



F FOX VALLEY **TOOL & DIE**

**OPEN
ENROLLMENT
2026**



BENEFIT PLAN HIGHLIGHTS

NEW IN 2026...

- Easier access to Collaborative Care: Fold Care app
- Name Change: Doctor on Demand to Included Health Virtual Care
- FSA and COBRA Carrier: Navia Benefit Solutions
- Increase to Dependent Care FSA Contribution Amount

STAYING THE SAME...

- Two plan options
- Plan designs
- Provider access
- Access to \$0 care options
- Access to Collaborative Care
- Same ancillary coverages (dental, vision, life, disability)





Benefits Team

877-311-5677

YOUR MOST IMPORTANT HEALTH BENEFITS



ANOVIA
HEALTH

**\$0 Primary
Care**



**Non-Emergent
Care Coordination**



**\$0 Virtual Primary,
Urgent and Mental
Health Services**

IMPORTANT PLAN PARTNERS







INTRODUCES...

Foldhealth



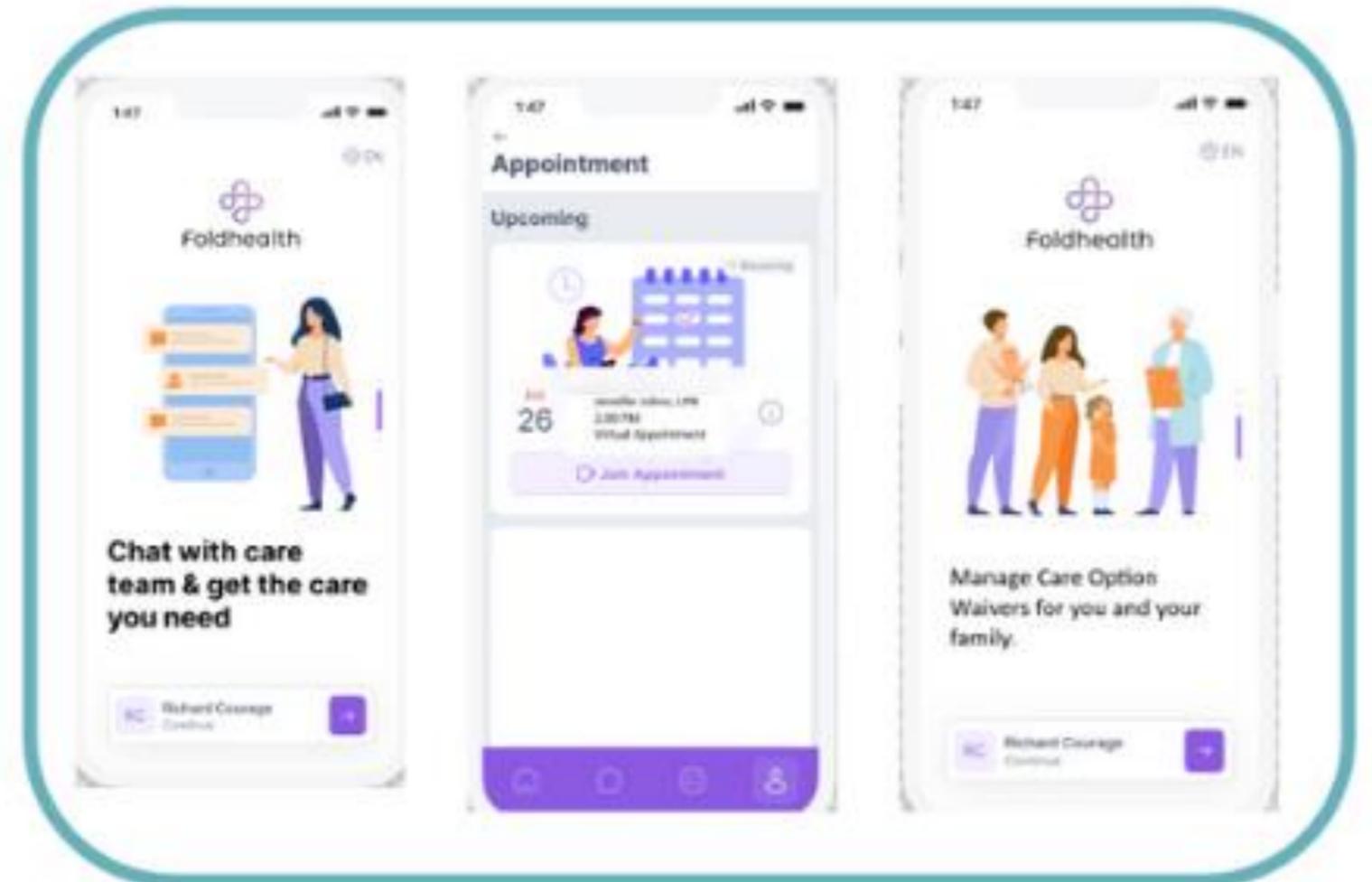
Your Member Application

Features:

- ✓ Request a New Care Options Case
- ✓ Secure Messaging with Collaborative Care
- ✓ Schedule a Call with the CC Team
- ✓ Receive your Care Option Report

Options to Connect with Collaborative Care:

- 1.) DOWNLOAD: 'Fold Care' App for IOS or ANDROID
- 2.) CALL: the number on your medical card
- 3.) TEXT: 920-977-6980
- 4.) Choose "Collaborative Care" at Avergent.com



HEALTH PLAN OVERVIEW

**Collaborative Care can waive non-emergent, specialty care Copays or benefit limitations.*

*See Collaborative Care FAQ's and Summary Plan Description for full details.
Out of Pocket Maximum includes Medical & Pharmacy*

PLAN COVERAGE	Copay Only	HSA Deductible + Copay
Individual Family Deductible	\$0	\$3,400 / \$6,800
Individual Family Out of Pocket Max	\$5,000 / \$10,000	\$5,000 / \$10,000
Anovia Health Preventive Care Telehealth: Included Health Virtual Care	\$0	\$0
Primary Care Specialty Care Office Visit	\$75 Copay	Deductible then \$75 Copay
Emergency Room (copay waived if admitted)	\$250 Copay	Deductible then \$250 Copay
