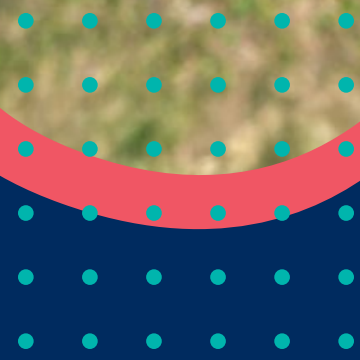




2026

Benefits Guide

**Annual Enrollment:
November 3 - November 13, 2025**

ACT[®]



ACT is proud to offer our team members a comprehensive, competitive, and flexible suite of benefits that are market competitive. We work closely with our various plan providers to ensure team members have access to the best resources available when it comes to taking care of themselves and their families. Our guiding principles for team member benefits include providing access to market competitive core programs alongside offerings designed to create benefits that are specific to ACT and its mission.

Welcome to Your 2026 Benefits Guide

The open enrollment period for ACT team members is
November 3 – November 13, 2025.

Benefit coverage is effective
January 1 – December 31, 2026.

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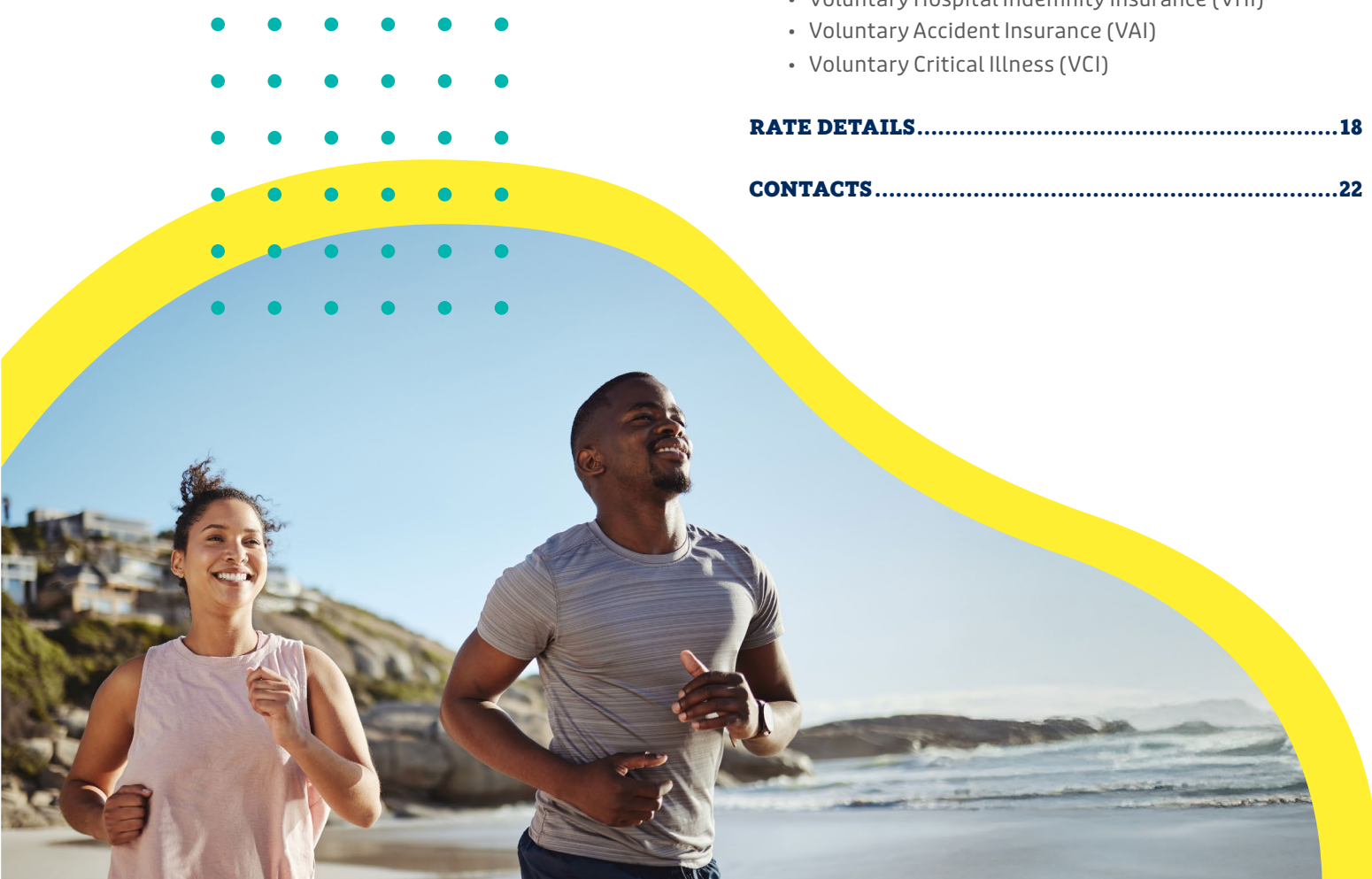
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Getting Started

Eligibility

The benefits described in this booklet are available to all full-time and part-time (>18.75 hours/week) ACT team members, unless otherwise noted. Coverage is also available for dependents of eligible team members. People employed as interns and independent contractors are not eligible for the benefits described in this booklet.

Eligible dependents include:

- Spouse
- Domestic partner, subject to affidavit
- Child under age 26

A child includes:

- A natural child
- A legally adopted child
- A child for whom a team member has legal guardianship
- A stepchild
- A foster child

Dependent children are eligible for coverage up to age 26. Upon turning age 26, a child may only continue coverage due to certain permanent disabilities. (Please contact benefits@act.org if you have specific questions about covering a disabled dependent age 26 or older).

Note for spouses & domestic partners who both work at ACT: A person may be insured only once under each benefit as an Employee, Spouse/Domestic Partner (DP), or Dependent Child. An employee who is the spouse or domestic partner of another employee may not be insured as both an Employee and as a Spouse/DP at the same time. Employees under the age of 26 who are eligible for benefits will not be eligible to be insured as both an Employee and a Dependent Child at the same time. Dependent Children may only be covered by one employed parent.

Your Benefits Are Now Just a Click Away!

