

2027
Benefits Information Guide

Welcome

Welcome to AV's Employee Benefits Guide.

Your work here matters, and so does everything outside of it. The benefits outlined in this guide are designed to support you and your family's well-being, both on and off the job.

Inside, you'll find an overview of our medical, dental, vision, spending accounts, retirement plans, and other key programs—along with practical direction on how to enroll, update, and use your benefits throughout the plan year. We've included answers to common questions, such as when you can add a new dependent to your coverage and what dental options are available to you.

Use this guide as a starting point whenever you're making benefit decisions or need to confirm how something works. If you have questions or need additional information about any of the benefits described here, please contact the P&C Benefits Department at AVBenefits@avinc.com.

Plan summary

Does this guide contain everything I need to know about my health plan?

While there are many brief benefit summaries listed throughout this guide, they're just that: summaries. When you're trying to figure out whether a medical service or a medical supply will be paid for by your health plan, it's best to take a look at the Summary of Benefit Coverage or Summary Plan Description located on the Benefits Website (myavbenefits.avinc.com).

One important thing to note is that in order for a service or supply to be paid for by your health plan, it must be overseen by a doctor. Some of the guidelines for coverage also come down to the type of plan you choose which you'll learn more about in this guide.

There's more detail that can be found in the Summary Plan Description. You can locate the Summary Plan Description and additional benefit documents on the My AV Benefits page or by contacting the Benefits Team.

Important Information

The Affordable Care Act and You

The Affordable Care Act (ACA) requires applicable large employers to offer affordable health coverage that meets minimum value standards. If you live in California, Massachusetts, New Jersey, Rhode Island, Vermont, or the District of Columbia, you may also be subject to a state individual mandate and may need to have health coverage or qualify for an exemption. You can meet your coverage needs by enrolling in an AV medical plan or another employer plan, purchasing coverage through the Health Insurance Marketplace, or enrolling in a government-sponsored program if you are eligible.

Annual Notices

Federal and state laws require employers to provide certain health plan notices each year. AV posts the required annual notices on the My AV Benefits: Health Benefits webpage for you to review and download at any time. These include notices such as Medicare Part D Creditable Coverage, HIPAA Privacy Practices, Women's Health and Cancer Rights Act (WHCRA), Newborns' and Mothers' Health Protection Act, Special Enrollment Rights, Medicaid and Children's Health Insurance Program information, and the Summary Annual Report (SAR).

Summary of Benefits and Coverage (SBC)

Health plans are required to provide a Summary of Benefits and Coverage (SBC), which gives you a clear, easy-to-understand overview of your plan's benefits, coverage, and costs. The SBC is designed to help you compare

medical plan options and make informed decisions about your coverage. You can access the SBC and related carrier contract information on the My AV Benefits: Health Benefits webpage.



If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, Federal law gives you more choices about your prescription drug coverage. Please see page (46) for more details.

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The rates quoted for these benefits may be subject to change based on final enrollment and/or final underwriting requirements. This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of the plan or program benefits and does not constitute a contract. Consult your plan documents (Schedule of Benefits, Certificate of Coverage, Group Agreement, Group Insurance Certificate, Booklet, Booklet-certificate, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan. All the terms and conditions of your plan or program are subject to applicable laws, regulations and policies. In case of a conflict between your plan document and this information, the plan documents will always govern.

Check out your benefits

Dig into options, programs, and resources

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Eligibility & Enrollment



Eligibility & Enrollment

Who can sign up?

If you are a regular full-time employee working at least 30 hours per week, you and your eligible dependents may participate in AV's benefits program.

Your eligible dependents include:
- Legally married spouse
- Registered domestic partner (affidavit required for jurisdictions that don't have a registration option)
- Children under the age of 26, regardless of student or marital status
- Disabled adult children over age 26

In an ongoing effort to provide affordable health insurance to employees, AV has enlisted a professional dependent verification firm. All dependent verification processes and supporting documents will be completed by DSI, Dependent Specialists, Inc. You are required to participate in the verification process to ensure medical, dental, and/or vision insurance for your dependents with proof of disability.

Dependent Verification

All newly added dependents enrolling in AV's health plans must be verified for their benefits to become active. AV partners with Dependent Specialists Inc (DSI) for dependent verification. All employees who elect to cover newly added dependents should expect to receive a letter from DSI within 30 days of enrollment with next steps for confirming your dependent(s). Acceptable supporting documentation includes:

Dependent	Documentation Required
Legal Spouse	**Two (2) documents required:** **1)** Submit marriage registration document **and**; **2)** Submit **ONE (1)** document listed below to support current relationship status: •1st page of married filing tax return or extension, showing both names filing as married •Common ownership of property (including ownership of an automobile) •Joint lease or rental agreement for residence •Joint bank/utility bill or credit account statement cover page listing both names •Drivers' licenses or State 1.0 listing a common address
Registered Domestic Partner	**Two (2) documents required:** **1)** Submit Municipal/State domestic partnership registration or civil union license. **2)** Submit **ONE (1)** document listed below to support current relationship status: •Common ownership of property (including ownership of an automobile) •Joint lease or rental agreement for residence •Joint bank/utility bill or credit account statement cover page listing both names •Driver's licenses listing a common address **3)** Assignment of a durable property or health care power of attorney.

Non-Registered Domestic Partner	**Two (2) documents required:** **1)** AVI Domestic Partner affidavit, must be notarized. Blank affidavit available at AV Benefits_DP Affidavit or by contacting DSI for blank copy. **2)** Proof of Current Financial Interdependency and Cohabitation: Submit any **ONE (1)** document listed below that must list both persons' names. •Common ownership of property (including ownership of an automobile) •Joint lease or rental agreement for residence •Joint bank/utility bill or credit account statement cover page listing both names •Driver's licenses listing a common address •Assignment of a durable property or health care power of attorney.
Natural Child	•A copy of a birth certificate showing the employee as the parent.
Stepchild	**Multiple documents required:** •Documentation establishing the legal parent/guardian of child, **and** proof that the parent is the current spouse or domestic partner of the associate (see appropriate requirements).
Adopted Child	**Submit one of the following:** •A copy of a birth certificate (long form) showing the employee as parent; or •Court documentation verifying completed adoption; **or** •Letter of placement from an adoption agency, attorney, **or** DCSS, verifying adoption is in progress.
Foster Child	•A court order or other legal document placing the child with the employee and/or eligible spouse who is a licensed foster parent.
Disabled Child(ren) Over Age of 26	**Multiple documents required:** •Proof of relationship based on the appropriate child type (see appropriate requirements), **and** •A copy of page 1 of your federal tax return demonstrating that the child is principally dependent on you, the subscriber, for support and maintenance. Note: Additional verification may be required through the health plan provider
Other Dependent Child(ren)	For all other children for whom an employee has legal custody, a court order or other legal document granting custody of the child to the employee is required. Documentation must verify the employee has legal guardianship responsibility for the child, not merely financial responsibility.

To protect your privacy, redact or black out account/financial information and Social Security Numbers Once documents are verified, they are securely maintained for 60 days and then destroyed.

When does my coverage start?

Regular, full-time employees: You can sign up as soon as the date you're hired, and those benefits become effective date of hire. You are eligible to enroll in medical coverage if you are scheduled to work at least 30 hours per week. Please contact the Benefits Department for more information about the measurement process and the effective date of coverage if you are eligible and choose to enroll.

Once you enroll in a benefit, your elections will be in place for the remainder of 2027, beginning January 1 or your benefits eligibility date.

Can I make changes after I sign up?

After you've signed up, you can only make changes to your benefits if you have what's called a qualifying life event (QLE). This could include getting married, having a baby, or losing health coverage, just to name a few. The list of QLEs is defined by the federal government. Some examples are:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Death of a dependent
- You or your spouse lose or gain coverage through our organization or another employer
- Medicare or Medicaid enrollment
- A special enrollment opportunity to sign up for a plan in the Public Health Insurance Marketplace (i.e. Covered California or another state-run marketplace or Healthcare.gov

Qualified Life Event changes are time-sensitive and must be addressed within 30 days. Alternatively, if you lost eligibility or enrolled in Medicaid, Medicare, or state health insurance programs, you have to submit the request for change within 60 days. To initiate a Qualifying Life Event, visit Benefits App on Workday and select *Change Benefits*. Each qualifying life event must be accompanied by appropriate documentation to support the requested changes.

