



BENEFITS 2026

Welcome to Western Nevada Supply! This guide provides an overview of coverage choices and enrollment information so you can build the best benefits package for you and your family.

Employee Benefits Overview / Eligibility Requirements

Western Nevada Supply is committed to providing exceptional benefits to our employees. Keeping in mind the unique and diverse needs of our employees, we have put together a benefits program that will help protect the personal and financial well-being of you and your family.

Upon joining WNS, your benefits will begin first of the month following 60 days after your date of hire. The plan and dependent elections that you make when you are hired or during annual Open Enrollment are effective for the entire plan year unless you experience a qualifying event (marriage, birth, adoption, or loss of coverage).


Western Nevada holds an annual Open Enrollment for a January 1st effective date. During that time, you can make changes to your benefit plan elections such as adding or deleting your spouse, dependents and/or changing health plans.

If you experience a qualifying event after Open Enrollment, you must notify Human Resources within 30 days, otherwise you will be required to wait until the next Open Enrollment to make any changes to your benefit plan elections.

Eligible Dependents

You may cover your dependents under many of the benefit plans as long as they are one of the following:

- *Spouse or qualified domestic partners.*
- *Your dependent child(ren), including children of qualified domestic partners, up to the age 26, regardless of student or non-student status.*
- *Your handicapped child(ren), regardless of age, if incapable of self-sustaining employment, and if the handicap began before the limiting age.*



**If you work
30 hours or
more per week,
you are eligible
to enroll in the
benefit plans.**

How Do I Enroll?

New hires will receive an email with a link to the Ease enrollment system. Login instructions will be included in the email.

Within Ease, you can enroll yourself and eligible dependents in the plans that fit you and your family. To enroll or view your benefits, please visit your benefits enrollment site at <https://wns.ease.com/>. Contact Human Resources if you have questions or unresolved issues after contacting member services at one of our insurance providers. For additional questions, please contact your client service manager,

Patti Harvey

Email: pharvey@acrisure.com

Phone: 408.350.5738

Please Note: Regardless if you are electing or waiving benefits, you **MUST** log into the website and complete the process. For more information about the plans, visit <https://mybenefits.cc/wnsinc/> to review plan designs, required notices, evidence of coverage, documents and much more.



Medical Insurance

Cigna's PPO plans are referred to as Open Access Plus (OAP). These plans give members the ability to manage their care with a PCP or, if they choose, see any doctor (including specialists) without a referral. Pre-authorizations may be required.

NOTE: Plan deductibles and Out-of-Pocket maximums run on a calendar year cycle, so please take that into consideration when making your selection.

In-Network	Cigna	
	PPO HRA 2500	PPO HRA 3000
Individual Deductible	\$2,500	\$3,000
Family Deductible	\$5,000	\$6,000
Individual Out of Pocket Maximum	\$5,500	\$4,000
Family Out of Pocket Maximum	\$11,000	\$8,000
Office Visit	20%*	10%*
Specialist Visit	20%*	10%*
Preventive Care	No Charge	No Charge
Diagnostic Lab/X-Ray	20%*	10%*
Complex Radiology (CT, MRI, PET)	20%*	10%*
Inpatient Hospital	20%*	10%*
Outpatient Surgery	20%*	10%*
Urgent Care	20%*	10%*
Emergency	20%*	10%*
Rx Tier 1 <i>(Generic)</i>	20%*	No Charge*
Rx Tier 2 <i>(Preferred Brand)</i>	20%*	No Charge*
Rx Tier 3 <i>(Non-preferred Generic and Brand)</i>	20%*	No Charge*

*after deductible

**HRA Funding (pro rated after 1/1/2026) - \$1,000.00 Employee and \$2,000.00 Family for both plans.



Dental Insurance

Western Nevada offers dental coverage to you and your family members through Mutual of Omaha. You may choose either a PPO participating dentist or any non-participating dentist. With the PPO plan, in-network savings are possible because the participating dentists have agreed to provide covered care services at negotiated rates.

Plan Highlights	In-Network	Out-of-Network (90th UCR)
Preventive Services: Exams, Cleanings, X-rays	100%	100%
Basic Services: Fillings, simple extractions	80%	80%
Major Services: Crowns, Bridges, Dentures	50%	50%
Annual Deductible	\$25 (individual)/\$75 (family)	
Annual Benefit Maximum	\$1,500	
Orthodontia Lifetime Maximum	Children Only - Covered up to \$1,500 (prior to age 26)	



Vision Insurance

Vision coverage is offered to you and your family members with Cigna through EyeMed Vision. With this network, you can maximize the benefit allowances and covered services with this plan.

