

Field Employee Benefits Guide

September 1, 2025 – August 31, 2026



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Welcome

Dear Flagger Force Team Member,

We're pleased to share an overview of the benefits available to you for the 2025–2026 plan year. At Flagger Force, we are committed to supporting your health, well-being, and peace of mind—both on and off the job.

Our benefits program includes a wide range of options designed to meet the diverse needs of you and your family. Some benefits are provided at no cost to you, others involve a shared contribution, and several are offered at competitive group rates.

As a valued part of the Flagger Force family, these benefits represent an important part of your total compensation. We encourage you to review this guide carefully so you can make informed choices for the year ahead.

Warm regards,



Karen Parody, vice president of human resources



Eligibility

Annual open enrollment is your once-a-year opportunity to review your benefit plan elections and make any updates to better meet the needs of you and your family. Any changes you make during this period will take effect on September 1.

Who is Eligible?

- An active full-time employee working 30 or more hours per week

Your dependents are eligible if they are:

- Your legal spouse
- Your child(ren)* up to age 26 and your disabled children up to any age (if disabled prior to age 19*)

* Includes natural, step, legally adopted/or a child placed for adoption, or a child under your legal guardianship

Making Benefit Changes During the Plan Year

The benefit elections you make during your initial enrollment period will remain in effect through the end of the plan year.

If you experience a qualifying life event, you may be eligible to change certain benefits. To do so, you must submit your request and supporting documentation within 30 days of the event.

You can upload your documentation directly or contact Human Resources for assistance. Proof of life events is subject to approval, and HR can guide you on the type of documentation required.

Changes are effective prospectively, unless the event involves a birth, adoption, or placement for adoption.

Qualified Life Event		
Change in Marital Status	Change in Dependents	Change in Employment
<ul style="list-style-type: none">• Marriage• Divorce• Death of your spouse	<ul style="list-style-type: none">• Birth, adoption, or placement for adoption of an eligible child (Retroactive to the date of the event)• Death of your covered dependent• Gain or loss of Medicare or Medicaid during the year	<ul style="list-style-type: none">• Change in your or your spouse's status that affects benefits eligibility• Your spouse's Open Enrollment differs from yours• Relocation if the move impacts eligibility for the plan

Your Coverage

When Does Coverage Begin?

New Employees: New Flagger Force field employees are classified as variable-hour employees. To be considered benefit-eligible, an employee must average 30 or more hours worked per week, measured over a six (6) month period. Measurement starts on the 1st day of the month following your date of hire and is measured for the next 6 months. Notification of eligibility and enrollment information will be sent to your primary email address on file. Be sure to check your spam/junk folders, too!

Open Enrollment: If you sign up for benefits during open enrollment, your coverage becomes effective September 1.

Termination of Coverage

If you, or a covered dependent, no longer meet these eligibility requirements, or if your employment ceases, all benefits will end on the last day of employment.

You may be eligible to elect COBRA for yourself and your eligible dependents for medical, dental, and vision coverage.

Benefit coverage will end on the day you become ineligible. Any life and AD&D coverages are convertible and portable. Any hospital indemnity and accident insurance is portable.

You are responsible for informing Human Resources within 30 days if any of your dependents become ineligible for benefits.

Please Note:

Federal regulations require Flagger Force to obtain the following information during enrollment:

- Social Security numbers for you and your dependents covered by the medical plan
- Dates of birth, legally-recognized sex, and your relationship to your dependents

Enrollment

How Do I Enroll?

All enrollments/change requests must be submitted online using the **UKG Employee Self-Service** site or the **UKG Ready** mobile app.

1. **Review:** It is strongly recommended that you review the Enrollment Guide before logging on to make your election decisions.
2. **Prepare:** Have full names, dates of birth, and Social Security Numbers handy for enrolling in any dependent coverage.
3. **Submit Online:** Once you have made your decisions, navigate to:
<https://secure2.entertimeonline.com/ta/InpTCS.login> and click “Enroll Now”.
4. **Confirm & Submit:**
 - In the “Finish Up” section, click “Submit” to finalize your elections.
 - Enter your UKG password* to finalize your enrollment.
 - Important: Click “Accept” to ensure Benefits receives/processes your enrollment/changes.
5. **Confirmation:** You will receive a confirmation of your submission via email. You will receive a second email once your enrollment is approved.

*If you cannot remember your password, click the “Forgot your password?” link and follow the instructions. Contact human resources at humanresources@flaggerforce.com if you continue to have trouble.





Scan to view [Glossary of Health Coverage and Medical Terms](#)

How a Health Plan Works

Coinsurance

Your share of the cost for covered health care services after you meet your deductible. With this plan, you pay 0% coinsurance, meaning the plan covers 100% of the allowed amount for most services once your deductible is met.

(For example, if the allowed amount for an office visit is \$100 and you've met your deductible, you pay \$0 and the plan pays the full \$100.)

Copayment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.

Deductible

An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible.)

Evidence of Insurability (EOI)

EOI is an application process through which you provide information on the condition of your health or your dependent's health in order to be considered for certain types of insurance coverage. EOI may be required for life and/or disability insurance elections.

Maximum Out-of-pocket Limit

Yearly amount the federal government sets as the most each individual or family can be required to pay in cost sharing during the plan year for covered, in-network services. Applies to most types of health plans and insurance. This amount may be higher than the out-of-pocket limits stated for your plan.

