EMPLOYEE BENEFITS GUIDE

2026 -2027

July 28, 2026 1:25 PM

Dear Valued Team Members!

Your health and well-being matter to us. Please review the 2026–2027 benefits package designed to support your physical, mental, and emotional wellness. Inside, you'll find detailed information to help you make informed choices for yourself and your family.

We've included more than just traditional healthcare, our goal is to help you thrive at work and at home.
For help with any unfamiliar terms, please see the Key Terms on page 4 of this guide.

Benefit Highlights 2026

For more information on your benefits you can call (877) 250-9207 or go to hcfacilitybenefits.com

Your Human Resources Team

BENEFITS & CARRIERS

KEY TERMS TO REMEMBER

BALANCE BILLING

Provider bills for the difference between the provider's charge and the allowed amount. Do not agree to balanced billing and immediately reach out to APA for physician claims and ELAP for hospital claims if you receive a balanced bill.

COPAY & COINSURANCE

A copay is a flat fee that you pay toward the cost of covered medical services. Coinsurance is a percentage that you pay for covered services while your insurance picks up the rest of the bill.

DEDUCTIBLE

Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

OPEN ACCESS PLAN

Unlike other medical insurance plans, there is no required limited network. Any doctor or specialist can be seen at your regular copay/coinsured amount for a covered service.

PLAN YEAR

A plan year is the 12-month period your benefits coverage lasts, at the end one plan year and start of another deductibles, max out of pocket, and allowances reset. All benefits in this guide run in a plan year that coincides with the calendar year except as noted. If you start midway through the year such as a new employee or through a qualifying event your plan year will still end with the group's plan year.

PREAUTHORIZATION

A decision by your health plan that a service, plan, prescription drug or durable medical equipment is medically necessary and if it will be approved to be paid. Your physician should request the preauthorization for you.

OVERVIEW
OF BENEFITS

ELIGIBILITY

Employees are eligible for medical, dental, and vision on the 61st day of full time employment with all other benefits starting on the first of the month following 60 days from the first date of employment.

You can elect medical, dental, and vision coverage for your spouse and dependent/adult children up to 26 years old. Your employer reserves the right to request proof of marriage and birth certificates in order to add dependents.

Review Your Benefits Online: Visit http://hcfacilitybenefits.com to view your benefit plan summaries and find more information about your benefits.

HOW TO ENROLL OR UPDATE YOUR BENEFITS AND BENEFICIARIES

Online: http://chubb.benselect.com/enroll
Your user name is your social security number with no dashes, and your pin is the last 4 digits of your social plus the last 2 digits of the year you were born.
EXAMPLE: If the last 4 of your SSN is 9876 and you were born in 1954, your pin would be 987654.

Phone: Speak to a benefit enrollment counselor at 1-877-250-9207 9am-6pm EST M - F

QUALIFYING EVENTS

Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a "Qualifying Event".

These may include, but not limited to: Changes in employment status, legal marital status or number of dependents, taking an unpaid leave of absence, Dependent satisfies or ceases to satisfy eligibility requirement, a COBRA-qualifying event, Entitlement to Medicare or Medicaid, or a change in the place of residence of the employee, resulting in the current carrier not being available.

THINGS TO CONSIDER

Consider your personal situation and the difference between the plan options and their costs when making your decision. You may also elect to waive coverage

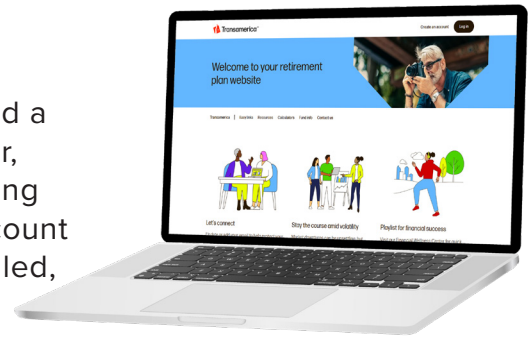
Ask yourself the following questions

- Will your current doctor be in or out-of-network?
- Do you have any planned surgeries this year?
- How many family members will you cover?
- How often do you visit the doctor?
- Are you planning to have a baby this year?

By reading this guide cover to cover, you will become familiar with your benefits options. After enrolling, verify that your payroll deductions are correct. If not, please contact your payroll representative.

2026-2027 PLAN HIGHLIGHTS

401(k) TRANSAMERICA®



To make saving for your future easier, TransAmerica has created a website with tools and resources to help you pursue a healthier, more secure retirement. From checking your balance to choosing investments to naming beneficiaries, you can manage your account anywhere, anytime, from any device. If you're not already enrolled, be sure to join the plan and create a secure online account after completing 90 days of full-time employment.

Once you're set up and logged in, you'll be ready to take advantage of the education, support, and tools the website has to offer.

Enroll online at http://transamerica.com/portal/home or call 1 (800) 401-8726.

ComPsych® Guardian

Sometimes life can feel overwhelming. It doesn't have to. Your ComPsych® GuidanceResources® program provides confidential counseling, expert guidance and valuable resources to help you handle any of life's challenges, big or small.

For 24/7 live assistance call us: 855.239.0743

Or visit us at guidanceresources.com WebID: Guardian

Services Include

- Confidential Emotional Support
- Financial Resources
- Wellness Support
- Legal Guidance
- Online Will Preparation
- Work and Lifestyle Support
- Digital Support

Secure Your Wishes With a Legally Binding Will

Drafting a will ensures that your assets pass on to your loved ones and your children are protected by a guardian of your choosing. EstateGuidance® makes it easy with online tools that walk you through the process in minutes.