Healthcare Plans



Medical Plans

Breaking down plan types (and understanding acronyms)

Anthem Blue Cross | PPO & PPO Enhanced

On a Preferred Provider Organization plan (PPO), you have more flexibility to choose your providers. However, you'll save the most money when you choose a provider or hospital inside the health plan's network. You may choose a provider who is not in the health plan's network, but it might cost more.

Advantages

- Wide network of providers
- No referral needed to see a specialist

Out-of-pocket costs

Your health plan can charge different fees: a flat fee called a "copay", a fee that's a percentage of the total cost of the service called "coinsurance", or an amount that must be paid before your plan kicks in, called a "deductible."

Ideal if…

…you want flexibility and provider options. You're comfortable paying more out of your paycheck each month, while paying less out of pocket for your deductible.

Note:

You may choose your health care providers, but keep in mind that you might have to pay more for services that are outside your health plan's network.

Using a PPO plan: an example



Syd was diagnosed with asthma and required ongoing care from a specialist. Syd used the insurance company website to locate an in-network provider and paid a set copay for each office visit. Syd also received a prescription for maintenance medication and paid a copay for that medication as well. Both the specialist visits and prescription costs counted toward Syd's out-of-pocket maximum.

The PPO plan was a strong choice for Syd because ongoing specialist care was an important part of treatment. By selecting an in-network provider, Syd was able to help manage costs while receiving the care needed.

Anthem Blue Cross | HDHP & HDHP Enhanced

On a High-Deductible Health Plan (HDHP), you pay more out-of-pocket before your health plan starts covering services. The amount you pay before the plan kicks in is called the "deductible." To help cover these expenses, you can access a special savings account called a "Health Savings Account (HSA)." You can contribute pre-tax funds to this account and use them to pay for different qualified health-related expenses.

Advantages

- Your HSA can help you save on taxes
- The per paycheck premium for this plan is typically lower

Out-of-pocket costs

If you choose an HDHP, you'll pay most of your out-of-pocket expenses upfront until you reach your deductible.

Ideal if…

…you don't usually need much health care throughout the year and have enough money set aside to cover expenses until you reach your deductible.

Note:

You can only use your HSA funds to pay for qualified medical expenses, such as copay fees, purchases of over-the-counter medications, etc. It's a good idea to keep your receipts in case your taxes are audited.

Using an HDHP plan: an example



Taylor rarely goes to the doctor, but when she experienced a fever, chills, and chest congestion, she decided to visit urgent care. Taylor found a nearby in-network urgent care clinic for treatment. Because Taylor hadn't yet met the plan's annual deductible, she used funds from her Health Savings Account (HSA) to pay for the visit.

Taylor had savings set aside after choosing to pay less in monthly premiums, so this visit wasn't a big deal. Taylor paid a coinsurance, which counts toward the plan's annual deductible.

To find a provider in your PPO/HDHP plan's network:

Anthem PPO & Anthem HDHP

Checking Your Providers Before Your Plan Begins

Call Allied Member Services for assistance at 833-918-1386 Monday through Friday 8am to 8pm CT or Saturday 9am to 12pm CT.

You may also search online:

STEP 1

Navigate to **anthem.com/ca/find-care**.

Click **Basic search as a guest**.

STEP 2

Use Prefix **ARE** to review our plan network

STEP 3

Search by doctor name, specialty, hospital, or procedure by typing in the search bar.

Or select from one of the frequently searched categories listed under **Search by Care Provider**.

Review your search results and providers profiles.

Plan Highlights	Anthem Blue Cross PPO Enhanced		Anthem Blue Cross PPO	
	In-network	Out-of-network	In-network	Out-of-network
Annual Calendar Year Deductible				
Individual / Individual Within a Family	$300	$1,500	$1,000	$4,000
Family	$600	$3,000	$2,000	$8,000
Maximum Calendar Year Out-of-pocket [1]				
Individual	$2,500	$5,000	$3,000	$10,000
Family	$5,000	$10,000	$6,000	$20,000
Professional Services				
Primary Care Physician (PCP)	$20 Copay	50% After Deductible	$25 Copay	50% After Deductible
Specialist	$35 Copay	50% After Deductible	$25 Copay	50% After Deductible
Telehealth Visit	Variable	Variable	Variable	Variable
Preventive Care Exam	No Charge	50% After Deductible	No Charge	50% After Deductible
Diagnostic X-ray and Lab	10% After Deductible	50% After Deductible	20% After Deductible	50% After Deductible
Complex Diagnostics (MRI/CT scan)	10% After Deductible	50% After Deductible	20% After Deductible	50% After Deductible
Acupuncture Services	$35 Copay	50% After Deductible	$25 Copay	50% After Deductible
Chiropractic Services	$35 Copay	50% After Deductible	$25 Copay	50% After Deductible
Hospital Services				
Inpatient	10% After Deductible	50% After Deductible	20% After Deductible	50% After Deductible
Outpatient Surgery	$35 Copay	50% After Deductible	$50 Copay	50% After Deductible
Urgent Care	$35 Copay	50% After Deductible	$50 Copay	50% After Deductible
Emergency Room	$150 Copay		$200 Copay	
Mental Health & Substance Abuse				
Inpatient	10% After Deductible	50% After Deductible	20% After Deductible	50% After Deductible
Outpatient	10% After Deductible	50% After Deductible	20% After Deductible	50% After Deductible
Pharmacy Benefits	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Retail Prescription Drugs (30-day supply)				
Tier 1	$10 Copay	$10 Copay	$10 Copay	$10 Copay
Tier 2	$30 Copay	$30 Copay	$30 Copay	$30 Copay
Tier 3	$60 Copay	$60 Copay	$60 Copay	$60 Copay
Tier 4	25% up to $250	Not Covered	25% up to $250	Not Covered
Mail Order Prescription Drugs (90-day supply)				
Tier 1	$20 Copay	Not Covered	$20 Copay	Not Covered
Tier 2	$60 Copay	Not Covered	$60 Copay	Not Covered
Tier 3	$120 Copay	Not Covered	$120 Copay	Not Covered
Tier 4	25% up to $250	Not Covered	25% up to $250	Not Covered

[1] Out-of-pocket maximum is based on the maximum allowable charge the carrier allows. This does not include any balance billing that may occur when using an out-of-network provider.

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations, and exclusions.

Plan Highlights	Anthem Blue Cross HDHP Enhanced		Anthem Blue Cross HDHP	
	In-network	Out-of-network	In-network	Out-of-network
Annual Calendar Year Deductible				
Individual	$2,000	$6,000	$3,500	$7,000
Individual Within a Family (embedded)	$3,500	$6,000	$3,500	$7,000
Family	$4,000	$12,000	$7,000	$14,000
Maximum Calendar Year Out-of-pocket [1]				
Individual	$4,500	$10,000	$7,000	$14,000
Family	$9,000	$20,000	$12,000	$28,000
Professional Services				
Primary Care Physician (PCP)	20% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible
Specialist	20% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible
Telehealth Visit	Variable	Variable	Variable	Variable
Preventive Care Exam	No Charge	50% After Deductible	No Charge	50% After Deductible
Diagnostic X-ray and Lab	20% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible
Complex Diagnostics (MRI/CT scan)	20% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible
Acupuncture Services	20% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible
Chiropractic Services	20% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible
Hospital Services				
Inpatient	20% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible
Outpatient Surgery	20% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible
Urgent Care	20% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible
Emergency Room	20% After Deductible		30% After Deductible	
Mental Health & Substance Abuse				
Inpatient	20% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible
Outpatient	20% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible
Pharmacy Benefits	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Retail Prescription Drugs (30-day supply)				
Tier 1	$10 Copay	$10 Copay	$10 Copay	$10 Copay
Tier 2	$30 Copay	$30 Copay	$30 Copay	$30 Copay
Tier 3	$60 Copay	$60 Copay	$60 Copay	$60 Copay
Tier 4	25% up to $250	Not Covered	25% up to $250	Not Covered
Mail Order Prescription Drugs (90-day supply)				
Tier 1	$20 Copay	Not Covered	$20 Copay	Not Covered
Tier 2	$60 Copay	Not Covered	$60 Copay	Not Covered
Tier 3	$120 Copay	Not Covered	$120 Copay	Not Covered
Tier 4	25% up to $250	Not Covered	25% up to $250	Not Covered

[1]Out-of-pocket maximum is based on the maximum allowable charge the carrier allows. This does not include any balance billing that may occur when using an out-of-network provider. The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations, and exclusions.

