guild









2027 Benefits Guide

OPEN ENROLLMENT: NOVEMBER 2-12, 2026

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.

Thank you for all that you do.

Welcome to Your 2027 Benefits Guide

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

What's Inside

GETTING STARTED..... 2

- Annual Enrollment
- How do I Enroll?
- Eligibility

CHOOSE YOUR MEDICAL PLAN 4

- Medical Benefits
- Pharmacy
- Telehealth

FUNDING ACCOUNTS..... 9

- Health Savings Account (HSA)
- Flexible Spending Accounts (FSAs)
- HSA & FSA Comparison

DENTAL.....12

VISION.....13

LIFE INSURANCE..... 14

DISABILITY INSURANCE 15

VOLUNTARY BENEFITS 16

EMPLOYEE CONTRIBUTIONS..... 18

UHC REWARDS 19

EMPLOYEE ASSISTANCE PROGRAM.....20

VALUE ADDED SERVICES 21

FINANCIAL SECURITY 22

NOTES 25

Disclaimer: 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.

Getting Started

Open Enrollment

WHEN IS OPEN ENROLLMENT?

The Open Enrollment period is November 2-12. Elections made during enrollment will be effective January 1, 2027.

How do I Enroll?

REGISTER AS A NEW USER OR LOG IN WITH YOUR CURRENT CREDENTIALS

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

CHOOSE YOUR PLAN

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

ENROLL BY NOVEMBER 12

If you don't take action, you will not have coverage for next year.

Reminder!

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

When you have questions about your benefit options or need assistance with enrolling, contact HR.

Special Open Enrollment Opportunity

If you are currently enrolled in Supplemental Life coverage, you may increase your coverage by $10,000 during Open Enrollment without Evidence of Insurability (EOI), up to the Guaranteed Issue amount, provided you are actively at work. This special enrollment opportunity is available only during MetLife's Open Enrollment period.





Eligibility

You and your eligible family members may participate in the 2027 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:

- Your legal spouse or your qualified domestic partner
- Children under the age of 26 (Regardless of marital status, full-student, or dependency.)
- 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.)

QUALIFYING LIFE EVENTS

Your benefit elections made during Open Enrollment will be effective January 1, 2027. 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.





Choose Your Medical Plan

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

Elections you make during Open Enrollment will be effective January 1, 2027 and remain in effect until December 31, 2027 unless you experience a qualifying life event.



Medical Benefits

Your benefit options gives you the choice to choose between two networks: High Value (narrow) and Aware (open access). High Value Network access to over 60,000 providers throughout Minnesota and must live within the High Value Network Service Area to enroll. Aware Network provides an open access network with over 2 million providers across the United States. 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 **bluecrossmn.com/BCA** 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 Blue Care Advisor's mobile app, you've got the tools you need to manage your healthcare from your smartphone.

Scan to Download

SEARCH, COMPARE & SAVE

BCBS provides tools to help you find the right options for you. Visit **bluecrossmn.com/BCA** or use the BCBS app.

Medical Plan Comparison

Blue Cross Blue Shield - BCBS

	PPO High Value Network	PPO Aware Network	HDHP High Value Network	HDHP Aware Network
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
BENEFITS 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	$5,000	$5,000	$5,000	$5,000
Coinsurance	50%	50%	30%	30%
Out-of-Pocket Maximum (OOP)	$10,000	$10,000	$10,000	$10,000

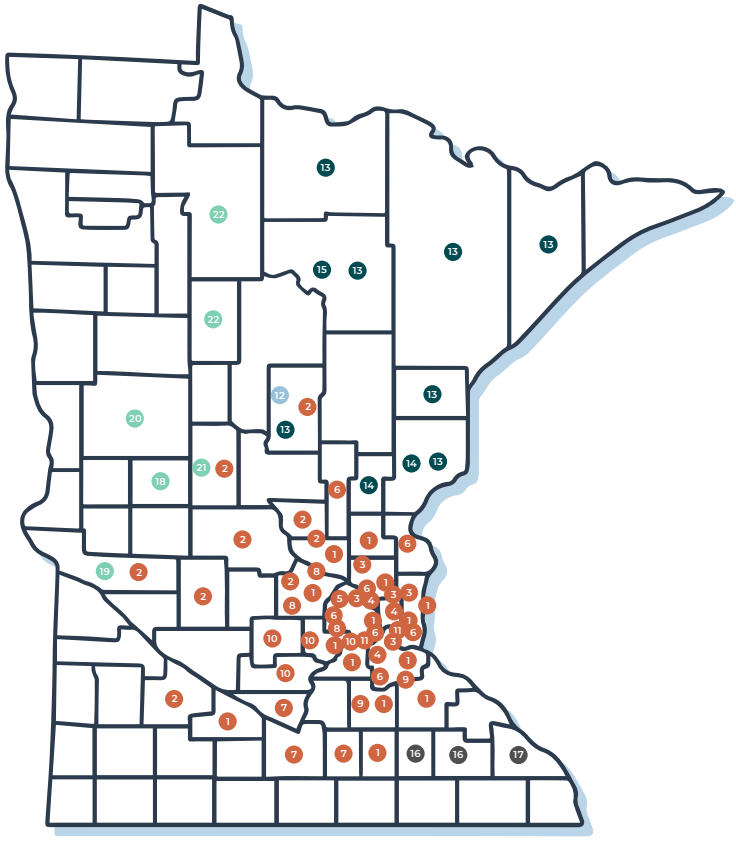
Referrals may be required for some specialist visits.

