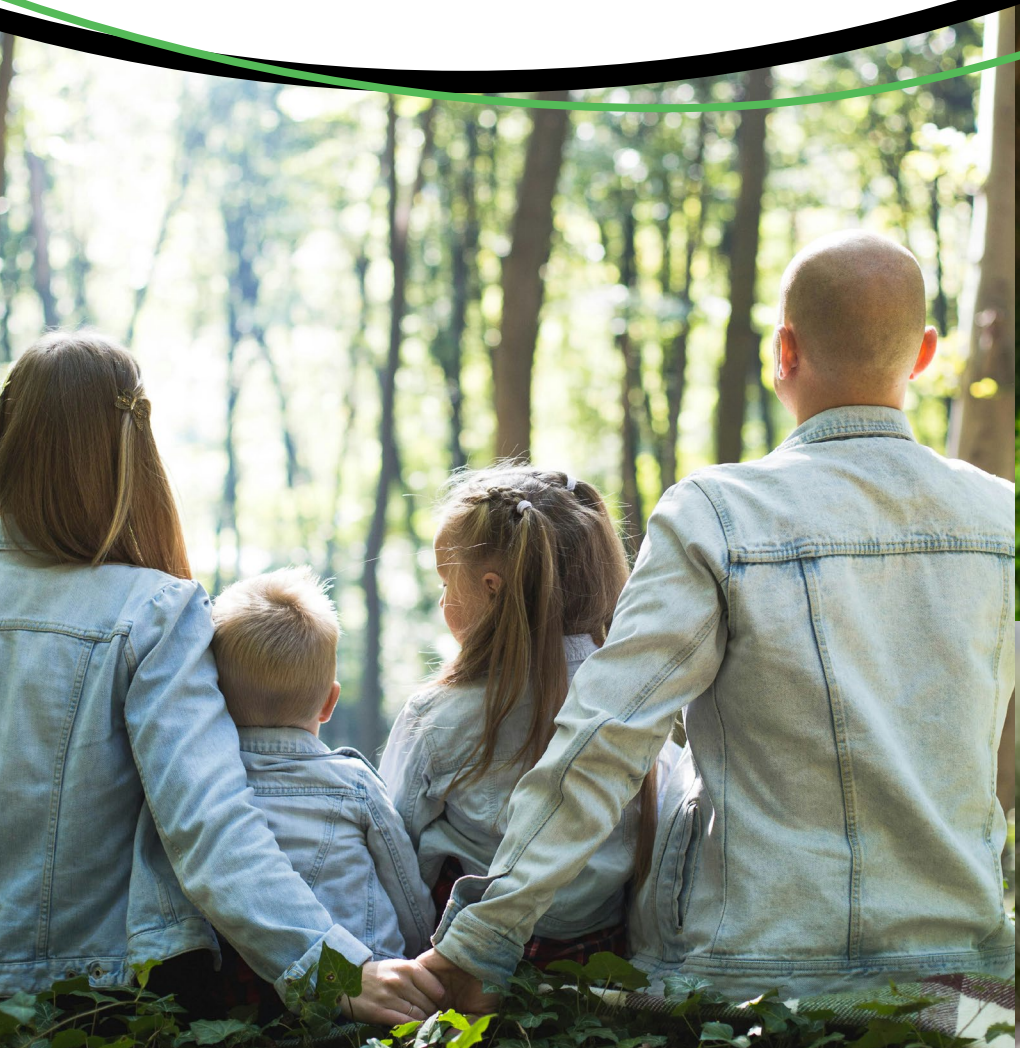
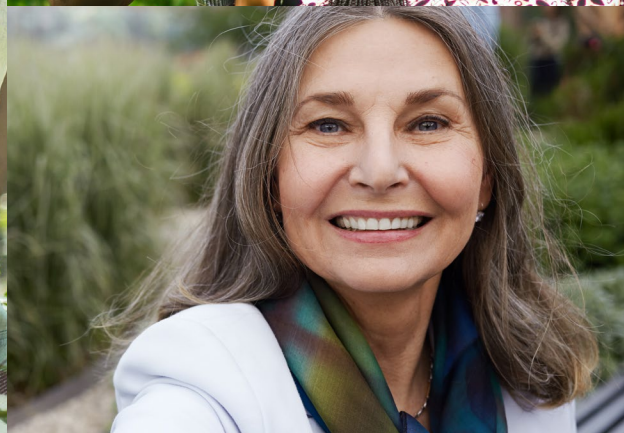
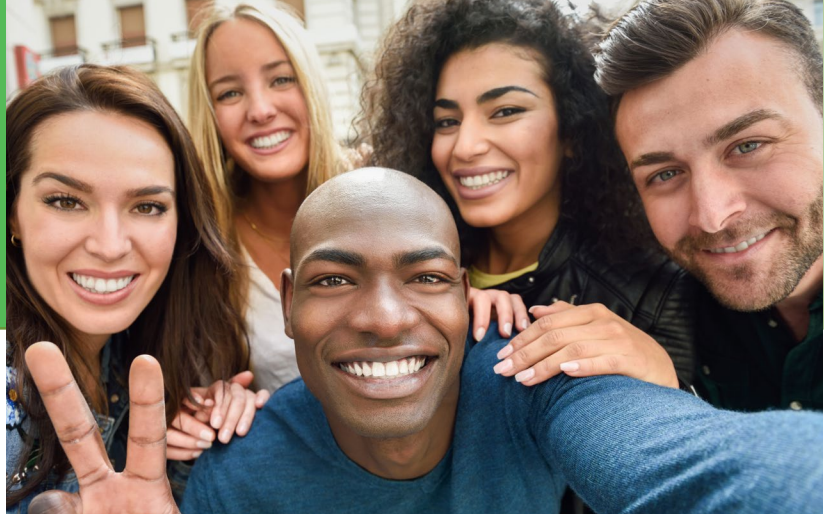
shiftkey

2026
EMPLOYEE BENEFITS GUIDE





What's Inside



IMPORTANT CONTACTS

Coverage	Contact	Website	Phone
Medical/ Prescription **Cigna OneGuide** (for medical plan enrollees)	Cigna Group #00634554	www.mycigna.com	866-494-2111
MDLive (for medical plan enrollees)	Cigna/MDLive	www.mycigna.com	888-726-3171
Dental (inc'l virtual care) dental care)	Cigna Group #00634554	www.mycigna.com	800-244-6224
Vision	EyeMed	www.eyemed.com	866-800-5457
Flexible Spending Accounts (FSA)	Navia Benefits	customerservice@naviabenefits.com	425-452-3500
Health Savings Account (HSA)	HSABank	www.hsabank.com	800-357-6246
Accident Insurance	Lincoln	www.lincolnfinancial.com	800-423-2765
Critical Illness Insurance	Lincoln	www.lincolnfinancial.com	800-423-2765
Hospital Indemnity Insurance	Lincoln	www.lincolnfinancial.com	800-423-2765
Life and AD&D	Lincoln	www.lincolnfinancial.com	800-423-2765
Disability Insurance	Lincoln	www.lincolnfinancial.com	800-423-2765
Total Pet Plan	Pet Benefit Solutions	www.petbenefits.com	800-891-2565
Employee Assistance Program	Ulliance Group Code: ShiftKey/Irving	www.lifeadvisor.com	800-448-8326 877-231-1492
TravelConnect	On Call International	www.MyOnCallPortal.com (Group ID: LFGTravel123)	866-525-1955
Discount Program	Perkspot	www.avantperks.perkspot.com	N/A
Holmes Murphy Benefits Analyst	Antonia Garcia	agarcia@holmesmurphy.com	214-706-5464
ShiftKey Talent Team	ShiftKey	benefits@shiftkey.com	214-257-8686

In this guide, we use the term company to refer to ShiftKey, LLC. This guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by ShiftKey, LLC. 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.

