2027 Benefits Open Enrollment

Agenda

- Open Enrollment Overview
- Overview of Changes
- Review Benefits Plans and Programs
- Next Steps
- Questions

Open Enrollment:
November 2– November 15, 2026

2027 Open Enrollment is Mandatory.

All employees are required to complete elections in Workday.

Current elections do not rollover.

What are my responsibilities during Open Enrollment?

- To enroll or decline coverage
- To add, change or drop dependents from your coverage
- To elect / add voluntary benefits
- To update beneficiary information (allowed any time)

Enrollment will be completed in Workday and elections must be made no later than November 15, 2026.

All benefit changes become effective: January 1, 2027

Overview of 2027 Changes

Vendor Changes

- New HSA and FSA Vendor → **Fidelity**
  - Replacing HealthEquity effective 1/1/2027
  - Employees who have an existing HealthEquity HSA account should expect information on next steps for transferring funds to Fidelity in early December
- New claims adjudication and care navigation partner → **Allied Benefit Systems (TPA)**
  - Replacing Luminare Health and Health Joy effective 1/1/2027
  - Employees should expect 2027 medical cards to be issued by Allied by mid-December

Plan Rates:

- Employees should expect modest rate increases across most plans.

Anthem Enhanced HDHP plan:

- The individual within a family deductible will increase from **$3,400 to $3,500** in accordance with IRS guidelines.

Dental Buy-up plan enhancements:

- The annual dental maximum benefit limit will increase to **$3,000**.
- The orthodontia benefit will increase from $2,000 to **$2,500.**

Spending Accounts Limits

- Annual Spending Account plan limits will be increased to align with IRS regulations

Eligibility & Enrollment

Who Can Enroll?

Employees

- Regular, full-time employees working at least **30** hours a week

Eligible Dependents

- Spouse
- Domestic partner*
- Dependent children and step-children:
  - Medical, dental and vision: to age 26
  - Children of any age who are incapable of self-support due to a physical or mental disability may potentially be covered

Dependent Verification

- Dependent Verification is required for all newly added dependents
- Employees should expect a letter from Dependent Verification Specialists Inc (DSI) by 12/15
- List of acceptable documentation can be found in the Benefits Guide

*A domestic partner may be required to enter into a registered domestic partnership or other official domestic partnership arrangement with a state in order to elect coverage for them.

Note: Premiums for state registered/unregistered domestic partners who do not meet the tax dependent definition of IRC section 152 for the employee, may be considered taxable income (unregistered domestic partners will not meet the relationship test under IRC section 152). Premiums for children/step-children under age 26 are not taxable. Premiums for children/stepchildren over age 26 are taxable if not an IRC section 152 tax dependent.

Qualifying Life Events for Mid Year Changes

Your health care elections will be in place from January 1, 2027, to December 31, 2027, and changes can only be made mid-year if you have a qualifying life event (QLE).

Some examples of a QLE are:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Death of a dependent
- Loss or Gain or other coverage

Changes must be made within 30 days of the qualifying event

- If your loss or gain of coverage is through Medicaid, Medicare, or a state health insurance program, you have 60 days to submit your qualifying life event

All Life Events are processed through Workday. For assistance, please contact AVBenefits@avinc.com

Benefit Plan Review

Anthem BlueCross

Medical

PPO
HDHP
(Enhanced & Standard)

Guardian

Dental

Dental PPO
(Buy-Up & Base)

EyeMed

Vision

Vision PPO

progyny

Fertility

Fertility / Hormone Health

Mutual of Omaha

Life/AD&D /Disability

Life/AD&D
Vol. Life/AD&D
STD
LTD

Mutual of Omaha

Additional Benefits

Accident
Critical Illness
Hospital Indemnity

Fidelity INVESTMENTS

FSA & HSA

Healthcare
Limited Purpose
Dependent Care

supportlinc EMPLOYEE ASSISTANCE

EAP

Employee Assistance Program

Additional Benefits

TRICARE Supplement

Legal & ID Theft

Pet Insurance

Medical Plans

Medical Plan Comparison

PPO (Preferred Provider Organization)

Advantages

- Flexibility to choose in-network or out-of-network providers
- No PCP needed to authorize treatment
- No referrals necessary to see a specialist

Disadvantages

- Usually higher premiums with out-of-pocket costs
- Pay more when you receive out of network care
- More responsibility to manage own care and costs

HDHP (High Deductible Health Plan)

