



# 2025-26 BENEFIT GUIDE

October 1, 2025 – September 30, 2026



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# BENEFIT ELIGIBILITY

## Who Is Eligible?

The following individuals are eligible to participate in the Company's benefits program:

- Active, full-time employees on the first of the month following 30 days of employment
- Your legally married spouse or domestic partner
- Your dependent children up to age 26
- Your unmarried children aged 26 or older who are mentally or physically disabled and who rely on you for support and care

## Dependent Information for Enrollment

To enroll your eligible dependents in benefits, you must provide their full legal names, Social Security numbers and dates of birth, so keep this information handy when making your benefit elections online. You will also be required to provide a marriage license when enrolling a spouse, birth certificates when enrolling child(ren), medical documentation for a disabled, adult child, and a signed affidavit when enrolling a domestic partner.

# DOMESTIC PARTNER DISCLAIMER

## Is My Domestic Partner Eligible?

Your domestic partner is eligible for coverage under the Company's plans if you meet one of these requirements:

- You have an active registered domestic partnership with a governmental body, or
- You both meet all of the following:
  - Are age 18 or older and legally competent
  - Have cohabitated for at least six months
  - Are not married to anyone else (even if legally separated)
  - Are not related by blood
  - Have financial interdependence, as demonstrated by joint ownership of real estate, bank accounts, mortgage, credit obligations, mutual beneficiary designations or powers of attorney

Dependent children of your domestic partner are also eligible for coverage if they are:

- Unmarried
- Primarily dependent on you or your partner for support
- Living with you (unless waived for student status)
- Meet age, student and incapacity requirements for the plan

## Imputed Income and Tax Implications

If you add a family member to your coverage who is not considered a dependent under federal income tax law, your share of the cost of coverage must be paid on an after-tax basis. Your employer's share of the cost of benefits is also treated as taxable income, which is known as imputed income. The IRS considers health coverage for a domestic partner and/or their children a taxable benefit with imputed income that is subject to federal income tax and any other required payroll taxes.

## Changes in Domestic Partnerships

When enrolling your domestic partner in coverage, you agree that you will notify the Company of any changes in your partnership status that would make your partner and/or their children ineligible for coverage. You must submit a Notice of Change in Domestic Partnership within 30 days of the change. Termination of coverage for domestic partners (and, in some cases, for children of domestic partners) is not a qualifying event for the purpose of continuing coverage under COBRA.

## Required Documentation

Employees wishing to enroll a domestic partner for the first time will need to submit an Affidavit of Domestic Partnership to the Human Resources Department prior to completing their enrollment.



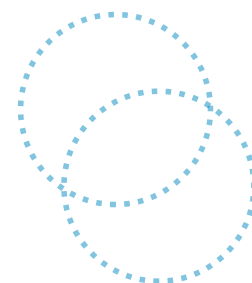
# DEPENDENT VERIFICATION DISCLAIMER

## Dependent Verification Required

If you plan to cover any dependents this year, you will need to provide documentation confirming their eligibility within 30 days of eligibility date. You may be asked to submit proof of dependent status by providing a marriage certificate, birth certificate, tax return, etc. You are responsible for ensuring that any dependents who become ineligible are removed from the Company benefits. Dependents covered under the employee's benefits who are determined to be ineligible, or for whom sufficient proof of eligibility cannot be provided, will be removed immediately. Premiums will not be refunded, and you will be responsible for any claims that may have been paid on their behalf. You may also be subject to corrective action up to and including termination.

## Dependent Information for Enrollment

When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. 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.



# BENEFIT ENROLLMENT

## Enrollment Periods

### Annual Open Enrollment

Each calendar year, the Company conducts an Open Enrollment. This is the time for you to re-evaluate your needs and elect benefit options for the new plan year.

### New Hire and Newly Eligible Employee Enrollment

Newly hired or newly eligible employees must complete their online enrollment within 30 days of their date of hire [or] within 30 days of the date they become eligible.

## Between Enrollment Periods

Generally, once you enroll, you cannot make changes to your enrollment selections until the next Open Enrollment period. You may make changes to your benefit elections outside of the annual Open Enrollment **ONLY** if you experience a Qualifying Life Event (QLE), as defined by the IRS. Benefit changes must also be consistent and made within 30 days of the QLE.

Qualifying life events (QLEs) that may allow you to make benefit changes:

- Change in legal marital status
  - Marriage
  - Divorce, legal separation, annulment
  - Death of your spouse
- Change in your eligibility
  - Taking or returning from a leave of absence
  - Change in work schedule or status that causes a gain or loss of eligibility
  - Change in family member's eligibility
- Change in the number of eligible children
  - Birth, adoption or death of a child
  - Child gains or loses eligibility for coverage under the plan
- They gain a benefit option or lose coverage
  - New coverage choices made during their employer's annual enrollment
  - You or your family member's COBRA coverage from another employer expires
  - You or your family member becomes eligible for or loses Medicare or Medicaid
  - You or your family member loses coverage under a government's or educational institution's plan



[Click here](#) to watch a video about QLEs.





# BENEFIT ENROLLMENT

## 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/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 10/1.

## When Coverage Ends

Medical, dental and vision coverage for you and your family will end on the last day of the month in which your employment with the Company ends or you lose full-time eligibility status.

## When Coverage Ends for Your Children

Your children are eligible for medical, dental and vision coverage until the end of the month in which they turn 26. Life insurance will end when your child reaches age 26 unless the child is disabled and meets certain requirements.

## COBRA

If your health care coverage ends, you and your family may have coverage continuation rights under the federal law known as COBRA. If your coverage terminates, you will be notified of your COBRA rights.



# BENEFIT ENROLLMENT

## Enroll Online

Enrolling in benefits is easy. is available 24 hours a day, seven days a week, so you can visit the site anytime and anywhere you have computer access.

### Step 1:

Visit [Benefits and Payment - SAP NetWeaver Portal \(doe.gov\)](#)

### Step 2:

Be sure to contact Office of Human Resources to add dependents and/ or beneficiaries

### Step 3:

To enroll or waive benefits, start by navigating to the section.

Follow the instruction prompts on each page to enroll or decline your benefit elections.

## After You Enroll

### Save Your Summary

Save or print a copy of your Enrollment Summary after making your coverage selections. Review it thoroughly to ensure that your benefit elections have been recorded correctly.

