2026 EMPLOYEE BENEFITS

CALIFORNIA

Guild mortgage

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INTRODUCTION

Guild Mortgage offers a competitive benefits package, including a variety of programs you can choose from to meet your and your family's needs. Your guide to benefits is an overview of the benefit plans and programs Guild Mortgage offers to eligible employees.

Get ready for your Guild Mortgage benefits! At Guild, we want you to live your healthiest life — at work and at home. We offer benefits and resources that give you and your family support all year. This guide contains details to help you choose your benefits. You can use this guide to help you enroll or refer to it later when you have a question.

Benefits highlighted in this guide are governed by Guild Mortgage plan contracts and policies, applicable state and federal law, and Company policy. If there is a conflict between the wording of this guide and the group policies and contracts, the policies, contracts, and applicable laws govern. Guild Mortgage reserves the right to alter, amend, or terminate any of the benefits described in this guide at any time.

This guide provides a brief summary of benefits. Please refer to plan documents for details, including important coverage exclusions and limitations. If there are any discrepancies between this benefits summary and plan documents, the plan documents will govern.

TERMS TO KNOW

Deductible: The amount you pay for medical services before your insurance starts paying its share.

Copay: The fixed amount you pay for medical services.

Coinsurance: Your share of the cost of medical services.

Health Savings Account (HSA): A personal healthcare bank account funded by your tax-free dollars to pay for qualified medical expenses. Call 844.860.3535 for more information. You must be enrolled in a qualifying High-Deductible Health Plan (HDHP), such as Guild's HDHP 3600 medical plan, to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable, meaning if you change jobs, your account goes with you.

Out-of-pocket maximum: The most you'll pay during the plan year, if using an in-network physician. After you reach the out-of-pocket limit, your insurance begins to pay 100% of the cost.

ELIGIBILITY

Employees

All regular full-time employees working 30 hours or more are eligible to participate in the benefits program.

Family members

Eligible employees may also choose to enroll eligible family members, including a legal spouse/state-registered domestic partner and/or children.

Children are considered eligible if they are:

- Your or your spouse's/state-registered domestic partner's biological children, stepchildren, adopted children, or foster children, up to age 26.**
- Your or your spouse's/state-registered domestic partner's children of any age if they are incapable of self-support due to a physical or mental disability.

If you cover a dependent*

Because Guild Mortgage's employee benefits program is governed by ERISA, we must ensure all dependents covered by our plan meet the eligibility requirements. ERISA includes strict eligibility rules for plan sponsors such as Guild Mortgage, and it is our responsibility to ensure that our program is in compliance with ERISA by providing benefits only to eligible participants. A failure to ensure compliance could result in penalties and costs that would impact the program, all employees enrolled, and the Company as a whole. It is for this reason we require proper documentation for all enrolled dependents on the Guild Mortgage benefits program.

Part-time employees are eligible to participate in the 401(k) plan and Commuter Flexible Spending Account (FSA) plan.

Required documentation for eligible dependents

Legal spouse

- Submit a copy of TWO of the following
  - A copy of your marriage certificate.
  - A copy of the front page of your federal tax return for the most recent tax year, confirming this dependent is your spouse (financial information and Social Security number can be redacted).
  - A document dated within the last 60 days showing current relationship status such as a recurring monthly household bill or statement of account. The document must list your spouse's name, the date, and your mailing address.

State-registered domestic partner

- A copy of your government-issued Declaration/ Certificate of Domestic Partnership **AND**
- A document dated within the last 60 days showing current relationship status such as a recurring household bill or statement of account. The document must list your partner's name, the date, and your mailing address.
- Employees living in a state that does not recognize domestic partners may provide a signed, notarized affidavit of domestic partnership in lieu of the government-issued declaration/certificate of domestic partnership. Please contact benefits@guildmortgage.net to obtain the required affidavit.

Children up to age 26

- A copy of the child's birth certificate or adoption certificate naming you or your spouse/partner as the child's parent. Please note the document must list the first and last names of the child and parent(s) **OR**
- A copy of the court order naming you or your spouse/partner as the child's legal guardian.

*If you are covering a stepchild or child of your domestic partner, you must also provide documentation of your current relationship to your spouse or domestic partner as requested above.
**Coverage may be extended to a child of any age who is incapable of self-support due to a physical or mental disability. Additional documentation is required.

Making changes to your benefits

Every year you have an opportunity to make changes to your benefits and covered dependents during Open Enrollment. Outside of the annual Open Enrollment period, you must have a Qualified Life Event (QLE) that satisfies federal regulations.

Examples of QLEs

If one of the following QLEs below occurs, you have **30 days from the date of the event** to make adjustments to your benefits that are consistent with the event. Documentation will be required.

- Marriage, legal separation, or divorce
- Birth or adoption of a child
- Change in eligibility of a child
- Death of a dependent family member
- Change in your spouse's/state-registered domestic partner's employment status
- Your spouse/state-registered domestic partner reaches age 65 and is covered by Medicare (employees have 60 days from the date of enrollment in Medicare to make an adjustment to your benefits)
- Family and Medical Leave Act special requirements
- Health Insurance Portability and Accountability Act special enrollment rights

When coverage begins

New hire: First of the month following 30 days of employment.

Employees rehired within 15 days from their most recent termination date: Coverage will be reinstated to the same coverage you held at the time of your most recent termination.

Employees rehired 16 days to six months from their most recent termination date: First of the month following rehire date (except Retirement plans). You will be automatically re-enrolled in the 401(k) plan as soon as administratively possible, usually within two pay periods of your rehire date.

Employees rehired greater than six months from their most recent termination date: First of the month following 30 days from rehire date (except Retirement plans). You will be automatically re-enrolled in the 401(k) plan as soon as administratively possible, usually within two pay periods of your rehire date.

Important: You must enroll within 30 days of your date of hire/rehire. Enrollment information will be emailed to you within one week from your date of hire/rehire.

*Sales employees are not eligible to participate in the Health Care FSA until the Open Enrollment period following one year of continuous service.

**Employees rehired within zero to six months of their most recent termination date will only experience a shortened waiting period if they have already satisfied the new hire waiting period during their previous employment.

