



2026
Plan Year



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 or 130 hours of service per month to be eligible for medical and prescription drug coverage.

As a participant of the Gallagher-Kaiser Corporation, UPI, Kais-AIR, CCI - Commerce Controls Employee Benefits Plan, 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 the first day following completion of your waiting period for each benefit option. The waiting period for the various benefits offered by Gallagher-Kaiser Corporation -UPI is the first of the month coinciding with or following 60 calendar days of continuous employment.

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, prescription drugs, vision and dental benefits plan until the end of the year in which they reach 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 as follows:

- Birth or adoption of a child, divorce: Date of the event
- Other qualified events: On the first of the month following the date on which you make your new benefit election



MEDICAL PLAN

2026 IN-NETWORK COVERAGE OPTIONS

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



BENEFITS	OPTION 1 BCBSM SIMPLY BLUE PPO 2500 Member's Responsibility	OPTION 2 BCBSM SIMPLY BLUE PPO HSA 2500 Member's Responsibility
Deductibles (individual/family)	\$2,500/\$5,000	\$2,500/\$5,000
Deductible Type	Embedded	Aggregate
Coinsurance	20%	20%
Annual Coinsurance Maximum	\$2,500/\$5,000	\$1,000/\$2,000
Out-of-Pocket Maximum	\$6,350/\$12,700	\$4,500/\$9,000
Office Visit Copay	\$40	20% after deductible
Specialist Visit Copay	\$60	20% after deductible
Telehealth/Virtual Care	Covered 100%	20% after deductible
Chiropractic Services	\$40 (12 visits per year)	20% after deductible (12 visits per year)
Emergency Room Copay	\$250	20% after deductible
Urgent Care Copay	\$60	20% after deductible
Hospitalization (in-patient)	20% after deductible	20% after deductible
Prescription Drug Coverage	<p><u>Generic</u> \$20 <u>Preferred Brand</u> \$60 <u>Non-preferred Brand</u> \$80 or 50% coinsurance of approved amount (whichever is greater) but not more than \$100 <u>Preferred Brand Specialty</u> 20% coinsurance of approved amount (\$250 max) <u>Non-preferred Specialty</u> 25% coinsurance of approved amount (\$350 max) <u>Mail Order</u> 2x copay Includes Pillar Rx Program for Specialty and other high-cost prescription drugs</p>	<p>After Deductible then: <u>Generic</u> \$20 <u>Preferred Brand</u> \$60 <u>Non-preferred Brand</u> \$80 or 50% coinsurance after deductible of approved amount (whichever is greater) but not more than \$100 <u>Preferred Brand Specialty</u> 20% coinsurance after deductible of approved amount (\$250 max) <u>Non-preferred Specialty</u> 25% coinsurance after deductible of approved amount (\$350 max) <u>Mail Order</u> 2x copay Added: Includes Pillar Rx Program for Specialty and other high-cost prescription drugs</p>
EMPLOYEE MONTHLY CONTRIBUTIONS		
Employee Only	\$155.39	\$124.23
Two person	\$372.94	\$298.15
Family	\$466.18	\$372.69

Note: Any areas in bold in the member responsibility section are difference from last year.

Note: Gallagher-Kaiser, UPI, Kais-AIR & CCI will be increasing the Spousal Surcharge from \$75 to **\$150** per month for employees who add spouses that can be covered under another group plan. Employees will be required to confirm their spouse does not have other coverage available to waive the surcharge. Confirmation will be done through Employee Navigator.

- **Virtual Care** is included with your BCBSM medical plan. A virtual medical visit usually costs the same as an office visit copay and the cost for a virtual mental health visit varies. You will see the total amount before you start your visit.

