



We're Everywhere You Look

a **neighborly** company




# 2026

## NEWLY ELIGIBLE BENEFITS ENROLLMENT

IMPORTANT ENROLLMENT INFORMATION

Associates must enroll within 30 days of hire date. For more information, contact the Total Rewards Team at [benefits@nbly.com](mailto:benefits@nbly.com).

# MEDICAL + RX

 BlueCross BlueShield of Texas	BCBS PPO Plan		BCBS HSA Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	YOU PAY			
<b>Annual Deductible</b> (Individual / Family)	\$1,500 / \$3,000	\$3,000 / \$6,000	\$3,500 / \$7,000	\$8,000 / \$16,000
<b>Annual Out-of-Pocket Maximum</b> (Individual / Family)	\$6,250 / \$12,500	\$12,000 / \$24,000	\$5,000 / \$10,000	\$12,000 / \$24,000
<b>Preventive Care</b>	\$0	40% after deductible	\$0	30% after deductible
<b>Regular Office Visit</b>	\$25 copay	40% after deductible	20% after deductible	30% after deductible
<b>Specialist Office Visit</b>	\$70 copay	40% after deductible	20% after deductible	30% after deductible
<b>Urgent Care</b>	\$70 copay	40% after deductible	20% after deductible	30% after deductible
<b>Emergency Room Visit</b>	\$350 copay		20% after deductible	
<b>Coinsurance</b>	20% after deductible		20% after deductible	

	Prescription Drugs (Express Scripts) In-Network			
	BCBS PPO Plan		BCBS HSA Plan	
	30-day supply	90-day mail-order	30-day supply	90-day mail-order
	YOU PAY			
<b>Retail Generic</b>	\$15 copay	\$37.50 copay	0% after deductible	0% after deductible
<b>Retail Preferred Brand</b>	\$30 copay	\$75 copay		
<b>Retail Non-Preferred</b>	\$60 copay	\$150 copay		
<b>Specialty</b>	\$120 copay	\$300 copay		

Out-of-Network not covered.

## Medical Contributions\*

Benefit Tiers	BCBS PPO Plan	BCBS HSA Plan
	Bi-Weekly Deduction	Bi-Weekly Deduction
<b>Associate Only</b>	\$72.04	\$46.38
<b>Associate + Spouse/DP**</b>	\$256.13	\$184.93
<b>Associate + Child(ren)</b>	\$232.84	\$168.12
<b>Associate + Family</b>	\$392.86	\$266.97

\*Tobacco user rates increase by \$40 monthly for all tiers of coverage.

\*\*By law, if a domestic partner does not qualify as a tax dependent, the cost for their benefits cannot be paid pre-tax, and the "value" of associate and employer provided.

## MEDICAL PLAN SPOUSE/DOMESTIC PARTNER ELIGIBILITY

A working spouse/domestic partner who is eligible for medical coverage through his or her own employer is **NOT** eligible for medical coverage through Neighborly®. Your spouse/domestic partner is eligible for coverage if he/she is any of the following: Not employed; Self-employed; Employed by Neighborly®; or Employed but not eligible for medical plan coverage through their employer. Legal spouses/domestic partners (regardless of employment status) are eligible for dental, vision, and supplemental voluntary benefits.

# WELCOME TO YOUR 2026 BENEFITS ENROLLMENT

You will complete your 2026 new hire enrollment in Workday. Learn more about your benefits by visiting [myneighborlybenefits.com](https://myneighborlybenefits.com).

**Note:** This brochure provides an overview of some (not all) of the benefits available to you and your dependents as a full-time associate.



## ENROLL WITHIN 30 DAYS OF HIRE

New hire benefits go into effect the first of the month following 30 days of employment. For example, if you are hired 12/15/2025, your benefits will be effective 2/1/2026. When your election window closes, you must have a qualifying event or wait for the next open enrollment window before you can enroll in benefits.

