# EMPLOYEE BENEFITS

## 2026

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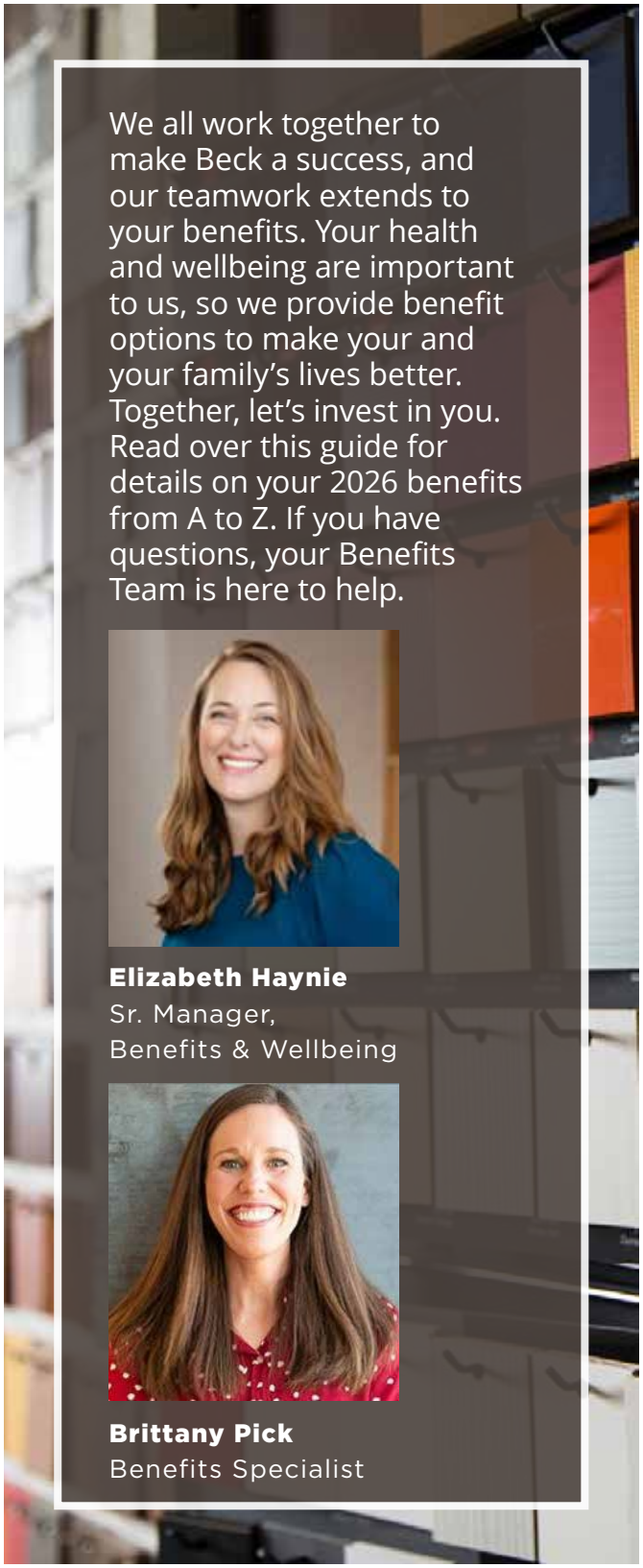
# TABLE OF CONTENTS



We all work together to make Beck a success, and our teamwork extends to your benefits. Your health and wellbeing are important to us, so we provide benefit options to make your and your family's lives better. Together, let's invest in you. Read over this guide for details on your 2026 benefits from A to Z. If you have questions, your Benefits Team is here to help.



**Elizabeth Haynie**
Sr. Manager,
Benefits & Wellbeing



**Brittany Pick**
Benefits Specialist



See **page 48** for important information concerning Medicare Part D coverage.

In this Guide, we use the term company to refer to The Beck Group. This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

# ELIGIBILITY & DEPENDENTS

Beck offers a variety of benefits to support you and your family's needs. Choose options that cover what's important to your unique lifestyle.

## Eligibility

If you are a biweekly employee who is regularly scheduled to work at least 30 hours per week, you are eligible to participate in the **medical, dental, vision, life and disability plans, and additional benefits.**

## When Does Coverage Begin?

Your medical, dental, and vision benefits are effective from your date of hire, and premium payments will begin to accrue as of that date. Life insurance benefits are effective after 30 days of employment. Accident, critical illness, hospital, and retirement benefits are effective on the 1st of the month following 30 days of employment. Short-term and long-term disability benefits are effective after 90 days of employment. You won't be able to change your benefits until the next enrollment period unless you experience a Qualifying Life Event.

## Eligible Dependents

Dependents eligible for coverage in the Beck benefits plans include:

- Your legal spouse.
- Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom legal guardianship has been awarded to you or your spouse).
- Dependent children 26 or more years old, unmarried and incapable of self-sustaining employment due to a mental or physical disability, is fully dependent on you for support as indicated on your federal tax return (periodic certification may be required).

## Dependent Verification

Verification of dependent eligibility is required upon enrollment.

**You have 31 days from your hire date to provide dependent verification. Failure to do so will result in termination of dependent benefits retro to your hire date.** You will upload your dependent verification documents into Workday.

Examples of acceptable documents include marriage license or certificate, tax returns showing spouse information, and child birth certificates. If you have questions about this verification or are having trouble locating your documents, please contact the Beck Benefits Team ASAP.

# PREPARING FOR ENROLLMENT

As a committed partner in your health, Beck absorbs a significant amount of your benefit costs. Your contributions for medical, dental and vision benefits are deducted on a pre-tax basis, lessening your tax liability. Please note that employee contributions vary depending on level of coverage. Typically, the more coverage you have, the higher your portion.

**You have 31 days from your hire date to submit your benefit elections online. Failure to submit within 31 days will result in automatic decline of all employee-paid benefit plans (you will still receive Beck funded benefits).**

## Enrollment To-Do

### Log in to Workday.
You can access Workday year round from the Beck Portal > Workday. Log in to review benefit information and start your enrollment.

### Update your personal information.
Ensure your address is correct, update emergency contacts and add your personal and spouse emails to enhance Beck's ability to notify you of important changes and keep you up to date.

### Review health needs for you and your family.
Think about upcoming healthcare needs, regular prescriptions you take and how often you visit doctors/specialists. Your healthcare utilization may help you determine which benefits are the best fit for you.

### Review medical plan details.
Take a look at plan details such as premium costs, deductibles, and out-of-pocket maximums to ensure you understand the benefits you will receive.

### Consider your HSA or FSA.
An HSA or FSA can help cover healthcare costs including dental and vision services and prescriptions. Adding one of these accounts to your benefits can help with reducing your taxable income and achieving your Long-Term financial goals — and Beck may help contribute.

### Upload dependent documentation.
Upload supporting documentation for your dependents. This is required in order for them to receive benefits — including the Beck-paid Spouse/Child life insurance.

Thoughts & Tips: Submitting your benefit elections online as soon as you determine your plan choices will help avoid "catch-up" premium deductions on your paycheck.

## When life changes, so can your benefits!

What are **Qualifying Life Events?**

Most people know you can change your benefits when you start a new job or during Open Enrollment. But did you know that changes in your life may permit you to update your coverage at other points in the year? Qualifying Life Events (QLEs) determined by the IRS could allow you to enroll in health insurance or change your elections outside of the annual time.

### Common qualifying events include:

- A change in your employment status from full time to part time, or part time to full time, resulting in a gain or loss of eligibility
- A change in your legal marital status (marriage, divorce or legal separation)
- Entitlement to Medicare or Medicaid
- A change in the number of your dependents (for example, through birth or adoption, or if a child is no longer an eligible dependent)
- Eligibility for coverage through the Marketplace
- A change in your spouse's employment status (resulting in a loss or gain of coverage)
- Changes in your address or location that may affect the coverage for which you are eligible

### Some lesser-known qualifying events are:

- Turning 26 and losing coverage through a parent's plan
- Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)
- Death in the family (leading to change in dependents or loss of coverage)

**When a Qualifying Life Event occurs, you have 31 days from the event date to submit changes to your coverage.** Keep in mind your change in coverage must be consistent with your change in status.

Questions regarding specific life events and your ability to request changes should be directed to Beck's Benefits Team. Don't miss out on a chance to update your benefits!

Don't forget to update your beneficiaries! Beneficiaries can be updated any time, but a life event is a good time to review them. Make any changes in Workday and via T. Rowe Price.

# WELLNESS PROGRAMS

Caring is one of Beck's core values, and that extends to helping you and your family live healthier, fuller lives. We're committed to offering resources that make it easier for you thrive, now and in the years ahead.

## Vitality

Whether you'd like to become more active, improve your diet or simply maintain a healthy lifestyle, Vitality can help! It's easy to get started, and you will earn rewards along the way. Vitality is provided to all benefits-eligible employees and spouses enrolled in Beck's medical plan.

The Vitality program serves as a customized guide, much like a road map, to help you on your journey towards wellness. Through the Vitality program you can:

- Earn points for healthy activities and redeem them for rewards
- Track your physical activity with fitness devices or gym memberships
- Set personalized health goals
- Qualify for up to $350 in reimbursement towards gym/workout memberships
- Engage in online education sessions and health assessments

As you complete healthy activities and goals you will earn Vitality Points™ while also earning Vitality Bucks®. Use your Vitality Bucks® to reward yourself for all your hard work, and redeem them for gift cards or fitness devices from retailers like: Amazon, iTunes, Nike, Polar, Garmin and Fitbit.

Visit Vitality at www.powerofvitality.com today to get started!

## Real Appeal

Making small lifestyle improvements can bring you closer to being the best — the healthiest — you, you can be. You are not alone in improving your health, and sometimes you need the 1-to-1 support of a personal coach to start making changes. In addition to the tools and resources available to you through Vitality, Beck provides Real Appeal at no cost to employees and spouses enrolled in Beck's medical plan.

Real Appeal is a coach-based digital lifestyle change program that inspires healthy habits that last. Real Appeal combines the latest technology with ongoing coach support so you can make the changes that matter most — whether that's around eating, activity, sleep or stress. It's an approach shown to help participants lose weight, manage blood pressure, and reduce the risks of type 2 diabetes and heart disease.

Real Appeal features:

- Professional health coach for added support
- Hundreds of on-demand fitness classes, nutrition tracking, meditations, and more
- Free scales and portion plate mailed to your home
- Weekly online lessons to empower you
- Small group of participants to keep you engaged and motivated

See if Real Appeal is a good fit for you at https://realappeal.com/

CONFIDENTIALITY — The privacy and security of your personal information are extremely important to The Beck Group. Your personal health information is not shared with The Beck Group or United Healthcare in an individually identifiable format. Health statistics Beck receives are aggregate. Personal health information is always treated privately and we take this very seriously.

# WELLNESS DISCOUNTS ON MEDICAL PREMIUMS

Just 5 numbers (blood pressure, HDL cholesterol, triglycerides, blood glucose and body mass index) account for more than 80% of preventable health conditions, and being aware of your current health status is important and could help you avoid serious health issues. To reward you for taking steps toward good health, you can qualify for a discount on your Medical premiums.

To save up to $4,862 annually on your medical premium cost, you and your covered spouse will need to complete the required steps by the annual deadline.

## Participation Wellness Discount

### Vitality Check Biometric Screening

Complete a Vitality Check biometric screening to get a better understanding of your current overall health. The Vitality Check biometric screening will consist of the following measurements: blood pressure, blood lipids (total cholesterol, HDL cholesterol), glucose, height, weight, body mass index, waist circumference and a nicotine test. The Vitality Check can be done through our partnership with Quest Diagnostics lab or via health measures on file with your personal physician (as long as the results are dated within the acceptable range).

NOTE: the Vitality Check completed through Quest Diagnostics is at no cost to you. There may be costs associated with completing the Vitality Check with your personal physician. Please contact your Benefits Team for more information.

If it is unreasonably difficult for you and/or your eligible spouse to complete a Vitality Check due to a medical condition, please contact your Benefits Team at BeWell@beckgroup.com to discuss alternatives.

For additional wellness discount information and eligibility period dates, please contact the Benefits Team.

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## Health Results Discount

### Get Rewarded For Your Good Health

By maintaining or improving your health measures, you have an opportunity to earn a deeper discount on your medical premiums.

Your first year Vitality Check forms your baseline health measures and will be what your second year Vitality Check health measures are compared to. You will earn the health results discount if your second year Vitality Check shows at least 3 of the following 5 measures in a healthy range, or, improvement of at least 5% compared to your baseline measure.

1. Blood Pressure
2. HDL Cholesterol
3. Triglycerides
4. Blood Glucose
5. Body Mass Index or Waist Circumference

Your second year of completing a Vitality Check marks your eligibility for earning the Health Results Wellness Discount.

**If you do not complete your first year Vitality Check, you will not have a baseline for comparison your second year and will not be eligible for the Health Results Wellness Discount.**

If you think you may be unable to meet the healthy range for a particular measure (ex. pregnancy, family history, etc.), you may qualify for an alternative. For more information, please contact BeWell@beckgroup.com.