Inpatient or Outpatient Hospital & Facility Services	\$1,000 Copay	Deductible then \$1,000 Copay

BI WEEKLY EMPLOYEE CONTRIBUTIONS

	With Wellness	Without Wellness
Employee Only	\$14.00	\$89.00
Family	\$64.00	\$139.00





WELLNESS PLAN

- Earn company incentives. See Wellness flyer for more.
- Making healthy choices can help cover most or all your out-of-pocket expenses for the year.



STAY
ACTIVE



PREVENTIVE SERVICES

**Collaborative Care can waive Copay or benefit limitations.
Fox Valley Tool & Die will provide a \$250 Incentive.
See Collaborative Care FAQ's and Summary Plan Description for full details.
Out of Pocket Maximum includes Medical & Pharmacy:*

PLAN COVERAGE	Copay Only	HSA Deductible + Copay
Adult & Child Annual Physicals and Well Exams	\$0	\$0
Immunizations	\$0	\$0
Colorectal Cancer Screening*	\$0	\$0
Prostate Screenings	\$0	\$0
Mammograms	\$0	\$0

Full list of preventive medical and pharmacy services available in your Summary Plan Document (SPD)



OFFICE VISIT SERVICES

**Collaborative Care can waive non-emergent, specialty care Copays or benefit limitations.*

*See Collaborative Care FAQ's and Summary Plan Description for full details.
Out of Pocket Maximum includes Medical & Pharmacy:*

PLAN COVERAGE	Copay Only	HSA Deductible + Copays
Anovia Health: advanced primary care services	\$0	\$0
Preventive Care (Adult & child wellness exams, immunizations, age-based screening)	\$0	\$0
Telehealth (Included Health Virtual Care): Urgent Care & Behavioral Health	\$0	\$0
Primary Care	\$75 Copay	Deductible then \$75 Copay
Chiropractic	\$75 Copay	Deductible then \$75 Copay
Urgent Care (Non-Hospital Based Hospital)	\$75 \$250 Copay	Deductible then \$75 \$250 Copay
Specialist Care* (including Occupational & Physical Therapy)	\$75 Copay	Deductible then \$75 Copay





When you use our Value Providers, you get the right care at the right time.

