



2025-2026

# Benefits Guide

June 1, 2025 - May 31, 2026

HEALTH  
WELLNESS  
FINANCIAL



# Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ✓ Your spouse
- ✓ Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.
- ✓ 401(K) eligibility - 18 Years or older, not an intern

## When Coverage Begins

**New Hires:** You must complete the enrollment process before the effective date of coverage. If you enroll on time, coverage is effective on the first of the month following 30 days of continuous service.

If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits) until the next Open Enrollment period.

## Open Enrollment:

Changes made during this Open Enrollment are effective June 1, 2025 thru May 31, 2026.

**Required Information**—When you enroll, you will be required to enter first, middle and last name, as well as a Social Security number (SSN) and date of birth for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have been offered coverage that is affordable. This information will be securely submitted to the IRS and will remain confidential.

## Choose Carefully!

Because of IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- ✓ Marriage or divorce
- ✓ Birth or adoption of a child
- ✓ Child reaching the maximum age limit
- ✓ Death of a spouse or child
- ✓ Change in child custody
- ✓ Change in coverage election made by your spouse during his/her employer's Open Enrollment period
- ✓ You lose coverage under your spouse's plan

## Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

# Inside

Medical Plans

Dental Plan

Vision Plan

KPP<sup>Free</sup><sup>™</sup>

Flexible Spending Accounts (FSAs)

Health Saving Accounts (HSA)s

Company Paid Life Insurance

Employee Paid Voluntary Life

AD&D Insurance

Disability Insurance

Savings Plus Plan (a/k/a 401(k))

# Enrollment

**Bi-Weekly employees go to:**

[Alberici.okta.com](http://Alberici.okta.com) There, you will find the UKG app. Click on the icon and begin your enrollment.

**Weekly employees go to:**

[Employee Navigator](#) to enroll. If you have not registered, you must do so **HERE first**. (the company identifier is flintco.)

# Medical Plans

We are proud to offer you a choice of three medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

- Blue Cross Blue Shield PPO **Club Plan**
- Blue Cross Blue Shield PPO **Spade Plan**
- Blue Cross Blue Shield HDHP **Diamond Plan** (High Deductible Plan with a Health Savings Account [HSA])



You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Blue Preferred Network. The plan-year deductible must be met before certain services are covered. Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

	Club Plan \$750 Deductible		Spade Plan \$1,500 Deductible		Diamond Plan \$3,300 Deductible	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
<u>Deductible</u>						
<b>Individual</b>	\$750.00	\$1,500.00	\$1,500.00	\$3,000.00	\$3,300.00	\$6,600.00
<b>Family</b>	\$1,500.00	\$3,000.00	\$3,000.00	\$6,000.00	\$6,600.00	\$13,200.00
<b>Co-Insurance</b>	80%	50%	80%	50%	80%	50%
<u>Out-of-Pocket</u>						
<b>Individual</b>	\$3,500.00	\$7,000.00	\$5,250.00	\$10,500.00	\$7,500.00	\$15,000.00
<b>Family</b>	\$7,000.00	\$14,000.00	\$10,500.00	\$21,000.00	\$15,000.00	\$30,000.00
<b>Office Visit</b>	\$20.00	Deductible & Co-Insurance	\$30.00	Deductible & Co-Insurance	Deductible & Co-Insurance	Deductible & Co-Insurance
<b>Specialty Office Visit</b>	\$40.00	Deductible & Co-Insurance	\$50.00	Deductible & Co-Insurance	Deductible & Co-Insurance	Deductible & Co-Insurance
<b>Emergency Room (co-pay waived if admitted)</b>	\$250 Co-pay, then deductible and 20% Co-Insurance	Deductible & Co-Insurance	Deductible & Co-Insurance			
<b>In-Patient Services (pre-certification required or \$500 penalty applied)</b>	Deductible & Co-Insurance	Deductible & Co-Insurance	Deductible & Co-Insurance	Deductible & Co-Insurance	Deductible & Co-Insurance	Deductible & Co-Insurance
<b>Preventative Services Including:</b>	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance
<b>Annual GYN</b>	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance
<b>Well Child Care</b>	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance
<b>Immunizations (adult &amp; child as recommended)</b>	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance
<b>Annual PSA (one per calendar year for 40 years and over)</b>	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance
<b>Office Visit for Preventative Services</b>	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance	No Co-pay	Deductible & Co-Insurance
<b>Prescription:</b>	Retail	Mail	Retail	Mail	Retail	Mail
<b>Generic</b>	\$10.00	\$20.00	\$15.00	\$30.00	Deductible & Co-Insurance	Deductible & Co-Insurance
<b>Brand Formulary</b>	\$35.00	\$70.00	\$45.00	\$90.00	Deductible & Co-Insurance	Deductible & Co-Insurance
<b>Brand Non-Formulary</b>	\$50.00	\$100.00	\$70.00	\$140.00	Deductible & Co-Insurance	Deductible & Co-Insurance
<b>Specialty</b>	\$75.00	\$75.00	\$100.00	\$100.00	Deductible & Co-Insurance	Deductible & Co-Insurance

Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

2. Every dollar incurred on the Diamond Plan comes out of your pocket, including pharmacy, until you meet your deductible.

# Dental Plan

**Delta Dental of Oklahoma DPPO:** This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental of Oklahoma network.

Following is a high-level overview of the coverage available.

Key Medical Benefits	DPPO	
	In-Network Only	Out-of-Network <sup>1</sup>
<b>Deductible (per plan year)</b>		
Individual / Family	\$50/\$150	\$50/\$150
<b>Benefit Maximum (per plan year; preventive, basic, and major services combined)</b>		
Per Individual	\$1,500	\$1,500
<b>Covered Services</b>		
Preventive Services	No charge	No charge
Basic Services	20%*	20%*
Major Services	50%*	50%*
Orthodontia (Child Only)	50%; \$1,500 lifetime max benefit	

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

## Delta Dental HOW (Health through Oral Wellness) Program

If you qualify, your enhanced benefits will include greater frequency of cleanings, caries (tooth decay) susceptibility testing, sealants and more. Find additional information in your enrollment packet.



# Vision Plan

We are proud to offer you a vision plan through Vision Service Provider (VSP). This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Vision Service Provider (VSP) network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network
Exam (once every 12 months)	\$10	Up to \$50
Materials Copay	\$25	N/A
Lenses (once every 12 months)	No charge after materials copay	Up to \$50
Single Vision		Up to \$75
Bifocal		Up to \$100
Trifocal		
Frames (once every 24 months)	Covered up to \$200	Up to \$70
Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to \$150	Up to \$105

# Kempton Premier Providers

## KPPFree™

If you are enrolled in a Flintco medical plan, you are automatically eligible for and enrolled in our bolt-on plan with Kempton Premier Providers, KPPFree™. KPPFree™ known also as Kempton Premier Providers™, is an exclusive group who offers a new type of pricing structure for select, self-funded plans. Their pricing is up-front, all-inclusive, deeply discounted, and completely transparent. These providers allow our clients to utilize this cash pricing because the claims are paid quickly and at 100%. Plan participants utilizing a Kempton Premier Provider™ for a qualified medical procedure benefit by incurring **no out-of-pocket costs** and the Plan receives substantial savings. It's a "win-win" for all parties involved!

**NOTE – If you are enrolled in the High Deductible Health Plan (the Diamond Plan), then you must meet your deductible before you can be eligible for the “no out-of-pocket cost” benefit. You may still save money by using a KPP Provider, but you will have to pay the published rate until you meet your deductible.**

## Flexible Spending Accounts

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered by Navia. FSAs allow you to set aside a portion of your income before taxes to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

### Health Care FSA

For 2025, you may contribute up to \$3,300 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Examples of qualified expenses include:

- ✓ Coinsurance
- ✓ Copayments
- ✓ Deductibles
- ✓ Prescriptions
- ✓ Dental treatment
- ✓ Orthodontia
- ✓ Eye exams/eyeglasses
- ✓ Lasik eye surgery

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf)

### Dependent Care FSA

For 2025, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf).

**REMEMBER – Dependent Care FSA is NOT a Medical Flex Account for your Dependents. It is for Childcare/Babysitting/Senior Care expenses only.**



## FSA Rules

### YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

**Health care FSA:** Unused funds of up to \$640 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$640 will **NOT** be returned to you or carried over to the following year.

