THE WALDINGER CORPORATION

EMPLOYEE BENEFITS 2026







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WELCOME

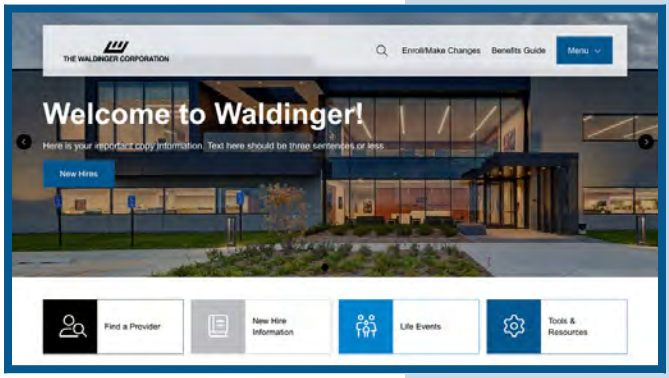
Welcome to Your Waldinger Corporation Benefits!

At Waldinger, we are proud of our incredible team of professionals who are dedicated to our clients, committed to safety, and supportive of one another. Whether you are just joining us or have been part of our team for years, we are excited to provide you with a comprehensive benefits program designed to support your health, financial security, and family needs.

Each year, you have the opportunity to review your benefits, explore new options, and make choices that best fit your situation. This guide is here to help you understand your benefits and the actions you need to take during enrollment. Based upon your feedback we've launched a benefits website that outlines all the information in this guide and more. If you have questions, our People Connect team is available to assist you with benefits, enrollment via Workday, or other topics. You may reach out by calling the Benefits Hotline at **515-247-9649** or emailing People Connect at **peopleconnect@waldinger.com**

We are committed to being the place you come for a job and stay for a rewarding career. We continuously evaluate our offerings to provide competitive benefits and introduce new solutions that bring value to you and your family. If you have ideas or suggestions, please reach out to Emily Porter, Chief People Officer, at **emily.porter@waldinger.com**.





Explore Your Benefits Anytime, Anywhere

We're excited to introduce **MyWaldingerBenefits.com**—your new go-to resource for learning about your benefits. From health plans to retirement, you'll find easy-to-understand information, helpful tools, and updates all in one place.

Check it out today and take charge of your benefits!

GETTING STARTED

BENEFITS ELIGIBILITY

You are eligible to enroll in Waldinger benefits if you are a full-time employee working at least 30 hours per week. In most cases, you can also cover your eligible dependents. You must provide a valid Social Security Number and proof of eligibility (for example: birth certificate/adoption papers, marriage license/federal tax return).
Eligible dependents include:

- Spouse (if legally married under federal law)
- Dependent children up to age 26. For additional information, please contact People Connect or see the Summary Plan Description in Workday.

HOW TO ENROLL

Follow these steps to make your 2026 benefit elections in Workday:

1. **Log in to Workday**
2. **Select the SSO Corporate Login option.**
3. **From the dashboard home screen, select "Start Open Enrollment" OR**
4. **Click the menu button in the top-left and select My Info > My Benefits > select Enrollment**





MEDICAL PLAN OPTIONS

UNDERSTANDING KEY HEALTH INSURANCE TERMS

Your health and safety matter deeply to us—and one way we show that is by offering two solid medical plans through Wellmark Blue Cross and Blue Shield of Iowa. You can choose the plan that best fits your needs or waive coverage if you're already set. While both plans cover the same types of care, they differ in how much you'll pay out of pocket and what gets deducted from your paycheck.

Here's a quick refresher on a few terms you'll see:

Coinsurance – This is the percentage you pay for covered services after you've met your deductible. For example, if your coinsurance is 20%, you pay 20% of the cost and the plan pays the remaining 80%.

Copayment (or Copay) – A set dollar amount you pay for certain services—like doctor visits or prescriptions. The amount can vary depending on the service.

Deductible – The amount you pay each calendar year before your plan starts sharing costs. Some services don't require you to meet the deductible first, so always double-check.

Out-of-pocket Maximum (OOPM) – This is the most you'll pay in a year for covered medical and prescription expenses. Once you hit this limit, the plan pays 100% of the cost for the rest of the year. For the HDHP, the out-of-pocket limit includes both medical and prescription drug costs, which helps cap your total expenses.

Additional definitions of key terms can be found in the Appendix on pages 22–23.

REVIEW OF THE PLANS

There is a lot to consider when selecting a medical plan, and you may not always know what medical expenses or other financial obligations you may face throughout the year. Therefore, it is important for you to take the time to think through which medical plan is best for you based on your unique situation.

*To view your personalized insurance premiums, please log into **Workday** and navigate to the Benefits section during enrollment.*

IMPORTANT FOR IOWA RESIDENTS ENROLLED IN THE PPO PLAN

If you are an Iowa resident, please note that most out-of-network (OON) services are not covered under the PPO medical plan. This means you will be responsible for the full cost of care received outside the Wellmark Blue Cross and Blue Shield network, except in emergencies.

