

2026–2027

EMPLOYEE BENEFITS GUIDE

for a healthy you

Independent Contractor (1099) Edition

INSURANCE ONE

Strength. Stability Experience.



We are pleased

to offer our independent contractors access to a package of voluntary benefits for you and your eligible dependents. Read this guide to learn which benefits are available to you. You may only enroll for or make changes to your benefits during Open Enrollment or when you have a Qualifying Life Event.

Your Benefit Options

- Aetna Dental PPO
- Aetna Vision Preferred
- Voluntary Life and AD&D
- Voluntary Long Term Disability
- Aflac supplemental products

All benefits in this guide are voluntary: you pay 100% of the cost.

YOUR NEW BENEFITS BEGIN

December 1, 2026

AND CONTINUE THROUGH

November 30, 2027

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Important Contacts

Program	Provider	Group No.	Phone	Website / Email
Dental	Aetna Dental PPO	0143123	888-982-3862	www.aetnadental.com
Vision	Aetna Vision Preferred (EyeMed network)	0143123	888-982-3862	www.aetnavision.com
Voluntary Life, AD&D and LTD	Guardian & Lincoln	485557 & BL-1490885	800-525-4542 & 877-275-5462	www.guardianlife.com & www.lfg.com
Supplemental (Aflac)	Brenda Huerta, Aflac		661-309-5897	brenda_huerta@us.aflac.com
Human Resources	Insurance One Agency		469-256-8135	smacallister@insuranceoneagency.com
Benefits Specialist	Endeavor Risk Advisors Lisa Burkham, Benefits Consultant		972-220-0895	lisa@endeavorrisk.com clientservice@endeavorrisk.com

Eligibility

new contractor

who is eligible

- An independent contractor (paid on a Form 1099) under contract with Insurance One Agency

when to enroll

- Make your elections within your first 60 days so your ID cards arrive on time

when coverage starts

- The first of the month following 60 days after your contract start date

current contractor

who is eligible

- An independent contractor (paid on a Form 1099) under contract with Insurance One Agency

when to enroll

- During annual Open Enrollment (OE), or within 30 days of a Qualifying Life Event (QLE)

when coverage starts

- OE: December 1, 2026
- QLE: Ask Human Resources

dependent(s)

who is eligible

- Your legal spouse (the person to whom you are legally married under state law)
- Child(ren) under age 26
- Child(ren) age 26 or older who are incapacitated due to a disability and primarily dependent on you for support

when to enroll

- During OE, or within 30 days of a QLE
- You must enroll yourself in order to cover your dependents

who is not eligible

- Parents, grandparents and siblings

Qualifying Life Events

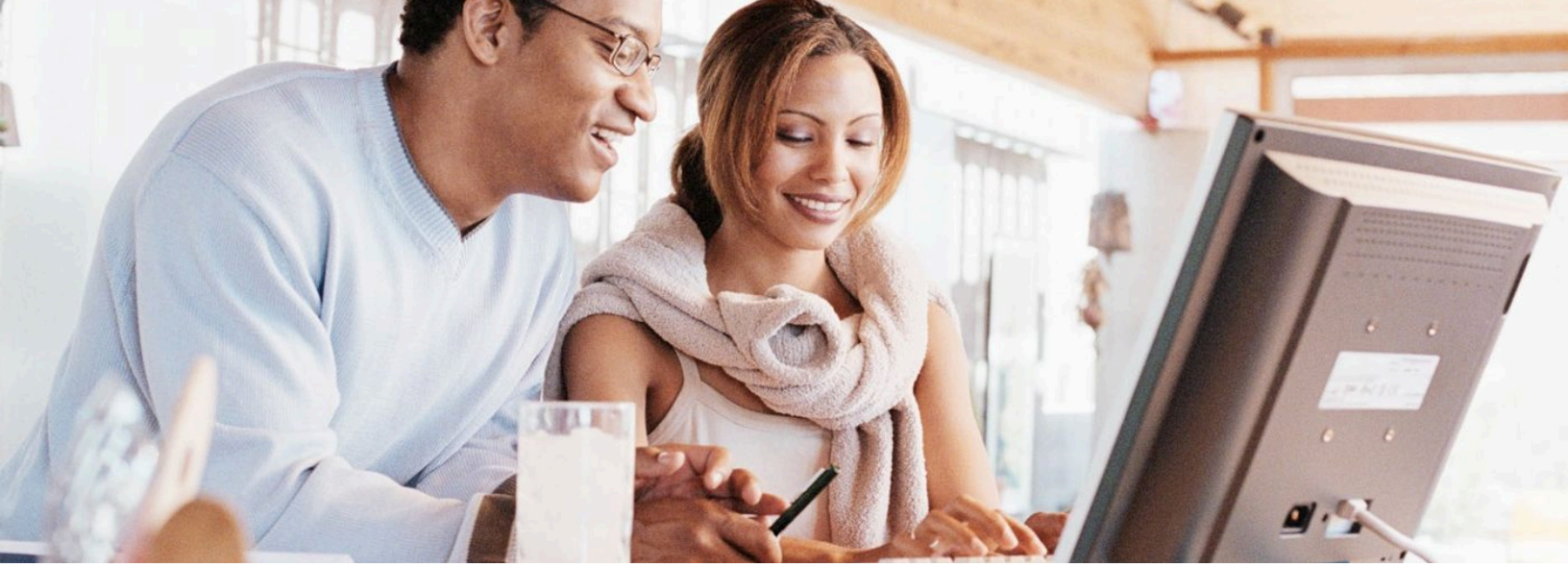
CHANGING COVERAGE OUTSIDE OF OPEN ENROLLMENT

