



2026 BENEFITS ENROLLMENT

Annual Enrollment:
November 1 – 14, 2025





AGENDA

- Open Enrollment
- 2026 Key Highlights
- Plan Details
- Next Steps
- Questions



OPEN ENROLLMENT ACTIVE PROCESS

YOU MUST ENROLL DURING NOVEMBER 1 – 14, 2025 TO HAVE ACTIVE BENEFITS STARTING JANUARY 1, 2026

The benefits you elect during open enrollment will be effective January 1 – December 31, 2026

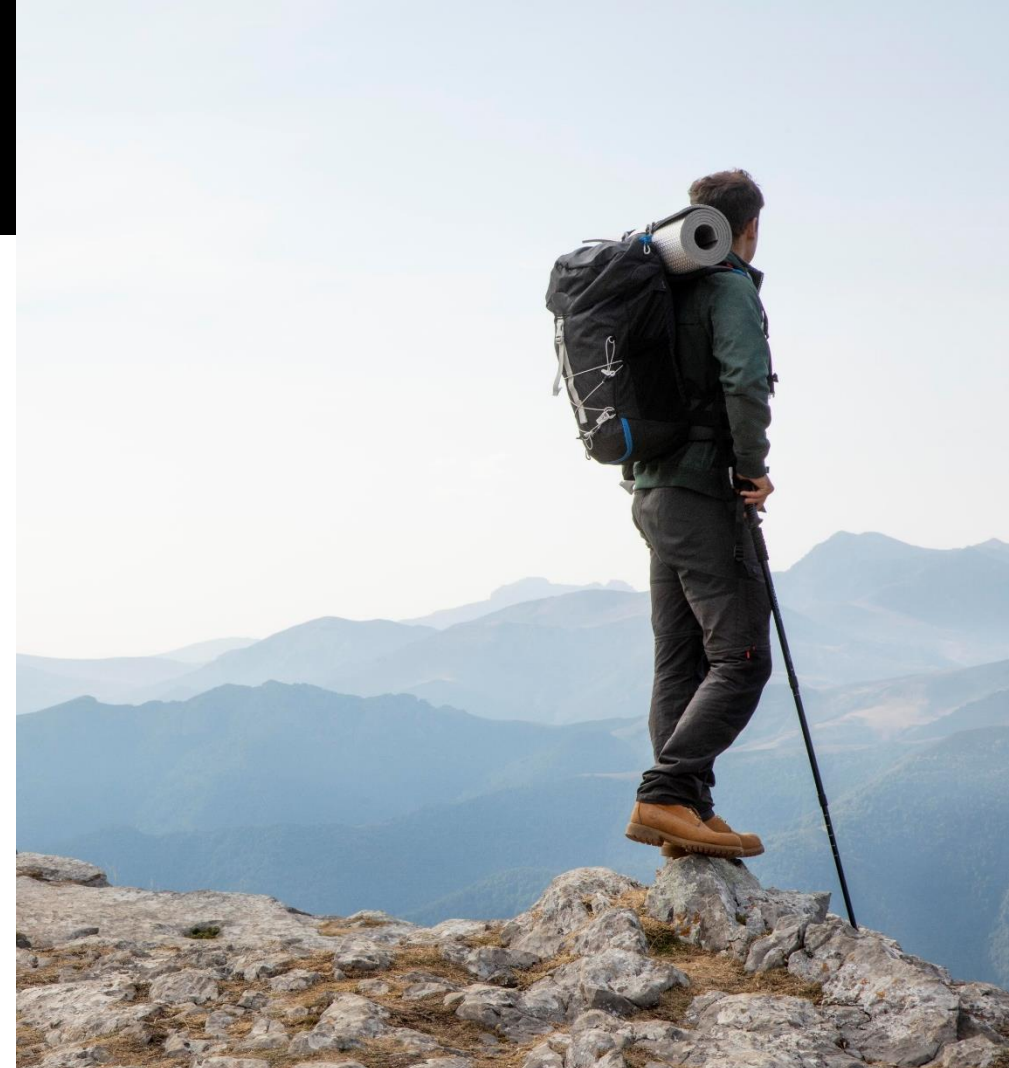
Employees working 30 or more hours per week are benefit-eligible, unless otherwise noted

DURING OPEN ENROLLMENT, YOU CAN:

- Add or remove dependents
- Change plans
- Add or waive coverage

QUALIFYING EVENTS ALLOW YOU TO MAKE CHANGES TO YOUR ELECTIONS MID-YEAR, SUCH AS:

- Marriage or divorce
- Birth or adoption of a child
- Change or loss of other coverage
- Change in status (Part-time to Full-time)