That's why our Health Plan covers them at **100%** and **\$0** Copays for you.

- 59% fewer emergency room visits
- 30% fewer days in the hospital
- 62% less referrals to specialists
- 65% less imaging
- 80% fewer surgeries

To schedule an appointment, visit www.anoviahealth.com for locations and phone numbers.



ANOVIA
HEALTH

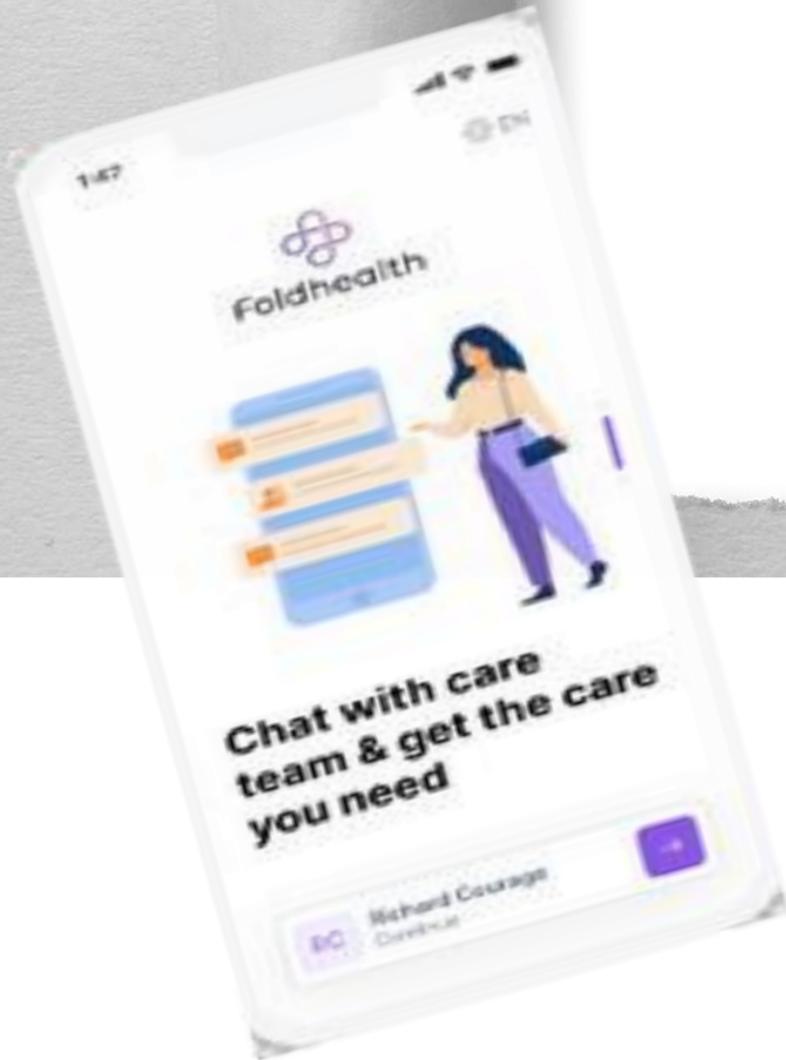
- Physician Led Care Teams
- Unlimited Visits
- 30-Minute Visits
- Face-to-Face, Tele-Video, Text, & Email
- Corporate Values:
- Great Care
- Great Value
- Transparency

ONLY MEMBERS ON THE HEALTH PLAN HAVE ACCESS TO ANOVIA DIRECT PRIMARY CARE

Virtual Care



Member App Portal



FREE and available 24/7 every day of the year

DIAGNOSIS AND TREATMENT SUGGESTIONS
RIGHT FROM YOUR SMARTPHONE, TABLET OR COMPUTER.