VIRTUAL CARE THAT'S ALWAYS THERE:

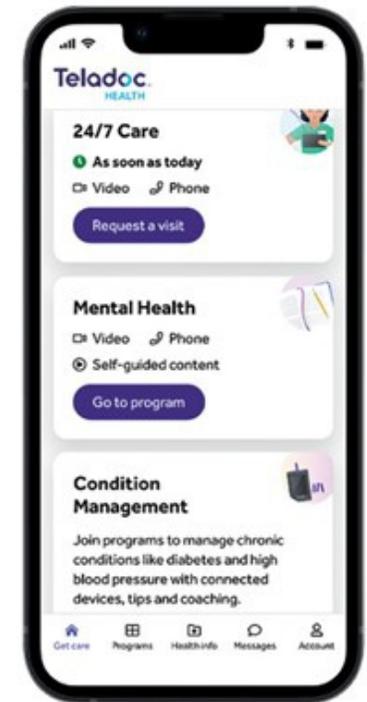
With **Virtual Care** by Teladoc Health, you and everyone on your health plan can get virtual medical and mental health care from a smartphone, tablet or computer.

24/7 ACCESS TO CARE TEAM:

Have a virtual visit with a U.S. board-certified doctor for minor illnesses such as colds, sore throats, urinary tract infections and pink eye. Visits are available for adults and children and you don't need an appointment. Prescriptions, if needed, can be sent to your preferred pharmacy.

PRIVATE AND CONFIDENTIAL VIRTUAL MENTAL HEALTH CARE:

With **Virtual Care** by Teladoc Health, you can have virtual visits with licensed therapists, psychologists, social workers and counselors, and U.S. board-certified psychiatrists from the comfort of home at a convenient time. This option requires an appointment and provides ongoing support for stressful situations or issues such as grief, anxiety and depression.



Use the QR Code for additional information and how to sign up on the Teladoc Health app.



DIABETES, PRE-DIABETES, HYPERTENSION

Additional detailed information is available at bcbsm.com



Blue Cross
Blue Shield
of Michigan

Teladoc[®]
HEALTH

An advanced blood glucose meter and blood pressure monitor, plus the support you need. Available to you as part of your medical plan at no extra cost, and you can stay on track with your care in one place through the Teladoc Health app (formerly Livongo).

Diabetes Management

- Advanced blood glucose meter
- Unlimited strips and lancets

Hypertension

- Connected blood pressure monitor
- Digital reports

Healthy Living & Diabetes Prevention

- Smart scale
- Expert guidance

Get Started

Call **800.835.2362** to learn more and join.

Use code: **BCBSM**

Or use the QR code to enroll online.





BLUE CROSS BLUE SHIELD GLOBAL TRAVELER



Blue Cross Blue Shield Global brings together two of the biggest, most trusted brands in international healthcare: Bupa Global and Blue Cross Blue Shield through solutions provided by GeoBlue.

Blue Cross Blue Shield Global Traveler from GeoBlue provides supplemental medical benefits for business travelers when outside of their home country. GeoBlue gives members confidence that wherever and whenever they need it, they can access quality care from the strongest global networks while supported through exceptional service and high-value medical capabilities.



STRONGEST GLOBAL NETWORK

Members outside the U.S. have access to the GeoBlue provider and physician network complemented by Bupa's extensive global reach, with the result that care is available and accessible wherever members need it.

Members coming into the U.S. have access to the Blue Cross Blue Shield network, the largest PPO with the deepest discounts. These global solutions provide members with the comfort of home, when they are far from it.



EXCEPTIONAL SERVICES

From the onset, we've focused on combining technology with exemplary service to make accessing healthcare as simple as possible. We want both our members and plan administrators to be able to concentrate on their business, knowing we have their health concerns covered.

Our multi-lingual customer service team is available 24/7/365 to assist our members with locating network providers, accessing care and addressing health concerns. Through the balance of live support and sophisticated mobile and digital tools, we empower our members and administrators to stay in control.



HIGH VALUE MEDICAL CAPABILITIES

Our Global Health and Safety services allow employees traveling on assignment to experience case management support when handling unexpected or urgent situations from diagnosis to recovery. This includes assistance with making treatment decisions and coordinating evacuations when necessary.

