

OPEN ENROLLMENT 2026 INSTRUCTION GUIDE

Here is a step by step guide to the open enrollment process in Sage

<u>IMPORTANT NOTE</u>

Please have your user name and password for this site on hand.

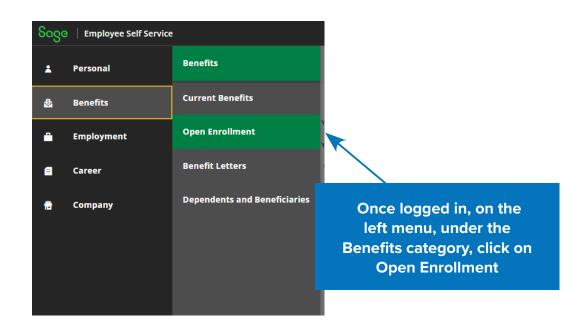
You will need to re-enter it again at the end, along with your social security number.

PLEASE REMEMBER TO ENTER THE DASHES!



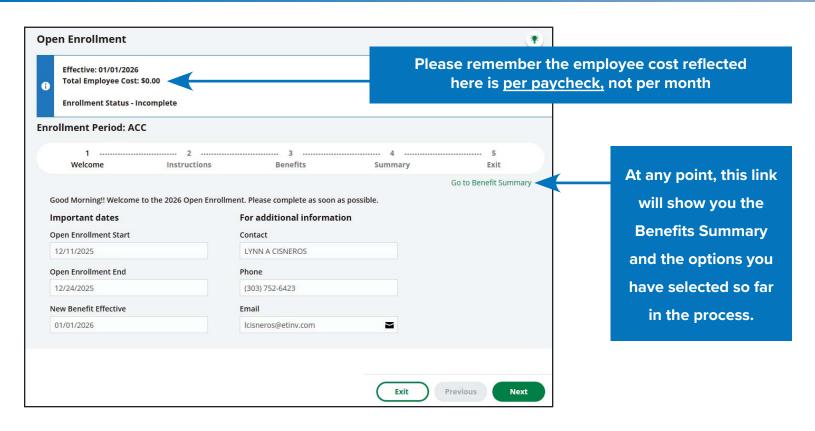
OPEN ENROLLMENT

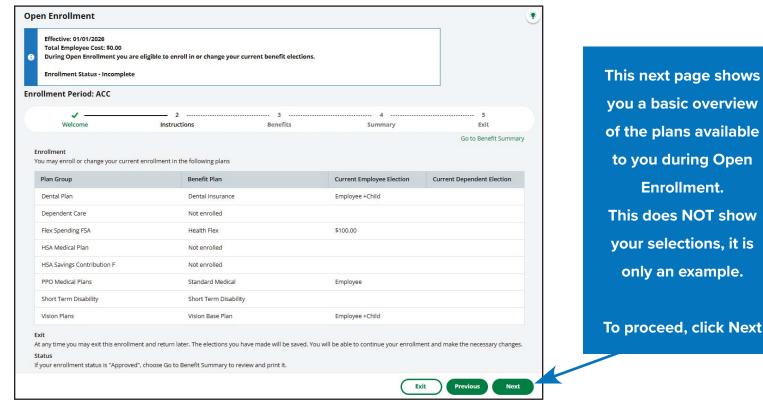
Visit HR connections ~ Hrtimesheet.etinv.com Proceed with the login process as you normally do.		
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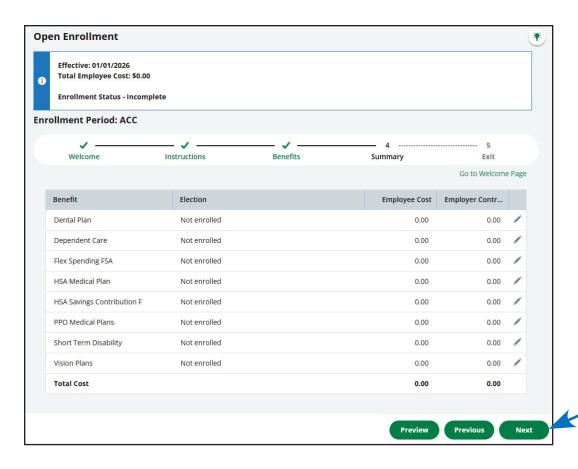
OPEN ENROLLMENT







OPEN ENROLLMENT



Should you choose
to view the Benefits
Summary it will
display the options
you have selected
so far in the process,
and the cost to you
per paycheck.