Advantages

- Lower monthly premiums
- Paired with HSA, which is a tax-free spending account that the employee owns

Disadvantages

- Higher deductible
- Normally higher out-of-pocket costs
- Out-of-network coverage can be very expensive for employees

4 Medical Plans to Choose from:

- Anthem Blue Cross:
  - PPO
  - Enhanced PPO
- Anthem Blue Cross:
  - HDHP
  - Enhanced HDHP

Plan Highlights Comparison

	Anthem Blue Cross PPO	Anthem Blue Cross Enhanced PPO	Anthem Blue Cross HDHP	Anthem Blue Cross Enhanced HDHP
Annual Deductible (individual, in-network)	$1,000	$300	$3,500	$2,000
OOP Max (individual, in-network)	$3,000	$2,500	$7,000	$4,500
PCP/Specialist	$25 / $25 Copay	$20 / $35 Copay	30% After Deductible	20% After Deductible
Inpatient Hospital	20% After Deductible	10% After Deductible	30% After Deductible	20% After Deductible
Outpatient Hospital	$50 Copay	$35 Copay	30% After Deductible	20% After Deductible
Prescriptions	$10 / $30 / $60 / 25% up to $250	$10 / $30 / $60 / 25% up to $250	$10 / $30 / $60 / 25% up to $250	$10 / $30 / $60 / 25% up to $250
Employer HSA Contribution	No	No	No	Yes, $750 Employee Only $1,500 Family

Anthem Blue Cross – Enhanced PPO & Standard PPO

Plan Highlights	Anthem Blue Cross Enhanced PPO		Anthem Blue Cross PPO	
	In-Network	**Out-of-Network**		
Annual Calendar Year Deductible				
Individual	$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
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

Anthem BlueCross

LiveHealth ONLINE

(833) 918-1386
or visit
www.member.alliedbenefit.com

Anthem Blue Cross Enhanced HDHP & Standard HDHP

Plan Highlights	Anthem Blue Cross Enhanced HDHP		Anthem Blue Cross HDHP	
	In-Network	**Out-of-Network**		
Annual Calendar Year Deductible				
Individual	$2,000	$6,000	$3,500	$7,000
Individual within a Family	$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		
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
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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
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

Anthem BlueCross

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Anthem: How to Find a Provider

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**.

STEP 2

Click **Basic search as a guest**.

Use Prefix: **ARE**

STEP 3

Click the **Update Location** button and enter your City, County, or Zip Code.

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

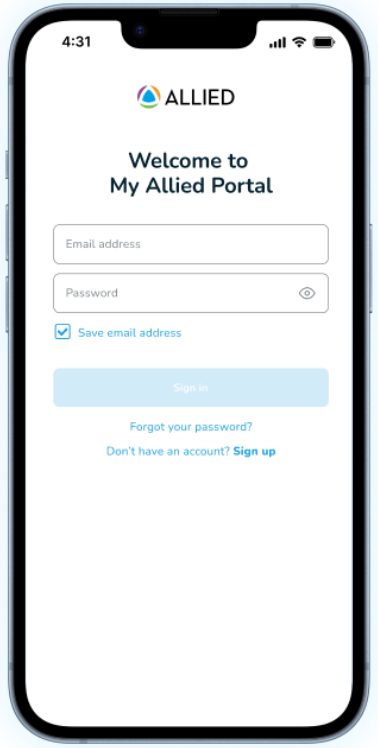
Allied Mobile App

Starting January 1, 2027, Access your benefits on the go 24/7 with the My Allied Portal app. Allied's free app gives you convenient, real-time access to all your benefits accounts in one spot

With our benefits mobile app, you can:

- Access your plan and benefits information
- Find a doctor or hospital specific to your plan
- Check on claims and payments
- Refill a prescription
- Use the app's chatbot and get answers quickly
- Tap to call Customer Service
- View and use digital ID cards

Access your account by downloading the mobile app or visiting https://member.alliedbenefit.com!



ALLIED

Download on the App Store

ANDROID APP ON Google play

Telehealth Services

Anthem allows employees to access medical care through a board-certified doctor via internet connection or by phone for non-urgent medical issues.

