Visit	0% after deductible	\$30 Copay
Specialist Office Visit	0% after deductible	\$50 copay
Virtual Visits	0% after deductible	\$10 Copay
Urgent Care	0% after deductible	\$50 copay
Lab & X-ray	0% after deductible	Covered at 100%
Imaging	0% after deductible	20% in office setting; \$500 Copay per Procedure
Inpatient & Outpatient Hospital Services	0% after deductible	20% after deductible
Emergency Room	0% after deductible	20% after deductible

*Please reference the Summary of Benefits and Coverage (SBC) for additional details and out-of-network benefits.

**Your deductible accumulation is based on Calendar Year, 1/1/2026-12/31/2026 which means it will restart on the next calendar year.

PRESCRIPTION COVERAGE



PRESCRIPTION DRUG OVERVIEW

Prescription Drug coverage is offered through SmithRX. Expenses for Prescription Drugs count toward your out-of-pocket maximum on your medical plan. Please note that drug copays do not count towards your medical deductible.

Prescription Drug Formulary: Essential Formulary

To access a list of covered drugs visit: <http://smithrx.com/members>

	Prescriptions	
	UHC HSA PPO	UHC Copay PPO
Retail (up to 31-day)^{1,2} Generic - Tier 1	\$0 Copay After Deductible	\$15 Copay
Brand, Preferred – Tier 2	\$0 Copay After Deductible	\$35 Copay
Brand, Non-Preferred – Tier 3	\$0 Copay After Deductible	\$50 Copay
Specialty – Tier 4, 5	\$0 Copay After Deductible	Tier 4 Preferred - \$100 Copay; Tier 5 Non-Preferred - \$150 Copay
Mail Order (up to 90-day)^{1,2,3} Generic - Tier 1	\$0 Copay After Deductible	\$37.50 Copay
Brand, Preferred – Tier 2	\$0 Copay After Deductible	\$87.50 Copay
Brand, Non-Preferred – Tier 3	\$0 Copay After Deductible	\$125 Copay
Specialty – Tier 4, 5	Not Applicable	Not Applicable

PRESCRIPTION DRUG OVERVIEW



Money Saver. Pharmacies can charge a different amount for the same prescription. Log in to <https://member.mysmithrx.com/login> for real-time drug pricing, cost-saving tips, prescription history, drug interaction, and more.



Get it Delivered. Purchase “maintenance drugs” through mail order for potential savings, plus enjoy the convenience of having your monthly medications mailed to your home.



Go Generic. If you purchase a brand-name drug when a generic is available, you will pay a higher copay and may face additional cost.

MEDICAL INSURANCE - RATES

HEALTH PLAN EMPLOYEE CONTRIBUTIONS FOR 2026

The 2026 employee contributions amount for United Healthcare medical plans are listed below.

	UHC HSA PPO
	Bi-Weekly Employee Per Pay Period Cost
Employee Only	\$129.00
Employee + Spouse	\$425.00
Employee + Child(ren)	\$335.00
Family	\$600.00




	UHC Copay PPO
	Bi- Weekly Employee Per Pay Period Cost
Employee Only	\$250.00
Employee + Spouse	\$625.00
Employee + Child(ren)	\$535.00
Family	\$820.00

Mail Order Pharmacies

Overview

SmithRx contracts with three preferred vendors for mail order: Amazon Pharmacy, Walmart Pharmacy, and Mark Cuban Cost Plus pharmacy (limited drug list). If you take prescription medications regularly, mail order may be a convenient and cost effective way to get your medications.

Preferred partners

	<p>Amazon Pharmacy offers upfront pricing, easy refills, pharmacists with time to talk and the ability to search and compare prices with ease.</p> <p>Register at www.amazon.com/smithrx. Doctors can send prescriptions directly via electronic prescribing, fax or phone:</p> <ul style="list-style-type: none"> • Name/E-scribe: Amazon Pharmacy Home Delivery • Amazon Pharmacy fax: 512-884-5981 • Amazon Pharmacy address: 4500 S Pleasant Valley Road, Suite 201, Austin, TX 78744-2911 • Amazon prescriber and pharmacy line: 855-206-3605
	<p>Walmart Pharmacy provides exceptional service, including integration with several SmithRx savings programs.</p> <p>Doctors can send prescriptions via electronic prescribing, fax or phone:</p> <ul style="list-style-type: none"> • Walmart Pharmacy fax: 1 (800) 406-8976 • Walmart Mail Order Pharmacy address: 1025 W Trinity Mills Rd. Carrollton, TX, 75006 • Walmart prescriber and pharmacy line: 1 (800) 273-3455 [Monday - Friday 7:00 AM - 7:00 PM CST, Saturday - Sunday 8:00 AM - 4:00 PM CST] • Email: wmsrx@wal-mart.com • Website: https://www.walmart.com/cp/1042239
	<p>Mark Cuban Cost Plus Drugs is pursuing the mission of prescription drug affordability by building an innovative pharmacy that delivers medications at cost.</p> <p>See whether your medications are available at: https://costplusdrugs.com/medications. Doctors can send prescriptions via electronic prescribing to:</p> <ul style="list-style-type: none"> • Name/E-scribe: Mark Cuban Cost Plus Drug Company (MCCPD)



SmithRX Spotlight: ACCESS TRADITIONAL PROGRAM

IMPORTANT UPDATE!

