

Benefits Guide: December 1, 2025 - November 30, 2026

VanderHouwen & Associates, Inc. offers you a comprehensive benefits program with many options, designed to meet your needs and the needs of your family. Below, you will find a summary of VanderHouwen's Medical, Dental, Vision, Basic Life and AD&D, Short Term Disability, Long Term Disability, HSA and Voluntary Benefits.

Even if you waive medical, dental and/or vision benefits you will be enrolled in Basic Life and AD&D, this is an employer paid benefit.

Have a question? Check in with us at hr@vanderhouwen.com

Benefits Roundup

If you are working full-time (minimum weekly hours 30), eligibility for benefits begins the first of the month following 30 days from your hire date. You'll be eligible to enroll in the following benefits:

- Medical Insurance (including HSA qualified medical plan)
- Dental Insurance
- Vision Insurance
- Basic Life/AD&D Insurance
- Voluntary Short and Long-Term Disability Insurance
- Health Savings Account (HSA)
- Voluntary Supplemental Benefits (critical illness, hospital confinement and accident insurance benefits).

Eligible Dependents

Your spouse, *domestic partner and children under age 26 are eligible to enroll. If you cover a domestic partner imputed income calculations apply.

***Domestic Partner (DP) Contributions:** Your contributions to cover a DP are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your DP's or DP's children's (if they are not federal tax dependents) healthcare coverage will be taxable to you as imputed income. This value is determined by the amount that The Company pays in premium for DP coverage. This amount raises your taxable gross income. Also, the payroll deductions to cover an DP must be taken on an after-tax basis.

Enrollment Process

The following steps will guide you through the enrollment process:

1. Carefully review the plan information in the benefit enrollment guide and all other plan materials posted to Flock (helloflock.com)
2. Consider the needs of any dependents you may have. If you have a partner, review the coverage currently offered through their employer to avoid costly duplicate coverage.
3. Enrollment takes place through Flock, our web-based benefits portal. Please contact hr@vanderhouwen.com if you haven't already received an invitation to enroll.

Changing Your Coverage

Make your benefit elections carefully, including the choice to waive coverage. Your pre-tax elections will remain in effect until the next annual open enrollment period unless you experience an IRS-approved qualifying change in status. Qualifying change in status events include, but are not limited to:

- Marriage, divorce or legal separation
- Death of spouse or other dependent
- Birth or adoption of a child
- A spouse loses coverage under another employer group medical health plan
- A spouse becomes eligible for coverage under another employer group medical health plan
- A dependent's eligibility status changes due to age
- You or your spouse are covered under a group health plan and experience a change in work hours
- Relocation into or outside of your plan's service area

Open Enrollment

Unless you experience a qualifying event, you'll only be allowed to make changes to your benefit elections during open enrollment. Open enrollment takes place in October, elections are effective December 1, 2025.

Medical Benefits | United Healthcare | myuhc.com

You are offered a choice of two medical plans. Here is a summary of your plan options.

Medical Plan	Plan 1 – EK7M Select Plus PPO	Plan 2 – HSA EAQ6 Nexus ACO
In Network Coverage Highlights		
Plan Type	Traditional PPO Plan	High Deductible PPO Health Plan
HSA Eligible	No	Yes
Network	Select Plus	Nexus ACO Tiered Network
Wellness Rewards	Core Rewards	Core Rewards
Calendar Year Deductible		
Individual	\$4,000	\$6,000
Family	\$8,000	¹ \$12,000
Out of Pocket Maximum		
Individual	\$8,500	\$8,000
Family	\$17,000	*\$16,000
Office Visits		
		Tier 1 / Tier 2
Preventive	Covered in Full	Covered in Full
Primary Care	\$25 Copay	Deductible then 20% / 40%
Specialist Care	\$50 Copay	Deductible then 20% / 40%
Physical Therapy	\$25 Copay	Deductible then 20%
Virtual Visit (Teledoc)	\$0 Copay	Deductible then \$0 Copay
Mental Health	\$25 Copay	Deductible then 20%
* Alternative Care (chiro/acupuncture)	\$25 Copay	Deductible then 20%
Urgent Care	\$50 Copay	Deductible then 20%
Outpatient Service		
Lab Testing (Freestanding / Outpatient)	\$25 Copay / \$60 Copay	Deductible then 20%
X-Ray Services (Freestanding / Outpatient)	\$75 Copay / \$100 Copay	
	Deductible then 30% / \$200 Copay +	Deductible then 20%
Advanced Imaging (Freestanding / Outpatient)	Deductible then 20%	
Surgery and Scopic Procedures (Freestanding / Outpatient)	Deductible then 30% / \$350 Copay +	Deductible then 20% / 40%
	Deductible then 20%	
Inpatient Services		
Hospital Stay Including Maternity	30% After Deductible	Deductible then 20% / 40%
Emergency Room Services		
	30% After Deductible	Deductible then 20%
Ambulance – Emergency		
	30% After Deductible	Deductible then 20%
Prescription Drugs		
	Essential Formulary	Essential Formulary
Tier 1	\$5	Medical Deductible then \$5
Tier 2	\$50	Medical Deductible then \$65
Tier 3	\$120	Medical Deductible then \$125
Tier 4	\$250	Medical Deductible then \$250
Out of Network Coverage		
All Services	Separate deductible and out of pocket maximum apply	Separate deductible and out of pocket maximum apply
Contributions		
	Employee	Employee
	Per Pay Period (Semi-Monthly)	Per Pay Period (Semi-Monthly)
Employee	\$293.56	\$127.12
Employee + Spouse	\$880.79	\$504.64
Employee + Child(ren)	\$703.69	\$390.46
Family	\$1,216.34	\$720.36

