



2026 BENEFITS GUIDE

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siffron appreciates your commitment to our success. We're equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefit plans. We understand that you may have questions about annual enrollment, and we'll do our best to help you understand your options and guide you through the process.

This guide is not your only resource, of course. Anytime you have questions about benefits or the enrollment process, please contact Stephanie Farkash, 330.998.7600 or stephanie.farkash@siffron.com. Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan description (SPD).

One siffron

Our teamwork culture fosters collaboration, innovation, and shared success, enabling us to achieve remarkable results together.

Core values

Our underlying core values are:

- Teamwork
- Simplicity
- Entrepreneurship
- Innovation
- Integrity
- Results oriented

siffron Shared Ownership Program

After completing one year of dedicated service with us, you become eligible to join a program that aligns your success with the company's success. Our siffron Shared Ownership Program ensures that as siffron grows and prospers, so do you.

Here's how it works:

- We all work together to invest, improve, expand, grow and ultimately increase the value of the company over the next several years.
- A portion of the net value realized is set aside to share with all eligible siffron employees.
- With hitting specific benchmarks, siffron is targeting payments worth six months of your annual base wage rate for each eligible employee at the time of sale.

(Please see the siffron Shared Ownership Program Plan Document for specific details governing the plan such as eligibility requirements, plan participation, and payment details.)

Example:



Jerry

Line Operator at siffron DP

Jerry currently makes \$40,000 per year as a Line Operator.

Jerry stays at siffron DP for the next **three** years, at which point siffron gets sold.

Jerry's payment could be worth \$20,000 *before taxes*, which is equal to ~ six months of his current annual wage rate.

Enrolling in benefits

Eligibility

Open enrollment is your opportunity to elect coverage in siffron's benefit plans. All plans elected and waived during this period will be effective for the entire plan (calendar) year of Jan. 1, 2026, through Dec. 31, 2026, and you will be unable to change them. However, if you experience an IRS-defined qualifying life event any time during the calendar year, another enrollment opportunity is available to you. If you wish to make changes to your benefit coverage as a result of a qualifying life event, the IRS requires that those changes be made within 30 days of the event. You will need to provide proof of the event to HR, such as a marriage certificate, divorce decree, birth certificate, or loss-of-coverage letter.

All enrollment changes, whether during the annual open enrollment or due to a qualifying life event, must be entered within Paylocity > Bswift Benefits. Please remember to add or confirm the Social Security number(s) for yourself and your dependents during this process.

IMPORTANT: You must enroll in or waive each plan option as you progress through the enrollment process. You will see a summary page for a final review of your enrollment elections. Please review this carefully to ensure the information, plans, and covered dependents are accurate. When all updates have been made, you must submit the information. Do not close out of the enrollment process without completing this final step. It is highly recommended that you print, save, or email yourself a copy of the confirmation page.

Eligible employees

As a new employee, you are eligible to participate in our benefit plans according to the following:

- **HOURLY EMPLOYEES** — first of the month following 30 days after date of hire.
- **SALARY EMPLOYEES** — date of hire.

*An employee must be scheduled for 30 or more hours per week in order to be eligible for benefits.

Dependent eligibility

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

- Your legal spouse. If your spouse has access to other health coverage (such as through another employer or a government-provided benefit) and you choose to include them on siffron's insurance, a spousal surcharge of \$80 will be deducted from each paycheck.
- Your children up to the age of 26. This includes your natural children and those of your spouse, your adopted children, stepchildren, or children obtained through court-appointed legal guardianship. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided to and approved by the benefit provider. Additionally, children who have been named in a qualified medical child support order are covered by our plan.

Qualifying life events

It is your responsibility to notify human resources within 30 days of the qualifying life event. Failure to do so may result in an inability to change your benefit election(s).

A qualifying life event allows you to make certain changes to your benefits, such as:

- Adding or removing dependents (e.g., adding a newborn, adopted child, or new spouse)
- Changing your plan type (e.g., switching from employee-only coverage to family coverage)
- Updating coverage levels (e.g., increasing or decreasing life insurance)

Examples of qualifying life events:

- Birth, legal adoption or placement for adoption
- Marriage, divorce or legal separation
- Dependent child reaches age 26
- Spouse or dependent loses or gains coverage elsewhere
- Death of your spouse or dependent child
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or the state children's health insurance program
- Change in residence that changes coverage eligibility
- Court-ordered change
- Spouse's open enrollment that falls at a different time in the calendar year

Medical

UMR | umr.com | 800.826.9781

siffron is committed to helping you and your dependents maintain health and wellness by providing you with access to the highest levels of care. We offer you a choice of two medical plan options for 2026:

- \$750 PPO
- \$3,400 HDHP

High Deductible Health Plan (HDHP)

With this high deductible plan, you will:

- Enjoy lower per pay period medical plan costs.
- Have preventive services covered at 100%.
- Receive siffron's contributions to your health savings account.

PPO Plan

With this traditional plan, you will:

- Have a higher per pay period medical plan cost.
- Enjoy the predictability of set copay amounts.
- Be subject to a lower deductible.
- Have preventive services covered 100%.

