

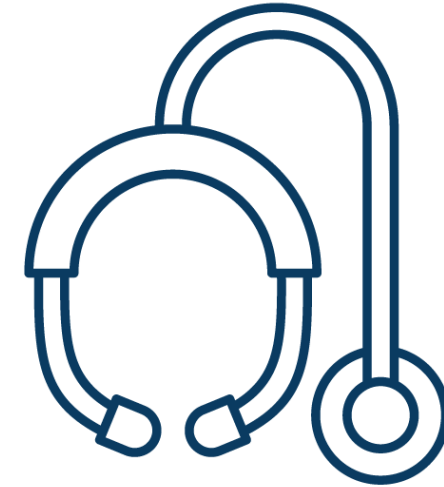


# 2026-2027 Employee Benefits

*This is a passive enrollment. You must check your benefits effective July 1, 2026.*

# Agenda

- Medical Plan Overview
- Dental Plan Overview
- Vision Plan Overview
- Health Savings Account (HSA)
- Life and Disability Plan Overview
- Voluntary Benefits Overview
- AllOne Health EAP
- Next Steps & How to Enroll



## 2026-2027 Benefit Guide



### Open Enrollment

May 18 - 29, 2026

*Internal Employees*

A medical stethoscope with a black rubber tube and a silver metal chest piece is positioned diagonally across the frame. The background is a solid light blue. A white rectangular box is centered over the stethoscope's tubing. In the bottom right corner, there is a thick, curved blue line.

# Medical

Independence 

# Medical – Plan Summary

| Medical Plan Features                                                      |                 |                    |                            |                    |
|----------------------------------------------------------------------------|-----------------|--------------------|----------------------------|--------------------|
| Plan Options<br>Network                                                    | PPO<br>PPO      |                    | HDHP<br>PPO                |                    |
| Plan Year Deductible                                                       | In-Network      | Out-of-Network     | In-Network                 | Out-of-Network     |
| Deductible Type                                                            | Embedded        | Embedded           | Non-embedded               | Non-embedded       |
| Individual                                                                 | \$1,000         | \$3,000            | \$2,000                    | \$10,000           |
| Family                                                                     | \$3,000         | \$9,000            | \$4,000                    | \$20,000           |
| Out-of-Pocket Plan Year Maximum                                            | In-Network      | Out-of-Network     | In-Network                 | Out-of-Network     |
| Out-of-Pocket Type                                                         | Embedded        | Embedded           | Embedded                   | Non-embedded       |
| Individual                                                                 | \$4,000         | \$16,000           | \$4,000                    | \$20,000           |
| Family                                                                     | \$8,000         | \$32,000           | \$8,000                    | \$40,000           |
| Lifetime Benefit Maximum                                                   | Unlimited       | Unlimited          | Unlimited                  | Unlimited          |
| Covered Services                                                           | In-Network      | Out-of-Network     | In-Network                 | Out-of-Network     |
| Physician Office Visit                                                     | \$20 copay      | 50%*               | 20%*                       | 50%*               |
| Telehealth                                                                 | \$20 copay      | 50%*               | 20%*                       | Not covered        |
| Specialist                                                                 | \$40 copay      | 50%*               | 20%*                       | 50%*               |
| Preventive                                                                 | No charge       | 50%, no deductible | No charge                  | 50%, no deductible |
| Routine X-Ray, Advanced Imaging & Outpatient Labs at Freestanding Provider | \$0             | 50%*               | \$0*                       | 50%*               |
| Urgent Care                                                                | \$60 copay      | 50%*               | 20%*                       | 50%*               |
| Emergency Care                                                             | \$250*          | \$250*             | 20%*                       | 50%*               |
| Inpatient Hospital                                                         | 10%*            | 50%*               | 20%*                       | 50%*               |
| Retail Prescription Benefits                                               | In-Network      | Out-of-Network     | In-Network                 | Out-of-Network     |
| Rx Deductible                                                              | \$0             | Not covered        | Medical deductible applies | Not covered        |
| Tier 1 Generic Drugs                                                       | \$10 copay      | Not covered        | \$10 copay*                | Not covered        |
| Tier 2 Preferred Brand Drugs                                               | \$50 copay      | Not covered        | \$50 copay*                | Not covered        |
| Tier 3 Non-Preferred Drugs                                                 | \$100 copay     | Not covered        | \$100 copay*               | Not covered        |
| Tier 4 Self-Administered Specialty Drugs                                   | 10% up to \$250 | Not covered        | 20%*                       | Not covered        |