Pharmacy codes: Tier 1 = lower cost, Tier 2 = Mid-range cost brand, Tier 3 and 4 = Highest cost, includes Specialty

Acupuncture and chiropractic care limited to 12 / 20 visits, respectively, per year.

1 HSA annual deductible: no one in the family is eligible for benefits until the family deductible is met.

* HSA out-of-pocket maximum: All individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but an individual will not have to pay more than the individual out-of-pocket maximum of \$8,000.

Medical Benefits Cont'd



Medical Plan Member Portal | uhc.com

UHC has a robust member portal that allows you to view detailed medical coverage information, confirm deductible and out of pocket maximum accumulators and access cost transparency tools that allow you to understand the cost of medical care and prescription drugs. You can also confirm if a provider participates in your network and locate Freestanding Facilities and Designated Diagnostic Providers. When you access diagnostic services like lab, X-ray and advanced imaging services you'll pay significant less out of pocket when you obtain care through Freestanding Facilities and Designated Diagnostic Providers. These providers help protect members from higher, unjustified costs for outpatient lab and major imaging services while maintaining access to quality, safe and efficient providers. These benefits are a part of a strategy to lower overall healthcare costs.

Interested to learn which services are covered in full under your preventive care benefit? Find out here:

uhc.com/health-and-wellness/preventive-care



Prescription Drugs | Rx Formulary

An Rx formulary is the list of drugs covered by your health plan. You can search your formulary, and confirm cost of a medication, as well as possible lower cost alternatives at

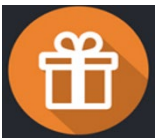
member.uhc.com/myuhc.

Locate your nearest in-network pharmacy where you can obtain a fast, no cost, flu vaccine at: uhc.com/health-and-wellness/health-topics/flu-shots



Telemedicine | Teledoc

This benefit is embedded in your medical plan and gives you and your covered family members 24/7/365 access to Physicians who can diagnose, treat and prescribe medication, when necessary, via phone or secure video for many acute medical conditions. This program also includes access to Licensed Therapists and Behavioral Health Providers for online therapy sessions. You can access this benefit through your United Healthcare member portal, member.uhc.com/myuhc



Wellness Rewards | UHC Core Rewards

UHC Core Rewards is a voluntary wellness program available to adult members covered under the medical plan. You can earn up to \$300 in rewards through activities such as tracking steps, getting your annual preventive care check-up, taking a health survey and getting a biometric screen (screening for diabetes and cholesterol). Rewards are added to a pre-paid debit card or deposited into an HSA.

Reward dollars are issued quarterly. Register for Rewards: member.uhc.com/myuhc

Dental Benefits | United Healthcare | uhc.com

You and your family can enroll in dental insurance. Good dental care improves your overall health. Dental coverage helps you maintain a healthy smile through regular preventive dental care and offers to fix problems as soon as they occur. You'll save money when you use a network provider. To find an in-network provider, visit: myuhcdental.com and search for providers under the National Options PPO 30 Network.

Avoid surprise bills, when you need extensive dental care services ask your dentist to submit a pre-treatment estimate to your dental insurer. You'll receive a clear statement of coverage, prior to obtaining services.