If you are a new participant in the HDHP, a Health Savings Account (HSA) will be opened for you. If you were a plan participant in 2025, you may continue to use the same HSA. To learn more about HSAs, please see Page 10.



Medical and prescription drug plan summary (side by side)

Medical	PPO		HDHP	
	In-network	Out-of-network	In-network	Out-of-network
Deductible (ded.)				
Employee only	\$750	\$2,000	\$3,400	\$4,500
Family	\$1,500	\$4,000	\$6,800	\$9,000
Out-of-pocket maximum (includes ded.)				
Employee only	\$4,000	\$8,000	\$4,000	\$5,500
Family	\$8,000	\$16,000	\$8,000	\$11,000
Coinsurance	20%	50%	0%	20%
Common services				
Preventive services	No charge	No charge	No charge	No charge
Primary care	\$30 copay	50% after ded.	0% after ded.	20% after ded.
Virtual care	\$20 copay	Not covered	0% after ded.	Not covered
Specialist	\$60 copay	50% after ded.	0% after ded.	20% after ded.
Urgent care	\$50 copay	50% after ded.	0% after ded.	20% after ded.
Emergency room	\$200 copay	\$200 copay	0% after ded.	0% after ded.
Inpatient	20% after ded.	50% after ded.	0% after ded.	20% after ded.
Outpatient	20% after ded.	50% after ded.	0% after ded.	20% after ded.
Prescription drugs			Employee pays	
Retail (30-day supply)				
Tier 1	\$10 copay		\$10 copay*	
Tier 2	\$35 copay		\$35 copay*	
Tier 3	\$60 copay		\$60 copay*	
Mail order (90-day supply)				
Tier 1	\$25 copay		\$25 copay*	
Tier 2	\$87.50 copay		\$87.50 copay*	
Tier 3	\$150 copay		\$150 copay*	

*After the annual deductible has been met.

Medical bi-weekly employee payroll contributions

Effective Jan. 1, 2026

	PPO	HDHP with HSA
Employee	\$84.86	\$42.62
Employee + spouse	\$174.60	\$87.46
Employee + child(ren)	\$159.99	\$80.49
Family	\$240.67	\$128.78

Employees can elect the medical and prescription drug plan without enrolling in the dental or vision plan.

UMR tools & resources



Find a provider

Finding a network provider on umr.com has never been easier!

1. Go to umr.com and select **Find a Provider**.
2. Search for **UnitedHealthcare Choice Plus Network** using the alphabet navigation or type **UnitedHealthcare Choice Plus** into the search box.
3. For medical providers, choose **View Providers**. For behavioral health providers (including counseling and substance abuse), select **Behavioral health directory**.

Remember

Get the most from your benefit plan — use participating network healthcare providers whenever possible.

UnitedHealthcare Choice Plus

The UnitedHealthcare online provider directories include network hospitals, primary physicians, and specialists. The following information is available:

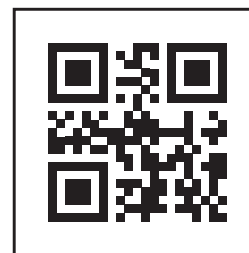
- Provider name, address and phone number
- Hospital affiliation
- Board certification
- UnitedHealth Premium Quality and Cost Efficiency designations that highlight physicians by quality of care and cost standards in their specialty
- Average costs for care in your area and how different providers compare to the local average
- Provider ID number
- Office language capabilities (English, Spanish, etc.)
- Map and directions to each office

Make umr.com your first stop

At umr.com, you'll find everything you want to know — and need to do — as soon as you log in.

Log in now to:

- View **Things to do**, your personalized benefits to-do list.
- Check your benefits and see what's covered.
- Look up what you owe and how much you've paid.
- Find a doctor in your network.
- Learn about medical conditions and your treatment options.
- Access tools and trusted resources to help you live a healthier life.



TIP: Be sure to review your explanation of benefits (EOBs) regularly and compare them to your medical claims. This helps ensure accuracy and gives you a clear understanding of any costs you may be responsible for.

You don't need a Ph.D. to understand your benefits

We've made it easy to find the top things people want to know. Choose **Benefits & coverage** from myMenu to find out:

- What healthcare services are covered?
- What's the cost difference between an in-network and out-of-network service?
- What's your deductible, and are you close to reaching it?
- Is there a copayment for your office visit? If so, how much?

Don't miss this step! The importance of EOBs

Understanding your Explanation of Benefits (EOB) is a key part of managing your healthcare. EOBs provide a detailed breakdown of how your claims are processed, what your plan covers, and what you may owe. Reviewing them regularly helps you catch billing errors, track your deductible, and stay informed about your benefits.

To view your EOBs:

- Click Claims under myMenu
- Select the subscriber
- Choose the time period and status

This will show:

- The type of services provided
- The amount billed and paid
- Any remaining balance
- Any actions needed before the claim can be processed

You can opt to receive a secure email notification whenever a new EOB is available. Prefer paper? You can still print copies from our claims center.