LiveHealth ONLINE

Cost:

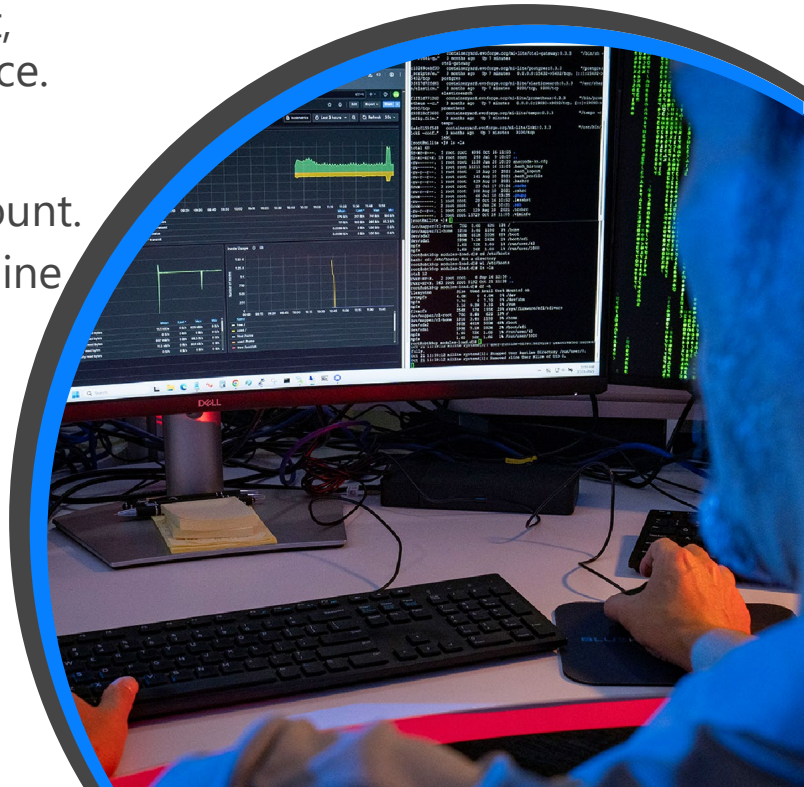
- You'll see your cost before the visit starts—depending on your coverage, the cost may be the same as what you would pay for an office visit, considering your benefits, copay or coinsurance.

To get started:

- Visit LiveHealthOnline.com and create an account.
- You can also download the free LiveHealthOnline app on your mobile device
- Need support?

  Email help@livehealthonline.com or

  call (888) 548-3432



Spending Accounts

Make your money work for you

Spending Accounts Overview

	Health Savings Account	Healthcare FSA	Limited Purpose FSA	Dependent Care FSA
Eligibility	You are enrolled in either Anthem HDHP plan	You are enrolled in either Anthem PPO plan	You are enrolled in either Anthem HDHP plan	You do not need to be enrolled in medical plans to participate
Annual Max. Contribution	$4,500 (EE only)/$9,000 (Family) $1,000 catch-up for ages 55 and older	$3,400*	$3,400*	$7,500*
Annual Max. Rollover	The account is yours to keep	Use it or lose it	Use it or lose it	Use it or lose it
Claim submission Deadline	N/A	March 31	March 31	March 31
Eligible Expenses	Medical, Dental and Vision expenses	Medical, Dental, and Vision expenses	Dental and Vision expenses	Childcare/Eldercare
List of expenses	www.HSAStore.com	www.FSAStore.com	www.FSAStore.com	www.FSAStore.com
AV Contribution	Enhanced HDHP Plan Only $750/year (EE only) / $1,500/year (Family)	None	None	None

*2026 limits displayed pending release of 2027 limits by the IRS

What is a Health Savings Account?

Advantages of an HSA

Build Savings	Because you and your employer can contribute to your HSA, you have the ability to grow a sizeable account over time
Invest	Fidelity offers a wide array of investment options for you to invest and grow your savings tax-free
Tax Savings	Contributions are tax deductible at the federal level and earnings grow tax free Additionally, the money you contribute reduces your taxable paycheck now.
You own the HSA	When you leave the company or retire, you can take the money with you.

What to know about your health savings account

It's all yours—you own your HSA and your funds can accumulate year after year

You choose how much to contribute up to an annual maximum

You have to be enrolled in a High-Deductible Health Plan in order to contribute

HSA funds are not taxed as long as you use the funds for qualified expenses

HSA Eligibility Rules

You are eligible to contribute to an HSA if…

You are enrolled in an HSA-eligible health plan

- Anthem HDHP
- Anthem HDHP Enhanced

You are not claimed as a dependent on someone else's tax return (excluding a spouse) or covered by other disqualifying health coverage

You have not received any hospital care or medical services from the Veterans Administration in the previous three months (unless these services were related to a service-connected disability)

You are not enrolled in a standard Health Care FSA

HSA Contribution Limits

Calendar Year Maximum Contribution	AV Contributes Anthem HDHP Enhanced Plan Only	2027 IRS Limits (Total Employee and/or Employer Contributions)
Employee Only	$750	$4,500
Employee + dependents	$1,500	$9,000
Additional “catch-up” if 55 or older	N/A	$1,000

Fidelity Investments manages your Health Savings Account. Money is deposited into an interest-bearing account.

