FAITH TECHNOLOGIES INCORPORATED

2027

BENEFITS GUIDE
FOR TEAM MEMBERS









For active employee use only.

WELCOME TO YOUR 2027 BENEFIT OFFERINGS

We work hard at FTI to offer a robust benefits program that meets the diverse needs of our team members. After all, you deserve benefits that work as hard as you do. Your benefits are a key component of your total compensation, and we strive all year long to provide a comprehensive, competitive benefits package that remains affordable for you and your family.

WHAT'S NEW FOR 2027

Your benefits package continues to provide strong, reliable coverage and introduces new enhancements, including coverage for nutritional counseling and acupuncture, increased fertility coverage and expanded dental benefits. Although FTI's cost investment has increased, team members' premium costs have remained the same for the sixth straight year. It's another way that shows FTI's strong commitment to our team members.

MANAGING COSTS

Remember, we all can help manage our claims costs by using preventive care benefits, which are typically provided at no cost to you. For example, scheduling annual medical, dental and vision exams can help prevent more serious health issues.

Another way to manage costs is through free biometric screenings. Measuring key indicators (blood pressure, cholesterol levels, glucose levels, etc.) provides valuable insights and possible early detection of potential health issues. This preventive care reduces the risk of chronic diseases and enhances the quality of life for you and your spouse. To learn more, visit our Biometric Screenings SharePoint page: ***https://faithtechnologies.sharepoint.com/sites/Wellness/SitePages/Biometric-Screenings.aspx***.

ELIGIBILITY

All active team members scheduled to work 30 hours per week or more have access to FTI's full range of benefits. These options are designed to offer flexibility, allowing you to cover both yourself and any eligible dependents.

Newly-hired team members: You are eligible for benefits beginning on the first day of the month following your date of hire.

This "2027 Benefits Guide for Team Members" outlines the benefits available to all eligible team members at FTI. For additional details, visit our Benefits SharePoint page: ***https://faithtechnologies.sharepoint.com/sites/BenefitsCW***.



TEAM MEMBERS
SCHEDULED TO WORK
30+ HOURS/WEEK
↓
FULL
BENEFITS

NEW HIRE
BENEFITS BEGIN
FIRST DAY
OF THE MONTH
AFTER START DATE

DID YOU KNOW? FTI'S HEALTHCARE PREMIUMS HAVE REMAINED THE SAME FROM 2021 TO 2027

BENEFITS OVERVIEW



Click on a page number to learn more about each benefit!

	BENEFIT	DESCRIPTION
08	Medical	We partner with UMR and their UnitedHealthcare and The Alliance networks to offer medical insurance. There are three plans to choose from based on personal preference and medical care needs.
14	Teladoc®	Access to U.S. board-certified doctors, pediatricians, dermatologists, psychiatrists, psychologists, licensed clinical social workers, counselors or therapists by phone, online video or mobile app.
15	Prescription Drug	Included with your medical insurance coverage, we provide Prescription Drug [Rx] coverage through CVS Caremark.
17	Dental	We partner with Delta Dental of Wisconsin to offer dental insurance.
19	Vision	We partner with DeltaVision to offer vision insurance.
21	Flexible Spending Account [FSA]	An FSA allows you to set aside pre-tax dollars from your paycheck to cover qualified out-of-pocket expenses. FTI partners with Empower to offer three FSA options: Healthcare FSA, Limited-Purpose FSA and Dependent Care FSA.
23	Health Savings Account [HSA]	An HSA is a personal healthcare bank account that you can use to pay out-of-pocket medical, dental and vision expenses, on a pre-tax basis when you are enrolled in the qualified High Deductible Health Plan [HDHP].
26	Life | AD&D Insurance	Company-provided benefit. Team members in eligible roles receive coverage at a flat rate of $150,000.
26	Short-Term & Long-Term Disability	Company-provided benefit. Disability insurance pays a portion of your wages when you are unable to work due to a covered injury or illness sustained outside of work.

BENEFIT INFO
Reach out to your FTI team with benefit-specific questions.

General Benefits Email
benefits@faithtechinc.com

Benefits Hotline
920.225.6772

Headquarters Contact Information
201 Main Street | P.O. Box 260 | Menasha, WI 54952-0260
800.677.1506 | FAX 920.722.7201

BENEFITS OVERVIEW



Click on a page number to learn more about each benefit!

	BENEFIT	DESCRIPTION
27	Voluntary Life & AD&D	You may purchase additional life and AD&D insurance for yourself, spouse and/or dependents.
28	Accident, Critical Illness & Hospital Indemnity Insurance	Voluntary insurance coverage available to you as a supplement to your other healthcare insurance coverage.
29	Identity & Fraud Protection	MetLife and Aura Identity & Fraud Protection helps safeguard the things that matter to you most: your identity, money and assets, family, reputation and privacy.
30	Pet Insurance	Pet Insurance can help reimburse you for covered veterinary visits, accidents, illnesses and more. Plus, it can help keep your pet safe and healthy with optional Preventive Care Coverage.
31	Retirement Plan	FTI offers both 401[k] and 401[a] plans to team members. Discretionary matches may be made based on company growth and financial performance.
34	Time Away From Work Benefits	FTI is committed to helping our team members achieve work-life balance by offering competitive PTO benefits, Holiday Paid Time Off and Time To Recharge that is designed to support our team members' total well-being.
35	Family-Friendly Benefits	FTI offers various family-friendly benefits such as Adoption Assistance, Paid Parental Leave and Fertility Benefits.
37	Lyra Health *Mental Health Benefit*	We partner with Lyra Health to offer our team members and their families a robust mental health benefit all at no cost.

BENEFIT INFO
Reach out to your FTI team with benefit-specific questions.

General Benefits Email
benefits@faithtechinc.com

Benefits Hotline
920.225.6772

Headquarters Contact Information
201 Main Street | P.O. Box 260 | Menasha, WI 54952-0260
800.677.1506 | FAX 920.722.7201

BENEFITS OVERVIEW

Click on a page number to learn more about each benefit!

BENEFIT		DESCRIPTION
38	Wellness Program	Our award-winning wellness program provides numerous opportunities for team members and their families to improve their overall well-being. Through our partnership with Personify Health, our program offers comprehensive resources to build healthy habits across all areas of well-being, track progress, achieve goals and earn rewards!
41	Lifestyle Spending Account [LSA]	A Lifestyle Spending Account [LSA] is a benefit where FTI sets money aside for you to use on eligible expenses related to physical, financial and emotional well-being. This benefit meets the needs of everyone, no matter your stage of life, age or circumstances and is designed to improve your overall well-being or lifestyle.
	ADDENDUM	
44	2027 Annual Notice Packet	As a participant in the Faith Technologies, Inc. benefit plans ["the Plans"], you are entitled to be furnished with certain documents required by ERISA. We are providing you with several of these documents electronically.

ANNUAL NOTICES

If you [and/or your dependents] have Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the notice packet at the end of the guide for more information.



DEPENDENT ELIGIBILITY VERIFICATION

We are pleased to offer our team members a very robust benefit plan. We work hard to control healthcare costs so we can preserve the benefits we offer to you and your dependents under our benefit plan[s]. In order to continue to do this, all spouses and dependents added to benefits are included in the dependent eligibility verification program.

The purpose of this program is to ensure each dependent enrolled is accurately listed and eligible for coverage. We are confident that this process will ensure that we are covering eligible dependents in a fair and consistent manner.

If you enroll one or more dependents, you will be asked to submit evidence of eligibility. It's important for you to know that documents will be used solely to verify dependent eligibility, so we can ensure that only those who are eligible for coverage under the terms of our plan are receiving those benefits.

Please make sure that you submit any proof of eligibility for your dependents in a timely manner.

If you fail to provide the information requested, your dependent[s] will not be added to the elected coverage.

ELIGIBLE DEPENDENTS	PROVIDE ALL DOCUMENTS NOTED			
	Marriage Certificate or most recent 1040	**Birth Certificate or most recent 1040**	**Adoption or Legal Guardianship papers or most recent 1040**	**Social Security Disability Letter**
LEGAL SPOUSE	✓			
CHILD | BIOLOGICAL		✓		
CHILD | STEPCHILD *Two documents required*	✓	✓		
CHILD | ADOPTED/PLACED FOR ADOPTION/LEGAL GUARDIANSHIP			✓	
CHILD | DISABLED OVER THE AGE OF 26 *Two documents required*		✓		✓

NOTE: If you are submitting a copy of your most recent Federal Income Tax return, please black out any financial information, as well as the first five digits of any Social Security numbers. The entire tax return is not required, only the page that lists filing status and exemptions.

Acceptable proof of marriage includes a government-issued, certified marriage certificate [state or county issued] showing the official date of marriage. If using a federal tax return for verification, submit Page 1 of your most recent IRS-accepted Form 1040 showing a married filing status and a spouses name [financial information may be redacted]. IRS tax return transcripts, tax return summaries, and unofficial copies will not be accepted.



ADDITIONAL RESOURCES | TEAM MEMBER PORTAL

Easy access to information about our benefit programs can be found online, 24/7/365, from your desktop, mobile device or tablet. Simply visit ***https://faithtechnologies.sharepoint.com/sites/BenefitsCW*** and log in with your Office 365 credentials to find:

- Benefit plan information, including premiums
- Links to access provider networks
- Important plan documents and forms
- Contact information for additional help

WHAT IF I DIDN'T ENROLL?

Qualifying Events

It is very important that you enroll on time for company benefits. Otherwise, you are ineligible to participate in benefits until the next open enrollment period unless you experience a qualifying life event. If a qualifying event occurs and you need to change your elections, you must notify the Benefits Department and follow the necessary steps in Workday. Changes to your benefits must be done within 60 days of the date of the event. Qualifying events include, but are not limited to, the following:

- Birth or adoption of a child
- Marriage/divorce/legal separation
- Death of a spouse or dependent
- Dependent child reaches age 26
- Change in employment status or benefit eligibility of a dependent
- Losing or gaining coverage elsewhere [e.g. spouse or parent's benefits plan]

You will also be required to submit proper documentation validating your qualifying life event. Refer to the table below for examples:

EVENT	ELIGIBLE CHANGE				DOCUMENT[S] NEEDED
	Enroll in Coverage	Cancel Coverage	Add a Dependent	Remove a Dependent	
ADOPTION	✓		✓		Adoption papers
BIRTH	✓		✓		Birth certificate
DEATH OF DEPENDENT				✓	Death certificate
DIVORCE				✓	Divorce decree
NOW ELIGIBLE FOR OTHER COVERAGE		✓		✓	Proof of other coverage
LOSS OF OTHER COVERAGE	✓		✓		Proof of loss of other coverage
LEGAL GUARDIANSHIP	✓		✓		Guardianship or custody paperwork
LEGAL SEPARATION				✓	Legal separation paperwork
MARRIAGE	✓		✓		Marriage certificate

BENEFIT INFO
Reach out to your FTI team with benefit-specific questions.

General Benefits Email
benefits@faithtechinc.com

Benefits Hotline
920.225.6772

Headquarters Contact Information
201 Main Street | P.O. Box 260 | Menasha, WI 54952-0260
800.677.1506 | FAX 920.722.7201

MEDICAL | PLAN INFORMATION

Claims Administrator: **UMR**

Plan Name: **Faith Technologies Incorporated**

Group Number: 76-411010

Member ID: Located on your individual Member ID card

Network Name: **The Alliance Network** [WI Counties: Adams, Columbia, Crawford, Dane, Dodge, Grant, Green, Iowa, Jefferson, Juneau, Lafayette, Richland, Rock, Sauk, Vernon and Walworth]

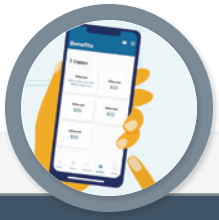
UnitedHealthcare Choice Plus Network
[All other team members inside and outside of WI]

Eligibility: First of the month following date of hire

CUSTOMER SERVICE

UMR: 800.826.9781
www.umr.com

NOTE: Access mobile website for claims; benefits and coverage; account balances; provider information; or to view, scan or fax your ID card.



UMR has a smarter, simpler, faster way to manage your healthcare benefits, right from the palm of your hand.

- Access your Member ID card.
- Find out if there is a copay for your upcoming appointment.
- Chat, call or message UMR's member support team.

Stay connected to your healthcare and download the UMR app today!

SCAN the QR code or visit the app store to get started.

NETWORK INFORMATION

UnitedHealthcare Choice Plus Network: Call 800.826.9781 or log onto www.umr.com

- Click *Find a Provider*.
- Click *View Providers*.
- Update your location.
- Choose to search for a specific doctor, specialty, facility, clinic or medical group or find healthcare by category near your location.

The Alliance Network: Call 800.826.9781 or log onto www.umr.com

- Click *Find a Provider*.
- Select *Alliance [The] – Employer Healthcare Alliance Cooperative [You will be directed to The Alliance website]*.
- Update your location.
- Select your plan *[Faith Technologies Incorporated]*.
- Click the appropriate link that you want to search for *[Doctors by Name, Doctors by Specialty, Places by Name, Places by Type]*.

NOTE: To find an in-network provider in The Alliance travel network [UnitedHealthcare Options PPO Network], either call 800.826.9781 or log onto www.umr.com, click Find a Provider, select UnitedHealthcare Options PPO Network, click View Providers and update your location to continue your search.

BENEFIT INFO
Reach out to your FTI team with benefit-specific questions.

General Benefits Email
benefits@faithtechinc.com

Benefits Hotline
920.225.6772

Headquarters Contact Information
201 Main Street | P.O. Box 260 | Menasha, WI 54952-0260
800.677.1506 | FAX 920.722.7201

MEDICAL | PLAN COMPARISON

Our Medical Insurance carrier is UMR. UMR partners with UnitedHealthcare and The Alliance to offer a broad network of providers. We have three plans to choose from based on personal healthcare needs and preference. Please refer to the information below for a summary comparison of the three plan options available to you. You can also access additional information on our Benefits SharePoint page at: ***https://faithtechnologies.sharepoint.com/sites/BenefitsCW***.

	PREMIER PPO		VALUE PPO		HIGH DEDUCTIBLE HEALTH PLAN	
	In Network	**Non-Network**	**In Network**	**Non-Network**	**In Network**	**Non-Network**
DEDUCTIBLE						
PER PERSON **PER FAMILY***	$1,000 $3,000	$2,000 $6,000	$2,000 $6,000	$4,000 $12,000	$3,500 $7,000	$5,500 $11,000
OUT-OF-POCKET MAX						
PER PERSON **PER FAMILY***	$2,000 $6,000	$4,000 $12,000	$4,000 $12,000	$8,000 $24,000	$3,500 $7,000	$11,000 $22,000
PHYSICIAN VISITS						
Premium Care Primary Care [UHC Choice Plus Only] Premium Care Specialist [UHC Choice Plus Only]	$0 $40	Ded +40%	$0 $40	Ded +40%	Deductible	Ded +40%
Primary Care **Specialist | Urgent Care**	$0 $50	Ded +40%	$0 $50	Ded +40%	Deductible	Ded +40%
Preventative Wellness Care	Covered 100%	Not Covered	Covered 100%	Not Covered	Covered 100%	Not Covered
Breast Cancer Screening Includes 3D mammograms, MRIs and ultrasounds. Please refer to the Summary Plan Description for full details.	Covered 100%	Ded +40%	Covered 100%	Ded +40%	Covered 100%	Ded +40%
Colonoscopies	Covered 100%	Ded +40%	Covered 100%	Ded +40%	Covered 100%	Ded +40%
Routine Hearing	Covered 100%	Ded +40%	Covered 100%	Ded +40%	Covered 100%	Ded +40%
Hearing Aids Once every 3 years per year. No age limit.	$2,500 Limit	$2,500 Limit	$2,500 Limit	$2,500 Limit	$2,500 Limit	$2,500 Limit
TMJ Diagnostics Non-surgical and Surgical Treatment [Annual limit includes all services except surgery itself. There is not an annual dollar limit on the surgery]	$2,500 Limit	$2,500 Limit	$2,500 Limit	$2,500 Limit	$2,500 Limit	$2,500 Limit
NEW **Acupuncture**	$50	Ded +40%	$50	Ded +40%	Deductible	Ded +40%
Nutritional Counseling	$50	Ded +40%	$50	Ded +40%	Deductible	Ded +40%

*The family coverage deductible on the High Deductible Health Plan [HDHP] is an embedded deductible. This means each family member's expenses will go toward satisfying their individual deductible and the total family deductible. If one member of the family meets the embedded individual deductible, then the plan coinsurance would begin to be applied for that one individual. Once the total family deductible amount has been met with the pooled individual deductible amounts, the plan will begin paying coinsurance for applicable claims for the entire family.

