HIRE RIGHT®

2027 Benefits Open Enrollment









Enroll between November 9 – November 20

Open Enrollment is here!



Open Enrollment is your annual opportunity to review and update your benefit elections for the upcoming plan year.

Dates: November 9 – November 20

Coverage Effective: January 1, 2027

This year's Open Enrollment is a passive enrollment. This means no action is required if you wish to keep your current benefit elections.

Your 2026 benefit elections will automatically roll over into 2027, except for Health Care FSA, Dependent Care FSA, and HSA contribution elections, which must be re-elected during open enrollment.

Today’s Agenda

- What’s New or Changing in 2027
- Benefits Eligibility
- Your Pre-Enrollment Checklist
- Your Benefits Center
- Your Benefit Options
- Simple Steps to Enroll
- Your Questions Answered



What's New for 2027?

We are excited to introduce several new benefits to provide additional support for your health, well-being, and financial security.

***New!* UHC Value HDHP Plan**

HireRight is introducing a new Value HDHP designed to give you a lower-premium coverage option with access to a Health Savings Account (HSA).

***New!* Genetic Testing Program**

Genomic Life offers comprehensive DNA screening, personalized health insights, and access to cancer navigation support to help you and your family better understand potential health risks and make informed healthcare decisions.

***New!* Discount Program**

Get exclusive discounts from popular brands and local businesses with PerkSpot, at no cost to you. Browse deals to enjoy savings on a variety of products and services, including online retailers, auto purchases, entertainment, travel, and more!

***New!* Surgical Center of Excellence**

An exclusive concierge service providing high-quality personalized care for your surgical needs. It offers a dedicated Care Advocate and quality surgeons for hundreds of non-emergent procedures. Most services are completely *free* — even surgery!

You must be enrolled in a HireRight UHC or Surest plan to be eligible for Lantern.

What's New for 2027? *(continued)*

Voluntary Benefits Plan Enhancements

HireRight is pleased to offer plan enhancements to the Voluntary Accident, Critical Illness, and Hospital Indemnity Plans, at no additional cost to you. These employee-paid programs provide added financial protection and support for a variety of unexpected life events, allowing you to choose the coverage that best meets your needs. See the Benefit Guide for more details on these enhancements.

Legal and Identity Theft Plan Enhancements

We've enhanced these plans to provide additional features and protection, all at a slightly **lower cost**. It's an enhancement that deliver both greater value and savings! See the Benefits Guide for more details on these enhancements.

Forma Lifestyle Spending Account (LSA)

The LSA program with Forma will sunset effective January 1, 2027. Eligible expenses must be incurred and submitted in accordance with the current plan rules before December 31, 2026.

Regulatory changes effective January 1, 2027:

- **Increased HSA contribution limits:** Annual HSA contribution limits for 2027 are increasing to $4,500 for self-only coverage and $9,000 for family coverage. HireRight's contributions to UHC HDHP are included in these limits.
- **Healthcare FSA contribution limit:** The annual Healthcare FSA contribution limit for 2027 is $3,500.
- **Increased deductibles/OOPM for UHC HDHP plan**: Based on minimum IRS HSA requirements, the deductibles for the UHC HDHP plan are increasing from $3,400/$6,800 to $3,500/$7,000. The OOPMs are increasing to from $5,100/$10,200 to $5,250/$10,500.

Benefits Eligibility – Whom You Can Enroll

Employees

- Full-time employees (contractors excluded) scheduled to work 30 or more hours per week

Dependents

- Employees also can enroll eligible dependents, including:
  - Spouse:
    - Includes same or opposite gender domestic partners
  - Children up to age 26:
    - Includes employee's and spouse/domestic partner's natural, adopted, foster, and stepchildren
  - Children over age 26 who are disabled and depend on you for support
  - Children named in a Qualified Medical Child Support Order (QMCSO)

Once you complete your enrollment, you will be required to upload documentation verifying the relationship for any new dependents.

Your Pre-Enrollment To Do List

As you prepare for Open Enrollment, use this checklist to review your current coverage, evaluate your needs, and gather any information you'll need before enrolling.

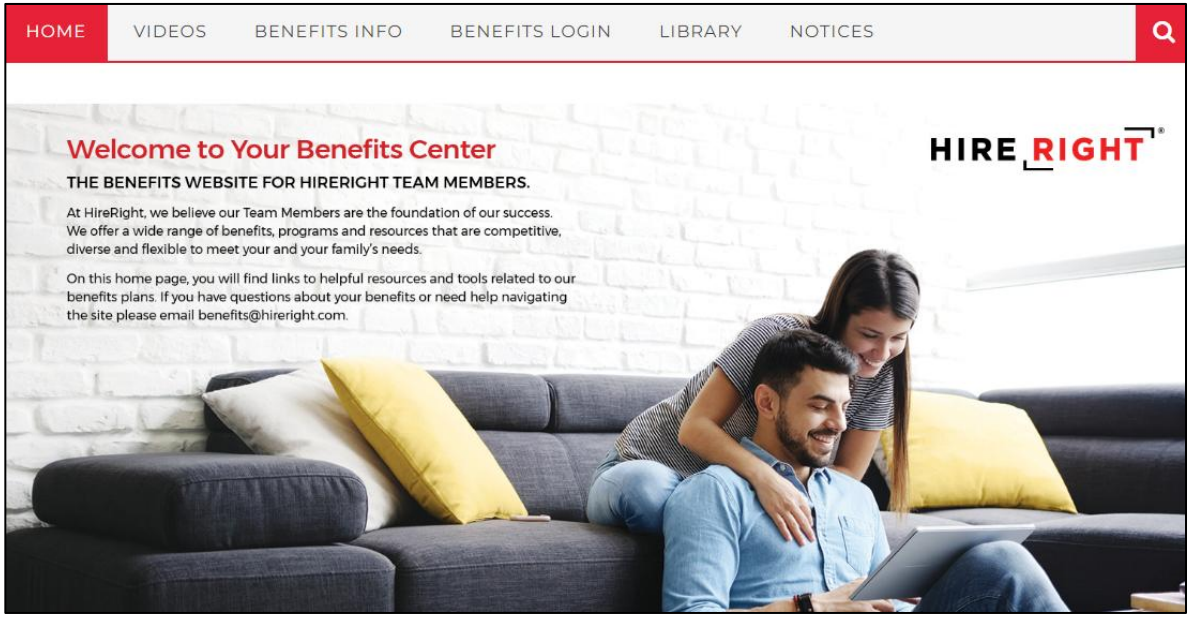
- ❑ **THINK** about how your healthcare needs have changed and consider if you may find more value and/or better coverage by selecting a different plan.
- ❑ **EXPLORE** what's new or changing in your Open Enrollment Guide and consider how it might affect your enrollment choices.
- ❑ **COLLECT** the birth date, Social Security number, and address for each dependent you wish to enroll or beneficiary you want to name.
- ❑ **REVIEW** any benefits offered through your spouse/domestic partner's employer to avoid costly duplicate coverage.
- ❑ **DECIDE** how much to contribute to an HSA or an FSA account.
- ❑ **ENROLL** before November 20th to receive coverage.
- ❑ **SUBMIT** supporting documentation (e.g., birth certificates, marriage certificates).