Did your dog eat your ID card?

No worries. It's easy to get a replacement online.

Just click **ID card** from myMenu to see a copy of your card. With a couple more clicks, you can have a new card mailed to your home.

Can't wait for the mailman? Print a temporary copy from our desktop site or use your smartphone to view your ID card or fax a copy to your doctor's office.

Don't be surprised by unexpected costs

- Know the price you'll pay ahead of time. Search treatments or procedures in the **Health cost estimator**.
- Get your in-network discount. Use **Find a provider** to look up doctors and facilities near you.

Helpful apps, calculators, videos and health information all in one place

- Choose **Health center** from the **myMenu** and select the tile shortcuts that interest you.
- Online health information: up to date and ad-free
- Our top picks for healthy eating and exercise
- Free tools, apps and calculators

Prescription drug coverage tools

SmithRx is your prescription benefit provider. Please present your medical/Rx ID card along with your prescription to your pharmacy.

Preventive generic medications are covered at 100% prior to meeting your deductible. Generics offer the same ingredients as brand-name drugs at the same level of quality and safety. Always ask your doctor if a generic is available for your condition. To locate an in-network pharmacy, find the cost of a drug, or get questions answered, contact SmithRx at 844.454.5201 or visit the website at mysmithrx.com.

Your health plan comes with a formulary, which is a list of drugs covered by the plan. The formulary has different levels (or tiers) for different drugs.

Generic drugs	Preferred brand-name drugs	Non-preferred-name drugs	Specialty drugs
These drugs are lowest in cost because many companies can make them.	These drugs cost more because only one company makes them.	These cost even more. Typically, you can get a comparable drug that is a preferred brand-name or a generic.	These are high-cost drugs to treat rare and/or complex conditions.

SmithRx tools

- Review pharmacy transactions
- Access important forms
- Locate a pharmacy
- Find Member Support contact information

SmithRx Connect 360

The SmithRx Connect program identifies alternate sources for your high-cost specialty and branded medications to be covered at little to no cost for you. The SmithRx team helps you navigate the process, doing much of the heavy lifting. If you are taking medications that qualify for the program, you will receive communication from the SmithRx team to start the process of saving you money.

As part of this program, you may be offered biosimilars — safe and effective alternatives to brand-name drugs.

What are biosimilars?

Biosimilars are FDA-approved medications that are highly similar to existing biologic treatments, with no clinically meaningful differences in safety, purity, or potency. They are often more affordable and can help reduce your out-of-pocket costs without compromising care.

Below is a list of available programs through SmithRx.

Program	Description
Access	SmithRx works to capture coupon savings. The program allows members to have a low or \$0 copay on prescriptions.
Access Plus	Many high-cost specialty medications can be accessed through advocacy foundations and grant programs.
Mark Cuban Cost Plus	This partnership expands access to more affordable prescription drugs for SmithRx members.
Low-cost Insulin	This program helps lower cost of insulin at the pharmacy and applies a savings card to reduce members' copays.
Assist	When the pharmacy submits a claim, the Assist decision engine will find the lowest cost option for members to pay at the pharmacy and health plans.

Health savings account (HSA)

Optum | optumbank.com | 800.791.9361

An HSA is a personal healthcare bank account you can use to pay out-of-pocket medical expenses with pretax dollars. If you enroll in a high-deductible health plan, an HSA will be opened for you.

You own and administer your HSA. You determine how much you contribute to your account, when to use your money to pay for qualified medical expenses, when to reimburse yourself, and when to save the funds for your future. You are not required to use any of your funds now and can choose to save some or all for the future. Remember, this is a bank account; you must have money in the account before you can spend it.

HSAs offer you the following advantages:

TAX SAVINGS: There are three ways in which an HSA is of benefit to you and your finances:

1. Your contributions to the HSA are pretax, so your per pay deduction is withheld prior to the calculation of taxes on your paycheck.
2. If you meet the minimum balance and wish to invest your funds, any interest accumulates tax-free.
3. Funds withdrawn for qualified healthcare expenses, whether now or in the future, are also tax-free.

REDUCED OUT-OF-POCKET COSTS: You can use the money in your HSA to pay for eligible healthcare expenses (medical, dental, vision, hearing, prescriptions, etc.) as well as helping you meet your plan's annual deductible.

A LONG-TERM INVESTMENT THAT STAYS WITH YOU: Unused account dollars are yours to keep and do not expire. They continue to accumulate with contributions and may also be invested for additional growth opportunities. You have the option to use some or all funds now or save them for the future, including retirement years, as the account is yours to keep even if you leave siffron.

IMPORTANT! How much you can deposit into an HSA in 2026

Regardless of whether you contribute to your HSA, siffron provides assistance to all HDHP enrollees and deposits funds on a per pay basis into each participant's HSA. siffron employer contributions are included within the annual HSA contribution limits, so you need to carefully plan how much you'll contribute annually to avoid excess contributions. These limits apply even for participants entering the plan midyear.* Prior year contributions may be made through April 15 of the following year.