Welcome

TO YOUR 2026 BENEFITS GUIDE

We are pleased to provide you with a wide range of competitive benefits that are a vital part of your total compensation. You have the flexibility to select from a full range of benefits to keep you and your family healthy, provide financial protection in the event of unforeseen circumstances and help you build long-term security for retirement. This guide was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this guide to make sure you understand the benefits that are available to you and your family, and be sure to act before the enrollment deadline.

This guide highlights the main features of many of the benefit plans sponsored by ShiftKey. Full details of these plans are contained in the legal documents governing the plans. If there is any discrepancy the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Participation in the plans does not constitute an employment contract. ShiftKey reserves the right to modify, amend or terminate any benefit plan or practice described in this guide. Nothing in this guide guarantees that any new plan provisions will continue in effect for any period of time. This guide serves as a summary of material modifications as required by the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility

If you regularly work at least 30 hours per week, you are eligible for benefits. Most of your benefits are effective on your date of hire. You may also enroll your eligible dependents for coverage. Eligible dependents could be:

- Your legal spouse or qualified domestic partner
- Children under the age of 26, regardless of student, dependency or marital status
- Children who are past the age of 26 and are fully dependent on you for support due to a mental or physical disability and who are indicated as such on your federal tax return

Changing Benefits After Enrollment

During the year, you cannot make changes to your benefits unless you have a Qualified Life Event. If you do not make changes to your benefits within 30 days of the Qualified Life Event, you will have to wait until the next annual Open Enrollment period to make changes (unless you experience another Qualified Life Event).

Qualified Life Event		Documentation Needed
Change in Marital Status	• Marriage • Divorce/Legal Separation • Death	• Copy of marriage certificate • Copy of divorce decree • Copy of death certificate
Change in Number of Dependents	• Birth or adoption • Step-child • Death	• Copy of birth certificate or copy of legal adoption papers • Copy of birth certificate plus a copy of the marriage certificate between employee and spouse • Copy of death certificate
Change in Employment	• Change in your eligibility status (i.e., full-time to part-time) • Change in spouse's benefits or employment status	• Notification of increase or reduction of hours that changes coverage status • Notification of spouse's employment status that results in a loss or gain of coverage

Holmes Murphy Benefit Advocacy Service

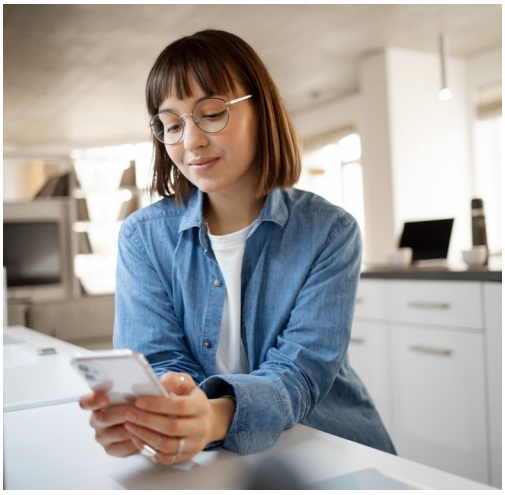
As an employee of ShiftKey, you have access to Holmes Murphy's Benefits Analyst, Antonia Garcia, who is available to you and your dependents to help assist you in your benefits-related questions. Simply call or email and Antonia will be available to help you. If she doesn't have an immediate answer, she will research it and get back to you in a timely manner without you waiting on hold. How easy is that?

Some of these questions may be:

- How do I order a new ID card?
- Is my doctor/dentist in the network or out of the network?
- What is my deductible and what on earth does "coinsurance" mean?
- I received a bill from my doctor. Was my claim paid correctly?
- What is an "EOB" and how do I read it?
- I just need to get my teeth cleaned. What is my copay?
- How often can I get new eyeglasses/contacts?
- I paid for my prescription out of pocket.
- Where can I find a claim form?
- I can't find my Benefit Enrollment Guide. Can I get a new one?

YOUR DEDICATED BENEFITS ANALYST

Antonia Garcia
agarcia@holmesmurphy.com
Direct: **214-706-5464**
Fax: **800-882-5949**
Available Monday - Friday, 8 a.m. to 5 p.m. CT



HELP WHEN YOU NEED IT

Benefits can be confusing, that's why you can contact your dedicated benefits analysts from Holmes Murphy.

PROTECTION YOU NEED

Our medical coverage provides you and your family the protection you need for everyday health issues or when the unexpected happens.

Medical Plans

Medical insurance is essential to your well-being. ShiftKey offers all benefits-eligible employees a choice of three plan options through Cigna.

PARTS OF YOUR MEDICAL PLAN

Three plan options available to you through **Cigna**, are all offered through the Cigna Open Access Plus (OAP) network. The plans do have out-of-network benefits, but you will pay less if you stay in-network.

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

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

Copays - A copay is a fixed amount you pay for a health care service. Copays do not count toward your deductible but do count toward your annual out-of-pocket maximum.

Coinsurance - Once you've met your deductible, you and the plan share the cost of care, called coinsurance. For example, you pay 20% for services and the plan will pay 80% of the cost until you have reached your out-of-pocket maximum.

Embedded Deductible/OOPM - An embedded deductible or out-of-pocket maximum is a feature where individual members of a family plan each have their own deductible or out-of-pocket limit, and once any member meets their individual limit, the plan begins to cover expenses for that member even if the overall family limit hasn't been reached.

MEDICAL PLAN COMPARISON

	Value HDHP Plan (Employee's Costs)		Plus HDHP Plan (Employee's Costs)		OAP Buy-Up PPO Plan (Employee's Costs)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-Of-Network
Calendar Year Deductible (Embedded)						
Individual	$4,500	$10,000	$3,400	$6,000	$750	$2,500
Family	$9,000	$20,000	$8,400	$18,000	$1,500	$7,500
Calendar Year Out-of-Pocket Maximum (Embedded; Includes Deductible)						
Individual	$4,500	$20,000	$3,400	$6,000	$1,250	$28,000
Family	$9,000	$40,000	$8,400	$18,000	$3,750	$56,000
Coinsurance/Copays						
Preventive Care	$0	30% coinsurance*	0%	30%	$0	40% coinsurance*
Primary Care Physician	0% coinsurance*	30% coinsurance*	0%	30%	$25 copay	40% coinsurance*
Specialist	0% coinsurance*	30% coinsurance*	0%	30%	$45 copay	40% coinsurance*
Urgent Care	0% coinsurance*	0% coinsurance*	0%	0%	$25 copay	$25 copay
Emergency Room	0% coinsurance*	0% coinsurance*	0%	0%	$400 copay	$400 copay
Impatient and Outpatient	0% coinsurance*	30% coinsurance*	0%	30%	0% coinsurance*	40% coinsurance*

*After deductible

NETWORK PROVIDER/FACILITY SEARCH

Make sure that your provider or facility is in-network. To locate a network provider, follow the steps below or call 866-494-2111. Visit **www.mycigna.com**, select "Find a Doctor" at the top of the screen. Then, under "Not a Cigna customer yet?" select "Plans through your employer or school." If you're already a Cigna customer, login to **www.mycigna.com** or the myCigna app to search your current network.

Member Service Portal

Your medical carrier's member portal is your access to secure, personalized services with interactive health tools built around you, your benefits, and your health. Access via **www.mycigna.com**.

Once you are registered, your personal health information will be available to you 24/7, including:

- Finding care
- Managing prescriptions
- Managing claims
- Staying healthy
- Getting coverage and cost details

Need your health data on the run? Download your free carrier app from the App Store or Google Play. Use your mobile device to search for doctors, hospitals and more! Just search myCigna.

