



TEEMA 2026 - 2027 Benefit Guide

Benefits Guide

Effective June 2026 - May 2027

Making benefit selections

Eligibility

For you

You are eligible for benefits as a full-time employee working an average of 30 hours per week and cannot be in an on-call position. Premium deductions will be taken from each paycheck on a pre-tax basis beginning when coverage becomes effective.

Covering your family

You may also cover your eligible dependents when you elect coverage for yourself.

Your Spouse or Partner

You may cover your legal spouse or domestic partner.

Your Children

Dependent children are eligible:

- Medical, dental and vision: until age 26 regardless of student or marital status
- Child life insurance: until age 21, or 26 if a full-time student

[Enroll Now](#)



Enrolling in coverage

Your benefit plans are in effect 6/1/2026 - 5/31/2027. In general, there are three times you can make benefit selections:

When you're first eligible

Your benefits begin on the first day of the month following 60 days of employment; this is your effective date. Be sure to submit your selections through Employee Navigator within your first 30 days of benefits eligibility, after completing your onboarding paperwork. Your benefit selections will be in effect through 5/31/2027.

At Open Enrollment

Open Enrollment is your one chance each year to review your coverage options and make changes to your benefits. Your choices are in effect from 6/1/2026 - 5/31/2027 unless you have a qualifying life event.

If you have a qualifying life event

Qualifying life events allow you to change your coverage during the year outside of Open Enrollment. Examples include:

- marriage or divorce,
- birth or adoption,
- death of a covered dependent, and
- a change in eligibility through Medicare, Medicaid, or a spouse or parent's coverage.

You must request a change to your benefits within **30 days** of your life event (**60 days for changes involving Medicaid eligibility**).

Documentation may be required.

The underlying plan contract or document governs all aspects of the plan. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.

Key terms

We've removed as much jargon as possible.

But you'll probably still encounter some terms as you enroll in and use your benefits. **Here's what to know:**

Balance billing

When you use an out-of-network medical or dental provider, they may bill you the difference between what they charge and the amount your insurance pays.

Medical: balance billing is in addition to – and does not count towards – your out-of-pocket maximum. The *No Surprises Act prohibits balance billing under certain circumstances.*

Coinsurance

After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

Copay

A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts paying deductible-eligible expenses.

In-network

In-network care is always your lowest-cost option. Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service.

Out-of-pocket maximum

The most you'll pay for **covered** in-network medical care in a year. This includes your deductible, any coinsurance or copays, and prescription drugs.

The out-of-pocket maximum does not include your premium (the amount you pay for coverage), non-covered expenses, or out-of-network care that's been balance billed.

Pre/Prior-authorization

Some specialty medical providers, services and prescriptions require prior authorization from your insurance company. These may include – but are not limited to – surgery, imaging (CT, MRI) and certain prescription medications.

Primary care physician

A primary care physician (PCP) is your main medical doctor – usually a general practitioner (GP), family doctor, internist, OB/GYN, or pediatrician (for children).

Annual Notices

We're required to tell you about certain rights and responsibilities you have as an employee of TEEMA.

You can request a paper copy at no charge from your HR team.

Learn more about
insurance costs



Review these notices

Contact information

Your advocate is here to help you with claims, ID cards, coverage questions, and more!

1-866-736-6640

service@onedigital.com

Monday - Friday, 8am-5pm EST

Bilingual (Spanish) assistance is available



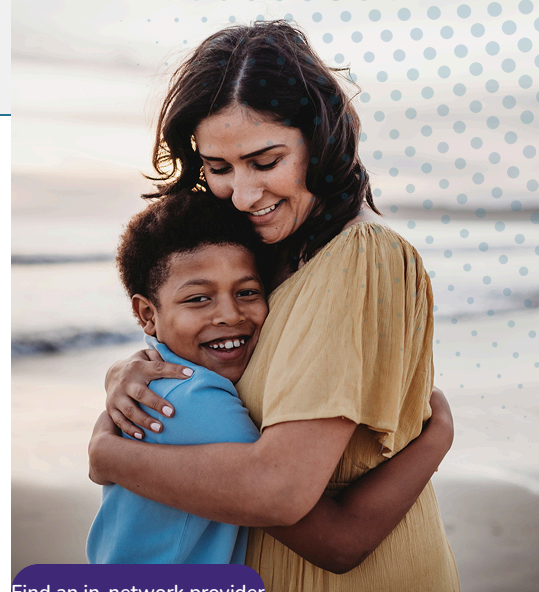
Medical insurance	Angle Health #TBD The Loomis Company #APX0017	855.937.1855 anglehealth.com 877.959.9952 loomisco.com
Dental insurance	Ameritas #10-64570	800.300.9566 ameritas.com
Vision insurance	Ameritas #10-64570	800.300.9566 ameritas.com

Medical Insurance

Select from two medical options through Angle Health.

