

# Employee Benefits Package

**2025-2026**

**Plan Year**

**Panoramic Doors**



# Contacts

Agency Contacts	Title	Phone	Email
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New York Life	800.225.5695	newyorklife.com	SOK069383
Freshbenies	855.647.6762	freshbenies.com	BENIES4319



\*Please note that all enrollment is completed online via PayCom Your payroll deduction costs are listed online when enrolling.

# Choose your plan with or without Elective Abortions



## Cigna OAP PPO Plan

## Cigna HDHP HSA

Deductible	In-Network	Out-of-Network	In-Network	Out-of-Network
Single	\$3,000	\$6,000	\$5,000	\$10,000
Family	\$6,000	\$12,000	\$10,000	\$20,000
<b>Coinsurance</b>				
Member %	80%	50%	80%	60%
<b>Out of Pocket Maximum</b>				
Single	\$6,000	\$12,000	\$6,900	\$20,000
Family	\$12,000	\$24,000	\$13,800	\$40,000
<b>Commonly Used Services</b>				
Primary Care Physician Office Visit	\$25	50% after deductible	20% after deductible	40% after deductible
Specialist Office Visit	\$50	50% after deductible	20% after deductible	40% after deductible
Urgent Care	\$75	0% after deductible	20% after deductible	40% after deductible
Emergency Room	300 copay then deductible & coinsurance	300 copay then deductible & coinsurance	20% after deductible	40% after deductible
<b>Preventive Care</b>				
Preventive Services	100% covered	N/A	100% covered	N/A
<b>Major Medical Expenses</b>				
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	40% after deductible
Inpatient Hospitalization / Surgery	20% after deductible	50% after deductible	20% after deductible	40% after deductible
CT scan, PT scan, MRI	20% after deductible	50% after deductible	20% after deductible	40% after deductible
Hospital Newborn Delivery	20% after deductible	50% after deductible	20% after deductible	40% after deductible
<b>Prescription Drug Coverage</b>				
Generic ( Tier 1 )	\$15	50% after deductible	20% after deductible	40% after deductible
Brand Name ( Tier 2 )	\$40	50% after deductible	20% after deductible	40% after deductible
Non-Preferred ( Tier 3 )	\$75	50% after deductible	20% after deductible	40% after deductible
<b>Plan Information</b>				
Plan Year	10-1-2025 - 09-30-2026		10-01-2025 - 09-30-2026	
Deductible Period	Calendar Year		Calendar Year	
Network Type	PPO		PPO	

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.

### Premium Per Employee Paycheck

Employee Only w/Elective Abortions	\$67.50	\$47.30
Employee + Spouse w/Elective Abortions	\$141.75	\$100.13
Employee + Children w/Elective Abortions	\$128.25	\$90.53
Employee + Family w/Elective Abortions	\$202.50	\$143.36
Employee Only w/o Elective Abortions	\$67.10	\$47.01
Employee + Spouse w/o Elective Abortions	\$140.90	\$99.53
Employee + Children w/o Elective Abortions	\$127.48	\$89.99
Employee + Family w/o Elective Abortions	\$201.29	\$142.50

# Health Savings Account

## WHAT IS A HEALTH SAVINGS ACCOUNT ( HSA )?

A Health Savings Account ( HSA ) is a personal savings account that you can use to pay for Qualified medical expenses on a tax free basis.

## WHAT ARE HSA ELIGIBLE EXPENSES?

Eligible Expenses under the HSA are called Qualified Medical Expenses ( QME ). These are defined in IRS Publication 502. Examples of qualified medical expenses are Deductibles, Office Visits, Prescription Drugs, Hospital bills, etc.... Please note: There are penalties if you use the HSA for Non -QME's.

## HOW DO I USE IT?

In most cases, your HSA bank will provide you with a debit card. Use this to be for any prescriptions or doctor visits at the time of service or you can use it to pay for any bills you receive in the mail.