Simply click Next to return to where you were in the process.



Dental Benefits

NO LIST – GO TO ANY DENTIST

BENEFIT DESCRIPTION

BENEFIT

(SUBJECT TO USUAL AND CUSTOMARY CHARGES)

CALENDAR YEAR DEDUCTIBLE		
SINGLE	\$50	
FAMILY	\$150	
MAXIMUMS	(Class A, B & C expenses combined per person)	
CALENDAR YEAR BENEFIT	\$1,250 per Covered Person	
ORTHODONTIC BENEFIT	\$1,250 per Covered Person	
BENEFITS		
CLASS A PREVENTATIVE & DIAGNOSTIC SERVICES	100% after Deductible	
CLASS B EXPENSES - BASIC SERVICES	80% after Deductible	
CLASS C EXPENSES - MAJOR SERVICES	50% after Deductible	
ORTHODONTIC SERVICES (DEPENDENT CHILDREN YOUNGER THAN AGE 18 ONLY)	50% after Deductible	

FOR DENTAL CARE OVER \$300

Whenever you need dental care that is estimated to cost over \$300, ask your dentist to submit a proposed treatment plan before you receive the care. Dental and plan experts will review the plan to be sure it's the best and safest for you, and you know your out-of-pocket cost estimate ahead of time to help you budget.





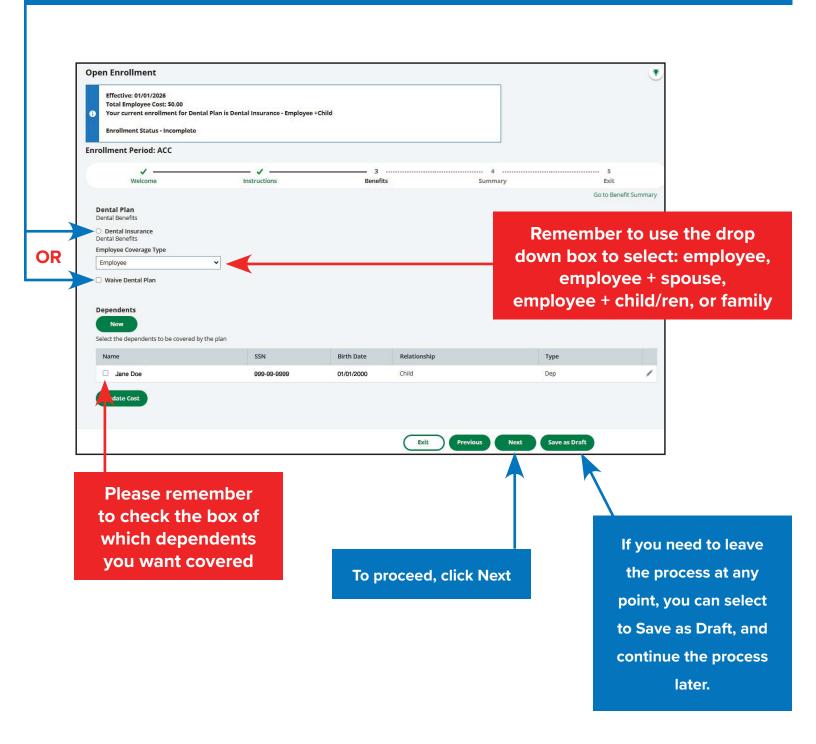
CONTRIBUTIONS

COVERAGE	MONTHLY DEDUCTION
SINGLE	\$20.00
EE + SPOUSE	\$62.00
EE + CHILD(REN)	\$72.00
FAMILY	\$104.00



At every option, you MUST either select the benefit or waive it.

To select, check the bubble next to the option, and then use the pull-down to choose the Employee Coverage Type (who is covered). To waive this benefit, simply click the check box.



