

2026

Plan Year



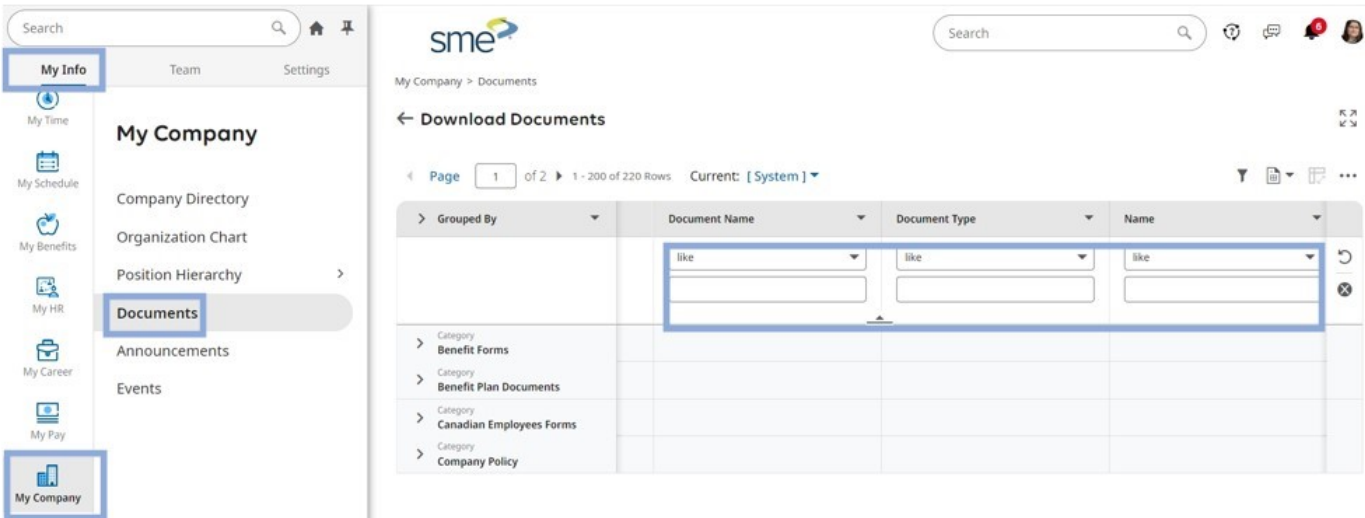
EMPLOYEE BENEFITS GUIDE

Effective Date:

January 1, 2026 through
December 31, 2026



For more information on all items covered in this guide, please log into UKG then go to the My Information tab > My Company > Documents





ELIGIBILITY REQUIREMENTS & COVERAGE EFFECTIVE DATES

Employees are eligible to participate in the Medical and Flexible Spending Accounts (FSA) if you work at least 30 hours per week. Employees working 40 hours per week are also eligible to participate in the Dental, Vision, Teladoc, Health Savings Account (HSA), Identity Theft Protection, Colonial Life, Life/AD&D and Disability plans. Part-time employees working under 30 hours are only eligible to participate in the Flexible Spending Dependent Care Account.

As a participant of the Society of Manufacturing Engineers 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.

NEW HIRES: WHEN COVERAGE BEGINS

- Medical, Dental, Vision, Teladoc, Health Savings Account (HSA), Identity Theft Protection, AFLAC, Life/AD&D and Flexible Spending Accounts (FSA) coverage is effective the first of the month following **30** days.
- Short-Term and Long-Term Disability coverage is effective the first of the month following **90** days.

DEPENDENT ELIGIBILITY AND RESTRICTIONS

- **Medical and vision plan coverage** is only available through the end of the month in which a dependent child turns **26**.
- **Dental coverage** is only available through the end of the calendar year in which a dependent turns **19**, unless they are a full-time student, unmarried, and eligible to be claimed by you as an IRS dependent. If this is the case, coverage would be available through the end of the calendar year in which they turn **25**.
- Dependents may potentially remain covered to any age if they are "totally and permanently disabled" by either a physical or mental condition (carrier approval is required).

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. Thereafter, 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. (examples: Marriage, Divorce, new Child) Changes to your coverage must be made within 30 days of the life event.



SPOUSAL LIMITATIONS

SPOUSAL LIMITATION– MEDICAL COVERAGE

Spousal coverage in the Medical program is only available if the spouse is not eligible for coverage through his/her employer. If an employee's spouse is covered under SME's Medical plan and the spouse subsequently gains access to Medical coverage through his/her employer, the employee must notify SME's Human Resources Department within 30 days of this change. The spouse will no longer be eligible for coverage under SME's Medical plan. Conversely, if the spouse subsequently loses Medical coverage through his/her employer, the employee may add his/her spouse to their SME coverage, but the employee must notify SME's Human Resources Department within 30 days of this change.

