

2025-26 Benefits Guide

Your Health & Wellness

Northeastern PAVERS
Granbury, Texas

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The information in this Enrollment Guide is intended for illustrative and informational purposes only. The information contained herein was taken from various summary plan descriptions, certificates of coverage, and benefit information. While every effort was taken to accurately report your benefits, discrepancies and errors are always possible. It is not intended to alter or expand rights or liabilities set forth in the official plan documents or contracts. It is not an offer to contract nor are there any expressed or implied guarantees. In case of a discrepancy between this information and the actual plan documents, the actual plan documents will prevail. If you have any questions about this summary, please contact Human Resources. © Copyright 2025 Marsh & McLennan Agency, LLC. All rights reserved.

Welcome to Your 2025-26 Benefits!

Northeastern Pavers is pleased to provide you and your family with a wide range of competitive benefits. Your benefits are an important part of your total compensation. You have the flexibility to choose the benefits that are right for you and your family — to keep you physically and financially healthy now and in the future.

This benefits guide provides important information about your benefits and how to use them to your best advantage. Please review this information carefully, ask questions if needed, and make sure to enroll by the deadline.

Eligibility

If you are regularly scheduled to work at least 30 hours per week, you are eligible for the Northeastern Pavers benefits program. For newly hired individuals, most of your benefits are effective the first day of the month following 60 day waiting period. You may also enroll your eligible dependents for coverage. Eligible dependents include:

- Your legal spouse or qualified domestic partner (of the same/opposite sex);
- Children under the age of 26, regardless of student, dependency or marital status;
- Children past the age of 26 who are fully dependent on you for support due to a mental or physical disability (and are indicated as such on your federal tax return).

For details on eligibility and when your benefits begin and end, refer to your summary plan documents.

Benefits End

Your medical, dental and vision benefits end the last day of the month in which your employment ends. Your life and disability benefits end on your date of termination.

Changing Benefits After Enrollment

During the year, you cannot make changes to your elections unless you experience a Qualifying Life Event, such as marriage or the birth of a child. If you experience a Qualifying Life Event (examples below), you should contact Human Resources within 30 days of the event, or you will have to wait until the next annual open enrollment period to make changes (unless you experience another Qualifying Life Event).

Qualifying Life Event	Possible Documentation Needed
Change in marital status	
Marriage	Copy of marriage certificate
Divorce/Legal Separation	Copy of divorce decree
Death	Copy of death certificate
Change in number of dependents	
Birth or adoption	Copy of birth certificate or copy of legal adoption papers
Stepchild	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
Death	Copy of death certificate
Change in employment	
Change in your eligibility status (i.e., full-time to part-time)	Notification of increase or reduction of hours that changes coverage status
Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage

How to Enroll

If you are a new hire, you have 30 days to enroll from your date of hire. You must complete your enrollment to receive benefit coverage for the plan year.

Before You Enroll

- Carefully review the benefits listed in this guide and determine the medical, dental, vision and other coverage that's best for you and your family.
- Ensure family members meet the eligibility requirements.
- Understand the cost of the plans you selected.
- Be sure to consider beneficiary information for life insurance.

Contact Human Resources if you have questions.

Employee Navigator Enrollment Instructions

To enroll, simply follow these steps:

- Navigate to https://marsh.employeenavigator.com.
- First Time User? Choose "Register as a new user" and complete the "Create Your Account" section.
  - Enter the Company Identifier: 100NEP
  - Enter PIN: Last four digits of your Social Security Number (SSN)
  - Password: Must be at least six characters and contain a symbol (#, ?, @, etc.) and a number
- Returning User? Enter your username and password or select "Reset a forgotten password".
- Click "Start" to begin your enrollment.
- Follow the prompts to make your elections.
- Click the "Click to Sign" button to finalize your elections.

