

LEWIS DRUG BENEFITS 2026

Updated June 2026

Lewis Drug is pleased to provide you and your family with a wide range of competitive benefits. You have the flexibility to choose the benefits that are right for you and your family - to keep you physically and financially healthy now and in the future. The information in this packet is only intended to highlight the benefit plans offered by Lewis Drug; for complete details of coverage, please refer to the appropriate Summary Plan Description found at lewisdrugbenefits.com. If the terms in this packet differ from the policy, the policy will govern.

Each full-time Lewis employee (scheduled 30+ hours/week) is **required to complete the benefits enrollment process** – even if you choose not to enroll in benefits at this time. This is to ensure you have been offered benefits and choose the benefits most appropriate for your needs and those of your family. It also ensures Lewis has the most current beneficiary information on file for company paid life insurance benefits.

If you have a family status change or loss in coverage, you have a 30 day window from the date of that event to make changes to your benefits. Contact Human Resources for assistance.

Review your Benefits Offerings

Go to lewisdrugbenefits.com to review your benefit offerings and access tools to help you make the best informed decisions for your benefits needs. The website has plan details (Summary Plan Description or SPD) and summaries (Summary of Benefits and Coverage or SBC) for all plan offerings along with bi-weekly payroll deducted premiums.

IMPORTANT: YOU WILL NEED TO HAVE ALL DEPENDENT SOCIAL SECURITY NUMBERS AND DATES OF BIRTH, AS WELL AS CURRENT BENEFICIARY INFORMATION AVAILABLE.

How to Enroll:

- Enroll by phone: 1-877-282-0808
- Call Center Hours are Monday - Friday, 7:00 am - 5:00 pm

2026 Benefits at a Glance

HEALTH INSURANCE

Sanford Health Plans / Networks

- Providers in the network can be viewed using the online directory: https://url.us.mimecastprotect.com/s/JyniCM8XyEiWx5pUwfkU8yO_u?domain=viiad.com and select the **Sanford Health Employee Network**. Phone 1-800-752-5863
- There is an additional network for those seeking care in the **Mitchell, SD area**. Please see the link at lewisdrugbenefits.com for instructions to access the network.
- The plan **does not** offer out of network benefits (if you choose to see a non-Sanford provider, you will not have coverage for those services)

- The plan **does** offer urgent and emergency care outside of the network. (For a list of emergency conditions, see the Right Care Right Time brochure on the Lewis Drugs benefit website at lewisdrugbenefits.com)
- You will have access to virtual care, including video visits and e-visits with Sanford providers
- **Please contact Sanford Health Plan directly at 1-800-752-5863 with any questions you may have.**

HEALTH INSURANCE PLAN OPTIONS

Three health insurance plan options are available through Sanford Health Plan - two Traditional Plans and one Value Plan (HDHP+HSA - see definitions below). For full plan details, see the Summary of Benefits and Coverage (SBC) and Summary Plan Description (SPD) on lewisdrugbenefits.com.

Note: Social Security numbers and dates of birth are required if enrolling your dependents in health insurance.

Important Benefit Definitions

High-deductible health plan (HDHP): A plan with a higher deductible than a traditional health insurance plan. The monthly premium is usually lower, but you pay more health care costs before the plan pays. A high-deductible health plan (HDHP) can be combined with a health savings account (HSA). The Value Plan (HDHP+HSA) is a high-deductible health plan.

Except for preventive care, all services will be applied to your deductible before the plan will make payments.

The HDHP does have \$5 co-pays for certain “preventive” drugs. Please see the listing of preventive medications found at lewisdrugbenefits.com. All other medications, including generics, will be subject to your deductible.

Deductible: The amount you owe out of pocket for covered health care services before your plan starts to pay.

Coinsurance: A form of cost-sharing that requires you to pay a fixed dollar amount when a medical or pharmacy service is received. The insurance carrier is responsible for the rest of the cost for the medical or pharmacy service.

Out-of-pocket maximum: The total amount of your deductible plus coinsurance and copayment amounts. Your out-of-pocket maximum is the most you have to pay during a policy period. Once you reach your out-of-pocket maximum, the plan begins to pay 100% of the allowed amount for covered services.