SME will conduct periodic spousal audits. Employees will be responsible for completion and return of any requested documentation. If it is found that you did not inform Human Resources about your spouse's eligibility for other coverage during the calendar year, your spouse will lose coverage retroactive to the date other group medical coverage was available.

SPOUSAL LIMITATION– FREQUENTLY ASKED QUESTIONS

- If my spouse is covered by their employer's Medical insurance, are they also eligible for SME's Medical plan? **No**
- If my Spouse does not have group insurance and would be financially responsible for 100% of coverage, can I cover him/her under SME's Medical plan? **Yes. Except if they had the option to enroll in coverage and choose not to enroll.**
- If my spouse chooses SME medical insurance because their company doesn't offer insurance or my spouse is self-employed, would they be eligible for coverage under SME's plan? **Yes**
- If my spouse's company will not allow him/her to elect coverage until their open enrollment period, will they be able to enroll in SME's coverage? **Yes, only until they are eligible for the new coverage to be effective. Except if they had the option to enroll in coverage and choose not to enroll.**
- If my spouse loses his/her job and benefits, would he/she have to wait until open enrollment to add SME insurance? **No**
- My spouse is able to negotiate a higher rate of pay (including per diem and contract "houses") if coverage is waived, would they be eligible for SME's medical coverage? **No**

NICOTINE AFFIDAVIT

SME's medical plans are designed to encourage healthy lifestyle choices. For the 2026 Plan Year, all employees who enroll in medical insurance are required at the time of enrollment to submit a Nicotine Use Affidavit.

If you are enrolling in a 2026 SME medical plan and:

- A. There is only one adult (over the age of 18) covered on the medical plan who currently uses or has used nicotine products within the last 6 months, you will be charged **\$20** per pay period.
- B. There are two or more adults (over the age of 18) covered on the medical plan who currently uses or has used nicotine products within the last 6 months, you will be charged **\$40** per pay period.

The surcharge will be waived if all adult (over the age of 18) nicotine users covered under SME's medical plan successfully complete the RAS or any other nicotine cessation program within the 6 month period ending on the date you submit the Nicotine-Use Affidavit. You will not have to complete the cessation program, and the surcharge will be waived if the nicotine user's primary care provider believes quitting nicotine is not medically appropriate for that member. Contact HR for a copy of the Physician Affidavit or for information regarding cessation programs.

Outside SME's 2026 standard Open Enrollment Period, you are only eligible to remove or reduce the nicotine surcharge after certifying that applicable covered nicotine users have been nicotine free for the prior 6 months or have completed the reasonable alternative (RAS) within the prior 6 months.

NOTE: Nicotine products are defined as nicotine or nicotine like products intended for human consumption, and when used orally or inhaled, produces smoke or smoke like vapor. This includes but is not limited to: cigarettes, cigars, loose tobacco smoked via a pipe or hookah, chewing tobacco, snuff, dip, electronic cigarettes and vaporizers.



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 (available in UKG) 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 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.
- **HEALTH REIMBURSEMENT ARRANGEMENT (HRA):** Unlike HSAs, only an employer may fund an HRA and the funds revert back to the employer when the employee leaves the organization. HRAs are not subject to the same contribution limits as HSAs, and they may be paired with either high deductible plans or traditional health 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.



PRIORITY HEALTH PPO PLAN



PRIORITY HEALTH PPO PLAN

A Preferred Provider Organization (PPO) is a health plan that has contracts with a network of “preferred” providers from which you can choose. With a PPO plan, you have the flexibility of visiting “in” or “out” of network providers, but save significant dollars by obtaining services from in-network providers. You do not need to select a primary care physician (PCP) and you do not need referrals to see other providers in the network.

PPO BENEFITS	
Primary Care Physician (PCP) Required	No
Referral Required to see a Specialist	No
“In-Network” Benefits	Yes
“Out-of-Network” Benefits	Yes
Flexibility	Highest
Premium Cost	\$\$\$