2026-2027
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Employee Perks & Discounts

working advantage

Maximize your paycheck by taking advantage of discounts on food, entertainment, wellness and everyday items you need. We're here to support your personal and financial well-being through exclusive deals and limited-time offers on the products, services and experiences you need & love.

Start Saving On

Electronics • Appliances • Apparel • Cars • Flowers • Fitness Memberships
Gift Cards • Groceries • Hotels • Movie Tickets • Rental Cars • Special Events
Subscriptions • Flights • Cruises • Theme Parks and More!

New to Working Advantage? Getting Started is Easy.
Call the enrollment center at **(877) 250-9207** to complete your enrollment and receive the company code.

Global Emergency Assistance Services assist america® & Guardian

Whether you are traveling for business or pleasure, whenever you travel more than 100 miles (150 km) from your home or in another country, no matter where your final destination, we provide valuable emergency services.

Services Include

- Medical Consultation, Evaluation & Referral
- Medical Monitoring
- Emergency Medical Evacuation
- Foreign Hospital Admission Assistance
- Care of Minor Children
- Legal and Interpreter Referrals
- Work and Lifestyle Support
- Lost Luggage and Document Assistance
- Pre-Trip Information
- Return of Mortal Remains

To Activate Service simply download the mobile app and tap 'Help' or Call us at:
800.872.1414 (Within the US)
609.986.1234 (Outside the US)

Benefits ALL IN

2026-2027 PLAN HIGHLIGHTS

An Innovative Solution for Optimal Health Insurance Coverage

- **What It Is:** Benefits All In is an innovative service designed to ensure you and your family are enrolled in the health insurance plan that best meets your specific needs and circumstances.
- **How It Works:** During your benefit enrollment process, you'll be presented with a brief questionnaire about yourself and your family. Participation is voluntary, we encourage you to complete it to ensure you're in the most suitable health insurance plan for your situation.
- **Important Note:** Benefits All In is not a health insurance plan itself. If you need health insurance coverage, we highly recommend enrolling in a health insurance plan during your designated enrollment window.
- **What Happens Next:** After you complete both your enrollment and the questionnaire, a Benefits All In (BAI) agent will review your information to determine if there are other health insurance options available that might better suit your needs.
- **How We'll Contact You:** Please watch for phone calls or emails from the BAI team. They will reach out only if they've identified potentially better coverage options for you to take advantage of.

Have Questions or Need Assistance?

If you're currently enrolled in health insurance through your employer and believe you may be eligible for an alternative plan, contact a member of the BAI team. Our team can provide additional guidance and even assist with enrollment in a more suitable plan.

Carole Winchester
513.373.4344
cwinchester@benefitsallin.com

Blayne Abts
239.379.8264
blayne.abts@benefitsallin.com

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While you focus on getting better, ELAP focuses on the bills.

Healthcare is complex and oftentimes expensive. American Plan Administrators plan members are encouraged to let ELAP Services help make things easier. ELAP reviews every provider bill to catch overcharging or billing errors. If an overcharge is identified, the provider is notified about the change and sent an adjusted payment. Most of the time, providers accept this payment amount. If you are sent a bill for the difference, this is called a balance bill. If that happens, ELAP is here to help. All you need to do is identify balance bills and send them to us!

We do the hard work, so you can stop worrying about costs and have peace of mind that what you are paying is fair. We help with bills from:

Hospital Visits • Emergency Rooms • Outpatient Surgery • Physician Visits

Your Part: Identify Balance Bills

Check that your EOB... (Explanation of Benefits)

From your health plan (not a bill)

Shows you what your plan covered and what you'll owe. If you owe money, you'll get a bill from the hospital/provider.

...Matches your bill

From the hospital/facility

If this does not match your EOB, **simply contact ELAP**. We'll take care of it.

Most of the time, you'll never have a reason to contact us. But if you do, you can count on our dedicated team of advocacy experts to work to resolve the bill. This includes both member services and legal support, if needed. Contact us at:

Tel: 800-977-7381 Fax: 888-560-2447 Email: bb@elapservices.com

QUESTIONS about a medical bill? Contact us right away.

Medical Benefits

American Plan ADMINISTRATORS

Deductibles:
All benefits and amounts shown are after your deductible has been met unless otherwise noted. You must pay all of the costs from providers up to the deductible amount before your plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

Plan Details	HDHP SILVER PLAN CINL	GOLD PLAN CINM
Deductible Individual / Family	$3,000 / $6,000	$1,500 / $3,000
Max Out-of-Pocket Individual / Family	$6,250 / $12,500	$5,000 / $10,000
Doctor's Office Visit		
Primary care visit to treat injury or illness	$30 copay	$15 copay
Specialist visit	$30 copay	$15 copay
Preventive care/screening/ immunization	No charge	No charge
Imaging and Testing		
Diagnostic test (x-ray, blood work)	10% coinsurance	10% coinsurance
Imaging (CT/PET scans, MRIs)	10% coinsurance	10% coinsurance
Outpatient Surgery		
Facility fee	10% coinsurance	$500 copay
Physician/surgeon fees	10% coinsurance	10% coinsurance
Immediate Medical Attention		
Emergency room care	$250 copay	$250 copay
Emergency medical transportation	10% coinsurance	10% coinsurance
Urgent care	$100 copay	$100 copay
Prescription Coverage	**Copay (retail/mail order)**	**Copay (retail/mail order)**
Generic Drugs	$10 / $20	$20 / $40
Preferred Brand	$30 / $60	$40 / $80
Non-Preferred Brand	$50 / $100	$60 / $120
Specialty Drugs	Not Covered	Not Covered
(If you need drugs to treat your illness or condition, more information about prescription coverage is available at proactrx.com or call (877) 635-9545)		

For detailed information about your medical benefits please refer to the plan's SBC, if there is any discrepancy between this summary and the legal plan documents, the plan documents shall prevail.