<b>1</b>	Review your plan options and details online at <a href="https://myneighborlybenefits.com">myneighborlybenefits.com</a> .
<b>2</b>	Navigate to your inbox (top right corner) within <b>Workday</b> . You will see a benefit event task waiting for completion.
<b>3</b>	Make your benefit plan elections, enroll your dependents, and submit your selections. A benefit statement will auto generate upon completion. Check your Workday inbox for additional tasks that need action. You must complete <b>ALL</b> benefit tasks in your inbox for your enrollment to be complete.

MetLife	Dental Plan #1 (with ortho)		Dental Plan #2 (without ortho)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b> (90% UCR*)	\$50 individual \$150 family	\$50 individual \$150 family	\$75 individual \$225 family	\$75 individual \$225 family
<b>Annual Maximum</b>	\$1,500 per person	\$1,500 per person	\$1,000 per person	\$1,000 per person
	YOU PAY		YOU PAY	
<b>Preventive</b> Exams, Cleanings (every 6 months)	\$0	\$0	\$0	\$0
<b>Basic</b> Fillings, Extractions, Repairs	20%	20%	20%	20%
<b>Major</b> Single Crowns, Bridges, Dentures	50%	50%	50%	50%
<b>Orthodontia</b>	50%	50%	Not covered	Not covered
<b>Orthodontia Lifetime Maximum</b>	\$1,250 per person	\$1,250 per person	Not covered	Not covered

\*90% UCR means that there is a 10% chance that your non-network provider charges would be higher than MetLife's usual and customary reimbursement for that service and you could be balance billed for the difference.

Benefit Tiers	Dental Plan #1 (with ortho)	Dental Plan #2 (without ortho)
	Bi-Weekly Deduction	Bi-Weekly Deduction
<b>Associate</b>	\$15.34	\$14.16
<b>Associate + Spouse/DP**</b>	\$31.11	\$28.71
<b>Associate + Child(ren)</b>	\$42.37	\$39.11
<b>Associate + Family</b>	\$62.32	\$57.52

MetLife	Vision Plan	
	In-Network	Out-of-Network
	YOU PAY	REIMBURSEMENT
<b>Eye Exam</b>	\$0	Up to \$45
<b>Single Lenses</b>	\$0	Up to \$30
<b>Bifocal Lenses</b>	\$0	Up to \$50
<b>Trifocal Lenses</b>	\$0	Up to \$65
<b>Frames</b>	Up to \$120 (then 20% discount)	Up to \$55
<b>Necessary Contacts</b>	\$0	Up to \$210
<b>Elective Contacts</b>	Up to \$120	Up to \$105
<b>FREQUENCY</b>		
<b>Exam, Lenses, Frames</b>	Every 12 months	Every 12 months

Benefit Tiers	Bi-Weekly Deduction
<b>Associate</b>	\$3.12
<b>Associate + Spouse/DP**</b>	\$6.26
<b>Associate + Child(ren)</b>	\$5.30
<b>Associate + Family</b>	\$8.74

\*This brochure contains summary information about your benefit plans. If there is a discrepancy between this document and the Plan Documents on [myneighborlybenefits.com](https://myneighborlybenefits.com), the Plan Documents will prevail.

\*\*By law, if a domestic partner does not qualify as a tax dependent, the cost for their benefits cannot be paid pre-tax, and the "value" of associate and employer-provided domestic partner contributions is taxable.

# **ANCILLARY BENEFITS**

The plans offered through MetLife help offset out-of-pocket costs associates incur with hospital stays, injuries, and certain illness regardless of which medical plan you select. Plan details are available on [myneighborlybenefits.com](https://myneighborlybenefits.com).

## **Accident Plan**

Benefit Tiers	Bi-Weekly Deduction
Associate	\$3.60
Associate + Spouse/DP	\$7.11
Associate + Child(ren)	\$8.56
Family	\$10.10

Accident insurance 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. It may also complement health insurance if an accident causes you to have medical expenses that your health insurance doesn't cover.

