

2026

Plan Year



BRAZEWAY

EMPLOYEE BENEFITS GUIDE

Effective Date:

January 1, 2026 through
December 31, 2026





ELIGIBILITY REQUIREMENTS & COVERAGE EFFECTIVE DATES

You are eligible for health benefits if you are a full-time active employee unless otherwise stated. Full-time active employees must be regularly scheduled to work 30 hours or more per week to be eligible for medical and prescription drug coverage.

You may choose coverage for **yourself only, yourself and one dependent, yourself and two or more dependents.**

Eligible dependents are defined as your **legal spouse, natural child(ren), legally adopted child(ren), child(ren) placed in your home for legal adoption, stepchild(ren), or child(ren) over whom you have legal guardianship.**

Dependent children include children of the employee or spouse by birth, legal adoption, legal guardianship or children from a former marriage of whom the subscriber has custody.

WHEN COVERAGE BEGINS

Coverage for you and your eligible dependents will begin on your date of hire.

WHEN COVERAGE ENDS

Coverage for you and your dependents will end on the date on which your employment terminates, or you or your dependent(s) are no longer eligible for benefits. Dependent children will continue to be covered under the medical, dental and vision plan until the end of the month in which they turn age 26.

TELL US WHEN YOU ARE MEDICARE ELIGIBLE

Please notify us when you or your dependent become eligible for Medicare. You can become eligible for Medicare based on age, declaration of total disability, or diagnosis of ESRD.

We are required to contact the insurer to inform them of your Medicare status. Federal law determines whether Medicare or the health plan pay primary.

MAKING CHANGES MID-YEAR

The choices you make during open enrollment or when you first become eligible remain in effect for the remainder of the plan year. Once you are enrolled, you must wait until the next open enrollment period to change your benefits or add/remove coverage for dependents, unless you have a qualified change in family status as defined by the IRS. Changes to your coverage must be made within 30 days of the life event.

Examples include, but are not limited to, the following:

- Marriage or divorce
- Birth or adoption of a child
- Loss of other health coverage
- New eligibility for other health coverage
- Change in your dependent's eligibility status

Any change you make to your coverage must be consistent with the change in status. Changes to coverage made within 30-days of the life event will become effective on the date of event.



HEALTH & DENTAL BENEFITS GLOSSARY OF TERMS

The following is a glossary of commonly used health and dental benefit terms.



HEALTH

Please refer to your SBC for more details.

- **COINSURANCE:** A percentage of healthcare cost, such as 20%, that the covered employee pays after meeting the deductible.
- **COPAY:** The fixed dollar amount, such as \$30 for each doctor visit, that the covered employee pays for medical services.
- **DEDUCTIBLE:** A fixed dollar amount that the covered employee must pay out-of-pocket each calendar year before the plan will begin reimbursing for non-preventive health expenses. Plans usually require separate limits per person and per family.
 - ◇ **'Aggregate Deductible:** Each covered family member's deductible amounts are applied toward the family deductible accumulation. Once the family deductible has been met, the entire family's deductible is considered met regardless of the individual amounts applied to the deductible. Individual deductible does not apply unless single coverage was elected.
 - ◇ ***Embedded Deductible:** Each covered family member only needs to satisfy his or her individual deductible prior to receiving plan benefits. Benefits are payable for the entire family once family deductible has been reached.
- **FORMULARY:** A list of prescription drugs covered by the health plan, often structured in tiers that subsidize low cost generics at a higher percentage than more expensive brand name or specialty drugs.
- **HEALTH SAVINGS ACCOUNT (HSA):** HSAs may be opened by employees who enroll in a high deductible health plan (HDHP). Employees can put money in an HSA up to an annual limit set by the government using pre-tax dollars. Employers may also contribute funds to these accounts within the prescribed limit. HSA funds may be used to pay for medical expenses whether or not the deductible has been met, and no tax is owed on funds withdrawn from an HSA to pay for medical expenses. HSAs are individually owned and the account remains with an employee after employment ends.
- **HIGH DEDUCTIBLE HEALTH PLAN (HDHP):** A HDHP features higher annual deductibles than traditional health plans, such as a preferred provider organization (PPO) or health maintenance organization (HMO) plan. With the exception of preventive care, covered employees must meet the annual deductible before the plan pays benefits. HDHPs, however, may have significantly lower premiums than a PPO, HMO or other traditional plans.
- **IN-NETWORK:** Doctors, clinics, hospitals and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.
- **OUT-OF-NETWORK:** A health plan will cover treatment for doctors, clinics, hospitals and other providers who are out-of-network, but covered employees will pay more out-of-pocket to use out-of-network providers than for in-network.
- **OUT-OF-POCKET LIMITS:** The most an employee could pay during a coverage period (usually one year) for his or her share of the costs of covered services, including copayments and coinsurance.
- **PREMIUM:** The amount that must be paid for a health insurance plan by covered employees, by their employer, or shared by both. A covered employee's share of the annual premium is generally paid periodically, such as monthly, and deducted from his or her paycheck.