ENROLL ONLINE IN BSWIFT

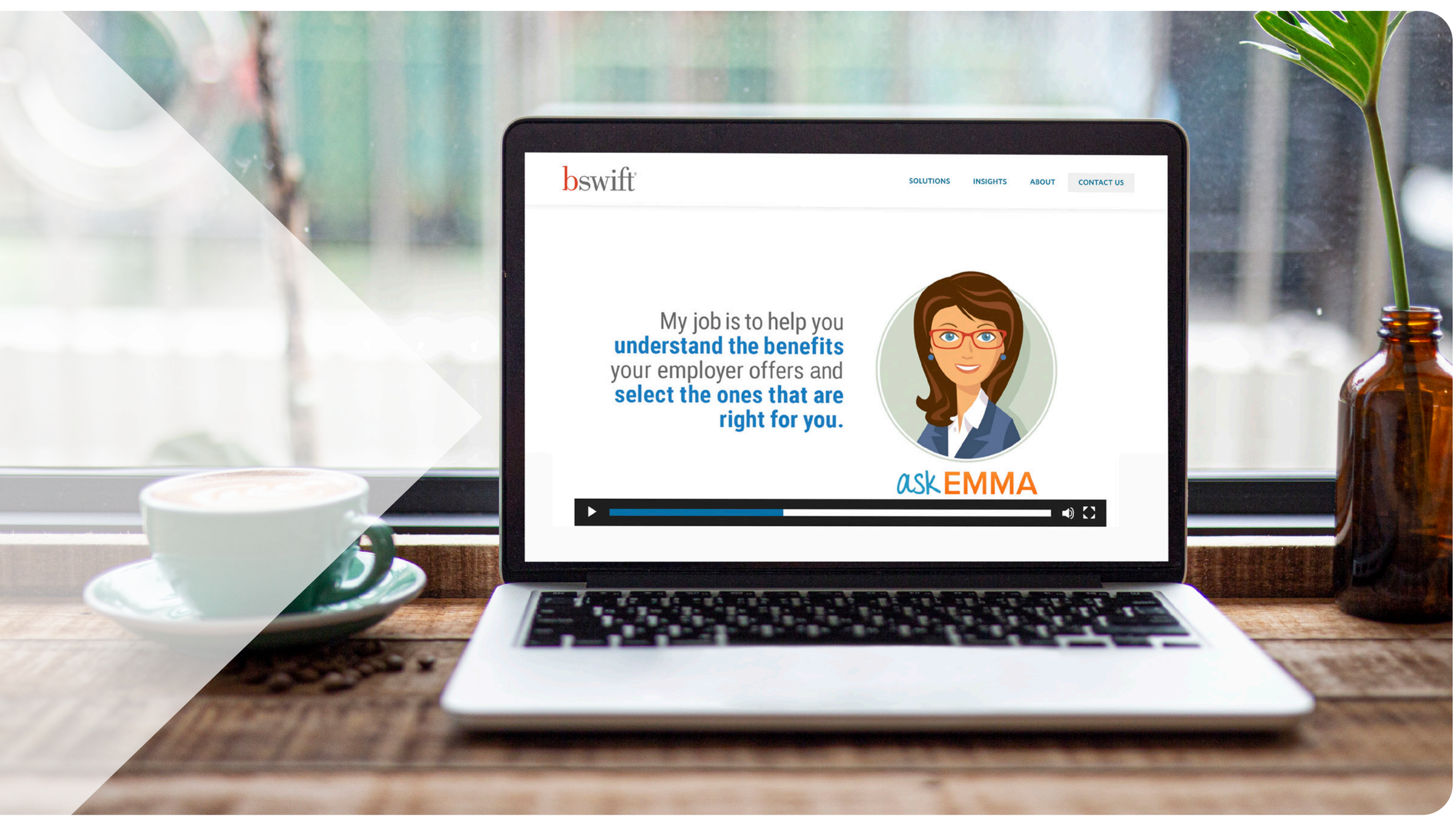
Bswift is a one-stop shop benefits portal. Enter in your elections/waivers, update beneficiaries, access insurance carriers, and so much more. Access Bswift benefits portal by logging in with MyApps. No username, no password! If you are unable to access through MyApps, access at any time by going to **www.guildbenefits.bswift.com**.

Please note: Retirement plan elections are completed at www.principal.com, not in Bswift. See page 23 for details.

ASK EMMA FOR BENEFITS HELP

Ask Emma is much more than an interactive decision support tool located at the top of each plan enrollment page in Bswift. She represents a whole new approach to benefits shopping, enrollment, and education, helping you make more informed and personalized decisions across a range of benefits offerings — all through an engaging experience. Ask Emma guides you through the buying process by asking a few simple questions and then suggests the plans that fit your individual needs. Ask Emma uses national medical spending data, your anticipated healthcare needs in the coming year, and your medical usage in the prior 12 months to project your out-of-pocket costs (deductible, copay, and coinsurance payments) for different medical and dental plans.

Ask Emma will be around throughout your enrollment to help answer benefits questions and provide insight on plan offerings.



MEDICAL PLAN COMPARISON

Guild Mortgage is proud to offer quality medical and prescription drug plans to support your total health and wellbeing, including 100% coverage for routine checkups and in-network preventive care services.

	Anthem California EPO 1250	Anthem PPO 1750		Anthem HDHP 3600 (HSA Eligible)		Anthem PPO 5500		Kaiser HMO
	IN-NETWORK (ONLY)	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK
Coinsurance	N/A*	20%	50%	20%	40%	40%	50%	20%
Calendar Year Deductible								
Individual	$1,250	$1,750	$3,500	$3,600	$7,200	$5,500	$11,000	$1,500
Family	$3,750	$3,500	$7,000	$7,200	$14,400	$11,000	$22,000	$3,000
Calendar Year Out-of-Pocket Maximum								
Individual	$4,500	$4,500	$9,000	$5,500	$11,000	$7,000	$14,000	$4,000
Family	$9,000	$9,000	$18,000	$11,000	$22,000	$14,000	$28,000	$8,000
Emergency Room								
Per Visit	$300**	$300**		20% Coinsurance after ded.		$300** + 40% Coinsurance		20% Coinsurance after ded.
Coinsurance / Copays								
Primary Care Physician	$40 Copay	$30 Copay	50% after ded.	20% after ded.	40% after ded.	$45 Copay	50% after ded.	$20 Copay
Specialist	$80 Copay	$50 Copay	50% after ded.	20% after ded.	40% after ded.	$90 Copay	50% after ded.	$20 Copay
Behavioral/ Mental Health	$15 Copay	$15 Copay	50% after ded.	10% after ded.	40% after ded.	$20 Copay	50% after ded.	$20 Copay
LiveHealth Online	$15 Copay	$15 Copay		10% after ded.		$20 Copay		N/A
Diagnostic Lab	$0 Copay	20% after ded.	50% after ded.	20% after ded.	40% after ded.	40% after ded.	50% after ded.	$10 Copay after ded.
Diagnostic X-ray	$100/Test	20% after ded.	50% after ded.	20% after ded.	40% after ded.	40% after ded.	50% after ded.	$10 Copay after ded.
MRI — Inpatient and Outpatient	$150/Test	20% after ded.	50% after ded. (benefit limited to $800/ Procedure)	20% after ded.	40% after ded. (benefit limited to $800/ Procedure)	40% after ded.	50% after ded. (benefit limited to $800/ Procedure)	20% after ded. (In) 20% after ded. (up to $50) (Out)
Urgent Care	$40 Copay	$30 Copay***	50% after ded.	20% after ded.	40% after ded.	$45 Copay***	50% after ded.	$20 Copay
Inpatient Hospital Care	$500/Admit	20% after ded.	50% after ded.	20% after ded.	40% after ded.	40% after ded.	50% after ded. (+$500 if no pre-auth)	20% after ded.
Outpatient Surgery	$250/Admit	20% after ded.	50% after ded.	20% after ded.	40% after ded.	40% after ded.	50% after ded.	20% after ded.
Retail Pharmacy (by Anthem)								
Brand Deductible	None	None		Must meet medical deductible		None		None
Generic	$20 Copay	$10 Copay	$10 + 50%	10% after ded.	40% after ded.	$20 Copay	$20 + 50%	$10 Copay
Brand (Preferred)	$45 Copay	$35 Copay	$35 + 50%	20% after ded.	40% after ded.	$45 Copay	$45 + 50%	$30 Copay
Brand (Non-Preferred)	$80 Copay	$60 Copay	$60 + 50%	20% after ded.	40% after ded.	$90 Copay	$90 + 50%	$30 Copay
Specialty	30% up to $150 max	20% up to $150 max	Not covered	20% after ded.	40% after ded.	20% up to $150 max	Not covered	20% up to $150 max
Monthly Employee Contributions								
Employee Only	$330.00	$246.00		$195.00		$119.00		**$219.00**
Employee + Spouse	$896.00	$737.00		$621.00		$504.00		**$863.00**
Employee + Child(ren)	$760.00	$569.00		$495.00		$372.00		**$663.00**
Employee + Family	$1,280.00	$1,070.00		$869.00		$646.00		**$1,040.00**

*Coinsurance may apply in very limited cases.