2026 WHAT'S CHANGING

- **Pharmacy Coverage**

Pharmacy coverage will move from Prime Therapeutics to **RxBenefits-OptumRx**

No change to plan benefits, however there may be adjustments in the prescription drug formulary (coverage and tiers) and/or pharmacy network

- **Dental Coverage**

Dental coverage will move from United Healthcare to **MetLife**

No change to plan benefits, however there may be adjustments in the provider network

- **High-Deductible Health Plan Limits**

High-Deductible Health Plan (HDHP) plan in-network Deductible and Out-of-Pocket Maximum limits **will increase slightly to remain compliant with the ACA**

- **HSA & Dependent FSA**

Maximum contribution limits to the Health Savings Account (HSA) and Flexible Spending Accounts (FSA) **will increase**

KEY HIGHLIGHTS

MEDICAL

PARTS OF YOUR MEDICAL PLAN

Preventive Care

- 100% covered when you use in-network providers and includes things like physical exams, flu shots, and screenings

Annual Deductible

- The amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay

Annual Out-of-Pocket Maximum

- The most you will pay each year for eligible in-network and out-of-network services, including prescriptions. After you reach your out-of-pocket maximum, the plan picks up the full cost of covered medical care for the remainder of the year.

Copays

- A predetermined, fixed amount you pay for a health care service. Copays do not count toward your Deductible but do accumulate toward your Out-of-Pocket Maximum.

Coinsurance

- Once you've met your Deductible, you and the plan share the cost of care. For example, you pay 10% for services and the plan pays 90% of the cost until you've reached your Out-of-Pocket Maximum.



MEDICAL / PHARMACY

2026	PPO (Choice Plus)		HDHP (Choice Plus)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Calendar Year)	\$2,000 single / \$4,000 family	\$10,000 single / \$20,000 family	\$3,400 single / \$6,800 family	\$7,000 single / \$14,000 family
Coinsurance	10%	50%	0%	30%
Out-of-Pocket Maximum (Calendar Year)	\$4,150 single / \$8,300 family	\$20,000 single / \$40,000 family	\$3,400 single / \$6,800 family	\$19,000 single / \$38,000 family
Preventive Care	\$0	50% after Deductible	\$0	30% after Deductible
Virtual Visit	Designated Virtual Provider: \$0	Not covered	Designated Virtual Provider: \$0	Not covered
Office Visit - PCP	\$15 copay	50% after Deductible	0% after Deductible	30% after Deductible
Office Visit - Specialist	Designated Network: \$50 copay In-Network: \$100 copay	50% after Deductible	0% after Deductible	30% after Deductible
Urgent Care	\$25 copay	50% after Deductible	0% after Deductible	30% after Deductible
Emergency Room	\$300 copay	\$300 copay	0% after Deductible	0% after Deductible
Inpatient/Outpatient	10% after Deductible	50% after Deductible	0% after Deductible	30% after Deductible
Prescription Drugs - Retail 30-day supply	\$10 Tier 1 / \$35 Tier 2 / \$70 Tier 3	Not covered	0% after Deductible	Not covered



PHARMACY



MEMBER PORTAL

- Register on the My RxBenefits member portal at **Member.RxBenefits.com**.
- Once registered, you can view and download your ID card, set up your communication preferences, access real-time prior authorization status, claims history and more.
- You can confirm whether a particular medication is covered under your formulary/drug list
- You can also refer to your Prescription Benefit Coverage (PBC) for coverage limitations and exclusions.

MEMBER SERVICES CONTACTS

- **Chat:** With a live agent by registering for the RxBenefits member portal at **Member.RxBenefits.com**, Monday-Friday, 9:00 a.m. to 6:00 p.m. Central
- **Call:** Talk to RxBenefits Member Services at **1-800-334-8134**, Monday-Friday, 7:00 a.m. to 8:00 p.m. Central
- **Email:** **CustomerCare@RxBenefits.com**, Monday-Friday, 7:00 a.m. to 8:00 p.m. Central

MOBILE APP

- Download the **OptumRx App** from the Apple® App Store or Google Play™.

COMPARING PLANS

WHAT TO THINK ABOUT

OUT-OF-POCKET MAXIMUM

- Your total liability for covered services for the year

OUT-OF-POCKET COSTS

What is more important?

- Less dollars out of your paycheck and more dollars at time of service?
- More dollars out of your paycheck and less dollars at time of service?

PLAN UTILIZATION

How do you (and your covered family members) use the health plan?

- Are office visit and Rx copays more important?
- Or is overall protection and your total liability more important?

