2026
Benefits Guide

ANNUAL ENROLLMENT: OCTOBER XX–XX, 2025

At Beck, we are dedicated to supporting all aspects of your well-being—both at work and at home—and your benefits are a big part of that. We're committed to creating a culture that prioritizes the well-being of our employees and their families by providing a comprehensive and competitive benefits package.

As always, we continue to encourage you to prioritize your well-being by focusing on preventive care and the tools and resources available to help you live your best life.

Before you make your benefit elections, take the time to review this guide so you can make an informed decision on which plans are the right fit for you and your family. Remember to choose wisely; the choices you make during Annual Enrollment cannot be changed until the following year unless you have a qualifying life event.

Thank you for all that you do.

[Sample Signature]

[Sample Author and Title]

Welcome to Your 2026 Benefits Guide

Use this Benefits Guide to see what's new and to learn about your benefit plan options.

What's Inside

Disclaimer: This guide provides a summary of plan highlights. This is not a binding contract. In the event of any difference between the information contained herein and the plan documents, the plan documents will supersede and control over this guide. Please consult the Summary Plan Description for information on covered charges, limitations, and exclusions.

Getting Started
Annual Enrollment

WHEN IS ANNUAL ENROLLMENT?

The Annual Enrollment period is October XX-X. Elections made during enrollment will be effective January 1, 2026.

WHAT'S CHANGING IN 2026?

Annual Enrollment is your once-a-year opportunity to make changes to your benefits. Before you make your decisions, review the Benefits Guide on **beck-group-benefits.webflow.io** or scan the QR Code below and other important details about the changes ahead.

RATES

Due to the rising cost of healthcare, we will have a slight increase in medical plan premiums in 2026. Most associates will see less than a $10 impact on their paychecks.

MEDICAL AND PRESCRIPTIONS

For 2026, we are moving our medical plans and prescription services to Aetna. You can continue to use CVS for your pharmacy needs, and you will have one Aetna ID card for your medical, prescription, and dental plans. All associates enrolled in a medical plan will receive new ID cards in 2026.

VIRTUAL CARE

CVS Virtual Care will replace MDLIVE as the telehealth provider for the medical plans. It provides comprehensive virtual care, including on-demand, primary, and mental health care.

Benefits Service Center

Benefits can be confusing, but we've got you covered. When you have questions about your benefit options or need assistance with enrolling, the Benefits Service Center representatives are standing by.

Call 888-XXX-XXX, Monday–Friday,

How To Enroll

We offer two simple ways to enroll:

ONLINE

Visit **beck-group-benefits.webflow.io**.

- Click Enroll.
- Follow the prompts to make your benefits elections.

PHONE

Call the Benefits Service Center at **888-XXX-XXXX**.

- Hours of operation are Monday–Friday, 8 a.m.–6 p.m. CT
- Be prepared to provide your name and employee ID, as well as:
  - The last four digits of your Social Security Number
  - Your address
  - Your date of birth
  - Your dependents' information

DO I HAVE TO DO ANYTHING?

Most benefits will automatically roll over to 2026. You must enroll if you want to:

- Contribute to a Health Savings Account (HSA)
- Contribute to a Flexible Spending Account (FSA)
- Make changes to your coverage
- Change your beneficiaries

WHAT DO I NEED TO THINK ABOUT?

- Which family members do I want to cover?
- Which medical plan option works best for me and my family?
- Does my family need dental or vision coverage?
- What type of coverage do we need to provide some financial protection in case of serious illness, injury, or death?
- Do I want to participate in the HSA or FSAs (depends on medical plan enrollment) to help pay for healthcare expenses by letting me contribute pre-tax money?

Adding a Dependent?

If you are electing to cover dependents, you must verify their eligibility during Annual Enrollment. Your newly added dependents will not be added to your coverage until the dependent eligibility verification process is complete. If you are not able to provide the required documentation within 30 days of enrollment, please contact the Benefits Service Center at **888-XXX-XXXX** to discuss your options.

Eligibility

When it comes to choosing your benefits, it's important to understand what you are eligible for so you can make an informed decision about coverage. You are required to work an average number of hours each week to qualify for benefits.

