

A GUIDE TO YOUR Benefits

January 1, 2026 - December 31, 2026



Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire. If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1, 2026 - December 31, 2026.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, or child
- ▶ You lose coverage under your spouse's plan
- ▶ You gain access to state coverage under Medicaid or The Children's Health Insurance Program

Making Changes

To change your benefit elections, you must contact The Benefits Team within 31 days of the qualifying life event. Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to change your elections.

- ▶ For all benefit related changes, please contact us at benefits@valsoftcorp.com

Required Information—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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Enrollment

Go to <https://lfg.benselect.com/enroll/login>

There you will find detailed information about the plans available to you and instructions for enrolling.

Medical

We're proud to offer you a choice of medical plans. The following is a high-level overview of the coverage available through UMR. You can download the UMR app or go to their website www.UMR.com to register. Please be sure to have your UMR medical ID card handy when registering. Once you have registered, you can view in-network providers, pharmacy costs and in-network facilities through the app/website. You can also obtain a digital copy of your medical ID card on your UMR app. To search if your provider is in-network, visit - <https://www.UMR.com/find-a-provider>

Key Medical Benefits	UMR - \$500 PPO Traditional Plan Network Name – UHC Choice Plus		UMR - \$1,500 PPO Traditional Plan Network Name – UHC Choice Plus	
	In-Network Only	Out-of-Network ¹	In-Network Only	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$500 / \$1,000	\$3,000 / \$6,000	\$1,500 / \$3,000	\$3,000 / \$6,000
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$5,000 / \$10,000	\$10,000 / \$20,000	\$6,000 / \$12,000	\$12,000 / \$24,000
Covered Services				
Office Visits (physician/specialist)	\$25 / \$75 copay	50%*	\$25 / \$75 copay	50%*
Virtual Visits	No charge	N/A	No charge	N/A
Routine Preventive Care	No charge	50%*	No charge	50%*
Outpatient Diagnostic (lab/X-ray)	20%*	50%*	20%*	50%*
Complex Imaging	20%*	50%*	20%*	50%*
Chiropractic	20%*	50%*	20%*	50%*
Ambulance	20%*	20%*	20%*	20%*
Emergency Room	\$300 + 20% copay	\$300 + 20% copay	\$300 + 20% copay	\$300 + 20% copay
Urgent Care Facility	\$50 copay	50%*	\$50 copay	50%*
Inpatient Hospital Stay	20%*	50%*	20%*	50%*
Outpatient Surgery	\$75 copay	50%*	\$75 copay	50%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4 (Tier 1 / Tier 2 / Tier 3))				
Retail (31-day supply)	\$10 / \$35 / \$75 / Specialty T1 (\$10) T2 (\$150) T3 (\$350)	If you use a Non-Network Pharmacy, you are responsible for payment upfront.	\$10 / \$35 / \$75 / Specialty T1 (\$10) T2 (\$150) T3 (\$350)	If you use a Non-Network Pharmacy, you are responsible for payment upfront.
Retail / Mail Order (32-90 Day Supply) Cost Per Prescription	\$25 / \$87.50 / \$187.50	If you use a Non-Network Pharmacy, you are responsible for payment upfront.	\$25 / \$87.50 / \$187.50	If you use a Non-Network Pharmacy, you are responsible for payment upfront.

***Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.**
To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs or enrolled in a PPO Plan. See the plan documents for full details.
1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.



Medical (cont'd)