If there are any errors, contact the HR Department so the necessary corrections can be made. Errors that are not reported by the communicated deadline cannot be corrected. Your next opportunity to correct any errors will be during the next annual Open Enrollment or within 30 days of experiencing a Qualifying Life Event.

### Benefits Website

Our benefits website [Employee Communications - Home \(doe.gov\)](#) can be accessed anytime you want additional information on our benefit programs.

## QUESTIONS?

For questions about any of your benefits, contact:

**Helen Meyer** at [Helen.Meyer@spr.doe.gov](mailto:Helen.Meyer@spr.doe.gov) / 504.734.4268

**Kristie Connelly** at [Kristie.Connelly@spr.doe.gov](mailto:Kristie.Connelly@spr.doe.gov) / 504.734.4350





# HEALTH



# MEDICAL COVERAGE

## PPO

The Preferred Provider Organization (PPO) plan, provided through HighMark, gives you the freedom to seek care from any provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.

A PPO plan relies on a network of health care clinics, hospitals and professionals who have agreed to provide their services at discounted rates. These preferred providers are considered “in-network.” In general, you will pay less for in-network services than you would were you to seek care outside the network.

### How You Pay for Services

- You pay a flat dollar amount—or copay—for covered health care treatments and services, such as doctor’s office visits and prescription drugs.
- Once you satisfy your annual deductible, you will pay a percentage—or coinsurance—of the cost of the visit, and the plan will cover the rest.
- Once you hit your annual out-of-pocket maximum, the plan will cover 100% of the cost of covered services for the rest of the year.

**To find an in-network provider,** [Member Resources | Highmark Blue Cross Blue Shield](#)





# MEDICAL COVERAGE

## HDHP + HSA

The HDHP + HSA (High-Deductible Health Plan + Health Savings Account), provided through HighMark is an insurance plan that typically offers lower premiums and higher deductibles. The highlight of this plan is that it allows you to open an HSA, which is a tax-advantaged personal savings account that lets you save pre-tax dollars to pay for any qualified health-related expenses (state taxation rules may apply). This includes most medical care and services, prescriptions, dental, vision and expenses related to meeting the plan's deductible. For a complete list of qualified health-related expenses, visit [Publication 502](#).

**For more information on the HSA, see page 19 in this benefit guide.**

Individuals with HDHPs normally pay a lower amount each month but pay more on their yearly medical expenses before their insurance policy begins paying. You can visit any doctor, hospital or other health care provider you want, with greater cost savings in-network.

### How You Pay for Services

- You pay the full cost of non-preventive health care services and prescription drugs until you meet the annual deductible. The deductible is waived for in-network routine preventive care services and medications on the preventive drug list.
- The HDHP includes copays for prescription drugs only. You must meet the annual deductible before prescription copays apply.
- Once you meet the annual deductible, you pay a percentage of your health care expenses (coinsurance), and the plan pays the rest.
- Once your deductible and coinsurance add up to the out-of-pocket maximum, this plan pays the full cost of all qualified health care services for the rest of the year.

**To find an in-network provider, [Member Resources](#) | [Highmark Blue Cross Blue Shield](#)**



# MEDICAL COVERAGE

Following is a high-level overview of your medical plan options. For complete coverage details, please refer to the Summary Plan Description (SPD). **Note:** The deductibles and out-of-pocket maximums are per plan year.

Key Benefits	PPO		HDHP+HSA	
	In-Network	Out-of-Network <sup>1,2</sup>	In-Network	Out-of-Network <sup>1,3</sup>
<b>Deductible</b> (Individual/Family)	\$750/\$2,250	\$1,500/ \$4,500	\$1,650/ \$3,300	\$3,500/ \$6,000
<b>Out-of-Pocket Max</b> (Individual/Family)	\$3,800/ \$8,650	\$7,300/ \$16,400	\$4,250/ \$8,500	\$9,000/ \$17,000
<b>Office Visits</b> (physician/specialist)	\$25 Copay	50%, after deductible	80%, after deductible	50%, after deductible
<b>Virtual Visits</b>	\$15 Copay	N/A	80%, after deductible	N/A
<b>Routine Preventive Care</b>	100%, deductible waived	50%, after deductible	100%, deductible waived	50%, after deductible
<b>Outpatient Diagnostics Services</b>	90%, deductible waived	50%, after deductible	80%, after deductible	50%, after deductible
<b>Pathology/Laboratory</b>	80%, after deductible	50%, after deductible	80%, after deductible	50%, after deductible
<b>Advanced Imaging</b> (MRI, CAT, PET)	80%, after deductible	50%, after deductible	80%, after deductible	50%, after deductible
<b>Ambulance</b>	80%, after deductible	80%, after in-network deductible	80%, after deductible	50%, after deductible
<b>Emergency Room</b>	\$100 Copay (waived if admitted)	\$100 Copay (waived if admitted)	80%, after deductible	50%, after deductible
<b>Urgent Care Facility</b>	\$25 Copay	50%, after deductible	80%, after deductible	50%, after deductible
<b>Inpatient Hospital Stay</b>	80%, after deductible	50%, after deductible	80%, after deductible	50%, after deductible
<b>Outpatient Surgery</b>	80%, after deductible	50%, after deductible	80%, after deductible	50%, after deductible

Coinsurance percentages and copay amounts 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.
2. The deductible is embedded. This means that once a family member meets their individual deductible, the plan will begin to pay coinsurance for that family member. The out-of-pocket maximum is embedded. This means that, once an individual family member meets their out-of-pocket maximum, that individual's expenses are covered at 100%.
3. The deductible is non-embedded. This means that all family members contribute to the family deductible. The plan will begin to pay coinsurance once the total family deductible is satisfied. The out-of-pocket maximum is non-embedded. This means that all family members contribute to out-of-pocket maximum. The plan will pay 100% after the family out-of-pocket has been met.



# PREVENTIVE CARE

## What is Preventive Care?

Regular preventive care can help you stay well, catch problems early on and may be potentially lifesaving. The ACA requires that certain preventive care services are provided for no cost, copayment or coinsurance. All medical plans cover preventive care services like screenings, immunizations and exams. When you visit in-network providers, you don't have to worry about any out-of-pocket costs for preventive care services. If you use an out-of-network provider, a deductible and out-of-network expenses may apply.