Medical Benefits

Plan Details Continued	HDHP SILVER PLAN	GOLD PLAN
Hospital Stay		
Facility fee (e.g., hospital room)	10% coinsurance	$200 copay
Physician/surgeon fees	10% coinsurance	10% coinsurance
Pregnancy		
Office visits	$30 copay/visit	$15 copay/visit
Childbirth/delivery professional services	10% coinsurance	10% coinsurance
Childbirth/delivery facility services	10% coinsurance	$200 copay
Mental Health Care		
Outpatient services	$30 copay	$15 copay
Inpatient services	10% coinsurance	No charge
Recovery Assistance		
Home health care	10% coinsurance	10% coinsurance
Rehabilitation services	$65 copay/ visit	$45 copay/ visit
Habilitation services	Not Covered	Not Covered
Skilled nursing care	10% coinsurance	10% coinsurance
Durable medical equipment	10% coinsurance	10% coinsurance
Hospice services	10% coinsurance	10% coinsurance

***Minimum essential coverage (MEC) plans are a good option for those who are mostly looking for preventative care. The MEC plan excludes out-of-network services, hospitalization, surgery, mental/nervous or alcohol/substance abuse services, ambulance, ER, & other services.**

Plan Details	Minimum Essential Coverage CHMP
Preventive / Wellness	Covered 100%
Primary Care / Specialist Visits	$15 Copay
Urgent Care	$50 Copay
Laboratory Services / X-Rays	$50 Copay/ office Not covered/ facility
Generic Rx*	Tier 1: $5 copay, Tier 2: Not Covered
Brand Rx*	Not Covered
More information about prescription drug coverage is available truerx.com. Covered drugs are limited to a 31-day supply	

*Rx benefits are subject to the formulary drug list.

***MEC is only available at select locations.**

PRESCRIPTION Advocacy

What is SHARx?

Your employer has elected to provide access to a prescription advocacy program through SHARx for members enrolled in your company's health plan. SHARx supports employees and their families by providing affordable solutions for high-cost and specialty medications. SHARx works directly with members to navigate the complexities of prescription drug access, streamlining the process of obtaining your medications quickly through various sourcing solutions to ensure timely, seamless access to necessary treatments. We do the hard work, so you can stop worrying about costs and have peace of mind that what you are paying is fair.

Who is Eligible?

Your medication may no longer be covered, and you will need to work with SHARx for assistance. If you have been identified as having a high-cost or specialty medication, you will receive a welcome email from SHARx with next steps.

What is a High-Cost Medication?

A prescription drug that is significantly more expensive than standard medications including brand-name drugs without generic alternatives, biologics, & limited-distribution drugs.

What is a Specialty Medication?

A prescription drug used to treat complex, chronic, or rare conditions typically high-cost, with limited pharmacy distribution, often requiring prior authorization or added patient support.

What are the Costs?

The SHARx program is fully employer-funded — there is no cost to you or your family while enrolled in your employer's health plan. Many medications obtained through the program are available at minimal to no cost; some prescriptions may require a co-pay or out-of-pocket expense, typically significantly lower than current prescription expenses.

What Can I Expect?

A SHARx advocate will be in touch to guide you through the process and find the best sourcing solution for you. SHARx handles most of the work, but your assistance may be needed — please respond promptly to their messages to avoid delays..

QUESTIONS about your medication or the SHARx program?
Call 314.451.3555, option 1

FLEXFACTS
a company of grant benefit solutions

HSA & FSA Benefits

Health Savings Accounts (HSA)

A Health Savings Account (HSA) is an easy way to pay for medical, dental & vision expenses that you have today and save for expenses you may have in the future. All contributions are tax-free and can be adjusted as needed through out the year.

Individuals may contribute up to $4,400 per year. Families may contribute up to $8,750 per year.
Employees 55 and older may contribute an additional $1,000 per year

Are You Eligible?

The HSA is not for everyone. You're eligible only if you are:

1. Enrolled in the HDHP Silver Plan.
2. Not enrolled in other non-HDHP medical coverage, including Medicare, Medicaid, Tricare, a spouse's or parent's plan.
3. Not a tax dependent.
4. Not enrolled in a healthcare Flexible Spending Account (FSA).

Four reasons to love an HSA?

1. **Tax-free.** No federal tax on contributions, or state tax in most states. Withdrawals are also tax-free as long as they're for eligible healthcare, dental & vision expenses.
2. **No "use it or lose it."** Your balance rolls over from year to year. You own the account and can continue to use it even if you change medical plans or leave the company.
3. **Use it now or later.** Use your HSA for healthcare expenses you have today or save it to use in the future.
4. **Boosts retirement savings.** After you retire, you can use your HSA for healthcare expenses tax-free, or for regular living expenses, taxable but without penalties.

Healthcare Flexible Spending Accounts (FSA)

A healthcare FSA allows you to set aside up to $3,400 tax-free to pay for healthcare expenses you expect to have over the current plan year. Your contributions are fixed for the year (unless you have a qualifying event), the benefit must be re-elected each year, and any leftover balance in your account is forfeit at the end of the year or if you leave your current employer.

You don't have to enroll in one of our medical plans to participate in the healthcare FSA. If you or your spouse are enrolled in a high deductible health plan, you would not be eligible for an FSA:

Check flexfacts.com/eligible-expenses for a list of eligible HSA & FSA expenses.

