

## Trinsic Residential Group

# 2026 Open Enrollment !

We recognize our employees are our number one asset. You are the driving force behind our success!

### Effective March 1, 2026

- Health benefits will be moving to Aetna
- Offering three PPO co-pay plans & a PPO HSA plan
- TRG will maintain monthly contributions to HSA
- Dental benefits will remain with BCBS
- Vision benefits will remain with BCBS/EyeMed
- Life and Disability benefits will remain with BCBS

Open enrollment of group benefits provides you the opportunity to enroll for coverage or make changes to your coverage. Keep in mind the decision you make at open enrollment regarding your insurance coverage is effective for the entire plan year (March 1, 2026 – February 28, 2027). You may change your plan and/or dependent status if you have a “qualifying event” as defined by the IRS, such as marriage, divorce, birth, adoption, or loss of medical coverage.

Every employee will need to complete the open enrollment process using the online enrollment at [www.bernieportal.com](http://www.bernieportal.com).



The cutoff date for completing online enrollment is **February 23, 2026**. If you have any questions, contact your Human Resources contact:

- Karen Allen
- Jami Weinman (broker's office)  
214-443-1401 ; 866-629-7963  
[jami@insuranceisboring.com](mailto:jami@insuranceisboring.com)

***Your enrollment will be done online at Bernie Portal.***

**To make elections online:**

Go to: [www.bernieportal.com](http://www.bernieportal.com)

**User Name:** your Trinsic email or your personal email if you don't have a Trinsic email address

**Password:** the last 4 of your SSN plus 2-digit birth month, unless you changed your default password.

# MEDICAL PLANS

The company will be moving the medical benefits to [Aetna](#) offering three copay plans and one HSA plan utilizing the [Aetna National PPO](#) provider network.

## HSA Plan

To contribute to an HSA and receive the employer's HSA contribution, you need to enroll in the Qualified High Deductible Plan (HDHP). An HSA plan combines a qualified high deductible health plan (HDHP) with a Health Savings Account (HSA). With an HDHP benefit plan, all eligible expenses apply to the deductible and co-insurance first, except for preventive care, which is covered at 100%. Prescriptions are applied to the plan deductible first, and then once you meet the plan deductible, you pay Rx copays and ER copays until you reach the out-of-pocket maximum. The the plan apys 100% for all eligible expenses, including prescriptions.

The advantage of the HSA plan is that the employee premiums are less than the co-pay plan premiums. Also, if you choose an HSA plan, TRG contributes monthly to your HSA account. These funds may be used to pay for eligible medical, dental, and vision expenses such as, but not limited to, doctor visits and prescriptions. To receive the employer HSA contribution, employees enrolled in an HSA plan must open an HSA account with [Optum Bank](#).

### HSA Plan MONTHLY Employer Contributions – HSA Plans ONLY

|                          | Monthly  |
|--------------------------|----------|
| <b>Employee Only</b>     | \$100.00 |
| <b>Employee + Spouse</b> | \$100.00 |
| <b>Employee + Child</b>  | \$100.00 |
| <b>Employee + Family</b> | \$100.00 |

You are encouraged to take full advantage of the tax savings by adding to the company's HSA contributions. The IRS limits the amount that can be contributed to an HSA account. Both the employer's and the employee's HSA contributions are on a pre-tax basis. If you or your spouse is 55 or older, you may elect to contribute an additional \$1,000 catch-up contribution for yourself and/or your spouse in 2025 in addition to the annual limits.

|                                    |  |                                      |
|------------------------------------|--|--------------------------------------|
| <b>Combined annual IRS limits:</b> | <u><a href="#">Individual Limits</a></u> | <u><a href="#">Family Limits</a></u> |
|                                    | \$4,400 (2026)                           | \$8,750 (2026)                       |

What are the benefits of an HSA? **An HSA is very similar to an IRA in that:**


- Pre-tax dollars can be used to pay for qualified expenses
- You are in control of more of your healthcare decisions
- **Funds left in an HSA can grow, tax-deferred**
- Your account stays with you even if you change employers
- After age 65, you can withdraw your funds, and they are only taxed as ordinary income
- Your HSA funds may be used tax-free to pay for Medicare insurance premiums

What expenses are qualified medical expenses? Eligible expenses include most normal medical, dental, and vision expenses such as:

Doctor visits, prescription drugs, dental services, and vision care (including contact lenses, glasses, and Lasik surgery)

- View a complete list of eligible expenses on the [www.insuranceisboring.com](http://www.insuranceisboring.com) website.