### Preventive vs. Diagnostic Care

Preventive care is generally precautionary. For example, if your doctor recommends having a colonoscopy because of your age or family history, this would be considered preventive care. But if your doctor recommends a colonoscopy to investigate symptoms you're having, this would be considered diagnostic care, and your plan cost share will apply.



[Click here](#) to watch a video about preventive care.



# VIRTUAL VISITS

## Carrier: Teladoc

Our telehealth program is a convenient and cost-effective way to get quick medical advice by phone, online or on your mobile device about many non-emergency conditions. It's just one more way our organization invests in you and your family.

### Why Use Telehealth?

#### *It's Convenient*

Long wait times at the ER, urgent care center or doctor's office are an unfortunate reality for many. Whether you are at home or work or on the road, a medical professional is available 24/7/365 so you can get the care you need when and where it's convenient for you. Even better: There is no time limit to the consult, giving you plenty of time to ask questions and resolve your issue.

#### *It's Easy to Use*

A telehealth medical professional is never more than a phone call, click or tap away! Call 800-TELADOC or visit [www.Teladoc.com/highmark](http://www.Teladoc.com/highmark)

### *Get Care in Minutes*

It takes just a few minutes to set up your medical history online. Once you submit a request, it often takes less than 10 minutes for a doctor to call you back.

### *Common Reasons to Call*

- Allergies
- Anxiety issues
- Back problems
- Bronchitis
- Cold and flu symptoms
- Ear infections
- Diarrhea or constipation
- Headaches and migraines
- Rash and skin problems
- Sore throat and stuffy nose
- Sprains and strains
- Urinary tract infections



[Click here](#) to watch a video about how telehealth works.



# PRESCRIPTION COVERAGE

## Retail Pharmacy

When you fill a prescription at a participating retail pharmacy, you may purchase up to a 30-day supply. At the participating pharmacy, you will need to present your ID card and an applicable payment. Most major pharmacies are in our plan's pharmacy network. To find a participating pharmacy near you, visit [Find Care - Find a Provider | Highmark](#).

## Specialty Program

With a rare or complex medical condition (e.g., cancer, hepatitis, hemophilia, rheumatoid arthritis or HIV), the appropriate use of specialty medications can be critical to maintaining or improving a patient's health and quality of life. We use the HighMark Pharmacy program to make these medications accessible and cost effective for plan members. It provides focused, specialized support to individuals with complex medical conditions that often require multiple specialty medication therapies.

## Save Money on Medications

### Ask for Generic Drugs

You can save money by asking for generic drugs. The FDA requires that generic drugs have the same high quality, strength, purity and stability as brand-name drugs. The next time you need a prescription, ask your doctor to prescribe a generic drug if it is available and appropriate.

### Use Mail Order

If you require regular medication for a long-term or chronic condition, such as arthritis or diabetes, you can save money by using your plan's mail-order service.

Key Benefits	PPO		HDHP+HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Retail Pharmacy up to 31-day supply</b>				
Tier 1- Generic	\$15 Copay	Not Covered	20%, after deductible	Not Covered
Tier 2- Preferred Brand	\$45 Copay	Not Covered	20%, after deductible	Not Covered
Tier 3- Non-Preferred Brand	\$95 Copay	Not Covered	20%, after deductible	Not Covered
<b>Mail Order Pharmacy up to 90-day supply</b>				
Tier 1- Generic	\$37.50 Copay	Not Covered	20%, after deductible	Not Covered
Tier 2- Preferred Brand	\$112.50 Copay	Not Covered	20%, after deductible	Not Covered
Tier 3- Non-Preferred Brand	\$237.50 Copay	Not Covered	20%, after deductible	Not Covered



# DENTAL COVERAGE

## PPO

The dental Preferred Provider Organization (PPO) plan, provided through MetLife, offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the MetLife network.

To find an in-network provider, log in to [www.metlife.com/dental](http://www.metlife.com/dental).

Following is a high-level overview of your dental plan options. For complete coverage details, please refer to the Summary Plan Description (SPD). **Note:** The deductibles and annual benefit maximums are per plan year.

Key Benefits	PPO	
	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (Individual/Family)	\$50/ \$150	\$50/ \$150
<b>Annual Benefit Maximum</b> (per person)	\$1,500	\$1,500
<b>Preventive Services</b>	100%, deductible waived	100%, deductible waived
<b>Basic Services</b>	80%, after deductible	80%, after deductible
<b>Major Services</b>	50%, after deductible	50%, after deductible
<b>Orthodontic Services</b> Employee, Spouse, and Child up to age 26	50% up to \$1,500 lifetime max	50% up to \$1,500 lifetime max

Coinsurance percentages and copay amounts 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.



# VISION COVERAGE

## Vision Plan

Your eyesight is an integral part of your overall health and a key component of safety. This plan, provided through VSP gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the VSP network. If you decide to use an out-of-network provider, you will pay the provider in full at the time of your appointment and submit a claim form for reimbursement up to the amount allowed by the plan.

Receiving benefits from a network provider is as easy as making an appointment with the provider of your choice from the list of providers. The provider will coordinate all necessary authorizations you supply in your membership information.

Special discounts are offered on non-covered services, such as an additional pair of glasses, special lens options and LASIK.

To find an in-network provider, log in to [www.vsp.com](http://www.vsp.com).

Following is a high-level overview of your vision plan options. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Benefits	Vision Care
	In-Network
<b>Exam</b> (once every 12 months)	\$20 Copay, *Eligible to all full-time employees, even if vision coverage is waived
<b>Materials Copay</b>	
<b>Frames</b> (once every 24 months)	\$20 Copay, then \$200 allowance and 20% off remaining balance
<b>Lenses</b> (once every 12 months)	
Single Vision	\$20 Copay
Bifocal	\$20 Copay
Trifocal	\$20 Copay
<b>Contact Lenses</b> (in lieu of glasses; once every 12 months)	
Medically Necessary	\$20 Copay
Elective	\$120 allowance, Copay does not apply



# WEALTH



# HEALTH SAVINGS ACCOUNT (HSA)

The HDHP features an HSA provided through HighMark. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

## How the HSA Works

- You contribute pre-tax dollars through automatic payroll deductions or make after-tax contributions that are deductible when you file your taxes.
- The Company contributes the following amounts annually to your HSA account to help it grow:
  - Employee only coverage: \$750
  - Employee + dependent(s) coverage: \$1250
- You may change your contributions at any time throughout the year.
- You can withdraw HSA funds tax free to pay for current qualified health care expenses, or save them for the future, also tax free. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

## Contribution Limits

Coverage Tier	2025	2026
Individual	\$4,300	\$4,400
Family	\$8,550	\$8,750
Catch-up Contributions	\$1,000	\$1,000



[Click here](#) to watch a video about HSA limits.





