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2026

GUIDE TO YOUR BENEFITS JULY 2026 - JUNE 2027



PART-TIME
CORPORATE STAFF

WELCOME TO YOUR BENEFITS!



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We are pleased to provide you with a wide range of competitive benefits that are a vital part of your total compensation.

You have the flexibility to choose from a comprehensive benefits package designed to support your health and well-being, protect you financially in the event of unexpected circumstances, and provide added peace of mind for you and your family. This brochure was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this brochure to make sure you understand the benefits that are available to you and your family, and be sure to act before the enrollment deadline.

This brochure highlights the main features of our employee benefits program. It does not include all plan rules, details, limitations, and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. The Company reserves the right to change or discontinue its employee benefits plans at any time.



Scan the QR Code to see the notices and disclosures pertaining to your health and welfare plans.



ELIGIBILITY

As a member of the corporate team, you are eligible for benefits. Most of your benefits are effective on the first day of the month following 60 days of employment. You may also enroll your eligible dependents for coverage.

Eligible dependents could be:

- Your legal spouse
- Children under the age of 26, regardless of student, dependency or marital status
- Children who are past the age of 26 and are fully dependent on you for support due to a mental or physical disability and who are indicated as such on your federal tax return

Changing Benefits After Enrollment

During the year, you cannot make changes to your benefits unless you have a Qualified Life Event. If you do not make changes to your benefits within 30 days of the Qualified Life Event, you will have to wait until the next annual Open Enrollment period to make changes (unless you experience another Qualified Life Event).

Qualified Life Event

Loss of spouse/parent coverage	
Change in marital status	• Marriage
	• Divorce/Legal Separation
	• Death
Change in number of dependents	• Birth or adoption
	• Stepchild
	• Death
Change in employment	• Change in your eligibility status (i.e., full-time to part-time)
	• Change in spouse's benefits or employment status

Note: Some Qualified Life Events may require documentation.



How to Request a Qualified Life Event
Contact hr@pluckers.net.

HOW TO ENROLL

If you qualify for benefits, you must enroll by the deadline assigned. You can check your enrollment portal and/or your Benefits Team will send reminders as this deadline approaches. **You must complete your enrollment to receive new benefits or change benefit coverage for the plan year.** Current elections will roll over automatically, including any changes to employee premiums.

Before You Enroll



Carefully review the benefits listed in this guide and determine 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 a beneficiary for life insurance.

Enrollment Assistance – SMBO Call Center

Need help making decisions? No problem! You can now contact SMBO between 7 AM and 5 PM, Monday through Friday. They'll walk you through your options — and even take your enrollment over the phone.

That's right, no need to log in to the bSwift portal if you don't want to.

Just call **888-598-2040** to get started.

Enrollment Instructions

bswift®

To enroll, simply follow these steps:

- Log on at pluckers.bswift.com
- Username: first name initial + your last name
- Password: Last four digits of your SSN



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!



**BlueCross BlueShield
of Texas**

Member Support Center

Marsh McLennan Agency's Member Support Center is here for you — to answer your questions, including insurance claim questions, by phone and email. The representatives are licensed agents, are familiar with your benefits package.

They can assist with the following:

- Central point of contact for benefits questions and coverage inquiries
- Assist with ID Card request
- Assist employees with entering enrollment elections (New Hires/Life Events)
- Claims Inquiries
- Assist with finding in-network providers/facilities
- Assist with determining covered services

Contact the Member Support Center



855-550-9885, PIN 2158



pluckers@marshmma.com

Representatives are available Monday through Friday, from 8 AM – 6 PM Central.

Spanish-speaking representatives are available.



MEDICAL PLANS

Medical insurance is essential to your well-being and our medical coverage provides you and your family the protection you need for everyday health issues or when the unexpected happens.

How a Health Plan Works



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:



Annual deductible amount – the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay.



Out-of-pocket maximums – the most you will pay each year for eligible network services including prescriptions. After you reach your out-of-pocket maximum, the plan picks up the full cost of covered medical care for the remainder of the year.