Your Benefits Center

Before you make your elections, check out these resources on the benefits center to research, learn, and choose what is best for you and your family:

- Benefits Guide
- Benefits Presentations
- Benefits FAQ
- Plan Documents
- Plan Summaries
- How-to-Guides
- Carrier/Vendor Info
- Website/Mobile Apps
- Regulatory Notices



www.yourbenefitscenter.com

Medical Plans

Medical – Surest Plan

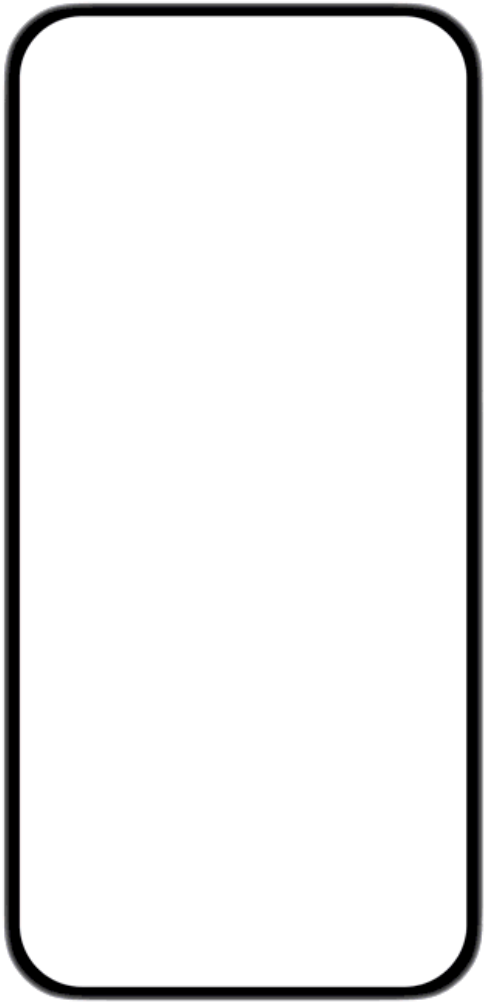
	In-Network	Out-of-Network
Carrier network	Surest Choice Plus Network	
Annual deductible		
Per person/per family	None	None
Out-of-pocket maximum		
Per person/per family	$6,000 / $12,000	$12,000 / $24,000
Savings account		
Savings account eligibility	Flexible Spending Account (FSA) Eligible	
Employer contribution to savings account	None	
Medical coverage		
Preventive Care	No charge	$215
Primary Care Visit	$40 to $150 Cost varies based on provider	$215 Cost varies based on provider
Specialist Visit	$40 to $150 Cost varies based on provider	$215 Cost varies based on provider
Virtual Care Visit	No charge	Not covered
Routine Diagnostic Test (e.g., x-ray, lab, ultrasound)	No charge	No charge
Chiropractic Care	$35	$75
Urgent Care	$90	$200
Emergency room	$1,000 (Waived if admitted)	
Inpatient Hospital Services	$70 to $4,500 Cost varies based on provider and service	Up to $11,000 Cost varies based on provider and service
Outpatient Surgery		

surest
A UnitedHealthcare Company

No major changes to this plan for 2027, however please see Surest Benefit Summary for detailed member costs

About the Surest Plan

- Designed to show upfront prices and choice
- See exactly what you can expect to pay before your visit (copay)
- Compare treatment options and price
  - Visit a higher-value provider at lower costs
  - Virtual care options available
- Search based on service, location, and provider
- No deductible or coinsurance
- Paytient health payment account (HPA) eligible



Paytient Health Payment Account (HPA)

Paytient

Turn your out-of-pocket healthcare expenses into an affordable, interest-free, payment plan!

This is a voluntary benefit. Once you enroll in the Surest Plan, Paytient will contact you to start the onboarding process.



An HPA is an interest-free financing option that helps make healthcare costs more manageable and reduce barriers to care. Paytient does not report anything to the credit bureaus so there is no credit impact.

Use the $2,000 line of credit to pay for out-of-pocket medical, Rx, dental, vision, and veterinary expenses and set up a repayment plan that fits your budget.

Medical – UHC Value Copay Plan

	In-Network Only
Carrier network	UnitedHealthcare Choice Network
Annual deductible	
Per person / Individual within a family / Per family	$6,000 / $6,000 / $12,000
Out-of-pocket maximum	
Per person/per family	$8,700 / $17,400
Savings account	
Savings account eligibility	Flexible Spending Account (FSA) Eligible
Employer contribution to savings account	None
Medical coverage	
Preventive Care	No charge
Primary Care Visit	$30 copay
Specialist Visit	30% coinsurance after deductible
Virtual Care Visit	$30 copay
Routine Diagnostic Test (e.g., x-ray, lab, ultrasound)	30% coinsurance after deductible
Chiropractic Care (20 visits per calendar year)	30% coinsurance after deductible
Urgent Care	30% coinsurance after deductible
Emergency room	30% coinsurance after deductible (Waived if admitted)
Inpatient Hospital Services	30% coinsurance after deductible
Outpatient Surgery	30% coinsurance after deductible

No changes to this plan for 2027.