Dependent Care & Flex Spending FSA

ENROLLMENT UNDER OUR HMED, SMED OR PMED PLAN

Flexible Spending Accounts

You have the opportunity to set aside pre-tax dollars in a Flexible Spending Account and/or Dependent Care Spending Account through UMR.

You are able to use the funds for expenses incurred during the year, and have 90 days after the end of the year (or 90 days after termination of employment) to submit for reimbursement. If you do not use all your funds by the end of the plan year, you may be able to carryover up to \$500 into the new plan year. The carryover is applied after the run out period is complete.

With the Flexible Spending Account you have the opportunity to allocate up to \$3,400 of pre-tax dollars to be used for qualified expenses incurred during the plan year.

Some examples of qualified expenses include:

- Deductibles, Co-payments, or Coinsurance
- **Qualified Expenses Beyond Plan Limits**
- Vision care
- Dental care
- Hearing aids
- Some eligible Over-the-Counter drugs when prescribed by physician

Some Medical expenses may require additional substantiation.



A UnitedHealthcare Company

Non-Qualified Expenses which cannot be reimbursed using a Flexible Spending Account include drugs obtained in an illegal manner, vitamins or dietary supplements available without a prescription (even if prescribed), insurance premiums, elective cosmetic surgery, funeral and burial expenses, health club dues, maternity clothing, diapers or diaper services, weight loss drugs or programs, massage therapy (unless prescribed by physician for specific injury or trauma), special schooling for children, household and domestic help, uniforms, transportation not essential to medical care, and more.

Dependent Care Spending Account

With the Dependent Care Spending Account you are able to set aside up to \$7,500 per Taxable Year to be used for Dependent Care, such as nursery schools, licensed day care centers for children or adults, or before- or after-school programs.

If you are married but you and your spouse file separate tax returns, you are eligible to contribute up to \$2,500. Other limitations to annual contributions may also apply.

Dependent Care & Flex Spending FSA

THE HEALTH CARE REIMBURSEMENT FSA

The health care reimbursement FSA lets you pay for certain IRS-approved medical care expenses not covered by your insurance plan with pre-tax dollars. For example, cash that you now spend on deductibles, co-payments or other out-of-pocket medical expenses can instead be placed in the health care reimbursement FSA pre-tax. The annual maximum contribution to the health care reimbursement FSA is \$3,400.

Health FSAs employ a "use-it-or-lose-it" model. If you o not use the funds that you contribute to your FSA within the end of the year, you will have to forfeit those funds. However, employers also have the option of allowing employees to carry over up to \$500 of unused funds from one year to the next. In addition, any amount that is carried over does not count toward the maximum contribution limit.

ELIGIBLE EXPENSES

Eligible health care expenses for the health care reimbursement FSA include more than just your deductible and co-payments. You can also reimburse items such as prescription drugs, dental expenses, eye glasses and contacts, certain medical equipment and many more items. For more information about eligible medical expenses, please refer to IRS Publication 502, Medical and Dental Expenses, available a www.irs.gov/publications/p502/index.html.

Over-the-counter drugs used to be eligible expenses, but a law effective Jan. 1, 2011, only allows claims for over-the-counter medication or drug expenses (other than insulin) to be reimbursed if the patient has a prescription. This new rule does not apply to items for medical care that are not considered medication or drugs. Equipment such as crutches, supplies such as bandages and diagnostic devices such as blood sugar test kits still qualify for reimbursement without a prescription.

THE DEPENDENT CARE FSA

The Dependent Care FSA lets you use pre-tax dollars toward qualified dependent care. The annual maximum amount you may contribute is \$7,500 (or \$3,750 if married and filing separately) per calendar year.

If you elect to contribute to the dependent care FSA, you may be reimbursed for:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

ELIGIBLE EXPENSES

In order for dependent care services to be eligible, they must be for the care of a tax-dependent child under age 13 who lives with you, or a tax-dependent parent, spouse or child who lives with you and is incapable of caring for himself or herself. The care must be needed so that you and your spouse (if applicable) can go to work. Care must be given during normal working hours (instances such as Saturday night babysitting does not qualify) and cannot be provided by another of your dependents.

IS THE FSA PROGRAM RIGHT FOR ME?