MEDICAL | PLAN COMPARISON

	PREMIER PPO		VALUE PPO		HIGH DEDUCTIBLE HEALTH PLAN	
	In Network	**Non-Network**	**In Network**	**Non-Network**	**In Network**	**Non-Network**
HOSPITAL SERVICES						
Inpatient & Outpatient Hospitalization	Ded + 10%	Ded + 40%	Ded + 20%	Ded + 40%	Deductible	Ded + 40%
Emergency Room Visit	$150 copay + Ded + 10%	$150 copay + Ded + 10%	$150 copay + Ded + 20%	$150 copay + Ded + 20%	Deductible	In-Network Deductible
PRESCRIPTION CO-PAYMENTS						
Retail Generic | Preferred | Non-Preferred	$0 | $30 | $50		$0 | $35 | $60		Deductible	
Mail Order [90-Day Supply]	2X Retail		2X Retail		Deductible	
ANNUAL EMPLOYER CONTRIBUTION – HSA						
Employee Only	$0		$0		$500	
Family	$0		$0		$1,000	
MONTHLY PREMIUM WITH WELLNESS INCENTIVE						
	WHOLE Wellness Incentive	**HALF** Wellness Incentive	**WHOLE** Wellness Incentive	**HALF** Wellness Incentive	**WHOLE** Wellness Incentive	**HALF** Wellness Incentive
Employee Only	$118	N/A	$58	N/A	$70	N/A
Employee + Spouse	$358	$483	$230	$355	$250	$375
Employee + Child[ren]	$269	N/A	$168	N/A	$190	N/A
Family	$409	$534	$259	$384	$280	$405
MONTHLY PREMIUM WITHOUT WELLNESS INCENTIVE						
Employee Only	$243		$183		$195	
Employee + Spouse	$608		$480		$500	
Employee + Child[ren]	$394		$293		$315	
Family	$659		$509		$530	
COBRA						
Employee Only	$861.98		$801.93		$771.92	
Employee + Spouse	$1,999.95		$1,855.62		$1,785.19	
Employee + Child[ren]	$1,605.07		$1,489.61		$1,434.18	
Family	$2,361.35		$2,190.46		$2,108.48	

NOTE: The **WHOLE WELLNESS INCENTIVE PREMIUM** amount reflects the premium when both the team member and spouse [if applicable] complete the Premium Incentive Program. The **HALF WELLNESS INCENTIVE PREMIUM** amount reflects the premium when either the team member or the spouse complete the Premium Incentive Program.

BENEFIT INFO
Reach out to your FTI team with benefit-specific questions.

General Benefits Email
benefits@faithtechinc.com

Benefits Hotline
920.225.6772

Headquarters Contact Information
201 Main Street | P.O. Box 260 | Menasha, WI 54952-0260
800.677.1506 | FAX 920.722.7201

UNITEDHEALTH PREMIUM DESIGNATION PROGRAM

To help you make more informed choices about your healthcare, UnitedHealthcare created the UnitedHealth Premium Designation program. The Premium program, offered through UMR, recognizes doctors who meet standards for quality and cost efficiency. Members who choose to see a Premium Care Physician may pay lower co-payments for services than for a non-Premium Care Physician.

How to find a Premium Care Physician

The two hearts UnitedHealth Premium Care Physician symbol is used to identify physicians who meet the UnitedHealth Premium quality care criteria, which includes safe, timely, effective and efficient care.

To find a Premium Care Physician or facility in your area

1. Visit ***www.umr.com*** and search for a provider.
2. Call the toll-free number on the back of your health plan ID card to speak with a customer care professional.

Premium Care Physicians are only available on the UnitedHealthcare Choice Plus network and may not be available in all locations.

UNDERSTAND YOUR CARE OPTIONS

The type of facility and provider you select can have a big impact on the amount you pay out-of-pocket. You have several options to consider when seeking care. Identify the right setting for your specific needs depending on the severity and urgency of your situation.

TYPE OF CARE	COMMON SERVICES		APPROXIMATE WAIT TIME	COST
Virtual Care	■ Cold or flu ■ Bronchitis ■ Respiratory infection ■ Pink eye	■ Sinus problems ■ Allergies ■ Urinary tract infection ■ Poison ivy	**15–20 Minutes**	$
Doctor's Office	■ Preventative services ■ Vaccinations	■ Non-life threatening injuries or illnesses	**1 Week or More**	$ $
Urgent Care	■ Sprains or strains ■ Mild asthma attack ■ Sore throat ■ Earaches	■ Minor broken bone ■ Minor cut ■ Minor infection ■ Minor rash	**30–90 Minutes**	$ $
Emergency Room	■ Sudden change in vision ■ Sudden trouble talking ■ Large open wounds ■ Major burns	■ Severe head injury ■ Heavy bleeding ■ Chest pain ■ Major broken bone	**3–12 Hours**	$ $ $

BENEFIT INFO
Reach out to your FTI team with benefit-specific questions.

General Benefits Email
benefits@faithtechinc.com

Benefits Hotline
920.225.6772

Headquarters Contact Information
201 Main Street | P.O. Box 260 | Menasha, WI 54952-0260
800.677.1506 | FAX 920.722.7201

ONE PASS SELECT

One Pass Select is a membership-based fitness and well-being program available to all team members and families enrolled in the FTI medical plan.

Choose a membership tier that is right for you. To learn more or get started, visit: ***www.OnePassSelect.com***.

One Pass Select™

Classic	**$35/**MONTH	12,000+ gym locations
Standard	**$69/**MONTH	14,000+ gym and premium locations
Premium	**$119/**MONTH	16,000+ gym and premium locations
Elite	**$269/**MONTH	20,000+ gym and premium locations

SCAN to visit One Pass Select.

An enrollment fee may apply. Get started with a digital-only plan for $10/month.

The cost of One Pass Select is an eligible expense that can be reimbursed through the Lifestyle Spending Account [LSA].

Additional Perks
Get Walmart+, Shipt, and Ozer Health membership included at no additional cost, plus exclusive discounts on Oura Ring.



BENEFIT INFO
Reach out to your FTI team with benefit-specific questions.

General Benefits Email
benefits@faithtechinc.com

Benefits Hotline
920.225.6772

Headquarters Contact Information
201 Main Street | P.O. Box 260 | Menasha, WI 54952-0260
800.677.1506 | FAX 920.722.7201

HINGE HEALTH

CUSTOMER SERVICE 855.902.2777
hinge.health/faithtechinc-join

SCAN to visit Hinge Health

HINGE HEALTH

Hinge Health is a digital musculoskeletal (MSK) care program that helps you overcome pain from the comfort of your home. Whether you're dealing with chronic back pain, a recent injury or joint issues like knee, shoulder or hip pain, Hinge Health can help you move better and feel better with:

- Personalized exercise therapy
- One-on-one coaching with physical therapists and health coaches
- Convenient app-based access so you can get care anytime, anywhere
- Enso [if eligible] – A wearable pain-relief device used for treating musculoskeletal pain and flareups by delivering electrical waveforms through the skin to reduce pain and calm nerves/muscles

This is available at no cost for team members and dependents age 18+ who are enrolled in the FTI medical plan.

VIRTA HEALTH

CUSTOMER SERVICE 844.847.8216
www.virtahealth.com

SCAN to visit Virta Health

VIRTA HEALTH

Virta Health uses a nutrition-first approach to build custom plans that help you lose weight, lower your blood sugar and transform your health. This is a virtual program and includes:

- One-on-one support from a personal health coach and guidance from a physician-led care team
- Personalized nutrition plans
- Daily progress tracking via an easy-to-use app
- Digital Health Tools – A scale and glucose ketone meter that automatically sync readings to the Virta Health app, allowing for progress tracking This is available at no cost for team members and dependents age 18+ who are enrolled in the FTI medical plan.

Participation must meet specified criteria and eligibility. Virta Health is available at no cost to team members and dependents age 18+ on FTI's medical plan who are diagnosed with prediabetes, type 2 diabetes and those who have a BMI greater than 25.



MEDICAL | TELADOC®

PLAN INFORMATION

Claims Administrator: **Teladoc®**
Plan Name: **Faith Technologies Incorporated**
Group Number: 76-411010
Member ID: Same as Medical ID
Eligibility: First of the month following date of hire

SCAN to visit Teladoc®

CUSTOMER SERVICE

Teladoc®: 800.835.2362 or download the mobile app
www.teladoc.com

TELADOC®

Teladoc provides you and your eligible dependents with 24/7/365 access to U.S. board-certified doctors, pediatricians, dermatologists, psychiatrists, psychologists, licensed clinical social workers, counselors or therapists by phone, online video or mobile app visit for many medical issues.

Access Behavioral Health Services

Teladoc Behavioral Health provides treatment for issues such as stress/anxiety, depression, substance abuse, domestic abuse and grief counseling. Behavioral health services are not available 24/7, so you must schedule an appointment. Appointments can be scheduled through Teladoc's website or mobile platform to see a psychiatrist for medication management, or a counselor or psychologist for counseling. Note: Limited to adults and adolescents only.

Resolve Many of Your Medical Issues

Teladoc can diagnose, recommend treatment and prescribe medication, when appropriate, for many of your medical issues, including: sinusitis, cold and flu, sore throat, ear infections, allergies, rashes, hives, poison ivy, eczema, acne, anxiety, depression, panic disorder, pediatric care, non-emergency medical issues and more.

Speak With U.S. Board-Certified Doctors

Our national network includes the highest quality, state-licensed doctors who will call you back in less than 30 minutes, on average.

Save Money

Teladoc costs you much less than urgent care or ER visits.

NOTE

- All charges apply toward your out-of-pocket maximum.
- You must complete your medical history disclosure before requesting a consultation and update your medical history each year.

TELADOC SERVICES	COPAY
General medicine	$0
Psychiatrist [initial visit]	$0
Psychiatrist [ongoing]	$0
Psychologist, licensed clinical social worker, counselor or therapist	$0
Dermatology visits	$5

BENEFIT INFO
Reach out to your FTI team with benefit-specific questions.

General Benefits Email
benefits@faithtechinc.com

Benefits Hotline
920.225.6772

Headquarters Contact Information
201 Main Street | P.O. Box 260 | Menasha, WI 54952-0260
800.677.1506 | FAX 920.722.7201

PRESCRIPTION BENEFITS

PLAN INFORMATION

Claims Administrator: **CVS Caremark**

Plan Name: **Faith Technologies Incorporated**

Group Number: RX23NF

Eligibility: First of the month following date of hire
NOTE: Monthly premium is included with the medical insurance premium.

CUSTOMER SERVICE

Rx Customer Care: 866.818.6911

CVS Specialty Pharmacy: 800.237.2767
www.caremark.com

CVS Caremark Mail Service Pharmacy: P.O. Box 659541 · San Antonio, TX 78265-9541

SCAN to download the Health100 app.

PRESCRIPTION | SCHEDULE OF BENEFITS

PHARMACY BENEFIT PLAN DESIGN	PREMIER PLAN	VALUE PLAN	HIGH-DEDUCTIBLE PLAN
Retail (1 through 34-day supply)			
Tier 1: Generic	$0	$0	Network Deductible
Tier 2: Preferred Brand	$30	$35	Network Deductible
Tier 3: Non-Preferred	$50	$60	Network Deductible
Mail Order (90-day supply)			
Tier 1: Generic	$0	$0	Network Deductible
Tier 2: Preferred Brand	$60	$70	Network Deductible
Tier 3: Non-Preferred	$100	$120	Network Deductible
Specialty Pharmacy			
Tier 1: Generic	$15	$15	Network Deductible
Tier 2: Preferred Brand	$30	$35	Network Deductible
Tier 3: Non-Preferred	$50	$60	Network Deductible
Smoking Deterrents			
Brand Name, Generic, Prescription and Over-the-Counter [OTC] Products	$0, 100% Covered	$0, 100% Covered	$0, 100% Covered

NOTE: All copays apply toward the medical out-of-pocket maximum.

*Certain preventive medications will bypass deductible and pay at the coinsurance/copay level. Limitations and restrictions may apply.

PRESCRIPTION BENEFITS CONT.

CVS Caremark has a list of covered medications, called a formulary, that's updated every three months. You can view current and future formularies here: ***https://info.caremark.com/dig/acdruglist***.

TYPES OF MEDICATIONS	
Generic Medications [Tier 1]	Medications that are comparable to brand name medications in quality and performance, but are typically less expensive than their brand name counterparts.
Preferred Brand Medications [Tier 2]	Brand name medications that often appear on the formulary list.
Non-Preferred Brand Medications [Tier 3]	Brand name medications that do not appear on the formulary list and may cost participants more than preferred brand medications.
Non-Specialty Medications	Medications commonly used to treat routine or less complex health conditions.
Specialty Medications	Medications used to treat specific chronic and/or genetic conditions.
Maintenance Medications	Medications taken regularly or long-term to manage chronic health conditions.

NOTE: Prior Authorization [PA] may be needed before the plan covers a medication to confirm it is clinically appropriate for a patient's condition.

TYPES OF PHARMACIES	
In-Network Pharmacy	A pharmacy that works with your plan to offer medications at lower costs.
Out-of-Network Pharmacy	A pharmacy that does not work with your plan, often resulting in higher costs or no coverage for medications filled there.
Retail Pharmacy	A store that dispenses medications – including both prescription drugs and over-the-counter [OTC] medications that do not require a prescription.
Specialty Pharmacy	A pharmacy that specializes in dispensing complex, high-cost medications that require special handling.
Mail Order Pharmacy	A pharmacy that specializes in shipping prescriptions to patients' homes, typically in larger quantities for long-term medication needs.

NOTE: Mail Order Pharmacy eligibility varies.



BENEFIT INFO
Reach out to your FTI team with benefit-specific questions.

General Benefits Email
benefits@faithtechinc.com

Benefits Hotline
920.225.6772

Headquarters Contact Information
201 Main Street | P.O. Box 260 | Menasha, WI 54952-0260
800.677.1506 | FAX 920.722.7201

DENTAL

PLAN INFORMATION

Claims Administrator: **Delta Dental of Wisconsin**

Plan Name: **Faith Technologies Incorporated**

Group Number: 54306

Member ID: Located on your individual member ID card

Eligibility: First of the month following date of hire

CUSTOMER SERVICE

Delta Dental of Wisconsin: 800.236.3712 or download the mobile app
www.deltadentalwi.com/member
PO Box 828, Stevens Point, WI 54481

SCAN to download the Delta Dental mobile app.

