2026 EMPLOYEE BENEFITS

guild

Important Contacts

Coverage	Contact	Phone	Website
Medical	UnitedHealthcare	866-414-1959	www.myuhc.com
Dental	UnitedHealthcare	866-414-1959	www.myuhc.com
Vision	UnitedHealthcare	866-414-1959	www.myuhc.com
Telemedicine	HealthiestYou by Teledoc	866-703-1259	www.healthiestyou.com
Health Savings Account	Paylocity	888-873-8205	www.paylocity.com
Flexible Spending Accounts	Paylocity	888-873-8205	www.paylocity.com
Life and AD&D	MetLife	1-800-638-5433	www.metlife.com
Disability	MetLife	1-800-638-5433	www.metlife.com
Employee Assistance Program	UHC	1-888-887-4114	www.myuhc.com
	MetLife	1-888-319-7819	one.telushealth.com
Critical Illness	MetLife	1-800-638-5433	www.metlife.com
Hospital Insurance	MetLife	1-800-638-5433	www.metlife.com
Accident Insurance	MetLife	1-800-638-5433	www.metlife.com
403(b) Retirement	Mutual of America	Jake Hameed 612-540-6938	jake.hameed@mutualofamerica.com
Plan Administrator	Amy Velasco	651-286-8603	avelasco@guildservices.org

Welcome to Your Benefits!

This benefit summary describes the benefit plans available to you as an employee of Guild. The details of these plans are contained in the official plan documents that have been provided to you by your employer, including some insurance contacts. This summary is meant only to cover the highlights of each plan. It does not contain all the details that are included in your summary plan description as described by the Employee Retirement Income Security Act (ERISA).

If there is ever a question about one of these plans, or if there is a conflict between the information in this summary and the formal language of the plan documents, the formal wording in the plan documents will govern. Please note that the benefits described in the summary may be changed at any time and do not represent a contractual obligation on the part of Guild.

Table of Contents

Welcome!

2026 Benefit Guide

We are committed to providing competitive benefit programs that are flexible enough to meet your individual needs. Our comprehensive benefits are carefully designed to give you the tools you need 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.

Getting the most from your benefits is up to you. You know your family, your goals and your lifestyle best. This benefits 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.

Qualifying Life Events

Your benefit elections will be effective until the next Open Enrollment. You may not make changes to your elections unless you experience a qualifying life event, including change in legal marital status (marriage, divorce, death of spouse), change in dependents (birth, adoption), change in employment status (termination, part-time), or if you gain/lose coverage elsewhere.

IMPORTANT

If you need to make a change before the next Open Enrollment period due to a change in status, you must submit the required documentation WITHIN 30 DAYS of the qualifying life change event.

Contact Amy Velasco or login to Employee Navigator to process a Qualifying Life Event.

Benefits Eligibility

You and your eligible family members may participate in the 2026 employee benefits program if you're a regular, full-time employee working a minimum of 28 hours per week.

New-Hire Eligibility

New hires can join the plan the first of the month following date of hire. Spouses and dependent children of the employee are also eligible to participate in our benefit plans.

Dependent Eligibility

You can enroll the following dependents in our group benefit plans:

Children under the age of 26

Regardless of martial status, full-student, or dependency.

Your legal spouse or your qualified domestic partner

Children over the age of 26

And claimed as a dependent on your federal income tax return as fully dependent due to a mental or physical disability.

Choose Your Medical Plan

Your medical plans will be offered through UnitedHealthcare. Please review your Summary of Benefits and Coverage (SBC) for additional coverage information and full plan details.

Elections you make will remain in effect until December 31, 2026, unless you experience a qualifying life event.

Your benefit options gives you the choice to choose between two networks. The Core Essentials provides access to over 4,800 providers from M Health Fairview, North Memorial Health, Entira Family Clinics, Stellis Health, and Voyage HealthCare. You must live in the 11 Metro Area Counties to enroll. The Core Plus provides an open access network with over 950,000 providers to choose from. Choosing an in-network provider offers the highest level of benefits and lowest out-of-pocket costs.

TAKE ACTION!

Register Online

Your connection to great healthcare is only a click away. Register for an account at www.myuhc.com so you can access time-saving tools, find tips for healthy living, choose a doctor, manage your EOBs, and more!