Prescription Drug Coverage
Saving money on your medications

Your benefits cover many prescription medications, but how much you pay for them, and how much your health plan covers, is determined by a system of tiers. The tier of medication does not determine its quality of effectiveness. What can vary by medication is your out-of-pocket cost.

Here are some examples of the types of medications in each tier:



Tier 1 - Generic Formulary:

These medications have the same active ingredients as brand-name medications, but they cost less.



Tier 2 - Brand name:

These medications are only made by one manufacturer.



Tier 3 - Non-formulary:

Medications that are not on your health plan's list of preferred medications, which is called their "formulary." Usually, this happens when there is a safe and effective alternative that is less expensive, often a generic. If your doctor prescribes a non-formulary prescription, it's a good idea to speak with them or your pharmacist about generic alternatives.



Tier 4 - Specialty:

These medications treat chronic or complex conditions. They often require step therapy and/or prior authorization to be approved to fill.

Why pay more for your medications?



Use the mail

You can save time and money by getting your medications shipped directly to you through a mail-order service. You can have a larger quantity, usually a 90-day supply, regularly shipped to your door. Go to https://www.caremark.com/ to sign-up for delivery service.



Shop around

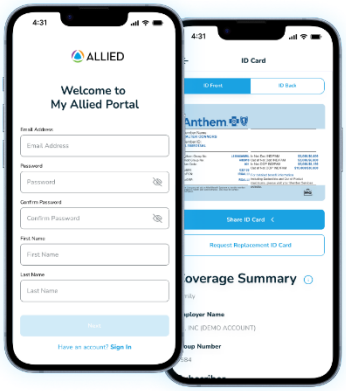
Some pharmacies offer less expensive medications. Try calling pharmacies inside warehouse clubs or discount stores to see if they offer a lower price. Shopping around could pay off.



Over-the-counter

For colds, headaches, and other common conditions, over-the-counter medications can sometimes work just as well as prescription ones—and cost a lot less, too.

Accessing Your ID Card and More



Once you are enrolled in the health plan, you'll receive a letter in the mail when your Digital ID card is ready.

To access your card:

- Download the My Allied Portal app from your device's app store or visit member.alliedbenefit.com.
- Click **'Sign Up'** and follow the prompts to activate your member profile.
- From your Allied member portal, you can share your card digitally with providers via email, provider fax number, or downloading a PDF copy.
- You can also request a physical card be mailed to your home once you register, if preferred.

If You Need Assistance

If you run into problems with scheduling, benefits, or claims, here's who to call:

For help scheduling an appointment with a PHCS Network provider, call PHCS at 888-733-9582.

For questions about your benefits, the status of a claim, or virtual care options, call **Allied Member Services at 833-918-1386**



Dental Plan PPO

With the Guardian Dental PPO plan, you can visit any licensed dentist. If you choose a PPO in-network dentist, you'll benefit from the plan's negotiated rates, which can help keep your out-of-pocket costs lower for you and your dependents. If you choose a dentist who does not participate in the PPO network, your costs may be higher.

To find out if your dentist is in your provider network, you can search on www.GuardianAnytime.com or call Guardian at 1-800-541-7846.

Plan Highlights	Guardian Dental Buy-Up PPO		Guardian Dental Base PPO	
	In-network	Out-of-network	In-network	Out-of-network
Calendar Year Deductible				
Individual	$25	$50	$50	
Family	$75	$150	$150	
Annual Maximum	$3,000		$1,000	
Preventive	100% (Deductible Waived)	100%* (Deductible Waived)	100% (Deductible Waived)	100%* (Deductible Waived)
Basic Services	90%	80%*	80%	80%*
Major Services	60%	50%*	50%	50%*
Orthodontia Services				
Adults & Child(ren)	50%		Not Covered	
Lifetime Maximum	$2,500		N/A	

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations, and exclusions.

* If you see an out-of-network dentist, the plan will pay benefits based on the reasonable and customary amount, which is the typical fee charged for similar services in your area. You will be responsible for any charges above that amount.



Vision Plans

EyeMed offers vision coverage as a Preferred Provider Organization (PPO) plan. With the vision plan, you can pick where to receive services. If you choose a vision provider outside that network for yourself or your dependents, you will have to pay for all the expenses yourself at the time of service. Then, you'll submit a claim, and EyeMed will reimburse you up to a certain "allowed" amount.

To find out if a vision provider is in your network, you can search on https://www.eyemed.com/en-us/ or call EyeMed at (866) 804-0982.

Plan Highlights	EyeMed Vision PPO Insight Network		
	In-network	Eye360 Plus	Out-of-network
Exam – Every 12 months	$10 Copay	$0 Copay	Up to $40
Lenses – Every 12 months			
Single	$0 Copay	$0 Copay	Up to $30
Bifocal	$0 Copay	$0 Copay	Up to $50
Trifocal	$0 Copay	$0 Copay	Up to $70
Frames – Every 24 months	$150 Allowance	$200 Allowance	Up to $105
Additional Pairs of Glasses	40% Off Retail; 100% of Balance Over $50	40% Off Retail; 100% of Balance Over $100	Up to $40
Contacts – Every 12 months, in lieu of lenses & frames			
Medically Necessary	$0 Copay, Paid-in-Full	$0 Copay, Paid-in-Full	Up to $300
Cosmetic Contacts – Conventional	$0 Copay, 15% Off Balance Over $150 Allowance	$0 Copay, 15% Off Balance Over $200 Allowance	Up to $105
Cosmetic Contacts – Disposable	$0 Copay, 15% Off Balance Over $150 Allowance	$0 Copay, 15% Off Balance Over $200 Allowance	Up to $105
LASIK	15% Off Retail or 5% Off Promo Price	15% Off Retail or 5% Off Promo Price	Not Covered

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations, and exclusions.

Eye360 Plus Program Information

Eye360 provides enhanced benefits when members visit a PLUS Provider (a select group of providers in the EyeMed network). When members choose to visit a PLUS Provider, they will receive a $0 eye exam copay, an extra $50 in frame or contact allowance! For those members that don't seek care at a PLUS provider their benefits remain unchanged

Plus providers currently include: LensCrafters, Pearle, and Target Optical Locations



Spending Accounts



Spending Accounts

Spending accounts allow you to set aside pre-tax dollars to help pay for eligible health care expenses, and in some cases, dependent care expenses. AV has partnered with Fidelity to administer your spending accounts. The types of spending accounts are the Health Savings Account (HSA), Healthcare Flexible Spending Account (HCFSA), Dependent Care Flexible Spending (DCFSA), and Limited-Purpose Flexible Spending Account (LPFSA). Each account has different eligibility requirements, uses, and rollover rules. The table below provides a high-level comparison of each account type.

Account Type	Overview	Eligibility	Key Features
HSA	A tax-advantaged account used to pay for eligible healthcare expenses	Available only to employees enrolled in a qualified HDHP	Funds roll over from year to year, and the account belongs to the individual
HCFSA	A pre-tax account used to pay for eligible health care expenses	Available to employees eligible under the employer's plan	Generally subject to a "use it or lose it" rule, although our plan offers a grace period to use funds
LPFSA	A specialized FSA used for eligible dental and vision expenses	Available to employees enrolled in an HSA-compatible medical plan	Helps preserve HSA funds by limiting eligible expenses to dental and vision costs. Does not rollover but has a grace period.
DCFSA	A pre-tax account used to help pay for eligible dependent care expenses	Available to employees eligible under the employer's plan with children under the age of 13 or dependent adults	Can be used for eligible dependent daycare expenses, such as childcare for children under the age of 13 or elder care, while the employee works. There is a grace period to use funds.



