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BENEFITS PREVIEW

Effective June 1, 2026 – May 31, 2027

This is a summary guide to Nystrom's benefits

At Nystrom, great results are achieved when team members are at their best —physically, emotionally, financially. That's why we have a comprehensive benefits program for our regular and part-time team members. Here's a brief description of various plans and programs available to you.

For benefits-eligible team members on U.S. payroll

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ELIGIBILITY & ENROLLMENT

Eligibility for all benefits

If you are a regular employee working 30 or more hours per week, you are eligible for benefits.

Enrollment opportunities

- **Annual open enrollment** (Plan Year is June 1 – May 31 annually)
- **As a new hire,** you are eligible for coverage on the first of the month, following 30 days of employment.
- **Qualifying event** (ex. *marriage, birth, divorce, etc.*) notification must be made within 30 days of the event. Coverage begins the day of the qualifying event.

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MEDICAL INSURANCE

	In-Network Services	Out-of-Network Services
Deductible Limit		
Per Person	$1,500	$4,500
Family	$3,000	$9,000
Co-insurance		
After deductible plan pays	75%	50%
Out-of-pocket maximum		
Per Person	$4,750	$9,500
Family	$9,500	$19,000
Preventive care	100%, no deductible	50% after deductible
Office visit		
Office visit	$45 co-pay	50% after deductible
Urgent Care	$45 co-pay	50% after deductible
Convenience Care/Virtuwell	$20 co-pay	50% after deductible
Inpatient/Outpatient hospitalization	75% after deductible	50% after deductible
Emergency room	75% after deductible	75% after deductible
Prescription drugs – 1 month supply **PreferredRx Formulary**		
Generic Formulary	$20	50% after deductible
Brand Formulary	$50	50% after deductible
Non-Formulary	$100	50% after deductible
Specialty Medications	Member pays 20% coinsurance up to $200 per month cost.	Not Covered
Mail Order (3-month supply)	Member pays 3 co-pays for 3-month supply (Mail Order benefit not available for Specialty Medications)	

*Note: Coverage for GLP-1 meds (i.e., Ozempic; Monjaro) are only available for those with Type 2 diabetes.

Coverage level	Employee Rates – Wellness	Employee Rates – Non-Wellness
Single	**$81.19**	**$127.35**
Employee & Spouse	**$228.66**	**$274.81**
Employee & Child(ren)	**$247.29**	**$293.44**
Family	**$289.47**	**$335.62**

Health Partners
952-883-6000 I healthpartners.com/

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NICE HEALTHCARE

Available to all employees on the Nystrom health plan at NO COST.

It also covers dependents (spouse and children) at NO COST, regardless if they are covered on the group health plan.

Nice Healthcare provides a wide array of healthcare services that are received in primary care clinic settings, including well-visits, care for common conditions, and much more!

Virtual visits with a nurse practitioner regarding common colds, rashes, insect bites, flu, pink eye, and ear infections may be scheduled through the free app.

Support for chronic conditions such as diabetes, high blood pressure, and high cholesterol is also available through the app.

If additional care is needed beyond the virtual appointments, Nice will come to you!

Nice can meet you at home, at work, or even at your child's daycare. Home visits are available within a 35-mile radius of the Twin Cities.

Nice Healthcare
763-412-1993 I nice.healthcares.com/

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DENTAL INSURANCE

Service	In-Network	Out-of-Network/ Non-Participating*
Deductible Individual Family	 $50 $150	 $50 $150
Diagnostic and Preventive Exams and cleanings (twice annually)	100% (deductible does not apply)	80% of maximum allowable fee
Basic Services Fillings Endodontics Periodontics Oral surgery	80%	60% of maximum allowable fee
Major Services Major restorative Crowns Dentures Bridges Implants	80%	60% of maximum allowable fee
Annual Benefit Maximum	$2,000 per person (maximum is combined for in and out-of-network services)	$1,500 per person (maximum is combined for in and out-of-network services)
Child Orthodontia (dependents through age 18) New hires have a 12-month waiting period.	50%	50%
Child Orthodontia Lifetime Maximum	$1,000 (maximum is combined for in and out-of-network services)	$1,000 (maximum is combined for in and out-of-network services)

Coverage Level	Cost Per Bi-Weekly Payroll
Employee	$8.00
Employee +1	$17.00
Family	$26.00

SunLife Employee Benefits
800-361-6212 | sunnet.sunlife.com/

Dental Health Alliance
888-595-2261 | dha.com/

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VISION INSURANCE

Service	In-network member cost	Out-of-network member reimbursement
Eye Exam (Ophthalmologist)	$10 copay	Up to $45
Eye Exam (Optometrist)	$10 copay	Up to $39
Frames	$130 allowance, 80% of charge over $130	Up to $70
Standard plastic lenses		
Single	$25 copay	Up to $38
Bifocal	$25 copay	Up to $53
Trifocal	$25 copay	Up to $68
Progressive lens	Covered up to trifocal level. Member pays difference above cost of retail trifocal.	Up to $68
Lens options		
UV treatment	$15	None
Tint (solid & gradient)	$25	None
Standard plastic scratch coating	$13	None
Standard anti-reflective coating	$50	None
*Standard polycarbonate	$40	None
*High Index 1.6	$55	None
*Photochromics	$80	None
Contact lens		
Standard fitting	$25 copay	None
Specialty fitting	$50 retail allowance	None
Conventional	$130 allowance	Up to $100
Disposable	$130 allowance	Up to $100
Laser vision correction	15% -50% off retail price	NA
Frequency		
Exam	Once every 12 months	Once every 12 months
Lens or contact lens	Once every 12 months	Once every 12 months
Frame	Once every 24 months	Once every 24 months

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VISION INSURANCE (cont.)