**Emergency room costs reflect $300 deductible for emergency room services, which is separate from calendar year deductible. Deductible waived if admitted directly from ER (see plan document for full details).

***Coinsurance may apply to urgent care centers on hospital premises.

Please note: Out-of-network providers do not have a contract with Anthem, and charges can be subject to balance billing.

WHERE TO GO FOR CARE

When it comes to medical care, you've got options. Your primary care doctor is usually the best place to start when you need care. After all, they know you and your medical history. But you have other choices for nonemergency care — even in the middle of the night. Make a plan now, so you're prepared when you need care in a hurry. And remember, going to the emergency room (ER) or calling 9-1-1 is always best when it's an emergency.

WHERE TO GO	WHAT CAN BE TREATED	HOURS	YOUR COST
LiveHealth Online	Flu and cold symptoms, allergies, pink eye, and sinus infections, even if a prescription is needed.	24/7 from your smartphone, tablet, or computer with a webcam. Register at www.livehealthonline.com or download the LiveHealth Online mobile app.	$
Primary Care Doctor	Flu and cold symptoms, allergies, chronic health conditions, and preventive care like your annual physical.	Hours vary, usually by appointment.	$$
Retail Health Clinic or Express Care Clinic	Flu and cold symptoms, rashes, minor allergic reactions, pink eye, urinary tract infections, and minor cuts and burns.	Most can see you nights and weekends and accept walk-ins.	$$
Urgent Care Center	Back and joint injuries, flu and cold symptoms, sprains, strains and cuts, or when you need X-rays.	Usually open extended hours (nights & weekends).	$$$ Note: Urgent care centers on the same premises as a hospital may be more expensive than free-standing urgent care centers.
Emergency Room (ER)	Life-threatening or emergent injuries and illnesses.	24/7	$$$$ Going to an emergency room or calling 9-1-1 is always best when it's an emergency. However, for nonemergent situations, this will be your most costly option.

WHAT ABOUT TESTS?

Where you have tests like X-rays, MRIs, and labs performed also matters. Freestanding clinics (like LabCorp or imaging centers) are usually the least expensive, while centers within a hospital are typically more expensive.

Finding care is easy. Log in at www.anthem.com/ca or download the Sydney app. It's easy and fast to find doctors, retail health clinics, and urgent care centers and compare costs.

FIND A DOCTOR ONLINE (ANTHEM)

1. Go to **www.anthem.com**
2. Click the “Find Care” button in the upper right corner of the page
3. Log in, enter your member ID number or prefix “GLB,” or click “Basic search as a guest” to search without your medical number
4. Under “Select the type of plan or network, “choose “Medical Plan”
5. Under “Select the state where the plan or network is offered,” select California
6. Under “Select the state where the plan or network is offered,” choose “Medical (Employer-Sponsored)”
7. Under “Select a plan/network,” choose “Prudent Buyer PPO”
8. Click “Continue”
9. Enter your additional search criteria
10. Click “Search”

MEET sydney

Anthem’s Sydney Health app is designed for you. It’s simple, smart, and loaded with personalized information about your Anthem benefits. Sydney acts like a personal health assistant, answering your questions and connecting you to resources that help you understand your benefits, improve your health, track your fitness, and save money.

So, download Sydney today on **Google Play** or the **Apple App Store** and make your healthcare that much easier to navigate!

GET IT ON Google Play

Download on the App Store

LIVEHEALTH ONLINE

LiveHealth Online provides access to see a board-certified doctor in minutes via phone or video chat if you enroll in any of the four Anthem Blue Cross medical plans.

LiveHealth Online is a great option when your own doctor isn't available. It is also more convenient than a trip to an urgent care center. Sign up for free today. Here are a few of the benefits:

1. 24/7 access to board-certified physicians. Doctors on LiveHealth Online are mostly primary care physicians with an average of 15 years of practicing medicine. The doctors are specially trained for online visits. They have the ability to assess your condition, provide treatment options, and even send prescriptions to the pharmacy of your choice, if needed.
2. LiveHealth Online is great for conditions such as the flu, sinus infections, pink eye, rashes, fever, and more.
3. No appointments or long waits! Most people are connected to a doctor in about 10 minutes or less.

Get started

1. To start using LiveHealth Online, all you need to do is sign up at **www.LiveHealthOnline.com** or download the app.
2. Go to **www.LiveHealthOnline.com** and click the "Sign Up" link. Be sure to enter your Anthem insurance information since a LiveHealth Online visit is a covered benefit.
3. Answer a brief set of questions to create your profile. This health summary is confidentially stored in your account and is available for future visits. Choose a secure password.
4. Once you are ready, choose a physician and start your consultation.
5. You can log back in to LiveHealth Online anytime to review your online visit once your conversation is complete.
6. The cost of this service is a $15–$20 copay on the EPO 1250, PPO 1750, or PPO 5500 Plans. If you are enrolled in the HDHP 3600, the cost is around $59 until you meet your deductible.

LIVEHEALTH ONLINE LACTATION CONSULTING

Anthem now offers online Lactation Consulting for free when pregnant members enroll in the Anthem Future Moms program. There are no fees to sign up, no monthly fees, and no charges for your visits. Simply sign up or log in to LiveHealth Online with your smartphone, tablet, or computer, choose a consultant, and get the support you need. Lactation consultants can help with:

1. Latching
2. Milk supply
3. Pumping
4. Nutrition support
5. And much more

OTHER LIVEHEALTH ONLINE ENHANCEMENTS

We've enhanced LiveHealth Online to include many other great services, including:

1. Medical for kids
2. Allergy care
3. Psychology and psychiatry
4. Spanish healthcare

LIVEHEALTH ONLINE PSYCHOLOGY

An easy, convenient way to see a therapist or psychologist in just a few days.

If you're feeling stressed or worried, or having a tough time, you can talk to a licensed psychologist or therapist through video with LiveHealth Online Psychology. It's easy to use, private, and, in most cases, you can see and talk with a therapist in fewer than four days. All you have to do is sign up at **www.LiveHealthOnline.com** or download the app to get started. The cost is similar to what you'd pay for an office therapy visit.

You can get help for these types of conditions:

- Stress
- Anxiety
- Depression
- Family or relationship issues
- Grief
- Panic attacks
- Stress from coping with a sickness

Make your first appointment — after you log in at **www.LiveHealthOnline.com** or with the app, select LiveHealth Online Psychology. Next, you can read profiles of therapists and psychologists. Once you select the one you would like to see, schedule a visit online or by phone. At the end of the first visit, you can schedule future visits with the same therapist if needed.

You must be at least 18 years old to see a therapist online and have your own LiveHealth Online account to access a therapist. Psychologists and therapists using LiveHealth Online do not prescribe medications. Visits usually last about 45 minutes.

HEALTH SAVINGS ACCOUNT

The High-Deductible Health Plan is designed to work with a Health Savings Account (HSA) to give you more control over your healthcare dollars.

You can contribute to your HSA on a pre-tax basis and use these funds to pay for qualified health expenses until you have met your deductibles and out-of-pocket maximums. If you do not use all of the money in your HSA in a given calendar year, the remaining money “rolls over” for use in future years.

You are eligible to open an HSA if you elected the Anthem HDHP 3600 Plan

Please make your annual pre-tax HSA contribution election in Bswift. In 2026, the IRS contribution limit is $4,400 for an individual and $8,750 for a family. These limits include both your contribution and any contribution Guild makes on your behalf.

Employees 55 and older can contribute an additional $1,000 annually to their HSA as a “catch-up” contribution.

Each year you will be required to re-enroll or waive the HSA.