Plan sponsors can be confident that our active case management approach seeks to ensure the optimal outcome and value of international medical treatment.

EVACUATION SERVICES

If a member is in a situation that may warrant an evacuation, our medical team will activate its relationships with key successfully overcome obstacles and limitations in any part of the globe, to ensure the member receives the best care possible.

GLOBAL SAFETY INTELLIGENCE

Our digital resources promote personal safety by giving members convenient access to vitally important tools and news. This information includes daily alerts detailing the latest security and health issues in a specific destination, and country or city profiles on crime, terrorism and natural disasters.

MOBILE APP

The GeoBlue mobile app provides convenient access to all our tools and services. With the app, members can quickly and easily manage their medical care needs for anything from finding a doctor and arranging Direct Pay to translating a medication and locating a pharmacy.

Global Traveler Leisure this plan provides supplemental coverage for you and your traveling spouse and unmarried, dependent children accompanying you, while on a business trip, business sojourn (leisure trip directly connected before, after or during a business trip) or leisure trip when outside your home country for up to 180 consecutive days. See GeoBlue flyers in Employee Navigator for more information

GeoBlue Political Emergency and Natural Disaster Evacuation Services. GeoBlue recognizes it's a complex and unpredictable world. That's why your coverage includes political and natural disaster evacuation (PEND) services, provided through GeoBlue's partner Crisis24. When it comes to crisis management and evacuations, Crisis24 is here to ensure your safety and security by providing a rapid response in circumstances where government and infrastructure, overwhelmed by disaster or unrest, impacts you. See GeoBlue flyers in Employee Navigator for more information.



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: **BCBSM High Deductible Health Plan Simply Blue PPO HSA \$2500**

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?

	2025	2026
Single Coverage	\$4,300	\$4,400
Family Coverage	\$8,550	\$8,750
Catch up Contributions*	\$1,000	\$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.

EMPLOYER CONTRIBUTIONS

Single Coverage	\$62.50 - (\$750/year)
Family Coverage	\$125 - (\$1500/year)
Frequency	Monthly



FLEXIBLE SPENDING ACCOUNTS

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

DEPENDENT CARE FSA

Maximum annual election amount: \$7,500

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,

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

Estimated monthly savings: \$32
Estimated annual savings: \$384



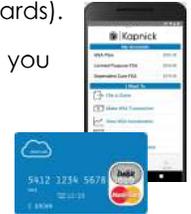
HOW TO ACCESS YOUR FUNDS

Paper Claim: Fax or email Kapnick

Debit Card: When you enroll in the FSA, Kapnick will provide you with two Benny Cards, a MasterCard with the value of your account contribution stored on it (there is a \$10 replacement fee for lost or stolen cards).

Kapnick FSA Mobile App: The Kapnick FSA Mobile App allows you to easily and securely access your healthcare accounts to:

- View account balance and detail
- Submit healthcare account claims
- Capture and upload pictures of your receipts anytime



The Kapnick FSA Mobile App can be located by searching Kapnick FSA in the app store or browser on your mobile device.

FSA RULES TO REMEMBER

HEALTH FSA CARRY OVER PROVISION: You can carry over up to **\$680 for 2026** 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.

RUN-OUT PERIOD (PROOF OF LOSS): Active participants have 60-days to submit expenses incurred during the plan year. If you terminate employment during the plan year, you have 60-days from your separation date to submit eligible expenses for reimbursement.

HEALTH FSA and HSA: If you or your spouse are enrolled in a Health Savings Account (HSA) then you are not eligible for the Health FSA.