Health savings account (HSA): An HSA is a tax-free savings account, owned by the employee, into which the employee and employer may both make contributions. Funds can be saved and used to pay out-of-pocket medical expenses including pharmacy, dental and vision expenses. The plan is administered by HealthEquity and available to those on the Value Plan.

Livongo

Livongo is a holistic program that helps with managing diabetes and other health goals like managing high-blood pressure, weight, stress and more. It is included in the health plan as a free benefit for members.

To learn more about this benefit and the enrollment requirements visit the Livongo Knowledge Article at lewisdrugbenefits.com.

Fitness Center Reimbursement

The Fitness Center reimbursement program provides up to \$20 per month when an eligible employee or their spouse attends a participating fitness center at least 12 days per month. The program is administered by National Independent Health Club Association (NIHCA) in partnership with Sanford Health. To qualify for reimbursement, participants must be

enrolled in Sanford Group Health Insurance and members of a NIHCA-affiliated fitness center, where attendance is tracked to verify eligibility. For further details, please reference the NIHCA knowledge article at lewisdrugbenefits.com.

HEALTH INSURANCE

Three health insurance plans - two Traditional Plans and one Value Plan - are offered through Sanford Health Plan. The following outlines the employee responsibility for each plan when seeking care in-network. Out-of-network care is not covered by health or pharmacy.

In-Network Benefits	750 Traditional Plan	1500 Traditional Plan	Value Plan (HDHP + HSA)
Annual Deductibles Individual Family	\$750 \$1,500	\$1,500 \$3,000	\$3,500 \$7,000
Coinsurance Employer/Employee	80% / 20% 100% after out-of-pocket max is met	70% / 30% 100% after out-of-pocket max is met	80% / 20% 100% after out-of-pocket max is met
Out-of-Pocket Maximum	For network providers: \$3,500 individual \$7,000 family No out of network coverage	For network providers: \$6,500 individual \$9,000 family No out of network coverage	For network providers: \$5,500 individual \$8,500 family No out of network coverage
Individual Lifetime Maximum	None	None	None
Medical Office Visits Sanford Clinic Providers Other SHP Participating Providers	\$30 Copay \$60 Copay	\$30 Copay \$60 Copay	Deductible / Coinsurance Deductible / Coinsurance
Covered Preventive Health Services	No Charge	No Charge	No Charge
Emergency Services Emergency Room Care Emergency Medical Transportation Urgent Care	\$300 Copay (waived if directly admitted) Deductible / Coinsurance \$30 Copay	\$300 Copay (waived if directly admitted) Deductible / Coinsurance \$30 Copay	Deductible / Coinsurance Deductible / Coinsurance Deductible / Coinsurance
Laboratory, X-ray and other Ancillary Services	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
Hospital Services Inpatient/Outpatient	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
Chiropractic Services Sanford Clinic Providers Other SHP Participating Providers	\$30 Copay \$50 Copay	\$30 Copay \$50 Copay	Deductible / Coinsurance Deductible / Coinsurance
Prescription Drugs	Refer to the Sanford Health Plan Formulary	Refer to the Sanford Health Plan Formulary	Refer to the Sanford Health Plan Formulary

This table is not complete and is for illustrative purposes only; Refer to the Summary of Benefits and Coverage and other plan documents for plan details

Health Insurance Premiums - Employee Responsibility, 26 pay-periods

	750 Traditional Plan	1500 Traditional Plan	Value Plan
EMPLOYEE ONLY	\$96.05	\$72.00	\$43.25
EMPLOYEE + SPOUSE	\$306.25	\$238.00	\$156.00
EMPLOYEE + CHILD(REN)	\$260.65	\$200.50	\$130.50
FAMILY	\$375.85	\$292.50	\$186.50

HEALTH SAVINGS ACCOUNT (HSA)

HealthEquity administers the Health Savings Account (HSA). An HSA is a tax-free savings account, owned by the employee, into which the employee and employer both make contributions. Funds can be saved and used to pay out-of-pocket medical expenses including pharmacy, dental and vision expenses.

How does an HSA work?

Funding: Pre-tax contributions can be made through payroll deduction or post-tax directly into your account.

Accessing Funds: You may pay for eligible expenses with HSA funds in multiple ways:

- Pay with the debit card that is tied to your HSA.
- Pay for the expense out-of-pocket and request reimbursement from your HSA.
- Pay the bill directly to the provider through the member services portal which can be accessed through [My.HealthEquity.com](https://my.healthequity.com).