You can now review your benefits online — quickly and easily access your coverage details anytime, anywhere. Visit www.xxxxxxx.com for anything you need.



Enrollment

Open Enrollment for benefits will be available in Dayforce beginning **November 3, 2025**.

Team members may elect to carry different levels of coverage – medical, dental, and/or vision insurance. For example, they may choose Employee Only for medical, Employee + Spouse for dental, and waive (decline) vision.

You may complete the enrollment as many times as you wish while it is open. Each enrollment overwrites the previous one, so only the final information that you submit before the deadline will be counted.

To see the elections you submitted during open enrollment, log in to Dayforce, select “Benefits,” then “History.”

If you do not complete open enrollment by November 13, 2025, your benefits will terminate December 31, 2025.

Qualifying Life Events

Elections are generally irrevocable during the year unless a qualifying life event occurs. Team members may make changes when a qualifying life event occurs, which may permit them to add or drop benefits, change their coverage level, add or drop a dependent from their benefits, or change from one plan to another under limited circumstances.

Examples of qualifying life events:

- Marriage
- Divorce
- Birth or adoption of a child

If you experience a qualifying life event, it is your responsibility to report that information to benefits@act.org within 31 days of the event; otherwise you will not be able to make any benefit election changes until the next open enrollment period. Documentation will be required to support the qualifying event. Please review the [Life Event Change Process](#) for more details.



REMEMBER:

NEVER search for Dayforce via Google, Firefox, Edge, or any other search engine. If you must access Dayforce outside ACT's network, always use the following URL:
<https://sso.dayforcehcm.com/actinc>.

The information contained in this summary should in no way be construed as a guarantee of employment. ACT reserves the right to modify, amend, suspend, or terminate any plan/program at any time for any reason. If there is a conflict between the information contained here and the actual plan documents or policies, the plan documents or policies will always govern. Details, changes, and definition of terms used in this overview can be obtained by reviewing current descriptions and/or policies. It is important you understand the benefits provided to you by ACT. This document is not intended to constitute a Summary Plan Description (SPD) under ERISA. For specific details about your eligibility for benefits, coverage, and limitations under the various plans, and your responsibilities, please review the SPDs.

Making Choices

You have from **Monday, November 3, through Wednesday, November 13, 2025**, to elect your 2026 benefits.

Open Enrollment is the only time during the year you are allowed to change your benefit elections unless you experience a qualifying life event.

Open enrollment is for the following benefits:

- Medical Insurance
- Dental Insurance
- Vision Insurance
- Pre-Tax Spending Accounts (FSA & HSA)
- Legal Insurance & Identity Theft Protection
- Supplemental Life and AD&D Insurance
- Voluntary Accident Insurance
- Voluntary Critical Illness Insurance
- Voluntary Hospital Indemnity Insurance

What You Need to Do to Have Benefits in 2026

1. Review the information in this guide.

It is important that you understand your benefit offerings in 2026.

2. Are you enrolled in the correct medical, dental, and/or vision plans?

In addition to the existing 2025 medical plan, virtual visits with Doctor on Demand will be offered at \$0 for all plans in 2026, so be sure to read about them and decide which plan is right for you. The dental and vision plans are not changing.

3. Review your dependents.

Covered dependents must meet the eligibility requirements.

4. Evaluate the Health Care and/or Dependent Care Flexible Spending Account & Health Savings Account options.

- You must re-enroll in the FSA every year and elect a new annual benefit amount if you wish to participate.
- If you are choosing the High Deductible Health Plan (HDHP) for 2026, you may be eligible to contribute to a Health Savings Account (HSA) and receive a company contribution. It is your responsibility to determine whether or not you are HSA-eligible.
- You may not participate in both a Health Care FSA and an HSA in 2026; you may choose either the Health Care FSA or an HSA (if eligible).
- You may not participate in the Limited Purpose FSA (for dental and vision expenses only) and/or the Dependent Care FSA while participating in the HSA in 2026.

5. Review your life and AD&D insurance amounts.

Ensure your life insurance coverage amounts meet the needs for you and your family. Take advantage of the discounted rates that team members receive for the supplemental group term life insurance to protect you and your family.

6. Read about the voluntary benefits – critical illness, accident, and hospital indemnity insurance.

Review the included information to determine if any or all of these coverages are right for you and/or your family.

7. Review and update, as necessary, all beneficiary designations for life and AD&D insurance.

8. Complete the Open Enrollment process in Dayforce by Wednesday, November 13, 2025.

This year, it is required that all eligible team members complete open enrollment and actively elect or waive each benefit. Current benefits will not rollover to 2026.



Body and Mind



Medical Benefits

ACT offers team members a choice of medical insurance options administered through Wellmark Blue Cross Blue Shield of Iowa.

Medical Plan Options:

PLAN A Deductible \$500 Individual \$1,000 Family Iowa HMO network available to residents of Iowa only National PPO network available to residents in all states	PLAN B Deductible \$1,500 Individual \$3,000 Family Iowa HMO network available to residents of Iowa only National PPO network available to residents in all states	PLAN C HDHP Deductible \$3,500 Individual \$7,000 Family National PPO network available to residents in all states HSA-eligible plan
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For details on each plan, visit the next page or review the side-by-side [Medical Plans Comparison](#) document.
For a list of network providers, visit the [Wellmark provider search](#).

PLAN A HMO IOWA ONLY Summary Plan Description (SPD)* Summary of Benefits & Coverage (SBC)	PLAN A HMO ALL STATES Summary Plan Description (SPD)* Summary of Benefits & Coverage (SBC)	PLAN B HMO IOWA ONLY Summary Plan Description (SPD)* <i>coming soon</i> Summary of Benefits & Coverage (SBC)	PLAN B HMO ALL STATES Summary Plan Description (SPD)* <i>coming soon</i> Summary of Benefits & Coverage (SBC)	PLAN C HMO ALL STATES Summary Plan Description (SPD)* <i>coming soon</i> Summary of Benefits & Coverage (SBC)
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Prescription Drug Coverage

The ACT medical plans include payment for prescription drugs under the Wellmark's Blue Rx Value Plus formulary – including in-network retail pharmacies, mail order, and a specialty drug program. Please click the links below to learn more about these pharmacy programs.