TO LOCATE A PROVIDER

800.236.3712 OR www.deltadentalwi.com/member

- Go to *Provider Search*.
- Click *Find a Network Dentist*.
- Select the *Delta Dental PPO + Premier* network.

CheckUp Plus

Allows enrollees to get diagnostic and preventive dental services without those costs getting applied to the individual annual maximum. CheckUp Plus lets you keep your annual maximum for the things you need, not the things you deserve.

Special Health Care Needs Benefit

Our Dental plan offers a Special Health Care Needs Benefit Program, which covers additional services [cleanings, exams, extra chair time] at the dentist for covered team members and their dependents with an intellectual or developmental disability.

Evidence-Based Integrated Care Plan

Delta Dental of Wisconsin's Evidence-Based Integrated Care Plan [EBICP] option is included in your plan. It provides additional cleanings and/or fluoride treatments for persons with medical conditions that have oral-health implications. Conditions include:

- Kidney Failure or Dialysis
- Periodontal Disease
- Pregnancy
- Cancer-Related Treatments
- Suppressed Immune System
- Diabetes
- High-Risk Cardiac Conditions

- EBICP's unique enrollment mechanism requires no medical claims be filed.
- EBICP requires self-enrollment by the patient or his/her dentist at www.deltadentalwi.com, or by calling 800.236.3712.
- Learn more at www.deltadentalwi.com/EBICP.

Delta Dental of Wisconsin has teamed up with Amplifon to offer you quality hearing care. Hearing aid options are available from the top brands with an average of 66% off retail pricing.

	Level 1	Level 2	Level 3	Level 4	Level 5
amplifon **PRICE** [PER EAR]	$995	$1,295	$1,495	$1,895	$2,195

- Virtual Services
- 60-Day Risk-Free Trial
- Complimentary Aftercare

LEARN MORE: Call 888.901.0132 (TTY: 711) | Hours: M-F 7 a.m. - 8 p.m. CT OR visit amplifonusa.com/deltadentalwi

DENTAL | SCHEDULE OF BENEFITS

BENEFIT	MEMBER RESPONSIBILITY [IN-NETWORK]
Annual Maximum | Total amount paid by the plan per calendar year.	Plan pays $2,000 per covered person
Deductibles	
Individual	$50
Family **NOTE:** Once three family members have met their deductibles, the family maximum of $150 will apply and no deductible will be charged for any other family members.	$150
Diagnostic & Preventative Services	
Exams	100% Covered
Cleanings	100% Covered
Fluoride Treatments | Dependents to age 16	100% Covered
X-rays	100% Covered
Sealants | Dependents to age 16	100% Covered
Space Maintainers | Dependents to age 16	100% Covered
Evidence Based Dentistry Guidelines | Contact Delta Dental to register **NOTE:** Additional coverage for individuals with diabetes, pregnancy, serious periodontal conditions, high-risk cardiac conditions, suppressed immune systems conditions, kidney failure or dialysis conditions and cancer-related chemotherapy and/or radiation.	See Summary Plan Description for coverage levels
Basic Services [deductible applies; subject to annual maximum]	
Emergency Treatment to Relieve Pain	10%
Fillings	10%
Endodontics [surgical/nonsurgical]	10%
Periodontics [surgical/nonsurgical]	10%
Nitrous Oxide	10%
Extractions Including Wisdom Teeth [surgical/nonsurgical/other oral surgery]	10%
Major Services [deductible applies; subject to annual maximum]	
Crowns, Inlays, On-Lays	20%
Prosthetics: Bridges, Dentures and Implants	20%
Repairs and Adjustments to Bridges and Dentures	20%
Occlusal Guards	20% $500 maximum, subject to 5-year frequency
Orthodontic Services	
Coverage copayment	50%
Individual lifetime maximum paid by the plan	$2,000
NOTE: Adult orthodontics and dependents to age 26 are eligible.	

DENTAL COVERAGE LEVEL	MONTHLY EMPLOYEE COST
Dental Plan: MONTHLY Employee Costs [Pretax amounts]	
Employee Only	$13.00
Employee + Spouse	$25.60
Employee + Child[ren]	$34.45
Employee + Family	$47.45
COBRA Insurance | MONTHLY Employee Costs	
Employee Only	$40.23
Employee + Spouse	$80.13
Employee + Child[ren]	$108.04
Employee + Family	$149.27

NOTE: Surgical extractions are covered under dental primary, medical secondary. Verify coverage of all oral surgeries before scheduling.

VISION

PLAN INFORMATION

Claims Administrator:	**DeltaVision**
Plan Name:	**Faith Technologies Incorporated**
Group Number:	47179
Member ID:	Located on your individual member ID card
Network Name:	EyeMed® Insight Network
Eligibility:	First of the month following date of hire

SCAN to download the EyeMed App. This secure app gives you access to ID cards, current in-network benefits and eligibility, FAQs and more.

CUSTOMER SERVICE

DeltaVision: 844.848.7090
www.deltavisionwi.com

TO LOCATE A PROVIDER

844.848.7090 OR www.deltadentalwi.com/vision

- Click on Search EyeMed Insight Network.

DeltaVision is brought to you by Delta Dental of Wisconsin in partnership with EyeMed Vision Care.

The EyeMed Access, Select and Insight networks supporting our members are among the nation's largest provider networks, featuring popular retail chains and many small independent doctors as well.

Online Tools and Services

Many self-serve tools and resources are available to you through EyeMed's online DeltaVision portal at deltavisionwi.com. Secure services for members include:

- Print Additional ID Cards
- Claim Information
- Access Exclusive Offers
- "Know Before You Go" Tool

Did you know that with your vision benefit, you're eligible for either contact lenses or eyeglass lenses within your benefit year? And if you use your lens allowance for contacts, you are still eligible to use your frame allowance on a pair of glasses. **HERE'S HOW:**

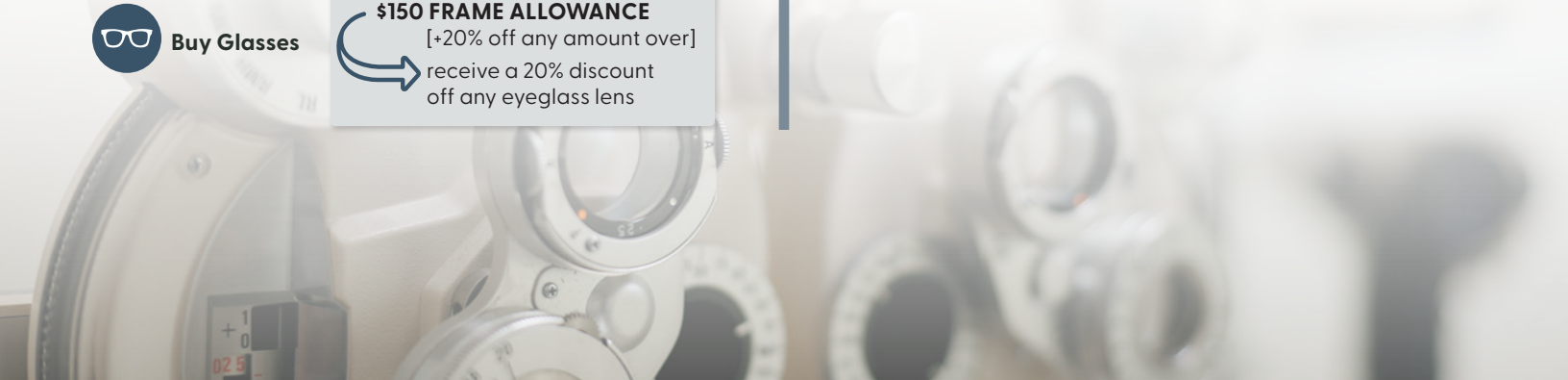
SAMPLE PURCHASE TRANSACTION

Buy Contacts	**APPLY $150 CONTACTS ALLOWANCE**
Buy Glasses	**APPLY $150 FRAME ALLOWANCE** [+20% off any amount over] receive a 20% discount off any eyeglass lens

DeltaVision's Diabetic Eye Care Benefit provides members with type 1 or 2 diabetes with access to frequent and in-depth eye care – helping to detect and minimize vision-related complications early on.

The DeltaVision Diabetic Eye Care Benefit Includes:

- An office visit and diagnostic testing every 6 months
- Diagnostic tests such as gonioscopy, extended ophthalmology, fundus photography and scanning laser *[offered at the provider's discretion]*
- Access to increased exams to detect vision complications from diabetes



VISION | SCHEDULE OF BENEFITS

DELTA VISION FULL PLAN		
Network	Insight	
Frame | Contact Allowance	$150 | $150	
Copay [exams | plastic lenses]	$10 | $10	
Frequency [exams | lenses or contacts | frames]	12 Months | 12 Months | 12 Months	
Dependent Age Limit	To age 26	
BENEFIT DETAILS	**IN-NETWORK**	**OUT-OF-NETWORK REIMBURSEMENT**
Comprehensive Glasses Exam	Member pays $10, Plan pays balance	$35
Retinal Imaging	Member pays up to $39	NONE
Standard Contact Lenses [fit and follow-up]	Paid in Full	NONE
Premium Contact Lenses [fit and follow-up]	10% discount off retail, plus $40 allowance	NONE
Frames [any available frame at provider location]	$150 allowance, then $20% off balance	50% off selected network allowance
Laser Vision Correction [Lasik or PRK]	15% off retail or 5% off promo price	NONE
Includes Diabetic Eye Care Benefits that provide an additional office visit and diagnostic testing for those who have diabetes.		
STANDARD PLASTIC LENSES		
Single Vision	Member pays $10; Plan pays balance	$25
Bifocal	Member pays $10; Plan pays balance	$40
Trifocal	Member pays $10; Plan pays balance	$55
Standard Progressive	Member pays $75	$40
Lens Options		
UV Coating	Member pays $15	NONE
Tint [solid and gradient]	Member pays $15	NONE
Standard Scratch Resistant	Member pays $0	NONE
Standard Polycarbonate	Member pays $0	NONE
Standard Anti-Reflective Coating	Member pays $45	NONE
Other Add-ons and Services	20% off retail	NONE
CONTACT LENSES [IN LIEU OF GLASSES | CONTACT LENS ALLOWANCE COVERS MATERIALS ONLY]		
Conventional	$150 allowance, then 15% off balance	80% of the selected allowance amounts for contacts
Disposable	$150 allowance	80% of the selected allowance amounts for contacts
Medically Necessary	Paid in Full	$200
VISION COVERAGE LEVEL	**MONTHLY EMPLOYEE COST**	
Vision Plan: MONTHLY Employee Costs [Pretax amounts]		
Employee Only	$5.63	
Employee + Spouse	$11.40	
Employee + Child[ren]	$11.56	
Employee + Family	$21.97	
COBRA Insurance | MONTHLY Employee Costs		
Employee Only	$5.74	
Employee + Spouse	$11.63	
Employee + Child[ren]	$11.79	
Employee + Family	$22.41	

FLEXIBLE SPENDING ACCOUNT [FSA]

PLAN INFORMATION

Claims Administrator: **Empower**

Eligibility: First of the month following date of hire

Plan Year: January 1 - December 31

Grace Periods: Through March 15 of the following calendar year
NOTE: Window to incur claims for the current plan year

Through March 31 of the following calendar year
NOTE: Window to submit reimbursements for the current plan year

Reimbursement Options:

- Auto reimbursement
- Debit Card
- Manual

CUSTOMER SERVICE

855.375.3050
empowermyretirement.com

A Flexible Spending Account [FSA] is designed to help you pay for healthcare expenses and/or dependent day care expenses on a pre-tax basis. You can set aside funds through regular payroll deductions based on your anticipated expenses.

The biggest advantage of participating in a flexible spending account is tax savings. Every dollar you set aside in your account reduces your income taxes, and you can be reimbursed for qualified expenses that you are already paying for!

Carefully review your estimated expenses before making the decision to participate. Expenses must be incurred by March 15 of the following calendar year, and claims for eligible expenses must be submitted by March 31 of the following calendar year.

Empower Benefit Account App Features

Check your balance	Submit claims for reimbursement	Use the "Medicine Cabinet" feature to find your medications at the most affordable price	Access cost comparison tools	Real time alerts	Ability to use your phone to take photos of receipts and upload them when you file a claim or submit a reimbursement request

NOTE: The Empower Benefit Accounts app is different than the Empower app used for your workplace retirement account.

The Empower app remains your central location for viewing your retirement account and can also display HSA and FSA balances and basic account activity.

For full HSA/FSA management, including submitting claims, uploading receipts, and accessing additional healthcare spending tools, use the **Empower Benefit Accounts app**.

SCAN the applicable code to download the Empower Benefit Accounts app.

Apple Store

Google Play

FLEXIBLE SPENDING ACCOUNT [FSA]

Dependent Care Flexible Spending Account [DC FSA]

This account reimburses you for day care expenses for eligible children and adults. Qualified expenses for reimbursement include: adult and child day care centers, preschool, before/after school care. Through regular payroll deductions, you can set aside part of your income to pay for these expenses on a tax-free basis. The maximum amount you may contribute to the Dependent Care FSA is $7,500 [if single or married and filing jointly] or $3,750 [if married and filing separately] per plan year. Funds you contribute to the Dependent Care FSA need to be accumulated before you can use them.

To qualify, your dependents must be:

- A child under the age of 13.
- A child, spouse or other dependent who is physically or mentally incapable of self-care and spends at least eight hours a day in your household.

Healthcare Flexible Spending Account [HC FSA]

A Healthcare FSA allows you to set aside pre-tax dollars from your paycheck to cover qualified medical, dental and vision expenses. The funds you elect to contribute are available in full on the first day of the plan year. The maximum contribution amount is determined by the IRS.

NOTE: IRS rules prohibit a team member from having a Healthcare FSA and HSA at the same time.

Limited-Purpose Flexible Spending Account [LP FSA]

If you enroll in the High Deductible Plan with a Health Savings Account, you may participate in the Limited-Purpose FSA, which allows for reimbursement of eligible dental and/or vision expenses. The IRS determines the maximum contribution limit each year.

The IRS requires you to re-enroll in this benefit each year if you wish to continue to participate in the flexible spending account plans. Limits are set by the IRS. Visit IRS.gov for updated contribution limits and list of eligible expenses.

State Tax Consideration: If you reside in Wisconsin, California, or Massachusetts, annual Dependent Care FSA contributions over $5,000 may be taxable at the state level. Federal tax savings still apply.

Qualifying Healthcare Items






You can use your Healthcare Flexible Spending Account [HC FSA] to pay for a variety of healthcare products and services for you, your spouse and your dependents. The IRS determines which expenses are eligible for reimbursement. See the list below of potentially eligible expenses and over-the-counter [OTC] products.

- Acne Products*
- Acupuncture
- Allergy Medications*
- Blood Pressure Monitor
- Cold & Flu Prevention*
- Feminine Hygiene Products
- Fertility Monitor
- First Aid Kits
- Hearing Aids | Batteries
- Humidifier | Supplies*
- Infertility Treatment
- Lice Treatment*
- Medicines*
- Nasal Sprays & Strips
- Orthotics
- Over-the-Counter [OTC] Medications
- Motion Sickness Medications*
- Pregnancy Tests
- Reading Glasses
- Sleep Aids & Sedatives*
- Smoking Cessation | Programs, Supplies*
- Sterilization
- Sunscreen Products*
- Wart Removal Treatments*
- Wound Care

**Some expenses may require a valid prescription or that you submit a letter of medical necessity signed by your doctor for them to be eligible.*

For more information and/or a complete list of eligible items, refer to IRS.gov.