Dependent Care Flexible Spending Accounts (DCFSA)

Set aside up to $7,500 per household before taxes to cover eligible expenses for your dependents. Eligible expenses include not only child-care, but also before and after school care programs, preschool, summer day camp for children under age 13, and day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care

Estimate carefully! You can't change your DCFSA election amount mid-year unless you experience a qualifying event. Money contributed to a dependent care FSA must be used for expenses incurred during the same plan year. All unspent funds will be forfeited.

For eligible expenses go to **fsafeds.gov/explore/dcfsa/expenses**

Dental Benefits

Guardian®

	LOW PLAN	MEDIUM PLAN	HIGH PLAN
Plan Details: Dental Guard Network Preferred			
Deductible: Individual/Family	$50	$50	$50
Annual Maximum Per Person	$1,000	$1,500	$1,750
Maximum Rollover	N/A	Threshold $700 Rollover Amount $350 Rollover Bonus Amount $500 Account Limit $1,250	Threshold $700 Rollover Amount $350 Rollover Bonus Amount $500 Account Limit $1,250
Orthodontia Lifetime Max (dependent children up to age 19)	Not Covered	50% covered up to $1,250	50% covered up to $1,500
Preventive (cleaning, exams, bitewing)	**100% covered**	**100% covered**	**100% covered**
	• Fluoride once per 16 mos. for a child under age 14 • Examinations once per 6 months		• Prophylaxis/Cleanings once/ 6mos. • Bitewing X-Rays
Basic Restorative (fillings, extractions, x-rays)	**80% covered**	**80% covered**	**100% covered**
	• Sealants once in 36 mos. for a child under age 16 • Space Maintainers/Harmful Habit Appliances • Fillings • Periodontal Maintenance once/ 6mos.		• X-Rays (other than bitewings) • X-Rays (Full mouth series once/ 6mos.) • Periodontal Services • Simple Extractions
Major Restorative Care	**Not Covered**	**50% covered**	**60% covered**
	Not Covered	Bridges & Dentures, Endodontic Services, Single Crowns, Complex Extractions, Repair & Maintenance (Crowns, Bridges, Dentures), General Anesthesia, Periodontal Surgery, Inlays, Onlays, & Veneers	

How Maximum Rollover Works

Depending on the plan's annual maximum, an individual's claims dollars for the year must not exceed a certain amount called the "threshold". If the threshold is not exceeded, an individual can rollover the set Maximum Rollover Amount that is pre-determined based on the annual maximum. More money is rolled over if in-network dentists are used exclusively during the benefit year. The Maximum Rollover Limit is the most money that can be kept in the Maximum Rollover Account.

Consider the following example: if a plan's annual maximum is $1,500, up to $500 of unused annual maximum could be rolled over to the next year as long as in-network dentists are used exclusively and annual claims do not exceed $700. In this case, the Maximum Rollover Account Limit would be $1,250.

Key Facts on Maximum Rollover

If an amount has been rolled over into an individual's MRA and a claim for preventive services is not submitted the following benefit year, the member will not lose the amount currently in his/her MRA amount.

The Maximum Rollover feature starts as of the first full benefit year. The Maximum Rollover feature applies to new entrants who join the plan with 3 months or less remaining in the benefit year, as of the next benefit year.

View your plan summaries online at http://hcfacilitybenefits.com.

Guardian®

Vision Benefits

Guardian's affiliation with Vision Service Plan (VSP), offers one of the largest vision care networks in the industry with over 86,000 provider access points nationwide , including private practice providers, Visionworks and contracted Pearle Vision locations.
Find a VSP network provider at Guardianlife.com

Plan Details	LOW PLAN	HIGH PLAN
Eye Examination		
Eye Exam Once per calendar year	$10 copay	$10 copay
Retinal Imaging Once per every 12 months	Up to $39 copay	Up to $39 copay
Lenses		
Single Vision	$25 copay	$25 copay
Bifocal	$25 copay	$25 copay
Trifocal	$25 copay	$25 copay
Lenticular	$25 copay	$25 copay
Lenses Frequency	Every Other Calendar Year	Once per Calendar Year
Vision Upgrade Options Included	UV Coating & Retail Chain Provider	
Frames		
Frequency	Every Other Calendar Year	Once per Calendar Year
Frame Allowance	**$130 retail max + 20% off balance**	
Costco, Walmart, Sam's Club	$70 retail max	$70 retail max
Contact Lenses (instead of eyeglasses)		
Frequency	Every Other Calendar Year	Once per Calendar Year
Medically Necessary	Covered after copay	Covered after copay
Elective Contact Lenses	$130 max (Copay waived)	$130 max (Copay waived)
Elective Fitting and Evaluation	Included in the Contact Lens Allowance. 15% discount on the fee.	Included in the Contact Lens Allowance. 15% discount on the fee.

Members who use a VSP contracted laser center may save an average of 10% -20% off, or 5% off a promotional offer, on PRK, LASIK, Custom LASIK, Custom PRK and Bladeless LASIK.

In network benefits can be used online at eyeconic.com.

Group Accident

CHUBB®

Chubb's approach to Accident insurance features new benefit solutions to address the out-of-pocket costs of unexpected accidents. Chubb Accident offers innovative benefits for Pain Management, Post Traumatic Stress Disorders, Wellness and so much more.

