

January 1 - December 31, 2026

EMPLOYEE

Benefits

GUIDE

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 60 days of employment.

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 - 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 31 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.

Inside

Medical

Voluntary Benefits

Dental

Vision

Life and AD&D

Disability

Valuable Extras

Cost of Benefits

Contact Information

Enrollment

Go to <https://www.paycomonline.net/v4/ee/web.php/app/login>. There, you will find detailed information about the plans available to you and instructions for enrolling.

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.

Medical

We are proud to offer you a choice of medical plans that provide 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 each plan.

Cigna PPO with HSA

This plan works in the following ways:

- ▶ 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 qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the annual deductible. **NOTE:** If you enroll one or more family members, each covered family member is only required to meet the **INDIVIDUAL IN A FAMILY deductible (up to the family limit) before the plan starts to pay expenses for that individual.**
- ▶ 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. **NOTE:** If you enroll one or more family members, each covered family member is only required to meet the **INDIVIDUAL IN A FAMILY out-of-pocket maximum (up to the family limit) before the plan starts to pay covered services at 100% for that individual.**

Health Savings Account

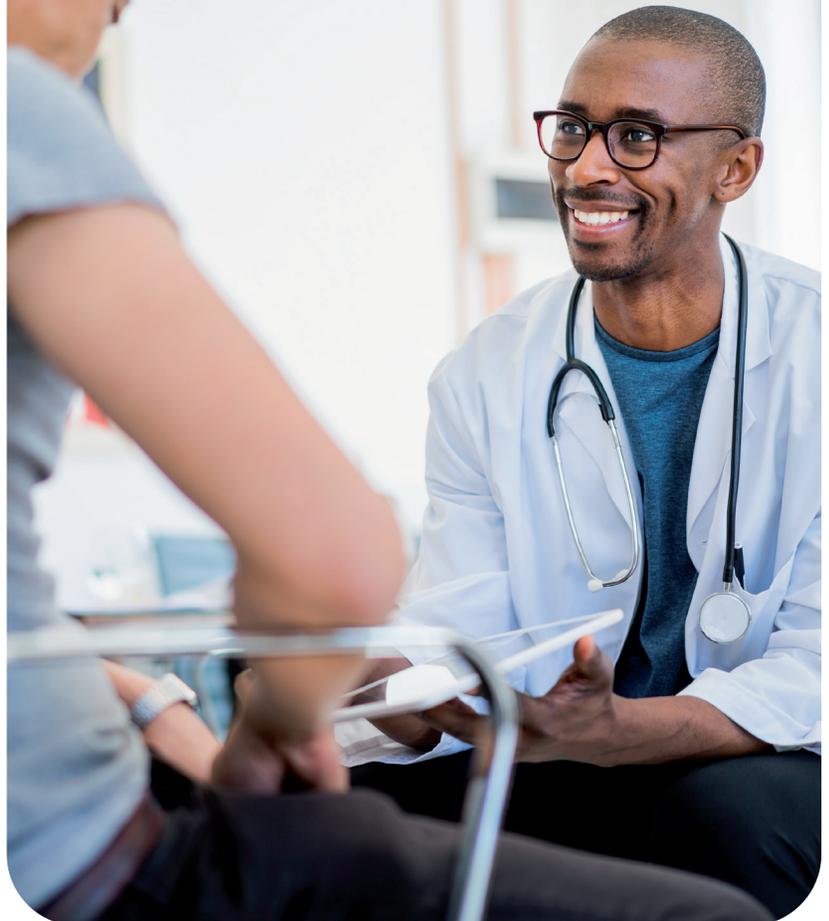
The HDHP comes with a type of savings account called a health savings account (HSA). The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

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.

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

- ▶ 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 open your own HSA with the plan's bank to receive contributions and make tax-free withdrawals for eligible expenses.
- ▶ 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.

Telehealth Plan - Healthiest You

This plan is offered to all employees as a voluntary benefit. With telehealth, a U.S. board-certified doctor is just a call or click away. Whenever you're unable to visit the doctor's office or local health care clinic, use telehealth services to get quick medical advice over the phone or online. You'll then pay the applicable copay, just as you would for visiting the doctor's office in person. Use telehealth to get advice on non-emergency health care issues, including:

- ▶ Allergies
- ▶ Anxiety issues
- ▶ Back problems
- ▶ Bronchitis
- ▶ Cold and flu symptoms
- ▶ Ear infections
- ▶ Diarrhea or constipation
- ▶ Headaches and migraines
- ▶ Rash and skin problems
- ▶ Sore throat and stuffy nose
- ▶ Sprains and strains
- ▶ Urinary tract infections

