

2025 BENEFITS AT A GLANCE



Medical Luminare Health	Value Plan (RBP HDHP)	Premium Plan (HDHP)	Elite Plan (Copay)
Type	Open Access	Anthem In-Network	Anthem In-Network
Health Savings Account (HSA) Eligible for HSA Employer Contributions	Yes Yes	Yes No	No No
Coinsurance (Member pays)	20%	20%	20%
Calendar Year Deductible Individual Family	\$3,300 \$6,000	\$4,000 \$8,000	\$1,000 \$2,000
Out-of-Pocket Maximum (Deductible included) Individual Family	\$6,000 \$12,000	\$6,900 \$13,800	\$4,000 \$8,000
Office Visit Preventive Primary Specialist Telemedicine	100% Covered 20% after Deductible 20% after Deductible \$0 Copay	100% Covered 20% after Deductible 20% after Deductible \$0 Copay	100% Covered \$25 Copay \$50 Copay \$0 Copay
Inpatient Services	20% after Deductible	20% after Deductible	20% after Deductible
Outpatient Services	20% after Deductible	20% after Deductible	20% after Deductible
Emergency Room Services (Waived if admitted)	20% after Deductible	20% after Deductible	\$250 Copay
Urgent Care	20% after Deductible	20% after Deductible	\$50 Copay

Prescription Coverage	Value Plan (RBP HDHP)	Premium Plan (HDHP)	Elite Plan (Copay)
(30-Day Supply)	CVS Caremark In-Network	CVS Caremark In-Network	CVS Caremark In-Network
Deductible	Medical Deductible	Medical Deductible	None
Generic	10% after Deductible	10% after Deductible	\$10 Copay
Preferred	20% after Deductible	20% after Deductible	\$25 Copay
Non-Preferred	20% after Deductible	20% after Deductible	\$50 Copay
Specialty	30% after Deductible	30% after Deductible	30%

Employee Contributions	Value Plan (RBP HDHP)				Premium Plan (HDHP)				Elite Plan (Copay)			
	Weekly	Bi-Weekly	Tobacco Weekly	Tobacco Bi-Weekly	Weekly	Bi-Weekly	Tobacco Weekly	Tobacco Bi-Weekly	Weekly	Bi-Weekly	Tobacco Weekly	Tobacco Bi-Weekly
Employee	\$15.81	\$31.62	\$34.27	\$68.54	\$24.12	\$48.24	\$42.58	\$85.16	\$61.63	\$123.26	\$80.09	\$160.18
Employee + Spouse	\$56.55	\$113.10	\$75.01	\$150.02	\$75.64	\$151.28	\$94.10	\$188.20	\$154.88	\$309.76	\$173.34	\$346.68
Employee + Child(ren)	\$45.78	\$91.56	\$64.24	\$128.48	\$61.23	\$122.46	\$79.69	\$159.38	\$125.37	\$250.74	\$143.83	\$287.66
Employee + Family	\$75.40	\$150.80	\$93.86	\$187.72	\$100.85	\$201.70	\$119.31	\$238.62	\$206.50	\$413.00	\$224.96	\$449.92

Dental Plan Delta Dental	Base	Buy-Up
Member Pays	In-Network	In-Network
Annual Deductible Individual Family	\$50 \$100	\$50 \$150
Preventive Services	100% Covered	100% Covered
Basic Services	20%	20%
Major Services	50%	50%
Orthodontia*	50%	50%
Orthodontia Lifetime Maximum	\$800	\$1,500
Annual Benefit Maximum	\$1,200	\$2,000

Employee Contributions (Base Plan)		
Tier	Employee Weekly Contribution	Employee Bi-Weekly Contribution
Employee	\$2.16	\$4.32
Employee + Spouse	\$5.21	\$10.42
Employee + Child(ren)	\$4.95	\$9.90
Employee + Family	\$7.81	\$15.62

Employee Contributions (Buy Up Plan)		
Tier	Employee Weekly Contribution	Employee Bi-Weekly Contribution
Employee	\$3.07	\$6.14
Employee + Spouse	\$7.03	\$14.06
Employee + Child(ren)	\$6.68	\$13.36
Employee + Family	\$10.54	\$21.08

* Base: Child Only (Up to Age 19)
* Buy-Up: Adult & Child

Wellbeing | Thrive

At SBP, we strive to help our employees achieve their health and wellbeing goals by establishing a culture and environment that allows their minds, bodies, and spirits to thrive. To accomplish this, we provide quality benefits, tools, resources, and activities to support the total wellbeing of employees through the Thrive program!