DENTAL

Please refer to your benefit summary for more details.

- **ANNUAL MAXIMUM:** The total amount that a plan will pay for dental care incurred by an individual enrollee or family (under a family plan) in a specified benefit period, typically a calendar year.
- **LIFETIME MAXIMUM:** The cumulative dollar amount that a plan will pay for dental care incurred by an individual enrollee or family (under a family plan) for the life of the enrollee or the plan. Lifetime maximums usually apply to specific services such as orthodontic treatment.

Source: SHRM.



MEDICAL PLAN

IN-NETWORK COVERAGE OPTIONS

Please refer to your benefit summaries and SBCs for out-of-network coverage and additional plan details.

The **out-of-pocket maximum is your safety net on the Brazeway health plan. It is the maximum amount of out-of-pocket expenses you are required to pay in a year before the plan covers 100% of your eligible expenses. This means that any coinsurance, copays or deductibles you pay will count toward the out-of-pocket maximum.

	BLUE CROSS BLUE SHIELD OF MICHIGAN	
	PPO HDHP OPTION 1 Member's Responsibility	PPO ALUMINUM OPTION 2 Member's Responsibility
Deductibles (individual/family)	\$1,700/\$3,400	\$1,000/\$2,000
Deductible Type (see page 3 for definition)	¹ Aggregate	² Embedded
Coinsurance	20%	20%
Coinsurance Maximum (individual/family)	N/A	\$2,500/\$5,000
**Out-of-Pocket Maximum (individual/family)	\$3,000/\$6,000	\$6,600/\$13,200
Preventive Services	Covered 100%	Covered 100%
Virtual Visits	Covered 100%	Covered 100%
Office Visit	20% after deductible	\$30 copay
Specialist Visit	20% after deductible	\$30 copay
Chiropractic Services	20% after deductible (12 visits per year)	\$30 copay (24 visits per year)
Emergency Room	20% after deductible	\$250 copay
Urgent Care	20% after deductible	\$30 copay
Hospitalization (in-patient)	20% after deductible	20% after deductible
Prescription Drug Coverage (30 day supply shown)	After deductible then: \$10 generic \$40 preferred brand \$80 non-preferred brand 15% (\$150 Max) preferred brand specialty 25% (\$300 Max) non-preferred brand specialty 2x copay for mail order (90 day)	\$10 generic \$40 preferred brand \$80 non-preferred brand 15% (\$150 Max) preferred brand specialty 25% (\$300 Max) non-preferred brand specialty 2x copay for mail order (90 day)

Benefits in bold represent a change from the previous benefit year.

MEDICAL OPT-OUT CREDIT

If you choose to waive all medical coverage, you will receive \$800 annually; \$15.39 weekly pay; \$33.33 semi-monthly pay.

SPOUSAL BUY-BACK

You have the option of purchasing your spouse's coverage as primary into this plan: The cost of this election is \$130.00 semi-monthly or \$60.00 weekly.

If your spouse is working for another employer, and his/her employer sponsors a group medical plan, your spouse must enroll in that plan. When your spouse elects coverage through his/her employer, Brazeway will continue to provide secondary coverage under the coordination of benefits provision. This provision only applies if your spouse has other healthcare coverage available. Our plan allows the option of primary coverage for your working spouse provided you purchase the additional premium.



DENTAL & VISION

IN-NETWORK COVERAGE

Please refer to your benefit summaries for out-of-network coverage and additional plan details.

This dental plan is included with both BCBSM medical plans. You are automatically enrolled in the dental plan when you enroll in one of the medical plans. If you waive medical, you cannot elect dental separately.

BENEFITS	BCBSM DENTAL PLAN Member's Responsibility
Deductible	\$0
Diagnostic & Preventive	Covered 100%
Basic Services	25%
Major Services	50%
Maximum Payment	\$1,400 per person

BENEFITS	BCBSM VOLUNTARY VISION PLAN (VSP NETWORK) Member's Responsibility		
Eye Exam (once every 12 months)	\$10 copay		
Standard Lenses (one pair every 12 months)	\$20 copay (one copay applies to both lenses and frames)		
Standard Frames (one frame every 12 months)	\$20 copay, \$120 allowance (one copay applies to both lenses and frames)		
Medically Necessary Contact Lenses (once every 12 months)	\$20 copay		
Elective Contact Lenses (once every 12 months)	\$120 allowance		
EMPLOYEE CONTRIBUTIONS		Semi-Monthly	Weekly
	Employee Only	\$5.06	\$2.34
	Two-Person	\$10.13	\$4.68
	Family	\$16.81	\$7.76

Members may choose between prescription glasses (lenses and frames) or contact lenses, but not both.



