



2026 PLAN YEAR · OPEN ENROLLMENT

Your 2026 Benefits Guide

Brightfield Manufacturing

01 / WELCOME

Benefits built around the people who build things

This guide walks you through everything Brightfield offers for the 2026 plan year — medical, dental, vision, and the programs that sit behind them. Read it before you enroll so the plan you pick actually fits how you and your family use care.

Most of what changed this year is in your favor: lower out-of-pocket maximums on two plans and a new virtual-care benefit with no copay. Where something costs more, we've said so plainly.

DATES TO KNOW

Open enrollment opens	November 3, 2025
Open enrollment closes	November 21, 2025
Coverage begins	January 1, 2026
Last day to add dependents	December 5, 2025

02 / YOUR MEDICAL PLANS

Choose the plan that fits your life

Brightfield offers three medical plans through the same national network. The difference is how you split costs with the plan: pay more each paycheck for lower costs at the doctor, or less each paycheck and more when you use care.

HMO
Essential HMO
\$92 / mo employee

Lowest paycheck cost. Care stays in-network.

A straightforward plan for people who use a regular doctor and want predictable copays.

Annual deductible (individual)	\$1,500
Out-of-pocket maximum	\$6,000
Primary care visit	\$25 copay
Specialist visit	\$50 copay
Virtual care	\$0

PPO **Balanced PPO** **\$168** / mo employee

Flexibility to see anyone, in or out of network.

The PPO is the right call if you split time between providers, travel often, or want the option to see a specialist without a referral. You'll pay more per paycheck than the HMO, but you trade that for freedom of choice and a lower deductible.

Out-of-network care is covered too, at a higher cost share. If a family member sees providers across different systems — say, a specialist in another city — this plan absorbs that without surprises, as long as the provider accepts the plan's allowed amounts.

This is Brightfield's most-chosen plan, and for most families with regular but unpredictable care needs, it lands in the middle on total annual cost.

Annual deductible (individual)	\$750
Out-of-pocket maximum	\$4,500
Primary care visit	\$20 copay
Specialist visit	\$40 copay
Out-of-network coverage	Yes, 60%
Virtual care	\$0

HDHP + HSA

Saver HDHP

\$54 / mo employee

Lowest paycheck cost, paired with a tax-free HSA.

A high-deductible plan that pairs with a Health Savings Account. Brightfield contributes \$750 to your HSA each year (\$1,500 for family coverage). Money in the account is yours to keep, rolls over every year, and is never taxed when spent on care.

This plan rewards people who don't use much care in a typical year, or who can cover a higher deductible in exchange for the lowest premium and a growing tax-free balance.

Annual deductible (individual)	\$3,200
Out-of-pocket maximum	\$5,500
Brightfield HSA contribution	\$750 / yr
Preventive care	\$0
Virtual care	\$0 after deductible

03 / SIDE BY SIDE

Plan comparison

The numbers that matter most, lined up. "Total cost" depends on how much care you actually use — the worksheet in your enrollment portal estimates it for your situation.

Feature	Essential HMO	Balanced PPO	Saver HDHP
Monthly premium (employee)	\$92	\$168	\$54
Deductible (individual)	\$1,500	\$750	\$3,200
Deductible (family)	\$3,000	\$1,500	\$6,400
Out-of-pocket max (individual)	\$6,000	\$4,500	\$5,500
Primary care visit	\$25	\$20	After deductible
Specialist visit	\$50	\$40	After deductible
Urgent care	\$60	\$50	After deductible
Emergency room	\$350	\$300	After deductible
Generic prescriptions	\$10	\$10	After deductible
Specialty prescriptions	30%	25%	After deductible
Out-of-network coverage	No	Yes (60%)	Yes (50%)
HSA eligible	No	No	Yes
Employer HSA contribution	—	—	\$750
Virtual care copay	\$0	\$0	\$0*

04 / GETTING STARTED

How to enroll

1

Log in to the benefits portal

Go to benefits.brightfield.example and sign in with your employee ID. First-time users set a password from the link in your welcome email.

2

Review your current coverage

If you're already enrolled, last year's elections are shown. Nothing carries over automatically for the HSA, so confirm your contribution even if your plan stays the same.

3

Compare and choose

Use the built-in cost estimator to compare your real expected costs across all three plans, then select medical, dental, and vision.

4

Add or confirm dependents

Add anyone you want covered and upload documentation (marriage or birth certificate) before December 5. Dependents added without documents are removed at year-end.

5

Submit by November 21

Elections aren't final until you hit submit and see the confirmation screen. Save or print it. If you miss the deadline, you default to Essential HMO with no dependents.

05 / REQUIRED NOTICES

Important plan information

The following notices are required and apply to all Brightfield medical plans. This guide is a summary; if anything here conflicts with the official plan documents, the plan documents control.

Summary of Benefits and Coverage (SBC)

A detailed SBC for each plan is available in the enrollment portal and free on request. It uses a standard federal format so you can compare plans, including coverage examples for common situations like having a baby or managing a chronic condition.

Women's Health and Cancer Rights Act

If you have had or will have a mastectomy, the plan covers reconstructive surgery, prostheses, and treatment of physical complications, in a manner determined with your attending physician, subject to the plan's deductibles and coinsurance.

Newborns' and Mothers' Health Protection Act

Group health plans generally may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery, or 96 hours following a cesarean section.

HIPAA Notice of Privacy Practices

The plan protects the privacy of your health information and uses it only as permitted by law to administer your benefits. The full notice describes your rights and how to file a complaint, and is available from Human Resources at no cost.

Premium assistance under Medicaid and CHIP

If you or your children are eligible for Medicaid or CHIP and you're eligible for this coverage, your state may have a premium assistance program that can help pay for it. Contact HR for the state-specific notice.