Mail Order Prescription Service: [Getting Started with Mail Order Service](#).

Specialty Drug: [Enrolling with CVS Specialty™](#).

Wellmark Medical Plan Details

Below is a high-level comparison of the 2026 medical plan options and the in-network costs. For more details, including coverage for non-network services, please review the [Medical Plans Comparison](#) document.

	Plan A \$500 Deductible	Plan B \$1,500 Deductible	Plan C \$3,500 HDHP
NETWORK AVAILABLE	HMO (Iowa only) PPO (all states)	HMO (Iowa only) PPO (all states)	PPO (all states)
OFFICE VISIT COPAYMENTS			
Primary Care	\$25	\$25	Subject to deductible
Specialist	\$50	\$50	Subject to deductible
Urgent Care	\$25	\$25	Subject to deductible
Mental Health	\$0	\$0	Subject to deductible
DR. ON DEMAND COPAYMENTS			
Medical	\$0	\$0	\$0
Mental Health	\$0	\$0	\$0
DEDUCTIBLE	\$500 Individual \$1,000 Family	\$1,500 Individual \$3,000 Family	\$3,500 Individual \$7,000 Family
COINSURANCE	Plan Pays 80% You Pay 20%	Plan Pays 80% You Pay 20%	Plan Pays 100% after Ded. You Pay Ded., 0% Coins
OUT-OF-POCKET MAXIMUM	\$2,000 Individual \$4,000 Family	\$5,000 Individual \$10,000 Family	\$3,500 Individual \$7,000 Family
PRESCRIPTION DRUGS			
Non-specialty, In-Network only			
Tier 1	\$10 Retail; \$30 Mail Order	\$10 Retail; \$30 Mail Order	Deductible,
Tier 2	See full plan comparison	See full plan comparison	0% coinsurance
Tier 3	See full plan comparison	See full plan comparison	
EMERGENCY ROOM VISITS	\$150 copay + 20% coinsurance (after deductible)	\$150 copay + 20% coinsurance (after deductible)	Deductible, 0% coinsurance
HOSPITAL SERVICES	Plan Pays 80% after ded. You Pay 20% coins	Plan Pays 80% after ded. You Pay 20% coins	Plan Pays 100% after ded. You Pay 0% coins
PREVENTIVE EXAMS	Plan Pays 100% You Pay 0%	Plan Pays 100% You Pay 0%	Plan Pays 100% You Pay 0%



**Medical Rates
Listed On
Pages 17-18**

Comparing the Medical Plans

How does the High Deductible Health Plan (HDHP) work?

A High Deductible Health Plan (HDHP) is a medical insurance plan that has lower premiums and a higher deductible than traditional plans. When members visit their physician or fill a prescription, the insurance carrier will first reduce the total cost by any network savings that are available, then the covered member pays 100% of the remaining costs. Once the member (or family) has paid their full deductible for the year, all future covered services that year – including prescriptions – are paid 100% by the plan.

Why consider the HDHP?

In addition to lower biweekly premiums, being covered by a High Deductible Health Plan (HDHP) makes you eligible to contribute to a Health Savings Account (HSA), which has many tax advantages. Read more about HSAs starting on page 11.

I live in Iowa and am interested in Plan A or Plan B. Should I choose the HMO or PPO?

While the HMO (available with Plans A & B only) does have a narrower network and is limited to providers in the state of Iowa, many in-network physicians are the same in the HMO and PPO. The premiums for the HMO are lower, as well as the allowable cost of many services. To find out if your provider is in the HMO network, visit the [Wellmark provider search](#).

Why consider the Iowa HMO network?

The negotiated contracts between Wellmark BCBS and the providers in the Wellmark Blue HMO network typically result in lower allowable charges (the amount the doctor is allowed to charge) than the same services under the Wellmark Blue PPO. Since you pay 20% of allowable charges after your deductible is satisfied, your portion will be less if the allowable charges are lower. This savings is in addition to the lower biweekly premiums for the HMO (Plans A & B). [Read this HMO vs. PPO document](#) to learn more.

More features included with all three medical plan options:

Preventive Exams

Most preventative services are paid 100% by the ACT medical plans, even if you have an annual deductible. Review [Wellmark's Preventive Services List](#) to learn what's covered.

Virtual Health Visits

Virtual visits with your in-network provider will be paid at the same rate as if you went to their office for an in-person visit.

Doctor on Demand

ACT health plan members have access to free virtual health visits through Doctor on Demand. Download the mobile app to your smartphone or tablet today, and follow the instructions in the [Doctor on Demand User Guide](#).

BeWell 24/7

Wellmark BCBS offers its members a toll-free nurse line. Speak to a trained health professional about your symptoms anytime – day or night – at 1-844-842-3935.

Medical Coverage Abroad

As a Blue Cross and Blue Shield Plan member, your health care benefits are with you at home and abroad. Outside the United States, you have access to doctors and hospitals in more than 200 countries and territories around the world through the Blue Cross Blue Shield Global (BCBS Global) Core Program. [Access this flyer](#) to learn more.

Blue365 Discounts

[Blue365](#) offers health plan members nationwide discounts on a variety of health, wellness, and lifestyle products and services. Learn more by reading [this flyer](#). (Note: you will need your Wellmark BCBS member # to register).

Dental



ACT offers team members two dental plan options, administered through Delta Dental of Iowa.

Dental Plan Options:

- 1. Basic Plan
- 2. Enhanced Plan – includes greater annual benefit and orthodontia coverage for children under age 19

Plan provisions within the two options are similar. Specifics can be found by reviewing the side-by-side comparison found in the [Summary of Covered Services](#). For full plan information, please refer to the Summary Plan Description (SPD) for the [Basic Plan](#) or [Enhanced Plan](#). For a list of network providers, visit the [Delta Dental provider search](#).

