

2026 BENEFITS AT A GLANCE – STANDARD

Our benefit resources and programs are designed to support you and your family in every stage, circumstance, and aspect of life. This is a brief summary highlighting the plans available to you.

Eligibility: Regular, full-time associates are eligible to participate in our benefit plans on the first day of the month following 30 days of continuous employment. For example, an associate hired on Feb. 10 is eligible for benefits effective April 1.

Dependents: Dependents include your legal spouse and children up to age 26. Unmarried children who are mentally or physically disabled may be covered up to any age if they meet certain criteria.

Medical Plan: You can choose between three Aetna Medical Plan options. Sample Company contributes toward your premium, and your contributions vary by plan, coverage tier, and salary band. All plans use the same provider network and cover preventive care at 100%. Review which expenses are covered before or after the deductible when evaluating your options.

MEDICAL PLAN AND IN-NETWORK COVERAGE ¹	PPO PLAN	HDHP WITH HRA PLAN	HDHP WITH OPTIONAL HSA PLAN ²
Plan Description	Preferred provider organization plan	High-Deductible Health Plan (HDHP) with a salary based Health Reimbursement Account (HRA)	Qualified High-Deductible Health Plan with Optional Health Savings Account (HSA)
Annual Deductible¹ (Individual/Family)	\$1,000 / \$2,000	\$1,600 / \$3,200	\$2,500 / \$5,000
Annual Out-of-Pocket Max¹ (Individual/Family)	\$3,000 / \$6,000	\$4,000 / \$8,000	\$5,000 / \$10,000
Coinsurance (you pay)	20%	20%	20%
Primary Care Provider Visit	\$25 copay	20% after deductible	20% after deductible
Specialist Visit	\$50 copay	20% after deductible	20% after deductible
Virtual Care	100% covered	100% covered	100% covered
Urgent Care	\$75 copay	20% after deductible	20% after deductible
Emergency Room	\$200 copay	20% after deductible	20% after deductible
PHARMACY	PPO PLAN	HDHP WITH HRA PLAN	HDHP WITH OPTIONAL HSA PLAN
Annual Out-of-Pocket Max (Individual/Family)	\$2,000 / \$4,000	\$2,000 / \$4,000	Combined with medical
RETAIL PRESCRIPTION DRUGS (30-DAY SUPPLY)			
Tier 1: Generic	35% coinsurance (\$5 min, \$150 max)	35% coinsurance (\$5 min, \$150 max)	20% after deductible
Tier 2: Formulary brand-name	35% coinsurance (\$15 min, \$150 max)	35% coinsurance (\$15 min, \$150 max)	20% after deductible
Tier 3: Non-formulary brand-name	35% coinsurance (\$35 min)	35% coinsurance (\$35 min)	20% after deductible
MAIL ORDER PRESCRIPTION DRUGS (90-DAY SUPPLY)			
Tier 1: Generic	25% coinsurance (\$10 min, \$200 max)	25% coinsurance (\$10 min, \$200 max)	20% after deductible
Tier 2: Formulary brand-name	25% coinsurance (\$30 min, \$200 max)	25% coinsurance (\$30 min, \$200 max)	20% after deductible
Tier 3: Non-formulary brand-name	25% coinsurance (\$70 min)	25% coinsurance (\$70 min)	20% after deductible

¹Applied on a calendar year basis.

²The HDHP with Optional HSA plan features an aggregate deductible. \$5,000 needs to be met for all coverage levels besides Employee Only, but the out-of-pocket maximum is embedded (a single member can meet the \$5,000 or family meet the \$10,000).

Note: This is a summary only of your coverage. In-network services are based on negotiated charges. Most out-of-network professional services are paid at Fair Health 80th (R&C), and facility services are paid at 140% of Medicare. You may be balance billed for any charges on voluntary OON services over what the plan pays for.

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Health Spending Accounts

- **Health Savings Account (HSA):** Contribute tax-free funds to pay for eligible medical expenses. This is employee-funded, and associates must be enrolled in the IRS HSA-qualified Medical Plan (High-Deductible Health Plan (HDHP) with Optional HSA Plan).
- **Health Reimbursement Account (HRA):** Employer-funded account that reimburses eligible medical and pharmacy expenses. Must be enrolled in the HDHP with HRA Plan. The HRA amount is salary-based for those earning less than \$100,000.
- **Flexible Spending Account (FSA):** The Health Care FSA allows you to contribute funds on a pre-tax basis to help pay for medical, dental, and vision expenses not covered by your medical plan. Use a Dependent Care FSA to help cover dependent care expenses (such as daycare).