To avoid unexpected bills, always use in-network providers. You can search for in-network doctors and facilities at **wellmark.com**.

Wellmark Blue Cross and Blue Shield of Iowa

Medical Plan Options	PPO Plan		High Deductible Plan
	In Network	Out of Network*	
Preventive Care (Annual Wellness Visit)	100% covered by the plan	100% covered by the plan	100% covered by the plan
Annual Medical Deductible			
Individual Limit	$1,500		$3,400
Family Limit	$3,000		$6,800
Annual Out-of-Pocket Maximum			
Individual Limit	$4,500		$3,400
Family Limit	$9,000		$6,800
Office Visits			
Primary Care Provider (PCP) Office Visit	$25 copay per visit	Deductible and 40% coinsurance	Deductible and then covered at 100%
Specialist Office Visit	$40 copay per visit	Deductible and 40% coinsurance	Deductible and then covered at 100%
Urgent Care	$25 copay per visit	Deductible and 40% coinsurance	Deductible and then covered at 100%
Virtual Care (Doctor on Demand)	$10 copay per visit		$10 copay per visit
Hospital Care			
Emergency Room Services	$200 copay per visit	Deductible and 40% coinsurance	Deductible and then covered at 100%
Inpatient/Outpatient Care	Deductible and then 20% coinsurance	Deductible and 40% coinsurance	Deductible and then covered at 100%
Rehabilitation Services			
Home Health Care	Deductible and then a 20% coinsurance	Deductible and 40% coinsurance	Deductible and then covered at 100%
Physical Therapy	$40 Non-PCP. Facility: Deductible and then 20% coinsurance	Deductible and 40% coinsurance	Deductible and then covered at 100%
Skilled Nursing Care	Deductible and then a 20% coinsurance	Deductible and 40% coinsurance	Deductible and then covered at 100%
Durable Medical Equipment	Deductible and then a 20% coinsurance	Deductible and 40% coinsurance	Deductible and then covered at 100%
Hospice Services	Deductible and then a 20% coinsurance	Deductible and 40% coinsurance	Deductible and then covered at 100%
Infertility Treatments			
Treatment	Members share the cost of services based on plan coverage up to a $15,000 lifetime maximum		Deductible and then covered at 100% up to $15,000 lifetime maximum

Continued on the next page >

* Iowa residents covered under the PPO Plan will not have Out of Network coverage for most services and will be responsible for the full cost of care.

Medical Plan Options	PPO Plan		High Deductible Plan
	In Network	Out of Network*	
		Mental Health & Substance Abuse	
Outpatient Office Visits	$25 copay for PCP/$40 copay for non-PCP	Deductible and 40% coinsurance	Deductible and then covered at 100%
Inpatient	Deductible and then 20% coinsurance	Deductible and 40% coinsurance	Deductible and then covered at 100%
Virtual Care (Doctor on Demand)	$10 copay per visit		$10 copay per visit
		Outpatient Lab and Imaging	
Lab and Imaging (if not preventive care)	Deductible and then 20% co-insurance	Deductible and 40% coinsurance	Deductible and then covered at 100%

For additional information, visit **wellmark.com**.

PHARMACY BENEFIT

Employees enrolled in a health insurance plan will receive pharmacy benefit coverage through Optum Rx. **If you are new to the health plan, you will receive a separate pharmacy benefit card from Optum Rx.** You do not need to enroll in the pharmacy benefit if you enroll in medical benefits.

Plan Options	PPO Plan		High Deductible Plan
	In Network	Out of Network	
		Prescription Drug	
Generic Drugs	$15 Not subject to the deductible		Deductible and then covered at 100%
Copayments	$40 for Tier 2 $60 for Tier 3 $100 for Specialty		Deductible and then covered at 100%
Deductibles	$100 for single $200 for family		Deductible and then covered at 100%





PREVENTIVE CARE



DON'T SKIP PREVENTIVE CARE

Taking time for your annual checkups is one of the easiest—and most impactful—things you can do to stay healthy. Waldinger's medical plans cover preventive care at 100% when you use an in-network provider. This means no copays, no deductibles, and no surprises.

What counts as preventive care?

- Annual wellness visits
- Routine screenings (blood pressure, cholesterol, cancer, diabetes, etc.)
- Immunizations, including flu shots
- Well-woman and well-child exams
- Age-based preventive care
  - Colon cancer screening – start at age 45
  - Mammograms – women starting yearly at age 40
  - Shingles vaccine – start at age 50
  - Pneumonia vaccine – start at age 65

Why it matters:

Preventive care helps detect health issues early—when they're easier and less expensive to treat. It's not just for you either. Covered dependents should take advantage of these same benefits to stay on top of their health.

Your health is your greatest asset—let's keep it that way.