IRS limits subject to change	Under age 55	Age 55 and older (and not enrolled in Medicare)
Individual		
2026	\$4,400	\$5,400 (includes \$1,000 "catch-up" contribution)
Family		
2026	\$8,750	\$9,750 (includes \$1,000 "catch-up" contribution)

You are eligible to open and fund an HSA if:

- You are not enrolled in any other non-HSA qualified health insurance plan.**
- You are not covered by your spouse's health plan (unless it is a qualified HDHP), flexible spending account (FSA) or health reimbursement arrangement (HRA).
- 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.
- Care received through the VA in the preceding three calendar months was dental, vision or preventive care or was provided to a veteran who has a disability rating from the VA.

How to access/make contributions to your HSA

Once your account is open, you can access it via optumbank.com. You'll set up your payroll contributions during open enrollment, but you can make contribution changes at any time during the year in Paylocity > Bwsift Benefits. Note that it may take between one and two payroll periods for an HSA change to be processed.

More details about health savings accounts

The HSA is administered by Optum Bank. Monthly maintenance fees and transaction fees may apply. For details, please reference the Schedule of Fees provided by Optum Bank.

You'll notice two separate line items on your paycheck when you participate in the HDHP with HSA option — one for your employee contributions for the HDHP and one for your pretax contributions to the HSA.

*If you make the full-year contribution based upon your status as of Dec. 1, you may be subject to an IRS testing period and could owe tax and a penalty on part of that contribution if you do not remain an eligible individual through Dec. 31 of the following year. You may also need to prorate your contribution if you drop or reduce the level of your coverage midyear.

**You must not have any other first-dollar health insurance coverage before the deductible is met. Preventive care services are not required to be subject to the deductible. Individuals may also carry separate coverage for accidents, disability, dental or vision care, and long-term care, not subject to the deductible. Limited-purpose flexible spending accounts are allowed for vision and dental expenses

siffron HSA employer contribution

siffron will contribute the following (cash) amounts to your HSA. Contributions are made on a per pay basis.

Employee	\$500
Employee + spouse	\$1,000
Employee + child(ren)	\$1,000
Family	\$1,000

Distributions

HSA distributions are tax-free if they are used to pay for qualified medical expenses.

- Qualified medical, dental and vision expenses not covered by insurance
- Prescriptions
- 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 aged 65 or older

For a comprehensive understanding of what qualifies as a medical expense, please refer to the Optum Bank [Medical Expense Eligibility Tool](#).

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 aged 65 or older.

Note this important information on HSAs

- If you are a participant in the company-sponsored HDHP, siffron will automatically take steps to establish your health savings account with Optum Bank. The Optum Bank account is available to you only if you participate in the siffron HDHP.
- Due to the U.S. banking system's customer identification process (CIP) requirements, your account cannot be opened until the CIP is completed. If Optum Bank is unable to complete the CIP, they will make two attempts to contact you by mail before closing the account.
- You will receive a welcome kit from Optum Bank along with a debit card by mail when the CIP is completed.
- No employer or employee contributions can be deposited until your account is fully opened through the Optum CIP, which may take up to 90 days.
- If your account is closed, you must contact Optum Bank to process a new banking application and to open another account. Once an account is closed, it cannot be reopened.
- If you do not complete the required steps to open an account, any employer contributions that cannot be deposited due to failure to open an account will be forfeited.
- Upon death, HSA ownership may transfer to the spouse on a tax-free basis or to another named beneficiary as estate income.



Flexible spending account (FSA)

UMR | umr.com | 800.826.9781

A great way to plan ahead and save money over the course of a year is to participate in an FSA. An FSA lets you redirect a portion of your salary on a pretax basis into a reimbursement account, saving money on taxes. If you would like to participate in our FSAs, you must elect the amount you want to contribute each year.

	Annual contribution limits
Healthcare flexible spending account	\$3,300 per household*
Dependent care flexible spending account	\$5,000 per household*

*IRS limits subject to change.

siffron offers two types of FSAs that can help you save on a pretax basis for out-of-pocket expenses.

Healthcare flexible spending account

TAX-
FAVORED
ACCOUNT

The healthcare FSA can be used to pay for eligible out-of-pocket medical, dental, vision and prescription drug expenses.

Funds in the healthcare FSA are available at the beginning of the plan year and can be used for your expenses and those of your spouse and dependents, even if you and your family aren't covered by our healthcare plan.

Carryover benefit

The maximum contribution in 2026 for the healthcare flexible spending account is \$3,300* per household. This is a use-it-or-lose-it account, meaning any funds remaining in the account following the close of the plan year will be forfeited. All services must be incurred from Jan. 1, 2026, through Dec. 31, 2026. Our plan has a carryover feature that allows up to \$500 of your unused funds to be carried forward to the following plan year. These carryover dollars can be used for expenses incurred at any point within the new plan year and will contribute toward the annual maximum contribution. Any unused amount over \$500 will be lost. You are able to submit claims from the 2025 plan year for reimbursement until June 13, 2026. Please note that any FSA carryover balance will be forfeited if an employee enrolls in the HDHP for the following year.