### HOW MUCH CAN YOU SAVE?

| MEDICAL TIER ENROLLMENT | PARTICIPATION WELLNESS DISCOUNT | HEALTH RESULTS WELLNESS DISCOUNT |
|---|---|---|
| EMPLOYEE ONLY | Up to $1,638 | Up to $2,392 |
| EMPLOYEE + CHILD(REN) | Up to $2,210 | Up to $2,912 |
| EMPLOYEE + SPOUSE | Up to $3,224 | Up to $4,784 |
| EMPLOYEE + FAMILY | Up to $3,302 | Up to $4,862 |

Note: Savings shown annually over 26 pay periods

# NICOTINE CESSATION PROGRAM

Because of the risks to your health, and the potential for significant health improvement by quitting, Beck is pleased to offer the Quit for Life tobacco/nicotine cessation program from United Healthcare to all employees and spouses covered on Beck's medical plan.

## Program Highlights

- Support from a Quit Coach: Five (5) scheduled calls with a coach, plus unlimited additional calls for support if you need it. The Quit Coaches will help you create a realistic quit plan, offer quit tips, discuss ways to overcome cravings and provide motivation. Quit Coaches have specialty degrees, previous experience in cessation programs and are multilingual.
- Quit-Tobacco Medications: Quit Coaches will help you decide if prescription or over-the-counter medications are a right fit for you, and they can arrange FREE nicotine-replacement therapy (like patches or gum).
- Quit Guide: A comprehensive booklet that breaks down the 5 steps to quitting.
- Text Messages: Get timely tips, reminders and motivation to help you control cravings and stay on track.
- Members-Only Website: You will have exclusive online access to track your progress and connect with others trying to quit.

The Quit for Life program is available at any time to all Beck employees and spouses enrolled in Beck's medical plan as a resource to use should they wish to quit tobacco/nicotine.

### Tobacco/Nicotine User Definition:

**Someone who has used tobacco/nicotine products* on average four times or more per week within the last six months, regardless of the location (this includes company events, socially, at home, etc.)**

*Tobacco/nicotine products include cigarettes, cigars, smokeless tobacco, chewing tobacco, hookahs, vapor pipes, pipes and e-cigarettes.

## Enroll Online

- Visit www.quitnow.net and click "Get Started."
- Fill in the responses on the Program Check page: "The Beck Group" and "My Insurance is not listed."
- Click "Continue with employer" on the next page.
- Enter your name, DOB, and email address.
- On the next page, enter your medical ID number (shown on your medical ID card) + Beck's Group Number (Surest plan: 78800604; HSA plan: 705241).
- Create your password and get started.

## Enroll by Phone

- Call 866-QUIT-4-LIFE
- Be prepared with your Subscriber ID and Policy Number (see above)

## Tobacco/Nicotine Surcharge

To encourage tobacco/nicotine users to take the first step in quitting, a tobacco/nicotine surcharge will be applied to employees and spouses enrolled in the Beck Medical Plans who meet the definition of tobacco/nicotine user.

**The tobacco/nicotine surcharge can be avoided if the tobacco/nicotine user(s) complete all 5 calls in the Quit for Life cessation program by the annual deadline.**

Proof of quitting tobacco/nicotine is not required in order to avoid the surcharge. If you are a new hire, you are given a grace period without the surcharge until the next available annual deadline (for surcharge application the following year).

The tobacco/nicotine surcharge is $30 per pay period and will be applied starting the first pay period of the year following the annual deadline. The surcharge will be in effect for the entire year and cannot be removed mid-year.

During annual Benefits Open Enrollment, employees are asked to identify if they, or their covered spouse, meet the tobacco/nicotine user definition and sign an affidavit attesting to the truthfulness of the tobacco/nicotine election. Tobacco/nicotine users who have completed the Quit for Life program by the stated deadline will avoid the tobacco/nicotine surcharge the following plan year.

# Notice Regarding Wellness Program

Beck Vitality Wellness Program is a voluntary wellness program available to all employees and medical enrolled spouses. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve participant health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. You may also be asked to complete a biometric screening or annual preventive exam, which may include a blood test for total cholesterol, HDL, LDL, triglycerides, glucose, and cotinine screening. Your blood pressure, height, weight, and waist circumference may also be measured. You are not required to participate in the blood test or other medical examinations.

However, individuals who choose to participate in the wellness program may qualify for up to $4,862 per year.

Although you are not required to participate in the blood test or other medical examinations, only participants who do so may qualify for up to $4,862 per year in wellness discounts.

Additional incentives may be available for participants who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting 877-224-7117.

The information from your blood test or other medical examinations may be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as wellness programming and content. You also are encouraged to share your results or concerns with your own doctor.

## Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and The Beck Group may use aggregate information it collects to design a program based on identified health risks in the workplace, Vitality will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. In order to provide you with services under the wellness program, your personally identifiable health information may be shared with one or more of the following: Lockton Companies, Quest Diagnostics and Vitality.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact 877-224-7117.

# MEDICAL BENEFITS

Medical benefits are provided through United Healthcare and Surest. Choose the plan that works best for your life. Consider the premiums, out-of-pocket costs and claim cost experience for each plan. Keep in mind your choice is effective for the entire 2026 plan year, unless you have a Qualifying Life Event.

## Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your biweekly contributions. For information on how to achieve the wellness rates, review the Wellness Programs & Discounts section of this guide.

| | HEALTH SAVINGS ACCOUNT MEDICAL PLAN | | | SUREST MEDICAL PLAN | | |
|---|---|---|---|---|---|---|
| BIWEEKLY CONTRIBUTIONS | | | | | | |
| | HEALTH RESULTS WELLNESS RATE | PARTICIPATION WELLNESS RATE | NON WELLNESS RATE | HEALTH RESULTS RATE | PARTICIPATION WELLNESS RATE | NON WELLNESS RATE |
| EMPLOYEE ONLY | $17.00 | $46.00 | $106.00 | $52.00 | $81.00 | $144.00 |
| EMPLOYEE + SPOUSE | $108.00 | $168.00 | $288.00 | $198.00 | $258.00 | $382.00 |
| EMPLOYEE + CHILD(REN) | $116.00 | $143.00 | $219.00 | $182.00 | $209.00 | $294.00 |
| EMPLOYEE + FAMILY | $168.00 | $228.00 | $350.00 | $282.00 | $342.00 | $469.00 |

## How to Find a Provider

If you are enrolled in the Health Savings Account Medical Plan, visit www.myuhc.com and log in to your account or call Customer Care at 866-844-4864 for a current list of United Healthcare network providers. You can also download the United Healthcare app. If you are enrolled in the Surest Medical Plan, the provider network is the same as the United Healthcare network. You can search providers and costs by visiting https://benefits.surest.com/ or calling Customer Care at 866-683-6440 for assistance. You can also search providers and costs in the Surest app.

Thoughts & Tips: **Most preventive care offered by an in-network physician is covered at 100% on both medical plans.**

## Medical Plan Summary

This chart summarizes the 2026 medical coverage provided by United Healthcare and Surest. All covered services are subject to medical necessity as determined by the plan. Please be aware that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

| | HEALTH SAVINGS MEDICAL PLAN | | SUREST MEDICAL PLAN | |
|---|---|---|---|---|
| | 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 is met
†Applies to Employee Only tier coverage only

**Surest Medical Plan Deductible & Out-of-Pocket Max:** The Surest Medical Plan does not have deductibles to meet or coinsurance to calculate. You pay flat copay rates for all services covered on the plan. The copays count toward your out-of-pocket max. Once you meet your out-of-pocket max, the plan will pay 100% of your claim costs for the rest of the plan year.

**Health Savings Account Medical Plan Deductible and Out-of-Pocket Max:** The HSA Medical Plan has an aggregate deductible, meaning the family deductible amount will include all combined eligible expenses that you and your covered dependents incur. The family deductible amount may be satisfied by one member or a combination of two or more members covered under your medical plan. The out-of-pocket maximum works differently — once a participant meets the individual out-of-pocket max amount, 100% of their claim costs are paid by the plan for the rest of the plan year.

## Our Plans Are Self-Insured

Our medical and Rx plans are self-insured, which means that the company bears the financial risk of the plan and pays any claim cost not paid by you. Rather than paying insurance premiums to an insurance carrier as with fully insured plans, the company pays fixed costs for using the insurance carrier's network of physicians and variable costs for the members' claims. Self-insured plans allow for more control and freedom in plan design. Together, the company and employees share the cost for healthcare.

Being a smart consumer of our healthcare (ex. using in-network providers, comparing prescription costs, evaluating treatment options, advocating for yourself by asking your doctor questions and engaging in Beck's wellness programs) can help to manage claim costs for you personally and for Beck.

# PREVENTIVE CARE

Both of Beck's medical plans cover a set of preventive services — at no cost to you!

Screenings, check-ups and vaccines that are deemed to be preventive care per United Healthcare based on your age and gender are paid at 100%. Preventive care is an important part of managing your health and being aware of potential medical issues. Keep up to date with your primary care physician to save time and money and keep yourself healthier in the long run. Visit https://www.uhc.com/health-and-wellness/preventive-care and enter your age and gender to determine your covered preventive care and print a list of services for discussion with your physician. Some preventive services that may* be covered include:

- Wellness visits, physicals and standard immunizations
- Screenings for blood pressure, cancer, depression, obesity and diabetes
- Pediatric screenings for hearing, vision, obesity and developmental disorders

- Anemia screenings, breastfeeding support and pumps for pregnant and nursing women
- Iron supplements (for children ages 6 to 12 months at risk for anemia)

*Take advantage of these covered services. However, remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. This means if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs.

## How to Pick a Plan

Which plan is right for you? When deciding, consider any medical needs you foresee for the upcoming plan year, your overall health, and any medications you currently take.

### How does the Surest Plan work?

You'll pay more in premiums out of your paycheck, but a lower portion of the cost at the time of service.

You're able to choose from the United Healthcare network of providers who offer a fixed copay for services.

If you expect to need more medical care this year or you have a chronic illness, the Surest Plan may be the right choice for you for ease of use and spreading costs out more evenly.

### How does the Health Savings Account Plan work?

You'll pay less in premiums. (Think less money from your paycheck.)

You'll pay for the full in-network cost of non-preventive medical services until you reach your deductible.

You can also use a Health Savings Account in conjunction, which provides a safety net for unexpected medical costs and tax advantages.

If you expect to mostly use preventive care (which is covered), this plan could be for you.

# PHARMACY BENEFITS

## Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through OptumRx via UnitedHealthcare. That means you will only have one ID card for both medical care and prescriptions. Your cost for prescriptions is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred, or Non-Preferred.

| | HEALTH SAVINGS MEDICAL PLAN | | SUREST MEDICAL PLAN | |
|---|---|---|---|---|
| | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK |
| **RETAIL RX (30-DAY SUPPLY)** | | | | |
| GENERIC | 80%* | 60%* | $20 copay | Not Covered |
| PREFERRED | 80%* | 60%* | $60 copay | Not Covered |
| NON-PREFERRED | 80%* | 60%* | $120 copay | Not Covered |
| **MAIL ORDER RX (90-DAY SUPPLY)** | | | | |
| GENERIC | 80%* | Not covered | $50 copay | Not Covered |
| PREFERRED | 80%* | Not covered | $150 copay | Not Covered |
| NON-PREFERRED | 80%* | Not covered | $300 copay | Not Covered |

*After deductible

## Generic Drugs

Looking to save money on medication costs? You've most likely heard that generic prescription drugs are a more affordable option, so here's the skinny: Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety and strength. Because they are the same medicine, generic drugs are just as effective as brand-name drugs and undergo the same rigid FDA standards. But on average, **a generic version costs 80% to 85% less than the brand-name equivalent.**

## Price Check

Checking the cost of your medication before you head to the pharmacy helps you stay informed and avoids surprise costs. Log in to your medical account (HSA medical plan: www.myuhc.com / Surest medical plan: https://benefits.surest.com/) and navigate to prescription benefits. Enter the name and dose of your medication to view the cost at various pharmacies near you. Download the UHC or Surest app to check prescription costs right from your doctor's office!

## Mail Order Prescription Benefits

Another way to increase your health plan value is the management of your monthly and ongoing medications, like those for high blood pressure or diabetes. Do your research and check to see if mail ordering your prescriptions can work for you and save you money.

Note: Websites/apps such as GoodRx and RxSaver let you find discounts on prescriptions (often most helpful with expensive or brand prescriptions). If you use these discounts, make sure to check the price against the cost through your insurance to get the best deal. Note that these discounts can't be combined with your benefit plan's coverage. As a result, if you choose to use a discount card from websites/apps such as GoodRx or RxSaver, the amount you pay will not count toward your deductible or out-of-pocket maximum under the benefit plan.