Staying Connected Year-Round

BlueCross BlueShield of Texas

The BCBSTX app provides you with greater access to your insurance information. Use the app to:

- View your personalized insurance dashboard
- Display your BCBS ID Card
- Locate physicians, hospitals, or other healthcare professionals nationwide
- Learn about benefit discount programs, like dental, vision and pharmacy

Search for the BCBSTX mobile app in the App Store or Google Play to get started!

Telemedicine

Under the weather and need a doctor visit fast? Telemedicine gives you 24/7 access to U.S. board-certified doctors through the convenience of your phone. You and a practitioner can speak or video chat to answer questions, make a diagnosis and even prescribe some medications. This convenient and affordable option provides you on-demand access to treat many medical conditions. As always, call 911 for any emergency.

Telemedicine is provided through BlueCross BlueShield of Texas and can be accessed by downloading the app or calling +1-888-680-8646. For more information visit www.mdlive.com/bcbstx.

Medical

Northeastern Pavers' medical coverage, through BlueCross BlueShield of Texas, provides you and your family the protection you need for everyday health issues or unexpected medical expenses.



How Medical Coverage Works

When you enroll in medical coverage, you pay a portion of your health care costs when you receive care and the plan pays a portion, as detailed below. Note that preventive care — like physical exams, flu shots and screenings — is always covered 100% when you use in-network providers. The key difference between the plans is the amount of money you'll pay each pay period and when you need care. The plans have different:

- **Deductibles** — the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay a portion of the costs.
- **Copays** — a fixed amount you pay for a health care service. Copays do not count toward your annual deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurances** — Once you've met your deductible, you and the plan share the cost of care, which is called coinsurance. For example, you pay 20% for services and the plan pays 80% of the cost until you reach your annual out-of-pocket maximum.
- **Out-of-pocket maximums** — the most you will pay each year for eligible in- or out-of-network services, including prescriptions. After you reach your out-of-pocket maximum, the plan pays the full cost of eligible health care services for the rest of the year.
- **Prescription programs** — Once you have met the prescription deductible, you are responsible for the applicable copays until the out-of-pocket maximum has been met.

Before You Enroll

Consider this:

1. Think about the per-pay-period cost and out-of-pocket expenses you will incur and your possible future medical expenses. The option that has the highest per-pay-period cost typically pays more, which results in lower deductibles, coinsurance, and/or copays when you need care.
2. Want to stay with your doctor? Ensure they are in the plan's network by visiting www.bcbstx.com and selecting the Blue Choice PPO network. If they're out of network, services may not be covered or may be more expensive.
3. Consider the cost of services and prescription drugs you expect to receive during the year.

The table below summarizes the key features of the medical coverage. Please refer to the official plan documents for additional information on coverage and exclusions.

	Base Plan - MTBCB049			Buy-Up Plan - MTBCB531		
	Blue Choice PPO Network			Blue Choice PPO Network		
	In-Network		Out-of-Network	In-Network		Out-of-Network
Calendar Year Deductible						
Individual	$7,000		$10,000	$3,500		$10,000
Family	$15,800		$20,000	$10,500		$20,000
Calendar Year Out-of-Pocket Maximum (Includes Deductible)						
Individual	$8,150		Unlimited	$8,750		Unlimited
Family	$16,300		Unlimited	$17,500		Unlimited
	You pay		You pay	You pay		You pay
Coinsurance	30%		50%	20%		50%
Preventive Care	$0		50%*	$0		50%*
Telemedicine	$0		50%*	$0		50%*
Primary Care Physician	$35		50%*	$40		50%*
Specialist	$70		50%*	$80		50%*
Urgent Care	$75		50%*	$75		50%*
Emergency Room	$500 + 30%*			$500 + 20%*		
Lab & X-ray	30%*		50%*	20%*		50%*
Hospitalization	30%*		50%*	20%*		50%*
Diagnostic Imaging (MRI/CT)	30%*		50%*	20%*		50%*
Pharmacy						
Rx Deductible	N/A			N/A		
Rx Out-of-Pocket Max	Included in medical			Included in medical		
Retail Rx (up to 30-day supply)	**Pref.**	**Non-Pref.**		**Pref.**	**Non-Pref.**	
Tier 1 – Preferred Generic	$0	$0	$10 + 50%	$0	$0	$10 + 50%
Tier 2 – Non-Preferred Generic	$10	$20	$20 + 50%	$10	$20	$20 + 50%
Tier 3 – Preferred Brand	$50	$70	$70 + 50%	$50	$70	$70 + 50%
Tier 4 - Non-Preferred Brand	$100	$120	$120 + 50%	$100	$120	$120 + 50%
Tier 5 – Preferred Specialty	$150		$150 + 50%	$150		$150 + 50%
Tier 6 - Non-Preferred Specialty	$250		$250 + 50%	$250		$250 + 50%
Mail Order Rx (90-day supply)	3x Pref. copay		Not Covered	3x Pref. copay		Not Covered
Medical Weekly Payroll Deductions						
Employee Only	$21.81			$28.86		
Employee + Spouse	$189.18			$204.81		
Employee + Child(ren)	$154.02			$167.85		
Employee + Family	$321.39			$343.80		