Download the Mobile App

With the UnitedHealthcare mobile app, you've got the tools you need to manage your healthcare from your smartphone. The mobile app is available in the Apple and Google Play stores.

Search, Compare, & Save

UnitedHealthcare provides tools to help you find the right options for you. Visit www.myuhc.com or use the UnitedHealthcare app.

Medical Plan Comparison

UnitedHealthcare

	PPO Core Essentials	PPO Core Choice	HDHP Core Essentials	HDHP Core Choice
IN-NETWORK				
DEDUCTIBLE Calendar Year				
Individual	$1,000	$1,000	$3,500	$3,500
Family	$2,000	$2,000	$7,000	$7,000
OUT-OF-POCKET (OOP) MAXIMUM Calendar Year				
Individual	$3,500	$3,500	$3,500	$3,500
Family	$7,000	$7,000	$7,000	$7,000
BENEFIT DETAILS				
Coinsurance Percentage	25%	25%	100%	100%
Virtual Visits	0%	0%	0%	0%
Preventive Care	No charge	No charge	No charge	No charge
Primary Care Physician (PCP)	$25 copay	$25 copay	0%	0%
Specialist*	$25 copay	$25 copay	0%	0%
Emergency Room	25%	25%	0%	0%
Inpatient Hospital	25%	25%	0%	0%
Outpatient Hospital	25%	25%	0%	0%
Urgent Care	$50 copay	$50 copay	0%	0%
Outpatient Surgery	25%	25%	0%	0%
Lab/X-Ray (Outpatient)	25%	25%	0%	0%
OUT-OF-NETWORK**				
Deductible	Not covered	$5,000	Not covered	$5,000
Coinsurance	Not covered	50%	Not covered	30%
Out-of-Pocket Maximum (OOP)	Not covered	$10,000	Not covered	$10,000

Referrals may be required for some specialist visits.
** When visiting out-of-network providers, costs may be higher, and providers may ask for full payment at time-of-service.

Medical	PPO – Core Essentials	PPO – Core Choice	HDHP – Core Essentials	HDHP – Core Choice
Employee	$79.01	$141.32	$40.83	$74.68
Employee & Spouse	$165.82	$296.62	$92.83	$148.03
Employee & Child(ren)	$173.83	$310.94	$97.31	$146.05
Family	$260.65	$466.25	$145.92	$205.31

Pharmacy

UnitedHealthcare

Specialty Medications

UnitedHealthcare provides resources and personalized support to help you manage your condition.

Search, Compare, & Save

UnitedHealthcare provides tools to help you find the right options for you. Visit www.myuhc.com or use the UnitedHealthcare app.

		PPO Core Essentials	PPO Core Choice	HDHP Core Essentials	HDHP Core Choice
Retail 31-day supply	Tier 1	$15 copay	$15 copay	0%*	0%*
	Tier 2	$45 copay	$45 copay	0%*	0%*
	Tier 3	$85 copay	$85 copay	0%*	0%*
Mail order 90-day supply	Tier 1	$37.50 copay	$37.50 copay	0%*	0%*
	Tier 2	$112.50 copay	$112.50 copay	0%*	0%*
	Tier 3	$212.50 copay	$212.50 copay	0%*	0%*

**After Deductible (What You Pay)*

Send Medications Right to Your Home

Home delivery is a convenient, cost-effective and safe option for medications you take regularly. There are four ways to place a new home delivery order:

ePrescribe
Your doctor can send an electronic prescription

Visit the website on your ID card

Call the toll-free number on your ID card

Open the UnitedHealthcare app
Which you can download from the App Store or Google Play

For any questions about UnitedHealthcare or your prescription drugs, call 866-414-1959