HSA/FSA COMPARISON

	HSA	HEALTH CARE FSA
What does it stand for?	Health Savings Account	Health Care 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.
Does the employee need to be enrolled in a particular medical plan to qualify?	Yes. Employee's must be enrolled in a qualifying high-deductible medical plan.	An employee can be enrolled in any type of health plan, except for a HDHP HSA
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.
Who owns the account?	Employee	Employer
Can the account be integrated with other accounts?	Yes. An HSA can be combined with a Limited Purpose Flexible Spending Account.	No
Who funds the account?	Typically the employee, but the 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.
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.
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")
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.
Does the money in the account earn interest?	Yes	No
Is the account portable between employers?	Yes	No

2026 KAPNICK STRIVE WELL-VISIT INCENTIVE

HOW TO EARN YOUR INCENTIVE

1. Visit your wellness portal:
 - Go to www.kapnickstrive.com/GKUPI
 - First time users, click “Sign Up”
 - Repeat users, click “Log In”
2. Complete your Health risk assessment (HRA):
 - The Health Risk Assessment (HRA) immediately pops up for completion when you log in to your portal for the first time ever or for the first time in a calendar year.
3. Complete your well-visit for 2026 & have your physician sign the Strive well-visit physician form:
 - Complete your annual well-visit with your primary care physician between **1/1/2026 and 12/01/2026**. At your well-visit, have your physician sign the well-visit physician form. This form will be available on the homepage of your wellness portal.
 - Scan the completed form and submit it on your wellness portal between **1/1/2026 and 12/01/2026** by clicking “Earn 500 points for completing your annual well-visit”.
 - If employee completes both requirements, they will receive a payroll contribution in the amount of **\$250**.
 - Eligible covered spouses are also invited to participate for an additional **\$250** employee payroll contribution.



Kapnick Strive® Well-Visit Physician Form

Participant instructions: Complete the top section of this form and take it to your physician to complete the bottom section. Be sure to upload a copy of this form to your Wellness Portal and save a copy for your records.		Exam date (mm/dd/yyyy)
Participant last name	Participant first name	
Daytime telephone number	Date of birth (mm/dd/yyyy)	
Participant signature	Participant email address	

Physician signature: I verify that I completed this exam for the patient listed above.

Physician instructions: Please complete the information below.		
Physician last name	Physician first name	Medical license ID
Physician signature	Physician telephone number	Date (mm/dd/yyyy)



2026 KAPNICK STRIVE SILVER WORKSITE WELL-BEING PROGRAM



WHAT IS KAPNICK STRIVE?

Kapnick Strive supports Gallagher Kaiser'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:	ALL EMPLOYEES & ELIGIBLE SPOUSES
Online health risk assessment	√
Access to a comprehensive wellness portal	√
Reward points program	√
Online challenges and tracking tools	√
Discounts with the wellness outlet	√
Strive Wellness Presentations	√
Monthly Wellness Webinars	√
Online Health coaching	√

REWARD POINT STRUCTURE:

QUARTERLY PRIZES	ANNUAL PRIZE	WELLNESS INCENTIVE
Earn a raffle entry for 100 points you earn during the quarter. 3 winners will receive \$50!	Earn a raffle for every quarter you earned 500+ points on the portal (4 entries possible) 1 winner will receive \$250!	Employees & spouses covered on the medical insurance plan can complete their annual well-visit and submit the signed form to the portal to earn a \$250 payroll contribution!

STRIVE REWARD POINTS PROGRAM DETAILS:

Employees and eligible spouses are eligible to earn Strive Reward Points to win quarterly and annual prizes. These points can be earned by completing and submitting various healthy activities inside and outside of work.

HOW TO ACCESS YOUR WELLNESS PORTAL:

- 1) Visit your wellness portal:
 - Go to kapnickstrive.com/gkupi
 - 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)

USE THE MYWELL APP:

You can access your Strive Wellness Portal from your phone:

- 1) Visit your portal on a computer (www.kapnickstrive.com) 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.





Personal Wellness in the Workplace Experience the TLC Advantage

TLConnection brings you qualified wellness facilitators to teach you skills that help you thrive in the workplace and beyond. Learn from doctors, coaches, and other qualified wellness practitioners to manage stress, optimize your health, and enjoy your life.

Easy-to-Use: Simply login through your Kapnick Strive Wellness portal for access www.kapnickstrive.com/GKUPI.