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

High Value Network

Numbered dots repeat across counties when a care system has multiple publicly listed locations.

High Value care systems by Minnesota clinic county



Additional High Value System

Integrity Health Network is included as an additional High Value care system but is not plotted as a single clinic operator. St. Croix Regional Medical Center and Gundersen Health System (WI) Altru Health System (ND)

*For the Northeast High Value Network, Essentia providers are in-network only in the counties listed above plus Douglas County, Wisconsin.

Provider participation and locations may change. Members should confirm participation before receiving services.

CARE SYSTEM KEY

1. **Allina Health**
   Anoka, Brown, Carver, Dakota, Goodhue, Hennepin, Isanti, Ramsey, Rice, Scott, Sherburne, Steele, Washington, Wright
2. **CentraCare Health**
   Benton, Crow Wing, Kandiyohi, Redwood, Sherburne, Stearns, Swift, Todd, Wright
3. **Children's Minnesota**
   Anoka, Dakota, Hennepin, Ramsey, Washington
4. **Entira Family Clinics**
   Dakota, Ramsey, Washington
5. **Hennepin Healthcare**
   Hennepin
6. **M Health Fairview**
   Anoka, Chisago, Dakota, Hennepin, Mille Lacs, Ramsey, Washington
7. **Mankato Clinic**
   Blue Earth, Nicollet, Waseca
8. **North Memorial Health**
   Hennepin, Sherburne, Wright
9. **Northfield Hospital + Clinics**
   Dakota, Rice
10. **Ridgeview**
    Carver, Hennepin, McLeod, Sibley
11. **University of Minnesota Physicians**
    Hennepin, Ramsey
12. **Cuyuna Regional Medical Center**
    Crow Wing
13. **Essentia Health***
    Carlton, Crow Wing, Itasca, Koochiching, Lake, Pine, St. Louis
14. **Welia Health**
    Kanabec, Pine
15. **Grand Itasca Clinic and Hospital**
    Itasca
16. **Olmsted Medical Center**
    Dodge, Olmsted
17. **Winona Health**
    Winona
18. **Alomere Health**
    Douglas
19. **CentraCare Benson**
    Swift
20. **Lake Region Healthcare**
    Otter Tail
21. **Lakewood Health System**
    Todd
22. **Sanford Health**
    Beltrami, Hubbard

MEDICAL COSTS - PER PAY PERIOD

	PPO High Value Network	PPO Aware Network	HDHP High Value Network	HDHP Aware Network
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

BLUE CROSS BLUE SHIELD

Prime Therapeutics Benefits Manager
Visit **bluecrossmn.com**; click on Prime Therapeutics under benefits to view medications.

	PPO High Value Network	PPO Aware Network	HDHP High Value Network	HDHP Aware Network
RETAIL 31-DAY SUPPLY				
Formulary and Non-Formulary Generic	$15 copay	$15 copay	0%	0%
Formulary Brand	$45 copay	$45 copay	0%	0%
Non-Formulary Brand	$85 copay	$85 copay	0%	0%
Specialty	25% up to $200 maximum copay per script per month	25% up to $200 maximum copay per script per month	0%	0%

*For any questions about BCBS or your prescription drugs, call 1-866-873-5943 or visit **www.bluecrossmn.com/member-resources**.*

Telehealth

HEALTHIESTYOU

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

Scan to Download

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 FOR AGES 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