Key Medical Benefits	UMR - \$3,500 HDHP - HSA		UMR - \$6,350 HDHP - HSA	
	In-Network Only	Out-of-Network ¹	In-Network Only	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$3,500 / \$7,000	\$7,000 / \$14,000	\$6,350 / \$12,700	\$12,700 / \$25,400
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$3,500 / \$7,000	\$16,000 / \$32,000	\$6,350 / \$12,700	\$25,400 / \$50,800
Company Contribution to Your Health Savings Account (HSA) (per calendar year; prorated for new hires/newly eligible)				
Individual / Family	\$250 / \$500		\$250 / \$500	
Covered Services				
Office Visits (physician/specialist)	0%*	50%*	0%*	50%*
Virtual Visits	\$54	N/A	\$54	N/A
Routine Preventive Care	No charge	50%*	No charge	50%*
Outpatient Diagnostic (lab/X-ray)	0%*	50%*	0%*	50%*
Complex Imaging	0%*	50%*	0%*	50%*
Chiropractic	0%*	50%*	0%*	50%*
Ambulance	0%*	0%*	0%*	0%*
Emergency Room	0%*	0%*	0%*	0%*
Urgent Care Facility	0%	50%*	0%*	50%*
Inpatient Hospital Stay	0%*	50%*	0%*	50%*
Outpatient Surgery	0%*	50%*	0%*	50%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4)				
Retail (31-day supply)	0%* / 0%* / 0%* / 0%*	If you use a Non-Network Pharmacy, you are responsible for payment upfront	0%* / 0%* / 0%* / 0%*	If you use a Non-Network Pharmacy, you are responsible for payment upfront
Retail / Mail Order (32-90 Day Supply) Cost Per Prescription	0%* / 0%* / 0%* / 0%*	If you use a Non-Network Pharmacy, you are responsible for payment upfront	0%* / 0%* / 0%* / 0%*	If you use a Non-Network Pharmacy, you are responsible for payment upfront

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

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs or enrolled in a PPO Plan. See the plan documents for full details.

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

Health Savings Account

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

Here's how the HSA works:

- ▶ You contribute pre-tax funds to the HSA through automatic payroll.
- ▶ In addition, we will contribute to your HSA; company contribution amounts can be found on the medical overview grid.
- ▶ Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.

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

- ▶ You can withdraw HSA funds, tax free, to pay for qualified health care expenses now or in the future. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

Important Notes:

- ▶ You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, visit www.irs.gov/forms-pubs/about-publication-969
- ▶ For a complete list of qualified health care expenses, visit www.irs.gov/forms-pubs/about-publication-502
- ▶ Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

Employer HSA Contributions

Coverage Level	
Employee Only Medical Election	\$250
Employee Plus Dependent(s)	\$500

If an employee elects a high-deductible health plan, the above amounts are the Valsoft HSA annual contribution.

* The employer contribution counts towards the annual IRS limit.

**These funds will be distributed monthly at the end of each month.

***For those enrolling in benefits after January 1, 2026, your employer contributed HSA funds will be prorated for the remainder of the year.

Dental

We are proud to offer you a dental plan. The following is a high-level overview of the coverage available. To check for in-network providers visit - <https://www.ameritas.com/employee-benefits/find-a-provider/>

Key Dental Benefits	Ameritas Dental – Classic Network	
	In-Network Only	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$25 / \$75	N/A / N/A
Benefit Maximum (per calendar year; Preventive, Basic and Major services combined)		
Per Individual	\$1,000	N/A
Covered Services		
Preventive Services	No charge	N/A
Basic Services	20%	N/A
Major Services	50%	N/A
Orthodontia (Child & Adult)	50%; \$1,000 Max	N/A

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.
*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.
1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Voluntary Benefits

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

Hospital Indemnity Insurance

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

Critical Illness

Most of us don't have an extra \$7,000 ready to spend—and even if we do, we don't want to spend it on medical expenses. Unfortunately, the average cost to treat a critical illness is just that: \$7,000³. But with critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition. You can use this benefit however you like, including to help pay for: treatments, prescriptions, travel, increased living expenses and more.

Accident Insurance

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

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

Vision

We are proud to offer you a vision plan. The following is a high-level overview of the coverage available. To check for in-network providers visit - <https://www.ameritas.com/employee-benefits/find-a-provider/>

Ameritas – EyeMed Insight Network		
Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10	Up to \$35
Materials Copay	\$25	Up to \$55
Lenses (once every 12 months)		
Single Vision	Covered in full	Up to \$25
Bifocal		Up to \$40
Trifocal		Up to \$55
Frames (once every 24 months)	\$150	Up to \$65
Contact Lenses (once every 12 months; in lieu of glasses)	Up to \$150	Up to \$104

Disability

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

Short-Term Disability

Provided at NO COST to you through Lincoln Financial Group.