Health Savings Account (HSA)

When you sign up for an Anthem High-Deductible Health Plan (HDHP), you can open a type of bank account called a Health Savings Account (HSA) through Fidelity. This account allows you to save money for qualified health care expenses, such as your deductible, copayments, and other out-of-pocket expenses. The money you put in your HSA is not federally taxed

HSA Overview

Benefits	HSA contributions are made pre-tax, earnings grow tax-free, and qualified withdrawals are tax-free, subject to state tax laws. HSAs are paired with HDHPs, which typically have lower monthly premiums. Employers may also contribute to your HSA. Once the HSA balance reaches the minimum investment threshold, employees can choose from Fidelity's HSA investment options.
Eligibility	You must be enrolled in a qualified HDHP to contribute to an HSA. Additional eligibility rules apply.
Getting Started	Look for your Fidelity welcome packet and follow the instructions to activate your account at www.netbenefits.com. You can also call (800) 544-3716 or visit this Fidelity HSA employee education website to learn more.
Employer Contributions	For those enrolled in the Anthem HDHP Enhanced plan, AV will contribute $750 annually for individual coverage or $1,500 annually for family coverage to your HSA. Contributioms are deposited on a bi-weekly basis.
Using Funds	Use your HSA debit card or pay out of pocket and reimburse yourself later. Keep all receipts for IRS records.
Contribution Rules	IRS annual limits apply, including a catch-up contribution for employees age 55 and older. 2027 HSA contribution limits - $4,500 self only, $9,000 Family, $1,000 catch-up (age 55+)
Non-Qualified Expenses	Non-qualified withdrawals are subject to income tax and, in most cases, a 20% penalty. After age 65, funds may be used for any purpose, but non-qualified withdrawals are still taxed as income.
Examples of HSA-Eligible Expenses	Medical: Providers, prescription drugs, inpatient hospital services, laboratory & x-ray, emergency services, acupuncture, chiropractic & more. Dental: Providers, teeth cleanings, dental treatments, orthodontia & more. Vision: Providers, exams, contact lenses, Lasik surgery & more. Premiums: COBRA or Medicare with prior HSA contributions

Flexible Spending Account (FSA)

With this type of account, you and your spouse, plus any eligible dependents, can use pre-tax dollars to cover health care, dependent care, and more. There are different types of FSAs, but they all help reduce your taxable income. Here are the different types of FSAs available to you.

FSA Type		Detail
	**Healthcare FSA**	• Can reimburse eligible healthcare expenses not covered by your medical, dental, and vision insurance. • Anticipated* Maximum contribution for 2027 is $3,500. • FSA Grace Period: you have extra time after the plan year ends to use your FSA funds until March 15, 2028 and file claims before March 31, 2028.
	**Limited Purpose FSA**	• Employees may want to consider a limited purpose FSA if they are HSA eligible and plan to contribute to an HSA during the plan year. • This FSA may be used to reimburse qualified dental and vision expenses. • Anticipated* Maximum contribution for 2027 is $3,500.
	**Dependent Care FSA**	• Can be used to pay for a child's (up to the age of 13) childcare expenses and/or care for a disabled family member in the household, who is unable to care for themselves. • Eligibility rules require that if you are married, your spouse needs to be working, looking for work or attending school full-time. • Anticipated* Maximum contribution for 2027 is $7,500.

Accessing your FSA Account

Call (833) 299-5089, create an account at www.netbenefits.com, or download the Fidelity Health App. You can view transaction status, upload receipts, and much more. The site is secure and fully encrypted for your protection. You can also visit this Fidelity FSA Employee Education website to learn more.

How to use your FSA



Estimate how much you'll need to cover with FSA funds this year.

Set up annual (pre-tax) deductions from your paycheck.

Use your FSA debit card for purchases made on your own behalf.

Use it or lose it! FSA funds don't roll over to the next year. Don't panic, though - you can still use the funds during a grace period through March 15, 2028. You can also still submit claims from the 2027 plan year until March 31, 2028.

Supplemental Benefits



Life & Disability

Life Insurance and AD&D

There's no easy way to talk about death, but your family might need help if something happens to you. A life and accidental death and dismemberment (AD&D) policy can provide that help. You are automatically signed up for this benefit, and your family will be paid a lump sum of money if you pass away. If your death was caused by an accident, or if you lose a limb, you or the people you choose, called "beneficiaries," may get additional coverage.

AV pays 100% of this benefit through Mutual of Omaha. It includes the following:

- Basic Life Insurance of 1x annual earnings up to $600,000
- AD&D of 1x annual earnings up to $600,000
- Your benefits will reduce when you turn 70

Quick note on IRS Regulations: You can receive employer-paid life insurance coverage up to $50,000 on a tax-free basis and do not have to report the payment as income. However, coverage of more than $50,000 will trigger taxable income for the "economic value" of the coverage provided to you.

Voluntary Life and AD&D

You can choose to add more life insurance and AD&D coverage for you and/or your dependents. Premiums are paid through payroll contributions. Here are details on the additional coverage amounts you can choose from:

	**For employees:**	• Increments of $5,000 up to a $1,000,000 maximum with a guaranteed issue benefit of $300,000 for new hires
	**For your spouse:**	• Increments of $5,000 up to a $250,000 maximum. The guaranteed issue benefit for spousal coverage is $50,000 for new hires. Please note that spousal voluntary life cannot exceed 100%of the employee's elected Voluntary Life amount.
	**For your child(ren) to age 26:**	• Increments of $1,000 up to a $10,000 maximum. Please note that child voluntary life cannot exceed 100% of the employee's elected Voluntary Life amount.
	**Optional AD&D:**	• Coverage is available for purchase in the same amounts as optional life insurance amounts above. Please note the elected amount cannot exceed 100% of elected voluntary life coverage.

If you choose to get additional coverage, an evidence of insurability questionnaire is required to enroll in coverage. The insurance amounts here are subject to review and won't be effective until approved by Mutual of Omaha.

Evidence of Insurability

Evidence of Insurability (EOI), also called a Statement of Health, is a health questionnaire used to determine whether coverage can be approved. If you make a benefit election outside of your new hire enrollment window, EOI is required to carry coverage. Please note that there is an EOI submission deadline, and the EOI link is available during enrollment in Workday and on the benefits website. Please note: Benefits coverage will reduce when you turn 70. Restrictions may apply if you and/or your dependent(s) are confined in the hospital or terminally ill. Take a look at your Summary Plan Description for exclusions and further detail.



Don't forget to update your beneficiaries!

The people or entities who you want to receive benefits from your policy are called beneficiaries. It's very important that they are up to date.

- You may change your beneficiaries at any time
- You may designate one person as your beneficiary or choose multiple beneficiaries, who will each get a percentage of the payout amount
- To select or change your beneficiary, please log into Workday and visit the Benefits and Pay App

Disability Insurance

If you are unable to work due to a non-work-related illness or injury, disability coverage can help protect your income while you focus on recovery. AV automatically provides Short-Term Disability and Long-Term Disability coverage at no cost to employees, and a buy-up option is available for Short-Term Disability. This coverage is designed to replace a portion of your income and provide financial protection for you and your family during a qualifying disability.

Your Plans	Coverage Details
Employer-Paid Short-Term Disability (STD)	• Administered by Mutual of Omaha, STD coverage provides a benefit equal to 60% of your earnings, up to $2,000 per week for a period up to 12 weeks. • The plan begins paying for these benefits after you have been absent from work for 7 consecutive days.
Employer-Paid Long-Term Disability (LTD)	• If your disability extends beyond 90 days, the LTD coverage through Mutual of Omaha can replace 60% of your earnings, up to maximum of $10,000 per month. • Your benefits may continue to be paid until you reach social security normal retirement age as long as you meet the definition of disability.
Buy-up Short-Term Disability (Employee Paid)	• Administered by Mutual of Omaha, Voluntary STD Buy-Up coverage provides a benefit up to 70% of your earnings, up to $3,000 per week for a period up to 12 weeks. • The plan begins paying these benefits at the time of disability/after you have been absent from work for 7 consecutive calendar days.

State Disability Insurance	• The state you reside in may provide a partial wage-replacement disability insurance plan. Employer paid disability benefits will be paid in coordination with state provided benefits. • For more information regarding statutory disability programs, contact the Benefits Department.

Note: Please note, the state you reside in may provide a partial wage-replacement disability insurance plan.

Supplemental Health Benefits

Critical Illness Insurance

If you choose to sign up for this coverage, Mutual of Omaha will pay you a lump sum benefit if you are diagnosed with a covered critical illness. For full plan details, please review the plan summary.

What can critical illness coverage pay for?

