Office Employee Benefits Guide

September 1, 2026 – August 31, 2027

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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 2026–2027 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

Karen Parody, vice president of human resources

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Traffic Control Services

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 (pursuant to plan documents and state law; please see Human Resources for more information)

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

**May include non-children dependents required to be covered under state law

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.

Qualifying Life Event

Change in Marital Status	Change in Dependents	Change in Employment
• Marriage • Divorce • Death of your spouse	• 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	• 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: Flagger Force Office Employee coverage becomes effective on the first of the month following 30 days.

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

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

Termination of Coverage

If you or a covered dependent no longer meet the eligibility requirements or if your employment ceases, your 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. 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.

Benefits can be canceled due to:

- Open Enrollment
- Termination (voluntary or involuntary)
- Retirement
- Qualified Life Event

A Note About Health Care Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because Flagger Force's medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy. Additional information is available at www.healthcare.gov.

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.

Annual Open Enrollment

This is a once-a-year opportunity to review your benefit plan elections and make adjustments that meet the needs of you and your family. Changes will go into effect September 1st.

How a Health Plan Works

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

Balance Billing

When a provider bills you for the balance remaining on the bill that your plan doesn't cover. This amount is the difference between the actual billed amount and the allowed amount. For example, if the provider's charge is $200 and the allowed amount is $110, the provider may bill you for the remaining $90. This happens most often when you see an out-of-network provider (non-preferred provider). A network provider (preferred provider) may not balance bill you for covered services.

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is $100 and you've met your deductible, your coinsurance payment of 20% would be $20. The health insurance or plan pays the rest of the allowed amount.)

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 $1,000, your plan won't pay anything until you've met your $1,000 deductible for covered health care services subject to the deductible.)

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 1^{st} through August $31^{st.}$
- Preventive care is covered at 100% when using an in-network provider.
- Prescription drug coverage is included.
- 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 and access Capital Blue Cross VirtualCare using the same link:

Log onto capbluecross.com

Network: PPO

Download the Capital Blue Cross Mobile App today!

Medical

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Plan Options			
What You Pay – In-Network	**Gold PPO Plan**	**Silver PPO Plan**	**Consumer Value HDHP**
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%*
Routine Lab			
Independent Lab	$30 copay; *Waive deductible* /	$30 copay; *Waive deductible* /	0% *
Hospital System owned Lab	0% *	0% *	0% *
Radiology			
Independent Radiology	$75 copay: *Waive deductible* /	$75 copay: *Waive deductible* /	0% *
Hospital System owned Lab	$75 copay *	$75 copay *	0% *
OUT-OF-NETWORK			
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, 2026 – August 31, 2027

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	$68.85	$58.10	$45.47
Employee + Spouse	$149.73	$115.85	$103.91
Employee + Child(ren)	$112.40	$90.28	$77.12
Employee + Family	$187.06	$160.58	$130.69

Dental Rates (Per Pay Weekly)

	Base PPO Plan	Buy-Up PPO Plan
Employee Only	$1.64	$4.37
Employee + Spouse	$3.83	$8.20
Employee + Child(ren)	$3.28	$7.10
Employee + Family	$4.92	$10.92

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

Retail Pharmacy
(up to 30-day supply)

www.capbluecross.com

800-962-2242

- ✓ Locate a participating retail pharmacy
- ✓ View a list of approved drugs

Mail Order
(up to 90-day supply)
Express Scripts

www.express-scripts.com

888-327-9791

- ✓ 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

Specialty Pharmacy
(31-day supply)
Accredo

www.accredo.com

800-803-2523

- ✓ Medications used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis
- ✓ Prescription can only be filled once every 30 days

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 licensees 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.

CRX INTERNATIONAL

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 Rx

FLAGGER FORCE
Traffic Control Services

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.