*Annual maximum contribution limit is subject to change per IRS ruling.

Eligibility

If you are contributing to an HSA through siffron or through your spouse's plan, you are not eligible to participate in the healthcare FSA.

Healthcare flexible spending account example expenses

- Prescription drug copays
- Medical and dental deductibles
- Over-the-counter medications (with a written prescription)
- Hearing aids
- Eyeglasses
- Contacts
- Contact lens solution
- Dental services
- Orthodontia
- Acupuncture
- Laser vision correction surgery

FSA Substantiation — What You Need to Know

Most FSA transactions go through smoothly. However, in rare cases, your FSA administrator may request documentation to confirm that a purchase was eligible. This process is called substantiation, and it's required by IRS guidelines.

To be prepared:

- Keep your receipts for FSA purchases.
- Respond promptly to any outreach from UMR
- Reach out to HR if you have questions or need help!

If documentation isn't provided when requested, the expense may be added as taxable income. These situations are uncommon, but being proactive helps ensure you get the full benefit of your FSA!

How much can you decrease your taxable income?

Use the following as a guide to help you discover how much money you expect to pay within 2026 for healthcare expenses, then consider enrolling in the FSA to help you save money!

Annual expenses	Cost per visit, item, or month	Times per year	Total
CO-PAYS: PCP, specialists, etc.	\$	X	= \$
PRESCRIPTIONS: monthly, illness, etc.	\$	X	= \$
DENTAL: orthodontics, procedures	\$	X	= \$
VISION: glasses, contacts, etc.	\$	X	= \$
HEARING: exams, aids, etc.	\$	X	= \$
COUNSELING	\$	X	= \$
OTHER: _____	\$	X	= \$
OTHER: _____	\$	X	= \$



Dependent care flexible spending account

Dependent care FSAs allow you to set aside money pretax to pay your eligible out-of-pocket day care expenses so that you or your spouse can work or attend school full time. You must contribute money through payroll deduction to your dependent care FSA before you can spend it.

During open enrollment, you must decide how much to set aside for this account in 2026. You may contribute up to \$7,500, or up to \$3,750 if you are married and file separate tax returns.

Eligible expenses

- Adult day care
- Child day care
- After-school care
- Babysitting (work-related, in your home or someone else's home)
- Babysitting by your relative who is not a tax dependent (work-related)
- Nanny or au pair
- Custodial elder care (work-related)
- Transportation to and from eligible care (provided by your care provider)

Remember

Changes to your FSA elections can be made only during open enrollment or if you experience a qualifying life event.



Advocacy programs

Valenz Health: surgery & imaging program

Valenz Health (formally known as KISx Card) is a surgery and imaging program that siffron has made available to you for the most common scheduled surgical and imaging procedures, including orthopedic, general surgeries, colonoscopies, MRIs, CT and PET scans. If you utilize this program, you will receive your procedure at little to no cost.

How it works: Before seeing in-network providers through your health plan, just call a Valenz Health Nurse regarding your elective procedure. They can provide additional insight into the program, and if it's a good fit, they can assist you with finding a facility and scheduling your procedure. Contact Valenz Health at 877.GET.KISX or kisx@bdsadmin.com.

Progeny health: neonatal program

Progeny helps manage all the variables that impact maternal and infant health, including premature and medically complex births resulting in NICU admissions.

CancerCARE: cancer advocacy program

CancerCARE, which is included as part of siffron's medical plan, is a cutting-edge program designed to optimize the treatment of cancer and increase the likelihood of a speedy recovery. From an extremely important second opinion at one of the Centers of Excellence to the most current knowledge available through the National Comprehensive Cancer Network (NCCN), you'll have a team of experts to guide you through all aspects surrounding your treatment plan. siffron provides this benefit for free to help maximize treatment and well-being. At first diagnosis, call 877.640.9610 or enroll online at cancercareprogram.net.

SmartConnect: Medicare advocacy

SmartConnect is an exclusive program created specifically for working or retiring adults (and family members) who are approaching or currently Medicare-eligible and may not have fully explored the benefits of Medicare Coverage. SmartConnect is available to you at no cost through siffron!

To make getting started even easier, SmartConnect may reach out directly to you if you are nearing Medicare eligibility. These communications are safe, legitimate, and part of your siffron-sponsored benefit. But there's no need to wait; take the first step today and explore everything SmartConnect has to offer.



The SmartConnect Process:

1. **CONNECT** — First, we get to know you. We'll ask you some questions about your health insurance needs and preferences so we can head down the right path.
2. **EDUCATE** — The next step is to ensure you feel confident about the details that could impact your enrollment, costs, and coverage.
3. **EVALUATE** — Then, we'll provide you with the plan and carrier options available to you.
4. **ENROLL** — While our services are obligation-free, if you find something you like and you are ready to take action, we can enroll you on the spot.
5. **SUPPORT** — We have a team who is dedicated to your Medicare experience. They are available to answer questions, conduct policy reviews, and even help you work with the carrier when necessary.

