





NEXUS HEALTH

2027 Benefit Guide

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Welcome

In this guide you will find an overview of the benefits available to you through Nexus. We encourage you to read this guide carefully so that you understand the value that our benefits offer you. Open enrollment is the only time of year when you can make benefit elections unless you experience a qualifying life event, such as marriage, divorce, death, birth, or loss of coverage, so please choose your benefits carefully.

Enrollment Process

You must complete your benefits enrollment by December 5, 2026. This is an active enrollment, meaning you must take action. Your current benefits will not roll over into 2026. Benefits you elect will be effective through December 31, 2027, unless you experience a qualifying life event.

Professional benefit counselors will be available by phone to answer your questions, and help you complete the enrollment process.

To schedule an appointment please visit Nexus.MyBenefitsAppointment.com or call 833-690-6326 to schedule your enrollment appointment with a benefit counselor.

Benefit Eligibility

Full-time employees working 30 or more hours per week and their dependents are eligible for benefits the first of the month following 60 days of employment.

Qualifying Life Events

For a qualified change in status you may make changes within 30 days of the qualifying event. Qualifying Events include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse or involuntary loss of spouse's coverage due to employment change.

All other changes that are not Qualifying Events can only take place during Open Enrollment.

Payroll Deduction Authorization

When you enroll in coverage, you hereby authorize your employer to deduct from your paycheck 26 times per year the deduction for medical, dental and vision insurance on pre-tax basis. Such reductions, considered as elective contributions under the plan, and will start with your first paycheck. You acknowledge that once you have elected to participate in this Plan that you may not revoke your election until the' end of the Plan Year with the exception of qualifying event.

Medical Insurance

Because there is nothing more important than your health, Nexus offers five medical plans through UHP Administrators. Choice is important when selecting the right medical plan. Take the time to learn about your options to ensure you select the right plan for you and your family. All plans have a list of services that require pre-treatment authorization at least 48 hours in advance of treatment.

Please refer to the following chart for an overview. Additional details can be found in the Summary of Benefits and Coverage (SBC) or a copy of the policy for additional details.

Medical Benefits					
	Plan A	**Plan B**	**Plan C**	**Plan D (MV)**	**Plan E (MEC)**
Calendar Year Deductible (CYD)	$2,000 Individual/ $4,000 Family	$4,000 Individual/ $8,000 Family	$7,000 Individual/ $14,000 Family	N/A	N/A
Coinsurance (you pay after CYD)	20%	20%	40%	N/A	N/A
Out of Pocket Maximum (Includes Deductible)	$5,000 Individual/ $10,000 Family	$7,000 Individual/ $14,000 Family	$7,350 Individual/ $14,700 Family	$7,350 Individual/ $14,700 Family	$1,850 Individual/ $3,700 Family
Provider Network	Prime Health Services	Prime Health Services	Prime Health Services	Prime Health Services	Prime Health Services
Office Visit - Primary Care Physician	$20 co-pay (deductible does not apply)	$25 co-pay (deductible does not apply)	40% co-insurance after deductible	$25 co-pay (limit 10 visits per plan year, deductible does not apply)	$15 co-pay (limit 15 visits per plan year, deductible does not apply)
Office Visit - Specialist	$40 co-pay (deductible does not apply)	$50 co-pay (deductible does not apply)	40% co-insurance after deductible	$50 co-pay (limit 10 visits per plan year, deductible does not apply)	$15 co-pay (limit 15 visits per plan year, deductible does not apply)
Urgent Care Visit	$40 co-pay (deductible does not apply)	$40 co-pay (deductible does not apply)	40% co-insurance after deductible	$50 co-pay (2 visit limit per plan year, deductible does not apply)	$50 co-pay (limit 2 visits per plan year, deductible does not apply)
Emergency Room	$750 co-pay (deductible does not apply)	$750 co-pay (deductible does not apply)	40% co-insurance after deductible	$350 co-pay (1 visit limit per year, deductible does not apply)	Not Covered
Inpatient Hospitalization	20% co-insurance after deductible	20% co-insurance after deductible	40% co-insurance after deductible	$350 co-pay (limit 5 days per plan year, deductible does not apply)	Not Covered
Outpatient Surgery	20% co-insurance after deductible	20% co-insurance after deductible	40% co-insurance after deductible	$350 co-pay (limit 1 surgery per plan year, deductible does not apply)	Not Covered
Inpatient Lab Services	20% co-insurance after deductible	20% co-insurance after deductible	40% co-insurance after deductible	$350 co-pay (deductible does not apply)	Not Covered