Plan Highlights	In-Network	Out-of-Network
Office Visit/Examination (every 12 months)	\$25 Copay	up to \$45
Prescription Glasses	\$25 Copay	
Lens Replacement		
<i>Single Vision</i>	100% after \$25 copay	up to \$32
<i>Bifocal</i>	100% after \$25 copay	up to \$55
<i>Trifocal</i>	100% after \$25 copay	up to \$65
Frame Replacement (every 24 months)	\$100 allowance + 20% off balance over allowance	up to \$55
Contact Lenses (in lieu of glasses, every 12 months)	\$100 allowance	up to \$210



Basic Life and AD&D Insurance

Western Nevada provides all eligible employees with a Basic Life and AD&D policy through Mutual of Omaha. This policy amounts to 2x your annual salary up to \$250,000. You will automatically be enrolled in this benefit.

Voluntary Life and AD&D Insurance

You may choose to purchase Voluntary Life Insurance from Mutual of Omaha for yourself, your spouse and your child(ren). You must elect coverage for yourself to purchase coverage for your dependents. The rates are based on the age of the employee at plan anniversary.

- *Guarantee Issue Amount for Employee is \$150,000 with maximum benefit of \$150,000.*
- *Guarantee Issue Amount for Spouse is \$5,000 with maximum benefit of \$50,000.*
- *Guarantee Issue Amount for Child(ren) is \$10,000.*

Long Term Disability Insurance

WNS also provides employees with Long Term Disability (LTD) coverage through Mutual of Omaha. The LTD benefit provides you with income if you are not able to return to work after 90 days of disability due to an illness or injury.

Mutual of Omaha will pay up to 60% of your salary to a maximum benefit of \$5,000 per month. LTD benefits are offset by income from other sources such as Social Security and Workers' Compensation.

Short Term Disability Insurance

Eligible employees are offered Short Term Disability (STD) coverage through Mutual of Omaha as well. The STD benefit provides you with income if you are not able to return to work after 7 days of disability due to an illness. Mutual of Omaha will pay up to 67% of your salary to a maximum benefit of \$300 weekly for 26 weeks.

Critical Illness Insurance

Critical Illness Insurance with Mutual of Omaha provides a cash benefit for a range of covered serious illnesses such as Cancer, Stroke and Heart Attack, in addition to whatever your medical plan may cover. Payments are made directly to you and can be used for any purpose. Employees may elect a lump sum benefit of \$10,000.

Accident Insurance

Accident Insurance, also offered through Mutual of Omaha, protects you from unexpected medical costs. Mutual pays you cash benefits based on the covered injuries, treatments and services. Payments go to you, not the doctor and can be used at your discretion. Employees may choose a benefit amount of \$10,000 or \$50,000.

Travel Assistance and Employee Assistance Programs



Mutual of Omaha offers WNS employees Travel Assistance through AXA Assistance USA. It covers employees and their immediate family members when traveling more than 100 miles from home for business or leisure. Just a sampling of the services includes: assistance with lost luggage, local legal resources, emergency medical & transportation and lost documents.

The Basic Enhanced Employee Assistance Program provides three face-to-face sessions with a counselor for the employee and their immediate dependents.

Flexible Spending Accounts



Western Nevada provides you the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through the Flexible Spending Account (FSA) with The Advantage Group (TAG). It is best to contribute the amount of money you expect to pay for out-of-pocket eligible expenses for the FSA plan year, **January 1 - December 31**. With **Dependent Care**, If you do not use the money you contributed, it will not be refunded to you (use-it-or-lose-it rule). **Health Care** allows for a maximum of \$680 to roll forward into the next plan year on December 31.

Highlights of Flexible Spending Accounts:

- *Health Care Spending Account: You can put aside up to \$3,400 tax free per year for eligible out-of-pocket health care expenses (co-pays, prescriptions, doctor visits, vision, dental care).*
- *Dependent Care Spending Account: You can put aside up to \$7,500 tax free per year (\$3,750 if married and filing separately) for eligible dependent care expenses.*

401(k) Plan



WNS participates in a 401(k) Plan through Fidelity to provide employees potential future financial security in retirement. You can start, change or stop the contributions at any time. Employees under the age 50 are allowed to contribute up to \$24,500 into an individual plan. Employees above the age of 50 can contribute an additional \$8,000. Additional 401K match is discretionary.