PHARMACY PLAN

When you enroll in medical coverage, you will also receive prescription benefits through **Cigna**. Here you can see the basics, but be sure to check the formulary for a full list of the prescriptions that are covered by the plan. Remember, you can always ask your doctor about lower-cost alternatives. Generic drugs tend to be less expensive than brand-name drugs, so keep that in mind when shopping around.

Certain preventive and generic drugs are covered at 100%, no cost to you, when you use an in-network pharmacy.

Items that could be considered preventive include, but are not limited to:

- Asthma
- Cholesterol Lowering
- Depression
- Diabetes (including diabetic supplies and continuous gluclose monitor supplies)
- Heart Disease and Stroke
- High Blood Pressure
- Osteoporosis
- Prenatal Vitamins
- Prescription Vitamins

	Value HDHP Plan (Employee's Costs)		Plus HDHP Plan (Employee's Costs)		OAP Buy-Up PPO Plan (Employee's Costs)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-Of-Network
Retail Pharmacy (30-Day Supply)						
Generic (Tier 1)	0% coinsurance*	0% coinsurance*	0%	0%	$10 copay	50% coinsurance*
Preferred (Tier 2)	0% coinsurance*	0% coinsurance*	0%	0%	$35 copay	50% coinsurance*
Non-Preferred (Tier 3)	0% coinsurance*	0% coinsurance*	0%	0%	$75 copay	50% coinsurance*
Preferred Speciality (Tier 4)	0% coinsurance*	0% coinsurance*	0%	0%	$150 copay	50% coinsurance*
Mail Order Pharmacy (90-Day Supply)						
Generic (Tier 1)	0% coinsurance*	0% coinsurance*	0%	0%	$30 copay	50% coinsurance*
Preferred (Tier 2)	0% coinsurance*	0% coinsurance*	0%	0%	$105 copay	50% coinsurance*
Non-Preferred (Tier 3)	0% coinsurance*	0% coinsurance*	0%	0%	$225 copay	50% coinsurance*
Preferred Speciality (Tier 4)	Not Covered	Not Covered	Not Covered	Not Covered	$450 copay	Not Covered

*After deductible

If you are on the PPO plan and you choose a preferred brand when a generic is available, you will be required to pay the difference.

Bi-Weekly Employee Medical Rates	Value HDHP Plan	Plus HDHP Plan	OAP Buy-Up PPO Plan
Employee	$23.00	$56.00	$81.00
Employee + Spouse	$95.00	$147.00	$217.00
Employee + Child(ren)	$86.00	$133.00	$197.00
Family	$136.00	$210.00	$310.00

Options for Care

You have many options for how and where you can receive care through your Cigna medical plan. But which one is best for your situation? Use the chart below to help you decide and see the page for service costs.

Care Center	What Is It?	What Can They Treat?
Nurse Line	• Staffed by registered nurses • Resource for guidance during natural catastrophes or health outbreaks • Available 24/7/365 days a year at NO COST	• Answer general questions like, "How long should I ice my sprained ankle?" • Give advice/referrals of where to go for treatment (e.g., ER or primary care doctor)
Telemedicince/ Virtual Visits	• Convenient, low-cost option for treating common, non-urgent health concerns • A doctor will diagnose the issue over the phone and write a prescription, if necessary • Available 24/7/365 days a year, by web, phone or mobile app	• Minor illnesses & infections • Cold and flu symptoms • Bronchitis • Allergies • Mental health • Headaches/migraines • And more...
Doctor's Office	• Routine care or treatment for a current health issue • Your primary doctor knows you and your health history • To manage your medications • To refer you to a specialist • Normally available Monday-Friday; check with your provider for actual office hours	• Routine checkups and • preventive services Immunizations • Minor injuries, such as sprains • Illnesses • Manage your general health and chronic conditions
Urgent Care Clinic	• Treatment of non-life-threatening injuries or illnesses • Staffed by qualified physicians • Generally open nights and weekends; some open 24/7	• Cold and flu symptoms • Minor accidents or falls • Minor sprains or fractures • Minor cuts and burns • Vomiting, diarrhea
Emergency Room	• Immediate treatment for serious, life-threatening conditions • Ready to treat any critical situation • Can be hospital-based or freestanding • Available 24/7/365 days a year	• Chest pain • Difficulty breathing • Severe abdominal pain • Broken bones • Head injuries • Uncontrolled bleeding • Seizures • Coughing, or vomiting blood

Virtual Visits

Access MDLive:
888-726-3171
www.mycigna.com

Or access on the myCigna app

Find a Doctor/Facility

Access Cigna One Guide:
866-494-2111
www.mycigna.com

Or access on the myCigna app

Telemedicine

When you need care — anytime, day or night — or when your primary care provider is not available, telemedicine can be a convenient option. With telemedicine, you don't have to drive to the doctor's office or clinic, park, walk into or sit in a waiting room when you're sick — you can see your doctor from the comfort of your own bed or sofa.

REGISTER TODAY SO YOU ARE READY WHEN YOU NEED CARE

Avoid germs in the ER, urgent care clinic or doctor's office.

See a board-certified, licensed, telehealth-trained doctor on your schedule with on-demand virtual visits 24/7, including nights, weekends and holidays.

Get treated for more than 80 common conditions including colds, flu, allergies and more.

Get a prescription or short-term refill of any existing prescription sent to a pharmacy nearby in less time than your usual doctor visit.

Avoid costly copays and deductibles associated with the emergency room and urgent care clinics.

USING TELEMEDICINE IS AS EASY AS ONE, TWO, THREE

Register Now
Setting up your secure account takes only minutes.
Visit www.mycigna.com and click on "Login/ Register>Start Registration"
Or call **888-726-3171**

Request a Visit
You can have a doctor visit right away or schedule an appointment all by phone or computer

Feel Better
Get treated by one of our doctors who can prescribe medication if necessary.