# MANAGING MEDICAL COSTS

## Deductible

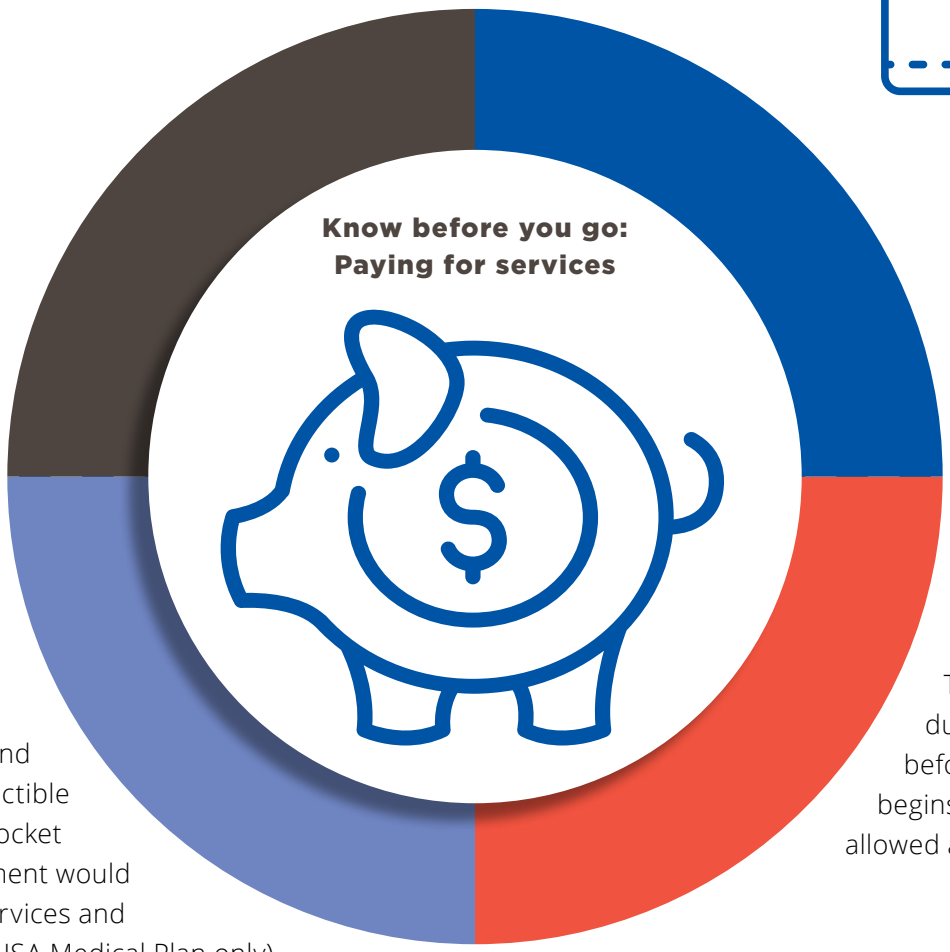
The amount you must pay for covered services and prescriptions before your insurance starts paying its portion. (Applies to services and prescriptions on the HSA Medical Plan only)

UP TO DEDUCTIBLE

YOU PAY **100%**

## Copay

The fixed amount you pay for healthcare services at the time you receive them. (Applies to services and prescriptions on the Surest Medical Plan only)




## Coinsurance

Your percentage of the cost of a covered service. If your claim cost is $100 and your coinsurance is 20% (and you've met your deductible but not your out-of-pocket maximum), your payment would be $20. (Applies to services and prescriptions on the HSA Medical Plan only)

% YOU PAY

% PLAN PAYS

UP TO THE OUT-OF-POCKET MAXIMUM

AFTER DEDUCTIBLE IS REACHED

## Out-of-Pocket Maximum

The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount.

AFTER OUT-OF-POCKET MAXIMUM IS REACHED

PLAN PAYS **100%** THROUGH END OF PLAN YEAR

## Rising Costs of Healthcare

The cost of healthcare in the U.S. has been steadily growing each year. Why? Some of the factors include escalating prescription drug costs, increased demand for care (resulting in higher prices for premiums and prescription drugs) and new expensive medical technology. **The Beck Group wants to help keep you healthy, so we do what we can to keep your healthcare costs reasonable.** Make sure you're informed about your options so you can make the best healthcare choices for you and your family. Placing an importance on preventive care, making healthy choices, and managing costs will help keep your health — and wallet — in control in the long run.

## Know Before You Go — Healthcare Cost Tools

Your healthcare spending is in your control. There are many provider choices and varying costs for services. Prices for medications can vary greatly from generic to brand or specialty, and can even vary by pharmacy. How do you decide where to go? Healthcare cost transparency tools are online services available through United Healthcare and Surest that allow consumers to compare costs for medical services, from prescriptions to major surgeries, to make choices easier. Visit www.myuhc.com (HSA Medical Plan) or https://benefits.surest.com (Surest Plan) and log in to your account to search for costs ahead of getting care.

### HSA Medical Plan (United Healthcare)

Log in to www.myuhc.com and navigate to "Find Care & Costs", then select the type of visit or service you are looking for. Choose a provider and click on the "cost" tab of their profile to view the cost of their care.

To price medications, navigate to "Pharmacies & Prescription" at the top, then select "Drug Pricing."

### Surest Medical Plan

Log in to https://benefits.surest.com and simply enter the type of care or condition you are looking for in order to review options and costs. You can also use the "quick search" buttons.

## In-Network and Out-of-Network

The term "in-network" refers to a group of doctors, hospitals and clinics that have negotiated discounts with United Healthcare. You will receive the greatest cost efficiency by visiting in-network providers. You may search for in-network providers, pharmacies & facilities at www.myuhc.com (HSA plan members) or https://benefits.surest.com (Surest plan members). When visiting a provider for the first time, it's also recommended that you ask "Are you in-network for United Healthcare?". We recognize there may be times when you have no choice but to use an out-of-network provider. If it is a true emergency, a trip to the ER is always covered at in-network rates.

## Cost Information on the Go

Download the United Healthcare App (HSA plan members) or the Surest app (Surest plan members) to gain access to all the helpful tools from the United Healthcare or Surest websites on the go!

You can also view/print your medical ID card!

## Tips for Controlling Your Costs

1. **Check network status of your provider before your visit**.
2. If your provider refers you to another physician or treatment center (ex. MRI), use your app to check network status and compare costs before you go.
3. Price medications your physician prescribes before you leave their office. This gives you the opportunity to ask about an alternative if the cost is too high.
4. Always ask your provider to review all your treatment options and ensure you feel comfortable with your choice.
5. Consider getting a second opinion for any surgery recommendations.

Thoughts & Tips: **The cost of an MRI can vary between $300 and $3,000 — even in-network. Use United Healthcare or Surest's treatment cost estimator to shop costs before you get care.**

# WHERE TO GO FOR CARE

Not all care costs the same — so knowing where to go can help you avoid paying more than you need to. Choosing the right option can save you money and keep our health plan costs down for everyone. Use this guide to find the best option for your situation and get the care you need, when you need it.

## PRIMARY CARE CENTER

### When would I use this?

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

### What type of care would they provide?*

- Routine checkups
- Immunizations
- Preventive services
- Manage your general health

### What are the costs and time considerations?**

- Often requires a copay and/or coinsurance
- Normally requires an appointment
- Usually little wait time with scheduled appointment

## VIRTUAL MEDICINE

### When would I use this?

You need care for minor illnesses and ailments, but would prefer not to leave home or you are traveling. These services are available by phone and online (via webcam).

### What type of care would they provide?*

- Cold & flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Sinus problems

### What are the costs and time considerations?**

- $0 Surest Copay, $54 or less for the HSA Medical Plan cost
- Access to care is usually immediate.
- Prescriptions sent to your pharmacy for fulfillment.

## DO YOUR HOMEWORK

**What may seem like an urgent care center could actually be a standalone ER. These newer facilities come with a higher price tag, so ask for clarification if the word "emergency" appears in the company name.**

## URGENT CARE CENTER

### When would I use this?

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

### What type of care would they provide?*

- Strains, sprains
- Minor broken bones (e.g., finger)
- Minor infections
- Minor burns
- X-rays

### What are the costs and time considerations?**

- Often requires a copay and/or coinsurance that is usually higher than an office visit.
- Walk-in patients welcome, but waiting periods may be longer as patients with more urgent needs will be treated first.

## EMERGENCY ROOM

### When would I use this?

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

### What are the costs and time considerations?**

- Often requires a much higher copay and/or coinsurance.
- Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first.

### What type of care would they provide?*

- Heavy bleeding
- Chest pain
- Major burns
- Spinal injuries
- Severe head injury
- Broken bones

*This is a sample list of services and may not be all-inclusive.

**Costs and time information represent averages only and are not tied to a specific condition or treatment.

# MENTAL WELLBEING BENEFITS

## Medical Plan Benefits

Behavioral health benefits, such as mental health and substance misuse benefits, are available for employees and family members enrolled in Beck's medical plan. The cost for an office visit with a mental health provider depends on the medical plan you are enrolled in.

**Surest Medical Plan:** $10 copay (in-network)
**HSA Medical Plan:** $0 after annual plan deductible is met (in-network). Provider office visit costs will vary. Log in to www.myuhc.com to check provider costs.

To locate an in-network behavioral health provider – For HSA plan members, log in to www.myuhc.com and click on "Find Care & Costs" and then "Behavioral Care Providers." For Surest plan members, log in to www.benefits.surest.com, click on "Find Care" and search for "Behavioral Health Therapy."

**IMPORTANT! When using out-of-network providers, pre-authorization is required prior to receiving mental health benefits. Failure to do so will result in a reduction of benefit coverage. Call the number on the back of your medical ID card and ask to speak with someone about pre-authorization for out-of-network mental health providers.**

## Virtual Visits for Mental Health

If you are struggling with issues like stress, depression, anxiety or just want to talk to someone, you can reach a therapist or psychologist from the comfort of your own home.

A virtual visit lets you see and talk to a therapist or psychologist from your mobile device or computer without an appointment. You can elect to meet right away or at a later time. If you find a therapist you like, you can set up recurring appointments with them.

For more information on virtual visits, refer to the Virtual Visits section of this guide.

## Talkspace

Talkspace is an in-network provider on both Beck medical plans. You will be matched with your own licensed, verified and background-checked therapist. Schedule regular times to talk, send unlimited messages, or set up a video chat. Rates are paid weekly. Couples and teen therapists available.

**Surest Medical Plan:** $10 copay
**HSA Medical Plan:** $0 after annual plan deductible is met

Visit www.talkspace.com and select Optum for insurance.

## Vitality Healthy Mind

Beck employees, and spouses enrolled in Beck medical coverage, have access to the Vitality wellness program which features tools and resources to support healthy mental wellbeing.

- Mental Wellbeing Reviews – Complete these for personalized recommendations
- Sleep Well – 30-day sleep challenge to help develop better sleep habits
- Meditation – Reap the benefits of meditation and earn Vitality Points using: Calm, HEADSPACE, or Breathe

Beck's BeWell benefit, offered through Magellan, provides free support to you and your entire household. Take advantage of these support services through this benefit.

## BetterHelp

Mental health affects every aspect of our lives, and it's important to pay attention to your wellbeing.

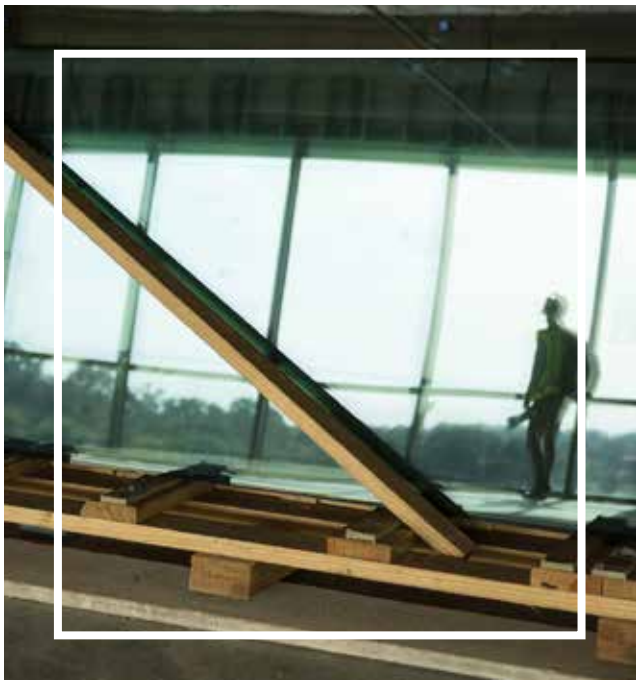
Through Beck's BeWell benefit, in partnership with Magellan, you have access to confidential virtual therapy, provided by BetterHelp. You have 8 free sessions per issue, per year. Counseling is available for your entire household — individuals, couples, and teens (with parental consent and in accordance with applicable law and clinical appropriateness).

You can choose from one of four modalities:

- Text messaging exchange over a week
- Live phone session
- Live video session
- Live chat session

You can also toggle between modalities while in therapy. For example, you can choose to chat with a therapist online one week and schedule a video session the next week.

Go to BetterHelp.com/Magellan and click on "Get Started." (Employer Name: The Beck Group)



## Counseling & Wellbeing Coaching

No matter where you are on your journey, there are times when a little help can go a long way toward achieving your goals. From checking of daily tasks to working on more complex issues, Beck's partnership with Magellan offers you counseling & life coach services to help make your life a little easier.

### Key features

- Provided at no cost to you and your household members
- Up to 8 counseling sessions per issue, per year
- Up to 6 wellbeing coaching sessions per year
- Completely confidential service provided by a third party

### Counseling

Access a nationwide network of licensed counselors for support with challenges such as stress, anxiety, grief, substance misuse, relationships, parenting, and more. Counseling is confidential and available in-person, by text message, chat, phone, or video conference.

### Wellbeing coaching

Define and reach your goals with the support of a coach. Coaches can help with personal improvement, healthy eating, weight loss, and more. Coaches are available by phone or video.

Visit member.magellanhealthcare.com to browse all of the services available (Organization Name: The Beck Group).

# VIRTUAL VISITS

When you're sick, the last thing you want to do is leave the cozy comfort of your home. Or sometimes you are away from home traveling when you need care. Virtual visits are a convenient and easy way to talk to a doctor fast - anytime, anywhere.