HSA compared to Aluminum

Both plans provide comprehensive medical coverage, but they work differently when it comes to how you pay for care and how you can save for medical expenses. The HSA (Health Savings Account) Plan has lower monthly premiums and a higher deductible, but lets you save tax-free money in a Health Savings Account (HSA) to pay for medical expenses now or in the future. The PPO Plan has higher premiums but lower deductibles and fixed copays for many services, making costs more predictable. **Information on Health Savings Accounts can be found on pages 13 and 15 in this guide.**

Below is an example of how the deductible, coinsurance and out-of-pocket maximum works for each plan (see definitions on page 3).

	PPO HDHP HSA OPTION 1	PPO ALUMINUM OPTION 2
Deductible (single/family)	\$1,700/\$3,400	\$1,000/\$2,000
Example for Single:	You will pay the first \$1,700 of the deductible	You will pay the first \$1,000 of the deductible
Annual Coinsurance Maximum (single/family)	N/A	\$2,500/\$5,000
Example for Single:	You will continue to pay 20% until you reach the \$3,000 out-of-pocket maximum	After you reach your \$1,000 deductible \$2,500 (\$3,500 combined) is your maximum for coinsurance. You will continue to pay another \$3,100 out of pocket until you hit your out-of-pocket maximum
Out-of-Pocket Maximum (single/family)	\$3,000/\$6,000	\$6,600/\$13,200
Brazeway HSA Contributions	\$600/\$1,200	N/A
Example for Single:	For the rest of the year, your health insurance will cover 100% of the allowed costs for covered services, and you will not owe any more money out-of-pocket for those services.	For the rest of the year, your health insurance will cover 100% of the allowed costs for covered services, and you will not owe any more money out-of-pocket for those services.

- The **HSA Plan** is a good option if you want lower premiums, the ability to save tax-free for medical expenses, and are comfortable paying more upfront until you reach your deductible.
- The **PPO Aluminum Plan** is a good option if you prefer predictable copays, lower out-of-pocket costs before the deductible, and don't mind paying a higher premium each month.



Prescription Updates

Additional detailed information is available at bcbsm.com.



Prescription Plan Update – Effective January 1, 2026

Starting January 1, we're moving to a **five-tier prescription plan** to give you more options and help manage costs. The plan includes five levels of coverage: **generic**, **preferred brand**, **non-preferred brand**, **preferred specialty**, and **non-preferred specialty** medications.

We've also partnered with **PillarRx** to help you save money on specialty prescriptions. This new plan builds on our current three-tier structure by adding tiers that better manage the cost of specialty medications. It's important to note the following:

- Your copays on generic, preferred brand and non-preferred brand drugs are not changing
- Preferred Specialty Brand, Non-preferred Specialty Brand will now be covered at 15% (\$150 Max) and 5% (\$300 Max)
- Specialty prescriptions will need to be filled through Walgreens Pharmacy effective January 1, 2026

The chart below describes the differences in the prescription tier levels.

Please review pages 8-10 for more details on how you can save on Specialty prescriptions.

Generic Tier

- Generic or non-brand-name versions of drugs
- Offers the lowest copayment, or fixed amount members pay
- The most affordable options for treatment
- Produce the same effects in the body as equivalent brand-name drugs

Preferred Brand Tier

- Brand name prescription drugs
- Requires a higher copay
- Safe and effective

Non-preferred Brand Tier

- Brand-name prescription drugs not included in the preferred brand tier
- Requires the highest copay for brand-name drugs
- Generic or preferred brand alternatives are available for most of these drugs

Preferred Specialty Tier

- Generic and preferred brand-name specialty drugs that are used to treat difficult health conditions
- Safe and effective
- Requires the lowest copay for specialty drugs

Non-Preferred Specialty Tier

- Non-preferred brand-name specialty drugs not included in the preferred specialty tier
- May not have a proven record for safety or as high of a clinical value as preferred specialty drugs
- Requires the highest copay for specialty drugs



Prescription Updates - PillarRX

Additional detailed information is available at bcbsm.com.

Save money on specialty and other expensive drugs with our high-cost drug discount and patient assistance programs

Specialty and other high-cost prescription drugs have made headlines in recent years for their rising costs nationwide. If you're taking any of these medications regularly, you may be paying hundreds of dollars each time you get a refill. That can make it hard to afford your medicine, even though you know how important it is to take it as your doctor ordered.

We can help

Blue Cross Blue Shield of Michigan can help you meet that challenge. Our high-cost drug discount and patient assistance programs help you find and take advantage of manufacturer copayment and patient assistance programs that significantly lower your out-of-pocket costs for these expensive medications. You may even pay nothing for your medicine. You'll never pay more than the amount you paid before joining the program.

And the program is free.

How it works

- Blue Cross and BCN will identify all members who are taking a qualifying medication.
- Our vendor, PillarRx, will send you introductory information and then call to enroll you.
- A representative will explain how the program works, what to expect at the pharmacy and answer your questions.
- PillarRx sends all the information needed for your discount to your pharmacist... out-of-pocket maximum.
- If you take a drug that qualifies for the Payer Matrix patient assistance program, the representative will help you fill out the application and get information needed from your health care provider. This application may require some income and personal information that will be kept confidential.

