

2026 Benefits Summary



Full-time employees who are regularly scheduled to work at least 30 hours per week are eligible for benefits. Benefits are effective on your date of hire. Benefits cannot be changed until the next enrollment period or you experience a Qualifying Life event.

Medical Benefits

Our medical benefits coverage includes preventive care services, access to an extensive network of care providers, and affordable prescription medication. Medical coverage is provided by Blue Shield of California (BSC) and Kaiser Permanente (KP). To see a current list of network providers online, visit blueshieldca.com or kp.org.

	BLUE SHIELD OF CALIFORNIA CDHP PLAN		BLUE SHIELD OF CALIFORNIA PPO PLAN		KAISER PERMANENTE HMO (CA ONLY)
MONTHLY CONTRIBUTIONS					
EMPLOYEE ONLY	\$141.12		\$223.01		\$222.60
EMPLOYEE + SPOUSE	\$313.99		\$506.93		\$506.00
EMPLOYEE + CHILD(REN)	\$257.77		\$436.87		\$436.07
EMPLOYEE + FAMILY	\$451.71		\$861.02		\$859.44
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK
CALENDAR YEAR DEDUCTIBLE					
INDIVIDUAL	\$2,500	\$5,000	\$750	\$1,500	\$750
INDIVIDUAL IN A FAMILY	\$5,000	\$10,000	\$750	\$1,500	\$750
FAMILY	\$5,000	\$10,000	\$1,500	\$3,000	\$1,500
COINSURANCE (YOU PAY)	20%*	40%*	15%*	35%*	20%*
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)					
INDIVIDUAL	\$4,500	\$10,000	\$3,250	\$6,500	\$3,000
INDIVIDUAL IN A FAMILY	\$6,850	\$13,700	\$3,250	\$6,500	\$3,000
FAMILY	\$9,000	\$20,000	\$6,500	\$13,000	\$6,000
COPAYS/COINSURANCE					
PREVENTIVE CARE	\$0	40%*	\$0	35%*	\$0
PRIMARY CARE	20%*	40%*	\$30	35%*	\$30 copay
SPECIALIST SERVICES	20%*	40%*	\$40	35%*	\$40 copay
URGENT CARE	20%*	40%*	\$30	35%*	\$30 copay
DIAGNOSTIC CARE	20%*	40%*	15%*	35%*	20%* coinsurance up to \$150/procedure
EMERGENCY ROOM	20%*	20%*	\$150 copay	\$150 copay	20%*

*After deductible.

Pharmacy Benefits

OPTUMRX WITH BLUE SHIELD OF CALIFORNIA CDHP PLAN

OPTUMRX WITH BLUE SHIELD OF CALIFORNIA PPO PLAN

KAISER PERMANENTE HMO

	IN-NETWORK (NO COVERAGE OUT-OF-NETWORK)	IN-NETWORK (NO COVERAGE OUT-OF-NETWORK)	IN-NETWORK (NO COVERAGE OUT-OF-NETWORK)
RETAIL RX (30-DAY SUPPLY)			
APPROVED GENERIC/ BRAND PREVENTIVE	0%	\$0	\$0
GENERIC	20%*	\$10	\$15
PREFERRED	20%*	\$25	\$35
NON-PREFERRED	20%*	\$50	\$35
SPECIALTY	20%*	15%, up to \$200	20%, up to \$250
MAIL ORDER RX (90-DAY SUPPLY)			
APPROVED GENERIC/ BRAND PREVENTIVE	0%	\$0	\$0
GENERIC	20%*	\$20	\$30
PREFERRED	20%*	\$50	\$70
NON-PREFERRED	20%*	\$100	\$70
SPECIALTY	20%*	15%, up to \$200	Not covered

*After deductible.

Health Savings Account

A Health Savings Account (HSA) is a portable fund for healthcare spending. Funds roll over each year. Contributions and withdrawals for qualified healthcare expenses are tax-free. Sample Company provides an HSA employer contribution deposited on a quarterly basis. The annual maximum contribution limit to HSAs is set by the IRS each year and includes employer contributions.