\* After Deductible

# 2026/2027 Contributions

## MEDICAL COVERAGE

| Total Compensation<br>(less bonuses) | Under \$80,000 | Over \$80,000 |
|--------------------------------------|----------------|---------------|
| PPO Plan                             |                |               |
| Employee only                        | \$99.62        | \$116.22      |
| Employee & spouse                    | \$398.47       | \$448.27      |
| Employee & child(ren)                | \$199.23       | \$298.85      |
| Family                               | \$398.47       | \$498.08      |
| HDHP Plan                            |                |               |
| Employee only                        | \$56.98        | \$70.27       |
| Employee & spouse                    | \$341.88       | \$384.62      |
| Employee & child(ren)                | \$170.94       | \$256.41      |
| Family                               | \$341.88       | \$427.36      |

*This table is showing bi-weekly employee cost for medical insurance*

# Medical - Network Overview

The Blue Cross Blue Shield Network is the largest in the country

- ID Cards will be mailed to your home
- PPO & HDHP utilize the PPO Network
- The link below can help you search providers

[Find Care - Blue Cross Blue Shield Association](#)

Select “BlueCard PPO/EPO” on the browse list of plans

Search by Zip Code and provider type

|                                                                                                  |           |                                                                                                     |                                                                                       |
|--------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Independence  |           | Personal Choice  |                                                                                       |
| ##fname_MI##                                                                                     |           | PLAN                                                                                                |                                                                                       |
| ##lname_suffix##                                                                                 |           | PPO                                                                                                 |                                                                                       |
| ##Prefix_MbrID##                                                                                 |           | INN OON                                                                                             |                                                                                       |
| Rx BIN                                                                                           | 015814    | PCP                                                                                                 | \$20                                                                                  |
| Rx PCN                                                                                           | 006090000 | SPEC                                                                                                | \$40                                                                                  |
| Rx GROUP                                                                                         | IBXCOMM   | ER                                                                                                  | \$250                                                                                 |
|                                                                                                  |           | URG CARE                                                                                            | \$60 50% after ded                                                                    |
|                                                                                                  |           | IND DED                                                                                             | \$1000 \$3000                                                                         |
|                                                                                                  |           | FAM DED                                                                                             | \$3000 \$9000                                                                         |
|                                                                                                  |           | IND OOP                                                                                             | \$4000 \$16000                                                                        |
|                                                                                                  |           | FAM OOP                                                                                             | \$8000 \$32000                                                                        |
|                                                                                                  |           |                |  |

# Medical – Teladoc 24/7

- Virtual Care from Teladoc
  - PPO No Charge
  - HDHP 20% after Deductible
- Telemedicine providers
- Teledermatology
- Telebehavioral Health
- Prescription sent to your pharmacy of choice

## How Teladoc General Medical works



**Initiate:** You can access Teladoc by:

- Calling 1-800-835-2362, or
- Visiting [teladochealth.com](https://teladochealth.com), or
- Downloading the Teladoc mobile app



