



# SILVER BAY SEAFOODS DISCOVER YOUR BENEFITS

2025/2026 PLAN YEAR

# WELCOME NEW HIRES

- ✓ Eligibility & Enrollment
- ✓ Important Dates
- ✓ How to Enroll

- ✓ Medical Options: PPO vs HDHP
- ✓ Health Savings Accounts
- ✓ Premera Resources
- ✓ Dental & Vision

- ✓ Tax Deferred Savings Options
- ✓ Life & Disability Benefits
- ✓ Resources & Advocates

# ELIGIBILITY

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## BENEFIT ELIGIBILITY

- Permanent Fulltime Employees (30 hours per week)
- Coverage Effective 1<sup>st</sup> of Month Following Date of Eligibility (1/1/26)

## ELIGIBLE DEPENDENTS

- Spouse
- Registered domestic partner
- Your or Your Spouse's Children up to age 26

## ENROLLMENT OPPORTUNITIES

1. During your initial eligibility period;
2. With a qualifying life event  
*birth, death, marriage, divorce, adoption, and loss of other coverage;*
3. During the annual open enrollment period (Effective June 1<sup>st</sup>)

# IMPORTANT DATES

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Last Day to  
Enroll

**December 23, 2025**

Effective Date  
of Coverage

**January 1, 2026**

Plan Renewal

**June 1, 2026**



# HOW TO ENROLL

# UKG ENROLLMENT OVERVIEW

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- Deadline to elect benefits **December 23, 2025**
- Prepare
  - Social Security numbers for you and any family members
  - Dates of birth for you and family members
  - ID cards for any other medical plans under which you or your family members are covered
- Enroll Online at UKG
  - UKG is the HRIS system and features an online enrollment tool. Please go to the UKG site at <https://g035101p01x.ukg.net/default.aspx>.

# UKG STEP-BY-STEP INSTRUCTIONS



UKG

## 1. Log in to UKG:

- Go to: <https://g035101p01x.ukg.net/default.aspx>
- **Company Code:** SLVBY
- **First Time Users**
  - **Username:** [FirstInitialLastName] (ex. Name: John Smith, then Login is JSmith)
  - **Password:** [MMDDYYYY] date of birth
- For login help, contact: [HumanResources@silverbayseafoods.com](mailto:HumanResources@silverbayseafoods.com)

## 2. Navigate to Enrollment:

- Select **Menu > Myself > Enrollment**

## 3. Review and Update Benefits:

- Elect or waive each benefit as desired.
- If waiving coverage and eligible for Cash-in-Lieu, complete the **Cash-in-Lieu Affidavit** (available within UKG).

## 4. Beneficiary Designations:

- Designate your **Life Insurance Beneficiary** information.

## 5. Evidence of Insurability (EOI):

- If enrolling in Life Insurance above Guaranteed Issue Amount, complete EOI as required (link provided within UKG if applicable).

## 6. Submit Your Elections:

- Review your final selections.
- Click **Submit** to finalize your enrollment.
- Save or print a confirmation for your records.





# MEDICAL, DENTAL & VISION BENEFITS

# INTRODUCTION TO MEDICAL



## YOU HAVE TWO PLAN OPTIONS:

### HDHP

- ✓ PPO Plan with In and out of network coverage
- ✓ Deductible applies for most services
- ✓ May be paired with a Health Savings Account

### PPO

- ✓ In and out of network coverage
- ✓ Self-directed care
- ✓ No referrals needed
- ✓ Typically, more expensive

# PPO VS HDHP WITH HSA

Need help choosing the right medical plan for you?

## Medical Plan Options:

- PPO \$1,500
- HIGH DEDUCTIBLE HEALTH PLAN (HDHP) \$3,300 HSA COMPATIBLE

Do you want:	Then consider:		Why?
	A PPO	HDHP Plan with an HSA	
Lower taxable income while saving for future healthcare expenses?		X	You can save money for future healthcare expenses and save on taxes. The HSA is flexible: you can take the account with you if you leave the company for any reason, and you can start or stop your contributions at any time.
To manage your care with the least amount of effort?	X		There are no claims to file and no HSA to manage.
Preventive care services at no cost?	X	X	All Premera health plans cover preventive care at no additional cost.

Before making a final decision, consider:

- Your anticipated medical expenses for the coming plan year
- If you have money set aside to pay out-of-pocket expenses if you need care
- How important it is for you to have the flexibility to see any provider you choose
- The amount of money you are comfortable paying per paycheck

**Note:** This information is not intended to be tax or legal advice. Consult your own tax advisor to determine any tax implications of a health plan with an HSA.