	BASIC PLAN	ENHANCED PLAN
DEDUCTIBLE <i>(Waived for preventive services)</i>	Individual \$25 Family \$75	Individual \$25 Family \$75
PREVENTIVE SERVICES	Plan pays 100% You pay 0%	Plan pays 100% You pay 0%
ROUTINE & RESTORATIVE <i>(Cavity repair and tooth extractions)</i>	Plan pays 80% You pay 20%	Plan pays 80% You pay 20%
MAJOR SERVICES <i>(Limits vary by service)</i>	Plan pays 50% You pay 50%	Plan pays 50% You pay 50%
ORTHODONTIA <i>(Children under age 19 only)</i>	Not covered	Plan pays 50% You pay 50%
MAXIMUM BENEFITS	PREVENTIVE, ROUTINE, & RESTORATIVE, and MAJOR: \$1,000 benefit per calendar year, per person <i>(up to \$2,000 with To-Go Carryover*)</i>	PREVENTIVE, ROUTINE, & RESTORATIVE, and MAJOR: \$2,500 benefit per calendar year, per person <i>(up to \$5,000 with To-Go Carryover*)</i> ORTHODONTIA: \$2,500 lifetime maximum per dependent (only children under age 19 are eligible, and they must remain on the Enhanced Plan for the entire duration of orthodontic treatment)
ENHANCED BENEFIT PROGRAM	Included	Included
TO GO – ANNUAL CARRYOVER	Included	Included

“TO GO” Carryover Feature

Members who are covered the full calendar year may be eligible to carry over their unused benefits to the following year. Read the [To Go Flyer](#) for complete details.

Dental Rates
Listed On
[Page 19](#)



Vision



ACT offers team members and their families high-quality vision coverage for in-network and out-of-network vision providers. Vision insurance is provided through Avēsis. For a list of network providers, visit the [Avēsis provider search](#).

For more specifics on plan benefits, refer to the schedule of benefits: [Avēsis Vision Overview](#).

	IN-NETWORK	NON-NETWORK	FREQUENCY
EXAMS	ROUTINE: \$10 copay	ROUTINE: Reimbursed up to \$35	Once every 12 months
CONTACTS <i>(in lieu of frames & lenses)</i>	ELECTIVE: \$150 allowance MEDICALLY NECESSARY: \$10 copay	ELECTIVE: Reimbursed up to \$130 MEDICALLY NECESSARY: Reimbursed up to \$250	Once every 12 months
VISION LENSES <i>(in lieu of contacts)</i>	SINGLE: \$10 copay BIFOCAL: \$10 copay TRIFOCAL: \$10 copay LENTICULAR: \$10 copay PROGRESSIVE (LEVEL 1): \$0 copay PROGRESSIVE (LEVEL 2): \$0 copay ALL OTHER PROGRESSIVE: \$140 allowance	SINGLE: Reimbursed up to \$25 BIFOCAL: Reimbursed up to \$25 TRIFOCAL: Reimbursed up to \$25 LENTICULAR: Reimbursed up to \$25 PROGRESSIVE (LEVEL 1): Reimbursed up to \$40 PROGRESSIVE (LEVEL 2): Reimbursed up to \$48 ALL OTHER PROGRESSIVE: Reimbursed up to \$48	Once every 12 months
FRAMES	\$50 wholesale allowance (up to \$150 retail value)	Reimbursed up to \$45	Once every 12 months
REFRACTIVE LASER SURGERY	\$150 allowance + provider discount	\$150 allowance	Once per lifetime

Team members are responsible for costs that exceed the covered allowances. Check with your provider to determine any charges that may apply, as options with the allowances may be limited based on your provider.

Interested in LASIK?

Read about the [QualSight LASIK program](#) for Avēsis members.

**Vision Rates
Listed On
Page 19**



Employee Assistance Program (EAP)

ACI's Employee Assistance Program (EAP) offers benefits to address mental health issues, reduce stress and help make life easier. ACI's EAP benefits include mental health sessions with a licensed clinician, legal and financial consultation, as well as work-life referrals for a wide range of life management needs. The EAP is 100% confidential, and benefits are provided at no additional cost to employees and family members.

Learn more about the Employee Assistance Program services available to you by visiting rsli.acieap.com or call 855-775-4357.

Licensed counselors can help with the following services:



Mental health Sessions



Life Coaching



Medical Advocacy



Financial Consultation



Personal Assistant



Life Management



Legal Consultation

Bereavement Support Services

Bereavement Support Services provide confidential and professional support services to all family members and beneficiaries to cope with the loss of a loved one— at no extra cost. In addition to coverage from Reliance Standard Life Insurance, all family members and beneficiaries are eligible to receive telephonic grief counseling sessions and legal and financial consultation through ACI Specialty Benefits.

Grief Counseling:

- Up to 3 Telephonic Grief Counseling Sessions for Assessment and Referral
- All Sessions Are Confidential, Conducted by Licensed Mental Health Clinicians

Enjoy 24/7/365 Access to Your Member Portal

Employee Landing Page: <http://rsli.acieap.com>

- Select “**Member Portal & App**” in the top menu
- **Register** to create a new account using your company code: **RSLI859**

After registering, you'll want to create your individual profile. This will help customize your experience based on your family, education, health, wellness, legal, financial and everyday living needs.

Phone: 855-RSL-HELP (855-775-4357)

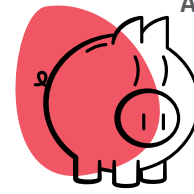
Email: rsli@acieap.com



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Funding Accounts

Flexible Spending Accounts (FSA)

A Flexible Spending Account (FSA) lets you set aside money, on a pre-tax basis, for certain health care and dependent care expenses. There are three types of FSA accounts:

- 1) Health Care FSA (HCFSA)
- 2) New! Limited Purpose FSA (LPFSA)
- 3) Dependent Care FSA (DCFSA)

HCFSA, LPFSA, and DCFSA funds are “use it or lose it” (with the exception of a partial carryover opportunity with the HCFSA and LPFSA). Remember to estimate your expenses as accurately as possible, as unused funds may be forfeited. All reimbursements for eligible expenses must be requested from WEX by March 30 after the plan year ends.

Health Care FSA (HCFSA)

During the year, participants have access to their [HCFSA](#) funds for reimbursement of expenses, such as:

- Deductibles, co-pays, and other eligible expenses not covered by insurance
- Prescription drug costs
- Certain over-the-counter medication and supplies
- Dental services, orthodontics, and dentures
- Eyeglasses, contacts, solutions, and eye surgery

When you use pre-tax dollars to pay for these expenses, you realize an increase in your spending power and substantial tax savings. Use this online [FSA Calculator](#) to estimate your potential tax savings.



