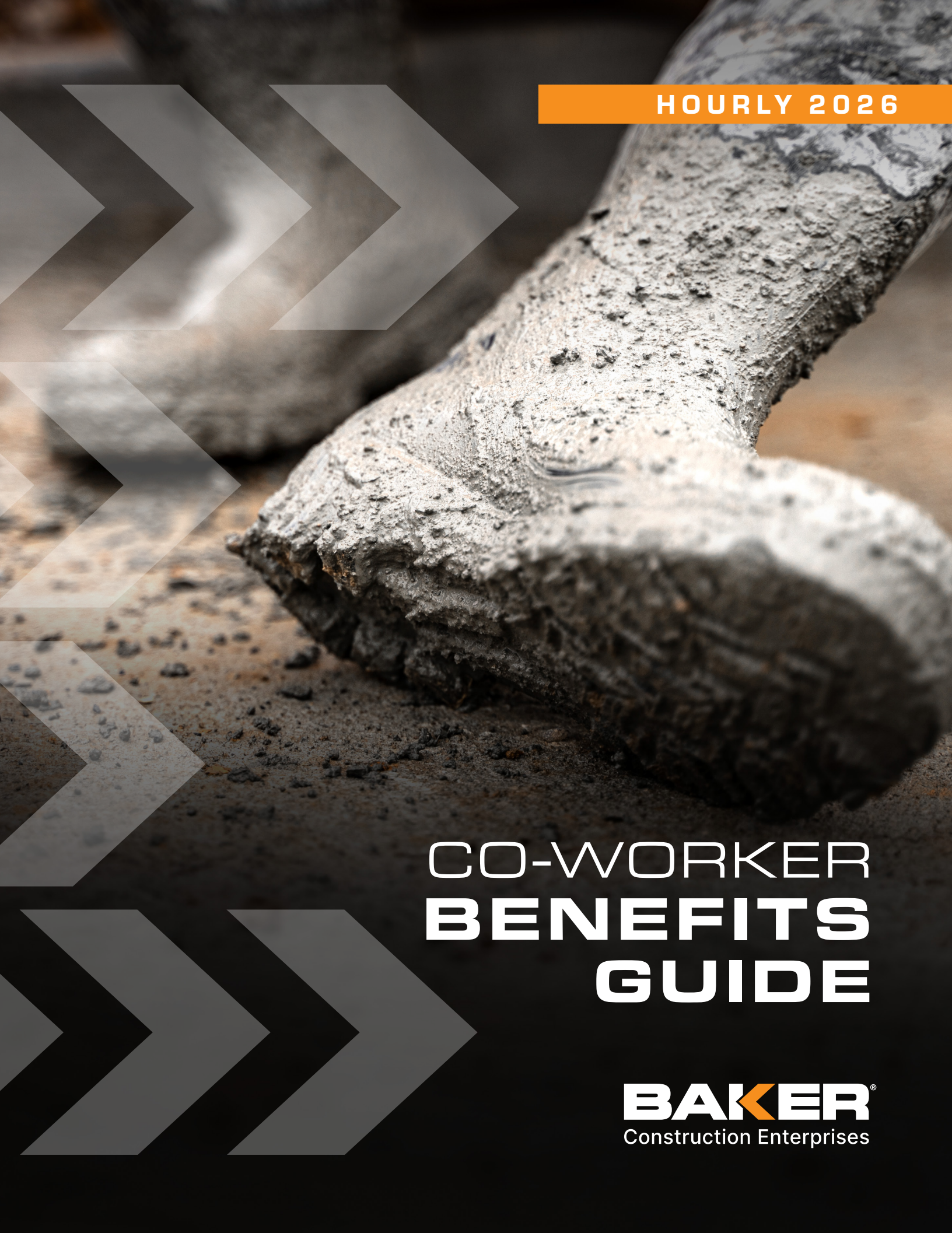

HOURLY 2026

# CO-WORKER BENEFITS GUIDE

BAKER®
Construction Enterprises

BAKER®
Construction

# 2026
# Hourly Benefits Guide

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# Welcome

## Co-worker Benefits Guide For the 2026 Plan Year

At Baker Construction Enterprises, we know our greatest investment is you. That's why we're proud to offer a benefits package designed to support your well-being—on and off the job. From health and financial protection to resources for your family, these benefits reflect our ongoing commitment to co-worker satisfaction, retention, and care.

Keep this guide handy—it gives you a quick overview of what's available and how to use your benefits. While it's not your official Summary Plan Description (SPD), you can access the full SPD at BakerBenefits.com or request a copy from the Benefits Team. If there's ever a difference between this guide and the Plan Document, the Plan Document will always take precedence.

## Stay Connected. Stay Informed.

**Sharing your email helps us keep you connected**—to your benefits, safety updates, company news, and co-worker resources. With a current email on file, you'll receive timely reminders, important announcements, and tools to help you make the most of your Baker experience. You'll also get direct access to BakerBenefits.com and Sofia, your virtual benefits assistant, so you never miss a deadline, update, or opportunity to make the best decisions for you and your family. Don't miss out—make sure your email is up to date so you stay informed and supported year-round.  You can add/update your email at BakerBenefits.com.

# BENEFIT CONTACT INFORMATION

| | |
|---|---|
| **UMR** | Medical Group #: 76-430091<br>www.umr.com<br>800.837.3711 Main<br>888.268.7281 Claims |
| **Imagine 360** | MEC Medical Plan<br>www.imagine360.com<br>800.827.7223 |
| **Garner Health** | Medical Reimbursement Program<br>www.GetGarner.com then click sign-in<br>866.761.9586<br>M-F 8a-8p EST Eng/Esp |
| **Optum Rx** | Prescription Drugs<br>www.optumrx.com/mycatamaranrx.com<br>800.334.8134 |
| **Level 2 Diabetic Care** | Free continuous glucose monitors, access to nutritionists and health coaches<br>www.mylevel2.com/care<br>844.302.2821 |
| **Delta Dental of Ohio** | Dental Group #: 26909334<br>www.deltadentaloh.com<br>800.524.0149 |
| **EyeMed** | Vision Group #: 1008914<br>www.eyemed.com<br>866.800.5457 |
| **The Hartford** | Life, Vol Accident, Vol Illness<br>Policy #: 883325<br>866.547.4205<br>**For life claims, family members should call Benefits at 513- 539-4016* |
| **Health Equity** | Flexible Spending Account (FSA) and Health Savings Account (HSA)<br>www.healthequity.com<br>1.866.346.5800<br>1.877.472.8632 for Claims or FAX to 801.999.7829 |
| **ComPsych** | Coworker Assistance Program<br>www.guidanceresources.com<br>800.964.3577<br>Company Name: ABILI<br>Company ID: HLF902<br><br>*Additional Resources available in the Guide on page 9* |
| **Fidelity** | 401(k)<br>Plan# 33969<br>www.netbenefits.com<br>1.800.835.5095 |

# WHAT'S NEW/IMPORTANT INFORMATION FOR 2026

**THIS WILL BE AN "ACTIVE" OPEN ENROLLMENT, MEANING, YOU MUST ACTIVELY ENROLL FOR YOUR BENEFITS TO BE EFFECTIVE IN 2026. YOUR 2025 BENEFITS SELECTIONS *WILL NOT* ROLL OVER INTO 2026.**

- Open Enrollment 2026 will run from 10/27/25 – 11/7/25. Benefits you enroll in will be available to you on 1/1/26. See information below on how to enroll.
- We are excited to roll out our new benefits enrollment platform, BenefitSolver! All enrollments should be done through the website www.bakerbenefits.com. More information on logging in is included in the attached flyer "Enrollment Guide with Decision Support." The new system includes "Sofia," a helpful assistant to guide you through your enrollment process.
- Be sure to carefully review your beneficiary(ies).
- Please provide a valid email address for improved communication from the system. All information is provided from the system via email, so this is a very important step. Adding/updating your email can be done on BakerBenefits.com.
- Termination of Benefits – just a reminder, when you terminate with the Company, your benefits will terminate on the same date as your termination from the company. For instance, if you terminate on 3/5/2026, your benefits will also end on 3/5/2026.
- We are very proud to announce that there will be no increases in coworker weekly deductions for dental and vision plans.
- Type 2 Diabetics are encouraged to enroll in our FREE Level 2 Program. You will receive free continuous glucose monitoring equipment and have access to Nutritionists and Specialists!
- The Garner Plan will continue for 2026. When you choose higher quality doctors, you may receive reimbursements on your health plan costs! This is a GREAT opportunity to pay less out of pocket for your care.
- All plan designs remain the same for 2026.
- Reminder: If you are under a court order to cover your child(ren) under your insurance, you must include them in your enrollment. They will be added to your plan(s) as dictated by the court order.

## How to Enroll/Change/Waive 2026 Benefits

You'll enroll in your benefits online through BakerBenefits.com—our new platform designed to make the process easy, mobile-friendly, and personalized to your needs. There is also an app available called "My Choice." See the back cover for more information.

### STEP 1: Register & Log In

1. Visit BakerBenefits.com and click the Register button.
2. Enter the company key: Baker (case-sensitive).
3. Create your username and password and verify your personal details.
4. Log in and set up your Multi-Factor Authentication (MFA) preferences. You'll use this process each time you return to the site.

Returning user? Click Trouble Logging In? to reset your details.

### STEP 2: Explore Your Options

Browse the site to learn about your coverage options. You'll find helpful tools in the Reference Center, and a countdown on the Home page will show how many days you have left to enroll.

### STEP 3: Start Your Enrollment

- Click Start Here to begin.
- Review your personal info and add or update dependents. Be ready with:
  - Full legal name
  - Social Security number
  - Birth date
  - Supporting documents for certain relationships (e.g., marriage or birth certificates).

Sofia, your virtual benefits assistant, is available 24/7 to help guide you through enrollment. You'll find her on BakerBenefits.com and in the MyChoice® mobile app.

**STEP 4: Choose Your Benefits**

- If you know what you want, select I Know What I Want to walk through each plan option.
- Need help? Use the I'd Like Help Choosing Plans tool to get personalized plan recommendations based on your needs.

**STEP 5: Finalize Your Elections**

- Review your elections, dependents, and beneficiaries carefully.
- Click Approve, then I Agree to finish.
- You'll receive a confirmation number and can print your Benefit Summary for your records

# ELIGIBILITY & ENROLLMENT

## Who's Eligible for Benefits?

At Baker, we believe in building a strong foundation—starting with you. If you're a full-time co-worker working at least 30 hours per week, you're eligible to enroll in our benefits program.

As an hourly co-worker, your benefits will begin on the 1st of the month after completing 2 months of continuous service. You must work at least 130 hours in each of those 2 months. You have until the end of that month to enroll, but please enroll ASAP.

**Important Note** Even if you wait until the end of your enrollment window, your benefit deductions will still be owed retroactively. If any deductions are missed, you'll be responsible for catching up over the following weeks through payroll.