**After Deductible*

Dental

Taking care of your oral health is not a luxury; it is necessary for optimal long-term health. With a focus on prevention, early diagnosis and treatment, dental coverage can greatly reduce the cost of restorative and emergency procedures. Preventive services at in-network providers are generally covered at no cost to you and include routine exams and cleanings. You pay a small deductible and coinsurance for basic and major services.

You may enroll yourself and your eligible dependents — or you may waive dental coverage. You do not have to be enrolled in medical coverage to elect a dental plan.

Northeastern Pavers offers dental coverage through Principal. For information on finding a dental provider using the Principal Plan Dental network, visit www.principal.com and click on Find a dentist.

Before You Enroll

Consider this:

1. Most in-network preventive cleanings and exams are covered at 100%.
2. You may receive dental care in- or out-of-network. However, when you go out of network, the provider can charge more and the plan will only reimburse up to the reasonable and customary rates.

The table below summarizes the key features of the dental plan. Please refer to the official plan documents for additional information on coverage and exclusions.

	Dental Plan	
	Principal Plan Dental Network	
	In-Network	Out-of-Network
Calendar Year Deductible		
Individual	$50	
Family	$150	
Calendar Year Benefit Maximum		
Per Individual	$1,500	
	You pay	
Preventive Care		
Exams, Cleanings, X-rays, Fluoride Treatments	0%	
Basic Services		
Fillings, Space Maintainers, Sealants, Extractions	20%*	
Major Services		
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs, Oral Surgery, Endodontics, Periodontics	50%*	
Orthodontia		
Children (up to 19th birthday)	50% up to a lifetime maximum benefit of $1,000 per individual; deductible waived	
Dental Weekly Payroll Deductions		
Employee Only	$6.44	
Employee + Spouse	$13.58	
Employee + Child(ren)	$17.45	
Employee + Family	$25.91	
**After deductible*		

Vision

Healthy eyes and clear vision are an important part of your overall health and quality of life. You may enroll yourself and your eligible dependents — or you may waive vision coverage. You do not have to be enrolled in medical coverage to elect a vision plan.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Northeastern Pavers offers vision coverage through Principal using the VSP Choice network. For information on finding a vision provider, visit www.principal.com.

	Vision Plan	
	In-Network	Out-of-Network
	You pay	Reimbursement
Cost		
Exam	$10	Up to $45
Materials	$25	See Below
Covered Services – Lenses		
Single Lenses	$25	Up to $30
Bifocals	$25	Up to $50
Trifocals	$25	Up to $65
Frames	$25 Copay, $130 allowance, 20% off balance	Up to $70
Covered Services – Contacts in lieu of Frames/Lenses		
Contacts – Medically Necessary	$25	Up to $210
Contacts – Elective	$130 allowance	Up to $105
Benefit Frequency		
Exams	Once every 12 Months	
Lenses	Once every 12 Months	
Frames	Once every 24 Months	
Contacts (in lieu of lenses)	Once every 12 Months	
Vision Weekly Payroll Deductions		
Employee Only	$1.09	
Employee + Spouse	$2.54	
Employee + Child(ren)	$2.58	
Employee + Family	$4.33	