Guild will match your HSA contributions up to as much as $1,200 for individuals and up to $2,400 for families enrolled in the HDHP medical plan during the 2026 plan year. Individuals are eligible to receive a match of up to $300 per quarter and families are eligible to receive up to $600 per quarter. That’s free money to help you cover your out-of-pocket medical expenses!

How it works

You must be enrolled in the HDHP 3600 Plan for 2026 and you must contribute to an HSA for 2026 to qualify for the Guild HSA match. Guild will deposit up to $300 for individuals and $600 for families to your HSA account on the last day of each quarter. You must be an active employee and enrolled in the HDHP medical plan on the last day of the quarter to receive the Guild match for that quarter.

Remember!

- Your HSA election does not automatically continue. You must actively manage your contribution each plan year.
- If you contribute to an HSA that is not associated with Guild (i.e., through a previous employer or your spouse’s employer) or you are not enrolled in a qualifying medical plan (such as Guild’s Anthem 3600 Plan) for the entire year, you may need to reduce your maximum election. Please consult your tax attorney for specific rules and regulations.

If you have questions about your HSA, contact Member Services

- Call 844.860.3535, or
- Visit **www.anthem.com/ca**

Additional information can be found in Bswift.

Please note: Since this is a personal bank account, you may be required to complete the identity verification process in order to move forward with contributions.

FLEXIBLE SPENDING ACCOUNTS

The Health Care and Dependent Care Flexible Spending Accounts (FSAs) let you set aside pre-tax funds via convenient payroll deductions. You can then use the money to pay for eligible healthcare and/or dependent care expenses.

Eligibility

Regular full-time employees working at least 30 hours per week are eligible to participate in an FSA plan. Sales employees may not be eligible for the Health Care FSA until they have completed one year of continuous service with Guild. Upon completion of one year of service, these employees will be eligible to enroll during the next annual Open Enrollment period.

How the plans work

You determine the annual amount of your contributions to a plan. An equal portion of that amount is deducted from your paycheck and credited to your FSA(s). When you have eligible expenses, you pay them from your account(s).

It is important to estimate your annual contribution amount carefully, because unused funds will not roll over to the following year.

Claims must be submitted within 90 days from the conclusion of the plan year. For example, the 2026 plan year ends on December 31, 2026. Claims must be submitted by March 31, 2027. Each year you will be required to re-enroll or waive the Flexible Spending Account.

Benefit card

If you enroll in a Flexible Spending Account, a benefit card will be mailed to you. This card works like a debit card and makes paying for qualified expenses convenient and hassle-free.

Health Care FSA

You can open a Health Care FSA and contribute up to $3,400 for 2026 to cover qualified out-of-pocket costs such as:

- Menstrual care products and over-the-counter (OTC) medications
- Medical, dental, and vision care deductibles, copays, and/or coinsurance
- Hearing aids
- Eyeglasses, contact lenses, or LASIK surgery
- Orthodontia expenses
- A complete listing of qualified out-of-pocket costs can be found in Bswift
- You are NOT eligible for the Health Care FSA if you enroll in the Anthem HDHP 3600 Plan

Limited Purpose Health Care FSA (HSA participants only)

The Limited Purpose FSA is available for employees **who have elected the Anthem HDHP 3600 Plan**. The funds in a Limited Purpose FSA can only be used for dental and vision expenses. The annual contribution limit for the Limited Purpose FSA is $3,400 for 2026.

Dependent Care FSA

You can contribute to a Dependent Care FSA to pay for care for dependent children. Eligible dependents include children under 13 who live with you and depend on you for more than half their support or any dependents living with you who are physically or mentally incapable of caring for themselves. The annual contribution limit for the Dependent Care FSA is $7,500. Your full annual contribution is **not front loaded** into the account. Any annual election would be divided up through even payroll contributions throughout the year.

Note: Funds contributed toward a Dependent Care FSA cannot be used for medical expenses. These funds can only be used for qualified child/dependent care expenses.

Attention HSA participants!

If you participate in the High-Deductible Health Plan, you are not eligible to open a Health Care FSA. You may, however, participate in the Limited Purpose Health Care FSA for vision- and dental-related expenses. There are no restrictions on the Dependent Care FSA.

FSA VS. HSA: WHICH IS RIGHT FOR YOU?

Flexible Spending Accounts (FSAs) and Health Savings Accounts (HSAs) are two ways to save pre-tax dollars to pay for your eligible healthcare costs. But how do you know which one is right for you? The chart below explains the main differences between FSAs and HSAs to help you make the right choice for you and your family.

	FSA	HSA
OWNERSHIP	The FSA is owned by Guild Mortgage.	You own your HSA. It is a savings account in your name, and you always have access to the funds, even if you leave Guild or retire.
APPLICABLE MEDICAL PLAN	EPO 1250, PPO 1750, PPO 5500, or another medical plan as long as it is not an HDHP with HSA.	Only enrollment in Guild Mortgage HDHP 3600 with HSA.
ELIGIBILITY & ENROLLMENT	Guild determines eligibility for an FSA. You cannot make changes to your contribution during the plan year without a Qualified Life Event.	You must be enrolled in a High-Deductible Health Plan to be eligible to contribute money to your HSA. You cannot be covered by a spouse's non-high-deductible plan or enrolled in Medicare or TRICARE. You can change your contribution at any time during the plan year.
TAXATION	Contributions are tax-free via payroll deduction.	The money in the account is "triple tax-free," meaning: 1. Contributions are tax-free. 2. The account grows tax-free. 3. Funds are spent tax-free (if used for qualified expenses).
CONTRIBUTIONS	You can contribute to the account according to IRS limits. The contribution limit for 2026 is projected to be $3,400. Elections are "front-loaded," so you can use the full election amount immediately.	You contribute to the account according to IRS limits. For 2026, individuals can contribute $4,400 and $8,750 for a family. If you are 55 or older, you may make a "catch-up" contribution of an additional $1,000 per year. You can only use funds as you accrue them (as they are deducted from your paycheck).
PAYMENT	If you enroll in an FSA, a benefit card will be mailed to you. This card works like a debit card and makes paying for qualified expenses convenient and hassle-free.	If you enroll in an HSA, a benefit card will be mailed to you. This card works like a debit card and makes paying for qualified expenses convenient and hassle-free.
ROLLOVER OR GRACE PERIOD	You must use the money in the account by the end of the plan year. You will have only 90 days from the end of the plan year to request reimbursement for expenses incurred during that year.	The money in the account rolls over from year to year. Funds are always yours and may be used for future qualified expenses.
QUALIFIED EXPENSES	Physician services, hospital services, prescriptions, dental care, and vision care. A full listing of eligible expenses is available at www.irs.gov.	Physician services, hospital services, prescriptions, dental care, vision care, Medicare Part D plans, COBRA premiums, and long-term care premiums. A full listing of eligible expenses is available at www.irs.gov.
OTHER TYPES	Other types of FSAs include: • Dependent Care FSA — Allows you to set aside pre-tax dollars for elder or child dependent care and covers expenses such as babysitting, day care, and before- and after-school care. • Limited Use FSA — The funds in a Limited Purpose FSA can only be used for dental and vision expenses.	There is only one type of HSA.

Most states follow federal income tax guidelines, however certain states currently tax HSA earnings. Subject to change per regulations.
Please refer to your Summary Plan Description or plan certificate for your plan's specific FSA or HSA benefits.

myCare360

The myCare360 program, powered by HealthCheck360, provides resources and support for employees and their spouses who are managing a chronic condition. The program is provided at no additional cost to you, and you'll receive access to a team of experts and support via the myCare360 mobile app.