**If employment terminates, benefits will end on the same day as your termination date with the Company.**

## Eligible dependents include:

You can extend your Baker benefits to eligible family members. Here's who qualifies for coverage:

- **YOUR LEGAL SPOUSE** – as defined by the state where you live.
  Note: If your spouse has access to employer-sponsored medical and/or dental coverage, they are not eligible to enroll in Baker's medical or dental plans. Common-law spouses are not eligible, even if recognized in your state.
  REQUIRED DOCUMENTATION: A marriage license (if not previously submitted) and a joint financial document dated within the last 60 days (such as a household bill, tax return, or bank statement showing both names).
- **YOUR DEPENDENT CHILD(REN) UNDER AGE 26** – regardless of student or marital status.
  REQUIRED DOCUMENTATION: Birth certificate (if not previously submitted). For dependents who turn age 26, coverage ends on the last day of the month in which the child turns 26.
- **YOUR DEPENDENT CHILD(REN) AGE 26 AND OLDER** – only if they are mentally or physically disabled and meet eligibility criteria.

  REQUIRED DOCUMENTATION: Verification of disability status.

## Open Enrollment:

Open Enrollment is the period of time each year to make changes to your benefits. You can change plans as well as add or drop dependent coverage, provided all eligibility requirements are met. Any changes made during Open Enrollment must remain in place until the following Open Enrollment period unless you experience a Life Event/Status Change.

Benefits elections will remain in effect and cannot be changed or revoked until an affirmative election is made during an Open Enrollment period or on account of and consistent with a status change.

**You must notify HR within 60 days of the Life Event/Status Change to make a change in your benefits elections.**

**THIS WILL BE AN "ACTIVE" OPEN ENROLLMENT, MEANING, YOU MUST ACTIVELY ENROLL FOR YOUR BENEFITS TO BE EFFECTIVE IN 2026. YOUR 2025 BENEFITS SELECTIONS *WILL NOT* ROLL OVER INTO 2026.**

## Life Event/Status Change:

You will be deemed to have a life event/status change and be eligible for a mid-year plan change if:

- Your marital status changes;
- Your number of dependents changes through birth, adoption, or death of a dependent;
- Gain or loss of eligibility under a plan offered by your spouse's or dependent's employer or Medicaid or Medicare;
- Your dependent satisfies or ceases to satisfy the requirements for coverage under the Plan due to attainment of age, student status, or similar circumstance;
- A court order requires that your child receive health coverage under this plan.

## Co-worker Weekly Payroll Deductions

### 2026 Co-worker Weekly Payroll Deductions

| | Copper Plan | | | | Bronze Plan | | | | Silver Plan | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Coverage Level | Single | Single+ Child(ren) | Single+ Spouse | Family | Single | Single+ Child(ren) | Single+ Spouse | Family | Single | Single+ Child(ren) | Single+ Spouse | Family |
| **Medical** | $23.26 | $39.55 | $48.85 | $69.78 | $31.97 | $54.37 | $67.15 | $95.96 | $109.79 | $186.64 | $230.55 | $329.36 |
| **Dental** | $1.70 | $3.97 | $3.42 | $6.18 | $1.70 | $3.97 | $3.42 | $6.18 | $1.70 | $3.97 | $3.42 | $6.18 |
| **Vision** | $1.67 | $3.58 | $3.35 | $5.73 | $1.67 | $3.58 | $3.35 | $5.73 | $1.67 | $3.58 | $3.35 | $5.73 |

# MENTAL STRENGTH RESOURCES

Use of any service provided below is confidential and will not be shared with the Company.

## Your Hub for Mental Strength and Total Well-being

At Baker, strength means more than muscle—it means the courage to speak up, show up, and support one another. Mental strength is a key part of how we build what matters, and we want you to know: **YOU'RE NEVER ALONE.**

Visit www.BakerBenefits.com for access to all your benefits—including mental strength support, physical wellness, financial tools, and more.

Need help navigating your options? Chat with **Sofia**, your virtual benefits assistant, 24/7.

Let's end the stigma. Together. At Baker, asking for help is a sign of strength—and we're here to back you every step of the way.

## Immediate Help: 988 Suicide & Crisis Lifeline (Available to Anyone)

If you or someone you know is in crisis, call or text 988 anytime. This free, confidential resource is available 24/7 to support people in distress or connect you to local help. Local counselors at crisis centers are familiar with community mental health resources and can therefore provide referrals to local services.

Visit www.988lifeline.org for more information.

If you're worried about a co-worker, take these TASC steps from your Baker Mental Strength wallet card:

**T – TUNE IN:** Notice changes in behavior or comments like "It would be better if I weren't here."

**A – ASK:** Be direct. "Are you thinking about suicide?"

**S – STATE:** Let them know suicide is serious and permanent—and that they are valued.

**C – CONNECT:** Help them access support by calling or texting 988

**WHAT TO EXPECT:** Once you call, you will be greeted with a recording asking you to indicate if you are Spanish speaking or a Veteran. You will be on hold before being greeted by a live person. Counselors are trained in de-escalation and how to find local resources. They have the ability to send trained de-escalation mobile units for someone in immediate suicide crisis.

## Ongoing Support Through Your Baker Benefits

All co-workers and their household members have access to confidential mental strength services through several platforms:

### ComPsych Coworker Assistance Program–CAP (Available to all Co-workers and Immediate Families)

Baker cares about you and provides you and members of your household access to the Hartford ComPsych Coworker Assistance Program when you need assistance with life's challenges. Free support for stress, relationships, finances, parenting, and more. Includes up to **five free sessions per issue**, **per year** (virtual or face-to-face).

**Access:** 1.800.964.3577 or GuidanceResources.com

**Login Info:**

- Company Name: ABILI
- Company ID: HLF902

**WHAT TO EXPECT:** When you call the ComPsych number, you will be connected to a representative. You will need to provide your employer (Baker). ComPsych will describe available benefits and services available. If this involves a life-threatening emergency, your information will be gathered, and they will provide an assessment. Immediately, if necessary. If it is not life-threatening, ComPsych will gather your information and the services you need and make a referral (virtually or in person).

### Teladoc Mental Health (Available to all Coworkers and Immediate Families enrolled in the UMR Medical Plan)

**Teladoc Mental Health**

Connect with a counselor by phone or video—24/7 access.

Free for Bronze and Silver plan members, $49 for Copper plan members

Access: Call 1.800.TELADOC or visit teladoc.com

**WHAT TO EXPECT:** When you call Teladoc, you will be assigned a counselor who best suits your needs and requests (i.e. male or female, English or Spanish speaking). Cost is free for Silver and Bronze members, and $49 for Copper members. For follow-up visits, you may request the same counselor.

## Talkspace (Available to all Coworkers and Immediate Families enrolled in the UMR Medical Plan)

With Talkspace online therapy, you can regularly communicate with a therapist, safely and securely from your phone or desktop. No in-person office visit required. Therapy is available for individuals age 13 or older. Psychiatry services are provided for those age 18 and above.

Therapy through secure video, audio, or chat, anytime, from your phone or desktop. Available to co-workers and their immediate families enrolled in a UMR medical plan.

Cost: $20 (Silver), $30 (Bronze), $49 (Copper)

Access: talkspace.com/connect

- Register, choose a therapist, and download the Talkspace app

**WHAT TO EXPECT:** When you register and login to Talkspace, you will be assigned a counselor who best suits your needs and requests (i.e. male or female, English or Spanish speaking).

## UMR In-Network Mental Health (Available to all Coworkers and Immediate Families enrolled in the UMR Medical Plan)

You can also access mental health care in person through any UMR in-network provider. Log into www.BakerBenefits.com to explore your options and compare plans.

# LEVEL 2 DIABETES PROGRAM

## Type 2 Diabetes Program – Level 2 NEW UMR Health Plan


Did you know you can go beyond just managing type 2 diabetes? With Level2 Specialty Care, included with your health plan, you can improve your type 2 Diabetes.

**Here's how it works:**

We treat type 2 diabetes as a condition of too much glucose in the body. With Level2 Specialty Care, you can get new insights on what affects your glucose and adopt healthy actions to reduce it – essentially getting from “I can’t” to “I can.” Here’s what Level2 members experience:

**Insights**

Learn about your glucose as you start with a no-cost continuous glucose monitor and find what works for you.

**Care Team**

Made up of providers, coaches, dietitians and other experts to guide you through Level2.

**Level2 Method**

A defined process to understand and improve glucose control in a series of phases.

**Level2 is included in your health plan at no extra cost.**
**In the meantime, learn more here.**

Learn more and join immediately at mylevel2.com/care

Or call 1-844-302-2821 (TTY 711)

Your participation in Level2 Specialty Care is not a guarantee that you will improve your type 2 diabetes, and Level2 does not guarantee any individual any specific results. Please discuss with your doctor whether Level2 is right for you. You have received this information because you may be eligible to participate in Level2 through your current health plan based on the information we have. Participation in Level2 Specialty Care and getting a continuous glucose monitor (CGM) are subject to certain health plan and clinical eligibility criteria. Level2 is available to eligible members of select UnitedHealthcare plans at no additional charge outside of payment of their plan premium. Qualified members are prescribed a CGM when they join Level2 Specialty Care. See program details at mylevel2.com.Health coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. The company does not discriminate on the basis of race, color, national origin, sex, age or disability in health program activities. To contact your health plan administrator, please call the number on the back of your health plan member ID card.

# GARNER HEALTH REIMBURSEMENT PROGRAM

## Medical Reimbursement Program | Garner Health

# Get access to the top 20% of doctors

You'll get reimbursed for your out-of-pocket medical costs when you see them.

Create a Garner account. Then, use the Garner Health app or website to search for the very best doctors in your area. These Top Providers are automatically added to your list of approved providers as soon as they are visible on your screen. Once Top Providers are on your list of approved providers, you can get reimbursed for qualifying* out-of-pocket costs.

Top Providers have shown to:

- Practice based on the latest medical research
- Get the highest patient satisfaction ratings
- Successfully diagnose problems
- Produce the best patient outcomes


***Your out-of-pocket medical costs will qualify for reimbursement if:**

- You have created a Garner account and added the provider to your list of approved providers prior to the date of service.
- Your provider is in-network and the cost was covered by your health insurance plan. (Check your health insurance plan.)
- The type of cost qualifies for reimbursement under your Garner plan. Depending on your Garner plan, costs for things like prescription drugs or emergency services may or may not qualify for reimbursement. (Check the "Your benefit" page in the Garner Health app to learn more.)
- If your health insurance plan is paired with an HSA, you will need to incur costs greater than the minimum deductible. (Check the "Your benefit" page in the Garner Health app to see if this requirement applies.)

**Questions?**
Message the Concierge through the Garner Health mobile app, online at **getgarner.com** or email **concierge@getgarner.com**.

**Create account**
Go to garner.guide/begin

### 1 Find doctors.

Costs from doctors with a Top Provider badge qualify for reimbursement as long as the service is in-network and covered by your health insurance plan.