healthiestyou™
By Teladoc

Telehealth

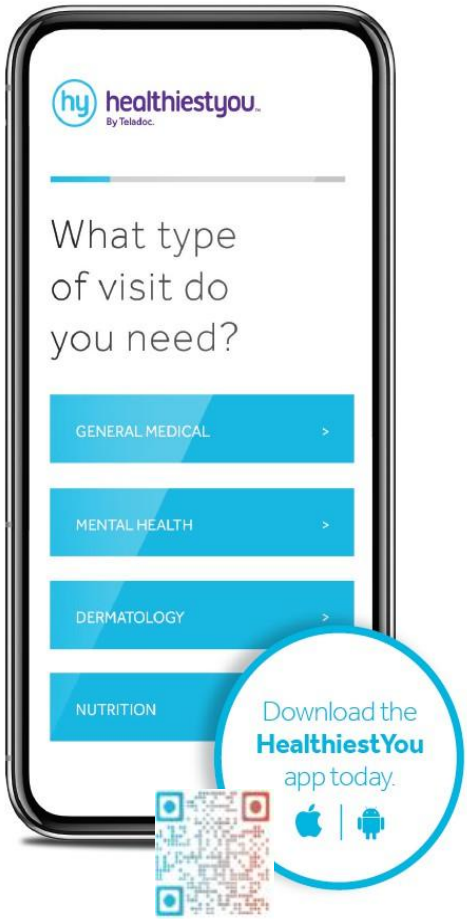
Virtual access to doctors and therapists anytime, anywhere* by app, phone, or video

Get Care Now (General Medical) $0/unlimited visits

Convenient, high-quality healthcare available 24/7 from U.S board-certified doctors by phone or video

Mental Health 13+ $0/unlimited visits

Members have access to licensed mental health professionals with the option to receive ongoing care from a provider of their choice



- **Dermatology**
  $0/unlimited visits
  U.S. board-certified dermatologists review images and provide diagnosis and treatment plan

- **Expert Medical Services**
  $0/unlimited visits
  In-depth reviews of existing diagnoses and treatment plans from the world's leading experts

- **Nutrition**
  $0/unlimited visits
  In-depth nutrition consultations and personalized guides for member specific needs

- **Digital Physical Therapy**
  $0/unlimited visits
  Overcome pain from home through custom plan from a physical therapist and personalized content

Member Services email: **help@healthiestyou.com** or call **866-703-1259**
When calling please tell the representative the name of the company that your HealthiestYou account is through.

Our U.S. board-certified doctors help with conditions like the flu, bronchitis, rashes, sinus infections and more

Talk to a doctor from wherever you are - day or night

Skip the trip to the ER or urgent care

Health Savings Account (HSA)

Paylocity

What is a Health Savings Account?

A Health Savings Account (HSA) is a way for you to save pre-tax dollars that can be used to pay for qualified healthcare expenses like deductibles, copays, coinsurance, prescriptions, vision and dental expenses. High-deductible health plans have lower premiums and may result in lower annual medical costs. These plans offer several advantages to reward you for taking an active role in your healthcare spending.

Lower Paycheck Costs

Allowing you to keep more control of your money

Tax-Advantaged Savings Account

Enrolling in and contributing to a Health Savings Account (HSA) helps you pay your deductible and out-of- pocket costs

Comparable Benefits

These plans use the same networks that other plans offer, and in-network preventive care is still covered at 100%

Who is Eligible for an HSA?

- Must be enrolled in a high-deductible health plan
- Cannot be covered by any other medical plan that is not a qualified HDHP. This includes a spouse's medical coverage unless it's also a qualified HDHP
- Cannot be enrolled in a traditional health care FSA in the same calendar year
- Cannot be enrolled in Medicare, including Parts A or B, Medicaid or Tricare
- Cannot be claimed as a dependent on another person's tax return
- Cannot be a veteran who has received treatment, other than preventive care, through the Department of Veterans Affairs within the past three months

*For a list of eligible expenses, see IRS Publication 502, available at **www.irs.gov**.*

Health Savings Account (HSA)

Continued

HSAs and Your Taxes

All withdrawals from your HSA are tax-free, as long as you use the money to pay for eligible health care expenses. In addition, all the money in the account is yours and will never be forfeited. It rolls over from year to year, and you can take it with you if you leave the company or retire. After age 65, you can withdraw funds for any reason without a tax penalty — you pay ordinary income tax only if the withdrawal isn't for eligible health care expenses.

How Much Can I Contribute?

Employee only coverage per calendar year:
$4,400

Employee plus dependents coverage:
$8,750

Anyone 55+ can make an additional annual catch-up contribution of
$1,000

Coverage Level	Employer Monthly Contribution	Employer Annual Contribution	Total HSA Employee Contribution Allowed for 2026
Employee Only	$100	$1,200	$3,200
Employee + Spouse	$200	$2,400	$6,350
Employee + Child(ren)	$200	$2,400	$6,350
Employee + Family	$300	$3,600	$5,150

Note: You won't pay federal taxes on HSA contributions. However, you may pay state taxes depending on your residence. Consult your tax advisor to learn more

Flexible Spending Account (FSA)

Paylocity

Tax-advantaged FSAs are a great way to save money. The money you contribute to these accounts comes out of your paycheck without being taxed, and you withdraw it tax-free when you pay for eligible health care and dependent care expenses.