Medical Overview

We offer 3 medical plans through Capital Blue Cross with the following features:

- A network of doctors and healthcare facilities that provide services to plan members at discounted rates. You can go to any doctor you like within a PPO network, including specialists, without a referral. If you go to an out-of-network provider, the plan will pay benefits based on Usual and Customary Rates (UCR). If your out-of-network provider charges more than the amount covered by the plan, you will have to pay all charges over that amount.
- Deductibles and out-of-pocket maximums accumulate September 1st through August 31st
- Preventive care is covered at 100% when using an in-network provider
- Includes prescription drug coverage
- If you enroll in the Consumer Value HDHP plan, you can open and contribute to a Health Savings Account (HSA) to help cover some of your medical plan costs (refer to the HSA section for more information)
- Please refer to the Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC) as well as the carrier contracts for information regarding specific benefit levels, exclusions, and limitations for all policies
- For a comparison of the plans, refer to the medical plan comparison chart on the following page.

After you receive your ID card from Capital Blue Cross, register to access self-service tools and resources to help manage your medical benefits. You need your ID and Group # to register. You may also search for in-network providers using the same link:

Log onto capbluecross.com

Network: PPO



Plan Options			
What You Pay – In-Network	<u>Gold PPO Plan</u>	<u>Silver PPO Plan</u>	<u>Consumer Value HDHP</u>
Plan Year Deductible (Individual / Family)	\$3,000 / \$3,000	\$6,000 / \$6,000	\$6,000 / \$6,000
Plan Year Out-of-Pocket Max ¹	\$6,850	\$6,850	\$7,000
Preventive Care	Covered in full	Covered in full	Covered in full
Primary Care Office Visit (In-person and Telehealth)	\$20 copay	\$20 copay	\$20 copay *
Specialty Care Office Visit	\$40 copay	\$40 copay	\$30 copay *
Virtual Care Visit (Must use Capital Blue Cross Virtual Care platform)	Covered in full; Waive deductible	Covered in full; Waive deductible	\$10 copay *
Urgent Care Facility	\$50 copay	\$50 copay	\$50 copay *
Emergency Room Care Copay waived if admitted	\$500 copay then subject to deductible	\$500 copay then subject to deductible	\$500 copay then subject to deductible
Inpatient Hospital	0%*	0% *	0%*
Outpatient Surgery	0%*	0% *	0%*
<u>Routine Lab</u> Independent Lab	\$30 copay; Waive deductible /	\$30 copay; Waive deductible /	0% *
Hospital System owned Lab	0% *	0% *	0% *
<u>Radiology</u> Independent Radiology	\$75 copay; Waive deductible /	\$75 copay; Waive deductible /	0% *
Hospital System owned Lab	\$75 copay *	\$75 copay *	0% *
<u>OUT-OF-NETWORK</u>			
Deductible (Individual/Family)	\$10,000 / \$10,000	\$10,000 / \$10,000	\$10,000 / \$10,000
Coinsurance	Professional 50% after deductible; Facility 50% before deductible	Professional 50% after deductible; Facility 50% before deductible	50% coinsurance
Plan Year Out-of-pocket Max	\$20,000	\$20,000	\$20,000

* After Deductible

Limitations and maximums may apply. For medical including ER and prescription drug for in network only. Please refer to the plan summaries and Summary of Benefits and Coverage for more information and out of network benefits.

Services incurred out-of-network are covered at a lower benefit schedule and are subject to balance billing above the CBC allowed amount

¹ Plan Year Out-of-Pocket Maximum includes deductibles, copays and coinsurance

Cost of Coverage

Effective September 1, 2025 – August 31, 2026

Contributions for your medical, dental, and vision benefits are automatically deducted from your gross pay before Federal Income and Social Security taxes are calculated. This pre-tax deduction lowers your taxable income, resulting in lower overall taxes on the same salary.

Medical Rates (Per Pay Weekly)

	Gold PPO Plan	Silver PPO Plan	Consumer Value HDHP
Employee Only	\$60.21	\$49.01	\$39.49
Employee + Spouse	\$236.10	\$178.74	\$139.73
Employee + Child(ren)	\$177.47	\$131.18	\$104.86
Employee + Family	\$295.91	\$190.64	\$151.72

Dental Rates (Per Pay Weekly)

	Base PPO Plan	Buy-Up PPO Plan
Employee Only	\$1.64	\$3.83
Employee + Spouse	\$5.65	\$10.25
Employee + Child(ren)	\$4.75	\$8.61
Employee + Family	\$7.57	\$13.73

Vision Rates (Per Pay Weekly)

Employee Only	\$1.03
Employee + Spouse	\$2.98
Employee + Child(ren)	\$2.98
Employee + Family	\$2.98

100% Employer Paid Benefits

Benefit	BHS EAP
Employee Assistance Program	No Cost To You and Your Loved Ones

Prescription Drugs

When you enroll in a medical plan, you receive comprehensive prescription drug coverage through Capital Blue Cross. For a list of approved drugs, log onto www.capbluecross.com and select “Find” at the top of the page and click “Drugs” from the dropdown menu.

If you take a maintenance medication, you can save money by enrolling in mail order RX. Ask your doctor if it is appropriate to use a generic drug rather than a brand name. Some medications may be subject to prior authorization, quantity limits or step therapy requirements to be approved for coverage.