Copays – A copay is a fixed amount you pay for a health care service. Copays do not count toward your deductible but do count toward your annual out-of-pocket maximum.



Coinsurance – Once you've met your deductible, you and the plan share the cost of care, called coinsurance. For example, you pay 20% for services and the plan will pay 80% of the cost until you have reached your out-of-pocket maximum.

Medical Plan Comparison

You may visit any medical provider you choose, but in-network providers offer the highest level of benefits and lower out-of-pocket costs. In-network providers charge members reduced, contracted fees instead of their typical fees. Providers outside the plan's network set their own rates, so you may be responsible for the difference if a provider's fees are above the Reasonable and Customary (R&C) limits.

	Basic Plan (HMO) BLUE ESSENTIALS NETWORK		Premium Plan (PPO) BLUECHOICE PPO NETWORK	
	IN-NETWORK ONLY		IN-NETWORK	OUT-OF-NETWORK
	You Pay		You Pay	
Calendar Year Deductible				
Individual	\$6,000		\$500	\$2,000
Family	\$12,000		\$1,000	\$6,000
Calendar Year Out-of-Pocket Maximum (Includes Deductible)				
Individual	\$7,000		\$1,500	\$6,000
Family	\$14,000		\$3,000	\$18,000
Coinsurance	30%		0%	50%
Preventive Care	\$0		\$0	50%*
Telemedicine (MDLIVE)	Per physician copays		\$25	Not covered
Primary Care Physician	\$50		\$25	50%*
Specialist	\$100 Referral required		\$50	50%*
Urgent Care	\$50		\$75	50%*
Emergency Room	Facility: \$150 Physician: 30%*		Facility: \$150 Physician: \$0*	
Lab & X-ray	30%*		\$0	50%*
Hospitalization	30%*		\$0*	50%*
Diagnostic Imaging (MRI/CT)	30%*		\$0	50%*
Pharmacy				
Rx Deductible	N/A		N/A	N/A
Rx Out-of-Pocket Maximum	Included in medical		Included in medical	Included in medical
Retail Rx (up to 30-day supply)				
Tier 1 - Generic	\$25		\$15	\$15 + 50%
Tier 2 - Preferred Brand	\$60		\$50	\$50 + 50%
Tier 3 - Non-Preferred Brand	\$90		\$90	\$90 + 50%
Specialty	\$25 / \$60 / \$90		\$200	\$200 + 50%
Mail Order Rx (up to 90-day supply)				
All Tiers	3x copay		3x copay	Not covered

* After deductible. The listed benefit does NOT apply until the Individual Medical Deductible has been met.

Monthly Medical Rates	Basic Plan (HMO)	Premium Plan (PPO)
Employee Only	\$284.24	\$541.94
Employee + Spouse	\$909.54	\$1,450.70
Employee + Child(ren)	\$795.88	\$1,285.40
Family	\$1,421.22	\$2,194.18

* Rates reflect employee contribution for part-time corporate employees. See separate guide for full-time corporate employee benefits.

TELEMEDICINE

When you need care — anytime, day or night — or when your primary care provider is not available, telemedicine can be a convenient option.

With telemedicine, you don't have to drive to the doctor's office or clinic, park, walk into or sit in a waiting room when you're sick — you can see your doctor from the comfort of your own bed or sofa.

Register Today so You Are Ready When You Need Care



Avoid germs in the ER, urgent care clinic, or doctor's office.



See a board-certified, licensed, telehealth-trained doctor on your schedule with on-demand virtual visits 24/7, including nights, weekends and holidays.



Get treated for more than 80 common conditions including colds, flu, allergies and more.



Get a prescription or short-term refill of any existing prescription sent to a pharmacy nearby, in less time than your usual doctor visit.



Avoid costly copays and deductibles of the ER and urgent care clinic.



Using Telemedicine is as Easy as One, Two Three

Step 1

Register Now

Access MDLIVE through the BCBSTX portal to set up your secure account in just minutes.

Step 2

Request a Visit

You can have a doctor visit right away or schedule an appointment all by phone, computer or our app.

