



WILKS BROTHERS

## Medical & Rx

You have two medical plan options through BlueCross BlueShield of Texas: A Premier Plan with HSA option and a Choice PPO Plan. Under both plans, routine preventive services are covered at 100% with no copay when utilizing an In-Network provider. *The table below lists in-network benefits.*

For additional details about your medical benefits, see the Summary Plan Description at [www.wilksbenefits.com](http://www.wilksbenefits.com). To find an In-Network provider, visit [www.bcbstx.com](http://www.bcbstx.com).

**MDLive** – Call 888-680-8646 / visit [www.mdlive.com/bcbstx](http://www.mdlive.com/bcbstx)

# EMPLOYEE BENEFITS 2026

## Wellness Premium Credit

Save \$50 per Month (\$23.08 bi-weekly) when you have had a preventive or wellness exam within the last 12 months. If you and your spouse are enrolled in medical, both individuals are required to complete an exam to receive the Premium Credit.

**IMPORTANT:** If your spouse is employed and has health insurance available through their employer, they may not enroll in your group health plan.

MEDICAL PLAN HIGHLIGHTS	PREMIER PLAN (HSA Option)	CHOICE PPO PLAN
	In-Network Benefits	In-Network Benefits
Calendar Year Deductible - Annual Deductible resets on January 1		
Individual / Family	\$6,450 / \$12,900	\$2,000 / \$6,000
Coinsurance	N/A	20%
Calendar Year Maximum Out-of-Pocket - Annual Out-of-Pocket Maximum resets on January 1		
Individual / Family	\$6,450 / \$12,900	\$6,450 / \$12,900
Physician Office Visit		
Virtual Visits (MDLive)	\$48 Fee / \$0 after Deductible	\$0 Copay
Primary Care / Specialty Care	\$0 after deductible	\$30 copay /\$30 copay
Preventive Care (Once per calendar year)	No charge/Covered 100%	No charge/Covered 100%
Diagnostic Services		
X-ray and Lab Tests (Outpatient)	\$0 after deductible	100% (office copay could apply)
Complex Radiology	\$0 after deductible	20% after deductible
Urgent Care Facility	\$0 after deductible	\$50 copay
Emergency Room Facility Charges	\$0 after deductible	20% coinsurance after \$600 copay
Inpatient /Outpatient Facility Charges	\$0 after deductible	20% after deductible
PRESCRIPTION DRUG (Rx) COVERAGE		In-Network Benefits
Traditional Select Network	In-Network Benefits	In-Network Benefits
Retail Pharmacy (30 Day Supply)		
Tier 1 / Tier 2 / Tier 3	\$0 after deductible	\$5 / \$70 / \$95 Copay
Tier 4*	\$0 after deductible	20% coinsurance
Mail Order Pharmacy (90 Day Supply) – Express Scripts		
Tier 1 / Tier 2 / Tier 3	\$0 after deductible	\$30 / \$210 / \$285 Copay
Tier 4*	Not Covered	Not Covered
*Specialty drugs must be obtained from In-Network specialty pharmacy provider, Accredo. Specialty retail limited to a 30-day supply. Mail order is not covered.		
MEDICAL PLAN RATES		Premier Plan
Tier of Coverage		Bi-Weekly
Employee		\$44.57
Employee & Spouse		\$221.53
Employee & Child(ren)		\$179.90
Family		\$294.72
		Choice Plan
		Bi-Weekly
Employee		\$93.58
Employee & Spouse		\$355.37
Employee & Child(ren)		\$291.07
Family		\$505.33

# Voluntary Worksite Products

The company offers voluntary Accident, Critical Illness, and Hospital Insurance through Lincoln Financial which may provide benefits in addition to your BCBSTX medical plans.

These voluntary worksite products will directly pay you a benefit amount for covered services and/or diagnosis, to spend as you choose. You will be able to add coverage for yourself, your spouse, and your dependent children.

*\*This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable.*

## Voluntary Accident

Accident plan pays a lump-sum benefit directly to you after a covered injury (fractures, dislocations, etc.) for expenses such as hospital admission, emergency treatment and more.

Additionally, there is a one-time annual Wellness Benefit of \$50 for each covered person who receives preventive and wellness services during the plan year.

HOSPITAL INDEMNITY	
Tier of Coverage	Bi-Weekly Rates
Employee	\$8.10
Employee + Spouse	\$16.74
Employer + Children	\$11.82
Family	\$20.20

## Voluntary Hospital Indemnity

Hospital Indemnity covers a variety of benefits including hospital admission and confinement as well as ICU admission and confinement. The lump-sum can help with out-of-pocket expenses such as deductibles, copays and non-covered services.