SERVICE	DESCRIPTION	COST
Dermatology	U.S. board-certified dermatologists review images and provide diagnosis and treatment plan	$0/unlimited visits
Nutrition	In-depth nutrition consultations and personalized guides for member specific needs	$0/unlimited visits
Expert Medical Services	In-depth reviews of existing diagnoses and treatment plans from the world's leading experts	$0/unlimited visits
Digital Physical Therapy	Overcome pain from home through custom plan from a physical therapist and personalized content	$0/unlimited visits

Get in Touch

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



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

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





Funding Accounts

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

Health Savings Account (HSA)

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

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

HSA AT A GLANCE

Coverage Level	Employer Monthly Contribution	Employer Annual Contribution	Total HSA Employee Contribution Allowed for 2027
Employee Only	$100	$1,200	$3,300
Employee + Spouse	$200	$2,400	$6,600
Employee + Child(ren)	$200	$2,400	$6,600
Employee + Family	$300	$3,600	$5,400

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

Triple Tax Savings

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

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

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

Flexible Spending Accounts (FSAs)

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 $3,500 in 2027.

What happens at the end of the year?

Expenses can be incurred through 12/31/2027. 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 $3,500 for 2027.

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 VS. LIMITED PURPOSE FSA VS. HEALTH CARE 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	$4,500 (EE only) $9,000 (all other coverage levels) Catch-up contributions of up to $1,000 for 2027 year for age 55+	Up to $3,500 for plan year	
Expenses you may pay from your account	Out-of-pocket Medical Prescription drug Dental Vision	Out of pocket expenses incurred during the current calendar year	
		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 2027 account balance for expenses incurred through December 31, 2027 Claims must be filed by March 31st, 2028	
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.

Dental

Blue Cross Blue Shield

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 Blue Cross Blue Shield.

In-Network Plan Features	Dental Plan
Annual Calendar Year Deductible – Individual	$50
Annual Calendar Year Deductible – Family	$150
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	$1,500

In-Network Dentist

You can see any dentist you choose, but in-network dentists have agreed to provide services at discounted rates, which can help lower your out-of-pocket costs.

To find an in-network provider visit **bluecrossmn.com/findadentist**.

COVERAGE LEVEL	RATE - PER PAY PERIOD
Employee	$8.35
Employee & Spouse	$13.20
Employee & Child(ren)	$9.62
Family	$17.49

Extra Dental Benefits for Children

Children **ages 12 and under** enrolled in your dental plan qualify for Junior Dental Program, which provides **100% coverage for in-network services** with **no deductible** and **no annual maximum** benefit limit.

Vision

Blue Cross Blue Shield

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 Blue Cross Blue Shield and uses the Davis Vision Network 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	$10 copay	Up to $40
Eyeglass Lenses Materials & Frames		
Materials Copay	**$25 copay**	**Between $40-$100**
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 $100
Progressives	Cost Varies	Cost Varies
Frames	Up to a $130 allowance Up to $180 at Visionworks	Up to $50
Contact Lens Fitting/Evaluation	$25 copay Covered formulary up to 4 boxes Up to $105 allowance	NA
Additional Glasses & Sunglasses Discount	20% over frame allowance	NA
Frequency of Services		
Comprehensive Eye Exam, Lenses, Frames, Contact Lenses (in lieu of glasses)	Once every 12 months	

COVERAGE LEVEL	RATE - PER PAY PERIOD
Employee	$2.49
Employee & Spouse	$4.72
Employee & Child(ren)	$5.53
Family	$7.78

BCBS Providers

To find an in-network provider visit bluecrossmn.com/findaneyedoctor

Life Insurance

MetLife

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

BASIC LIFE & 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	$0.06	$0.015
25-29	$0.06	$0.015
30-34	$0.08	$0.015
35-39	$0.09	$0.015
40-44	$0.13	$0.015
45-49	$0.20	$0.015
50-54	$0.41	$0.015
55-59	$0.65	$0.015
60-64	$0.75	$0.015
65-69	$1.31	$0.015
70-74	$3.20	$0.015
CHILD RATE		
All ages	$0.21	$0.051



Beneficiary Designation

You must name a beneficiary(ies) who will receive the benefit for your life and AD&D insurance.

IMPORTANT OPEN ENROLLMENT OPPORTUNITY: If you are currently enrolled in Supplemental Life coverage, you may increase your coverage by $10,000 during Open Enrollment without Evidence of Insurability (EOI), up to the Guaranteed Issue amount, provided you are Actively at Work. This special enrollment opportunity is available only during MetLife's annual Open Enrollment period.

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.