**Request:** Schedule a visit at your preferred time or request an on-demand visit for an urgent need.



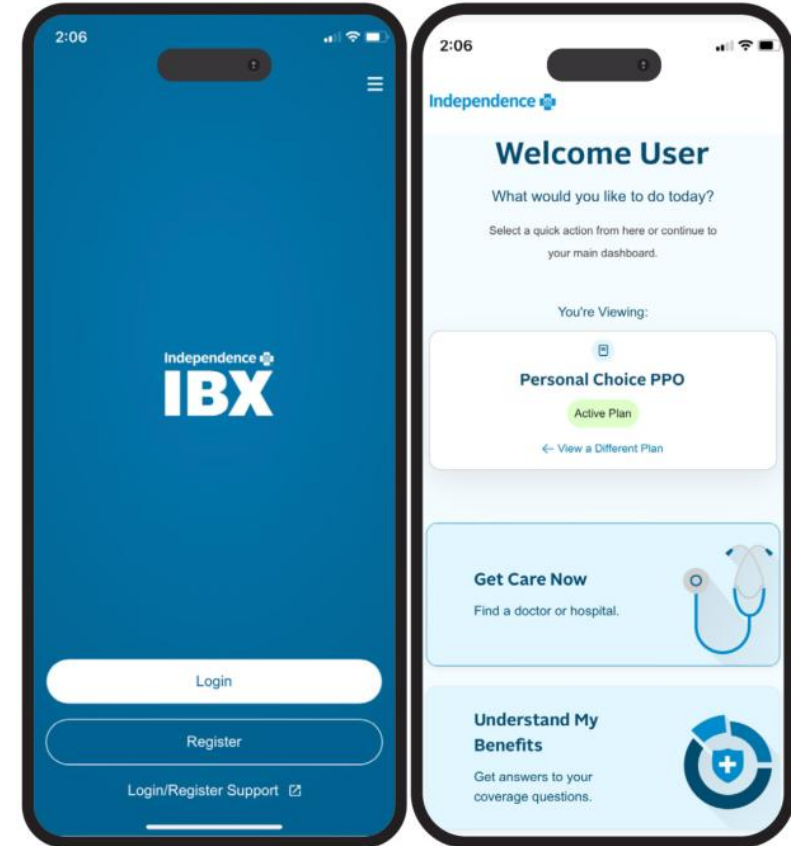
**Visit:** Meet with your doctor, who will evaluate you and answer your health questions.



**Resolve:** Your doctor uploads a visit summary to your Teladoc file, sends any prescriptions to your pharmacy, and provides details for follow-up.

# Medical – IBX App

- Download the IBX mobile app for your iPhone or Android  
[Use the same username and password as you do when you log in at IBX.com](#)
- Search for in-network doctor or hospital
- Estimate care costs for procedures
- View, print or share your ID Card
- Review the prescription drug formulary



# Medical – Prescription Drug

- Independence Blue Cross administers the pharmacy benefit through Optum
- Large network with major chains
- All open mail-order prescriptions will be transferred to Optum
- Specialty medications must be dispensed by Optum
- [OptumRx 2026 Premium Standard Formulary](#)



Standard Pharmacy network  
**68,000** pharmacies  
nationwide

# Dental



# Dental – Plan Summary

| Dental Plan Features         |              |
|------------------------------|--------------|
| Network                      | PPO          |
| <b>Deductible</b>            |              |
| Individual / Family          | \$50 / \$150 |
| <b>Copays</b>                |              |
| Office Visit                 | None         |
| <b>Maximums</b>              |              |
| Annual Plan Maximum          | \$1,000      |
| Orthodontia Lifetime Maximum | \$1,000      |
| <b>Coinsurance</b>           |              |
| Preventive                   | 100%         |
| Basic                        | 80%          |
| Major                        | 50%          |
| Orthodontia                  | 50%          |

Participating dentist at [www.metlife.com/dental](http://www.metlife.com/dental)  
Select PDP Plus Network