## Voluntary Critical Illness\*

Critical Illness Insurance is designed to protect your income and personal assets when your out-of-pocket expenses increase as a result of an illness. Such as a heart attack, stroke, cancer, major organ failure, or other serious medical conditions.

### Lincoln Financial

(800) 423-2765

[www.lincolnfinancial.com](http://www.lincolnfinancial.com)

*Note: Unlike Accident and Hospital Indemnity, which have tiered rates. The cost of Critical Illnesses will be based on your age band and the coverage amount you elect. See table below.*

ACCIDENT	
Tier of Coverage	Bi-Weekly Rates
Employee	\$3.63
Employee + Spouse	\$6.58
Employer + Children	\$9.91
Family	\$12.86

CRITICAL ILLNESS Bi-Weekly Rates		
Employee Age (Spouse rate is based on employee age)	Employee*	Spouse
0-29	\$0.097	\$0.097
30-34	\$0.157	\$0.157
35-39	\$0.203	\$0.203
40-44	\$0.295	\$0.295
45-49	\$0.457	\$0.457
50-54	\$0.729	\$0.729
55-59	\$1.043	\$1.043
60-64	\$1.514	\$1.514
65-69	\$2.146	\$2.146
70+	\$3.005	\$3.005

*\*Child(ren) – Eligible for 50% of the employee coverage amount at no extra cost.*

# Voluntary Dental

The dental plans available through, BlueCross BlueShield of Texas. Both plan options offer in- and out-of-network benefits. It is highly recommended that you discuss billing with your provider prior to receiving services.

This will give you the peace of mind of knowing what your estimated portion of the bill will be.

## Find an in-network provider:

Call (800) 521-2227

visit [www.bcbstx.com](http://www.bcbstx.com)

DENTAL PLAN HIGHLIGHTS		Low Plan (\$1,500)	High Plan (\$2,000)
Benefits Coverage	In-Network Benefits	In-Network Benefits	
Calendar Year Deductible – Annual Deductible resets on January 1			
Individual   Family	\$50 / \$150		\$50 / \$150
Waived for Preventive Care?	Yes		Yes
Calendar Year Annual Maximum – Annual Maximum resets on January 1			
Per Person	\$1,500		\$2,000
Preventive	0% after deductible		0% after deductible
Basic	20% after deductible		20% after deductible
Major	50% after deductible		50% after deductible
Orthodontia - Dependent Child(ren) under age 19			
Benefit Percentage	50%		50%
Lifetime Maximum	\$1,500		\$1,500
NOTE *Reimbursement for out-of-network providers on both BlueCross BlueShield Dental plans is based on Usual and Customary allowance. You may be balance billed any amount over the negotiated reimbursement amounts.			

# Voluntary Vision

Our vision plan is administered by Reliance Standard, utilizing the VSP network. When you enroll in this plan, you will receive access to care from great eye doctors, quality eye wear and the affordability you deserve, all at the lowest cost.

## Find an in-network provider:

Call 800-497-7044

[reliancestandard.com/dental-vision](http://reliancestandard.com/dental-vision)

VISION PLAN HIGHLIGHTS		Vision Plan (once every 12 months)	
Benefits Coverage	In-Network Benefits	Out-Of-Network Allowances	
Routine Exams (Annual)	\$10 copay		Up to \$45
Standard Plastic Lenses			
Single Vision	\$25 copay		Up to \$30
Bifocal / Trifocal	\$25 copay / \$25 copay		Up to \$50 / Up to \$65
Materials			
Frames	\$180 retail allowance		Up to \$70
Medically Necessary Contacts	Covered in Full		Up to \$210
Elective Contacts	\$180 retail allowance		Up to \$145

DENTAL RATES	Low Plan (\$1,500)	High Plan (\$2,000)
Tier of Coverage	Bi-Weekly	Bi-Weekly
Employee	\$15.69	\$19.37
Employee & Spouse	\$31.25	\$38.58
Employee & Child(ren)	\$33.65	\$41.54
Family	\$52.54	\$64.86

VISION RATES	Vision Plan
Tier of Coverage	Bi-Weekly
Employee	\$3.78
Employee & Spouse	\$7.15
Employee & Child(ren)	\$7.66
Family	\$12.25

The charts above are a brief outline of the plans. Please refer to the summary plan description for complete plan details.

