



2026 Benefits Guide

Welcome to Your 2026 Benefits Guide

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Disclaimer: This guide provides a summary of plan highlights. This is not a binding contract. In the event of any difference between the information contained herein and the plan documents, the plan documents will supersede and control over this guide. Please consult the Summary Plan Description for information on covered charges, limitations, and exclusions.

Getting Started

Enrolling in Coverage

Your benefit plans are in effect from January 1 to December 31. There are three times you can make benefit selections:

WHEN YOU'RE FIRST ELIGIBLE

Your benefits begin first of the month following your hire date; this will be your effective date.

AT OPEN ENROLLMENT

Open enrollment is your one chance each year to review your coverage options and make changes to your benefits.

IF YOU HAVE A QUALIFYING LIFE EVENT

Qualifying life events allow you to change your coverage during the year outside of Open Enrollment. These include:

- Marriage or divorce
- Birth or adoption
- Loss of coverage

You must request a change to benefits within 30 days of your life event.

WHAT DO I NEED TO THINK ABOUT?

- Which family members do I want to cover?
- Which medical plan option works best for me and my family?
- Does my family need dental or vision coverage?
- What type of coverage do we need to provide some financial protection in case of serious illness, injury, or death?
- Do I want to participate in the HSA or FSAs (depends on medical plan enrollment) to help pay for healthcare expenses by letting me contribute pre-tax money?

Eligibility

FOR YOU

If you are a full-time employee regularly scheduled to work 30 hours or more per week.

COVERING YOUR FAMILY

You may also cover your eligible dependents when you elect coverage for yourself.

YOUR SPOUSE OR PARTNER

You may cover your spouse and domestic partners. Domestic partner eligibility is only available for medical, dental and vision plans.

YOUR CHILDREN

Dependent children are eligible:

- Up to age 26, regardless of marital or student status
- Unmarried children of any age who are incapable of supporting themselves due to a mental or physical disability



Medical Benefits

It's important to have choices when it comes to healthcare. That's why Bluestone offers two medical plan options—a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) and a PPO—designed to give you choice in cost, control, and coverage level. Both plans are offered through Blue Cross Blue Shield (BCBS).



CONSIDER YOUR COVERAGE

When choosing between the HDHP and PPO, it all comes down to how much you want to spend from your paycheck and whether you are comfortable with lower or higher out-of-pocket expenses and deductibles when you need care.

- If you prefer to pay less out of your paycheck and are OK with higher out-of-pocket costs and a higher deductible when you need care, then the HDHP might be the right fit. The HDHP comes with a HSA. Bluestone will fund the account to help pay for your qualifying medical, dental, and vision expenses. Bluestone will contribute \$40 for a single employee and \$80 for a family per month.
- If you prefer to pay more out of your paycheck and have a lower out-of-pocket expense and deductible when you need care, you might prefer the PPO.

See the Funding Accounts page for more information on how you can plan to cover your cost of care.



MONTHLY PAYCHECK DEDUCTIONS

COVERAGE LEVEL	\$1,500 PPO	\$3,500 HDHP
Employee Only	\$178	\$80
Employee + Spouse	\$478	\$262
Employee + Child(ren)	\$434	\$234
Employee + Family	\$640	\$418

Preventive Care

YOUR KEY TO WELLNESS

Identifying potential problems before they become major issues is key to your physical health.

Both medical plans include free in-network preventive care that includes annual physicals, mammograms, well child visits, immunizations, and more. So, stay on top of your wellness and schedule your in-network preventive visit today.

MEDICAL PLANS AT A GLANCE

	\$1,500 PPO		\$3,500 HDHP	
PLAN FEATURE	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible	\$1,500 individual \$3,000 family	\$3,000 individual \$6,000 family	\$3,500 individual \$7,000 family	\$7,000 individual \$14,000 family
Out-of-Pocket Maximum	\$2,500 individual \$5,000 family	\$5,000 individual \$10,000 family	\$3,500 individual \$7,000 family	\$10,500 \$21,000
Coinsurance (percent you pay)	20%	40%	0%	50%
YOU PAY				
Preventive Care	No charge	No charge	No charge	No charge
Virtual Visits (Dr on Demand)	No charge	N/A	No charge	N/A
Office Visits	\$25 copay	Ded/Coin	Ded/Coin	Ded/Coin
Specialty Visits	\$45 copay	Ded/Coin	Ded/Coin	Ded/Coin
Mental Health office visit	\$25 copay	Ded/Coin	Ded/Coin	Ded/Coin
Urgent Care	\$45 copay	Ded/Coin	Ded/Coin	Ded/Coin
Emergency Room	\$500 copay	Ded/Coin	Ded/Coin	Ded/Coin
X-Rays, Labs (Diagnostics), MRI	No charge (x-rays and labs) Ded/Coin (MRI)	Ded/Coin	Ded/Coin	Ded/Coin
Inpatient Hospital Services	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin
Outpatient Services	Ded/Coin	Ded/Coin	Ded/Coin	Ded/Coin