- The current interest rate and annual yield are available at www.fidelity.com
- The monthly service fee for Fidelity is paid for by AV and rates are subject to change without notice.
- The HSA must be established and an initial deposit must be made before you can be reimbursed for eligible expenses or use funds.
- You will be responsible for the monthly service fee noted above if you leave AV or change medical plans, as the HSA will still belong to you.

Additional Information

- Maximum contribution is reduced pro-rata for partial year enrollment (i.e. 1/12 for each month of HDHP Coverage)
- The calendar year deductible is not pro-rated from the enrollment date like the fund is.
- If you are eligible for an employer HSA contribution, contributions are made on a per paycheck basis

HSA Eligible Expenses

The IRS regulates how you can spend your HSA funds. Visit www.HSAstore.com to view a comprehensive eligibility list!

Eligible Expenses

- Unreimbursed qualified medical, dental and vision expenses
- Prescriptions
- Medical Supplies
- Laser surgery
- Orthodontia
- Medical premiums for COBRA, or health coverage while receiving unemployment compensation
- Medicare Parts B & D

Ineligible Expenses

- Cosmetic or elective surgery
- Personal trainers
- Maternity clothes
- Life insurance premiums
- Toiletries
- Career counseling
- Teeth whitening
- Vet bills

Keep in Mind...

- Funds can be used towards eligible expenses even after you are no longer covered by an HSA-qualified plan
- If you use an HSA for non-IRS approved healthcare expenses, you will be subject to pay earned income taxes on the misused funds as well as a 20% excise tax

What is a Flexible Spending Account (FSA)?

An FSA is a pre-tax benefit, which allows you to set aside a specific pre-tax dollar amount for eligible medical, dental, vision and dependent care expenses.

- FSA Plan Year: January 1, 2027, to December 31, 2027
- It is not required that you be enrolled in your company's medical plans
- If you'd like to participate in an HSA compatible plan (i.e., HDHP), you should not elect the Healthcare FSA because you would no longer be eligible to contribute to your HSA
  - You are, however, allowed to sign up for the Limited Purpose FSA for eligible dental and vision expenses if you are enrolled in the HSA
- FSAs are a "Use It or Lose It" account. You should be strategic in your election.

2027 Contribution Limits	
Healthcare FSA	$3,400*
Limited Purpose FSA	$3,400*

*2026 limits displayed pending release of 2027 limits by the IRS

Any statements concerning actuarial, tax, accounting, investment or legal matters are based solely on our experience as insurance brokers and are not to be relied upon as actuarial, accounting, tax, investment or legal advice, for which you should consult your own professional advisors.

Using the Flexible Spending Account (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.

- Healthcare FSA Accounts are front loaded. You will receive your annual elected amount upfront tor pay for eligible expenses.
- Your contributions to your Healthcare FSA is pre-tax money
- The DCFSA must be established and an initial deposit must be made before you can be reimbursed for eligible expenses or use funds.

Healthcare FSA Eligible Expenses

The IRS regulates how you can spend your FSA funds. Visit www.FSAStore.com to view a comprehensive eligibility list!

Healthcare FSA

Medical

- Copays/Deductibles
- Prescriptions
- Hospital costs
- Smoking cessation
- Fertility/Family planning
- Acupuncture/Chiropractic

Dental

- Deductible
- Copays
- Orthodontia

Vision

- Prescription glasses
- Prescription sunglasses
- Contact lenses/products
- Laser eye surgery

Physician prescription not required

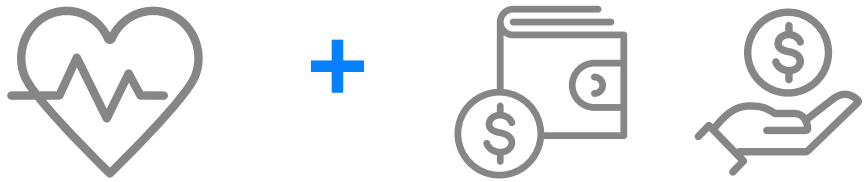
- Sunscreen, SPF 30+
- Denture adhesives
- First aid supplies
- Diagnostic tests & monitors
- Durable medical equipment
- Menstrual care products