Basic Life and Accidental Death & Dismemberment (AD&D)

Basic Life insurance is provided by your employer at no cost to you. This policy is administered by Principal and pays a lump-sum benefit to your beneficiaries to help meet expenses in the event you pass away. Accidental death and dismemberment (AD&D) insurance pays a benefit if you die or suffer certain serious injuries as the result of a covered accident. In the case of a covered accidental injury (such as loss of sight or the loss of a limb), the benefit you receive is a percentage of the total AD&D coverage you elected based on the severity of the accidental injury.

Beneficiary Information

Situations often change, resulting in the need to update beneficiary information. You should review and update this information every year, or prior to retirement. Contact Human Resources for more information.

Basic Life / AD&D Insurance - For You

	Basic Life and AD&D
Coverage Amount	$20,000
Evidence of Insurability (EOI) / Proof of Good Health	Not required
Age Reduction Schedule	Benefits reduce by: 35% at age 65, 50% at age 70.

Voluntary Life and Accidental Death & Dismemberment

Voluntary life and AD&D insurance allows you to tailor coverage for your individual needs and provide financial protection for your beneficiaries in the event of your death or accidental serious injury. Voluntary life insurance for you and your dependents, also administered by Principal, can help protect your family during difficult times.

Voluntary Life / AD&D Insurance - For You and Your Dependents

	Employee	Spouse	Child(ren) up to age 26
Coverage Amount	Increments of $10,000 up to $500,000	Increments of $5,000 up to $100,000 – not to exceed 100% of Employee coverage	$10,000 – not to exceed 100% of Employee coverage; $1,000 for children birth to 14 days
Guaranteed Issue (GI)	<70: $100,000 70 or older: $10,000	< 70: $25,000 70 or older: $10,000	$10,000
Evidence of Insurability (EOI) / Proof of Good Health	Currently Enrolled: Can increase by two increments up to GI without EOI Newly Eligible: Elect up to GI without EOI	Currently Enrolled: Can increase by two increments up to GI without EOI Newly Eligible: Elect up to GI without EOI	Not required

Before You Enroll

Consider this:

1. Typically, the right amount of coverage will depend on your age, your family situation, and any personal savings you may have.
2. It's important to understand any EOI rules that apply. If you enroll when you first become eligible, Voluntary Term Life Insurance for you and your spouse is guaranteed up to the amounts shown in the table. If you initially waive this coverage but want to enroll at a later date, you may need to provide satisfactory EOI before any coverage can take effect.
3. Think about who you want to designate as beneficiaries and make sure to name them as beneficiaries on your policy.

Voluntary Life / AD&D Monthly Rate per $1,000 by Age

<25	$0.143	**50-54**	$0.522
25-29	$0.143	**55-59**	$0.824
30-34	$0.161	**60-64**	$1.080
35-39	$0.185	**65-69**	$1.740
40-44	$0.254	**70-74**	$2.816
45-49	$0.380	**75+**	$2.816
Employee and Spouse AD&D Rate per $1,000	$0.051	**Child Life Only rate per $10,000**	$2.00

Supplemental Benefits

Supplemental benefits plans such as accident, short-term disability, life and hospital indemnity insurance can help you pay for costs you may incur after an accidental injury, illness or hospitalization. These plans are 100% voluntary and are not medical insurance. Coverage is available for your spouse and children with most plans.

Most plans pay benefits regardless of any other insurance and benefits are paid directly to you, unless you specify otherwise. Benefits can help pay for expenses other insurance may not cover, such as out-of-pocket expenses, lost income, childcare, travel to and from treatment, home health care costs or regular household expenses.