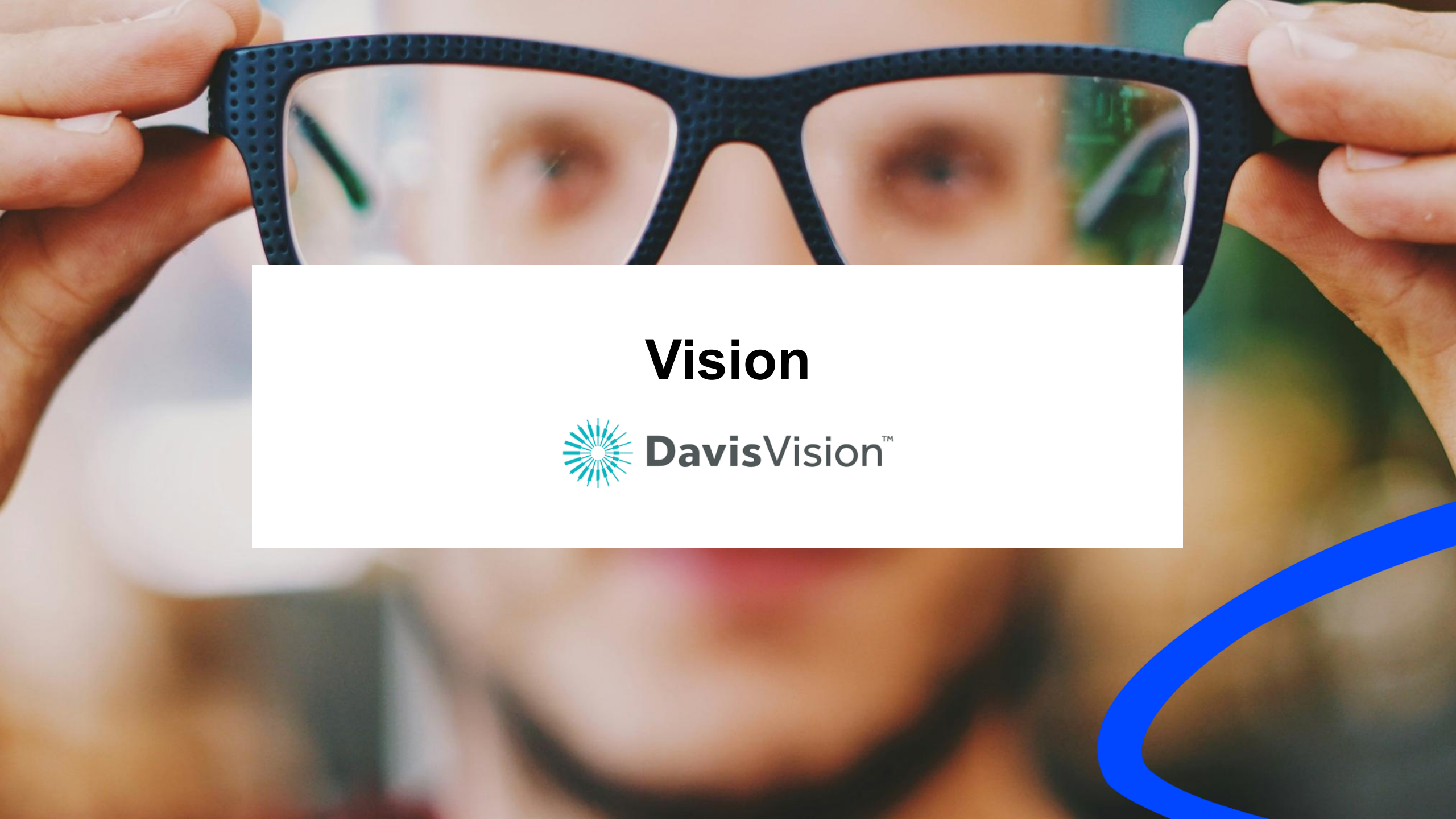
Call 1-800-GET-MET8



# 2026/2027 Dental Contributions

## DENTAL COVERAGE

|                       | You Pay Weekly | You Pay Bi-Weekly |
|-----------------------|----------------|-------------------|
| Employee only         | \$8.73         | \$17.47           |
| Employee & spouse     | \$20.15        | \$40.30           |
| Employee & child(ren) | \$18.32        | \$36.63           |
| Family                | \$29.73        | \$59.47           |



# Vision



**DavisVision™**



# Vision – Plan Summary

| Vision Plan Features |                  |                 |                     |
|----------------------|------------------|-----------------|---------------------|
| Covered Services     | Frequency        | In-Network      | Out-of-Network      |
| Eye Exam             | Every 12 months  | \$10 copay      | \$40 max allowance  |
| Materials            | Every 12 months  | \$25 copay      | Allowance varies    |
| Frames               | Every 24 months  | \$130 allowance | \$50 max allowance  |
| Elective Contacts    | Every 12 months* | \$130 allowance | \$105 max allowance |