With myCare360 You Can:

- Stay healthy and manage your condition
- Control your out-of-pocket medical costs
- Learn how healthcare guidelines impact your health
- Have informed conversations with your physician

Manage Conditions Like:

- Diabetes
- High Blood Pressure
- Asthma
- COPD
- Heart Failure
- Chronic Kidney Disease

Get started

If you or your spouse are currently managing a chronic condition or qualify for the program, HealthCheck360 will contact you with instructions on how to enroll and what to expect. Eligible members who enroll and participate in the program can earn up to $200 per year in gift cards for actively managing their condition through the myCare360 program!

Guild Mortgage understands the importance of good health and offers the myCare360 program to support members throughout the year at no cost.

To learn more, call 866.511.0360, email **mycare360@healthcheck360.com**, or download the myCare360 mobile app by searching "myCare360" in your app store.

DENTAL

Guild Mortgage offers employees and their families high-quality dental healthcare. With a range of covered services, the dental plan helps you save money and manage your health. All three plans provide you with preventive care coverage. The difference between the PPO Plan and the PPO Buy-Up Plan is that the PPO Buy-Up Plan includes orthodontia coverage for adults and children.

Dental coverage plan summary

	Delta Dental HMO	Delta Dental PPO		Delta Dental PPO Buy-Up (Including Orthodontia)	
	IN-NETWORK (ONLY)	IN-NETWORK	OUT-OF-NETWORK* (including Delta Dental Premier network dentist)	IN-NETWORK	OUT-OF-NETWORK* (including Delta Dental Premier network dentist)
Calendar Year Deductible					
Individual	None	$50	$50	$50	$50
Family	None	$150	$150	$150	$150
Calendar Year Maximum Benefit	None	$2,000	$1,500	$2,000	$1,500
Preventive					
Office Visit/X-rays/Cleanings	$0; 2 cleanings per year	0%; 4 cleanings per year	0% after ded.*	0%; 4 cleanings per year	0% after ded.*
Sealants (first molars through age 8, second molars through age 15)	$10	0%	0% after ded.*	0%	0% after ded.*
Restorative					
Amalgam Fillings	$0	20% after ded.	20% after ded.*	20% after ded.	20% after ded.*
Composite Fillings	$0-$85	20% after ded.	20% after ded.*	20% after ded.	20% after ded.*
Periodontics (gum treatment)					
Scaling & Root Planing	$80-$130	20% after ded.	20% after ded.*	20% after ded.	20% after ded.*
Gingivectomy	$80-$130	20% after ded.	20% after ded.*	20% after ded.	20% after ded.*
Endodontics (root canal therapy)					
Pulpotomy	$0	20% after ded.	20% after ded.*	20% after ded.	20% after ded.*
Root Canal (anterior and bicuspid)	$55-$120	20% after ded.	20% after ded.*	20% after ded.	20% after ded.*
Oral Surgery					
Simple Extraction	$5	20% after ded.	20% after ded.*	20% after ded.	20% after ded.*
Soft Tissue Impaction	$0-$110	20% after ded.	20% after ded.*	20% after ded.	20% after ded.*
Crowns & Bridges					
Inlay/Onlay (2 surfaces)	$0-$220	50% after ded.	50% after ded.*	50% after ded.	50% after ded.*
Crowns	$50-$240	50% after ded.	50% after ded.*	50% after ded.	50% after ded.*
Prosthetics (dentures)					
Complete/Partial Denture, Denture Adjustment	$10	50% after ded.	50% after ded.*	50% after ded.	50% after ded.*
Other					
Implants	Not covered	50% after ded.	50% after ded.*	50% after ded.	50% after ded.*
Orthodontia Services					
Deductible	$200	Not covered	Not covered	Not applicable	
Adults	$1,900	Not covered	Not covered	50%	
Child(ren) up to Age 26	$1,700	Not covered	Not covered	50%	
Orthodontic Lifetime Maximum Benefit	N/A	Not covered	Not covered	$2,000	
Monthly Employee Contributions					
Employee Only	$5.00	$15.00		$33.00	
Employee + Spouse	$16.00	$41.00		$76.00	
Employee + Child(ren)	$18.00	$43.00		$81.00	
Employee + Family	$34.00	$71.00		$124.00	

*Out-of-network providers do not have a contract with Delta Dental and charges can be subject to balance billing.

Helpful dental hints

- Don't forget about your dental cleanings! The Dental PPO Plans allow four cleanings per year. Review your plan information to learn more about what is covered under the plan.
- For a detailed listing of all procedure codes, or benefits and corresponding copay amounts, please refer to the Evidence of Coverage Booklet located in Bswift.
- If enrolled in the Delta PPO Plan, you will also have access to the Delta PPO Premier Network. Dentists in the Delta Dental Premier network are considered "Out-of-Network" dentists. However, these dentists are contracted with Delta, so they provide greater cost savings than a traditional out-of-network dentist. All services through a Delta Dental Premier dentist are subject to deductible.

To find an in-network dentist, go to **www.deltadentalins.com** and search the Provider Network or call 800.422.4234 for DHMO or 800.765.6003 for PPO.

VISION

Vision benefits are provided by VSP. When you use one of the providers in its extensive network, you receive a higher level of coverage and are only required to pay a copay at the time of service. With an out-of-network provider, you must pay the bill in full and file a claim for reimbursement of covered benefits up to the allowance shown. For a list of providers, visit www.vsp.com or call member services at 800.877.7195. Below is a brief summary of benefits. Please refer to plan documents for details, including important coverage exclusions and limitations. If there are any discrepancies between this benefits summary and plan documents, the plan documents will govern.

Vision coverage plan summary

	VSP Signature Network Vision PPO	
	IN-NETWORK	OUT-OF-NETWORK
Copay		
Exam	$20	$20
Materials	$20	$20
Benefit Frequency		
Exams	Once every 12 months	
Lenses	Once every 12 months	
Frames	Once every 24 months	
Contacts (in lieu of lenses & frames)	Once every 12 months	
Covered Services — Lenses & Frames		
Single Lenses	100% covered after Copay	Up to $50 Reimbursement
Bifocals	100% covered after Copay	Up to $80–$90 Reimbursement
Trifocals	100% covered after Copay	Up to $120–$160 Reimbursement
Frames	$150 Allowance + 20% off amount over Allowance	Up to $70 Reimbursement
Scratch, UV, and Tint lens coatings	100% covered after Copay	Not covered
Covered Services — Contacts		
Contacts — Medically Necessary	$150 Allowance	Up to $70 Reimbursement
Contacts — Cosmetic	Not covered	Not covered
LASIK		
LASIK Laser Eye Surgery	Average: 15% off regular price	N/A
Monthly Employee Contributions		
Employee Only	$7.86	
Employee + Spouse	$13.51	
Employee + Child(ren)	$13.68	
Employee + Family	$21.88	

Visit www.vsp.com/offers for additional discounts on hearing aids and name-brand eyewear.

Please note: If you are enrolled in vision coverage, you will not receive an ID card. Just simply provide your Social Security number to your doctor's office, and they will verify your coverage via phone.

SUPPLEMENTAL PLANS FROM AETNA

Are you prepared for the unexpected? While medical plans typically cover care for illness, accidental injury, or hospitalization, most plans aren't designed to cover unexpected costs like child care and transportation to doctors' appointments. All of the Aetna plans are conveniently deducted from your paycheck on a post-tax basis.

Aetna Hospital Plan

Lots of people worry about the expense of an inpatient hospital stay. Out-of-pocket costs can add up fast. The Aetna Hospital Plan can help you cover those costs — no matter what other medical coverage you may have. The Aetna Hospital Plan pays cash benefits directly to you when you're admitted to the hospital for an inpatient stay for covered services.

Sarah added the Aetna Hospital Plan to her benefits package this year

In April, Sarah unexpectedly needed back surgery.

Sarah was admitted to the hospital for surgery.