## Virtual Visits

Beck provides virtual visit care to you and your dependents on Beck's medical plan. Multiple providers offer on-demand access to board-certified doctors through online video, telephone or secure email. A virtual visit with these providers lets you see and talk to a doctor from your phone, tablet or computer without an appointment.

Virtual providers can also call in prescriptions or refills to your nearest pharmacy.

### How It Works

Search for virtual providers on your medical plan website or app. Select a provider and create an account on their website. Once you register and request a consult, you will pay your portion of the service costs according to your medical plan, and then enter a virtual waiting room. During your visit you can talk to a doctor about your health concerns, symptoms and treatment options.

### What It Costs

Cost depends on what medical plan you are on:

- Surest Plan: $0 copay for healthcare visits, $10 copy for mental health visits
- Health Savings Account Plan: $54 or less based on provider & medical issue, cost varies by provider for mental health visits. You will be shown the cost for care before you commit to your visit.

### Use Virtual Visits When:

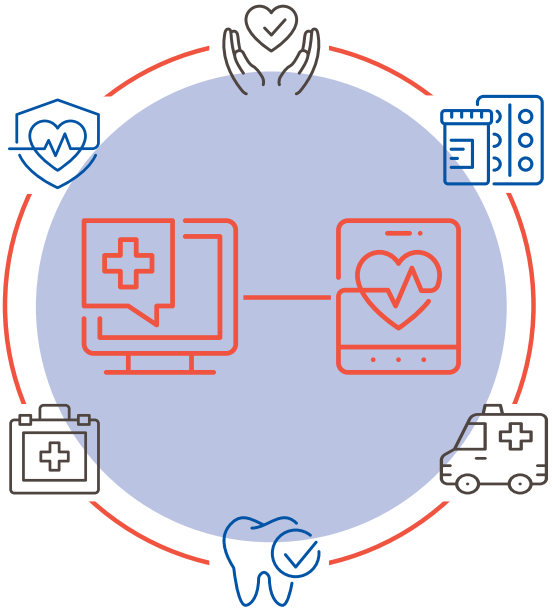
- Your doctor is not available
- After hours non-emergency care
- You become ill while traveling
- You are considering visiting a hospital emergency room for a non-emergency health condition
- You are feeling stressed or anxious and want to talk with someone

### Virtual Visits Commonly Used For:

- Bladder infection/urinary tract infection
- Cold/flu or stomachache
- Pink eye or rash
- Sore throat or bronchitis
- Stress & anxiety
- Post-partum depression
- Trauma & loss
- Depression, anxiety & stress

### Not Good For:

- Anything requiring an exam or test
- Complex or chronic conditions
- Injuries requiring bandaging or sprains/broken bones
- Emergency care



Thoughts & Tips: **Take 10 minutes now and set up your account with one of the virtual providers above. This way, when you aren't feeling well or need the benefit, your account is ready to go!**

# DENTAL BENEFITS

Brushing your teeth and flossing are great, but don't forget to visit the dentist too! Beck offers affordable plan options for routine care and beyond. Coverage is available from Cigna Dental.

## Network Dentists

If you use a provider who doesn't participate in our plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). Beck's dental plan uses Cigna Total DPPO network. To find a network dentist, visit Cigna Dental at www.mycigna.com.

**Prevent surprise bills and confirm the network status of your provider before getting care by asking them "Are you in-network with Cigna Dental Choice plan through Cigna DPPO Network?".**

## Dental Premiums

Premium contributions for dental are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your biweekly premium.

## Dental Plan Summary

This chart summarizes the 2026 dental coverage provided by Cigna Dental.

CIGNA DENTAL PLAN

| BIWEEKLY CONTRIBUTIONS | | |
|---|---|---|
| EMPLOYEE ONLY | $15.00 | |
| EMPLOYEE + SPOUSE | $25.00 | |
| EMPLOYEE + CHILD(REN) | $23.00 | |
| EMPLOYEE + FAMILY | $39.00 | |
| | **IN-NETWORK** | **OUT-OF-NETWORK** |
| **ANNUAL DEDUCTIBLE** | | |
| INDIVIDUAL | $50 | $50 |
| FAMILY | $150 | $150 |
| **ANNUAL MAXIMUM** | | |
| PER PERSON | $2,000 | $2,000 |
| **COVERED SERVICES** | | |
| PREVENTIVE SERVICES<br>Oral Exams, Routine Cleanings, Bitewing X-rays, Fluoride Applications, Sealants, Space Maintainers, Panoramic X-rays | 100% In-network | 100% of reasonable and customary amount* |
| BASIC SERVICES<br>Full Mouth X-rays, Fillings, Oral Surgery, Simple Extractions | 80%, no deductible required | 80% of reasonable and customary amount*, no deductible required |
| MAJOR SERVICES<br>Complex Extractions, Denture Adjustments and Repairs, Root Canal Therapy, Periodontics, Crowns, Dentures, Bridges | 50%, no deductible required | 50% of reasonable and customary amount*, no deductible required |
| ORTHODONTICS<br>Dependent Child(ren) and Adults | 50% after $50 deductible; subject to lifetime maximum | 50% of reasonable and customary amount* after $50 deductible; subject to lifetime maximum |
| ORTHODONTIC LIFETIME MAXIMUM | $2,000 | $2,000 |

*Employee responsible for any cost above reasonable and customary amount.

Thoughts & Tips: **Only 60% of adults ages 20 to 64 have been to the dentist in the past year. Take advantage of your dental coverage to keep your smile healthy.**

# VISION BENEFITS

Don't wear glasses? Even you shouldn't skip an annual eye exam! Beck provides you and your family access to quality vision care with a comprehensive vision benefit through EyeMed.

## EYEMED VISION PLAN

| BIWEEKLY CONTRIBUTIONS | | | |
|---|---|---|---|
| EMPLOYEE ONLY | $4.04 | | |
| EMPLOYEE + SPOUSE | $7.67 | | |
| EMPLOYEE + CHILD(REN) | $8.07 | | |
| EMPLOYEE + FAMILY | $11.87 | | |
| | **IN-NETWORK** | **OUT-OF-NETWORK** | **FREQUENCY** |
| **EXAMS** | | | |
| COPAY | $0 copay | Reimbursed up to $40 | Once every calendar year |
| RETINAL IMAGING | $0 copay | Reimbursed up to $20 | |
| **LENSES** | | | |
| SINGLE VISION | $25 copay | Reimbursed up to $30 | Once every calendar year |
| BIFOCAL | $25 copay | Reimbursed up to $50 | |
| TRIFOCAL | $25 copay | Reimbursed up to $70 | |
| LENTICULAR | $25 copay | Reimbursed up to $70 | |
| **CONTACTS (IN LIEU OF LENSES AND FRAMES)** | | | |
| FITTING AND EVALUATION** | Standard: $55 copay; Premium: 10% off retail price | Not covered | Once every calendar year |
| ELECTIVE | $200 allowance; 15% off balance over $200 | Reimbursed up to $150 | |
| MEDICALLY NECESSARY | 100% | Reimbursed up to $210 | |
| **FRAMES** | | | |
| COPAY | $0 copay | Reimbursed up to $40 | Once every calendar year |
| ALLOWANCE | $200 allowance; 20% discount on remaining balance; 40% off purchase of additional complete pair(s) of prescription eyeglasses | Reimbursed up to $105 | |

**Fitting and Evaluation fee applied to contact lens allowance.

## Shop Online

Visit www.glasses.com to shop thousands of name-brand frames and use the Glasses.com app to create a 3D model of your face to see how styles look from any angle. Upload a picture of your prescription and visit any LensCrafters for adjustments needed. Glasses.com is in-network with EyeMed.

## Discounts on Hearing Aids

Through EyeMed's partnership with Amplifon, you get 40% off hearing exams, discounted pricing on hearing aids, low price guarantees, 60-day hearing aid trial, free batteries for 2 years and a 3-year warranty, plus loss and damage coverage.

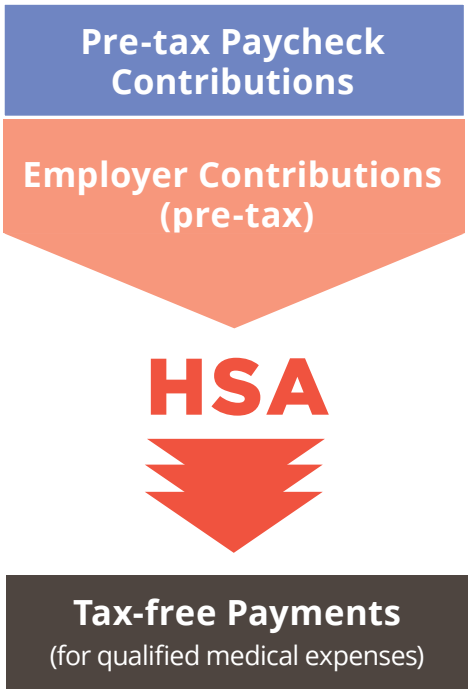
Prescription Safety Glasses: **Get prescription safety glasses at a discounted price and up to $85.00 paid by Beck. Enrollment in Vision Plan is NOT required. Contact BeWell@beckgroup.com for details.**

# HEALTH SAVINGS ACCOUNT

Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependent(s), even if they're not covered by your plan. If you are not currently enrolled in an HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

Optum will issue you a debit card with direct access to your account balance. Use your debit card to pay for qualified medical expenses — no need to submit receipts for reimbursement. Like a regular debit card, you must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, PPE, over-the-counter medications, and more. Visit IRS Publication 502 on www.irs.gov for a complete list.




## Eligibility

You are eligible to contribute to an HSA if:

- You are enrolled in Beck's Health Savings Account Medical Plan.
- Your spouse does not have a healthcare Flexible Spending Account or Health Reimbursement Account.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE.
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)

## Your Money. Your Account.

Your HSA is a personal bank account that you own and administer. It's up to you how much you contribute, when to use the money for medical services, and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year-over-year to use in retirement. HSA funds are also portable if you change jobs. There are no vesting requirements or forfeiture provisions.

Because this is a personal account, it is your responsibility to ensure that healthcare costs paid with this account are eligible per the IRS. The amount you have available to spend with your debit card is equal to the fund balance in your account. If you don't have enough available funds in your account, you may use another method of payment and reimburse yourself at a later date, once enough funds have been added.

Optum will issue you a debit card, giving you direct access to your account balance. Use your debit card to pay for qualified medical expense.

## How to Enroll

To enroll in the company-sponsored HSA, you must elect the HSA Medical Plan with Beck. When making your benefit elections online, you must also enroll in the HSA Bank Account. You can elect to contribute money on a pre-tax basis or set the contribution amount to $0 — you will still receive Beck's contribution. You may change your contribution amount at any time throughout the year.

If you don't have an existing HSA Bank account with Optum Bank, Beck will set one up for you. If you already have an account with Optum Bank, that existing account will be utilized.

## Plan. Spend. Save.

Contributions to an HSA can be made through payroll deductions on a pre-tax basis (account must be with Optum Bank in order to set up payroll contributions and Beck's contribution). **The money in this account (including interest and investment earnings) grows tax-free.** When the funds are used for qualified medical expenses, they are spent tax-free.

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax.

## HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2026, contributions (which include any employer contribution) are limited to the following:

| HSA FUNDING LIMITS | |
|---|---|
| EMPLOYEE | $4,400 |
| FAMILY | $8,750 |
| CATCH -UP CONTRIBUTION (AGES 55+) | $1,000 |

Beck provides a one-time lump-sum contribution into your HSA Bank Account, based on the quarter in which your HSA Bank Account is effective. You do not have to contribute to your account yourself in order to receive Beck's contribution.

| BECK HSA CONTRIBUTION SCHEDULE | JAN 1 - MAR 31 | APR 1 - JUNE 30 | JULY 1 - SEPT 30 | OCT - DEC 1* |
|---|---|---|---|---|
| EMPLOYEE ONLY COVERAGE | $750.00 | $625.00 | $500.00 | $375.00 |
| EMPLOYEE + S/C/F COVERAGE | $1,500.00 | $1,250.00 | $1,000.00 | $750.00 |

*If hired after Dec. 1, you are not able to participate in the Beck HSA until 1/1 of the following year.

HSA contributions in excess of the IRS annual contribution limits ($4,400 for individual coverage and $8,750 for family coverage for 2026) are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, you have two options:

- Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed from your HSA.
- Leave the excess contributions in your HSA and pay 6% excise tax on excess contributions. Next year consider contributing less than the annual limit to your HSA to make up for the excess contribution during the previous year.

Thoughts & Tips: It's up to you how much to contribute to your HSA and you can adjust your contribution amount any time throughout the year. Buying a new house or sending a kid to college? You can contribute less this year. Paid off your student loans or got a new job? Stash the annual max in your account.

# FLEXIBLE SPENDING ACCOUNTS

Flex your spending power! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket healthcare expenses. Both FSAs offered by Beck are administered by United Healthcare.

## Healthcare Flexible Spending Account

You can contribute up to $3,300 annually for qualified healthcare expenses (deductibles, copays and coinsurance) with pre-tax dollars, reducing your taxable income and increasing your take-home pay. You can even pay for eligible expenses with an FSA debit card without waiting for reimbursement.

Please note: Over-the-counter (OTC) drugs are not eligible for reimbursement through an FSA unless you have a prescription for them.

To participate in the Healthcare FSA, you must either be enrolled in the PPO Medical Plan or have waived medical coverage.

## Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA — whether or not you elect any other benefits. You can set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the available funds in your account at the time of reimbursement request or card swipe.

You will be issued a debit card for this account — it is the same debit card used for the UHC Healthcare FSA and will be labeled as such (even if you are only enrolled in the Dependent Care FSA).

Thoughts & Tips: **The funds in Healthcare and Dependent Care FSAs do not roll over into the next year. If you don't spend your funds, you will forfeit them. Carefully evaluate your expected out-of-pocket costs when determining how much you want to elect to contribute into these accounts for the year.**

- With the Dependent Care FSA, you can set aside up to $7,500 to pay for child or elder care expenses on a pre-tax basis.
- Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the principal place of residence as the employee for more than half the year may be a qualifying individual.
- Expenses are reimbursable if the provider is not your dependent.
- You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent daycare expenses that are necessary for you and your spouse to work or attend school full time. Examples of eligible dependent care expenses include:

- In-Home Baby-Sitting Services (not provided by a tax dependent)
- Care of a Preschool Child by a Licensed Nursery or Daycare Provider
- Before- and After-School Care
- Day Camp
- In-House Dependent Daycare

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

You can use your FSA debit card at doctor and dentist offices, pharmacies and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you attempt to use the card at an ineligible location.

## Using FSA Funds

You may use your issued FSA debit card to pay for eligible expenses (Healthcare and/or Dependent Care — one card for both accounts).

If you incur an eligible expense and you do not use your debit card, submit a claim form along with the required documentation. You can log in to www.myuhc.com to view your FSA balance and submit claims online. If you have questions about your FSA account or reimbursements, you may call UHC. Always retain a receipt for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges. Without proof that an expense was valid, your card could be turned off and your expense deemed taxable.

## General Rules and Restrictions

The IRS has the following rules and restrictions for Healthcare and Dependent Care FSAs:

- Expenses must be incurred during the 2026 plan year.
- Dollars cannot be transferred between FSAs.
- You cannot participate in a Dependent Care FSA and claim a dependent care tax deduction at the same time.
- **You must "use it or lose it" — any unused funds will be forfeited.**
- You cannot change your FSA election in the middle of the plan year unless you experience a Qualifying Life Event.
- Those considered highly compensated employees (family gross earnings were $160,000 or more last year) may have different FSA contribution limits. Visit irs.gov for more information.
- To participate in a Dependent Care FSA, both parents must be working or looking for work. For information about working status and how it impacts participation in this benefit and the amount you can contribute, visit irs.gov.

# FSA VS HSA

| Flexible Spending Accounts | | Health Savings Accounts |
|---|---|---|
| Your employer owns your FSA. If you leave your employer, you lose access to the account unless you continue participation through COBRA. | OWNERSHIP | You own your HSA. It is a savings account in your name and you always have access to the funds, even if you change jobs. |
| You can elect a FSA even if you waive medical coverage. You cannot make changes to your contribution during the Plan Year without a Qualifying Life Event. You cannot be enrolled in both a Healthcare FSA and the HSA Medical Plan or an HSA. | ELIGIBILITY & ENROLLMENT | You must be enrolled in a Beck's HSA Medical Plan to be eligible to contribute money to your HSA. You cannot be covered by a spouse's non-High Deductible plan or eligible for a spouse's FSA or enrolled in Medicare or TRICARE.<br>You can change your contribution at any time during the Plan Year. |
| Contributions are tax-free via payroll deduction. However, the funds spent are not tax-free. | TAXATION | For Federal tax purposes, the money in the account is "triple tax-free," meaning:<br>1. Contributions are tax-free.<br>2. The account grows tax-free.<br>3. Funds are spent tax-free (if used for qualified expenses). |
| You can contribute up to $3,300 in 2026 to an FSA. This amount may be increased annually.<br>You cannot make changes to your contribution during the Plan Year without a Qualifying Life Event. | CONTRIBUTIONS | Both you and Beck can contribute to the account according to IRS limits. The contribution limit for 2026 is $4,400 for individuals and $8,750 for families. This amount includes the employer contribution. If you are 55 or older, you may make a "catch-up" contribution of $1,000 per year. Beck will contribute an amount based on your medical tier and the effective date of your enrollment (see Health Savings Account section of this guide). You can change your contribution at any time during the Plan Year. |
| Beck's plan includes a FSA debit card to pay for eligible expenses. If not, you pay up front and submit your receipts for reimbursement. One card is issued for both Healthcare and Dependent Care FSAs, and it can be used for both accounts. | PAYMENT | Many HSAs include a debit card, ATM withdrawal or checkbook to pay for qualified expenses directly. You can also use online bill payment services from the HSA financial bank. You decide when to use the money in your HSA to pay for qualified expenses, or if you want to use another account to pay for services and save the money in your HSA for future expenses or retirement. |
| You must use the money in the account by end of Plan Year. You may submit expenses through March 31 of the following year, but the cost must have been incurred in the prior plan year. Any unclaimed funds at the end of the run out are lost and returned to your employer. | ROLLOVER OR GRACE PERIOD | The money in the account rolls over from year to year. Funds are always yours and may be used for future qualified expenses — even in retirement years. |
| Healthcare services like physician visits, hospital services, prescriptions, dental care and vision care. Dependent care services like preschool, day camp or before/after school programs. A full listing of eligible expenses is available at www.irs.gov. | QUALIFIED EXPENSES | Physician services, hospital services, prescriptions, dental care, vision care, Medicare Part D plans, COBRA premiums and Long-Term care premiums. A full listing of eligible expenses is available at www.irs.gov. |

# FAMILY PLANNING & BEYOND

Beck's Core Value of Caring includes supporting our people and their growing families. We hope these resources and benefits provide you with the support and care you need as your family grows. For more detailed information on these benefits and others, review Beck's Family Planning & Leave Guide.

## Maven — Support Designed for You and Your Family

No matter where you are on your reproductive and family health journey, Maven and Fertility Solutions Plus are here. Get free 24/7 virtual access to top-rated providers via video appointments, messaging, and classes — all from the comfort of your home — and clinical care from experienced fertility nurses. **Beck is pleased to offer all of Maven's support programs to employees and spouses enrolled in Beck's medical plan.**

Your membership includes:

- A personal Care Advocate who serves as a trusted guide to help you navigate the platform and connect you with providers.
- On-demand video chat and messaging with doctors, nurses, and coaches across 35+ specialties, including fertility, mental health, and pediatrics.
- Provider-led virtual classes and vetted articles — tailored to your journey.

Ger personalized support for every step of your journey. You can enroll in Maven at any stage! To sign up and begin accessing these resources, visit mavenclinic.com/join/motherhood-support.

### Fertility & Family Building

You have unlimited access to an experienced fertility nurse who can provide information about treatment options and help find Fertility Centers of Excellence to get care. Get financial and personal support for:

- Preconception
- Fertility preservation
- IUI & IVF
- Male fertility
- Mental health

### Maternity & Newborn Care

Maven OB-GYNs can answer questions you have in-between your in-person visits and help you navigate your symptoms. Maven Pediatricians can answer questions about newborn weight, mystery rashes, and starting solids (and yes, they're available even at 2am!), Get support with things like:

- Pregnancy
- Birth planning
- Infant Sleep
- Lactation Consultants
- Return-to-work coaching
- Miscarriage & loss

### Parenting & Pediatrics

Being a parent is the hardest and best job you will ever have. Maven pediatric specialists are here to support you! They can help with:

- 24/7 pediatric care & specialties
- Parent coaching
- Special needs support
- Childcare navigation
- Behavioral support

### Menopause & Midlife Health

Menopause can bring on physical and mental health changes and challenges. Maven is here to help support you through your entire journey. You have free access to:

- 24/7 connection to specialists, including OB-GYNs, Mental Health Specialists, Urologists, Nutritionists, Career Coaches, and more.
- Gender-inclusive care, including prescription support and education for hormonal health (such as HRT and Low-T).
- Clinically-backed content and classes.
- Communities to reduce isolation and empower you.

## Free Breast Pump

Moms-to-be on Beck's medical plan are eligible to receive a free breast pump. To order, visit https://aeroflowbreastpumps.com/. Select insurance company "Unitedhealthcare", add your item to the cart and checkout.

## Adoption Assistance Program

As a company who cares about their employees, we recognize that employees choose to build their families in many ways. In a move to support employees who are adoptive parents, we are pleased to offer Adoption Assistance to full-time employees who have worked for Beck at least one year.

Adoption benefits are available to eligible employees adopting a child under 18 years of age, with a reimbursement of up to $5,000 for each child (maximum benefit of $10,000). In addition to financial reimbursement, Beck provides 2 weeks paid leave to employees after the placement of their child. For more information, contact your Benefits Team.

## Paid Family Leave

Family is important to Beck, and supporting the growing families of our people is why we offer paid family leave benefits. After the birth of a baby, mothers are eligible for 10 weeks of short-term disability leave (after 90 days of employment) and two weeks of paid family leave (12 weeks total), and partners are eligible for two weeks of paid family leave (can be used all at once or in one-week increments within three months of the baby's birth).

For details on Family Leave and other benefits and resources available to you, review the Beck Family Planning & Leave Guide on the Beck Portal under Departments > HR > BeWell Website > Health Benefits.

If you are based in Colorado, you may be required to apply for FAMLI leave in addition to Beck leave, which would run concurrently with your Beck leave. Please contact the Beck Benefits Team at BeWell@beckgroup.com for details.

## Adding Baby to Insurance

If you plan to add your newborn to the Beck Health Plan, **you have 31 days from their birth date to do so.** Contact your Benefits Team, or review the Family Planning & Leave Guide, as soon as possible for enrollment details.

**After the 31-day deadline passes, you are not able to add your baby to your insurance coverage until the next annual open enrollment period.**

# SUPPLEMENTAL HEALTH BENEFITS

Beck offers several ways for you to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and is offered at discounted group rates.

## Accident Coverage

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact. Accident coverage, available through Unum, provides benefits for you and your covered family members if you have expenses related to an accident that occurs outside of work. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help you pay deductibles, copays, and even typical day-to-day expenses such as a mortgage or car payment. Benefits under this plan are payable to you, to use as you wish.

| SUMMARY OF BENEFITS* | BASE PLAN | PLUS PLAN |
|---|---|---|
| HOSPITAL ADMISSION | $1,500 | $2,000 |
| HOSPITAL ADMISSION - HOSPITAL ICU | $1,500 | $2,000 |
| DAILY STAY (PER DAY UP TO 365 DAYS FOR A COVERED ACCIDENT) | $200 | $300 |
| DAILY STAY - HOSPITAL ICU (PER DAY UP TO 15 DAYS FOR A COVERED ACCIDENT) | $400 | $600 |
| DISLOCATIONS AND FRACTURES | Up to $3,500 | Up to $5,500 |
| AMBULANCE | Ground: $200 / Air: $2,000 | Ground: $200 / Air: $2,000 |
| TREATMENT EMERGENCY ROOM | $150 | $250 |
| TREATMENT IN A PHYSICIAN'S OFFICE OR URGENT CARE FACILITY | $75 | $150 |
| PHYSICIAN FOLLOW-UP VISITS (MAXIMUM 2 VISITS) | $50 (Maximum 2 Visits) | $50 (Maximum 2 Visits) |
| THERAPY SERVICES (CHIRO, SPEECH, PHYSICAL THERAPY, OCCUPATIONAL) | $15 (Maximum 15 Days) | $15 (Maximum 15 Days) |
| MEDICAL IMAGING TIER 1 (X-RAYS OR ULTRASOUND) | $100 | $200 |
| MEDICAL IMAGING TIER 2 (BONE SCAN, CAT, CT, EEG, MR, MRA, OR MRI) | $200 | $400 |
| BURNS | Up to $7,500 | Up to $15,000 |
| OUTPATIENT SURGICAL FACILITY | $200 | $400 |
| CONCUSSION | $200 | $200 |
| COMA | $10,000 | $10,000 |
| GENERAL SURGERY (ABDOMINAL, THORACIC, OR CRANIAL) | $1,000 | $2,000 |
| GENERAL SURGERY (EXPLORATORY) | $100 | $200 |

*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits.

**BE WELL (WELLNESS) BENEFIT:** Every year, each family member who has Accident coverage can also receive $50 for getting a covered screening test such as an annual exam (including Beck's Vitality Check, sports physicals and well-child visits), screenings for cancer including pap smear and colonoscopy, cardiovascular function screenings, cholesterol and diabetes screenings, chest x-ray, mammogram, and immunizations including HPV, MMR, tetanus and influenza.

| BIWEEKLY CONTRIBUTIONS* | BASE PLAN | PLUS PLAN |
|---|---|---|
| EMPLOYEE ONLY | $5.43 | $9.02 |
| EMPLOYEE + SPOUSE | $9.59 | $15.88 |
| EMPLOYEE + CHILD(REN) | $12.26 | $21.84 |
| EMPLOYEE + FAMILY | $16.42 | $28.70 |

*Rates shown per pay period

## Critical Illness Coverage

Critical Illness insurance through Unum helps offset the financial effects of a catastrophic illness by paying a lump-sum benefit when you or a covered spouse or child, are diagnosed with a covered illness. The benefit amount you receive, is based on the amount of coverage in force, the illness diagnosed and all other terms and provisions of the policy. You can use this money however you like; for example: to help pay your medical insurance deductible, lost wages, childcare, travel, home health care costs or any of your regular household expenses.