2026 MEDICAL CONTRIBUTIONS

	Coverage Tier	Deductible	Coinsurance Maximum	Out-of-Pocket Maximum		2026 Annual Employee Contributions	2026 Annual Employer HSA Contributions	Maximum Employee Exposure
BUY UP PPO	<u>Single</u>	\$1,000	\$2,500	\$8,150	<u>Employee</u>	\$3,338.40	N/A	\$11,488.40
					<u>EE + Child</u>	\$8,133.32	N/A	\$24,433.32
					<u>EE + Spouse</u>	\$8,565.70	N/A	\$24,865.70
	<u>Family</u>	\$2,000	\$5,000	\$16,300	<u>EE + Children</u>	\$11,458.98	N/A	\$27,758.98
					<u>Family</u>	\$11,993.54	N/A	\$28,293.54
BASE PPO	<u>Single</u>	\$2,000	\$2,500	\$8,150	<u>Employee</u>	\$2,534.22	N/A	\$10,684.22
					<u>EE + Child</u>	\$6,202.82	N/A	\$22,502.82
					<u>EE + Spouse</u>	\$6,635.20	N/A	\$22,935.20
	<u>Family</u>	\$4,000	\$5,000	\$16,300	<u>EE + Children</u>	\$9,045.92	N/A	\$25,345.92
					<u>Family</u>	\$9,580.22	N/A	\$25,880.22
Consumer Driven High Deductible (HDHP) PPO with HSA	<u>Single</u>	\$2,500	N/A	\$4,000	<u>Employee</u>	\$1,092.00	\$500	\$4,592.00
					<u>EE + Child</u>	\$2,541.24	\$1,000	\$9,541.24
					<u>EE + Spouse</u>	\$2,970.24	\$1,000	\$9,970.24
	<u>Family</u>	\$5,000	N/A	\$8,000	<u>EE + Children</u>	\$4,219.02	\$1,000	\$11,219.02
					<u>Family</u>	\$4,753.32	\$1,000	\$11,753.32

BI-WEEKLY MEDICAL CONTRIBUTIONS

Coverage Status	BUY UP PPO	BASE PPO	HDHP with HSA
Employee Only	\$128.40	\$97.47	\$42.00
Employee + Child	\$312.82	\$238.57	\$97.74
Employee + Spouse	\$329.45	\$255.20	\$114.24
Employee + Children	\$440.73	\$347.92	\$162.27
Employee + Spouse and Child(ren)	\$461.29	\$368.47	\$182.82



MEDICAL PLAN

IN-NETWORK COVERAGE OPTIONS

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

Group #800886

	Priority Health		
	BUY UP PPO Member's Responsibility	BASE PPO Member's Responsibility	HSA 2500 Member's Responsibility
Deductibles (individual/family)	\$1,000/\$2,000	\$2,000/\$4,000	\$2,500/\$5,000
Deductible Type	Embedded ¹	Embedded ¹	Aggregate ²
Coinsurance	20%	20%	20%
Coinsurance Maximum (individual/family)	\$2,500/\$5,000	\$2,500/\$5,000	None
Out-of-Pocket Maximum (individual/family)	\$8,150/\$16,300	\$8,150/\$16,300	\$4,000/\$8,000
Preventive Care Services	Covered 100%	Covered 100%	Covered 100%
Office Visit	\$30 copay	\$30 copay	20% after deductible
Medical Online Visit	\$30 copay	\$30 copay	100% after deductible
Specialist Visit	\$50 copay	\$50 copay	20% after deductible
Chiropractic Services	\$30 copay (30 visits per year)	\$30 copay (30 visits per year)	20% after deductible (30 visits per year)
Emergency Room	\$250 copay	\$250 copay	20% after deductible
Urgent Care	\$60 copay	\$60 copay	20% after deductible
Hospitalization (in-patient)	20% after deductible	20% after deductible	20% after deductible
Prescription Drug Copays			(after deductible)
Generic	\$15	\$15	\$15
Preferred Brand	\$50	\$50	\$50
Non-Preferred Brand	\$80	\$80	\$80
Preferred Specialty	20% (max \$150)	20% (max \$150)	20% (max \$150)
Non-Preferred Specialty	20% (\$300 max)	20% (\$300 max)	20% (\$300 max)
Mail Order	2x copay	2x copay	2x copay

1) Embedded Deductible: If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

2) Aggregate Deductible: If you have other family members on the plan, the overall family deductible must be met before the plan begins to pay.

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

ACCESS TO CARE

Network options, benefits and cost management innovations that save.

Virtual Care

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



Behavioral Health Care through Teladoc Health (formerly MyStrength)

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

Preventive Care

Understand the importance of preventive tests and screenings as well as your options for early detection.



Mobile App and Online Member Portal

Manage your health plan within one secure account through the mobile app or online portal. You can check your out-of-pocket balance/plan benefits, track your claims, find care, look up costs, and access your virtual ID card.

BenefitHub

Provides you with exclusive savings and other perks on products and brands you love just for being a Priority Health member.



Cost Estimator and PriorityRewards

Find the most affordable care for a medical service or procedure. Plus, you can earn unlimited rewards in the form of gift cards when you visit a designated health care facility for certain services.



MEDICAL SOLUTIONS

Additional detailed information is available at priorityhealth.com

Click on or scan the below QR codes to learn more about the

IMPROVED CARE

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

PriorityMOM

Helps navigate health care costs and coverage through pregnancy and beyond.



PriorityBABY

Access to ongoing resources to help educate and support you and your family throughout the first two years of your baby's life.

Diabetes Prevention through National Programs & Omada and Diabetes Management through Teladoc Health

Personalized support centered around your day-to-day needs of living with chronic or complex conditions.



WellbeingHub

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

Active&Fit Direct

Enjoy savings on fitness memberships and maintain a healthy lifestyle with regular exercise.