Cigna Programs

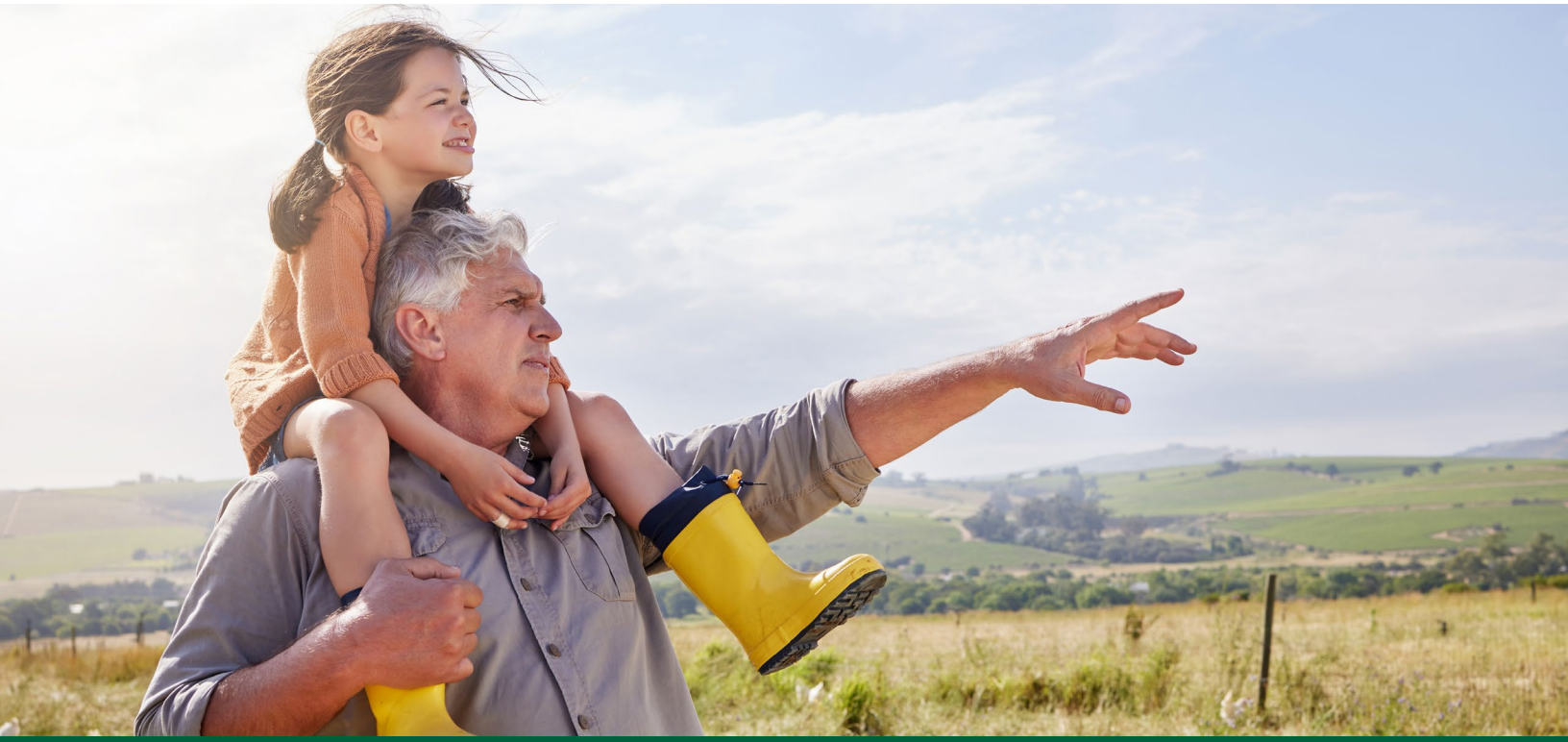
We are excited to share several programs that Cigna offers to all members enrolled in our medical plan at NO COST TO YOU! Please see below for important information on how to participate in these free programs. Please contact the benefits team with any questions at **benefits@shiftkey.com.**

Let's face it, understanding and using your health plan isn't always easy. Well, not to worry. Your **Cigna One Guide®** team is ready and waiting to help. It's their highest level of personal support available. This program is available using click-to-chat on **www.mycigna.com** or by calling 866-494-2111. They will help you find the right care, understand your plan, and save money!

Cigna's **RecoveryOne** program provides personalized support for musculoskeletal health, including recovery from injuries and surgeries. With access to expert guidance, digital tools, and tailored exercise plans, you can manage pain, improve mobility, and speed up your recovery—all from the comfort of your home. Take control of your physical health with Cigna's RecoveryOne program and get back to feeling your best. Learn more at **www.recoveryone.com/cigna.**

Omada is a personalized diabetes and/or heart disease management program that combines tools and support to help you make changes that last—whether that's around eating, activity, sleeping, or stress. When you join the program, you'll get your own professional health coach, connected health devices, weekly online lessons, and a small peer group. If you or your adult family members are enrolled in the Cigna health plan and are at risk for type 2 diabetes or heart disease or living with high blood pressure, the Omada program is included in your benefits. For more details and registration instructions, visit **www.omadahealth.com/success-stories**.

Cigna's **Medication Pricing** program helps you find the most cost-effective options for your prescriptions. Easily compare prices at different pharmacies, discover generic alternatives, and get access to discounts and savings. This program empowers you to make informed decisions and manage your medication costs effectively. Take advantage of Cigna's Medication Pricing program to ensure you get the best value for your prescriptions. Access the tool at **www.mycigna.com**!



Funding Accounts

HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) is a personal savings account you can use to pay for qualified out-of-pocket medical expenses with pretax dollars — now or in the future. Our HSAs are managed by **HSA Bank**. Once you're enrolled in the HSA, you'll receive a debit card to help manage your HSA reimbursements. Your HSA can also be used for your expenses and those of your spouse and dependents, even if they are not covered by the HDHP medical plan. ShiftKey partners with HSA Bank to offer HSAs to HDHP enrollees.

Eligibility

You must be enrolled in the High Deductible Health Plan.

Contributions

ShiftKey contributes:

- Employee Only: $600 for Value plan, $600 for Plus plan
- Family: $2,000 for Value plan, $1,200 for Plus plan

You contribute on a pretax basis and can change how much you contribute from each paycheck up to the annual IRS maximum of $4,400 if you enroll only yourself or $8,750 if you enroll in family coverage. You can make an additional catch-up contribution of $1,000 if you are age 55 or older by 12/31/26.

Eligible Expenses

You may use your HSA funds to cover eligible medical, dental, vision and prescription drug expenses incurred by you and your eligible family members.

Using Your Account

Use the debit card linked to your HSA to cover eligible expenses or pay for expenses out of your own pocket and save your HSA money for future health care expenses.

Your HSA is Always Yours — No Matter What

One of the best features of an HSA is that any money left in your HSA account at the end of the year rolls over so you can use it next year or sometime in the future. And if you leave the Company or retire, your HSA goes with you so you can continue to pay for or save for future eligible health care expenses.

FLEXIBLE SPENDING ACCOUNT(FSA)

Flexible Spending Accounts (FSAs) allow you to pay for eligible expenses using tax-free dollars. Our FSAs are managed by **Navia Benefits**. Important: There is a "use-it-or-lose-it" rule imposed by the IRS. If you do not spend all the money in Health Care, Limited Purpose or Dependent Care FSA by March 31 of the following year for expenses incurred from January 1 – December 31, unused dollars will be forfeited per IRS regulations for pretax contributions.

Health Care FSA	Limited Purpose FSA	Dependent Care FSA
• For employees enrolled in the Cigna OAP Buy-Up PPO Plan or another non-HSA medical plan.	• For employees enrolled in the Value HDHP or Plus HDHP Plans or any other HSA-qualified. medical plan.	• For employees enrolled in any of the Cigna medical plans.
• Contribute up to $3,400 per year, pretax, to pay for eligible medical, prescription, dental and vision expenses. • Employees will have 90 days after the 2026 plan year ends to claim unused balances, then $680 will rollover from your unused 2026 balance into 2027 (all other remaining funds will be forfeited at the end of the run out period due to the IRS "use-it-or-lose-it" rule).	• Those enrolled in the HDHP can contribute up to $3,400 per year, pretax, to pay for eligible vision and dental expenses. • Employees will have 90 days after the 2026 plan year ends to claim unused balances, then $680 will rollover from your unused 2026 balance into 2027 (all other remaining funds will be forfeited at the end of the run out period due to the IRS "use-it-or-lose-it" rule).	• Contribute up to $7,500 per year, pretax, ($3,750 if married and filing separate tax returns) to pay for day care expenses associated with caring for elder or child dependents that are necessary for you. • You cannot use your Health Care or Limited Purpose FSA to pay for dependent care expenses. • Employees will have 90 days after the 2026 plan year ends to claim unused balances, then any unused funds will be forfeited under IRS "use-it-or-lose-it" rule.

How an FSA works:

• Choose a specific amount of money to contribute each pay period, pretax, to one or both accounts during the year.

• The amount is automatically deducted from your pay at the same level each pay period.

- You have immediate access to the full annual elected amount in your Health Care FSA or Limited Purpose FSA as of January 1.
- You will only be able to access available funds in your Dependent Care FSA, not "future" funds.

• As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.

Save your receipts! You may be required to produce them during a plan year audit as required by the IRS.

