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Project Apache
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Wednesday, December 3, 2025 1:48:01 PM

2026

Benefit Guide

January 1, 2026—December 31, 2026



Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your registered domestic partner (RDP) and/or their children, where applicable by state law
- ▶ Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire. If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1, 2026 – December 31, 2026.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, RDP or child
- ▶ You lose coverage under your spouse's/RDP's plan
- ▶ You gain access to state coverage under Medicaid or The Children's Health Insurance Program

Making Changes

To change your benefit elections, you must contact Human Resources within 30 days of the qualifying life event. Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to change your elections.

Required Information—You will be required to enter a Social Security Number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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Enrollment

Go to ADP for your enrollment. There you will find detailed information about the plans available to you and instructions for enrolling.

Medical

We are proud to offer you a medical plan that provides comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of the plan.

Blue Cross Blue Shield of AZ

The High-Deductible Health Plan (HDHP) works similarly to a traditional PPO:

- ▶ You may see any health care provider and still receive coverage but will maximize your benefits and lower your out-of-pocket costs if you see an in-network provider.
- ▶ The plan pays the full cost of non-preventative health care services.
- ▶ You pay the full cost of non-preventative health care services until you meet the annual deductible.
- ▶ Once you meet the deductible, you pay a percentage of your health care expenses (coinsurance) and the plan pays the rest.

Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year.

Health Savings Account

The HDHP comes with a type of savings account called a Health Savings Account (HSA). The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

Here's how the HSA works:

- ▶ You contribute pre-tax funds to the HSA through automatic payroll deductions.
- ▶ Your contributions may not exceed the annual IRS limits listed below.
- ▶ You can withdraw HSA funds, tax free, to pay for qualified health care expenses now or in the future. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

Important Notes:

- ▶ You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, visit www.irs.gov/forms-pubs/about-publication-969.
- ▶ For a complete list of qualified health care expenses, visit www.irs.gov/forms-pubs/about-publication-502.
- ▶ Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

HSA Contribution Limit	2026
Employee Only	\$4,400
Family (employee + 1 or more)	\$8,750
Catch-up (age 55+)	\$1,000

Telehealth



Online Doctor Visits Any Day, Any Time

Employees can take advantage of flexible, affordable, and convenient healthcare with the BlueCare AnywhereSM telehealth app. When their primary doctors aren't available, employees can visit a provider, counsellor, or psychiatrist any day, any time - from your smartphone, computer, or tablet.

3 types of Telehealth Care Available:

Medical

When an employee doesn't have a regular doctor or their primary care provider isn't available, BlueCare Anywhere providers are here to help with a range of common illnesses, aches, and pains. They can also prescribe medication, if necessary.

Counseling

Licensed psychologists or counselors are available to treat issues—such as mental health and substance abuse—that can affect emotional, psychological, and social well-being. By appointment only.

Psychiatry

Board-certified psychiatrists are available for assessments, evaluation, treatment, and can prescribe medication. By appointment only.



DOWNLOAD THE BlueCare Anywhere APP OR VISIT BlueCareAnywhereAZ.com NOW.

BlueCare Anywhere Telehealth Type of Visit	HSA-Qualified Plans
Medical Visit	\$67
Counseling Visit	\$96 – \$122
Psychiatric Visit	\$98 – \$263

Quality Care with Real Benefits

Anytime, Anywhere Access

Round-the-clock access to care provides peace of mind and added protection to traveling employees or those who are not able to get in to see their own provider.

Accessible Care, Healthier Employees

Because employees can conveniently access care from the comfort of their home or other familiar environments, they're more likely to seek care rather than delaying treatment. Healthier employees can reduce absenteeism and increase productivity.

Convenience and Cost Savings

With BlueCare Anywhere, appointments are typically available within minutes of logging on. Plus, online visits may help employees avoid unnecessary urgent care or emergency room visits.

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Medical Plan Summary

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Blue Cross Blue Shield of AZ \$3,400 QHDHP
	In-Network (Blue Preferred HSA Plus/Statewide/National PPO)
Deductible (per calendar year)	
Individual / Family	\$3,400 / \$6,800
Out-of-Pocket Maximum (per calendar year)	
Individual / Family	\$6,000 / \$12,000
Covered Services	
Office Visits (physician/specialist)	Deductible + 20%
Routine Preventive Care	No Charge
Outpatient Diagnostic (lab/X-ray)	Deductible + 20%
Complex Imaging	Deductible + 20%
Chiropractic	Deductible + 20%
Ambulance	Deductible + 20%
Emergency Room	Deductible + 20%
Urgent Care Facility	Deductible + 20%
Inpatient Hospital Stay	Deductible + 20%
Outpatient Surgery	Deductible + 20%
Prescription Drugs (All tiers)	
Retail Pharmacy (30-day supply)	Deductible + 20%
Mail Order (90-day supply)	Deductible + 20%

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

Pre-Service notification required for some services.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

Health Reimbursement Account (HRA) – Your employer will contribute the last \$2,600 of the out-of-pocket maximum once your deductible is met. You must meet your full individual deductible first. Once you meet your deductible, you will be reimbursed for covered expenses that are applied to your out-of-pocket max up to the end of the calendar year.