Limited Purpose FSA (LPFSA)

The Limited Purpose FSA is designed specifically for those who are enrolled in a High Deductible Health Plan (HDHP) with an HSA. Unlike the Health Care FSA, the LPFSA is compatible with an HSA, allowing you to contribute to both accounts simultaneously.

The LPFSA can be used to pay for eligible dental and vision expenses only, such as:

- Dental cleanings, fillings, crowns, and orthodontia
- Vision exams, prescription glasses, and contact lenses

It cannot be used for general medical expenses like doctor visits or prescriptions. By using the LPFSA for dental and vision costs, you can preserve your HSA funds for broader medical needs or long-term savings.

- Pre-tax savings on dental and vision care
- Compatible with HSA contributions
- Helps maximize your overall tax savings

Dependent Care FSA (DCFSA)

Participants can also set up a [DCFSA](#) to be reimbursed for eligible child care expenses that are incurred while the team member works. Expenses such as:

- Dependent care expenses incurred for services outside the home for children under age 13 (or potentially a dependent adult if they meet certain eligibility requirements) – provider must be over 18 and not a tax dependent of the participant
- Registration fees to a daycare facility (fees must be allocated to actual care and not materials or other fees)
- Nursery school and preschool
- Before and after school care program
- Nanny expenses related to in-home dependent care

Use this online [Dependent Care FSA Savings Calculator](#) to estimate your potential tax savings.

Health Savings Accounts (HSA)

A Health Savings Account (HSA) is a tax-advantaged savings account available to taxpayers in the United States who are enrolled in a High Deductible Health Plan (HDHP). Unlike a Flexible Spending Account (FSA), funds roll over and accumulate year-to-year if not spent. HSAs are owned by the individual and may be used to pay for qualified [health care expenses](#) at any time without federal tax liability or penalty.

Advantages of choosing the Health Savings Account:

- You don't pay taxes on money going into your HSA.
- You may change your contribution amount any time during the year.
- Any unused money at the end of the year stays in your account.
- You own the account, so the money is yours even if you change jobs.
- Once you've saved at least \$2,000 in your HSA, WEX will allow you to begin investing your funds. View the investment options [here](#).
- In 2026, ACT will contribute \$600 to your HSA if you elect the HDHP medical insurance for yourself (no dependents) or \$1,200 to your HSA if you elect HDHP medical insurance for yourself and covered dependent(s). This amount will be spread across the year and deposited each pay period. *Please Note: ACT's contribution to the HSA does count toward the IRS annual contribution limit.*

Learn more about Health Savings Accounts by reading the [HSA Overview flyer](#).

FSA and HSA Comparison

	HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)	HEALTH SAVINGS ACCOUNT (HSA)
CONTRIBUTION LIMITS FOR 2026, AS DETERMINED BY THE IRS	\$3,300	\$4,400 Individual (incl. \$600 from ACT) \$8,750 Family (incl. \$1,200 from ACT) \$1,000 Catch Up (age 55+)
TAX-FREE CONTRIBUTION?	Yes	Yes
ARE MY CONTRIBUTIONS PAYROLL DEDUCTED?	Yes	Yes, with the option to make additional contributions directly to WEX
CAN I CHANGE MY CONTRIBUTION AMOUNT?	No (unless a qualifying event happens)	Yes
WILL ACT CONTRIBUTE MONEY TO MY ACCOUNT?	No	\$600* Individual \$1,200* Family *counts toward your annual max contribution
WHAT IF I DON'T USE ALL MY MONEY BY DECEMBER 31?	You can carry over up to \$660* to 2026 *amount determined by IRS each year	Unused funds remain in your account
WHAT IF I LEAVE ACT?	You have up to 90 days to submit reimbursement requests for expenses incurred through your last day of employment	The account and all funds in it are yours to keep
WHAT EXPENSES CAN I USE THE MONEY FOR?	Medical, Dental, Vision, RX	Medical, Dental, Vision, RX
HOW MUCH MONEY CAN I USE AT ONE TIME?	As of January 1, you have the full value of your annual election available to use.	You can use only the funds that have been deposited into your HSA so far
WILL I GET A DEBIT CARD?	Yes	Yes
WHO IS THE VENDOR?	WEX	WEX
HOW DO I ENROLL?	Through Dayforce	Through Dayforce

Do I qualify for a Health Savings Account?

To qualify, you must be enrolled in a High Deductible Health Plan (HDHP). The HDHP must be your only health insurance (you may not be enrolled in your spouse's non-HDHP plan or in Medicare for secondary insurance). If you have a spouse who uses your insurance as a secondary coverage, he or she must also be enrolled in a High Deductible Health Plan (either through ACT or their own employer). You must not be covered by a Health Care FSA account (either your own or your spouse's) in order to contribute to an HSA. It is **your responsibility** to know whether or not you are eligible to contribute to an HSA, and to waive the HSA option if you are not eligible.

Can I have both a Health Care Flexible Spending Account (FSA) and a Health Savings Account (HSA)?

No. To pay for qualified health expenses, you may choose either a Health Care FSA or an HSA. You may not have both. You can, however, have a Limited Purpose FSA and contribute to an HSA. A Limited Purpose may be used for qualified dental and vision expenses only, not medical expenses.

HSA enrollment will not interfere with your ability to enroll in a Dependent Care FSA.

If I choose the HDHP medical plan, am I required to participate in the HSA?

No. While it is a requirement of the HSA to be enrolled in the HDHP, the reverse is not true. Team members who choose the HDHP medical plan are not required to enroll in the HSA. Enrollment is optional.

Learn more about how an HSA & HDHP work by reading [this Inform post](#).

Tools from WEX for FSA and HSA participants:

Eligible Expenses

There are hundreds of eligible health expenses on which HCFSAs and HSA funds can be spent. Explore WEX's interactive [Eligible Expenses](#) list to learn more.

