

As mentioned last week, please take a few moments to review the updated health insurance options carefully. These new plans work differently than our old one, so it's important to understand how deductibles, copays, and coinsurance fit together. Over the past year, we had significantly higher claim costs than expected, which caused our renewal rates to increase well beyond what we could sustain. The previous plan became too expensive to maintain. Like many employers, we now share more of the cost of coverage between the company and employees to keep plans affordable overall.

This year, we're offering several medical plan options to give you flexibility:

- A company-paid plan with a \$7,350 in-network deductible
- Additional options with \$1,000, \$3,500, and \$5,000 deductibles
- All plans include telemedicine visits with \$0 copay, no deductible on prescriptions (just copays), free lab & x-ray, and access to the same in-network providers.

The \$7,350 plan remains 100% company-paid premium and includes \$50 primary care and \$100 specialist copays. Once the \$7,350 deductible is met, inpatient, outpatient surgery, and ER care are covered at 100%.

The \$1,000, \$3,500, and \$5,000 plans all include 80/20 coinsurance after the deductible (the plan pays 80%, you pay 20%) and lower copays on the lower-deductible plans. Out-of-network care is also covered, but at a lower rate (60/40 for most plans, 50/50 for the \$7,350 plan).

Quick refresher on how coverage works:

- **Copay:** A fixed amount you pay for certain services, such as \$50 for a primary care visit or \$100 for a specialist. For most regular in-network office visits, you just pay the copay—no surprise charges.
- **Deductible:** The amount you pay before insurance begins covering most services. This usually applies to big-ticket medical expenses like inpatient hospital stays, outpatient surgeries, or emergency room visits.
- **Coinsurance (After deductible):** Once you meet your deductible, the plan starts sharing costs. For most plans, insurance pays 80%, and you pay 20% until you hit your annual out-of-pocket maximum.

In short, the deductible mostly applies to major medical events, while copays cover routine office visits and prescriptions.

Enrollment Information:

There will be an enrollment form for anyone choosing a different plan from the company-paid \$7,350 plan. An ancillary enrollment form will also be available for those who want to enroll in ancillary coverage (dental, vision, life, or other supplemental benefits). If you currently have the ancillary coverages you do NOT have to fill out another enrollment form, unless you wish to change or cancel the coverage.

If we do not receive a completed enrollment form by the deadline below, you will automatically be enrolled in the \$7,350 plan only, with no changes to ancillary coverage.
Choose your plan by Thursday, March 19, 2026, by 5:00 PM.

All plan documents and forms are available on the company website (<http://www.tdymedical.com>) click on “Current Employees” then scroll down to the “Health Insurance” link on the left side) . Please take time to look them over and submit your selections before the deadline.

Send all forms to Lori@tdymedical.com We’re happy to answer questions, review examples, or assist in completing your forms. Thank you for your understanding as we adjust to these new plans and continue providing quality, sustainable health coverage for everyone.