This type of coverage pays you a monetary benefit directly, so you can use the funds however you want. Here are a few examples:

- Medical expenses
- Lost income
- Everyday expenses such as groceries and utilities
- Alternative treatments
- Lodging and travel to see specialists

Some covered illnesses:

- Cancer
- Heart Attack
- Stroke
- Alzheimer's
- Kidney Failure
- Organ Transplant

100% Employee-Paid

If you elect this voluntary benefit, the cost of coverage will be paid by you through convenient payroll deductions. The table below shows the bi-weekly after-tax benefit cost for each $1,000 of elected benefit coverage:

Age	Employee	Spouse
<25	$0.128	$0.128
25 –29	$0.174	$0.174
30 –34	$0.219	$0.219
35–39	$0.297	$0.297
40 –44	$0.457	$0.457
45 –49	$0.726	$0.726
50 –54	$1.062	$1.062
55 – 59	$1.431	$1.431
60 – 64	$2.031	$2.031
65 – 69	$2.908	$2.908
70+	$2.908	$2.908

Election	Benefit Amounts & Guaranteed Issue
Employee	$5,000 up to $50,000 in $5,000 increments
Spouse	$5,000 up to $50,000 in $5,000 increments (not to exceed 100% of employee election).
Child(ren)	50% of elected employee amount, up to $15,000

Using critical illness insurance: an example



Theo was diagnosed with cancer and needed a surgery right away, followed by chemotherapy. Theo's health plan required he pay the deductible and a co-insurance after the hospital stay. Critical illness insurance provided a lump-sum cash payment after Theo's diagnosis. Theo used the funds to cover his deductible and co-insurance fees, plus the co-pay for each chemo session. Theo was able to pay his rent and hire a part-time dog walker, too, so he could focus all his energy on getting well.

Hospital Insurance

Hospital stays can bring unexpected expenses, and hospital insurance through Mutual of Omaha can help provide added financial support when you need it most. If you enroll, this benefit pays directly to you or your family following a covered hospital stay, helping with a range of medical and non-medical expenses. For full plan details, please review the plan summary.

What can hospital insurance pay for?

This type of coverage pays you directly, so you can use the funds however you want. Here are a few examples:

- Copayments
- Deductibles
- Transportation expenses
- Childcare
- Lodging expenses for a companion
- Lost income

100% Employee-Paid

This is a voluntary, employee paid benefit If you choose to sign up, the cost of coverage will be deducted from your paycheck. Bi-weekly post-tax rates are outlined below:

Election	Bi-Weekly Contribution
Employee Only	$10.46
Employee + Spouse	$22.64
Employee + Child(ren)	$16.17
Family	$29.56

Using hospital insurance: an example

Morgan needed gallbladder removal surgery, and due to some complications, had to stay in the hospital for five days. Morgan's health plan required she pay the deductible and a co-insurance fee. Hospital insurance helped Morgan pay her deductible and her portion of the co-insurance. It paid a set amount for an admission benefit plus a set amount for each additional day. This helped reduce Morgan's cost for her stay.



Accident Insurance

We all know they happen, but not everyone is prepared. Accident insurance is optional coverage that helps you pay for expenses if something unexpected occurs. The benefits are paid directly to you to help cover specific treatments, and the amount depends on the type of injury you have and what care you need. For full plan details, please review the plan summary.

What can accident insurance pay for?

This type of coverage pays you directly in cash, so you can use the funds however you want. You could use the funds to pay for:

- Emergency room visits
- Ambulance transportation
- Doctor visits
- Hospital admission
- Surgery
- Medical equipment
- Outpatient therapy
- Diagnostic imaging

100% Employee-Paid

Premiums for this plan are paid for by the employee. If you choose to sign up for this voluntary benefit, the cost of coverage will be deducted from your paycheck. Bi-weekly post-tax rates are outlined below:

Election	Accident, Low Plan – Bi-Weekly Contribution	Accident, High Plan – Bi-Weekly Contribution
Employee Only	$4.31	$8.84
Employee + Spouse	$6.52	$14.44
Employee + Child(ren)	$8.22	$16.96
Family	$10.85	$23.54

Using accident insurance: an example

Jordan sustained an ankle fracture while participating in a recreational soccer game and required surgery, follow-up care, and time away from work during recovery. Jordan's accident insurance provided a cash benefit that could be used to help cover expenses such as deductibles, transportation to medical appointments, rent, or household bills. This coverage helped ease financial stress so Jordan could focus on recovery.



Financial Benefits

Retirement 401(k) | Fidelity

No matter where you are in your career, it's important to plan ahead for retirement. AV's 401(k) Plan helps you build long-term financial security by allowing you to contribute a portion of your pay into a tax-advantaged retirement account. Contributions are deducted each pay period and invested so they have the opportunity to grow over time, subject to federal law and plan guidelines. You may access these funds at retirement in accordance with plan provisions.

Eligible employees including full time and part-time employees, may defer from 1% up to 75% of pay and may adjust their contribution rate at any time.

AV also helps you save by contributing:

- A non-elective contribution equal to 2% of your compensation each pay period, and
- A matching contribution equal to 100% of the first 4% of your compensation that you contribute each pay period.

Company contributions are deposited directly into your 401(k) account each pay period and are immediately vested.

Enrollment & Account Access

- To enroll in the 401(k) plan, please visit Fidelity at www.netbenefits.com.
- For login or password assistance, check your 401(k) account balance, view your contributions, change your investments and more, visit www.netbenefits.com or call Fidelity at (800) 835-5095 (M-F, 8:30am-8:30pm ET).

Additional 401(k) Information

2027 Anticipated* Contribution Limits: For 2027, the IRS annual contribution limits are $25,500 for everyone under age 50 or $34,000 for anyone that is age 50 or over prior to December 31, 2027. If you have multiple employers during the year, all your contributions are combined. Restrictions may apply to these limits based on plan documents and annual testing requirements. The 2027 Super Catch-Up limit (for those aged 60 to 63) is $11,750. Please note, the Super Catch-Up is NOT available in the year one reaches age 64 and beyond. Catch-up limits are subject to income restrictions, if you earned more than $150,000 in FICA Wages (W-2 Box 3 wages) in 2026 at AV your 2027 catch-up contribution will have to be made as Roth.

Marsh & McLennan Insurance Agency LLC does not serve as advisor, broker-dealer or registered investment advisor for this plan. All of the terms and conditions of your plan are subject to applicable laws, regulations and policies. In case of a conflict between your plan document and this information, the plan documents will always govern.

Employee Stock Purchase Plan (ESPP)

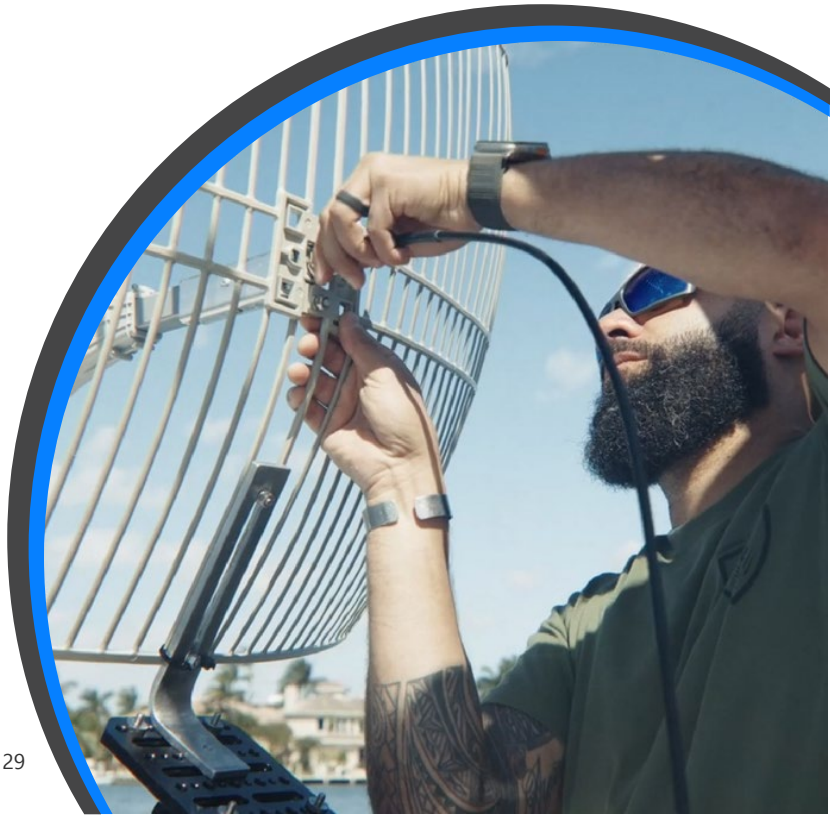
Our Employee Stock Purchase Plan gives you a simple way to invest in AV's future while supporting your long-term financial wellness.