FSA AND HSA COMPARISON		
	Health Care FSA & Limited Purpose FSA	HSA
Stands for	Flexible Spending Account	Health Savings Account
What is It?	A benefit plan sponsored by an employer to reimburse qualified health care expenses to participating employees. ShiftKey offers **Limited Purpose** and **Health Care** FSAs.	Account offered in conjunction with a high-deductible health plan that reimburses the employee for qualified health care expenses.
Who is eligible?	At ShiftKey, employees who elect the ShiftKey PPO plan are eligible to participate.	Employees enrolled in a high deductible health plan (HDHP) who do not have any other non-HDHP health plan, including coverage under Medicare, a spouse's health plan or Flexible Spending Account (FSA).
Contribution limits	Health Care FSA - $3,400 Limited Purpose & Health Care FSA - $3,400	Single coverage: $4,400 Family coverage: $8,750
Who owns the count?	Employer	You
Contributions subject to income tax?	No	No
Does interest accrue?	No	Yes
Contributions	Money is deducted (pretax) from your salary every pay period. Additional individual contributions are NOT allowed, except for at time of QLE.	Money is deducted (pretax) from your salary every pay period. Additional individual contributions up to the maximum contribution amount ARE allowed.
Disbursement of funds	ShiftKey pre-funds the entire annual contribution that you elect.	Only funds paid in by you or your employer, on a per period basis, are available for health care expenses.
Catch-up contribution	No	Yes. Employees aged 55 to 65 may contribute up to $1,000 more to their account per year.
Portability and forfeiture	You lose any unspent money when employment is terminated.	This account is portable. HSA balance is not forfeited when you change employers or health plans.
Expiration	Carry over up to $680 to the next plan year. Unused funds over this amount will be forfeited.	Your funds never expire.
Balance carry over (or rollover)	No. "use-it-or-lose-it" provision applies.	Yes. Unused funds are carried over to the following year.
Can I change my contribution?	Only for Qualifying Life Events, such as a marriage, divorce, birth, or during Open Enrollment.	Yes, on a monthly basis.
Eligible medical expenses	Qualifying medical expenses are those specified in the plan, e.g., copays, coinsurance, deductible, prescription drugs, braces, dental and eye care expenses.	Qualified medical expenses defined under Internal Revenue Code 213(d), except for amounts distributed to pay health insurance premiums. HSAs can be used to pay premiums for Temporary Continuation of Coverage, Long Term Care and health insurance for retirees.
Non-medical expenses	FSA funds cannot be used for non-medical expenses.	HSA funds can be used for non-health care distributions but are included in gross income and subject to a 10% penalty if under age 65.
Proof of expenses required?	Yes	No. However, you should be prepared to substantiate to the IRS that the expense has been incurred, the amount of the expense, and its eligibility.

Dental Plan

ShiftKey offers two dental plans through **Cigna** and uses the Cigna network of providers. Taking care of your oral health is not a luxury; it is a necessity to long-term optimal health. With a focus on prevention, early diagnosis and treatment, Dental insurance can greatly reduce your costs when it comes to restorative and emergency procedures. Preventive services are covered at no cost to you and include routine exams and cleanings. You will pay only a small deductible and coinsurance for basic and major services.

When you visit a dentist in the network, you will maximize your savings. These dentists have agreed to reduced fees, which means you won't get charged more than your expected share of the bill. Please visit **www.mycigna.com** or call 800-244-6224 to find an in-network provider. Please refer to the Summary Plan Description for complete plan details.

Cigna also offers their 24/7 Dental Virtual Care program. This program connects you with a licensed dentist who, through a video call, can help address urgent dental situations like toothaches, infection, swelling, and can also prescribe medications to be filled at your local pharmacy, if necessary. Please visit **www.mycigna.com** to learn more.

	Cigna Base Dental Plan		Cigna Buy-Up Dental Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible				
Individual	$50	$50	$50	$50
Family	$150	$150	$150	$150
Waived for Preventive Care?	Yes	Yes	Yes	Yes
Annual Maximum				
Per Person/Family	$1,500	$1,500	$1,500	$1,500
Preventive *	100%	100%	100%	100%
Basic	80%	80%	100%	100%
Major	50%	50%	60%	60%
Orthodontia				
Benefit Percentage	Not covered	Not covered	50%	50%
Adults and Children	Not covered	Not covered	Yes	Yes
Lifetime Maximum	Not covered	Not covered	$1,500	$1,500

*NOTE: Preventive benefits do NOT count toward your annual maximum. Your annual maximum will increase by $100 in 2027 if you had a Preventive service in 2026..

Bi-Weekly Employee Dental Rates	Cigna Base Dental Plan	Cigna Buy-Up Dental Plan
Employee	$3.06	$4.08
Employee + Spouse	$9.30	$12.43
Employee + Child(ren)	$11.86	$15.87
Employee + Family	$17.70	$23.68

Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. ShiftKey partners with **EyeMed** to offer vision coverage through the EyeMed network.

You may enroll yourself and your eligible dependents or you may waive vision coverage. You do not have to be enrolled in medical coverage to elect vision coverage or cover the same dependents under medical and vision.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Please visit **www.eyemed.com** or call 866-800-5457 to find an in-network provider. Please refer to the Summary Plan Description for complete plan details.

	EyeMed Vision Plan	
	In-Network	Out-Of-Network Reimbursement
Copay		
Routine Exams (every 12 months)	$10 copay	
Materials Copay	$25 copay	
Frames (every 12 months)		
Frames	$150 allowance plus 20% off additional balance	Up to $70
Lenses (every 12 months - in lieu of contacts)		
Single Vision	100%	Up to $30
Bifocal	100%	Up to $50
Trifocal	100%	Up to $70
Lenticular	100%	Up to $70
Contacts (in lieu of lenses)		
Fit and Follow-Up Exams	Member cost up to $40	No benefit
Elective	$150 allowance	Up to $120
Medically Necessary	100%	Up to $210

Bi-Weekly Employee Vision Rates	EyeMed Vision Plan
Employee	$0.89
Employee + Spouse	$2.24
Employee + Child(ren)	$2.29
Employee + Family	$3.62

Life and AD&D

BASIC LIFE AND AD&D

Life insurance pays a lump-sum benefit to your beneficiary(ies) to help meet expenses in the event of your death. Accidental Death & Dismemberment (AD&D) insurance pays a benefit if you die or suffer certain serious injuries as the result of a covered accident. In the case of a covered accidental injury (e.g., loss of sight, loss of a limb), the benefit you receive is a percentage of the total AD&D coverage you elected based on the severity of the accidental injury.

ShiftKey provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance through Lincoln. This benefit is provided at no cost to you.

Basic Life and AD&D Insurance - For You		
Coverage Level	Coverage Amount	Evidence of Insurability (EOI) Proof of Good Health
Life and AD&D	1 times your basic annual earnings to a maximum of $250,000.*	None

*This benefit reduces to 65% at age 65 and reduces to 50% at age 70.

Imputed Income

Under current tax laws, imputed income is the value of your Basic Life Insurance that exceeds $50,000, and is subject to federal income, Social Security, and state income taxes. If applicable, the premium for this employer-paid benefit that is above $50,000 will be included in your paycheck and shown on your W-2 statement.

VOLUNTARY LIFE AND AD&D

In addition to the employer-paid Basic Life and AD&D coverage, you have the option to purchase supplemental voluntary life insurance through Lincoln for yourself and your eligible dependents.

During your initial enrollment opportunity, you may elect up to the Guarantee Issue (GI) amount of Voluntary Life for yourself and your eligible dependents without providing an Evidence of Insurability (EOI). If you elect over the GI amount, you will be required to complete an Evidence of Insurability (EOI).