Limited Purpose Flexible Spending Account

You are allowed to sign up for the Limited Purpose FSA if you are enrolled in the High-Deductible Health Plan (HDHP) for medical coverage

Maximize Savings

HSA + **Limited Purpose FSA**



Medical **Dental** **Vision**

Fidelity INVESTMENTS

Dental

- Out-of-pocket costs
- Orthodontia

Vision

- Out-of-pocket costs
- Prescription glasses and prescription sunglasses (frames and lenses)
- Contact lenses and products
- Laser eye surgery

Dependent Care Flexible Spending Account (FSA)

The Dependent Care FSA is a pre-tax benefit, which allows you to set aside a specific pre-tax dollar amount for dependent care expenses.

- FSA Plan Year: January 1, 2027, to December 31, 2027
- It is not required that you be enrolled in your company's medical plans
- Maximums are per household

Fidelity INVESTMENTS

2027 Contribution Limits	
Dependent Care FSA	$7,500* (or $3,750 if married and filing separately)

*2026 limits displayed pending release of 2027 limits by the IRS

Dependent Care FSA

- Daycare centers or school programs for children under age 13
- In-home day care
- Summer day camp
- Elder care or dependents not capable of self-care

Any statements concerning actuarial, tax, accounting, investment or legal matters are based solely on our experience as insurance brokers and are not to be relied upon as actuarial, accounting, tax, investment or legal advice, for which you should consult your own professional advisors.

Dental

Dental Plans

Dental PPO Plan Overview:

- Freedom to see a wider network of dentists
- You don’t need to select a Primary Care Dentist and a specialty services referral is not necessary
- Flexibility to see out-of-network dentist, but at a higher cost

Guardian®

Note: If you’re planning to have extensive dental work or if total charges for anticipated claims are expected to exceed your plan’s minimum predetermination amount, a Predetermination of Benefits is suggested so you can fully understand your out-of-pocket cost before receiving services.