SmithRX Connect Access Traditional program **is now mandatory!** The program helps you enroll in copay assistance.

Members taking **qualifying medications** will be allowed three transition fills while they enroll in the program.

If members **do not** enroll, the fourth fill will reject at the pharmacy.

Follow the steps below to enroll in program and save money!

*Have You Received a Call, Text or Email from SmithRX?
If so, please connect today!*

1. Enrollment Process

SmithRX will explain the enrollment process and help members to enroll in a copay card. In some cases, SmithRX will direct members to where they can enroll and then collect the information. Enrollment generally takes 5 minutes to complete.

2. Pharmacy Update

After copay card enrollment, SmithRX will help the member get the copay card information to their local preferred in-network retail pharmacy or Walmart Home Delivery, the preferred mail-order partner pharmacy. Once set up your monthly fills will be available at a low or \$0 copay.

3. New Script

In the case a prescription is needed to be supplied to your pharmacy, your SmithRX access specialist will submit a fax to your provider advising where to send the prescription. You will also be provided information so you can request your provider to send a prescription.


4. Using your Copay Card


Present your SmithRX Member ID card to the pharmacy. Once you provide your SmithRX information please have your pharmacy add your copay card information as the secondary payer. This includes a BIN, PCN, Member ID, Person Code, and Group number. This information will also be provided to the member by our access specialist during enrollment.


5. Copay Card Renewal

When the copay card expires, as determined by the manufacturer's terms and conditions, the pharmacy will realize a rejection and can assist the member in a copay card renewal. If members encounter a higher than expected copay, they should reach out to the SmithRX Connect team for assistance.

Connect with the
Smith RX Team

 (844)454-5201

 help@smithrx.com

 Log in to your member portal
and click "Live Help."

HSA – HEALTH SAVINGS ACCOUNT

UNDERSTANDING THE BASICS



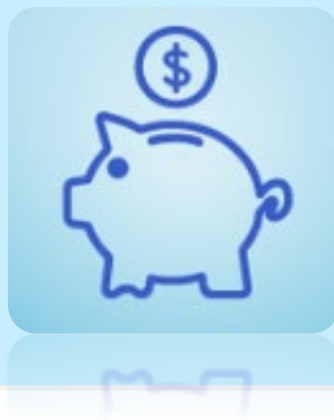
HEALTH SAVINGS ACCOUNT

If you enroll in the High-Deductible Health Plan (HDHP), you may be eligible to establish a health savings account (HSA). An HSA is a tax-advantaged account that allows individuals with high-deductible health plans to save and pay for qualified medical expenses.

	2026 CONTRIBUTION LIMITS
Individual Limit	up to \$4,400
Family Limit	up to \$8,750
Catch Up Contribution (age 55+)	\$1,000

THE ADVANTAGES

- **Tax Advantages:** You can choose to contribute via *pretax payroll deduction* at anytime.
- **Future Use:** Unused funds in an HSA roll over each year, and the account remains yours even if you change jobs or retire.
- **Investments:** You can contribute your own funds to your HSA. The money contributed into your account may earn interest or have investment features that accumulate on a tax-free basis.



Please note: You're the H.S.A. account holder and responsible for reporting HSA contributions and distributions (whether by you or on your behalf) to the IRS. You should consult your tax or financial advisor to make sure you're eligible for an HSA, to see if an HSA would be advantageous to you and to ensure that you understand all of the tax implications. To learn more about HSAs, see Publication 969 at www.irs.gov.

HSA – HEALTH SAVINGS ACCOUNT

SETTING UP YOUR ACCOUNT



HEALTH SAVINGS ACCOUNT WITH WEX

If you enroll in the HDHP/HSA medical plan, you are eligible to establish a health savings account (HSA) with WEX.

1 ARE YOU ELIGIBLE?

You are eligible to contribute to the HSA Bank Account if you are enrolled in the HDHP/HSA Medical Plan, and as long as you do not have other **disqualifying** situations, such as:

- You are enrolled in Medicare, which generally occurs at age 65.
- You are claimed as a dependent on another person's tax return.
- You have received VA benefits in the past three months.
- You have received Indian Health services in the past three months.
- You are covered under any other medical plan which is not a qualified CDHP - your spouse's employer's PPO, for example.

2 CONSIDERING AN HSA WITH WEX? **GET STARTED HERE!**

Your balance can grow without limits. Visit www.wexinc.com for more information on how to invest.

3 START FUNDING!

Once you have set up the HSA bank account, you can begin contributing your funding.



FLEXIBLE SPENDING ACCOUNT (FSA)

FLEXIBLE SPENDING ACCOUNT



The FSA, administered by WEX, offer you a way to save money on eligible health care and dependent care expenses. When you enroll in one or both accounts, you choose an amount to be deducted from each paycheck pre-tax. Because the money you put into FSAs is contributed on a before-tax basis, you lower your taxable income, which saves you money.

IMPORTANT! Be conservative when making your election(s) and use up your account balance by Dec. 31, 2026, FSA's are considered **"Use-it-or-lose it"** accounts! Any account funds remaining after December 31st will be forfeited.