Urinary Tract Infections

Cold, flu and COVID 19

PTSD

Sinus infections

Headache and migraines

Prescription Refills

Skin conditions and rashes

Anxiety and Depression

and more



Go to your 'Fold Care' app
and select Help & Support
for care options

Help & Support



Contact a Virtual Provider
Get paired with nearby doctors, specialists & more.



Expert Second Opinion
Get a medical opinion from a top specialist for your condition.



Call +15673392840
Get Healthcare Advice

HOSPITAL & FACILITY SERVICES

**Collaborative Care can waive non-emergent, specialty care Copays or benefit limitations.*

*See Collaborative Care FAQ's and Summary Plan Description for full details.
Out of Pocket Maximum includes Medical & Pharmacy*

PLAN COVERAGE	Copay Only	HSA Deductible + Copay
Emergency Room	\$250 Copay	Deductible then \$250 Copay
Ambulance (Air or Ground)	\$250 Copay	Deductible then \$250 Copay
Durable Medical Equipment*	\$250 Copay	Deductible then \$250 Copay
Labor and Delivery	\$1,000 Copay	Deductible then \$1,000 Copay
Inpatient Residential Treatment	\$1,000 Copay	Deductible then \$1,000 Copay
Inpatient Room & Board*	\$1,000 Copay	Deductible then \$1,000 Copay
Advanced Diagnostics*	\$1,000 Copay	Deductible then \$1,000 Copay
Outpatient Surgery*	\$1,000 Copay	Deductible then \$1,000 Copay
Skilled Nursing*	\$1,000 Copay	Deductible then \$1,000 Copay



PHARMACY

TYPE OR TIER	Copay Only	HSA Deductible + Copay
Tier 0 - Preventive	\$0	\$0
Tier 1 – Generic*	\$5 Copay	Deductible then \$5 Copay
Tier 2 - Formulary Preferred*	\$40 Copay	Deductible then \$40 Copay
Tier 3 - Formulary Non-Preferred*	\$80 Copay	Deductible then \$80 Copay
Tier 4 - Specialty*	Call Rescrybe: 866-401-1883	Call Rescrybe: 866-401-1883

*Copays shown are for a 30-day supply.
Mail order available through Costco Mail Order Pharmacy.*

The formulary can be found at [ventegra.com](https://www.ventegra.com). Select “Drug List & Formularies” at the bottom of the page. Download “Premium” formulary.

Lower cost options for certain brand/specialty are available through RESCRYBE. Specialty drugs and certain other drugs require pre-authorization, which will be automatically initiated when the pharmacy attempts to fill the drug for the first time.

All deductibles and out-of-pocket costs track to your out-of-pocket maximum.



Personal Importation and Patient Assistance Programs

Avergent has partnered with Rescrybe to lower prescription costs. Rescrybe coordinates employees' high-cost generic, brand, and specialty medications to the medications they need at prices they can afford. For more information: info@rescrybe.com or 866-401-1883





Rescrybe

Overview

- Drives savings for both YOU and FVTD
- Founded and operated by experienced pharmacists and pharmacy technicians
- Add-on benefit to your standard Rx coverage
- For eligible specialty and high-cost medications (brand and generics)
- Two Programs:
 - Patient Assistance Programs
 - Personal Importation (International Sourcing)

Member Benefits

- \$0 out of pocket costs for Copay Plan
- Deductible, then \$0 for HSA Plan
- Medications mailed directly to your home
- Up to a 90-day supply
- A dedicated, expert, patient advocate is available to you via text, phone, or email