### 2 Add doctors to your list of approved providers.

Top Providers are automatically added to your list as soon as they are visible on your screen.

### 3 Check your list.

Ensure your doctor is added to this list **before** you see them. Out-of-pocket medical costs from your approved providers will qualify for reimbursement after they are added to your list.

### 4 Get reimbursed.

When you receive care from an approved provider, pay your upfront costs as usual. After your health insurance company processes the claim, Garner will reimburse your qualifying costs. You should receive a reimbursement check about 6-8 weeks after you receive the care.

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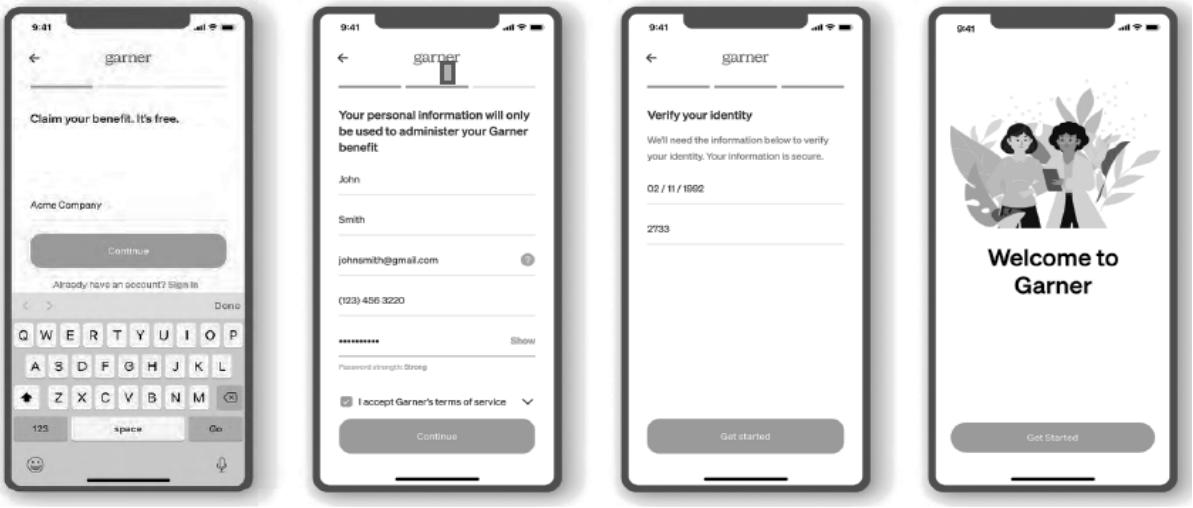
*Please note – Copper Plan members must meet a minimum of $1600 for Single coverage and $3200 for Family coverage before the Garner plan will begin reimbursing.

# How to create a Garner account

Create your account and get access to the top 20% of doctors in your area.

Create your account at garner.guide/start.




**IS GARNER MY HEALTH INSURANCE?**

No. Garner is not your health insurance. Garner is a separate benefit that is paired with your health insurance plan to help you find the best providers and reduce the amount you must pay out of pocket before you meet your insurance deductible. Garner is a Health Reimbursement Arrangement (HRA) and is funded entirely by your employer.

**WHAT IS THE GARNER CONCIERGE?**

Garner's dedicated team of healthcare assistants are available to answer your questions about finding the best doctors and using your benefit. Message the Concierge through the Garner Health app, getgarner.com or concierge@getgarner.com or call 1-866-761-9586 for live assistance. The Concierge is available Mon. - Fri., 8 a.m. to 8 p.m. ET to offer personalized support. Se habla español.

**WHERE CAN I VIEW MY LIST OF APPROVED PROVIDERS?**

Go to the "Settings" page in the Garner Health app by clicking the gear icon in the upper right corner of the home screen and select "Approved providers" in the menu.

# MEDICAL

## Below Are the Medical Plan Comparisons

| | Copper Plan | | Bronze Plan | | Silver Plan | |
|---|---|---|---|---|---|---|
| **Provider Network** | **In-Network** | **Out-of-Network** | **In-Network** | **Out-of-Network** | **In-Network** | **Out-of-Network** |
| **Doctor/Hospital Selection** | May use any doctor, clinic, or hospital, but to lessen out-of-pocket cost use United Healthcare Choice Plus providers for discounts. | | May use any doctor, clinic, or hospital, but to lessen out-of-pocket cost use United Healthcare Choice Plus providers for discounts. | | May use any doctor, clinic, or hospital, but to lessen out-of-pocket cost use United Healthcare Choice Plus providers for discounts. | |
| **Calendar Year Deductible** | $5,000 Individual $10,000 Family | $10,000 Individual $20,000 Family | $1,750 Individual $3,500 Family | $4,025 Individual $8,050 Family | $1,000 Individual $2,000 Family | $2,300 Individual $4,600 Family |
| **Coinsurance** | 100% PPO Rate | 100% PPO Rate | 80% PPO Rate | 60% of UCR Rate | 80% PPO Rate | 60% of UCR Rate |
| **Plan Year Out-of-Pocket Maximum** | $5,000 Individual $10,000 Family Includes Deductible | $10,000 Individual $20,000 Family Includes Deductible | $4,600 Individual $9,200 Family Includes Deductible | $8,050 Individual $16,100 Family Includes Deductible | $3,450 Individual $6,900 Family Includes Deductible | $4,600 Individual $9,200 Family Includes Deductible |
| **Medical Doctor Visits (includes TeleHealth)** | Deductible & Coinsurance | 60% of UCR Rate applied to deductible | $30 Co-pay balance at 100% of PPO Rate | 60% of UCR Rate subject to deductible | $20 Co-pay balance at 100% of PPO Rate | 60% of UCR Rate subject to deductible |
| **Hospital Emergency Room** | Deductible & Coinsurance | Deductible & Coinsurance | True Emergency Illness/ Accident $250 co-payment balance at 100% of PPO Rate Co-payment waived if admitted Non-Emergency Use of ER 50% of PPO Rate subject to deductible | True Emergency Illness/Accident $250 co-payment balance at 100% of PPO Rate Co-payment waived if admitted Non-Emergency Use of ER 50% of PPO Rate subject to deductible | True Emergency Illness/ Accident $250 co-payment balance at 100% of PPO Rate Co- payment waived if admitted Non-Emergency Use of ER 50% of PPO Rate subject to deductible | True Emergency Illness/Acci dent $250 co-payment balance at 100% of PPO Rate Co-payment waived if admitted Non-Emergency Use of ER 50% of PPO Rate subject to deductible |
| **Outpatient Care** | Deductible & Coinsurance | Deductible & Coinsurance | 80% of PPO Rate subject to deductible | 60% of UCR Rate subject to deductible | 80% of PPO Rate subject to deductible | 60% of UCR Rate subject to deductible |
| **Inpatient Hospital** | Deductible & Coinsurance | Deductible & Coinsurance | 80% of PPO Rate subject to deductible Pre-Certification required | 60% of UCR Rate subject to deductible Pre-Certification required | 80% of PPO Rate subject to deductible Pre-Certification is required | 60% of UCR Rate subject to deductible Pre-Certification is required |
| **Outpatient Therapy Physical, Speech, Occupational** | Deductible & Coinsurance 30 visits/ year | 60% of UCR Rate applied to deductible 30 visits/year | $30 co-pay Pre-Certification is required 30 visits/year | 60% of UCR Rate subject to deductible Pre-Certification is required 30 visits/year | $20 co-pay Pre-Certification is required 30 visits/year | 60% of UCR Rate subject to deductible Pre-Certification is required 30 visits/year |
| **Laboratory Tests** | Deductible & Coinsurance | Not Covered | 100% of PPO Rate | Not Covered | 100% of PPO Rate | Not Covered |
| **Diagnostic X-Rays** | Deductible & Coinsurance | Not Covered | 80% of PPO Rate subject to deductible | Not Covered | 80% of PPO Rate subject to deductible | Not Covered |
| **Annual Physical-GYN, Mammogram, Pap Test** | 100% of PPO Rate | 60% of UCR Rate applied to deductible | 100% of PPO Rate | 60% of UCR Rate subject to deductible | 100% of PPO Rate | 60% of UCR Rate subject to deductible |
| **Well Child Care** | 100% of PPO Rate | 60% of UCR Rate applied to deductible | 100% of PPO Rate | 60% of UCR Rate subject to deductible | 100% of PPO Rate | 60% of UCR Rate subject to deductible |
| **Immunizations & Preventive Vaccinations** | 100% of PPO Rate | 60% of UCR Rate applied to deductible | 100% of PPO Rate | 60% of UCR Rate subject to deductible | 100% of PPO Rate | 60% of UCR Rate subject to deductible |
| **Home Health Care Nursing Visits/Nursing Care** | Deductible & Coinsurance | 60% of UCR Rate applied to deductible | 80% of PPO Rate subject to deductible | 60% of UCR Rate subject to deductible | 80% of PPO Rate subject to deductible | 60% of UCR Rate subject to deductible |
| **Chiropractic Office Visits** | Deductible & Coinsurance 24 visits/ year | 60% of UCR Rate applied to deductible 24 visits/ year | $30 co-pay 24 visits/year | 60% of UCR Rate subject to deductible and maximum 24 visits/year | $20 co-pay 24 visits/year | 60% of UCR Rate subject to deductible and maximum 24 visits/year |
| **Mental Health/Inpatient** | Deductible & Coinsurance | 60% of UCR Rate applied to deductible | 80% of PPO Rate subject to deductible Pre-Certification is required | 60% of UCR Rate subject to deductible Pre-Certification is required | 80% of PPO Rate subject to deductible Pre-Certification is required | 60% of UCR Rate subject to deductible Pre-Certification is required |
| **Substance Abuse Impatient** | Deductible & Coinsurance | 60% of UCR Rate applied to deductible | 80% of PPO Rate subject to deductible Pre-Certification is required | 60% of UCR Rate subject to deductible Pre-Certification is required | 80% of PPO Rate subject to deductible Pre-Certification is required | 60% of UCR Rate subject to deductible Pre-Certification is required |

| | Copper Plan | | Bronze Plan | | Silver Plan | |
|---|---|---|---|---|---|---|
| **Mental Health Outpatient** | Deductible & Coinsurance | 60% of UCR Rate applied to deductible | $30 Co-pay balance at 100% of PPO Rate | 60% of UCR Rate subject to deductible | $20 Co-pay balance at 100% of PPO Rate | 60% of UCR Rate subject to deductible |
| **Substance Abuse Outpatient** | Deductible & Coinsurance | 60% of UCR Rate applied to deductible | $30 Co-pay balance at 100% of PPO Rate | 60% of UCR Rate subject to deductible | $20 Co-pay balance at 100% of PPO Rate | 60% of UCR Rate subject to deductible |
| **Substance Abuse Impatient** | Deductible & Coinsurance | 60% of UCR Rate applied to deductible | 80% of PPO Rate subject to deductible Pre-Certification is required | 60% of UCR Rate subject to deductible Pre-Certification is required | 80% of PPO Rate subject to deductible Pre-Certification is required | 60% of UCR Rate subject to deductible Pre-Certification is required |

## Medical Weekly Deductions

| | Copper Plan | | | | Bronze Plan | | | | Silver Plan | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Coverage Level | Single | Single+ Child(ren) | Single+ Spouse | Family | Single | Single+ Child(ren) | Single+ Spouse | Family | Single | Single+ Child(ren) | Single+ Spouse | Family |
| Medical | $23.26 | $39.55 | $48.85 | $69.78 | $31.97 | $54.37 | $67.15 | $95.96 | $109.79 | $186.64 | $230.55 | $329.36 |

## UMR Customer Service

**MEDICAL CLAIMS CUSTOMER SERVICE**
Phone: 888.268.7281
Phone to verify coverage: 800.837.3711
To view claims and plan documents: www.umr.com

If your health care provider is a member of the network, you'll receive discounted rates for services provided. Verify if your provider is in-network by calling the above number or by going to www.umr.com and clicking on "find a provider." Next enter network "UnitedHealthcare Choice Plus, then search for a medical provider, follow prompts.