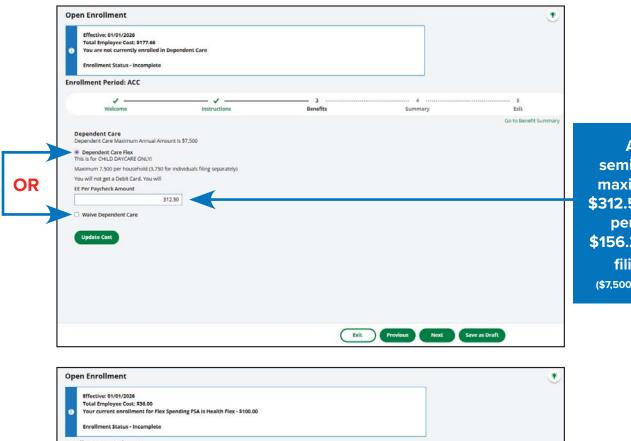
The flexible spending accounts offered by are beneficial for anyone who has out-of-pocket medical, dental, vision, hearing or dependent care expenses beyond what his or her insurance plan covers. It's easy to determine if an FSA will save you money. At enrollment time, you will need to determine your annual election amount. Estimate the expenses that you know will occur during the year. These include out-of-pocket expenses for yourself and anyone claimed as a dependent on your taxes. If you had \$100 or more in recurring or predictable expenses, the accounts can help you stretch your dollars



DEPENDENT CARE & FLEX SPENDING FSA

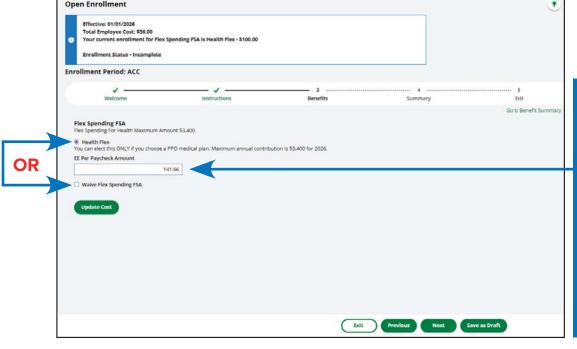
REMEMBER

In order to enroll in Flex spending you must elect a PPO (SMED, PMED or HMED)
YOU MUST SELECT OR WAIVE EACH OPTION.



Amounts are semi-monthly with a maximum amount of \$312.50 per pay period per household or \$156.25 for individuals filing separately

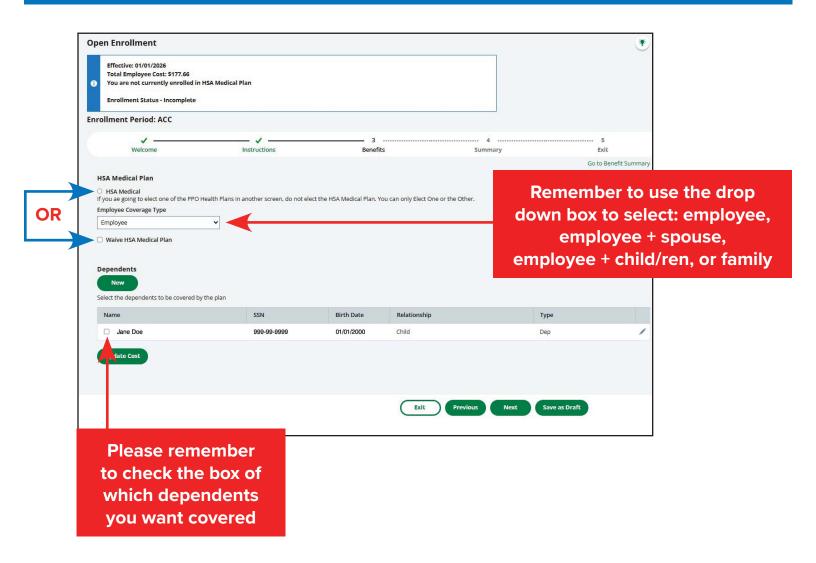
(\$7,500 or \$3,750 divided by 24)



Amounts are semi-monthly with a maximum amount of \$141.66 per pay period (\$3,400 divided by 24 pay periods)

**Take the amount you want to withhold for the year (maximum \$3,400) and divide by 24 pay periods.





HSA - HEALTH SAVINGS ACCOUNT MUST BE ENROLLED IN OUR HSA PPO PLAN

A pre-tax savings account that can be used to pay for qualified medical, dental and vision expenses.