Health Care FSA

Who can participate?

Employees who are not enrolled in the high-deductible health plan.

What are the contribution limits?

Employees can contribute $500 up to $3,400 in 2026.

What happens at the end of the year?

Expenses can be incurred through 12/31/2026. All remaining funds are forfeited.

Limited Purpose FSA

Who can participate?

Employees enrolled in either of the high-deductible health plan.

What are the contribution limits?

Employees can contribute $500 up to $3,400 for 2026.

You can use the funds for any qualified dental or vision expenses. No medical plan co-pays, deductibles, prescription drugs or alternative healthcare are eligible expenses through a LP-HFSA.

What happens at the end of the year?

Both FSAs are "Use It or Lose It" meaning if you do not spend your funds by the expense deadline, your funds will be forfeited.

Dependent Care FSA

Who can participate?

Any employee.

What are the contribution limits?

Employees can contribute between $500 and $7,500 annually per family or $3,750 if filing separately.

What happens at the end of the year?

FSA funds expire at the end of each year. Use it or lose it. Unlike the healthcare FSA, your full election for the plan year is not available on the day your plan starts. For the dependent care FSA, you can only be reimbursed for qualified expenses up to the amount you have contributed to your FSA up to that point in time. As your contributions accrue, claims for reimbursement can be processed.

Run-Out Period

The run-out period for submitting claims is 90 days after the end of the plan year, which means you have until March 31 of the following year to submit claims for expenses incurred during the plan year.

What's an Eligible Expense?

Health Care FSA – Plan deductibles, copays, coinsurance, and other health care expenses. To learn more, see IRS Publication 502 at www.irs.gov.

Dependent Care FSA – Child day care, home care for dependent elders, and related expenses. To learn more, see IRS Publication 503 at www.irs.gov.

HSA & FSA Comparison

This chart shows the features of the healthcare FSAs and the Health Savings Account (HSA) and compares the limited purpose healthcare FSA to the traditional healthcare FSA.

	HSA	Limited Purpose Health Care FSA*	Health Care FSA **
Available if you select these plans	High-deductible Health Plan	High-deductible Health Plan	PPO
How much you may contribute	$4,400 (EE only) $8,750 (all other coverage levels) Catch-up contributions of up to $1,000 for 2026 year for age 55+	Up to $3,400 for plan year	
Expenses you may pay from your account		Out of pocket expenses incurred during the current calendar year	
	Out-of-pocket Medical Prescription drug Dental Vision	Dental Vision	Medical Prescription drugs Dental Vision
Account balance available to reimburse expenses	Current account balance	Entire contribution amount elected for the plan year	
Time limits for using your account balance	No limit	Must use 2026 account balance for expenses incurred through **December 31, 2026** Claims must be filed by **March 31st, 2027**	
If you don't use all your account balance each year	Any account balance carries over from year-to-year	Any remaining funds will be forfeited	
How it saves you money	Your contributions are tax free, which reduces your taxable income Any investment or interest earnings on your account balance is tax free Distributions are tax free if used for qualified healthcare expenses	Your contributions are tax-free, which reduces your taxable income and increases your take-home pay You pay for healthcare expenses with pre-tax dollars	

* The limited purpose FSA is available to employees who enroll in our HDHP. HDHP members may not enroll in the healthcare FSA, unless you are ineligible to participate in the HSA.

Search, Compare, & Save **Paylocity** provides tools to help you find the right options for you.
You may also visit hsastore.com for more information.

Dental Plan

UnitedHealthcare

In addition to protecting your smile, dental insurance helps pay for dental care and includes regular checkups, cleanings and x-rays. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

Dental coverage is offered for basic and major services. You and your eligible dependents may enroll in the dental option administered by UnitedHealthcare.

