


FAMOUS SUPPLY

# 2027 Open Enrollment

oswald®

A UNISON RISK ADVISORS Company

# 2027 Benefits Overview

1. The Medical Insurance will be moving to Medical Mutual (MMO) effective 1/1/2027
   - The PPO & HDHP plan options will still be offered, with no plan design changes
   - The Surest plan will no longer be offered

2. Dental and Vision benefits will remain with Cigna
   - There will be no changes to plan designs or rates

3. There will be no changes to the New York Life benefits or rates
   - Basic Life/AD&D, Voluntary Life, Voluntary AD&D, Short-term Disability & Long-term Disability

4. Accident and Critical Illness benefits will remain with New York Life
   - There will be no changes to plan designs or rates

# Open Enrollment: 11/9 – 11/23

Open Enrollment happens once per year & is the only time you can make changes to your plans without a Qualifying Event. If you do experience a Qualifying Event during the year, be sure to notify HR within 30 days.




**Choose wisely & be sure you don't miss the deadline!**

## What you need to do:

1. Login to ADP and make your benefit elections before November 23rd
   - You are still required to login even if you are waving coverage
   - Please make sure to assign beneficiaries to your company paid lines
2. If you are a first-time user or are locked out of your account, contact the HR team at ext. 81262 or HRGroup@famous-supply.com

# 2027 Medical Plans

| BENEFITS | PPO PLAN | HSA PLAN |
|---|---|---|
| Deductible – Single<br>Deductible – Family | $1,000<br>$2,000 | $3,700<br>$7,400 |
| Coinsurance | 80% | 80% |
| Out-of-Pocket Maximum – Single<br>Out-of-Pocket Maximum – Family | $6,100<br>$12,200 | $6,100<br>$12,200 |
| Office Visit<br>Primary Care Physician<br>Specialist<br>Mental Health | <br>$35 Copay<br>$70 Copay<br>$35 Copay | <br>20% after Deductible<br>20% after Deductible<br>20% after Deductible |
| Inpatient Hospital Services | 20% after Deductible | 20% after Deductible |
| Urgent Care | $100 Copay | 20% after Deductible |
| Emergency Room Services | $350 Copay | 20% after Deductible |
| Pharmacy<br>Retail Rx (30-day)<br>Mail Order Rx (90-day) | <br>$10/$50/$75<br>$25/$125/$187.50 | <br>20% after Deductible<br>20% after Deductible |

Non-network benefits are available. The annual deductible & annual out-of-pocket maximums are higher, and the coinsurance cost-share is lower than the network benefit. Refer to plan documents for more information.

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# 2027 Medical Weekly & Bi-Weekly Rates

## PPO Plan:

| | 2027 Weekly Contributions | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Associate | | Associate & Spouse | | Associate & Child(ren) | | Associate & Family | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| **Wellness** | $151.39 | $72.38 | $215.23 | $134.54 | $199.27 | $114.04 | $255.65 | $173.83 |
| **No Wellness** | $196.48 | $118.16 | $288.48 | $213.27 | $256.05 | $176.04 | $337.11 | $255.88 |
| | 2027 Bi-Weekly Contributions | | | | | | | |
| | Associate | | Associate & Spouse | | Associate & Child(ren) | | Associate & Family | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| Wellness | $151.39 | $72.38 | $215.23 | $134.54 | $199.27 | $114.04 | $255.65 | $173.83 |
| No Wellness | $196.48 | $118.16 | $288.48 | $213.27 | $256.05 | $176.04 | $337.11 | $255.88 |