	ELIGIBLE EMPLOYEES	2026 ANNUAL MAX CONTRIBUTION LIMITS	EXAMPLES OF COVERED EXPENSES
Healthcare FSA	All Employees <i>enrolled in PPO</i>	up to \$3,400 per Employee	Copays, deductibles, over-the-counter medications, etc.*
Limited Purpose FSA	<i>All Employees enrolled in HDHP</i>	up to \$3,400 per Employee	Dental and vision expenses only
Dependent Care FSA	All Employees; Eligible dependents include children younger than the age of 13 and dependents of any age that are incapable of caring for themselves.	\$7,500 per Household \$3,750 if married and filing separate tax returns***	Day care, nursery school, elder care expenses, etc.*
GRACE PERIOD/CARRY OVER DETAILS	IRS legislation allows for \$680 of account funds to carry over from 2026 Health Care FSAs. Funds in excess of this amount will be forfeited. *** GRACE PERIOD/CARRY OVER FOR YOUR ACCOUNT? CHECK FOR YOUR GROUP		

PLEASE NOTE: These accounts are separate. For example, you cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

- ***The Internal Revenue Code (IRC) allows pretax contributions to FSAs as long as the benefit does not favor highly compensated employees (HCEs). You are considered "highly compensated" if your gross earnings are above the annual amount set by the Internal Revenue Service.
- Dependent Care FSA Reimbursements:** Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is deposited in your account at that time. Dependent Care expenses are reimbursable as long as the Provider of care is not anyone considered your dependent for income tax purposes. In order to be reimbursed you must provide the Tax ID or SSN of the party providing the care.

PREVENTIVE CARE

The Affordable Care Act (ACA) requires non-grandfathered health plans and policies to provide coverage for “preventive care services” without cost-sharing (such as coinsurance, deductible, or copayment), when the member uses a network provider. Services include certain screenings, immunizations, and other types of care, as recommended by the government.

Below is a list of general Preventive Services covered under the ACA:






CHILDREN/ ADOLESCENTS	ADULTS	WOMEN
Well–Child Exam <ul style="list-style-type: none"> History and physical exam Measurements (height, weight, and BMI) Hearing screening Iron supplementation Behavioral assessments Immunizations <ul style="list-style-type: none"> Diphtheria, Tetanus, Pertussis Hepatitis A and B HPV Influenza (Flu) Measles, Mumps, Rubella Meningococcal Pneumococcal Screening Tests <ul style="list-style-type: none"> Screening for hearing loss, hypothyroidism, sickle cell disease, PKU Hematocrit and Hemoglobin Obesity screening and counseling Lead screening Screening for sexually transmitted infections Depression screening Preventive Treatments <ul style="list-style-type: none"> Gonorrhea preventive medication for eyes of all newborns 	Preventive Exam <ul style="list-style-type: none"> History and Physical Exam Measurements (height, weight, and BMI) Immunizations <ul style="list-style-type: none"> Hepatitis A and B HPV Influenza (Flu) Measles, Mumps, Rubella Meningococcal Pneumococcal Varicella (chickenpox) Screening Tests <ul style="list-style-type: none"> Abdominal Aortic Aneurysm screening Blood Pressure Cholesterol Colorectal cancer screenings using fecal occult blood testing, sigmoidoscopy, or colonoscopy for adults over age 50 Depression screening Diabetes screening for adults with high blood pressure Health Counseling <ul style="list-style-type: none"> Alcohol misuse screening and counseling Prevention of sexually transmitted infections Tobacco use cessation 	<ul style="list-style-type: none"> Annual well woman visit Breast cancer prevention medication Breast cancer screening / screening mammography Cervical cancer screening including Pap smear Osteoporosis screening Genetic counseling and evaluation for BRCA testing where family history is associated with an increased risk Human Papillomavirus DNA test Contraception Specifically for Pregnant Woman <ul style="list-style-type: none"> Alcohol misuse screening and counseling Anemia screening Bacteriuria screening Rh incompatibility screening Gestational diabetes screening HIV screening Screenings for STD’s Tobacco use and cessation counseling Venipuncture for pregnancy required labs

*For a full list of preventive services please visit: www.healthcare.gov/what-are-my-preventive-care-benefits

WHERE TO GO FOR CARE

Right Care. Right Place. Right Savings.

The rising cost of health insurance is a concern for all of us. Keeping costs to a minimum contributes to lower premiums in future years. Here are tips on how you can help lower the cost of health insurance plus help you understand where to go, for what, and how you can save money:

WHERE	FOR WHAT	TYPE OF CARE	COST
Virtual Visit 	A virtual visit lets you see a doctor via your smartphone, tablet, or computer.	<ul style="list-style-type: none"> • Allergies • Bladder Infections • Bronchitis • Cough/colds • Diarrhea • Fever • Pink eye • Rashes • Seasonal flu • Sinus problems • Sore throats • Stomach aches 	\$
Convenience Care Clinics 	Visit a convenience care clinic when you can't see your doctor and your health issue isn't urgent. These clinics are often in stores.	<ul style="list-style-type: none"> • Common infections (e.g. strep throat) • Minor skin conditions (e.g. poison ivy) • Vaccinations • Pregnancy tests • Minor injuries • Ear aches 	\$\$
Primary Care Physician 	Go to a doctor's office when you need preventive or routine care. Your primary doctor can access your medical records, manage your medications and refer you to a specialist if needed.	<ul style="list-style-type: none"> • Checkups • Preventive Services • Minor skin conditions • Vaccinations • General Health Management • Pregnancy tests 	\$\$
Urgent Care 	Urgent care is ideal for when you need care quickly, but it is not an emergency (and your doctor isn't available). Urgent care centers treat issues that aren't life threatening.	<ul style="list-style-type: none"> • Sprains • Strains • Small cuts that may need a few stitches • Minor burns • Minor infections • Minor broken bones 	\$\$\$
Emergency Room 	The ER is for life-threatening or very serious conditions that require immediate care. This is also when to call 911.	<ul style="list-style-type: none"> • Heavy Bleeding • Large open wounds • Sudden change in vision • Chest Pain • Sudden weakness or trouble talking • Major burns • Spinal Injuries • Severe head injury • Breathing difficulty • Major broken bones 	\$\$\$\$