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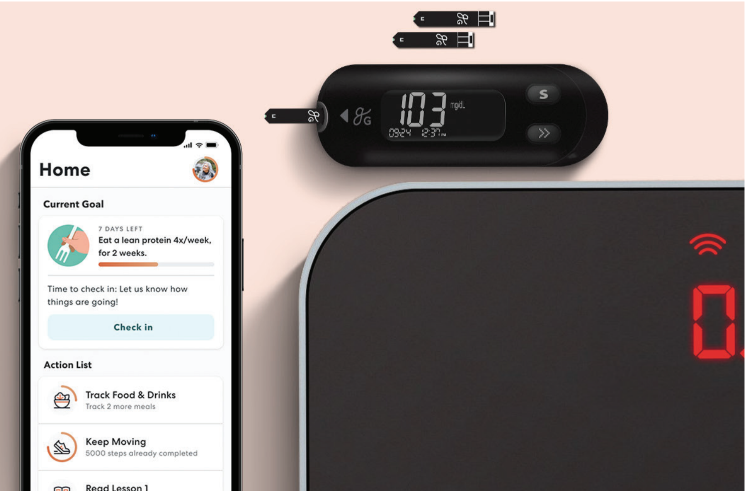
omada

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.

Bonus Tip: If a brand name is required, check the drug manufacturer's website as many offer patient assistance or coupon programs.

📦 Use Mail Order for Maintenance Meds

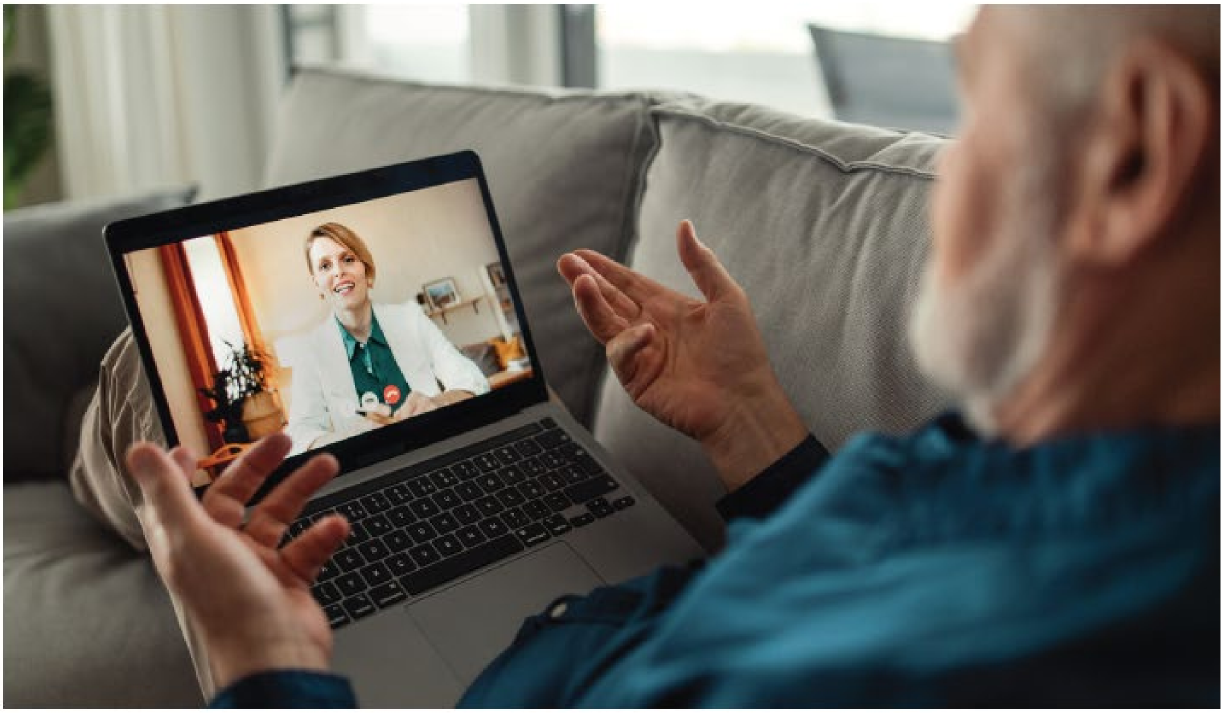
Convenient & cost-saving!