You must be enrolled in a qualified HDHP to contribute to an HSA.

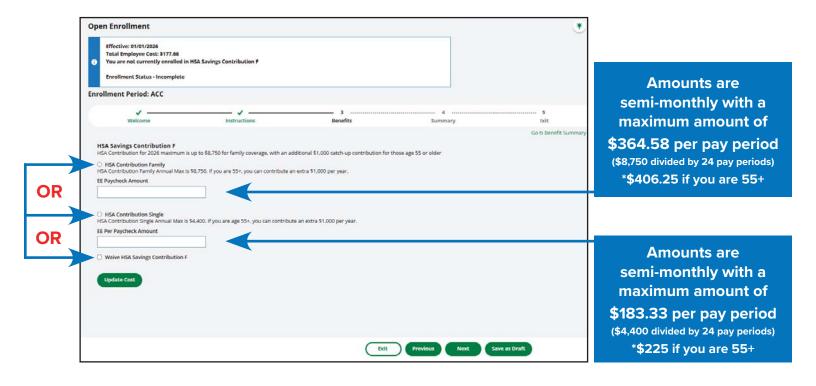
CONTRIBUTION LIMITS	2026
Single	\$4,400
Family*	\$8,750
Age 55+ (additional contribution)	\$1,000

* Includes Employee Child and Employee Spouse tiers.

HSA Advantages:

- Funds go with you if you leave.
- · Account balance rolls over year after year.
- You can use the funds in your account for eligible medical expenses for ANY tax dependent.
- Interest earned is tax free.





2026 Medical PreTax Contributions (Monthly)

STANDARD

REMIUM

	Wellness Participants - Met Goal	Wellness Participants - Goal Not Met	Non-Participants
Single	\$236.00	\$268.00	\$348.00
EE + Spouse	\$598.00	\$634.00	\$718.00
EE + Child	\$574.00	\$612.00	\$694.00
EE + Children	\$574.00	\$612.00	\$694.00
Family	\$840.00	\$880.00	\$964.00

Wellness Participants Wellness Participants Non-Participants - Met Goal - Goal Not Met \$390.00 \$424.00 Single \$528.00 EE + Spouse \$790.00 \$830.00 \$932.00 EE + Child \$756.00 \$794.00 \$898.00 \$794.00 EE + Children \$756.00 \$898.00 Family \$1,078.00 \$1,120.00 \$1,224.00

HDHP (HMED)

	Wellness Participants - Met Goal	Wellness Participants - Goal Not Met	Non-Participants
Single	\$154.00	\$186.00	\$266.00
EE + Spouse	\$492.00	\$528.00	\$612.00
EE + Child	\$468.00	\$504.00	\$588.00
EE + Children	\$468.00	\$504.00	\$588.00
Family	\$680.00	\$718.00	\$800.00