HEALTH SAVINGS ACCOUNT (HSA)

A health savings account (HSA) is available to employees enrolled in the High-Deductible Health Plan. The HSA is employee-owned, and the funds will continue to be available if you leave, retire, or change your employment. Employee contributions are made on a pre-tax basis each pay period. Employer contributions are made quarterly. Funds must be used to pay for qualified medical expenses; there is a heavy tax penalty for using HSA funds for non-qualified expenses. Funds roll over year to year if you do not spend them and can accumulate a balance.

To enroll in this plan, just select the amount you want to contribute to your account. New participants will receive information from Optum regarding your account. **Employees must contribute to the HSA to receive a company contribution.**

Employees who are currently participating in this account and continue to elect the High Deductible Plan may contribute up to the following in their HSA account in 2026:

	2026 Annual Amounts		If 55 or over, you can put in an additional amount.	
Employee Contributions	Single	Family	Single	Family
	$4,400	$8,750	$1,000	$1,000

The company provides a contribution to employees who contribute to the HSA. The contribution schedule includes 50% of the employer contribution will be made to your account on January 1st. The remaining 50% employer contribution will be spread out from April through December with contributions made each pay period.

	Single	Employee + Spouse	Employee + Child	Family
Employer Contributions	$500/year	$750/year	$750/year	$1,000/year

For additional information, visit **optumbank.com**.

HEALTH SAVINGS ACCOUNT

WELLNESS PROGRAM

LIFESTYLE SPENDING ACCOUNT

This benefit is designed to improve the overall well-being or lifestyle of our employees by meeting the needs of everyone, no matter their stage of life, age, or circumstance. To help accomplish this, the company will provide $250 per year towards eligible expenses, such as health club reimbursement, exercise equipment, financial planning services, and more. A more detailed list is available on the Intranet. Reimbursements will be processed through WEX. Any balance remaining at the end of the year will not carry forward.

For additional information, visit **benefitslogin.wexhealth.com**.

EMOTIONAL WELLNESS

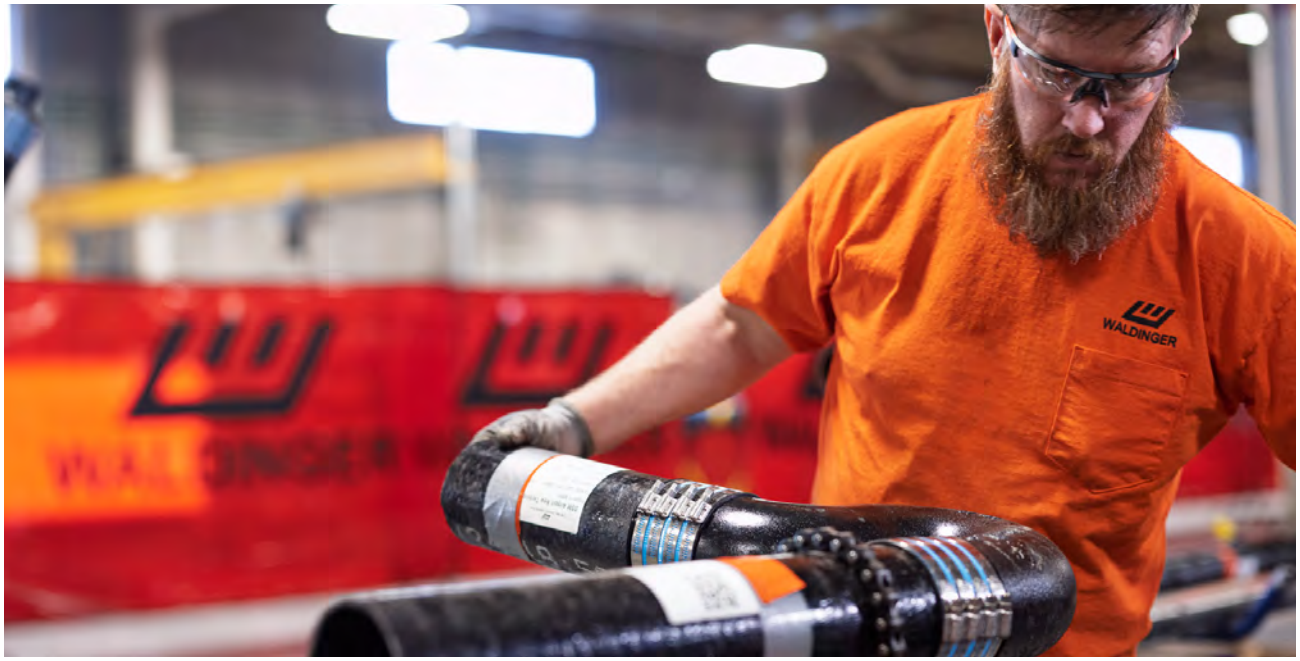
Life is not always easy and sometimes a personal issue can affect your work, health, and general well-being. In these moments, it is important to reach out to an experienced professional to work through the challenges. The Employee Assistance Program (EAP) provides employees and their eligible dependents professional support on a variety of emotional, family, legal, healthier lifestyle, and work and life transitions. You and each of your eligible dependents are eligible for up to six (6) sessions a year at no cost to you. To learn more about professionals in your area, coverage amounts, and to access benefits, please call 800-316-2796 or visit **mutualofomaha.com**.