Pharmacy

YOU PAY	\$1,500 PPO	\$3,500 HDHP
IN-NETWORK RETAIL PHARMACIES (UP TO A 30-DAY SUPPLY)		
Preventive	N/A	\$0 copay
Generic	\$0 copay	Ded/Coin
Preferred Brand	\$25 copay	Ded/Coin
Non-Preferred Brand	\$75 copay	Ded/Coin
Specialty	\$250 copay	Ded/Coin

Terms to Know

Benefits can be confusing! Here's a quick reference to help you navigate commonly used terms:

- **Copay:** A flat dollar amount you pay the provider when you receive a service.
- **Deductible:** The amount you pay for services before the plan begins paying some of the cost. The deductible may not apply to all services, including preventive care.
- **Coinsurance:** The portion of covered expenses you and the plan share after you meet the deductible (listed as a percentage).
- **Out-Of-Pocket Maximum (OOP Max):** The maximum amount you pay out of your pocket for covered expenses in a year. Once you reach the out-of-pocket maximum, the medical plan pays for all covered services for the rest of the year.
- **Premium:** Your monthly premium is the amount you pay to keep your insurance plan every month.
- **In-Network:** In-network doctors, hospitals, laboratories, clinics and facilities work with your health insurance plan and maintain a contract for their services to provide you care at a negotiated rate.



Medical Benefits: BCBS Programs



Blue Care Advisor

Blue Care Advisor lets you seamlessly connect to all your benefits, claims, programs, rewards, and more. You'll get information based on your benefits and history, along with recommendations for steps you can take to improve your health. Log in at bluecrossmn.com/bca or scan the QR code to download the Blue Care Advisor app from the App Store or Google Play.



Doctor On Demand

Doctor On Demand is a virtual care platform that all members can access for acute care, urgent care, primary care, and mental health services through live video visits with board-certified doctors, nurse practitioners, psychologists, and psychiatrists. Specific to primary care, members will be able to see the same trusted doctor online for annual wellness exams, management of chronic conditions, prescription management, and everyday health concerns from the comfort and convenience of their home. In 2026, all Doctor on Demand visits are available at no cost to plan members. To learn more, visit doctorondemand.com or scan the QR code to download the free Doctor on Demand app from the Apple Store or Google Play.



Healthy Start/Maternity Management

BCBS offers a maternity management program free of charge to all members. The program offers expectant mothers the tools and support needed throughout pregnancy to make informed decisions about health care. Once enrolled, expectant mothers receive a health coach and comprehensive pregnancy and baby health education tools. To opt in, call BCBS at 866-306-2444.



Health Care Advocates

BCBS offers a service for covered individuals and family members who experience an illness or injury that changes their quality of life. Care management offers suggestions on medical care, ensuring that the right care is being received and that the individual understands the care. Call BCBS at 866-306-2444 for more information.



Blue 365

Blue 365 offers discounts for members on products and services for a well-balanced lifestyle. This includes discounts on brands such as Reebok, Jenny Craig, and Snap Fitness and deals on services such as Lasik, hearing aids, and gym memberships at various vendors. Sign up at blue365deals.com/bcbssmn.



Blue Distinction Centers

Blue Distinction Centers or Centers of Excellence are hospitals recognized for their expertise and efficiency in delivering specialty care, which could mean fewer complications. BCBS identifies providers in knee/hip replacement, spinal surgery, heart conditions, transplants, and more who often have lower costs and a lower return rate for future treatments. Search for Blue Distinction Centers and providers at bcbs.com/about-us/programs-initiatives/blue-distinction-specialty-care.



Tobacco Support Program

If you vape or use tobacco, this program can help you take the first step to being nicotine-free. Working with a wellness coach, you'll develop a quit plan to finally kick nicotine to the curb. Your coach will work with you to identify hurdles and brainstorm ways to keep those urges in check. Call 888-662-2583 to get started.

Virtual Care

When you have a minor illness or need mental well-being help, the last thing you want to do is leave the comfort of home to sit in the doctor's office. Virtual Visits with Doctor on Demand are available to employees enrolled in a medical plan and their covered family members. You can see a doctor 24 hours a day, seven days a week, 365 days a year.