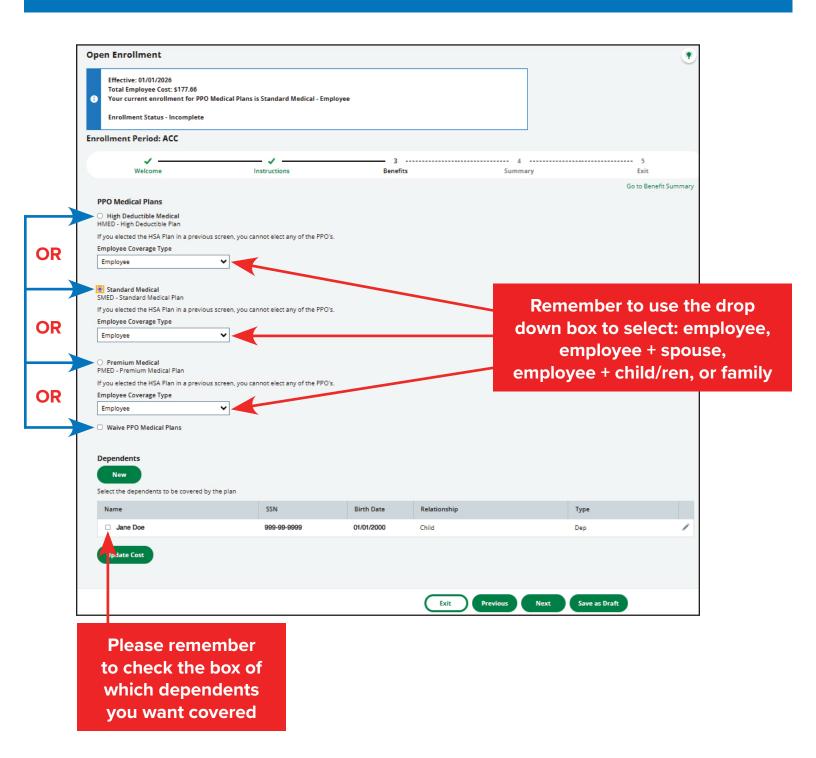
HSA

	Wellness Participants - Met Goal	Wellness Participants - Goal Not Met	Non-Participants
Single	\$76.00	\$110.00	\$190.00
EE + Spouse	\$332.00	\$368.00	\$452.00
EE + Child	\$310.00	\$344.00	\$424.00
EE + Children	\$310.00	\$344.00	\$424.00
Family	\$498.00	\$534.00	\$616.00

NOTE

Note: New employees without a baseline Wellness score will be charged the middle tier of rates until they get a baseline score. Employees hired in the first half of the year will be given an opportunity to get tested and get a baseline score. Those hired in the second half of the year will wait until the next regular testing.





Short Term Disability

We've Got You Covered!

As an active employee of ET Investments, LLC, you have access to a disability income insurance policy from United of Omaha Life Insurance Company. A disability income insurance policy can help provide security when you need it, plus give you peace of mind so you can recover faster and get back on the job sooner.

Coverage guidelines and benefits are outlined below.

BENEFITS	
Elimination Period	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: - On the 15th day of your disabling injury - On the 15th day of your disabling illness
Weekly Benefit	Your benefit is equivalent to 66 2/3" of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources. The premium for your short-term disability coverage is waived while you are receiving benefits.
Maximum Benefit Period	Up to 11 weeks
Maximum Weekly Benefit	\$2,000
Minimum Weekly Benefit	\$25

Definition of Disability: Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period.

Definition of Weekly Earnings: Weekly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 52. Weekly earnings for commissioned employees is the gross annual salary plus annual commissions for the year immediately prior to the date disability begins, divided by 52. Weekly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per week during the 12 month period immediately prior to the date disability begins. If employed for part of the prior 12 month period, weekly earnings is the hourly rate of pay multiplied by the average number of hours worked.

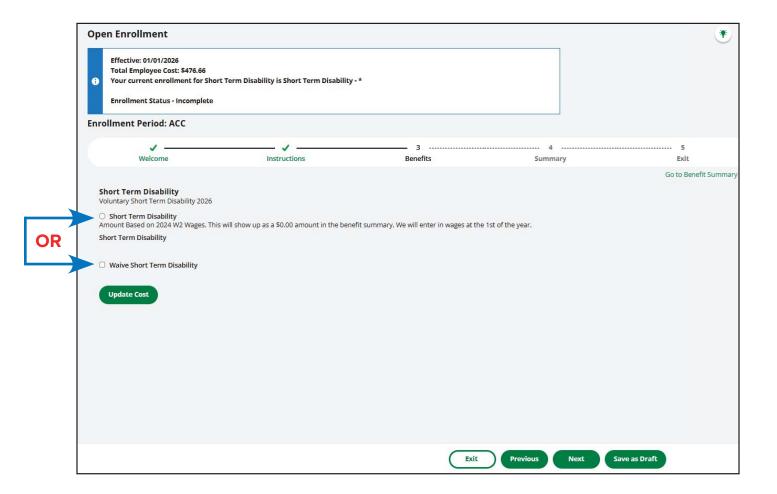
HOW TO CALCULATE PREMIUM:

MONTHLY PREMIUM CALCULATION		EXAMPLE
List your Annual Salary	\$	\$75,000
Divide by 52	\$	\$1,442.31
Multiple by Benefit % - 66.67% (\$2,000 is the maximum)	\$	\$961.59
Multiple by rate - \$0.022	\$	\$21.15



SHORT TERM DISABILITY

REMEMBERYOU **MUST** SELECT OR WAIVE EACH OPTION.