You may only change coverage during the plan year if you have a Qualifying Life Event, such as:

Marriage	Birth or adoption of a child	Change in residence
Divorce	Change in a child's dependent status	Change in contractor status
Legal separation	Death of a spouse, child or other dependent	Gain or loss of other coverage

You have 30 days from the event to notify Human Resources and complete your changes.

You may need to provide documents to verify the change.



How to Enroll

Open Enrollment is November 1st to November 23rd.

1	Complete the attached enrollment form in the benefit booklet.
2	Submit your completed form to Sharon MacAllister at SMacallister@insuranceoneagency.com

As an independent contractor, you pay for these benefits with after-tax dollars. Need help? Contact Human Resources or Endeavor Risk Advisors at 972-220-0895.

Benefits Help Desk

You have questions – please reach out to our benefits advisor, Endeavor Risk Advisors

972-220-0895



Lisa Burkham, Benefits Consultant

lisa@endeavorrisk.com

Questions can also be emailed to:

clientservice@endeavorrisk.com



Find a Provider

- Visit www.aetnadental.com
- Download the Aetna Health app

Dental Coverage

Dental coverage works like medical coverage: you pay a premium, and your insurance pays part or all of the cost of many dental services. The **Aetna Dental PPO** plan is available to you and your eligible dependents.

Preventive care

Regular cleanings and exams can prevent toothaches, gum disease and tooth decay from turning into costly problems.

Great for families

Proactive care, such as routine cleanings, can help save children from costly issues as they age.

Specialized treatments

Beyond routine care, the plan helps pay for fillings, root canals, crowns and orthodontics for dependent children.

This plan pays out-of-network benefits the same as in-network (based on the 80th percentile of reasonable and customary charges). You will save more with an in-network provider; out-of-network providers may balance bill you.

	Aetna Dental PPO PDN 2000 80th Ortho
Calendar Year Deductible Individual Family	$50 $150
Annual Benefit Maximum Per person	$2,000
	Plan Pays
Preventive Care Exams, cleanings, X-rays	100%
Basic Services Fillings, simple extractions	80% after deductible
Major Services Crowns, bridges, dentures	50% after deductible
Orthodontia Dependent children only	50%
Orthodontia Lifetime Max	$1,500
	Your Monthly Cost
Employee	$51.90
Employee + Spouse	$98.80
Employee + Child(ren)	$128.10
Employee + Family	$175.00

You pay 100% of the dental premium. See the plan's benefit summary for frequency limits and waiting periods.



Find a Provider

- Visit www.aetnavision.com
- Network: EyeMed

Vision Coverage

With vision coverage, you pay a premium and the plan covers part or all of your vision costs. The **Aetna Vision Preferred E130** plan is available to you and your eligible dependents.

Preventive care

An eye exam determines whether you need corrective lenses and can catch conditions such as glaucoma and cataracts before they lead to vision loss.

Diagnostic care

Eye doctors can even help detect some types of cancer, making regular visits even more important.

How allowances work

Allowances are one-time use per benefit period; any unused balance does not carry over. Eyeglass lenses are covered **in lieu of** contact lenses each benefit period.

There is no deductible and no waiting period. Out-of-network reimbursements are available; savings are greater in-network.

	Aetna Vision Preferred E130 – In-Network
Eye Exam Every 12 months	$10 copay
Standard Plastic Lenses Single, bifocal, trifocal, lenticular – every 12 months	$25 copay
Standard Progressive Lenses	$90 copay
Frames Every 24 months	$130 allowance; 20% off balance
Contact Lenses In lieu of glasses – every 12 months	$130 allowance (conventional: 15% off balance)
Medically Necessary Contacts	$0 copay
	Your Monthly Cost
Employee	$6.35
Employee + Spouse	$12.06
Employee + Child(ren)	$12.70
Employee + Family	$18.66

You pay 100% of the vision premium. Lens options (UV, tint, anti-reflective, etc.) are available at discounted fees.



Voluntary Life and AD&D

Life insurance isn't a fun thing to think about, but if people depend on you for financial support, it protects them if something happens to you — your designated beneficiary receives a financial benefit upon your death.

Voluntary life insurance lets you choose the amount of coverage that fits your needs for yourself, your spouse and your children. **You pay 100% of the cost.** You must enroll yourself in order to cover your dependents.

