



2025



Benefits Guide

my life | my health | my family



January 1 - December 31, 2025

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. 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 his/her children, where applicable by state law
- ▶ Your children who are 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.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 30 days of service.

If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, 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.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life 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 CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). 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.

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Enrollment

Go to <https://goal.namely.com/users/login>. There, you will find detailed information about the plans available to you and instructions for enrolling.

Medical Plan

We are proud to offer you a medical plan that provides comprehensive medical and prescription drug coverage. The plan also offers many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of this plan.

Leading Edge Administrator for Anthem HSA

This High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Anthem National Blue Card PPO network. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars¹ to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Here's how the plan works:

- ▶ **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- ▶ **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year.
- ▶ **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. In addition, we will contribute \$1,650 annually (\$63.46 per pay period) annually to your HSA if you enroll yourself, or yourself plus your eligible dependents. **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.**

Important: Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2025
Employee Only	\$4,300
Family (employee + 1 or more)	\$8,550
Catch-up (age 55+)	\$1,000

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans², retire or leave the company. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

¹ Tax free under federal tax law; state taxation rules may apply

² You must be enrolled in a qualified health plan to contribute to an HSA.



Medical Plan (Cont'd.)

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Anthem National Blue Card PPO	
	In-Network	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$1,650 / \$3,300	\$3,100 / \$6,200
Out-of-Pocket Maximum (per calendar year)		
Individual / Family	\$5,000 / \$10,000	\$12,000 / \$24,000
Company Contribution to Your Health Savings Account (HSA) (per calendar year; prorated for new hires/newly eligible)		
Individual / Family	\$1,650 annually (\$63.46 per pay period)	
Covered Services		
Office Visits (physician/specialist)	30%*	50%*
Routine Preventive Care	No charge	50%*
Outpatient Diagnostic (lab/X-ray)	30%*	50%*
Complex Imaging	30%*	50%*
Chiropractic	30%* ²	50%* ²
Ambulance	30%*	30%*
Emergency Room	30%* (waived if admitted)	30%* (waived if admitted)
Urgent Care Facility	30%*	50%*
Inpatient Hospital Stay	30%*	50%*
Outpatient Surgery	30%*	50%*
Prescription Drugs (Generic / Brand / Non-Formulary)		
Retail Pharmacy (30-day supply)	\$10* / \$30* / \$50* ³	50%*
Mail Order (90-day supply)	\$20* / \$60* / \$100*	Not covered

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

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

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.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. 20 visits per calendar year
3. Specialty drugs must be obtained directly from the specialty pharmacy. Preauthorization required for injectables costing over \$2,000 per drug per month.

Dental Plans

We are proud to offer you a choice of dental plans.

Guardian DPPO: These plans offer you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Guardian Dental Guard Preferred network.

Following is a high-level overview of the coverage available.

Key Dental Benefits	Guardian NAP Plan DPPO		Guardian Value Plan DPPO	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Benefit Maximum (per calendar year; preventive, basic, and major services combined)				
Per Individual	\$2,000	\$2,000	\$2,000	\$2,000
Covered Services				
Preventive Services	No charge	No charge	No charge	No charge
Basic Services	20%*	20%*	No charge	No Charge
Major Services	50%*	50%*	40%*	40%*
Orthodontia (Children)	50% (No Ortho Deductible); \$1,000 Max. Lifetime Benefit	50% (No Ortho Deductible); \$1,000 Max. Lifetime Benefit	50% (No Ortho Deductible); \$1,000 Max. Lifetime Benefit	50% (No Ortho Deductible); \$1,000 Max. Lifetime Benefit

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

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

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

Vision Plan

We are proud to offer you a vision plan.

The **Guardian VSP vision** plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Guardian VSP network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10 copay	Up to \$39
Materials Copay	\$25 copay	N/A
Lenses (once every 12 months)	No charge after copay	Up to \$23
Single Vision		Up to \$37
Bifocal		Up to \$49
Trifocal		
Frames (once every 24 months)	\$130 allowance + 20% discount off remaining balance	Up to \$46
Contact Lenses (once every 12 months; in lieu of glasses)	Elective \$130 allowance; Medically necessary covered in full after copay	Elective up to \$100; For Medically necessary up to \$210



Flexible Spending Accounts

We provide you with an opportunity to participate in different flexible spending accounts (FSAs) administered through Igoe Administrative Services. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2025, you may contribute up to \$3,300 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions
- ▶ Dental treatment
- ▶ Orthodontia
- ▶ Eye exams/eyeglasses
- ▶ Lasik eye surgery

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Limited-Purpose Health Care FSA (for HSA participants)

If you enroll in the HSA medical plan, you may only participate in a limited-purpose Health Care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.

Dependent Care FSA

For 2025, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

Commuter Benefits

Commuter Benefits administered through Igoe Administrative Services enables you to set aside money in up to two accounts to pay for qualified work-related mass transit and/or parking expenses on a pre-tax basis — reducing your taxable income. Your contributions are deducted from your paycheck each pay period. Qualified transportation expenses must be expenses incurred for you to commute between your place of residence and normal place of work. For 2025, you may contribute up to \$325 per month into each account (transit and parking). This amount may change annually, per IRS regulations. Exclusions apply. See plan document for details and exclusions.

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health care FSA: Unused funds of up to \$660 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$660 will **NOT** be returned to you or carried over to the following year.