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 STD Claim

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

SHORT-TERM DISABILITY COVERAGE	LONG-TERM DISABILITY COVERAGE
Automatically provided to you at no cost	Automatically provided to you at no cost
60% of your weekly earnings up to $2,500 maximum for 12 weeks	60% of your monthly earnings to a $8,000 maximum
Benefit begins after 7 days of disability.	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 for LTD

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

These benefits, administered by Aflac, offer an extra layer of protection for you and your family. The payment these benefits provide is in addition to any other insurance you may have and is yours to spend as you wish—to help cover bills or for everyday living expenses. These plans do not provide health insurance coverage and do not replace the medical plans.

CRITICAL ILLNESS

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

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



Voluntary Benefits

MetLife

ACCIDENT COVERAGE

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

- **Call:** 1-800-638-5433
- **Visit:** www.metlife.com



Employee Contributions

The following chart contains the bi-weekly paycheck deductions for benefits beginning January 1, 2027.

ACCIDENT

COVERAGE LEVEL	RATE
Employee	$3.36
Employee & Spouse	$6.66
Employee & Child(ren)	$7.97
Family	$9.43

HOSPITAL INDEMNITY

COVERAGE LEVEL	RATE
Employee	$6.20
Employee & Spouse	$12.40
Employee & Child(ren)	$9.35
Family	$15.55

CRITICAL ILLNESS (MONTHLY PREMIUM RATES PER $1,000 OF COVERAGE - NON-TOBACCO)

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.

Blue Care Advisor®

Make the Most of Your Health Plan

Blue Care Advisor® helps you make the most of your health plan by bringing your benefits, wellness tools, and rewards opportunities together in one convenient place. Whether you're looking for a doctor, checking what's covered under your plan, or working toward personal health goals, Blue Care Advisor can help simplify your healthcare experience.

Blue Care Advisor gives you easy access to information and tools that can help you make informed healthcare decisions and stay on track with your wellness goals.

It allows you to:

- View your health plan benefits and understand what's covered under your plan.
- Discover benefits and resources you may not realize are available to you.
- Find high-quality doctors and healthcare providers near you.
- Compare costs before receiving care so you can make informed choices.
- Track health and wellness activities to support your personal goals.
- Access rewards opportunities for completing healthy activities.

By using Blue Care Advisor, you can:

- Better understand and maximize your health plan benefits.
- Easily manage important healthcare information in one place.
- Make smarter healthcare decisions by comparing providers and costs.
- Stay motivated to reach your wellness goals through activity tracking and rewards.
- Earn points for completing a health assessment and tracking steps, with rewards redeemable for up to **$240 in gift cards**.

There are two ways to get started

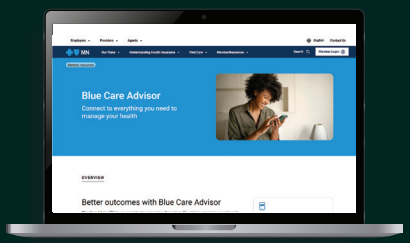
Blue Care Advisor is your one-stop resource for understanding your health plan, finding care, tracking wellness activities, and earning rewards for healthy choices. Register online or download the app to get started. Once registered, you can begin exploring your benefits, finding providers, tracking activities, and earning rewards.

DOWNLOAD THE APP

Scan the QR code below to have your benefits whenever you need them.

VISIT THE WEBSITE

Visit **bluecrossmn.com/bca** to register and access your account.



Employee Assistance Program (EAP)

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.

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

Your health plan includes access to programs and resources that can help you stay active, improve your health, support your mental well-being, prepare for major life events, and save money on everyday wellness expenses. These services are available to help you get more value from your benefits throughout the year.

WANT TO GET REWARDED FOR STAYING ACTIVE?

You can earn rewards for exercising, walking, and other healthy activities through **Blue Care Advisor® Get Active** program. Eligible employees and covered spouses can earn points that may be redeemed for gift cards or charitable donations, with the opportunities to earn up to **$240 annually.**

- Rewards for tracking physical activity.
- Personalized health recommendations based on a health assessment.
- The ability to connect a fitness tracker or manually log activities.
- Flexibility to earn points throughout the year with no monthly requirements.

HOW TO ENROLL

Visit **bluecrossmn.com/bca** or download the Blue Care Advisor app after your medical coverage becomes effective. For assistance, call the number on the back of your ID card.

LOOKING FOR DISCOUNTS ON HEALTH AND WELLNESS PRODUCTS?

The **Blue365® Member Discount Program** provides exclusive savings on products and services that support a healthy lifestyle.

You Can Save On:

- Gym memberships and fitness equipment.
- Weight management and nutrition programs.
- Vision and hearing products.
- Wellness products and healthy meal services.
- Travel and hotel discounts.