Prescription Coverage (In-Network)	Generic: $10 co-pay Brand: $40 co-pay Non-Preferred: $85 co-pay Specialty: not covered (deductible does not apply)	Generic: $10 co-pay Brand: $40 co-pay Non-Preferred: $85 co-pay Specialty: not covered (deductible does not apply)	Generic: $15 co-pay after deductible Brand: $45 co-pay after deductible Non-Preferred: $80 co-pay after deductible Specialty: not covered	Generic: 20% co-insurance (deductible does not apply) Brand: 20% co-insurance (deductible does not apply) Non-Preferred: not covered Specialty: not covered	Generic: $15 co-pay (deductible does not apply) Brand: not covered Non-Preferred: not covered Speciality: not covered

Bi-Weekly Medical Premiums					
	Plan A	**Plan B**	**Plan C**	**Plan D (MV)**	**Plan E (MEC)**
Employee Only	$290.77	$230.77	$163.85	$117.69	$20.77
Employee + Spouse	$849.69	$738.46	$652.38	$549.23	$73.85
Employee + Children	$709.68	$664.62	$533.08	$404.31	$80.77
Family	$1,210.85	$1,051.85	$929.65	$810.12	$115.38

Corporate Semi-Monthly Medical Premiums					
	Plan A	**Plan B**	**Plan C**	**Plan D (MV)**	**Plan E (MEC)**
Employee Only	$315.00	$250.00	$177.50	$127.50	$22.50
Employee + Spouse	$920.50	$800.00	$706.75	$595.00	$80.00
Employee + Children	$768.83	$720.00	$577.50	$438.00	$87.50
Family	$1,311.75	$1,139.50	$1,007.13	$877.63	$125.00

This Benefit Summary is to highlight your Benefits. Don't use this document to understand your exact coverage. If this Benefit Summary conflicts with the Certificate of Coverage(COC), Schedule of Benefits, Riders, and/or Amendments, those documents govern. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.



Voluntary Benefits

Term Life Insurance - *New Carrier!*

In the event of an emergency or the unimaginable, The Standard's Group Term to 100 Life Insurance can help families with financial support to maintain their quality of life. A death benefit helps safeguard a family's future after the insured is gone.

Universal Life Insurance		
Bi-Weekly Premiums		
$50,000 Benefit	**Non-Tobacco**	**Tobacco**
18	$8.04	$8.04
25	$8.04	$10.36
35	$10.84	$15.26
45	$21.16	$31.72
55	$45.14	$67.28
65	$99.92	$131.76

Short-Term Disability Insurance- *New Carrier!*

Paychecks lost due to an injury, illness, or pregnancy can cause financial hardship. When you are unable to work, short-term disability insurance through The Standard can help make ends meet by paying a portion of your salary so you can focus on getting better.

Short-Term Disability Insurance		
Bi-Weekly Premiums		
Monthly Benefit $1,000	**Option One**	**Option Two**
18-49	$10.60	$14.54
50-59	$13.40	$18.06
60-64	$20.04	$27.82
65-69	$20.20	$29.96
70+	$19.26	$28.24

Benefit	Option One	Option Two
Monthly Disability Benefit	$1,000	$1,000
Benefit Period	3	3
Elimination Period	14/14	7/7
FMLA and Doula Coverage	No	No
Increasing Benefit Rider	No	No
Survivor and Accident Coverage	No	No
Portability	Yes	Yes

Critical Illness Insurance - *New Carrier!*

This plan can supplement existing medical coverage and help provide financial support to pay for out-of-pocket expenses such as mortgage payments. Benefits are paid regardless of what is covered by medical insurance. Payments are made direction to covered employees to spend as they choose.