2026 HSA CONTRIBUTIONS

	IRS MAXIMUM CONTRIBUTIONS*
INDIVIDUAL	\$4,400
FAMILY	\$8,750
CATCH-UP CONTRIBUTION (AGES 55 AND OLDER)	\$1,000

*2026 IRS maximum contributions include Sample Company's contribution.

EMPLOYER HSA CONTRIBUTION

	YOUR ANNUAL HSA CONTRIBUTIONS (MAX)	SAMPLE COMPANY ANNUAL HSA MATCH (MAX)
SALARY LESS THAN \$74,999		
EMPLOYEE ONLY	\$3,400	\$1,000
FAMILY	\$6,750	\$2,000
SALARY \$75,000 AND ABOVE		
EMPLOYEE ONLY	\$3,900	\$500
FAMILY	\$7,750	\$1,000

Flexible Spending Accounts

Health Care Flexible Spending Account

You can contribute **up to \$3,300 annually** for qualified medical expenses (deductibles, copays and coinsurance, menstrual products, PPE, over-the-counter medications, etc.) with pre-tax dollars, reducing the amount of your taxable income and increasing your take-home pay.

Limited Use Flexible Spending Account

Designed to complement a Health Savings Account, a Limited Use Flexible Spending Account (LUFSA) allows for reimbursement of eligible dental and vision expenses. You may contribute **up to \$3,300 annually** in the LUFSA.

Dependent Care Flexible Spending Account

This account allows you to set aside pre-tax dollars for expenses associated with caring for elderly or child dependents. With the Dependent Care FSA, you are allowed to set aside **up to \$7,500 annually** to pay for these expenses on a pre-tax basis.

Dental Benefits

Sample Company offers affordable dental plan options for routine care and beyond. Coverage is provided by Cigna. Visit hcpdirectory.cigna.com to find a provider in the "Total" DPPO/EPO network.

	BASE PLAN	BUY-UP PLAN
MONTHLY CONTRIBUTIONS		
EMPLOYEE ONLY	\$13.45	\$16.88
EMPLOYEE + SPOUSE	\$26.98	\$33.87
EMPLOYEE + CHILD(REN)	\$23.77	\$29.84
EMPLOYEE + FAMILY	\$40.58	\$50.94
	IN-NETWORK	IN-NETWORK
CALENDAR YEAR DEDUCTIBLE		
INDIVIDUAL	\$75	\$50
FAMILY	\$225	\$150
CALENDAR YEAR MAXIMUM		
PER PERSON	\$1,000	\$2,000
COVERED SERVICES		
	YOU PAY/PLAN PAYS	YOU PAY/PLAN PAYS
PREVENTIVE SERVICES Oral Exams, Routine Cleanings, Bitewing X-rays, Fluoride Applications, Sealants, Space Maintainers, Panoramic X-rays	\$0/100%	\$0/100%
BASIC SERVICES Full Mouth X-rays, Fillings, Oral Surgery, Simple Extractions	50%*/50%	20%*/80%
MAJOR SERVICES Oral Surgery, Complex Extractions, Denture Adjustments and Repairs, Root Canal Therapy, Periodontics, Crowns, Dentures, Bridges	50%*/50%	50%*/50%
ORTHODONTICS Adults and Dependent Child(ren)	Not covered	50%/50%
ORTHODONTIC LIFETIME MAXIMUM	N/A	\$2,000

*After deductible.

Vision Benefits

Sample Company offers a comprehensive vision benefit provided by VSP. Vision benefits for exams, lenses and frames, or contacts under both the Base Plan and the Buy-Up Plan are available every calendar year.