All plans cover in-network preventive care at 100%, prescription drugs, and include an annual limit on your expenses. The differences are:

- what you pay for the **plan**,
- what you pay when you **get care**,
- how **out-of-network care** is covered, and
- your annual **maximum cost for care** (out-of-pocket maximum).



[Find an in-network provider](#)

Angle Level Funded HDHP \$8,000 100/50

MEC Basic (Minimum Essential Coverage)

In-network care

[See plan summary](#)

[See plan summary](#)

Network name:	Cigna Open Access	N/A
Annual Deductible (DED) 2026-2027	\$8,000 single coverage OR \$16,000 with dependents	\$0 per person, up to \$0 family maximum
<i>How the deductible works when you cover more than one person:</i>	<i>With dependents applies to the whole family, and everyone's expenses count.</i>	<i>Each person has their own deductible with a combined maximum for the family.</i>
Out of pocket maximum	\$8,000 Individual \$16,000 family maximum	\$0 Individual \$0 family maximum
Preventive care	No charge	No charge
Primary care	No charge after deductible	Not Covered
Specialist visit	No charge after deductible	Not Covered
Urgent care	No charge after deductible	Not Covered
Emergency room	No charge after deductible	Not Covered
Inpatient hospital care	No charge after deductible	Not Covered
Outpatient surgery	No charge after deductible	Not Covered
Prescription deductible	\$8,000	N/A
Generic	No charge after deductible (retail)	Discount Card
Preferred brand	No charge after deductible (retail)	Discount Card
Non-preferred brand	No charge after deductible (retail)	Discount Card

Annual deductible	\$16,000 / \$32,000	\$0 / \$0
Out of pocket maximum	\$17,600 / \$35,200	\$0 / \$0
Your cost for coverage	Per paycheck	Per paycheck
Employee only	\$44.82	\$10.38
Employee + spouse	\$200.60	\$19.62
Employee + child(ren)	\$181.49	\$19.62
Employee + family	\$296.12	\$28.85

*The above pricing reflects the employee's total per-paycheck cost after the employer contribution has been applied.

*TEEMA contributes toward employee medical coverage only, not dental, vision, or dependent coverage.

Dental Insurance

Your dental coverage is through Ameritas.

You'll get in-network preventive care at 100% along with coverage for additional, common dental services.

See below for more information on orthodontic coverage.



[Find an in-network provider](#)

Ameritas Dental

[See plan summary](#)

Network name:	N/A	
	In-network	Out-of-network
Annual deductible (DED)	\$50 per person \$0 family max	\$50 Individual \$0 Family max
Annual maximum benefit	\$1,000 per person	\$1,000 per person
Preventive care	Covered at 100%; deductible waived	Covered at 100%; deductible waived
Basic care	Covered at 70% after deductible	Covered at 70% after deductible
Major care	Covered at 50% after deductible	Covered at 50% after deductible
Orthodontic care Coverage Lifetime maximum benefit	Plan pays 50% for children only; orthodontia has a \$1,500 lifetime maximum \$1,500	Plan pays 50% for children only; orthodontia has a \$1,500 lifetime maximum \$1,500
Your cost for coverage	Per paycheck	
Employee only	\$7.33	
Employee + spouse	\$14.34	
Employee + child(ren)	\$20.88	
Employee + family	\$29.89	

* **Balance billing** may apply to all out-of-network dental care, including preventive care.

Stay **in-network** to avoid **balance billing charges** (the difference between what an out-of-network provider charges and the amount your insurance pays).

Vision Insurance

Your vision coverage is through Ameritas.

You'll get an annual exam with coverage for lenses and frames, or contacts in lieu of glasses.



[Find an in-network provider](#)

Ameritas Vision

[See plan summary](#)

Network name:	VSP Choice Network + Affiliates	
	In-network	Out-of-network
Annual eye exam (Once every 12 months)	Covered in full after \$10 copay	Up to \$45 reimbursement after \$10 copay
Materials copay (lenses & frames)	N/A	N/A
Lenses		
Single vision	Covered in full after \$25 copay	Up to \$30 reimbursement after \$25 copay
Bifocal	Covered in full after \$25 copay	Up to \$50 reimbursement after \$25 copay
Lined Trifocal	Covered in full after \$25 copay	Up to \$65 reimbursement after \$25 copay
Lenticular (Once every 12 months)	Covered in full after \$25 copay	Up to \$100 reimbursement after \$25 copay
Frames (Once every 24 months)	Covered after \$25 copay	Up to \$70 reimbursement after \$25 copay
Contact lenses		
Elective	Up to \$130 allowance	Up to \$105 reimbursement
Medically necessary (Once every 12 months)	Covered in full	Up to \$210 reimbursement
Your cost for coverage	Per paycheck	
Employee only	\$1.94	
Employee + spouse	\$3.10	
Employee + child(ren)	\$3.17	
Employee + family	\$5.11	

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Your vision plan covers **either** glasses (lenses and frames) **or** contact lenses each year.
If you receive contact lenses, they will be instead of your glasses benefit.



2026-2027 Benefits

TEEMA