MANAGE YOUR HEALTH PLAN ONLINE

As a BCBSAZ member you have exclusive access to MyBlue, an online portal that allows your health plan to work for you. The convenience of MyBlue takes the hassle out of managing your plan and gives you access 24/7. Signing up for your MyBlue account is quick and easy. Follow the steps below.

- 1 Register your MyBlue account at azblue.com/MyBlue
- 2 Enter your member ID and date of birth
- 3 Remember to enter your email address
- 4 Choose your delivery preferences
- 5 Enter login information, accept terms, and submit

If you have any questions, please reach out to the number on the back of your member ID card.



Claims & Benefits

- Review your coverage
- View claims status and detail
- Track deductibles
- Access member health statements



Manage Your Account

- Review or change your communication preferences
- Access a digital version of your ID card or print a copy, or request a new card be mailed to you



Find a Doctor, Facility, or Estimate Costs

- Find doctors in your network
- Get cost estimates for treatments and procedures
- Search for in-network hospitals, labs, and urgent care clinics near you

Dental

We are proud to offer you a choice of two dental plans. The **Ameritas** dental plans offer you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the **Ameritas Dental Network**. Following is a high-level overview of the coverage available.

These plans includes a Rollover option, where you can carry some of your unused benefits into the next plan year. In order to take advantage of this benefit, you'll need to have at least one dental procedure preformed during the calendar year and use less that \$750 in benefits. If you do, you'll be able to rollover \$250 into the next plan year, giving you a \$1,750 annual maximum instead of the plan's normal \$1,500 maximum. If no procedures are performed during the year, all rewards are forfeited. If you use an Ameritas PPO provider, you'll earn an additional \$100 rollover bonus. You may accumulate up to an additional \$1,000 in rewards at any one time.

Key Dental Benefits	Ameritas Base Plan	Ameritas Buy-Up Plan With Orthodontia
	In-Network Benefits	In-Network Benefits
Deductible (per calendar year)		
Individual / Family	\$25 / \$75	\$25 / \$75
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)		
Per Individual	\$1,500	\$2,000
Covered Services		
Preventive Services	No charge	No charge
Basic Services	Deductible, then 10%	Deductible, then 10%
Major Services	Deductible, then 40%	Deductible, then 40%
Orthodontia	Not Covered	Deductible, then 50%; \$1,500 lifetime maximum

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

Vision

We are proud to offer you a vision plan through Ameritas.

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the **EyeMed Insight Network**. The following is a high-level overview of the coverage available.

Key Vision Benefits	EyeMed Insight	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10		Up to \$35
Materials Copay	\$25		N/A
Lenses (once every 12 months)			
Single Vision			Up to \$25
Bifocal	No charge after	material copay	Up to \$40
Trifocal			Up to \$55
Frames (once every 12 months)	\$130 allowance		Up to \$65
Elective Contact Lenses	\$130 allowance		Up to \$104
Necessary Contact Lenses	Covered in Full		Up to \$200

BenefitHub

Our Discounts and Rewards marketplace is sure to provide an extra layer to your benefits. Including 10,000+ exclusive discounts from many of the most desired brands in the world. BenefitHub is easy to use with over 21 Categories and 100+ subcategories, zip code driven map for ways to find local offers, and cash back rewards on nearly all vendors ranging from 2%-20%.

Visit: <https://empower.benefitHub.com/app/>



Life and Disability

Your Life and Disability coverage is through The Standard. Please see HR about how the details of your Life and Disability plans.

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck. Depending on the benefit, the amounts could be pre taxed or post taxed. Speak with HR on how benefits are deducted. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Contact Information

Coverage	Carrier	Group #	Phone #	Website/Email
Medical	Blue Cross Blue Shield of Arizona	100411	800-232-2345	www.azblue.com
Dental	Ameritas	010058242	800-659-2223	Dentalnetwork.ameritas.com/
Vision	Ameritas	010058242	800-659-2223	www.eyemed.com
Life / AD&D and Disability	The Standard		800-368-2859	www.standard.com

Questions?

If you have additional questions, you may also contact:

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