Critical Illness Insurance		
Bi-Weekly Premiums		
Employee Non-Tobacco	**$10,000**	**$20,000**
18 - 29	$1.80	$3.60
30 - 39	$2.80	$5.60
40 - 49	$4.80	$9.60
50 - 59	$9.20	$18.40
60 - 69	$17.60	$35.20
70+	$31.00	$62.00
Employee + Spouse Non-Tobacco	**$10,000**	**$20,000**
18 - 29	$4.40	$8.80
30 - 39	$6.20	$12.40
40 - 49	$10.20	$20.40
50 - 59	$19.40	$38.80
60 - 69	$35.80	$71.60
70+	$62.60	$125.20
Employee Tobacco	**$10,000**	**$20,000**
18 - 29	$2.00	$4.00
30 - 39	$3.40	$6.80
40 - 49	$6.80	$13.60
50 - 59	$15.80	$31.60
60 - 69	$33.40	$66.80
70+	$58.20	$116.40
Employee + Spouse Tobacco	**$10,000**	**$20,000**
18 - 29	$4.60	$9.20
30 - 39	$7.40	$14.80
40 - 49	$14.20	$28.40
50 - 59	$32.20	$64.40
60 - 69	$67.60	$135.20
70+	$117.00	$234.00

Voluntary Benefits

Accident Insurance - *New Carrier!*

When you suffer an accident (on and off-the-job) such as a burn or broken bone, Accident Insurance through MetLife provides a lump-sum cash benefit based on your injury(s) and the treatment you receive. These benefits are paid on top of what your health insurance covers, and can be used at your own discretion. Every year that you complete a qualified health screening, you are eligible for a $100 Wellness Benefit. COVID-19 testing is covered as an eligible health screening benefit.

Sample Benefits	Low Plan	High Plan
Ambulance (ground)	$400	$500
Physical Therapy; 10 Maximum visits per accident	$50	$65
Follow-up Visit	$100; up to 6 visits per plan year	$120; up to 6 visits per plan year
Outpatient Surgery	$400; 1 time per accident	$500; 1 time per accident

Accident Insurance Bi-Weekly Premiums		
Coverage Tier	Low Plan	HIgh Plan
Employee Only	$7.58	$10.00
Employee and Spouse	$12.90	$16.96
Employee and Child(ren)	$13.68	$18.44
Family	$19.54	$26.18

**This is not a comprehensive list of covered injuries and treatments. Speak to a benefit counselor for a complete list of covered events. Limitations may apply.*

Hospital Indemnity Insurance - *New Carrier!*

Even with health insurance, a stay in the hospital can become costly quickly as out-of-pocket charges begin to add up. Hospital Indemnity Insurance through MetLife can reduce the financial and emotional stress of a hospital stay by providing a lump sum cash benefit directly to you that can be used however you need, whether that's for coinsurance or childcare. Every year that you complete a qualified health screening, you are eligible for a $50 Wellness Benefit.

Sample Benefits	Low Plan	High Plan
Hospital Admission	$500	$1,000
Hospital Stay - Daily, Maximum 30 days per plan year	$100	$200
ICU Stay - Daily, Maximum 30 days per plan year	$200	$400

Hospital Indemnity Bi-Weekly Premiums		
Coverage Tier	Low Plan	High Plan
Employee Only	$6.22	$11.82
Employee and Spouse	$11.08	$21.86
Employee and Child(ren)	$8.24	$16.16
Family	$12.42	$24.78

**This is not a comprehensive list of covered injuries and treatments. Speak to a benefit counselor for a complete list of covered events. Limitations may apply.*



Dental Insurance - *New Carrier!*

Regular visits to your dentist can protect more than your smile; they can protect your health. We are proud to offer dental coverage through MetLife. Although you have the option to see any provider you wish, you will receive the best benefits when you choose an in-network dentist. The options provide three levels of providers to offer you the best savings possible. Our plans covers a wide variety of dental services in-network and covers preventative services at 100%.