### Plan Highlights

- Guaranteed Issue Coverage (no medical questions)
- Benefits are payable based on the date of the covered event occurring or the date of diagnosis. Illnesses or occurrences prior to the effective date of coverage will not be payable events
- Be Well (Wellness) Benefit is payable for each covered member for completing certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy or stress test (once per year per covered person). This benefit is $50 for the $10,000 plan, $75 for the $20,000 plan, and $100 for the $30,000 plan. Benefits are payable once per year per covered member.
- Coverage Amounts:
  - Employee: $10,000, $20,000 or $30,000
  - Spouse: 100% of Employee Coverage Amount
  - Children: 100% of Employee Coverage Amount for NO ADDITIONAL COST

| COVERED BENEFITS | |
|---|---|
| **THE BELOW BENEFITS ARE PAYABLE AT 100% OF YOUR SELECTED COVERAGE AMOUNT:** | |
| Amyotrophic Lateral Sclerosis (ALS) | Invasive Cancer (including all Breast Cancer) |
| Benign Brain Tumor | Loss of Hearing |
| Cerebral Palsy | Loss of Sight |
| Cleft Lip or Palate | Loss of Speech |
| Coma | Major Organ Failure Requiring Transplant |
| Cystic Fibrosis | Multiple Sclerosis |
| Dementia (including Alzheimer's Disease) | Occupational Human Immunodeficiency Virus (HIV) or Hepatitis |
| Down Syndrome | Parkinson's Disease |
| End Stage Renal (Kidney) Failure | Permanent Paralysis |
| Functional Loss | Spina Bifida |
| Heart Attack (Myocardial Infarction) | Stroke |

| THE BELOW BENEFITS ARE PAYABLE BASED ON THE PERCENTAGE OF BENEFIT AMOUNT INDICATED: | |
|---|---|
| Coronary Artery Disease: Major - 50% / Minor - 10% | Non-Invasive Cancer - $25% |
| Infectious Disease – 25% | Skin Cancer - $500 |

Note: This is a summary. Refer to plan document for details including definitions, plan exclusions and limitations.

| | $10,000 BENEFIT ($50 BE WELL) | | $20,000 BENEFIT ($75 BE WELL) | | $30,000 BENEFIT ($100 BE WELL) | |
|---|---|---|---|---|---|---|
| **MONTHLY CONTRIBUTIONS** | | | | | | |
| **RATES BASED ON CURRENT AGE** | **EMPLOYEE ONLY OR EMPLOYEE + CHILD(REN)** | **EMPLOYEE + SPOUSE OR EMPLOYEE + FAMILY** | **EMPLOYEE ONLY OR EMPLOYEE + CHILD(REN)** | **EMPLOYEE + SPOUSE OR EMPLOYEE + FAMILY** | **EMPLOYEE ONLY OR EMPLOYEE + CHILD(REN)** | **EMPLOYEE + SPOUSE OR EMPLOYEE + FAMILY** |
| Age <25 | $1.73 | $3.45 | $3.45 | $6.90 | $5.18 | $10.36 |
| 25–29 | $2.10 | $4.19 | $4.19 | $8.38 | $6.29 | $12.57 |
| 30–34 | $2.70 | $5.39 | $5.39 | $10.78 | $8.09 | $16.17 |
| 35–39 | $3.39 | $6.78 | $6.78 | $13.55 | $10.16 | $20.33 |
| 40–44 | $4.68 | $9.36 | $9.36 | $18.72 | $14.04 | $28.08 |
| 45–49 | $6.71 | $13.42 | $13.42 | $26.84 | $20.13 | $40.26 |
| 50–54 | $10.17 | $20.34 | $20.34 | $40.69 | $30.52 | $61.03 |
| 55–59 | $14.28 | $28.56 | $28.56 | $57.12 | $42.84 | $85.68 |
| 60–64 | $20.56 | $41.11 | $41.11 | $82.23 | $61.67 | $123.34 |
| 65–69 | $29.97 | $59.94 | $59.94 | $119.89 | $89.92 | $179.83 |
| 70–74 | $44.10 | $88.19 | $88.19 | $176.38 | $132.29 | $264.57 |
| 75–79 | $60.57 | $121.14 | $121.14 | $242.29 | $181.72 | $363.43 |
| 80–84 | $82.59 | $165.18 | $165.18 | $330.35 | $247.76 | $495.53 |
| 85+ | $128.70 | $257.39 | $257.39 | $514.78 | $386.09 | $772.17 |

*Rates shown biweekly

## Hospital Indemnity Coverage

Hospital Indemnity Coverage through Unum pays cash benefits directly to you if you have a covered stay in a hospital or intensive care unit. You can use the benefits from this policy to help pay for your medical expenses such as deductibles and copays, travel cost, food and lodging, or everyday expenses such as groceries and utilities. Pregnancy is not considered a pre-existing condition for this benefit, so you are able to purchase this coverage if you are currently pregnant.

- Coverage is guaranteed issue; no medical questions
- Coverage not applicable for emergency room treatment, outpatient treatment, or a confinement of less than 20 hours.

| SUMMARY OF BENEFITS* | BASE PLAN | PLUS PLAN |
|---|---|---|
| HOSPITAL ADMISSION | $500 per insured per calendar year | $1,000 per insured per calendar year |
| DAILY HOSPITAL CONFINEMENT | $200 per day, to a maximum of 60 days per calendar year | $200 per day, to a maximum of 60 days per calendar year |
| HOSPITAL INTENSIVE CARE UNIT CONFINEMENT | $500 per day, to a maximum of 15 days per calendar year | $500 per day, to a maximum of 15 days per calendar year |

*This is a summary. Refer to plan documents for details.

| BIWEEKLY CONTRIBUTIONS* | | |
|---|---|---|
| EMPLOYEE ONLY | $6.73 | $8.80 |
| EMPLOYEE + SPOUSE | $15.98 | $21.39 |
| EMPLOYEE + CHILD(REN) | $9.67 | $12.55 |
| EMPLOYEE + FAMILY | $18.92 | $25.14 |

*Rates shown per pay period

### Well Child Benefit

Both Hospital Plans include a Well Child Benefit that gives you $100 each, for up to four (4) well child doctor visits (regular well child exams, not sick visits) within the first year of birth — $400 total in cash benefit. The initial Well Child payment of $100 will be included in your hospital stay payment. You will submit for the remaining three (3) Well Child visit claims as they occur — the visits must be at least 30 days apart.

# LIFE INSURANCE

Discussing what might happen to your family if you were not around to provide for them isn't always the easiest conversation, but it is necessary. Survivor benefits provide financial assistance in an absence, and can help you plan for the unexpected.

## Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

Life and AD&D benefits are essential to the financial security of you and your family. As such, it is important to understand how your Plan works and what benefits you will receive.

Basic Life and AD&D benefits are provided by Beck at no cost to you, which guarantees that loved ones, such as a spouse or other designated survivor(s), continue to receive part of an employee's benefits after death.

As a full-time employee, you automatically receive Basic Life and AD&D insurance even if you elect to waive other coverage. Basic Life and AD&D coverage is through Unum and begins 30 days after your hire date.

Your Basic Life and AD&D insurance benefit is 2x annual salary, rounded to the next higher multiple of $1,000, up to $1,000,000. As a new hire, there is no medical underwriting required for benefit volumes up to $450,000. If your coverage is above that, you will need to submit a medical questionnaire to Unum for approval.

## Basic Dependent Life

Beck provides Basic Life and AD&D coverage of $10,000 for spouse and $5,000 for each child. This coverage is provided at no cost and you will automatically receive it even if you waive all other benefit coverage.

## Beneficiary Designation

A beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under group Life and AD&D offered by Beck. Benefits for a dependent's death are payable to you.

You can designate your beneficiaries in Workday. It is important that your beneficiary designation is clear so there is no question as to your intentions. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary(ies), please indicate their full name, address, Social Security number, relationship, date of birth and distribution percentage.

If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in percentages.

For example:

| PRIMARY | CONTINGENT |
|---|---|
| Mary J. Doe,<br>Wife (34%)<br>Jane Doe,<br>Daughter (33%)<br>John Doe,<br>Son (33%) | Joseph W. Doe,<br>Son (50%)<br>Jane Doe,<br>Daughter (50%)<br>OR<br>Estate of the Insured<br>(100%) |

If you need assistance, contact your Benefits Team or your own legal counsel.

## Supplemental Life and AD&D Insurance

In addition to the Basic coverage provided by Beck, benefit eligible employees may purchase Supplemental Life and AD&D insurance for themselves. Premiums are paid through post-tax payroll deductions. Your cost automatically adjusts each year at our annual renewal to reflect the age-graded rates.

Some benefit levels require Evidence of Insurability (EOI) prior to approval — thresholds shown in the table below. Evidence of Insurability is a short medical questionnaire that you will complete and return to Unum. Once Unum processes and approves your EOI, they will notify Beck to update your coverage and premium cost.

| | |
|---|---|
| **BASIC LIFE/AD&D** | |
| COVERAGE AMOUNT | 2x annual salary, rounded to the next higher multiple of $1,000 |
| WHO PAYS | Beck pays full cost |
| BENEFITS PAYABLE | The Life benefit pays if you die while covered under the Plan. The AD&D benefit pays in addition if loss of your life is due to an accident. The AD&D benefit will also pay a partial amount if you lose a limb or suffer paralysis in an accident. |
| MAXIMUM BENEFIT | $1,000,000 total combined coverage (Basic + Supplemental) |
| EVIDENCE OF INSURABILITY (EOI) | Benefit amount over $450,000 will require medical underwriting to Unum |
| **BASIC DEPENDENT LIFE/AD&D** | |
| COVERAGE AMOUNT | $10,000 for spouse and $5,000 for each child (up to the age of 26) |
| WHO PAYS | Beck pays full cost |
| BENEFITS PAYABLE | If your dependent dies while covered under the Plan |
| EVIDENCE OF INSURABILITY (EOI) | N/A |
| **SUPPLEMENTAL EMPLOYEE LIFE** | |
| COVERAGE AMOUNT | 1x or 2x annual salary, rounded to the next higher multiple of $1,000 |
| WHO PAYS | You pay full cost |
| BENEFITS PAYABLE | The Life benefit pays if you die while covered under the Plan. The AD&D benefit pays in addition if loss of your life is due to an accident. The AD&D benefit will also pay a partial amount if you lose a limb or suffer paralysis in an accident. |
| MAXIMUM BENEFIT | Not to exceed 2x annual earnings or $1,000,000 total combined coverage (Basic + Supplemental) |
| EVIDENCE OF INSURABILITY (EOI) | Required for the amount over $450,000 (combined with basic life benefit) or if you choose to increase your election or enroll after your new hire enrollment period. |
| **SUPPLEMENTAL SPOUSE LIFE** | |
| COVERAGE AMOUNT | $1,000 increments |
| WHO PAYS | You pay full cost |
| BENEFITS PAYABLE | The Life benefit pays if your spouse dies while covered under the Plan. The AD&D benefit pays in addition if loss of your spouse's life is due to an accident. The AD&D benefit will also pay a partial amount if your spouse loses a limb or suffers paralysis in an accident. |
| MAXIMUM BENEFIT | 50% of employee life (Basic & Supp. policies combined) amount up to $500,000 |
| EVIDENCE OF INSURABILITY (EOI) | Required for the amount over $25,000 or if you chose to increase your election or enroll after your new hire period. |
| **SUPPLEMENTAL CHILD LIFE** | |
| COVERAGE AMOUNT | $5,000 or $10,000 |
| WHO PAYS | You pay full cost |
| BENEFITS PAYABLE | The Life benefit pays if your child dies while covered under the Plan. The AD&D benefit pays in addition if loss of your child's life is due to an accident. The AD&D benefit will also pay a partial amount if your child loses a limb or suffers paralysis in an accident. |
| MAXIMUM BENEFIT | $10,000 |
| EVIDENCE OF INSURABILITY (EOI) | Required if you elect coverage for your dependent child after your new hire enrollment period. |

Basic and supplemental life insurance for both you and your spouse will be reduced to 67% of your original benefit when you reach age 70. If you are electing coverage for the first time at age 70 or above, your benefit amount will be reduced to 67% of your benefit election. There will be no further age-related reductions.

## VOLUNTARY LIFE INSURANCE

| RATES/$1,000 (MONTHLY) | | |
|---|---|---|
| **EMPLOYEE AGE (AS OF JANUARY 1, 2026)** | **EMPLOYEE** | **SPOUSE RATE BASED ON EMPLOYEE AGE** |
| <25 | $0.117 | $0.117 |
| 25-30 | $0.103 | $0.103 |
| 30-35 | $0.105 | $0.103 |
| 35-40 | $0.115 | $0.106 |
| 40-45 | $0.130 | $0.130 |
| 45-50 | $0.175 | $0.173 |
| 50-55 | $0.262 | $0.262 |
| 55-60 | $0.455 | $0.405 |
| 60-65 | $0.685 | $0.614 |
| 65-70 | $1.295 | $1.579 |
| 70+ | $2.085 | $2.801 |

## VOLUNTARY AD&D INSURANCE

| PREMIUM RATES – $1,000 MONTHLY | |
|---|---|
| Employee | $0.025 |
| Spouse | $0.025 |
| Child | $0.025 |

## VOLUNTARY CHILD LIFE INSURANCE

| PREMIUM RATES – $1,000 MONTHLY |
|---|
| $0.225 |

## TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE COVERAGE WILL COST:

| | | | | |
|---|---|---|---|---|
| $ | ÷ 1,000 = | $ | x Age Based Rate = (from table above) | $ |
| Supplemental life insurance amount (ex. $150,000) | | | | Monthly Premium (multiply by 12 then divide by 26 to get the biweekly premium cost) |

## Whole Life Insurance With Long-Term Care (LTC) Rider

Life is unpredictable. Group Whole Life with an Accelerated Death Benefit for Long-Term Care with Restoration or Benefits Rider can help you prepare for the unexpected by providing financial security for life and its uncertainties. Enrollment in this benefit is offered once a year during annual Benefits Open Enrollment.