# HEALTH SAVINGS ACCOUNT (HSA)

## Key Features of the HSA

### Triple-Tax Advantage

- You contribute funds pre-tax through convenient payroll deductions. This means the money comes out of your paycheck before income tax is calculated. So, you get to keep a bigger portion of your paycheck.
- HSA funds grow tax free, and unused funds roll over year to year. So, the more you save, the more your account will grow—just like a bank savings account.
- If you need to use your HSA funds, you can withdraw them tax free to pay for qualified health care expenses now and in the future—even in retirement.

### Control

You own and control the money in your HSA. You decide how or whether you want to spend it. You can use it to pay for doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

### Investment Opportunities

Once you reach and maintain a minimum threshold, you can make investments to help your money grow tax free.

### Savings Potential

Your HSA is like a “health care 401(k).” There is no “use it or lose it” rule. Your account grows over time as you continue to roll over unused dollars from year to year.

### Portability

Your HSA is yours for life. The money is yours to spend or save, even if you change health plans,<sup>1</sup> retire or leave the organization.

## Qualified Health Care Expenses

- Qualified medical, dental and vision expenses not covered by the plans, as defined by the IRS in [Publication 502](#)
- COBRA premiums
- Qualified long-term care insurance and expenses
- Health insurance premiums when receiving unemployment compensation
- Medicare and retiree health insurance premiums (not Medicare Supplement premiums)
- Medigap insurance premiums

## Important Notes

- You must meet certain eligibility requirements to have an HSA: You a) must be at least 18 years old, b) must be covered under a qualified HDHP, c) must not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, please refer to IRS [Publication 969](#)
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.



[Click here](#) to watch a video about how an HSA works.



# FLEXIBLE SPENDING ACCOUNTS (FSAs)

The flexible spending accounts (FSAs), provided through HighMark are tax-advantaged accounts that can help you cover certain qualified out-of-pocket expenses. Each account works in much the same way but has different eligibility requirements, list of qualified expenses and contribution limits. You may choose to enroll in the following accounts.

	Health Care FSA (HCFSA)	Dependent Care FSA (DCFSA)
Eligibility Requirements	You must be benefits eligible; enrollment in an HCFSA disqualifies you from making or receiving HSA contributions	Available to all employees
Examples of Qualified Expenses	<ul style="list-style-type: none"><li>• Coinsurance</li><li>• Copayments</li><li>• Deductibles</li><li>• Dental treatment</li><li>• Eye exams/eyeglasses</li><li>• LASIK eye surgery</li><li>• Orthodontia</li><li>• Prescriptions</li></ul>	<ul style="list-style-type: none"><li>• Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers</li><li>• Care of household members who are physically or mentally incapable of caring for themselves and who qualify as your federal tax dependent</li></ul>
Annual Contribution Limit	\$3,300	<b>2025:</b> \$5,000 per family (or \$2,500 each if you are married and file separate tax returns)

## Important FSA Rules

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

- **You must enroll each year to participate.**
- **HCFSA:** “Use-It” or “Lose It”: Unused funds are forfeited. Unused funds will **not** be returned to you or carried over to the following year.
- **DCFSA:** Unused funds will NOT be returned to you or carried over to the following year.



[Click here](#) to watch a video about how an FSA works.



[Click here](#) to watch a video comparing an HSA and an FSA.



# 401(K) RETIREMENT SAVINGS ACCOUNT

According to experts, you should aim to have 70–80% of your pre-retirement income saved by the time you retire. With help from the 401(k) provided through **Charles Schwab**, you can help secure your financial future. Whether retirement is decades away or just around the corner, the time to save for retirement is today.

## The Basics

- The 401(k) is a tax-advantaged savings account that lets you save money for retirement.
- You can contribute either pre-tax or after-tax tax funds through automatic payroll deductions.
- You can then invest your funds through a mix of stocks, bonds and cash to help your account grow faster.
- How much you can contribute depends on the annual limits set by the IRS. Catch-up contributions are also allowed if you are age 50 or older. See the chart below for details.
- You will be automatically enrolled with a 6% salary deferral; however, you may decline participation.

## Employer Match and Vesting

To help the account grow, we match your contributions as outlined in the following chart:

	2025 Contribution Amount	2026 Contribution Amount
<b>Your Contributions</b>	70% of base salary (subject to IRS limits).	70% of base salary (subject to IRS limits).
<b>Employer Match: (Immediately 100% vested)</b>	\$1 for every dollar you contribute up to 5% of your eligible pay	\$1 for every dollar you contribute up to 5% of your eligible pay
<b>Catch-up Contribution</b> (if age 50+)	\$7,500	\$TBD
<b>Catch Up Contribution</b> (if age 60-63)	\$11,250	\$TBD
<b>Annual Contribution Limit</b>	\$23,500	\$TBD
<b>Maximum Possible Contribution</b> (if age 50+/60-63)	\$31,000	\$TBD

## Roth 401(k) Option

In addition to the traditional 401(k), the Company also offers a Roth 401(k) option. Unlike a traditional 401(k), you contribute after-tax funds, which means the money you put into the account has already been taxed. Once you retire, any withdrawals you make from your account are tax free, provided:

- The withdrawal is a qualified distribution.
- You've held the account for at least five years.
- The withdrawal is made due to a disability, on or after your death or once you turn age 59 ½.



[Click here](#) to watch a video about how a retirement plan works.

# LIFE INSURANCE

Life insurance, provided through New York Life provides your named beneficiaries with a benefit following your death, while accidental death and dismemberment (AD&D) insurance provides a benefit to you following a covered accident that leads to dismemberment (such as the loss of a hand, foot or eye). Should your death occur due to a covered accident, both the life benefit and the AD&D benefit would be payable.