FINANCIAL WELLNESS

In today's fast-paced world, where financial landscapes are ever-evolving, ensuring the well-being of our employees goes beyond work responsibilities. We are proud to offer a benefit that can empower you on your journey to financial well-being:

Enrich by Mutual of Omaha is more than just a benefit; it is a comprehensive platform designed to support you in making informed financial decisions. Whether you are just starting your career, thinking about building a family, or planning for retirement, Enrich provides a range of tools, resources, and educational materials to help you navigate the complex world of personal finance.

To access this tool, visit **mutualofomaha.enrich.org/login**.



DENTAL INSURANCE

DENTAL INSURANCE

You will have the choice to elect dental coverage from two plans administered by Delta Dental of Iowa. Both dental plans provide coverage for preventive and basic care services. When you enroll in the Dental Plan 2 you will have higher premiums due to increased coverage options. The Basic Plan will have significantly lower premiums because it does not cover major services or orthodontia. For orthodontia (for dependents up to age 19) or major dental service needs, the Dental Plan 2 offers you a way to save money while still getting coverage for your diagnostic, preventive, and routine restorative services. The following table shows the percentage of costs you are responsible for.

Coverage Comparison	Dental Plan 1		Dental Plan 2	
	PPO Network	Premier Network	PPO Network	Premier Network
Benefit Period Max	$1250 per person		$1500 per person	
Check Up and Teeth Cleaning (Enhanced Benefit Plan for those that qualify)	100% covered by the plan		100% covered by the plan	
Deductible	$25/member	$50/member	$25/member	$50/member
Cavity Repair and Tooth Extractions (Routine and Restorative Services such as emergency treatment, X-rays, simple oral surgery, restoration of decayed or fractured teeth)	Deductible + 10% co-insurance	Deductible + 20% co-insurance	Deductible + 10% co-insurance	Deductible + 20% co-insurance
Root Canals (Endodontic Services)	Not Covered		Deductible + 50% co-insurance	Deductible + 50% co-insurance
Gum and Bone Diseases (Periodontal Services)	Deductible + 20% co-insurance	Deductible + 20% co-insurance	Deductible + 20% co-insurance	Deductible + 50% co-insurance
High-Cost Restorations (Cast and Crowns)	Not Covered		Deductible + 50% co-insurance	Deductible + 50% co-insurance
Dentures and Bridges (Prosthetics – Replacement of missing teeth)	Not Covered		Deductible + 50% co-insurance	Deductible + 50% co-insurance
Orthodontia (For individuals up to age 19)	Not Covered		$1000 Lifetime Maximum	$1000 Lifetime Maximum
Other Services **- Complex Oral Surgery** **- Non-Surgical Conservation Gum & Bones Procedures**	Not Covered		Deductible + 50% co-insurance	Deductible + 50% co-insurance

For additional information, visit **deltadentalia.com**.

VISION COVERAGE

VISION COVERAGE

Under the vision plan, you are covered for an annual eye exam and may purchase your eyeglasses and contacts from an eye care provider of your choice. When you use a Delta Vision network provider, you receive the highest level of plan benefits and have the lowest out-of-pocket costs.

Vision Care Services	In-Network	Out-of-Network Reimbursement
Routine Annual Eye Exam	$10 Copay	Up to $35
Frames	$200 allowance	Up to $100
	Lenses	
Single Vision	$25 copay, then covered in full	Up to $25
Bifocal	$25 copay, then covered in full	Up to $40
Trifocals	$25 copay, then covered in full	Up to $55
Lenticular	$25 copay, then covered in full	Up to $80
Standard Progressives	$75 copay, then covered in full	Up to $40
Other Lens Type	80% of Charge	N/A
	Contact Lenses	
Elective	$200 allowance	Up to $160
Medically Necessary	Covered in full	Up to $200
	Frequency Guidelines	
Exams	Once every calendar year	
Frames	Once every calendar year	
Lenses or Contact Lenses	Once every calendar year	

For additional information, visit **deltadentalia.com**.

FLEXIBLE SPENDING



FLEXIBLE SPENDING ACCOUNTS (FSAs)

Waldinger offers employees three Flexible Spending Account (FSA) options to set aside pre-tax dollars to pay for eligible expenses, helping you save money throughout the year.

Healthcare Flexible Spending Account (Healthcare FSA) can be used to pay for eligible out-of-pocket healthcare costs for you and your dependents, including expenses like copays for medical, dental, and vision care, prescription medications, and certain over-the-counter items. This plan is available to employees who are not enrolled in a Health Savings Account (HSA).

Dependent Care Flexible Spending Account (Dependent Care FSA) allows you to use pre-tax dollars to pay for qualified dependent care expenses such as daycare, preschool, before- and after-school programs, or adult day care for an eligible dependent. This account is designed for employees who need care services in order to work, look for work, or attend school full time.