Capital Blue Cross In-Network Only	Gold PPO Plan	Silver PPO Plan	Consumer Value HDHP
Retail (31/60/90-day supply)	You Pay Per Script	You Pay Per Script	You Pay Per Script*
Generic copay	\$5	\$5	\$5*
Formulary Brand copay	\$35	\$35	\$35*
Non-Formulary Brand copay	\$70	\$70	\$70*
Mail Order (90-day supply)	You Pay Per Script	You Pay Per Script	You Pay Per Script*
Generic copay	\$10	\$10	\$10*
Formulary Brand copay	\$70	\$70	\$70*
Non-Formulary Brand copay	\$140	\$140	\$140*
Specialty Pharmacy (30-day supply)	You Pay Per Script	You Pay Per Script	You Pay Per Script*
	\$100	\$100	\$100*

** After Deductible.*

Three Ways to Obtain Prescription Drugs

<div> Retail Pharmacy (up to 30-day supply) </div> <div> www.capbluecross.com 800-962-2242 </div> <div> <ul style="list-style-type: none"> ✓ Locate a participating retail pharmacy ✓ View a list of approved drugs </div>	<div> Mail Order (up to 90-day supply) Express Scripts </div> <div> www.express-scripts.com 888-327-9791 </div> <div> <ul style="list-style-type: none"> ✓ Use for maintenance drugs such as medication for high blood pressure, arthritis or diabetes ✓ Pay less than retail pharmacy for a 90-day supply ✓ No additional cost for delivery </div>	<div> Specialty Pharmacy (31-day supply) Accredo </div> <div> www.accredo.com 800-803-2523 </div> <div> <ul style="list-style-type: none"> ✓ Medications used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis ✓ Prescription can only be filled once every 30 days </div>
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More medications. Less markups.

Start saving today with Mark Cuban Cost Plus Drug Company.

The generic prescription drugs you need. The transparency and affordability you deserve.

Capital Blue Cross has teamed up with Mark Cuban Cost Plus Drug Company to give you greater access to low-cost generic drugs. Follow these steps to see if you can save on your prescriptions:



Step 1

Scan this code or go to CapBlueCross.com/cost-plus-drugs to see if your drugs are available and compare costs to your current pharmacy.



Step 2

Create your account by providing the requested information from your Capital Blue Cross ID card.



Step 3

Ask your healthcare provider to send your prescriptions to "Mark Cuban Cost Plus Drug Company" - NCPDP ID # 3689568. Make sure your provider includes your email address. Within 24 hours of receiving your prescriptions, Cost Plus Drugs will notify you by email.



Step 4

Sign in to your account to place an order after you receive the notification email from Cost Plus Drugs.



Step 5

Receive your prescription drugs in the mail.

Questions?

Call the Member Services number on the back of your ID card.



Important notice for fully insured individual and employer group plans in Pennsylvania: Advertised health insurance policies or programs may not cover all your healthcare expenses. Read your contract or benefit booklet (certificate of coverage) carefully to determine which healthcare services are covered. Questions? Please call 800.962.2242 or the number on the back of your ID card (TTY: 711).

Capital Blue Cross is providing information about Mark Cuban Cost Plus Drug Company as a service to our members and the community in furtherance of Capital's mission and purpose. Capital does not in any manner endorse, assume responsibility for, or recommend the use of any drug or pharmacy described by Mark Cuban Cost Plus Drug Company.

Healthcare benefit programs issued or administered by Capital Blue Cross or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company®, and Keystone Health Plan® Central. Capital Blue Cross is an independent licensee of the Blue Cross Blue Shield Association serving 21 counties in Central Pennsylvania and the Lehigh Valley. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.



SAVE BIG ON YOUR PRESCRIPTIONS!



CRX International is a voluntary international mail order prescription program that is available to eligible employees and dependents enrolled in a medical plan through **Flagger Force**.

Brand-name medications, in the original factory-sealed manufacturer's packaging, are delivered **DIRECT TO YOUR MAILBOX** from certified pharmacies in Canada, the United Kingdom and Australia. **YOU PAY NOTHING** thanks to the savings **CRX International** brings to your plan.

Why Choose CRX International?

- ✓ \$0 Copay
- ✓ 300+ **FREE** Brand-Name Medications
- ✓ Easy Online Refills
- ✓ No Additional Costs
- ✓ Fully Insured

ALERA GROUP 



WebID: ALERA

How It Works:

Getting started is easy. Visit **crxintl.com/plan-login**, enter your **WebID** to view eligible medications, and complete your enrollment online.

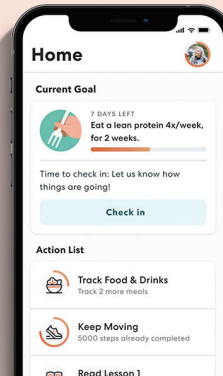
After you upload your ID, our friendly customer service representatives will contact you to help complete the next steps.

For more information, visit **crxintl.com**
or call **1-866-488-7874**.





Shift your mindset, *change* your health



Whatever 'healthy' means to you, Omada® helps you get there.
All at no cost to you.

What you get with Omada:

- ✓ A plan built around you
- ✓ Dedicated health coach & care team
- ✓ All the smart health devices you need

Do what works for you

We'll help you figure out the healthy habits and routines that work for you—motivation included.

24/7 access to support

From weekly lessons to online community, get all the tools you need to face any challenge head-on.

You decide what 'healthy' means

Try new things you actually enjoy, rather than avoiding foods you "can't eat" or things you "shouldn't do."

The best part? It's covered.

If you or your adult dependents are at risk for type 2 diabetes or living with diabetes, Capital Blue Cross will cover the entire membership cost.