BENEFIT PLANS	HOURS REQUIRED
Medical, dental, vision, and disability	30 hours or more
All other plans	20 hours or more

QUALIFYING LIFE EVENTS

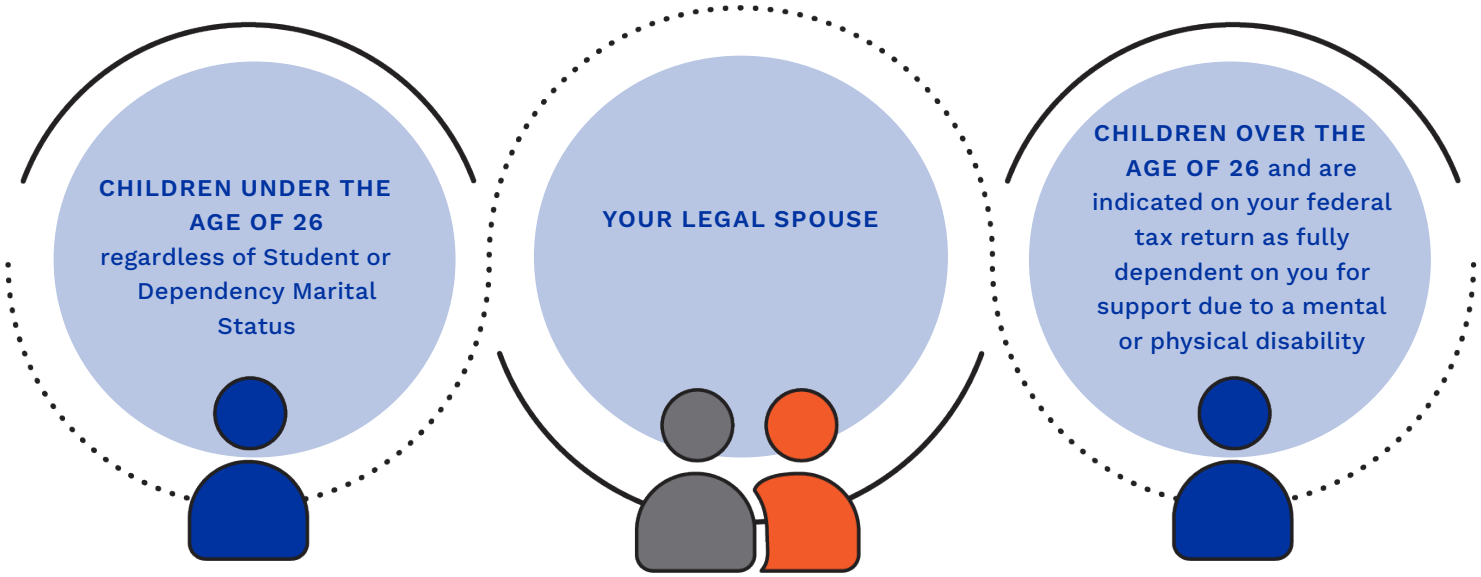
The benefits you elect during enrollment are in effect through December 31, 2026, so choose your coverage carefully.

You can only make changes outside of enrollment if you have a qualifying life event, such as:

- Marriage
- Divorce
- Birth of a child
- Adoption
- Loss of coverage

In most cases, you must make changes within 31 days of the event, including the day of the event. Report changes to the Benefits Service Center at **888-XXX-XXXX**.

Covering Your Dependents



Body and Mind

When it comes to your health, it's important to care for your body and mind. The company offers a variety of benefits to help you focus on your whole well-being.

Medical Benefits

It's important to have choices when it comes to healthcare. That's why Beck offers two medical plan options—a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) and a PPO—designed to give you choice in cost, control, and coverage level. Both plans are offer by Aetna.

CONSIDER YOUR COVERAGE

When choosing between the HDHP and PPO, it all comes down to how much you want to spend from your paycheck and whether you are comfortable with lower or higher out-of-pocket expenses and deductibles when you need care.

- If you prefer to pay less out of your paycheck and are OK with higher out-of-pocket costs and a higher deductible when you need care, then the HDHP might be the right fit. The HDHP comes with a HSA. Beck will fund the account to help pay for your qualifying medical, dental, and vision expenses.
- If you prefer to pay more out of your paycheck and have a lower out-of-pocket expense and deductible when you need care, you might prefer the PPO.

See the Funding Accounts page for more information on how you can plan to cover your cost of care.

No matter which option you choose, both plans:

- Provide preventive care at 100%
- Provide prescription drug coverage
- Use the same nationwide network of doctors and pharmacies
- Provide access to virtual care, mental health services, and additional care resources

Preventive Care

YOUR KEY TO WELLNESS

Identifying potential problems before they become major issues is key to your physical health.