Dental Plan Options		National Options PPO 30 In-Network / Out of Network	
Network	National Options PPO 30		Out of Network
Annual Deductible	\$50 (3x Family)		
Annual Benefit Maximum	\$1,500 per member		
Preventative (cleanings, exams)	Covered in Full, Preventive Care Services do not Accumulate toward your annual benefit maximum. (Deductible Waived)	20%	Covered in Full (up to 90% UCR), Preventive Care Services do not Accumulate toward your annual benefit maximum. (Deductible Waived)
Basic (fillings, root canals)	After Deductible	50%	After Deductible (up to 90% UCR)
Major (crowns, bridges, dentures)	50% after deductible	50%	after deductible (up to 90% UCR)
Dental Implants	Covered under Major Services	50%	Covered under Major Services
Orthodontia (Child Only < 19)	up to a Lifetime Maximum of \$2,000 per child	50%	up to a Lifetime Maximum of \$2,000 per child
Contributions	Employee Per Pay Period (Semi-Monthly)		
Employee	\$23.51		
Employee + Spouse	\$48.43		
Employee + Child(ren)	\$49.30		
Family	\$79.89		

When you seek treatment out-of-network services, you'll pay applicable coinsurance plus any amount that exceeds the usual, customary and reasonable (UCR) charge. UCR is based on the 90th percentile, this means that 90 percent of dentists in a given area charge this fee or less.

100% Employee Paid

Vision Benefits | United Healthcare | vsp.com

VSP members have access to the largest, national, network of vision providers in the country. Choose a network private practice eye doctor or a conveniently located national vision care provider. Find an in-network provider at vsp.com.

Vision Plan - VSP Signature	In-Network
Eye Exam	\$10 Copay
Eyeglass Lenses / Frames	\$25 Copay; then \$130 Frame Allowance
Frames	\$25 Copay; then \$200 Allowance
Contact Lenses	\$130 Allowance
Contact Lens Fitting	Included
Frequency of Services	
Exams / Lenses / Frames / Contacts	Every 12 Months Exam and Lenses / Every 24 Months Frames Coverage is limited out of network, please refer to detailed benefit summary for coverage details
Out of Network Coverage	
Contributions	Employee
	Per Pay Period (Monthly)
Employee	\$6.00
Employee + Spouse or 1 Child	\$9.60
Employee + Children	\$9.80
Family	\$15.80

100% Employee Paid

Health Savings Account (HSA) | Optum Bank | optumbank.com

A Health Saving Account (HSA) is a way for you to save pre-tax dollars that can be used to pay for qualified health care expenses like deductibles, copays, coinsurance, prescriptions, vision and dental expenses. The funds are deducted via payroll and are deposited into the HSA account for future use. In order to contribute to an HSA, you must be enrolled in VanderHouwen High Deductible Health Plan (HSA EAQ6 Nexus ACO).

Who contributes to an HSA?

- Anyone enrolled in an HSA qualified HDHP Plan

How much can I contribute to an HSA?

- Employee only coverage: \$4,300 in 2025 / \$4,400 in 2026 per calendar year
- Employee plus dependent coverage: \$8,550 in 2025 / \$8,800 in 2026 per calendar year
- If you are 55 or older, you can make an additional annual catch-up contribution of \$1,000

Who cannot contribute to an HSA?

- If you are age 65 or older and enrolled in Medicare
- If you have health coverage under another medical plan that is not a high deductible plan
- If you or your spouse have a Full Purpose FSA, including FSA participants with a carryover balance.

Basic Life and AD&D | Mutual of Omaha

VanderHouwen provides eligible employees with Basic Life and Accidental Death and Dismemberment benefit through Mutual of Omaha at no cost to you. This benefit is \$25,000 for employees, \$3,000 for spouse and \$2,000 per child. In order to have life insurance benefits for spouse and kids, you must list them as dependents in Flock. Be sure to update your beneficiary information, in Flock, any time a change needs to be made.

100% Employer Paid

Voluntary Supplemental Life and AD&D | Mutual of Omaha

If you need additional life insurance beyond what is provided by VanderHouwen you may buy supplemental life and AD&D insurance at a discounted rates that you may not be able to secure on your own. The charge below describes the amounts of coverage you can buy for yourself, your spouse and your child(ren).

The best time to apply is when you are first eligible for coverage, you can take advantage of guarantee issue amounts. If you apply at a later date you will need to complete evidence of insurability (e.g. health statement). All amounts over guarantee issue will require evidence of insurability.

Benefit Features	Voluntary Life and AD&D Options		
	Employee	Spouse	Dependent Child(ren) (birth to age 26)
Coverage Options	Increments of \$10,000	Increments of \$5,000	Increments of \$2,000
Maximum	Up to 5 x your annual earnings up to \$300,000	Up to 100% of your benefit up to \$50,000	Up to 100% of your benefit up to \$10,000
Guarantee Issue Amount	\$150,000	\$30,000	\$10,000
Guarantee Issue Period		Available to new hires	
Benefit Reductions		Begin at age 65	

When deciding how much voluntary life and AD&D coverage to buy, consider the following three factors:

1. How much will your dependents need to pay debts, such as mortgage, care loan, or credit card balances?
2. How much do your dependents need to maintain their current standard of living?
3. What kinds of future would you like to provide for your dependents or others who depend on you for financial support?