Wellness Benefit is paid once per year for each covered person who undergoes a preventive care service as listed in the policy
Sports Package Benefits are 25% higher when accident is due to organized sports. Up to $1,000 per person/per year
First Accident Benefit Chubb will pay an extra $100 upfront when employees file their first covered claim

Initial Care Benefits	Benefit Amount
Emergency Room	$150
Urgent Care	$150
Initial Doctor Visit	$75

Hospital / Facility Benefits	Benefit Amount
Standard Hospital Admission	$900
Hospital Confinement (per day, up to 365 days)	$225
ICU Confinement (per day, up to 30 days)	$525
Outpatient Surgery Facility	$75
Rehabilitation Confinement (per day, up to 30 days)	$150

Accident Benefits	Maximum Per Instance
Ambulance (air)	$900
Ambulance (ground)	$300
Appliance	$300
Blood/plasma/platelets	$200
Burns	$15,000
Skin Graft	25%
Catastrophic Accident	
Employee	$17,500
Spouse	$7,500
Child	$3,500
On or After Age 70	50%
Chiropractic Care (per visit)	$25
Maximum Visits Per Accident	3
Maximum Visits Per Calendar Year	6
Coma	$7,500
Dislocations (up to)	$4,800
Emergency Dental	$120
Eye Injury	$175
Follow-up Treatment (per visit)	$35
Maximum Visits	6

Accident Benefits	Maximum Per Instance
Fractures (up to)	$6,000
Herniated Desk Surgery	$750
Knee Cartilage - Torn	$750
Lacerations	$38-$600
Lodging (per night, 100 or more miles)	$150
Maximum Nights	6
Loss of hands, feet, sight	$17,500
Loss of fingers or toes	$2,000
Major Diagnostic Exam (CT, MRI, etc.)	$150
Medicine Benefit	$5
Pain Management	$75
Paralysis	
Two Limbs (paraplegia or hemiplegia)	$3,500
Four Limbs (quadriplegia)	$7,500
Post-Traumatic Stress Disorder	$150
Maximum Visits	6
Prosthetics	$2,000
Residence / Vehicle Modification	$1,500
Surgery - Abdominal, Cranial, and Thoracic	$1,500
Hernia	$200
Tendon, Ligament, or Rotator Cuff Repair	$750
Therapy – Physical, Occupational, or Speech	$35
Maximum Visits	10
Transportation (per trip, 100 or more miles)	$350
Maximum Trips	3
Traumatic Brain Injury	$350
Wellness (per person, per year)	
Basic + Immunizations and Physicals	$75
Waiting Period	0 days
X-Ray	$50

Need to make a claim?
hcfacilitybenefits.com/chubbclaims

View your plan summaries online at http://hcfacilitybenefits.com.

CHUBB®

Critical Illness Insurance

Chubb's innovative approach to Critical Illness combines ongoing benefit solutions to lessen the financial impact of serious illnesses along with advocacy packages to help employees manage diabetes, change their behavior, promote recovery and wellness.

Employee Guaranteed Issue Amount $30,000
Spouse Maximum Face Amount: 50% of the Employee Face Amount
Child Face Amount: 50% of the Employee Face Amount

Critical Illness Benefits	Percentage of Applicable Coverage Amount
Maximum Benefit Amount (X Face Amount)	Unlimited
Covered Conditions - Pays a percentage of face amount	
Breast Cancer Carcinoma In Situ	100% of Face Amount
Cancer (except skin cancer)	100%
Carcinoma In Situ	25%
Coma	100%
Coronary Artery Obstruction	25%
End Stage Renal Failure	100%
Heart Attack	100%
Loss of Sight, Speech, or Hearing	100%
Major Organ Failure	100%
Paralysis or Dismemberment	100%
Severe Burns	100%
Stroke	100%
Sudden Cardiac Arrest	100%
Skin Cancer Benefit - Payable once per insured per year	$250
Childhood Conditions Pays 100% of the dependent child face amount; (Autism Spectrum Disorder; Cerebral Palsy; Congenital Birth Defects; Heart, Lung, Cleft Lip, Palate, etc; Cystic Fibrosis; Down Syndrome; Gaucher Disease; Muscular Dystrophy; Type 1 Diabetes).	Included
Pre-Existing Conditions Limitation	None
Recurrence Benefit	
Benefits are payable for a subsequent diagnosis of Cancer, Coma, Coronary Artery Obstruction, Heart Attack, Major Organ Failure, Severe Burns, Stroke, or Sudden Cardiac Arrest.	100%
Wellness Benefit - Payable once per insured per year	
Basic + Immunizations and Physicals (30 day waiting period)	$50

Need to make a claim?
hcfacilitybenefits.com/chubbclaims

Short-Term Disability Insurance

CHUBB®

Chubb offers solutions to protect employees from the physical and financial consequences of a disability that keeps them from earning a paycheck.

In addition to everything you'd expect from a disability income product, Chubb offers innovative benefits to provide extra assistance for financial obligations.

Employee Disability Income Benefits	7/7 6 month	14/14 6 month
Coverage Type	Occupational	Occupational
Benefit Period	6 months	6 months
Injury Elimination Period	7 Days	14 days
Sickness Elimination Period	7 Days	14 days
Maximum Benefit Amount	60%* of Income up to $6,000/ month	
Minimum Benefit Amount	$300 / month	
Waiver of Premium	After disabled for 14 or more consecutive days following the elimination period	
Partial Disability Benefit	Up to 50% of the Maximum Benefit Amount	
Integration with other sources of Income	Yes	
Pre-Existing Condition Limitation	3 / 12	
Additional Benefits		
Organ Donation **Disabilities due to an organ donation are covered as a sickness and the elimination period is waived.**	Included	Included

* 40% of income for residents of CA, HI, NJ, NY, RI

Partial Disability - Following total disability, if you are able to return to work but not able to perform some of your occupation duties and only able to work at your job on a part-time basis, you may be eligible for partial disability benefits.

Waiver of Premium - Once you have been disabled for 14 days after satisfying your elimination period, you no longer have to pay premium for your coverage. Premium will not be due until you are no longer receiving disability benefits.