Key Benefits

- **Discounted Stock Purchase:** Buy AV stock at a 15% discount, giving you immediate value and the potential to benefit from future stock price appreciation.
- **Financial Wellness:** Build long-term financial security through automatic payroll deductions that accumulate into AV stock purchases over time.
- **Alignment of Interests:** When you own AV stock, your interests are closely aligned with our shareholders, reinforcing our shared commitment to sustainable growth and success.

How It Works

- Eligible employees can enroll during the designated Enrollment Window and choose a contribution rate between **1% and 15%** of their bi-weekly salary.
- Contributions are made via **convenient post-tax payroll deductions**, so participation is automatic once you enroll.
- At the end of each **Offering Period**, your total contributions are used to purchase AV shares at **85% of the fair market value**, based on the lower of:
    - The share price on the **Offering Date**, or
    - The share price on the **Purchase Date**.
- Purchased shares are subject to a **one-year post-purchase holding restriction**.



Additional Benefits



Allied Benefit Systems

Allied Benefit Systems, or Allied, helps manage your medical plan and supports you with your medical and pharmacy benefits. They're the team you can turn to for questions about coverage, claims, providers, and using the My Allied Portal or Member Services for help.

The My Allied Portal makes it easy to manage your health plan from any device. Once you're enrolled in an Allied health plan, you can use the portal to access your benefits, search for in-network providers, compare estimated costs for covered services, explore care programs, track claims and plan activity, and view or share your ID card. To get started, download the My Allied Portal app from the Apple App Store or Google Play Store and create your member account by entering your email address, password, name, and required verification details, then accept the terms and complete setup.

AlliedCare | Care Navigation– Provided by AV at no cost to you

AlliedCare is a free support program available to you and your covered family members if you are managing a health condition or just need extra guidance with your care. It gives you direct access to a dedicated Allied Care Team, including care coordinators, nurses, pharmacists, case managers, licensed therapists, social workers, primary care physicians, and wellness coaches. Through AlliedCare, employees can get help with virtual primary care, specialist navigation, behavioral health support, oncology support, diabetes management, wellness and lifestyle coaching, and case management. The program is designed to make care easier to understand and use, with personalized support from a team that can help guide you every step of the way.

As of 1/1/27, you can get started with AlliedCare by logging in to the My Allied Portal app or web portal, going to the Care+ section, and following the prompts to explore available services. If you need help, you can contact Allied Member Services at the number on the back of your ID card. AlliedCare also connects you to Recuro Health for virtual primary care. Through Recuro, you can choose a dedicated physician, complete an at-home lab kit if needed, receive prescriptions sent to your preferred pharmacy, complete a health risk assessment, and access ongoing support for chronic conditions, behavioral health, and acute care needs. To begin using Recuro, open the My Allied Portal app, select the Virtual Primary Care option, review and accept the terms, and then click Get Care to schedule your first visit.

How to Get Started with AlliedCare

1. Download the mobile app for Apple or Android. Just search for "My Allied Portal."
2. Log in or Register
3. Navigate to Care+. Once logged in, tap on the Care+ section from the homepage or "Find Care" menu.
4. Explore your options: browse available programs, learn more about services, and see how Care+ can support your specific needs.
5. Connect with the Allied Care Team. Complete the Care+ inquiry form and an Allied Care Coordinator will reach out to you promptly for next steps.

Have more questions? Call Allied Member Services at (833) 918-1386

Employee Assistance Program

Curalinc | SupportLinc & Employee Assistance Program (EAP)

SupportLinc, powered by CuraLinc, is a set of services that can support you through personal and professional challenges with resources, information, and counseling. Everything is confidential—what you talk about won't be shared with your employer—and free.

SupportLinc services include:

•Short Term Counseling: Access up to five (5) no-cost counseling sessions, in-person or via video, to resolve stress, depression, anxiety, work-related pressures, relationship issues, or substance abuse.

•In-the-Moment Support: Reach a licensed clinician by phone 24/7/365 for immediate assistance.

•Financial Expertise: Planning and consultation with a licensed financial counselor.

•Legal Consultation: By phone or in person with a local attorney.

•Convenience Resources: Referrals for child and elder care, home repair, housing needs, education, pet care, and more.

How to Access CuraLinc's SupportLinc Homepage:

- **Web Portal**
  - Your one-stop shop for program services, information, and more.
  - Discover on-demand training to boost wellbeing and life balance.
  - Find search engines, financial calculators, and career resources.
  - Explore thousands of articles, tip sheets, self- assessments, and videos.
- **SupportLinc Employee Access**
  - eConnect Mobile App: Confidential support and expert, searchable content.
  - Textcoach: Personalized coaching with a licensed counselor on mobile or desktop.
  - Animo: Self-guided resources to improve focus, wellbeing, and emotional fitness.

EAP can help you with the following issues

- Stress, Anxiety, or Depression
- Relationship Issues
- Grief and Loss
- Legal Assistance
- Financial Services and Referrals
- Childcare Resources and Referrals
- Senior Care
- Pet Care
- Identity Theft & more!

Get in touch:

- By phone: (800) 490-1585, press 3 to be immediately connected to an EAP counselor
- Online: www.curalinc.com/
- AV holds the privacy of our employees in the highest regard. Any information that you share with a SupportLinc counselor will not be shared with AV and is protected by state and federal privacy laws.

Telehealth services

Anthem LiveHealth Online | Telemedicine

Video chat for work, for school, for violin lessons, for…your sore throat? Yes! Your mobile device can connect with a doctor for a video or voice chat. You can also use your desktop computer! These virtual visits save time and effort.

If your provider recommends a prescription medication during your virtual visit, Anthem LiveHealth Online will send it to a local pharmacy. You can also get your medication through the mail.

Through Anthem LiveHealth Online, you'll see your cost before the visit starts. Depending on your coverage, the cost may be the same as what you would pay for an office visit, considering your benefits, copay or coinsurance. The dependents on your health plan can use it, too. Video visits for all!



Accessing LiveHealthOnline

- Go to www.livehealthonline.com and select "Sign Up" Complete the information about yourself and your health issue, then search for a doctor in your area. You can also download and open the LiveHealth Online app on your Apple or Android device. Then, you'll create a six-digit pin number. You'll need this number every time you use the app. Complete the "Tell Us About Yourself" page to begin.
- Download LiveHealth Online mobile app for Apple or Android



MyNurse 24/7

AV employees enrolled in the company's Anthem medical plans have access to My Nurse 24/7 through Allied. Employees can seek immediate clinical advice without having to take a trip to their doctor's office or even the ER. In addition, employees have access to the following resources:

•Health Center (online personal health management system)

•Health Risk Assessment (interactive self-triage program)

•Personal Health Record

•Wellness Programs

To access MyNurse 24/7 and speak with a registered nurse, you can call (866) 366-6877 day or night, 365 days a year, at no charge!

Family Building Benefits

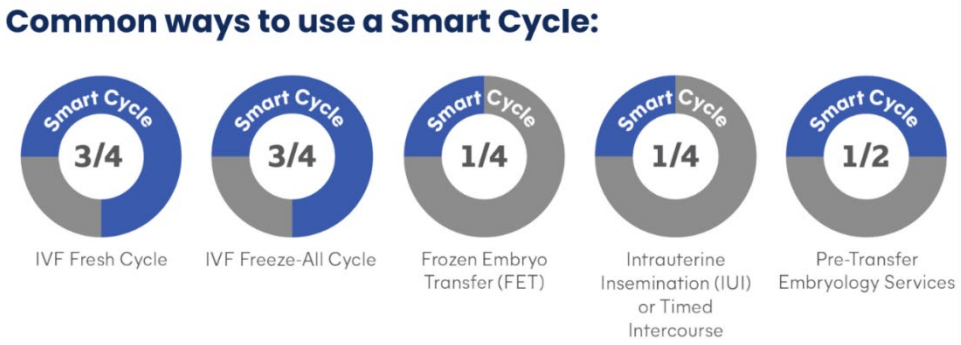
Progyny | Fertility & Menopausal Benefit

AV is excited to partner with Progyny, a leading fertility benefits solution, to offer an inclusive family building and menopausal benefit to those enrolled in our medical plans. Through Progyny, we hope to provide a healthy, timely, and supported family building midlife journey.

The journey to become a parent can be physically, emotionally, and financially challenging. With this in mind, the Progyny benefit includes comprehensive treatment coverage leveraging the latest technologies and treatments, access to high-quality care through a premier network of fertility specialists, and personalized emotional support and guidance from dedicated Patient Care Advocates (PCAs).