New for 2026! Limited Purpose Flexible Spending Account (Limited Purpose FSA) will be available to employees who are enrolled in the High Deductible Health Plan (HDHP) with an HSA. This account can be used only for eligible dental and vision expenses. Because it is limited in scope, it allows you to take advantage of additional pre-tax savings while maintaining your eligibility to contribute to an HSA.

2026 IRS Contribution Maximums

Each year, the IRS sets maximum amounts you can contribute to certain benefit accounts. These limits help you plan for health care, dependent care, and retirement savings on a tax-advantaged basis. These limits apply to the total contributions from both you and Waldinger combined.



Healthcare Flexible Spending Account (FSA)	$3,400 per employee
Limited Purpose FSA (for dental/vision if you have an HSA)	$3,400 per employee
Dependent Care FSA	$7,500 per household

All three FSAs are administered through WEX, and reimbursements are available via direct deposit or debit card. Please note: the Dependent Care FSA is subject to the “use-it-or-lose-it” rule, meaning unused funds are forfeited at year-end.

For the Healthcare FSA and Limited Purpose FSA, up to $660 in unused funds may be carried over into the next plan year. You must re-enroll each year to participate in any FSA.

Once enrolled, changes to your contribution amount cannot be made unless you experience a qualifying life event. Be sure to keep your receipts, as you may be required to provide documentation for eligible expenses.

For additional information, visit **benefitslogin.wexhealth.com**.



LIFE INSURANCE

Life insurance coverage helps protect your loved ones in the event of your death. Even if you are single, your beneficiary can use your life insurance benefits to pay off your debts, such as credit cards, mortgages, and other final expenses.

Basic Life Insurance Waldinger offers group term life insurance automatically at no cost to you. Full-time benefit eligible team members receive coverage equal to 2 times your annual base salary up to $200,000.
No evidence of insurability required.

Dependent Life Insurance Waldinger offers dependent life insurance automatically at no cost to you. Coverage levels include $20,000 for a spouse, $10,000 for a dependent child over six months, and $1,000 for dependent children under 6 months. No evidence of insurability required.

Voluntary Life Insurance You may purchase additional life insurance at favorable group rates. You pay for this coverage with after-tax dollars. You must elect voluntary life insurance for yourself to elect coverage for your spouse or child(ren). Premiums for this coverage are shown in Workday during your enrollment experience.

Covered Person	Coverage	Premium
Employee	Increments of $10,000 up to the lesser of: • 5 times your annual base salary, or • $500,000 Amounts that exceed $250,000 will require Evidence of Insurability.	Based on team member's age
Spouse	Increments of $5,000 up to $250,000. Spouse coverage may not exceed 50% of what the employee elects. Amounts that exceed $30,000 will require Evidence of Insurability.	Based on team member's age
Children (up to age 26)	Flat amount of $10,000 per child.	Flat rate no matter how many children are covered

INSURANCE OPTIONS

DISABILITY INSURANCE

Short-Term Disability (STD) Plan provides income protection if you become disabled and cannot work due to a non-work-related illness or accidental injury for more than 7 days. Employees may purchase coverage that replaces 60% of their regular weekly base pay, to a maximum of $1,500 per week, for up to 13 weeks.

Long-Term Disability (LTD) If you become disabled for an extended period and cannot work, no benefit becomes more important to your financial security than disability income protection. If you remain totally disabled and unable to work for more than 180 days, you may be eligible for Long-Term Disability (LTD) benefits. Waldinger automatically provides you LTD benefits that replace up to 60% of your monthly base pay, up to a maximum of $10,000 per month. Monthly LTD benefits will be reduced by Social Security and any other disability income you are eligible to receive, such as Workers' Compensation.

VOLUNTARY INSURANCE

You may purchase additional insurance products at favorable group rates. You pay for this coverage with after-tax dollars.

Voluntary Accident Insurance This policy supplements your medical coverage and provides a cash benefit for injuries you or an insured family member receive from an accident. This coverage helps pay for out-of-pocket medical expenses you incur and for unpaid time off work. This benefit is available for employees, spouses, and dependent children.

Voluntary Hospital Indemnity Insurance This policy supplements your medical coverage and provides a cash benefit for hospital-related fees you or an insured family member receive as a result of being hospitalized. This benefit is available for employees, spouses, and dependent children.

Voluntary Critical Illness Insurance This policy provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke, or cancer. This coverage can be used to pay out-of-pocket expenses, unpaid time off work, or travel to treatment centers. Evidence of insurability is required prior to obtaining coverage. This benefit is available for employees, spouses, and dependent children.

Covered Person	Coverage	Premium
Employee	Increments of $10,000 or $20,000	Based on team member's age
Spouse	Increments of $5,000 or $10,000	Based on team member's age
Children (up to age 26)	Benefit is 50% of what the employee elects, up to $5,000	No cost if employee elects coverage

INSURANCE OPTIONS



PET INSURANCE

We know pets are part of the family too—and caring for them can be expensive. That's why Waldinger is excited to offer voluntary Pet Insurance through Nationwide®. This coverage helps you manage the cost of veterinary care for dogs, cats, birds, reptiles, small mammals, and other household pets.