WEX Benefits Mobile App

With the WEX mobile app, you can check your balance, file a claim for reimbursement, upload documents, and more. View the [WEX Mobile App](#) flyer for more information.

Online Account Access

WEX offers participants online account access at www.wexinc.com.

Debit Card

WEX provides debit cards to participants to make spending easy.

- Use your debit card to at the pharmacy or to pay your physician
- Swipe your card at the register to pay for eligible expenses at stores like CVS, Walgreens, Walmart, or Target
- Load your card into Apple Pay, Samsung Pay, or Google Pay
- Shop online for eligible items at FSAstore.com or HSAstore.com

Learn more by reviewing the [WEX Debit Card flyer](#).

What if I have money remaining in my 2025 Health FSA?

- The 2025 HCFSAs have a carry over provision. You may carry over up to \$660 of unused funds from the 2025 plan year into the 2026 plan year. Any leftover funds that exceed \$660 on December 31, 2025, will be forfeited.
- If you have available HCFSAs funds on January 1, 2026, you may not contribute to an HSA until your HCFSAs funds are depleted or the funds are carried over to a Limited Purpose FSA (LPFSA).
- If you are interested in enrolling for the HDHP and HSA in 2026, it is recommended that you spend all your 2025 HCFSAs funds or you request any remaining funds be carried over to a LPFSA to avoid any issues with your HSA eligibility.

Income & Legal Protection



**Life Rates
Listed On
Page 19**

Team members have the opportunity to purchase Supplemental Term Life insurance and Accidental Death & Dismemberment (AD&D) insurance for themselves, their spouse/domestic partner, and their eligible dependent children. Supplemental Term Life pays a benefit to the team member's chosen beneficiary in the event of a team member's death, or to the team member in the event of the covered dependent's death. AD&D insurance pays a benefit if the death is a result of an accident. Read the highlights [here](#).

Evidence of Insurability (EOI) will be required for any new elections or election increases outside of the initial enrollment period. If you are within your initial enrollment period, EOI will be required for supplemental life insurance requests above the Guaranteed Issue (GI) amounts listed below. If your election requires EOI you will receive a link to an online health questionnaire after open enrollment ends.

To be eligible to purchase supplemental insurance for your dependents, you must purchase voluntary coverage for yourself.

The table below describes the supplemental coverage you may purchase during this open enrollment:

	Purchase Amounts	Maximum Coverage	Guaranteed Issue (GI)
SUPP LIFE INSURANCE - SELF	Increments of \$10,000	\$500,000 (not to exceed 5x employee base salary)	\$200,000
SUPP LIFE INSURANCE - SPOUSE* (INCLUDES DOMESTIC PARTNERS)	Increments of \$5,000	\$250,000 (not to exceed employee's approved amount)	\$50,000
SUPP LIFE INSURANCE - CHILD(REN)*	\$5,000 or \$10,000	\$10,000	\$10,000
SUPP AD&D - SELF	Increments of \$10,000	\$500,000 (not to exceed 5x employee's approved amount)	N/A
SUPP AD&D - SPOUSE* (INCLUDES DOMESTIC PARTNERS)	Increments of \$5,000	\$250,000 (not to exceed employee's approved amount)	N/A
Supp AD&D - CHILD(REN)*	\$5,000 or \$10,000	\$10,000	N/A

***IMPORTANT note for spouses & domestic partners who both work at ACT:** A person may be insured only once under the Policy as an Employee, Spouse/DP, or Dependent Child. An employee who is the spouse or domestic partner of another employee may not be insured as both an Employee and as a Spouse/DP at the same time. Employees under the age of 26 who are eligible for Supplemental Life Insurance or AD&D will not be eligible to be insured as a Dependent Child of another employee. Dependent Children may only be covered by one employed parent.

Voluntary Benefits

Reliance Matrix is offering three voluntary benefit plans to ACT's benefits-eligible team members, their spouses or domestic partners, and their children (under age 26). Learn more by visiting the [Voluntary Benefits Inform page](#).



Hospital Indemnity Insurance



Accident Insurance



Critical Illness Insurance

Voluntary Benefit Plans are easy to choose and easy to use:

- Guaranteed issue with no medical questions
- No pre-existing condition limitations
- No waiting period
- Benefits paid directly to you
- Payments are not offset by any other coverage (including medical insurance)
- Portable at current costs

Voluntary Hospital Indemnity Insurance (VHI)

Hospital indemnity insurance supplements your existing health insurance by providing cash benefits to help pay for out-of-pocket expenses due to hospital stays, whether planned or unplanned. Benefits are paid directly to the insured following a hospitalization that meets the criteria. Examples include, but are not limited to giving birth, surgery, injury, and prolonged illness.

FEATURE	BENEFIT AMOUNT
Hospital Admission Benefit <i>1 per year</i>	\$1,500
Hospital Confinement <i>90 days per year</i>	\$200
ICU Confinement <i>30 days per year</i>	\$400
Nursery Admission Benefit <i>1 per year</i>	\$1,000
Nursery Confinement Benefit <i>10 days per year</i>	\$100

Hospital Rates Listed On Page 19



Voluntary Accident Insurance (VAI)

Accidents and injuries can happen anywhere – at home or on the road, at school or work, during sporting activities, and more. Accident insurance can provide protection against unexpected out-of-pocket medical expenses due to an accidental injury, such as co-pays, deductibles, and coinsurance amounts. The lump sum benefits are paid directly to you and may be used for any reason, including doctor bills, income supplement, childcare, etc. There is no limit on the number of times the policy can be used.

Partial Schedule of Benefits:

SERVICE	BENEFIT AMOUNT
Ambulance	\$300 Ground \$1,500 Air
Burns	Up to \$1,600 for 2nd degree burns Up to \$12,800 for 3rd degree burns Skin Graft - 50.00% of benefit payable for Burns
Concussion	\$250
Dental Injury	\$351 for Crown \$117 for Extraction
Hospital Confinement	\$200 per day
Lacerations	Up to \$600
Physician Visit	\$95 (up to 6)
X-Rays	\$75
Find the full schedule of benefit payments in the Voluntary Accident Insurance Highlights flyer	

VAI Wellness Benefit

In addition to payments for accidental injuries, VAI contains a Wellness Benefit that pays each covered member (up to 4 per family) **\$50** annually for submitting evidence of completing a qualified preventive health screening. Health screenings include, but are not limited to routine exams (including dental, vision, and hearing), immunizations, and tests (glucose, cholesterol, PAP, PSA, stress test, and more). For a full list, please review the [Voluntary Benefits Wellness Screening Credit](#) flyer.



