

# Benefits Overview

Your benefits are an important part of your overall compensation. This overview was designed to answer some of the basic questions you may have about your benefits.

January 01, 2026 – December 31, 2026



## Eligibility

You are eligible for benefits if you meet your employer's eligibility requirements. If you are eligible, you may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your registered domestic partner (RDP) and/or their children, where applicable by state law
- ▶ Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a Qualifying Event during the year. Following are examples of the most common Qualifying Events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, RDP or child
- ▶ You lose coverage under your spouse's/RDP's plan
- ▶ You gain access to state coverage under Medicaid or The Children's Health Insurance Program

## Making Changes

**To change your benefit elections, you must contact Human Resources within 31 days of the qualifying life event.** Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

**Required Information**—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

## Medical

We're proud to offer you a choice of four medical plans. The following is a high-level overview of the coverage available.

	Copay Plan (Broad Network)		Copay Plan (Narrow Network)		HDHP Plan (Broad Network)		HDHP Plan (Narrow Network)	
	In-Network		In-Network		In-Network		In-Network	
HRA or HSA	No		No		H.S.A./HRA Compatible		H.S.A./HRA Compatible	
<b>Benefits*</b>	<b>In-Network</b>		<b>In-Network</b>		<b>In-Network</b>		<b>In-Network</b>	
Network	Choice Plus Network (Broad Network)		Core Essential Network (Narrow Network)		Choice Plus Network (Broad Network)		Core Essential Network (Narrow Network)	
Office Copay (PCP/Specialist)	\$25 / \$50		\$25 / \$50		20% coinsurance after deductible is met		20% coinsurance after deductible is met	
Hospital (Inpatient/Outpatient)	20% coinsurance after deductible is met		20% coinsurance after deductible is met		20% coinsurance after deductible is met		20% coinsurance after deductible is met	
Urgent Care/ER	\$50 / \$500		\$50 / \$500		20% coinsurance after deductible is met		20% coinsurance after deductible is met	
Major Diagnostics	20% coinsurance after deductible is met		20% coinsurance after deductible is met		20% coinsurance after deductible is met		20% coinsurance after deductible is met	
Deductible (Single/Family)	\$4,000/\$8,000		\$4,000/\$8,000		\$4,000/\$8,000		\$4,000/\$8,000	
Out-of-Pocket (Single/Family)	\$6,750/\$13,500		\$6,750/\$13,500		\$6,750/\$13,500		\$6,750/\$13,500	
Pharmacy (Essential Prescription Drug List)	\$15/\$45/\$85		\$15/\$45/\$85		20% coinsurance after deductible is met		20% coinsurance after deductible is met	
	<b>Out-of-Network</b>		<b>Out-of-Network</b>		<b>Out-of-Network</b>		<b>Out-of-Network</b>	
Deductible (Single/Family)	\$10,000/\$20,000		N/A		\$10,000/\$20,000		N/A	
Coinurance	50%		N/A		50%		N/A	
Out of Pocket (Single/Family)	\$20,000/\$40,000		N/A		\$20,000/\$40,000		N/A	

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

# Dental

We're proud to offer you a choice of two dental plans. The following is a high-level overview of the coverage available.

Key Dental Benefits	Base Plan		Buy-Up Plan	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)				
Individual / Family	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
<b>Benefit Maximum</b> (per calendar year; Preventive, Basic, and Major Services combined)				
Per Individual	\$1,000	\$1,000	\$1,000	\$1,000
<b>Covered Services</b>				
<b>Preventive Services</b>	100%	100%	100%	100%
<b>Basic Services</b>	40%	40%	10%	20%
<b>Major Services</b>	50%	50%	40%	50%
<b>Orthodontia</b> (Child Only up to age 19)	Not Covered	Not Covered		50%

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

# Vision

We are proud to offer you a choice of two vision plans through United Healthcare / Spectera.