To find Mental/Behavioral Health providers, click on "find a provider." Then enter network UHCP, then "view directory of behavioral health providers. Follow prompts.

## UMR Care Management

Did you know that UMR offers Care Management to all co-workers that are enrolled in the medical plan? Care Management will help you navigate the process in stressful healthcare situations. They will answer any treatment questions, and will help you find an in-network provider to reduce your cost. If you get a call from a UMR Nurse Case Manager, please accept their services.

They are at no additional cost to you and they will provide expert service in navigating the healthcare system!

**UMR CARE MANAGEMENT**
Phone: 866.494.4502
Find participating doctors: www.umr.com
Network: UnitedHealthcare Choice Plus Network

# RENALOGIC DIALYSIS

## Dialysis Benefit & Member Advocacy Program | Renalogic

All Dialysis Benefits will be administered by Renalogic. Doctor Pre-Authorization calls will be made to UMR, and UMR will transition the claim to Renalogic.

Members will have an assigned nurse who will help them with their benefits and options for dialysis.

Options may include:

**Clinics with the Best Medical Outcomes**

- Non-Profit & Independent Clinics prove to have better medical outcomes

**Home Dialysis advantages**

- Home dialysis is closer to natural kidney function
- Allows for more normal lifestyle

**Early Transplant**

- Increases success rate if patient can transplant prior to dialysis
- Familiar Donor option

# TELADOC

## Teladoc | UMR

Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video, or mobile app visits. It's an affordable option for quality medical care.

- Talk to a doctor anytime, anywhere you happen to be that can treat every member of the family
- Teladoc doctors can treat many medical conditions, including cold & flu, allergies, pink eye, respiratory infection, sinus problems, skin problems and more!
- Receive quality care via phone, video or mobile app
- Receive prompt treatments, median call back time is 10 minutes
- Have prescriptions sent to a pharmacy of choice if medically necessary
- Teladoc is less expensive than the ER. Fees are Copper $45.00, Bronze $0.00 co-pay and Silver $0.00 co-pay.

**How do you use this awesome service:**

Offered in English and Spanish at www.teladoc.com or call 1.800.Teladoc

Visit www.teladoc.com for more information.

# HEALTH SAVINGS ACCOUNT (HSA)

## Health Savings Account (HSA) COPPER Plan only (Optional) | Health Equity

A Health Savings Account (HSA) can be a great way to save money for out-of-pocket medical expenses like doctor visits, dental and vision care, and prescriptions. It offers unique tax advantages that allow you to keep more of your hard-earned money, plus you can use it now or save it to cover health care costs in the future. Because it is tied to a High Deductible Health Plan (HDHP), **only participants of the COPPER PLAN are eligible to participate**. Here are some quick points about HSA's:

- HSA contributions are pre-tax/tax-deductible, the money grows tax-free and the money can come out tax free.
- You will receive a debit card or checks linked to your HSA balance, and you can use the funds on eligible medical expenses. This includes deductibles, co-pays and coinsurance, plus other qualified medical expenses not covered by your plan.
- Unlike a Flexible Spending Account, **your HSA balance rolls over from year to year, so you never have to worry about losing your savings.**
- The account belongs to you. Even if you change health insurance plans, change jobs, or retire, the funds stay in your account and are yours to use.
- Once you're over age 65 and enrolled in Medicare, you can no longer contribute to an HSA, but you can still use the money for out-of-pocket medical expenses.
- You cannot have both an HSA and a Medical FSA account in the same year.
- The Maximum contribution in 2026 is $4,400 single and $8,750 family. If you are 55+ you can contribute an additional $1,000 annually.
- You can adjust your contribution into the HSA throughout the year. As long as you don't go over the annual maximum, you can change the amount deducted from your pay as often as you like.

## Enrolling in the Health Equity HSA | Health Equity

**Have you selected the Copper plan and are interested in signing up for an HSA account?**

During Open Enrollment, or as a new hire, if you select a dollar amount to be allocated to your HSA account each pay period, you will automatically be enrolled in the Health Equity HSA Plan. You will also receive an information packet from Health Equity.

Register on www.healthequity.com to view your account information and check balances.

Be sure to activate your HSA debit card when it arrives in your home.

If you have any questions along the way, just call HSA support at 1.866.346.5800.

# PRESCRIPTION DRUG BENEFITS

## Prescription Drug Benefits | RxBenefits

| | Copper Plan | Bronze Plan | Silver Plan |
|---|---|---|---|
| **Prescription-Retail Optum** | Healthcare Reform Preventive Drug List: $0 (31-Day Supply)<br>All others are Deductible and Co-Insurance | **31-Day Supply**<br>$100 annual deductible per family member<br>**Tier I** Generic/Generic Specialty - $15<br>**Tier II** Preferred Brand/Preferred Brand Specialty - $30<br>Tier III Non-Preferred Brand - $50<br>**Tier III** Specialty Non-Preferred Brand - $100 | **31-Day Supply**<br>**Tier I** Generic/Generic Specialty - $15<br>**Tier II** Preferred Brand/Preferred Brand Specialty - $30<br>**Tier III** Non-Preferred Brand - $50<br>**Tier III** Specialty Non-Preferred Brand - $100 |
| **Prescription-Mail Order Optum or 90-day Rx at In-Network Pharmacy** | Healthcare Reform Preventive Drug List: $0 (90-Day Supply)<br>All others are Deductible and Co-Insurance | **90-Day Supply**<br>$100 annual deductible per family member<br>**Tier I** Generic/Generic Specialty - $30<br>**Tier II** Preferred Brand/Preferred Brand Specialty - $60<br>**Tier III** Non-Preferred Brand - $100<br>**Tier III** Specialty Non-Preferred Brand - $200 | **90-Day Supply**<br>**Tier I** Generic/Generic Specialty - $30<br>**Tier II** Preferred Brand/Preferred Brand Specialty - $60<br>**Tier III** Non-Preferred Brand - $100<br>**Tier III** Specialty Non-Preferred Brand - $200 |

**RXBENEFITS**
Phone: 800.334.8134
Website: www.optumrx.com/mycatamaranrx.com

(Use the above website to register and automate your refills via mail order!) Rx BIN: 610011

Rx BIN: 610011
Rx PCN: IRX
Rx GRP: RXBENEFIT

RxBenefits is a third-party administrator for OptumRx.
Calls will be answered by RxBenefits, who will address your needs with Optum Rx.

# MINIMUM ESSENTIAL COVERAGE HEALTH PLAN (MEC)

## Minimum Essential Coverage (MEC) Plan | Imagine360

Another Medical Option!

FYI - ID cards will be issued from Imagine 360

**PROMOTE HEALTHY HABITS.** The MEC Plan option covers Annual physicals, flu/pneumonia vaccinations, routine lab work and even smoking/tobacco cessation – these are just a few of the many PREVENTIVE CARE procedures covered by the MEC Plan. Additionally, the plan will cover up to 3 doctor or Urgent Care visits per year for a $25 co-pay each.

**PROVIDING PHARMACY HELP.** Baker's MEC Plan covers a limited list of Preventive Generic Drugs as required under federal law and offered to participants at a $0 co-pay. Additionally, the plan will allow 3 Generic Rx per member per year for a $10 co-pay each.

**PREVENT FUTURE HEALTHCARE EXPENSES.** Baker's MEC Plan pays preventive care at 100%, up to an approved maximum benefit, allowing participants to be screened for medical illnesses before they become potentially expensive medical conditions.

## Minimum Essential Coverage Plan with Preventive Rx Drug Benefits

**Annual Maximum Benefits**

| | |
|---|---|
| Annual Maximum for All Benefits Out-of-Pocket Maximum | Unlimited<br>$7,900 Single / $15,800 |
| All Applicable Providers (Allowable Fee Schedule) | 135% of Medicare |

**Preventive and Wellness Benefits:**

This benefit is payable for covered procedures incurred as part of preventive and wellness care and is **not payable for treatment of a diagnosed illness or injury.** Services must be identified and billed as routine, part of a routine physical exam or as specified below.

| Benefit Percentage For: | Benefit | Limits and Provisions |
|---|---|---|
| All Covered Wellness Benefits | 100% Copay Waived | Age and Frequency Limits Apply Other Special Provisions Below |

| | |
|---|---|
| 1. Routine Physical Exams | 8. Routine Immunizations |
| 2. Annual Well Woman Exams | 9. Flu Vaccine, Pneumonia Vaccine |
| 3. Annual Pap Smear/other routine labs for women | 10. Routine Lab, X-Ray, Diagnostic Testing & other medical screenings |
| 4. Annual Mammogram- routine, age 40+ or family history of breast cancer | 11. Routine Vision Screening (Under Age 19) |
| 5. Bone density test – routine, age 60+ or risk factors for Osteoporosis | 12. Routine Hearing Screenings (Newborns) |
| 6. Annual PSA Test – routine, age 60+ or family history of prostate cancer | 13. Smoking/Tobacco Cessation – limited to 2 office visits & a 3-month supply of medication covered under the MEC Rx Program |
| 7. Well Baby Care Exams/Well Child Care Exams | 14. All FDA Approved Women's Contraceptive Methods and Sterilization Procedures |

| | |
|---|---|
| Mandatory Wellness Prescription Drugs 30-Day Supply Limit | 100% Copay Waived |
| 90-Day Supply Limit | 100% Copay Waived |

| Single | Single+Child(ren) | Single+Spouse | Family |
|---|---|---|---|
| $6.25/wk. | $10.50/wk. | $11.00/wk. | $14.50/wk. |

**IMAGINE 360**
800.827.7223
www.imagine360.com

# DENTAL

## Dental | Delta Dental of Ohio

Using a PPO or Premiere Network Dentist offers more savings than a Non-Network provider.