[Click here to watch a quick VAI video.](#)



Accident Rates Listed On [Page 19](#)

Voluntary Critical Illness Insurance (VCI)

Critical illness insurance pays a fixed, lump-sum benefit upon diagnosis of a covered critical illness, which may include heart attack, stroke, cancer, organ failure, paralysis, and more. The benefits are paid directly to the insured and may be used for any reason, including out-of-pocket treatment costs, income supplement, transportation, etc.



[Click here to watch a quick VCI video.](#)

ADULT & CHILD COVERED CONDITIONS

- Acute Respiratory Distress Syndrome (25%)
- Alzheimer's Disease
- Carcinoma in situ (25%)
- Coma
- Coronary Disease (50%)
- Heart Attack
- Invasive Cancer
- Loss of Hearing
- Loss of Sight
- Loss of Speech
- Major Organ Failure
- Motor Neuron Disease
- Multiple Sclerosis (50%)
- Occupational HIV
- Paralysis
- Parkinson's Disease (50%)
- Ruptured Cerebral, Carotid, or Aortic Aneurysm (25%)
- Severe Brain Damage
- Skin Cancer (10%)
- Stroke

ADDITIONAL CHILDHOOD COVERED CONDITIONS

- Cerebral Palsy
- Cleft Lip or Palate
- Cystic Fibrosis
- Down Syndrome
- Muscular Dystrophy
- Spina Bifida
- Type 1 Diabetes

Critical Rates Listed On Page 20

	Purchase Amounts	Maximum Coverage	Guaranteed Issue (GI)
VCI INSURANCE - SELF	Increments of \$5,000	\$30,000	\$30,000
VCI INSURANCE - SPOUSE* (INCLUDES DOMESTIC PARTNERS)	Increments of \$5,000	\$30,000 (not to exceed 100% of employee amount)	\$30,000
VCI INSURANCE - CHILD(REN)* (this coverage is automatically added at no cost for all eligible dependent children when you choose coverage for yourself)	50% of employee amount	\$15,000	\$15,000

VCI Wellness Benefit

In addition to payments for critical illness diagnoses, VCI contains a Wellness Benefit that pays each covered member (up to 4 per family) **\$100** annually for submitting evidence of completing a qualified preventive health screening. Health screenings include, but are not limited to, routine exams (including dental, vision, and hearing), immunizations, and tests (glucose, cholesterol, PAP, PSA, stress test, and more). For a full list, please review the [Voluntary Benefits Wellness Screening Credit](#) flyer.

Identity Theft Protection



Legal insurance provides access to ARAG's network of over 14,000 attorneys, covers a wide range of legal matters, gives you access to a toll-free assistance line, and can help you create important legal documents. This coverage also provides identity theft protection and restoration services. ARAG's UltimateAdvisor® Plan covers you, your spouse/domestic partner, and your children up to age 26. Read more details in the [Legal Insurance Overview](#) flyer.

Identity Theft Rates Listed On Page 20

2026 Rate Details

Wellmark Medical Plan Rate Details

The tables below display the costs associated for various benefit plan options in 2026. The highlighted amounts are paid by the team member through biweekly payroll deductions.

MEDICAL – PLAN A \$500 Deductible			
Wellmark Blue HMO <i>only available in Iowa</i>	Team Member Cost Per Pay Period	ACT Cost Per Pay Period	Total Cost Per Pay Period
TM Only	\$70.81	\$265.10	\$335.91
TM + Spouse	\$137.90	\$550.04	\$687.94
TM + Child(ren)	\$127.73	\$508.14	\$635.87
TM + Family	\$208.80	\$822.08	\$1,030.89
Wellmark Blue PPO <i>Costs for team members who live in Iowa</i>	Team Member Cost Per Pay Period	ACT Cost Per Pay Period	Total Cost Per Pay Period
TM Only	\$92.91	\$279.61	\$372.52
TM + Spouse	\$181.21	\$581.72	\$762.93
TM + Child(ren)	\$171.06	\$534.12	\$705.18
TM + Family	\$270.56	\$872.70	\$1,143.27
Wellmark Blue PPO <i>Costs for team members who live outside of Iowa</i>	Team Member Cost Per Pay Period	ACT Cost Per Pay Period	Total Cost Per Pay Period
TM Only	\$76.28	\$296.24	\$372.52
TM + Spouse	\$152.71	\$610.21	\$762.93
TM + Child(ren)	\$143.29	\$561.89	\$705.18
TM + Family	\$230.07	\$913.20	\$1,143.27

Please note: the IRS requires the value of coverage specific to a **Domestic Partner and/or Domestic Partner's children** be **post-tax** (pre-tax is only applicable to the team member and their legal spouse & children). To view the pre- and post-tax splits for medical, dental, and vision rates for Domestic Partners, [click here](#).

MEDICAL – PLAN B \$1,500 Deductible			
Wellmark Blue HMO <i>only available in Iowa</i>	Team Member Cost Per Pay Period	ACT Cost Per Pay Period	Total Cost Per Pay Period
TM Only	\$56.92	\$257.26	\$314.18
TM + Spouse	\$115.30	\$528.15	\$643.45
TM + Child(ren)	\$106.95	\$487.80	\$594.75
TM + Family	\$172.78	\$791.45	\$964.23
Wellmark Blue PPO <i>Costs for team members who live in Iowa</i>	Team Member Cost Per Pay Period	ACT Cost Per Pay Period	Total Cost Per Pay Period
TM Only	\$74.80	\$273.03	\$347.83
TM + Spouse	\$152.22	\$560.13	\$712.35
TM + Child(ren)	\$142.62	\$515.82	\$658.44
TM + Family	\$229.14	\$838.34	\$1,067.49
Wellmark Blue PPO <i>Costs for team members who live outside of Iowa</i>	Team Member Cost Per Pay Period	ACT Cost Per Pay Period	Total Cost Per Pay Period
TM Only	\$60.75	\$287.08	\$347.83
TM + Spouse	\$123.65	\$588.70	\$712.35
TM + Child(ren)	\$114.70	\$543.74	\$658.44
TM + Family	\$186.29	\$881.20	\$1,067.49

Please note: the IRS requires the value of coverage specific to a **Domestic Partner and/or Domestic Partner's children** be **post-tax** (pre-tax is only applicable to the team member and their legal spouse & children). To view the pre- and post-tax splits for medical, dental, and vision rates for Domestic Partners, [click here](#).