Medical – UHC PPO Plan

	In-Network	Out-of-Network
Carrier network	UnitedHealthcare Choice Plus Network	
Annual deductible		
Per person/Indivi within a family/per family	$3,000 / $3,000 / $6,000	$3,000 / $3,000 / $6,000
Out-of-pocket maximum		
Per person/per family	$6,000 / $12,000	$6,000 / $12,000
Savings Account		
Savings account eligibility	Flexible Savings Account (FSA) Eligible	
Employer contribution to savings account	None	
Medical Coverage		
Preventive Care	No charge	40% coinsurance after deductible
Primary Care Visit	$30 copay	40% coinsurance after deductible
Specialist Visit	$50 copay	40% coinsurance after deductible
Virtual Care Visit	$30 copay	Not covered
Routine Diagnostic Test (e.g., x-ray, lab, ultrasound)	20% coinsurance after deductible	40% coinsurance after deductible
Chiropractic Care (20 visits per calendar year)	$30 copay	40% coinsurance after deductible
Urgent Care	$50 copay	40% coinsurance after deductible
Emergency room	20% coinsurance after deductible (Waived if admitted)	
Inpatient Hospital Services	20% coinsurance after deductible	40% coinsurance after deductible
Outpatient Surgery	20% coinsurance after deductible	40% coinsurance after deductible

No changes to this plan for 2027.

Medical – UHC HDHP Plan

	In-Network	Out-of-Network
Carrier network	UnitedHealthcare Choice Plus Network	
Annual deductible		
Per person / individual within a family / per family	**$3,500 / $3,500 / $7,000**	**$3,500 / $3,500 / $7,000**
Out-of-pocket maximum		
Per person / individual within a family / per family	**$5,250 / $5,250 / $10,500**	**$5,250 / $5,250 / $10,500**
Savings account		
Savings account eligibility	Health Savings Account (HSA) Eligible	
Employer contribution to savings account	Individual: $70 per month / $840 per year Family: $140 per month / $1,680 per year	
Medical coverage		
Preventive Care	No charge	30% coinsurance after deductible
Primary Care Visit	10% coinsurance after deductible	30% coinsurance after deductible
Specialist Visit	10% coinsurance after deductible	30% coinsurance after deductible
Virtual Care Visit	10% coinsurance (deductible waived)	Not covered
Routine Diagnostic Test (e.g., x-ray, lab, ultrasound)	10% coinsurance after deductible	30% coinsurance after deductible
Chiropractic Care (20 visits per calendar year)	10% coinsurance after deductible	30% coinsurance after deductible
Urgent Care	10% coinsurance after deductible	30% coinsurance after deductible
Emergency room	10% coinsurance after deductible (Waived if admitted)	
Inpatient Hospital Services	10% coinsurance after deductible	30% coinsurance after deductible
Outpatient Surgery	10% coinsurance after deductible	30% coinsurance after deductible

- **Change to deductibles/OOP for 2027 as required by IRS HSA requirements**
- **No changes to HSA employer contributions from HireRight**

Medical – UHC Value HDHP Plan

NEW!

	In-Network	Out-of-Network
Carrier network	UnitedHealthcare Choice Plus Network	
Annual deductible		
Per person / individual within a family / per family	**$3,500 / $3,500 / $7,000**	**$7,000 / $7,000 / $14,000**
Out-of-pocket maximum		
Per person / individual within a family / per family	**$7,000 / $7,000 / $14,000**	**$14,000 / $14,000 / $28,000**
Savings account		
Savings account eligibility	Health Savings Account (HSA) Eligible	
Employer contribution to savings account	**None**	
Medical coverage		
Preventive Care	No charge	40% coinsurance after deductible
Primary Care Visit	**20%** coinsurance after deductible	**40%** coinsurance after deductible
Specialist Visit	20% coinsurance after deductible	40% coinsurance after deductible
Virtual Care Visit	20% coinsurance (deductible waived)	Not covered
Routine Diagnostic Test (e.g., x-ray, lab, ultrasound)	20% coinsurance after deductible	40% coinsurance after deductible
Chiropractic Care (20 visits per calendar year)	20% coinsurance after deductible	40% coinsurance after deductible
Urgent Care	20% coinsurance after deductible	40% coinsurance after deductible
Emergency room	20% coinsurance after deductible (Waived if admitted)	
Inpatient Hospital Services	20% coinsurance after deductible	40% coinsurance after deductible
Outpatient Surgery	20% coinsurance after deductible	40% coinsurance after deductible

- **Value HDHP is a new plan for 2027, offering access to an HSA through WEX**
- **This plan does *not* offer HSA employer contributions from HireRight**

Embedded Deductible

What is an *embedded* deductible?

- Each family member has their own individual deductible
- Once an individual meets their deductible, the plan begins to pay for that individual's covered services, regardless of whether the family deductible has been met



Example:

- Timmy is a dependent on his father's Value HDHP Plan
- Timmy has spent $3,500 in claims on his own. At this point, Timmy has met his individual embedded deductible ($3,500), so the plan will pay 80% of Timmy's eligible medical expenses going forward
  - Timmy is responsible for 20% of the eligible medical expenses
- The rest of the family is still subject to their individual deductible ($3,500) and will continue to pay out of pocket until they reach $3,500 on their own or the family's total claims reach the $7,000 family deductible

HDHP Plan & Health Savings Account (HSA)

If you elect one of the HDHPs, you are automatically eligible for a Health Savings Account (HSA) with Wex. With an HSA you can put aside tax-free dollars to pay for eligible health care expenses – including deductibles and coinsurance.