Your Tax Bracket is estimated at 25%		
Gross income: \$30,000	\$30,000	\$30,000
Pre-tax contribution rate	4%	6%
Weekly plan contribution	\$23.08	\$34.62
Weekly tax savings	\$5.77	\$8.66
Weekly out of pocket	\$17.31	\$25.96
Annual Contribution	\$1,300	\$1,800
Annual tax savings	\$300	\$450
Account balance - 30 years	\$150,030	\$225,044

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2026 Holidays

Monday, May 25	Memorial Day - Closed
Friday, July 3	Independence Day - Closed
Monday, Sept. 7	Labor Day - Closed
Friday, Oct. 30	Nevada Day - Open, Floating Holiday Schedule
Thursday, Nov. 26	Thanksgiving Day - Closed
Friday, Nov. 27	Thanksgiving (Family Day)
Saturday, Dec. 5	Inventory Day
Thursday, Dec. 24	Christmas Eve - Closed
Friday, Dec. 25	Christmas Day - Closed
Friday, Jan. 1	New Year's Day - Closed

Payroll Dates

Payroll Dates (Bi-Weekly)	
January 2, 2026	January 16, 2026
January 30, 2026	February 13, 2026
February 27, 2026	March 13, 2026
March 27, 2026	April 10, 2026
April 24, 2026	May 8, 2026
May 22, 2026	June 5, 2026
June 19, 2026	July 2, 2026
July 17, 2026	July 31, 2026
August 14, 2026	August 28, 2026
September 11, 2026	September 25, 2026
October 9, 2026	October 23, 2026
November 6, 2026	November 20, 2026
December 4, 2026	December 18, 2026

Vacation

Western Nevada recognizes the importance of vacation time in providing the opportunity for rest, recreation and personal activities. WNS grants annual, paid vacations to its full-time employees after completion of one (1) year of continuous employment. The amount of vacation to which you are entitled depends on your length of service as of your anniversary date, as follows:

Status	0-1 year	1-4 years	5-19 years	20 years
Full-Time (exempt and non-exempt)	0 days (0 hours)	10 days (80 hours)	15 days (120 hours)	20 days (160 hours)

Sick Days

Upon completion of 90 days of continuous employment, Full-Time employees are eligible to accrue up to five (5) paid sick days each year. A maximum of 160 accrued hours may be available at any given time. No additional sick days will be earned until accrued sick time is used. While sick days will accrue during the first 90 days of employment, no benefits will be paid until after 90 days service. Accrual is calculated as follows:

Status	Accrual
Full-Time (exempt and non-exempt)	1.538 hours per bi-weekly pay period; 5 days (40 hours)

Health Insurance Terms

Below is a glossary of some common terms used in the health care insurance industry. We have provided you with some simple definitions to better understand your policies and other terminology used in the industry.

Acute Care Facility

One step below a hospital, an acute care facility, gives advanced medical and nursing services to bring you back to health.

Certificate of Coverage

A document issued to a member of a group health insurance plan showing evidence of participation in the insurance.

Certificate of Creditable Coverage

A written statement from your prior insurance company or health plan documenting the length of time you were covered.

Claim

A notification to your insurance company that payment is due under the policy provisions.

Coinsurance

Once you have met your deductible, you pay coinsurance for additional medical care. It is a percentage of the billed charge. For example, your insurance company might pay 80%, and then you would pay 20%. It is similar to a co-pay, but is a percentage, instead of a dollar amount.

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Co-payment

The portion of charges you pay to your provider for covered health care services in addition to any deductible. For example, \$20 for an office visit or \$15 for a prescription drug. It is similar to coinsurance, but it is a dollar amount instead of a percentage of the charges.

Coverage

The scope of protection provided by an insurance contract, which includes any of the listed benefits in a policy.

Creditable Coverage or Prior Qualifying Coverage

The number of months you had health insurance in place before your new policy became effective. Creditable coverage must be counted towards any pre-existing condition exclusion in either an individual or group policy.

Deductible

The amount you must pay for medical services each year before your insurance begins paying.

Denial

An insurance company decision to withhold a claim payment or pre-authorization. A denial may be made because the medical service is not covered, not medically necessary, or experimental or investigatory.

Drug Formulary

A list of drugs that an insurer will pay for. Drugs that are not on the formulary ("off-formulary") are sometimes covered, but are more expensive (see "excluded drugs"). To you, the cheapest drugs are generic drugs that are on the formulary, and the most expensive drugs are name-brand drugs that are off-formulary.

Exclusions and/or Limitations

Conditions or circumstances spelled out in an insurance policy which limit or exclude coverage benefits. It is important to read all exclusion, limitation, and reduction clauses in your health insurance policy or certificate of coverage to determine which expenses are not covered.