CALL: 855.248.1648 TTY:711

Mon – Fri 7:30 am – 5pm CT / 8:30 am – 6pm ET

Starting Medicare

Staying on your employer's coverage may be easy, but it's not always the best option. In fact, Medicare plans could provide more coverage at a lower cost than your employer's plan.

- SmartConnect puts your specific needs first and matches you with the education and experienced advisor you need.
- SmartConnect gives you access to plans from national insurance carriers.
- Comparing Medicare and employer health insurance plan offerings can be frustrating. We do the work for you; all you need to do is decide how much you'd like to save.

The Medicare Roadmap

Medicare can pull you in different directions. Our licensed insurance agents provide the full range of options available, along with strategies and information to help you see the complete picture. So, whether you are familiar with Medicare or just starting out, we are here to guide you confidently through your options.

Dental

Guardian | guardiananytime.com | 800.541.7846

Guardian

View covered services, claim status or your account balance; find a dentist; update your information; find a provider and much more at guardiananytime.com.

Although you can choose any dental provider, when you use an in-network dentist, you will generally pay less for treatments because your share of the cost will be based on negotiated discount fees. With out-of-network dentists, the plan will pay the same percentage, but the reimbursement will be based on out-of-network rates. You may be billed for the difference.

Dental exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

If the plan has spent less than the annual threshold for covered dental care, a portion of the unused benefit may roll over into the next plan year and accumulate for future use. Routine preventive care during the plan year is required to qualify for the rollover benefit.

- Base Plan: If less than \$800 is spent, \$400 will roll over.
- Buy-Up Plan: If less than \$900 is spent, \$450 will roll over.

DentalGuard Preferred Plus (PPO)

	Base plan		Buy-up plan	
Plan Design	In-network	Out-of-network	In-network	Out-of-network
Calendar year max	\$2,000		\$2,500	
Orthodontia lifetime max	\$1,000		\$1,000	
Calendar year deductible				
Individual	\$50		\$50	
Family	\$150		\$150	
Coinsurance				
Preventive	100%		100%	
Basic	80%		80%	
Major	50%		80%	
Orthodontia	50%		50%	

Dental bi-weekly employee payroll contributions

Effective Jan. 1, 2026

	Base	Buy-up
Employee	\$3.00	\$4.79
Employee + spouse	\$6.35	\$9.92
Employee + child(ren)	\$8.56	\$13.37
Family	\$12.20	\$19.39

- You can elect the Guardian dental plan regardless of whether you are enrolled in the medical or vision plan.
- You will not receive a dental ID card. However, you call Guardian at 800-541-7846 or email cru@glic.com to request a paper ID card. You can also view your ID card at guardiananytime.com.

Vision

Guardian | guardiananytime.com | 877.814.8970

Guardian's vision care benefits include coverage for eye exams, standard lenses and frames, and contact lenses. It also provides discounts for laser surgery. The vision plan is built around a network of eye care providers, with better benefits at a lower cost to you when you use providers who belong to the Guardian network. When you use an out-of-network provider, you will have to pay more for vision services.

Eye exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

Benefit frequency		
Exam	Once a year	
Frames	Once a year	
Lenses	Once a year	
Plan design	In-network	Out-of-network
Eye exam with dilation as necessary	\$10 copay	\$50 allowance
Standard frames	\$130 allowance + 20% discount on remainder.	\$48 allowance
Standard lenses (once per 12 months)		
Single vision	\$10 copay	Up to \$48
Bifocal	\$10 copay	Up to \$67
Trifocal	\$10 copay	Up to \$86
Contact lenses in lieu of glasses		
Medically necessary	Covered 100% after \$10 copay.	\$210 allowance
Elective	\$130 allowance	\$120 allowance

Vision bi-weekly employee payroll contributions

Effective Jan. 1, 2026

Employee	\$2.32
Employee + spouse	\$4.41
Employee + child(ren)	\$4.62
Family	\$6.82

- You can elect the Guardian vision plan regardless of whether you are enrolled in the medical or dental plan.
- You will not receive a vision ID card. However, you call Guardian at 800-541-7846 or email cru@glic.com to request a paper ID card. You can also view your ID card at guardiananytime.com.

Basic life and accidental death and dismemberment (AD&D)

Guardian | guardiananytime.com | 800.525.4542

siffron's comprehensive benefits package includes financial protection for you and your family in the event of an accident or death. Group term life and AD&D coverage are provided automatically at no cost to you upon employment.

In the event of your death, the life insurance policy provides a benefit to the beneficiary you designate. If your death is the result of an accident or if an accident leaves you with a covered debilitating injury, you are covered under the AD&D insurance for the same amount.

Please see an HR member to see what coverage you are eligible for with hire.

Here are some helpful terms

IMPUTED INCOME: Federal regulations require payment of income and Social Security taxes on the value of the life insurance premiums in excess of \$50,000 when paid for by your employer. These values are known as imputed income. Contact your tax professional for information regarding these tax consequences if you have questions or concerns.