Pre-existing Condition - A condition for which you have received medical treatment, advice, consultation, diagnostic testing, care, services or took prescribed medications within 3 months preceding your effective date.

Pregnancy Benefit - After your coverage has been in force for 10 months from your effective date, disability benefits for pregnancy will be covered the same as a covered Sickness.

Organ Donation Benefit - A disability due to an organ donation is covered as a Sickness and the elimination period is waived.

Need to make a claim?
hcfacilitybenefits.com/chubbclaims

View your plan summaries online at http://hcfacilitybenefits.com.

CHUBB®

Hospital Indemnity Insurance

In today's unsettled health insurance market many employers are having to make hard decisions about how to provide high quality yet cost effective health coverage to their employees. Chubb Hospital Indemnity is designed to help employees deal with the cost of a hospitalization by providing benefits that can be used to offset out-of-pocket costs associated with hospital admission and confinement.

Hospitalization and Rehabilitation Benefits	
Hospital Admission Benefit This benefit is for admission to a hospital or hospital sub-acute intensive care unit.	$1000 Maximum Benefit Per Calendar Year: 1
Hospital Confinement Benefit This benefit is for confinement in hospital or hospital sub-acute intensive care unit.	$150 Per Day Maximum Days Per Calendar Year: 31
Hospital Confinement ICU Benefit The benefit for confinement in a hospital intensive care unit.	$300 Per Day Maximum Days Per Calendar Year: 10
Rehabilitation Unit Confinement Benefit This benefit is for confinement in a rehabilitation unit.	$75 Per Day Maximum Days Per Calendar Year: 10
Additional Provisions	
Pre-Existing Conditions Limitation	None

Initial Eligibility

Insured**

- Active employees working at least 20 hours per week and eligible for the employer sponsored major medical plan.
- Minimum of 90 days of active service.
- There must be an employer-employee relationship between the group policyholder and each participant.
- Ages 18 and older

Spouse

- Spouse includes legally married spouse, domestic partner and civil union partner; aged 18 and older.

Children

- Child is defined as a natural child, legally adopted child, stepchild, child in the waiting period prior to finalization of adoption by you, step-child or grandchild who is dependent for federal income tax purposes. Ages 0 to age 26

** Applicant must have underlying medical coverage to be eligible to apply for Hospital Indemnity Insurance for the following States: CA, NJ, NY, SD

Features

Conditional Renewability - Coverage is automatically renewed as long as the insured is an eligible employee, premiums are paid as due, and the Policy is in force.

Portability - Employees can keep their coverage if they change jobs while the Policy is in force as long as they have been continuously covered for at least 12 months.

Once ported, coverage will continue for 12 months as long as the Policy remains in force and premiums are paid as due.

Childbirth - Benefits for pregnancy will be covered the same as a Covered Sickness.

Composite Premium - Rates do not vary based on age.

No Coordination of Benefits - Indemnity benefits are paid regardless of any other medical coverage employees may have.

Need to make a claim?
hcfacilitybenefits.com/chubbclaims

Term Life & LTD Insurance

Employer Paid Term Life with Guardian

Benefit Amount	
Employee Life	$12,500
Seatbelt / Airbag	$10,000 / $15,000

Age	Reduction
70	33%
75	66%

Voluntary Supplemental Term Life with Aflac

Employee	$200,000
Spouse	$50,000
Child(ren)	$10,000

Voluntary Long-Term Disability with Aflac

50% of your pre-disability monthly earnings, not to exceed $5,000 per month.

Employer Paid Life
Your employer cares about you and wants to make sure your loved ones are taken care of in the event that you die. All full time employees are eligible for employer paid life insurance. See your HR director to confirm your benefit amount.

Guaranteed Issue
The first time this benefit is available to you, to the amounts listed, you and your family automatically qualify for this benefit without having to answer health questions. You will continue to carry this for as long as you maintain the policy.

Waiver of Premium
Premiums may be waived if you should become disabled.

Portability of Coverage
You may be able to keep your insurance if you later become ineligible such as by leaving the group.

Convertible
You may be able to convert your coverage to an individual insurance policy, without having to furnish proof of good health.

View your plan summaries online at http://hcfacilitybenefits.com.

CHUBB®

Lifetime Benefit Term

Life insurance with long-term care benefits matters because it helps cover the costs if you need extra care as you get older. It means you won't have to worry about draining your savings or relying on family to pay for things like nursing homes or home health aides. Having this coverage lets you plan ahead and feel more secure about your future health needs.

CHUBB Lifetime Benefit Term

Life Insurance-Valuable protection for your loved ones

You work hard to provide a good life for your family. However, what if something happens to you? Life Time Benefit Term provides the help you and your family needs to help pay for:

- Mortgage and Rent
- College and Education
- Retirement
- Household Expenses
- Long Term Care
- Childcare
- Family Debt
- Burial

Creative Solutions for Term Life Insurance

Guaranteed Issue
Purchase up to $100,000 with no medical questions or exams

Guaranteed Premiums
Life insurance premiums will never increase and are guaranteed to age 100. Thereafter no additional premium is due while the coverage can continue to age 121.

Guaranteed Benefits During Working Years
While the policy is in force, the death benefit is guaranteed 100% when it is needed most-during your working years when your family is relying on your income. The death benefit is 100% guaranteed for the longer of 25 years or age 70.

Qualified Long Term Care (Benefit
If you need LTC, you can access your death benefit while you are living for home health care, assisted living, adult day care and nursing home care. You get 4% of your death benefit per month while you are living for up to 25 months to help pay for Long Term Care. Insurance premiums are waived while this benefit is being paid.