TruHearing

Receive discounts on hearing exams and high-quality hearing aids.



HEALTH SAVINGS ACCOUNTS



SME offers a Health Savings Account (HSA) option through Fidelity Investments. This program is designed to give you greater control in managing your health & funding your health care services. You can only contribute to an HSA if you enroll in the HSA Qualifying Plan: **CONSUMER DRIVEN HSA.**

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 SME, change medical plans, or retire.

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 person's 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.

Using your HSA funds is easy - You can choose between using a Fidelity Debit Card or If you decide to pay out of pocket for a qualified expense, you can later reimburse yourself from your HSA at any time without penalty—weeks or even years in the future—provided you have receipts that total the appropriate amount to reimburse yourself.

Fidelity HSA accounts are Flexible - Spend your HSA funds today or save it for tomorrow—it's up to you. Because your balance automatically carries over from year to year, you don't have to worry about losing money that you haven't spent. If you're paying for current qualified expenses, you can save money in your HSA in cash for easy access. Any savings not needed for current qualified expenses can be invested in a wide variety of investment options—including mutual funds, stocks, bonds, and CDs—to potentially grow your balance for future qualified expenses, such as those in retirement. Once you reach age 65, you can use your HSA for any reason—just pay normal income taxes on any money used for any nonqualified medical expense.

Opening Your HSA Account with Fidelity - Log in to Fidelity NetBenefits® at netbenefits.com or 401k.com using your existing username and password, and click Open next to Health Savings Account.

More Information - Want to learn more about a Fidelity HSA? Visit Fidelity.com/healthsavingsaccount or call 800-544-3716.

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.

ANNUAL EMPLOYER CONTRIBUTIONS BY SME

Single Coverage	\$500
Family Coverage	\$1,000

Contributions will be made to your HSA on a pro-rated, per bi-weekly pay period basis



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

2026 Maximum annual election amount: \$3,400

LIMITED PURPOSE FSA (LPFSA) - If participating in an HSA plan

2026 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, 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	

HOW TO ACCESS YOUR FUNDS

Paper Claim: Fax or email Kapnick

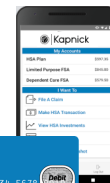
Debit Card: When you enroll in the FSA, Kapnick will provide you with two Benny Cards, a MasterCard with the value of your account contribution stored on it (there is a \$10 replacement fee for lost or stolen cards).

Don't forget to keep your FSA card for 2026!

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

GRACE PERIOD: Permits participants to be reimbursed from the Health FSA for expenses incurred during the two and a half months (until March 14) after the plan year ends.

RUN-OUT PERIOD (PROOF OF LOSS): Active participants have until March 31 to submit expenses incurred during the plan year. If you terminate employment during the plan year, you have 90-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. You are eligible for the Limited Purpose FSA (LPFSA)

If you are enrolling in the Consumer Driven HSA plan & currently participate in a Traditional PPO Plan as well as the Health FSA, you may want to consider submitting all of your 2025 health care claims prior to 12/15/25 so that your Health FSA account has a zero balance as of 12/31/25. If your Health FSA has a zero balance as of 12/31/25, you may start making HSA contributions as of 1/1/25. If your Health FSA has a balance greater than zero on 12/31/25, you may not make HSA contributions until 3/15/25, after the Health FSA grace period has expired.



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.	No. An employee can be enrolled in any type of health 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 account?	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 account?	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



DENTAL & VISION

IN-NETWORK COVERAGE OPTIONS

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

BENEFITS	DELTA DENTAL BASE / CORE PPO PLAN Group # 0193-0001 Member's In-Network Responsibility	DELTA DENTAL BUY UP / ENHANCED PPO PLAN Group #0193-1001 Member's In-Network Responsibility
Deductible	\$50 per member/\$150 per family	None
Diagnostic & Preventive	Covered 100% In-Network Covered 80% Out-of-Network	Covered 100% (In and Out-of-Network)
Basic Services	20% After Deductible	20%
Major Services	50% After Deductible	50%
Maximum Payment	\$1,000 per member per year	\$1,500 per member per year
Orthodontics (under age 19)	50%; lifetime maximum \$1,000	50%; lifetime maximum \$1,500
<u>BI-WEEKLY CONTRIBUTIONS</u>		
Employee Only	\$5.03	\$9.10
Employee + Child	\$9.96	\$18.45
Employee + Spouse	\$9.96	\$18.45
Employee + Children	\$18.35	\$36.02
Employee + Spouse + Child(ren)	\$18.35	\$36.02

BENEFITS	EYEMED VISION PPO PLAN Group # 1041760-1001 Member's In-Network Responsibility using EyeMed's Insight Network
Eye Exam (once every plan year)	\$0 copay (PLUS providers) \$10 copay
Standard Lenses (one pair every plan year)	\$25 copay; additional copays for progressive lenses (see benefit summary for complete description)
Standard Frames (once every other plan year)	\$0 copay; up to \$180 allowance (PLUS providers) \$0 copay; up to \$130 allowance
Elective Contact Lenses (once every plan year)	\$0 copay; \$130 allowance
Contacts are in lieu of Prescription Glasses and vice versa	
<u>EMPLOYEE CONTRIBUTIONS</u>	
Employee Only	\$2.96
Employee + Child	\$4.51
Employee + Spouse	\$4.51
Employee + Children	\$8.10
Employee + Spouse + Child(ren)	\$8.10



LIFE & DISABILITY

COVERAGE OPTIONS

Please refer to your benefit summaries for additional plan details.