HEALTH SAVINGS ACCOUNT [HSA]

A Health Savings Account [HSA] is available for all team members enrolled in the High Deductible Health Plan [HDHP]. An HSA is a personal healthcare bank account that you can use to pay out-of-pocket medical, dental and vision expenses. You own and administer your healthcare savings account. You determine how much pre-tax income you will contribute to your account, when to use your money to pay for qualified medical expenses and when to reimburse yourself. HSAs allow you to save and "roll over" money if you do not spend it in the calendar year. This is a bank account; you must have money in the account before you can spend it. The money in this account is always yours. If you change health plans or jobs, the money in the account is yours to keep.

You are eligible to open and fund an HSA if:

- You are covered by an HSA-eligible High Deductible Health Plan.
- You are not covered by your spouse's health plan [unless it is a qualified HDHP], Healthcare Flexible Spending Account [FSA] or Health Reimbursement Arrangement [HRA].
- You are not enrolled in the Healthcare FSA.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare, TRICARE or TRICARE for Life.
- You have not received Veterans Administration Benefits in the past three months.

You can use HSA money to pay for qualified medical, dental or vision expenses now or in the future. Your HSA can be used for your expenses and those of your spouse and dependents, even if they are not covered by the HDHP. FTI has partnered with Empower to administer the HSAs opened by team members participating in the HDHP.

HSA Eligibility | Spouses

The IRS treats married couples as a single tax unit, which means you must share one family HSA contribution limit of $9,000 if you are on the same health policy. If you and your spouse each have your own self-only coverage, you may each contribute up to $4,500 annually into your separate accounts. Each spouse who wants to contribute to an HSA must open a separate HSA. Dollars cannot be transferred between the HSAs. However, one spouse may use withdrawals from their HSA to pay or reimburse the eligible medical expenses of the other spouse, without penalty. Both HSAs may not reimburse the same expenses.

Distributions

HSA distributions are tax-free if they are used to pay for qualified medical, dental and vision expenses not covered by insurance. In general, payments for insurance are not qualified medical expenses for HSA purposes; however, there are exceptions for:

- Qualified long-term care services and long-term care insurance
- Continuation of coverage required by federal law [i.e., COBRA]
- Health insurance for the unemployed
- Medicare expenses [but not Medigap]
- Retiree health expenses for individuals age 65 or older
- Distributions made for any other purpose are subject to income tax and a 20% penalty. The 20% penalty is waived in the case of death or disability. The 20% penalty is also waived for distributions made by individuals age 65 or older.

HEALTH SAVINGS ACCOUNT [HSA]

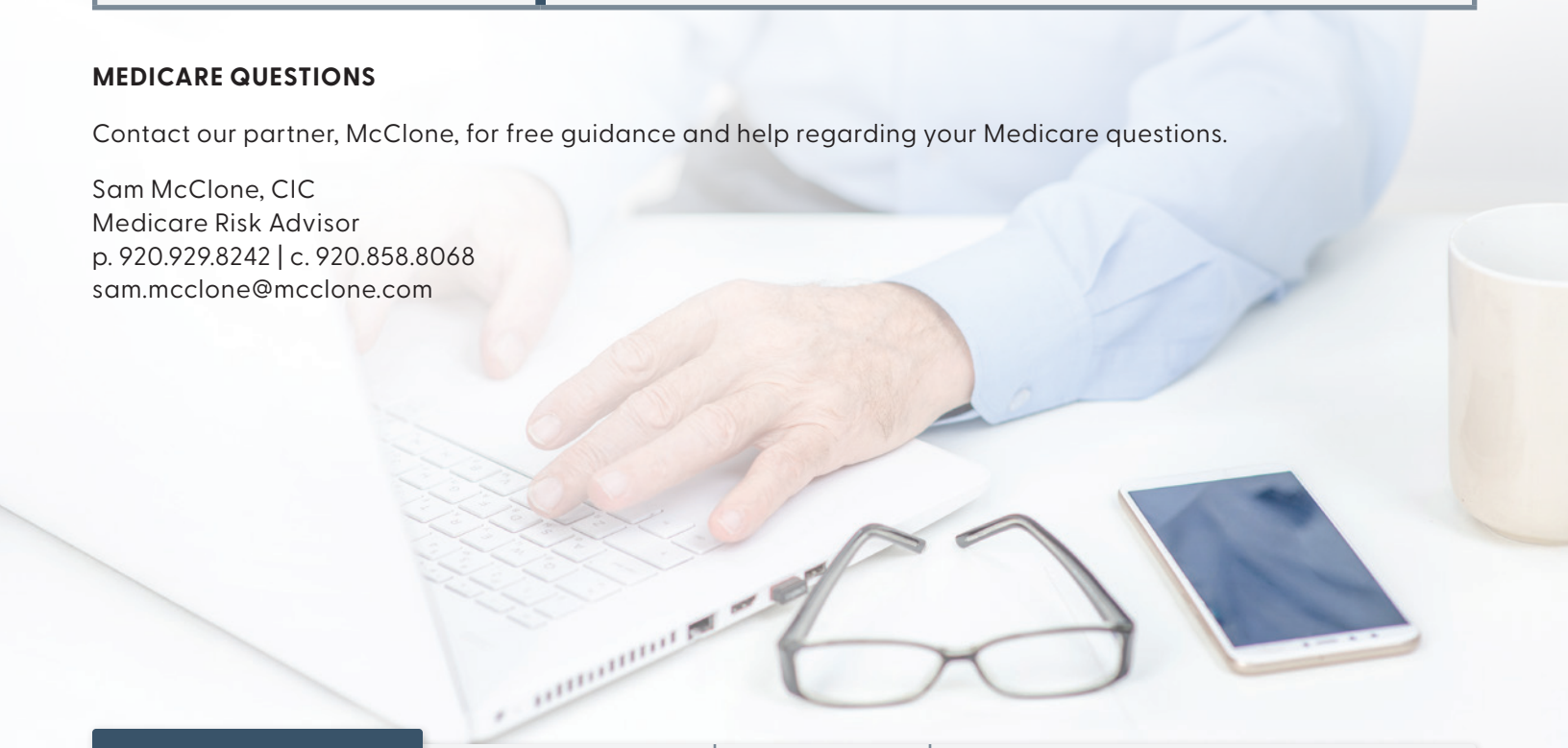
HSA Q&A for Team Members Preparing to Enroll in Medicare

I'm 64+ and about to enroll in Medicare, can I still have an HSA?	Once you enroll in Medicare, you are no longer able to contribute to your HSA. However, you may still use your HSA dollars for healthcare expenses.
Should I delay enrolling in Medicare if I am still working?	This decision will vary based upon your needs. If you decide to actively delay your enrollment in Medicare beyond age 65, you can still make HSA contributions. However, delayed enrollment in Medicare activates a look-back period in which you MUST stop contributing to your HSA six months before enrolling in Medicare. Otherwise, you may incur a tax penalty.
Once I turn 65 and enroll in Medicare, how much can I contribute to my HSA for the year?	If you do not delay Medicare enrollment and enroll right when you turn 65, the six month look back period does not apply. Therefore, you can contribute to your HSA up until the month in which you turn 65. You are eligible to contribute a pro-rated amount based upon the month you turn 65. If you turn 65 in April, you can contribute an amount equal to 3/12 of the annual maximum. Take allowed contributions for the year and divide by 12. If you turn 65 in April, you can contribute the monthly amount times three. If you wait to enroll in Medicare after your 65th birthday, this rule will not apply to you.
If my spouse becomes Medicare eligible and enrolls, does that disqualify me from contributing to an HSA?	No, your spouse's enrollment in Medicare does not affect your ability to contribute; however, it may impact the amount you can contribute to your HSA.

MEDICARE QUESTIONS

Contact our partner, McClone, for free guidance and help regarding your Medicare questions.

Sam McClone, CIC
Medicare Risk Advisor
p. 920.929.8242 | c. 920.858.8068
sam.mcclone@mcclone.com



BENEFIT INFO
Reach out to your FTI team with benefit-specific questions.

General Benefits Email
benefits@faithtechinc.com

Benefits Hotline
920.225.6772

Headquarters Contact Information
201 Main Street | P.O. Box 260 | Menasha, WI 54952-0260
800.677.1506 | FAX 920.722.7201

SPENDING ACCOUNTS | SIDE-BY-SIDE COMPARISON

	HEALTHCARE FLEXIBLE SPENDING ACCOUNT [HC FSA]	DEPENDENT CARE FSA [DC FSA][1]	HEALTH SAVINGS ACCOUNT [HSA]	LIMITED PURPOSE FSA [LP FSA]
PURPOSE OF ACCOUNT	Allows you to set aside pre-tax dollars from your paycheck to pay for qualified out-of-pocket healthcare expenses [Medical, Prescription, Dental, Vision].	Allows you to set aside pre-tax dollars from your paycheck to use toward qualified dependent care expenses.	Allows you to set aside pre-tax dollars from your paycheck to pay for qualified out-of-pocket healthcare expenses [Medical, Rx, Dental, Vision]. Funds in your HSA can also be saved for future emergencies or retirement and invested. Your contribution amounts can be changed at any time. Or you can choose to not contribute to the HSA and just receive the employer contribution.	Allows you to set aside pre-tax dollars from your paycheck to pay for qualified out-of-pocket dental or vision expenses.
ELIGIBILITY TO USE ACCOUNT You must be enrolled in the following Medical Plan offered by the company in order to participate:	**N/A** no requirement **cannot be enrolled in a High Deductible Health Plan*	**N/A** no requirement	**High-Deductible Health Plan** [HDHP]	**High-Deductible Health Plan** [HDHP]
ELIGIBLE EXPENSES	**Common eligible expenses:** • Doctor visits *[deductibles, copays, coinsurance]* • Prescription drugs • Over-the-counter [OTC] medications • Orthopedic goods • Acupuncture • Hearing aids • Physical therapy • Vaccinations • Counseling/therapy • **DENTAL** expenses [exams/cleanings, orthodontics] • **VISION** expenses [exams, glasses/contacts]	**Common eligible expenses:** • Day care • Before/after-school care • Summer camp • Elder care	**Common eligible expenses:** • Doctor visits *[deductibles, copays, coinsurance]* • Prescription drugs • Over-the-counter [OTC] medications • Orthopedic goods • Acupuncture • Hearing aids • Physical therapy • Vaccinations • Counseling/therapy • **DENTAL** expenses [exams/cleanings, orthodontics] • **VISION** expenses [exams, glasses/contacts]	Similar to the HC FSA except you are initially limited to spending your pretax dollars on eligible **DENTAL** and **VISION** expenses.
IRS ANNUAL CONTRIBUTION LIMITS	**YEAR** / **LIMIT** 2027 / TBD	$7,500 [if single or married filing jointly] $3,750 [if married filing separately]	**COVERAGE LEVEL** / **LIMIT[2]** Employee Only / $4,500 Family / $9,000 **NOTE:** HSA catch-up contributions age 55 and older: $1,000	**YEAR** / **LIMIT** 2027 / TBD
EMPLOYER CONTRIBUTION	**N/A**	**N/A**	Employee Only $500[3] Family $1,000	**N/A**

[1] An eligible dependent is a tax-dependent child under age 13 or a tax-dependent spouse, parent or child unable to care for themselves.

[2] These are the 2027 maximum annual contribution amounts [the sum of contributions you AND your employer make to your HSA during the year] that apply to you UNLESS you are age 55 or older, in which case you are able to contribute an additional $1,000 on top of these amounts.

[3] For individuals who become eligible to receive HSA contributions from the company during the year, contribution amounts are pro-rated monthly [based on benefit effective date].

LIFE & AD&D, STD & LTD INSURANCE

PLAN INFORMATION

Carrier: **The Hartford**

Plan Name: **Faith Technologies Incorporated**

Eligibility: First of the month following date of hire

NOTE: These are company-provided benefits wherein the company pays the entire premium for coverage.

The Hartford

NEW VENDOR

CUSTOMER SERVICE

800.523.2233

Disability and Leaves: 888.277.4767
thehartford.com

SCAN the applicable code to download The Hartford app.

Apple Store **Google Play**

Life & Accidental Death & Dismemberment Insurance [AD&D]

The Life and Accidental Death & Dismemberment insurance benefit is offered to eligible team members at a flat rate of $150,000 [unless specified otherwise]. The percentage of AD&D payout varies based on loss of life or the severity of the accidental bodily injury sustained. This is a 100% company-paid benefit.

Short-Term Disability Insurance [STD]

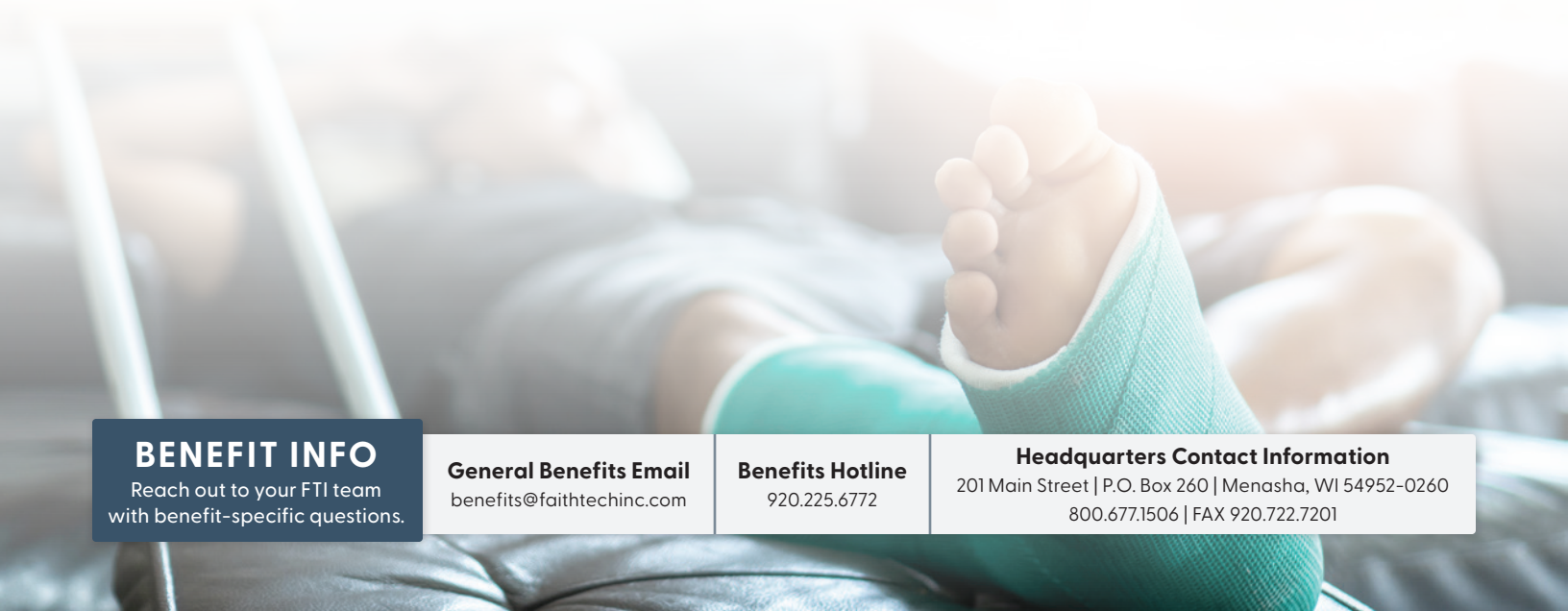
Short-term disability benefits partially replace your income if you become totally or partially disabled while insured. This 100% company-paid benefit pays 60% of your normal weekly earnings, up to $2,000 per week. The maximum benefit period is 26 weeks for any period of disability. Please contact the Benefits department at benefits@faithtechinc.com or 920.225.6772 for more information on how to submit a claim.