To make your fertility benefit easier to understand and utilize, Progyny has bundled all of the individual services, tests, and treatments you may need to pursue into Progyny Smart Cycles.

Please note: This is not a free benefit. Coverage is subject to the terms of the medical plan in which you are enrolled, and you are responsible for applicable charges, deductibles, copayments, coinsurance, and other costs in accordance with your plan.



Understanding Your Smart Cycle Benefit:

To make your fertility benefit easier to use, Progyny has bundled all the individual services, tests, and treatments into the Progyny Smart Cycle. Each treatment or service is valued as a portion of a Smart Cycle and expressed as a fraction, so you always know your benefit balance.

The Progyny Smart Cycle is designed for comprehensive coverage. All standard of care services and technology needed for a treatment cycle are covered within Smart Cycle. In-cycle monitoring, anesthesia, assisted hatching, intracytoplasmic sperm injection (ICSI), genetic testing, medications, and even the first year of storage are all included in a Smart Cycle authorization. That means you will not run out of coverage mid-cycle, and you can focus on the most effective treatment, regardless of cost.

Through Progyny, you will have access to one (1) Lifetime Smart Cycle. You can utilize the Smart Cycle for the following: IVF, IUI, FET, Fertility Preservation, and Frozen Donor Tissue Purchase.

Menopausal Benefit

Prepare for hormonal changes and find relief from symptoms related to perimenopause and menopause, including hot flashes, weight fluctuations, and insomnia. Your benefit includes convenient access to menopause specialists through virtual appointments to help you get back to feeling your best. Receive a personalized treatment plan offering hormonal and non-hormonal treatment, and care for nutrition, weight management, sleep support, and mental health.

Learn more at progyny.com/benefits or call 888-597-5065 (M-F, 9am-9pm ET)

Tuition Assistance & Professional Development

Tuition Assistance Program

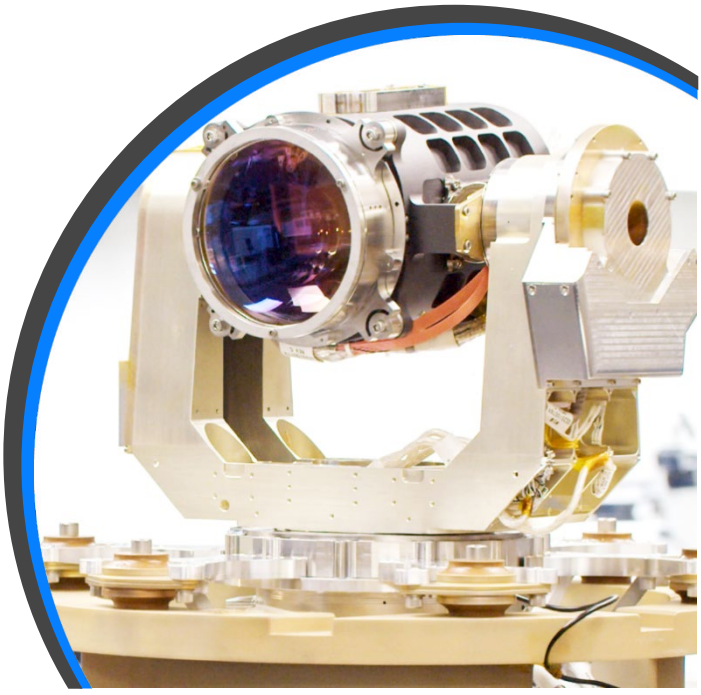
AV is committed to providing employees with the opportunity to enhance and develop their knowledge and skills to meet the individual's career development goals as well as develop our workforce capabilities. AV's Tuition Assistance Program provides reimbursement for undergraduate coursework, certificate programs, and non-degree courses that improve or develop an employee's knowledge and skills. Courses may be in any subject area related to AV's business or industry.

Graduate degree coursework must be directly related to an employee's current role or provide development for a future position identified within AV.

Full-time employees who have worked 6 consecutive months may request reimbursement up to $5,250 annually for eligible undergraduate coursework, certificate programs, and non-degree courses. For graduate degree coursework, the reimbursement limit is up to $8,000 per calendar year. Employees must submit for approval prior to the course start date in order to be eligible for reimbursement. To find the policy information, visit Tuition Assistance Program - Home.

Professional Development Program

AV's Professional Development Program supports eligible employees' professional development for required business-related training, seminars, and conferences that have prior approval and authorization by the employee's manager and is in accordance with their department budget. The program must be directly related to AV's business and/or industry. There is no form to complete for these company required trainings. Eligible expenses may be pre-paid with an AV corporate card or through a check request made payable to the vendor.



Perks & Discounts

Selman TRICARE Coverage

AV is proud of its current and former military members and is pleased to offer a medical plan supplement through Selman for those employees who are currently enrolled in a TRICARE plan.

Eligibility

Retired uniformed service members and reservists who are eligible for TRICARE, not eligible for Medicare, not enrolled in AV medical coverage, and under age 65, including, but not limited to:

•Military retirees who are entitled to retiree, retainer or equivalent pay

•Retired Reservists enrolled in TRICARE Retired Reserves (gray area retirees)

•Retired Reservists between the ages of 60 and 65 and entitled to retiree pay

•Spouses and surviving spouses of retired uniformed services members

•Qualified National Guard and Reserve members; TRICARE Reserve Select (TRS)

Member and eligible family members must be registered in the Defense Enrollment Eligibility Reporting System (DEERS). To verify your eligibility for TRICARE benefits, contact DEERS at 800-538-9552 or update your contact information online at https://milconnect.dmdc.osd.mil/milconnect/

Dependents

Coverage is extended to your unmarried dependent children under age 21 (23 if a full-time student) or under age 26 if enrolled in TRICARE Young Adult (TYA) program. Incapacitated dependents may continue coverage past policy age limits as long as TRICARE continues.

Benefit

The TRICARE Supplement insurance policy has a deductible of $100 per person or $200 per family, except for TRICARE Prime Supplement, which does not have a deductible. After you have met both your TRICARE and TRICARE Supplement Plan deductibles, the supplemental insurance pays 100% of your approved expenses not paid by TRICARE. Benefits are payable up to the TRICARE catastrophic cap. The catastrophic cap is the maximum out-of-pocket amount you will pay each calendar year (January 1–December 31) for TRICARE-covered service.

Providers

Since TRICARE is the primary health benefit provider, all providers must be TRICARE authorized.

Enrollment

You do not enroll for this benefit in Workday. Enrollment is completed at info.selmanco.com/aerovironment-tricare-supplement. You will be billed directly and can elect to pay via check or EFT, monthly, quarterly, semi-annually, or annually. Your coverage and that of your eligible family members will become effective once you complete your enrollment and submit your first premium payment. If you are confined to a hospital or skilled nursing facility, your coverage will start on the day after you are discharged. There may be additional TRICARE requirements. Please visit https://www.tricare.mil/ for more information.

ARAG Legal Benefits

Life is full of planned and unexpected legal situations. That's why AV offers employee paid legal coverage through ARAG for those who wish to participate. Legal insurance makes it affordable to get the legal help you need: network attorney fees are 100% paid-in-full for most covered matters. Benefit from a wide range of coverage and services to protect you and your loved ones and better navigate life's legal challenges. Members can also access a nationwide network of thousands of attorneys who can review and prepare legal documents, as well as provide legal counsel and representation. Visit ARAGlegal.com/myinfo and use the access code "**18830AV**" to view a complete list of coverages and see how a legal plan can protect you!

Why do you need Legal Insurance?

Life is full of situations that come with legal or financial challenges. Legal insurance through ARAG helps you plan for the future while protecting you against the unpredictable. When you need legal help:

•Receive 100% paid-in-full coverage on network attorney fees for most covered legal matters

•On average, save hundreds of dollars per hour on attorney fees

•Access a nationwide network of thousands of attorneys who average 20+ years of experience

•Rely on a network attorney near you who can address your legal situation by providing advice, document preparation, or review and representation, if needed

•Use DIY Docs® to create a variety of legally valid documents, including state-specific templates

•Visit the online Learning Center to view articles, guidebooks, and videos that cover timely legal and financial topics

Norton LifeLock ID Theft Protection

AV offers two employee paid Identity Protection plans through Norton LifeLock. Norton LifeLock's Identity Protection plans provide comprehensive monitoring services and full-service remediation if you or your family member becomes a victim of identity fraud. Norton LifeLock will proactively monitor your credentials and the open accounts that are associated with your identity. They will alert you in the event your information has been compromised, and they will fully restore your data back to its original state on your behalf if you become a victim of identity fraud. Also included in the Norton LifeLock plans are comprehensive device security, online privacy, and family device monitoring. Children under the age of 18 will receive a product designed specifically for minors, LifeLock Junior® service. LifeLock Junior membership is available as an added membership to an adult LifeLock plan. Visit www.lifelock.norton.com for more information.