Life and AD&D Insurance - For You and Your Dependents		
Coverage Level	Coverage Amount	Evidence of Insurability (EOI) Proof of Good Health
Employee Only	Increments of $10,000 not to exceed 5 times to your salary or $500,000.	Required if electing coverage equal to or greater than 5 times base annual pay or $500,000, whichever is less earnings, coverage maximum of $400,000.
Spouse	Increments of $5,000 up to $250,000 – not to exceed 50% of employee coverage.	Required for amounts equal to or greater than $250,000.
Child(ren)	Increments of $500 for birth to 14 days. $10,000 for children 14 days to age 26.	None

Important Reminder

You MUST designate a beneficiary for your Life and AD&D insurance when you become eligible for coverage or upon enrollment. This will ensure your assets are distributed according to your wishes.

Disability

Disability insurance can keep you financially stable should you experience a qualifying disability and unable to work. It can help provide a sense of security, knowing that if the unexpected should happen, you'll still receive a monthly income. A qualifying disability is a sickness or injury that causes you to be unable to perform any other work for which you are or could be qualified by education, training, or experience.

ShiftKey provides employees with Short-Term Disability (STD) and Long-Term Disability (LTD) insurance through **Lincoln Financial** at no cost to you *(note the additional voluntary STD option below)*.

Short-Term Disability Benefits-at-Glance	
Coverage (ShiftKey Paid)	60% of your weekly earnings to a $2,000 maximum for 12 weeks.
Voluntary Option (Employee-Paid)	67% of your weekly earnings to a $3,000 maximum for 12 weeks.
When Payment Begins	Payment begins after 7 days of approved disability.

Long-Term Disability Benefits-at-Glance	
Coverage	60% of your pre-disability earnings up to a maximum benefit of $10,000 per month until you recover or reach your Social Security Normal Retirement Age, whichever is sooner.
When Payment Begins	Payment begins after 90 days of approved disability.
Benefit Limitations	Mental/Nervous: 24 months Substance Abuse: 24 months

HOW STD AND LTD WORK TOGETHER

Available PTO, Sick Time, or Paid Parental Leave may be used until STD begins. → **After 7 days of sickness or injury, approved STD pays a portion of your income.** → **After 13 weeks, LTD begins if approved.**

Supplemental Medical

Just as it sounds, Supplemental Medical plans can help you pay for costs you may incur after an accidental injury, illness, or hospitalization. These plans are offered through **Lincoln Financial** and are 100% voluntary.

ACCIDENT INSURANCE

Accident insurance pays out a lump sum if you become injured because of an accident. It allows you to claim benefits even if the injuries you incur do not keep you out of work. Accident insurance may also complement health insurance if an accident causes you to have medical expenses that your health insurance doesn't cover.

Accident insurance covers qualifying injuries, which might include a broken limb, loss of a limb, burns, lacerations, or paralysis. In the event of your accidental death, accident insurance pays out money to your designated beneficiary. While health insurance companies pay your provider or facility, accident insurance pays you directly.

Bi-Weekly Employee Accident Rates	
Employee	$4.41
Employee & Spouse	$6.72
Employee & Child(ren)	$8.18
Family	$10.70

Health Assessment Benefit

There is a $50 annual benefit per member per year for having one health screening test performed *(see plan document for list of eligible screenings).*

How Accident Insurance Works

Accident insurance policies can provide you with a lump sum paid directly to you that will help pay for a wide range of situations, including initial care, surgery, transportation and lodging, and follow-up care. Here's how it works:

A set amount is payable based on the injury you suffer and the treatment you receive.

- Benefits are payable directly to you (unless you specify otherwise) and can be used as you see fit.
- Coverage is available for you, your spouse, and eligible dependent children.
- You do not need to answer medical questions or have a physical exam to get basic coverage.
- Accident insurance covers injuries that happen on the job or off the job — unlike workers' compensation, which only covers on-the-job injuries.
- Benefit payments are not reduced by any other insurance you may have with other companies.

CRITICAL ILLNESS INSURANCE

If you suffer from a serious illness, such as cancer, stroke, or a heart attack, medical insurance may not provide the coverage you need. Critical Illness insurance will ease the financial strain and help you worry about recovery.

How Will a Critical Illness Claim Get Paid?

If you suffer from one of the serious illnesses covered by your policy, you'll be paid in a lump sum.

The payment will go directly to you instead of to a medical provider. The payment you receive can be used for many things including:

- Child care costs
- Medical expenses
- Travel expenses for you and your family
- Lost wages from missed time at work
- Living expenses
- And more

You can purchase increments of $10,000 to a maximum of $30,000 for yourself and your spouse. Child(ren) are eligible for up to 50% of employee coverage.

Consider the following advantages of this critical illness coverage offering:

- A set amount of money is paid directly to you to be used however you choose
- You can insure your spouse and children
- There are no health questions to answer
- The policy is portable, so if you leave ShiftKey, you can take the policy with you
- Health Screening Benefit — $50

Covered conditions include:

- Heart Attack
- Coronary Artery Bypass Graft
- Non-Invasive Cancer
- Kidney Failure
- Major Organ Transplant
- Stroke
- Alzheimer's Disease

Please visit Workday to see your personalized bi-weekly premium amounts.

Health Assessment Benefit

There is a $50 annual benefit per member per year for having one health screening test performed *(see plan document for list of eligible screenings)*.

HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity insurance is a Supplemental Insurance plan designed to pay for the costs of a hospital admission that may not be covered by other insurance.

How Does Hospital Indemnity Insurance Work?

If you are admitted to the hospital for an injury or illness, your Hospital Indemnity plan makes cash payments to you to pay for costs not covered by your health insurance, health insurance deductibles, copays and coinsurance, child care expenses while you are in the hospital, or cost of- living expenses as you recover.

Other advantages of hospital insurance are:

- There are no health questions to answer
- You can cover your spouse and children
- The policy is portable, so if you leave ShiftKey, you can take the policy with you
- This Hospital Indemnity policy is compatible with your HSA

Hospital Indemnity Insurance Benefit Examples:	
Hospital Admission	
Initial Hospital Admission	$1,000
Initial Intensive Care Admission	$2,000
Hospital Confinement	
Hospital Confinement	$200 per day up to 30 days

Bi-Weekly Employee Hospital Indemnity Rates	
Employee Employee	$9.58
Employee & Spouse	$18.35
Employee & Child(ren)	$13.67
Family	$22.16

Employee Assistance Program

You automatically have access to the Employee Assistance Program (EAP) through **Ulliance.** This program provides professional, confidential telephonic or face-to-face counseling services to you and your household members at no cost. The EAP can help you resolve personal issues and problems before they affect your health, relationships and work performance.