Medical (Continued)

The 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	Cigna PPO HSA OAP \$2500 Buy Up	Cigna PPO HSA OAP \$5000 Base Plan
	In-Network	In-Network
Deductible (per calendar year)		
Individual / Family	\$2,500 / \$5,000	\$5,000 / \$9,200
Out-of-Pocket Maximum (per calendar year)		
Individual / Family	\$5,000 / \$7,150	\$7,500 / \$9,200
Covered Services		
Office Visits (physician/specialist)	20%*	20%*
Virtual Visits	No charge	No charge
Routine Preventive Care	No charge	No charge
Outpatient Diagnostic (lab/X-ray)	20%*	20%*
Complex Imaging	20%*	20%*
Chiropractic Services	20%*	20%*
Ambulance	20%*	20%*
Emergency Room	20%*	20%*
Urgent Care Facility	20%*	20%*
Inpatient Hospital Stay	20%*	20%*
Outpatient Surgery	20%*	20%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3)		
Retail Pharmacy (30-day supply)	\$15 / \$35 / \$60	\$15 / \$35 / \$60
Mail Order (90-day supply)	\$45 / \$105 / \$180	\$45 / \$105 / \$180

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

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

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.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. 24/7 Access to a licensed doctor by phone or video.

Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Aflac are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents. You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: You visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But in reality, treating a broken leg can cost up to \$7,500¹. And it's not only broken limbs—an average non-fatal injury could cost you \$6,620 in medical bills². When your medical bill arrives, you'll be relieved you have accident insurance on your side.

Hospital Indemnity Insurance

When you or a dependent need to be hospitalized, your family deserves to focus on their well-being, not the stress of the average three-day hospital stay, which can cost you \$30,000¹. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered hospitalization.

Cancer Indemnity

Cancer may not feel like a priority you need to worry about right now, but with almost 2 million new cases of cancer occurring in 2021³, it can (literally) pay to be prepared. The cancer indemnity plan pays a flat dollar amount to you when a covered person is diagnosed with internal cancer. Other benefits include payments made directly to you for hospital confinement, medical imaging, radiation, chemotherapy, immunotherapy, transportation and lodging. The plan also includes a cancer screening wellness benefit.

1. Why health insurance is important: Protection from high medical costs. HealthCare.gov
2. Average medical cost of fatal and non-fatal injuries by type in the USA, December 2019. National Library of Medicine.
3. Cancer Facts & Figures, 2021. American Cancer Society.

Dental

We are proud to offer you a dental plan.

Principal DPPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the Principal network.

The following is a high-level overview of the coverage available.

Key Dental Benefits	Principal DPPO In-Network
Deductible (per plan year)	
Individual / Family	\$50 / \$150
Benefit Maximum (per plan year; preventive, basic and major services combined)	
Per Individual	\$1,500 Per Person
Covered Services	
Preventive Services	No charge
Basic Services	20%*
Major Services	50%*
Orthodontia (Child Only)	\$1,500 Max Benefit

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

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

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

Vision

We are proud to offer you a vision plan.

Principal VSP

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 Principal VSP network.

The following is a high-level overview of the coverage available.

Key Vision Benefits	Principal VSP In-Network
Exam (once every 12 months)	\$10
Materials Copay	\$25
Lenses (once every 12 months) Single Vision Bifocal Trifocal	No charge after materials copay
Frames (once every 12 months)	Covered up to \$130
Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to \$130

Life and AD&D

Life insurance provides your named beneficiary(ies) with a benefit after your death.

Accidental death and dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Principal.

Benefit Amount	
Employee	100% of base salary, up to \$150,000 maximum

Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Principal for yourself and your eligible family members.

	Benefit Option	Guaranteed Issue ¹
Employee	\$10,000 increments, minimum of \$10,000 up to \$200,000	\$150,000 (under age 70)
Spouse/RDP	\$5,000 increments, minimum of \$5,000 up to \$50,000	\$30,000 (under age 70)
Child(ren)	Under age 26- \$10,000 or \$20,000	\$20,000

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Disability

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Short-Term Disability	
Provided at NO COST to you through Principal	
Benefit Percentage	65%
Weekly Benefit Maximum	\$1,500
When Benefits Begin	After 7th day of disability
Maximum Benefit Duration	26 weeks

Valuable Extras

We also offer the following additional benefits:

- Principal Discounts and Services: Laser Vision Correction, Hearing Aid Program

Cost of Benefits

January 1 - December 31, 2026

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Medical

Coverage Tier	Employee Contribution	
	Monthly	Employee Per Paycheck (26 Annually)
Cigna PPO HSA OAP \$5000 Base Plan		
Employee Only	\$953.93	\$88.06
Employee + Spouse/RDP	\$2,003.31	\$184.92
Employee + Child(ren)	\$1,812.53	\$167.31
Family	\$2,861.88	\$264.17
<i>Employer contributes 80% towards All Tiers of Coverage on the Base Plan</i>		
Cigna PPO HSA OAP \$2500 Buy Up		
Employee Only	\$1,053.87	\$134.17
Employee + Spouse/RDP	\$2,213.14	\$281.77
Employee + Child(ren)	\$2,002.36	\$254.92
Family	\$3,161.65	\$402.53
<i>Employer contributes 80% towards the Base Plan. Employees are responsible for the premium difference for the Buy-Up plan.</i>		

Registered Domestic Partner (RDP) Contributions: Your contributions to cover an RDP are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your RDP's or RDP's children's (if they are not federal tax dependents) health care coverage will be taxable to you as imputed income. This value is determined by the amount that The Company pays in premium for RDP coverage. This amount raises your taxable gross income. Also, the payroll deductions to cover an RDP must be taken on an after-tax basis.

Supplemental Life/AD&D

Deductions for supplemental Life/AD&D are taken from your paycheck after taxes. Rates are available during enrollment.

COBRA

If you terminate employment your Medical, Dental, Vision benefits are eligible for COBRA. You will be responsible for the full premium amount plus a 2% administration fee. Our COBRA administrator will be contacting you. Your Aflac benefits are able to be ported at the same rates. Please reach out to the Aflac within 31 days for more information.

Cost of Benefits (Cont'd)

Dental, Vision & Short-Term Disability

Coverage Tier	Employee Contribution	
	Monthly	Employee Per Paycheck (26 Annually)
Principal DPPO		
Employee Only	\$31.25	\$3.60
Employee + Spouse/RDP	\$62.86	\$7.25
Employee + Child(ren)	\$91.62	\$10.57
Family	\$135.37	\$15.62
<i>Employer contributes 75% towards Dental Premium.</i>		
Principal VSP		
Employee Only	\$5.20	\$2.40
Employee + Spouse/RDP	\$11.20	\$5.17
Employee + Child(ren)	\$11.99	\$5.53
Family	\$19.35	\$8.99
<i>No employer contribution towards Vision.</i>		
Principal Short-Term Disability		
26 Weeks 7 Day / 7 Day Elimination	\$0.16 (Per \$10)	Employer Paid for Full-Time Employees

Voluntary Benefits

Coverage Tier	Employee Contribution	
	Monthly	Employee Per Paycheck (26 Annually)
Aflac Accident Insurance		
Employee Only	\$30.81	\$14.22
Employee + Spouse/RDP	\$41.34	\$19.08
Employee + Child(ren)	\$44.72	\$20.64
Family	\$57.07	\$26.34
Aflac Hospital Indemnity		
<i>Rates are age banded. Rates will auto-populate in PayCom.</i>		
Aflac Cancer Indemnity		
Employee Only	\$54.23	\$25.03
Employee + Spouse/RDP	\$95.81	\$44.22
Employee + Child(ren)	\$54.23	\$25.03
Family	\$95.81	\$44.22
Healthiest You Teledoc		
Employee Only	\$13.65	\$6.30
Employee + Spouse/RDP		
Employee + Child(ren)		
Family		

Contact Information

Coverage	Carrier	Group #	Phone #	Website/Email
Medical	Cigna	0618141	866-494-2111	mycigna.com
	Voluntary - Teledoc Healthiest You	HY7774	866-703-1259	member.healthiestyou.com
Prescription Drug Coverage	Cigna	0618141	866-494-2111	mycigna.com
Dental	Principal	1196657	800-247-4695	www.principal.com
Vision	Principal	1196657	800-877-7195	www.principal.com
Life/AD&D	Principal	1196657	800-245-1522	www.principal.com
Disability	Principal	1196657	800-245-1522	www.principal.com
Voluntary Benefits	Aflac	MQY86	800-992-3522	www.aflac.com

Benefits Website

Our benefits website <https://www.paycomonline.net/v4/ee/web.php/app/login> can be accessed anytime you want additional information on our benefits programs.

Questions?

If you have additional questions, you may also contact:

Lana Campbell or Ana Flores (Esp)
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DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