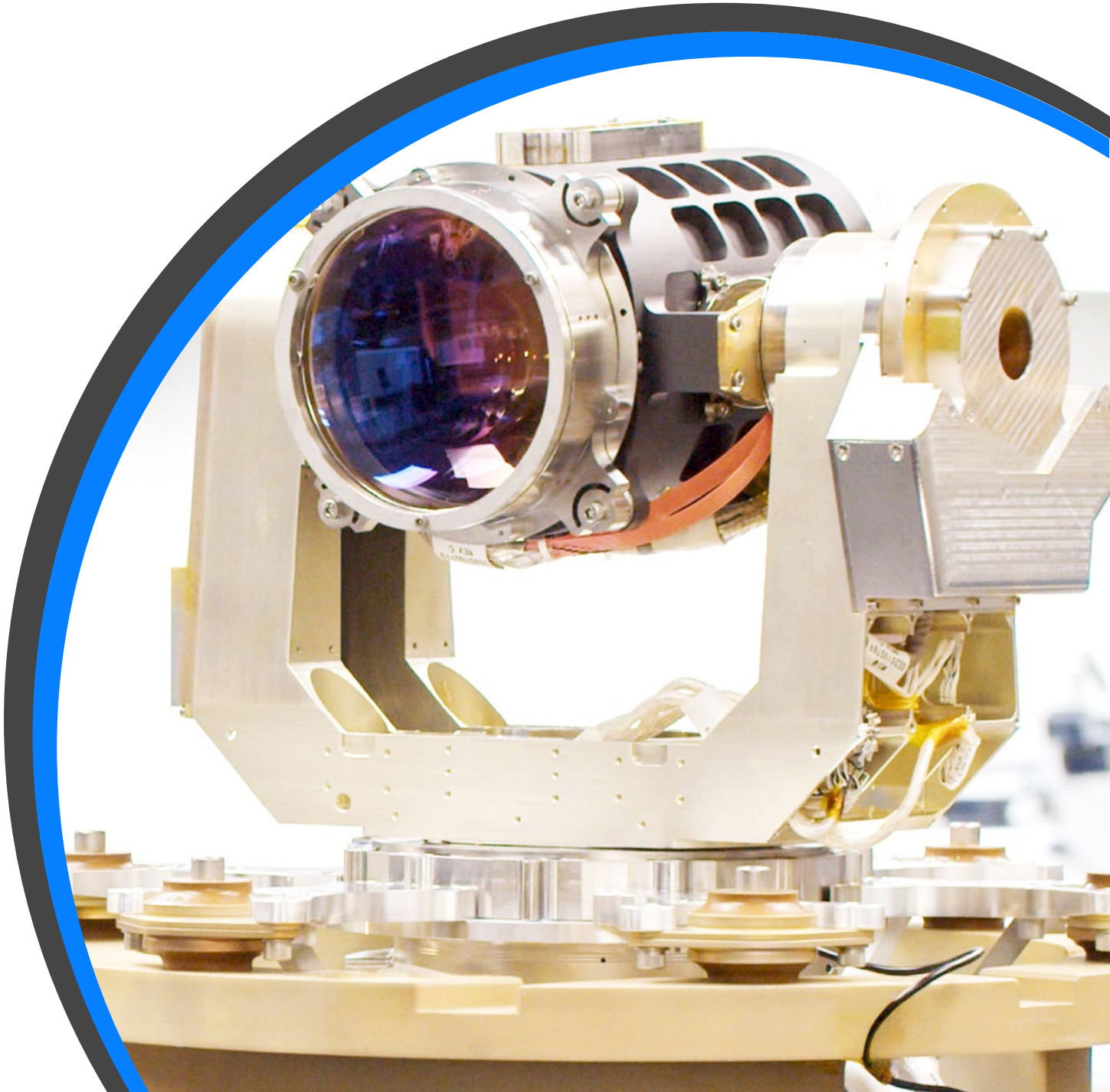
Guardian Dental Plans

Plan Highlights	Guardian Dental Base PPO		Guardian Dental Buy-Up PPO	
	In-network	**Out-of-network**	**In-network**	**Out-of-network**
Calendar Year Deductible				
Individual	$50		$25	$50
Family	$150		$75	$150
Annual Maximum	$1000		$3000	
Preventive	100% (Deductible Waived)	100% of allowable amount (Deductible Waived)	100% (Deductible Waived)	100% of allowable amount (Deductible Waived)
Basic Services	80%	80% of allowable amount	90%	80% of allowable amount
Major Services	50%	50% of allowable amount	60%	50% of allowable amount
Orthodontia Services				
Adult & Child(ren)	Not Covered		50%	
Lifetime Maximum	N/A		$2,500	

Out-of-network dental care: 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'll be responsible for any charges above that amount.

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

Vision



EyeMed Vision Plan

Plan Highlights	EyeMed Vision PPO		
	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 $100	40% Off Retail; 100% of Balance Over $50	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	$0 Copay, 15% Off Balance Over $200 Allowance	$0 Copay, 15% Off Balance Over $150 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.

Participating Retailers:

LensCrafters

Target Optical

Ray-Ban

GLASSES.COM

contactsdirect

Life Insurance and AD&D

Basic Life and AD&D

100% Employer Paid

1x salary up to $600,000

Underwritten by:

Mutual of Omaha

IRS Regulation: Employees can receive employer paid life insurance up to $50,000 on a tax-free basis and do not have to report the payment as income. However, an amount in excess of $50,000 will trigger taxable income for the "economic value" of the coverage provided to you.

Reminder: Update Your Beneficiary Information on file.

Voluntary Life and AD&D

100% Employee Paid

Coverage Level	Benefit
Employee	Increments of $5,000 up to $1,000,000 max.
Spouse	Increments of $5,000 up to $250,000 max.
Child (to age 26)	Increments of $1,000 up to $10,000 max.

Please Note: Dependent voluntary life coverage cannot exceed 100% of the employee's elected Voluntary Life amount.

Be sure to completed your Evidence of Insurability Questionnaire, if applicable

Underwritten by:

Mutual of Omaha

Bi-Weekly Rates per $1,000 of benefit

Age	Employee	Spouse	Child(ren)
<25	$0.027	$0.027	Child Life: $0.040 Child AD&D: $0.009
25 –29	$0.028	$0.028	
30 –34	$0.037	$0.037	
35–39	$0.042	$0.042	
40 –44	$0.046	$0.046	
45 –49	$0.079	$0.079	
50 –54	$0.138	$0.138	
55 –59	$0.222	$0.222	
60 –64	$0.342	$0.342	
65 –69	$0.586	$0.586	
70+	$1.089	$1.089	
AD&D	$0.009	$0.009	

Disability Coverage

Disability

Short Term Disability (STD) & Long Term Disability (LTD)

100% Employer Paid

Short Term Disability (STD)
60% of weekly earnings up to $2,000 per week.
Eligible after 7 days.