It only takes 1 minute to get started.

omadahealth.com/capitalbluecross

With Omada, there's a program for you



Diabetes Prevention:
Weight loss and
overall health



Diabetes
Management

Important notice for fully insured individual and employer group plans in Pennsylvania: Advertised health insurance policies or programs may not cover all your healthcare expenses. Read your contract or benefit booklet (certificate of coverage) carefully to determine which healthcare services are covered. Questions? Please call 800.962.2242 or the number on the back of your ID card (TTY: 711).

On behalf of Capital Blue Cross, Omada Health, Inc., an independent company, provides these diabetes prevention and management programs. Capital Blue Cross is an independent licensee of the Blue Cross Blue Shield Association.

Smart Ways to Save on Health Care

Stick With In-Network Providers

Save big by staying in-network!

Using doctors, hospitals, and in-network pharmacies means you pay less. Going out-of-network can cost much more.

Choose the Right Place for Care

Not every need is an ER visit.

- Cold or flu? Try telehealth or urgent care.
- Unsure? Call the nurse line on your ID card.

Smart choices = smart savings.

Use Your Free Preventive Benefits

Prevention is 100% covered in-network!

Routine checkups, immunizations, and screenings help you stay healthier and avoid bigger bills later.

Ask for Generics First

Same medicine. Lower price.

Generic drugs are safe, effective, and cost far less than brand-name drugs. Ask your doctor if a generic is right for you.

If a brand-name is required, check the drug manufacturer's website—many offer patient assistance or discount programs.

If you're taking a brand-name medication, you may also want to check if it's available to you **at no cost** through the CRX International program.

To check covered medications, visit www.crxintl.com and input ALERA for the Web ID.

Use Mail Order for Maintenance Meds

Convenient & cost-saving!

With Express Scripts, you can get a 90-day supply of long-term meds delivered to your home, often cheaper than a retail pharmacy. Free shipping included!

You can also check out Mark Cuban's Cost Plus Drugs, a transparent online pharmacy offering many common medications at steep discounts with no insurance required.

Learn more at www.express-scripts.com or costplusdrugs.com



The doctor will see you now. **Literally.**

See a doctor anytime, anywhere, with Capital Blue Cross VirtualCare.

With Capital Blue Cross VirtualCare, doctors can diagnose common illnesses and send prescriptions straight to your pharmacy. Capital Blue Cross VirtualCare is a covered benefit on most health plans*, and it even includes behavioral health services and nutrition counseling.

Why use Capital Blue Cross VirtualCare?

- ✓ Convenient and easy.
- ✓ Can be less costly than a trip to an urgent care center or emergency room.
- ✓ Helpful when:
 - You become sick while traveling within the United States.
 - You feel too sick to leave the house.
 - You need personalized nutrition advice.
 - You need to see a doctor, but can't fit it into your schedule.
 - Your doctor's office is closed.



*Virtual visits may not be covered under all benefit plans. Refer to your Benefits Booklet for benefit details.
Copays and deductibles may apply.

Convenient care — everywhere.

From your phone, tablet, or computer, make an appointment to meet with a dietitian, or get treatment from a Capital Blue Cross VirtualCare doctor or behavioral health specialist within minutes. And be sure to share your visit summary with your Primary Care Physician (PCP).

	Medical	Counseling	Psychiatry	Nutrition Counseling
Doctors and Counselors	Capital Blue Cross VirtualCare providers are licensed doctors that have an average of 15 years of experience.	Capital Blue Cross VirtualCare counseling services are provided by licensed psychologists and master's level counselors.	Capital Blue Cross VirtualCare psychiatry services are provided by board-certified psychiatrists and neurologists, who provide a thorough assessment and follow-up visits for medication management.	Capital Blue Cross VirtualCare nutrition counseling services are provided by dietitians certified in telehealth, who provide nutrition advice and diet plans based on personal health needs.
Treatment for conditions, such as:	<ul style="list-style-type: none">• Abdominal pain.• Bronchitis and other respiratory infections.• Flu.• Pink eye.• Strep throat.	<ul style="list-style-type: none">• Anxiety.• Bereavement and grief.• Depression.• LGBTQ counseling.• Trauma.	<ul style="list-style-type: none">• Anxiety disorders.• Anorexia/bulimia.• Bipolar disorder.• Obsessive compulsive disorder.• Post traumatic stress disorder.	<ul style="list-style-type: none">• Diabetes.• Digestive disorders.• Food allergies.• High cholesterol.• Meal planning.• Pregnancy diets.• Weight loss.
Availability	24/7 (including weekends and holidays) through the mobile app or website. No appointment necessary.	7:00 a.m. – 11:00 p.m. ET, 7 days a week, by appointment only (same day appointment is possible).	Patients can typically get appointments within 14 days, and a psychiatrist will schedule follow-up visits as needed.	Patients can schedule an appointment with their provider of choice. Appointments are available 7 days a week, including evenings. Follow-up appointments are available as necessary.

Two ways to sign up

1. Download the free Capital Blue Cross app. 2. Visit CapBlue.com/virtualcare.

Learn More

Visit CapBlue.com/virtualcare to learn more about virtual visits.

Questions

Call the number on your ID card.

CapBlue.com/virtualcare



Important notice for fully insured individual and employer group plans in Pennsylvania: Advertised health insurance policies or programs may not cover all your healthcare expenses. Read your contract or benefit booklet (certificate of coverage) carefully to determine which healthcare services are covered. Questions? Please call 800.962.2242 or the number on the back of your ID card (TTY: 711).