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A UnitedHealthcare Company

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You want managing your health care to be fast and easy, right? You got it.

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Log in now to:

- View **My taskbar**, your personalized benefits to-do list
- Check your benefits and see what's covered
- Look up what you owe and how much you've paid
- Find a doctor in your network
- Learn about medical conditions and your treatment options
- Access tools and trusted resources to help you live a healthier life



Note: The images shown reflect available features within our desktop site. These features may or may not be available to all users, depending on your individual and/or company benefits.



24/7 doctor visits via phone or mobile app



Teladoc gives you round-the-clock access to U.S. board-certified doctors, from home or on the go. Call or connect online or using the Teladoc mobile app for affordable medical care, when you need it.



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Prompt treatment, median call back, in 10 minutes



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Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink eye
- Respiratory infections
- Sinus problems
- Skin problems
- And more

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician.



A UnitedHealthcare Company

KIS_xCard is Vālenz[®] Health

Imaging & Surgery Simplified: Simply call (877) 438-5479

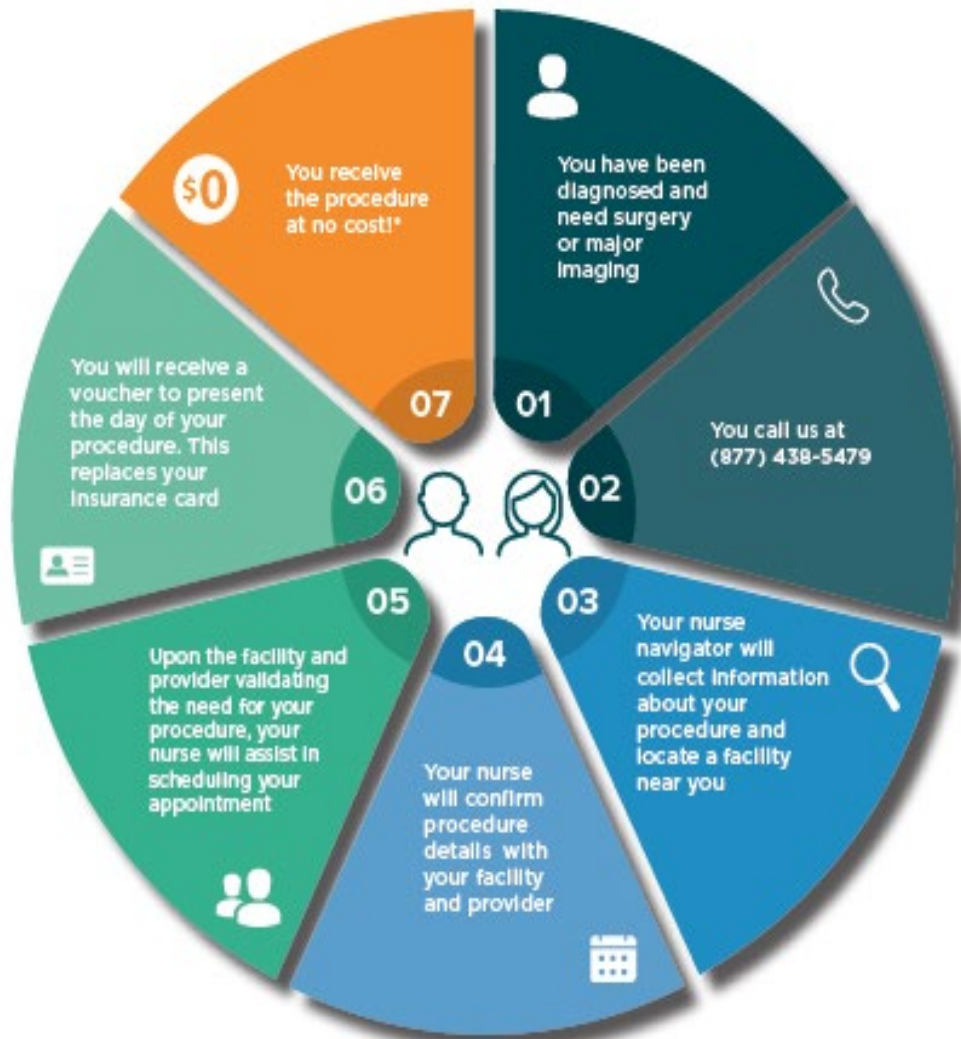
Get common imaging and surgical procedures at no cost* with our benefits. Take advantage today!