HSA AS A SAVINGS TOOL

- HSA allows you to set aside money on a pre-tax basis to pay for your healthcare expenses, either now or in the future

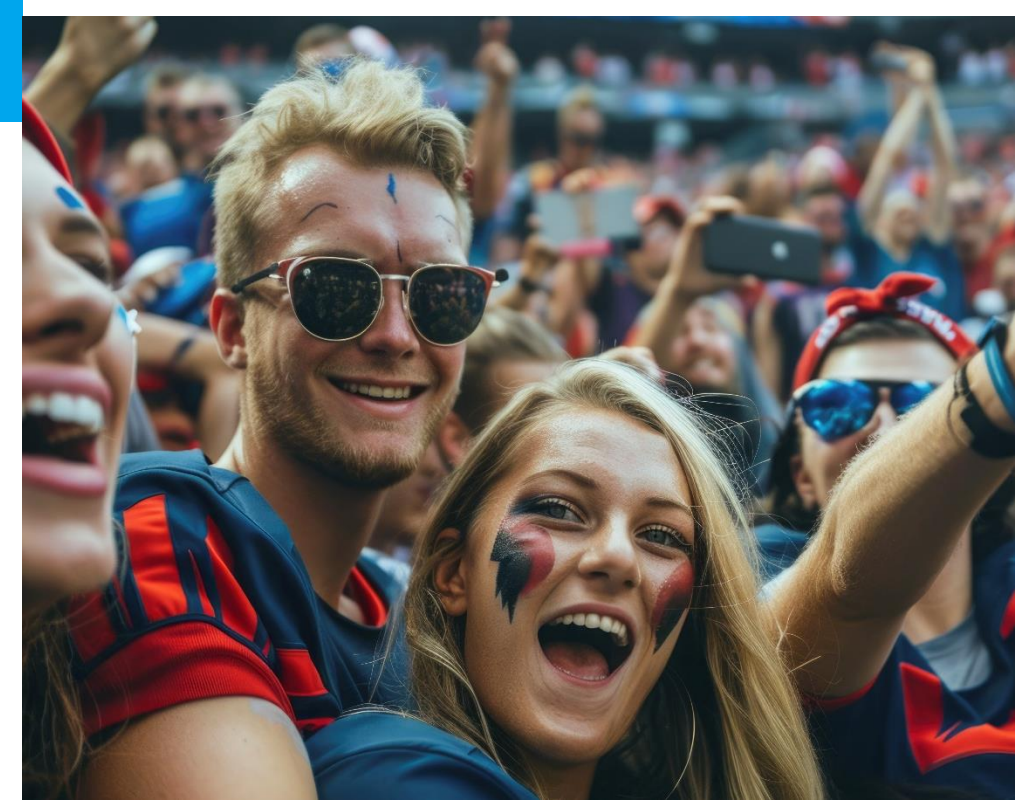
TELEMEDICINE VIRTUAL VISITS

SEE A DOCTOR WHENEVER, WHEREVER.

- 24/7 access to see a licensed physician from your smartphone or computer without an appointment
- Save money compared to a traditional office visit, urgent care, or emergency room visit
- Get a prescription or short-term refill on any existing prescription sent to a pharmacy nearby

Get treatment for more than 80 common conditions:

- | | | |
|-----------------------------------|---------------|-------------------|
| ▪ Cold and flu | ▪ Sore throat | ▪ Headache |
| ▪ Bronchitis and sinus infections | ▪ Allergies | ▪ Pink eye |
| ▪ Urinary tract infections | ▪ Fever | ▪ Skin conditions |



To learn more and start a visit

Go to www.myuhc.com/virtualvisits or the
United Healthcare app





HEALTH SAVINGS ACCOUNT - HSA



AN HSA IS A SAVINGS ACCOUNT WITH A TRIPLE TAX ADVANTAGE THAT PAYS FOR QUALIFIED MEDICAL, DENTAL, AND VISION EXPENSES

- Money goes in tax-free, accrues interest tax-free, and comes out tax-free for qualified expenses
- You own your HSA, and the account is yours to keep, even if you change health plans, change jobs, or retire
- Funds roll over from year-to-year; No “use-it-or-lose-it” like FSAs
- HSA dollars can be used for eligible expenses for yourself, or for your qualified dependents, even if they are not covered by your medical plan
- Examples of qualified HSA expenses: Deductible, prescription drugs, over-the-counter medications, dental services, vision services, durable medical equipment, etc.