- **Elimination Period** – If your total or partial disability is due to an accident, there is no waiting period to start receiving benefits. There is a seven-day waiting period if total or partial disability is due to sickness.

Long-Term Disability Insurance [LTD]

Long-term disability benefits partially replace your income if you become totally or partially disabled while insured. This 100% company-paid benefit pays 60% of your normal monthly earnings, up to $20,000 per month. The maximum benefit period varies based on age at time of disability.

- **Elimination Period** – Benefits begin when short-term disability payments end.



BENEFIT INFO
Reach out to your FTI team with benefit-specific questions.

General Benefits Email
benefits@faithtechinc.com

Benefits Hotline
920.225.6772

Headquarters Contact Information
201 Main Street | P.O. Box 260 | Menasha, WI 54952-0260
800.677.1506 | FAX 920.722.7201

VOLUNTARY LIFE & AD&D

PLAN INFORMATION

Carrier: **The Hartford**

Plan Name: **Faith Technologies Incorporated**

Eligibility: First of the month following date of hire

NOTE: These are voluntary insurance plans offered at a lower group rate, wherein YOU are responsible for paying all of the cost.

NEW VENDOR

Voluntary Life & Accidental Death & Dismemberment [AD&D] Insurance

The people you love and support could face financial challenges if you were no longer around. Voluntary Life and Accidental Death and Dismemberment [AD&D] insurance provides your loved ones with money they can use for household expenses, tuition, mortgage payments and more. This is in addition to the group life and AD&D coverage provided and paid for by FTI. Voluntary Life and AD&D premiums are paid after-tax and are based on age and the benefit amount that you elect.

You may purchase additional Voluntary Life and AD&D insurance for yourself, spouse and/or dependents. Evidence of insurability may be required for certain coverage amounts.

Team members may elect up to $200,000 for themselves at initial eligibility without having to provide evidence of insurability [EOI]. Any coverage elected over $200,000 [up to $500,000] will require EOI to be submitted to The Hartford.

After initial eligibility, EOI is required for any team member wishing to enroll for the first time or increasing existing coverage amount.

BENEFIT	DESCRIPTION
Employee	Increments of $10,000, not to exceed $500,000 [$200,000 guarantee issue when first eligible]
Voluntary Spouse	Option 1: $10,000 | Option 2: $25,000 | Option 3: $50,000
Voluntary Child	Flat $10,000
Voluntary AD&D Coverage	Will equal the amount of voluntary life coverage elected for team member, spouse and child



ACCIDENT, CRITICAL ILLNESS & HOSPITAL INDEMNITY INSURANCE

PLAN INFORMATION

Carrier: **The Hartford**

Plan Name: **Faith Technologies Incorporated**

Eligibility: First of the month following date of hire

NOTE: These are voluntary insurance plans offered at a lower group rate, wherein YOU are responsible for paying all of the cost.

CUSTOMER SERVICE

866.547.4205

Accident Insurance

Accident insurance helps give you peace of mind by minimizing the financial impact that results if a covered individual [you, your spouse or your child] is involved in an accident that results in injury or medical treatment. Accident insurance isn't a substitute for other coverages; however, it can supplement other coverages as a financial safety net by paying you cash for covered accidents and treatment. You can use the money to pay for out-of-pocket medical costs or everyday expenses. Premiums for this coverage are paid after-tax.

ACCIDENT INSURANCE	MONTHLY EMPLOYEE COST
Employee Only	$12.75
Employee + Spouse	$20.09
Employee + Child[ren]	$21.95
Employee + Family	$32..76

Hospital Indemnity Insurance

Hospital Indemnity insurance is designed to help provide financial protection for covered individuals by paying a benefit due to hospitalization. Team members can use the benefit to meet the out-of-pocket expenses and extra bills that can occur. Indemnity lump-sum benefits are paid directly to the team member.

HOSPITAL INDEMNITY	MONTHLY EMPLOYEE COST
Employee Only	$15.18
Employee + Spouse	$31.09
Employee + Child[ren]	$28.72
Employee + Family	$46.71

Critical Illness Insurance

An illness can lead to unexpected costs not covered by your healthcare plan. In the case of a serious illness, you may experience income loss that's only partially replaced by disability insurance. In addition to your medical bills, you still have to pay for insurance premiums, rent or mortgage, vehicle payments, credit card bills, taxes, grocery bills, utilities and general household needs, and if you're ever diagnosed with a critical illness, don't forget about travel costs to see specialists.

Critical illness insurance helps protect team members and their families from financial loss by providing a lump-sum benefit upon diagnosis of a covered medical condition. This coverage provides cash at a time when you need it most. Premiums for critical illness coverage are paid after-tax and are dependent on your age and the benefit amount that you elect.

Health Screening Benefit

Regular health screenings make it possible to detect potential medical conditions early. Staying healthy is a powerful reason for keeping up with health screenings, and The Hartford provides a financial incentive as well! As part of your voluntary benefit coverage, they pay you $50 to be proactive with your health.

You'll receive a benefit payment for getting one screening per plan, per year – with no waiting period. Choose from a wide range of covered tests, including:

- Annual Physicals
- Blood Tests
- Cancer Screenings
- Infectious Disease Related Tests, including COVID-19 Antibody & Viral Testing
- Immunizations
- Vitamin D Screenings
- Behavioral Tests
- Prenatal Counseling
- Mental Disorder & Substance Abuse Screenings

Claims can be submitted through thehartford.com/benefits/myclaim, or by phone at 866.547.4205.

METLIFE | IDENTITY & FRAUD PROTECTION

PLAN INFORMATION

Administrator: **MetLife**

Plan Name: **Faith Technologies Incorporated**

CUSTOMER SERVICE

844.931.2872
Aura's Customer Service team is available 24/7/365

MetLife and Aura Identity & Fraud Protection help safeguard your identity, money, assets, family, reputation and privacy by monitoring your personal information, credit, finances and devices, and alerting you of suspicious activity. The program is available to team members who have a Social Security number, a valid U.S. residential address and are at least 18 years old. The cost is **$8.45 per month for individual coverage** or **$13.95 per month for family coverage**.

Coverage Features

PROTECTION PLUS PLAN FEATURES

- Credit Monitoring & Alerts
- Annual Credit Report
- Monthly Credit Score Tracker
- In-Platform Credit Dispute
- Credit, Bank & Utility Account Freeze Assistance
- Home & Vehicle Title Monitoring
- Investment & Loan Account Monitoring
- High-Risk Transaction Alerts
- Payday/Specialty Loans Block
- Experian Credit Lock
- Credit Score Simulator

IDENTITY THEFT PROTECTION

- Dark Web Monitoring
- Digital Vault
- SSN & Identity Authentication Alerts
- Privacy Assistant & Spam Reduction
- Criminal, Court & Public Records Monitoring
- USPS Address Monitoring
- Social Media Account Monitoring & Takeover Alerts
- Gamertag Monitoring
- Social Media Privacy Checkup

PRIVACY & DEVICE PROTECTION

- Password Manager
- Email Alias
- Safe Web Browsing
- IP Address Monitoring
- Wi-Fi Security VPN
- Antivirus
- AI-Powered Call &Text Screening

FAMILY SAFETY

[included with family coverage only]

- Parental Controls
- Child Cyberbullying Protection
- 3-Bureau Child Credit Freeze Wizard
- Child SSN Monitoring & Alerts
- Sex Offender Geo Alerts
- Family Sharing
- Child Safety Checklist

SERVICES & SUPPORT

- $5M Insurance Policy per Enrolled Adult
- Lost Wallet Protection with $500 Emergency Cash
- 24/7/365 100% US-based Customer Care
- White Glove Fraud Resolution Services
- Restoration Services for Pre-Existing Fraud Events
- Mobile App [iOS & Android]
- Online Resolution Tracker

Setting up your personalized account is as easy as 1-2-3!

1. Create your user ID and password by going to my.aura.com/start.
2. Activate and utilize additional features, view alerts & set your contact preferences, add members to a family plan and more!
3. Download the Aura app for convenient access to your features from anywhere.

Download the Aura app today!

Apple Store **Google Play**

METLIFE | PET INSURANCE

PLAN INFORMATION

Carrier: **MetLife**

Plan Name: **Faith Technologies Incorporated**

SCAN to visit MetLife Pet Insurance.

CUSTOMER SERVICE

1.800.GET.MET8
www.metlife.com/getpetquote

Pet Insurance

More than ever, pets play a huge role in our lives. We want to do everything to keep them safe and healthy. Help make sure your furry family members are protected against unplanned veterinary expenses for covered accidents or illnesses with MetLife Pet Insurance.

This benefit is not elected or deducted through FTI's payroll. Team members must enroll in the coverage directly through MetLife and make payments to them separately.

BENEFITS

- Flexible insurance plans
- Freedom to visit any U.S. veterinarian and be reimbursed up to 90% of the cost of services
- Optional preventive care coverage
- 24/7 access to Telehealth Concierge Services for immediate assistance
- Discounts up to 30% and additional offers on pet care, where available
- Coverage of previously covered pre-existing conditions when switching providers

HOW IT WORKS

Select and enroll in the coverage that's right for you and your pet, and download the mobile app.

Take your pet to the vet and pay the bill. Manage your pet's health and wellness using the mobile app.

Send the bill and your claim to MetLife and receive reimbursement by check or direct deposit if the claim expense is covered under the policy.



BENEFIT INFO
Reach out to your FTI team with benefit-specific questions.

General Benefits Email
benefits@faithtechinc.com

Benefits Hotline
920.225.6772

Headquarters Contact Information
201 Main Street | P.O. Box 260 | Menasha, WI 54952-0260
800.677.1506 | FAX 920.722.7201

401[K] & 401[A] PLANS

PLAN INFORMATION

Carrier: **Empower**

Plan Name: **Faith Technologies Incorporated**

Eligibility: All team members that are 18 years old or older are immediately eligible to participate.

CUSTOMER SERVICE

833.961.5273
www.empowermyretirement.com

FTI's 401[k] Retirement Plan through Empower helps you save for the future. Newly eligible team members are automatically enrolled at a 6% deferral rate, with the option to adjust or opt out within 30 days. You can adjust the deferral rate of your 401[k] contributions within your Empower account at any time. In order to maximize the discretionary company match, you would need to defer at least 6% to your 401[k].

Our goal is to help make saving for the future as easy as possible. You can access your account through the Empower portal or their mobile app.

Contact Empower to:

- Change your contribution deferral on your pre-tax, Roth and/or after-tax emergency savings
- Change your investment funds [allocations]
- Make a withdrawal from your after-tax emergency savings
- Roll over an eligible 401[k] from a previous employer's plan
- Start a loan from your pre-tax or after-tax emergency savings
- View account balances
- View statements
- Educate yourself on retirement saving



Create an Empower Retirement Account!

- Log on to empowermyretirement.com.
- Select *Register*.
- Choose the *I do not have a PIN* tab.
- Follow the prompts to create your username and password.

If Empower doesn't have your email or phone number on file, or if you have another account with Empower *[with a former employer, for example]*, call 833.961.5273 to access your new plan.

Download the Empower app today!

Apple Store **Google Play**

BENEFIT INFO
Reach out to your FTI team with benefit-specific questions.

General Benefits Email
benefits@faithtechinc.com

Benefits Hotline
920.225.6772

Headquarters Contact Information
201 Main Street | P.O. Box 260 | Menasha, WI 54952-0260
800.677.1506 | FAX 920.722.7201

401[K] RETIREMENT PLAN FEATURES

401[k] Beneficiary Designations

Update your beneficiary designations by logging into your account at www.empowermyretirement.com, or by calling Empower at 833.961.5273.

Automatic Escalation

This feature automatically increases your elective deferral amount in small increments each year. Newly eligible team members are enrolled in Automatic Escalation where your deferral rate will increase by 2% on your anniversary date, until you reach a 12% deferral rate. Team members can customize this to escalate either 1, 2 or 3%, or opt out of this feature at any time, and can choose auto escalation on pre-tax or Roth 401[k].

With **GoalMaker**, you can select your investment style (conservative, moderate or aggressive) and your expected retirement age to be invested in a portfolio that's suited to your investment style at no additional cost.

- Periodically rebalances your account to keep your investments on track.
- Automatically adjusts your portfolio as you get closer to retirement.

Catch-up Contribution

If you are 50 years or older, you may also set aside a catch-up contribution per year in an amount set by the IRS.

Company Match

As its targeted discretionary match, FTI intends to match 100% of the first 6% of your individual contribution to your 401[k] retirement plan per paycheck. All company contributions, including company match, are made on a pre-tax basis. You are always 100% vested in employee and employer contributions in the 401[k].

Deferral Percentages

FTI's plan allows you to set aside between 1% and 80% of your pre-tax salary, up to the annual max established by the IRS.

Vesting Schedule

You are always 100% vested in all of your plan accounts.

Roth Option

The Roth option allows team members to contribute to their 401[k] by setting aside money after taxes have been deducted. This means that both the principle contributions and the earnings on those contributions can be withdrawn tax-free.

Empower offers the same investment funds for Roth as those available for pre-tax contributions. The GoalMaker tool may also be leveraged for investment elections. [Note: Loans are not allowed from Roth contributions within FTI's 401[k] plan].

After-tax Emergency Savings

Participants may defer up to 80% of their after-tax earnings to help build a safety net for unexpected expenses. Original contributions are tax free upon withdrawal, but earnings are subject to tax and may be subject to an early withdrawal penalty if withdrawn before age 59½. A Roth conversion option is also available [taxes are due on earnings at the time of Roth conversion].

Educational Tools and Resources

Empower's educational tools and resources can help you manage your financial challenges and reach your goals. Scan the QR code or visit www.learningfromempower.com to access interactive learning tools, calculators and expert insights. Empower also offers live monthly webinars where you can get practical tips from professionals on money matters, investments and retirement planning.

SCAN or visit the app store to get started.

Side-by-Side Comparison

	PRE-TAX PAYCHECK CONTRIBUTIONS	ROTH WORKPLACE CONTRIBUTIONS	AFTER-TAX PAYCHECK CONTRIBUTIONS
Effects of Contributions on Paychecks	Prior to Tax Withholding	After Taxes Withheld	After Taxes Withheld
Taxation on Distributions	Contributions taxed as ordinary income	Contributions are not taxed	Contributions are not taxed
	Any earnings taxed as ordinary income	Any earnings not taxable as qualified withdrawals	Any earnings are taxed as ordinary income

How Pre-tax and Roth Workplace Plan Contributions May Affect Your Paycheck

PRETAX SALARY	SAVINGS RATE
$2,500 MONTH	6%
$1,998	Paycheck if you save pretax
$1,975	Paycheck if you save with Roth

$23 DIFFERENCE

401[K] RETIREMENT PLAN FEATURES CONT.

Comprehensive Financial Planning Through Empower

Your financial decisions are interconnected. A comprehensive financial plan can help you make informed decisions, identify potential gaps and better align your money with what matters most to you and your family.