With Nationwide, you'll get employee pricing and the flexibility to choose the plan that works best for your pet. You can select from two ready-made employee plans or customize coverage based on your pet's needs.

Coverage highlights include:

- **Flexible coverage:** Annual protection for accidents, illnesses, hereditary and congenital conditions, with deductible and reimbursement options to fit your budget.
- **Wellness options:** Choose annual benefit schedules for preventive care such as vaccinations, checkups, and screenings.
- **Exclusive extras:** Unlimited 24/7 pet telehealth, prescription savings through PetRxExpress®, discounts at Petco Veterinary Services, plus employee-only features like lost pet coverage, emergency boarding, and multi-pet discounts.
- **Freedom to choose:** Use any licensed veterinarian, anywhere in the U.S.

Enrollment is available year-round.

How to Enroll: There are three easy ways to sign up and receive Waldinger employee pricing:

1. Go directly to the dedicated company site: **partnersolutions.nationwide.com/pet/waldinger**
2. Call **877-738-7874** and mention you are an employee of The Waldinger Corporation.
3. Visit **PetsNationwide.com**, then enter your company name.

INSURANCE OPTIONS

LEGAL SERVICES

PRE-PAID LEGAL SERVICES

Whether you need assistance writing your will, disputing a traffic ticket, or protecting yourself against identity theft, Legal Insurance and Identity Theft protection from ARAG is here to help. You and your covered dependents will have access to a nationwide network of attorneys who will work with you to address and resolve life's legal, financial, identity theft, and other issues.

What's Covered:

ARAG provides support in many everyday situations, including:

- **Family and personal matters** – wills, estate planning, divorce, adoption, guardianship, and name changes
- **Financial and consumer issues** – debt collection, bankruptcy, contracts, consumer protection, and IRS/state tax matters
- **Civil and real estate concerns** – property disputes, landlord/tenant issues, deeds, mortgages, and foreclosure defense
- **Defense and protection** – criminal misdemeanor defense, identity theft services, and traffic violations

Plan Options

Ultimate Advisor™ – Covers the most common needs, including wills, estate planning, consumer protection, debt and tax issues, traffic matters, and basic family law.

Ultimate Advisor Plus™ – Includes everything in Ultimate Advisor, plus additional coverage for more complex matters such as divorce, child custody, child support, visitation rights, alimony, and expanded criminal defense.



For the complete list of what your plan covers, visit **araglegalcenter.com** or call **1-800-247-4184**. Access Code: 18148wal

IDENTITY THEFT

IDENTITY THEFT PROTECTION

Employees have the option to add voluntary identity theft and fraud protection with Aura through our partner MetLife. Note, this protection is for personal devices only and will not work for company devices. With the Protection Plus plan for individuals and families, you will receive the following protection.

- **Financial Fraud Protection**
  Monitors credit, asset titles, and financial accounts for suspicious activity, one-tap credit lock, and financial tools to help keep money and assets safe.
- **Identity Theft Protection**
  Get alerted to threats to personal information, online accounts, social media, and more. Plus, they automatically request removal of personal info from data brokering sites to protect it from thieves and spammers.
- **Privacy and Device Protection**
  Tools to manage personal passwords, protect personal devices from malware and viruses, secure public Wi-Fi connections, keep browsing activity private, and more.
- **Family Safety** (With Family Plan)
  Fully integrated family safety tools help parents and caregivers keep a pulse on loved ones' online safety. Inclusive family plans cover unlimited dependent minors and up to 10 additional adult loved ones with no restrictions.
- **Services and Support**
  24/7 U.S.-based customer support, white glove fraud resolution services, access on-the-go via the all-in-one Aura app, and more.
- **ID Theft Insurance Policy**
  Each adult is backed by their own separate $5 million ID theft insurance policy to reimburse for eligible losses and expenses resulting from ID theft.



For additional information, visit **aura.com**.

RETIREMENT SAVINGS



RETIREMENT SAVINGS

We are proud to offer retirement plan programs that allow you to invest in your financial health and future. We provide a 401(k) plan for your employee deferrals. After one year of service, you are eligible for employer matching deferrals being included in the plan. Additionally, the organization has a profit-sharing plan for which you will receive a contribution after one year of service.

Your Contribution: For your 401(k), you can contribute up to $24,500 on a pre-tax basis and invest the dollars in a variety of funds geared toward your financial goals. A ROTH option is also available if you prefer to contribute after-tax dollars.

If you are over 50, you may contribute an additional $7,500 through a catch-up provision. In addition, those ages 60–63 may contribute an additional $3,750 for $11,250 through catch-up. This allows you to accelerate your contributions toward retirement. You own 100% of your contributions.