She submitted her claim and received $1,000 from Aetna.

Sarah's Hospital Plan Paid:	
Lump-sum Benefit	$1,000
Total Benefits Paid	$1,000

*This example is for illustrative purposes and does not reflect events experienced by an actual participant.

Voluntary Short-Term Disability is also available. Please see page 21 for eligibility requirements as well as benefit details.

Accident Plan

About two-thirds of disabling injuries suffered by American workers aren't work related. That means they're not covered by workers' compensation. And about 2.6+ million children get seen in emergency departments for injuries related to sports and recreation each year. This plan pays cash benefits directly to you when you have a covered accident.

John added the Aetna Accident Plan to his benefits package this year

On his way to work, John was in a car accident.

He was transported by ground ambulance to the emergency room and admitted to the hospital.

He had a dislocated hip and spent five days in the hospital.

He had several physical therapy sessions before returning to work

He submitted his accident claim and received $5,050 from Aetna.

He used it toward his deductible, copay and supplemental income for his missed work days.

John's Accident Plan Paid:	
Ground ambulance	$300
Emergency room	$150
X-ray	$50
Medical Imaging (MRI)	$150
Hospital Stay-Admission	$1,000
Hospital Stay-Daily	$200
Dislocated Hip	$3,000
Appliances	$100
Physical Therapy Services	$100 (4 visits)
Total Benefits Paid	**$5,050**

*This example is for illustrative purposes and does not reflect events experienced by an actual participant.

Critical Illness Plan

Recovering from a serious illness can be hard — and expensive. The Aetna Critical Illness Plan can help you protect your finances. The plan pays cash benefits to you when you are diagnosed with a covered condition.

Karen added the Aetna Critical Illness Plan (High Plan) to her benefits package this year.

The first year:

Karen had a heart attack and missed 6 weeks of work

She submitted her Critical Illness claim and received $20,000 from Aetna

The following year:

She had a stroke.

She submitted her Critical Illness claim and received $20,000 from Aetna

Karen's Critical Illness Plan Paid:	
Heart Attack	$20,000
Stroke (subsequent illness 180 days or more after the first claim)	$20,000
Total Benefits Paid	**$40,000**

*This example is for illustrative purposes and does not reflect events experienced by an actual participant.

BASIC LIFE AND AD&D

Your Life and AD&D (Accidental Death & Dismemberment) insurance benefits are some of the most valuable benefits available to you, because they provide financial security to your loved ones if you die or are severely injured in an accident. This benefit is funded in full by Guild Mortgage and provided through Prudential.

Your Basic Life benefit is equal to 1x your annual earnings, up to $250,000 (minimum coverage is $20,000). After normal retirement age, the benefit amount will be reduced. Please see the Prudential Benefit Summary for the reduction schedule.

If your death or injury is accidental, you or your beneficiaries may be entitled to AD&D benefits equal to 1x your annual earnings, up to $250,000. If an accident causes you to lose a limb or partial sight or hearing, a portion of the benefit amount may be paid.

Voluntary Life and AD&D

If you would like to supplement your employer-paid insurance, additional Life and AD&D coverage for you and your dependents is available for purchase through Prudential.

	MINIMUM	GUARANTEED ISSUE	MAXIMUM
For You	$10,000	5x annual salary, up to $280,000	5x annual salary, up to $500,000
Spouse	$5,000	100% of employee's benefit, up to $30,000	100% of employee's benefit, up to $250,000
Children	$10,000	100% of employee's benefit	100% of employee's benefit, up to $10,000

Voluntary Employee Life annual benefit amount increase: If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to increase your coverage at your next enrollment by $20,000, without a medical questionnaire, until you reach the guaranteed issue amount.

If your spouse or child is also a full-time employee at Guild, you may not enroll that dependent in the voluntary spouse/child life or voluntary spouse/child AD&D plan.

If you do not elect optional life insurance when you are first eligible, you will be required to submit a health questionnaire to Prudential, also known as Evidence of Insurability (EOI). An EOI will also be required if you wish to become insured for an amount greater than the guaranteed issue amount or if you wish to insure a spouse or state- registered domestic partner for an amount greater than $30,000.

Please note: Benefits coverage may reduce when you reach age 65. Cost of coverage is based on employee's age as of December 31 of the prior plan year.

Cost of Voluntary Life coverage

AGE OF EMPLOYEE	MONTHLY RATE PER $1,000 OF COVERAGE
Less than 30	$.040
30–34	$.040
35–39	$.050
40–44	$.080
45–49	$.140
50–54	$.200
55–59	$.410
60–64	$.630
65–69	$.650
70–74	$1.170
75+	$3.100
Dependent Child(ren)	$.14

Cost of Voluntary AD&D coverage

Monthly Rate per $1,000 of Coverage	
Employee/Spouse/Child AD&D	$.024

Beneficiary information

Beneficiaries are individuals or entities that you select to receive benefits from your policy. You can change your beneficiary designation at any time. Please note, a person may not have coverage as both an employee and a dependent. This would pertain to married couples that both work at Guild Mortgage, or parents/children who both work at Guild.

You may designate a sole beneficiary or multiple beneficiaries to receive payment in the amount you specify. During Open Enrollment, you can select your beneficiaries through the Online Enrollment portal. Use Bswift to select or change your beneficiary during the year, or contact the Benefits Help Desk for assistance.

To ensure your family's financial security, keep your beneficiary information up to date and on file with HR — Benefits Team.

DISABILITY

An unexpected injury or illness that keeps you out of work for a long time can use up your savings rapidly. Disability insurance can help replace lost wages and is an important part of personal financial planning.

Important: Disability benefits may be reduced by other income you receive (e.g., Social Security, state disability benefits, pension benefits, and workers' compensation).

State disability insurance

The state you reside in may provide a partial wage-replacement disability insurance plan. For more information regarding statutory disability programs, contact HR — Benefits Team.

Long-Term Disability

Long-Term Disability (LTD) insurance provides financial protection should you experience a serious illness or injury that prevents you from working for an extended time. This benefit is provided through Prudential and is funded by Guild Mortgage for all eligible employees.

Eligible employees receive a percentage of their pre-disability earnings up to a defined maximum per month once they have been disabled for 90 days. Your benefits may continue to be paid until you reach normal retirement age as long as you meet the definition of disability. Additional details are available in Bswift.

Taxation of disability coverage

Because LTD coverage is an employer-paid benefit and is available for employees at no cost, any disability payments made to you will be taxable.

Please note: Consult your tax adviser for additional taxation information or advice.

If you need a leave of absence, please contact the Benefits Team at **benefits@guildmortgage.net** as soon as possible.

Voluntary Short-Term Disability

Eligibility — All Eligible California Employees	
Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by you.
Benefits	
Elimination Period	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: – On the 8th day of your disabling injury – On the 8th day of your disabling illness
Weekly Benefit	Your benefit is equivalent to 30% of your pre-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount.
Maximum Benefit Period	Up to 12 weeks
Maximum Weekly Benefit	$1,500
Minimum Weekly Benefit	None
Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.
Pre-Existing Conditions Limitations	None (Including maternity/pregnancy)

EMPLOYEE ASSISTANCE PROGRAM

Guild Mortgage understands that you and your family members might experience a variety of personal or work-related challenges. Through the Employee Assistance Program (EAP), you have access to resources, information, and counseling to address situations affecting your work-life balance.

Your EAP option

Provided by ComPsych GuidanceResources, a Prudential partner, the Employee Assistance Program (EAP) is available to all employees. This service is available to you and your dependents 24/7, at no cost, to provide confidential support, resources, and information to overcome life's challenges. Here's what ComPsych GuidanceResources offers.