*\*Contact lens benefit is available every 12 months; however, you may not utilize the contact lens benefit in addition to lenses for frames within the same 12 months.*

Providers: <https://davisvision.com/>

# 2026/2027 Vision Contributions

## VISION COVERAGE

|                       | You Pay Weekly | You Pay Bi-Weekly |
|-----------------------|----------------|-------------------|
| Employee only         | \$0.53         | \$1.05            |
| Employee & spouse     | \$1.96         | \$3.91            |
| Employee & child(ren) | \$1.39         | \$2.78            |
| Family                | \$2.65         | \$5.31            |



# Health Savings Account (HSA)

HealthEquity®

# HSA – What is it?

**Health Savings Accounts (HSAs) are designed to help you save and pay for qualified medical expenses**



Individually owned financial account



Tax advantaged



Healthcare spending and savings account



Portable (you own) and can help with retirement savings

# HSA - Eligibility

## You are eligible to open and contribute to an HSA if:

You are covered by an HSA qualifying High Deductible Health Plan (HDHP)

You are not covered by any other health plan that is not a high deductible health plan

You are not enrolled in Medicare, TRICARE or TRICARE for Life

You are not claimed as a dependent on someone else's tax return

You are not covered by a health care flexible spending account (FSA)

You haven't received Veterans Administration benefits in the past 3 months\*

\* Except for Preventive Care; if you are not a veteran with a disability rating from the VA, this exclusion does not apply

# HSA – Contribution Limits

**Each year, the IRS sets a maximum amount that may be contributed to an HSA**

| 2026 HSA IRS Maximum Contributions                                |         |
|-------------------------------------------------------------------|---------|
| Employee                                                          | \$4,400 |
| Employee + 1                                                      | \$8,750 |
| Family                                                            | \$8,750 |
| Age 55+ can contribute an additional \$1,000 “catch up” each year |         |

# HSA - Withdrawals

- You can withdraw funds tax-free for “qualified medical expenses” for:
  - Any person covered by your high-deductible health plan
  - Your spouse
  - Any of your tax-qualified dependents
- To withdraw funds tax-free for “qualified medical expenses”:
  - The expense must have been incurred on or after the date the HSA was established
  - You do not need to be covered under qualified HDHP at the time you request a distribution

***Non-eligible withdrawals are subject to both income tax, and a 20% penalty, unless you are age 65 or disabled.***

# HSA – Eligible Expenses

## HSA Eligible Expenses Include:

**Medical Expenses**

**Dental (including  
Orthodontia)**

**Over-the-Counter  
Medications**

**Vision (including  
Lasik)**

**Dependent Medical  
Expenses**

**Qualified Premiums for  
Medicare, Long-Term  
Care and COBRA**

To view a list of qualified medical expenses, visit ***[www.irs.gov](http://www.irs.gov)***.



# Life & Disability



# Voluntary Life Insurance and AD&D

## For You

\$10,000 Increments  
up to \$1,000,000\*

## Spouse

\$5,000 Increments up  
to \$250,000\*\*

## Dependents

\$10,000

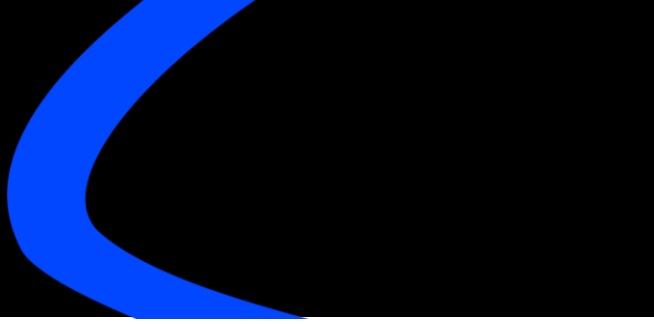
|                          |           |
|--------------------------|-----------|
| Employee Guarantee Issue | \$150,000 |
| Spouse Guarantee Issue   | \$25,000  |
| Annual Increase Option   | \$10,000  |

\*Your coverage may not exceed 5x your Annual Earnings.