Pet Insurance

AV offers you pet insurance through Nationwide. Whether your family includes kids with two feet or kids with four paws—or both—you know what responsibility looks like. My Pet Protection through Nationwide offers choice of 50% or 70% reimbursement options so you can find coverage that fits your budget. All plans have a $250 annual deductible and $7,500 maximum annual benefit.

NOTE: You do not enroll for this benefit in Workday. To enroll, visit partnersolutions.nationwide.com/pet/avinc. You will be led to a landing page where you can enter information about the pet you'd like to get an insurance quote for. As an AV employee, you get preferred pricing! Once you've completed this information, select the button 'Get Started.' You will then be asked to provide more details about your pet, as well as your contact information. Once complete, select the button 'Get a Quote.' You will then be shown plan options for your pet's insurance. Contributions for Nationwide pet insurance will be directly billed to you.

PerkSpot | Discount Program

Enjoy discounts, rewards, and perks on thousands of brands you love in a variety of categories. New deals are added every day! Save up to 60% off on top brands like Nike, Alo, SONOS, Disney, Allbirds, Ray-Ban, Apple, and Samsung. Exclusive deals include:

- Apparel
- Auto / Auto Insurance
- Beauty & Spa
- Education
- Electronics
- Entertainment
- Financial Wellness
- Health & Wellness
- Home / Renter's Insurance
- Identity Theft
- Legal
- Local Deals
- Pet Insurance
- Restaurants
- Sports & Outdoors
- Student Loans
- Tickets
- Travel

Set up your account with PerkSpot in 3 easy steps:

1. Sign up at av.perkspot.com
2. When you're on the AV PerkSpot portal, click "Create an Account"
3. Use access code **avinc** to complete your registration

Wellness Programs

Benefits for your body and mind

Anthem

Time Well Spent

This free Anthem program will give you and your enrolled dependents tools to live healthier, feel better, and save money. Topics include preventive care, anxiety and depression, stress reduction, tobacco cessation, fitness and weight loss, diet and nutrition, and more. You can even get help navigating the health care system and making the most of your benefits. Check out https://timewellspent-ca.anthem.com/index.php/employee-education to see your wellness toolkit.

Emotional Well-Being Program

Anthem offers personalized one-on-one coaching, online tools, and webinars to support overall health and wellbeing. Online tools and webinars are available through the member's Anthem.com portal.

Wellness Platforms

Wellhub | Wellbeing Platform

AV has partnered with Wellhub (formerly Gympass) to offer special pricing for you and your dependents at standard Wellhub rates. Wellhub signifies a natural progression from a "gym pass" to a comprehensive wellbeing platform that connects you to a diverse range of wellness partners within the world's largest corporate community. Wellhub is a complete wellbeing platform from the best fitness brands and wellness apps to help improve your overall health and look and feel your best.

This all-in-one subscription gives access to:

- Explore a variety of studios nearby. Some popular gym partners in Wellhub's network include F45, LifeTime, 24 Hour Fitness, and Barry's
- Join live group fitness classes from the comfort of your home, including yoga, strength training, HIIT, pilates, dancing and more
- 1:1 virtual personal training with certified trainers
- Library of wellbeing apps supporting nutrition, mental, wellbeing, meditation and more.
- FREE online special events each month
- Access to additional wellness and mental wellness platforms such as: MyFitnessPal, Headspace, and Calm.

Plans start at **$11.99 per month**! Choose from multiple plan options to find the best one for you.

Get started with Wellhub today!

- Download the Wellhub ap, scan the QR code, or visit https://wellhub.com/en-us/
- Create your free account
- Choose the plan that best fits you!

Contacts & Directory



Contacts & Directory

Below is a list of insurance carrier contacts, should you require assistance with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers directly, please contact the People & Culture Benefits Team at AVBenefits@avinc.com.

Information Regarding	Group / Policy #	Contact Information	
Enrollment & Eligibility			
P&C Benefits Department Online Enrollment Vendor: Workday			AVBenefits@avinc.com https://www.myworkday.com/avav
Medical Coverage			
Allied Member Services Anthem Medical ID cards Teladoc	AeroVironment	(833) 918-1386 M-F 8am-8pm CT Sat 9am-12pm CT	Download the **My Allied Portal** mobile app or member.alliedbenefits.com
Retail Pharmacy CVS/Caremark Mail Order		(800) 766-1355	Caremark.com
Health Concierge			
AlliedCare	AeroVironment	(833) 918-1386 M-F 8am-8pm CT Sat 9am-12pm CT	Download the **My Allied Portal** mobile app or member.alliedbenefits.com
Dental Coverage			
Guardian Dental PPO	00087032	(800) 541-7846	www.guardiananytime.com
Vision Coverage			
EyeMed Vision PPO	1062964	(866) 800-5457	www.eyemed.com
Life, AD&D, STD, LTD, Accident, Critical Illness, & Hospital Indemnity Insurance			
Mutual of Omaha Life and AD&D Mutual of Omaha STD & LTD Mutual of Omaha Accident, Critical Illness, & Hospital	G000AXG7	(800) 655-5142	www.mutualofomaha.com Email: Norcal.Service@mutualofomaha.com
Flexible Spending Accounts			
Fidelity FSA Service Team Plan Service Center	AeroVironment	(800) 299-5089 (800) 835-5095	Download the **Fidelity Health** mobile app or www.netbenefits.com
Health Savings Account			
Fidelity HSA Service Team Plan Service Center	AeroVironment	(800) 544-3716 (800) 835-5095	Download the **Fidelity Health** mobile app or www.netbenefits.com
401(k) Retirement Plan Advisor			
Fidelity	AeroVironment	(800) 835-5095	www.netbenefits.com

Employee Assistance Plan			
CuraLinc	00250	(888) 881-5462	www.supportlinc.com Group Code: av
Credit Union			
Technology Federal Credit Union	AeroVironment	(800) 553-0880	www.techcu.com
Selman Co			
TRICARE Supplement	AeroVironment	(800) 638-2610, option 1	www.selmanco.com/eService Email: memberservices@selmanco.com
Wellness			
Wellhub	AeroVironment	N/A	www.wellhub.com
Fertility & Family Planning			
Progyny	AeroVironment	(888) 597-5065	www.progyny.com

Employee Contributions



Employee Contributions

The rates below are effective January 1, 2027, to December 31, 2027

Coverage Level	Payroll Deduction Employee Biweekly Contribution
Anthem Blue Cross – Enhanced PPO	
Employee Only	$77.47
Employee and Spouse/Domestic Partner	$275.50
Employee and Child(ren)	$202.99
Employee and Family	$484.22
Anthem Blue Cross - PPO	
Employee Only	$51.14
Employee and Spouse/Domestic Partner	$153.40
Employee and Child(ren)	$127.84
Employee and Family	$230.10
Anthem Blue Cross – Enhanced HDHP	
Employee Only	$13.56
Employee and Spouse/Domestic Partner	$89.49
Employee and Child(ren)	$77.28
Employee and Family	$126.09
Anthem Blue Cross - HDHP	
Employee Only	$0.00
Employee and Spouse/Domestic Partner	$26.84
Employee and Child(ren)	$23.18
Employee and Family	$37.83
Guardian – Dental Buy-Up	
Employee Only	$6.21
Employee and Spouse/Domestic Partner	$17.40
Employee and Child(ren)	$21.57
Employee and Family	$24.99
Guardian – Dental Base	
Employee Only	$0.00
Employee and Spouse/Domestic Partner	$2.31
Employee and Child(ren)	$3.46
Employee and Family	$4.62
EyeMed – Vision PPO	
Employee Only	$0.00
Employee and Spouse/Domestic Partner	$3.37
Employee and Child(ren)	$3.55
Employee and Family	$5.22

Thanks for Reading

This guide provides an overview of your benefits and the resources available to support you. Keep it handy in case questions come up, and feel free to reach out to Benefits Department for assistance whenever you need it at AVBenefits@avinc.com

Here's to a happy, healthy year ahead!



Notes:

Prepared by: **Marsh & McLennan Insurance Agency LLC**

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