	BASE PLAN	BUY-UP PLAN
MONTHLY CONTRIBUTIONS		
EMPLOYEE ONLY	\$8.28	\$12.36
EMPLOYEE + SPOUSE	\$13.89	\$23.16
EMPLOYEE + CHILD(REN)	\$14.87	\$24.77
EMPLOYEE + FAMILY	\$23.76	\$39.41
	IN-NETWORK	IN-NETWORK
EXAMS		
COPAY	\$10	\$10
LENSES		
SINGLE VISION	100% after copay	100% after copay
BIFOCAL		
TRIFOCAL		
LENTICULAR		
CONTACTS (IN LIEU OF LENSES AND FRAMES)		
FITTING AND EVALUATION*	Up to \$60 copay	Up to \$60 copay
ELECTIVE	\$150 allowance	\$150 allowance
MEDICALLY NECESSARY	Contact VSP Member Services	Contact VSP Member Services
FRAMES		
COPAY	\$20	\$20
ALLOWANCE	\$150 allowance (retail frame); \$170 allowance (enhanced featured frame); 20% savings over allowance	\$150 allowance (retail frame); \$200 allowance (enhanced featured frame); 20% savings over allowance
OTHER SERVICES – ADDITIONAL PAIRS OF EYEWEAR		
FRAME	Discounts may be available. Contact VSP Member Services	\$20 copay; \$150 allowance (retail frame); \$200 allowance (enhanced featured frame); 20% savings over allowance
LENSES		
CONTACTS (INSTEAD OF GLASSES)		Up to \$60 copay; \$150 allowance

*Fitting and Evaluation fee applied to contact lens allowance.

Life and AD&D

Eligible employees may purchase additional Voluntary Life and AD&D insurance beyond the Basic coverage paid by Sample Company. Premiums for Voluntary coverage are paid through payroll deductions.

BASIC EMPLOYEE LIFE/ AD&D

COVERAGE AMOUNT	1x Annual Base Salary
WHO PAYS	Sample Company
BENEFITS PAYABLE	To the beneficiary(ies) you designate
MAXIMUM BENEFIT	\$200,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No

VOLUNTARY EMPLOYEE LIFE

COVERAGE AMOUNT	Increments of \$10,000, up to the lesser of 5x your Base Salary or \$1,000,000
WHO PAYS	Employee
BENEFITS PAYABLE	To the beneficiary(ies) you designate
MAXIMUM BENEFIT	The lesser of \$1,000,000 or 5x Base Salary
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Newly Eligible: If you are enrolling in the plan for the first time, you will be able to elect up to \$200,000 without going through Evidence of Insurability. After your initial eligibility period, any requested increase in coverage will require Evidence of Insurability. Qualifying Life Event: Employees will have 31 days after a Qualifying Life event to add or increase coverage up to the Guaranteed Issue amount without the requirement of EOI. Any amount above the Guaranteed Issue amount would require the completion of EOI.

VOLUNTARY SPOUSE LIFE

COVERAGE AMOUNT	Increments of \$5,000, only if you purchase additional coverage for yourself
WHO PAYS	Employee
BENEFITS PAYABLE	To you
MAXIMUM BENEFIT	The lesser of \$500,000 or 50% of Employee's Coverage Amount
EVIDENCE OF INSURABILITY (EOI) REQUIRED	\$25,000 without going through Evidence of Insurability. After your initial eligibility period, any requested increase in coverage will require Evidence of Insurability. Qualifying Life Event: Employees will have 31 days after a Qualifying Life event to add or increase spouse coverage up to the Guaranteed Issue amount without the requirement of EOI. Any amount above the Guaranteed Issue amount would require the completion of EOI.