If you have questions about your copay assistance, call PillarRx at 1-517-583-3944.

- This patient assistance program will enable you to receive the medication for free directly from the manufacturer, if you qualify.
- The PillarRx team will ensure you have your medication during the transition and may even have the manufacturer send you free drug samples.
- If you don't qualify for the Payer Matrix patient assistance program, you may be able to continue using the copay assistance available through PillarRx at your pharmacy.

We'll take care of the rest, and you save money. You don't need to do anything. You simply reap the savings.



Harness the power of an exclusive specialty program

AN ALLIANCE TO HELP REDUCE YOUR SPECIALTY DRUG COSTS AND ACHIEVE YOUR EMPLOYEES' HEALTH GOALS

Strengthened by our relationship with Walgreens Specialty Pharmacy, Blue Cross Blue Shield of Michigan and Blue Care Network can help reduce the cost of specialty drugs for your organization and its members. With a national scale and local presence in Michigan, Walgreens Specialty Pharmacy is focused on patient care and employer satisfaction.

Walgreens Specialty Pharmacy reduces specialty drug spending and trends to improve your bottom line and your employees' care.

Comprehensive access to specialty medications

Walgreens Specialty Pharmacy gives Blue Cross and BCN customers specialty medications at competitive discounts. It also gives pricing predictability and coverage of specialty drugs your employees need, including providing nation-leading access to more than 170 of the most hard-to-access limited distribution drugs.

Clinical audit programs

These cost management intervention programs uncover hidden spending, waste and trend drivers by ensuring specialty medications are dispensed to support appropriate use and cost-effectiveness. For example, dose optimization, one of several clinical audit programs, has yielded employers more than \$15 million in direct intervention savings.



Prescription Updates - Walgreens continued

Employer-friendly, patient-centric

Walgreens Specialty Pharmacy is built to support the specialty pharmacy needs of your employees with care teams of pharmacists, patient care coordinators and patient financial service experts dedicated to helping patients minimize financial burden. Walgreens Specialty Pharmacy helps ease the burden on your employees by offering:

- Monthly refill reminders
- Adherence monitoring
- Proactive side effect management
- Member education to optimize therapy
- Prescription expiration notices to doctors
- 24/7 access to a pharmacist or nurse 365 days a year
- Centers of excellence model to ensure only experts in a given disease state are caring for our sickest members
- Injection training for newly prescribed members

Connected Care program is evidence-based, clinically relevant and proven to work

When your employees use Walgreens Specialty Pharmacy for their specialty pharmacy care, they receive one-on-one pharmacist and drug-specific consultations. These innovative programs encompass all diseases and have been proven to:

- Decrease health care costs²
- Reduce or delay disease progression²
- Enhance employees' quality of life

For example, our Connected Care oncology program achieved savings of \$1,374 per treatment cycle for managed patients.³

Connected Care

The Connected Care program supports patients' clinical goals and minimizes costs for all diseases, including:

- Hepatitis C
- Bleeding disorders
- Multiple sclerosis
- Cancer
- Pulmonary hypertension
- Cystic fibrosis
- Chronic inflammatory diseases

This list does not include all programs available.

Case study: A successful dose optimization intervention

Current state

A patient is prescribed Inlyta[®]

Directions: Take seven 1 mg tablets by mouth twice daily

The solution

Recommend switching patient to one 5 mg tablet and two 1 mg tablets of Inlyta twice daily

- Decreases pill burden for patient
- Estimated savings to employer: \$7,426 per month

Total yearly savings from one intervention: \$89,116¹





MEDICAL SOLUTIONS

Additional detailed information is available at bcbsm.com.

Click on or scan the below QR codes to learn more about the BCBSM programs available to you at no additional cost.

ACCESS TO CARE

Network options, benefits and cost management innovations that save.



Virtual Care by Teladoc Health

Convenient, high quality virtual options for non-emergency care that's always there - minor illnesses and mental health.

IMPROVED CARE

Solutions to better manage care and address specific health and well-being needs.



Behavioral Health Care through Teladoc Health, AbleTo, Quartet, and more

Helps you manage everyday stress to substance abuse and provides several convenient ways to get confidential help.



Health and Well-Being - new & improved through Personify Health in 2026

Gives you access to various online tools and resources to help you build healthy habits and improve your overall well-being journey.



DIABETES MANAGEMENT PROGRAMS



Omada is a digital lifestyle change program. We combine the latest technology with ongoing support so you can make the changes that matter most—whether that’s around eating, activity, sleep, or stress. It’s an approach shown to help you lose weight and reduce the risks of type 2 diabetes and heart disease.

You’ll get your own:

- Interactive program
- Wireless smart scale
- Weekly online lessons
- Professional health coach
- Small group of participants

To sign up, visit your employer Omada webpage for your specific plan. Contact Human Resources or contact Omada member support at 888.409.8687.