## WHEN CAN I ENROLL IN AN HSA?

Typically, you'll enroll in an HSA during your open enrollment period when you make your annual benefit elections.

## HOW CAN I ACCESS THE FUNDS?

Through a debit card or checks provided by the HSA bank you use.

## WHAT TAX BENEFITS ARE THERE?

The goal of the HSA is to allow you to pay for medical expenses tax free. If you choose to contribute via payroll deductions, the money is taken out pre-tax. If you make contributions on your own, you will be able to deduct these amounts from your taxes for that year.

## ARE THERE ANY CONTRIBUTION LIMITS?

Yes. For 2025, if you are enrolled in employee only coverage, you can contribute up to \$4,300 during the year. For family coverage, this limit is \$8,550. If you are between ages 55 and 64, you can contribute an extra \$1,000 per year.

## CAN I USE MY HSA TO PAY INSURANCE PREMIUMS?

Generally, no. You cannot use HSA funds to pay for insurance Premiums. There are a couple caveats to this. You can purchase long term care insurance ( specific age guidelines apply ), COBRA coverage and Medicare supplement coverage with HSA funds.

## WHO IS ELIGIBLE FOR AN HSA?

Employees and their dependents that are enrolled in a Qualified High Deductible health plan.

## DO I HAVE TO USE ALL FUNDS BEFORE THE END OF THE YEAR?

No - all unused funds remain in your account - just like a regular savings account.

## HOW DO I CONTRIBUTE?

Your employer will allow you to contribute through pre-tax payroll deductions. You can also contribute outside of payroll - be sure to talk to your tax consultant about these contributions to make sure you receive all the tax benefits available.

## IS THE HSA PORTABLE?

Yes. The HSA is your personal savings account. The money in this account is yours no matter where you are employed.



This is a summary of benefits for your dental plan.

All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.



**Cigna**  
**100/80/50, \$1,500 Max, P/E Major,**  
**MAC**

**Cigna**  
**Dental DHMO**

Deductible	In-Network	Out-of-Network	In-Network
Single	\$50	\$50	N/A
Family	\$150	\$150	N/A
<b>Maximum the carrier will pay</b>			
Annual Maximum	\$1,500	\$1,500	N/A
<b>Frequencies</b>			
Cleaning	Once every 6 months		two per calendar year
Exam	Once every 6 months		Oral evaluations are limited to a combined total of 4 of the following evaluations during a 12 consecutive month period: Periodic oral evaluations (D0120), comprehensive oral evaluations (D0150), comprehensive periodontal evaluations (D0180), and oral evaluations for patients under 3 years of age (D0145)
<b>Dental Coverage</b>			
Cleanings	0%	0%	0%
Exams	0%	0%	0%
X-Rays	0%	0%	0%
Sealants	0%	0%	\$20
Fillings	20%	20%	\$35-\$45
Simple Extractions	20%	20%	\$35
Root Canal	50%	50%	\$415
Periodontal Gum Disease	50%	50%	\$60 per quadrant
Oral Surgery	50%	50%	\$150
Crowns	50%	50%	\$365
Dentures	50%	50%	varies
Bridges	50%	50%	varies
Implants	50%	50%	\$665
Orthodontia	50%	50%	\$400
Orthodontia Lifetime Maximum	\$1,500		N/A
Orthodontia Maximum Age	Dependents are covered up to age 26		N/A
<b>Out of Network Explanation</b>			
	Your insurance carrier will pay the out of network dentist the same rate they pay an in-network dentist, which may result in a balance bill.		No out of network coverage
<b>Plan Information</b>			
Waiting Period for Major Services	12 Months		N/A
Plan Year	2025		2025
Network Type	PPO		DHMO
Network Name	PPO		DHMO
Member Website	<a href="http://my.cigna.com">my.cigna.com</a>		<a href="http://my.cigna.com">my.cigna.com</a>
Customer Service Phone Number	1-800-244-6224		1-800-244-6224

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.