From managing cash flow and preparing for retirement to evaluating Social Security strategies, insurance needs, and estate planning considerations, a coordinated approach can help you protect what you've built, prepare for life's changes and plan for your legacy.

Empower's certified financial professionals can help you turn your financial priorities into an actionable plan.

Start with a no-obligation, 15-minute consultation to see if more in-depth planning is right for you.

Team members can choose a one-time plan for $499 or ongoing support for $299 plus $29 per month and may use available Lifestyle Spending Account [LSA] funds to help cover the cost. Call 833-961-5273 or visit ind_pd_cfp_mkt.empowermytime.com to schedule your consultation.

Retirement Readiness Reviews [No Cost]

As part of your benefits, Empower offers no-cost, virtual Financial Wellness Consultations to help you build confidence in your financial future. These consultations can help you understand your retirement plan, review your savings strategy, discuss investment basics, and answer general financial wellness questions. This service is available at no cost to team members and is separate from Empower's Comprehensive Financial Planning service.

SCAN to book a consultation with Empower.

401[A] PROFIT-SHARING PLAN FEATURES

FTI's 401[a] Profit-Sharing Plan is in addition to FTI's 401[k] Retirement Plan, and is a solution to offer you with an additional saving option for your future.

Eligibility | All regular team member 18 years old and older are eligible. Part-time team members will receive a prorated contribution based on hours worked.

Contributions | The 401[a] is a non-contributory plan – only the company deposits money. The amount contributed to the 401[a] is pre-tax and will be based on company growth and financials.

Investment Options | You have full control of how your money is invested. Visit Empower's website at any time to update your investment fund allocation.

Safety Incentive Program Contribution | For every 30 days the organization works without a recordable incident, eligible team members will receive a contribution to their 401[a] accounts. Each payout increases by $50 for each 30-day milestone worked incident-free.

Vesting Schedule | Vesting is a three-year cliff vesting period, regardless of the amount of time you have been with FTI. An exception to the three-year vesting rule is for participants age 55 or above.

- A participant attaining the age of 55 while active at FTI will be fully vested after their 55th birthday. If an active participant is already 55 and older, they are automatically vested in the 401[a].
- Distributions from the 401[a] follow the same rules as distributions from the 401[k], except loans are not allowed. The difference is that the 401[a] funds are not available for distribution until fully vested [three years], whereas our 401[k] funds vest immediately and are not subject to a time requirement.
- The 401[a] can only be contributed to by FTI; the team member cannot add funds to their 401[a] account. All funds in the 401[a], vested and unvested, can be directed into investment options by the team member, but they cannot withdraw or take a distribution until vested.
- Assuming the funds are fully vested, an in-service distribution [team member elects to withdraw money from the account] is allowed if the team member has reached the age of 59½.

If you have any further questions regarding this benefit, please reach out to benefits@faithtechinc.com.

TIME AWAY FROM WORK

PAID TIME-OFF BENEFITS

FTI is strongly committed to helping our team members achieve work-life balance and proud to provide best-in-class paid time off [PTO] benefits. PTO may be used for vacation, personal days/appointments/illness, bereavement leave not covered under FTI's bereavement policy, family medical leave or other pre-approved requests. Team members are expected to exhaust PTO benefits during leaves of absence and before requesting unpaid time off.

PTO Eligibility: Full-time, regular-status team members are eligible for PTO upon 90 days of employment. Additional PTO hours are granted based on employment anniversary.

Team members have a one-month grace period from the time of their anniversary to use their PTO balance. After that grace period, team members will be paid out up to 80 hours of their unused balance. PTO balances above 80 hours will go to the Emergency Hardship Program. There is no action for team members to take in order to receive the PTO payout.

90 DAYS	40 hours	**10 YEARS**	184 hours
1 YEAR	80 hours	**11 YEARS**	192 hours
2 YEARS	120 hours	**12 YEARS**	200 hours
5 YEARS	160 hours	**15 YEARS**	216 hours
8 YEARS	168 hours	**18 YEARS**	232 hours
9 YEARS	176 hours	**20 YEARS**	240 hours

Holiday Pay

FTI provides holiday time off to all regular, full-time team members on the dates listed below.

- **New Year's Day** [January 1]
- **Memorial Day** [last Monday in May]
- **Independence Day** [July 4]
- **Labor Day** [first Monday in September]
- **Thanksgiving** [fourth Thursday in November]
- **Day after Thanksgiving** [fourth Friday in November]
- **Christmas** [December 25]

TIME TO RECHARGE

Time to Recharge is a Culture of Care benefit designed to extend your time off to focus on your well-being – MIND, BODY, SOUL. Each full, part-time and seasonal team member receives two hours of paid time off every month to use toward self-care, training and/or professional health services.

Time to Recharge can be requested via Workday, mirroring the current absence request process and only requires the team member to indicate the category and subcategory of use. Team members are required to notify their supervisor in advance of their upcoming absence. Team members are expected to plan for time off, if possible, but advance notice is not required to redeem Time to Recharge.

BENEFIT INFO
Reach out to your FTI team with benefit-specific questions.

General Benefits Email
benefits@faithtechinc.com

Benefits Hotline
920.225.6772

Headquarters Contact Information
201 Main Street | P.O. Box 260 | Menasha, WI 54952-0260
800.677.1506 | FAX 920.722.7201

FAMILY-FRIENDLY BENEFITS

PAID PARENTAL TIME-OFF BENEFIT

NOW 80 HOURS

FTI's paid parental leave provides two weeks [80 hours] of paid time off to benefit-eligible team members [working 30 hours per week or more] for the birth of their child, adoption of their child or pre-adoptive foster care and foster placement of their child upon 90 days of employment. This paid time off benefit is available within the first year of the child's birth/adoption/foster placement and does not need to be taken consecutively.

Team members should contact the Benefits team in advance, and complete and return all necessary forms.

While on paid parental leave, team members remain responsible for regular deductions and benefit premiums, which will continue to be deducted from their paycheck.

Team members may be eligible for other leave benefits, such as short-term disability or FMLA, in addition to Paid Parental Leave. Paid Parental Leave will run concurrent with other applicable leave entitlements subject to the law and company policy.

ADOPTION BENEFIT POLICY

Adoption Benefit | FTI is proud to provide financial assistance to our team members for expenses related to the adoption of a child. Regular, full-time team members employed at least 12 months are eligible to apply for an adoption benefit up to $5,000 once per calendar year to help offset the costs of adopting a child. Complete the Adoption Benefit Claim form found on our benefit team member portal page within 60 days of the adoption date. When submitting the reimbursement request form, you must provide all receipts and documentation to support the amount requested. FTI reserves the right to request documentation of adoption expenses prior to issuing payment.

Disqualification for Payment | If payment was based on false statements, this shall be grounds for disciplinary actions and the team member may be required to reimburse the amount received to FTI.

FERTILITY BENEFITS

NOW $20,000

Lifetime maximum benefit of $20,000 for eligible services within medical insurance coverage.



BENEFIT INFO
Reach out to your FTI team with benefit-specific questions.

General Benefits Email
benefits@faithtechinc.com

Benefits Hotline
920.225.6772

Headquarters Contact Information
201 Main Street | P.O. Box 260 | Menasha, WI 54952-0260
800.677.1506 | FAX 920.722.7201

FAMILY-FRIENDLY BENEFITS

OTHER FAMILY-FRIENDLY BENEFITS

Mindful Moments for Every Age | Headspace, available through the Personify Health wellness program, offers science-based mindfulness and meditation tools that can benefit every member of the household. From stress-relief practices for adults to kid-friendly meditations and bedtime stories, Headspace helps families build healthy habits together. By promoting calm, focus and better sleep, it supports a family-friendly environment where parents and children can thrive – at home and at work.

Comprehensive Support for the Whole Family | Lyra Health offers confidential, high-quality mental health care for team members and their family members. With options ranging from therapy and coaching to self-guided programs, Lyra makes it easy to find care that fits each family member's needs. The Lyra Teen program provides specialized support for adolescents ages 13-17, connecting them with licensed therapists who understand the unique challenges teens face today. Whether it's managing stress, navigating life transitions or improving overall well-being, Lyra delivers convenient, evidence-based care for every stage of family life.

Parent Coaching | Lyra Health provides parent coaching, allowing individuals to work one-on-one with a specialized parenting coach. This service helps parents develop new skills to tackle parenting challenges, enhance their well-being and effectively manage their child's behavior.

Work/Life Balance Solutions | Creating a perfect work/life balance is a struggle for many. There are situations that come up in everyday life that sometimes require additional assistance. Work/life resources and referrals, available through Lyra are designed to provide team members and members of their household with consultations regarding items such as childcare, pet care, elder/adult care, financial consultations, ID theft support and more.

Emergency Hardship Program | Helps FTI team members weather unexpected hardships that create undue financial stress or instability. Through this discretionary program, team members may be eligible to receive financial assistance via monetary and/or PTO donations from team members and company match and/or donations. Each team member's unique situation will be evaluated.



BENEFIT INFO
Reach out to your FTI team with benefit-specific questions.

General Benefits Email
benefits@faithtechinc.com

Benefits Hotline
920.225.6772

Headquarters Contact Information
201 Main Street | P.O. Box 260 | Menasha, WI 54952-0260
800.677.1506 | FAX 920.722.7201

LYRA HEALTH [MENTAL HEALTH BENEFIT]

PLAN INFORMATION

Administrator: **Lyra Health**

Plan Name: **Faith Technologies Incorporated**

CUSTOMER SERVICE

844.761.2003
www.faithtechinc.lyrahealth.com

SCAN to sign up for your Lyra account!

This is a no-cost, company-sponsored mental health benefit available to you and your dependents that offers confidential, 24/7 support and resources that encourage you to maintain healthy and positive lifestyles – while supporting you with proven, effective strategies through life's challenges. Team members and their dependents receive up to 16 free and confidential mental health coaching or therapy sessions per person, per year. If your 16 free sessions have been exhausted, you can continue seeing your Lyra provider, if enrolled in the FTI medical plan. If you are not enrolled in FTI's medical plan, you will need to see if your Lyra provider is covered under your medical plan, or transition to a provider that is covered under your medical plan.

If your treatment includes the use of medications, you can also meet with a Lyra provider for medication management support. Both continued care and medication management sessions are billed through your medical plan and subject to in-network outpatient mental health cost-sharing, as defined under your medical plan.

When you sign up with Lyra, you also gain unlimited access to a library of self-care resources including videos, meditations, soundscapes and breathing exercises to help you strengthen your relationships, stress less and sleep better.

FAST ACCESS

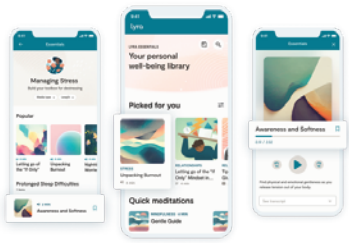
HIGH-QUALITY PROVIDERS

FLEXIBLE OPTIONS

Lyra can help

Unlimited access to Lyra Essentials, a library of well-being resources:

- Videos
- Articles
- Meditations
- Soundscapes
- Breathing Exercises



Compassionate and confidential care

- Anxiety and Depression
- Work Stress and Burnout
- Relationship Challenges
- Parent and Caregiver Stress
- Grief or Loss
- Excessive Alcohol Use

What if I miss my appointment or need to cancel last minute?

When you start care, it's important to talk to your provider about their cancellation policy. Most providers require 24-48 hours notice for cancellations. Please refer to your provider for questions about their cancellation policy and payments. FTI does not cover the cost of any last-minute cancellations or no-shows. Beyond this, if you do not cancel on time or miss an appointment without canceling, for any reason, you will be required to reimburse your provider for the missed session.

WELLNESS PROGRAM

CUSTOMER SERVICE

Personify Health: 888.671.9395
Member Support: support@personifyhealth.com

Quest Diagnostics 855.623.9355
Participant Service Center: welllness@questdiagnostics.com

The stronger the body, the sharper the mind. FTI's award-winning wellness program focuses on the physical, mental, financial and social well-being of team members and their families. By providing opportunities to incorporate Mind, Body, Soul and Heart into our day-to-day lives, we can improve our health, well-being and confidence.

Make A Move Toward Better Well-Being

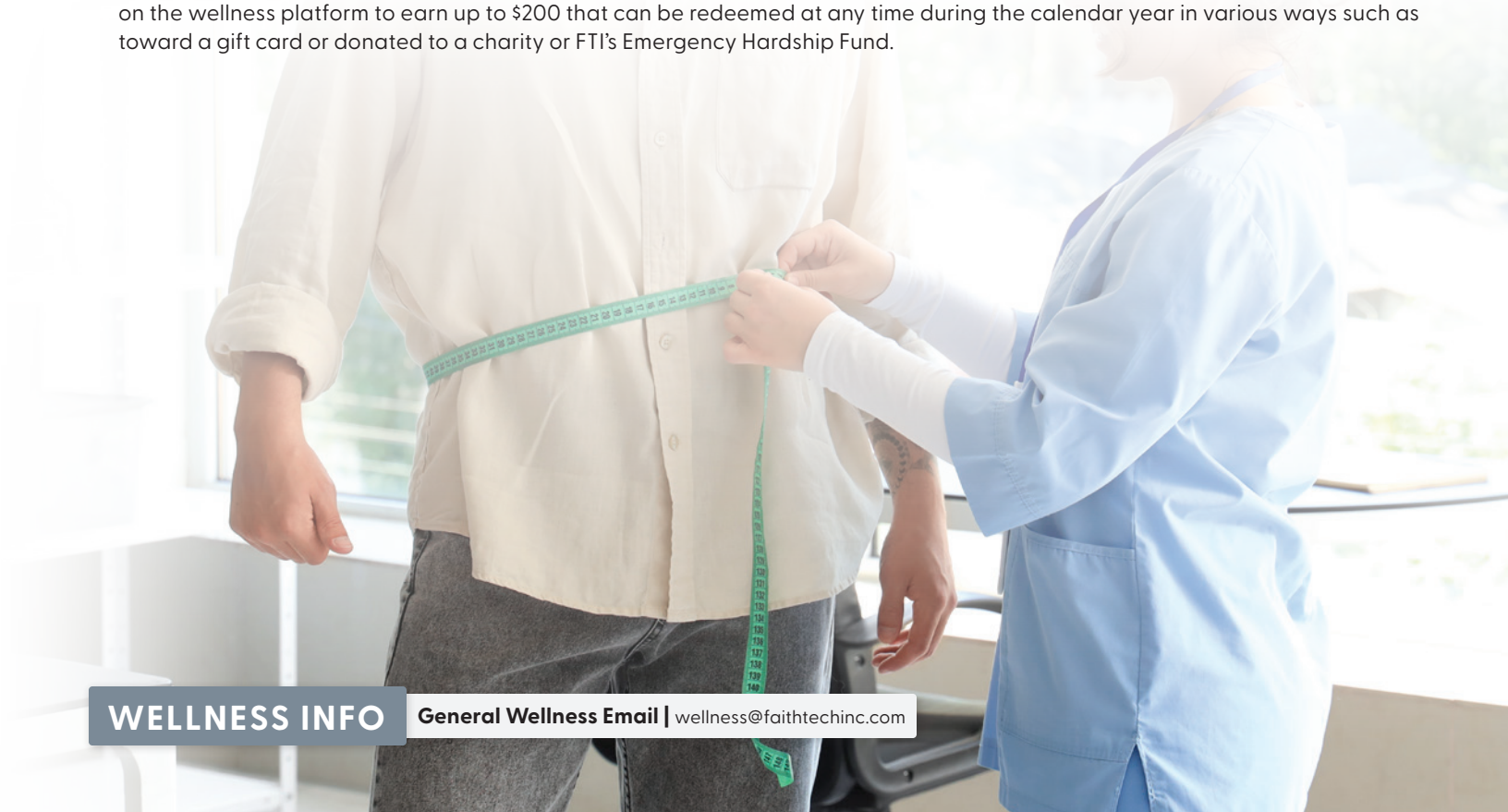
Personify Health offers a comprehensive well-being platform and mobile app to help you build healthy habits across all areas of well-being to achieve long term health. For those new to the wellness program, search for Personify Health in your app store or visit ***join.personifyhealth.com/faithtechnologies***.