| | |
|---|---|
| **Annual Deductible**<br>Single/Family | $25/$75 |
| **Calendar Year Maximum**<br>**Orthodontics Lifetime Maximum** | $1,750 per person<br>$1,500 per person |

| Benefit Feature | Percentage of UCR | Subject to Deductible |
|---|---|---|
| Cleaning/Oral Exam (two visits per calendar year) | 100% | No |
| Bitewing x-rays (two per calendar year) | 100% | No |
| Full Mouth x-rays (One every three years) | 100% | No |
| Topical Fluoride (for children under 15) | 100% | No |
| Minor Restorative | 80% | Yes |
| Periodontics | 80% | Yes |
| Endodontics | 80% | Yes |
| Oral Surgery | 80% | Yes |
| Major Restorative | 80% | Yes |
| Prosthesis | 80% | Yes |
| Orthodontics | 50% | No |

**Weekly Dental Deductions**

| Single | Single+Child(ren) | Single+Spouse | Family |
|---|---|---|---|
| $1.70 | $3.97 | $3.42 | $6.18 |

**DELTA DENTAL OF OHIO**
www.deltadentaloh.com
800.524.0149
Group #: 26909334

# VISION

## Vision | Eye Med

| Benefit | Description | Frequency and Co-Pays | Out-of-Network Benefits |
|---|---|---|---|
| **Wellness Exam** | Annual Wellness Eye Exam | Every 12 Months $0 Co-pay – must use an Eye360 Plus provider<br>$10 when not using a Plus provider | Up to $45 |
| **Frames** | $225 Allowance - must use an Eye360 Plus provider<br>20% discount on any amount above<br>$175 Allowance when using a non-360 Plus Provider<br>20% off any amount over $175 | Every 12 Months<br>$25 Materials Co-pay | Up to $70 |
| **Lenses** | Single Vision, Lined Bifocal and Lined Trifocal Polycarbonate-for under age 19 | Every 12 Months Co-pay included in frames | Single Vision- up to $30 Lined Bifocal-up to $50 Lined Trifocal-up to $65 |
| **Lens Enhancements – Every 12 Months** | Standard progressive lenses<br>Premium progressive Tier 1-3<br>Premium progressive Tier 4 | $75<br>$95-$120<br>$75 co-pay; 20% off retail price less<br>$120 allowance | Up to $50 for progressive lenses |
| **Contact Lenses** | $175 Allowance, 15% off amounts over $175 | Every 12 Months | Up to $105 |

BCE is now using the **Eye360 Plus Program** with EyeMed. This program offers:

1. Free Eye Exams when using an Eye360 Plus Provider! Go to EyeMed.com or call to find in-network providers for Eye360 Plus. Exams are limited to once every Calendar Year.
2. Several in-network options for buying eyewear online!
3. Complimentary HealthyEyes Wellness Program with online tools and videos!

*If you don't need glasses or contacts, an annual wellness eye exam is provided FREE under your UMR Medical plan! Go to www.umr.com to find in-network providers.

EyeMed also offers MANY other discounts to members through their website and app! On eyemed.com go to "Members" then "Benefits" then log in to the Member Portal to see the special offers on other vision services like free upgrades on glasses coatings and savings on a 2nd pair as well as LASIK and Hearing Aid discounts! Offers change regularly, so check back often!

**Weekly Dental Deductions**

| Single | Single+Child(ren) | Single+Spouse | Family |
|---|---|---|---|
| $1.67 | $3.58 | $3.35 | $5.73 |

**EYEMED**
www.eyemed.com
866.800.5457
Group #: 1008914

# FLEXIBLE SPENDING ACCOUNT (FSA)

## Flexible Spending Account (FSA) | Health Equity

**Keep more of the money you earn!**
Boost your take home pay | Lower your medical costs | Cut your income taxes

A Flexible Spending Account (FSA) works like an expense account. You automatically set aside part of your salary (before taxes) to pay for qualified medical expenses or child dependent care. You save money because you don't pay taxes on the money you set aside. You can use it to pay for day care, medical and prescription drug costs that are not covered by insurance.

**Getting money from your account is simple.**
Over 80% of Healthcare FSA expenses are automatically approved so, in most cases, you won't need to submit claims or documentation for FSA Card* use. However, always keep copies of your receipts and other supporting documentation.

**NEW – the debit card you receive is ONLY FOR MEDICAL FSA. It cannot be used for Dependent Care FSA. These claims must be filed manually.**

**Be conservative.**
The IRS has a "use or lose" rule which states that you lose any leftover balance in your account at the end of the plan year. The FSA runs on a plan year—January to December. You are only eligible to enroll in FSA during Open Enrollment.

**Medical Flexible Spending Account (FSA)**
A Medical FSA allows you to budget and save for planned qualified medical expenses you plan to incur over the course of the upcoming calendar year.

Your FSA can also be used to cover your deductible, coinsurance, prescription copays, as well as dental and vision care expenses that are not covered at 100% by the health insurance plan.

The maximum amount you may fund your FSA is **$3,400**.

Dependent Care Flexible Spending Account (FSA) **Dependent Care FSA claims must be filed manually.**

A Dependent Care FSA is a simple way to save money on quality care for your loved ones. It allows you to set aside pre- tax dollars to pay for day care expenses.

If you are married and file a joint return, or you file a single or head of household return, the annual IRS limit is **$7,500.** If you are married and file separate returns, you can each elect **$3,750** for the calendar year. To qualify, you and your spouse (if applicable) must be employed, or your spouse must be a full-time student.

Eligible dependents are children under the age of 13 who are claimed as a dependent for tax purposes, a disabled spouse or disabled dependent of any age.

**How to submit a claim**

| | |
|---|---|
| **Online:** | • To view claims and account info visit www.HealthEquity.com |
| **Mail:** | • Complete the FSA Claim Form & mail with documentation (please keep copies of your documentation.)<br>• Complete and mail form along with your substantiation to:<br>Health Equity, Att: Reimbursements Accounts, PO Box 14374, Lexington, KY 40512<br>or FAX to 801.999.7829 |

**HEALTH EQUITY FSA**
www.healthequity.com

866.346.5800

## FSA Eligible and Non-Eligible Healthcare Expenses

Qualified Healthcare Account Expenses (if purchased during the plan year):

| | | |
|---|---|---|
| Acne treatments | Diabetic Supplies | Monitors & test kits |
| Acupuncture | Diagnostic Services | Nausea Medications |
| Alcoholism Treatment | Drug Addiction Treatment | Nasal Spray & Strips |
| Allergy & Sinus Medicine | Ear Drops | OB/GYN Fees |
| Ambulance/Emergency Health Services | Ear Wax Removal | Occlusal Guards |
| Anesthesia | Eye Drops & Treatments | Occupational Therapy |
| Antacid | Eye Exam | Organ Transplants |
| Antibiotic Ointment | Eye Glass Repair Kit | Orthopedic & Surgical Supports |
| Aspirin or Other Pain Reliever | First Aid Kits | Over- the-Counter Drugs & Medicines |
| Athletic Treatments/Braces | Flu Shots | Ovulation Monitor |
| Bandages | Gastrointestinal Medication | Physical Exams |
| Birth Control | Genetic Counseling | Physical Therapy |
| Blood Pressure Monitor | Glucosamine & Chondroitin | Pregnancy Tests |
| Breast Pump | Hearing Aids & Batteries | Prescription Eyeglasses/ contact lenses |
| Breastfeeding Classes | Hospital Services & Fees | Prescriptions |
| Childbirth Classes (mother only) | Immunizations | Primary Physician Office Visit |
| Chiropractic Care | Incontinence Supplies | Prosthesis |
| Cholesterol Test Kits & Supplies | Individual Therapy | Reading Glasses |
| Cold & Flu Medicine | Infertility Treatment | Smoking cessation |
| Condoms | Laboratory Fees | Specialist Office Visit |
| Contact Lens Solution | Lactation Supplies | Speech Therapy |
| Contraceptives | Lamaze Classes (mother only) | Spermicidals |
| Cough drops | Lasik | Sunglasses (prescription) |
| Cough syrup | Laxatives | Sunscreen with SPF 15+ |
| CPAP Machine | Lens Wipes Lice | Surgery (for non-cosmetic purposes) |
| Defibrillator | Treatment | TENS Unit |
| Dental | Medical Abortion | Tubal Ligation |
| Dental Bridge | Medical Counseling | Vaccinations |
| Dental Denture | Medical Equipment & Repairs | Vasectomy |
| Dental Implants | Medical Records Charges | Vision Correction Treatment/Surgery |
| Dental Sealants | Menstrual Products | Walking Aids (canes, crutches, etc) |
| Denture Adhesive | Midwife | Wheelchairs and Repairs |

This is not an all-inclusive listing. For an all-inclusive list visit www.irs.gov.

| No Substantiation Required | May Require Documentation | Cannot Use the FSA Card |
|---|---|---|
| HealthCare Providers with Copays:<br>• Hospitals<br>• Over-the-Counter Drugs& Medications<br>• Pharmacy<br>• Physician's Office<br>• Vision Care Providers<br>• Urgent Care<br>• Out-Patient SurgeryCenters | You will be notified by mail if documentation is needed for:<br>• Deductibles or Coinsurance<br>• Spouse's insurance out-of- pocket expenses<br>• Dental Expenses | • Some Over-the-Counter items require prescriptions<br>• Any Non-Qualified Expense<br>• Any Non-Participating provider, merchant, or retailer |

# COMPANY LIFE AND AD&D

## Company Paid Life, and AD&D | The Hartford

**Company Paid - Group Life and Accidental Death & Dismemberment (AD&D) Insurance**

| | **Full-time Hourly Co-workers** |
|---|---|
| Eligibility | All active hourly full-time co-workers working a minimum of 30 hours per week |
| Benefit Amount | $10,000 |
| AD&D Insurance Benefit | Equal to life insurance amount |
| Benefit Reduction | 67% at age 75 |
| Premium Paid By | Baker Construction Enterprises |

# VOLUNTARY CRITICAL ILLNESS

## Critical Illness | The Hartford

No one likes being sick, and a serious illness can have a major financial impact on your life. Health insurance can help with some medical expenses; Critical Illness Benefits can help with your other bills.