Weekly Live Classes



Experiential Exercises & Actionable Tools



Library of Class Recordings

It's time to take control of your well-being. Feel better. Live better. Achieve more!

- 6 Wellness topics
- 8 World class facilitators
- 24 Live online experiences



80% of workers feel stress on the job.



Working on your personal development is not only essential for your own self-improvement, but can also help you thrive professionally.

- Stress management
- Physical Well-Being
- Mental Health
- Optimized Performance
- Nervous System Regulation
- Communication Strategies



DENTAL

2026 IN-NETWORK COVERAGE OPTIONS

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

BENEFITS	DELTA DENTAL PPO DENTIST Member's Responsibility	DELTA DENTAL PREMIER DENTIST Member's Responsibility	DELTA DENTAL NON-PARTICIPATING DENTIST Member's Responsibility
Deductible	N/A	N/A	N/A
Diagnostic & Preventive	Covered 100%	Covered 100%	Covered 100%
Basic Services	25%	25%	25%
Major Services	50%	50%	50%
Maximum Payment (Annual maximum is combined if you use any dentist in or out-of-network)	\$1,000	\$1,000	\$1,000
Orthodontics	Not Covered	Not Covered	Not Covered
<u>EMPLOYEE MONTHLY CONTRIBUTIONS</u>			
Single	\$3.88		
Two Person	\$7.28		
Family	\$12.80		

In-network coverage. To find an in-network dentist, please visit www.deltadentalmi.com



VISION

2026 IN-NETWORK COVERAGE OPTIONS

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

BENEFITS	NVA VISION PARTICIPATING PROVIDER Member's Responsibility	NVA VISION NON-PARTICIPATING PROVIDER Member's Responsibility
Eye Exam (once every 12 months)	Covered 100% after \$10 copay	Reimbursed amount up to \$30
Lenses (once every 12 months)	Standard glass or plastic Single vision, bifocal, trifocal, lenticular: Covered 100% after \$25 copay Fashion gradient tint and solid tints: Covered 100% Standard scratch coating: Covered 100% Polycarbonates (under age 19): Covered 100%	Single vision: Reimbursed amount up to \$36 Bifocal: Reimbursed amount up to \$48 Trifocal: Reimbursed amount up to \$58 Lenticular: Reimbursed amount up to \$90 Fashion gradient tint: Reimbursed amount up to \$12 Solid tints: Reimbursed amount up to \$10 Standard scratch coating: Reimbursed amount up to \$10 Polycarbonates (under age 19): Reimbursed amount up to \$25 (SV) & \$30 (BI/TRI)
Standard Frames (once every 24 months)	\$130 allowance retail (20% discount off balance)	Reimbursed amount up to \$72
Medically Necessary Contact Lenses (once every 12 months)	In lieu of lenses: Covered 100%	Reimbursed amount up to \$210
Elective Contact Lenses (once every 12 months)	In lieu of lenses: \$130 allowance retail (15% discount (conventional) or 10% discount (disposable) off balance)	
Contact lens evaluation/fitting	Covered 100%	Daily wear: \$20 Extended wear: \$30
<u>EMPLOYEE MONTHLY CONTRIBUTIONS</u>		
Employee Only	\$0.40	
Employee + Spouse	\$0.80	
Employee + Child(ren)	\$1.28	
Family	\$1.52	



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 \$25 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 certain 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 deductible, 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.

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 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 for the life of the enrollee or the plan. Lifetime maximums usually apply to specific services such as orthodontic treatment.

LIFE & DISABILITY

2026 COVERAGE OPTIONS

Please refer to your benefit summaries for additional plan details.