## **Hospital Indemnity Plan**

Benefit Tiers	Bi-Weekly Deduction
Associate	\$6.76
Associate + Spouse/DP	\$15.81
Associate + Child(ren)	\$14.39
Family	\$19.53

MetLife is pleased to offer you an opportunity to provide financial protection through Hospital Indemnity insurance as part of our voluntary products portfolio. Hospital Indemnity insurance provides benefits, including: Benefits available due to hospitalization and associated treatment, Portability through Continued Insurance with Premium Payment, and more.

## **Critical Illness Plan**

### **Contributions**

Age Range*	\$5,000	\$10,000
Non-Tobacco	Bi-Weekly	Bi-Weekly
<34	\$0.95	\$1.89
35 - 44	\$1.64	\$3.28
45 - 54	\$3.67	\$7.34
55 - 64	\$7.43	\$14.86
65+	\$13.18	\$26.35
Child Coverage	Included in Associate Election	

While medical insurance is vital, it doesn't cover everything. If you suffer from a serious illness, such as cancer, stroke or a heart attack, medical insurance may not provide the coverage you need. Critical Illness insurance will ease the financial strain and help you focus on your recovery.

Age Range*	\$5,000	\$10,000
Tobacco	Bi-Weekly	Bi-Weekly
<34	\$1.02	\$2.03
35 - 44	\$1.96	\$3.92
45 - 54	\$5.52	\$11.03
55 - 64	\$13.32	\$26.63
65+	\$26.31	\$52.62
Child Coverage	Included in Associate Election	

\*Age as of 1/1/26.

## **Supplemental Life Insurance and Disability**

Visit [myneighborlybenefits.com](https://myneighborlybenefits.com) for more information.

## **401(K) RETIREMENT**

You are eligible to contribute to the Neighborly® 401(k) plan when you reach 60 days of employment. You can register online with Empower after your first paycheck with Neighborly – registration instructions can be found on [myneighborlybenefits.com](https://myneighborlybenefits.com). Call Empower Retirement at **800-338-4015** for investment assistance or log on to [www.empowermyretirement.com](https://www.empowermyretirement.com) to use their online resources and educational tools.

Looking for guidance on investments, finances, or retirement planning? As a participant in the Neighborly 401(k) plan, you have access to personalized support from our 401(k) fiduciary—completely free of charge. Disciplined Investors are available to help you make informed financial decisions. To schedule a one-on-one session, contact:

- Russell Livesay – [rl@dinvestors.com](mailto:rl@dinvestors.com) | 254-755-8622
- Sabrina Moore – [sabrina@dinvestors.com](mailto:sabrina@dinvestors.com) | 254-754-9102



# IMPORTANT CONTACTS

Benefit	Administrator	Phone	Website / Email
Medical	BCBS of Texas	800-521-2227	www.bcbstx.com
Prescription Drugs	RxBenefits / Express Scripts	800-334-8134	Email: RxHelp@RxBenefits.com www.express-scripts.com
HSA	Empower HSA	800-331-5455	www.empowermyretirement.com
FSA	Wex	866-451-3399	www.wexinc.com
Dental	MetLife	800-942-0854	www.mybenefits.metlife.com <b>Organization for login:</b> Dwyer Franchising Llc Dba Neighborly
Vision		855-638-3931	
Life		800-438-6388	
Disability		866-729-9201	
Accident		800-438-6388	
Critical Illness		800-438-6388	
Hospital Indemnity		800-438-6388	
Employee Assistance Program (EAP)		888-319-7819	www.one.telushealth.com
HealthJoy	Healthcare Guidance and Telehealth	877-500-3212	www.healthjoy.com/members Email: Support@healthjoy.com
401(k) Savings Plan	Empower Retirement	800-338-4015	www.empowermyretirement.com
Investment Advisor	Russell Livesay Disciplined Investors LLC	254-755-8622	www.dinvestors.com Email: rl@dinvestors.com
Benefit Advocate Center (BAC)	Gallagher	833-775-2147	Email: bac.neighborly@ajg.com