The benefits help relieve financial strain with cash benefits for covered illnesses, like cancer, a heart attack, or stroke. You can use the money however you need. Examples could include:

- Food
- Housing
- Utilities
- Medical Expenses

You may not be able to predict a serious illness, but you can help protect yourself financially. Critical Illness Benefits help you focus on recovery, instead of the expenses that come with it. Getting covered can give you peace of mind today and provide major relief later.

| EMPLOYEE PREMIUMS (52 PREMIUM/PAYROLL DEDUCTIONS PER YEAR) | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Age | | | | | | | | | | | | |
| Coverage Amount | <25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 | 80+ |
| $10,000 | $0.62 | $0.83 | $1.06 | $1.38 | $1.92 | $2.95 | $4.02 | $5.28 | $7.25 | $9.85 | $12.99 | $16.55 | $20.10 |
| $20,000 | $1.25 | $1.66 | $2.12 | $2.77 | $3.83 | $5.91 | $8.03 | $10.57 | $14.49 | $19.71 | $25.98 | $33.09 | $40.20 |

| SPOUSE/PARTNER PREMIUMS (52 PREMIUM/PAYROLL DEDUCTIONS PER YEAR) | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Age | | | | | | | | | | | | |
| Coverage Amount | <25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 | 80+ |
| $10,000 | $0.62 | $0.83 | $1.06 | $1.38 | $1.92 | $2.95 | $4.02 | $5.28 | $7.25 | $9.85 | $12.99 | $16.55 | $20.10 |
| $20,000 | $1.25 | $1.66 | $2.12 | $2.77 | $3.83 | $5.91 | $8.03 | $10.57 | $14.49 | $19.71 | $25.98 | $33.09 | $40.20 |

| CHILD(REN) PREMIUMS (52 PREMIUM/PAYROLL DEDUCTIONS PER YEAR) | | |
|---|---|---|
| Coverage Amount | $10,000 | $20,000 |
| All Ages | $1.38 | $2.77 |

**THE HARTFORD**
Policy# 883325
866.547.4205
www.thehartford.com/benefits/myclaim

# VOLUNTARY ACCIDENT

## Accident Insurance | The Hartford

To support your financial well-being, Baker offers Accidental Injury Benefits for all eligible employees. This coverage is paid by you and is available for yourself and your eligible dependents. It offers cash payments for a range of accidental injuries and the services incurred as a result. Cash benefits put you in control. You must be actively at work with your employer on the day your coverage takes effect. Use it for things like:

- Childcare
- Utilities
- Groceries
- Medical Expenses

Accident Prevention Benefit: An accident prevention benefit provides cash to cover exams, tests, screenings, and preventative care programs. These services, ranging from eye exams to driver's safety and training programs, help maintain your health and prevent serious illnesses or injuries. Each covered individual under your plan can claim their own benefits.

**Our Accidental Injury Benefits cover over 200 types of injuries. Here are some commonly covered benefits.**

| Benefit | Amount - Plan 1 | Amount – Plan 2 |
|---|---|---|
| X-ray | $100 | $150 |
| Follow-up Care | $75 | $100 |
| Diagnostic Exam | $200 | $300 |
| Initial Physician Visit | $75 | $100 |
| Therapy | $50 | $75 |
| Urgent Care | $100 | $150 |
| Medical Appliance | $100 | $200 |
| Ground Ambulance | $500 | $750 |

| Coverage Tier | Plan 1 | Plan 2 |
|---|---|---|
| Employee Only | $1.37/wk. | $2.14/wk. |
| Employee plus Spouse | $2.15/wk. | 3.37/wk. |
| Employee plus Child(ren) | $2.35/wk. | $3.67/wk. |
| Family | $3.67/wk. | $5.74/wk. |

**THE HARTFORD**
Policy# 883325
866.547.4205
www.thehartford.com/benefits/myclaim

# VOLUNTARY CRITICAL ILLNESS AND ACCIDENT CLAIM FILING

## How to file a claim for Voluntary Critical Illness or Voluntary Accident | The Hartford

| ACTION | |
|---|---|
| When should a claim be filed? | **Critical Illness*** <br>• After a physician has diagnosed you or a covered dependent with a covered illness. <br>• After you or a covered dependent have undergone a health screening and are eligible for a wellness or health screening benefit. |
| | **Accident** <br>• After you or your covered dependents receive services performed as a result of an accident. <br>• After you or a covered dependent have undergone a health screening and are eligible for a wellness or health screening benefit. |
| Who can file a claim and how? | Anyone insured under the policy, or an authorized representative, can file a claim at any time, from anywhere. You can file your claim in different ways depending on what's most convenient to you: <br>**1. ONLINE** <br>• Visit the Supplemental Insurance Claims Portal at **TheHartford.com/benefits/myclaim**. <br>• Register for access if you have not done so already. (Please note: We must have current eligibility from your benefits administrator for you and any dependents to be eligible to register on the portal.) <br>• Log in to the portal. <br>• Click on **"Complete Your Claim Form Online"** under the Quick Links section. <br>• Follow the prompts to complete and submit a claim. <br>**2. FILE A CLAIM OVER THE PHONE** <br>(Applicable to Health Screening Benefit/Accident Protection Benefit Only) <br>• File your claim by calling **866-547-4205** <br>• Available Monday through Friday, 8:00 a.m. – 6:00 p.m. EST. <br>**3. SUBMIT A CLAIM VIA MAIL OR FAX** <br>• Download a claim form at **TheHartford.com/benefits/myclaim**. <br>• Complete the form and mail or fax it to: The Hartford Supplemental Insurance Benefit Department <br>P.O. Box 99906 <br>Grapevine, TX 76099 <br>Fax Number: 469-417-1952 <br>For assistance filing your claim, call **866-547-4205** |

| ACTION | |
|---|---|
| What information will you need to provide when submitting your claim? | • The form will ask you to provide some information about you, and if you're filing the claim for a dependent, their information as well. <br>• Then, select which type of claim you're filing. Continue through the form, only filling out the relevant sections. <br>• In the Benefit Information section, check off each box that applies to the event or services you received as a result of your covered illness and/or accident and/or hospital stay. <br>• Be sure you sign the Authorization to Obtain and Disclose Information (which helps us obtain information for the claim from medical providers, if needed) and sign the claim form itself. <br>In addition to filling out the form, you'll also need to provide supporting documentation to prove the claim. **Examples of documents include:** ER, urgent care, physician visit or hospital discharge papers; exam, lab or test results/reports; physician notes; Explanation of Benefits (EOBs) from your health insurance provider; itemized medical or hospital bills; or medical records. <br>Please call us for guidance with your claim submission – we're happy to help you understand how to complete the claim successfully. By thoroughly completing the form and gathering your documentation, we'll be able to better serve you and ensure your claim is processed as quickly as possible. <br>We may also need to work with medical providers to fully prove your claim, but we'll let you know during the claims process if this is necessary. |
| What happens next? | After you submit your claim, our dedicated claims team will review the claim and contact you with any questions or to request additional information needed for your claim. Our goal is to ensure you receive all benefits you're entitled to, as quickly as possible. <br><br>We will review your total Voluntary benefits coverage with The Hartford to determine if you might be eligible for additional benefits based on other insurance policies you've purchased. If you are filing a Critical Illness claim and forgot to tell us about a hospital stay for a Hospital Indemnity claim, for example, we've got you covered. <br><br>Once the claim has been approved, the standard turnaround time for benefits to be paid is between 3-10 business days.[1] Standard mail times will apply (if applicable). <br><br>In the meantime, if you filed your claim online, you can use the site to monitor your claim status and access additional claims-related information at **TheHartford.com/benefits/myclaim**. For all claims, claims status or questions, you are welcome to call **866-547-4205** |

# 401(K)

## 401(k) | Fidelity

**When can I Enroll?**

- You are eligible to enroll if you are at least 18 years old and have 3 months of service. You become eligible on the first of the month coinciding or following 3 months of service.

**Does Baker match?**

- Yes, we do! Baker will match your 401(k)-contribution dollar-for-dollar on the first 3% of your pay that you defer. Further, Baker will match 50% of the next 2% of your pay that you defer.
- The plan is a Safe Harbor plan, meaning your contributions made to your account are immediately 100% vested.
- Co-worker safe harbor matching contributions will be made to your account on a pre-tax basis and will be subject to taxation upon withdrawal.

**How can I enroll?**

- You can visit www.netbenefits.com or call 1.800.835.5095. Be sure to make your beneficiary elections either online or by phone!

**What type of accounts do we have?**

We have the option of 2 different 401(k) enrollment options.

- You can enroll using a pre-tax account or
- You can enroll using a Roth (after tax) account.
- Or you can put money in both.

**Be sure to add a Beneficiary to your account! This is a VERY important step in protecting your account for your loved ones.**

Once eligible, you may enroll or make changes at any time by visiting the Fidelity website or by calling their customer service team.

For rollovers, please contact Fidelity Customer Service at 1.800.835.5095.

Don't forget to go to www.netbenefits.com to elect beneficiaries!

# REQUIRED FEDERAL NOTICES

## Medicaid and CHIP Notice

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

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**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –**

| ALABAMA – Medicaid | ALASKA – Medicaid |
|---|---|
| Website: http://myalhipp.com/<br>Phone: 1-855-692-5447 | The AK Health Insurance Premium Payment Program<br>Website: http://myakhipp.com/<br>Phone: 1-866-251-4861<br>Email: CustomerService@MyAKHIPP.com<br>Medicaid Eligibility:<br>https://health.alaska.gov/dpa/Pages/default.aspx |
| **ARKANSAS – Medicaid** | **CALIFORNIA – Medicaid** |
| Website: http://myarhipp.com/<br>Phone: 1-855-MyARHIPP (855-692-7447) | Health Insurance Premium Payment (HIPP) Program Website:<br>http://dhcs.ca.gov/hipp<br>Phone: 916-445-8322<br>Fax: 916-440-5676<br>Email: hipp@dhcs.ca.gov |
| **COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)** | **FLORIDA – Medicaid** |
| Health First Colorado Website:<br>https://www.healthfirstcolorado.com/<br>Health First Colorado Member Contact Center:<br>1-800-221-3943/State Relay 711<br>CHP+: https://hcpf.colorado.gov/child-health-plan-plus<br>CHP+ Customer Service: 1-800-359-1991/State Relay 711<br>Health Insurance Buy-In Program (HIBI):<br>https://www.mycohibi.com/<br>HIBI Customer Service: 1-855-692-6442 | Website:<br>https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html<br>Phone: 1-877-357-3268 |