EMPLOYER PAID

GUARDIAN EMPLOYER PAID LIFE/ AD&D INSURANCE

- **Benefit Amount:** 200% of salary to a maximum of \$300,000
- **Maximum Benefit Amount:** \$300,000
- **Guarantee Issue Amount:** \$300,000
- **Benefit Reduction:** 35% at age 65; 60% at age 70; and 80% at age 75

GUARDIAN EMPLOYER PAID SHORT TERM DISABILITY

- **Weekly Benefit Amount:** 60% of weekly salary up to \$2,000 per week
- **Elimination Period:** Benefits begin on the 8th day of accident/illness
- **Maximum Benefit Period:** Up to 12 weeks
- **Eligibility:** All eligible full time employees
- **Definition of Earnings:** Base Earnings

GUARDIAN EMPLOYER PAID LONG-TERM DISABILITY

- **Monthly Benefit Amount:** 66.66% of monthly salary up to \$10,000 per month
- **Elimination Period:** 90 days
- **Maximum Benefit Period:** Social Security normal retirement age, or the maximum benefit period (whichever is less)

EMPLOYEE PAID

GUARDIAN EMPLOYEE PAID VOLUNTARY LIFE/AD&D INSURANCE

EMPLOYEE

Minimum benefit amount: \$25,000

Increments of \$25,000

Maximum benefit amount: \$250,000

Guarantee issue amount: less than age 65: \$250,000, 65-69: \$50,000 and 70+: \$0

Benefit reduction: Benefits will reduce 35% at age 65; 40% at age 70; and 25% at age 75

SPOUSE

Benefit amount: \$5,000 increments.

Minimum benefit amount: \$5,000

Maximum benefit amount: \$50,000

Guarantee issue amount: less than age 65: \$50,000, 65-69: \$10,000 and 70+: \$0

Benefit reduction: Benefits will reduce 35% at age 65; 60% at age 70; and 80% at age 75

DEPENDENT

Coverage amount: 14 days to 23 years (to age 25 if a full-time student); \$2,500 increments up to \$10,000.

Minimum benefit amount: \$2,500

Maximum benefit amount: \$10,000

Guarantee issue amount: \$10,000

Please refer to your benefit summary for age and rates. **Note:** Voluntary Life/AD&D and Voluntary STD: If you did not elect during your initial election period or elect an amount over your guarantee issue amount and/or if you subsequently elect or change your benefit and are instructed to complete an Evidence of Insurability (EOI) in Employee Navigator, whether due to late entrant or adding/changing your benefit amount, the EOI form must be submitted to the carrier in a timely manner and completed by December 31, 2025. If the EOI is not completed and submitted by then, HR will consider the benefit change and EOI process closed, and your benefit change declined. By submitting an EOI there is no guarantee of approval, final approval is determined by the carrier underwriter and your benefit will only be approved in Employee Navigator with final approval to your HR department. However, Annual Election Option allows employees to increase the amount of their life coverage without an EOI when they re-enroll in the voluntary life plan. This option allows employees to step up or increase the amount by \$50,000, subject to age reduction, (2x \$25,000 increment), up to the Guarantee Issue amount.



401(K) TAX DEFERRED SAVINGS PLAN

There are many great benefits to being a participant in the Gallagher-Kaiser Tax Deferred Savings Plan with Fidelity.

BEST PRACTICES TO CONSIDER:

- **The impact of an early start.** Your decision to start today could give you quite a bit more at retirement than starting five years from now.
- **Contribute as much as you can.** That amount can take you a long way toward reaching your financial goals.
- **Do what you can afford.** Start a number that feels comfortable to you. You can always change it later. The important thing is to invest what you can afford and start right away.
- **Invest more in your plan, pay less in taxes.** Your pretax contributions come out of your pay before income taxes are taken out. You can actually lower your current taxes by investing in the plan today.