# MEDICAL/RX PLAN – PPO OPTION



## PREMERA BLUE CROSS – PPO HERITAGE NETWORK

Premera Blue Cross – Medical Plan PPO Heritage Network		
	In-Network Benefits	Out-of-Network Benefits
<b>Annual Deductible</b>		
Individual/Family	\$1,500 / \$3,000	\$3,000 / \$6,000
<b>Maximum Out-of-Pocket</b>		
Individual/Family	\$4,000 / \$8,000	\$45,000 / \$90,000
<b>Preventive Care</b>		
Adult and Well Child Care, Immunizations, Screenings	Paid at 100% (DW)	Paid at 100% (DW)
<b>Professional Care</b>		
Office Visit Primary	\$30 copay (DW)	\$30 copay (DW)
Office Visit Specialist	\$50 copay (DW)	\$50 copay (DW)
Urgent Care	\$30 copay (DW)	\$30 copay (DW)
<b>Hospital Services</b>		
Inpatient Facility	80%* after deductible	50% after deductible
Outpatient Facility	80%* after deductible	50% after deductible
Emergency Room Facility Charges	\$200 copay (waived if admitted); 80% after deductible	\$200 copay (waived if admitted); 80% after deductible
<b>Mental Health/Substance Abuse</b>		
Inpatient	80% after deductible	50% after deductible
Outpatient (Non-Specialist)	\$30 copay office visit (DW)	\$30 copay office visit (DW)
<b>Other Services</b>		
Outpatient Rehab (90 visits PCY)	\$30 copay (DW) Non-Specialist	\$30 copay (DW) Non-Specialist
Diagnostic Test and Imaging (Facility)	80% after deductible	50% after deductible

**PCY = Per Calendar Year DW = Deductible Waived**

\* Preferred providers in Alaska are paid at 80%. Participating providers are paid at 70%.

Premera Blue Cross - Prescription Drug Plan Formulary Drugs List – Preferred B3		
	In-Network	Out-of-Network
<b>Retail Pharmacy (90 Day Supply)</b>		
Generic	\$10 copay	\$10 copay; then paid at 60%
Preferred Brand Name	\$25 copay	\$25 copay; then paid at 60%
Non-Preferred Brand Name	\$50 copay	\$50 copay; then paid at 60%
Specialty (Including mail order)	See copays above	Not Covered
<b>Mail Order Pharmacy (90 Day Supply)</b>		
Generic	\$20 copay	Not covered
Preferred Brand Name	\$50 copay	Not covered
Non-Preferred Brand Name	\$100 copay	Not covered

**All prescription drug costs are applied to the medical plan out-of-pocket maximum.**



# MEDICAL/RX PLAN – HDHP OPTION



## PREMERA BLUE CROSS – HIGH DEDUCTIBLE HEALTH PLAN (HERITAGE NETWORK)

Premera Blue Cross – Medical Plan High Deductible Health Plan (HDHP) Heritage Network		
	In-Network Benefits	Out-of-Network Benefits
<b>Annual Deductible</b>		
Individual/Family	\$3,300 / \$6,600	\$3,300 / \$6,600
<b>Maximum Out-of-Pocket</b>		
Individual/Family	\$5,500 / \$11,000	\$45,000 / \$90,000
<b>Preventive Care</b>		
Adult and Well Child Care, Immunizations, Screenings	Paid at 100% (DW)	50% after deductible
<b>Professional Care</b>		
Office Visit Primary	Preferred: 80% after deductible; Participating: 60% after deductible;	50% after deductible
Office Visit Specialist		50% after deductible
Urgent Care		50% after deductible
<b>Hospital Services</b>		
Inpatient Facility	Preferred: 80% after deductible; Participating: 60% after deductible;	50% after deductible
Outpatient Facility		50% after deductible
Emergency Room Facility Charges	80% after deductible	80% after deductible
<b>Mental Health/Substance Abuse</b>		
Inpatient	80% after deductible	50% after deductible
Outpatient (Non-Specialist)	80% after deductible	50% after deductible
<b>Other Services</b>		
Outpatient Rehab (90 visits PCY)	80% after deductible	50% after deductible
Diagnostic Test and Imaging (Facility)	Preferred: 80% after deductible; Participating: 70% after deductible;	50% after deductible

Premera Blue Cross - Prescription Drug Plan Formulary Drugs List – Open A1		
	In-Network	Out-of-Network
<b>Retail Pharmacy (90 Day Supply)</b>		
Generic	Preferred: 80% after deductible	Preferred: 80% after deductible
Preferred Brand Name		
Non-Preferred Brand Name		Not Covered
Specialty* (Including mail order)		Not Covered
<b>Mail Order Pharmacy (90 Day Supply)</b>		
Generic	Preferred: 80% after deductible	Not covered
Preferred Brand Name		
Non-Preferred Brand Name		

**All prescription drug costs are applied to the medical plan out-of-pocket maximum.**



**PCY = Per Calendar Year DW = Deductible Waived**

Preferred providers in Alaska are paid at 80%. Participating providers are paid at 60%.