Vision Plan Ameritas	EyeMed	VSP
Member Pays	In-Network	In-Network
Eye Exam	\$20 Copay	\$20 Copay
Lenses Single Vision Bifocals Trifocals	\$20 Copay \$20 Copay \$20 Copay	\$20 Copay \$20 Copay \$20 Copay
Frames	\$150 Allowance	\$150 Allowance
Contacts Elective Medically Necessary	\$150 Allowance 100% Covered	\$150 Allowance 100% Covered
Frequency Exam/Lenses/Frames/Contacts	12/12/12/12	12/12/12/12

Employee Contributions (VSP or EyeMed)		
Tier	Weekly	Bi-Weekly
Employee	\$1.17	\$2.34
Employee + Spouse	\$2.33	\$4.66
Employee + Child(ren)	\$2.39	\$4.78
Employee + Family	\$3.72	\$7.44

Employee Assistance Program | ComPsych

The Employee Assistance Program (EAP) provides resources to help resolve personal concerns that may be affecting your health, well-being, family life, or job performance. The EAP provides five confidential counseling sessions with experienced clinicians available to you and your family 24/7/365.

Pet Insurance | Nationwide

At SBP, we know your pets are an important part of your family, and we want to ensure they receive care too! The policy provides nose-to-tail coverage so you and your furry friend can make the most of your days together! Contact Nationwide to review your options, receive a quote, and enroll your pet.



Basic Life and AD&D | SunLife | 100% Employer-Paid

Benefit Amount: 2x Prior Year's W2

Minimum Benefit Amount: \$50,000

Maximum Benefit Amount: \$500,000

Short-Term Disability | SunLife | 100% Employer-Paid

Weekly Benefit Amount	60%
Benefit Waiting Period	0 Days Accident / 7 Days Illness
Benefit Duration	Up to 26 Weeks

Long-Term Disability | SunLife | 100% Employer-Paid

Monthly Benefit Amount	60%
Benefit Waiting Period	180 Days Accident / Illness
Benefit Duration	SSNRA*

* Social Security Normal Retirement Age.
Visit www.ssa.gov/oact/progdata/nra.html to learn more.

Supplemental Life* | SunLife | 100% Employee-Paid

Employee Coverage	\$10,000 Increments; \$600,000 Max
Guaranteed Issue	2x Prior Year's W2 or \$200,000 (whichever is less)
Spouse Coverage	\$5,000 Increments; 100% of Employee Coverage; \$500,000 Max
Guaranteed Issue	\$25,000
Dependent Coverage	6 Months & Older: \$1,000 Increments; \$10,000 Max

Flexible Spending Accounts (FSAs) | Flores

Flexible Spending Accounts (FSAs) provide opportunities to pay for eligible out-of-pocket health care and dependent care with pre-tax payroll deductions. \$660 can be rolled over from one plan year to the next. Anything above \$660 is considered "use it or lose it".

2025 Health Care FSA Contribution Limit	\$3,300
2025 Dependent Care FSA Contribution Limit	\$5,000
2025 Limited Purpose FSA Contribution Limit	\$3,300

401(k) | Principal

Saving for retirement is the most important financial goal you'll ever have. Specialty Building Products has partnered with Principal to help you plan, track, and achieve your retirement goals. Employees may choose to make pre-tax or after-tax (Roth) deferrals.

Employer Contributions:

- Match Formula: 50% of deferrals on first 6%
- Catch-up Contributions Matched: Yes
- Vesting Schedule: Fully vested after six years

Voluntary Benefits* | Voya

Critical Illness Insurance provides a cash benefit if you are affected by a covered illness.

Accident Insurance provides members with a cash benefit if they are injured by an off-the-job accident.

Hospital Indemnity Insurance complements your present medical coverage by providing cash benefits that can be used to help pay out-of-pocket expenses associated with hospital confinement.

Health Savings Account (HSA) | Flores

A Health Savings Account (HSA) is a tax-advantaged account that belongs to you and is paired with a HDHP. This account can help pay for eligible medical, vision, and dental expenses. The additional contribution or "catch-up" amount for individuals aged 55 and older is \$1,000. Any unused HSA dollars will rollover to the next plan year. Employer contributions are only available for the Value Plan (RBP HDHP).

2025 Individual Contribution Limit	\$4,300
2025 Family Contribution Limit	\$8,550
2025 Catch-up (55+)	\$1,000

2025 HSA Employer Funding Amounts (Value Plan ONLY)

Employee	\$1,500 Annually
Employee + Spouse	\$2,250 Annually
Employee + Child(ren)	\$2,250 Annually
Employee + Family	\$3,000 Annually



Contacts	Phone	Website/Email
Medical Luminare Health	1.888.663.8080	LuminareHealth.com
Prescriptions CVS Caremark	1.866.475.7589	caremark.com
RBP Advocacy ClaimDOC	1.888.330.7295	portal.claim-doc.com membersupport@claim-doc.com
Telemedicine Teladoc	1.800.835.2362	teladoc.com
Dental Delta Dental	1.800.932.0783	deltadental.com
Vision Ameritas	1.800.255.4931	ameritas.com
HSA & FSAs Flores	1.800.532.3327	flores247.com Customerservice@flores247.com
Life & Disability SunLife	1.800.247.6875	sunlife.com
Voluntary Benefits Voya	1.877.236.7564	voya.com/claims
Retirement Principal	1.800.986.3343	principal.com
EAP ComPsych	1.877.595.5281	guidanceresources.com
Pet Insurance Nationwide	1.877.738.7874	benefits.petinsurance.com/specialtybuildingproducts