Coverage level	Rate per paycheck (26 deductions)
Employee	$3.54
Employee + spouse/partner	$7.08
Employee + child(ren)	$7.98
Family	$12.36

LIFE & DISABILITY INSURANCE

SunLife Employee Benefits	**Basic Life Insurance**	
	One times annual salary (up to a maximum of $50,000)	
	Cost	*Company provided at no cost to the employee*
	Basic Accidental Death & Dismemberment	
	One times annual salary (up to a maximum of $50,000)	
	Cost	*Company provided at no cost to the employee*
	Supplemental Life Insurance	
	Available to employee, spouse, and children	
	Cost	*Depending on elected amount and age of individual being covered*
	Supplemental Accidental Death & Dismemberment	
	Available to employee only	
	Cost	*Depending on elected amount and age of individual being covered*
	Voluntary Long- Term Disability	
	Waiting Period	90 Days
	Coverage	60% of your salary up to a maximum of $5,000/month
	Cost	*Dependent on amount elected and age of employee being covered*

FLEXIBLE SPENDING (FSA) PLAN

TASC	Flexible Spending Plan	
	Runs on the plan year 6/1 – 5/31	
	Medical Flexible Reimbursement	Maximum election $3,400
	Dependent Care Reimbursement	Maximum election $7,500

SunLife Employee Benefits
800-361-6212 I sunnet.sunlife.com/

TASC
888-595-2261 I tasconline.com/

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FINANCIAL BENEFITS

Profit Sharing

Eligibility period	Vesting %
1st quarter eligible	25%
2nd quarter eligible	50%
3rd quarter eligible	75%
4th quarter eligible	100%

When quarterly profits occur, Nystrom offers a profit-sharing plan to supplement employees' income. A contribution of 15% of net profits from each quarter is split evenly among employees based on their vesting percentage at payout time.

Educational Assistance

Employees who have successfully completed one year of employment may be eligible to receive educational assistance up to $5,000/semester. Whether or not an employee is eligible to receive educational assistance, and the amounts of educational assistance for which he or she may be eligible are subject to manager discretion and organizational approval.

401(k) Plan

Plan is designed to allow employees to save a portion of their income for retirement.

Upon the 1st of the month following 30 days of employment, Nystrom will match 100% of employee deferrals up to 4.0%.

Vesting Schedule: 100% vesting after 2 years of service.

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LEAVE ALLOWANCES

Paid Time Off (PTO)

Years of Service	Hours of PTO Monthly	Hours of PTO Biweekly	Days of PTO Annually
1st and 2nd year	8.00 hours	4.31 hours	14 days
On 2nd year Anniversary	10.73 hours	4.95 hours	16 days
On 4th year Anniversary	13.46 hours	6.21 hours	20 days
On 9th year Anniversary	16.68 hours	7.7 hours	25 days

PTO is a combination of personal/sick leave and vacation benefits that may be used for rest, relaxation, illness, and personal opportunities. The PTO program places additional responsibility on you to manage your paid time away from work.

The amount of PTO employees receive is dependent on years of employment.

PTO begins accruing on the hire date. Progression from one year to the next, for purposes of this PTO policy, occurs on the employee's anniversary date.

Bereavement Leave

Time granted for bereavement is three consecutive days for the employee's spouse, child, mother, father, brother, sister, grandparent, grandchild, stepchild, stepmother, stepfather, stepbrother, stepsister, half-brother, half-sister, son-in-law, sister-in-law, brother-in-law, sister-in-law, parent-in-law, grandparent-in-law, same or opposite sex domestic partner, domestic partner's parent, sibling, child, grandparent.

Holiday Pay

- New Year's Day
- Memorial Day
- Independence Day
- Juneteenth
- Labor Day
- Thanksgiving
- Day After Thanksgiving
- Christmas Eve
- Christmas Day
- Floating Holiday
  (in the form of 8 hrs. of PTO)

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WELL-BEING OPPORTUNITIES

Well-Being @ Nystrom Mission Statement:

We believe a business culture that supports an employee's overall well-being keeps employees engaged and be more productive, resulting in a healthier, more balanced organization. Well-Being@Nystrom encompasses career, family, finances, physical and mental health, and the community we live in.

Please see our 5 Elements Schedule for events throughout the fiscal year.

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The information in this packet contains summarized benefit information only and does not outline all benefits. If there is a discrepancy between the information in this summary and the applicable Summary Plan Description/Certificate of Coverage, the Summary Plan Description/Certificate of Coverage will take precedence.

Rev 10/22