**Premium Per Employee Paycheck**

Employee Only	\$3.31	\$1.77
Employee + Spouse	\$6.50	\$3.14
Employee + Child(ren)	\$8.20	\$3.85
Family	\$12.47	\$5.57

# Cigna Vision

## Cigna

### Standard PPO Comprehensive Plan



Vision Insurance explanation - brief synopsis of the plan details for the year. This text could include special instructions on how to use the plan, or any other relevant information employees need to know about their plan.

Vision Coverage	In-Network	Out-of-Network
Eye Exam	\$10	up to \$45
Single Vision Lens	\$20	Up to \$32
Lined Bi-Focal Lens	\$20	Up to \$55
Lined Tri-Focal Lens	\$20	Up to \$65
Lenticular Lens	\$20	Up to \$80
Contact Lens Allowance	\$130	Up to \$105
Frame Allowance	\$130	Up to \$71
Frequencies		
Exam Frequency	12 months	
Lens Frequency	12 months	
Frame Frequency	12 months	
Out of Network Explanation		
	While you will receive a reimbursement when you go out of network, the out of network provider may not file the claim for you.	
Plan Information		
Plan Year	Your Frequency Period begins on January 1 (Calendar year basis)	
Network Name	Cigna Vision Network	

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.

#### Premium Per Employee Paycheck

Employee Only	\$3.24
Employee + Spouse	\$6.48
Employee + Child(ren)	\$6.54
Family	\$10.44

# New York Life

## Group Life Insurance



LIFE INSURANCE

Life insurance isn't a fun thing to think about, but, if you have people who depend on you for financial support, then life insurance is really about protecting them in case something happens to you—your designated beneficiary would collect a financial benefit upon your death. Group life insurance coverage is a employer-sponsored safety net in case the worst happens, with no out-of-pocket costs to you. If you believe you need additional coverage, you may wish to enroll in voluntary life insurance as well.

Employee

Life Insurance Benefits	
Life Insurance Coverage	\$50,000
Accidental Death & Dismemberment	\$50,000
Age Reduction Schedule	Age 65 - 65% of coverage Age 70 - 50% of coverage

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## New York Life Supplemental Term Life

Voluntary life insurance is similar to group life insurance, except it is paid for by you. It can provide additional financial security to you family in case the worst happens.

With voluntary life insurance, you pay a monthly premium and then your beneficiaries receive a guaranteed amount in the event of your death. Plans are typically flexible and allow you to set your contribution and payment amounts, allowing you more control.

While this type of insurance isn't fun to think about, it can be a vital lifeline for your family.

Employees must fill out an EOI form if they exceed the guaranteed issue amount.

Life Insurance Benefits	
Employee Life Insurance Coverage	The lesser of 5 x annual earnings or \$100,000
Spouse Life Insurance Coverage	\$25,000
Child(ren) Life Insurance Coverage	\$10,000
Accidental Death & Dismemberment	1 x Life Insurance amount
Age Reduction Schedule	Age 65 - 65% of coverage Age 70 - 50% of coverage
Guaranteed Insurability - New Hire only	\$100,000 Employee \$25,000 Spouse \$10,000 Child

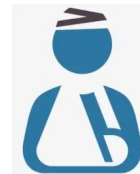
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\*Please note that all enrollment is completed online via PayCom. Your payroll deduction costs are listed online when enrolling.



# New York Life

## Short Term Disability



Group Short-Term disability is 100% covered by the employer.

Disability insurance is coverage that provides you with income protection should you be unable to work due to an injury or illness. With disability coverage, you are compensated for a portion of your lost income.

Short-term disability (STD) coverage begins on the 8th day of the event causing your disability.

The coverage allows you to continue to receive pay at a fixed weekly amount or a set percentage of your income.

STD can last for 25 weeks.