**Dependent care FSA:** Unused funds will **NOT** be returned to you or carried over to the following year.

**You can incur expenses through May 31, 2026, and must file claims by August 31, 2026**

**NOTE – if you enroll in the Diamond Plan (high deductible plan with the HSA), then you are not eligible for the FSA for Healthcare. You may still enroll in the FSA for Dependent Care.**

# Health Saving Accounts

We provide you with an opportunity to participate in a Health Saving account (HSA) that will be administered through HSA BANK. **In order to contribute to an HSA, you must be enrolled in a high deductible health plan (HDHP) (Flintco's Diamond Plan).**

An HSA allow you to set aside a portion of your income, before taxes, to pay for qualified health care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

## Health Savings Account

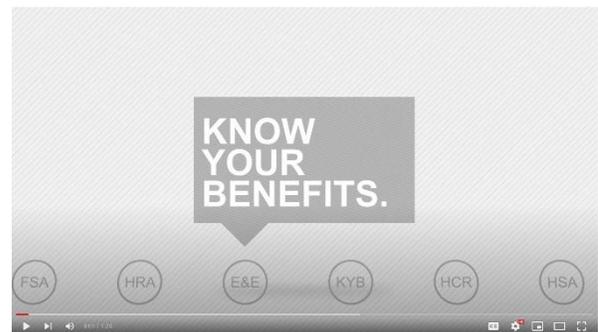
For 2025, you may contribute up to **\$4,300** per individual and **\$8,550** per family to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Examples of qualified expenses include:

- ✓ Coinsurance
- ✓ Copayments
- ✓ Deductibles
- ✓ Prescriptions
- ✓ Dental treatment
- ✓ Orthodontia
- ✓ Eye exams/eyeglasses
- ✓ Lasik eye surgery

**The maximum includes contributions from your employer. For the plan year 2025-2026 Flintco will contribute \$20 per bi-weekly paycheck or \$10 per weekly paycheck (\$520 per year) for each person enrolled in HSA. So, for example, an individual can personally contribute only \$3,780 because the \$520 from Flintco will bring the total up to the allowed maximum.**

For a complete list of eligible expenses, visit: <https://www.irs.gov/pub/irs-pdf/p502.pdf>.

**NOTE – If you are 55 or over, you may contribute an additional \$1,000**



<https://www.youtube.com/watch?v=G1go56lkX5A&t=4s>

View this and other helpful videos on the Flintco Benefits site – [www.flintcobenefits.com](http://www.flintcobenefits.com).



## HSA Rules

**YOU MUST ENROLL EACH YEAR TO PARTICIPATE.**

Because HSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

**Health care HSA:**

- ✓ **Unused funds will roll over year to year.**
- ✓ **There's no "use it or lose it" penalty.**
- ✓ **Additional retirement savings. After age 65, funds can be withdrawn for any purpose without penalty, but may be subject to Income tax if not used for IRS-qualified medical expenses.**

# Life Insurance

Life insurance provides your named beneficiary with benefits in the event of your death. Flintco, LLC offers company paid life insurance to you through New York Life (NYL).

**Benefit Amount**

1 time your annual salary up to a \$310,000 maximum



## Voluntary Life Insurance

If you determine you need more than the Company-paid Basic Life coverage, you may purchase additional coverage for yourself and your eligible family members.

	Benefit Option	Minimum Available	Maximum Available	Guarantee Issue*
<b>Employee</b>	1, 2, 3, 4 or 5 times your annual earnings, up to the lesser of 5 times your annual earnings or \$750,000	1 time your annual salary	Lesser of 5 times your annual salary to \$750,000	Lesser of 5 times annual earnings or \$500,000
<b>Spouse</b>	\$10,000 increments up to \$250,000 (not to exceed 50% of the employee total Life amount)	\$10,000	Lesser of \$250,000 or up to half of employee combined basic and optional life amount to a maximum of	\$50,000
<b>Child(ren)</b>	Under age 26 - up to \$10,000	\$1,000	\$10,000	\$10,000

\*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (information about your health). Coverage amounts that require Evidence of Insurability will not be effective until and unless they are approved by the insurance carrier.

# Voluntary AD&D Insurance

Accidental Death and Dismemberment (AD&D) Insurance through New York Life provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye, for example). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

	Benefit Option	Minimum Available	Maximum Available
<b>Employee</b>	1, 2, 3, 4, 5, 6, 7, 8, 9, or 10 times annual compensation rounded to the next higher \$1,000 if not already a multiple thereof	\$10,000	\$500,000
<b>Spouse</b>	50% of employee election	50% of employee election	\$250,000
<b>Child(ren)</b>	15% of employee election	15% of employee election	\$10,000

