

2026 Plan Year Benefits-At-A-Glance



Benefit Eligibility is based on weekly scheduled hours as follows:

Scheduled Hours (Weekly)	Medical/HSA	Dental	Vision	FSA	Life Insurance	Disability
36-40	✓	✓	✓	✓	✓	✓
30-35	✓			✓		✓
Under 30/PRN						

You're eligible to enroll in the medical, dental and vision insurance offered to members of the OSS Health team on the first day of employment. ALL employees are eligible to contribute their own funds to the 401(k) and take advantage of the Employee Assistance Program (EAP).



1-800-345-3806
www.highmarkblueshield.com

Deductible (Individual / Family)
Out-Of-Pocket Limit (Ind / Family)
Total Max Out-of-Pocket (Ind / Family)
Preventive Care
Office/Clinic/Urgent Care Visits Retail Clinic & Virtual Visits Primary Care & Virtual Visits Specialist & Virtual Visits
Urgent Care
Diagnostic Services Basic Diagnostic & Advanced Imaging

Plan Cost Per Pay

Performance Flex HDHP

In-Network, You Pay:

at Enhanced Value Providers

at Standard Value Providers

\$2,000 / \$4,000

\$4,000 / \$8,000

\$4,000 / \$8,000

\$8,000 / \$16,000

\$6,000 / \$12,000

No charge, deductible waived

No charge, deductible waived

Deductible, then \$20
Deductible, then \$20

OSS Providers: Deductible, then \$0

All other: Deductible, then \$40

Deductible, then \$50

Deductible, then \$40
Deductible, then \$40
Deductible, then \$80

Deductible, then \$100

OSS Providers: Deductible, then \$0

All other: Deductible, then 20%

Deductible, then 30%

Employee Only:

\$59.32

Employee + Spouse:

\$255.35

Employee + Child(ren):

\$233.70

Family:

\$352.62

United **Concordia**dental™

1-800-332-0366
unitedconcordia.com

	Base Dental Plan	Buy-Up Dental Plan
Deductible (Individual / Family)	None	None
Calendar Year Maximum	\$1,000	\$1,000
Diagnostic & Preventive Basic Services	No charge	No charge
Major Services	No charge	No charge
Orthodontic Benefits Dependents up to age 18	Not covered	50%
Plan Cost Per Pay	Employee: \$0.00 + Spouse: \$8.09 + Child(ren): \$8.65 Family: \$19.25	Employee: \$4.11 + Spouse: \$16.28 + Child(ren): \$19.32 Family: \$35.27

eyeMed

1-866-800-5457
www.eyemed.com

	EyeMed Provider
Eye exam	\$0 copay
Lenses	\$0 copay
Frames	\$0 copay
Contact lenses	\$150 allowance
Frequency (Exam / Lenses / Frames)	12 / 12 / 24
Plan Cost Per Pay	Employee: \$2.69 + Spouse: \$5.11 Family: \$7.50

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1-888-769-8696
www.healthequity.com



1-877-943-2287
www.flexfacts.com

Health Savings Account

If you enroll in **Performance Flex HDHP**, you are eligible to enroll in and contribute to a Health Savings Account (HSA). HSAs are financial accounts that you can use to accumulate tax-free funds to pay for qualified health care expenses, as defined by the Internal Revenue Service.



Lincoln
Financial™

1-301-922-8631
www.lincolfinancial.com

Basic Life Insurance

OSS Health offers all employees life and accidental death and dismemberment insurance through Unum with an issue amount of **1x your annual base earnings up to \$150,000**. OSS Health covers the cost of this benefit.

Your benefit amount will reduce to 65% at age 70, then to 50% at age 75. Benefits terminate upon retirement.



Plan Cost Per Pay

**No Cost; Paid by
OSS Health**



Lincoln
Financial™

1-301-922-8631
www.lincolfinancial.com

Voluntary Life Insurance

Elect coverage up to the Guaranteed Issue during the initial enrollment period and you will not be required to answer health questions to qualify for coverage. Amounts over the Guaranteed Issue amount will require Evidence of Insurability (EOI).

Employee	Benefit: increments of \$10,000 up to the lesser of 5x base annual earnings or \$500,000 Guarantee Issue: \$150,000
Spouse	Benefit: increments of \$5,000 up to the lesser of 100% the employee benefit or \$500,000 Guarantee Issue: \$25,000
Child(ren)	Benefit: \$10,000 Guarantee Issue: \$10,000



Plan Cost Per Pay

Employee-Paid;
Group Rate Based on Age



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Financial™



Additional voluntary coverages and pet insurance is available at group rates. See your Employee Benefits Guide for more information.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) are a great way to stretch your benefit dollars. You use before-tax dollars in your FSA to reimburse yourself for eligible out-of-pocket dependent care expenses. That means you can enjoy tax savings and increased take-home pay.



Lincoln
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1-301-922-8631
www.lincolfinancial.com

Disability Insurance

Short-Term:	Benefits Start After: 14 days
	Benefit Amount: 66.67% of up to \$1,000 / week Benefit Duration: 13 weeks
Long-Term:	Benefits Start After: 90 days
	Benefit Amount: Based on employment class Benefit Duration: SSNRA



Plan Cost Per Pay

**No Cost; Paid by
OSS Health**



1-800-543-5080
www.mseap.com

Employee Assistance Program

Free, confidential, in-the-moment support to help with personal or professional problems for you and your household members.

Covers **six virtual, face-to-face, or telephonic sessions** with a counselor per year, per person



1-800-343-0860
www.401k.com

401(k) Retirement Plan

You are eligible to participate after one month of service. OSS Health offers a guaranteed Safe Harbor contribution of 3% without any contribution on your part, for all qualified employees.

If you have any benefits related questions or concerns, please do not hesitate to call the OSS Health's Employee Benefits Helpline.



1-844-772-3671



OSSHealth@AssuredPartners.com