On behalf of Capital Blue Cross, American Well Corp. provides this online healthcare tool. American Well is an independent company.

Healthcare benefit programs issued or administered by Capital Blue Cross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company®, and Keystone Health Plan® Central. Independent licensees of the Blue Cross Blue Shield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.

DO YOU KNOW



VIRTUAL CARE

Condition

Flu symptoms or fever

Persistent cough or sore throat

Mild stomach pain

Rashes, mild skin irritations, acne

Medication refill or questions

Behavioral health therapy

Behavioral health medication management

Why Choose It?

Quick access without leaving home

Quickly evaluate and recommend care

COST - \$



PRIMARY CARE

Condition

Annual exams and screenings

Immunizations

Lab testing

Detailed skin assessments

Medication refill or questions

Musculoskeletal evaluations

Treatment of mild allergic reactions

Why Choose It?

Convenient

When an in-person examination is needed

COST = \$\$

WHERE TO GO ?



URGENT CARE

Condition

Minor cuts needing stitches

Suspected ear infection (child)

Severe cold and flu symptoms

Treatment of severe allergic reactions

Severe earaches

Minor burns

Other non-life-threatening, urgent needs

Why Choose It?

On-site treatment with shorter wait

COST = \$\$\$



EMERGENCY CARE

Condition

Chest pain or stroke symptoms

Severe shortness of breath

Severe bleeding/ bleeding that doesn't stop

Auto or industrial accident

Complicated bone fractures

Major burns

Head injuries

Why Choose It?

Life-threatening; requires immediate care

COST = \$\$\$\$

Health Savings Account (HSA)*

If you elect the Consumer Value HDHP (a qualified high deductible plan) and you are not enrolled in disqualifying coverage elsewhere, you are eligible to contribute to a Health Savings Account through HealthEquity. You can set aside tax-free money from each paycheck now and save funds to cover qualified healthcare expenses that come up later.

If you enroll in the Consumer Value HDHP and contribute at least \$100 annually to your HSA, Flagger Force will contribute \$500 to your HSA, prorated over 12 months of active employment.

How does an HSA work?

Confirm amount to be deducted from each paycheck. Activate your account through HealthEquity. Use your HSA debit card to pay for qualifying expenses.

To view eligible purchases with your HSA account, please visit hsastore.com.

Limitations

- Can not be enrolled in Medicare or Tricare
- Can not be claimed as a dependent on someone’s tax return
- Can not be receiving Veterans Affairs (VA) benefits, or within the past 3 months
- Can not be contributing towards a Healthcare FSA

Advantages

- Balance rolls over each year
- Contributions are tax-free
- Account belongs to you; any money in the account is yours – no vesting

**Tax treatment of HSAs for state tax purposes may vary by state*

Distributions

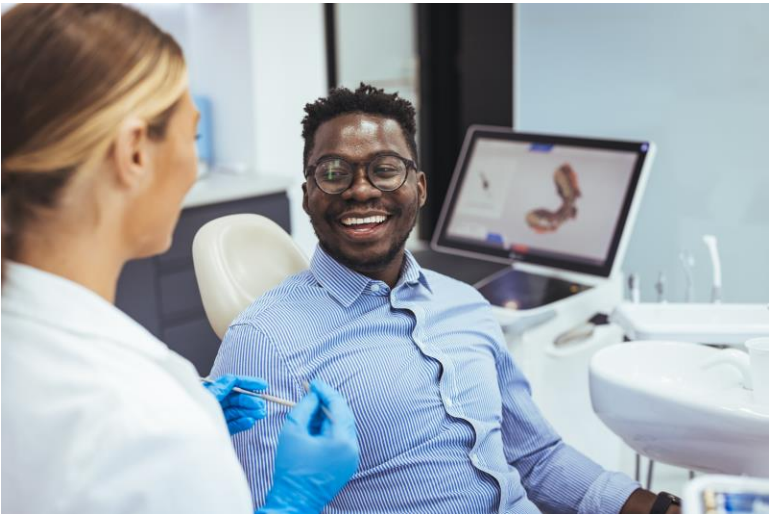
- Money must be in the account to spend
- Use funds for any taxable dependents
- 20% tax penalty applied if you are under age 65 and use the funds for non-eligible expenses
- At age 65, monies can be used for non-eligible health expenses with no penalty; normal income tax will apply
 - You can also pay for Medicare Part B premiums with your HSA funds

Enrollment Tiers	2025 Maximum Contribution Allowed	2026 Maximum Contribution Allowed
Employee Only	\$4,300	\$4,400
Employee + Dependent(s)	\$8,550	\$8,750
Employee 55+ Over	Additional \$1,000 per year as catch-up	Additional \$1,000 per year as catch-up

Dental (PPO)

Dental insurance is offered through Capital Blue Cross. Your choice of dentists can determine the cost savings you receive.

You will pay less for in-network services. For out-of-network providers, Capital Blue Cross will pay claims based on reasonable and customary (R&C) charges. You are responsible for paying the balance of the bill.



Please refer to plan summary for out-of-network benefits, subject to balance billing, and limitations.

To search for in-network providers, go to capbluecross.com.

Important: In-Network providers agree to accept Capital’s allowance as payment in full. If you visit an Out-of-Network provider, you are responsible for paying the deductible, coinsurance, and the difference between the Out-of-Network provider’s charges and the allowed amount.