- Confidential counseling on personal issues
- Information, referrals, and resources for work-life needs
- Legal information, resources, and consultation
- Financial information, resources, and tools

Access support today!

Contact the Employee Assistance Program 24/7 by calling 800.311.4327 or online at **www.guidanceresources.com**.

Guild Web ID: *GRC311*
EstateGuidance promo code: *GRC311*

Travel with peace of mind

With IMG's Travel Assistance Services, access to emergency medical transport services and medical, travel, and security assistance provides a safety blanket when you travel.

Contact IMG Assistance Services 24/7 at 317.927.6828 or **assist@imglobal.com**.

LOCKTON RETIREMENT SERVICES

Take the path toward financial freedom with Lockton Retirement Services and Creative Planning, your guide to financial wellbeing. This free financial health program provides educational resources, tools, and coaching opportunities to help you better manage your money and achieve your financial goals.

To begin your journey, take Lockton Retirement Services and Creative Planning's online retirement advice tool (available January 1, 2026), available through your retirement plan website. Based on your responses, the platform will create a personalized plan with goals and steps to help you along the way.

Creative Planning also allows you to:

- Link your financial accounts to monitor your progress
- Create budgets to help you stay on track
- Make changes to your personalized plan as needed
- Access educational content based on your financial health assessment

Need help along the way? Sign up for a free Financial Wellness meeting, one of your benefits as a Guild Mortgage employee. Bryan Spencer, our Wellness Coach from Lockton Retirement Services, can help you with financial questions you may have. Whether it's saving for retirement, college savings, debt reduction, or just a financial checkup, Bryan can help. To schedule a meeting, click on the following link: **outlook.office365.com/owa/calendar/FinancialWellnessMeetingwithBryanSpencer creativeplanning.com/bookings**.

LEGALSHIELD & IDSHIELD

LegalShield makes getting legal help easy and affordable. With LegalShield, you get access to a network of experienced lawyers who can help you with legal matters such as estate planning, will assistance, financial issues, family law, and more. LegalShield's team of lawyers is here to help you 24/7.

With IDShield, you get access to a dedicated team of licensed private investigators to assist in protecting and restoring your identity. For more information visit **www.benefits.legalshield.com/guildmortgage**.

RETIREMENT PLAN

Whether you're just a few years away from retirement or still in the early planning stages, Guild Mortgage offers a retirement plan designed to help you live comfortably at your desired retirement age.

Your 401(k) plan option

Administered by the Principal Financial Group, the 401(k) plan allows you to plan for your future by saving a portion of each paycheck today. All regular full-time and part-time employees are eligible to participate in the plan on the first day of the month following 30 days of employment. **Once you become eligible, you will be automatically enrolled in the plan with a starting contribution rate of 2%.** This rate will automatically increase each year by 1% (up to 10%). You may change this percentage at any time or elect to have a flat dollar amount withheld and invested in your 401(k) account, subject to federal law and plan guidelines.

Enrollment and account access

To enroll in the 401(k) plan, please visit www.principal.com to enroll online or by telephone at 800.547.7754.

- Check your 401(k) account balance, view your contributions, change your investments, and more by visiting www.principal.com. For login or password assistance, please contact Principal at 800.547.7754.

Additional 401(k) information

Contribution limits: For 2026, the IRS annual contribution limits are $23,500 for everyone under age 50 or $31,000 for anyone that is age 50 or over prior to December 31, 2026. Employees aged 60 to 63 can boost annual 401(k) catch-up contributions to $10,000 — or 150% of the catch-up limit — whichever of the two is greater. If you have multiple employers during the year, these limits are combined for all plans that you contribute to during the year.

Employer match: Guild's 401(k) match is 40% of the first 6% of pay you contribute to the plan. The match is contributed each pay period, subject to Company approval each year, and may change in the future. The employer match has a five-year vesting schedule, with 25% earned for each year of employment after the first year. Please check with HR — Benefits Team for the current match information.

Rollover contributions: If you have an outside qualified retirement plan or account such as a 401(k), 403(b), 457(b), or IRA, you may be able to transfer that account into your new plan. Please contact Principal for additional information.

Retirement services from Principal

At the Principal Financial Group, you have three easy ways to access and monitor retirement savings in the plan:

View your account information at www.principal.com

- Under "Login," select "Personal"
- Click the "Register Now" link and follow the instructions
- Log in with your new username and password
- For help getting logged in, visit www.principal.com/loginhelp

Give Principal a call

- Call 800.547.7754
- Enter your Social Security number
- Listen to the menu and select an option
- If prompted, enter your PIN

Speak with a retirement specialist

To speak with a retirement specialist, call 800.547.7754. Please have your user ID (typically your Social Security number) ready. Specialist hours are Monday–Friday, 7:00 am to 9:00 pm (**CST**).

ADDITIONAL BENEFITS

To round out your health and welfare coverage, we offer these additional benefits to support both your personal and professional needs.

Holidays

Guild typically observes 10 holidays. Holiday schedules are posted on the HR Intranet each fall.

Discount gym membership — 24 Hour Fitness

Special membership rates are available for Guild Mortgage employees and their family members, such as $0 initiation fees on one-year memberships. To join, go to **www.24hourfitness.com/corporate** and enter corporate ID 112178.

Contact the Benefits Team at **benefits@guildmortgage.net** for more information.

Discounts to other fitness centers may be available through your Anthem medical coverage. Log in to your Anthem account and click “Discounts” for more information.

Perks at Work

All Guild Mortgage discounts and exclusive offers are now housed on an easy-to-navigate portal called Perks at Work. This includes all discounts negotiated by Guild Mortgage, located under “Exclusives,” and new exciting offers. By shopping through the site, employees will be able to earn WOW points that can be used toward future, already discounted purchases.

View more on our SharePoint Site: **myguild.sharepoint.com/sites/HRIntranet/SitePages/EmployeeDiscounts.aspx**.

KinderCare Tuition Benefit

Guild Mortgage employees are eligible to receive a 10% discount on child care services at KinderCare Learning Centers across the country. To learn more go to **www.kindercare.com/guild** or call 888.525.2780.

Bank of America Banking and Investing Program

Employees with a Guild Mortgage payroll direct deposit into an existing or new personal Bank of America checking or savings account will get a special bundle of fee waivers on that account. Learn more at **go.bofa.com/GuildMortgage**.

Guild Mortgage is committed to advancing your personal financial health by providing excellent resources and benefits. We’re thrilled to highlight one of our relationship benefits with Bank of America, N.A., Member FDIC.

Program benefits include:

- Special access to Preferred Rewards Gold Tier. To learn more, please **click here**.
- Connecting one-on-one with a specialist who can help you pursue your financial goals. Please **click here** to schedule a complimentary appointment.
- Financial education to learn to make the most of your money through **Better Money Habits®**.

NATIONWIDE PET INSURANCE

Pets are unpredictable. While it's hard to anticipate accidents and illnesses, Nationwide helps make it a little easier to be prepared for them. Nationwide policies cover a multitude of medical problems and conditions related to accidents and illnesses, including cancer. Coverage is available for dogs, cats, birds, and exotic pets, plus optional wellness care coverage that reimburses for vaccinations, flea/tick preventives, and more. Policyholders are free to use any veterinarian worldwide — even specialists and emergency care providers. Best of all, you are eligible for preferred pricing that makes this peace-of-mind protection even more affordable. You have three easy ways to enroll.

1. Follow this unique link to our dedicated page: **www.petinsurance.com/guildmortgage**.
2. Visit **www.petsnationwide.com**, enter "Guild Mortgage Company," and you will then be directed to our dedicated page.
3. Call 877.738.7874, mention that you work for Guild Mortgage, and you will receive a policy discount.