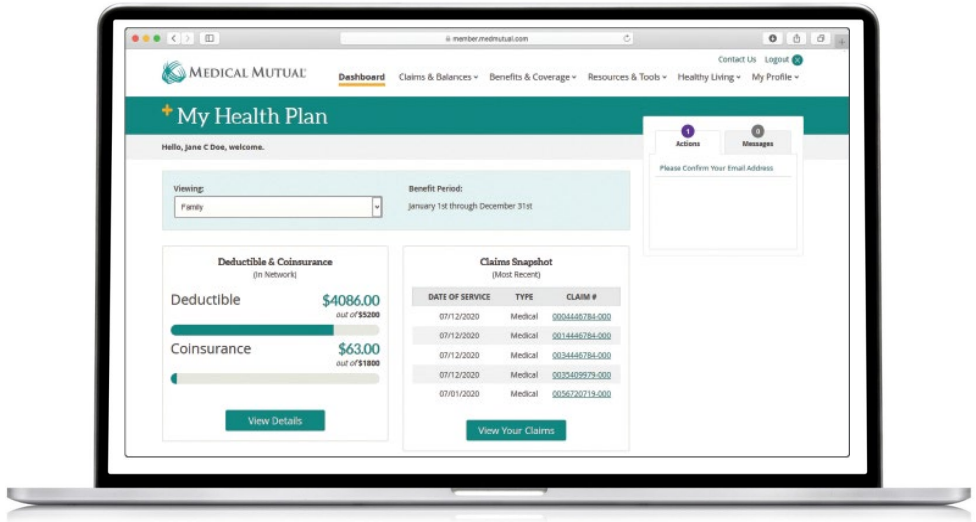
## HDHP Plan:

| | 2027 Weekly Contributions | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Associate | | Associate & Spouse | | Associate & Child(ren) | | Associate & Family | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| **Wellness** | $151.39 | $72.38 | $215.23 | $134.54 | $199.27 | $114.04 | $255.65 | $173.83 |
| **No Wellness** | $196.48 | $118.16 | $288.48 | $213.27 | $256.05 | $176.04 | $337.11 | $255.88 |
| | 2027 Bi-Weekly Contributions | | | | | | | |
| | Associate | | Associate & Spouse | | Associate & Child(ren) | | Associate & Family | |
| | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco | Tobacco | Non-Tobacco |
| Wellness | $151.39 | $72.38 | $215.23 | $134.54 | $199.27 | $114.04 | $255.65 | $173.83 |
| No Wellness | $196.48 | $118.16 | $288.48 | $213.27 | $256.05 | $176.04 | $337.11 | $255.88 |

# My Health Plan

Medical Mutual's convenient, secure member-only site where you can manage your health insurance benefits 24/7.

- Check your deductible
- Review your Explanation of Benefits (EOB) statements
- Find a doctor in your network
- Additional programs, discounts, money-saving tools and educational resources

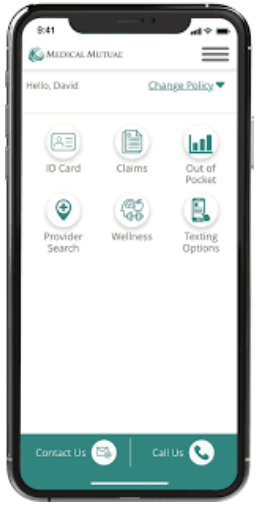



## Creating your account is simple:

- Visit www.MedMutual.com/Member
- Click on the Register for an Account button
- Then follow the instructions and you'll be ready to go!

## Download the Medical Mutual Mobile App for access to:

- Claims history and out-of-pocket spending
- Know before you go and save money – estimate costs
- Find providers and compare quality and patient satisfaction ratings
- Email or fax your digital ID card




Available on the App Store

GET IT ON Google Play

Search "MedMutual" in the App Store or Google Play

MEDICAL MUTUAL®

# Find a Provider

## How to Get Started

1. Log in to My Health Plan at MedMutual.com/Member or via the MedMutual mobile app.
2. Click Find a Provider & Cost Estimates from the Quick Links section in the middle of the page or from the Resources & Tools tab at the top of the page.
3. Choose the Medical + Costs tile.

## How to Search for In-network Doctors and Facilities (**Member Search**)

Search for in-network providers by name, specialty, location and more. Search results are customized to your plan and based on your home address, or you can choose to search from a different location. Select one of the following to begin:

- **Doctors by name:** See locations, network status and a specific doctor accepts new patients.
- **Doctors by specialty:** Find doctors in your network who specialize in certain conditions.
- **Places by name:** See address, hours, network status and other important information.
- **Places by type:** Search for in-network hospitals, labs or urgent care clinics near you.
- **Search all:** Search all categories by entering a name or phrase.
- **Advanced search:** Refine your search criteria based on location, languages spoken, which providers are accepting new patients, and more.