	Basic PPO Plan	Buy-Up PPO Plan
Benefit Maximum Per Person		
Calendar Year Annual Max	Plan pays up to \$1,500 / person	
Orthodontia Lifetime Max	Not Covered	50% up to maximum lifetime benefit
Deductible (applies only to Basic & Major Services)		
Individual	\$50	\$50
Family	\$150	\$150
Benefit		
	You Pay	You Pay
Preventive Services	0%	0%
Basic Services	20%	20%
Major Services	Not Covered	30%
Orthodontia (to age 26)	Not Covered	50% up to a lifetime max of \$1,500/person


Vision

Routine eye exams are important for maintaining good vision and can also provide early warning of other health conditions. The Capital Blue Cross vision plan provides coverage for exams, glasses, and contact lenses, as shown below.

In-network coverage is provided when you use Capital Blue Cross providers. Refer to plan summary for out-of-network benefits and limitations. To search for in-network providers, go to [capbluecross.com](https://www.capbluecross.com).



Here is what you'll pay in-network:

Capital Blue Cross	12/10 Plan	EVERY 12 MONTHS!
Based on Last Date of Service	In-Network	
Eye Exam <i>Once every 12 months</i>	\$10 copay	<div>  <p>Plan pays \$130 toward cost PLUS 30% off retail balance toward the purchase of ANSI Certified Safety Glasses for Employees!</p> <p>In addition, Capital Blue Cross members can receive lens options (progressive/special coatings) at a discount.</p> <p>Capital Blue Cross – Vision Plan also offers a discount on laser vision correction.</p> </div>
Lenses Single, Lined Bifocal, Lined Trifocal, Aphakic/Lenticular, Polycarbonate Standard (under age 19) <i>Once every 12 months</i>	0%	
Frame <i>Once every 12 months</i>	Plan pays up to \$130 plus 30% off the retail balance	
Contacts <i>Instead of glasses, Once every 12 months</i>	Plan pays up to \$130 plus 25% off the retail balance	
Medically Necessary	You pay 0%	

Life and AD&D Insurance

Appropriate life insurance coverage is essential for your family's financial needs, offering salary replacement, mortgage protection, childcare costs, debt repayment, and education expenses.

According to federal law, only the first \$50,000 of employer-paid life insurance is not taxable. Premium paid by Flagger Force for coverage levels over \$50,000 will be taxable to you and will be included on your year-end W-2 statement.

What is Life Insurance?

- A lump sum payment distributed to beneficiaries upon death of the insured or insureds
- Reassurance that your loved ones would be financially secure if you passed away unexpectedly
- Ability to assist with funeral costs – the average funeral cost is \$10,000



Reminder! Update your Beneficiaries!

Plan for your expected and unexpected life changes by ensuring you and your family are protected. Update your beneficiaries now and keep them current each year.

Voluntary Life and AD&D

You can purchase Voluntary Life Insurance and Accidental Death & Dismemberment (AD&D) through UnitedHealthcare for you, your legal spouse, and your dependent children. Please refer to the benefit summary for details.

Voluntary Life and AD&D	
Employee	\$10,000 increments up to \$500,000 Guaranteed issue*: \$150,000
Spouse (up to age 65**)	\$5,000 increments up to 50% of employee coverage; Max \$250,000 Guaranteed issue*: \$25,000
Child (up to age 26)	\$5,000 increments Guaranteed issue*: \$10,000

Employee and spouse amounts applied for over the Guaranteed Issue (GI) as a new hire will require you to provide Evidence of Insurability (EOI) for review and approval by UnitedHealthcare. Medical review is completed via the enrollment site. During annual enrollment, employees may increase their current coverage by \$10,000 and spouses by \$5,000 without providing EOI. Larger increases or new elections will require approved EOI.

When you enroll in Voluntary Life Insurance, you are also enrolled in an equivalent amount of Voluntary Accidental Death and Dismemberment (AD&D). These policies and rates are bundled together. Guaranteed Issue is the amount of coverage you or your dependents can elect without answering medical questions and is only available to newly benefit-eligible employees. Benefits are reduced based on the following schedule: 65% at age 65, 40% at age 70, 25% at age 75, and 15% at age 80.



Reminder! Update your Beneficiaries!

Plan for your expected and unexpected life changes by ensuring you and your family are protected. Update your beneficiaries now and keep them current each year.

Supplemental Health Benefits

Flagger Force offers additional voluntary benefit plans. These plans are not medical insurance and do not replace your medical coverage, but rather pay cash directly to you in addition to any benefits you receive from your health plan.

Accident Insurance

Pays a cash benefit when you or your covered family members suffer injuries sustained in an accident – on or off the job.

- \$50 cash benefit for completing health screenings.
- Accidental Death & Dismemberment Benefit
- Accident emergency treatment and follow-up visits
- Hospital Admission, Emergency Care and Ambulance
- Hospital ICU Admission
- Burns, fractures, tears, concussion

What Can I Do with the Money I Receive?

- Cover cost of copays, deductibles, and coinsurance
- Reimburse yourself for transportation and lodging costs
- Help with childcare and other domestic expenses
- Assist with home health care cost
- Make up for lost wages
- Pay everyday expenses, such as rent, utilities, and groceries

Hospital Indemnity Insurance

Cash benefit to assist you with out-of-pocket costs of hospitalization not covered by your major medical insurance. There are two plans offered by Flagger Force.