EMPLOYER/EMPLOYEE PAID COVERAGES PLUS VALUE ADDED COVERAGES

GUARDIAN

EMPLOYER PAID LIFE & AD&D INSURANCE

- **Benefit Amount:** 1x basic annual earnings to a maximum of \$500,000
- **Benefit Reduction:** At age 70, amounts reduce to 65%. At age 75, amounts reduce to 50%.

GUARDIAN

EMPLOYER PAID SHORT-TERM DISABILITY

- **Weekly Benefit Amount:** 60% of weekly salary up to \$1,000 per week
- **Elimination Period:** Benefits begin on the 1st day of accident/8th day illness
- **Maximum Benefit Period:** 13 weeks

GUARDIAN

EMPLOYER PAID LONG-TERM DISABILITY

- **Monthly Benefit Amount:** 60% of monthly salary up to \$6,000 per month
- **Elimination Period:** 90 days
- **Maximum Benefit Period:** Social Security normal retirement age

GUARDIAN

EMPLOYEE PAID VOLUNTARY LIFE & AD&D

EMPLOYEE

Benefit amount: \$10,000 increments; not to exceed 5x annual earnings

Maximum benefit amount: \$200,000

Medical underwriting: required for amounts in excess of \$200,000

Benefit reduction: Benefits will reduce to 65% at age 70; reduce to 50% at age 75

SPOUSE

Employees must elect coverage for themselves in order for spouse to be eligible.

Benefit amount: \$5,000 increments. Not to exceed employee amount, up to \$100,000

Medical underwriting: required for amounts in excess of \$25,000

DEPENDENT

Employee must elect coverage for themselves in order for a dependent to be eligible.

Benefit amount: \$2,000 increments.

Maximum benefit amount: \$10,000
Live birth to 6 months: \$1,000

- *Note: Late entrants (enrollment after your new hire eligibility period) will be subject to Evidence of Insurability. You are responsible for the full cost of this coverage.*
- Please refer to your benefit summary available in UKG for age banded rates.



EMPLOYEE ASSISTANCE PROGRAM

Life presents us with challenges at work and at home on a daily basis. Employees do not have to face these challenges alone. Our Employee Assistance Program (EAP) offers confidential services for a variety of important needs – all to support employee well-being and help them think, feel, and perform their best.

-Childcare and/or eldercare referrals-Legal consultations with licensed attorneys -Stress management-Personal relationship information-Financial planning assistance-Career development-Health information and online tools-and more!

EAP Resources:

- Webinars and trainings
- Online assessment to check well-being
- Personalized care and service recommendations
- Training for stress management, resilience, and mental fitness
- Up to three sessions with a behavioral health coach

Learn more at: www.guardianlife.com/eap or 1-888-482-7342



TRAVEL AID

Travel Aid Assistance services are available to you with just a phone call 24/7. When traveling for business or pleasure, in a foreign country or just 100 miles or more away from home, you and your family can count on getting help in the event of a medical emergency. The Guardian emergency travel assistance includes:

- Hospital admission coordination
- Emergency medical evacuation
- Medically supervised transportation home
- Legal and interpreter referrals
- Prescription replacement assistance
- Dispatch of Doctors/Specialists
- Multilingual crisis management of professionals
- Care and transport of unattended minor children

Learn more about this valuable benefit by:

Email - assistance@uhcglobal.com

Call - 410-453-6330



Guardian

ADDITIONAL VOLUNTARY COVERAGES

COVERAGE OPTIONS

Please refer to your benefit summaries for additional plan details.

COLONIAL LIFE EMPLOYEE PAID COVERAGES

COLONIAL LIFE

EMPLOYEE PAID VOLUNTARY ACCIDENT INSURANCE

Colonial Life's Accident Insurance will pay cash benefits to you based on a diagnosis and treatment of a covered injury for you or your covered family members that resulted from an accident.

- ✓ You can use these benefits to help cover your deductibles, copayments or even your bills at home.
- ✓ Accident insurance can provide benefits for covered accidents that occur on and off the job.
- ✓ Accident insurance is offered to all eligible team members who are actively at work with **no evidence of insurability required**.

COLONIAL LIFE

EMPLOYEE PAID VOLUNTARY CRITICAL ILLNESS

COULD YOUR BANK ACCOUNT SURVIVE A SERIOUS ILLNESS?