Account Management: You can log into the member services portal to monitor your account.

What are the benefits of establishing an HSA?

There are many benefits of establishing an HSA. Some of the top benefits include:

- HSAs are considered one of the best tax-advantaged savings plans available.
- Lewis Drug will match contributions dollar for dollar to health savings accounts - \$500 for employee-only coverage and \$1,000 for any dependent coverage.
- The balance can grow from year to year as you contribute.
- HSA funds belong to you even if you leave the organization, change medical plans or retire.

Can anyone establish an HSA?

Per IRS regulations, you are eligible for the HSA if all of the following statements are true:

- Enrolled in a qualified high-deductible health plan (HDHP). The Value Plan is a qualified plan.
- Not covered by another traditional health insurance plan or flexible spending account.
- Not enrolled in Medicare, Tri-Care or receiving VA benefits.
- Not a dependent on someone else's tax return.

How much can I contribute to my HSA in 2026?	
Individual	\$4,400
All other coverage tiers	\$8,600
The maximum contribution amount includes any dollars contributed by Lewis Drug. A catch-up contribution of an	

additional \$1,000 is allowed for employees 55 or older.

How much will Lewis Drug contribute to my HSA in 2026?

Individual

\$500

All other coverage tiers

\$1,000

Lewis Drug will match each dollar you contribute into your HSA up to this amount.

FLEXIBLE SPENDING ACCOUNT

HealthEquity administers the flexible spending accounts (FSAs). Using a flexible spending account is a great way to stretch your benefit dollars. An FSA is a tax-free account into which the employee makes contributions.

Medical FSA	Dependent Care FSA	Limited Purpose FSA (LPFSA)
Funds can be used to pay out-of-pocket expenses (medical, pharmacy, dental and vision).	Funds can be used to pay dependent care expenses incurred to allow you and your spouse to work. Children younger than age 13 are eligible for the dependent care spending account.	Funds can be used to pay out-of-pocket dental and vision expenses.
Medical flexible spending account funds do not roll over year to year.	The maximum amount you can set aside is \$7,500, or \$3,750 if separate tax returns are filed.	You must enroll in the Value Plan (HDHP) and a health savings account (HSA) to elect a limited purpose flexible spending account.
Employees who elect the Value Plan and a health savings account are not eligible for an FSA.	These funds cannot be used for dependent care expenses incurred during a leave of absence.	The maximum amount you can set aside is \$3,400.
The maximum amount you can set aside is \$3,400.		

How does an FSA work?

Estimate how much you expect to spend during the plan year for eligible out-of-pocket medical expenses or dependent care expenses. For your 2026 Plan Year, you will be able to submit for reimbursement of medical expenses with a date of service between Jan. 1, 2026, and Dec. 31, 2026, and be reimbursed with your 2026 Plan Year Funds. All eligible claims will need to be submitted by Mar. 31, 2027.

Funds will be automatically deducted through payroll each paycheck for the amount you elect. You can access those funds quickly and easily by using your HealthEquity provided benefits card or request to have funds deposited to your bank account by submitting a claim form along with documentation.

All dependent care claims will require completion of a dependent care claim form. All claim forms can be found on the HealthEquity portal or on lewisdrugbenefits.com.

DENTAL INSURANCE

Dental insurance is offered through Delta Dental of South Dakota. For full plan details, see the Summary Plan Description and plan documents available on lewisdrugbenefits.com.

Services	% Paid by Delta
Preventive Care These services do not apply to the Annual Maximum Benefit • Routine exams and cleanings - two per coverage year • Bitewing x-rays - two per coverage year up to age 19, and once per coverage year age 19 and over • Full mouth/panoramic x-rays - once every five years • Fluoride applications - two per coverage year up to age 19 • Space maintainers on primary back teeth • Dental sealants for unrestored 1st and 2nd permanent molars up to age 19	100%
Fillings and Extractions • Silver and tooth-colored fillings • Stainless-steel crowns • Extractions and other oral surgery • Emergency treatment for relief of pain	80%
Root Canals and Gum Disease Treatments • Root canals • Treatment of diseases of the tissues supporting teeth • Periodontal maintenance cleanings	50%
Crowns and Prosthetics • Crowns, bridges, dentures, and implants	50%
Braces and Teeth Alignment • Treatment necessary for the proper alignment of teeth • Lifetime Orthodontic Maximum*	80% \$2,000 per person
Deductible**	\$50 per person per calendar year not to exceed \$150 per family
Annual Maximum Benefit***	\$2,000 per person per calendar year

*Delta Dental will make an initial payment of \$1,000 on an approved orthodontic treatment plan. A second payment up to \$1,000 will be made one year later as long as coverage under this group number still exists.