Benefit Percentage	60%
Weekly Benefit Maximum	\$1,750
When Benefits Begin	After 14th day of disability
Maximum Benefit Duration	11 weeks

Long-Term Disability

Provided at NO COST to you through Lincoln Financial Group.

Benefit Percentage	60%
Monthly Benefit Maximum	\$7,500
When Benefits Begin	After 90th day of disability
Maximum Benefit Duration	Social Security Retirement Age



Life and AD&D

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

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Lincoln Financial Group.

Benefit Amount	
Benefit Amount 1x annual earnings, rounded to the next higher \$1,000	Minimum: \$50,000 Maximum: \$100,000

Supplemental Life/AD&D (Employee-paid)

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

	Benefit Option	Guaranteed Issue ¹
Employee	\$10,000 increments; maximum of \$500,000	\$100,000
Spouse/RDP	\$5,000 increments; maximum of \$250,000; not to exceed 50% of spouse	\$30,000
Child(ren) (Age 6 months-26yrs)	\$2,500 increments	\$10,000
Child(ren) (Age 14 days to 6 months)	\$250	\$250

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

At their INITIAL Enrollment: Employees are GI \$100,000 spouses at \$30,000, no EOI ever asked for on kids.

On subsequent annual limited open enrollments, employees can increase their coverage two increments of \$10,000.

Example: Someone at 0 can move to \$20,000, or someone at \$100,000 can move to \$120,000.

Spouses can increase annually by 2 increments of \$5,000.

Valuable Extras

- EAP – 5 face-to-face or virtual sessions per person, per issue, per year through ComPsych.
- 401 (k)

Flexible Spending Accounts

We provide you with an opportunity to participate in our flexible spending accounts (FSAs) administered by Health Equity. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2026, you may contribute up to \$3,400 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions and Over-the-Counter Drugs
- ▶ Menstrual Care
- ▶ Dental treatment
- ▶ Orthodontia
- ▶ Eye Exams, Materials, LASIK

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Limited-Purpose Health Care FSA (for HSA participants)

If you enroll in the HSA medical plan, you may only participate in a limited-purpose Health Care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.

Dependent Care FSA

For 2026, you may contribute up to \$7,500 (per family) to cover eligible dependent care expenses (\$3,750 if you and your spouse file separate tax returns). Some qualified expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.



FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health Care FSA: Unused funds up to \$680 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$680 will NOT be returned to you or carried over to the following year.

NOTE: If an employee rolls over any unused FSA funds to the new plan year and elects to enroll in the HDHP, they will not be eligible to contribute to an HSA. In order to be HSA eligible, the employee would need to spend all their FSA funds by the end of the plan year.

Dependent Care FSA: Unused funds will NOT be returned to you or carried over to the following year.

You can incur expenses through December 31, 2026, and must file claims by March 31, 2027.

Cost of Benefits

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

Contact Information

Coverage	Carrier	Phone #	Website
Medical	UMR	(800) 826-9781	umr.com
Dental	Ameritas	(800) 487-5553	ameritas.com
Vision	Ameritas	(866) 289-0614	ameritas.com
Health Savings Account (HSA)	Health Equity	(866) 346-5800	healthequity.com
Life/AD&D	Lincoln Financial Group	(800) 423-2765	lincolnfinancial.com
Disability	Lincoln Financial Group	(800) 423-2765	lincolnfinancial.com
Voluntary Plans	Lincoln Financial Group	(800) 423-2765	lincolnfinancial.com
EAP	ComPsych through LFG	(888) 628-4824	guidanceresources.com Username: LFGSupport Password: LFGSupport1

Benefits Website

Our benefits website <https://lfg.benselect.com/enroll/login> can be accessed anytime you want additional information on our benefit programs.

Questions?

If you have additional questions, you may also contact:

Benefits Team
benefits@valsoftcorp.com



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