Critical Illness Insurance will pay a lump sum cash benefit to you based on a diagnosis and treatment of a covered condition for you or your covered family members

- ✓ You can use these benefits to help cover your deductible, copayments, or even your bills at home.
- ✓ Critical Illness insurance is offered to all eligible team members who are actively at work with **no evidence of insurability required**.

SOME COVERED CONDITIONS INCLUDE:

- ⇒ Cancer
- ⇒ Stroke
- ⇒ Major Organ Failure
- ⇒ Heart attack
- ⇒ End stage kidney failure
- ⇒ Coma
- ⇒ Blindness

For more
information contact

Colonial Life Michigan Premier District

Phone: 313-965-3533 Ext. 0

Email: Service@ColonialMI.com



To learn about your benefits, scan
the QR code above

403(b) PLAN & EMPLOYEE DISCOUNTS

EMPLOYEE SAVINGS 403(b) PLAN

Once you have received your first paycheck from SME you can enroll in the Fidelity 403(b) plan at anytime. You can also change your contribution amount at any time. Employee contributions are matched according to the following formula: **100% of the first 3% and 50% of the next 2%** an employee contributes each pay period. Matching funds are immediately vested (**there is no waiting period**). Annual Retirement Contribution: SME will match an **additional 2%** of employees "gross" salaries for active employees on the last day of the calendar year (regardless of participation). Amounts will be deposited in employee accounts in January of the following year.

- **To Enroll or Make Changes:** Call Fidelity at (800) 343-0860 or go to www.netbenefits.com. If electing for the first time, select "New User Registration"
- **Rolling Funds into your Fidelity Account from a Previous Employer:** Call Fidelity at (800) 343-0860 and they will guide you through the process.
- **Beneficiary Designation:** Please remember to designate a beneficiary for your 403(b) account by filling out the designation form in UKG and mailing it to: **Fidelity Investments, P.O. Box 5000, Cincinnati, OH 45273-8687.**
- **Maximum Contribution:** Employees can contribute **up to 50%** of their check per pay period
- **IRS Maximums for 2026:**
 - * Contribution Maximum (under the age of 50) = **\$24,500**
 - * Contribution Maximum (over the age of 50) = **\$32,500** (includes Catch-up)
- **Special Catch-up Contribution (ages 60-63):** A higher catch-up limit exists for participants between the ages of 60 to 63. The Limit for these employees is **\$36,000**
- **ROTH CATCH-UP:** 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 FICA wages were \$145,000 or less, you can choose to make catch-up contributions as pre-tax or Roth.

EMPLOYEE DISCOUNTS

Company	Details	Company Code	Phone Number
General Motors	www.gmsupplierdiscount.com	187323	
Chrysler	www.fcausaaffiliates.com	\$63828	(888) 444-4321
Verizon (18% Discount)	www.verizonwireless.com/discounts		
AT & T (10% Discount)	Provide proof of employment via pay stub, badge, etc.	4886871	

2026 KAPNICK STRIVE GOLD WORKSITE WELL-BEING PROGRAM



WHAT IS KAPNICK STRIVE?

Kapnick Strive supports SME'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	√	
Online health risk assessment	√	√
Access to a comprehensive wellness	√	√
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 from	Incentive eligible
Less than 70	Enroll in the six week health

2026 INCENTIVES

	Incentive Amount
Employee Only—Compliant OR Employee/Covered Spouse—	\$500
Employee/Covered Spouse—	\$250
Employee Only—Non-compliant OR Employee/Covered Spouse—	\$0

HOW TO EARN STRIVE INCENTIVES:

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

- Complete the health risk assessment (HRA) - all participants must complete the HRA to be eligible for a reward credit.
 - Go to kapnickstrive.com/SME
 - 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)
- Schedule and complete your health screening - screening schedule will be available prior to the screening event.
 - Go to kapnickstrive.com/SME
 - 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.

RAS TELEPHONIC HEALTH COACHING:

- Six weeks of health coaching with a certified health coach
- The health coach calls you once a week
- Develop a plan of action

2026 WELLNESS REIMBURSEMENT PROGRAM



SME offers an incentive to all full and part time US employees who are committed to promoting a healthy lifestyle. In 2026 we will reimburse employees up to **\$300** a year for their participation in, or purchase of, any of the following items:

- Gym, fitness or aquatic memberships
- Health seminars or classes (taken outside of a fitness club, such as yoga, kickboxing, etc.)
- Weight loss programs (i.e. Weight Watchers, Jenny Craig)
- Smoking cessation programs
- Heart rate and/or activity trackers (limit 1 tracker per employee every 3 years)
- Large fitness equipment (treadmill, stair master, elliptical, or stationary bicycle)
- Nutrition counseling
- Race registration (i.e. marathon, triathlon)
- Acupuncture
- Tennis and swim lessons
- Medical provider-based weight loss programs, or counseling with a registered dietician
- Medically prescribed massage