Receive contributions from HireRight

(not available on New Value HDHP)

- Team Member Only: $70 per month
- Team Member + Dependent(s): $140 per month

Contribute from your paycheck

combined total contributions in 2027 cannot exceed:

- $4,500 individual/$9,000 family if under age 55
- $5,500 individual/$10,000 family if you're 55+

Start It	Build It	Use It	Grow It	Keep It
If you enroll in the UHC HDHP medical plan, you'll be eligible for an HSA.	HireRight will deposit a prorated employer contribution to your account each pay period. Throughout the year, you can change how much you want to contribute.	Use your HSA balance to pay for eligible health care expenses, tax-free, including deductibles, coinsurance, and copays.	Unused money in your account will roll over to the next year. Your account will earn interest and grow over time. Once your account reaches above $1,000, you may invest your HSA balance in available mutual funds.	You always own the money in your HSA, including contributions from HireRight. You can take the account with you if you are no longer employed with HireRight.

You own it and your balance rolls over year after year; use it now or save it for retirement.

Flexible Spending Accounts (FSA)

With an FSA you elect an amount you want to contribute from your paycheck each pay period, which is deducted on a pre-tax basis, allowing you to lower your taxable income. Keep in mind, you can't use the health FSA to pay dependent care expenses or vice versa.

navia benefit solutions

Account	Contribution Limits	Eligible Expenses	Changes during the year	"Use it or Lose it" Rule
HealthCare FSA	$3,500	Medical, dental, and vision costs (deductibles, copays, prescriptions, lenses, braces, etc.)	You can only change your contribution amount if you have a QLE.	Any funds remaining at the end of the year (12/31) are forfeited. All claims must be submitted no later than 90 days after the end of the plan year (March 30). <u>Grace Period:</u> You can receive reimbursement for expenses incurred during the first 2.5 months immediately following the end of the plan year (March 15).
Dependent Care FSA	$7,500 per household $3,750 if you are married and filing separately	Child and elder daycare and related expenses. • Children under age 13 • An adult dependent who lives with you and is physically or mentally incapable of selfcare)		

IMPORTANT You cannot have a full-service Flexible Spending Account (FSA) and a Health Spending Account (HSA) at the same time.

Prescription Drug Coverage – OptumRx

	Surest Plan	UHC Value Copay	UHC HDHP	*New!* UHC Value HDHP	UHC PPO
	In-Network				
Deductible	N/A – No deductible	Medium deductible applies			Deductible does not apply
Out-of-Pocket Maximum	Prescriptions subject to medical out-of-pocket maximums				
30 Day Supply (Retail Pharmacy)					
Generic (Tier 1)	$10 copay	$20 copay; deductible does not apply	$10 copay after deductible	$10 copay after deductible	$10 copay
Preferred (Tier 2)	$90 copay	30% coinsurance after deductible	$25 copay after deductible	$25 copay after deductible	$25 copay
Non-Preferred (Tier 3)	$160 copay	30% coinsurance after deductible	$50 copay after deductible	$50 copay after deductible	$50 copay
90 Day Supply (Mail Order Delivery)					
Generic (Tier 1)	$25 copay	$40 copay; deductible does not apply	$20 copay after deductible	$20 copay after deductible	$20 copay
Preferred (Tier 2)	$225 copay	30% coinsurance after deductible	$50 copay after deductible	$50 copay after deductible	$50 copay
Non-Preferred (Tier 3)	$400 copay	30% coinsurance after deductible	$100 copay after deductible	$100 copay after deductible	$100 copay
Specialty Pharmacy (30 Day Supply)					
Generic (Tier 1)	$0 copay	30% coinsurance after deductible up to $150	30% coinsurance after deductible up to $150	30% coinsurance after deductible up to $150	30% coinsurance up to $150
Preferred (Tier 2)	$240 copay				
Non-Preferred (Tier 3)	$265 copay				

Optum Rx®

No changes to this benefit for 2027

Prescription Drug Coverage – OptumRx

Visit the **Optum Rx website** or download the **Optum Rx app** to:

- Access your account details
- Search current or new medications to see costs at pharmacies near you and view lower cost options available
- View information about your current prescription including how to use them and possible side effects
- See claims information on which prescriptions you've filled and how much you paid
- Locate network pharmacies near you

Price Edge Plus

- When you fill a prescription for a generic medication at a network pharmacy, the price edge engine will look for competitive savings – even if the medication is not covered by the plan.
- If savings are found, you will automatically receive the lower price.

Use the link below to find out what tier your medication is on each plan:

welcome.optumrx.com/premium

Medical – provider search

To see if your provider is in-network before choosing a medical plan, use the links below:

Surest

Benefits.surest.com/HireRight

Access code: HireRight2027

UHC

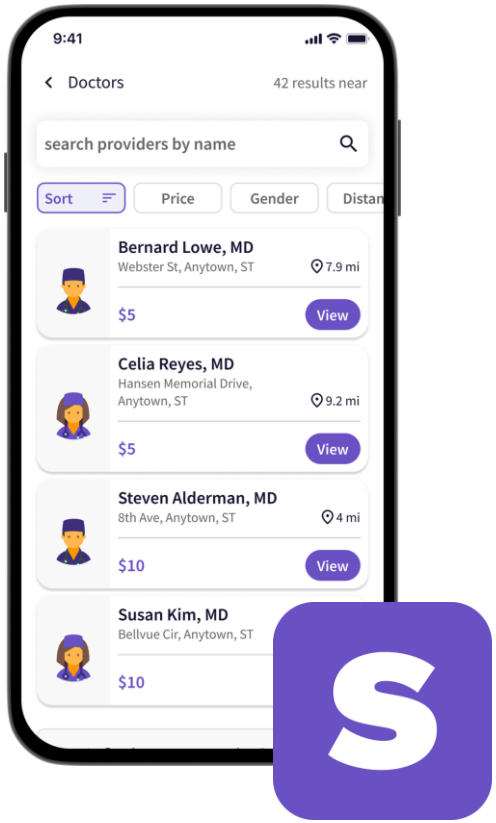
https://connect.werally.com/plans/uhc/1

Select ***Choice Plus*** from the list if you are considering the HDHP, Value HDHP, or PPO plan.