**The first time you are offered this benefit, you can enroll without medical questions*. If you wait to enroll at a later date, evidence of insurability will apply and coverage may be declined.**

Check out the policy benefits and highlights below.

| | | |
|---|---|---|
| 1 | **DEATH BENEFIT** | Pays a lump-sum cash benefit when the insured dies; or Maturity Benefit that pays a lump-sum cash benefit if the insured is still living at age 121. |
| 2 | **ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS** | Pays an advance of the death benefit up to 75% of the face amount when diagnosed terminally ill. |
| 3 | **ACCELERATED DEATH BENEFIT FOR LONG-TERM CARE WITH RESTORATION OF BENEFITS** | Pays a monthly advance of 4% of the death benefit for up to 25 months while receiving qualified LTC services. The restoration benefit restores the death benefit and cash value to the pre-acceleration amounts. |

**Plan Highlights:**

- Your rates lock in at your current age and do not increase as you age.
- Coverage is portable, which means you can take this plan with you if you no longer work for the company.
- You choose the level of coverage that is right for you.

| | GUARANTEE ISSUE* (NO MEDICAL QUESTIONS) | MAXIMUM BENEFIT AMOUNT |
|---|---|---|
| EMPLOYEE ONLY | $100,000 | $250,000 |
| WORKING SPOUSE | $50,000 | $150,000 |
| CHILD(REN) | $20,000 | $50,000 |

Rates are based on your age and coverage level.

There are certain benefit restrictions for anyone enrolling beyond age 64.

This is just a summary, please refer to plan documents for a comprehensive list of coverage.

*Although Guarantee Issue or Simplified Issue may be available, all exclusions and limitations will still apply to coverage issued.

# DISABILITY LEAVE

Protecting yourself in the case of an unfortunate debilitating injury and planning for the care you will need in the future is important. This insurance protects a portion of your income until you can return to work or reach retirement, and provides security should you need extended care in the future.

## Short-Term Disability Leave

If you are a full-time biweekly employee and require at least five (5) consecutive business days of time off due to a medical condition that prevents you from performing your job, you may be eligible for payment under the Short-Term Disability leave program in the form of salary continuation. Short-Term Disability benefits are active 90 days after date of hire. While on Short-Term Disability leave, you will be paid 100% of your regular salary through normal payroll processing. Holidays, which fall within any paid Short-Term Disability leave will be processed as part of your leave and the holiday hours will be forfeited.

Unum administers Beck's Short-Term Disability claims. Until required forms and documentation are received by Unum, any leave will be logged as PTO. Short-Term Disability leave will begin per the start date provided by your physician. Failure to provide proper medical certification by the deadline communicated to you by a Unum representative may result in the denial of your Short-Term Disability benefit.

Employees on Short-Term Disability leave are expected to return to work as soon as they are physically able to perform the duties of their position. Unum will advise if certification from your physician is needed to confirm the return to work date.

If you are based in Colorado, you may be required to apply for FAMLI leave in addition to Beck leave, which would run concurrently with your Beck leave.

**See "How to Apply for Leave" on the next page. Please also inform BeWell@beckgroup.com.**

## Long-Term Disability (LTD) Insurance

Long-Term Disability (LTD) insurance protects a portion of your income if you become partially or totally disabled for a long period of time. Beck provides a Basic LTD insurance benefit at no cost to you that replaces 60% of your income, up to a maximum of $25,000 per month, with a minimum monthly benefit of the greater of $100 or 10% of your gross disability payment.

You are automatically enrolled in the company-provided Basic LTD insurance after 90 days of employment. You must be disabled for at least 90 days before you can receive the LTD insurance benefit payment. Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner. Please refer to your Summary Plan Description for details or contact your Benefits Team for specific benefits. The Basic LTD policy provides a Spousal LTD benefit of $2,000 per month, with a maximum benefit period of 2 years. Your spouse must be disabled for at least 60 days before he/she can receive the LTD insurance benefit payment. During the annual Open Enrollment, you may be eligible to purchase additional coverage or increase existing coverage. Unum will reach out to you directly during the enrollment period with the options available to you.

## Unpaid Family and Medical Leave

In accordance with the Family and Medical Leave Act ("FMLA"), Beck provides up to 12 weeks of unpaid leave (or 26 weeks in the case of an Armed Forces member family leave) to eligible employees. Employees who: (1) have worked for the company for at least 12 months (not necessarily consecutively); and (2) have worked 1,250 hours for the company within the past 12 months, may take up to 12 weeks of unpaid leave during any 12-month period for any of the following reasons:

- Birth of a child of the employee and in order to care for the child within first year following birth.
- Placement of a child with the employee for adoption or foster care within first year of placement.
- Care of the spouse, or a child, or parent of the employee, if such family member has a serious health condition.
- A serious health condition that makes the employee unable to perform the functions of his or her position.
- Because of any qualifying exigency (as the secretary of Labor shall, by regulation, determine) arising out of the fact that the spouse, or a son, daughter or parent of the employee is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation.

For more information on FMLA, please refer to the Beck Employee Handbook.

Unum administers Beck's FMLA claims. Until required forms and documentation are received by Unum, any leave will be logged as PTO.

**Contact BeWell@beckgroup.com if you need to initiate FMLA.**

If you are based in Colorado, you may be required to apply for FAMLI leave in addition to Beck leave, which would run concurrently with your Beck leave.

### HOW TO APPLY FOR LEAVE

To apply for Short-Term Disability leave, paid family leave or FMLA, contact Unum directly at 866-779-1054 or submit your claim online at www.unum.com and follow the claim submission instructions. Unum will communicate the required documentation and facilitate processing the leave request.

# RETIREMENT

Whether you're just starting out in your career or you've been in the workforce for years, it's always a good time to plan for retirement.

## Retirement Planning

It's never too early — or too late — to start planning for your retirement. Making contributions to a 401(k) account is the first step toward achieving financial security later in life. The Beck Group Retirement Savings Plan provides you with the tools and flexibility you need to retire comfortably and securely.

Eligible employees can invest for retirement while receiving certain tax advantages. The Beck Group Retirement Savings Plan is a savings plan with provisions that allow you to make pre-tax contributions (made before taxes are taken out of your paycheck) and/or Roth contributions (made with money that has already been taxed). Beck will make a matching contribution of 100%, up to the first 6% of an employee's contributions (up to IRS limits). **Once you hit the contribution limit, both your contributions and Beck matching contributions will stop. To take full advantage of Beck's matching contribution, be sure to spread your contributions out evenly over the full 26 pay periods in the year.** Pre-tax and Roth contribution sources are eligible for Beck matching contributions. After-tax and catch-up contribution sources are not eligible for Beck matching contributions. Administrative and record-keeping services for this Plan are provided by T. Rowe Price.

| PLAN AT A GLANCE | |
|---|---|
| PLAN NAME | The Beck Group Retirement Savings Plan |
| RECORDKEEPER | T. Rowe Price |
| WEBSITE | rps.troweprice.com |
| ELIGIBILITY | After a 30-day eligibility waiting period |

**What is a 401(k)?** This employer-sponsored retirement account can help build and create choices for your future self by saving money — tax-free — from your paycheck. Due to the value of compounding interest, the sooner you participate in a 401(k), the better.

Eligible employees can invest for retirement while receiving certain tax advantages. You may start making contributions into the plan after a 30-day eligibility waiting period.

**Pre-tax vs. Roth 401(k): What's the difference?** If you contribute to your 401(k) pre-tax, your contributions will be taken out before taxes each pay period. However, you'll have to pay taxes on the funds when you withdraw them during retirement. If you choose the available Roth 401(k), contributions will be deducted from your paycheck after taxes — so you won't pay taxes when you withdraw during retirement. Once you retire, you might be in a higher tax bracket, so contributing after taxes now could save you money in the long run.

Thoughts & Tips: **When you retire, you'll need at least 70% of your pre-retirement earnings to maintain your standard of living. Social Security retirement benefits typically replace only about 40%, so start building that nest egg now.**

## How Much Should I Be Saving?

Industry standards suggest saving, at a minimum, 12% to 15% of your income, inclusive of Beck's generous matching contribution. If you cannot afford to save that much right now, at least make sure to be saving up to the matching amount so you are not leaving free money behind.

## Consolidating Your Retirement Savings

If you have an existing qualified retirement plan (pre-tax) with a previous employer, you may transfer that account into the plan any time. Contact T. Rowe Price at 800-922-9945 for details.

Regardless of which retirement account you choose or how much you contribute, it's important to think of it as a Long-Term strategy. Dipping into the account early will jeopardize the quality of your retirement and rack up penalties from the IRS.

## Vesting

The term "vested" refers to how much of the employer contributions in your account that you can take with you if or when you leave Beck. With our vesting schedule, each year you'll own a greater percentage of the company's matching contributions. When you're fully vested, you'll own 100% of company match contributions. You always own and are fully vested in your own personal 401(k) contributions.

| VESTING SCHEDULE | | | |
|---|---|---|---|
| YEARS OF SERVICE | PERCENTAGE VESTED | YEARS OF SERVICE | PERCENTAGE VESTED |
| After 1 year | 40% | After 3 years | 80% |
| After 2 years | 60% | After 4 years | 100% |

## Contributing to the Plan

You are eligible to start making contributions into the Plan on the 1st of the month following 30 days of employment. All employees are auto enrolled in the Plan at a 6% contribution rate, which takes full advantage of Beck's matching contribution. The maximum annual employee contribution allowed is 100% of your compensation, but is subject to the IRS annual maximum allowable amount. You may stop or change your contribution amount at any time by contacting T. Rowe Price at 800-922-9945 or online at rps.troweprice.com.

The deferred contribution limit set annually by the IRS is $23,500 for 2026.

**Once you hit the contribution limit, both your contributions and Beck matching contributions will stop. To take full advantage of Beck's matching contribution, be sure to spread your contributions out evenly over the full 26 pay periods in the year.**

## Catch-up Contributions

If you are age 50 or older this calendar year and you already contributed the maximum allowed to your 401(k) account, you may also make a "catch-up contribution." The maximum catch-up contribution is $7,500 for 2026 — for a combined total contribution allowance of $31,000.

## Enhanced Catch-up

Employees ages 60 – 63 can contribute an enhanced catch-up contribution that is the greater of $11,250.

## Catch-Up as Roth:

Beginning January 1, 2026, catch-up contributions for employees earning more than $145,000 in FICA wages from the prior year must be made on a Roth (after-tax) basis. Employees at or below this income level may still choose between pre-tax and Roth catch-up contributions, depending on plan rules. With Roth contributions, taxes are paid up front, but withdrawals in retirement are generally tax-free.

## Changing or Stopping Your Contributions

You may change the amount of your contributions any time. All changes will become effective as soon as administratively feasible and will remain in effect until you modify them. You may also discontinue your contributions any time. Once you stop making contributions, you may start again at any time.

You may change your contributions by logging into www.rps.troweprice.com, via the T. Rowe Price app or by calling 800-922-9945.

## Investing in the Plan

You will be automatically invested in a T. Rowe Price Retirement Fund with the target date closest to the year you will turn 65. The Beck Group Retirement Savings Plan offers a selection of investment options for you to choose from. You may change your investment choices any time. For more details, refer to your 401(k) Enrollment Guide.

## Beneficiary Designation

Don't forget to name your beneficiary. Your beneficiary for your 401(k) retirement account must be designated on the T. Rowe Price website at www.rps.troweprice.com.

# FINANCIAL WELLNESS

Tell your money where to go and stop wondering where it went. The financial wellness programs offered by Beck will teach you how to take control of your money once and for all. We are pleased to offer these programs to you and your family for free!

## SmartDollar

SmartDollar is a step-by-step approach to handling money taught by the number-one authority in personal finance, Dave Ramsey. More than 2.5 million families have started Dave's plan and taken control of their money, and you can too! SmartDollar will equip you to get out of debt, on a budget and on your way to a strong financial foundation.

The average family pays off $3,300 in debt and saves $5,000 in the first six months!

With SmartDollar, You'll Learn How To . . .

- Jump-start Your Money
- Knock Out Debt
- Retire in Style
- Do College Debt Free
- Secure Your Dream Home
- Demystify Your Credit Score

You can make a change, eliminate debt, invest for the future, and get on track for an amazing retirement!

Sign up today by registering on the SmartDollar website! Go to: www.smartdollar.com/enroll/trp_105535

## Dedicated Financial Consultant

You have access to Beck's free dedicated financial consultant. Our experienced consultant has years of helping individuals improve their financial health and is versed in Beck's retirement and financial benefits. They can help you with everything from how to save for an upcoming trip, to paying off student loans to preparing for retirement. You will get personalized answers to questions like:

- Am I on-track for retirement?
- How much should I save for the future?
- How can I best manage my debt?
- Do I have the right insurance coverage?
- How should I invest?