Get ready to have some fun while getting healthy! Whether you're making new healthy changes or adding more to your wellness routines, you'll have access to the tools and support you need to reach your goals. **Plus, you can earn cash incentives of up to $200 just for completing healthy activities! All team members and spouses are eligible to join.**

Reward Programs | Live healthy and get rewarded!

- **Premium Incentive Program**
  If you elect FTI's medical insurance, you have the opportunity to earn an additional company contribution toward your medical insurance premium. If you'd like to participate in this voluntary program, team members and spouses must earn enough points to reach at least Level 3 in the program by November 15. Participating in this program allows each team member and spouse to save between $1,500 and $3,000 in health insurance premiums for the following year, depending on plan chosen.

- **Rewards Cash**
  Through the Personify Health program, team members and spouses can complete a variety of activities to reach certain levels on the wellness platform to earn up to $200 that can be redeemed at any time during the calendar year in various ways such as toward a gift card or donated to a charity or FTI's Emergency Hardship Fund.



WELLNESS INFO **General Wellness Email |** wellness@faithtechinc.com

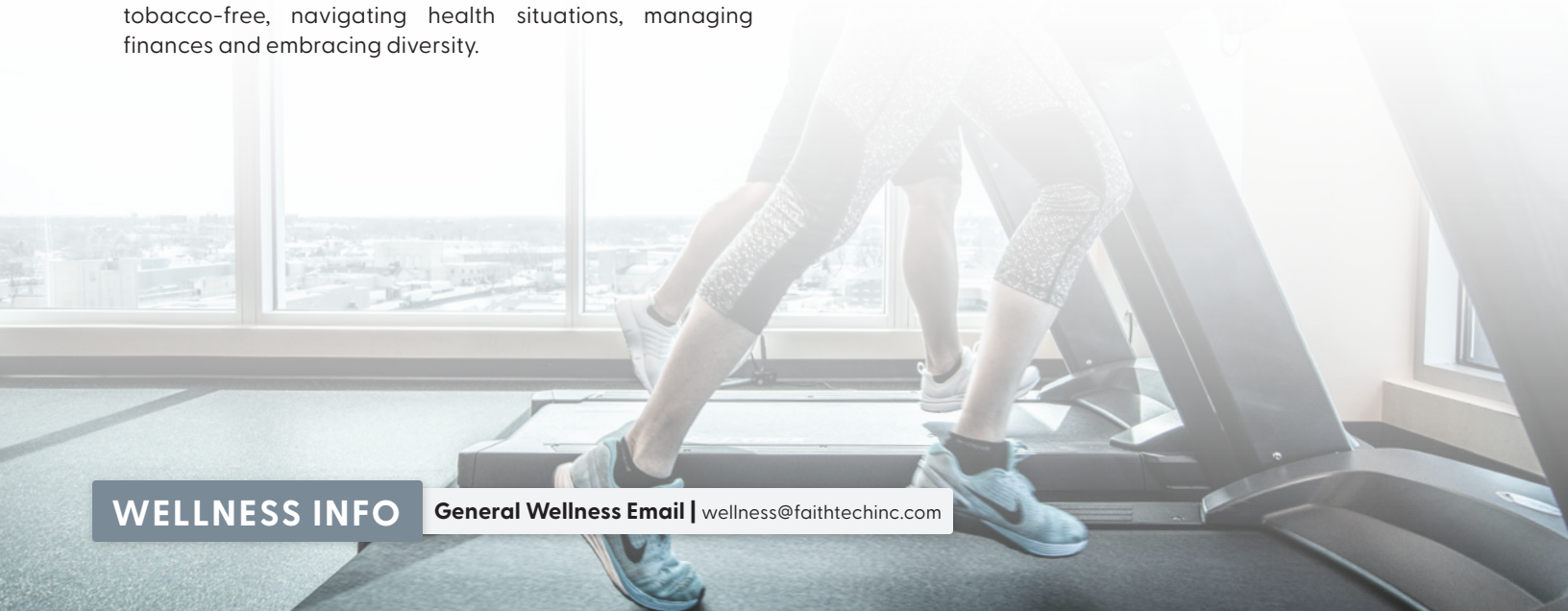
WELLNESS PROGRAM CONT.

Physical Wellness

- **Personify Health's Nutrition Guide** helps participants pick their nutrition profile and serve up healthy tips and great recipes.
- **Personify Health's Sleep Guide** allows participants to pick a sleep profile, get customized tips and see all your sleep data in one place!
- **Get active** and earn points! Through Personify Health, track your steps and activity to earn points towards rewards. Create personal fitness challenges and build healthy habits toward your physical activity goals.
- **Biometric screenings** provide vital information about your overall health, including cholesterol, triglycerides, cardiac risk, glucose, A1c, blood pressure, height, weight, BMI and waist measurement. Biometric screenings are available to all team members and spouses at no cost through the Personify Health program and Quest Diagnostics.
- **Health Coaches through Personify Health**, available at no cost, help individuals achieve their health and wellness goals. Telephonic coaching is available at the touch of a button and at times that are convenient for you. Select from topics such as managing weight, being tobacco-free, getting active, eating healthy, reducing stress and sleeping well.
- **My Care Checklist Appointment Tracking |** Think of My Care Checklist as your personal healthcare assistant. Get reminders to help you stay on top of appointments, tests, check-ups and shots. After you check things off your list, any applicable rewards may be applied.
- **Personify Health Journeys** help participants get on the path to better health with self-guided digital courses that give you daily support in the areas you want to focus on. Select from topics such as reducing stress, finding emotional balance, getting active, eating healthy, sleeping well, being tobacco-free, navigating health situations, managing finances and embracing diversity.
- Take the Personify Health **Health Check Assessment** to assess your health across various factors from mental health to fitness. You'll get a personalized report and actions to take!
- **Nicotine Cessation Program |** Through FTI's medical insurance and the preventive care benefit, the first office visit to discuss nicotine cessation with your primary care provider is covered at 100%, no copay. Prescriptions from your provider, as well as over-the-counter products, will be covered at 100%. Available to all team members and spouses, Personify Health also supports your nicotine cessation journey through no-cost health coaching. Lyra Health offers evidence-based support to all team members and their families to help quit smoking as part of therapy.
- **One Pass Select |** Available through UMR for team members who elect FTI's health insurance. Allows access to a nationwide network of fitness locations while only paying one monthly membership rate for the tier chosen. Enroll at ***onepassselect.com***.
- **Free Max Go Fitness Tracker |** FTI team members and their spouses can get a free Max Go Fitness Tracker. Connect it to Personify Health to track steps, sleep, calories burned and more. Earn points towards your Premium Incentive and Rewards Cash!

Total Wellness

- A **Lifestyle Spending Account [LSA]** is an employer-sponsored benefit that provides post-tax funds for team members' everyday needs. FTI will reimburse up to $400 per family each calendar year for eligible expenses related to physical, financial and emotional well-being.
- **Personify Health Media** videos offer quick, interactive and informative content led by trainers and coaches on a variety of topics including fitness, mindfulness and more.



WELLNESS INFO **General Wellness Email |** wellness@faithtechinc.com

WELLNESS PROGRAM CONT.

Mental Wellness

Good mental health is fundamental to the health and well-being of every person and our communities as a whole. We want all people to understand how to protect and improve their mental health and know when to seek help for themselves or someone close to them.

- **Lyra Health** provides no cost and confidential mental and emotional healthcare that is effective, convenient and personalized. They'll match you to proven treatments and the right care for your needs, whether that's short-term care with their network of top providers, or other resources available such as mental wellness content and exercises, or work-life services. Refer to page 37 for more details.
- **Headspace**, offered through Personify Health, provides guided meditations, breathing exercises and evidence-based mindfulness programs designed to reduce stress, improve focus and support emotional balance. The app includes sleepcasts and music for better rest, movement and yoga sessions for gentle activity and short "mindful moments" to help navigate everyday challenges. Whether you're looking to ease anxiety, boost resilience or simply pause during a busy day, Headspace offers practical tools to strengthen overall mental health.
- **Mental Health Training** is available through Workday Learning for all team members, as well as leaders, to understand common mental health conditions, how to actively work to reduce the stigma surrounding mental health and learn how to spot warning signs for mental health concerns.

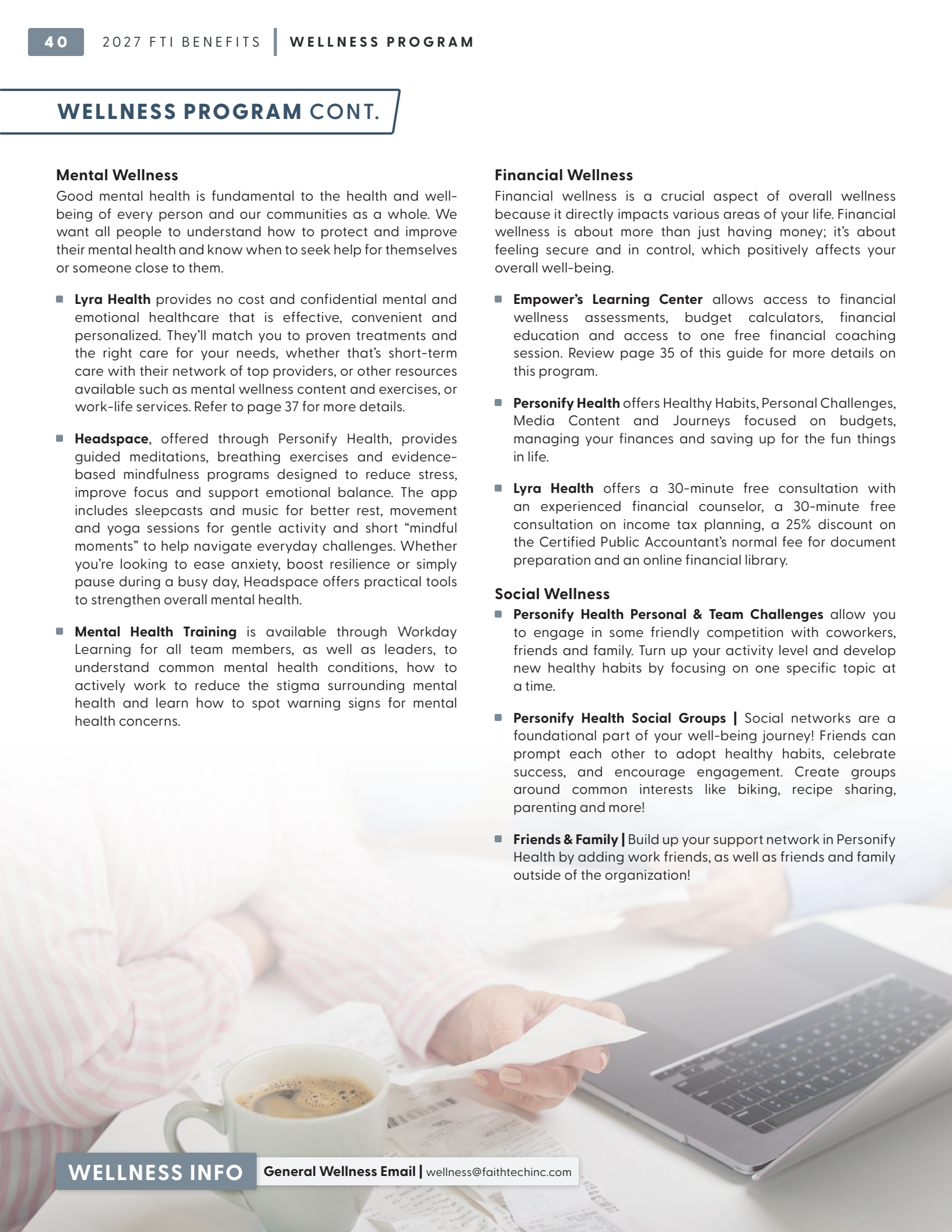
Financial Wellness

Financial wellness is a crucial aspect of overall wellness because it directly impacts various areas of your life. Financial wellness is about more than just having money; it's about feeling secure and in control, which positively affects your overall well-being.

- **Empower's Learning Center** allows access to financial wellness assessments, budget calculators, financial education and access to one free financial coaching session. Review page 35 of this guide for more details on this program.
- **Personify Health** offers Healthy Habits, Personal Challenges, Media Content and Journeys focused on budgets, managing your finances and saving up for the fun things in life.
- **Lyra Health** offers a 30-minute free consultation with an experienced financial counselor, a 30-minute free consultation on income tax planning, a 25% discount on the Certified Public Accountant's normal fee for document preparation and an online financial library.

Social Wellness

- **Personify Health Personal & Team Challenges** allow you to engage in some friendly competition with coworkers, friends and family. Turn up your activity level and develop new healthy habits by focusing on one specific topic at a time.
- **Personify Health Social Groups |** Social networks are a foundational part of your well-being journey! Friends can prompt each other to adopt healthy habits, celebrate success, and encourage engagement. Create groups around common interests like biking, recipe sharing, parenting and more!
- **Friends & Family |** Build up your support network in Personify Health by adding work friends, as well as friends and family outside of the organization!



WELLNESS INFO **General Wellness Email |** wellness@faithtechinc.com

LIFESTYLE SPENDING ACCOUNT [LSA]

The Lifestyle Spending Account [LSA] is a $400 per family, per calendar year reimbursement benefit focused on the physical, emotional and financial well-being of team members and their families. This benefit meets the needs of everyone, no matter your stage of life, age or circumstances and is designed to improve your overall well-being or lifestyle. Think of it like a bonus set aside for you and dedicated to the expenses or experiences you value most. This account is available to all team members of FTI and is administered by Forma.

The LSA is funded by post-tax employer contributions which means distributions from the LSA will be treated as taxable income. If there are any funds left over at the end of the year, they cannot be cashed out.

forma

NEW VENDOR

EXAMPLES OF ELIGIBLE EXPENSES

For a full list of eligible expenses, as well as details of the program, please visit the Lifestyle Spending Account team member portal page.

PHYSICAL WELL-BEING

- Gym Memberships & Classes
- Run/Walk/Bike Events
- Exercise Equipment
- Wearable Fitness Devices
- Sports Equipment

EMOTIONAL WELL-BEING

- Nature Preserve Memberships
- Local & National Park Passes
- Meditation Classes
- Retreats
- Life Coaching

FINANCIAL WELL-BEING

- Bills
- Groceries
- Financial Planning Services
- Pet Expenses
- Baby Expenses



WELLNESS INFO **General Wellness Email |** wellness@faithtechinc.com

HELPFUL INFORMATION

Dual Coverage

Married team members whose spouse works outside the home may have two health insurance plans available to them: FTI's plan and their spouse's plan. However, having two plans available doesn't mean that they should elect both plans [dual coverage]. For the great majority of people with dual coverage, they would be better off financially if they selected one plan. The reasons for this include:

- **Coordination of Benefits**

In the past, it wasn't uncommon for families to have dual coverage because when the two insurance plans coordinated benefits, the secondary health plan picked up the team member's out-of-pocket expense, leaving little to no payment for the team member. Coordination of Benefits provisions have changed. Most health insurance plans, if they are secondary coverage, will no longer pick up the team member's out-of-pocket expenses.