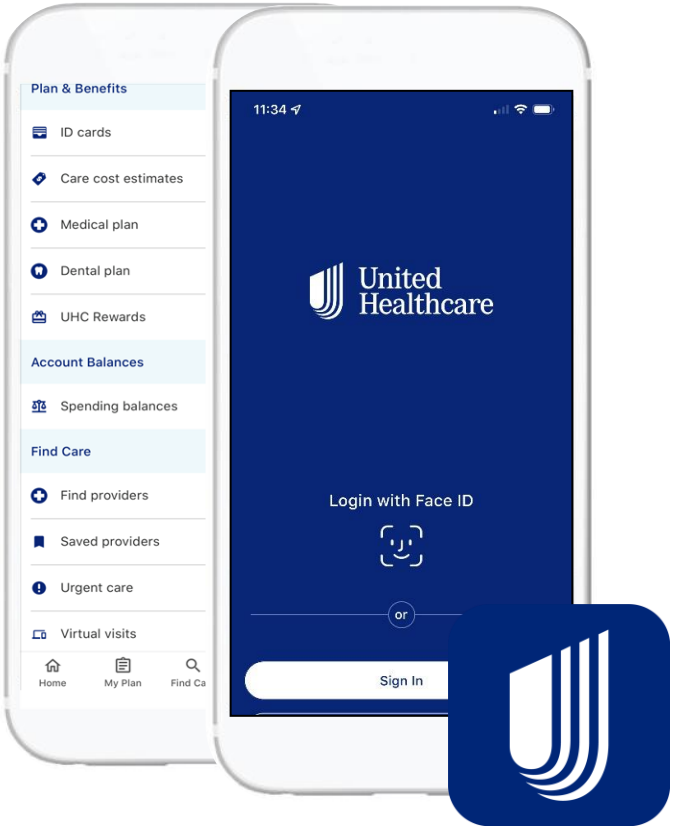
Select ***Choice*** if you are considering the Value Copay plan.

Mobile Apps – Available for all medical plans

Download the Surest mobile app for the Surest Plan

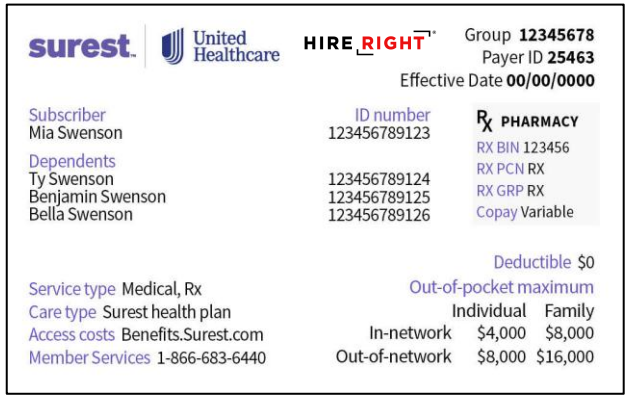


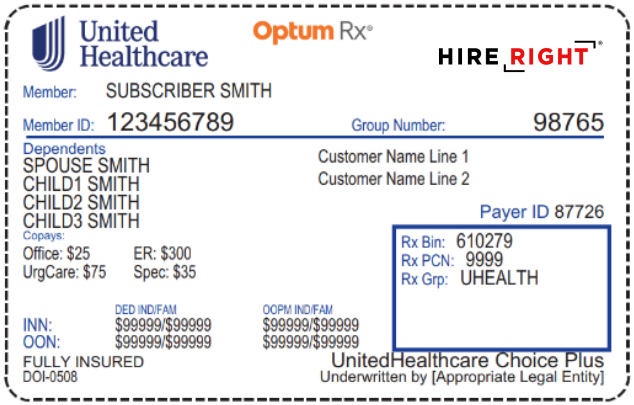
Download the UnitedHealthcare app for the UHC Value Copay, HDHP, and PPO plans



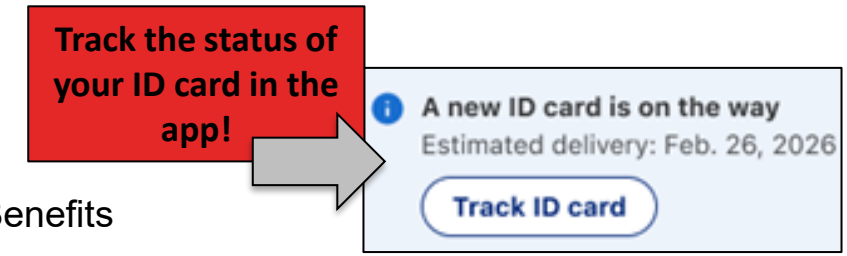
Medical/Rx Member ID Cards

- All members (new and existing) enrolling in a medical plan for 2027 will receive a new ID card
  - *Note: Members who opt into Digital Communications only will not receive a new physical ID card*
- Physical ID cards should arrive within 30 days of your enrollment
  - Ensure your mailing address is up-to-date when electing coverages during Open Enrollment
  - You will receive 2 ID cards in the mail, but you may request more on the UHC or Surest website
- Digital ID cards are available through your online member portal and mobile app





*** For Illustrative Purposes Only: Final Cards May Differ*



Know Where to Go for Care

Where to get care	What it is	Type of care		Cost
Virtual visit	A virtual visit lets you see a doctor via your smartphone, tablet, or computer.	Allergies Pink eye Bladder infections Rashes Bronchitis	Seasonal flu Coughs/colds Sores throats Stomach aches Fever	$
Retail Health Clinics	Visit a retail health clinic when you can't see your doctor and your health issue isn't urgent. These clinics are often located in retail stores.	Common infections (e.g., strep throat) Minor skin conditions (e.g., poison ivy)	Vaccinations Pregnancy tests Minor injuries Ear aches	$$
Primary Care Physician	Visit a doctor's office when you need preventive or routine care. Your primary doctor can access your medical records, manage your medications, and refer you to specialists, if needed.	Checkups Preventive services (e.g., immunizations, screening tests, routine physical exams) Minor skin conditions General health management		$$
Urgent Care	Urgent care is ideal for when you need care quickly, but it's not an emergency (and your doctor is not available). Urgent care center treat issues which aren't life threatening	Sprains Strains Small cuts which may need a few stitches Minor burns/infections/broken bones		$$$
Emergency Room	The ER is for life-threatening or very serious conditions which require immediate care. This is also when to call 911	Heavy bleeding Large open wounds Sudden change in vision Sudden weakness or trouble talking	Major burns Spinal injuries Severe head injury Major broken bones	$$$$

UHC/Surest Programs

If you enroll in a UHC/Surest medical plan, you will have access to the following programs:

NEW!