Contact BeWell@beckgroup.com for how to schedule.

## Money Coach

Beck's BeWell Program gives you and your entire household free access to experts that can assist you with your finances.

- Three 30-minute telephone consultations per topic per year, with an unbiased financial coach with an average of 22 years experience.
- Get support for debt and credit, spending and savings, maternity leave, large purchases, caring for parents & more.
- Invite your spouse or partner to join you.

Get started today! Visit member.magellanhealthcare.com (enter The Beck Group into Find My Company) or call 800-523-5668 (TTY 711).

## SoFi at Work

A leading financial services provider that offers below-market rates on student loan refinancing with flexible terms, personal loans, benefits for new home buyers, mortgage refinancing, 529 college savings resources, and more!

### Student Loan Support

- Refinance/consolidate student loans
- Below-market rates + additional rate discount of 0.125%
- No fees or prepayment penalties
- Calculators, guides + more Home Buying/Refinancing
- Competitive rates and down payments as little as 3%
- Flexible mortgage options
- Close on time guarantee
- Vetted real estate agent network

### Personal Loan Options

- Consolidate debt into one low monthly payment
- Low fixed rate that won't change
- No origination fees, late fees, or prepayment fees

### Getting Started

It's easy to access your benefit — try it today!

### Single-Sign-On (SSO) via T. Rowe Price

- Log in to your T. Rowe Price account (https://www.troweprice.com/workplace/en/login.html)
- Click on "Plan & Learn" > "Student Loan Center" > then the blue button "Access Your Benefit"
- You will be taken to the SoFi website to create your account — you only need to do this once.
- After you create your account, each time you access SoFi from your T. Rowe Price account, you will be signed in with SSO

## Waysaver Savings Account

Waysaver, the new savings program from T. Rowe Price, can help you build your savings to prepare for unexpected costs or a large planned expense. Waysaver estimates what you can afford based on your current spending habits — so you may not need to change your spending habits. Waysaver is available to you for free.

### Experience the smarter way to save

- Simple. Just download the app, link your checking account, and start saving today.
- Intuitive. Waysaver estimates how much to save and when, based on your cashflow patterns.
- Convenient. It builds your savings automatically, in manageable daily amounts.
- Secure. Breathe easy with the security you'd expect from your trusted retirement experts.
- Rewarding. Benefit from the high-yield interest offered by this account to build your savings faster.

Learn more here: Waysaver (https://www.troweprice.com/workplace/en/waysaver/overview.html?van=waysaver)

# ADDITIONAL BENEFITS

The Beck Group knows the value of well-rounded, balanced employees, which is why we offer additional benefits to help you manage your life.

## Legal Services

As part of Beck's BeWell Benefit, you have legal services and discounts available to you through Magellan. Visit your BeWell Benefit at 800-523-5668 (TTY 711) or visit member.magellanhealthcare.com to take advantage of the benefits below.

- Free 60 minute consultation (per issue) with an Attorney* in person or by phone. Consultations are helpful when dealing with divorce, family matters, real estate and consumer credit concerns.
- Preferential discount on the hourly fees for services contracted with the attorney, after the initial 60-minute consultation.
- 25% discount for standard legal services (Civil and consumer rights, Personal property, Taxes and audits)
- 25% discount for estate planning (wills, trusts, power of attorney)
- 35% discount for family law (divorce, juvenile court proceedings, elder care)
- Document preparation discounts include:
  - Single Will Package: $99.00
  - Couples Will Package: $179.00
  - Minor's or Special Needs Trust: $249.00
  - Individual Estate Protection: $649.00
  - Protection of Couples' Estate: $999.00
- An online legal library with educational contents, articles, and definitions on topics ranging from divorce and child custody to estate planning and wills.
  - Other resources include self-serve access to instantly create state-specific forms.

*Legal advice on employment matters is excluded

## Pet Insurance

At Beck we value our fur-family members and know that looking after their health & wellness is important. We have partnered with ASPCA to help you do just that.

With the ASPCA® Pet Health Insurance program, it's easier to get your pet the care they need and deserve. You will get coverage that is easy to use, up to 90% cash back on vet bills, and up to a 10% discount on your premium. Get your quote at: https://www.aspcapetinsurance.com/beck#/start.

## Identity Theft Resolution

Beck's BeWell Program provides education on how to prevent identity theft and guidance to help to restore your credit if you have an issue.

You and your household members receive one free 60-minute telephone consultation with a Fraud Resolution Specialist™ (FRS) per issue, per year. The FRS will answer your questions and give you the direction and tools you need to start resolving the fraud issues. You also have the option to purchase resolution services on a self-pay basis and have the company work under power of attorney until all issues are resolved.

Our program provides you with an ID Theft Emergency Response Kit and assists with:

- Completing and submitting a Uniform ID Theft Affidavit to the proper authorities, Credit Reporting Agencies and creditors.
- Providing fraudulent account forms or letters to itemize each fraudulent occurrence
- Obtaining a free copy of your credit report
- Reporting fraudulent activity and notifying local and Federal authorities and creditor fraud departments
- Placing a fraud alert and/or credit freeze (if allowed by State law) on your credit file

**Think you've been a victim of ID theft?**

If you or any of your household members suspect that you have experienced identity theft, call 800-523-5668 (TTY711) or visit member.magellanhealthcare.com.

## Travel Assistance

When traveling for business or personal reasons, in a foreign country or just 100 miles or more away from home, you and your family can count on getting help in the event of a medical emergency. Beck's emergency travel assistance is provided at no cost to you, and includes:

- Hospital admission guarantee
- Emergency medical evacuation
- Transportation for a friend or family member to join hospitalized patient
- Prescription replacement assistance
- Medical referrals to Western-trained, English-speaking medical providers
- Care and transport home of unattended minor children

For assistance anywhere in the world, contact Assist America at:

- Within the U.S.: 1-800-872-1414
- Outside the U.S.: (U.S. access code) +609-986-1234
- Via email: medservices@assistamerica.com

Reference number: 01-AA-UN-762490

## The Beck Discount Marketplace

Get instant access to Beck exclusive deals, limited-time offers, and savings perks on the products, services, and experiences you need and love. Shop offers from hotels, entertainment, food, fitness, electronics and more!

- Quickly find the offers you want
- Save your favorites
- Find new curated offers every day

https://beckgroup.savings.beneplace.com/home

# IMPORTANT CONTACTS

## MEDICAL & PHARMACY
United Healthcare
866-844-4864
24/7 NurseLine (free): 877-440-0547
www.myuhc.com
Group #: 705241
Get the app!

## SURESTT
866-683-6440
https://benefits.surest.com
Group #: 78800604
Get the app!

## DENTAL
Cigna Dental
800-244-6224
www.mycigna.com
Policy #: 3346980
Get the app!

## VISION
EyeMed
https://eyemed.com/en-us
Get the app!

## VIRTUAL MEDICINE & MENTAL HEALTH VISITS
www.doctorondemand.com
https://amwell.com
www.teladoc.com

## FERTILITY, PREGNANCY, PARENTING & MENOPAUSE
Maven
mavenclinic.com/join/getsupport

## WELLNESS
Vitality
877-224-7117
www.powerofvitality.com
Get the app!

## HEALTH COACH
Real Appeal
https://realappeal.com/

## HEALTH SAVINGS ACCOUNT
Optum
800-791-9361
www.myuhc.com
Get the app!

## FLEXIBLE SPENDING ACCOUNTS
United Healthcare
800-791-9361
www.myuhc.com
Get the app!

## RETIREMENT
T. Rowe Price
800-922-9945
rps.troweprice.com
Get the app!

## FINANCIAL WELLNESS
SmartDollar
https://www.smartdollar.com
Company Keyword: beckgroup

## LIFE AND AD&D
Unum
800-421-0344
www.unum.com
Policy #: 571021
Get the app!

## DISABILITY
Unum
866-779-1054
www.unum.com
Policy #: 571021
Get the app!

## ACCIDENT, CRITICAL ILLNESS, HOSPITAL INDEMNITY
Unum
800-635-5597
www.unum.com
Get the app!

## WHOLE LIFE + LTC
Allstate Benefits
800-521-3535
www.allstatebenefits.com/mybenefits

## BEWELL BENEFIT
Magellan
800-523-5668 (TTY711)
member.magellanhealthcare.com

## LEGAL ASSISTANCE
Magellan
800-523-5668 (TTY711)
member.magellanhealthcare.com

## TRAVEL ASSISTANCE
Within the U.S.: 800-872-1414
Outside the U.S.: (U.S. access code) +609-986-1234
Via email: medservices@assistamerica.com
Reference number: 01-AA-UN-762490
Get the app!

## BECK BENEFITS TEAM
BeWell@beckgroup.com

# GLOSSARY

**Balance Billing –** When you are billed by a provider for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $60, you may be billed by the provider for the remaining $40.

**Coinsurance –** Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

**Copay –** The fixed amount, as determined by your insurance plan, you pay for healthcare services received.

**Deductible –** The amount you owe for healthcare services before your health insurance begins to pay its portion. For example, if your deductible is $1,000, your plan does not pay anything until you've paid $1,000 for covered services. This deductible may not apply to all services, including preventive care.

**Explanation of Benefits (EOB) –** A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision.

**Flexible Spending Accounts (FSAs) –** A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You'll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are "use it or lose it," meaning that funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or a rollover into the next plan year.

- **Healthcare FSA –** A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- **Dependent Care FSA –** A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.

**Healthcare Cost Transparency –** Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

**Health Savings Account (HSA) –** A personal healthcare bank account funded by your or your employer's tax-free dollars to pay for qualified medical expenses. You must be enrolled in an HDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable, so if you change jobs your account goes with you.

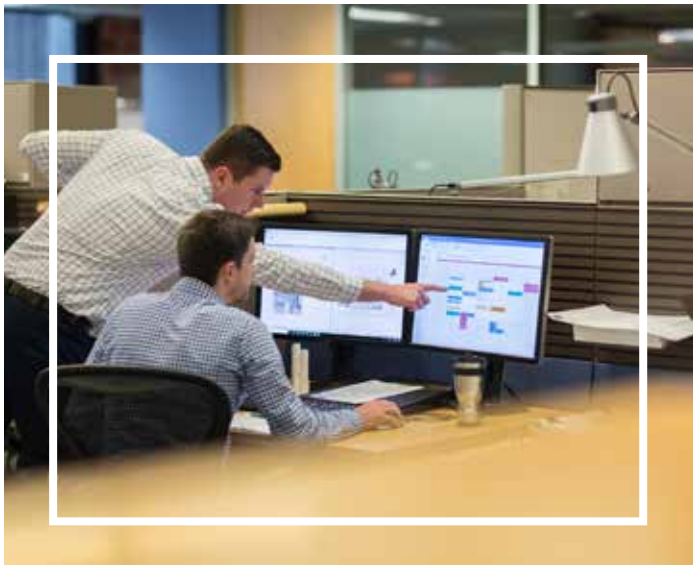
**High Deductible Health Plan (HDHP) –** A plan option that provides choice, flexibility and control when it comes to healthcare spending. Most preventive care is covered at 100% with in-network providers, there are no copays and all qualified employee-paid medical expenses count toward your deductible and your out-of-pocket maximum.

**Network –** A group of physicians, hospitals and other healthcare providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

- **In-Network –** Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- **Out-of-Network –** Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.
- **Non-Participating –** Providers that do not accept any insurance and you could pay for all costs out of pocket.

**Open Enrollment –** The period set by the employer during which employees and dependents may enroll for coverage, make changes or decline coverage.

**Out-of-Pocket Maximum –** The most you pay during a policy period (usually a 12-month period) before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, charges beyond the Reasonable & Customary, or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.



**Over-the-Counter (OTC) Medications –** Medications available without a prescription.

**Prescription Medications –** Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred or specialty.

- **Generic Drugs –** Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- **Preferred Drugs –** Brand-name drugs on your provider's approved list (available online).
- **Non-Preferred Drugs –** Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- **Specialty Drugs –** Prescription medications used to treat complex, chronic and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered.
- **Prior Authorization –** A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- **Step Therapy –** The goal of a Step Therapy Program is to steer employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before "stepping up" to a non-preferred brand.

**Reasonable and Customary Allowance (R&C) –** Also known as the UCR (Usual, Customary, and Reasonable) amount. The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount.

**Summary of Benefits and Coverage (SBC) –** Mandated by healthcare reform, your insurance carrier provides you with a summary of your benefits and plan coverage.

**Summary Plan Description (SPD) -** The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.

# Required Notices

## Important Notice from The Beck Group About Your Prescription Drug Coverage and Medicare under the United Healthcare & Surest Plan(s).

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with The Beck Group and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. The Beck Group has determined that the prescription drug coverage offered by the United Healthcare & Surest plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current The Beck Group coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with The Beck Group and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### For More Information about This Notice or Your Current Prescription Drug Coverage…

Contact the person listed at the end of these notices for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through The Beck Group changes. You also may request a copy of this notice at any time.

### For More Information about Your Options under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

*Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).*

| | |
|---|---|
| Date: | January 1, 2026 |
| Name of Entity/Sender: | The Beck Group |
| Contact—Position/Office: | Human Resources |
| Address: | 1601 Elm Street Suite 2800<br>Dallas, TX 75201 |
| Phone Number: | 512-997-5018 |

## Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 512-997-5018.

## HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 512-997-5018.

## HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 31 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 512-997-5018.

# NOTES

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