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

Capital Blue Cross
VirtualCare



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:	• Abdominal pain. • Bronchitis and other respiratory infections. • Flu. • Pink eye. • Strep throat.	• Anxiety. • Bereavement and grief. • Depression. • LGBTQ counseling. • Trauma.	• Anxiety disorders. • Anorexia/bulimia. • Bipolar disorder. • Obsessive compulsive disorder. • Post traumatic stress disorder.	• 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

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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.

C-638 (03/21/25)

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 fold 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
- Funds can be used for you and your tax dependents' eligible expenses
- 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	2026 Maximum Contribution Allowed (including employer contribution)	2027 Maximum Contribution Allowed (including employer contribution)
Employee Only	$4,400	$4,500
Employee + Dependent(s)	$8,750	$9,000
Employee 55+ Over	Additional $1,000 per year as catch-up	Additional $1,000 per year as catch-up

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Dental

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

Capital

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.

Here is what you'll pay in-network:

<table>
<tr><th>Capital Blue Cross</th><th>12/10 Plan</th><th>EVERY 12 MONTHS!</th></tr>
<tr><td>Based on Last Date of Service</td><td>In-Network</td><td rowspan="6">Plan pays $130 toward cost PLUS 30% off retail balance toward the purchase of ANSI Certified Safety Glasses for Employees!

In addition, Capital Blue Cross members can receive lens options (progressive/special coatings) at a discount.

Capital Blue Cross – Vision Plan also offers a discount on laser vision correction.</td></tr>
<tr><td>Eye Exam
Once every 12 months</td><td>$10 copay</td></tr>
<tr><td>Lenses
Single, Lined Bifocal, Lined Trifocal, Aphakic/Lenticular, Polycarbonate Standard (under age 19)
Once every 12 months</td><td>0%</td></tr>
<tr><td>Frames
Once every 12 months</td><td>Plan pays up to $130 plus 30% off the retail balance</td></tr>
<tr><td>Contacts
Instead of glasses,
Once every 12 months</td><td>Plan pays up to $130 plus 25% off the retail balance</td></tr>
<tr><td>Medically Necessary</td><td>You pay 0%</td></tr>
</table>

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.

Flagger Force provides Basic Life insurance coverage of 1 times your annual base pay up to $100,000, which includes an Accidental Death and Dismemberment (AD&D) provision paying up to $100,000 in the event of accidental death and certain other conditions. This automatic benefit is administered by UnitedHealthcare and is provided by Flagger Force at no cost to you.

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 GI as a new hire will require you to provide EOI (evidence of insurability) for review and approval by UnitedHealthcare. Medical review is completed via the enrollment site.

When you enroll in Voluntary Life Insurance, you also enroll in an equivalent amount of Voluntary Accidental Death and Dismemberment. These policies and rates are bundled together.

**Guaranteed issue is the amount of coverage you or your dependents can elect up to without medical questions. Guaranteed issue 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

United Healthcare

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.

401(k) Retirement Savings Plan *

Flagger Force offers a 401(k) plan administered by PennServ Plan Services, including both traditional and Roth options. Employees are eligible to participate after 90 days of consecutive service and full-time status. You can start contributing on the 1st day of the next quarter after becoming eligible. Employees without an existing salary reduction agreement will be automatically enrolled at a 1% deferral rate, with the option to change their deferral rate at any time.

The company will match participants' deferrals at 50% of the first 6% of eligible compensation.

You Choose When to Pay Taxes

Making contributions to the 401(k) plan offers tax benefits. The type of contributions you make—pre-tax, Roth (after-tax) or a combination of the two—will determine when you pay taxes on your contributions. You can:

Pay taxes later. If you make pre-tax contributions to the 401(k) Plan, you will lower your taxes today. The money you contribute, and any earnings will not be subject to income taxes until you withdraw it, likely in retirement.

Pay taxes now. If you make Roth contributions to the 401(k) Plan, you will pay income taxes on the contributions today. You can withdraw your contributions and any earnings tax-free once you have had the account for at least five years and have reached age 59½.

IRS Elective Deferral Limit	2026
Maximum Deferral Limit	$24,500
Catch Up Contributions (Ages 50+)	$8,000
Catch Up Contributions (Ages 60-63)	$11,250

The aspects of the 401(k) plan are subject to change in the future at the Company's discretion.