Before seeking in-network providers through your health plan, call us! By choosing one of our providers, you will always pay \$0*.

Common Procedures:

- Ankle & Foot
- Arthroscopy
- Colonoscopy
- ENT
- Elbow
- Gastroenterology
- General Surgery
- Hernia Repair
- Hip
- Imaging
- Knee
- Shoulder
- Spine
- Urology
- Wrist & Hand
- And More

Scan QR Code for full list:





CancerCARE

Right Care. Right Place. Right Time.

What is CancerCARE?

The CancerCARE Program is a free, fully integrated cancer solution included in YOUR health plan that supports you from the first day of your diagnosis well into the stages of aftercare. CancerCARE coordinates care and benefits for patients with new or existing cancers. Our expert medical team advocates for the best possible care in your community or at a leading national Centers of Excellence location.

Day One Help

The day you receive a cancer diagnosis is overwhelming. Our CancerCARE professionals will answer questions about your diagnosis and help you evaluate your treatment options. They will also help maximize your health benefits and minimize your out-of-pocket expenses.

Register online or by phone promptly (within 72 hours) of diagnosis for the highest care impact.

Personalized Care

Today's cancer treatments vary by cancer type, stage of spread, and the patient's genetic makeup. The most effective care occurs when it is genetically personalized for you. Genetic testing is often not a covered benefit; however, it is fully covered when used for treatment planning with CancerCARE's recommendation.

National Resources

New treatments are developed and tested at leading cancer centers called Centers of Excellence. Treatment received from your local oncologist is often the best possible, but in some instances, we may suggest new treatments that are only offered at a Center of Excellence when those treatments could be more beneficial to you. Two examples would be Clinical Trials or proven new treatments that have not yet been written and given to community oncologists.

Expert Medical Team

During your Initial registration call, our highly trained Intake Coordinators will quickly gather your medical and health plan information. When a diagnosis permits, you will be assigned your own personal Oncology Nurse Expert who will answer any questions you have regarding your diagnosis as well as your care options. CancerCARE's entire team of Doctors, Nurses, and Medical Experts is dedicated to being with you throughout your treatment journey.



DENTAL INSURANCE



Mutual of Omaha

DENTAL PLAN OVERVIEW

West Gaines Seed is offering dental coverage through Mutual of Omaha. With the Dental Plan, you can receive care from any licensed dentist. However, if you receive care from a dentist in the Mutual of Omaha network, your out-of-pocket cost may be reduced.

To find an In-Network Provider visit: www.MutualofOmaha.com/dental

NETWORK: Mutually Preferred Network

IN-NETWORK BENEFIT SUMMARY*	
Dental Plan	
Annual Maximum	\$1,500 per person
Deductible	\$50 individual / \$150 family
Preventive Services Cleaning/Routine exam, X-Rays	Plan pays 100% (deductible waived)
Basic Services (Class II) Fillings, Extractions	80% after deductible
Major Services (Class III) Crowns, Dentures	50% after deductible
Orthodontia Services	Not Covered
Waiting Periods	No Waiting Periods
Out-of-Network Benefits	90th Percentile

**Please reference the carrier plan summary for additional details, limitations and out-of-network coverage benefits.*

DENTAL PLAN RATES	
Employee Bi-Weekly Cost	
Employee Only	\$20.15
Employee + Spouse	\$41.63
Employee + Children	\$40.47
Employee + Family	\$67.21

VISION INSURANCE



VISION PLAN OVERVIEW

West Gaines Seed is offering vision coverage through VSP and the VSP network. With the Vision Plan, you can receive care from any licensed eye care professional. However, if you seek treatment at an in-network provider you receive a higher level of benefits and there are no claim forms to file.

To find an In-Network Provider visit: www.vsp.com/eye-doctor

NETWORK: VSP

	Frequency of Service	COST OF SERVICES	
		In-Network*	Out-of-Network Reimbursement*
Exams	Once every 12 months	\$10 Copay	Up to \$45
Frames	Once every 12 months	Up to \$130 Allowance	Up to \$70 Allowance
Single Vision Lenses	Once every 12 months	\$25 Copay	Up to \$30
Bifocal Lenses			Up to \$50
Trifocal Lenses			Up to \$65
Lenticular Lenses			Up to \$100
Contact Lenses (elective lenses)		Up to \$60 Copay Fitting & Evaluation \$130 Allowance	Up to \$210

*Please reference the carrier plan summary for additional details, limitations and out-of-network coverage benefits.

Please note: Vision plan includes coverage for glasses or contact lenses, not both in the same plan year.

➔ **Frequency of service are based on your most recent date of service– not when the plan resets.**

	VISION PLAN
	Employee Bi-Weekly Cost
Employee Only	\$5.07
Employee + Spouse	\$8.12
Employee + Children	\$8.29
Employee + Family	\$13.36

BASIC LIFE & AD&D INSURANCE



Mutual of Omaha

BASIC LIFE & AD&D OVERVIEW – Employer Paid

West Gaines Seed provides full-time employees with basic life insurance coverage through Mutual of Omaha, equal to \$15,000 at no cost to you. You automatically receive basic life and accidental death & dismemberment (AD&D) insurance even if you elect to waive coverage.

Please make sure your Beneficiary information is added to the online enrollment system/paper application.