Both medical plans include free in-network preventive care that includes annual physicals, mammograms, well child visits, immunizations, and more. So, stay on top of your wellness and schedule your in-network preventive visit today.

MEDICAL PLANS AT A GLANCE

	HEALTH SAVINGS MEDICAL PLAN		SUREST MEDICAL PLAN	
PLAN FEATURE	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE				
Individual	$2,000†	$8,000	None	None
Family	$4,000	$16,000	None	None
Coinsurance (Plan Pays)	80%	60%	None	None
ANNUAL OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)				
Individual	$5,000	$20,000	$5,000	$10,000
Family	$10,000	$40,000	$10,000	$20,000
COPAYS/COINSURANCE				
Preventive Care	100%	Not Covered	100%	$100
Primary Care	80%*	60%*	$20 - $105	$195
Specialist Services	80%*	60%*	$20 - $105	$195
Mental Health Care (Outpatient)	100%*	60%*	$10 copay	$100 copay
Urgent Care	80%*	60%*	$60 copay	$105 copay
Diagnostic Care	80%*	60%*	$0 copay	$0 copay
Emergency Room	80%*	80%*	$500 copay	$500 copay

* After deductible

† Applies to Employee Only tier coverage only

Terms to Know

Benefits can be confusing! Here's a quick reference to help you navigate commonly used terms:

- **Copay:** A flat dollar amount you pay the provider when you receive a service.
- **Deductible:** The amount you pay for services before the plan begins paying some of the cost. The deductible may not apply to all services, including preventive care.
- **Coinsurance:** The portion of covered expenses you and the plan share after you meet the deductible (listed as a percentage).
- **Out-Of-Pocket Maximum (OOP Max):** The maximum amount you pay out of your pocket for covered expenses in a year. Once you reach the out-of-pocket maximum, the medical plan pays for all covered services for the rest of the year.
- **Embedded Deductible or OOP Max:** A single family member does not need to meet the family deductible or OOP max before the benefit begins to pay for healthcare services.
- **Non-Embedded Deductible or OOP Max:** The total family deductible or OOP max must be met before health insurance starts paying for the healthcare services for any single family member.

TELEHEALTH

When you have a minor illness or need mental well-being help, the last thing you want to do is leave the comfort of home to sit in the doctor's office. Virtual Visits with CVS Health are available to employees enrolled in a medical plan and their covered family members. You can see a doctor 24 hours a day, seven days a week, 365 days a year.

Appointments can take place by webcam or a camera-equipped mobile device. Most visits take only 10 minutes and, in most cases, doctors can write a prescription for pick up at your local pharmacy.

The best part is that Virtual Visits are paid at 100% under the PPO and cost approximately $50 under the HDHP plan (covered at 100% once the deductible is met). This is a big cost saving over the average Primary Care visit of $100.

Visit **beck-group-benefits.webflow.io** and follow the prompts to register and schedule an appointment.

	PHYSICAL WELL-BEING	MENTAL WELL-BEING*
Symptoms Treated	• Allergies • Cold or flu • Fever • Minor skin conditions • Nausea • Sinus infections • Stomachache • UTI • And more	• Anxiety • Depression • Parenting concerns • Relationship issues • Substance use concerns • Trauma and PTSD
Eligibility	• Adults • Children aged 18 months+	• Adults • Children aged 10+
Cost: PPO	• PPO: $0	• Psychiatrist: $0 • Therapist: $0
Cost: HDHP	• HDHP: $50, then $0 after deductible	• Psychiatrist: $75 to $200, $0 after deductible • Therapist: $45 to $90, $0 after deductible

*Services may be provided by a psychiatrist or licensed therapist depending on the condition.

Know Before You Go

Staying in-network is the best way to keep your medical costs low. But did you also know that deciding where to go for care based on the type of treatment you need and how quickly you need it can also save you money?

If you're enrolled in one of the medical plans, the chart below can help you decide where to go for care based on the type of treatment you need, how much you can expect to spend, and how quickly you need it.