In-Network Plan Features	Dental Plan
Annual Calendar Year Deductible – Individual	$25
Annual Calendar Year Deductible – Family	$75
Annual Maximum	$2,000
Preventive Care	100%
Basic Services	80% after deductible
Major Services	50% after deductible
Orthodontia Services *Children up to age 19*	50%
Orthodontia Lifetime Maximum	$1,000

Dental	
Employee	$8.35
Employee & Spouse	$13.20
Employee & Child(ren)	$9.62
Family	$17.49

To find an in-network provider visit www.myuhc.com

Vision Plan

UnitedHealthcare

Vision	
Employee	$2.49
Employee & Spouse	$4.72
Employee & Child(ren)	$5.53
Family	$7.78

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do these activities, however, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Your vision insurance is provided by UnitedHealthcare and entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

	In Network	Out Of Network
Routine Exam		
Routine Exam	$10 copay	Up to $40
Eyeglass Lenses Materials & Frames		
Materials Copay	$25 copay	NA
Single Vision Lenses	100% after materials copay	Up to $40
Standard Lined Bifocal Lenses	100% after materials copay	Up to $60
Standard Trifocal Lenses	100% after materials copay	Up to $80
Lenticular	100% after materials copay	Up to $80
Progressives	Cost Varies	Cost Varies
Frames	Up to a $130 allowance	Up to $45
Contact Lens Fitting/Evaluation	$10 copay Covered formulary up to 4 boxes Non-formulary up to $105 allowance	NA
Additional Glasses & Sunglasses Discount	30% off any balance over $130 allowance	NA
Frequency of Services		
Comprehensive Eye Exam	Once every 12 months	
Lenses	Once every 12 months	
Frames	Once every 12 months	
Contact Lenses ***In lieu of glasses***	Once every 12 months	

To find an in-network provider visit www.myuhc.com

Life Insurance

MetLife

Basic Life & Accidental Death & Dismemberment (AD&D)

The Basic Life and AD&D plan provides a benefit in the event of your death, dismemberment or paralysis. This benefit is sponsored by Guild, so you will automatically be enrolled at no cost to you. Your coverage includes a benefit of $30,000 - refer to the carrier summary for specific details.

Supplemental Life Insurance

You may purchase additional life insurance at group rates:

- Available in increments of $10,000 up to a maximum of 5x your annual salary or $500,000
- You pay the full cost of this plan, and the amount deducted depends on the age of the associate and the amount of coverage elected
- If you do not elect this coverage when first becoming eligible or an election over $200,000 is made, you are subject to medical underwriting by the carrier

Life Insurance for Spouses & Dependents

You may purchase additional dependent life insurance at group rates:

- Spousal life is available in increments of $5,000 up to a max of $250,000 not to exceed 50% of the employee's life election
- Can elect up to $50,000 without medical underwriting as a new hire
- Child life is available from birth to 6 months old: $500, Over 6 months old: Options of $1,000, $2,000, $4,000, $5,000 or $10,000
  - Children are not subject to medical underwriting
  - The cost remains the same regardless of the number of children you have

Voluntary Life Monthly Rates Per $1,000 of Coverage		
Employee Age	**Employee/Spouse Rate**	**AD&D**
Under 25	$.06	$.015
25-29	$.06	$.015
30-34	$.08	$.015
35-39	$.09	$.015
40-44	$.13	$.015
45-49	$.20	$.015
50-54	$.41	$.015
55-59	$.65	$.015
60-64	$.75	$.015
65-69	$1.31	$.015
70-74	$3.20	$.015
Child Rate		
All ages	$.211	$.051

TAKE ACTION!

Don't forget to designate a beneficiary!

GUARANTEED ISSUE AND EVIDENCE OF INSURABILITY

Employees and spouses who elect Voluntary Life and AD&D coverage when they are first eligible can elect up to the Guaranteed Issue (GI) amount without Evidence of Insurability (EOI). If the amount requested is more than GI, you will need to provide EOI before the amount over GI becomes effective.

Disability Insurance

MetLife

At Guild, we want to do everything we can to protect you and your family. That's why Guild pays for the full cost of short- and long-term disability insurance—meaning that you owe nothing out of pocket.

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note that you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

Short-Term Disability (STD)

The Short-Term Disability (STD) plan provides full-time employees with income replacement while disabled and unable to work due to a non-occupational illness or injury, including pregnancy. The benefit payment is based on your employment status.