	Basic Life Coverage
Employee Life Benefit Amount	\$15,000
Employee AD&D Benefit Amount	\$15,000
Age / Benefit Reduction	Age 65: reduced by 35% / Age 70: reduced by 50%



VOLUNTARY LIFE & AD&D INSURANCE

VOLUNTARY LIFE & AD&D OVERVIEW – Employee Paid



Mutual of Omaha

In addition to Basic Life and AD&D insurance, full-time employees have the option to purchase supplemental term voluntary life coverage for themselves and their family. When you enroll yourself and/or your dependent(s) in this benefit, you pay the full cost through payroll deductions.

	Supp. Term Life	GI
Employee Benefit	\$10,000 increments up to a maximum of \$500,000--not to exceed 5 times salary	\$150,000
Spouse Benefit	\$5,000 increments up to a maximum of \$250,000--not to exceed 50% of the employee benefit	100% of employee's benefit, up to \$30,000
Child(ren)	Maximum of \$10,000	100% of employee's benefit

Please note: if you do not enroll when you are first eligible but decide to apply for coverage later, you will be required to provide Evidence of Insurability and will have to be approved by the carrier.

PREMIUMS

- **Cost of Coverage:** Premiums are based on age and the amount of coverage you elect. Premiums for children are a flat rate. Please review the cost of coverage in Employee Navigator to determine your cost of coverage.

SUPP. LIFE & AD&D RULES

- You must elect coverage for yourself to be able to enroll your dependent family members.
- You will need to designate beneficiaries for employee coverage when you enroll. You are automatically the beneficiary for spouse and child coverage.
- For employee and spouse coverage, if you do not enroll when you are first eligible or if you elect more than the Guarantee Issue, you will need to submit evidence of insurability (EOI) or proof of good health for approval before your full amount will take effect.
- Spouse rates are based on Employee's age.
- Your coverage amount reduces by 35% at age 65, and 50% at age 75.
- Please note that you must be active at work on the effective date of your policy. If you are not the policy will not become effective until you return to work.

DISABILITY INSURANCE



Mutual of Omaha

SHORT TERM DISABILITY OVERVIEW

Short Term Disability is available for purchase through Mutual of Omaha. In the event that you become injured from a non-work-related injury or illness, short term disability benefits begin after 14 days, and are provided as a source of income for up to 11 weeks of disability.

Short Term Disability Summary*

Elimination Period

Benefits begin on the 15th day

Max Benefit Duration

Up to 11 weeks

Benefit Amount

60% up to \$1,500 per week

Pre-Existing Condition

3-month lookback / 6-month exclusion

**Please reference the carrier summaries for additional details of plan coverages and limitations.*



Disability Premiums

Disability premiums are based on each Employee's age and earnings. Please review Employee Navigator to determine your cost for Short Term Disability.



Disability Coverage has minimum participation requirements that must be met for West Gaines Seed to offer the coverage. Please note that if we do not meet these requirements, we will notify participants accordingly.

ACCIDENT INSURANCE



Mutual of Omaha

ACCIDENT INSURANCE

Accident coverage is available through Mutual of Omaha and helps provide you with benefits in the event you or a loved one are in an accident. Most major medical insurance plans only pay a portion of bills related to accidents. The accident plan can help offset these expenses not covered by your medical plan.

How does it work?

- Protection for accidental on and off-the-job injuries
- Cash benefits paid directly to you to help pay for deductibles, treatment, living expenses, loss of income and more
- Guarantee Issue, meaning no medical questions to answer
- Pays in addition to other insurance coverage
- Coverage is available for dependents
- Please review the plan summary for a listing of covered benefits

	ACCIDENT PLAN RATES Employee Bi-Weekly Cost
Employee Only	\$8.16
Employee + Spouse	\$11.39
Employee + Children	\$14.52
Employee + Family	\$18.87

DID YOU KNOW?

The number of injuries suffered by workers in one year off-the-job includes:



Home injuries remained the **largest** category for off-the-job injuries



Motor vehicle-related injuries were about **2.3 million** in 2022.



Total preventable, non-work-related injuries **exceed 25 million**, but this includes all settings

Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



Finances

Can help protect HSAs, savings, retirement plans, and 401(k)s from being depleted.



Travel

Can help pay for expenses while receiving treatment in another city.



Home

Can help pay for the mortgage, continue rental payments, or perform needed home repairs for after care.



Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.

*For additional details please reference plan summary in Employee Navigator portal.

CRITICAL ILLNESS INSURANCE



Mutual of Omaha

CRITICAL ILLNESS INSURANCE with Cancer Benefit

Critical Illness coverage is available through Mutual of Omaha and provides you with benefits in the event you suffer a serious medical condition such as cancer, heart attack or stroke. The lump sum benefit is paid directly to you to help with costs of treatment, lost income and more.

How does it work?

- **Lump sum benefit paid directly to you upon diagnosis of a covered condition.** Please review benefit summary in Employee Navigator for specific benefit based on the diagnosed condition.
- **Guarantee Issue of \$15,000** at initial enrollment.
- Spouses are eligible for 100% of employee's Principal Sum up to \$15,000; covered child dependents are eligible for 50% of the benefit amount.
- Pre-existing condition limitations apply with a 12 month lookback prior to policy effective date and a 12 month exclusion.

Cost of Coverage?