\*\*Spouse and Child coverage may not exceed 50% coverage on yourself

\*\*\*Ensure you have your beneficiaries identified in UKG

# Voluntary Disability Benefits



- Commonly known as “paycheck insurance”
  - Protects one’s ability to earn an income
- Provides a benefit for disability caused by injuries, illnesses
  - Includes maternity
- Types:
  - Voluntary Short-term Disability (STD) – 60% weekly earnings up to 13 weeks up to \$2,000 per week with a 14 day waiting period.
  - Voluntary Long-Term Disability (LTD) – 60% of monthly income up to \$7,500 per month with 90 day waiting period.

# Short and Long-Term Disability

| SHORT-TERM DISABILITY (STD) VOLUNTARY |                                            | LONG-TERM DISABILITY PLAN VOLUNTARY |                                                      |
|---------------------------------------|--------------------------------------------|-------------------------------------|------------------------------------------------------|
| Covers First 13 Weeks                 |                                            | After STD period, Up to SSNRA       |                                                      |
| WHEN ARE BENEFITS PAYABLE?            | On the 14 <sup>th</sup> day of your injury | WHEN ARE BENEFITS PAYABLE?          | Begin after 90 days of a disabling injury or illness |
| BENEFIT AMOUNT                        | 60% of Weekly Earnings                     | BENEFIT AMOUNT                      | 60% of Monthly Earnings                              |
| MAXIMUM BENEFIT                       | \$2,000 per Week                           | MAXIMUM BENEFIT                     | \$7,500 per Month                                    |
| MAXIMUM DURATION                      | 13 Weeks                                   | MAXIMUM DURATION                    | Up to SSNRA*                                         |
| PRE-EXISTING EXCLUSION                | 3/12                                       | PRE-EXISTING EXCLUSION              | 3/12                                                 |

\* For list of exclusions, limitations, and reductions, please refer to your enrollment packet/policy. SSNRA is the Social Security Normal Retirement Age

A background image showing two women in profile, smiling and looking towards the right. The woman in the foreground has dark hair with bangs and is wearing a pearl earring. The woman behind her is also smiling. A thick blue curved line is visible in the bottom right corner.

# **Accident, Critical Illness & Hospital Indemnity**



# Accident, Critical Illness and Hospital Indemnity – Worksite Benefits



- Fill The Gap Left By Other Coverage
- Supplement Daily Living Expenses
- Cover Lost Income From Unpaid Time Off Work
- Mortgage/Rent Payments
- Auto And Credit Card Payments
- Travel to Treatment
- Out-of-network or Experimental Medical Treatment

# Accident Coverage

## Why Accident Insurance?

- Provides a lump-sum cash benefit for injuries you or an insured family member sustain because of an accident
- Help supplement your daily living expenses and unpaid time off work

### Four Main Payout Categories:

- Initial Care & Emergency
- Specified Injuries
- Hospital, Surgical, & Diagnostic
- Follow-Up Care

# Critical Illness Coverage

## Why Critical Illness?

- Provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke, or cancer
- The benefit can be used to pay expenses such as deductible, maximum out of pocket, and additional medical bills
  - Coverage for dependents included at no additional cost
  - Age Banded Rates
  - Funds can be used at your discretion



# Hospital Indemnity Coverage

## Why Hospital Indemnity?

- Provides fixed cash payouts for covered hospital stays paid directly to you.
- The benefit can be used to pay expenses such as deductible, other expenses, and additional medical bills
  - Coverage for dependents
  - Health Screening Benefit Included - \$50 Per Person Per Year
  - Funds can be used at your discretion



A hand is shown reaching out from the left side of the frame, palm up. The background is a soft-focus bokeh of warm, golden light, suggesting a sunlit forest or a similar natural setting. The hand is positioned above a white rectangular box that contains the company logo.

ALL<sup>ONE</sup>  
HEALTH

EAP

A thick, bright blue curved line starts from the bottom right corner and sweeps upwards and to the left, ending near the bottom edge of the white logo box.