## Basic Life and AD&D (employer-paid)

Coverage Tier	Benefit Amount
Employee	2 x your pay up to a maximum of \$300,000

## Supplemental Life and AD&D (employee-paid)

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

Coverage Tier	Benefit Amount	Guaranteed Issue Amount
Employee	5 x your pay up to a maximum of \$500,000	\$250,000
Spouse	50% of Employee coverage up to \$250,000	\$30,000
Child(ren)	100% of Employee Coverage up to \$10,000	\$10,000

## IMPUTED INCOME

Imputed income is the value of non-monetary compensation or benefits provided to you by the company, such as health insurance premiums and life insurance coverage. Even though these benefits are not received in cash form, they are considered part of your overall compensation package and are subject to taxation.

Under federal tax law, if the total coverage of your company-paid basic life insurance is more than \$50,000, the premium paid for the coverage above \$50,000 is considered imputed income and will be added to your W-2 earnings. You must pay federal, state and Social Security taxes on this amount.



[Click here](#) to watch a video about how life insurance works.

**Note:** During your initial eligibility period, you can secure coverage up to the Guaranteed Issue limits without the need for Evidence of Insurability (EOI, or information about your health). Please note that coverage amounts requiring EOI will only go into effect once the insurance carrier approves them.

# DISABILITY INSURANCE

Disability insurance, provided through New York Life, provides benefits that replace part of your lost income when you cannot work due to a covered illness or injury.

## Short-Term Disability

### Provided at NO COST to you/ Buy-Up Option

Benefit	Core: 60% of base salary Buy-Up: 66.67% of base salary
Maximum weekly benefit	Core: \$750 Buy-Up: \$1,750
When benefit begins	After 7 days of disability
When benefit ends	25 weeks

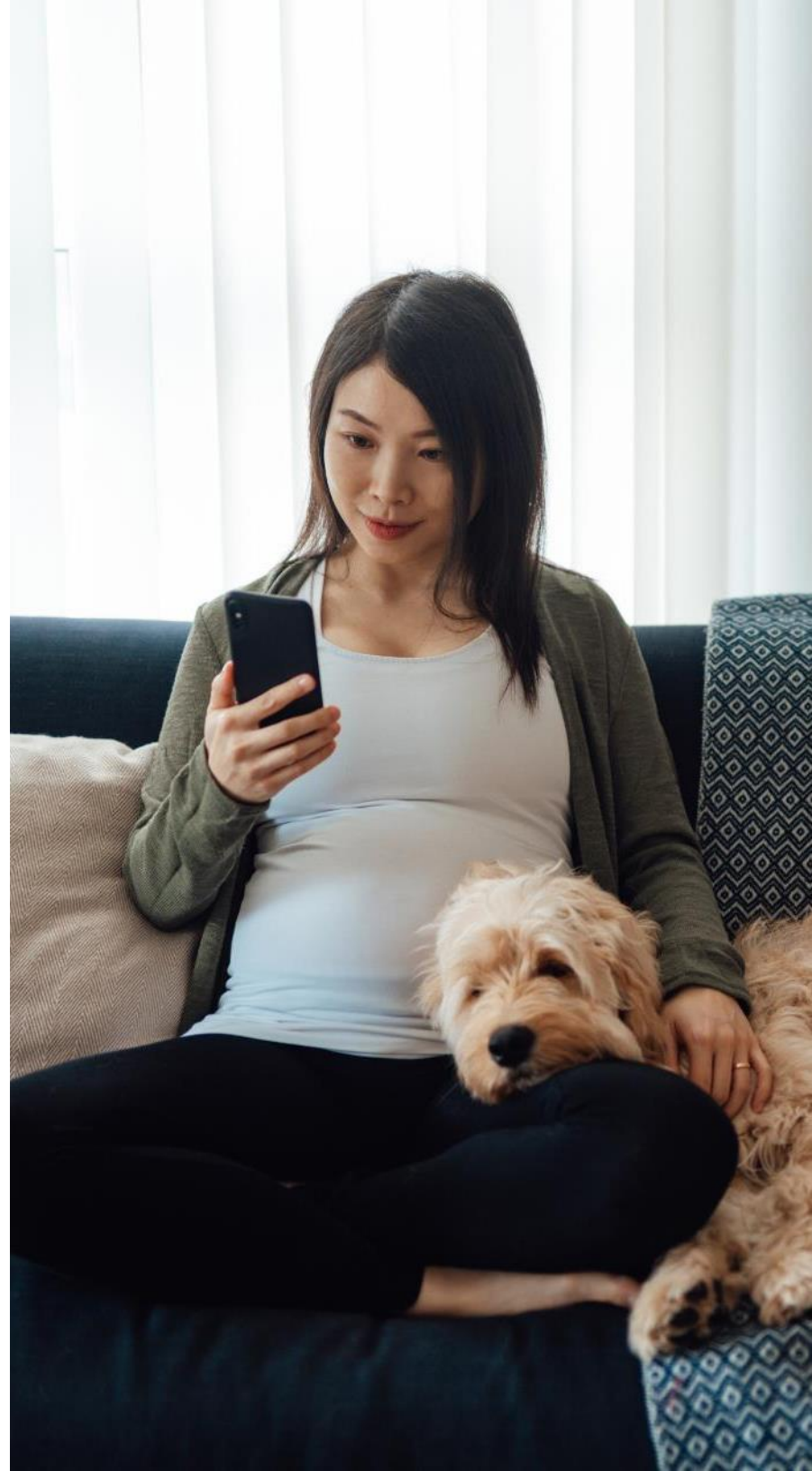
## Long-Term Disability

### Provided at NO COST to you

Benefit	60% of base salary
Maximum monthly benefit	\$12,500
When benefit begins	After 180 days of disability
When benefit ends	25 weeks



[Click here](#) to watch a video about how disability insurance works.





# EMPLOYER PAID WITH BUY-UP OPTION

## Identity Theft Protection

Your identity is made up of more than your Social Security number and credit score. It includes the trail of data you leave behind from financial transactions, as well as what you share on social media. That's why we offer identity theft protection, provided through [MetLaw Aura Protection Plus](#) for you and your family members. This benefit is paid at 100% for the employee with option to purchase coverage for your family.