## How to Search for In-network Doctors and Facilities (**Non-Member Search**)

You can look up in-network doctors, hospitals, urgent care and other providers on Medical Mutual's provider directory without an account. These steps use Search without logging in and the **SuperMed PPO** with **Cigna PPO network.** Please note that the SuperMed PPO network is used for providers in Ohio, and the Cigna PPO network is used for providers outside of Ohio. Follow the instructions below to get started!

1. Go to providersearch.medmutual.com
2. Under **Provider Directory**, click **Search without logging in.** Don't use "Log in to Search For a Provider" or the purple Medicare Advantage button.
3. A **Get started** panel opens on the right. Click **Continue**.
4. Is **your Plan provided by your employer**? Select **Yes,** then click **Continue**.
5. What **type of provider are you looking for**? Select **Medical** then click **Continue**.
6. Select a plan: choose **SuperMed PPO** with **Cigna PPO**, then click Continue.
7. Select your location: type your ZIP code, city or address, pick the match from the dropdown, then click **Continue**. You can also click **Use my location**.
8. Confirm your selections: check that the plan reads SuperMed PPO with Cigna PPO and that your location is right. Click **Start your search**.

**As a reminder, providers outside of Ohio will show up as under Cigna PPO. These are considered in-network providers!**

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# Who is eligible for an HSA?

**In order to be eligible to make pre-tax contributions to a Health Savings Account, individuals must:**

- Be covered under an HDHP on the first day of the month that the account is established and the first day of the month in which deposits are made.
- Cannot be covered under any other health plan that is not an HDHP.
- **Not be entitled to benefits under Medicare.**
- Not be claimed as a dependent on another person's tax return.

# Why choose an HSA?

## Triple Tax Savings

- Contributions are tax deductible = reduces taxable income!
- Earnings/Growth are tax-free
- Withdrawals for qualified Medical Expenses are tax-free

## NO Use it or Lose it provision

- Balance rolls over
- Contribute up to the annual maximum each year

## Employee Owns the Account

- You keep the money even if you change jobs or insurance
- Comprehensive & easy investment options
- Save for retirement

Don't leave money on the TABLE for the IRS



# 2027 HSA Contribution Limits

**Annual Contribution Rules**

**2026 Limit: $4,400** for individuals & **$8,750** for families

**2027 Limit: $4,500** for individuals & **$9,000** for families

**Additional Funding**

Those 55 years of age or higher, but not entitled to Medicare benefits, can fund an additional $1,000/year "catch-up" contribution!

**Amount of Funding**

Contributions above the annual limit are subject to income taxes and a 20% penalty

You can choose to open a bank account with Optum Bank and make weekly/biweekly contributions that can be used for eligible medical, dental and vision expenses.

OPTUM Bank®

# 2027 FSA Contribution Limits

**Health FSA**

2026 Limit: $3,400
2027 Limit: $3,500

**Dependent Care FSA**

2027 Limit: $7,500
(Married couples filing separate returns: $3,750 limit)

wex™

## Reminders:

- FSA Accounts you elect are available on the first day
- The amount you elect must be paid back pre-tax on a “per pay” basis within the contract period (1/1-12/31)
    - Choose wisely! You cannot change your FSA election unless you experience a qualifying event.
- The account is use it or lose it – you have a runout period of 90 days after 12/31 to submit claims from 2026 for reimbursement
- The FSA has a 2 ½ month grace period. This means for any claims incurred between January 1, 2027 and March 15, 2027, you can use leftover funds from 2026 to pay for those claims.
- **Health FSA**:
    - Budget for planned medical, dental & vision expenses
    - Deductibles, copays & prescriptions
    - The full amount you elect to withhold is available on the 1st day; you pay back the amount through payroll deductions
    - Funds are available through a prepaid card
- **Dependent Care FSA:**
    - Dependents under age 13
    - School programs, babysitting services, summer day camp, etc
    - Funds are available upon your payroll contribution
    - Expenses are reimbursable once they are incurred

# Medical Expense Reimbursement Plan (MERP)

**The Medical Expense Reimbursement Plan reimburses you and your eligible dependent children for eligible health care expenses incurred under alternate group medical coverage.**

- Associates who have access to a qualified alternate group health plan other than the Famous Supply Medical Plan may qualify for the MERP. MERP offers medical and drug expense reimbursement, reimbursement of deductibles, co-pays, co-insurance, and premium differentials. Associates covered by their spouse's benefits may be eligible for premium reimbursements and all out-of-pocket expenses. There is no cost to participate in the MERP. Associates must be enrolled in Famous' benefits for one year or opt for the MERP at hire date to qualify.