	Plan 1 Medical	Plan 2 Medical
Hospital Confinement Benefit (Max of one day per covered person/calendar year)	\$2,500	\$1,500
Hospital / ICU Confinement	\$100 per day to a max of 59 days per year, per insured	
Health Screenings	\$50 per day of screening to a max of 1 day/ year/ insured	\$50 per day of screening to a max of 1 day/ year/ insured
Treatment Normal Pregnancy	Not payable for birth within first 9 months of coverage	
Pre-Existing Condition Limitation	3-month lookback period, 12-month exclusion period	

Disability

UnitedHealthcare administers our Disability insurance benefit plans for any full-time employee who chooses to enroll. You will pay the full cost of this benefit with post-tax payroll deductions, therefore your benefit while out on Disability will not be taxed.

Short-Term Disability

Short-Term Disability (STD) benefits are payable when you are unable to work due to an injury or illness unrelated to work.

When do the benefits start?

8th day of accident or illness

(Benefit duration is reduced by the initial disability waiting period (before benefits begin))

How much would the benefit pay?

60% of your weekly salary up to \$1,000 per week

Are there any pre-existing exclusions?*

3 prior / 12 exclusion

How long will the benefit pay?

Up to 13 weeks

Long-Term Disability

Long-Term Disability (LTD) benefits are provided as income protection in the event you become disabled for an extended period. Proof of disability is required.

When do the benefits start?

After 90 days of qualified disability

(This plan will begin to pay after the Short-Term Disability benefits end if elected.)

How much would the benefit pay?

60% of basic monthly earnings up to \$3,000 per month

Are there any pre-existing exclusions?*

3 prior / 12 exclusion

How long will the benefit pay?

The lesser of 2 years or to age 70.

*STD & LTD Disability claims for newly covered employees will be denied if you received medical treatment, medical advice, care, or services or took prescribed medications in the 3 months prior to the effective date of this coverage and the disability began in the first 12 months after your effective date of coverage.

STD benefits integrate with state-mandated disability plans. Maternity claims fall under this policy.

Plan Highlights

A number of documents, policies, and procedures control the provisions of your Plan. This Guide is a summary of the more important elements of the program and may be subject to further interpretation. Other features and restrictions may be applied and controlled by the Plan document. If you have further questions, please refer to the SPD.

Eligible Employees	All employees are eligible except Collective Bargaining (union) Employees and Non-Resident Aliens.														
Eligibility Requirements	<ul style="list-style-type: none"> • Age 21 and three consecutive months of service for deferral contributions • Age 21 and One Year of Service for employer contributions. At least 1000 hours must be worked during a 12 month period in order to qualify for employer contributions. The initial 12 months begin on your date of hire. Subsequent computation periods are based on the calendar year. 														
Entry Date	First Day of each Calendar Quarter immediately following the date you complete the qualification requirements														
Elective Deferrals	<ul style="list-style-type: none"> • Participants may defer the maximum permitted by IRS regulations. This limit may change periodically. For 2025, the maximum dollar amount is \$23,500. • The option to make after-tax Roth deferrals is also offered through your 401(k) Plan. This option may provide significant tax benefits, however, you should consult a qualified tax professional before making this election. 														
Pre-Tax or Roth	<ul style="list-style-type: none"> • Participants who will attain age 50 in a Plan Year may defer an additional amount under the Age 50 catch-up provisions. For 2025 the limit is \$7,500. 														
Deferral Change Date	Participants may change deferral amounts at any time. Changes entered through the Sunday prior to a pay date will be included in the next Friday's pay. Changes applied after that day will be applied to the next pay cycle.														
Vesting	<p>Vesting refers to the portion of your Plan account that belongs to you. Your Plan measures vesting by the number of years you've worked for Flagger Force, LLC during which you were credited with 1,000 hours of service. Employer contributions vest according to the following schedule:</p> <table> <thead> <tr> <th><u>Years of Service</u></th><th><u>Vested Percent</u></th></tr> </thead> <tbody> <tr> <td>Less than 2</td><td>0 %</td></tr> <tr> <td>2 but less than 3</td><td>20 %</td></tr> <tr> <td>3 but less than 4</td><td>40 %</td></tr> <tr> <td>4 but less than 5</td><td>60 %</td></tr> <tr> <td>5 but less than 6</td><td>80 %</td></tr> <tr> <td>6 or more</td><td>100 %</td></tr> </tbody> </table>	<u>Years of Service</u>	<u>Vested Percent</u>	Less than 2	0 %	2 but less than 3	20 %	3 but less than 4	40 %	4 but less than 5	60 %	5 but less than 6	80 %	6 or more	100 %
<u>Years of Service</u>	<u>Vested Percent</u>														
Less than 2	0 %														
2 but less than 3	20 %														
3 but less than 4	40 %														
4 but less than 5	60 %														
5 but less than 6	80 %														
6 or more	100 %														
Compensation	Contributions to the Plan are based on qualifying W2 wages while you are a Participant.														

Plan Highlights

Discretionary Employer Matching And Non-Elective Contributions	The Flagger Force, LLC 401(k) Retirement Plan permits discretionary employer contributions to the Plan and can vary from year to year.
Employer Prevailing Wage Contributions	<ul style="list-style-type: none"> Eligibility for participants of Prevailing Wage Contribution will begin upon Employment
Distributable Events	<ul style="list-style-type: none"> Termination of Employment Attainment of Age 59 1/2 Hardship
Distributions	In-Service distributions may be made upon attainment of age 59-½. Termination distributions are made after the termination date is received from your Employer and your last deferral has been applied to the Plan. Other payment options may be available. Consult your SPD for further information.
Rollovers	Rollovers from qualified 401(a), 403(b) or 457(b) Plans and IRAs are permitted by the Plan.