Please refer to the STD calculations on STD flyer above to help you calculate your monthly rate. Your STD rate will be based on your 2025 W2 earnings. We will input those amounts at the end of the year. This will not appear in the summary of total cost at the end as this is a new benefit.

IF YOU DO NOT WAIVE THIS BENEFIT YOU WILL BE AUTOMATICALLY ENROLLED



Vision Benefits

VSP CHOICE PROVIDERS*

BENEFIT	BASE	BUY UP	FREQUENCY
EYE EXAM	\$10	\$10	One per calendar year
PRESCRIPTION GLASSES	\$25	\$25	One per calendar year
Frames	\$150 Allowance	\$200 Allowance	One per calendar year
Lenses - Single, bifocal, and line trifocal	Included	Included	One per calendar year
LENS ENHANCEMENTS			
Standard Progressive	\$0	\$0	
Premium Progressive	\$95 - \$105	\$95 - \$105	
Custom Progressive	\$150 - \$175	\$150 - \$175	
Contacts – in lieu of glasses Contact lens exam	\$150 Allowance up to \$60	\$200 Allowance up to \$60	One per calendar year
Light Care - \$200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts	N/A	\$25	One per calendar year

^{*}Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out of network plan details.

NOTE: VSP Members do not receive cards. Simply have your provider call VSP to confirm benefits

EXTRA SAVINGS!

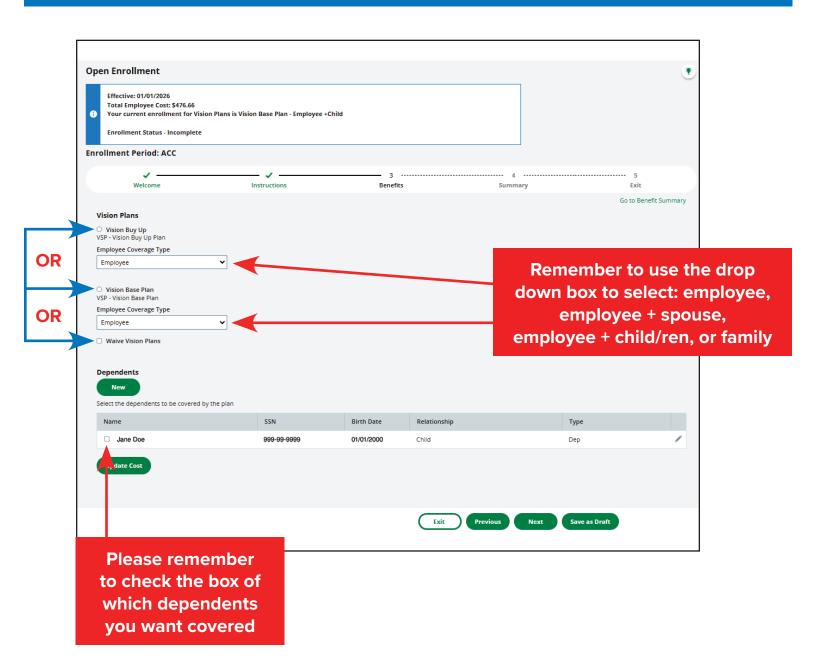
- Extra \$20 to spend on featured frame brands. Go to vsp.com/special offers for details.
- 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last vision exam.
- No more than a \$39 copay on routing retinal screening as an enhancement to the Eye Exam.
- Average 15% off the regular price or 5% off the promotional price for Laser Vision Correction. Discounts only available from contracted facilities.