LANTERN

Surgical Center of Excellence

- Lantern helps take the stress out of surgery by connecting you with board-certified surgeons, personalized care support, and little to no out-of-pocket costs for eligible procedures.

MAVEN

Maternity Support

- 24/7, personalized support for every step of you and your partner's pregnancy and postpartum journey.
- Visit the Maven website for more information (Surest / UHC)

2nd.MD
Specializing in Medical Certainty

Virtual Second Opinion/Navigation Service

- Better understand your health condition and make informed decisions by connecting with nurses and top specialists to help you navigate care and your treatment plan.
- Call 866-841-2575 for Surest members or 866-269-3534 for UHC members.

Calm Health

Mental Health & Wellbeing Support

- Find tools to help you meditate, improve focus, and move mindfully. Join self-guided self-care programs. Access mental health information and support to help strengthen the mind-body connection.
- Visit yourbenefitscenter.com for more information.

AbleTo

Virtual Behavioral Coaching

- A tailored-to-you 8-week coaching program designed to help you learn ways to cope with stress, overwhelm, and exhaustion. (Co-pay/cost share applies)
- Visit yourbenefitscenter.com for more information.

UHC/Surest Programs

ardynn *Cancer Treatment Decision Support*	• This program offers guidance on treatment options, access to second opinions, and resources to navigate complex care choices, empowering you to choose the best path for your health and improving outcomes. *UHC plans: UHC Cancer Support Program (CSP)* **|** *Surest plans: Ardynn*
Quit For Life® *Tobacco Cessation Program*	• Access to a dedicated Quit Coach to curate a tailored cessation/quit plan based on your goals to help you quit tobacco. • Register or log in to your Surest or UHC member account to get started
Hinge Health™ *Digital Physical Therapy*	• Hinge Health is a digital physical therapy program that helps you prevent and treat acute, chronic, and post surgical pain through 1:1 clinical support and guided exercises. Available to members age 18 and over.
Teladoc HEALTH™ *Diabetes, Pre-Diabetes & Hypertension Management*	• Teladoc Health offers personalized virtual care for diabetes, pre-diabetes, and hypertension management, including remote monitoring tools and access to health coaches who provide tailored guidance on medication, nutrition, and lifestyle. Available to members age 18 and over.
OnePass Select *Subscription-based Fitness Program*	• With your monthly subscription you get access to thousands of gyms, online classes, and fitness amenities with the flexibility to use locations nationwide and no long-term contracts (cancel within 30 days). • Each tier has a different gym network and you can change tiers monthly. • You can add family members (age 18+) to your membership.

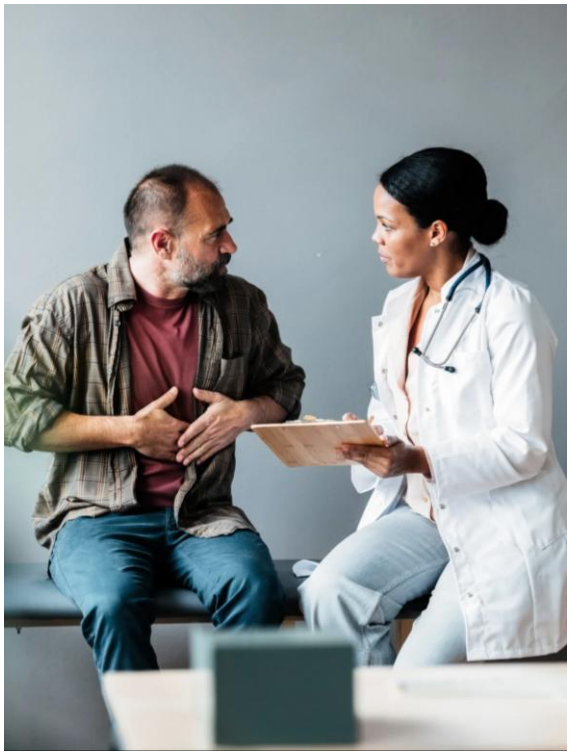
You must be enrolled in a medical plan to be eligible to participate in these programs.

NEW! **Lantern** – Surgical Center of Excellence

Available exclusively for Surest and UHC members

Lantern helps take the stress out of surgery by connecting you with board-certified surgeons, personalized care support, and little to **no out-of-pocket costs**[1] for eligible procedures

- Receive personalized help finding the right board-certified surgeon
- Consultations and appointments with your Lantern surgeon
- Coverage for anesthesia, procedure, and facility fees
- Dedicated care advocate support throughout your journey



[1]No out-of-pocket cost share if you are enrolled in the Surest, UHC PPO, or UHC Value Copay plan. Deductible cost share applies up to IRS limits (2027 limits are $1,750 individual / $3,500 family coverage) on the UHC HDHP and UHC Value HDHP. Once deductible is met on these plans, Lantern services are covered in full.