# HDHP: HEALTH SAVINGS ACCOUNTS

If you're enrolled in this plan – you can open and fund a Health Savings Account

## What is a Health Savings Account (HSA)

### Definition:

An HSA is a tax incentivized savings account to help individual save and cover out of pocket healthcare expenses.

### HSA Contribution Limits for 2026

Employee Only Coverage	\$4,400
Family Coverage	\$8,750
55+ catch up	\$1,000



Contribute,  
Invest,  
& withdraw  
tax-free



Keep your HSA  
for life, even if  
you switch  
jobs or retire.



Save for the  
future or use  
your money for  
qualified  
expenses.



Tax-Free  
earnings on  
HSA balance  
and  
investments.



# HSA RESOURCES

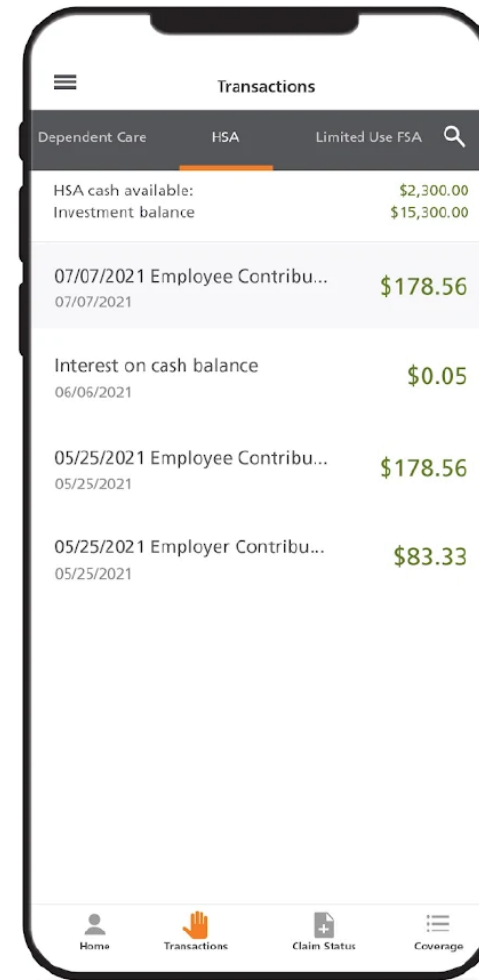
Premera Blue Cross has partnered with Optum Financial to administer your healthcare funding account. Manage your account online:



- Sign in at [Premera.com](https://www.premera.com)
- Select Personal Funding Account
- Select Manage Your Account

From there, you can:

- Check your balance
- Track and pay your claims
- Know your eligible expenses
- Make a payment or get reimbursed



# PREMERA RESOURCES



## Access Your Plan

### Member Portal



### Mobile App



## Options for Care

24 hr Nurse line (800) 841-8343



(800) 835-2362

**Set Up through Your Premera Member Portal**



Virtual Care



Mental Health



Virtual Therapist

# DENTAL PLAN



## Dental Plan:

- Premera PPO (Dental Choice Network)

DENTAL HIGHLIGHTS	
Single	\$50
Family	\$50/Individual up to \$150/Family
BENEFITS	
Preventive Services	0% Coinsurance
Basic Services	20% Coinsurance after deductible
Major Services	50% Coinsurance after deductible
PLAN MAXIMUM BENEFIT	
Annual Maximum	\$2,500 / person

ORTHODONTIA COVERAGE	
Covered Members	Adults & Children
Coverage	50%
MAXIMUM ORTHODONTIA BENEFIT	
Lifetime Maximum	\$2,000

# VISION PLAN



## Vision Plan:

- PPO  
(Choice Network)

VISION HIGHLIGHTS	Copay	Coverage	Frequency
<b>Eaxm</b>	\$25	Covered In Full	12 months
<b>Lenses</b>	\$25	Basic Lenses Covered in Full	12 months
<b>Frames</b>	\$0	Up to \$170 – Featured Up to \$150 – Other Frames Up to \$80 - Costco	24 months
<b>Contacts (In Lieu of Glasses)</b>	\$0	Up to \$150	12 months
<b>Medically Necessary Contacts</b>	\$0	Covered in Full	12 months