Underwritten by:

Mutual of Omaha

Long Term Disability (LTD)

60% of monthly earnings up to $10,000 per month.
Eligible after 90 days.

Buy-Up Short Term Disability (100% Employee Paid)

70% of weekly earnings up to $3,000 per week.
Eligible after 7 days

Note: *If you reside in CA, NY, NJ, RI, HI or PR, your benefits will be coordinated with the mandated disability program offered in your state. Given your benefit is employer-paid and it is available at no cost, disability payments made to you will be taxable.*

Employee Assistance Program (EAP)

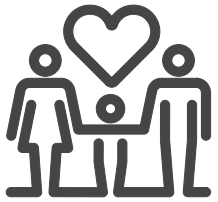
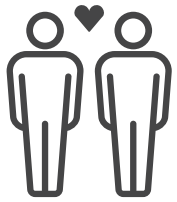
Free resources for tough moments

Employee Assistance Program (EAP)

Confidential counseling for you and your immediate family members

- Available 24 hours a day, 7 days a week
- 5 face to face consultations per member per issue per year
- 100% Employer Paid
- Call (800) 490-1585 and press 3 to be immediately connected to an EAP counselor or go online at www.curalinc.com/
- Examples for how the EAP can support you:

supportlinc EMPLOYEE ASSISTANCE

Childcare/ eldercare	Family/ relationships	Legal/ financial	Alcohol/ drug abuse	Grief/ loss
				

Voluntary Coverages

Accident Coverage

100% Employee Paid

Mutual of Omaha's policy will pay cash to help families offset the expenses associated with accidents or injuries.

This benefit covers the following for you and your family:

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

Mutual of Omaha

	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

Critical Illness Coverage

100% Employee Paid

When you or your family is faced with a life-threatening disease or debilitating illness or injury, Critical Illness Coverage offered by Mutual of Ohama will pay you cash to help with the associated expenses.

Some of the medical conditions may include:

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

	Benefit Amounts
Employee Only	$5,000 up to $50,000; $5,000 increments
Spouse	$5,000 up to $50,000; $5,000 increments (not to exceed employee election)
Child(ren)	50% of employee amount; up to $10,000

Bi-Weekly Rates per $1,000 of benefit

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

Hospital Indemnity Coverage

100% Employee Paid

Hospital protection pays cash to you or your family to offset both medical and non-medical bills when you're sick, injured or on maternity leave.

The cash benefit can be used towards services or expenses other medical plans might not cover, such as:

- Copayments & Deductibles
- Transportation expenses
- Childcare
- Prescriptions

The benefit will pay as follows:

- $2,000 / admission for hospital & ICU
- $200 / day for hospital confinement and $400 / day for ICU confinement

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

Tools, Resources & Discounts

Progyny Fertility and Family-Forming Assistance

Becoming a parent is a big decision. Whether you're ready to start or want more time to decide, fertility benefits from Progyny support your path to parenthood. They provide access to fertility treatment, adoption, surrogacy support and more. They also cover proactive services such as fertility planning and egg, sperm, or embryo freezing.

Progyny can help by:

- Answering basic fertility, adoption, and surrogacy questions
- Getting priority appointment bookings at top local clinics
- Getting discounts on fertility prescriptions
- Providing appointment reminders and follow-ups
- Offering live-chat cycle support
- Help you get reimbursed for services

progyny

(888) 597-5065

mypgny.com/av

Please note: Claims cost 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.

Wellhub Wellness

Wellhub allows you to have flexible access to thousands of activities with one membership.

- 110,000+ in network gyms & studios
- Digital Wellness platform
- Virtual workouts
- Kids-only content
- Nutrition planning resources
- Meditation
- And more!

Get started with the free digital plan or choose one of the enhanced offerings for as low as $11.99 per month. View fitness center access near you and sign up directly with Wellhub on wellhub.com

Voluntary Legal Plan

ARAG Legal provides employees, spouses and dependents access to legal services including a network of attorneys with telephonic advice and office consultations. Services may include:

- Will preparation
- Trusts
- Power of attorney
- Real estate matters
- Debt matters
- Family law matters
- Identity theft

To participate, the cost is $7.85 per paycheck via payroll deduction post-tax. Make your elections in Workday or go to ARAGlegal.com/myinfo and used access code 18830AV for more information

Identity Theft Program

AV offers two employee paid Identity Protection plans through Norton LifeLock (Benefit Essential & Benefit Premier). 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.