Top Rescrybe Medications

Adbry	Envarsus XR	Motegrity	Stelara
Advair	Erleada	Mvasi	Symbicort
Amgevita	Estradiol	Myfembree	Synjardy
Anoro Ellipta	Estring	Myrbetriq	Synthroid
Asacol HD	Farxiga	NovoLOG	Tasigna
Atrovent	Fiasp	Ocrevus	Toujeo
Basaglar	Flovent	Odefsey	Trelegy Ellipta
Benlysta	Gilenya	Onglyza	Tremfya
Biktarvy	HumaLOG	Orencia	Tresiba
Breo Ellipta	HumaLOG Junior	Orgovyx	Trulance
Brilinta	Humira	Otezla	Trulicity
Budesonide-Formoterol	HumuLIN 70/30	Premarin	Ubrelvy
Chantix	Incruse Ellipta	Prempro	Varenicline
Cimzia	Insulin Aspart	Pulmicort Flexhaler	Ventolin
CombiPatch	Invokana	Qulipta	Verzenio
Combivent Respimat	Jadenu	Remicade	Victoza
Contrave	Janumet	Rexulti	Viibryd
Corlanor	Januvia	Rinvoq	Vraylar
Cosentyx	Jardiance	Rituxan	Wixela
Creon	Jentadueto	Rybelsus	Xarelto
Cyclosporine Eye Drops	Kesimpta	Sabril	Xeljanz
Descovy	Kuvan	Saxenda	Xifaxan
Dexilant	Lantus	Serevent	Xiidra
Dulera	Levemir	Simponi	Xolair
Dupixent	Lialda	Skyrizi	Xtandi
Edarbyclor	Linzess	Soliqua	Xultophy
Eliquis	Lotemax	Spiriva	Yusimry
Enbrel	Mavenclad	Spiriva HandiHaler	Zejala
Entresto	Mavyret	Sprycel	
Entyvio	Mesalamine	Steglatro	

FLEX SPENDING ACCOUNT

2026 Contribution and Out-of-Pocket Limits

Limited Purpose Flexible Spending Account (LPFSA)	The maximum amount you may contribute to your LP FSA is \$2,000
Dependent Care Flexible Spending Account (DCFSA)	The maximum amount you may contribute to your DC FSA is \$7,500 (\$3,750 if married and filing separately)
Flexible Spending Account (FSA)	The maximum amount you may contribute to your health FSA is \$2,000.

Please save your receipts and other [supporting documentation](#) related to your FSA expenses and claims. Credit card receipts, canceled checks, and balance forward statements do not meet the requirements for acceptable documentation.

If you are contributing to an HSA account, you may also contribute to an LPFSA or a DCFSA account, not a standard Flexible Spending Account.

LPFSA Eligible Expenses

- Vision
- Dental

DCFSA Eligible Expenses

- Before or after school program
- Childcare
- Adult day care
- Elder care
- Nursery school
- Sick-child care
- Transportation to and from eligible care

FSA Eligible Expenses

- Medical
- Dental
- Vision
- Pharmacy
- Durable Medical Equipment

Contribution and Out-of-Pocket Limits for Health Savings Accounts and High Deductible Health Plans

HSA Contribution Limit	Self: \$4,400 Family: \$8,750
HSA Catch up contributions (55 and older)	\$1,000