After exhausting your ESST or PTO, your STD benefits begin on the 8th consecutive day of your disability. STD replaces up to 60% of your monthly income with a maximum benefit of $2,500 per week for up to 12 weeks per claim.

Any mandated state family and medical leaves will offset with the short-term disability benefit.

Long-Term Disability (LTD)

Long-Term Disability (LTD) is available after your short-term disability benefits end or 90 days after the illness or injury -- whichever is greater.

MetLife pays 60% of your pre-disability base pay, up to a maximum of $8,000 per month. Disability benefits last until you recover or reach your Social Security retirement age.

Filing a Short-Term Disability Claim

In order to receive benefits, you must report your disability claim to MetLife.

SHORT-TERM DISABILITY COVERAGE
• Automatically provided to you at no cost • 60% of your weekly earnings up to $2,500 maximum for 12 weeks • Benefit begins after 7 days of disability.
LONG TERM DISABILITY COVERAGE
• Automatically provided to you at no cost • 60% of your monthly earnings to a $8,000 maximum • Benefit begins after 90 days of disability and payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner

Pre-existing condition limitation for long-term disability: If you've received medical treatment consultation, care, or services, including diagnostic measures, or have taken prescribed drugs or medicines within three months prior to the effective date for any injury or sickness, a period of disability related to that diagnosis will not be covered for 12 months after your effective date.

You can contact MetLife by phone, website, or through the MetLife app.

Voluntary Benefits

MetLife

Hospital Indemnity Insurance

Hospital Indemnity insurance is a plan designed to pay for the costs of a hospital admission that may not be covered by other insurance. The plan covers employees who are admitted to a hospital or ICU for a covered sickness or injury. Even if your Medical insurance covers most of your hospitalization, you can still receive payments from your Hospital Indemnity insurance plan to cover extra expenses while you recover.

How Does Hospital Indemnity Insurance Work?

You pay monthly premiums for your Hospital Indemnity insurance plan. If you are admitted to the hospital for an injury or illness, your Hospital Indemnity plan makes cash payments to you. And with the payments going directly to you, you can use these emergency funds to pay for costs not covered by your medical insurance, medical insurance deductibles, copays and coinsurance, child care expenses while you are in the hospital or cost-of- living expenses as you recover.

Hospital Indemnity Covered Expenses Include:

- Hospital admission
- Hospital confinement
- Hospital intensive care
- Surgical care
- Diagnostic and imaging
- Transportation and lodging

Critical Illness Insurance

While Medical insurance is vital, it doesn't cover everything. 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 focus on your recovery.

How Will a Critical Illness Claim Get Paid?

After purchasing Critical Illness insurance, 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:

- Childcare costs
- Medical and living expenses
- Travel expenses for you and your family
- Lost wages from missed time at work

Critical Illness Covered Expenses Include:

- Heart attack
- Multiple Sclerosis
- Stroke
- Alzheimer's disease
- Parkinson's disease
- Major organ failure
- Wellness benefits, as applicable

Voluntary Benefits

MetLife

Accident Insurance

Accident insurance pays out a lump sum if you become injured because of an accident — even if the injuries you incur do not keep you out of work. While health insurance companies pay your provider or facility, Accident insurance pays you directly.

How Does Accident Insurance Work?

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

Covered Expenses Typically Include:

- Emergency room visits
- Hospital stays
- Fractures and dislocations
- Medical exams
- Physical therapy
- Transportation and lodging

Learn more about your MetLife plan summary

1-800-638-5433

www.metlife.com

Employee Contributions

Rates are calculated on 26 pay periods

Accident	
Employee	$3.36
Employee & Spouse	$6.66
Employee & Child(ren)	$7.97
Family	$9.43

Hospital Indemnity	
Employee	$6.20
Employee & Spouse	$12.40
Employee & Child(ren)	$9.35
Family	$15.55

Critical Illness

Monthly Premium Rates

Non - Tobacco

Premium per $1,000 of Coverage

Attained Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse and Child(ren)
<25	$0.13	$0.18	$0.13	$0.18
25 - 29	$0.16	$0.25	$0.16	$0.25
30 - 34	$0.23	$0.35	$0.23	$0.35
35 - 39	$0.46	$0.69	$0.46	$0.69
40 - 44	$0.74	$1.09	$0.74	$1.09
45 - 49	$1.14	$1.70	$1.14	$1.70
50 - 54	$1.61	$2.43	$1.61	$2.43
55 - 59	$2.29	$3.44	$2.29	$3.44
60 - 64	$3.16	$4.74	$3.16	$4.74
65 - 69	$4.00	$6.00	$4.00	$6.00
70+	$5.15	$7.73	$5.15	$7.73

To calculate: Multiply the per $1,000 rates shown above by the benefit amount divided by $1,000 and round to two decimals to calculate rates for the quoted benefit amounts. Tobacco rates are increased.