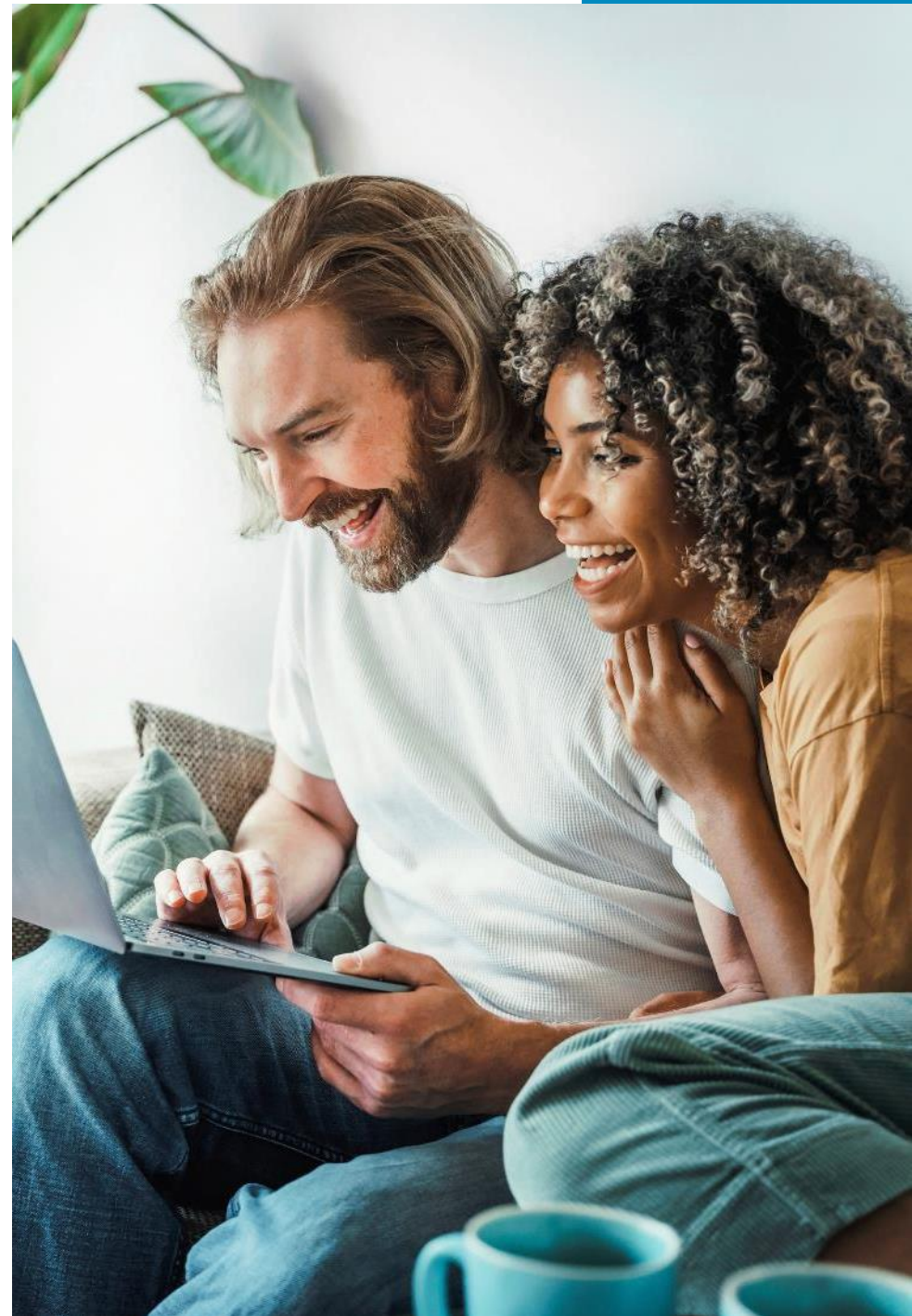
### Features

- \$5 million ID theft insurance
- Dark web monitoring
- High-risk transaction monitoring
- Social media monitoring
- IP address monitoring
- Lost wallet protection
- Credit monitoring and alerts
- Data breach notifications
- Stolen 401(k) and HSA funds reimbursement

## QUESTIONS?

To learn more, visit [Identity & Fraud Protection for the Federal Family \(metlife.com\)](#)

For questions, contact Aura @ 844.931.2872





# VOLUNTARY BENEFITS

## Accident Insurance

Accident insurance, provided through [CIGNA](#) 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 treating a broken leg can cost thousands of dollars. When your medical bill arrives, you'll be relieved you have accident insurance on your side.

Accident insurance pays a fixed cash benefit directly to you when you have a covered accident-related injury, like a sprain or bone fracture. Examples of covered expenses include:

- Doctor's office visits
- Diagnostic exams
- Broken leg rehab treatment
- Physical therapy sessions

### Accident Insurance in Practice (for illustration purposes only)

<b>Situation</b>	Abed broke his leg in a bike accident.
<b>Covered Benefits</b>	<ul style="list-style-type: none"><li>• Doctor's office visits</li><li>• Diagnostic exams</li><li>• Broken leg rehab treatment</li><li>• Physical therapy sessions</li></ul>
<b>Total Benefit Paid Directly to Employee</b>	\$4,250



[Click here](#) to watch a video about how an accident plan works.





# VOLUNTARY BENEFITS

## Critical Illness Insurance

About half of U.S. adults report being unable to pay an unexpected medical bill of \$500 without going into debt.<sup>1</sup> With critical illness insurance provided through [CIGNA](#) you won't have to. This benefit provides a fixed, lump-sum cash benefit directly to you when you are diagnosed with a covered health condition such as a heart attack or stroke. You can use this benefit however you like, including to help pay for:

- Increased living expenses
- Prescriptions
- Travel expenses
- Treatments

### Critical Illness Insurance in Practice

<b>Situation</b>	Britta had a heart attack while raking leaves.
<b>Covered Benefits</b>	Heart attack diagnosis
<b>Total Benefit Paid Directly to Employee</b>	\$20,000



[Click here](#) to watch a video about how a critical illness plan works.

1. Kaiser Family Foundation. "Americans' Challenges with Health Care Costs." Kaiser Family Foundation, [www.kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs](https://www.kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs).



# VOLUNTARY BENEFITS

## Auto Insurance

Home and auto insurance, provided through **Farmers**, is designed to help prepare you and your family for the unexpected. Auto insurance protects you against monetary loss in the event of an accident or theft.

