

2025 BENEFITS AT A GLANCE

Medical Luminare Health	Union Medical 3000	Union Medical 4000
Type	In-Network	In-Network
Coinsurance (Member pays)	20%	20%
Calendar Year Deductible Individual Family	\$3,000 \$6,000	\$4,000 \$8,000
Out-of-Pocket Maximum (Deductible included) Individual Family	\$6,000 \$12,000	\$6,900 \$13,800
Office Visit Preventive Primary Specialist Telemedicine	100% Covered 20% after Deductible 20% after Deductible \$0 Copay	100% Covered 20% after Deductible 20% after Deductible \$0 Copay
Inpatient Services	20% after Deductible	20% after Deductible
Outpatient Services	20% after Deductible	20% after Deductible
Emergency Room Services (Waived if admitted)	20% after Deductible	20% after Deductible
Urgent Care	20% after Deductible	20% after Deductible

Prescription Coverage	Union Medical 3000	Union Medical 4000
(30-Day Supply)	Anthem BCBS (CarelonRx) In-Network	Anthem BCBS (CarelonRx) In-Network
Generic	\$10 Copay	\$10 Copay
Preferred	\$25 Copay	\$25 Copay
Non-Preferred	\$50 Copay	\$50 Copay
Specialty	30%	30%

Employee Contributions	Union Medical 3000	Union Medical 4000
Bi-Weekly		
Employee	\$44.46	\$31.64
Employee + Spouse	\$140.04	\$113.10
Employee + Child(ren)	\$113.36	\$91.56
Employee + Family	\$186.72	\$150.82

Dental Plan Delta Dental	Base	Buy-Up
Member Pays	In-Network	In-Network
Annual Deductible Individual Family	\$50 \$100	\$50 \$150
Preventive Services	100% Covered	100% Covered
Basic Services	20%	20%
Major Services	50%	50%
Orthodontia*	50%	50%
Orthodontia Lifetime Maximum	\$800	\$1,500
Annual Benefit Maximum	\$1,200	\$2,000

Employee Bi-Weekly Contributions		
Tier	Base Plan	Buy Up Plan
Employee	\$2.56	\$2.78
Employee + Spouse	\$7.68	\$8.36
Employee + Child(ren)	\$7.30	\$7.94
Employee + Family	\$11.52	\$12.54

* Base: Child Only (Up to Age 19)
* Buy-Up: Adult & Child

Wellbeing | Thrive

At SBP, we strive to help our employees achieve their health and wellbeing goals by establishing a culture and environment that allows their minds, bodies, and spirits to thrive. To accomplish this, we provide quality benefits, tools, resources, and activities to support the total wellbeing of employees through the Thrive program!

Basic Life and AD&D | SunLife | 100% Employer-Paid

Benefit Amount: 2x Prior Year's W2

Minimum Benefit Amount: \$50,000

Maximum Benefit Amount: \$500,000

Short-Term Disability | SunLife | 100% Employer-Paid

Weekly Benefit Amount	60%
Benefit Waiting Period	0 Days Accident / 7 Days Illness
Benefit Duration	Up to 26 Weeks

Long-Term Disability | SunLife | 100% Employer-Paid

Monthly Benefit Amount	60%
Benefit Waiting Period	180 Days Accident / Illness
Benefit Duration	SSNRA*

* Social Security Normal Retirement Age.
Visit www.ssa.gov/oact/progdata/nra.html to learn more.

Vision Plan Ameritas	EyeMed	VSP
Member Pays	In-Network	In-Network
Eye Exam	\$20 Copay	\$20 Copay
Lenses Single Vision Bifocals Trifocals	\$20 Copay \$20 Copay \$20 Copay	\$20 Copay \$20 Copay \$20 Copay
Frames	\$150 Allowance	\$150 Allowance
Contacts Elective Medically Necessary	\$150 Allowance 100% Covered	\$150 Allowance 100% Covered
Frequency Exam/Lenses/Frames/Contacts	12/12/12/12	12/12/12/12

Employee Contributions VSP	
Tier	Bi-Weekly
Employee	\$2.34
Employee + Spouse	\$4.66
Employee + Child(ren)	\$4.78
Employee + Family	\$7.44

Employee Assistance Program | ComPsych

The Employee Assistance Program (EAP) provides resources to help resolve personal concerns that may be affecting your health, well-being, family life, or job performance. The EAP provides five confidential counseling sessions with experienced clinicians available to you and your family 24/7/365.

401(k) | Principal

Saving for retirement is the most important financial goal you'll ever have. Specialty Building Products has partnered with Principal to help you plan, track, and achieve your retirement goals. Employees may choose to make pre-tax or after-tax (Roth) deferrals.

Employer Contributions:

- Match Formula: 50% of deferrals on first 6%
- Catch-up Contributions Matched: Yes
- Vesting Schedule: Fully vested after six years

Flexible Spending Accounts | Flores

Flexible Spending Accounts (FSAs) provide opportunities to pay for eligible out-of-pocket health care, dependent care, and transit expenses with pre-tax payroll deductions. If you are enrolled in one of the medical plans, SBP contributes \$500 annually to your FSA account. \$660 can be rolled over from one plan year to the next. Anything above \$660 is considered "use it or lose it".

2025 Health Care FSA Contribution Limit	\$3,300
2025 Dependent Care FSA Contribution Limit	\$5,000
2025 Limited Purpose FSA Contribution Limit	\$3,300

Contacts	Phone	Website/Email
Medical Luminare Health	1.888.663.8080	LuminareHealth.com
Prescriptions CVS Caremark	1.866.475.7589	caremark.com
Telemedicine Teladoc	1.800.835.2362	teladoc.com
Dental Delta Dental	1.800.932.0783	deltadental.com
Vision Ameritas	1.800.255.4931	ameritas.com
FSA Flores	1.800.532.3327	flores247.com Customerservice@flores247.com
Life & Disability SunLife	1.800.247.6875	sunlife.com
Retirement Principal	1.800.986.3343	principal.com
EAP ComPsych	1.877.595.5281	guidanceresources.com