- Reimbursement for Medical ID Fraud Expenses
- Travel Expenses
- New Government IDs
- Tax ID Fraud-Related Costs
- Lost wages
- Attorney's fees
- Guidance from fraud specialists

norton™
LifeLock Benefit Solutions

Plans start at $3.23/paycheck. Make your elections in Workday or go to www.lifelock.norton.com for more information

Pet Insurance – Nationwide

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.

To enroll, visit
partnersolutions.nationwide.com/pet/avinc
or call (877) 738-7874

Nationwide®
is on your side

My Pet Protection Choice℠	Accident & Illness	Accident, Illness & Wellness	Customizable
Annual deductible options	$250	$250	$100 to $500
Reimbursement level	80%	80%	50%, 70% or 80%
Accident coverage	✓	✓	✓
Annual maximum	$5,000	$5,000	$2,500 or $5,000
Broken bones, animal attack, hit by car, poisoning, heatstroke, and more	✓	✓	✓
Illness coverage	✓	✓	Optional
Annual maximum	$5,000	$5,000	$2,500 or $5,000
Ear infections, diabetes, vomiting, allergies, cancer, and more	✓	✓	✓
Hereditary & congenital coverage	✓	✓	Optional when purchased with illness coverage
Annual maximum	$5,000	$5,000	$5,000
Hip dysplasia, cherry eye, elbow dysplasia, umbilical hernia, brachycephalic syndrome, and more	✓	✓	✓
Wellness coverage (for dogs & cats)		✓	Optional
Annual maximum		$450	$450 or $800
Vaccination or titer, fecal test, deworming, microchip, health certificate, heartworm or FeLV/FIV test, flea control or heartworm prevention, and more		✓	✓
Spay/neuter or dental[2] and one additional test[3]			✓

Retirement

Planning for the future

Retirement Plan

AV encourages all eligible employees to contribute toward their retirement goals through the 401(k) plan.

Employer Match:

- 100% match on employee contributions, up to 4% of pay

Additional Employer Contribution:

- 2% non-elective contribution for all plan participants

That's up to 6% in Employer Contributions!

Enroll, check your 401(k) account balance, view your contributions, change your investments, and more by visiting www.netbenefits.com or contact Fidelity at (800) 835-5095.

Any statements concerning actuarial, tax, accounting, investment or legal matters are based solely on our experience as insurance brokers and are not to be relied upon as actuarial, accounting, tax, investment or legal advice, for which you should consult your own professional advisors. Please contact a licensed MMA Retirement Services advisor for any questions regarding your retirement plan.

Fidelity INVESTMENTS

AV

www.netbenefits.com

- **Enroll**
- **Change contribution percentage**
- **Update beneficiary**
- **Calculate your savings**

Feature	Provision
IRS Contribution Limits	$24,500 max for 2026* (50 and under)
Catch-up Contribution Limits if age 50 or older	$8,000 for 2026* ($32,500 max)
Super Catch-up Contribution Limits if age 60-63 (1) ***(Not available in the year one reaches age 64)***	$11,250 for 2026*

*2026 limits displayed pending release of 2027 limits by the IRS

(1) Catch-up limits are subject to income restrictions, if you earned more than $150,000 in FICA Wages (W-2 Box 3 wages) in 2025 at AeroVironment your 2026 catch-up contribution will have to be made as Roth.

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 by offering employees a 15% discount on AV stock!

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.
- Enrollment periods open twice annually
  - December 1-15
  - June 1-15

Please expect additional information and ESPP training presentations beginning November 16.

Cost Summary & Next Steps

Let’s sum it all up!

Benefits Cost Summary

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

Coverage Level	Payroll Deduction Employee Biweekly Contribution
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

Next Steps & Reminders

To-Do List & Tips for Best Practices

- Visit the Benefits Website to learn more about the plans
- Log into Workday to make/review your elections
- Print your confirmation statement for your records
- Complete EOI (evidence of insurability)
- Review your beneficiaries
- Dependent Verification, if applicable
- 2026 FSA Participants- Don’t forget to use your funds by March 15!

MyAVBenefits.avinc.com/OpenEnrollment

AVBenefits@avinc.com

Thank you!

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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.
CA Insurance Lic: 0H18131