HEALTH SAVINGS ACCOUNT - HSA



ELIGIBILITY

Must be: Enrolled in Game One's HDHP plan

Must NOT be:

- Enrolled in any other non-qualified HDHP coverage (i.e. Spouse's traditional plan)
- Enrolled in a general-purpose FSA in the same calendar year
- Enrolled in Medicare, including Parts A or B, Medicaid, or Tricare
- Claimed as a dependent on another person's tax return
- A veteran who has received treatment, other than preventive care, through the Department of Veteran's Affairs within the past 3 months

CONTRIBUTIONS

2026 maximum contribution limits:

- \$4,400 if enrolled as Single
- \$8,750 if enrolled as Employee/Spouse, Employee/Child(ren), or Family
- Additional \$1,000 catch-up contribution for participants age 55+
- Contributions are funded through pre-tax payroll deductions, which lowers your taxable income
- Access your HSA dollars via the Optum debit card or pay yourself back for expenses paid out-of-pocket through the mobile app or online portal. Or you can always save your HSA dollars for future health care expenses!

SUPPLEMENTAL MEDICAL



ACCIDENT

You'll receive a cash benefit if you become injured from an accident like a broken bone or loss of a limb, burns, and more



CRITICAL ILLNESS

Pays a lump sum to help ease the financial strain if you suffer from a serious illness, such as cancer, heart attack, or stroke



HOSPITAL INDEMNITY

You'll receive a cash benefit if you or a covered family member has a hospital stay

Supplemental medical plans help pay for costs incurred after an accident, illness, or hospitalization

The benefit is paid directly to the insured and may be used for medical/treatment expenses, or for any other reason

Each plan includes a **\$50 wellness benefit per year** for wellness tests performed as a part of preventive care

DENTAL



Dental		
	In-Network (PDP Plus)	Out-of-Network*
Deductible (Calendar Year)	\$25 single / \$75 family	\$25 single / \$75 family
Annual Benefit Maximum (Calendar Year)	\$2,000 per individual	
Preventive Services	\$0	\$0
Basic Services	20% after Deductible	20% after Deductible
Major Services	50% after Deductible	50% after Deductible
Orthodontia (Children up to age 19)	50%	50%
Orthodontia Lifetime Maximum	\$1,000 per individual	

* Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary Charge is based on the lesser of: the dentist's actual charge (the 'Actual Charge'), or the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the "Customary Charge"). For your plan, the Customary Charge is based on the 99th percentile.

DENTAL



MEMBER PORTAL

To register, go to www.metlife.com/mybenefits

FIND A PROVIDER

- Go to metlife.com
- Select “Find a Dentist” next to “How can we help you?”
- Select “PDP Plus” next to “Choose your network.”
- Enter your Zip, City or State and select the “Find a Dentist” button.

MOBILE APP

Search “MetLife” in the App Store® or Google Play® and download the MetLife US Mobile App

VISION



Vision		
	In-Network	Out-of-Network Reimbursement
Exam	\$10 copay	Up to \$40
Lenses	\$10	Single Vision: Up to \$40 Lined Bifocal: Up to \$60 Lined Trifocal: Up to \$80 Lenticular: Up to \$80
Frames	\$120 retail allowance; 30% discount off balance at participating providers	Up to \$45
Contacts - Elective (in lieu of Frame/Lenses)	Formulary: up to 6 boxes of disposable contacts Non-Formulary: \$150 allowance	Up to \$150
Contacts - Medically Necessary (Prior Authorization required)	\$10	Up to \$210
Benefit Frequency	Exam: Once every 12 months Spectacle Lenses: Once every 12 months Frames: Once every 24 months Contact Lenses: Once every 12 months	

FLEXIBLE SPENDING ACCOUNT

FSA **wex**TM

- **A Health Care FSA allows you to set aside up to \$3,400 per year on a pre-tax basis to pay for qualified health care expenses**
 - Examples of qualified FSA expenses include deductible, copays, coinsurance, prescription drugs, over-the-counter medications, dental services, vision services, durable medical equipment, etc.
 - You can reimburse up to the full amount of your annual election at any time during the plan year
- **A Dependent Care FSA allows you to set aside up to \$7,500 per year (\$3,750 if married and filing separate) to pay for qualified day care expenses**
 - Day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time
 - You can reimburse up to the amount in your account at the time of the request for reimbursement
- **You are NOT required to be enrolled in Game One's medical plan to enroll in either FSA**
 - Remember, you cannot contribute to the Health Care FSA if you are contributing to an HSA