Key Vision Benefits	Standard Plan		Enhanced Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Exam</b> (once every 12 months)	\$10	Up to \$40 reimbursement	\$0	Up to \$40 reimbursement
<b>Eyeglass Lenses</b> (once every 12 months)	\$10	Up to \$80 reimbursement	\$10	Up to \$80 reimbursement
<b>Elective Contact Lenses</b> (once every 12 months)	\$30 fitting and evaluation allowance / up to \$130 allowance combined	Up to \$105 reimbursement	\$60 fitting and evaluation allowance / up to \$150 allowance combined	Up to \$125 reimbursement
<b>Frames</b> (once every 24 months on Standard Plan / once every 12 months on Enhanced Plan)	Up to \$130 allowance + 30% discount on remaining balance	Up to \$45 reimbursement	Up to \$150 allowance + 30% discount on remaining balance	Up to \$45 reimbursement
<b>Medically Necessary Contact Lenses</b> (once every 12 months; in lieu of glasses)	Covered in full after copay (if applicable)	Up to \$210 reimbursement	Covered in full after copay (if applicable)	Up to \$210 reimbursement

# Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend upon the plan you select and if you choose to cover eligible family members. **Please refer to your HR or Benefits Department for the cost of each of these coverages.**

**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.



# UHC Wellness Rewards

**Earn up to \$300 each year** by reaching program goals and completing one-time activities. Employees get to choose their activities as well as how to spend their earnings. Below are examples of reward activities:

- ▶ Connect a tracker in the UHC app
- ▶ Complete daily fitness goals
- ▶ Track sleep
- ▶ Complete weekly challenges
- ▶ Get a biometric screening
- ▶ Complete a health survey
- ▶ Get a flu shot
- ▶ Annual checkup
- ▶ 24/7 virtual visit
- ▶ Go paperless

Rewards can be redeemed through a digital Visa card at any time as long as there is a minimum of \$5 in rewards earned.

## How employees get started

UnitedHealthcare plan members can register and get started with UHC in 2 ways—through the [UnitedHealthcare app](#) or [myuhc.com](#).

### UnitedHealthcare app

- 1 Download the [UnitedHealthcare app](#)
- 2 Sign in or register
- 3 Select the **Menu** tab and choose UHC Rewards
- 4 Activate rewards
- 5 Choose reward activities and start earning
- 6 Connect a tracker and get access to even more reward activities

### myuhc.com

- 1 Visit [myuhc.com](#)
- 2 Sign in or register
- 3 Select **UHC Rewards** on the home page
- 4 Activate rewards
- 5 Choose reward activities and start earning

## HUB VIU

**Shop for all of your personal insurance needs** through HUB VIU! Compare insurance quotes across leading providers in seconds with the assistance of a VIU by HUB Advisor.

- ▶ Auto
- ▶ Motorcycle, Boat, RV, etc
- ▶ Homeowners
- ▶ Renters, Condo, Second Home, Landlord
- ▶ Life Insurance
- ▶ Pet
- ▶ Umbrella
- ▶ Home Tech
- ▶ Appliance

To learn more about VIU by HUB and compare quotes, please click [here!](#)

## BenefitHUB

Enjoy discounts, rewards and perks on 1,000s of brands you love in a variety of categories:

- ▶ Travel
- ▶ Tickets
- ▶ Apparel
- ▶ Education
- ▶ Entertainment
- ▶ Auto
- ▶ Restaurants
- ▶ Health & Wellness



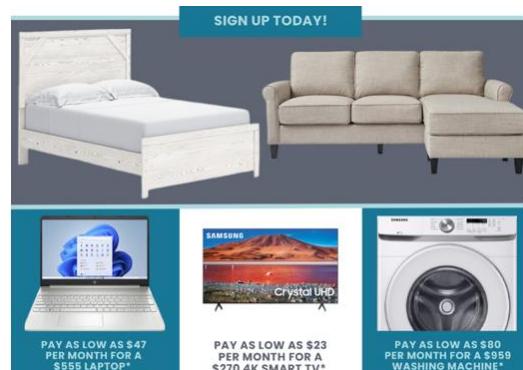
To create your account and start saving, click [here!](#)

**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

## BenefitsMe

**Digital shopping experience with interest free financing** through payroll or direct debit. Up to 12 months financing, no credit check, no interest or hidden fees.

1. Create your account [here](#) and complete all required fields.
2. Browse the online store, shop and purchase your items. They ship promptly to your doorstep.
3. The total purchase amount will either be payroll deducted or direct debited from your bank account in even installments up to 12 months.



## Contacts

Please contact your HR or Benefits Department if you have any questions about any of these benefits.