### Additional Savings:

- Lens Enhancements
- Glasses and Sunglasses
- Laser Vision Correction
- Exclusive Member Extras for VSP Members

# YOUR COST



## INCLUDES MEDICAL, DENTAL & VISION

MEDICAL HDHP	Monthly Cost	Bi-Weekly Payroll
Employee Enroll	\$0	\$0
Employee & Spouse	\$439.48	\$202.84
Employee & Child(ren)	\$278.65	\$128.61
Employee & Family	\$718.80	\$331.75

MEDICAL HDHP	Monthly Cost	Bi-Weekly Payroll
Employee Enroll	\$249.71	\$115.25
Employee & Spouse	\$1,001.24	\$462.11
Employee & Child(ren)	\$715.58	\$330.27
Employee & Family	\$1,467.86	\$667.47



# ADDITIONAL BENEFITS



- **Medical FSA**

*(not offered to those enrolled in the HDHP with HSA medical plan)*

- **Limited Purpose FSA**

*(offered to those enrolled in the HDHP with HSA medical plan)*

- **Dependent Care FSA**

\*Not offered to Seasonal employees

# FLEXIBLE SPENDING ACCOUNTS



- **Medical FSA**

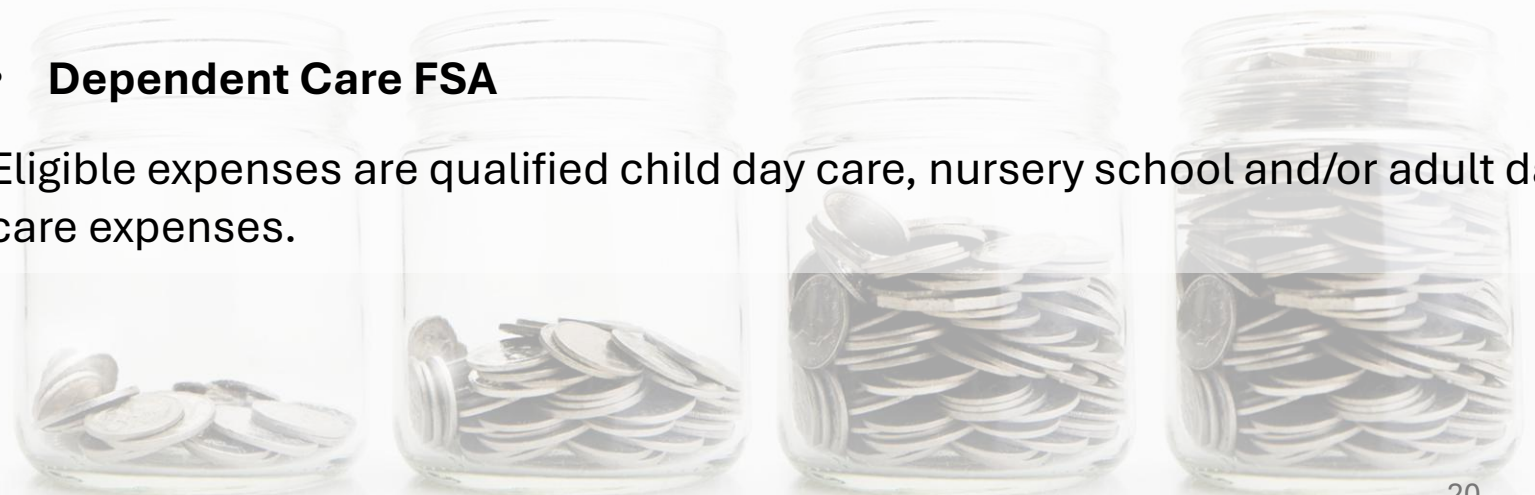
Used on qualified medical products and services, over-the-counter (OTC) medical supplies, drugs/medicines, qualified dental and vision expenses.

- **Limited Purpose FSA**

Used on qualified dental and vision expenses.

- **Dependent Care FSA**

Eligible expenses are qualified child day care, nursery school and/or adult day care expenses.



# Flexible Spending Accounts



Maximum Annual Election Plan Year June 1, 2025 to May 31, 2026	
Health Care FSA	\$3,300
Dependent Care FSA	\$5,000



## Date of Service Plan:

June 1, 2025 - May 31, 2026

## Commitment:

Once you sign up, you must continue to participate for the whole plan year, (unless you have a status change)

## Plan Accordingly: “Use it or lose it”

## Grace Period:

Allows you to incur expenses against the prior plan year for 2 ½ months after the plan year ends which would be August 15, 2026.