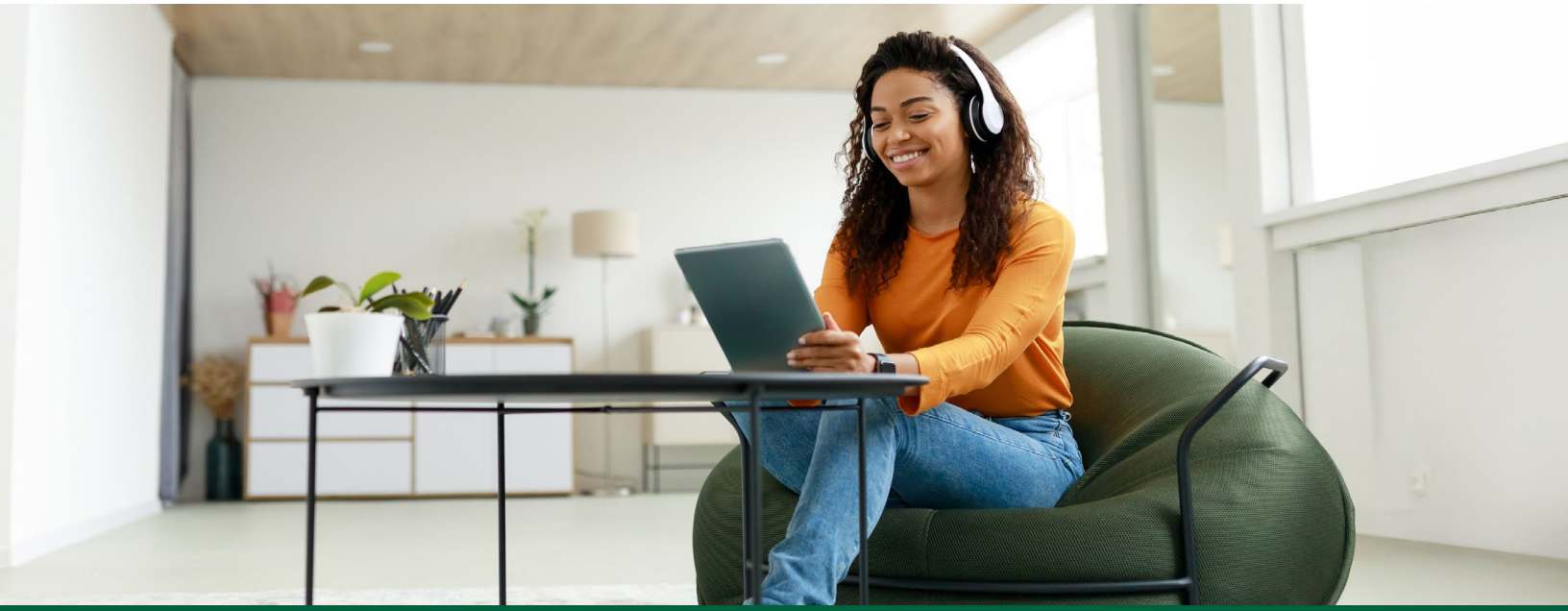
This program is available 24 hours a day, 365 days a year for confidential counseling, referral, and followup services for issues such as:

- Stress
- Marital or family problems
- Anxiety and depression
- Substance abuse (alcohol and/or drugs)
- Financial issues
- Child care issues - including identifying schools, day care, tutors and more
- Aging parents
- Pet care
- Maintenance and repair providers
- Community volunteer opportunities

800-448-8326
LifeAdvisor.com

Group code:
ShiftKey
Location: **Irving**

It's important to note that all EAP conversations are voluntary and strictly confidential. If you and your counselor determine that additional assistance is needed, you'll be referred to the most appropriate and affordable resource available. Although you're responsible for the cost of referrals, these costs are often covered under your medical plan.



Additional Benefits

TRAVEL ASSISTANCE

24-Hour Travel Connect provides a comprehensive range of information, referral, coordination and arrangement services designed to respond to most medical care situations and many other emergencies you may encounter when you travel. On Call also offers pre-trip assistance including passport/visa requirements, foreign currency and weather information.

When traveling more than 100 miles from home or in a foreign country, On Call offers you and your dependents the following services:

COVERAGE HIGHLIGHTS

- Replacement of lost or stolen travel documents
- Nurse help line, available 24 hours a day, seven days a week
- Emergency medical evacuations
- Evacuations for natural disasters and political emergencies
- Transportation of remains
- Return of children and pets to their home following a medical emergency

SAFETY SERVICES

If employees find themselves at the site of a natural disaster or political upheaval, TravelConnect will coordinate and provide:

- Evacuation to the nearest safe haven location
- Lodging at the safe haven location
- Travel arrangments home

MEDICAL ASSISTANCE

In the event of a medical emergency, you can use TravelConnect to speak with an assistance coordinator for:

- Worldwide medical, dental, and pharmacy referrals
- Treatment monitoring
- Hospital payment facilitation
- Relay of insurance and medical information
- Medical record requests
- Evacuation from a medical facility that cannot provide adequate treatment to one that can, and transportation home after treatment and stabilization
- Transportation to join a hospitalized member traveling alone
- Transportation, with an escort if needed, for unattended minor children and pets to their home
- Transportation of remains if a traveler passes away

TRAVEL SERVICES

TravelConnect also provides assistance throughout the entire travel process, from the planning stages until the return home.

Before the trip, we deliver:

- Travel and health information, including visa and vaccination requirements
- Security intelligence to help your employees travel safely and wisely
- Destination information, including weather conditions and currency

During the trip, we offer:

- Help with lost passports, tickets, and credit cards
- Translation services
- Emergency travel fund assistance
- Legal referrals
- Emergency messaging forwarding
- Identity recovery assistance

HOW IT WORKS:

At any time before or during a trip, you may contact On Call for emergency assistance services. It is recommended that you keep a copy of this summary with your travel documents. Simply detach the wallet card below to ensure convenient access to the On Call phone numbers.

To access TravelConnect, go to MyOnCallPortal.com and enter Group ID: **LFGTravel123**.

You may also call toll-free from the U.S. or Canada 866-525-1955. or collect from anywhere in the world 603-328-1955, or email mail@OnCallInternational.com.

BEREAVEMENT SUPPORT SERVICES

Lincoln provides **Empathy** for confidential and professional support services to all covered employees and family members to cope with the loss of a loved one — at no extra cost.

What beneficiaries will get with Empathy

HUMAN COMPASSION SURCHARGED BY TECHNOLOGY

Funeral planning
Comprehensive funeral assistance and obituary writing support to help beneficiaries honor their loved ones.

On-demand Care Team
Dedicated human support from Empathy's expert Care Managers.

Probate and estate guidance
Resources and guidance to help navigate probate and settle the estate.

Grief support
A colledction of meditations, tools and resources for processing and coping with grief.

Time-saving tools
Digital solutions that simplify administrative responsibilities and streamline manual tasks.

Visit **www.empathy.com** for more information

PERKSPOT DISCOUNT PROGRAM

ShifKey partners with **Perkspot**, a one-stop-shop for exclusive discounts at many of your favorite national and local merchants! PerkSpot is completely free, and optimized for use on any device: desktops, tablets, and phones. Enjoy access to thousands of discounts in dozens of categories, updated daily.

Sign up or log in at avantperks.perkspot.com. Follow the onscreen instructions to make an account with your work email address. Opt into the weekly Perkspot Discount Program email to find out about new offers and special promotions. Each week's email features both new and popular deals, as well as seasonal and thematic groupings of offers.

Once logged into Perkspot Discount Program, browse your discounts in a number of ways. Peruse the "Everyday Savings" and "Popular Savings" sections for an array of in-demand deals from across different categories.

Discover discounts in your neighborhood with Perkspot Discount Program's streamlined Local Map. Filter your map results by categories like restaurants, health and fitness, retail, and more!

Don't see the retailer or product you want? You can always request a merchant through your Perkspot Discount Program account, and our negotiating experts will work to get it for you.

Total Pet Plan

Total Pet Plan from **Pet Benefit Solutions** is a pet care bundle helping you save on everything your pet needs for less than 40 cents a day. There are no exclusions — even pets with pre-existing conditions are covered. Combining the best in pet care, Total Pet Plan members get access to:

- Up to 40% off and free shipping on all orders from **PetCareRx.com**, including medications, food, toys, treats, and more
- Same-day pickup for human-grade prescriptions at participating pharmacies such as CVS, Walmart, and other CVS Caremark pharmacies
- Instant 25% savings on all in-house medical services at participating veterinarians; easy-to-use with no claim forms or deductibles
- 24/7 access to licensed US-based veterinarians for questions regarding you pet's health and behavior
- Durable ID tag and 24-hour lost pet recovery help line to protect your pet if they go missing

Enroll for one, low rate today!