Plan Features	Voluntary Life
Benefit amount	Increments of $10,000; minimum $10,000; maximum $250,000
AD&D benefit	1x the life benefit
Spouse benefit	Increments of $5,000, up to 100% of your amount
Dependent child benefit	Flat $10,000
Guarantee issue – you	Ages 15–64: $100,000 · Ages 65–69: $10,000 · Age 70+: EOI required
Guarantee issue – spouse	Ages 15–64: $25,000 · Age 65+: $5,000 (coverage ends at age 70)
Guarantee issue – child	$10,000 (coverage ends at age 26)

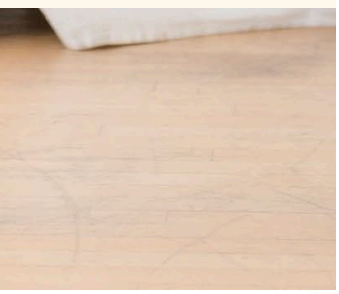
An Evidence of Insurability (EOI) form is required for amounts above the guarantee issue, or if you do not enroll when first eligible. Spouse rates are based on your age.

Why consider voluntary life?

- Group rates, often lower than individual policies
- Guarantee issue amounts with no health questions when you first enroll
- Coverage for your spouse and children
- AD&D adds protection for accidental death or serious injury

Designating a Beneficiary

A beneficiary is the person or entity you elect to receive the death benefits of your Life and AD&D insurance. You can name more than one beneficiary and change beneficiaries at any time. If you name more than one, identify how much each should receive (e.g., 50% or 25%).





Voluntary Long Term Disability

Long Term Disability (LTD) insurance replaces part of your income if an illness or injury keeps you from working. Benefits begin after a 90-day waiting period (the elimination period) and continue while you remain disabled, up to the maximum benefit duration. **You pay 100% of the cost.**

Plan Features	Voluntary LTD
Benefit amount	60% of monthly income
Maximum monthly benefit	$6,000
Elimination period	90 days
Benefit duration	Social Security Normal Retirement Age
Monthly rate	$0.610 per $100 of monthly covered earnings

How to calculate your monthly cost

Monthly earnings ÷ $100 × $0.610
= your monthly premium

Monthly earnings	Monthly benefit	Monthly cost
$3,000.00	$1,800.00	$18.30
$5,000.00	$3,000.00	$30.50
$7,500.00	$4,500.00	$45.75
$10,000.00	$6,000.00	$61.00

Covered earnings are capped at $10,000 per month (the amount that produces the $6,000 maximum benefit). Examples are estimates; your actual cost is based on your covered earnings.

Because you pay the premium with after-tax dollars, LTD benefits you receive are generally not subject to federal income tax. Benefits may be reduced by other income, such as Social Security disability benefits. Pre-existing condition limits and other exclusions may apply; see the certificate of coverage for details. Short-term disability coverage is available through Aflac (see page 11).



Supplemental Insurance

Supplemental policies through **Aflac** pay cash benefits directly to you to help with expenses that health coverage may not pay. These plans are voluntary, and Aflac rates are customized to you.

Accident Advantage

Cash benefits for covered accidental injuries on or off the job, paid according to a schedule of benefits.

Cancer Care

A lump sum to help with lost wages and medical expenses if a covered person is diagnosed with cancer, plus other benefits payable throughout treatment.

Hospital Indemnity

Cash benefits for a covered hospital stay to help pay out-of-pocket medical expenses.

Term Life Insurance

Helps protect your family's ability to pay the bills if they no longer have you or your income.

Short-Term Disability

Helps protect your paycheck in the event of maternity, illness or an accident that prevents you from working.

Contact Aflac

Brenda Huerta
661-309-5897
brenda_huerta@us.aflac.com

Insurance One Agency

2026-2027

☐ OPEN ENROLLMENT ☐ NEW HIRE ☐ CHANGE OF FAMILY STATUS ☐ CORRECTION/CHANGE/COBRA

PERSONAL INFORMATION

Last Name	First Name	MI	Social Security #		
			City	State	Zip Code
Date of Birth	Gender	Telephone	Email		

DEPENDENT INFORMATION

Full Name (First, Last)	SSN	DOB (mm/dd/yy)	Gender	Relationship

COVERAGE ELECTION

☐ Dental ☐ Vision ☐ Life ☐ Waive Coverage

DENTAL PLAN DETAILS

YOUR MONTHLY COST

COVERAGE	MONTHLY COST
Employee	$51.90
Employee + Spouse	$98.80
Employee + Child(ren)	$128.10
Employee + Family	$175.00

VISION PLAN DETAILS

YOUR MONTHLY COST

COVERAGE	MONTHLY COST
Employee	**$6.35**
Employee + Spouse	**$12.06**
Employee + Child(ren)	**$12.70**
Employee + Family	**$18.66**

AUTHORIZATION

Signature _____ Date _____

INSURANCE ONE
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2026–2027 Benefits Guide

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This brochure highlights the main features of the voluntary benefits available to Insurance One Agency independent contractors. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts and certificates. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Insurance One Agency reserves the right to change or discontinue these benefits at any time.

ENDEAVOR | RISK

ADVISORS

Prepared by Endeavor Risk Advisors for Insurance One Agency