*** Anything not noted above must be discussed with HR prior to reimbursement request being submitted.**

PROGRAM RULES:

- Receipts for the program, membership, class, etc., must be provided. The receipt must be itemized and have detail of the charges.
- SME will not pay an invoice, but will reimburse based on a receipt
- We will accept receipts dated back to **December 1, 2025** for this program
- You must be an active employee on the date the reimbursement is made
- *Note: Receipts do not need to be from the current quarter for reimbursement, but must be from 2026*
- All reimbursements are subject to applicable taxes
- Employees must complete the wellness reimbursement form in UKG and upload a copy of their receipt(s). Go to My HR > HR Actions > Wellness Reimbursement > select Start.
- Please consolidate submissions if possible.

DEADLINES:

Reimbursements will be made via direct deposit, via payroll on a quarterly basis. The schedule is as follows:

- Receipts for Q1 due **by Friday, April 3** for payment on April 10
- Receipts for Q2 due **by Friday, July 10** for payment on July 17
- Receipts for Q3 due **by Friday, October 2** for payment on October 9
- Receipts for Q4 due **by Friday, November 27** for payment on December 4
- No receipts will be accepted for 2026 after November 27, 2026.

EXAMPLES OF ITEMS INELIGIBLE FOR REIMBURSEMENT:

- Health spas, massages or spa products
- Tournament or greens fees
- Food or beverage purchases, child care or tanning at a gym, fitness or aquatic club
- Merchandise (shoes, clothing, golf clubs, skis, snowmobile, etc.)
- Food and dietary supplements (other than those bought as part of a medical provider-based program)

2026 WELLNESS VISIT INCENTIVE



The **2026 Wellness Visit Incentive** program offers all employees an incentive to see their doctor for their annual preventative visit. Employees who provide proof of their annual preventative visit will receive a Wellness Visit Incentive of **\$200** (less applicable taxes and deductions).

Today, approximately 40% of our insured employees have not had an annual preventative visit in the last year. The population of people who do not take advantage of these visits with their doctors is at a higher risk for developing serious medical conditions. Data tells us that the earlier medical issues are caught, the easier and less costly they can be to address. For example, a routine blood test would usually check for indications of diabetes.

SME believes it is in everyone's best interest to have an annual preventative visit with the primary doctor of their choice. This is an investment in the health of our employees and an effort to contain the rising costs of health care for everyone. We will offer this incentive to all employees—not just those enrolled in the SME medical program—because we want everyone to be healthy while working together to cope with the ever-increasing costs of health care. And don't forget: members enrolled in one of SME's medical plans can receive their annual preventative visit from in-network providers at no cost!

HAVE YOU BEEN TO YOUR DOCTOR LATELY?

Get back on track with your preventive medical care.

REASON #1



Annual well-visits allow you to know your numbers & assess your risk for future health problems even if you're currently free of symptoms or complaints.

REASON #2

Well-visits allow you to establish an ongoing relationship with your clinician for personalized care and ease of talking about uncomfortable issues.



REASON #3



Well-visits allow you to make sure you're up-to-date on your vaccinations and give you a chance to review your prescriptions, which can help prevent future health problems.

REASON #4

Employees who provide proof of their annual preventative visit will receive a Wellness Visit Incentive of \$200!



DEADLINES:

Annual preventative visit must occur between December 1, 2025 and December 1, 2026.

Reimbursements will be made via direct deposit, via payroll on a quarterly basis. The schedule is as follows:

- Proof of visit for Q1 due **by Friday, April 3** for payment on April 10
- Proof of visit for Q2 due **by Friday, July 10** for payment on July 17
- Proof of visit for Q3 due **by Friday, October 2** for payment on October 9
- Proof of visit for Q4 due **by Friday, November 27** for payment on December 4
- No proofs of visit will be accepted for 2026 after November 27, 2026.



EMPLOYEE PAID PET INSURANCE



- ✓ Accidents, including poisoning and allergic reactions
- ✓ Injuries, including cuts, sprains, and broken bones
- ✓ Common illnesses, including ear infections, vomiting and diarrhea
- ✓ Serious/chronic illnesses, including cancer, and diabetes
- ✓ Hereditary and congenital conditions
- ✓ Surgeries and hospitalization
- ✓ X-rays, MRIs and CT scans
- ✓ Prescription medications and therapeutic diets

To get a quote or enroll, go to
www.metlife.com/getpetquote
or call 1 800 GET-MET8



MetLife

Pet Insurance





EMPLOYEE PAID LEGAL ASSISTANCE

Legal Plans

Provides access to legal expertise for both expected and unexpected events.

Legal experts on your side, whenever you need them

For **\$18.00 a month**, you get legal assistance for some of the most frequently needed personal legal matters—with no waiting periods, no deductibles and no claim forms, when using a Network Attorney for a covered matter.