Dental Plans

Dental – Delta Dental Basic Plan

Basic Plan	In-Network		Out of Network
	PPO	Premier	
Annual Deductible (individual / family)	$50 / $150	$50 / $150	$50 / $150
Annual Plan Maximum	$1,000 per individual	$750 per individual	$750 per individual
Diagnostic & Preventive	Covered in full	50% coinsurance	50% coinsurance
Basic Services	20% coinsurance*	50% coinsurance*	50% coinsurance*
Major Services	50% coinsurance*	50% coinsurance*	50% coinsurance*
Orthodontia	Not covered	Not covered	Not covered

Premium Plan	In-Network		Out of Network
	PPO	Premier	
Annual Deductible (individual / family)	$50 / $150	$50 / $150	$50 / $150
Annual Plan Maximum	$2,000 per individual	$2,000 per individual	$750 per individual
Diagnostic & Preventive	Covered in full	Covered in full	20% coinsurance
Basic Services	10% coinsurance*	20% coinsurance*	20% coinsurance*
Major Services	40% coinsurance*	50% coinsurance*	50% coinsurance*
Orthodontia	50% coinsurance	50% coinsurance	50% coinsurance
Ortho Lifetime Maximum *(coverage for dependent children under age 19)*	$2,000 per person	$2,000 per person	$1,000 per person

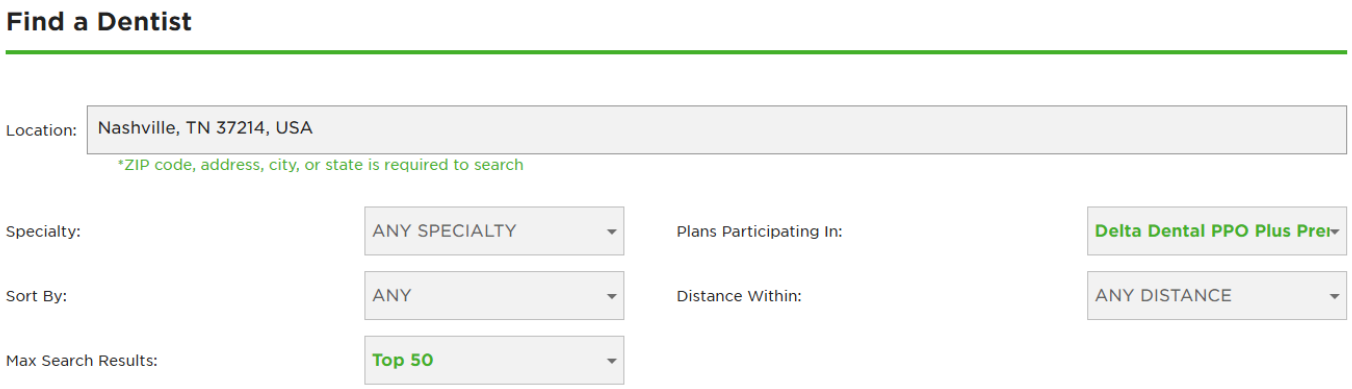
* *After deductible*

DELTA DENTAL®

No changes to this benefit for 2027

Dental – How to find a network provider

- Visit www.deltadentalva.com/dentist-search
- Enter your address, city, state, or zip code
- Click on “Specialty” and select preferred specialty (e.g., general dentist or pediatric dentist)
- Click on “Plans Participating In” and choose **Delta Dental PPO, Delta Dental PPO Plus Premier, or Delta Dental Premier**



Vision Plans

Vision – VSP Basic Plan

VSP Basic Plan		
	In-Network	**Out-of-Network**
Copay	**Exam:** $10 copay then 100% **Materials:** $20 copay then 100%	**Exam:** $10 copay then 100% (reimbursed up to $45) **Materials:** $20 copay then 100% (see schedule below)
Frames	$175 Featured Frame Brands allowance $150 general frame allowance, plus a 20% discount from balance (includes Walmart/Sam's Club) $80 Costco frame allowance	Reimbursed up to $70
Lenses	**Single Vision:** 100% of basic lens (materials copay applies) **Bifocal:** 100% of basic lens (materials copay applies) **Trifocal:** 100% of basic lens (materials copay applies)	**Single Vision:** Reimbursed up to $30 **Bifocal:** Reimbursed up to $50 **Trifocal**: Reimbursed up to $65
Contacts (Elective)	Up to $120 allowance (copay waived; instead of eyeglasses)	Reimbursed up to $105 (in-network limitations apply)
Frequency	**Exam:** One visit every calendar year **Frames:** One visit every other calendar year **Lenses**: One visit every calendar year **Contacts (Elective):** One visit every calendar year	**Exam:** In-network limitations apply **Frames:** In-network limitations apply **Lenses**: In-network limitations apply **Contacts (Elective):** In-network limitations apply

No changes to this benefit for 2027

Vision – VSP Premium Plan

VSP Premium Plan		
	In-Network	**Out-of-Network**
Copay	**Exam:** $10 copay then 100% **Materials:** $10 copay then 100%	**Exam:** $10 copay then 100% (reimbursed up to $45) **Materials:** $10 copay then 100% (see schedule below)
Frames	$245 Featured Frame Brands allowance $225 general frame allowance, plus a 20% discount from balance (includes Walmart/Sam's Club) $125 Costco frame allowance	Reimbursed up to $70
Lenses	**Single Vision:** 100% of basic lens (materials copay applies) **Bifocal:** 100% of basic lens (materials copay applies) **Trifocal:** 100% of basic lens (materials copay applies)	**Single Vision:** Reimbursed up to $30 **Bifocal:** Reimbursed up to $50 **Trifocal**: Reimbursed up to $65
Contacts (Elective)	Up to $200 allowance (copay waived; instead of eyeglasses)	Reimbursed up to $105 (in-network limitations apply)
Frequency	**Exam:** One visit every calendar year **Frames:** One visit every other calendar year **Lenses**: One visit every calendar year **Contacts (Elective):** One visit every calendar year	**Exam:** In-network limitations apply **Frames:** In-network limitations apply **Lenses**: In-network limitations apply **Contacts (Elective):** In-network limitations apply

No changes to this benefit for 2027

vsp VISION

Supplemental Benefits

Genetic Testing

NEW!

This program provides personalized genetic testing that can help you better understand your health risks, make more informed healthcare decisions, find medications that may work better for you, and connect with expert support when you need it most.