The **Teladoc Health** diabetes program (formerly Livongo) makes living with diabetes easier by providing you with a connected meter, unlimited supplies, and coaching.

The program is offered at no cost to you and your covered dependents with diabetes and coverage offered through your BCBSM medical plan.

It’s all in the meter and on the house:

- Personalized tips with each blood glucose check
- Optional family alerts keep everyone in the loop
- Real time support when you’re out of range
- Send a health summary report directly from your meter
- Strip recording, right from your meter
- Automatic uploads mean no more paper logbooks

To learn more or join, visit TeladocHealth.com/Register/BCBSM or call 800.835.2362 and use registration code BCBSM.





HEALTH SAVINGS ACCOUNTS

We are pleased to offer you a Health Savings Account (HSA) option. This program is designated to give you greater control in managing your health and funding your health care services. Keep in mind, you can only contribute to an HSA if you enroll in a HSA Qualifying Plan.

An HSA combines a high-deductible health plan (HDHP) with a tax-free individually owned savings account. Money in the savings account can help pay for your qualified medical expenses, or you can save and use it for qualified medical expenses when you retire. The balance in your HSA rolls over from year to year and the account earns interest and is yours to keep, even if you leave the company.

HSAs are designated to provide participants with triple tax benefits. The following are tax-free:

- HSA contributions
- Interest and other earnings on HSA contributions
- Amounts distributed from an HSA for qualified medical expenses

You are eligible for an HSA if you are:

- Covered by a HDHP
- Not enrolled under another medical plan that is not a HDHP
- Not entitled to (eligible for AND enrolled in) Medicare benefits
- Not eligible to be claimed on another persons tax return
- Not covered by a Health FSA funded by your spouse

You can make contributions to your HSA through regular payroll deductions. You may change the amount at any time. Please contact your Human Resources Department for assistance.




HOW MUCH CAN I CONTRIBUTE TO MY HSA?

	2026
Single Coverage	\$4,400
Family Coverage	\$8,750
Catch up Contributions*	\$1,000

*If you are age 55 or older, you can make an additional catch-up contribution. The maximum IRS contribution for the year includes the sum of all employee and employer contributions. For more information, visit www.irs.gov/publications/p969.

ANNUAL EMPLOYER CONTRIBUTIONS

Single Coverage	\$600
Two Person/Family Coverage	\$1,200



FLEXIBLE SPENDING ACCOUNTS



ELIGIBLE HEALTH CARE EXPENSES

Reimbursement FSA include more than just your deductible and copayments. Generally, any medically necessary health care expense that you can deduct on your tax return is considered an eligible expense. Some examples include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations, and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture

For more detailed information on these accounts, please see the FSA informational booklet.

The example below is based on an annual salary of \$50,000 and an annual Health FSA election of \$1,200.

Payroll taxes calculated to assume federal and state taxes, Social Security and Medicare.

WITHOUT THE FSA	
Monthly gross earnings	\$4,167
Taxable income	\$4,167
Payroll taxes	-\$1,292
Net Income	\$2,875
Medical expenses	-\$100
Total home pay	\$2,775
WITH THE FSA	
Monthly gross earnings	\$4,167
Medical expenses	-\$100
Taxable income	\$4,067
Payroll taxes	-\$1,260
Net Income	\$2,807
Total home pay	\$2,807
Estimated monthly savings: \$32	
Estimated annual savings: \$384	

A Flexible Spending Account (FSA) allows you to set aside a portion of your pay pre-tax to use for eligible expenses that are not covered by insurance or only partially covered. You can save up to 30% on your dollar (depending on your tax bracket) by estimating how much you usually spend on these types of expenses in a year and setting aside that dollar amount into your FSA.

HEALTH FSA

Maximum annual election amount: **\$3,400**

LIMITED PURPOSE FSA (If participating in an HSA plan)

Maximum annual election amount: **\$3,400**

DEPENDENT CARE FSA

Maximum annual election amount: **\$7,500**

FSA RULES TO REMEMBER

- You can carry over up to \$660 of any unused balance from the previous plan year as long as you re-enroll in the Health FSA for the current plan year. Per IRS rules, there is no carryover allowed for the Dependent Care FSA.
- You must enroll/re-enroll each year to participate.
- You do not have to be enrolled under the Brazeway health plan to use the Health Care Flexible Spending Account.
- Elections cannot be changed during the plan year unless you experience a qualified family status change.
- You cannot use Dependent Care funds for Health Care expenses, and vice versa. The accounts are mutually exclusive.
- If you contribute to a HSA, you may only participate in a Limited Purpose FSA (dental & vision).
- Other than your carryover limit, FSA is considered “use it or lose it.”
- You have until March 15th of the following year to submit claims for eligible expenses incurred during the current plan year, to avoid losing your unused funds.