STD Insurance Benefits	
Weekly Benefit	66.67% of weekly earnings to a max of \$2,500
When do benefits start? (Elimination period )	7 days
How long do my benefits pay out?	Up to 25 weeks
Are there any limitations on coverage for Pre-Existing conditions?	No
Is Maternity Covered?	Yes

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.





**freshbenies**  
A FRESH APPROACH TO BENEFITS

## Practical tools to control your healthcare (and more)...in one easy membership!

Save hundreds to thousands on your family's healthcare. Use your freshbenies services through your member app, portal or phone. One membership includes your entire immediate family!



### Advocacy PLUS

**Your friend in healthcare.** Comprehensive support throughout your healthcare journey. Find highly-rated doctors, compare costs for procedures, find lower-cost prescriptions, have medical bills negotiated and more.



### Telehealth

**Your 24/7 Dr. BFF.** It's like having a best friend who's a family doctor! Up to 70% of medical issues can be solved by phone. Reach out 24/7 for \$0 visit fee with a U.S. primary care doctor and get a prescription written, if medically necessary<sup>†</sup>.



### Behavioral Telehealth

**Even more access to experts!** Schedule convenient, discreet consultations with therapists or psychiatrists at \$0 visits fees.



### Prescription Savings

**Get your drug on (sale)!** Fewer medications are covered under today's medical plans. Use our pricing tool to save an average 79% on generic and 34% on brand name<sup>††</sup> prescriptions at over 60,000 pharmacies nationwide.



### Vision Savings

**See and be seen!** Get amazing discounts on everything from vision exams, brand name eyewear and contacts to LASIK and more - at thousands of providers nationwide, including national chains and local retailers.



### Dental Savings

**Smile at the savings.** Save an average 20-40%<sup>†††</sup> on dental services from cleanings, whitening and root canals to braces and more at thousands of available dental practice locations nationwide.



### benieWALLET

**Your important cards ready - anytime, anywhere!** Store and access all your cards in one, easy place - insurance, pharmacy, fitness clubs, passport and more!



**ACTIVATE** your membership  
at [freshbenies.com](https://freshbenies.com)  
where you can chat with  
AI Assistant Bonnie –  
she makes it a snap

<sup>†</sup>Initial Telehealth and Behavioral Telehealth visits in DE and AR must be

via video. Phone or video available for subsequent visits. In ID, visits are video only. <sup>††</sup>Average savings based on usage data compared to cash prices; average savings for generics are 79%, and 34% for select brand medications; restrictions apply. <sup>†††</sup>Actual costs and savings vary by provider, service and geographical area.

Disclosures: **This plan is NOT insurance.** The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. It contains a 30 day cancellation period, provides discounts only at the offices of contracted health care providers, and each member is obligated to pay the discounted medical charges in full at the point of service. The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary service received. Member shall receive a reimbursement of all periodic membership fees if membership is cancelled within the first 30 days after the effective date. Learn more at [freshbenies.com](https://freshbenies.com). Discount Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 803475, Dallas, TX 75380, 855-647-6762. Some state restrictions may apply.



## Behavioral Telehealth: Even more convenient access to experts!

In addition to your freshbenies Telehealth service with \$0 primary care visits, your membership includes convenient, discreet access to therapists and psychiatrists - **also at \$0 visits fees!**

### Here's how it works:

- Log into your freshbenies app or portal to schedule a Behavioral Health visit online or call the number provided
- Follow the prompts to choose the type of specialist you prefer
- Complete a short intake questionnaire
- Make selections based on provider profiles and your preferences
- Get temporary support or establish an ongoing relationship
- Only psychiatrists can prescribe medication, if they deem necessary

### Your Behavioral Telehealth service can help with...

Anxiety Depression Family Issues Stress PTSD  
Panic Disorder Grief Marriage Issues AND MORE!