- Money Matters
- Home & Real Estate
- Estate Planning
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- Civil Lawsuits
- Elder-Care Issues
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To learn more, visit members.legalplans.com or call **800.821.6400**

Monday—Friday
8:00 am—8:00 pm (EST/EDT)

*Please see your plan summary for details on this voluntary coverage.





Identity protection that keeps up with your digital life

Your identity is made up of more than your Social Security number and credit score. That's why we do more than monitor your credit reports. We help you look after your online activity, from financial transactions to what you share on social media—so you can protect the trail of data you leave behind.

Introducing our next evolution in identity theft protection for over 85 years, we've been protecting what matters most. Now we're providing protection from a wide range of identity threats, so you can keep loving what technology adds to your life.



Sign up during open enrollment

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Questions? 1.800.789.2720

Plans and Pricing Allstate Identity Protection

Pro

Employee: \$7.95/month

Employee + Family: \$13.95/month

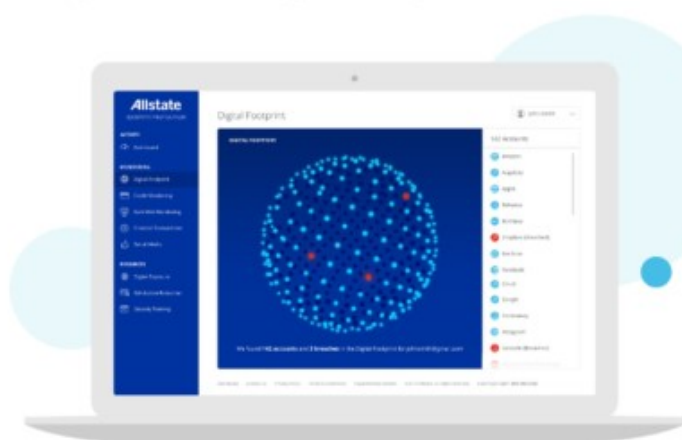
Allstate Identity Protection

Pro Plus

Employee: \$9.95/month

Employee + Family: \$17.95/month

*Please see your plan summary for details on this voluntary coverage.



- ✓ **See your personal data**
- ✓ **Manage it with real time alerts**
- ✓ **Protect your identity and finances from fraud**

Talk to a doctor anytime

Teladoc® gives you 24/7/365 access to U.S. board-certified doctors through the convenience of phone, video or mobile app visits. It's an affordable alternative to costly urgent care and ER visits when you need care now.



MEET OUR DOCTORS

Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:

- Are practicing PCPs, pediatricians, and family medicine physicians
- Average 20 years experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years, meeting NCQA standards

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Sinus problems
- Ear infection
- Urinary tract infection
- Respiratory infection
- Skin problems
- And more!

WHEN CAN I USE TELADOC?

Teladoc does not replace your primary physician it is a convenient and affordable option for quality care:

- When you need care now
- If you're considering the ER or urgent care for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short term prescription refills

Talk to a doctor anytime for **free!**

Teladoc is just a click or call away!



Teladoc.com



1-800-Teladoc (835-2362)

**DOWNLOAD
THE APP
TODAY >>>**





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
- Kapnick FSA Account Balances/Inquiries
- Kapnick COBRA Inquiries
- Life Status Events

* TRANSLATION SERVICES AVAILABLE
IN 100+ LANGUAGES

CONTACT US AT
877.233.1164



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403 (b) & HSA	Telemedicine	Legal Plan/Pet Insurance
403(b) Group # 59343 (800) 343-0860 HSA Group # 81137 (800) 544-3716 netbenefits.com or 401k.com	(800) 835-2362 www.teladoc.com Group # SME-US <i>Note: this is for employees who waive medical coverage. Those with medical coverage should contact Priority Health.</i>	Legal: (800) 821-6400 members.legalplans.com Pet Insurance: (855) 270-7387 pet_info@metlife.com



Voluntary Supplemental Coverage	Voluntary Identity Theft Coverage	SME Benefit Contact
(800) 325-4368 www.coloniallife.com Group #TBD	(800) 789-2720 www.allstate.com/AIP Group# 6618	Julie Krapohl (313) 425-3204 Email: jkrpohl@sme.org



To access benefit or plan summaries: in UKG, go to My Info > My Company > Documents, search "LIKE" and search term

This Benefits Guide is intended to provide a general summary of benefits but does not include all coverage details or plan requirements. The terms of the plan are governed by legal plan documents, including but not limited to Summary Plan Descriptions (SPDs), insurance contracts and certificates of coverage. Please refer to the legal plan documents for detailed information regarding your benefits. While every effort was taken to ensure the accuracy of the information in this Benefits Guide, errors are always possible. In the event of a discrepancy between the Guide and the plan documents, the terms of the plan documents will prevail. **Kapnick Insurance®**