HSA/FSA/LPFSA COMPARISON

	HSA	HEALTH CARE FSA	LPFSA
What does it stand for?	Health Savings Account	Health Care Flexible Spending Account	Limited Purpose Flexible Spending Account
What are the benefits to employees?	Contributions are tax deductible, interest and capital gains on investments are tax-free.	Employee contributions are exempt from federal and FICA tax as well as most state and local tax.	Employee contributions are exempt from federal and FICA tax as well as most state and local tax.
Does the employee need to be enrolled in a particular medical plan to qualify?	Yes. Employees must be enrolled in a qualifying high-deductible medical plan.	No. An employee can be enrolled in any type of health plan.	Yes. Employees must be enrolled in a qualifying high-deductible medical plan.
What is the account used for?	Funds can be used for any qualified medical expense as defined under Section 213(d) of the Internal Revenue Code. This includes co-pays, deductibles and Rx costs.	Funds can be used for any qualified medical expense as defined under Section 213(d) of the Internal Revenue Code. This includes co-pays, deductibles and Rx costs.	Funds can be used for <u>Dental</u> and <u>Vision</u> claims as defined under Section 213(d) of the Internal Revenue Code.
Who owns the	Employee	Employer	Employer
Can the account be integrated with other accounts?	Yes. An HSA can be combined with a Limited Purpose Flexible Spending Account.	No	Yes. A Limited Purpose Flexible Spending Account can be used in conjunction with enrollment in an HSA.
Who funds the	Typically the employee, but the employer can contribute.	Typically the employee, but employer can contribute	Typically the employee, but employer can contribute
How is it funded?	Money is deposited directly into the account. Contributions can be made through pre-tax salary deductions, or "after-tax" by the employee.	Based on the employee's annual election, the employer designates a specific amount of wages to be deducted from the employee's payroll check pre-tax.	Based on the employee's annual election, the employer designates a specific amount of wages to be deducted from the employee's payroll check pre-tax.
What is the contribution limit?	Annual contribution limits are established by the IRS and indexed for inflation. For 2026, up to \$4,400 for a single, up to \$8,750 for a family. Employee's 55 and older can contribute an additional "catch-up" contribution of \$1,000.	The annual maximum amount of employee contribution is established by the IRS. For 2026, the maximum annual election amount is \$3,400.	The annual maximum amount of employee contribution is established by the IRS. For 2026, the maximum annual election amount is \$3,400.
What happens to the money if not used during the plan year?	The money remains in the account year-over-year and is owned by the individual.	Any money not used by the end of the plan year is forfeited back to the plan ("use it or lose it").	Any money not used by the end of the plan year is forfeited back to the plan ("use it or lose it").
When can I access funds?	Only the amount currently available in the HSA may be used to pay or reimburse qualified expenses.	The total amount elected by the employee for the plan year is available on the first day of the plan, regardless of the amount contributed.	The total amount elected by the employee for the plan year is available on the first day of the plan, regardless of the amount contributed.
Does the money in the account earn interest?	Yes	No	No
Is the account portable between employers?	Yes	No	No

2026 KAPNICK STRIVE GOLD WORKSITE WELL-BEING PROGRAM



WHAT IS KAPNICK STRIVE?

Kapnick Strive supports Brazeway's commitment to a culture of health and wellness. Our goal is to help you achieve your better health today by providing education, support, resources, and rewards. Kapnick Strive is also a way to proactively manage healthcare costs by helping participants maintain and improve their health. By participating in the Kapnick Strive Worksite Well-Being program, you may be eligible to earn a financial incentive. Kapnick Strives' comprehensive program includes the following benefits:

KAPNICK STRIVE BENEFITS	EE'S PARTICIPATE IN MEDICAL & COVERED SPOUSE	ALL EMPLOYEES
Free comprehensive biometric screening	√	
Online health risk assessment	√	√
Access to a comprehensive wellness portal	√	√
Reward points program	√	√
Online challenges and tracking tools	√	√
Discounts with the wellness outlet	√	√
Wellness Presentations	√	√
Online Health coaching	√	√

BIOMETRIC HEALTH SCORE WELLNESS INCENTIVE CRITERIA:

HEALTH SCORE	REQUIREMENTS
70 or higher	Incentive eligible
Improved by 5 points	Incentive eligible
Less than 70	Enroll in the six week health coaching program
First time participant	Incentive eligible

Tobacco Free Incentive	Brazeway, LLC Offers an incentive to those who report they do not use tobacco products!
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Those who answer "No" to using tobacco within the last 3 months, will automatically receive \$5/week (\$260 annually).

"Tobacco products" are cigarettes, e-cigarettes, hookah, cigars, pipe tobacco, chewing tobacco, snuff, dip or any other products that contain tobacco. A "tobacco-user" is a person who has used any tobacco products four or more times within the past six consecutive months.

Tobacco users: You can become incentive eligible! Here's how it works:

- Participant can enroll into the Tobacco Cessation RAS program by emailing a completed Tobacco Cessation RAS form to Strive@kapnick.com
- A health coach will reach out to schedule the first coaching call appointment
- The participant will have 12 weeks to complete 6 telephonic coaching calls
- Strive will notify Brazeway once a participant has completed the program making them incentive eligible.