Before You Enroll

Consider this:

1. What would happen if you had an accident or became seriously ill and became unable to work? Would you be covered financially?
2. These benefits provide a lump-sum payment that can help you cover unexpected medical expenses or make up for missed income.

Accident

Accident coverage, through Assurity, is designed to provide a cash benefit in the event of a covered accident or injury. The plan will pay a set amount based on the injury suffered and treatment received, regardless of any other insurance.

Sample of Eligible Expenses	
Emergency Room Visits	**Hospital Stays**
Medical Exams – Including major diagnostic exams	**Physical Therapy**
Fractures and Dislocations	**Transportation and Lodging** – if you are away from home when the accident happens
Contact Human Resources ***for a full list of covered accidents.***	

Accident Weekly Payroll Deductions			
Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
$3.36	$5.84	$6.91	$10.24

Short-Term Disability Insurance

Short-Term disability insurance, through Assurity, replaces a portion of your income if you become disabled from a covered accident or illness. Contact Human Resources for more information.

Life Insurance (Whole Life)

Life insurance, through Assurity, enables you to tailor coverage for your individual needs and provides financial security for your family members. Contact Human Resources for more information.

Hospital Indemnity Insurance

Hospital indemnity coverage, through Assurity, is designed to provide a cash benefit in the event of a hospitalization and can help pay for expenses not covered by your medical plan. The plan will pay regardless of any other insurance. Contact Human Resources for a full list of covered expenses and cost.

Hospital Indemnity Weekly Payroll Deductions			
Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
$8.08	$16.32	$13.33	$20.96

Important Contacts

Coverage	Administrator	Phone	Email / Website
Human Resources	Missy Mussetter	+1-817-573-3809	missy@northeasternpavers.com
Telemedicine	BlueCross BlueShield of Texas	+1-888-680-8646	www.mdlive.com/bcbstx
Medical	BlueCross BlueShield of Texas	+1-800-521-2227	www.bcbstx.com
Dental	Principal	+1-800-986-3343	www.principal.com
Vision	Principal	+1-800-986-3343	www.principal.com
Life and AD&D	Principal	+1-800-986-3343	www.principal.com
Supplemental Benefits	Assurity	+1-800-276-7619 Claims: +1-800-869-0355	www.assurity.com https://linkedin.com/company/assurity-life claimsinfo@assurity.com

Glossary

Allowed Amount: Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing)

Annual Maximum Benefit: A cap on the benefits your insurance company will pay in a year while you're enrolled in a particular benefit plan. After an annual limit is reached, you must pay all associated health care costs for the rest of the year.

Balance Billing: When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. A provider who balance bills is typically known as an out-of-network provider. An in-network provider cannot balance bill you for covered services.

Coinsurance: The percentage of costs of a covered health care service you pay (20%, for example) after you've paid your deductible.

Copayment (copay): A fixed amount ($20, for example) you pay for a covered health care service. Copays can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.

Deductible: The amount you pay for covered health care services before your insurance plan starts to pay. With a $2,000 deductible, for example, you pay the first $2,000 of covered services yourself. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest.

Guarantee Issue Amount: The amount of coverage you can be automatically approved for. If you apply for more coverage than the guarantee issue amount, you will have to complete an Evidence of Insurability form and be approved for your coverage amount. Usually only available at your first enrollment opportunity.

In-Network: Providers who contract with your insurance carrier. In-network coinsurance and copayments usually cost you less than out-of-network providers.

Out-of-Network: Providers who don't contract with your insurance carrier. Out-of-network coinsurance and copayments usually costs you more than in-network coinsurance. In addition, you may be responsible for anything above the allowed amount (see Balance Billing).

Out-of-Pocket Maximum: The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your plan pays 100% of the costs of covered benefits. The out-of-pocket limit doesn't include your monthly premiums. It also doesn't include anything you may spend for services your plan doesn't cover.