VOLUNTARY CHILD LIFE

COVERAGE AMOUNT	Flat \$10,000, only if you purchase additional coverage for yourself
WHO PAYS	Employee
BENEFITS PAYABLE	To you
MAXIMUM BENEFIT	\$10,000 (to age 26)
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No

VOLUNTARY EMPLOYEE AD&D

COVERAGE AMOUNT	Increments of \$10,000, up to \$1,000,000
WHO PAYS	Employee
BENEFITS PAYABLE	To the beneficiary(ies) you designate
MAXIMUM BENEFIT	The lesser of \$1,000,000 or 5x Base Salary
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No

Additional Benefits

ACCIDENT COVERAGE	Accident coverage, available through Reliance Matrix (RSLI), provides fixed-dollar benefits for you and your covered family members, if you have expenses related to a non-occupational accidental injury.
CRITICAL ILLNESS	Critical Illness coverage through Reliance Matrix (RSLI) pays a lump-sum benefit if you are diagnosed with a covered disease or condition.
HOSPITAL INDEMNITY	Hospital Indemnity Coverage through Reliance Matrix (RSLI) pays cash benefits directly to you if you have a covered stay in a hospital, critical care unit, or rehabilitation facility.
PET INSURANCE	Pet Insurance through Nationwide Pet Insurance provides coverage for veterinary expenses related to accidents and illnesses, including X-rays, medications, vet visits, surgeries, and hospital stays.
PREPAID LEGAL COVERAGE	LegalShield offers low-cost access to attorneys for a variety of personal legal services.
IDENTITY THEFT PROTECTION	Allstate Identity Protection offers a full set of features to help proactively protect you and your covered family members against identity theft. You have two options from which to choose.
PARKING REIMBURSEMENT ACCOUNT	You may set aside up to \$325 a month tax-free in a Parking Reimbursement Account (PRA) with WEX for work parking expenses. You may start or stop your account at any time.
MASS TRANSIT REIMBURSEMENT	You may set aside up to \$325 a month tax-free if you commute with mass transit. You may start or stop contributing to the account at any time.
STUDENT DEBT REPAYMENT PROGRAM	Through the Student Debt Repayment Program, you can receive up to \$100 per month in direct payments toward the principal balance of your student loans.

Lifestyle Spending Accounts

Benefits-eligible employees will have access to **\$150 annually** in a Lifestyle Spending Account. Funds do not carry over year to year, and expenses submitted for reimbursement are taxable to you. **Eligible expenses** are largely goods and services that promote your own **physical wellness** (e.g., fitness trackers & equipment, trainers & classes, facials, additional ClassPass credits, etc.), **mental and other wellness** (e.g., non-medical counseling, meditation & sleep apps, self-help books, certain office equipment, pet care & grooming, etc.), or **financial wellness** (e.g., financial advisor & planning, financial seminars & classes, ID theft services, pet insurance premiums). For more information and a full list of reimbursable expenses, visit wexinc.com.

Income Protection

Short Term Disability (STD)

Following an elimination period, Short Term Disability insurance (STD) replaces 60% of your base salary, up to a maximum weekly benefit of \$2,309, for up to 175 days. STD benefits are available at no cost to you.

Long Term Disability (LTD)

Long Term Disability (LTD) benefits are available at no cost to you. After a 180-day elimination period, LTD insurance replaces 60% of your income, up to a monthly maximum benefit of \$10,000, if you become partially or totally disabled for an extended period of time. Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.

Retirement Planning

The Sample Company 401(k) plan helps you prepare for retirement via pre-tax payroll deductions.

PLAN AT A GLANCE	
PLAN NAME	Sample Company 401(k) Plan
RECORDKEEPER	Fidelity Investments
WEBSITE	401k.com or netbenefits.com
ELIGIBILITY	All eligible new employees are automatically enrolled in the plan at a 3% contribution rate after 30 days of employment, unless they have already elected to contribute to the plan at another rate or opt out of the plan.
COMPANY MATCH	Sample Company matches your pre-tax and Roth 401(k) up to 4.5% of the employee's contributions (100% of employee's first 3% contribution, and then 50% of the employee's next 3% contribution).

Employee Assistance Program

Our Employee Assistance Program (EAP) provides you and your family access to mental health assistance and legal and financial help from professionals. And there's no cost to you — whether or not you're enrolled in a company-sponsored medical plan. All services provided are confidential and will not be shared with Sample Company.