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Disclosures: **This is not insurance. This discount card program contains a 30-day cancellation period.** The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. Learn more at freshbenies.com. Discount Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 803475, Dallas, TX 75380, 855-647-6762. Some state restrictions may apply.

# Q&A About Using Your Behavioral Telehealth Service by Recuro

**Q:** What type of Behavioral Health specialists are available?

**Answer:** Your options include psychiatrists, psychologists, counselors, clinical social workers, and therapists.

**Q:** How much does a visit cost?

**Answer:** Your visits are free for both therapists and psychiatrists - including the initial intake visit.

**Q:** Do I have to schedule an appointment or can I just call and get the next available time?

**Answer:** All Behavioral Telehealth visits are scheduled for a specific date and time which you select when initiating a visit.

**Q:** Can I select my doctor based on preferences such as specialty, gender, language?

**Answer:** Specialist profiles display information about each Recuro professional, including gender, language and specialty. This information will display when making your specialist selection.

**Q:** How long is the typical Behavioral Telehealth visit?

**Answer:** Behavioral Telehealth visits average 45 minutes. Psychiatry visits vary in length based on the patient need.

**Q:** Is this service available to children under the age of 18?

**Answer:** Yes! Therapy and psychology visits are available for children 14 and up.

**Q:** Are there Behavioral Telehealth issues not treated by Recuro?

**Answer:** There are some medications not provided by Recuro psychiatrists. In some instances, the psychiatrist may determine that a different or higher level of medication is appropriate and this may require an in-person visit referral.

**Q:** How secure is the communication line and who retains my medical records?

**Answer:** Confidentiality is taken very seriously. Recuro follows strict protocols to ensure all medical records are kept in a secure environment and are not shared with anyone outside of your specific request or as required by law.

**Q:** What can be shared with PCPs?

**Answer:** Recuro doesn't include your Behavioral Telehealth visit information in medical records sent to your primary care provider.

**Q:** Will I be able to schedule recurring appointments? If so, how far in advance can I schedule?

**Answer:** At the end of the visit, the provider will schedule a follow-up if they think it's necessary. At this time, only the next visit can be scheduled.

**Q:** Can I talk to the same specialist each time I request a visit?

**Answer:** Yes. You can choose to see the same specialist or a different one. It's your choice.

**Q:** Is there bilingual assistance provided for my visit?

**Answer:** Provider's languages are displayed on the profile screen when making your selection. If a bilingual specialist isn't available, an interpreter will be provided.

**Q:** Are there limits to how many visits can be scheduled within a month?

**Answer:** Not at this time. However, regular evaluation is done to ensure compliance with patient safety standards.

**Need help?**  
**Call freshbenies Member Services**  
**at 1-855-647-6762, login at**  
**[www.freshbenies.com](http://www.freshbenies.com) or**  
**download the freshbenies app!**

## Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Teresa Zavala, Human Resources, 214-842-7091, tzavala@panoramicdoors.com.

## Patient Protection Model Disclosure

For plans and issuers that require or allow for the designation of primary care providers by participants or beneficiaries, insert:

Cigna generally ALLOWS the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Teresa Zavala, Human Resources, 214-842-7091, tzavala@panoramicdoors.com.

For plans and issuers that require or allow for the designation of a primary care provider for a child, add: For children, you may designate a pediatrician as the primary care provider.

For plans and issuers that provide coverage for obstetric or gynecological care and require the designation by a participant or beneficiary of a primary care provider, add: You do not need prior authorization from Cigna or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Teresa Zavala, Human Resources, 214-842-7091, tzavala@panoramicdoors.com

## Newborn's Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## WHCRA Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a Symmetrical appearance
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: 80% \$3000 or 80% \$5000.

If you would like more information on WHCRA benefits, call your plan administrator 214-842-7091

## WHCRA Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 214-842-7091 for more information.

# **This Benefit Booklet**

**Presented by**



**Endeavor Risk Advisors LLC**

**Endeavorrisk.com**

**Agency Phone number : 972.559.0461**

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