HOW TO EARN STRIVE INCENTIVES:

Employees and covered spouses who enroll in the Brazeway medical benefits plan are eligible for the Strive Wellness incentive.

- 1) Complete the health risk assessment (HRA) - all participants must complete the HRA to be eligible for a reward credit.
 - Go to kapnickstrive.com/brazeway
 - Click log in (if this is your first time on the portal, you will need to click "sign-up")
 - It will prompt you to complete the HRA upon logging in (you must complete your HRA after 1/1/2026)
- 2) Schedule and complete your health screening - screening schedule will be available prior to the screening event.
 - Go to kapnickstrive.com/brazeway
 - Login
 - Click register for screening

REASONABLE ALTERNATIVE STANDARD (RAS): If you did not receive a score of 70 or higher OR you have not increased your score by 5 points, and you're not a first time participant, you can enroll in the Reasonable Alternative Standard (RAS) Health Coaching Program to become incentive eligible. **(Also available for Tobacco-users. See the Tobacco Free Incentive section on this page for details).**

RAS TELEPHONIC HEALTH COACHING:

- Six weeks of health coaching with a certified health coach **(Twelve weeks for Tobacco Users)**

USE THE MYWELL APP:

You can access your Strive Wellness Portal from your phone:

- 1) Visit your portal (www.kapnickstrive.com) on a computer to get your mobile access code:
 - Click on your avatar
 - Select mobile access
 - Select NEW
 - Save your code
- 2) Visit your phone's app store and download MyWellApp by CoreHealth. Enter your mobile access code after waiting 1-2 minutes.



LIFE & DISABILITY

Please refer to your benefit summaries for additional plan details.



UNUM EMPLOYER PAID GROUP LIFE/AD&D INSURANCE

Brazeway provides Group Life/AD&D to eligible employees actively employed a minimum of 30 hours per week. Please see your benefit summary for coverage details.

UNUM EMPLOYEE PAID VOLUNTARY LIFE & AD&D

EMPLOYEE (Life/AD&D)

Benefit amount: \$1,000 increments; not to exceed 5x annual salary
Minimum benefit amount: \$10,000
Maximum benefit amount: \$500,000
Guarantee issue amount: \$150,000
Benefit reduction: Benefits will reduce 35% at age 70; an additional 15% of the original amount at age 75; benefits terminate at retirement (benefits may be converted to individual policies upon termination. Please refer to the policy for additional information).

SPOUSE (Life Only)

Employees must elect coverage for themselves in order for spouse to be eligible.
Benefit amount: \$5,000 increments
Minimum benefit amount: \$5,000
Maximum benefit amount: \$500,000
Guarantee issue amount: \$30,000
Benefit reduction: Benefits will reduce 35% at age 70; an additional 15% of the original amount at age 75

DEPENDENT (Life Only)

Employee must elect coverage for themselves in order for a dependent to be eligible.
Benefit amount: Day 1 to 6 months: \$1,000; 6 months to age 19 (to age 25 if a full-time student): \$1,000 increments up to \$10,000.
Minimum benefit amount: \$2,000
Maximum benefit amount: \$10,000
Guarantee issue amount: \$10,000

Please refer to your benefit summary for age and rates.

Newly Eligible Employees/Guarantee Issue Amount: If you and your dependents enroll within 31 days of your initial eligibility date, you may apply for up to the guaranteed issue amount without medical questions.

“Buy 10” Provision: As long as you elect at least the minimum amount at your initial enrollment, you can increase your coverage up to the guarantee issue amount at any future annual enrollment period with no medical questions. Employees must be actively at work to increase.

Medical Questions/EOI: If you and your dependents do not enroll within 31 days of your initial eligibility date, you may apply for coverage at your next annual enrollment period, but will be subject to medical questions and this review may result in coverage being declined. Any amount of coverage over the guaranteed issue amount will be subject to medical questions regardless of when you apply.



EMPLOYEE ASSISTANCE PROGRAM (EAP)



Ulliance EAP is a free benefit to you and your family and is totally confidential, beginning with your first phone call. The EAP benefit is available to you, to your spouse or live-in-partner, and any dependent.

Call **1.800.448.8326**, 24/7 with personal concerns, including:

- Personal and work stress
- Alcohol and drug abuse
- Family, child and parenting concerns
- Emotional difficulties—i.e., depression/anxiety
- Grief, loss, and death
- Legal and financial referrals
- Interpersonal relationships at work
- Marital or relationship concerns
- Goal setting and coaching
- Elder/child care referrals

WORK-LIFE RESOURCES

You have access to free brochures, pamphlets, books and CDs on a variety of topics by visiting www.lifeadvisorwellness.com.