AGE REDUCTION: The group term basic life and AD&D insurance coverage are subject to a reduction in benefit amount as you age.



Voluntary life and AD&D

Guardian | guardiananytime.com | 800.525.4542

You have the opportunity to purchase voluntary life and/or AD&D insurance for yourself, your spouse and/or your dependent children. Your cost for this coverage is based on the amount you elect and your age. You must purchase voluntary life and/or AD&D insurance for yourself in order to purchase spouse and/or dependent child(ren) coverage. If you did not enroll in this coverage when you were first eligible, you will be subject to medical underwriting.

Coverage	Available benefit	Guaranteed amount
Employee \$25,000 increments	\$25,000 up to \$500,000	\$150,000 Ages 65-69: \$50,000 Ages 70 and up: \$10,000
Spouse \$5,000 increments	\$5,000 up to \$250,000 (cannot exceed 50% of employee coverage)	\$50,000 Age 65 and up: \$10,000
Dependent child(ren)	Birth to 15 days — No coverage 15 days to 26 years — Flat \$10,000	All amounts are approved

Spouse rates will be determined by the employee age.

Voluntary life employee rates per \$1,000 of coverage (monthly)			
Under 25	\$0.08	45-49	\$0.32
25-29	\$0.08	50-54	\$0.49
30-34	\$0.09	55-59	\$0.84
35-39	\$0.12	60-64	\$1.38
40-44	\$0.20	65-69	\$2.20
Monthly child(ren) rates: \$2.00 for \$10,000			
Monthly AD&D rate per \$1,000: Employee, Spouse and Child are all the same for this plan.			
\$0.03			

Example

Employee A is age 29. Based on the above chart, the rate is \$0.08 per \$1,000 of coverage. Employee A elects \$20,000 in coverage. The monthly premium will be \$1.60.

$$\begin{array}{rclcl} \$0.08 & \times & 20 & = & \$1.60 \\ \text{Plan rate (determined by age)} & & \text{Coverage per \$1,000} & & \text{Monthly premium} \end{array}$$

Portability and conversion

Portability and conversion are available if your employment with siffron ends. Portability allows you to continue your term life coverage, while the conversion option allows you to convert your term life policy into an individual whole life policy.

Short- and long-term disability

Guardian | guardiananytime.com | 800.538.4583

siffron offers two company-paid disability plans by Guardian to provide financial assistance in case you become disabled or unable to work. These disability plans are available to eligible full-time employees according to the benefit eligibility provided on page 3. Please contact a member of your HR team for more information on your short-term and long-term disability coverage.

Short-term disability (STD)

STD benefits are designed to replace a portion of your income for a non-work-related short-term injury or illness. siffron provides this benefit at no cost to you. After a 7-day waiting period in which you must either use paid time off or be unpaid (if no paid time off is available), this benefit provides you with 60% of your base salary* up to a maximum of 13 weeks. During this time, you may use paid time off to supplement your STD compensation but cannot exceed 100% of your base salary. Please contact a member of your HR team for more information on this coverage.

Long-term disability (LTD)

This benefit offers financial protection to you when you need it most — if you become disabled and can no longer work. The plan will also help you return to work, if appropriate. siffron provides this benefit at no cost to you. This benefit provides you with 60% of your monthly salary up to a monthly maximum after a 90-day waiting period.



Coordination of disability benefits

Your benefit may be reduced if you receive disability benefits from retirement, Social Security, workers' compensation, state disability insurance, no-fault benefits or return-to-work earnings. *Refer to your carrier's certificate of coverage for more details.*

*Maximum weekly payout applies.

Voluntary benefits

Guardian | guardiananytime.com | 800.538.4583

Voluntary benefits insurance through Guardian can help protect you from significant or unexpected out-of-pocket expenses. Consider your anticipated medical needs along with the cost of the insurance plans available to you. Keep in mind, these benefits are intended to supplement, not replace, your medical benefit.

Accident insurance

The accident insurance through Guardian is designed to supplement your medical benefit by paying specific benefit amounts for expenses resulting from injuries or accidents. Hospitalization, physical therapy, intensive care, transportation and lodging are some of the out-of-pocket expenses that this accident insurance could cover. Coverage is available for you, your spouse and/or your child(ren).

Critical illness insurance

FirmaPak partners with Guardian to offer critical illness insurance, which supplements your medical benefit by helping you pay costs associated with a critical illness or event. Some of the conditions covered under this program include cancer, heart attack, stroke, Alzheimer's, kidney failure and paralysis. Benefits are paid tax-free in a lump sum up to \$30K, depending on your benefit election, to be used at your discretion.

Hospital indemnity insurance

Hospital indemnity insurance through Guardian is designed to help provide financial protection for covered individuals by paying a benefit for hospitalization. You can use the benefit to pay for out-of-pocket expenses and extra bills that can occur. Indemnity lump-sum benefits are paid directly to you based on the amount of coverage listed, regardless of the actual cost of treatment.