FREQUENTLY ASKED QUESTIONS

When am I eligible to enroll?	Employee contributions Company match Safe Harbor match Employee profit sharing	First of the month coinciding with or following 60 calendar days of continuous employment. First of the month coinciding with or following 60 calendar days of continuous employment. First of the month coinciding with or following 60 calendar days of continuous employment. Complete 12 months (with 1,000 hours) of service
How much can I contribute?	Employee contributions Contribution change frequency Safe Harbor match Discretionary match Discretionary profit sharing	1% to 75% of eligible compensation, inclusive of pretax and/or Roth deferrals IRS limit of \$24,500 for 2026 (amount not finalized due to government shutdown). Beginning of payroll period 100% of the first 4% in eligible compensation deferred with a possibility of an additional discretionary employer matching contribution Refer to the Summary Plan Description for further information regarding profit sharing contributions
Can I make a catch up contribution?	If you are age 50 or over by the end of the taxable year and have reached the annual IRS limit or Plan's maximum contribution limit for the year, you may make additional salary deferral contributions to the Plan up to the projected IRS Catch-Up Contribution Limit (2026=\$8,000) (not finalized due to government shutdown). Ages 60-63; these participants can contribute up to \$11,250 starting in 2026. All catchup contributions must be after tax (Roth) contributions.	
When am I vested?	Employee contributions and Safe Harbor match: 100% immediate Discretionary match: Less than 1 year of service: 100% Discretionary profit sharing: Less than 1 year of service: 100%	
Can I take a loan?	Although your plan account is intended for the future, you may take a loan from your account.	
Can I take a withdrawal?	Withdrawals from the Plan are generally permitted in the event of termination of employment, retirement, disability or death.	

Coming in 2026: Roth Catch-up Requirement

Starting January 1, 2026, a new rule under the SECURE 2.0 Act, will impact how certain employees can make catch up contributions to their retirement plans.

What's Changing?

If you're turning age 50 or older in 2026 and your total 2025 FICA wages (Box 3 on your 2025 form W-2) were over \$145,000*, any catch-up contributions you make in 2026 must be made as after-tax Roth contributions. **If your retirement plan does not offer a Roth option, you will not be able to make catch-up contributions.**

What does this mean for you?

If your **FICA wages were over \$145,000* in 2025**, catch-up contributions must be made as after-tax Roth contributions in 2026.

If your **FICA wages were \$145,000* or less**, you can choose to make catch-up contributions as **pre-tax or Roth**, depending on your plan options.

Steps you can take now

- Talk to a financial or tax advisor to understand how this change may affect your retirement strategy.
- Review your current contributions and plan options.
- Login to netbenefits.com to view or update your contribution elections.



HOW TO REGISTER FOR ACCESS TO YOUR ACCOUNT ON FIDELITY NETBENEFITS

If you have previously registered with Fidelity.com, NetBenefits, or eWorkplace, you do not need to register again. Use your existing username and password to access your new account. If you have not yet registered, use the instructions below to help you set up your workplace savings account on NetBenefits.

NEW USER REGISTRATION:

1. VERIFY YOUR IDENTITY

- Your first and last name
- Your date of birth
- Last four digits of your SSN
- Select **Submit** button

2. SET UP YOUR USERNAME

- Use 6-15 characters, including at least two letters (select **Check Availability** to ensure the username is not already in use)

For illustrative purposes only.

You may not use:

- Special characters or symbols
- Sequences (e.g., 12345 or 1111)
- Personal info (SSN, phone, DOB)

3. CREATE A PASSWORD

- Use 6-20 characters
- Letters are case sensitive

You may not use:

- “#&*.<>{}'[]”
- Sequences (e.g., 12345 or 1111)
- Personal info (SSN, Phone, DOB)
- A password you've used before
- After confirming your password, select **Submit**

4. SELECT A SECURITY QUESTION

- Answers must be between 3 and 31 characters
- Answers are not case sensitive
- Select **Submit**

5. NEW USER REGISTRATION CONFIRMED

You have successfully registered.

Fidelity uses the contact information you provide to send you important communications about your benefits, as well as timely service-related and legal notifications, including messages about educational and new service offerings.

For illustrative purposes only.