**Expenses incurred after the end of the Grace Period are not eligible for reimbursement.**



# Commuter Benefit Plan

Tax-free account for workplace commute.

Enacted through the Clean Air Act in 1998.

## What is a Commuter Benefit Plan?

### Transportation Only

- Allows you to claim pre-tax qualified work transportation expenses
- You can make changes to your pre-tax elections monthly
- IRS maximum is \$325/month for transportation
- Log in at the BRI website ([www.benefitresource.com](http://www.benefitresource.com)), select the “Commuter Benefits” link, follow the prompts to place your order
- Your election must be submitted by the 20th of each month for funds to be available for the next month
- Amounts loaded onto a benefits card to pay for eligible expenses



## Eligible Expenses

### Transportation Only



- Buses
- Ferries
- Trains & Subways
- Qualified Vanpools





# Basic Life and Accidental Death and Dismemberment (AD&D)

	<b>Basic Life/AD&amp;D (Employer Paid Benefit)</b>
<b>Benefit Amount</b> <ul style="list-style-type: none"> <li>• Life Insurance</li> <li>• Accidental Death &amp; Dismemberment</li> </ul>	<p style="text-align: right;">\$25,000</p> <p style="text-align: right;">\$25,000</p>
<b>Accident Dismemberment</b>	<p>In the event of an accidental injury or dismemberment, a benefit is provided up to a scheduled amount corresponding to the severity of the loss. Please see your Mutual of Omaha benefit summary for further details.</p>
<b>Age Reduction Schedule:</b>	<p>Reduces to 65% at age 70; Reduces to 50% at age 75</p>

## Value Added Programs:

- ✓ Travel Assistance
- ✓ Identity Theft Assistance
- ✓ Discount Hearing Program
- ✓ Will Preparation Services



# Voluntary Life and Accidental Death and Dismemberment (AD&D)

Benefit Type	Voluntary Life / AD&D (Employee Paid)
<b>Employee Benefit Amount</b>	\$500,000 (not to exceed 5x annual salary) Increments of \$10,000
<b>Employee Guarantee Issue</b>	\$200,000
<b>Spouse Benefit Amount</b>	\$250,000 (not to exceed 100% of employee election) Increments of \$5,000
<b>Spouse Guarantee Issue</b>	\$30,000
<b>Child(ren) Benefit Amount</b>	\$10,000 Increments of \$1,000 Minimum election amount of \$2,000
<b>Child(ren) Guarantee Issue</b>	\$10,000
<b>Reduction</b>	Reduces the original amount to: 65% at age 70 and 50% at age 75



# Long Term Disability (LTD)

## Eligible Employees:

- Salaried exempt
- Non-exempt
- full time hourly employees)

Benefits	Mutual of Omaha – Long Term Disability Benefit
<b>Benefits Begin (Elimination Period)</b>	On the later of 90 calendar days after the onset of your disabling injury or illness
<b>Monthly Benefit</b>	60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount less other income sources.
<b>Maximum Benefit</b>	\$6,000 per month
<b>Benefit Duration</b>	Up to Social Security Normal Retirement Age
<b>Partial Disability Benefits</b>	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits. Additional benefits for family care expenses for eligible family members are also available while receiving disability benefits



## Employee Assistance Program

Mutual of Omaha's Employee Assistance Program (EAP) assists employees and their eligible dependents with personal and job-related concerns, including:

- Emotional well-being
- Family and relationships
- Legal and financial
- Healthy lifestyles
- Work and life transitions



**Contact EAP 24/7**

**Online at:**

[mutualofomaha.com/eap](https://mutualofomaha.com/eap)

**Call: 800.316.2796**

The EAP provides up to **6** FREE face-to-face sessions per year (per issue) conducted by face-to-face counseling or telehealth



# SOLV BENEFIT ADVOCACY TEAM



**MEDICAL**  
Claims, Order ID Cards, Find a Provider

**VISION**  
Find Doctors, Questions About Coverage

**PHARMACY**  
Learn More About Benefits, Resolve Issues

**DENTAL**  
Resolve Claims Disputes, Find Providers

**Need assistance with resolving a benefits related issue?**

**Have questions regarding what is covered or where to be seen?**

Contact the Benefit Advocacy Team and get the one-on-one support you need.

**Call Toll Free** | 833.4.SolvIt (833.476.5848)

**Text** | 833.476.5848

**Chat Online** | [www.solvins.com](http://www.solvins.com)

**Email** | [BAT@solvins.com](mailto:BAT@solvins.com)

**Want More Information About Your Benefits:**



**Scan the QR Code Above.**

**Monday – Friday, 8:00am – 5:30pm PST**

**License Number: 0K72752**