# Long-term Disability Insurance

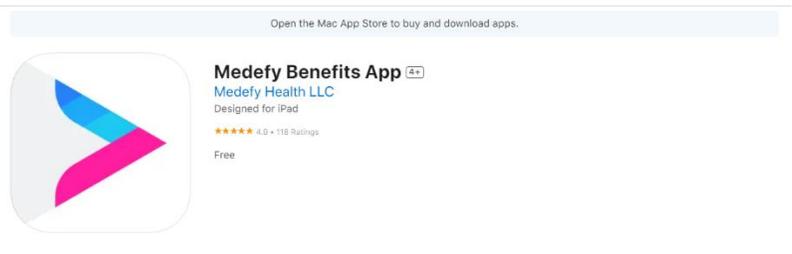
Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Long-Term Disability (Company-Paid)	
Provided at <b>NO COST</b> to you through New York Life.	
<b>Benefit Percentage</b>	60%
<b>Monthly Benefit Maximum</b>	\$10,000
<b>When Benefits Begin</b>	After 90th day of disability
<b>Maximum Benefit Duration</b>	Social Security Retirement Age

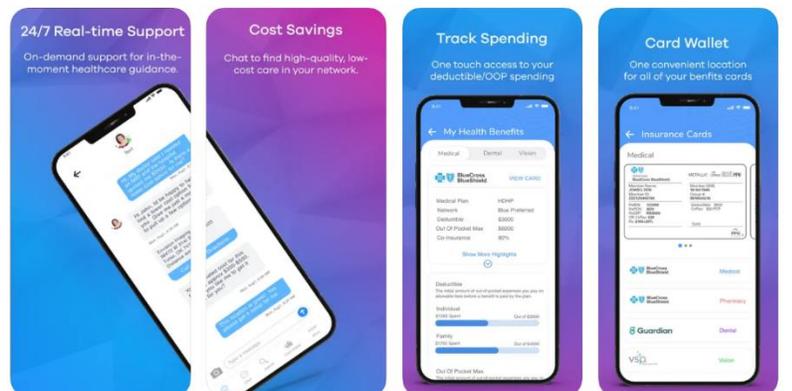
# Medefy Benefits App

Be sure to download the Medefy App. Medefy helps you keep track of all your benefits, provides digital ID cards for medical, dental and vision, and helps you remember how much your deductible and out-of-pocket amounts are and how much you may have spent in the plan year. Medefy also provides 24/7 assistance from a live concierge who can help you with a number of tasks, including locating providers in your area, contacting KPPFree™, if appropriate, and even assisting with booking appointments, etc.

### App Store Preview



### Screenshots iPad iPhone



# Flintco Savings Plus Plan

## Pre-Tax Contributions

To help you prepare for the future, Flintco sponsors a 401(k) plan as part of its benefits package. The plan is comprised of a range of investment options, from aggressive to conservative funds. By saving on a before-tax basis, you delay paying income taxes on the money you save, as well as your account earnings, until you withdraw the money from the plan.

With this plan, you may defer up to 100% of your annual salary, up to an annual maximum of \$23,500 for 2025, on a before-tax basis. Special “catch-up” provisions may apply to plan participants age 50 & over and for participants ages 60-63. Flintco provides a generous match of your contributions:

- ✓ **Your first 3% of salary deferrals** \$1 Flintco match for each \$1 you contribute
- ✓ **Your next 2% of salary deferrals** \$.50 Flintco match for each \$1 you contribute

## Roth Contributions

Roth contribution amounts are deducted from compensation but are subject to federal and state income tax, as well as FICA taxes. Therefore, Roth contributions effectively reduce your take home pay by a greater amount than the same percentage of pre-tax contributions. You should contact your tax advisor concerning the form of contributions you elect. If you elect a Roth contribution, the match will be placed in your pre-tax account, not your Roth account, because taxes will not have been taken from the company match. All earnings on Roth contributions are tax free!

## Here are the facts:

- ✓ Four out of 10 people over age 55 have less than \$100,000 saved for retirement.
- ✓ Research indicates that American workers will need 80 to 100% of their current income to be comfortable during retirement.
- ✓ More than half of all American workers report having less than \$25,000 saved for retirement in total savings and investments.

## How do I enroll in the Flintco 401(k) Plan?

All new employees are **automatically enrolled in the plan at 3%** deferral to the pre-tax bucket. In addition, each Jan. 1st, all employees who are contributing less than 5% will be increased by 1% each year until the employee is contributing at least 5%. Employees have 90 days to opt out of auto-enrollment or auto increase. In addition, this plan offers an open enrollment year round. Participants may access their accounts at any time 24/7 by visiting [www.startright.bokf.com](http://www.startright.bokf.com). Please contact Human Resources for further information regarding enrollment and the eligibility for the company match.



# Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend upon the plan you select and if you choose to cover eligible family members. **Please refer to the separate rate sheet for your contributions.**

## Contact Information

Coverage	Carrier	Phone #	Website
Medical	Blue Cross Blue Shield	866-882-8363	<a href="http://www.bcbsok.com">www.bcbsok.com</a>
Kempton Premier Providers	KPPFree™	888.841.7763	<a href="http://www.kemptonpremierproviders.com">www.kemptonpremierproviders.com</a>
Dental	Delta Dental of Oklahoma	800-522-0188	<a href="http://www.deltadentalok.org">www.deltadentalok.org</a>
Vision	Vision Service Plan (VSP)	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Life Assistance Program	New York Life	800-538-3543	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a> WEBID is NYCGBS
Flexible Spending Accounts (FSA)	Luminare Health	800-990-9058	<a href="https://web9.hlthben.com/apps/um/login/hb_login.jsp">https://web9.hlthben.com/apps/um/login/hb_login.jsp</a>
Health Spending Account (HSA)	HSA Bank	800-357-6246	<a href="https://myaccounts.hsabank.com/Login.aspx">https://myaccounts.hsabank.com/Login.aspx</a>
Life/AD&D and Disability	New York Life	800-362-4462	<a href="https://www.mynylgbs.com/auth/employee-benefits/login">https://www.mynylgbs.com/auth/employee-benefits/login</a>
401(k) Retirement Savings	Bank of Oklahoma	800-876-9557	<a href="http://www.startright.bokf.com">www.startright.bokf.com</a>

## Benefit Websites

### Bi-weekly Employees - [The UKG Site](#)

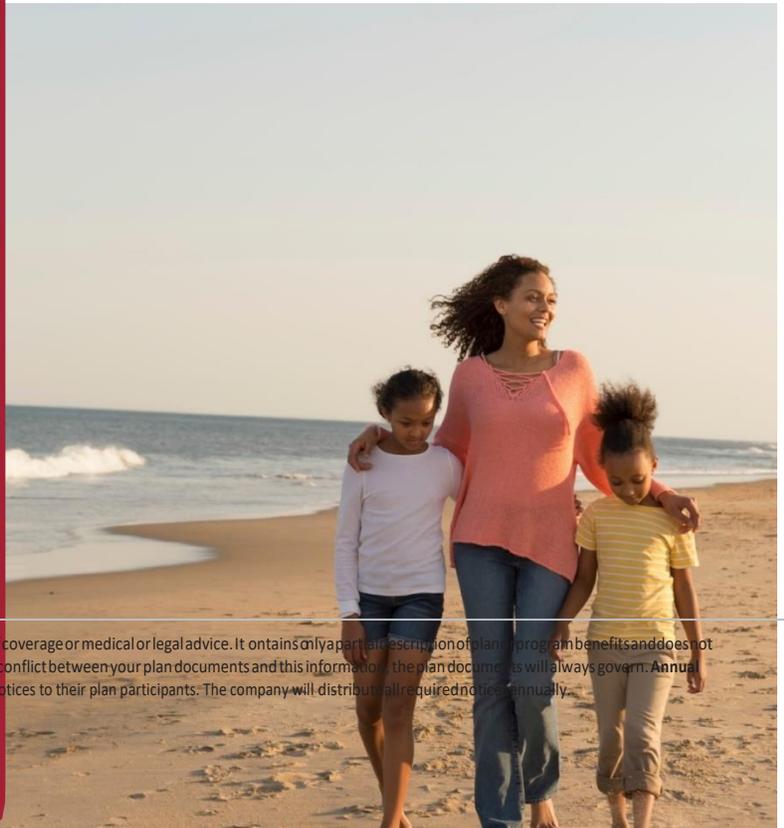
can be accessed anytime you want additional information on our benefits program. Access the Okta Dashboard and select the UKG icon. You'll see Open Enrollment and Life Event. Choose the applicable option and proceed as prompted.

### Weekly Employees – [Employee Navigator](#)

Likewise, the Employee Navigator site is available 24/7 for all weekly employees. Just log in and your Dashboard will appear. Select Open Enrollment or Life Event, as dictated by the situation and follow the online instructions.

### Questions?

If you have additional questions, you may also contact:  
Jill Lingle at 918-710-2164 or [jlingle@flintco.com](mailto:jlingle@flintco.com)



**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.