Appointments can take place by webcam or a camera-equipped mobile device. Most visits take only 10 minutes and, in most cases, doctors can write a prescription for pick up at your local pharmacy.

The best part is that Virtual Visits are paid at 100% under the PPO and HDHP plans.

	PHYSICAL WELL-BEING	MENTAL WELL-BEING*	PRIMARY CARE
Symptoms Treated	<ul style="list-style-type: none"> • Allergies • Cold or flu • Fever • Minor skin conditions • Nausea • Sinus infections • Stomachache • UTI • And more 	<ul style="list-style-type: none"> • Anxiety • Depression • Parenting concerns • Relationship issues • Substance use concerns • Trauma and PTSD 	<ul style="list-style-type: none"> • Allergies • Cold or flu • Fever • Minor skin conditions • Nausea • Sinus infections • Stomachache • UTI • And more
Eligibility	<ul style="list-style-type: none"> • Adults • Children aged 18 months+ 	<ul style="list-style-type: none"> • Adults • Children aged 10+ 	<ul style="list-style-type: none"> • Adults • Children aged 18 months+

*Services may be provided by a psychiatrist or licensed therapist depending on the condition.



Book your virtual care appointment!

Scan the QR code to book your appointment starting in 2026.



Dental

Your dental plan is administered by Delta Dental. Here's a breakdown of how the plan.

PLAN FEATURES	PPO OR PREMIER NETWORK
Deductible	None
Annual Benefit Maximum	\$2,000 per person
Orthodontia Maximum	50% to \$1,500 - Child Only (up to age 19)
YOU PAY	
Preventive services	\$0
Basic services (fillings, simple tooth extractions, root canals, gum treatment)	10% coinsurance
Major services (crowns, inlays, bridges, dentures)	50% coinsurance
Orthodontia (adult and child)	50% coinsurance

COVERAGE LEVEL	MONTHLY PAYCHECK DEDUCTION
Employee Only	\$22
Employee + One	\$42
Employee + Family	\$58

In-Network Dentist

You can see any dentist you choose, but in-network dentists have agreed to provide services at discounted rates. Use the **Find a Provider** tool at DeltaDentalMN.org to locate an in-network dentist.

Out-of-network benefits are based on reasonable and customary (R&C) limits. You will be responsible for any charges over that amount. These charges won't apply to your deductible.

Vision (Materials Only)

The Vision Plan is administered by Unum utilizing the EyeMed Vision Insurance Network and includes frames, lenses, and contacts. You'll save money if you go to a network provider.

PLAN FEATURE	IN-NETWORK	OUT-OF-NETWORK
Frame Allowance (one every 24 months)	\$150 retail allowance; 20% off balance over \$150	Up to \$105
Lense Allowance (one every 12 months)		
Single Vision	\$25 copay	Up to \$30
Bifocal	\$25 copay	Up to \$50
Trifocal	\$25 copay	Up to \$70
Lenticular	\$25 copay	Up to \$70
Elective Contact Allowance	Up to \$150; 15% off balance over \$150	Up to \$150



Unum Providers

You can use any eye doctor you choose, but using Unum in-network providers will save you money. Use the **Find a Provider** tool at **Unum** to locate an in-network eye doctor.

COVERAGE LEVEL	MONTHLY PAYCHECK DEDUCTION
Employee Only	\$4.96
Employee + Spouse	\$9.42
Employee + Child(ren)	\$9.92
Employee + Family	\$14.58

Funding Accounts

Health Savings Account (HSA)

You must enroll in the HDHP to be eligible to participate in the HSA. The HSA allows you to set aside pre-tax dollars into an account you own to pay for eligible healthcare expenses now, in the future, and even into retirement. Because you own the account, it's portable, so you can take it with you if you leave the company.

You will elect your contribution limit during enrollment and can change it any time during the year. The company contributions and yours will be deposited into your HSA each pay period. Funds will be available for use as they are deposited. You may change your contribution at any time during the year.

HSA AT A GLANCE

	IRS LIMIT	BLUESTONE CONTRIBUTION	YOUR CONTRIBUTION LIMIT
Employee Only	\$4,400	\$40 per month	\$3,920
All Other Coverage Levels	\$8,750	\$80 per month	\$7,790



Triple Tax Savings

Your HSA offers triple tax savings,* allowing you to save on taxes in three ways.

- **Before-tax contributions:** Any money you contribute lowers your federal taxable income.
- **Tax-free growth:** The money in your account earns interest, and the investment earnings are tax-free, too.
- **Tax-free withdrawals:** HSA money you use to pay for eligible expenses is withdrawn tax-free.

*California and New Jersey tax health savings. New Hampshire and Tennessee tax HSA earnings. Withdrawals for non-eligible expenses are subject to a tax penalty.