Dental Plan: Our Dental Plan, provided through Delta Dental of Tennessee, covers routine in-network checkups at 100% and shares the cost for most other procedures. Coverage is voluntary, with premiums shared by Sample Company and associates.

DENTAL COVERAGE	PREMIUM (IN-NETWORK)	PLAN DETAILS
Annual Deductible (Individual/Family)	\$50 / \$150	Cleanings: Preventive Fluoride treatments: Preventive Sealants: Preventive X-rays: Diagnostic Fillings: Basic Periodontics: Basic Scaling and root planing: Basic Oral surgery: Basic Crowns: Major Bridges: Major Full and partial dentures: Major Orthodontic: Dependent children to the end of the month of age 19
Annual Maximum Per Person	\$1,500	
Diagnostic and Preventive Care	Plan pays 100%	
Basic Services	Plan pays 80%	
Major Services	Plan pays 50%	
Orthodontia (Children up to age 19 only)	Plan pays 50% to \$1,500 lifetime maximum	



Vision Plan: You have a choice of two Vision Plan options through EyeMed. Coverage is voluntary and associate-paid.

VISION COVERAGE	PREFERRED PLAN ^{1,2}	PREMIER PLAN ¹
Routine Eye Exam	\$10 copay	\$10 copay
Frequency: Exam/Lenses/Frames	Once every calendar year for exams; Unlimited for Lenses and Frames	Once every calendar year
Frames – \$ Allowance	35% off retail price	\$150 allowance; 80% of balance over \$150
Standard Lenses	Single Vision: \$50 copay Bifocal: \$70 copay Trifocal \$105 copay	\$15 copay
Progressive Lenses	\$135 for Standard; Premium not covered	\$80 copay for Standard; Premium varies by tier
Medically Necessary Contact Lenses	15% off retail price	\$0 copay
Elective Contact Lenses	15% off retail price	\$130 allowance; 15% off balance over \$130

¹Lower in-network member cost available at Plus Providers

²Preferred Vision Plan not available for those residing in the state of New Mexico

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Life and Accidental Death & Dismemberment (AD&D) Insurance: Sample Company provides automatic Life and AD&D insurance at one times your benefit salary, up to a max of \$500,000, at no cost to you. You may purchase additional coverage for you or your family.

Disability Insurance: Sample Company offers disability coverage in case you are unable to work due to a qualified illness or injury:

- **Long-Term Disability (LTD):** Provided at no cost. Replaces 60% of your benefit salary, up to \$15,000 per month.
- **Supplemental Short-Term Disability (STD):** Optional coverage you can purchase. Replaces 60% of weekly salary, up to \$2,309 per week.

Additional Voluntary Benefits: You may purchase a variety of other benefits with post-tax payroll contributions, such as accident, critical illness, and hospital indemnity insurance, and identity theft protection.

Well-Being Resources

- **Aetna Resources for Living (RFL):** Confidential support for issues like depression, grief, relationships, substance misuse, and more. You and your family members receive five free counseling sessions per issue, per year.
 - **Talkspace:** Confidential, personal, and professional online messaging therapy.
- **Grokker:** All-in-one platform for fitness, healthy eating, better sleep, financial wellness, and more. Invite up to two friends or family members to join at no cost.
- **Hinge Health:** Personalized exercise therapy for joint and muscle pain at no cost to you and eligible family members enrolled in a Sample Company Aetna Health Plan.
- **Maven:** Digital health platform that provides 24/7 support for family planning and menopause at no cost to you or your partner. Available to associates enrolled in a Sample Company Aetna Health Plan.
- **Posterity Health:** The nation's only Center of Excellence focused on men's comprehensive health. Programs are private, convenient, and designed to support men at every stage of life. Available to associates enrolled in a Sample Company Aetna Health Plan.



Scan this QR code to explore Sample Company's online benefits guide and learn more about our health and financial benefits.



401(k) Retirement Savings Plan

You are eligible to participate in the Sample Company 401(k) Retirement Plan after 30 days of employment. You can contribute on a pre- or post-tax basis. Non-physician associates qualify for the annual discretionary company match after one year of employment. All employer-matched funds are 100% vested immediately.