Step 3

Feel Better

Get treated by one of our doctors who can prescribe medication if necessary.

DENTAL

Taking care of your oral health is not a luxury; it is a necessity to long-term optimal health.

With a focus on prevention, early diagnosis and treatment, Dental insurance can greatly reduce your costs when it comes to restorative and emergency procedures. Preventive services are covered at no cost to you and include routine exams and cleanings. You will pay only a small deductible and coinsurance for basic and major services. When you visit a dentist in the network, you will maximize your savings. These dentists have agreed to reduced fees, which means you won't get charged more than your expected share of the bill.

DPPO PLAN		
	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Plan Maximum		
Per Individual	\$1,000 per individual (Basic and Major Services combined)	
You pay		
Calendar Year Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Preventive Care		
Exams, Cleanings, X-rays	\$0	0%
Basic Services		
Fillings, Sealants, Extractions, Emergency Exams	20%*	20%*
Major Procedures		
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs	50%*	50%*
Orthodontia		
Adults	50% up to a lifetime maximum benefit of \$1,000 per individual;	
Children (up to 19th birthday)	deductible waived	

*After deductible

Monthly Dental Rates	
Employee Only	\$18.16
Employee + Spouse	\$61.72
Employee + Child(ren)	\$68.86
Family	\$112.36

* Rates reflect employee contribution for part-time corporate employees. See separate guide for full-time corporate employee benefits.

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 vision coverage or cover the same dependents under medical and vision.

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.

Vision Plan		
	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
	You pay	Reimbursement
Exam	\$10	Up to \$30
Single Vision Lenses	\$25	Up to \$25
Bifocals Lenses	\$25	Up to \$40
Trifocals Lenses	\$25	Up to \$55
Frames	\$0 copay, \$130 allowance, 20% off balance	Up to \$65
Contacts in lieu of Frames/Lenses	\$0 copay, \$130 allowance Conventional: 15% off balance Disposable: Plus balance over \$130	Up to \$104

Benefit Frequency		
Exams	Once every 12 Months	Once every 12 Months
Lenses	Once every 12 Months	Once every 12 Months
Frames	Once every 24 Months	Once every 24 Months
Contacts	Once every 12 Months	Once every 12 Months

Monthly Vision Rates	
Employee Only	\$3.40
Employee + Spouse	\$9.52
Employee + Child(ren)	\$10.20
Family	\$16.58

* Rates reflect employee contribution for part-time corporate employees. See separate guide for full-time corporate employee benefits.

MEC PLAN

Pluckers' Minimum Essential Coverage (MEC) Plan, offered through Key Benefit Administrators, provides you and your family coverage for preventive care services only.

How MEC Plans Work

- MEC plans are limited medical benefit plans and do not cover catastrophic or most illnesses.
- MEC plans are designed to offer coverage for limited, basic medical services, specifically wellness visits, flu shots, and discounts on prescription drugs.
- MEC plans ONLY cover treatment from providers in the Open Access Solution network.

MEC Plan	
IN-NETWORK ONLY	
You pay	
Calendar Year Deductible	
Individual	\$0
Family	\$0
Calendar Year Out-of-Pocket Maximum (Includes Deductible)	
Individual	\$0
Family	\$0
Coinsurance	0%
Preventive Care	\$0 of the 84 listed Preventive and Wellness Benefits
Emergency Room Services	Not Covered
Inpatient Hospital Services	Not Covered
Primary Care Visit to Treat an injury or illness	Not Covered
Specialist Visit	Not Covered
Mental/Behavioral Health and Substance Abuse Disorder Services	Not Covered
Advanced Imaging (CT, PET Scans, MRIs)	Not Covered
Outpatient Facility Fee	Not Covered
Outpatient Surgery Physician/Surgical Services	Not Covered
Life AD&D Benefit	Not Covered

Preventive / Wellness Benefits

The MEC benefits cover 100% of the cost of certain preventive health services when delivered by a doctor or provider in your plan's network.

Visit [healthcare.gov/center/regulations/prevention.html](https://www.healthcare.gov/center/regulations/prevention.html) for the most current listing of covered services.