The cost of coverage is based on your individual age and tobacco status. Please visit Employee Navigator to review your cost of coverage.

Conditions Covered under Critical Illness Plan*

- Cancer
- Heart Attack
- Stroke
- Major Organ Transplant
- End Stage Renal Failure
- Coronary Artery Bypass Surgery

DID YOU KNOW?



Every **40** seconds an American will suffer a heart attack



Every **40** seconds someone in the U.S. has a stroke

*Limitations apply dependent on diagnosis and cause. Please review plan summary for details

*For additional details please reference plan summary in Employee Navigator portal.

HOSPITAL INDEMNITY INSURANCE



HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity coverage is available through Atlantic American and provides you with benefits to offset expenses associated with a hospital confinement, whether that is due to an illness or injury. Life is unpredictable and hospital confinements may mean costly out-of-pocket expenses. The Hospital plan pays a cash benefit to help with costs associated with hospitalization, time off work, living expenses and more.

How does it work?

- Benefits paid directly to you
- Guarantee Issue, meaning no medical questions
- Coverage available for your dependents
- Pre-existing conditions are *waived*

Coverage

- Daily Hospital Confinement: \$150, max of 30 days
- First Day Hospital Confinement: \$1,200, 1 day
- Daily ICU or CCU Confinement: \$150, max of 15 days
- First Day ICU or CCU Confinement: \$1,000, 1 day

Cost of Coverage?

The cost of coverage is based on your individual age. Please visit Employee Navigator to review your cost of coverage.

DID YOU KNOW?



In recent years, the cost of a hospital stay has increased by approximately **40%**

\$8,200

cost to fix a broken leg

Medical costs in the United States are among the highest in the world. In 2024, the average cost to fix a broken leg in the United States is \$8,200

\$33,000

cost per 3-day stay

The average cost of a 3-day hospital stay is around \$33,000



\$4,500

average cost of giving birth even with insurance

<https://bit.ly/3661LnQ>

*For additional details please reference plan summary in Employee Navigator portal.

GUARANTEED WHOLE LIFE INSURANCE



GUARANTEED WHOLE LIFE INSURANCE

Whole Life coverage not only builds additional financial protection, but also offers guaranteed benefits to aid surviving family members adjusting to the loss of income that can result after the death of a loved one. The benefit this policy provides can be used to help pay for final expenses, educational needs, mortgage costs, and medical bills.

Four Guarantees of this policy:

1. A level premium that is guaranteed to never increase
2. Guaranteed Death Benefit
3. Guaranteed access to Living Benefits
4. Guaranteed Cash Values

Coverage

- Employee: \$10,000 increments up to a maximum of \$70,000.
Employee Guarantee Issue of \$70,000.
- Spouse: \$10,000 increments up to a maximum of \$20,000-- up to 100% of the employee benefit. **Spouse Guarantee Issue of up to \$20,000.**
- Child(ren): Flat \$10,000-- up to 100% of the employee benefit.
Dependent Guarantee Issue of \$10,000.

Cost of Coverage?

The cost of coverage is based on your individual age. Please visit Employee Navigator to review your cost of coverage.

DID YOU KNOW?

Value of Whole Life Insurance:

- Permanent Life Insurance
- Cash Value Accumulation
- Guaranteed Premiums and Death Benefits
 - Adult Daycare

Living Benefits are Included:

These benefits can be used for:

- Nursing Home
- Assisted Living Facility
- Home Healthcare
- Adult Daycare

79%

Women said their death would substantially impact their family



70%

approx. chance of needing long-term care at 65+

<https://cnb.cx/3zhvAyb>

Available Services When You Need Help the Most

Life isn't always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. During these tough times, it's important to have someone to talk with to let you know you're not alone!

With Mutual of Omaha's Employee Assistance Program, you can get the help you need so you spend less time worrying about the challenges in your life and can get back to being the productive worker your employer counts on to get the job done.

Learn more about the Employee Assistance Program services available to you.

We are here for you

Visit the Employee Assistance Program website to view timely articles and resources on a variety of financial, well-being, behavioral and mental health topics.

mutualofomaha.com/eap or call us: 1-800-316-2796

Basic EAP Services

Features	Value to Company and Employees
Employee Family Clinical Services	<ul style="list-style-type: none"> An in-house team of Master's level EAP professionals who are available 24/7/365 to provide individual assessments Outstanding customer service from a team dedicated to ongoing training and education in employee assistance matters Access to subject matter experts in the field of EAP service delivery
Counseling Options	<ul style="list-style-type: none"> Three calls per year (per household) with our in-house Master's level EAP professionals, who will provide the caller with community resources Additional community resources or possible counseling options come at the expense of the employee

Basic EAP Services (Continued)