TYPE OF SYMPTOMS	BEST PATH FOR CARE	YOUR VISIT COST*	AVERAGE WAIT TIME	HOURS OF OPERATION
Common cold, flu, sinus or ear infections, mild Covid-19, allergies, UTI	Medical Telehealth	$0 or $	A few minutes	24/7
Anxiety, depression, mood disorders, PTSD, other mental health challenges	Mental Telehealth	$0 or $	A few minutes	24/7
Basic health problems, chronic conditions, persistent joint pain	Primary Care Physician (PCP)	$	Wait times vary	Traditional office hours (appointment often required)
Minor cuts, burns, or sprains, ear or sinus pain, minor allergic reactions, animal bites, broken bones	Urgent Care Clinic	$$	About an hour	Extended hours (includes evenings, weekends, and holidays)
Sudden numbness, uncontrolled bleeding, difficulty breathing, seizure or loss of consciousness, chest pain or pressure	Emergency Room	$$$	A few hours	24/7

*Cost is always lower when using in-network providers.

Funding Accounts

When it comes to saving money on healthcare and dependent care expenses, a Health Savings Account (HSA), Healthcare Flexible Spending Account (HFSA), and Dependent Care Flexible Spending Account (DFSA) are some of the best deals. All three accounts, administered by CARRIER, help you save money for eligible expenses and lower your taxable income through before-tax contributions.

Health Savings Account (HSA)

You must enroll in the HDHP to be eligible to participate in the HSA. The HSA allows you to set aside pre-tax dollars into an account you own to pay for eligible healthcare expenses now, in the future, and even into retirement. Because you own the account, it's portable, so you can take it with you if you leave the company.

You will elect your contribution limit during enrollment and can change it any time during the year. The company contributions and yours will be deposited into your HSA each pay period. Funds will be available for use as they are deposited. You may change your contribution at any time during the year.

HSA AT A GLANCE

	IRS LIMIT	SUMMIT MEDICAL CENTER CONTRIBUTION	YOUR CONTRIBUTION LIMIT
Employee Only	$4,300	$500	$3,800
All Other Coverage Levels	$8,550	$1,000	$7,550

Triple Tax Savings

Your HSA offers triple tax savings,* allowing you to save on taxes in three ways.

- **Before-tax contributions:** Any money you contribute lowers your federal taxable income.
- **Tax-free growth:** The money in your account earns interest, and the investment earnings are tax-free, too.
- **Tax-free withdrawals:** HSA money you use to pay for eligible expenses is withdrawn tax-free.

*California and New Jersey tax health savings. New Hampshire and Tennessee tax HSA earnings. Withdrawals for non-eligible expenses are subject to a tax penalty.

Flexible Spending Accounts (FSAs)

When you choose an FSA, it's important to know how it works. FSAs are use-it-or-lose-it plans. The funds you set aside must be used to pay for eligible expenses incurred during the plan year — between January 1 and December 31. You must submit your expense receipts by March 31 of the following year.

FSAs AT A GLANCE

	HEALTHCARE FSA	LIMITED PURPOSE FSA	DEPENDENT CARE FSA
Eligibility	PPO enrollees	HDHP enrollees	Any benefits-eligible employee
Contribution Limits*	$3,200	$3,200	$5,000 ($2,500 if married and filing taxes separately)
Fund Availability	January 1	January 1	January 1
Eligible Use	Qualified medical, prescription, dental, and vision expenses, copays, and deductibles	Qualified dental and vision expenses and deductibles. Cannot be used for medical or prescription expenses	Eligible day care expenses from licensed daycare providers for children aged under 14 or disabled dependents of any age

*Once elected, FSA contributions cannot be changed during the plan year.