Deferral amounts may change for 2026. Updates are generally published by IRS during the last calendar quarter each year. Updates will be provided through the website when the information becomes available.

First-Time Access

First-time registration access to the Participant Plan Portal will need the following information.

Plan's Website URL:
www.penserv.com/login

Choose Login Setting:
New Participant

Enter Your Plan Access Code:
ffrc9473

Verify Your Identity:
Enter your Social Security Number



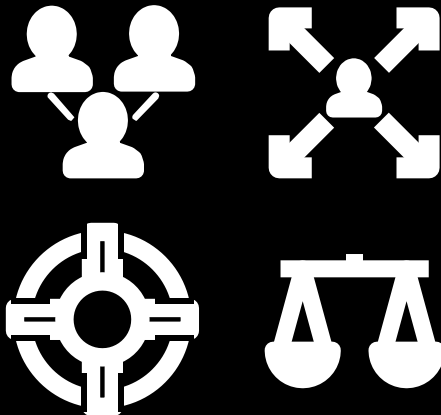
FREE, CONFIDENTIAL, IN-THE-MOMENT HELP

Employee Assistance is a Safe Call

You and **your household members** can use our Employee Assistance program, provided by BHS, for FREE, CONFIDENTIAL, IN-THE-MOMENT SUPPORT to help you directly or connect you to appropriate resources.

Up to 3 face-to-face counseling sessions, per issue, **FREE of charge.**

- **Family and Relationships**
- **Work**
- **Money**
- **Grief**
- **Legal Services**
- **Identity Theft Recovery**
- **Anxiety and Depression**
- **Health**
- **Everyday Life**

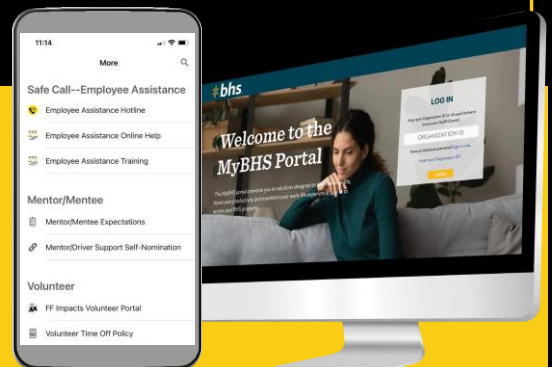


Use the BHS customer portal for more than 500,000 resources:

Portal.BHSONline.com
ID: FLAGGERFORCE

Visit the ITZ More tab:

SAFE CALL EMPLOYEE ASSISTANCE



Call or text, 24-hours a day, 7-days a week:

800.327.2251



Contact Information

To ensure you receive the correct coverage, please have your ID number or Social Security Number available when contacting your benefits provider. For ID cards, contact your insurance carrier or download an electronic version from their website. For benefit or claim inquiries, have your ID number, date of service, and provider name ready. For one-on-one assistance, call the insurance carrier at the number listed below.

Benefit	Partner	Contact Info
Accident Insurance/Hospital Indemnity Group #372248	UnitedHealthcare	800.539.0038
Dental Group #00522551	Capital Blue Cross	capbluecross.com 800.613.2624
Disability Group #372248	UnitedHealthcare	888.299.2070
Employee Assistance Program (EAP)	BHS	portal.bhsonline.com ID: FLAGGERFORCE 800.327.2251
Health Savings Account (HSA)	HealthEquity	Healthequity.com/flaggerforce 866.346.5800
Life Group #372248	UnitedHealthcare	888.299.2070
Medical Group #00522551	Capital Blue Cross	capbluecross.com 800.962.2242
Rx - Retail	Prime Therapeutics	Capbluecross.com 800.962.2242
Rx – Mail Order	Express Scripts	833.715.0946 express-scripts.com/rx
Rx – Specialty	Accredo	833.721.1626 accredo.com
Vision Group #00522551	Capital Blue Cross	capbluecross.com 800.905.4102
401(k) Plan	PenServ Plan Services, Inc	penserv.team10@penserv.com 800.849.4001, option 5
401(k) Advisor	Northeast Financial Group	nefg@nefginc.com 570.688.9898
Flagger Force Contact	Benefits	benefits@flaggerforce.com 717.482.8837



Benefits Effective September 1, 2025 – August 31, 2026

(*) **DISCLAIMER:** This document has been prepared by Alera Group, Inc. (collectively with its parent, subsidiaries and affiliates, "Alera Group") to provide an overview of your employer's benefits program. Alera Group, its directors, officers, managers, employees, representatives and affiliates, make no representation or warranty, express or implied, as to the accuracy or completeness of the information contained herein regarding those lines of coverage for which Alera Group is not the exclusive broker of record. This document is not a contract and confers no contractual rights between you and Alera Group. The terms of your benefits are governed by the legal plan documents and insurance contracts ("Plan Documents") between your employer and one or more insurance carriers. This document is not a certificate of coverage, and the benefit descriptions in this document are not a guarantee of current or future claim coverage, nor does it replace or amend the underlying Plan Documents. If there is any difference between the benefit descriptions in this document and the Plan Documents, the terms of the Plan Documents will control. Your employer reserves the right to change, discontinue or terminate the benefit plans at any time.