# EMPLOYEE ASSISTANCE PROGRAM

Reach out to your Employee Assistance Program (EAP) for short-term counseling, financial coaching, caregiving referrals and a wide range of wellbeing benefits to reduce stress, improve mental health and make life easier.

**Benefits include up to 3 confidential FREE Mental Health Sessions** to help manage stress, anxiety and depression, resolve conflict, improve relationships, overcome substance abuse and address personal issues, with options for in-person, telephonic or video counseling sessions.

These services are free to use, confidential and available to you and your family members:

- Life Coaching
- Financial Consultation
- Legal Consultation
- Life Management
- Personal Assistant
- Medical Advocacy

**EAP**  
**AVAILABLE 24/7**

Visit [guidanceresources.com](http://guidanceresources.com)

Username: LFGSupport

Password: LFGSupport1

or call 888-628-4824



# Life and AD&D

The company provides eligible employees with **Basic Life and AD&D at no cost**. Coverage is equal to 2x your annual earnings, up to \$300,000 for both life and AD&D. Enrollment is automatic – **no action is required**.

You may also elect **voluntary Life and AD&D** coverage at affordable group rates for you, your spouse and your dependent children.

Employee Age*	EMPLOYEE LIFE RATE Bi-Weekly rate per \$10,000 of coverage	SPOUSE LIFE RATE Bi-Weekly rate per \$5,000 of coverage
Under 24	\$0.277	\$0.143
25-29	\$0.369	\$0.164
30-34	\$0.554	\$0.205
35-39	\$0.877	\$0.300
40-44	\$1.200	\$0.429
45-49	\$1.477	\$0.672
50-54	\$2.446	\$1.048
55-59	\$4.246	\$1.608
60-64	\$6.508	\$2.748
65-69	\$10.985	\$4.694

# Disability Benefits

Disability insurance through Lincoln Financial is designed to replace a portion of your earnings in the event of a covered disability. For more plan details, call (800) 423-2765 or visit [www.lincolngroup.com](http://www.lincolngroup.com).

## Voluntary Short-Term Disability

Eligible employees have the option to enroll in the Short-Term Disability (STD) plan. STD provides 60% of your base pay, up to a maximum of a \$2,000 benefit per week. There is a 7-day waiting period before Short Term Disability goes into effect.

## Company-Paid Long-Term Disability

The Company provides eligible employees with Long Term Disability (LTD) coverage at no cost. The benefit amount is equal to 60% of base, pre-disability monthly earnings up to a maximum of \$10,000 per month. Benefits become payable 90 calendar days after date of disability. You receive this coverage automatically – there is no need to enroll.

VOLUNTARY LIFE AND AD&D	
EMPLOYEE	Up to 5x your annual earnings or \$500,000 whichever is less.
SPOUSE	Up to 100% of the employee's election amount.
CHILD	\$2,000 to \$10,000

EMPLOYEE AD&D RATE	
AD&D Coverage	Bi-Weekly rate per \$10,000 of coverage \$0.115

SPOUSE AD&D RATE	
AD&D Coverage	Bi-Weekly rate per \$5,000 of coverage \$0.060

CHILD LIFE / AD&D RATE	
Child Life	Bi-Weekly rate per \$2,000 of coverage \$0.185
Child AD&D	\$0.015

*The charts above are a brief outline of the plans. Please refer to the summary plan description for complete plan details.*

STD COST CALCULATION EXAMPLE	
Below is an example of the bi-weekly cost for an employee earning \$500 per week in base salary.	
Weekly Benefit = 60% of Base Pay	
.6 x \$500 = \$300	
Monthly Cost for Weekly Benefit:	
\$0.61 per \$10 of Weekly Benefit	
\$300 / 10 x \$0.61 = \$18.30	
Bi-Weekly Cost	
\$18.30 x 12 / 26 = \$8.45	

## 401(k) RETIREMENT

As an employee, you have an opportunity to take advantage of the company's 401(k) retirement plan. You can set aside funds on a pre-tax or after-tax (Roth) basis – or both. You choose how much you would like to contribute, up to the annual IRS limit.

**When Can I Start?** You are eligible to begin participating the quarter following three months after your date of hire. The minimum age requirement is 18. Approximately 30 days prior to your eligibility date, you will receive a reminder either by email or mailed to your home address.

**Company Match** You are eligible for the Company match after completing one year of service. The company matches 100% of your tax deferred contributions, up to 4% of your compensation each pay period.

Employer Match Vesting Schedule	
1 Year of Service	0%
2 Years of Service	33%
3 Years of Service	66%
4 Years of Service	100%