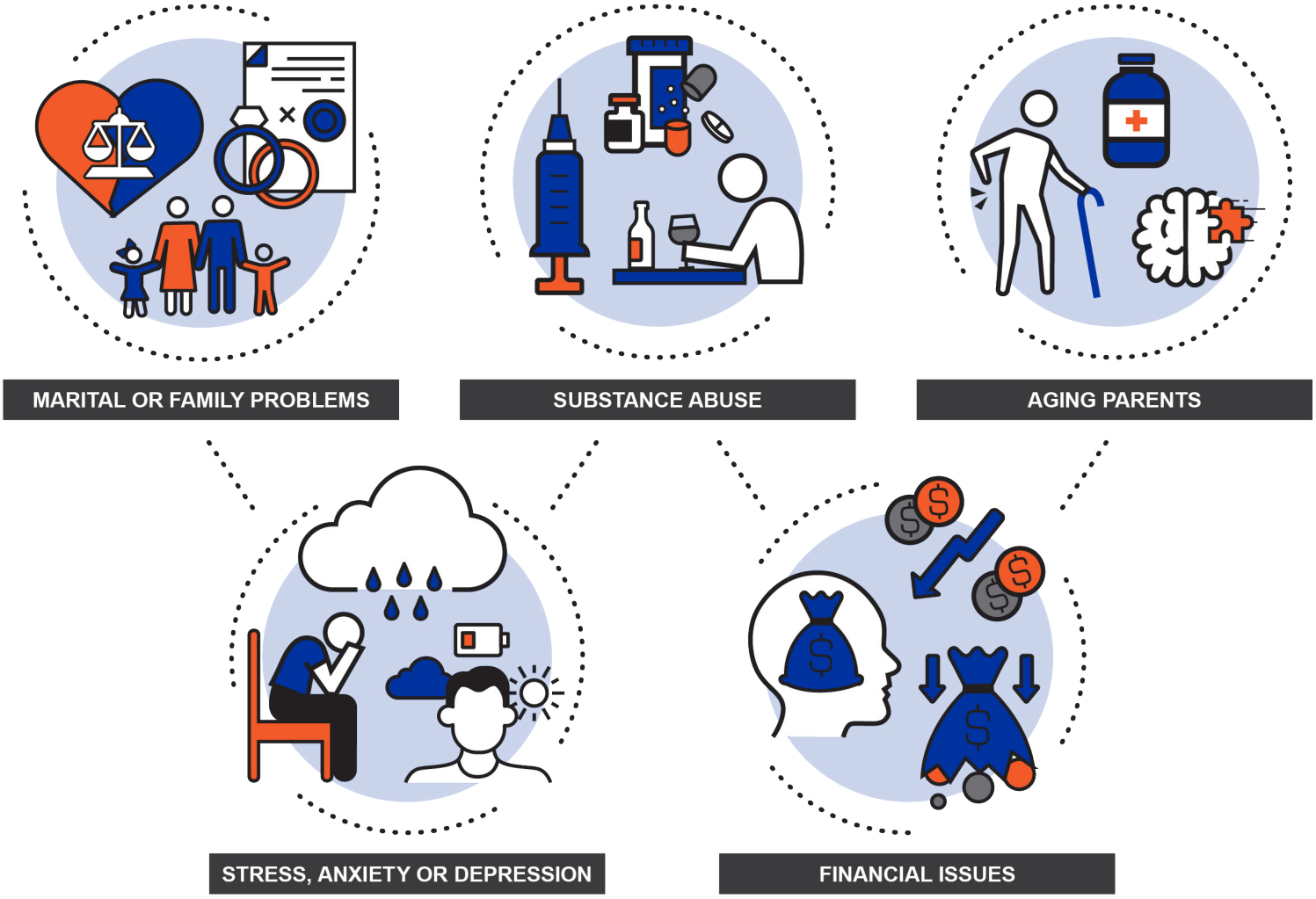
Employee Assistance Program (EAP)

Available to all employees, our EAP partner Resources for Living helps you and your family manage life's challenges with in-person, phone, and video counseling sessions, all at no cost to you. You can also get referrals to household services related to child/elder care, financial and legal help, and much more.

MENTAL WELL-BEING

You can receive up to six counseling sessions per issue per year. The sessions are a free and confidential service and are available face to face, online with televideo, or by phone.

Licensed counselors can help with issues such as:



When you need in-the-moment emotional well-being support, counselors are here to help 24/7. You can call **888-XXX-XXXX**

Income and Legal Protection

No one can predict the future, but you can plan for it. That's why Summit Medical Center offers you benefits to help protect your income and give you peace of mind.

Life Insurance

Life insurance pays a benefit if you or a covered family member dies. It is paid to your beneficiary if you die or to you if a dependent dies.

BASIC LIFE INSURANCE

Summit Medical Center provides you basic life insurance equal to two times your annual salary rounded to the next higher $1,000 at no cost.

SUPPLEMENTAL LIFE INSURANCE

You can buy supplemental life insurance coverage for yourself and/or your family at your own expense. Evidence of Insurability (EOI) is required if you add new coverage or increase current coverage.

COVERAGE TYPE	COVERAGE AMOUNT
Employee Coverage*	1x – 8x annual salary rounded to next higher $1,000, up to $2 million maximum
Spouse	Coverage in $25,000 increments, up to $250,00 (amount cannot exceed employee coverage)
Child(ren) age 6 Months – 26 Years	Coverage in $5,000 increments, up to $20,000

*Coverage is reduced by 50% on the first of the year following your 70th birthday.