100% Employee Paid

Voluntary Short and Long Term Disability | Mutual of Omaha

If you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income.

If you apply for Short and Long Term Disability insurance when you are first eligible for coverage, you will not be subject to evidence of insurability (EOI). If you choose to apply at a later date, during open-enrollment, coverage is subject to submitting EOI.

Short-Term Disability Benefits:

- Benefit Waiting Period: 14 Days Injury or Sickness
- Monthly Benefit Percentage: 60%
- Maximum Monthly Benefit: \$1,000
- Maximum Benefit Period: 11 weeks

Long-Term Disability Benefits:

- Benefit Waiting Period: 90 Days or the date your short-term disability benefits end
- Monthly Benefit Percentage: 60%
- Maximum Monthly Benefit: \$6,000
- Substance Abuse / Mental Disorder Limitation: 24 months
- Own Occupation Definition: 2 Years
- Maximum Benefit Period: Social Security Normal Retirement Age
- Pre-Existing Condition Limitation Period: 3 month look-back / 12 month exclusion

100% Employee Paid

Voluntary Supplemental Benefits | Mutual of Omaha

Voluntary supplement benefits can enhance your existing coverage. These are limited benefit policies; the benefits are paid directly to you. These benefits can help you pay for out-of-pocket medical expenses, household bills and travel expenses associated with medical care.

Policy Options	Coverage
Accident Insurance	Helps offset medical costs associated with unexpected medical expenses
Critical Illness Insurance	Supplements major medical coverage
Hospital Confinement Insurance	Supplements major medical coverage

100% Employee Paid

This is intended as a convenient summary of the major points of benefit plans. This does not cover all provisions, limitations, and exclusions. The official plan documents, policies and certificates of insurance govern in all cases and are available for your inspection at any time.

Benefit Acronyms, Terms and Definitions

We have included a list of acronyms and definitions of frequently used terminology to help you wade through the extensive information available to you. For more definitions, see <https://www.healthcare.gov/sbc-glossary/>

- **AD &D:** Accidental Death and Dismemberment
- **DP:** Domestic Partner
- **HDHP:** High Deductible Health Plan that is HSA Qualified
- **HSA:** Health Saving Account
- **LTD:** Long Term Disability
- **PPO:** Preferred Provider Organization
- **STD:** Short Term Disability
- **Balance Bill:** When a health care provider bills a patient for the difference between what the patient's health insurer chooses to reimburse and what the provider chooses to charge. Balancing billing occurs when a member sees an out of network provider.
- **Copay:** A fixed dollar amount that you pay for covered health care services, usually paid at the time of service.
- **Coinsurance:** Your share of the costs of a covered service, calculated as a percent of the allowed amount for the service. For example, if the plan's allowed amount for an overnight hospital stay is \$1,000, and your coinsurance is 20%, your out of pocket cost is \$200. This amount may be different if you have not met your deductible yet. You are responsible for coinsurance until you have reached your plan's out of pocket max.
- **Deductible:** A fixed dollar amount that you must pay out of pocket for covered services before the plan pays.
- **Emergency care:** Care received at a hospital emergency room for life-threatening conditions
- **Freestanding facilities:** An in-network facility providing medical or medically related clinic outpatient services or clinic off-site services. The facility is not part of, or related to, a hospital.
- **In network:** Any provider or facility participating in the carrier's network. Your out of pocket expenses are lower when you utilize providers and facilities that are in network. You can locate a list of in network providers on the insurance carrier's website.
- **Out of network:** Any provider or facility not participating in your plan's network. Your out of pocket expenses will be higher and you may be responsible for filing claims as well.
- **Out of pocket maximum:** The maximum dollar amount that you will pay in a year for most covered services. Once you reach this maximum, your plan will pay 100% of covered services. This number may be different for in network and out of network providers.
- **Premium:** The dollar amount paid monthly to secure your plan's coverage.
- **Preventative care:** Office visits and tests designed to prevent disease instead of treating symptoms. In network preventative care is generally covered at 100%.
- **Urgent care:** Care for sudden illnesses or injuries that are serious but not life threatening. Helpful when care is needed quickly to prevent problems that are more serious or pain from developing.
- **Virtual Visit:** A broad term that encompasses all ways to access healthcare providers remotely through solutions such as video, audio or instant messaging. Virtual visits can be used to manage quick, on-demand health care needs such as flu, coughs, bronchitis, sinus infections and UTI's.