Flexible Spending Account (FSA)

Flexible Spending Accounts (FSAs) allow you to pay for eligible health care and dependent care expenses using tax-free dollars. There are two types of FSAs available to you: the Health Care FSA and the Dependent Care FSA. **Please Note:** If you are a participant in a HSA, you are not eligible for the Health Care FSA account.

FSA AT A GLANCE

HEALTHCARE FSA	DEPENDENT CARE FSA	LIMITED PURPOSE FSA
Your Health FSA can be used to pay for eligible medical, dental and vision expenses. For a full list of qualified healthcare expenses, visit irs.gov and see Section 213(d) of the Internal Revenue Code.	Your Dependent Care Flexible Spending Account allows you to use tax-free dollars to pay for eligible dependent care expenses incurred.	Limited Purpose FSAs can be used for qualified dental and vision expenses.
The funds in your Health Care FSA are use-it-or-lose-it, so it's important to accurately estimate your upcoming expenses. Remember, you must spend the entire balance for the plan year.	To qualify, expenses must be related to the care of a dependent child (under age 13, or any age with special needs) or dependent adult, and must enable you to work or attend school full-time. For a complete list of restrictions and qualified expenses, refer to IRS Publication 503: Child and Dependent Care Expenses.	It's important to note that limited-purpose FSAs generally do not cover other types of medical expenses such as prescription medications, doctor visits, or hospital stays. The primary aim is to complement an HSA by allowing individuals to use pre-tax dollars for specific dental and vision care costs while preserving HSA funds for other qualified medical expenses.
<p>2026 Contribution Limits</p> <p>\$3,400 employee</p> <p>\$8,750 family</p> <p>Grace period: Claims incurred during the previous plan year can be submitted and reimbursed for 90 days into the new plan</p>	<p>2026 Contribution Limits</p> <p>\$3,750 married filing separately</p> <p>\$7,500 married or single parent</p>	Those enrolled in the HDHP can contribute up to \$3,300 per year, pre-tax, to pay for eligible vision and dental expenses.



401(k) Plan

Retirement

The Bluestone Physician Services 401(k) Plan through Schwab Retirement Services allows eligible employees to contribute Pre-Tax or Roth deferrals on the first of the month following six (6) months of service (see Plan SPD for specifics). Bluestone matches 100% of the first 4% of compensation contributed by the employee and the employee is 100% vested immediately upon contributing. For specific information relating to 401k Plan specifics along with enrollment steps, please visit workplace.schwab.com or contact Schwab at 1-800-724-7526.



Contact Information

Website: workplace.schwab.com

Phone: 1-800-724-7526











Employee Assistance Program (EAP)

Available to all employees, our EAP partner Learn to Live helps you and your family manage life's challenges with in-person, phone, and video counseling sessions, all at no cost to you. You can also get referrals to household services related to child/elder care, financial and legal help, and much more.

MENTAL WELL-BEING

You can receive up to three counseling sessions per year at no additional cost. The sessions are a free and confidential service and are available face to face, online with televideo, or by phone.





Licensed counselors can help with issues such as:

-  Mental health concerns
-  Emotional difficulties
-  Domestic abuse
-  Substance abuse
-  Financial worries
-  Grief and loss
-  Relationship support
-  Self-esteem and personal development
-  Stress management
-  Work-life balance

When you need in-the-moment emotional well-being support, counselors are here to help 24/7. You can call **1-800-854-1446** or visit **unum.com/lifebalance**.

WORK-LIFE ASSISTANCE

Learn to Live also provides a wide variety of work-life support, with some services at no cost. A few of the services include:

-  **Daily life assistance:** Resources for child, elder, or pet care, and household services
-  **Legal support:** Wills and estate planning, family, civil, criminal, and real estate
-  **Financial services:** Budgeting, mortgages, college funding, and issues
-  **Identity theft services:** Fraud resolution and credit restoration coaching

Group & Voluntary Life

No one can predict the future, but you can plan for it. That’s why Bluestone offers you benefits to help protect your income and give you peace of mind.

Life Insurance

Life insurance pays a benefit if you or a covered family member dies. It is paid to your beneficiary if you die or to you if a dependent dies.

GROUP LIFE & AD&D INSURANCE

Benefit: \$50,000 of life and AD&D Insurance

Cost: Bluestone pays 100% of this benefit

VOLUNTARY LIFE INSURANCE

Voluntary life insurance is additional life insurance you can choose to purchase through your employer.