UHC Rewards

There's so much good to get!

With UHC rewards, a variety of actions – including many things you may already be doing – lead to rewards. The activities you go for are you to you – same goes for ways to spend your earnings.

Earn up to $1,000!

Reach daily goals

- Track 5,000 steps or 15 active minutes each day or double it for an even bigger reward
- Track 14 nights of sleep

Complete one-time reward activities

- Go paperless
- Get a biometric screening
- Take a health survey
- Connect a tracker

There are 2 ways to get started

On the **UnitedHealthcare app**

- Scan this code to download the app
- Sign in or register
- Select the Menu tab and choose UHC Rewards
- Activate UHC rewards and start earning

On **myuhc.com**

- Sign in or register
- Select UHC Rewards
- Active UHC Rewards
- Choose reward activities that inspire you – and start earning

Employee Assistance Program

We understand that we all face serious problems at some time in our lives and Guild is committed to providing help during those times. You have two EAPs available through your carriers – one with United Healthcare and one with MetLife.

The EAP is designed to assist staff members and families with personal challenges in many different areas including depression, stress management, drug and alcohol abuse, relationships, grief, domestic violence, legal and financial issues, parenting, childcare and elder care.

Participation in the EAP is **voluntary**, **confidential** and **free of cost**. For those who require referrals for long-term treatment, there may be fees for the services of outside providers.

However, EAP counselors will coordinate referrals, whenever possible, to take advantage of existing insurance coverage and community resources in order to minimize costs. We encourage you and your eligible family members to take advantage of our EAP benefit.

UnitedHealthcare

The EAP with UnitedHealthcare includes **3 free counseling sessions, per incident, per year**. Your Employee Assistance Program (EAP) offers access to personalized support, resources and no-cost referrals. It's confidential 1-on-1 help from a master's-level specialist.

Call EAP 24/7 at **1-888-887-4114**

- Press or say 1 for members, then press or say 1 for seeking in-the-moment support with a well-being specialist.

Scan to save the UHC EAP contact information to your phone.

MetLife

The EAP through MetLife includes up to **5 phone or video consultations per incident** with licensed counselors for you and your eligible household members per year.

You can call **1-888-319-7819** to speak with a counselor or schedule an appointment, 24/7/365. When you call, just select "Employee Assistance Program" when prompted. You'll be connected to a counselor.

If you're simply looking for information, the program offers easy to use educational tools and resources, online and through a mobile app. There is a chat feature so you can talk with a consultant to guide you to the information you are looking for or help you schedule an appointment with a counselor.

Visit **one.telushealth.com** or search **"TELUS Health"** in the Apple App Store or Google Play to download the mobile app.

- To log in on the website or the mobile app, please use the username and password below.

  Username: **metlifeeap**

  Password: **eap**

24 HOURS A DAY, 7 DAYS A WEEK

Professional counselors are available to provide you with support, guidance and resources.

Value Added Services

UnitedHealthcare

Rediscover your passion for health

One Pass Select can help you reach your fitness goas while finding new passions along the way. Choose gym membership tiers that fits your lifestyle and provide everything you need for whole body health in one easy, affordable plan.

Get started with One Pass Select when you activate UnitedHealthcare Rewards.

Mind. Body. You.

The Calm Health app provides programs and tools to help support your mental health and wellbeing – all at your own pace.

Tailor your Calm Health experience with a short mental health screening and use the library of supporting tools to help support the mind-body connection.

Quit for Life Tobacco Cessation Program

Quit For Life offers coaches, tools and support to help you quit smoking, chewing, vaping or however you use tobacco or nicotine. Each coach-guided step is designed to give you the confidence you need to quit for good as you progress.