Employee assistance program (EAP)

ComPsych | guidanceresources.com | 855.387.9727

Your GuidanceResources® Program

Sometimes life can feel overwhelming. It doesn't have to be. Your ComPsych® GuidanceResources® program provides confidential counseling, expert guidance and valuable resources to help you handle any of life's challenges, big or small.

Employee assistance program information

guidanceresources.com

Services:

Confidential emotional support

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work and lifestyle support

- Child, elder and pet care
- Moving and relocation
- Shelter and government assistance

Legal guidance

- Divorce, adoption and family law
- Wills, trusts and estate planning
- Free consultation and discounted local representation

Financial resources

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Digital support

- Connect to counseling, work-life support or other services
- Tap into an array of articles, podcasts, videos, slideshows
- Improve your skills with on-demand trainings

Online will preparation

- Quickly and easily complete a will on your computer with EstateGuidance®
- Specify guardians, trustees and property division
- Provide funeral and burial instructions

Wellness support

- Make positive lifestyle changes with health coaching
- Improve your nutrition, exercise habits, weight loss efforts
- Get help with smoking cessation, back care, resiliency and more



Basic insurance terms

COINSURANCE: Coinsurance is your share of the costs of a covered healthcare service, calculated as a percentage (for example, 20%) of the allowed amount for the service. Your coinsurance will begin after you have met your deductible. For example, if the health plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health plan pays the rest of the allowed amount.

COPAY: A copay is a fixed dollar amount you pay for a healthcare service. The amount can vary by the type of service. Your copays will not count toward your deductible but will count toward your out-of-pocket maximum.

DEDUCTIBLE: The deductible is the amount you owe for covered healthcare services before your plan begins to pay benefits. For example, if your deductible is \$2,800, your plan won't pay anything until you've met your \$2,800 deductible for covered healthcare services subject to the deductible. Preventive care is not subject to the deductible, as it is covered 100% by any medical plan option.

EMBEDDED DEDUCTIBLE: If you are on a family medical plan with an embedded deductible, your plan contains two components: an individual deductible and a family deductible. Having two components to the deductible allows each member of your family to have your insurance policy cover their medical bills prior to the entire dollar amount of the family deductible being met. The individual deductible is embedded in the family deductible.

EXPLANATION OF BENEFITS (EOB): An EOB is a statement from the insurance company showing how claims were processed. The EOB tells you what portion of the claim was paid to the healthcare provider and what portion of the payment, if any, you are responsible for.

INDIVIDUAL MANDATE: Federal healthcare reform mandates most U.S. citizens have health insurance for themselves and their dependents. siffron helps you stay insured by offering affordable healthcare for all employees who work at least 30 hours each week.

IN-NETWORK VS. OUT-OF-NETWORK: A network is composed of all contracted providers. Networks request providers to participate in their network, and in return, providers agree to offer discounted services to their patients. If you pick an out-of-network provider, your costs will be higher because you will not receive the discounts the in-network providers offer.

OUT-OF-POCKET MAXIMUM: The out-of-pocket maximum is designed to protect you in the event of a catastrophic illness or injury. Your out-of-pocket maximum includes your deductible, coinsurance and copays that come out of your pocket. After you have paid the specified out-of-pocket amount during a policy year, the plan pays the remaining covered services at 100%.

PREVENTIVE CARE: Routine healthcare services can minimize the risk of certain illnesses or chronic conditions. Examples of preventive care services include but are not limited to physical exams, mammograms, flu vaccines, prostate tests and smoking cessation.

REASONABLE AND CUSTOMARY: The amount of money a health plan determines is the normal or acceptable range of charges for a specific health-related service or medical procedure. If your healthcare provider submits higher charges than what the health plan considers normal or acceptable, you may have to pay the difference.

Contacts

Medical and Prescription

UMR

Member services: 800.826.9781

General website: umr.com

Enrolled in medical: umr.com

HSA

Optum Bank

Customer service: 800.791.9361

Website: optumbank.com

FSA

UMR

Customer service: 800.826.9781

Website: umr.com

Dental

Guardian

Customer service: 800.541.7846

Website: guardiananytime.com

Policy number: 494995

Vision

Guardian

Customer service: 877.814.8970

Website: guardiananytime.com

Policy number: 494995

Basic and Voluntary Life and AD&D

Guardian

Customer service: 800.525.4542

Website: guardiananytime.com

Policy number: 494995

Short-Term and Long-Term Disability

Guardian

Customer service: 800.538.4583

Website: guardiananytime.com

Policy number: 494995

Accident, Critical Illness and Hospital Indemnity Insurance

Guardian

Phone: 800.541.7846

Website: guardiananytime.com

Employee Assistance Program

ComPsych

For pre-certified authorization for all inpatient mental health, substance dependency and counseling services: 855.239.0743

Website: guardianresources.com

Mobile apps

Here's a list of mobile apps provided to you by your carriers. You can download each app to your smartphone for enhanced services and information offered by that carrier.



UMR



Guardian
(Anytime)



Guardian
(Resources)



Optum Bank

Notes

[illegible]



The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