- For more information:
  - Reach out to Famous HR to see if you qualify
  - Call Catilize Health at 1-877-872-4232
  - Email Catilize Health at memberservices@catilizehealth.com

Catilize Health

# Dental – Base

| | PPO Base Plan | |
|---|---|---|
| **BENEFIT SUMMARY** | **In-Network** | **Out-of-Network** |
| Annual Deductible/Individual | $0 | $75 |
| Annual Deductible/Family | $0 | $225 |
| Calendar Year Plan Maximum | $1,000 | |
| Lifetime Orthodontia Maximum | $1,000 | |
| **Diagnostic and Preventive Services**<br>Oral Exams · X-Rays · Cleanings · Fluoride Treatments | 100% | 80% |
| **Basic Services**<br>Oral Surgery · Simple Extractions · Fillings | 70% | 60% |
| **Major Services**<br>Crowns · Inlays & Onlays · Bridges · Dentures | 40% | 30% |
| **Orthodontia**<br>Child coverage only up to 19 | 50% | 50% |

| 2027 Weekly Contributions | | | |
|---|---|---|---|
| **Associate** | **Associate + Spouse** | **Associate + Child(ren)** | **Associate + Family** |
| $5.32 | $10.12 | $12.57 | $17.42 |

| 2027 Bi-Weekly Contributions | | | |
|---|---|---|---|
| **Associate** | **Associate + Spouse** | **Associate + Child(ren)** | **Associate + Family** |
| $10.64 | $20.24 | $25.13 | $34.84 |

**Find a Provider:**

- www.mycigna.com
- **Network: Cigna Dental Total PPO**

**Progressive Maximum Benefit:**

When you or your family members receive any preventive care service during one plan year, the annual dollar maximum will increase in the following plan year; until it reaches the highest level specified below:

Year 1: $1,000
Year 2: $1,150
Year 3: $1,300
Year 4: $1,450



Please refer to your plan materials for additional information on this plan feature.

# Dental – Buy-Up

| | PPO Buy Up Plan | |
|---|---|---|
| **BENEFIT SUMMARY** | **In-Network** | **Out-of-Network** |
| Annual Deductible/Individual | $50 | $50 |
| Annual Deductible/Family | $150 | $150 |
| Calendar Year Plan Maximum | $1,500 | |
| Lifetime Orthodontia Maximum | $2,000 | |
| **Diagnostic and Preventive Services**<br>Oral Exams · X-Rays · Cleanings · Fluoride Treatments | 100% | 100% |
| **Basic Services**<br>Oral Surgery · Simple Extractions · Fillings | 80% | 80% |
| **Major Services**<br>Crowns · Inlays & Onlays · Bridges · Dentures | 50% | 50% |
| **Orthodontia**<br>Child coverage only up to 19 | 50% | 50% |

| 2027 Weekly Contributions | | | |
|---|---|---|---|
| **Associate** | **Associate + Spouse** | **Associate + Child(ren)** | **Associate + Family** |
| $8.11 | $15.39 | $19.13 | $26.49 |

| 2027 Bi-Weekly Contributions | | | |
|---|---|---|---|
| **Associate** | **Associate + Spouse** | **Associate + Child(ren)** | **Associate + Family** |
| $16.22 | $30.78 | $38.26 | $52.98 |

**Find a Provider:**

- www.mycigna.com
- **Network: Cigna Dental Total PPO**

**Progressive Maximum Benefit:**

When you or your family members receive any preventive care service during one plan year, the annual dollar maximum will increase in the following plan year; until it reaches the highest level specified below:

Year 1: $1,500
Year 2: $1,650
Year 3: $1,800
Year 4: $1,950



Please refer to your plan materials for additional information on this plan feature.