### QUESTIONS?

To learn more or for questions contact:

Farmers: 800.438.6381 discount code: DOU

## Pet Insurance

We believe every pet deserves the best health care. And while you can't predict when your pet might get sick or hurt, you can be prepared with pet insurance. **Nationwide** reimburses you for eligible veterinary expenses so you can focus on helping your pet stay healthy—not on what it costs.

### QUESTIONS?

To learn more, visit [www.petsnationwide.com](http://www.petsnationwide.com)

For questions, contact Nationwide @ 877.738.7874





# VOLUNTARY BENEFITS

## Legal Assistance

Dealing with legal issues can be daunting, but thanks to the legal assistance plan provided through [MetLaw](#) you don't have to waste time looking for the right attorney or spend a fortune on legal fees.

The legal plan provides you, your spouse and eligible dependents with fully covered legal services from experienced attorneys. Receive legal services for a wide range of personal matters such as:

- Criminal matters
- Debt
- Divorce
- Estate planning
- Family
- Real estate
- Small claims court
- Taxes

## QUESTIONS?

To learn more, visit [www.members.legalplans.com](http://www.members.legalplans.com)

For questions, contact MetLaw @ 800.821.6400

## Features

- **In-Office Services** — You will receive access to a nationwide network of credentialed attorneys who can advise and represent you.
- **Telephone Advice** — You can call a network attorney for unlimited legal advice to help prepare documents, letters or a will.
- **Online Resources** — Turn to online tools and useful information to learn more about legal issues and create legally valid documents on your own.





# WELLBEING







# EMPLOYEE ASSISTANCE PROGRAM (EAP)

Life is full of challenges, and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The Employee Assistance Program (EAP) is provided at NO COST to you through [Curalinc](#).

The EAP can help with the following issues, among many others:

- Mental health
- Relationships
- Substance use
- Child and eldercare
- Grief and loss
- Legal or financial issues

## EAP Benefits

- Assistance for you and your household members
- Up to 5- sessions with a counselor per event, per year, per individual
- Unlimited toll-free phone access and online resources

## QUESTIONS?

To learn more, visit [www.supportlinc.com](http://www.supportlinc.com) group code: ffpo  
For questions, contact Curalinc @ 888.881.5462



[Click here](#) to watch a video about how an EAP works.





# TIME OFF

## Vacation

You will accrue time off each pay period. Vacation Leave can be used at the employee's discretion for vacation, personal appointments or other circumstances that will require an employee to be away from work.

Full-time employees will accrue 80 hours of Vacation Leave each year during their 1<sup>st</sup>- 5<sup>th</sup> year(s) of employment. Accruals will increase based on tenure until 200 hours are reached at 15 years of service.

Years of Service	Annual Accrual	Pay Period Accrual	Maximum Accrual
First Payroll	80 hours	3.1 hours	80 hours
5 <sup>th</sup> Year	120 hours	4.6 hours	120 hours
10 <sup>th</sup> Year	160 hours	6.2 hours	160 hours
15 years	200 hours	7.7 hours	200 hours

## Personal/Sick Leave

All employees who are hired prior to June 30<sup>th</sup> will receive a lump sum of 80 hours of Personal/ Sick Leave and an additional 80 hours each January 1<sup>st</sup>, up to a cap of 1000 hours. All employees who are hired on or after July 1<sup>st</sup> will receive a lump sum of 40 hours of Personal/ Sick Leave and an additional 80 hours each January 1<sup>st</sup>, up to a cap of 1000 hours.

Years of Service	Lump Sum	Maximum Accrual
Hired on or after 7/1	40 hours	1000 hours
Hired prior to 6/30	80 hours	1000 hours
Each January 1	80 hours	1000 hours