**This deductible does not apply to Preventive Care or Braces.

***All services (except Preventive Care and Braces) are subject to the Annual Maximum Benefit and will not be paid if your Annual Maximum Benefit has been reached.

This table is not complete and is for illustrative purposes only; Refer to SDP and other plan documents for plan details

Dental Insurance Premiums - Employee Responsibility, 26 Pay Periods

EMPLOYEE ONLY	\$26.68
EMPLOYEE + SPOUSE	\$53.38
EMPLOYEE + CHILD(REN)	\$55.74
FAMILY	\$81.88

VISION INSURANCE

Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through Lewis Drugs, Inc..

Provider Network:

VSP Choice

Effective Date:

01/01/2026



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP DOCTOR			
WELLVISION EXAM	- Focuses on your eyes and overall wellness - Routine retinal screening	\$10 Up to \$39	Every calendar year
ESSENTIAL MEDICAL EYE CARE	- Retinal imaging for members with diabetes covered-in-full - Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. - Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	\$20 per exam	Available as needed
PRESCRIPTION GLASSES		\$25	See frame and lenses
FRAME*	\$210 Featured Frame Brands allowance \$190 frame allowance 20% savings on the amount over your allowance \$190 Walmart/Sam's Club frame allowance \$105 Costco frame allowance	Included in Prescription Glasses	Every calendar year
LENSES	Single vision, lined bifocal, and lined trifocal lenses	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	- Progressive lenses - Anti-glare coating - Tints/Light-reactive lenses - Scratch-resistant coating - Average savings of 30% on other lens enhancements	\$0 \$0 \$0 \$0	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	\$190 allowance for contacts; copay does not apply - Contact lens exam (fitting and evaluation)	Up to \$60	Every calendar year
ADDITIONAL SAVINGS	Glasses and Sunglasses - Discover all current eyewear offers and savings at vsp.com/offers. 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.		
	Laser Vision Correction Average of 15% off the regular price; discounts available at contracted facilities.		
	Exclusive Member Extras for VSP Members - Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. - Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details. - Enjoy everyday savings on health, wellness, and more with VSP Simple Values.		
GET MORE AT PREFERRED IN-NETWORK LOCATIONS			
With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. Log in to vsp.com to find an in-network doctor.			

Vision Insurance Premiums

Employee Responsibility, 26 Pay Periods

EMPLOYEE ONLY	\$9.13
EMPLOYEE + SPOUSE	\$14.61
EMPLOYEE + CHILD(REN	\$14.91
FAMILY	\$24.04

Life/Accidental Death & Dismemberment and Dependent Life through Unum

Don't forget that you have a 100% employer paid Life/AD&D benefit for you. You also have a 100% employer paid life benefit for your spouse and dependents.

- \$25,000 Life/AD&D insurance for you
- \$5,000 Life insurance for your spouse

- \$2,500 Life insurance for your dependents 6 months to age 19 or to 26, if full-time student
- \$1,000 Life insurance for your dependents from live birth to 6 months of age

Voluntary Life and Accidental Dismemberment Coverage through Unum

Ability to elect additional life coverage on yourself, your spouse, and your children to better prepare for the future and your personal needs. **Guaranteed issue coverage if you choose to enroll in this benefit during open enrollment as a new hire.** Guaranteed issue will allow you to enroll in the benefit without having to answer health questions. **If you choose not to select voluntary life now, but choose to in the future, you will have to complete health questions and be subject to underwriting.**

- **Employee: \$150,000 maximum guaranteed issue amount**
 - **Spouse : \$50,000 maximum guaranteed issue amount**
- Rates are per \$1,000 of benefit**

Age	Employee	Spouse
< 25	0.07	0.07
25-29	0.07	0.07
30-34	0.10	0.10
35-39	0.15	0.15
40-44	0.23	0.23
45-49	0.35	0.35
50-54	0.52	0.52
55-59	0.74	0.74
60-64	0.95	0.95
65-69	1.36	1.36
70-74	2.57	2.57
75+	7.94	7.94

Dependent Children

For a total of **\$1.61 bi-weekly premium**, you can provide each of your dependent children with a \$10,000 life/AD&D benefit. \$1.61 covers all of your dependent children whether you have one or five plus.