MY PET PROTECTION	MY PET PROTECTION HIGHLIGHTS	
Choose your level of coverage: – 50% reimbursement ($20–$35/month) – 70% reimbursement ($27–$47/month) – With an optional $500 wellness benefit VetHelpline – 24/7 access to veterinary experts ($110 value) – Available via phone, chat, and email – Unlimited help for everything from general pet questions to identifying urgent care needs PetRxExpress – Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the U.S. – Rx claims submitted directly to Nationwide – More than 4,700 pharmacy locations	– Accidents, including poisonings 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	Like many pet insurers, pre-existing conditions are not covered. However, Nationwide goes above and beyond with extra features such as emergency boarding, lost pet advertising, and more. Plus, both plans feature a low $250 annual deductible and generous $7,500 maximum annual benefit.

Premiums can be paid via convenient payroll deductions!
Please note, you will be asked for your Guild Employee ID when you enroll for coverage. Your employee ID number can be found on your paystub in UltiPro.

GUILD GIVING

We open doors to new opportunities by encouraging employee volunteerism, supporting financial literacy, delivering on our commitment to provide shelter, and inspiring positive change.

The Guild Giving Foundation was established as a vehicle for promoting and administering programs focused on the communities we serve. The Guild Giving Foundation is a certified 501(c)(3) non-profit charitable organization.

Guild Giving Foundation employee charitable contribution

During your benefits enrollment, you will have the opportunity to set aside post-tax contributions through payroll deductions, which will be distributed to the Guild Giving Foundation. Enrollment in the program is allowed during each pay period, and elections can be changed in Bswift at any time.

Volunteer opportunities

Each year, Guild employees are allowed 16 hours of paid time to volunteer at an approved 501(c)(3) organization of your choice.

Employee matching

Guild matches an employee donation of up to $300 to an approved 501(c)(3) charity.

Scholarship program

We offer up to 10 college scholarships of $1,500 annually, renewable for up to three years. Any member of the communities we serve, as well as employees and their families, is eligible to apply. For more information, visit our public site at **guildgiving.org**.

How do I get started?

All new employees will receive their login credentials for the internal employee Guild Giving platform within two weeks of their start date. This platform allows employees to search and register for volunteer opportunities, track volunteer time, and donate to approved charities for the Company match.

For more information, contact **guildgiving@guildmortgage.net**.

2026 RATES AND CONTRIBUTIONS

	TOTAL MONTHLY PREMIUM	EMPLOYEE MONTHLY CONTRIBUTION
Anthem CA EPO 1250		
Employee Only	$914.83	$330.00
Employee + Spouse	$1,828.46	$896.00
Employee + Child(ren)	$1,764.53	$760.00
Employee + Family	$2,844.14	$1,280.00
Anthem PPO 1750		
Employee Only	$817.70	$246.00
Employee + Spouse	$1,636.64	$737.00
Employee + Child(ren)	$1,578.84	$569.00
Employee + Family	$2,546.57	$1,070.00
Anthem HDHP 3600		
Employee Only	$775.84	$195.00
Employee + Spouse	$1,551.66	$621.00
Employee + Child(ren)	$1,497.57	$495.00
Employee + Family	$2,412.34	$869.00
Anthem PPO 5500		
Employee Only	$741.47	$119.00
Employee + Spouse	$1,482.93	$504.00
Employee + Child(ren)	$1,430.06	$372.00
Employee + Family	$2,306.79	$646.00
Kaiser — HMO 1500		
Employee Only	$753.49	$219.00
Employee + Spouse/DP	$1,657.68	$863.00
Employee + Child(ren)	$1,506.98	$663.00
Employee + Family	$2,260.47	$1,040.00
Delta Dental DHMO		
Employee Only	$16.62	$5.00
Employee + Spouse	$30.64	$16.00
Employee + Child(ren)	$36.20	$18.00
Employee + Family	$50.32	$34.00
Delta Dental PPO		
Employee Only	$41.91	$15.00
Employee + Spouse	$83.83	$41.00
Employee + Child(ren)	$90.97	$43.00
Employee + Family	$127.53	$71.00
Delta Dental PPO w/Ortho		
Employee Only	$59.25	$33.00
Employee + Spouse	$118.50	$76.00
Employee + Child(ren)	$128.58	$81.00
Employee + Family	$180.26	$124.00
VSP Vision PPO		
Employee Only	$7.86	$7.86
Employee + Spouse	$13.51	$13.51
Employee + Child(ren)	$13.68	$13.68
Employee + Family	$21.88	$21.88

IMPORTANT CONTACTS

INFORMATION REGARDING	COMPANY	CONTACT INFORMATION
Support Services		
Benefits Help Line *All benefit-related questions, assistance with Bswift*	Lockton	844.791.2968 Monday–Friday, 8:00 am–5:00 pm CST benefits.guild@lockton.com
Employee Assistance Program *Confidential resource for support with personal issues*	ComPsych GuidanceResources, a partner of Prudential	800.311.4327 www.guidanceresources.com (Web ID:GRC311)
Leave of Absence Requests	The Larkin Company	650.938.0933 www.thelarkincompany.com/request-new-leave
Workplace Injuries, Workplace Accommodation Requests, Pandemic-Related Items	Guild Benefits Team	benefits@guildmortgage.net www.myguild.sharepoint.com/sites/HRIntranet/SitePages/Benefits.aspx
Carrier Contacts		
Medical Coverage	Anthem Blue Cross	PPO/EPO: 800.888.8288 HDHP 3600: 844.860.3535 24/7 Nurseline: 800.700.9186 www.anthem.com/ca
Prescription Drugs	Anthem Pharmacy	833.576.0980 RxBin = 020099 www.anthem.com/ca
Dental Coverage	Delta Dental	800.422.4234 (DHMO) 800.765.6003 (Dental PPO) www.deltadentalins.com
Vision Coverage	VSP Signature Network	800.877.7195 www.vsp.com
Life/AD&D **Long-Term Disability** **Voluntary Short-Term Disability**	Prudential	www.prudential.com/links/contact-us
Supplemental Benefits *Accident, Critical Illness, Hospital Indemnity*	Aetna	888.772.9682
Health Savings Account (HSA) *In partnership with the Anthem Blue Cross HDHP 3600 Plan*	Anthem Blue Cross	844.860.3535 www.anthem.com/ca
Flexible Spending Accounts (FSAs)	Benefit Coordinators Corporation (BCC)	800.685.6100 412.276.7185 (fax) fsa-claims@benxcel.com www.benefitcc.wealthcareportal.com
401(k) Retirement Plan Adviser	Principal Financial	800.547.7754 www.principal.com
Pet Insurance	Nationwide	877.738.7874 www.petinsurance.com/guildmortgage
Employee Discounts	Perks at Work	www.perksatwork.com
Legal and Identity Theft Protection **LegalShield/IDShield**	LegalShield	www.benefits.legalshield.com/guildmortgage

Plan Guidelines and Evidence of Coverage
The benefit summaries listed within are brief summaries only. They do not fully describe the benefits coverage for your health and welfare plans. For details on the benefits coverage, please refer to the plan's Evidence of Coverage. The Evidence of Coverage, or Summary Plan Description, is the binding document between the elected health plan and the member.

A health plan physician must determine that the services and supplies are medically necessary to prevent, diagnose, or treat the member's medical condition. These services and supplies must be provided, prescribed, authorized, or directed by the health plan's network physician unless the member enrolls in the PPO plan where the member can use a non-network physician.

For details on the benefit and claims review and adjudication procedures for each plan, please refer to the plan's Evidence of Coverage. If there are any discrepancies between benefits included in this summary and the Evidence of Coverage or Summary Plan Description, the Evidence of Coverage, or Summary Plan Description, will prevail.

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