Dental Plan Features						
Benefit	**MetLife Type A**		**MetLife Type B**		**MetLife Type C**	
	In-Network	**Out of Network**	**In-Network**	**Out of Network**	**In-Network**	**Out of Network**
Individual Deductible	$50	$50	$50	$50	$50	$50
Family Deductible	$150	$150	$150	$150	$150	$150
Annual Plan Maximum	$1,800 per person per Calendar Year	$1,800 per person per Calendar Year	$1,200 per person per Calendar Year	$1,200 per person per Calendar Year	$1,000 per person per Calendar Year	$1,000 per person per Calendar Year
Ortho Lifetime Maximum	$1,000 per person	$1,000 per person	Not Covered	Not Covered	Not Covered	Not Covered
Frequencies						
Cleaning	Limited to 2 times per consecutive 12 months.		Limited to 2 times per consecutive 12 months.		Limited to 2 times per consecutive 12 months.	
Exam	PERIODIC ORAL EVALUATION Limited to 2 times per consecutive 12 months.		PERIODIC ORAL EVALUATION Limited to 2 times per consecutive 12 months.		PERIODIC ORAL EVALUATION Limited to 2 times per consecutive 12 months.	
Waiting Period for Major Services	None		12 Months		Not Covered	
Dental Coverage						
Cleanings	100%	90%	100%	100%	100%	100%
Exams	100%	90%	100%	100%	100%	100%
X-Rays	100%	90%	100%	100%	100%	100%
Sealants	80%	70%	80%	80%	50%	50%
Fillings	80%	70%	80%	80%	50%	50%
Simple Extractions	80%	70%	80%	80%	50%	50%
Root Canal	80%	70%	80%	80%	50%	50%
Periodontal Gum Disease	80%	70%	80%	80%	50%	50%
Oral Surgery	80%	70%	80%	80%	50%	50%
Crowns	50%	50%	50%	50%	Not Covered	
Dentures	50%	50%	50%	50%	Not Covered	
Bridges	50%	50%	50%	50%	Not Covered	
Implants	50%	50%	50%	50%	Not Covered	
Orthodontia	50%	50%	Not Covered		Not Covered	

Out of Network Explanation

Out of network dentists are NOT contracted with your dental insurance carrier. After you pay for the service based on your benefit plan, the insurance carrier will pay the out of network dentist the same rate they pay an in-network dentist. In most cases, the out of network dentist does not consider this as payment in full (like an in-network dentist would) and may "Balance bill" you. That is, they may ask you to pay the difference.

Dental Premiums (bi-weekly)			
Employee	$23.48	$16.10	$8.63
Family	$39.95	$31.73	$16.99

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage

Vision Insurance - *New Carrier!*

Regular eye exams can help detect other health problems. Your eye doctor may even spot other conditions such as high blood pressure or diabetes. We are proud to offer vision benefits through MetLife. Although you have the option to see any provider you wish, you will receive the best benefits when you choose an in-network doctor.

Vision Plan Features		
Benefit	**In-Network Cost**	**Out-of-Network Reimbursement**
Eye Exam	$10	$45 allowance after $0 copay
Single Lenses	$25	$30 allowance
Bifocal Lenses	$25	$50 allowance
Trifocal Lenses	$25	$65 allowance
Frames	$130	$70 allowance
Contact Lenses (Elective)	$130 allowance*	$105 allowance
Frequencies		
Exam Frequency	Once every 12 months	
Lens Frequency	Once every 12 months	
Frame Frequency	Once every 24 months	
Out of Network Explanation		
While you will receive a reimbursement when you go out of network, the out of network provider may not file the claim for you. You may have to file the claim yourself		

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage
*You will receive an additional 20% off any amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.

Vision Premiums (bi-weekly)	
Employee	$2.92
Employee + Spouse	$5.54
Employee + Children	$6.50
Family	$9.16



Carrier Contact

Plan	Plan Provider	Phone Number	Website
Medical	UHP Administrators	855-375-7125	www.uhpadministrators.com
Dental	MetLife	800-438-6388	mybenefits.metlife.com
Vision	MetLife	800-438-6388	mybenefits.metlife.com
Universal Life Insurance	The Standard	800-521-3535	mybenefits.standard.com
Short-term Disability Insurance	The Standard	800-521-3535	mybenefits.standard.com
Critical Illness Insurance	MetLife	800-438-6388	mybenefits.metlife.com
Accident Insurance	MetLife	800-438-6388	mybenefits.metlife.com
Hospital Indemnity Insurance	MetLife	800-438-6388	mybenefits.metlife.com



This guide summarizes the key features of the Nexus Benefit Plans. If any conflict arises between the information stated here and any Plan provisions, the terms of the actual Plan documents or other applicable documents will govern in all cases. Provisions of the plans and eligibility for coverage to do not constitute a contract of employment with any individual. Plans described in this guide are subject to change at the discretion of Nexus.