Short-Term Disability Benefits

Please contact Human Resources for assistance with applying for Short-Term Disability benefits and the Family and Medical Leave Act, should you become sick or injured, preventing you from work.

The Short-Term Disability program may provide partial income (60% base earnings) for qualified serious conditions. There is a 7-day waiting period before benefits may be payable, and there is a maximum benefit period of 13 weeks. This is a benefit paid by Lewis.

Long-Term Disability through Unum

Guaranteed issue coverage if you choose to enroll in this benefit during open enrollment as a new hire. If you choose not to select LTD now, but choose to in the future, you will have to complete health questions and be subject to underwriting. Long-term disability provides the ability to protect a portion of your income. It can pay a monthly benefit if you can't work for an extended period of time, due to a covered injury or illness.

Rates* per \$100 of Covered Salary

Age	Rate	Age	Rate	Age	Rate
< 25	\$0.47	40-44	\$0.99	60-64	\$2.45
25-29	\$0.52	45-49	\$1.36	65-69	\$2.74
30-34	\$0.60	50-54	\$1.75	70-74	\$3.91
35-39	\$0.73	55-59	\$2.25		

Hybrid Life/Long-Term Care Insurance through Chubb

Plan Highlights

- **Two-in-one** protection: Both Long-Term Care benefits and Life Insurance
- **Child Term Rider** allows employees to insure all eligible children, from age 15 days up to age 26
- **Guaranteed issue** for employees age 19 to 70
- Up to **50 months of benefits** payable for professional Long-Term Care services (ex. home health care or assisted living)
- Up to **2x your policy value** (4% per month Long-Term Care benefit for up to 50 months)
- Up to **50% of death benefit can be restored** when Long-Term Care benefits are exhausted
- Flexible plan options can be arranged to fit your budget

*** See the benefits portal for further information and sample premiums ***

Cancer and Accident through The Standard (formerly Allstate)

Cancer and Accident coverage is offered through The Standard. You have the choice of a low plan option and high plan option for both the cancer and accident plans. Please see Benefits Summaries & Forms at lewisdrugbenefits.com for plan details. These benefits are withheld pre-tax and are portable.

Cancer Insurance	Low Plan Option	High Plan Option
Bi-Weekly Premiums		
Employee	\$6.08	\$12.54
Employee w/ Child(ren)	\$8.56	\$17.66
Employee w/ Spouse	\$9.56	\$19.68
Family	\$12.04	\$24.78

Accident Insurance	Low Plan Option	High Plan Option
Bi-Weekly Premiums		
Employee	\$5.22	\$9.46
Employee w/ Child(ren)	\$10.16	\$19.32
Employee w/ Spouse	\$9.46	\$17.94
Family	\$12.16	\$23.32

Identity Theft Protection through IDShield

This protection includes monitoring, detection and alerts on such things as bank accounts, credit cards, and social security numbers, identity restoration and unlimited consultations. For further information, visit <http://benefits.legalshield.com/lewisdrug>.

Bi-Weekly Premiums	
Single	\$4.13
Family	\$7.82

Critical Illness Insurance through UNUM

This benefit through UNUM offers coverage for critical illnesses such as heart attack, stroke, organ failure, cancer, dementia and multiple sclerosis, to name a few. Please see lewisdrugbenefits.com for additional information and premiums.

Employee Assistance Program (EAP) through VITAL WorkLife

The Employee Assistance Plan is provided to all employees and their families at no cost and is 100% confidential. The EAP provides six in-person or virtual counseling sessions with an authorized provider, as well as a dedicated 24-hour, 7 days a week EAP line. Please contact VITAL WorkLife at 1-800-383-1908 or VITALWorkLife.com. Employer Access Code: sanford.