| GEORGIA – Medicaid | INDIANA – Medicaid |
|---|---|
| GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp<br>Phone: 678-564-1162, Press 1<br>GA CHIPRA Website:<br>https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra<br>Phone: 678-564-1162, Press 2 | Health Insurance Premium Payment Program<br>All other Medicaid<br>Website: https://www.in.gov/medicaid/<br>http://www.in.gov/fssa/dfr/<br>Family and Social Services Administration<br>Phone: 1-800-403-0864<br>Member Services Phone: 1-800-457-4584 |
| **IOWA – Medicaid and CHIP (Hawki)** | **KANSAS – Medicaid** |
| Medicaid Website:<br>Iowa Medicaid \| Health & Human Services<br>Medicaid Phone: 1-800-338-8366<br>Hawki Website:<br>Hawki - Healthy and Well Kids in Iowa \| Health & Human Services<br>Hawki Phone: 1-800-257-8563<br>HIPP Website: Health Insurance Premium Payment (HIPP) \| Health & Human Services (iowa.gov)<br>HIPP Phone: 1-888-346-9562 | Website: https://www.kancare.ks.gov/<br>Phone: 1-800-792-4884<br>HIPP Phone: 1-800-967-4660 |
| **KENTUCKY – Medicaid** | **LOUISIANA – Medicaid** |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br>https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx<br>Phone: 1-855-459-6328<br>Email: KIHIPP.PROGRAM@ky.gov<br>KCHIP Website: https://kynect.ky.gov<br>Phone: 1-877-524-4718<br>Kentucky Medicaid Website:<br>https://chfs.ky.gov/agencies/dms | Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp<br>Phone: 1-888-342-6207 (Medicaid hotline) or<br>1-855-618-5488 (LaHIPP) |
| **MAINE – Medicaid** | **MASSACHUSETTS – Medicaid and CHIP** |
| Enrollment Website:<br>https://www.mymaineconnection.gov/benefits/s/?language=en_US<br>Phone: 1-800-442-6003<br>TTY: Maine relay 711<br>Private Health Insurance Premium Webpage:<br>https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: 1-800-977-6740<br>TTY: Maine relay 711 | Website: https://www.mass.gov/masshealth/pa<br>Phone: 1-800-862-4840<br>TTY: 711<br>Email: masspremassistance@accenture.com |
| **MINNESOTA – Medicaid** | **MISSOURI – Medicaid** |
| Website:<br>https://mn.gov/dhs/health-care-coverage/<br>Phone: 1-800-657-3672 | Website:<br>http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 |

| MONTANA – Medicaid | NEBRASKA – Medicaid |
|---|---|
| Website:<br>http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br>Phone: 1-800-694-3084<br>Email: HHSHIPPProgram@mt.gov | Website: http://www.ACCESSNebraska.ne.gov<br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178 |
| **NEVADA – Medicaid** | **NEW HAMPSHIRE – Medicaid** |
| Medicaid Website: http://dhcfp.nv.gov<br>Medicaid Phone: 1-800-992-0900 | Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program<br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext. 15218<br>Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov |
| **NEW JERSEY – Medicaid and CHIP** | **NEW YORK – Medicaid** |
| Medicaid Website:<br>http://www.state.nj.us/humanservices/dmahs/clients/medicaid/<br>Phone: 1-800-356-1561<br>CHIP Premium Assistance Phone: 609-631-2392<br>CHIP Website: http://www.njfamilycare.org/index.html<br>CHIP Phone: 1-800-701-0710 (TTY: 711) | Website: https://www.health.ny.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 |
| **NORTH CAROLINA – Medicaid** | **NORTH DAKOTA – Medicaid** |
| Website: https://medicaid.ncdhhs.gov/<br>Phone: 919-855-4100 | Website: https://www.hhs.nd.gov/healthcare<br>Phone: 1-844-854-4825 |
| **OKLAHOMA – Medicaid and CHIP** | **OREGON – Medicaid and CHIP** |
| Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 | Website: http://healthcare.oregon.gov/Pages/index.aspx<br>Phone: 1-800-699-9075 |
| **PENNSYLVANIA – Medicaid and CHIP** | **RHODE ISLAND – Medicaid and CHIP** |
| Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html<br>Phone: 1-800-692-7462<br>CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)<br>CHIP Phone: 1-800-986-KIDS (5437) | Website: http://www.eohhs.ri.gov/<br>Phone: 1-855-697-4347, or<br>401-462-0311 (Direct RIte Share Line) |
| **SOUTH CAROLINA – Medicaid** | **SOUTH DAKOTA - Medicaid** |
| Website: https://www.scdhhs.gov<br>Phone: 1-888-549-0820 | Website: http://dss.sd.gov<br>Phone: 1-888-828-0059 |
| **TEXAS – Medicaid** | **UTAH – Medicaid and CHIP** |

| | |
|---|---|
| Website: Health Insurance Premium Payment (HIPP) Program \| Texas Health and Human Services<br>Phone: 1-800-440-0493 | Utah's Premium Partnership for Health Insurance (UPP)<br>Website: https://medicaid.utah.gov/upp/<br>Email: upp@utah.gov<br>Phone: 1-888-222-2542<br>Adult Expansion Website:<br>https://medicaid.utah.gov/expansion/<br>Utah Medicaid Buyout Program Website:<br>https://medicaid.utah.gov/buyout-program/<br>CHIP Website: https://chip.utah.gov/ |
| **VERMONT– Medicaid** | **VIRGINIA – Medicaid and CHIP** |
| Website: Health Insurance Premium Payment (HIPP) Program \| Department of Vermont Health Access<br>Phone: 1-800-250-8427 | Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select<br>https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs<br>Medicaid/CHIP Phone: 1-800-432-5924 |
| **WASHINGTON – Medicaid** | **WEST VIRGINIA – Medicaid and CHIP** |
| Website: https://www.hca.wa.gov/<br>Phone: 1-800-562-3022 | Website: https://dhhr.wv.gov/bms/<br>http://mywvhipp.com/<br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| **WISCONSIN – Medicaid and CHIP** | **WYOMING – Medicaid** |
| Website:<br>https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm<br>Phone: 1-800-362-3002 | Website:<br>https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/<br>Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
**www.dol.gov/agencies/ebsa**
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
**www.cms.hhs.gov**
1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

## Other Important Notices

### Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For further details, please refer to the Plan's Summary Plan Description. If you would like more information on WHCRA benefits, please contact your Plan Administrator at 513-539-4016.

### Newborns and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, please contact your Plan Administrator at 513-539-4016.

### HIPAA Notice of Special Enrollment Rights

If you decline enrollment in Baker Construction Enterprise's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in Baker Construction Enterprise's health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 60 days after the loss of other coverage.
- Gain a new dependent because of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 60 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 60-day timeframe, coverage will be effective the date of birth, adoption, or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in Baker Construction Enterprise's health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective on the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

## Medicare Part D: Creditable Coverage (Bronze and Silver Plans)

**Important Notice from Baker Construction Enterprises Inc. About Your Prescription Drug Coverage and Medicare**
Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Baker Construction Enterprises Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Baker Construction Enterprises Inc. has determined that the prescription drug coverage offered on the Bronze and Silver Rx Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

**When Can You Join a Medicare Drug Plan?**
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

**What Happens to Your Current Coverage If You Decide to Join A Medicare Drug Plan?**
If you decide to join a Medicare drug plan, your current Baker Construction Enterprises Inc. coverage will not be affected. Baker Construction Enterprises Inc. coverage will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Baker Construction Enterprises, Inc. coverage, be aware that you and your dependents will not be able to get this coverage back.

**When Will You Pay a Higher Premium (Penalty) To Join A Medicare Drug Plan?**
You should also know that if you drop or lose your current coverage with Baker Construction Enterprises Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about your options under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage: Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date: January 1, 2026
Name of Entity/Sender: Sherry Phelps
Contact--Position/Office: Benefits Manager
Address: 900 N. Garver Rd. Monroe, OH 45050
Phone Number: 513.539.4016

## Medicare Part D: Non-Creditable Coverage (Copper Plan and MEC Plan)

**Important Notice from Baker Construction Enterprises Inc. About Your Prescription Drug Coverage and Medicare**
Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Baker Construction Enterprises Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three important things you need to know about your current coverage and Medicare's prescription drug coverage:

3. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
4. Baker Construction Enterprises Inc. has determined that the prescription drug coverage offered by the Copper Plan and MEC Plan is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from Baker Construction Enterprises Inc. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.
5. You can keep your current coverage from Baker Construction Enterprises Inc. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

**When Can You Join a Medicare Drug Plan?**
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. When Will You Pay a Higher Premium (Penalty) To Join A Medicare Drug Plan?

Since the coverage under Baker Construction Enterprises Inc. is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

**What Happens to Your Current Coverage If You Decide to Join A Medicare Drug Plan?**
If you decide to join a Medicare drug plan, your current Baker Construction Enterprises Inc. coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Baker Construction Enterprises Inc coverage, be aware that you and your dependents will not be able to get this coverage back.

For More Information About This Notice or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through Baker Construction Enterprises Inc changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date: January 1, 2026
Name of Entity/Sender: Sherry Phelps
Contact--Position/Office: Benefits Manager
Address: 900 N. Garver Rd. Monroe, OH 45050
Phone Number: 513.539.4016

# Privacy Provision Notice

Effective Date: 1-1-2026

Baker Construction Enterprises, Inc. Health & Welfare Plan

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

## INTRODUCTION

Certain employer-sponsored health plans are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to maintain the privacy of your health information that the plan creates, requests, or is created on the Plan's behalf, called Protected Health Information (“PHI”) and to provide you, as a participant, covered dependent, or qualified beneficiary, with notice of the plan's legal duties and privacy practices concerning Protected Health Information.

This Notice of Privacy Practices (“Notice”) applies to the medical plan (including prescription drug coverage), dental plan, and vision plan sponsored by Baker Construction Enterprises Inc. For convenience, this Notice uses the term “Plan” to refer to these benefits.

This Notice describes how the Plan may use and disclose your PHI to carry out payment and health care operations, and for other purposes that are permitted or required by law. For Plan administration purposes, the Plan creates records (such as records of health claims), which are “PHI”. The Plan is required by law to maintain the privacy of participants’ protected health information and to provide participants with notice of its legal duties and privacy practices regarding protected health information. Your health information is highly personal, and the Plan is committed to safeguarding your privacy. Please read this Notice thoroughly.

The Plan is required to abide by the terms of this Notice so long as the Plan remains in effect. The Plan reserves the right to change the terms of this Notice as necessary and to make the new Notice effective for all PHI maintained by the Plan. Copies of revised Notices in which there has been a material change will be mailed to all participants covered by the Plan. Copies of our current Notice may be obtained by calling the Privacy Office at the telephone number or address below.

## DEFINITIONS

Plan Sponsor means Baker Construction Enterprises, Inc. and any other employer that maintains the Plan for the benefit of its associates. Protected Health Information (“PHI”) means individually identifiable health information, which is defined under the law as information that is a subset of health information, including demographic information, that is created or received by the Plan and that relates to your past, present, or future physical or mental health or condition; the health care services you receive; or the past, present, or future payment for the health care services you receive; and that identifies you, or for which there is a reasonable basis to believe the information can be used to identify you.

## USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that the Plan may use and disclose your PHI. For each category of uses and disclosures we will explain what we mean and, where appropriate, provide examples for illustrative purposes. Not every use or disclosure in a category will be listed. However, all the ways we are permitted or required to use and disclose PHI will fall within one of the categories.

Your Authorization – Except as outlined below or otherwise permitted by law, the Plan will not use or disclose your PHI unless you have signed a form authorizing the Plan to use or disclose specific PHI for an explicit purpose to a specific person or group of persons. Most uses and disclosures of psychotherapy notes will be made only with your authorization. Uses and disclosures of your PHI for marketing purposes and/or the sale of your PHI require your authorization. You have the right to revoke any authorization in writing except to the extent that the Plan has taken action in reliance upon the authorization.