Dependent care FSA: Unused funds will **NOT** be returned to you or carried over to the following year.

You can incur expenses through March 15, 2026, and must file claims by March 31, 2026.

Life and AD&D

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Guardian.

Benefit Amount	1 x annual salary to a maximum of \$150,000
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Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Guardian for yourself and your eligible family members.

	Benefit Option	Guaranteed Issue*
Employee	\$10,000 increments up to a maximum of \$500,000	\$100,000
Spouse/RDP	\$5,000 increments up to a maximum of \$250,000	\$25,000
Child(ren)	\$5,000 increments up to a maximum of \$20,000	\$10,000

*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Short-Term Disability

Provided at **NO COST** to you through Guardian.

Benefit Percentage	Up to 66.67% of your weekly covered earnings
Weekly Benefit Maximum	\$2,308
When Benefits Begin	1 st day for Accident 8th day for Illness
Maximum Benefit Duration	13 weeks

Long-Term Disability

Provided at **NO COST** to you through Guardian.

Benefit Percentage	60% of your annual covered salary
Monthly Benefit Maximum	\$15,000
When Benefits Begin	91 st day
Maximum Benefit Duration	Social Security Normal Retirement Age (SSNRA)

Employee Assistance Program

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through Guardian Uprisehealth.

The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare
- ▶ Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to 3 in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Guardian are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries.

Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000¹? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

1. MetLife Accident and Critical Illness Impact Study, October 2013



Valuable Extras

We also offer the following additional benefits:

- ▶ **Valenz Health (KISx Card):** The KISx Card is a surgery & imaging program that your employer has made available to you for the most common surgical & imaging procedures. Some of the most common procedures through The KISx Card include: Orthopedic, General Surgery, Colonoscopies, MRIs, CT and PET Scans. **If you utilize the program, you will receive your procedure at NO COST to you!** Call 877-GET-KISX for assistance.
- ▶ **CancerCare Program:** CancerCare helps cancer patients understand their condition, treatment options and maximize health insurance benefits. CancerCare's goal is to ensure you receive today's most current care. Our cancer experts will answer questions about your diagnosis, treatments and any potential side effects. Call 877-640-9610 for assistance.
- ▶ **401(k) Retirement Plan:** 401(k) plan is available through Principal with an employer match up to 4%.

BenefitHUB

BenefitHUB is an exclusive employee discount program that can help you save big on thousands of items daily such as travel, apparel, tickets, auto, electronics, insurance, education, restaurants and so much more! To get started:

1. Go to <https://gs2.benefitHub.com>
2. Click on "Any Offer"
3. Complete the Sign-Up Form



Cost of Benefits

January 1 - December 31, 2025

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Medical

Coverage Tier	Bi-Weekly Employee Contribution
	Leading Edge Administrator for Anthem Anthem National Blue Card PPO HSA
Employee Only	\$57.49
Employee + Spouse/RDP	\$127.83
Employee + Child(ren)	\$115.66
Family	\$182.62

Dental and Vision

Coverage Tier	Bi-Weekly Employee Contribution		
	Guardian Dental DPPO - Value Plan	Guardian Dental DPPO - NAP Plan	Guardian VSP Vision Plan
Employee Only	\$3.25	\$3.25	\$0.00
Employee + Spouse/RDP	\$6.64	\$6.64	\$0.00
Employee + Child(ren)	\$8.27	\$8.27	\$0.00
Family	\$12.42	\$12.42	\$0.00

Registered Domestic Partner (RDP) Contributions: Your contributions to cover an RDP are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your RDP's or RDP's children's (if they are not federal tax dependents) healthcare coverage will be taxable to you as imputed income. This value is determined by the amount that The Company pays in premium for RDP coverage. This amount raises your taxable gross income. Also, the payroll deductions to cover an RDP must be taken on an after-tax basis.

Supplemental Life/AD&D

Deductions for supplemental Life/AD&D are taken from your paycheck after taxes. Rates are available during enrollment.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Leading Edge Administrator for Anthem	844-396-6609	https://mesa.leadingedgeadmin.com
Health Savings Account	Bank of America	800-718-6710	https://myhealth.bankofamerica.com
Dental	Guardian	800-627-4200	www.guardiananytime.com
Vision	Guardian	800-627-4200	www.guardiananytime.com
Flexible Spending Accounts (FSAs) and Commuter Benefits	Igoe Administrative Services	800-633-8818, option 1	www.goigoe.com
Life/AD&D & Disability	Guardian	800-627-4200	www.guardiananytime.com
Voluntary Benefits	Guardian	888-600-1600	www.guardiananytime.com
Employee Assistance Program (EAP)	Guardian EAP - Uprisehealth	800-386-7055	www.worklife.uprisehealth.com Access code: worklife
401(k) Retirement Plan	Principal	800-986-3343	www.principal.com
Employee Discount Program	BenefitHUB	-	https://gs2.benefithub.com
Surgery Concierge	KISx Card	877-438-5479 (877-GET-KISX)	KISx@bdsadmin.com
CancerCare Program	CancerCare Program	877-640-9610	www.cancercareprogram.com

Benefits Website

Our benefits website <https://goal.namely.com/users/login> can be accessed anytime you want additional information on our benefits programs.

Questions?

If you have additional questions, you may also contact:

My Benefits Champion
855-687-2426
champion@hubinternational.com
Human Resources
hr@goalsolutions.com

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.