MEDICAL – PLAN C \$3,500 HDHP			
Wellmark Blue HMO <i>All States</i>	Team Member Cost Per Pay Period	ACT Cost Per Pay Period	Total Cost Per Pay Period
TM Only	\$53.06	\$270.54	\$323.61
TM + Spouse	\$106.97	\$555.78	\$662.75
TM + Child(ren)	\$99.73	\$512.85	\$612.59
TM + Family	\$160.66	\$832.49	\$993.15

DENTAL INSURANCE			
BASIC PLAN	Team Member Cost Per Pay Period	ACT Cost Per Pay Period	Total Cost Per Pay Period
TM Only	\$3.37	\$13.49	\$16.86
TM + Spouse	\$6.73	\$26.93	\$33.66
TM + Child(ren)	\$6.73	\$26.93	\$33.66
TM + Family	\$9.02	\$36.10	\$45.12
ENHANCED PLAN	Team Member Cost Per Pay Period	ACT Cost Per Pay Period	Total Cost Per Pay Period
TM Only	\$5.33	\$15.98	\$21.30
TM + Spouse	\$10.65	\$31.96	\$42.61
TM + Child(ren)	\$12.66	\$37.98	\$50.64
TM + Family	\$16.45	\$49.36	\$65.81

Please note: the IRS requires the value of coverage specific to a **Domestic Partner and/or Domestic Partner's children** be **post-tax** (pre-tax is only applicable to the team member and their legal spouse & children). To view the pre- and post-tax splits for medical, dental, and vision rates for Domestic Partners, [click here](#).

VISION INSURANCE			
	Team Member Cost Per Pay Period	ACT Cost Per Pay Period	Total Cost Per Pay Period
TM Only	\$4.68	\$0.00	\$4.68
TM + Spouse	\$8.94	\$0.00	\$8.94
TM + Child(ren)	\$9.75	\$0.00	\$9.75
TM + Family	\$12.56	\$0.00	\$12.56

Please note: the IRS requires the value of coverage specific to a **Domestic Partner and/or Domestic Partner's children** be **post-tax** (pre-tax is only applicable to the team member and their legal spouse & children). To view the pre- and post-tax splits for medical, dental, and vision rates for Domestic Partners, [click here](#).

SUPPLEMENTAL LIFE INSURANCE

EMPLOYEE COVERAGE		SPOUSE COVERAGE
Age	Cost Per Pay Period Per <u>\$10,000</u>	Cost Per Pay Period Per <u>\$5,000</u>
< 25	\$0.231	\$0.115
25 – 39	\$0.277	\$0.138
40 – 49	\$0.415	\$0.208
50 – 54	\$0.738	\$0.369
55 – 59	\$1.246	\$0.623
60 – 64	\$1.892	\$0.946
65 – 69	\$2.769	\$1.385
70+	\$8.077	\$4.038

SUPPLEMENTAL LIFE INSURANCE – CHILD(REN)

Increment	Cost Per Pay Period
\$5,000	\$0.462
\$10,000	\$0.924

SUPPLEMENTAL AD&D INSURANCE

EMPLOYEE COVERAGE	SPOUSE COVERAGE	CHILD COVERAGE
Cost Per Pay Period Per <u>\$10,000</u>	Cost Per Pay Period Per <u>\$5,000</u>	Cost Per Pay Period Per <u>\$5,000</u>
\$0.115	\$0.058	\$0.058

VOLUNTARY ACCIDENT INSURANCE

Tier	Cost Per Pay Period
TM Only	\$4.62
TM + Spouse	\$7.57
TM + Child(ren)	\$10.43
TM + Family	\$13.43

VOLUNTARY HOSPITAL INDEMNITY INSURANCE

Tier	Cost Per Pay Period
TM Only	\$12.83
TM + Spouse	\$23.49
TM + Child(ren)	\$18.83
TM + Family	\$29.17

VOLUNTARY CRITICAL ILLNESS INSURANCE

EMPLOYEE COVERAGE		SPOUSE COVERAGE
Age	Cost Per Pay Period Per <u>\$5,000</u>	Cost Per Pay Period Per <u>\$5,000</u>
< 30	\$0.88	\$0.88
30 - 39	\$1.62	\$1.62
40 - 49	\$2.54	\$2.54
50 - 59	\$5.31	\$5.31
60 - 69	\$10.38	\$10.38
70 +	\$23.08	\$23.08

Post-Tax Deductions (biweekly):

LEGAL INSURANCE	
	Cost Per Pay Period
UltimateAdvisor® Plan	\$11.25

Contact Information



BENEFIT	CARRIER	CUSTOMER SERVICE	WEBSITE
MEDICAL INSURANCE	Wellmark Blue Cross Blue Shield of Iowa Group #73813	Customer Service: 866-515-1456 Precertification: 800-558-4409	www.wellmark.com
DENTAL INSURANCE	Delta Dental of Iowa Group #32331	Customer Service: 800-544-0718	www.deltadentalia.com
VISION INSURANCE	Avēsis Group #60790	Customer Service: 855-214-6777	www.avesis.com
SPENDING ACCOUNTS (FSA & HSA)	WEX	Customer Service: 866-451-3399	www.wexinc.com
LIFE INS, AD&D INS, VOLUNTARY BENEFITS (ACCIDENT, CRITICAL ILLNESS & HOSPITAL INDEMNITY), STD, LTD, and LEAVE OF ABSENCE	Reliance Matrix Reliance Standard Life Insurance Company Matrix Absence Management	Customer Service: 800-351-7500 Claims Center: 877-202-0055	www.reliancematrix.com



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