Employee Assistance Summary of Services

ASSISTANCE by bhs

What is an EAP?

Provided by BHS, your Employee Assistance Program (EAP) provides you and your household members with **free**, **confidential**, **in-the-moment support** to help with personal or professional problems that may interfere with work or family responsibilities.

What Happens When You Call the EAP?

A Care Coordinator (master's level clinician) will confidentially assess the problem, assist with any emergencies and connect you to the appropriate resources. The Care Coordinator may resolve your need within the initial call; assess your need as a short-term issue, which can be resolved by an EAP counselor within the available sessions; assess your need as requiring long-term care and assist with connecting you to a community resource or treatment provider available through your health insurance plan.*

Common Reasons to Call Your EAP

Relationships
- Boss/Co-worker
- Customers
- Friends
- Spouse/Kids

Life Events
- Birth/Death
- Health/Illness
- Marriage/Divorce
- Promotion/Retirement

Risks
- Burnout/Anger
- Depression/Anxiety
- Suicidal thoughts
- Substance abuse

Challenges
- Daily responsibilities
- Financial/Legal
- Parenting
- Stress/Conflict

PROGRAM FEATURES:

Program Cost
This benefit is provided at NO COST* to you and is paid for by your employer.

Confidentiality
BHS follows all federal and state privacy laws. When you speak with us, you can trust that your conversations and information will be kept completely confidential.

Information about your problem cannot be released without your written permission.

Available 24/7
Services are available 24-hours a day, 7-days a week via a toll-free number.

Help is just a phone call away.

Call or text to access services.

800-327-2251

MyBHS Portal

The mobile-friendly MyBHS customer portal provides access to more than 500,000 tools and resources on a variety of well-being and skill-building topics.

Access the MyBHS Portal online or via the app.

portal.BHSonline.com

ID: **FLAGGERFORCE**

Features:

- ✓ Program Information
- ✓ Access to Services
- ✓ Announcements
- ✓ Assessments
- ✓ Café Series Webinars
- ✓ Training Center
- ✓ Calculators
- ✓ Legal Forms
- ✓ News & Tips
- ✓ And more...

BHS

Download on the App Store

ANDROID APP ON Google play

* If you require a referral for long-term treatment, costs may be incurred. These are often covered by your health insurance plan.

Work Life Services

CHILDCARE

BHS provides up-to-date, carefully screened, national resources and referrals for a range of childcare needs including:

- Adoption and Special Needs
- Before and After School Programs
- Family Daycare and Group Homes
- Nanny and Au Pair Services
- Nurseries and Preschools
- Summer Camps

ELDERCARE

BHS provides up-to-date, national resources and referrals for a range of eldercare needs including:

- Home-Based Services: Nutrition, Meals on Wheels, Cleaning and Repair
- Housing: Retirement Communities, Subsidized Housing
- In-Home Care: Medical and Nursing Rehabilitation Services
- Inpatient Services: Nursing Homes, Intermediate Care Facilities, Respite Care and Assisted Living Facilities
- Older Adult Services: Support/ Advocacy Groups, Volunteer Opportunities and Adult Day Care
- Transportation Services

LEGAL

When faced with a legal matter, simply contact BHS and you will be connected to an attorney with expertise specific to your needs. **Legal benefits under the program include:**

- Free 30-minute consultations
- In office or telephonic with local plan providers
- Each consultation must be over a new legal topic
- 25 percent off the attorney's hourly rate when an hourly rate is quoted for services beyond consultation

FINANCIAL

You and your household members can access unlimited telephonic financial counseling, information and education from BHS' team of highly-trained financial counselors. **Typical financial matters include:**

- Budgeting
- College Funding
- Credit Counseling
- Debt Management and Consolidation
- Retirement Funding

Locator Services

LOCATOR

BHS shall provide participants with a resource that allows for searches to be performed based on specific requirements regarding child and eldercare needs. This resource is available through the MyBHS portal.

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 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	express-scripts.com/rx 833.715.0946
Rx – Specialty	Accredo	accredo.com 833.721.1626
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

ALERAGROUP

Benefits Effective September 1, 2026 – August 31, 2027