COVERAGE TYPE	MINIMUM ELECTION	MAXIMUM ELECTION	GUARANTEE ISSUE
Employee Coverage*	\$10,000	Lesser of 5x annual salary or \$500,000	\$150,000
Spouse	\$10,000	Lesser of 100% EE election or \$250,000	\$30,000
Child(ren) age 6 Months – 26 Years	\$1,000	Lesser of 100% of EE election or \$10,000	\$10,000

* Coverage is reduced to 65% at age 65, to 50% at age 70 and to 30% at age 75.

If you or your spouse are currently enrolled for any amount of Voluntary Life under the guaranteed issue limits, you may increase coverage up to the guaranteed issue limit during annual enrollment without providing Evidence of Insurability (EOI). If you previously declined coverage, you or your spouse may be required to complete EOI and answer health questions for any new coverage election(s).



Disability

Bluestone offers disability coverage to protect your income if you miss work due to an illness or non-work-related injury. Disability plans are administrated through Unum.

Short-Term Disability (STD) and **Basic Long-Term Disability (LTD)** are automatically provided at no cost to you. Evidence of Insurability (EOI) may be required.

	STD	BASIC LTD
Waiting Period	7 days after sickness or injury	After 90 days from the date of the accident or illness
Coverage Provided	60% of your salary up to \$2,000 per week as coordinated with/offset by any state-specific wage replacement benefits	60% of your salary up to \$8,000 per month
Maximum Duration	up to 12 weeks if you are unable to return to work	Social Security normal retirement age

Parental Leave

Reach out to HR for more information on how this benefit may coordinate with any state-specific income replacement benefits.

Accident, Critical Illness, and Hospital Indemnity Insurance

ACCIDENT COVERAGE

Accident insurance pays a cash benefit directly to you when you are injured and require medical services due to a covered off-the-job accident that occurs on or after your coverage date. The benefit amount depends on the type of injury and care received. If you elect coverage for yourself, you may also purchase coverage for your spouse and/or children equal to your own coverage.

- Burns: \$500-\$10,000
- Dislocations: \$500-\$1,650
- Dental Injury: \$90-\$350
- Imaging: \$50-\$200
- Fracture: \$225-\$4,500
- Hospitalization: \$200-\$1,000
- Emergency Room: \$100
- Ambulance: \$300

ACCIDENTAL DEATH AND DISMEMBERMENT

Employee: \$50,000
 Spouse: \$25,000
 Child: \$12,500

CRITICAL ILLNESS

Critical illness insurance pays a lump-sum cash benefit directly to you if you are diagnosed with a covered illness or condition on or after your coverage effective date. Illness benefits:

- Heart attack: 50%
- Stroke: 50%
- Major organ failure: 50%
- End-stage kidney failure: 50%
- Major coronary artery disease: 50%
- Minor coronary bypass: 10%
- Cancer: 25%
- Multiple sclerosis
- Parkinson’s disease
- Skin cancer: \$500

Childhood conditions:

- Cerebral palsy: 100%
- Cleft lip / palate: 100%
- Cystic fibrosis: 100%
- Down syndrome: 100%
- Muscular dystrophy: 25%
- Spina bifida: 25%

GUARANTEE ISSUE

Employee: \$10,000, \$20,000, or \$30,000

Spouse: 50% of employee coverage

Child(ren): Automatically covered for 50% of your benefit

Pre-existing condition: If you file a claim within the first year of coverage, please check your plan details to understand how pre-existing condition limitations might affect your coverage.

HOSPITAL INDEMNITY INSURANCE

Hospital indemnity insurance is a type of supplemental health insurance that provides a fixed cash benefit if you are hospitalized for covered accidents, illness and childbirth. This benefit can help cover out-of-pocket costs.

TYPE OF STAY	COVERAGE
First day of hospital	\$1,000 (max 1 day/year)
First day of ICU	\$1,000 (max 1 day/year)
Daily hospital	\$100 (max 365 days/year)
Daily ICU	\$100

Contacts

PLAN	CARRIER	WEBSITE	PHONE
Medical	BCBS	www.bluecrossmn.com	1-800-382-2000 Number on the back of ID card
Prescription			
Dental	Delta Dental	DeltaDentalMN.org	1-800-448-3815
Vision	Unum	www.unum.com/ employees/Benefits/	1-800-421-0344 1-800-635-5597
Basic Group Life			
Voluntary Group Life			
Short-Term Disability			
Long-Term Disability			
Accident			
Critical Illness			
Hospital Indemnity			
Employee Assistance Program			
401(k)	Schwab Retirement	workplace.schwab.com	1-800-724-7526
HSA	Health Equity	www.hellofurther.com	800-859-2144
FSA/DCA	Voya	www.voya.com	855-663-8692
COBRA			