HEALTH HSA

Example Eligible Expenses

- Medical
- Dental
- Vision
- Pharmacy
- Durable Medical Equipment



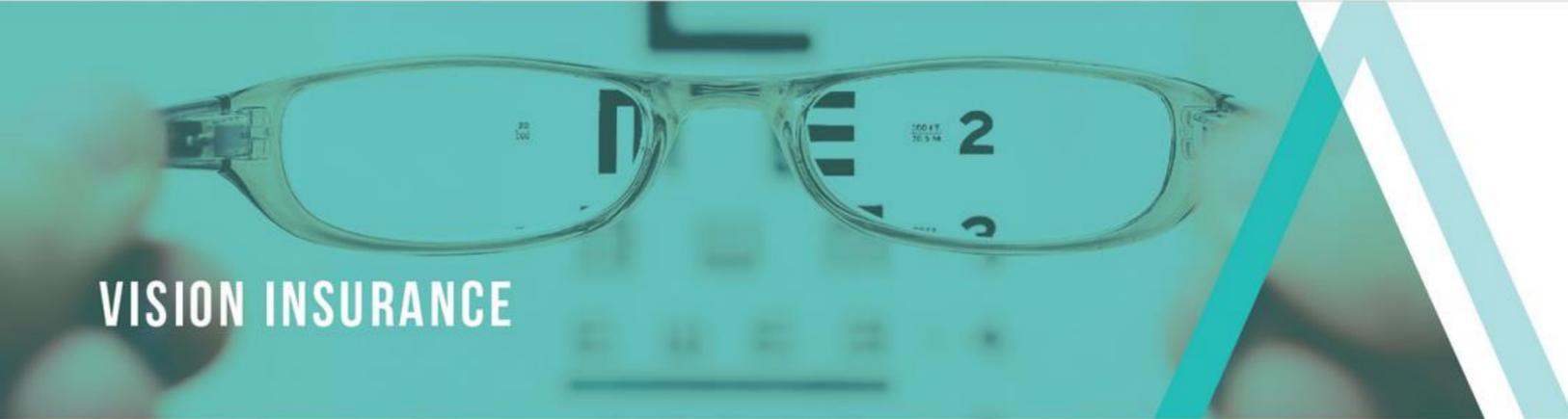
DENTAL INSURANCE



PLAN COVERAGE	MEMBER COST In or Out of Network
Deductible (Individual/Family)	\$50/\$150
Annual Maximum	\$1,500
Preventive (Cleaning, X-rays, Exams, Sealants) Deductible does NOT apply.	100%
Basic Services	80%
Major Services	50%
Orthodontia Services	50%
Orthodontia Lifetime Maximum	\$1,500

BI WEEKLY EMPLOYEE CONTRIBUTIONS

Employee Only	\$0
Family	\$0



VISION INSURANCE



BI WEEKLY EMPLOYEE CONTRIBUTIONS

Employee Only	\$2.88
Family	\$7.18

PLAN COVERAGE	MEMBER COST In Network	MEMBER COST Out of Network
Exams (1x per 12 months)	\$10 Copay	\$35 Reimbursement
Frames (1x per 24 months)	\$150 Allowance, then 20% off Balance	\$75 Reimbursement
Lenses: (1x per 12 months) Single Bifocal Trifocal	\$10 Copay, plan pays balance	\$25 Reimbursement \$40 Reimbursement \$55 Reimbursement
Contacts: (1x per 12 months) Elective Medically Necessary	\$150 Allowance Covered in Full	\$150 Allowance \$200 Allowance



LIFE INSURANCE

EMPLOYER PAID LIFE & AD&D INSURANCE

\$50,000 Benefit



Mutual of Omaha



SUPPLEMENTAL INSURANCE

VOLUNTARY TERM LIFE & AD&D

Guaranteed Issue:

Employee: \$100,000

Spouse: \$50,000

Election Increments:

Employee: \$10,000

Spouse: \$5,000

Child: \$1,000

DISABILITY INSURANCE



SHORT-TERM DISABILITY - EMPLOYEE PAID

Elimination Period	0 day for accident 7 days for sickness
Weekly Benefit	60%
Maximum Weekly Benefit	\$1,000
Benefit Duration	13 weeks
Earnings Definition	Annual salary

LONG TERM DISABILITY - EMPLOYER PAID

Elimination Period	90 days
Benefit Percentage	60%
Maximum Monthly Benefit	\$6,000

SALARY-CONTINUATION PROGRAM

Elimination Period	Must have a doctor's excuse and be off continuously for a minimum of 14 calendar days
Benefit Percentage	2/3 Pay
Maximum Weekly Benefit	Up to \$300.
Benefit Duration	Pay starts immediately. This pay runs congruent to FMLA leave.)

VOLUNTARY CRITICAL ILLNESS AND ACCIDENT COVERAGE



Mutual of Omaha



EMPLOYEE ASSISTANCE PROGRAM



Free to all employees and their dependents

Recognize an issue



Schedule an appointment



Fill out some paperwork



Talk to a Counselor



8 sessions per issue

Marital/relationship issues, mental health, grief, anxiety/stress, depression, parenting, job stress, anger, family dynamics, resiliency and more.



We're here to [help!](#)

877-311-5677