GENOMIC LIFE

Insights from testing support
- preventive care
- early detection
- proactive wellness planning

DNA screenings

- **Genetic Health Screen**: Uncover your unique risks for cancer, heart disease, and more—the earlier you know, the more your doctor can do
- **Pharmacogenomic Testing**: Help your doctor pick the right medications
- **Carrier Screening**: Inform family planning decisions

Clear next steps

- **Health navigators** help you take action to lower your unique risks
- **Access additional screening** that can help find 50+ cancers at the earliest, most treatable stages.*

1-on-1 navigation

- If you're diagnosed with a serious illness like cancer, get help understanding your options, overcoming barriers, and more
- Includes **survivorship and caregiving support**

NEW! **PerkSpot** – Online Discounts

- Access a variety of **discounts** through PerkSpot, offering a wide range of savings on everyday products and services, such as:
  - Travel
  - Electronics and cell phone services
  - Movies and entertainment
  - Restaurants
  - Apparel
- Quickly access savings through the PerkSpot Chrome Extension on your favorite online stores
- PerkSpot is designed to help you stretch your budget further, at no cost to you

PerkSpot

Voluntary Benefits

Accident

- **Financial protection** to help cover out-of-pocket medical expenses that can result from an unexpected injury. This coverage helps you focus on your recovery — not the bills.
- This benefit pays you directly, giving you extra peace of mind when the unexpected happens
- Low and High plan options available
- Plan helps pay for expenses such as:
  - Emergency Room visits
  - Urgent Care
  - X-rays
  - ICU stays
  - Hospital admission

$100 Annual Health Screening Benefit available on both plans

Critical Illness

- Provides a **lump-sum cash benefit** if you're diagnosed with a **major health condition**. This benefit helps cover expenses so you can focus on recovery — not finances.
- Conditions covered at **100% of the benefit amount** includes, but are not limited to:
  - Invasive cancer
  - Non-invasive cancer
  - Heart attack
  - Stroke
  - Coma
  - Advanced neurological conditions

$100 Annual Health Screening Benefit available

Hospital Indemnity

- Provides **daily cash benefits** when you're **confined to a hospital or critical care unit**, helping offset out-of-pocket costs that your medical insurance may not cover.
- Low and High plan options available
- Coverage includes benefits for:
  - Hospital admission
  - Hospital confinement
  - Intensive care facility stays

This coverage gives you extra financial support when you need it the most

Voluntary Benefits



Legal & Identity Theft Protection – LegalShield/IDShield

- Access to attorneys for will preparation, estate planning, family law, and more
- No hourly fees, copays, or deductibles if you see a network attorney
- Protect your personal information and enroll in alerts to be notified of potential fraud immediately
- **Plan enhancements for 2027 include:**
  - Legal: Trusts, elder law and juvenile matters, affidavits, reproductive assistance, home and financial services, and more
  - Identity Theft: $5 Million in identity fraud protection, online security management, parent restoration



Pet Insurance– MetLife

- Helps cover the costs of veterinary care including vet visits, injuries, and even surgeries
- Flexible plan options based on your pet's needs



Home & Auto Insurance– MetLife

- Protect your personal property by covering damages, theft, and liability
- Safeguard your home and vehicle against unexpected events, reduce out-of-pocket expenses

Life, AD&D, Disability and Leave of Absence

Life and AD&D

	HireRight-Provided Life/AD&D		Employee-Paid Life/AD&D
Coverage	Basic Life	Basic AD&D	Voluntary Life and AD&D
Employee	**Earnings less than $50,000**: $50,000 **Earnings $50,000 or more**: 1 times annual salary, up to $250,000 max.		Option of 1x, 2x, 3x, 4x, 5x, or 6x earnings, to a maximum of 6x annual earnings or $1,000,000
Spouse or Domestic Partner	N/A		Increments of $10,000 up to the lesser of 100% of Team Member amount or $300,000.
Child(ren	N/A		Increments of $5,000 up to $20,000 max.; $1,000 newborns to 6 months



- Your current election will carry over from 2026. You can choose to increase or decrease your coverage.
- For supplemental employee life, employees who were enrolled in 2026 are allowed to elect 1 level up to the GI (3x your salary or $350,000) without EOI during open enrollment.
- All other increases will require EOI.

Don't forget to designate a beneficiary!

Disability

	Short-Term Disability	Long-Term Disability
Who Pays the Premiums	HireRight pays 100% of costs	Employee pays 100% of costs; automatically enrolled
Benefits Percentage	Replaces up to 60% of pay	Replaces up to 60% of pay
Benefit Maximum Available	Up to $1,350 per week	Up to $15,000 per month
When Benefits Begin	Following a 7-day waiting period	After 180th day of disability
How Long Benefits Are Paid	Up to 26 weeks	Up to Social Security Normal Retirement Age (SSNRA)







Wellness Resources

Wellness Resources

Wellness Program – Navigate

Participate in various activities and access tools and resources to achieve your personal wellness goals.

- Group and personal wellbeing challenges
- Stay connected and recognize teammates on the social wall
- Browse recipes, videos, and articles surrounding wellness
- Sync a device or manually track your step count, activity minutes, sleep hours, nutrition information, and more!



Employee Assistance Program – ComPsych

- Help with emotional health, substance abuse, parenting/childcare needs, financial coaching, legal consultation, and eldercare resources.
- In-person or video counseling for short-term issues; up to 3 sessions within a 6-month period
- Unlimited access to website resources and 24/7 phone access



Fertility & Family Building – Kindbody

- Services and support for your unique family building journey. Receive up to a lifetime maximum of $5,000 for each service, including support for donor, surrogacy, adoption, and more.
- Visit kindbody.com or call 855-KND-BODY for more information.



Enrolling in Benefits

Next Steps – it's time to enroll!

Access PlanSource at the link below and make your elections by **November 20th!**

https://benefits.plansource.com/



If you have questions or need help accessing PlanSource, call the Benefits Contact Center. The contact center can assist with username and password assistance, phone-based enrollment, technical Support and more.

Benefits Contact Center
855-576-8358.

If you don't complete your enrollment by ***November 20th*** your 2026 benefit elections will carry over, *except FSA and HAS elections*. Your next opportunity to change your benefits will be during the next Open Enrollment, unless you experience a qualifying life event, such as marriage, birth, adoption, employment status change, etc.

New hires: *you must make your new hire elections before the open enrollment window will be available to you.*

Thank you!

HIRE RIGHT®