- Money & debt
- Stress management
- Getting in shape
- Creative problem solving
- Ergonomics
- Parent & step parenting
- Child care
- Overcoming anger
- Save your relationship
- Elder care

Ulliance is proud to offer you FREE access to the Working Advantage members-only program! This unique program gives you access to exclusive discounts and special offers to theme parks, shopping, movie tickets, hotels, Broadway shows and much more—with savings up to 60% off! www.workingadvantage.com/ulliance.

TOOLS YOU CAN USE

To serve your individual needs, Ulliance can also find information and resources in your area to address your specific questions—including finding referrals outside the EAP to Lawyers and Financial resources. You can also check out Ulliance's website for a wide variety of articles, list of services and links to other websites.



RETIREMENT PROGRAM



BRAZEWAY SAVINGS PLAN – FIDELITY 401(K)

All employees are eligible to participate in this benefit on day 1 of employment.

- It is the employee's responsibility to log on to the Fidelity website (www.401k.com) or call Fidelity directly (1-800-835-5097) and make an election.
- If the employee chooses to do nothing he/she will be automatically enrolled after 30 days at a contribution rate of 6%. Those auto enrolled, will have their contributions increased annually each year by 1% increase up to 10%.

Employer Contributions – if you contribute at least 4%, Brazeway will contribute 6%!

- Brazeway matches \$1 for \$1 on the first 4% on a per pay basis; if you contribute 4%, Brazeway will also contribute 4%.
- Brazeway also makes an annual Discretionary profit sharing contribution into your account. For 2026, this is budgeted as 2% of eligible compensation.
- Rollovers are accepted; please contact Fidelity and they can assist you with the process.
- Beneficiaries are so important! Employees should designate beneficiaries online using their secure access. We recommend you list **at least** one Primary and one Contingent beneficiary.
- Per the IRS in 2026 an employee can contribute up to \$23,500 into his/her 401K account.
- If you are age 50 or older you can contribute an additional \$7,500 for 2026 (\$31,000 total for 2026).
- If you are age 60 - 63 you can make higher "super catch-up" contributions in amount greater of \$11,500 or 150% of the regular catch-up limit.
- People who earned \$145,500 or more in the prior year, must make all catch-up contributions on a ROTH basis.
- You can increase or decrease your election or change your investment whenever you want by logging on to the website or by calling Fidelity.
- Employees have the opportunity to invest in over 40 different investment fund options, which includes 12 life cycle funds – Fidelity Freedom Funds.
- In the event you have not made an investment election for a given contribution, it will be invested into the Plan's designated default option (Fidelity Freedom Funds), based on your date of birth and a retirement age of 65. Freedom Funds invest in a combination of underlying Fidelity domestic equity, international equity, bond, and short-term funds using a moderate asset allocation strategy designed for investors.
- HDHP participants can open up an HSA through Fidelity Investments – visit fidelity.com/HealthSavingsAccount or text HSA to 343-898 to learn more. By using Fidelity to broker your HSA account, you can have a detailed, integrated experience when it comes to your entire invested retirement portfolio. All your accounts will be viewable on the Net Benefit platform at 401k.com.
- Fidelity has a wide variety of tools to help you prepare for retirement, college savings, budgeting, medical expenses, etc. We encourage you to start today and check out their website or app at 401k.com to challenge yourself and make sure you are prepared for your short-term and long-term savings goals!





WHO SHOULD I CALL FOR ASSISTANCE?

Most of the day to day administration of your employee benefits coverage can be accomplished directly with the insurance providers either through their websites or customer service telephone numbers.

In the event you run into problems that cannot be resolved directly from the insurance companies, Kapnick is always available to assist you.

KAPNICK EMPLOYEE BENEFITS CALL CENTER

Available Monday—Friday, 8:30 am – 5:00 pm (EST) to answer questions concerning:



- Explanation of Benefits
- ID Card Reorders
- Carrier Information
- Participating Provider Assistance
- Claim Assistance
- Life Status Events

**CONTACT US AT
877.233.1164**

* TRANSLATION SERVICES AVAILABLE IN 100+ LANGUAGES



MEDICAL, RX, DENTAL & VISION	LIFE/AD&D	EMPLOYEE ASSISTANCE PROGRAM (EAP)
BCBSM 877.790.2583 www.bcbsm.com DENTAL 888.826.8152 www.bcbsm.com VISION 800.877.7195 www.vsp.com	UNUM 866.679.3054 www.unum.com	ULLIANCE 800.448.8326 www.lifeadvisorwellness.com



RETIREMENT	BRAZEWAY HUMAN RESOURCES MICHIGAN	BRAZEWAY HUMAN RESOURCES INDIANA	BRAZEWAY HUMAN RESOURCES KENTUCKY
Fidelity 800.835.5097 www.401k.com	Cassie Kilpatrick 517.442.1150 ckilpatrick@brazeway.com	Carla Odneal 517-265-2121 codneal@brazeway.com	Veronica Stokles 517.633.9088 vstokes@brazeway.com



BRAZEWAY