HOW TO ENROLL

Register at **blue365deals.com/bcbsmn** using your Blue Cross member ID card to start accessing discounts and special offers.

NEED HELP MANAGING YOUR WEIGHT OR REDUCING YOUR RISK FOR DIABETES?

The **Omada® program** provides personalized support to help you build healthier habits, lose weight, and improve your overall health. Eligible members and covered adult family members may participate at no additional cost.

What You'll Receive:

- A dedicated health coach.
- Interactive online lessons and educational resources.
- Digital tools and devices to help monitor progress.
- Support from an online community of participants.

HOW TO ENROLL

Complete the eligibility assessment at **omadahealth.com**.

EXPECTING A BABY?

The **Maternity Management Program** provides support throughout pregnancy and after delivery to help you and your baby get off to a healthy start. You'll work one-on-one with a maternity case manager who can answer questions and provide guidance every step of the way.

What You'll Receive:

- Personalized pregnancy and postpartum support.
- Educational resources on prenatal and infant care.
- Assistance preparing for your baby's arrival.
- Breastfeeding information and breast pump guidance.
- Support for your emotional and physical well-being after childbirth.

HOW TO ENROLL

Call **1-866-489-6948**, Monday through Friday, 8:00 a.m. to 4:30 p.m. Central Time

Value Added Services *(Continued)*

READY TO QUIT TOBACCO OR VAPING?

Whether you're ready to quit or simply exploring your options, support is available through the **Quit Tobacco & Vaping Program**.

What You'll Receive:

- Information about the health risks of tobacco and vaping.
- Cessation support and educational resources.
- Access to support for adults and teens seeking to quit.

HOW TO ENROLL

Visit **bluecrossmn.com/QuitTobacco** or call **1-888-662-BLUE** (2583), TTY 711.



LOOKING FOR SUPPORT FOR STRESS, ANXIETY, SLEEP, OR MENTAL WELL-BEING?

Learn to Live® offers confidential online programs designed to help you build resilience, improve mental health, and develop practical coping skills using Cognitive Behavioral Therapy techniques.

Support Is Available For:

- Stress, anxiety, and worry
- Depression
- Social anxiety and panic
- Insomnia and sleep challenges
- Substance use concerns
- Building resilience and emotional wellness.

What You'll Receive:

- Confidential online access 24/7
- Live clinician coaching
- Personalized assessments and recommendations
- Educational webinars and mindfulness resources

HOW TO ENROLL

Visit **learntolive.com/partners** and enter access code **BCBSMN**.

Better Health. More Support.

Your health plan provides more than medical coverage. These value-added services offer additional tools, resources, and expert support to help you and your family stay healthy, navigate life's challenges, and make the most of your benefits year-round.

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 wish to enroll or have any questions in the 403(b) plan can contact our Mutual of America Participant Account Representative.

CONTRIBUTIONS TO YOUR RETIREMENT

IRS CONTRIBUTION LIMITS	
Salary Deferral	$24,500
Catch-Up Contribution (age 50-59 or 64 and older)	$7,500
Catch-Up Contribution (age 60-63)	$11,250

You can make contributions in three ways:

- **Before-Tax:** Contributions are made on a before-tax basis. Withdrawals and earnings are taxable.
- **Roth:** Contributions are made on an after-tax basis. Withdrawals and earnings are tax-free.
- **After-Tax**: Contributions are made on an after-tax basis. Withdrawals are tax-free, but earnings are taxable.

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

INVESTMENT OPTIONS

To help you grow your savings, you have access to a wide range of investment options to fit many investment styles. These include:

- **Target Date Fund:** You can invest in a target date fund, based on the date you expect to retire. The mix automatically rebalances to become more conservative as your retirement date nears.
- **Self-Directed Brokerage:** The self-directed brokerage account lets you choose and manage your own investments.

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 Logan Kiltie @ 612-540-6949 or email logan.kiltie@mutualofamerica.com



Terms to Know

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

- **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).

Contacts

Coverage	Contact	Phone	Website
Medical	BCBS of MN	800-382-2000	www.bluecrossmn.com
Dental	BCBS of MN	800-382-2000	www.bluecrossmn.com
Vision	BCBS of MN	800-382-2000	www.bluecrossmn.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	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	Logan Kiltie 612-540-6949	logan.kiltie@ mutualofamerica.com
Plan Administrator	Amy Velasco	651-286-8603	avelasco@guildservices.org

Notes

guild

2027 BENEFITS GUIDE