FLEXIBLE SPENDING ACCOUNT



- **Accountholder should keep receipts for FSA reimbursements**
- **Access your FSA dollars via the WEX debit card or pay yourself back for expenses paid out-of-pocket through the mobile app or online portal**
- **Use-it-or-lose it**
 - Money you set aside in the FSA must be used for expenses incurred during the plan year in which you make the election
 - Game One's plan includes a rollover feature that allows you to carry over any unused funds into the next plan year, up to a \$500 maximum
 - Any funds left in the account at the end of the plan year, over the \$500 rollover amount, will be forfeited
- **Run-out period**
 - The FSA plan has a 90-day run-out period after the end of the plan year, until March 31, in which you may still file claims for reimbursement
 - The eligible expense, however, must have been incurred during the plan year of January 1 – December 31

LIFE AND AD&D



ELIGIBLE EMPLOYEES WORKING 36+ HOURS PER WEEK ARE AUTOMATICALLY ENROLLED

EMPLOYEES MAY UPDATE THEIR BENEFICIARY AT ANY TIME

Basic – 100% Employer Paid		
	Coverage Amount	Benefit Reduction Schedule
Employee Life	Minimum of \$30,000, varies by position	To 65% at age 65, to 40% at age 70, to 25% at age 75
Employee AD&D	Accidental Death: Same as Life Dismemberment: Schedule of benefits based on loss	



VOLUNTARY LIFE AND AD&D



ELIGIBLE EMPLOYEES WORKING 36+ HOURS PER WEEK

EMPLOYEES MAY UPDATE THEIR BENEFICIARY AT ANY TIME

Voluntary – 100% Employee Paid		
	Coverage Amount	Guarantee Issue Amount (when initially eligible for coverage)
Employee Life	Increments of \$10,000 to a maximum of 5x salary or \$500,000	\$150,000
Spouse Life	Increments of \$5,000 to a maximum of \$250,000 (not to exceed 50% of Employee amount)	\$20,000
Child Life	Increments of \$2,000 to \$10,000	\$10,000
AD&D	Accidental Death: Same as Life Dismemberment: Schedule of benefits based on loss	
Benefit Reduction Schedule	To 65% at age 65, to 40% at age 70, to 25% at age 75	

SHORT TERM DISABILITY

CORE: Eligible employees working 36+ hours per week are automatically enrolled



Core – 100% Employer Paid	
Benefit Amount	60% of your weekly earnings to a \$500 maximum per week for 12 weeks
When Benefits Begin	After 7 days for Accident or Illness

BUY-UP: Employees working 36+ hours per week are eligible to enroll

Buy-Up – 100% Employee Paid	
Benefit Amount	66.67% of your weekly earnings to a \$1,500 maximum per week for 12 weeks (\$500 core + \$1,000 additional)
When Benefits Begin	After 7 days for Accident or Illness
Pre-Existing Condition Limitation	A 3/12 pre-existing condition limitation applies to enrollees

LONG-TERM DISABILITY



Employees working 36+ hours per week are eligible to enroll

Voluntary – 100% Employee Paid	
Benefit Amount	60% of your monthly earnings to a \$5,000 maximum per month for 5 years or until you recover, whichever is sooner
When Benefits Begin	After 90 days of disability
Pre-Existing Condition Limitation	A 12/12 pre-existing condition limitation applies to enrollees

EMPLOYEE ASSISTANCE PROGRAM



EMPLOYEES ENROLLED IN THE GAME ONE MEDICAL PLAN AUTOMATICALLY HAVE ACCESS TO THE EAP

EAP offers access to personalized support, resources, and no-cost referrals

100% confidential one-on-one help from a master's-level specialist

EAP can assist you and your family with a range of issues, including:

- Managing stress, anxiety, and depression
- Improving relationships at home or work
- Guidance on legal and financial concerns
- Coping with occupational stress and burnout
- Connecting you with care for addressing substance use issues



**AVAILABLE 24/7 AT NO
COST TO YOU**

Includes 3 free counseling sessions
per incident, per year

NEXT STEPS

OPEN ENROLLMENT: NOVEMBER 1 – 14, 2025

ACTIVE PROCESS

- Open Enrollment is an **ACTIVE** process, which means you must complete this enrollment to have active benefits starting January 1, 2026
- Your current coverage will terminate effective December 31, 2025

BENEFIT WEBSITE

- Additional plan details, rates, short benefit videos, and annual notices can be viewed in the 2026 Employee Benefits Guide and on Game One's [benefit website](#)

BENEFIT ELECTIONS

- Log into [ADP](#) to make your benefit elections

QUESTIONS

- Have questions or need help?
- Reach out to [Peg Sanders](#) at 567-703-0732 or peg.sanders@game-one.com



THANK YOU