Experimental and/or Investigatory Medical Services

A drug, device, procedure, treatment plan, or other therapy which is currently not within the accepted standards of medical care.

Generic Drug

A drug that is similar to a name-brand drug but not covered by original patents and therefore cheaper. If you buy a generic drug, you usually pay a lower co-pay (see "name-brand drugs").

Guaranteed Issue

A health insurance policy that must be issued regardless of any pre-existing medical condition.

Medically Necessary

A drug, device, procedure, treatment plan, or other therapy that is covered under your health insurance policy and that your doctor, hospital, or provider has determined essential for your medical well-being, specific illness, or underlying condition.

Name-brand Drug

A drug sold under a name-brand, and covered by original patents. Name-brand drugs are more expensive than generic drugs, and you usually have a higher co-pay for them than generics (see "generic drugs").

Open Enrollment

The time (usually a preset two-week or one-month period annually) when you can change health plans under your employer's group plan.

Over-the-Counter Drug

You don't need a prescription to obtain over-the-counter drugs.

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Out-of-Pocket Maximum

The most you will have to pay in a year for deductibles and coinsurance for covered benefits.

Portability

The ability to purchase individual health insurance without being denied coverage due of a pre-existing condition.

Pre-authorization

Insurance companies require authorization from them before they will pay for medical services like a second opinion or referrals; physical therapy; sleep studies; medical equipment; MRI, CTs and ultrasounds; heart stress test; procedures; non-hospitalization or surgery. Your provider should obtain the pre-authorization and request medical bulletins (policies) on the subject to ensure coverage.

Prescription Drug

You must have a doctor's prescription to receive a prescription drug.

Preventative Medicine

Health care designed to prevent disease or discover and treat disease in the early stage. Examples: Annual physical exam, PAP Smear, cholesterol screening, mammography, infant vaccination, etc.

Primary Care Physician

Your Primary Care Physician ("PCP") is the doctor you choose to provide basic health care. In an HMO, your PCP must refer you to a specialist if you need to see one.

Provider

Any person or place that provides health care or prescription drugs. Providers can be doctors, hospitals, pharmacies, chiropractors, etc. (see "insurance company").

Usual Customary and Reasonable (UCR)

The amount that your insurance company determines is the normal payment range for a specific medical procedure performed within a given geographic area. If the charges you submit to your health insurance company are higher than what is considered normal for the covered health care services, then your health insurance company may not allow the full amount charged to you.

Employee Benefits Deductions

Plan	Bi-Weekly Deductions Rates			
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Cigna PPO HRA 2500	\$60.00	\$127.00	\$122.00	\$150.00
Cigna PPO HRA 3000	\$75.00	\$153.00	\$147.00	\$184.00
Mutual of Omaha Dental	Included as part of your overall benefits package			
Cigna Vision	Included as part of your overall benefits package			
Mutual of Omaha STD/LTD, Life/AD&D	Included as part of your overall benefits package			

*HRA Funding (pro rated after 1/1/2026) - \$1,000.00 Employee and \$2,000.00 Family for HRA 2500 & 3000. The eligible pre-tax benefit you wish to receive through salary reduction is listed above as a **per pay period** amount.

**Note: Even if you are opting out of other coverage, you will still receive the Mutual of Omaha benefits at no additional charge.

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Carrier Contact Information

Carrier	Group #	Phone	Website
Cigna Medical	655690	800.997.1654	www.cigna.com
Mutual of Omaha Dental	G000BN3G	844.918.2569	www.mutualofomaha.com/dental
Cigna Vision	655690	877.478.7557	www.cigna.com
Mutual of Omaha Life/AD&D, Critical Illness, Accident	G000BN3G	800.775.8805	www.mutualofomaha.com
Mutual of Omaha Disability	G000BN3G	800.877.5176	www.mutualofomaha.com
Mutual of Omaha Travel	G000BN3G	800.856.9947 US 312.935.3658 abroad	www.mutualofomaha.com
Mutual of Omaha EAP	G000BN3G	800.316.2796	www.mutualofomaha.com/eap
TAG FSA	TAGWESTERNNE	877.506.1660	www.enrollwithtag.com



This summary is not intended to provide a complete plan description. If there is an actual or apparent conflict between this benefit summary or the Evidence of Coverage (EOC) booklet and the official plan documents, the provisions of the EOC prevail.

IMPORTANT: All official documents relating to your Employee Benefits Program, including the Summary Plan Descriptions, HIPAA Privacy Notice, Initial COBRA Notice, Medicare Part D Notice and any other relevant Plan Documents or Notices, are available electronically through your employee benefits website. You may also receive a paper copy of any of the documents by contacting HR.