CONTRIBUTIONS

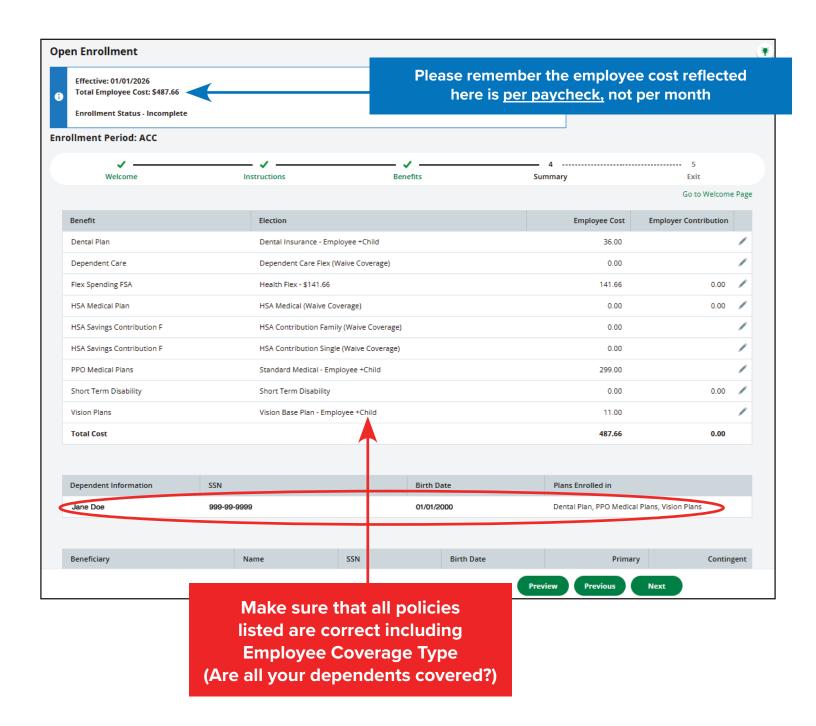
COVEDACE	MONTHLY DEDUCTION		
COVERAGE	BASE	BUY UP	
SINGLE	\$13.76	\$14.88	
EE + 1	\$22.00	\$23.80	
EE + CHILDREN	\$22.46	\$24.30	
FAMILY	\$36.22	\$39.20	







REVIEW YOUR OPEN ENROLLMENT

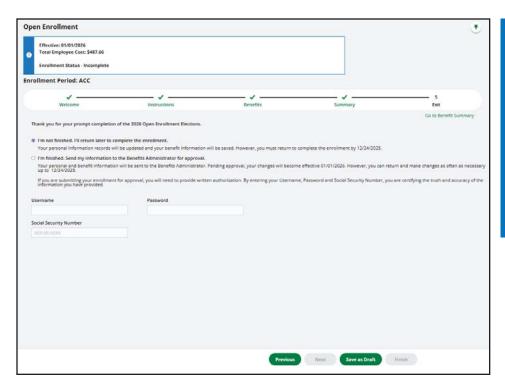


Summary Page: Please note STD rates will not calculate until we enter them.

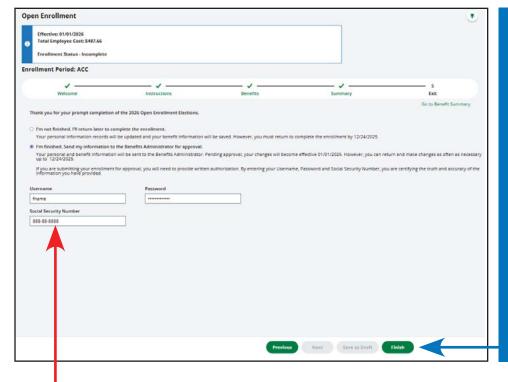
PLEASE TAKE A SCREEN SHOT FOR YOUR RECORDS.



SUBMIT YOUR OPEN ENROLLMENT



If your are not ready to submit your final enrollment simply choose "I'm not finished". It will save the selections you have made. Please remember that you will need to finish before the enrollment window expires.



If you select "I'm finished'
then several fields will become
visible - enter your username,
password, and Social Security
number. (including dashes).
Once these fields are filled
out, the Finish button will
be available. Once you are
finished please look for a
confirmation email. If you do
not receive one, there was an
error with your enrollment.

Remember to use dashes in your SS #