# Vision

| | EyeMed Network | |
|---|---|---|
| **BENEFIT SUMMARY** | **In-Network** | **Out-of-Network** |
| **Copay** | | |
| Examination | $10 | up to $45 |
| **Benefit Frequency** | | |
| Examination | Once every 12 months | |
| Lenses | Once every 12 months | |
| Frames | Once every 24 months | |
| Contacts | Once every 12 months in lieu of Frames | |
| **Lenses** | | |
| Single Vision Lens | $25 | up to $32 |
| Bifocal Lens | $25 | up to $55 |
| Trifocal Lens | $25 | up to $65 |
| Lenticular Lens | $25 | up to $80 |
| **Contact Lenses** | | |
| Medically Necessary | $0 | up to $210 |
| Elective | $130 allowance | up to $105 |
| **Frames** | $130 allowance, then 20% | up to $71 |

| 2027 Weekly Contributions | | | |
|---|---|---|---|
| **Associate** | **Associate + Spouse** | **Associate + Child(ren)** | **Associate + Family** |
| $8.11 | $15.39 | $19.13 | $26.49 |
| **2027 Bi-Weekly Contributions** | | | |
| **Associate** | **Associate + Spouse** | **Associate + Child(ren)** | **Associate + Family** |
| $16.22 | $30.78 | $38.26 | $52.98 |

**Find an Eye Doctor:**

1. Visit www.myCigna.com
2. Under “Coverage” select Vision page
3. Click Visit Cigna Vision
4. Select “Find a Cigna Vision Network Eye Care Professional”
   - The Cigna Healthcare Vision Network is serviced by **Cigna Vision Network**



# Basic & Voluntary Life and AD&D

| | |
|---|---|
| **Basic Life and AD&D** | • Covered at 100% by Famous<br>• Benefit Amount: 1x Annual Salary up to $250,000 |
| **Voluntary Life** | • Associate: $500,000 maximum - $10,000 increments (limited to 7x annual salary)<br>• Guarantee Issue: $200,000<br>• Spouse: $250,000 maximum - $5,000 increments (limited to 50% of associate coverage election)<br>• Guarantee Issue: $30,000<br>• Child: $500 (birth to 14 days), $10,000 (15 days to 26 years)<br>• Guarantee Issue: $10,000 |
| **Voluntary AD&D** | • Associate: $500,000 maximum (limited to 7x annual salary)<br>• Spouse: $250,000 maximum<br>• Child: $10,000 flat amount<br>• Coverage amounts may be elected in $10,000 increments |

- Benefits reduce at age 70

# Disability Benefits

Paycheck protection while you're unable to work due to an off-the-job injury, illness, surgery, or childbirth

| | Short-Term Disability | Long-Term Disability |
|---|---|---|
| Benefit | 60% of weekly earnings up to a maximum of $750 per week | 60% of monthly salary up to a maximum of $6,000 per month |
| Elimination Period | 14 days, accident or illness | 90 days |
| Pre-Existing Conditions | 3 months / 12 months | 3 months / 12 months |
| Maximum Duration | Up to 13 weeks | Social Security Normal Retirement Age (SSNRA) |

- Disability will require approval from New York Life before payments are paid
- STD: Union and Salary/Management Benefit Class may be eligible for different/higher coverage
- LTD: Management Benefit Class may be eligible for higher coverage

# Voluntary Benefits

| | |
|---|---|
| **Accident** | • Provides cash payments to help cover out-of-pocket expenses when you suffer an unexpected, qualifying accident.<br>• Coverage available for employees & dependents |
| **Critical Illness** | • Provides monetary protection from unexpected expenses that can come with a critical illness.<br>• Associate Coverage may be elected in a lump sum benefit of $5,000 to $25,000 in $5,000 increments.<br>• Spouse Coverage may be elected in a lump sum benefit of $2,500 to $12,500 in $2,500 increments, but not to exceed 50% of the associate coverage<br>• Eligible dependent children are automatically enrolled in 25% of the associate elected coverage |