Quit For Life provides:

- 24/7 access to one-on-one time with an expert coach via chat, text or phone, plus coach-led group video sessions
- Nicotine Replacement Therapy (NRT), like patches or gum, to help you manage cravings and double your chance of quitting for good
- Interactive mobile app with milestones tracking and engaging content, plus access to Text a Coach℠ for resources, encouragement and reminders
- Support to build your personalized Quit Plan, with recommended daily goals, articles and videos

Real Appeal, an online weight management support program

Real Appeal members have access to:

- Ongoing support from online coaches who tailor guidance to fit your lifestyle
- Online group sessions and a passionate community of members
- A Success Kit to kick-start your health journey with scales, a balanced portion plate and more
- Hundreds of online workouts through Fitness on Demand, plus digital tools to track your food, activity and progress

The UnitedHealthcare app and myuhc.com

Whether on the go or online, you'll have access to resources designed to help you

- View benefit info, claim details, and account balances
- Search network providers and facilities for the type of care you may need
- Quickly compare cost estimates before you get care
- Learn about covered preventive care
- Access your health plan ID card and add your plan details to your smartphone's digital wallet

Financial Security

Mutual of America

403(b) Plan

Helping you prepare for retirement is extremely important to Guild. To help you achieve long-term retirement security, Guild offers you the ability to build individual wealth through the 403(b) employee contributions.

Eligibility for Employee Contribution

Employees can enroll in the plans at the beginning of any month once hired. Those who which to enroll or has any questions in the 403(b) plan can contact our Mutual of America Participant Account Representative.

Contributions to Your Retirement

The maximum amount you can contribute to your retirement is the lesser of 100% of your annual income or the maximum as determined by the IRS. The 2026 maximum is $24,500*.

- If you will attain age 50 by the end of the year, you may be eligible for an additional “catch-up” contribution within IRS limits*.
- If you between 60-63 as of the close of the taxable year, you will be able to contribute up to $11,250* in catch up contributions. Please note this amount is the maximum catch up limit; not in addition to the standard catch up limit*.

*Limitations including catch-up contributions are subject to change each and will be announced annually by the IRS

You may change your investment elections or your deferral percentage at any time.

Visit the Mutual of America website to:

View your current 403(b)
balance and investments

Add or change your
beneficiary on the plan

Rollover funds from a previous employer
plan or qualified 403(b) plan

For more information contact your representative Jacob Hameed @ 612-540-6938 or email jacob.hameed@mutualofamerica.com

How Do I Enroll?

1 Register as a new user or log in with your current credentials

Log into https://www.employeenavigator.com/benefits/Account/Login

2 Choose Your Plan

Utilize the benefit guide to help choose the lowest-cost, best-value health plan based on your medical needs.

3 Enroll within 30 Days of Eligibility

Reminder

Make sure you hit 'submit' to save your elections before closing.

Benefits Definitions

Deductible

An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is $1000, your plan won't pay anything until you've met your $1000 deductible for covered health care services subject to the deductible.)

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is $100 and you've met your deductible, your coinsurance payment of 20% would be $20. The health insurance or plan pays the rest of the allowed amount.)

Out-of-pocket maximum

The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit, the plan will usually pay 100% of the allowed amount. This limit helps you plan for health care costs. This limit never includes your premium, balance-billed charges or health care your plan doesn't cover.

Copayment

A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.

Network

The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Network provider

A provider who has a contract with your health insurer or plan who has agreed to provide services to members of a plan. You will pay less if you see a provider in the network. Also called "preferred provider" or "participating provider."

There is no first dollar coverage with the exception of preventative services.

Provider

An individual or facility that provides health care services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center. The plan may require the provider to be licensed, certified, or accredited as required by state law.

Out-of-network provider

A provider who doesn't have a contract with your plan to provide services. If your plan covers out-of-network services, you'll usually pay more to see an out-of-network provider than a preferred provider. Your policy will explain what those costs may be. May also be called "non-preferred" or "non- participating" instead of "out-of-network provider."

Referral

A written order from your primary care provider for you to see a specialist or get certain health care services. In many health maintenance organizations (HMOs), you may need to get a referral before you can get health care services from anyone except your primary care provider. If you don't get a referral first, the plan may not pay for the services.

Premium

You typically pay premiums through payroll deductions.

High-deductible health plan (HDHP)

A type of health plan that has lower monthly premiums, but higher deductibles and out-of- pocket limits, than a traditional health plan. HDHPs are often coupled with an HSA (Health Savings Account).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