# AllOne Health - EAP

## Employee Wellbeing

**Guaranteed 24-7 Access – 1-800-437-0911**

### Mental Health

- Face to face (3) or unlimited telephonic sessions

### Work-Life support – counselors to help guide you

- Eldercare
- Financial
- Legal
- Childcare



# Next Steps

Enroll with a Counselor or on UKG

Open Enrollment Starts **5/18/2026**

Closes **5/29/2026**



# Why is it important to review my options during Open Enrollment?

- This is a passive enrollment. You must check your benefits effective July 1, 2026.
- ***You will not be able to make changes to your elections after Open Enrollment for July 1, 2026. No exceptions will be made.***
- Changes to your elections can only be made outside of Open Enrollment with a Qualifying event; a qualifying event is a life change that happens.

## Examples of life changes:

- Marriage
- Divorce or Separation
- Birth or Adoption
- Death
- New Eligibility or Loss of Coverage

***You have 30 days from the date of a qualifying life event to make any changes to your coverage throughout the year.***

# Enroll Online or by Phone

- **Schedule Your Appointment with a benefit Counselor**

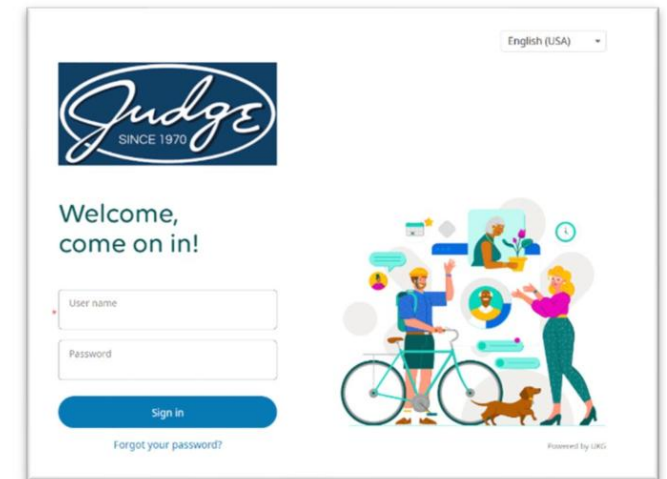
**judgegroup.mybenefitsappointment.com**

**Call 866-738-0386 Monday through Friday  
8 AM to 8 PM EST**

## Accessing your Account

Consultants can access UKG Pro Portal by going to:

<https://e12.ultipro.com/>



***Open Enrollment Closes on 5/29***

Thank you for your participation.

Please go into UKG to make your benefit elections. If there are issues logging in, email [help@judge.com](mailto:help@judge.com)

# Medical - Definitions

**Copay**

Flat dollar amount member is responsible for at the time of service. The plan usually pays 100% of the remaining balance.

**Deductible**

Amount member is responsible for before the plan pays for certain services.

**Coinsurance**

Percentage of payment shared between the member and the plan for certain services after the deductible has been met.

**Out-of-Pocket Maximum**

Member total payments for deductible, coinsurance and copays to stated maximum per plan year. Once reached, the plan will pay 100% for eligible expenses for the rest of the plan year.

**High Deductible Health Plan (HDHP)**

Qualified plan as defined by the IRS. No first dollar benefits, all services are subject to the deductible before the plan will pay. Exception is Routine Preventive Care as defined by the IRS.

**HSA – Health Savings Account**

Tax Free account that is established by the employee that is covered by a High Deductible Health Plan (HDHP).

**PPO Plan**

First dollar copays for office visits and prescription drugs. Provides you freedom to go in or out-of-network without a referral.



# **2026/2027 Contributions**

Effective July 1, 2026

# 2026/2027 Contributions

## MEDICAL COVERAGE

| Total Compensation<br>(less bonuses) | Under \$80,000 | Over \$80,000 |
|--------------------------------------|----------------|---------------|
| PPO Plan                             |                |               |
| Employee only                        | \$99.62        | \$116.22      |
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## VISION COVERAGE

|                       | You Pay Weekly | You Pay Bi-Weekly |
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| Employee only         | \$0.53         | \$1.05            |
| Employee & spouse     | \$1.96         | \$3.91            |
| Employee & child(ren) | \$1.39         | \$2.78            |
| Family                | \$2.65         | \$5.31            |