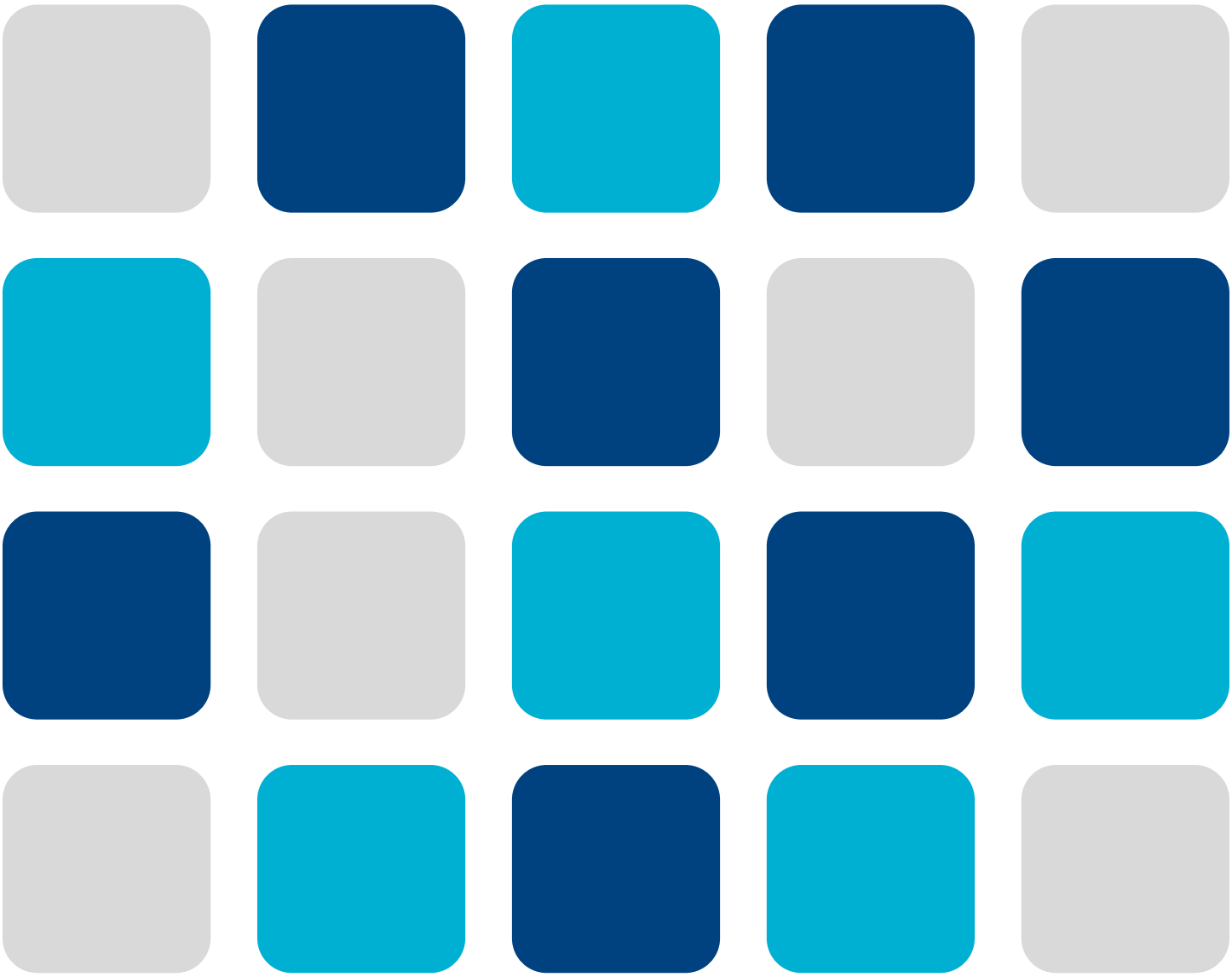
Prescription Drug Formulary: A list of prescription drugs covered by a prescription drug plan. Also called a drug list.

Prior Authorization: Approval from a health plan that may be required before you get a service or fill a prescription in order for the service or prescription to be covered by your plan.

Preventive Care: Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.

Notes

Notes



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