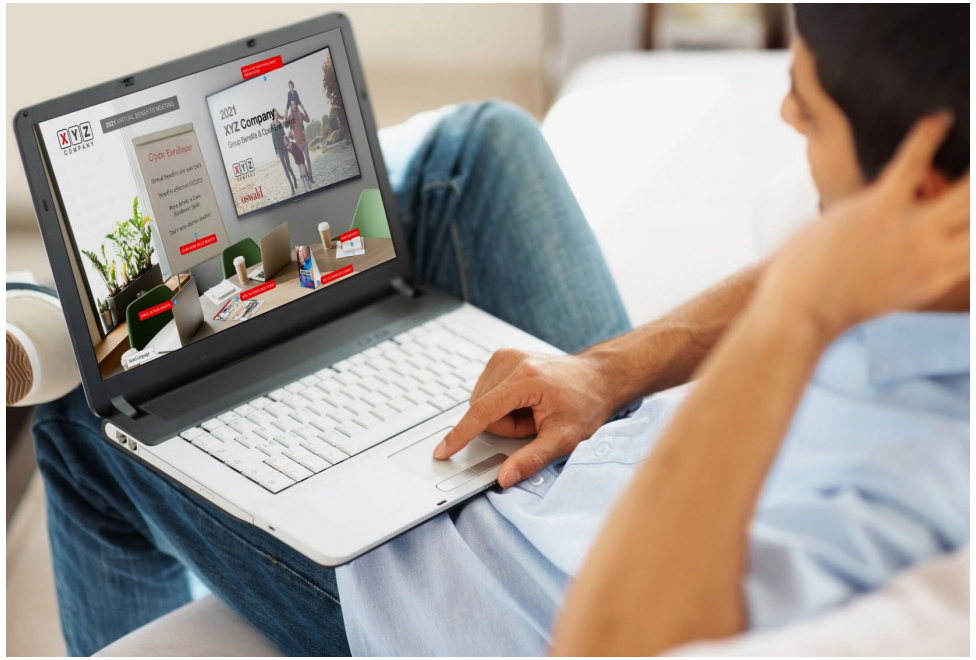
The Accident & Critical Illness Benefits include a $50 Health Screening Benefit per enrolled, per calendar year when completing a qualified health screening.

| 2027 Accident Weekly Contributions | | | |
|---|---|---|---|
| **Associate** | **Associate + Spouse** | **Associate + Child(ren)** | **Associate + Family** |
| $1.35 | $2.69 | $2.72 | $4.34 |
| **2027 Accident Bi-Weekly Contributions** | | | |
| **Associate** | **Associate + Spouse** | **Associate + Child(ren)** | **Associate + Family** |
| $2.69 | $5.38 | $5.43 | $8.67 |

Critical Illness premium rates are determined by age, tobacco status and the amount of coverage requested. Rates can be found in ADP.

NEW YORK LIFE

# What do I need to do now?




- Complete your open enrollment elections online through ADP
- Visit the Famous Benefits Website at myfamousbenefits.com to review additional details about your benefits
- Don’t miss out – the Open Enrollment window closes on November 23rd

**Questions?**

Please reach out to Jeff Atkinson on the HR Team via email at jatkinsonjr@famous-supply.com or by phone at (330) 762-9621 ext. 81247

# Contacts

| BENEFIT CONTACTS | | | |
|---|---|---|---|
| **Benefit** | **Carrier** | **Website** | **Customer Service** |
| Medical | Medical Mutual (MMO) | www.medmutual.com | (800) 382-5729 |
| Dental | Cigna | www.mycigna.com | (800) 244-6224 |
| Vision | Cigna | www.mycigna.com | (800) 244-6224 |
| Health Savings Account | Optum Bank | www.optumfinancial.com | (800) 791-9361 |
| Flexible Spending Account (Healthcare & Dependent Care) | Wex | www.wexinc.com | (866) 451-3399 |
| Life and AD&D (Basic, Voluntary) | New York Life | www.newyorklife.com | (800) 225-5695 |
| Disability (STD, LTD) | New York Life | www.newyorklife.com | (800) 225-5695 |
| Accident and Critical Illness | New York Life | www.newyorklife.com | (800) 225-5695 |