Need to make a claim?
hcfacilitybenefits.com/chubbclaims

Legal Services

MetLife

The more an you uses a Legal Plan, the more you benefit. Like it or not, laws permeate every aspect of our lives. So, it's helpful to have an advocate in your corner dealing with expensive legal issues like identity theft or debt.

To learn more about your coverages and see our attorney network, create an account at members.legalplans.com or call 800.821.6400 Monday – Friday 8:00 am to 8:00 pm (ET).

Plan features

Money Matters	•Debt Collection Defense •Identity Theft Defense •Identity Restoration[1]	•Negotiations with Creditors •Personal Bankruptcy •Promissory Notes	•Tax Audit Representation •Tax Collection Defense
Home & Real Estate	•Boundary or Title Disputes •Deeds •Eviction Defense •Foreclosure	•Home Equity Loans •Mortgages •Property Tax Assessments •Refinancing of Home	•Sale or Purchase of Home •Security Deposit Assistance •Tenant Negotiations •Zoning Applications
Estate Planning	•Codicils •Complex Wills •Healthcare Proxies •Living Wills	•Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	•Revocable Trusts •Irrevocable Trusts •Simple Wills
Family & Personal	•Adoption •Affidavits •Conservatorship •Demand Letters •Garnishment Defense •Guardianship	•Immigration Assistance •Juvenile Court Defense, Including Criminal Matters •Name Change •Personal Property Protection	•Prenuptial Agreement •Protection from Domestic Violence •Review of ANY Personal Legal Document •School Hearings
Civil Lawsuits	•Administrative Hearings •Civil Litigation Defense	•Disputes Over Consumer Goods & Services •Incompetency Defense	•Pet Liabilities •Small Claims Assistance
Elder-care Issues	Consultation & Document Review for your parents: •Deeds •Leases	•Medicaid •Medicare •Notes •Nursing Home Agreements	•Powers of Attorney •Prescription Plans •Wills
Traffic & Other Matters	•Defense of Traffic Tickets[2] •Driving Privileges Restoration	•Habeas Corpus	•Repossession

1. Aura is a product of Aura Sub, LLC. Aura Sub, LLC is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.
2. Does not cover DUI.

MetLife

Identity Theft Protection

Meet Aura

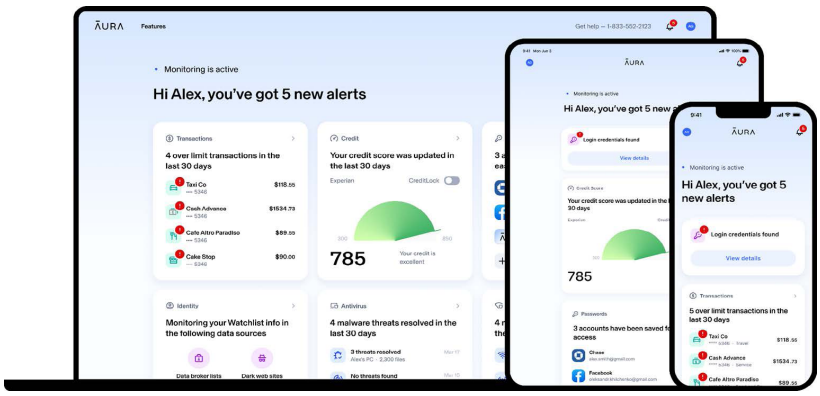
An all-in-one, easy to use online security solution designed to protect the entire family

Identity Theft Protection
Aura monitors your personal information and alerts you if any threats are detected.

Financial Fraud Protection
Aura monitors your credit, financial accounts, and property titles and alerts you to any suspicious activity.

Privacy and Device Security
Get intelligent safety tools– like VPN, antivirus, password manager, and more – to protect your online privacy.

Family Safety
Loved ones with integrated parental controls, elder fraud prevention tools, and more.



In today's digital world, employees are spending more time online than ever which could put their personal information in the hands of cyber criminals.

Aura protects you and your families from fraud by helping to ensure your private information is not anywhere it shouldn't be.

24/7/365 Customer Support	White Glove Fraud Resolution	$5M Insurance Policy	Features at your fingertips
Aura's 100% US-based Customer Support team is available 24/7/365.	Aura's White Glove Resolution Specialists guide fraud victims through every step of the remediation process.	Each enrolled adult is backed by a generous $5M insurance policy* to cover eligible losses and expenses.	With Aura's easy to use mobile app, members enjoy a consistent experience across devices.

Pet Insurance

MetLife

MetLife Pet Insurance is committed to helping pet parents experience the joys of parenthood by providing them the confidence to care for their pet. Pet insurance helps to reimburse pet parents for covered unexpected veterinary expenses for their furry family members. This will help to give you the confidence that you can pay for treatment for your pets if they become sick or have an accidental injury.

Select and enroll in the coverage that's best for you and your pet

Download our mobile app

Take your pet to the vet

Pay the bill and send it with your claim documents to us via our mobile app, online portal, email, fax or mail

Receive reimbursement by check or direct deposit if the claim expense is covered under the policy

What's Covered?

- accidental injuries
- illnesses
- exam fees
- surgeries
- medications
- ultrasounds
- hospital stays
- X-rays and diagnostic tests
- hip dysplasia
- hereditary conditions
- congenital conditions
- chronic conditions
- alternative therapies
- holistic care
- and much more!