## Trinsic - MEDICAL BENEFITS AT A GLANCE

|            | 1500/80<br>PPO Copay Plan                 | 2500/80<br>PPO Copay Plan                 | 5000/80<br>PPO Copay Plan                 | 5500/100<br>PPO HSA Plan                  |
|--|---|---|---|---|
|  | In-Network                                | In-Network                                | In-Network                                | In-Network                                |
| <b>CALENDAR YEAR DEDUCTIBLE</b>  |   |   |   |   |
| Individual Deductible  | \$1,500                                   | \$2,500                                   | \$5,000                                   | \$5,500                                   |
| Family Deductible Maximum  | \$3,000                                   | \$5,000                                   | \$10,000                                  | \$11,000                                  |
| <b>MAXIMUM OUT-OF-POCKET PER CALENDAR YEAR PER PERSON (includes copays or deductibles)</b> |   |   |   |   |
| Individual   | \$5,500                                   | \$6,500                                   | \$7,750                                   | \$7,500                                   |
| Family   | \$11,000                                  | \$13,000                                  | \$15,500                                  | \$15,000                                  |
| <b>WELLNESS &amp; IMMUNIZATIONS</b>  |   |   |   |   |
| Well Child Care, includes immunizations  | 100%                                      | 100%                                      | 100%                                      | 100%                                      |
| Well Adult (exam, mammogram, PSA)  | 100%                                      | 100%                                      | 100%                                      | 100%                                      |
| <b>INPATIENT</b>   |   |   |   |   |
| Hospitalization (inpatient)  | 80% after deductible                      | 70% after deductible                      | 80% after deductible                      | 100% after deductible                     |
| Inpatient Mental Health/Chemical Dependency  | 80% after deductible                      | 70% after deductible                      | 80% after deductible                      | 100% after deductible                     |
| <b>OUTPATIENT</b>  |   |   |   |   |
| Physician Office Visit Copay (illness or injury, except surgery)                           | \$25 PCP<br>\$75 SP                       | \$35 PCP<br>\$70 SP                       | \$40 PCP<br>\$80 SP                       | 100% after deductible                     |
| Outpatient Surgery (surgical facility or doctor's office)                                  | 80% after deductible                      | 80% after deductible                      | 80% after deductible                      | 100% after deductible                     |
| MRI, CT Scan, PETSCAN, etc.  | 80% after deductible                      | 80% after deductible                      | 80% after deductible                      | 100% after deductible                     |
| Diagnostic Lab & X-ray   | 80% after deductible                      | 80% after deductible                      | 80% after deductible                      | 100% after deductible                     |
| Urgent Care Visit  | \$75 copay                                | \$75 copay                                | \$75 copay                                | 100% after deductible                     |
| Emergency Room Services  | \$300 copay plus Ded. & 20%               | \$300 copay + Ded. & 20%                  | \$300 copay + Ded. & 20%                  | \$500/visit After ded                     |
| <b>OTHER EXPENSES</b>  |   |   |   |   |
| Virtual Visits   | No Charge                                 | No Charge                                 | No Charge                                 | 100% after deductible                     |
| <b>PRESCRIPTIONS</b>   |   |   |   | <b>After Deductible</b>                   |
| Preferred Generic  | Tier 1A - \$3 copay<br>Tier 1 - \$6 copay | Tier 1A - \$3 copay<br>Tier 1 - \$6 copay | Tier 1A - \$3 copay<br>Tier 1 - \$6 copay | Tier 1A - \$3 copay<br>Tier 1 - \$6 copay |
| Preferred Brand  | \$45 copay                                | \$50 copay                                | \$50 copay                                | \$50 copay                                |
| Non-Preferred Generic/Brand  | \$75 copay                                | \$80 copay                                | \$80 copay                                | \$100 copay                               |
| Specialty Preferred  | 20% up to \$250                           | 20% up to \$250                           | 20% up to \$250                           | 20% up to \$250                           |
| Specialty Non-Preferred  | 40% up to \$500                           | 40% up to \$500                           | 40% up to \$500                           | 40% up to \$500                           |

# Medical Plan Contributions

TRG has made a substantial investment in your healthcare and will contribute a substantial amount of the medical premium for the employee only. You will be responsible for the balance of the employee premium and dependent premiums.