Features	Value to Company and Employees
Access	<ul style="list-style-type: none"> ▪ 1-800 hotline with direct access to a Master's level EAP professional ▪ 24/7/365 services available ▪ Telephone support available in more than 120 languages ▪ Online submission form available for EAP service requests
Online Services	<ul style="list-style-type: none"> ▪ An inclusive website with resources and links for additional assistance, including: <ul style="list-style-type: none"> ▪ Current events and resources ▪ Family and relationships ▪ Emotional well-being ▪ Financial wellness ▪ Substance abuse and addiction ▪ Legal assistance ▪ Physical well-being ▪ Work and career ▪ Bilingual article library
Employee Family Legal Services	<ul style="list-style-type: none"> ▪ Valuable resources available via website <ul style="list-style-type: none"> ▪ Legal libraries & tools ▪ Legal forms ▪ 1 Legal consultation with an attorney per year (up to 30 minutes) <ul style="list-style-type: none"> ▪ 25% discount for ongoing legal services for same issue
Employee Family Work/Life Services	<ul style="list-style-type: none"> ▪ Child care resources and referrals ▪ Elder care resources and referrals
Employee Family Financial Services	<ul style="list-style-type: none"> ▪ Inclusive financial platform powered by Enrich ▪ Personal financial assessment tool ▪ Personalized courses, articles & resource to meet financial needs ▪ Ongoing progress reports on financial health
Employee Communication	<ul style="list-style-type: none"> ▪ All materials available in English and Spanish
Eligibility	<ul style="list-style-type: none"> ▪ Full-time employees and their immediate family members; including the employee, spouse and dependent children (unmarried and under 26) who reside with the employee
Coordination with Health Plan(s)	<ul style="list-style-type: none"> ▪ EAP professionals will coordinate services with treatment resources/providers within the employee's health insurance network to provide counseling services covered by health insurance benefits, whenever possible

Insurance products and services are offered by Mutual of Omaha Insurance Company or one of its affiliates. Mutual of Omaha Insurance Company is licensed nationwide. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Companion Life Insurance Company is licensed in New York. Each underwriting company is solely responsible for its own contractual and financial obligations. Some exclusions or limitations may apply. Not all services available in New York.

IMPORTANT NOTICES



Qualifying Life Events and Special Enrollments

If you have a qualifying life event (e.g., marriage, divorce, birth or adoption), you have 31 days to notify West Gaines Seed of the event, change your benefit elections and have your premiums adjusted accordingly. The change in benefit elections must be due to, and consistent with, the qualifying life event. If the event is marriage, birth or adoption, you also may be able to enroll yourself as well as your dependent(s). In addition, if you decline enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you may have a special enrollment opportunity that would allow you to enroll yourself and/or dependents if you or your dependents lose eligibility for that other coverage or if the employer stops contributing toward your or your dependent's coverage. If you fail to notify West Gaines Seed within 31 days of the qualifying life event or loss of coverage, your coverage and premiums will remain the same until the next plan year. To ensure you have the right coverage and are paying the appropriate premiums for your needs, be sure to notify West Gaines Seed of any qualifying life event within 31 days. Please note that timing for notifying West Gaines Seed is extended to 60 days if your child loses coverage under Medicaid or the Children's Health Insurance Program (CHIP), or becomes eligible for Medicaid or CHIP coverage.

Detailed summary plan descriptions are available on employeenavigator.com. It's your right to request a paper copy. As a participant in the plan, you are entitled to certain rights and protections under ERISA. ERISA provides that all plan participants shall be permitted to receive information such as Plan benefits, obtain hard copies of all Plan documents and other plan information.

For more information, please contact Bailey Gammill at West Gaines Seed's Human Resources.

West Gaines Seed's policies, plans, practices and procedures may be amended, terminated or changed at any time at the sole discretion of the Company. If that should occur, the material in this document will be superseded and the provisions of the actual official plan documents will control. **If there are discrepancies between this document and the official plan documents, the actual plan documents will always govern.**

IMPORTANT CONTACTS

For Information On:	Contact/Website	Phone/Operating Hours
Medical Benefits		
Medical Benefits Group # ESL 6500022 02	UMR / UHC Network Medical Administrator UMR website: www.umar.com UHC Network: www.myuhc.com	Member Services: (866) 414-1959
Prescription Drug - SmithRx	SmithRx Prescription Benefit Manager website: www.smithrx.com/portal	Member Services: 844-454-5201
Telemedicine	Teladoc website: www.teladochealth.com/	Member Services: P: 800-835-2362
Care Navigation Surgery & Imaging Program	Valenz Health Surgical & Imaging Program E: kisx@valenzhealth.com	Member Services: P: 877-438-5479
Non-Medical Benefits		
Dental Benefits Group # G000ANPP	Mutual of Omaha website: www.mutualofomaha.com/dental	Member Services: 1-800-927-9197
Vision Benefits Group # 30038461	VSP website: www.vsp.com	Member Services: (800) 877-7195
Life, Disability & Other Voluntary Insurance Group # G000ANPP	Mutual of Omaha website: www.mutualofomaha.com	Member Services: 1-800-369-3809
Hospital & Whole Life Insurance Group # 005-W5239001	Atlantic American www.aemployeebenefits.com/	Member Services: (866-458-7502)
Additional Benefits		
HSA/FSA Administrator	WEX HSA/FSA Administrator website: www.customer.wexinc.com	Member Services: 866-451-3399

Contact Name	Contact Information
Bailey Gammill West Gaines Seed HR & Payroll Administrator	e: bgammill@westgainesseed.com p: 806-698-0282, ext. 144
Hotchkiss Benefits Account Team	
Brittany Pitts Sr. Account Executive Escalated Events	e: bpitts@hotchkissinsurance.com p: 972-512-7625
Leesl Scholz Sr. Account Manager Daily Contact	e: lscholz@hotchkissinsurance.com p: 806-772-2137

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