- **Premium Contribution**

If you have dual coverage, you and your spouse are more than likely making a contribution to health insurance premiums for both plans. For most people, they pay more in premium than what they receive in benefits from having dual coverage and it would be a better deal to save the premium and take only one health plan.

- **Health Insurance Portability & Accountability Act [HIPAA]**

Some families have dual coverage because they are concerned a spouse could lose their job and thus health insurance. Loss of a spouse's job is considered a qualifying event, and HIPAA allows a family to pick up health insurance from their employer if the spouse who carried the health insurance loses their job. Should this happen, the employed spouse can request health insurance from their employer as long as they do so within the required timeframe of the qualifying event [e.g., loss of job].

DEFINITIONS

Preferred Provider Organization [PPO] | A PPO offers access to physicians and hospitals that participate in a network plan. You are then able to access healthcare services at a discounted rate each time you use an in-network provider.

In-Network | A healthcare provider or facility that our plan has contracted with to provide services to plan members for specific pre-negotiated rates.

Out-of-Network | A healthcare provider or facility that is not contracted with the plan.

Copay | A copay is a flat dollar amount you pay for the network physician office visits. After the copay, the plan pays 100% thereafter. Copays do not apply toward the deductible.

Deductible | A deductible is the initial portion of the annual medical expenses that plan participants may be required to pay before benefits are paid by the insurance plan.

Embedded Deductible | Each family member's expenses will go toward satisfying their individual deductible and the total family deductible. If one member of the family meets the embedded individual deductible, then the plan coinsurance would begin to be applied for that one individual. Once the total family deductible amount has been met with the pooled individual deductible amounts, the plan will begin paying coinsurance for applicable claims for the entire family.

Aggregate Deductible | The individual deductible no longer applies and the plans coinsurance benefits are not applied until the total aggregate family deductible limit is reached.

Coinsurance | Coinsurance is the percentage you pay for medical care once your deductible has been satisfied.

Out-of-Pocket Maximum | An out-of-pocket maximum is the maximum dollar amount that you will have to pay for medical benefits [includes copays, deductibles and coinsurance].

Primary Care Physician | A physician engaged in family practice, general practice, non-specialized internal medicine, pediatrics, OB/GYN, or the treatment of mental health and substance use disorders; or a physician assistant/nurse practitioner.

Specialist | A provider who falls outside of the primary care definition.

Urgent Care | Services received for a sudden, serious or unexpected illness, injury or condition. Urgent care is not considered a medical emergency. Care is needed right away to relieve pain, find out what is wrong or treat a health problem that is not life-threatening. Examples of urgent care include strep throat, sprains, strains, cramps, rashes or earaches.

Explanation of Benefits [EOB] | An explanation of benefits comes from the third-party administrator after a claim has been filed and shows payment information for each service or supply covered by the plan.

BENEFIT INFO
Reach out to your FTI team with benefit-specific questions.

General Benefits Email
benefits@faithtechinc.com

Benefits Hotline
920.225.6772

Headquarters Contact Information
201 Main Street | P.O. Box 260 | Menasha, WI 54952-0260
800.677.1506 | FAX 920.722.7201

This guide provides information on various FTI benefit plans, including changes that take effect as of January 1, 2027. It is intended to provide a brief overview and cannot present all of the details of the Plan provisions. While every attempt has been made to ensure accuracy, if any conflict or discrepancy exists between the information contained herein and the official plan documents or policies, the official plan documents or policies will govern.

The benefits descriptions contained herein are not guarantees of current or future employment or benefits. FTI reserves the absolute and unconditional right to change, suspend or discontinue any of its benefits programs or policies at any time.

This information is being provided for informational purposes only and should not be considered legal, financial or other professional advice. If you need assistance in these areas, please consult with the appropriate professional.

Published | November 2026

FTI™

FAITH TECHNOLOGIES
INCORPORATED

ADDENDUM

NOTICE PACKET

FAITH TECHNOLOGIES HEALTH PLAN NOTICES

THIS PACKET CONTAINS IMPORTANT BENEFIT INFORMATION, NOTICES AND DISCLOSURES RELATED TO THE HEALTHCARE BENEFITS FOR WHICH YOU ARE ELIGIBLE FOR AS AN EMPLOYEE OF FTI.

TABLE OF CONTENTS

1. **Wellness Programs**
   - **a.** ADA Notice Regarding Wellness Program
   - **b.** Genetic Information Nondiscrimination Act (GINA) Disclosures
   - **c.** Wellness Program Disclosure
2. **COBRA General Notice**
3. **Fixed Indemnity Policy**
4. **Medicare Part D Creditable Coverage Notice**
5. **Mental Health Parity and Addiction Equity Act (MHPAEA) Disclosure**
6. **Newborns' and Mothers' Health Protection Act Notice**
7. **Notice of Privacy Practices**
8. **Special Enrollment Rights Notice**
9. **Summary of Material Reduction in Covered Services Notice**
10. **Summary of Material Modifications Notice**
11. **Women's Health and Cancer Rights Act (WHCRA) Notice**
12. **CHIP Notice**

IMPORTANT NOTICE

This packet of notices related to our health care plan includes a notice regarding how the plan's prescription drug coverage compares to Medicare Part D. If you or a covered family member is also enrolled in Medicare Parts A or B, but not Part D, you should read the Medicare Part D notice carefully. It is titled, "Important Notice from Faith Technologies, Inc About Your Prescription Drug Coverage and Medicare."

ADA Notice Regarding Wellness Program

Faith Technologies, Inc Wellness Program is a voluntary wellness program available to all team members. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

If you choose to participate in the wellness program you may be asked to complete a voluntary health check survey that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening, which includes a blood test measuring for: triglycerides, HDL cholesterol, total cholesterol, LDL cholesterol, glucose, A1C, PSA (men 45 and older). You are not required to complete the health check survey or participate in the biometric screening or other medical examinations and no specific actions or outcomes are required based on your results.

However, team members who choose to participate in the wellness program can receive incentives including a discounted medical insurance premium for the following year and up to $200 in cash incentives each year for each team member and spouse (if applicable) if attaining enough points to reach level 3 in Personify Health's program by November 15 of the current year.

Additional incentives, such as drawings for additional cash rewards for participation, and drawings for cash rewards by completing the wellness program survey, may be available for team members who participate in certain health-related activities, such as the health check survey or biometric screening. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Personify Health Member Services at 1-888-671-9395. During the call, you will be directed to complete a Personify Health request form which will be reviewed to determine approval.

The information you provide through your health check survey and biometric screening will be used to help you better understand your current health status and potential health risks. This information may also be used to offer you personalized services through the wellness program, such as Personify Health coaching, which is available to all participants and may be tailored based on your health check survey and biometric results. You are also encouraged to discuss your results or any health concerns with your primary care provider (PCP) or another healthcare professional.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Faith Technologies, Inc may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is Personify Health, in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact:

Alyssa Kwasny
Wellness Program Director
201 Main Street
Menasha, WI 54952

Genetic Information Nondiscrimination Act (GINA) Disclosures

The Genetic Information Nondiscrimination Act of 2008 ("GINA") protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Wellness Program Disclosure

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Please contact:

Personify Health Member Services at 1-888-671-9395

We will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

General Notice of COBRA Rights

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
  Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to:

Joanne Homa
Director of Benefits
201 Main Street
Menasha, WI 54952

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period[1] to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA

[1] https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods.

coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Faith Technologies Welfare Benefit Plan
Joanne Homa
Director of Benefits
201 Main Street
Menasha, WI 54952

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact Faith Technologies, Inc.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact Faith Technologies, Inc.

Important Notice from Faith Technologies, Inc
About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Faith Technologies, Inc and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Faith Technologies, Inc has determined that the prescription drug coverage offered by the Faith Technologies, Inc Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current Faith Technologies, Inc coverage will not be affected. Plan participants can keep their prescription drug coverage under the group health plan if they select Medicare Part D prescription drug coverage. If they select Medicare Part D prescription drug coverage, the group health plan prescription drug coverage will not coordinate with the Medicare Part D prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your current Faith Technologies, Inc coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with Faith Technologies, Inc and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher

premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage
Contact the person listed below for further information call Joanne Homa at 920-891-7867. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Faith Technologies, Inc changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	10/10/2026
Name of Entity/Sender:	Faith Technologies, Inc
Contact--Position/Office:	Joanne Homa, Director of Benefits
Address:	201 Main Street Menasha, WI 54952
Phone Number:	920-891-7867

Mental Health Parity and Addiction Equity Act (MHPAEA) Disclosure

The Mental Health Parity and Addiction Equity Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For information regarding the criteria for medical necessity determinations made under the plan with respect to mental health or substance use disorder benefits, please contact your plan administrator at 920-891-7867.

Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 60 days after your or your dependents' other coverage ends (or after the Employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you or your dependent(s) lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the loss of CHIP or Medicaid coverage.

If you or your dependent(s) become eligible to receive premium assistance under a state CHIP or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days of the determination of eligibility for premium assistance from state CHIP or Medicaid.

To request special enrollment or obtain more information, contact:

Joanne Homa
Director of Benefits
201 Main Street
Menasha, WI 54952

Notice of Privacy Practices

Faith Technologies, Inc
201 Main Street
Menasha, WI 54952

Privacy Official:
Joanne Homa
Director of Benefits
201 Main Street
Menasha, WI 54952

Your Information. Your Rights. Our Responsibilities.
This notice describes how medical information about you may be used and disclosed for Faith Technologies' self-funded medical and dental plans, Flexible Spending Account (FSA), and Employee Assistance Program, and how you can get access to this information. **Please review it carefully.**

Your Rights
You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices
You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures
We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests

- Respond to lawsuits and legal actions

To the extent we have your substance use disorder patient records, subject to 42 DFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us at:
  Joanne Homa
  Director of Benefits 201 Main Street
  Menasha, WI 54952
  You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and share your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. And in all cases, if we have substance abuse patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.**

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Summary of Material Reduction in Covered Services or Benefits to Faith Technologies Welfare Benefit Plan

This Summary of Material Reduction in Covered Services ("SMR") modifies some of the information contained in the Summary Plan Description ("SPD") for the Faith Technologies Welfare Benefit Plan (the "Plan") that describes the Plan as of 01/01/2027.

Note: In the event of any discrepancy between this SMR and the SPD, the provisions of this SMR will govern.

Modification(s)

Important changes under the Plan will go into effect on 01/01/2027. In particular, health plan coverage shall be amended as follows:

Applicable to the High-Deductible Health Plan:

Change to HDHP Plan due to IRS Cost of Living Adjustments:

	2026 Plan		**2027 Plan Change**	
Deductible	In network	Out of Network	In Network	Out of Network
Single Coverage	$3,400	$5,400	$3,500	$5,500
Family Coverage	$6,800	$10,800	$7,000	$11,000
Embedded Deductible	$3,400	$5,400	$3,500	$5,500
Out of Pocket Maximum	In network	Out of Network	In Network	Out of Network
Single Coverage	$3,400	$10,800	$3,500	$11,000
Family Coverage	$6,800	$21,600	$7,000	$22,000
Embedded Out of Pocket Maximum	$3,400	$10,800	$3,500	$11,000

If you have questions about these changes in benefits, please contact your Plan Administrator at 920-891-7867.

Summary of Material Modifications to Faith Technologies Welfare Benefit Plan

This Summary of Material Modifications ("SMM") modifies some of the information contained in the Summary Plan Description ("SPD") for the Faith Technologies Welfare Benefit Plan (the "Plan") that describes the Plan as of 01/01/2027.

Note: In the event of any discrepancy between this SMM and the SPD, the provisions of this SMM will govern.

Modification(s)
Important changes under the Plan will go into effect on 01/01/2027:

- UMR Medical Plans:
  - HSA Employer Contribution applicable to the High-Deductible Health Plan: Annual contribution to be **$500** employee only**/$1,000** family from $300 employee only/$900 family.
  - Fertility Coverage: eligible charges to be covered up to **$10,000** per plan year and **$20,000** per lifetime maximum, increased from $5,000 per plan year and $10,000 per lifetime maximum.
  - Prior Authorizations: an expanded Prior Authorization List (PAL) will apply to help reduce the likelihood of surprise claim denials or medical necessity determinations occurring after services have already been provided.
  - Out-of-Network Claims: UMR will transition to a Cost Reduction Savings claim processing methodology to identify savings opportunities on eligible out-of-network claims while providing member advocacy and balance billing support.
  - HPV testing: age restriction to be removed.
  - Nutritional Counseling: to be covered regardless of diagnosis.
  - Acupuncture: treatment to be covered.
- Delta Dental:
  - Removal of the "Least Elaborate Clause" regarding dental implants: the Plan will cover eligible implant treatment based on the actual service provided, subject to medical necessity review, benefit eligibility requirements, and the Plan's annual maximum.
  - Nitrous oxide sedation: to be covered.
- All ancillary coverages insured through Lincoln Financial Group will be moved to **The Hartford**, to include Base Life/AD&D Insurance, Short Term Disability and Long-Term Disability Insurance, Voluntary Life/AD&D Insurance, Voluntary Accident Insurance, Voluntary Critical Illness Insurance, and Voluntary Hospital Indemnity Insurance.
- Leave of absence administration will be moved to **The Hartford**, from Lincoln Financial Group, to include federal and state leaves as applicable.
- Administration by WEX for Health Savings Accounts (HSAs), Healthcare Flexible Spending Accounts and Limited-Purpose Flexible Spending Accounts, Dependent Care Flexible Spending Accounts, and COBRA Services will be moved to **Empower.**
- Administration by WEX for Lifestyle Spending Accounts (LSAs) will be moved to **Forma.**

If you have questions about these changes in benefits, please contact your Plan Administrator at 920-891-7867.

Women's Health and Cancer Rights Act (WHCRA) Notice

Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: $3500 single deductible (in-network) and 0% coinsurance (in-network) and $5500 single deductible (out-of-network) and 40% coinsurance (out-of-network). If you would like more information on WHCRA benefits, call your plan administrator at 920-891-7867.

Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 920-891-7867 for more information.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of **July 31, 2026**. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: https://www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/ Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	
GEORGIA – Medicaid	**ILLINOIS - Medicaid**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Illinois Medicaid Premium Assistance Information Medicaid application website: https://abe.illinois.gov HIPP Hotline Number: 217-524-8268 HIPP Email: hfs.boc.hipp@illinois.gov
INDIANA – Medicaid	**IOWA – Medicaid and CHIP (Hawki)**
Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584	Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562
KANSAS – Medicaid	**KENTUCKY – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
LOUISIANA – Medicaid	**MAINE – Medicaid**
Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084	Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP	**MINNESOTA – Medicaid**
Website: https://www.mass.gov/masshealth/pa	Website:

Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672
MISSOURI – Medicaid	**MONTANA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
NEBRASKA – Medicaid	**NEVADA – Medicaid**
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	Medicaid Website: https://www.nj.gov/humanservices/dmahs/clients/medicaid Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)
NEW YORK – Medicaid	**NORTH CAROLINA – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid	**PENNSYLVANIA – Medicaid and CHIP**
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP	**SOUTH CAROLINA – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	**TEXAS – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493
UTAH – Medicaid and CHIP	**VERMONT– Medicaid**

Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/	Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 1-304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid	
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269	

To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137