BEGIN USING NETBENEFITS:

- Enroll in your plan, if you haven't already
- Check your account balances
- Update how much you set aside to save from your paycheck
- Make changes to your investments
- Visit the Planning & Guidance Center
- Access educational resources



(833) 438-0668 | TTY: 711
Mon - Fri, 7:30 a.m. - 5 p.m. CT

Explore your options: gps.smartmatch.com/gallagherkaiser



About SmartConnect

Free Medicare education and enrollment resource for employees, retirees and their friends and families.

Medicare Supplement | Medicare Advantage | Prescription Drug Plans | Dental, Vision, and Hearing Plans | Ancillary Coverage

What is SmartConnect?

The SmartConnect team helps employees, retirees and their family members compare their current health insurance to Medicare with the goal of identifying the most cost-effective option, whether that's Medicare or their current coverage. We also provide enrollment assistance and continuous support for those employees who elect to go into Medicare.

Who can use SmartConnect?

Anyone who is Medicare-eligible including employees, retirees, spouses, children, parents, neighbors, and friends.

How much does it cost?

Nothing! SmartConnect is a NO COST service for everyone. The only cost a beneficiary will incur is for a monthly premium (if there is one) that goes to the insurance provider they choose. There are no hidden fees or extra costs associated with our services.

In which states are your agents licensed?

SmartConnect agents are licensed and appointed in all 50 states.

When should an employee call SmartConnect to speak with a licensed agent?

Right now! We can help people eligible for Medicare for the first time understand their options, help current Medicare beneficiaries compare their existing coverage, and assist retirees who want to transition into Medicare.

SmartMatch Insurance Agency, LLC

 **DID YOU KNOW?** SmartConnect agents offer unbiased advice and are not incentivized to favor any plan over another. Our licensed agents will help each person understand their options and which plan types may work best for them based on their unique circumstances.

WHO SHOULD I CALL FOR ASSISTANCE?



MEDICAL	HSA	DENTAL	VISION	FIDELITY INVESTMENTS
Blue Cross Blue Shield 877.790.2583 bcbsm.com	Health Equity 877.284.9840 healthequity.com	Delta Dental 800.524.0149 www.deltadentalmi.com	National Vision Administration 800.672.7723 www.e-nva.com	800.890.4015 www.401k.com



LIFE/VOLUNTARY LIFE /AD&D/LTD	KAPNICK INSURANCE CALL CENTER AND FSA	SMARTCONNECT
Guardian Life - 877.814.8970 LTD - 800.538.4583 www.guardianlife.com	Flexible Spending Accounts 517.264.6172 Kapnick Call Center 877.233.1164 www.kapnick.com	Phone Number: 833.438.0668 https://gps.smartmatch.com/gallagherkaiser

EMPLOYEE NAVIGATOR ENROLLMENT PORTAL AND DOCUMENT RESOURCE

Log in Now! You will use your username and password that you created when you registered to gain online access originally. If you have not logged in previously, register as a new user. Website link and username is listed below. If you have forgotten your login information or need assistance with your open enrollment, please contact the Kapnick Employee Benefits Call Center or your HR department for assistance.

You have access to all your 2026 benefits documents online. You can review and/or print the documents anytime. If you do not have access to a computer, please contact the Kapnick Employee Benefits Call Center or Human Resources immediately to request a printed copy of the documents. You may also use the below QR code to log into Employee Navigator.



<https://employeenavigator.com>

Username: Gallagher-Kaiser

Kapnick Call Center is staffed by highly trained employee advocates who are experienced in helping you understand your benefits and the enrollment process. Kapnick's high level of customer service allows you to not only understand your benefits but to use them to their fullest extent. We're available Monday-Friday, 8:30 am—5:00 pm (Eastern) 877.233.1164 to answer questions concerning:

- Explanation of Benefits
- ID Card Reorders
- Carrier Information
- Participating Provider Assistance
- Claim Assistance
- FSA Account Balances/Inquiries
- COBRA Assistance
- Life Status Events

* TRANSLATION SERVICES
AVAILABLE IN 100+ LANGUAGES