The rates shown below are your semi-monthly before-tax employee contributions.

|                     | <u>1500/80</u> | <u>2500/80</u> | <u>5000/80</u> | <u>5500/100</u> |
|---------------------|----------------|----------------|----------------|-----------------|
| Employee Only       | \$ 55.88       | \$ 30.34       | \$ 0.00        | \$ 0.00         |
| Employee + Spouse   | \$ 640.60      | \$ 562.72      | \$ 469.83      | \$442.00        |
| Employee + Children | \$ 443.90      | \$ 383.62      | \$ 311.78      | \$293.30        |
| Employee + Family   | \$ 1,004.01    | \$ 893.58      | \$ 761.83      | \$716.69        |

## Dental Plan

TRG will continue the dental benefits with **BCBS** and contribute 100% of the dental premium for the employee only. You will be responsible for the dependent premiums.

**This plan provides a maximum benefit of \$2,000 per year.**

| Trinsic - DENTAL BENEFITS AT A GLANCE                  |                         |
|--|-------------------------|
| PLAN FEATURES  | PPO PLAN                |
| Annual Deductible (waived for preventive services)     |                         |
| Individual   | \$50                    |
| Family   | \$150                   |
| Annual Benefit Maximum                                 | \$2,000                 |
| Per Individual   |                         |
| Type A - Preventive Services                           | 100%                    |
| Type B - Basic Restorative                             | 80%                     |
| Type C - Major Restorative                             | 50%                     |
| Type D - Orthodontics for children under 19 and Adults | 50% to \$2,000 lifetime |

# Dental Plan Contributions

The rates shown below are your semi-monthly before-tax premiums.

|                     | <u>Dental</u> |
|---------------------|---------------|
| Employee Only       | \$ 0.00       |
| Employee + Spouse   | \$ 21.80      |
| Employee + Children | \$ 33.39      |
| Employee + Family   | \$ 62.46      |

# Vision Plan

TRG will continue the vision coverage with **BCBS**, utilizing the **EyeMed** network, and contribute 100% of the vision premium for the employee only. You will be responsible for the dependent premiums.

| VISION BENEFITS AT A GLANCE                            |                       |
|--|-----------------------|
| PLAN FEATURES  | IN-NETWORK            |
| Eye Exam (Every 12 months)                             | \$10 copay            |
| Lenses (Every 12 months)                               | \$25 copay            |
| Frames (Every 24 months)                               | Up to \$150 allowance |
| Elective Contact Lenses<br>(Glasses OR Contact lenses) | Up to \$150 allowance |

The rates shown below are your semi-monthly before-tax premiums.

|                     | <u>EyeMed</u> |
|---------------------|---------------|
| Employee Only       | \$ 0.00       |
| Employee + Spouse   | \$ 3.42       |
| Employee + Children | \$ 3.80       |
| Employee + Family   | \$ 7.38       |



# Basic Life/AD&D Plan

The Basic Life & AD&D will continue with **BCBS/Dearborn**.  
Your complementary **Basic Life/Accidental Death & Dismemberment** policy coverage is **\$50,000 of Basic Life and \$50,000 AD&D**.  
There is NO COST to you for this coverage!



# Disability Policies

The company will continue the Short Term (STD) and Long-Term disability insurance with **BCBS/Dearborn**. The disability plans are employer-paid.

## Short Term Disability

60% of weekly earnings to a maximum of \$2,500 per week; Elimination period 14 days; Benefit duration 11 weeks; no pre-existing conditions

## Long Term Disability

60% of monthly earnings to a maximum of \$8,000 per month; Elimination period 90 days; Benefit period Social Security normal retirement age.



# Enrollment Instructions

We thank you for your service to our company and hope that the benefits covered in this package are of service to you and your family.

As a reminder, all employees must complete the open enrollment process even if they waive benefits.

**Online Enrollment  
must be completed by  
February 23, 2026**

**To make elections online:**

Go to: [www.bernieportal.com](http://www.bernieportal.com)

User name: your Trinsic email or personal email on record

Password: the last 4 of your SSN plus 2-digit birth month unless you have changed your default password.

All additional compliance notices are included on the [www.insuranceisboring.com](http://www.insuranceisboring.com) benefit website. (generic login)

Email: [benefits@trinsicres.com](mailto:benefits@trinsicres.com)

Password: **TRG**