401(k) Employer Match: After one year of service, you are eligible for an employer matching contribution. For each dollar you contribute to your 401(k), Waldinger will match 100% up to the first 2%. There is not an employer match associated with catch-up contributions. You own 100% of the employer matching contributions.

Profit Sharing Plan: You are eligible for the profit-sharing plan after one year of service. After you meet the one year of service requirement, you must also have 1,000 hours worked, and be actively employed on December 31st of the year to receive a contribution. The profit-sharing contribution will be made on your behalf by the company. The contribution level is approved annually by the organization with a historical contribution of 5% of your annual gross salary. You will elect the funds the contribution is deposited in. There is a six-year graduated vesting schedule associated with these funds meaning you own 100% of the funds after your 6th year of service.

Start Here: Enrollment & Annual Review

Whether you're enrolling for the first time or reviewing your current 401(k) elections, begin by logging into the Vanguard portal (**vanguard.com/retirementplan**), Plan #091503. From there you can do things like:

- Determine how much you should be saving
- Get a snapshot of your retirement by answering a few questions
- Elect your contributions
- Select your investments
- Provide your beneficiaries
- Get help with your finances by talking to a retirement planner

Auto enrollment—if after 30 days of employment you have not enrolled or opted out of the plan, you will be auto enrolled. This enrolls you into the plan at 5%, with a 1% increase each year to a maximum of 10%. If auto enrolled, changes can be made at any time.

PAID TIME OFF

PAID TIME OFF

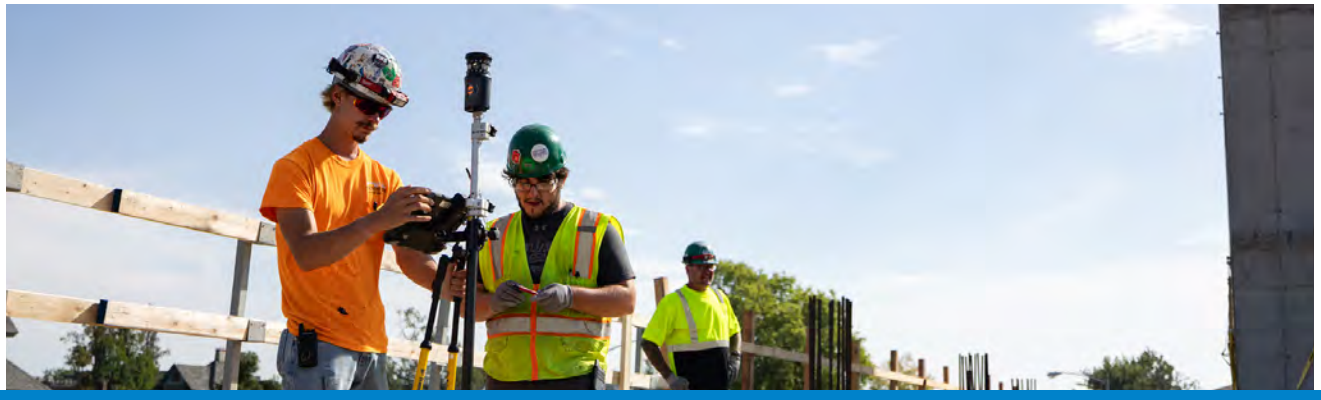
The PTO program provides employees with flexible paid time that can be used for such needs as vacation, personal time, personal or family illness, doctor appointments, and other activities of the employee's choice. The amount of PTO an employee receives each calendar year is determined by the years of service table below. Please remember that while it is allocated to your account at the beginning of the year, it is earned in equal amounts based on your payroll schedule. The following information is a summary of this program.

Years of Service	PTO Days Available in 2026	PTO Earned per Pay Period if Paid Monthly	PTO Earned per Pay Period if Paid Weekly
0–2 years	15 days	10.00 hours per month	2.31 hours per week
3 years	16 days	10.67 hours per month	2.46 hours per week
4 years	17 days	11.33 hours per month	2.62 hours per week
5 years	18 days	12.00 hours per month	2.77 hours per week
6 years	19 days	12.67 hours per month	2.92 hours per week
7 years	20 days	13.33 hours per month	3.08 hours per week
8 years	21 days	14.00 hours per month	3.23 hours per week
9 years	22 days	14.67 hours per month	3.38 hours per week
10 years	25 days	16.67 hours per month	3.85 hours per week

Carry Over and Forfeiture A maximum of 40 hours of unused company-paid PTO can be carried over to the next calendar year. Any PTO in excess of 40 hours will be forfeited if it is unused at the end of the calendar year.

PTO Purchase Program Employees may also purchase up to an additional 40 hours of PTO per year through the PTO purchase program. At hire and during open enrollment you will have the opportunity to buy additional hours of PTO. The purchase of additional hours will be divided amongst your paychecks over the year. These hours must be used in the year they are purchased and cannot be carried over. Company-paid PTO hours (including any carry-over from the prior year) must be used before any purchased PTO hours can be used.