# PERKS



# PREVENTION AND MANAGEMENT

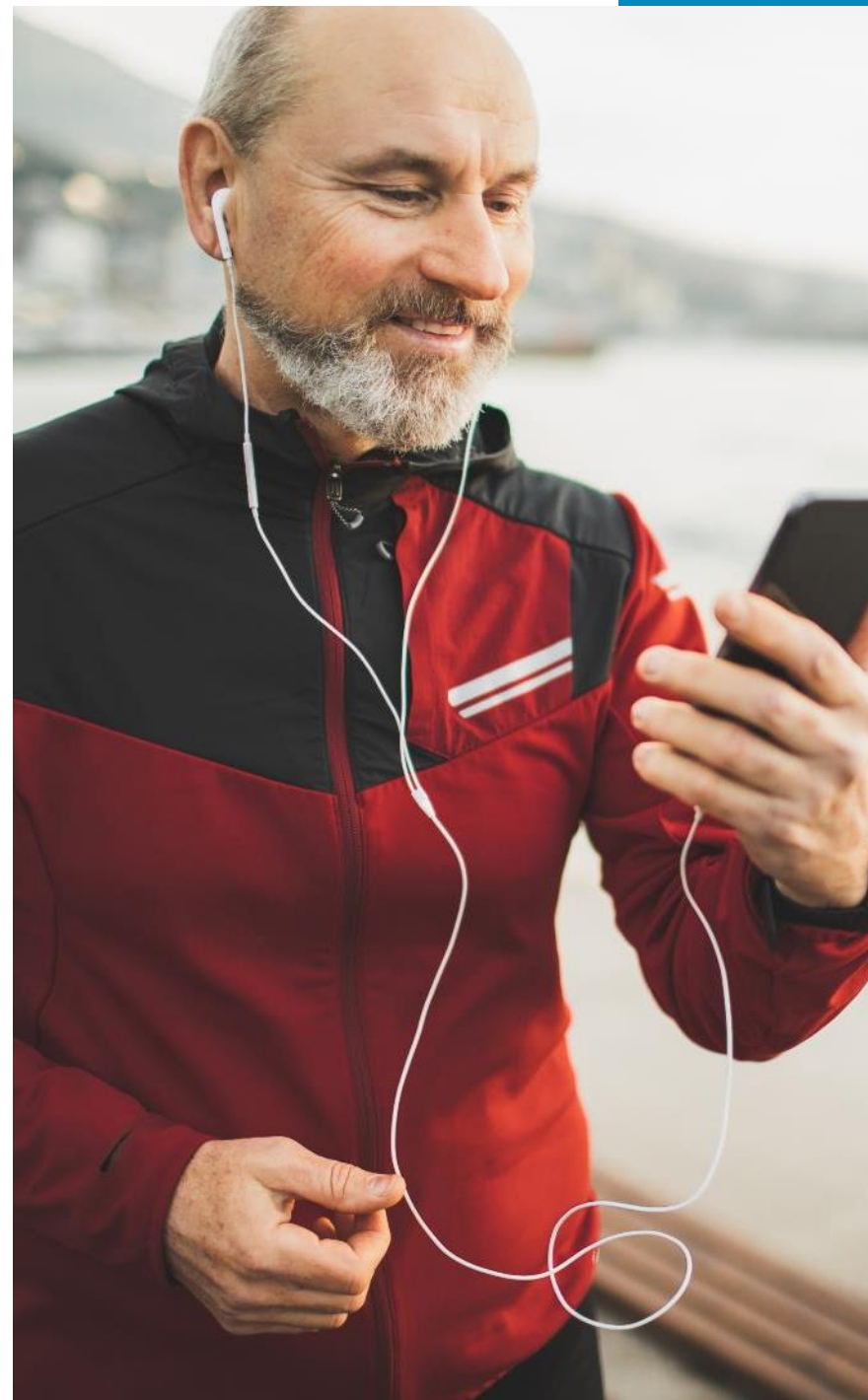
## Livongo

This program is available to employees enrolled in either the PPO or HDHP medical plan. Livongo supports people diagnosed with type 1 or type 2 diabetes, people at risk for getting type 2 diabetes, people with high blood pressure and more. These programs are available at no cost to you.

Resources and support will depend on which program(s) you are enrolled in:

- **Diabetes:** Enrollees get an advanced blood glucose meter, unlimited strips, personalized tips, 24/7 support for out-of-range readings and shareable reports. Talk to a certified diabetes educator to discuss blood sugar, nutrition, meal planning and more.
- **Hypertension:** Take charge of your health with a connected blood pressure monitor, personalized tips after every reading, shareable reports and coaching that's tailored to you.
- **Weight and a Healthy Lifestyle:** Enrollees get a connected scale that automatically sends data to your Livongo app. Build healthy habits with in-app challenges and interactive digital lessons. Connect with a coach to discuss healthy eating, weight loss and more.

Getting registered for Livongo is easy and only takes a few minutes. You can call 800-945-4355 or visit the website at [join.livongo.com/ffpo](https://join.livongo.com/ffpo). To start the process, simply answer a few questions about your health to see if you qualify for the program. If you do qualify, you will be mailed a Livongo welcome kit with instructions on how to get started.





# MEDICARE GUIDANCE

## HUB Medicare Advocacy

The HUB Senior and Individual Team Medicare advocacy service is available at no cost to you and your family members who are approaching Medicare eligibility and/or who are already Medicare eligible. HUB can:

- Answer basic questions about Medicare coverage and enrollment
- Provide guidance on how to avoid late enrollment penalties and coverage gap pitfalls, including COBRA
- Compare current coverage to Medicare and explain the differences between the two
- Provide retiree benefits counseling
- Help individuals shopping for Medicare Supplement Plans, Advantage Plans and Part D

For more information or to get started, call Jane D'Angelo @ 504.620.4715 or email [Jane.Dangelo@hubinternational.com](mailto:Jane.Dangelo@hubinternational.com).





# RESOURCES





# BENEFIT SPOT

## Benefits Information on the Go

With Benefit Spot, you can access your benefits anytime, anywhere, even when away from work.

Use Benefit Spot to:

- Access your Benefits Guide
- Watch educational videos
- Find benefit contact information
- Estimate costs for common health care procedures
- And more.

Download the app by searching “Benefit Spot” in the Apple App Store or Google Play or scan the QR code below.

When you launch the app, enter company code **FFPO** to access your plan information. (**Note:** The company code is case-sensitive.)



# IMPORTANT CONTACTS

Benefit	Carrier	Group Number	Phone Number	Website/Email
Medical Plan—PPO	HighMark	014335-10, 80	800.241.5704	<a href="http://www.Highmark.com">www.Highmark.com</a>
Medical Plan—HDHP	HighMark	014355-30, 90	800.241.5704	<a href="http://www.Highmark.com">www.Highmark.com</a>
Dental Plan	MetLife	121225-1-G	800.942.0854	<a href="http://www.metlife.com/dental">www.metlife.com/dental</a>
Vision Plan	VSP	12296557	800.877.7195	<a href="http://www.vsp.com">www.vsp.com</a>
Group Life	New York Life	FLX-965534	800.362.4462	<a href="http://www.newyorklife.com">www.newyorklife.com</a>
Group AD&D	New York Life	OK-967112	800.362.4462	<a href="http://www.newyorklife.com">www.newyorklife.com</a>
Short Term Disability	New York Life	FLK-960747	888.842.4462	<a href="http://www.newyorklife.com">www.newyorklife.com</a>
Long Term Disability	New York Life	LK-963834	888.842.4462	<a href="http://www.newyorklife.com">www.newyorklife.com</a>
Critical Illness	CIGNA	960273	800.754.3207	<a href="http://www.cigna.com">www.cigna.com</a>
Accident Insurance	CIGNA	960724	800.754.3207	<a href="http://www.cigna.com">www.cigna.com</a>
Long Term Care	UNUM	117025	800.277.4165	<a href="http://www.unum.com">www.unum.com</a>
EAP	Curalinc	609-1305 Grp Code: ffpo	888.881.5462	<a href="#">SupportLinc</a>
Auto Insurance	Farmers	7422861 Grp Code: DUO	800.438.6381	<a href="#">GroupSelect Auto and Home Insurance : Farmers Insurance</a>
Pet Insurance	Nationwide	Individual	877.738.7874	<a href="#">Fluor Federal Petroleum Operations LLC / FFPO (petinsurance.com)</a>
Legal	MetLaw	6091305	800.821.6400	<a href="#">Legal Plans   MetLife</a>
Identity Theft	Aura	Individual	844.931.2872	<a href="#">Identity Theft and Fraud Protection Insurance Plans (metlife.com)</a>

## ANNUAL NOTICES

Click here [Legal Notices - AllItems \(doe.gov\)](#)

## BENEFIT SUMMARIES

Click here [Medical Insurance - AllItems \(doe.gov\)](#)