Bi-Weekly Employee Pet Insurance Rates	
One Pet	$5.42
Family Plan	$8.54

Frequently Asked Questions

Which pets can I enroll?
You can enroll any dog and cat in Total Pet Plan. There are no restrictions due to age, breed or health of your pet. Pet Assure Veterinary Discounts also cover exotic pets.

How do I access my Total Pet benefits?
After enrollment, you'll receive login credentials from Pet Benefit Solutions. Log in to your account at www.petbenefits.com to access all of your plan benefits.

Are there additional fees?
No, your membership cost gives you access to all of your benefits without any additional fees.

Are there usage limitations?
No, all benefits have unlimited usage for the pets enrolled.

Pet Benefit Solutions
Petbenefits.com
customercare@petbenefits.com
800-891-2565

Bi-weekly Employee Contributions

Medical (Cigna)	Value HDHP Plan	Plus HDHP Plan	OAP Buy-UP Plan
Employee Only	$23.00	$56.00	$81.00
Employee + Spouse	$95.00	$147.00	$217.00
Employee + Child(ren)	$86.00	$133.00	$197.00
Family	$136.00	$210.00	$310.00

Dental (Cigna)	Base Plan	Buy-Up Plan
Employee Only	$3.06	$4.08
Employee + Spouse	$9.30	$12.43
Employee + Child(ren)	$11.86	$15.87
Family	$17.70	$23.68

Vision (EyeMed)	Bi-Weekly Rates
Employee Only	$0.89
Employee + Spouse	$2.24
Employee + Child(ren)	$2.29
Family	$3.62

Hospital Idemnity Insurance (Lincoln)	Bi-Weekly Rates
Employee Only	$9.58
Employee + Spouse	$18.35
Employee + Child(ren)	$13.67
Family	$22.16

Accident Insurance (Lincoln)	Bi-Weekly Rates
Employee Only	$4.41
Employee + Spouse	$6.72
Employee + Child(ren)	$8.18
Family	$10.70

Pet Insurance (Pet Benefits)	Bi-Weekly Rates
One Pet	$5.42
Family Plan	$8.54

Voluntary Life/AD&D (Lincoln)		
Age	Bi-Weekly Rates Per $1,000	
	Employee	Spouse
Under 25	$0.03	$0.04
25-29	$0.04	$0.05
30-34	$0.05	$0.06
35-39	$0.05	$0.08
40-44	$0.07	$0.12
45-49	$0.11	$0.18
50-54	$0.16	$0.30
55-59	$0.26	$0.42
60-64	$0.41	$0.63
65-69	$0.71	$1.05
70-74	$1.27	$1.84
75+	$2.57	$3.31
Child Rate	$0.11	

Critical Illness (Lincoln)		
Age	Bi-Weekly Rates Per $1,000	
	Employee	Spouse
0-29	$0.15	$0.12
30-39	$0.25	$0.20
40-49	$0.51	$0.46
50-59	$0.98	$0.94
60-69	$1.77	$1.73
70+	$3.92	$3.88

REQUIRED NOTICES

Health Insurance Marketplace Coverage Options and Your Health Coverage

Part A: General Information

Since key parts of the health care law took effect in 2014, there is another way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace's annual Open Enrollment period or if you experience a qualifying life event.

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards.

If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than (9.96% for plans that start in 2025) of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage.

Also, this employer contribution — as well as your employee contribution to employer-offered coverage — is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact the ShiftKey Benefits Team at **benefits@shiftkey.com**.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Part B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. ShiftKey, LLC	**4. EIN: 81-3148615**	
5. 5221 N O'Connor Blvd, Suite 1400	**6. 214-257-8686**	
7. Irving	**8. Texas**	**9. 75039**
10. Who can we contact about employee health coverage at this job? Benefits Team		
11. Phone number (if different from above)	**12. benefits@shiftkey.com**	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to all full-time employees

  Eligible dependents are:

  - Employee that are full-time and work regularly scheduled 30+ hour per week
- With respect to dependents, we do offer coverage.

  Eligible Dependents are:

  - Legal spouse, including common law spouse in states where recognized, or your Domestic Partner
  - Children up to the age of 26
  - Any child 26 or more years old, unmarried, and primarily supported by you and incapable of self-

sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this Plan, or while covered as a dependent under a prior plan.

✓ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **www.healthcare.gov** will guide you through the process.

ShiftKey Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

Our Company's Pledge To You

This notice is intended to inform you of the privacy practices followed by the ShiftKey, LLC (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on January 1, 2026.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. Williamson County requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

How We May Use Your Protected Health Information

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

Treatment Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

As permitted or Required by Law We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

Pursuant to Your Authorization When required by law, we will ask for your written authorization before using or

disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

To Business Associates We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

To the Plan Sponsor We may disclose protected health information to certain employees of ShiftKey, LLC for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Your Rights

Your Right to Inspect and Copy In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request.

Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend If you believe that information within your records is incorrect or if important information is missing,you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions..

Right to Request Confidential Communications You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Our Legal Responsibilities

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected

health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

ShiftKey, LLC
5221 N O'Connor Blvd, Suite 1400
Irving, TX 75039
214-257-8686

Complaints
If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit **www.hhs.gov/ocr** for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

Important notice from ShiftKey about your Prescription Drug coverage and Medicare:

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with ShiftKey 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three 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. ShiftKey, LLC, has determined that the prescription drug coverage offered by ShiftKey plan 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.

Since you are losing creditable prescription drug coverage under the UHC Traditional Choice Medical Plan and the UHC Traditional Choice Plus Medical Plan, you are also 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 ShiftKey coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current ShiftKey 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?
Since the coverage under ShiftKey, LLC, is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, 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 (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 below 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 Williamson County 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 creditable coverage 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: ShiftKey, LLC
Contact/Office: Benefits Department
Address: 5221 N. O'Connor Blvd, Suite 1400 Irving, TX 75039
Phone Number: 214-257-8686

COBRA RIGHTS NOTICE

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of one of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of one of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B or both); or
- You become divorced or legally separated from your spouse.

You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;

- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?
The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Navia Benefits.

How is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work.

Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage
If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage
If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov**.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even

if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit **https://www.medicare.gov/medicare-and-you**.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.healthcare.gov**.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator. For more information about the Marketplace, visit **www.healthcare.gov**.

Plan contact information:

Date: January 1, 2026

Name of Entity/Sender: Navia Benefits
Contact/Office: COBRA Contact
Address: 4925 Greenville Ave Suite 1300, Dallas, TX 75206
800-328-4337

OTHER NOTICES

60-Day Special Enrollment Period

In addition to the qualifying events listed in the enrollment guide, you and your dependents will have a special 60-day period to elect or discontinue coverage if:

- You or your dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

Notice of Special Enrollment Rights

If you decline enrollment in medical coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in ShiftKey, LLC, medical coverage if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).

However, you must request enrollment no more than 31 days after your or your dependent's other coverage ends (or after the employer stops contributing to the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you can enroll yourself and your dependents in ShiftKey medical coverage as long as you request enrollment by contacting the benefits manager no more than 31 days after the marriage, birth, adoption or placement for adoption. For more information, contact ShiftKey Benefits at 214-257-8686 or **benefits@shiftkey.com**.

Newborn & Mothers Health Protection Notice

For maternity hospital stays, in accordance with federal law, the Plan does not restrict benefits, for any hospital length of stay in connection with childbirth for the mother or newborn child, to less than 48 hours following a vaginal delivery or less than 96 hours following a Cesarean delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

Women's Health and Cancer Rights Act of 1998

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 consultations with the attending physician and the patient, for:

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

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact the ShiftKey or your medical plan administrator, Cigna.

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