Something to Consider

Pluckers offers HMO Medical coverage for \$0 per month and details can be found on the previous page.

The HMO plan will offer the same "Minimal Essential Coverage" as provided in the MEC plan...plus much more, including coverage for catastrophic and rare illnesses, as well as hospitalization!

Monthly Medical Rates

Employee Only	\$16.58
Employee + Spouse	\$51.44
Employee + Child(ren)	\$107.50
Family	\$142.34

SUPPLEMENTAL MEDICAL

Just as it sounds, Supplemental Medical plans can help you pay for costs you may incur after an accidental injury, illness or hospitalization. These plans are 100% voluntary.

Accident Insurance

Accident insurance through BlueCross BlueShield of Texas pays out a lump sum if you become injured because of an accident. It allows you to claim benefits even if the injuries you incur do not keep you out of work. Accident insurance may also complement health insurance if an accident causes you to have medical expenses that your health insurance doesn't cover.

Accident insurance covers qualifying injuries, which might include a broken limb, loss of a limb, burns, lacerations, or paralysis. In the event of your accidental death, accident insurance pays out money to your designated beneficiary. While health insurance companies pay your provider or facility, accident insurance pays you directly.

Monthly Accident Rates	
Employee Only	\$13.12
Employee + Spouse	\$21.68
Employee + Child(ren)	\$25.40
Family	\$39.80

Hospital Indemnity Insurance

Hospital Indemnity insurance through BlueCross BlueShield of Texas is a plan designed to pay for the costs of a hospital admission that may not be covered by other insurance.

Monthly Hospital Indemnity Rates	
Employee Only	\$17.40
Employee + Spouse	\$40.56
Employee + Child(ren)	\$30.48
Family	\$55.96

How Accident Insurance Works

Accident insurance policies can provide you with a lump sum paid directly to you that will help pay for a wide range of situations, including initial care, surgery, transportation and lodging, and follow-up care. Here's how it works:

- A set amount is payable based on the injury you suffer and the treatment you receive.
- Benefits are payable directly to you (unless you specify otherwise) and can be used as you see fit.
- Coverage is available for you, your spouse, and eligible dependent children.
- You do not need to answer medical questions or have a physical exam to get basic coverage.
- Accident insurance covers injuries that happen on the job or off the job — unlike workers' compensation, which only covers on-the-job injuries.
- Benefit payments are not reduced by any other insurance you may have with other companies.

How Hospital Indemnity Insurance Works

If you are admitted to the hospital for an injury or illness, your Hospital Indemnity plan makes cash payments to you.

It pays for costs not covered by your health insurance, health insurance deductibles, copays and coinsurance, childcare expenses while you are in the hospital, or cost-of-living expenses as you recover.

How to File a Claim: Supplemental benefits are not paid automatically. After you receive care for a covered accident or hospital stay, you will pay any out-of-pocket costs through your medical plan first. To receive your supplemental benefit, you must file a claim by submitting a claim form and supporting documentation. Once approved, the benefit is paid directly to you.

VOLUNTARY LIFE AND AD&D

Life insurance pays a lump-sum benefit to your beneficiary(ies) to help meet expenses in the event of your death.

Accidental Death & 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 (e.g., loss of sight, 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. Voluntary Life and AD&D insurance for you and your dependents can help protect your family during difficult times.

Life and AD&D Insurance			
FOR YOU AND YOUR DEPENDENTS			
Coverage Level	Coverage Amount	Guaranteed Issue	Evidence of Insurability/ Proof of Good Health
Employee Only	Increments of \$10,000 up to \$500,000	\$200,000 Can increase by \$10,000 each year without EOI	Newly Eligible: Enroll up to GI without EOI
Spouse	Increments of \$5,000 up to \$250,000 – not to exceed 50% of employee coverage.	\$25,000	Newly Eligible: Enroll up to GI without EOI
Child(ren) up to age 26	Increments of \$5,000 to a maximum of \$10,000 \$100 for children birth to six months	\$10,000	None

Voluntary Life and AD&D Monthly Rates

Enrolling early allows you to lock in lower starting rates and may help you avoid higher costs or medical approval requirements down the road.