Freedom of Comprehensive coverage

Flexibility to select various levels of coverage with no breed exclusions or upper age limits; ability to include multiple pets on one policy through our innovative family plans

- Flexible coverage with up to 100% reimbursement2 and freedom to visit any U.S. licensed vet
- Available optional Preventive Care coverage
- 24/7 access to Telehealth Concierge Services
- Access to discounts and offers on pet care
- MetLife Pet mobile app to submit and track claims and manage your pet's health and wellness

Simple and delightful experience with the MetLife Pet mobile app:

- Manage pet insurance and your pet's health records
- Access to live 24/7 Telehealth Concierge Services4 and personalized articles
- Find nearby pet services

FARMERS INSURANCE

HOME & AUTO Insurance

Insure what's important while enjoying saving

- **Automated payment options and discounts**
- **Claim-free driving rewards**
- **Multi-policy savings**
- **Roadside assistance**
- **24/7 claim reporting**

Access to quality insurance to protect your valuables, to help protect against personal liability, and that can help feel financially secure with 24/7 professional support they need to bounce back, if the unexpected happened. This program helps choose policies to fit your needs and that fit your budget with special savings based on where you work, among other discounts.

Auto Insurance
Comprehensive coverage? Collision coverage? Deductibles? Medical Payments? Where to begin? Your local Farmers agent can take the mystery out of selecting the right Car insurance coverage for your needs and budget. Get started with an online Auto insurance quote and learn about our insurance discounts that can help you save money.

Home Insurance
Your home is perhaps your most valuable possession, so you'll want to make sure your insurer has withstood the test of time. Farmers® has been providing insurance products for over 80 years, and will be there in the event disaster strikes and your home is damaged in a fire or due to another covered cause of loss. Plus, get competitive rates with our multi-line insurance discounts. Get a Home insurance quote now.

Renters Insurance
Your landlord may have an insurance policy, but if there's a fire in your building, that policy may not cover your possessions. That's why there's Renters insurance. Get a Renters insurance quote to see how affordable it is to protect your personal belongings: about the price of a movie and popcorn once a month.

Umbrella Insurance
You work hard for the things that are important to you. For added coverage above and beyond the liability limits of your Auto or Home insurance policies, a Personal Umbrella insurance policy can provide added protection for your assets and future earnings

GET QUOTES: Call Farmers today at 800-438-6381 or visit www.farmers.com/groupselect

EARNED INCOME Tax Credit

IRS EITC EARNED INCOME TAX CREDIT

Earned Income Tax Credit (EITC) is a refundable credit to help low-to moderate income workers and families get a tax break. Approximately 24 million workers and families received about $70 billion in EITC.

Use the EITC Assistant to see if you qualify & estimated amount.

apps.irs.gov/app/eitc

EITC Requirements

U.S. citizen or resident alien
Must be a United States citizen or resident alien all year.

Social Security card
Must have a valid Social Security number by the due date of the return (including extensions).

Filing Status
Must file a joint return if married or meet certain criteria.

Qualifying child
Cannot be a qualifying child of another taxpayer.

Investments
Must have investment income less than $11,950.

Foreign income
Cannot file a return with Form 2555, Foreign Earned Income.

Income
Must have earned income and adjusted gross income less than the applicable limits.

	Maximum EITC Amount in Tax Year 2026	Maximum Income Limits for Qualifying Children
0 Qualifying child (Self-only)	$664	$19,540 $26,820 if married filing jointly
1 Qualifying child	$4,427	$51,593 $58,863 if married filing jointly
2 Qualifying children	$7,316	$58,629 $65,899 if married filing jointly
3 Qualifying children	$8,231	$62,974 $70,224 if married filing jointly

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LEGAL Notices

This enrollment booklet is a summary description of your benefits. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment. These plans are provided by your employer and employer's insurance broker. Although every effort has been made to provide complete and accurate information, we make no warranties, express or implied, or representations as to the accuracy of content on this booklet. We assumes no liability or responsibility for any error or omissions in the information contained in the booklet.

ACCOUNTABILITY ACT OF 1996 (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 addresses how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have a right to inspect copy-protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you get access to the information, contact Human Resources.

The HIPAA Privacy Rule was effective beginning April 14, 2003. The Privacy Rule is intended to safeguard protected health information (PHI). The provisions of the Privacy Rule have a significant impact on those who deal with health information and on all citizens about their personal PHI. Our health insurance broker and all our contracted plans adhere to the HIPAA Privacy Rule.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

If you have had or are going to have at mastectomy, you may be entitled to certain benefits under the Woman's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for: All stages of reconstruction of the breast on which mastectomy was performed.

1. Surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses.
2. Treatment of physical complications of the mastectomy, including lymph edema.

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1985

The right to COBRA continuation coverage was created by federal law, so that you and your covered dependents may continue your employer-sponsored benefits coverage at full costs (plus an administrative fee). After a qualifying event, COBRA continuation coverage must be offered to each qualified beneficiary. You, your spouse and your dependent children could become qualified beneficiaries if coverage under the Plan is lost as a result of a qualifying event. If you're an employee, you'll become a qualified beneficiary if you lose your coverage for either of these reasons:

- Your hours of employment are reduced
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse/ dependent of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan for any of these reasons:

- Your spouse/parent dies
- Your spouse/parent's hours of employment is reduced
- Your spouse/parent's employment ends for reasons other than his or her gross misconduct
- Your spouse/parent is retired and becomes entitled to Medicare benefits
- You are divorced or legally separated from your spouse
- Child is no longer eligible for coverage under the Plan as a dependent child.

The period for which coverage may continue will depend on the qualifying event. When the event is death of the employee, entitlement to Medicare benefits, divorce or separation, or child's loss of dependent eligibility, COBRA continuation coverage remains in effect for up to 36 months. With some exceptions, when the qualifying event is the end of employment or reduction in hours, COBRA continuation generally lasts for only up to 18 months.