Paid Holidays In addition to PTO, the company recognizes 8 paid holidays. They include New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Eve, Christmas Day, and one Floating Holiday (generally used for the day after Thanksgiving). If a holiday falls on a weekend, we will honor it the Friday before or Monday after (excluding Christmas Eve).





TYPES OF LEAVE

Bereavement Leave Employees are offered up to five (5) bereavement days after experiencing the death of a family member. The time away supports the planning, attendance at the funeral, and grieving process. An employee who wishes to take time off under this policy should notify his or her manager as soon as possible.

Paid bereavement leave will be granted according to the following schedule:

- Employees are allowed up to five (5) consecutive days off from regularly scheduled duty in the event of the death of the employee's spouse, domestic partner, child, stepchild, parent, stepparent, father-in-law, mother, mother-in-law, son-in-law, daughter-in-law, brother, sister, stepbrother, stepsister, grandchild, an adult who served as primary caregiver for the employee since childhood, or in the case of a miscarriage.

- Employees are allowed up to two (2) consecutive days off from regularly scheduled duty in the event of the death of the employee's aunt, uncle, grandparent, or spouse's grandparent.

Paternity Leave Fathers who have completed one (1) year of service and are full-time employees paid weekly or monthly who are parents, will become parents soon, or are court-appointed foster parents will be provided up to 10 business days of paid paternity leave. The purpose of paid paternity leave is to allow fathers to care for and bond with a newborn or a newly adopted or newly placed child.

Maternity Leave Females who have completed one (1) year of service and are full-time employees paid weekly or monthly who are parents, will become parents soon, or are court-appointed foster parents will be provided up to six (6) weeks of paid maternity leave. The purpose of paid maternity leave is to enable the employee to care for and bond with a newborn or a newly adopted or newly placed child.

Additional information about these programs is available on the Intranet or at **MyWaldingerBenefits.com**.

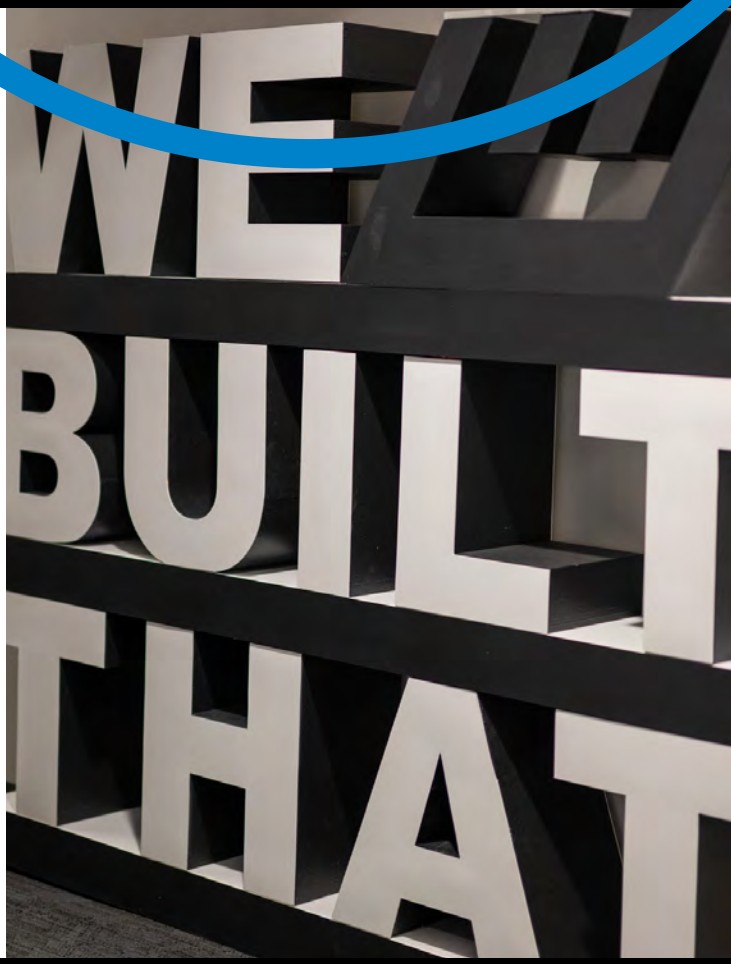


DISCLAIMER

This booklet highlights the key features of the benefit plans sponsored by Waldinger. Full details of these benefits are contained in the legal documents governing the plans. If there is any discrepancy or conflict between the plan documents and the information presented here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Waldinger reserves the right to change or discontinue the plans at any time with appropriate notification. Participation in the plans does not constitute an employment contract. Waldinger reserves the right to modify, amend, or terminate any benefit plan or practice described in this booklet. Nothing in this booklet guarantees that any new plan provisions will continue in effect for any period. Plan documents are available by contacting People Connect.

Details of the following notices are accessible in Workday during the enrollment process.

- Children's Health Insurance Program (CHIP)
- Women's Health and Cancer Rights Act Notice (WHCRA)
- Michelle's Law Enrollment Notice



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