Age	Monthly Rates per \$1,000
Under 25	\$0.06
25–29	\$0.08
30–34	\$0.10
35–39	\$0.12
40–44	\$0.12
45–49	\$0.18
50–54	\$0.28
55–59	\$0.52
60–64	\$0.78
65–69	\$1.50
70–74	\$2.44
75+	\$2.44
Child Rate	Life: \$0.20 AD&D: \$0.04
Employee and Spouse AD&D Rate	\$0.04 per \$1,000

Guaranteed Issue and Evidence of Insurability

Employees and spouses who elect Voluntary Life and AD&D coverage when they are first eligible can elect up to the Guaranteed Issue (GI) amount without Evidence of Insurability (EOI). If you do not elect coverage when you are first eligible, you will not be able to enroll later at the Guaranteed Issue amount. If the amount requested is more than GI, you will need to provide EOI before the amount over GI becomes effective, and you'll have to go through medical underwriting.

ADDITIONAL BENEFITS

Working Advantage Discount Program

We're here to support your personal and financial well-being through exclusive deals and limited-time offers on products, services and experiences you need and love.

Visit pluckers.savings.workingadvantage.com to get started!

Skechers Discount

The perks of the Skechers Corporate Shoe Program:

- 30% off Skechers slip-resistant work shoes
- Free shipping and returns
- 500+ Skechers retail stores
- Quarterly friends and family days

Shop online at skechers.com/direct/pluckers. No promo codes needed. Just shop and save! Show this flyer when shopping at our Skechers retail stores nationwide or mention Retail Code G9P.

Wellness Program - Well onTarget

We want employees to be engaged in their jobs and communities, and to achieve their highest level of well-being.

Our wellness program, provided through BlueCross BlueShield of Texas, is designed to:

- Provide healthy lifestyle education, resources and support
- Help you lead a healthier life
- Manage health care costs for the organization
- Help you save on medical costs

You can complete your biometric screening and additional wellness activities to receive financial incentives.



How to Access the Portal

Use your Blue Access for Members (BAM) account:

- Log in to BAM at www.bcbstx.com/member. If this is your first time logging in, you will need to register your account. Click Create an Account on the login screen.
- Once you are in BAM, click on the My Health tab, then Wellness. Click on Visit Well onTarget and you will be taken to the Well onTarget portal.

If you have any questions about Well onTarget, call Customer Service at 877-806-9380.

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 after you've paid your deductible. 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 cost 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.

IMPORTANT CONTACTS

Coverage	Contact	Phone	Website
Medical	BlueCross BlueShield of Texas	888-697-0683	www.bcbstx.com
MEC Plan	Key Benefit Administrators	888-342-7427	www.keyopenaccess.com
Dental	BlueCross BlueShield of Texas	877-442-4207	www.bcbstx.com
Vision	BlueCross BlueShield of Texas	855-556-8796	www.eyemed.com
Supplemental Medical	BlueCross BlueShield of Texas	877-442-4207	www.bcbstx.com
Voluntary Life and AD&D	BlueCross BlueShield of Texas	877-442-4207	ancillary.bcbstx.com
Discount Program	Working Advantage	800-565-3712	customerservice@workingadvantage.com https://pluckers.savings.workingadvantage.com
Skechers Discount	Skechers	855-759-7463	info@skechersdirect.com
Wellness Program	BlueCross BlueShield of Texas	877-806-9380	www.bcbstx.com/member
The Benefits Team	Pluckers	512-236-9110	benefits@pluckers.net
SMBO Call Center	SMBO	888-598-2040	
Member Support Center	Marsh McLennan Agency	855-550-9885 PIN 2158	pluckers@marshmma.com



This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the Company. It is not a legal Plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the Plans are contained in the Summary Plan Descriptions (SPDs) which govern each Plan's operation. Whenever an interpretation of a Plan benefit is necessary, the actual Plan documents will be used.