Uses and Disclosures for Payment –The Plan may use and disclose your PHI as necessary for benefit payment purposes without obtaining an authorization from you. The persons to whom the Plan may disclose your PHI for payment purposes include your health care providers that are billing for or requesting a prior authorization for their services and treatments of you, other health plans providing benefits to you, and your approved family member or guardian who is responsible for amounts, such as deductibles and co-insurance, not covered by the Plan.

For example, the Plan may use or disclose your PHI, including information about any medical procedures and treatments you have received, are receiving, or will receive, to your doctor, your spouse's, or other health plan under which you are covered, and your spouse or other family members, unless you object, in order to process your benefits under the Plan. Examples of other payment activities include determinations of your eligibility or coverage under the Plan, annual premium calculations based on health status and demographic characteristics of persons covered under the Plan, billing, claims management, reinsurance claims, review of health care services with respect to medical necessity, utilization review activities, and disclosures to consumer reporting agencies.

**Uses and Disclosures for Health Care Operations** – The Plan may use and disclose your PHI as necessary for health care operations without obtaining an authorization from you. Health care operations are those functions of the Plan it needs to operate on a day-to-day basis and those activities that help it to evaluate its performance. Examples of health care operations include underwriting, premium rating or other activities relating to the creation, amendment, or termination of the Plan, and obtaining reinsurance coverage. Other functions considered to be health care operations include business planning and development; conducting or arranging for quality assessment and improvement activities, medical review, and legal services and auditing functions; and performing business management and general administrative duties of the Plan, including the provision of customer services to you and your covered dependents.

**Use or Disclosure of Genetic Information Prohibited.** The Genetic Information Nondiscrimination Act of 2009 (GINA), and regulations promulgated thereunder, specifically prohibit the use, disclosure or request of PHI that is genetic information for underwriting purposes. Genetic information is defined as (1) your genetic tests; (2) genetic tests of your family member; (3) family medical history, or (4) any request of or receipt by you or your family members of genetic services. This means that your genetic information cannot be used for enrollment, continued eligibility, computation of premiums, or other activities related to underwriting, even if those activities are for purposes of health care operations or being performed pursuant to your written authorization.

**Family and Friends Involved in Your Care** – If you are available and do not object, the Plan may disclose your PHI to your family, friends, and others who are involved in your care or payment of a claim. If you are unavailable or incapacitated and the Plan determines that a limited disclosure is in your best interest, the Plan may share limited PHI with such individuals. For example, the Plan may use its professional judgment to disclose PHI to your spouse concerning the processing of a claim. If you do not wish us to share PHI with your spouse or others, you may exercise your right to request a restriction on our disclosures of your PHI (see below), including having correspondence the Plan sends to you mailed to an alternative address. The Plan is also required to abide by certain state laws that are more stringent than the HIPAA Privacy Standards, for example, some states give a minor child the right to consent to his or her own treatment and, under HIPAA, to direct who may know about the care he or she receives. There may be an instance when your minor child would request for you not to be informed of his or her treatment and the Plan would be required to honor that request.

**Business Associates** – Certain aspects and components of the Plan's services are performed through contracts with outside persons or organizations. Examples of these outside persons and organizations include our third-party administrator, reinsurance carrier, agents, attorneys, accountants, banks, and consultants. At times it may be necessary for us to provide certain of your PHI to one or more of these outside persons or organizations. However, if the Plan does provide your PHI to any or all these outside persons or organizations, they will be required, through contract or by law, to follow the same policies and procedures with your PHI as detailed in this Notice.

**Plan Sponsor** -- The Plan may disclose a subset of your PHI, called summary health information, to the Plan Sponsor in certain situations. Summary health information summarizes claims history, claims expenses, and types of claims experienced by individuals under the Plan, but all information that could effectively identify whose claims history has been summarized has been removed. Summary health information may be given to the Plan Sponsor when requested for the purposes of obtaining premium bids, for providing coverage under the Plan, or for modifying, amending, or terminating the Plan. The Plan may also disclose to the Plan Sponsor whether you are enrolled in or have disenrolled from the Plan.

**Other Products and Services** – The Plan may contact you to provide information about other health-related products and services that may be of interest to you without obtaining your authorization. For example, the Plan may use and disclose your PHI for the purpose of communicating to you about health benefit products or services that could enhance or substitute for existing coverage under the Plan, such as long-term health benefits or flexible spending accounts. The Plan may also contact you about health-related products and services, like disease management programs that may add value to you, as a covered person under the Plan. However, the Plan must obtain your authorization before the Plan sends you information regarding non-

health related products or services, such as information concerning movie passes, life insurance products, or other discounts or services offered to the general public at large.

Other Uses and Disclosures – Unless otherwise prohibited by law, the Plan may make certain other uses and disclosures of your PHI without your authorization, including the following:

- The Plan may use or disclose your PHI to the extent that the use or disclosure is required by law.
- The Plan may disclose your PHI to the proper authorities if the Plan suspects child abuse or neglect; the Plan may also disclose your PHI if we believe you to be a victim of abuse, neglect, or domestic violence.
- The Plan may disclose your PHI if authorized by law to a government oversight agency (e.g., a state insurance department) conducting audits, investigations, or civil or criminal proceedings.
- The Plan may disclose your PHI in response to a court order specifically authorizing the disclosure, or in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request), provided written and documented efforts by the requesting party have been made to (1) notify you of the disclosure and the purpose of the litigation, or (2) obtain a qualified protective order prohibiting the use or disclosure of your PHI for any other purpose than the litigation or proceeding for which it was requested.
- The Plan may disclose your PHI to the proper authorities for law enforcement purposes, including the disclosure of
- certain identifying information requested by police officers for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; the disclosure of your PHI if you are suspected to be a victim of a crime and you are incapacitated; or if you are suspected of committing a crime on the Plan (e.g., fraud).
- The Plan may use or disclose PHI to avert a serious threat to health or safety.
- The Plan may use or disclose your PHI if you are a member of the military, as required by armed forces services, and the Plan may also disclose your PHI for other specialized government functions such as national security or intelligence activities.
- The Plan may disclose your PHI to state or federal workers' compensation agencies for your workers' compensation benefit determination.
- The Plan may, as required by law, release your PHI to the Secretary of the Department of Health and Human Services for enforcement of the HIPAA Privacy Rules.

Verification Requirements -- Before the Plan discloses your PHI to anyone requesting it, the Plan is required to verify the identity of the requester and the requester's authority to access your PHI. The Plan may rely on reasonable evidence of authority such as a badge, official credentials, written statements on appropriate government letterhead, written or oral statements of legal authority, warrants, subpoenas, or court orders.

**RIGHTS THAT YOU HAVE**

To request to inspect, copy, amend, or get an accounting of PHI pertaining to your PHI in the Plan, you may contact the Privacy Officer at Baker Construction Enterprises, Inc. 900 N. Garver Rd., Monroe, OH 45050 (513) 539-4016

Right to Inspect and Copy Your PHI – You have the right to request a copy of and/or inspect your PHI that the Plan maintains, unless the PHI was compiled in reasonable anticipation of litigation or contains psychotherapy notes. In certain limited circumstances, the Plan may deny your request to copy and/ or inspect your PHI. In most of those limited circumstances, a licensed health care provider must determine that the release of the PHI to you or a person authorized by you, as your “personal representative,” may cause you or someone else identified in the PHI harm. If your request is denied, you may have the right to have the denial reviewed by a designated licensed health care professional that did not participate in the original decision. Requests for access to your PHI must be in writing and signed by you or your personal representative. You may ask for a Participant PHI Inspection Form from the Plan through the Privacy Office at the address below. If you request that the Plan copy or mail your PHI to you, the Plan may charge you a fee for the cost of copying your PHI and the postage for mailing your PHI to you. If you ask the Plan to prepare a summary of the PHI, and the Plan agrees to provide that explanation, the Plan may also charge you for the cost associated with the preparation of the summary.

Right to Request Amendments to Your PHI – You have the right to request that PHI the Plan maintains about you be amended or corrected. The Plan is not obligated to make requested amendments to PHI that is not created by the Plan, not maintained by the Plan, not available for inspection, or that is accurate and complete. The Plan will give each request careful consideration. To be considered, your amendment request must be in writing, must be signed by you or your personal representative, must state

the reasons for the amendment request, and must sent to the Privacy Office at the address below. If the Plan denies your amendment request, the Plan will provide you with its basis for the denial, advise you of your right to prepare a statement of disagreement which it will place with your PHI, and describe how you may file a complaint with the Plan or the Secretary of the US Department of Health and Human Services.

The Plan may limit the length of your statement of disagreement and submit its own rebuttal to accompany your statement of disagreement. If the Plan accepts your amendment request, it must make a reasonable effort to provide the amendment to persons you identify as needing the amendment or persons it believes would rely on your unamended PHI to your detriment.

Right to Request an Accounting for Disclosures of Your PHI – You have the right to request an accounting of disclosures of your PHI that the Plan makes. Your request for an accounting of disclosures must state a time period that may not be longer than six years and may

not include dates before April 14, 2004. Not all disclosures of your PHI must be included in the accounting of the disclosures. Examples of disclosures that the Plan is required to account for include those pursuant to valid legal process, or for law enforcement purposes.

Examples of disclosures that are not subject to an accounting include those made to carry out the Plan's payment or health care operations, or those made with your authorization. To be considered, your accounting requests must be in writing and signed by you or your personal representative, and sent to the Privacy Office at the address below. The first accounting in any 12-month period is free; however, the Plan may charge you a fee for each subsequent accounting you request within the same 12-month period.

Right to Place Restrictions on the Use and Disclosure of Your PHI – You have the right to request restrictions on certain of the Plan's uses and disclosures of your PHI for payment or health care operations, disclosures made to persons involved in your care, and disclosures for disaster relief purposes. For example, you may request that the Plan not disclose your PHI to your spouse. Your request must describe in detail the restriction you are requesting. The Plan is not required to agree to your request, but will attempt to accommodate reasonable requests when appropriate. The Plan retains the right to terminate an agreed-to restriction if it believes such termination is appropriate. In the event of a termination by the Plan, it will notify you of the termination. You also have the right to terminate, in writing or orally, any agreed-to restriction. Requests for a restriction (or termination of an existing restriction) may be made by contacting the Plan through the Privacy Office at the telephone number or address below.

Request for Confidential Communications – You have the right to request that communications regarding your PHI be made by alternative means or at alternative locations. For example, you may request that messages not be left on voice mail or sent to a particular address.

The Plan is required to accommodate reasonable requests if you inform the Plan that disclosure of all or part of your information could place you in danger. The Plan may grant other requests for confidential communications in its sole discretion. Requests for confidential communications must be in writing, signed by you or your personal representative, and sent to the Privacy Office at the address below. Right to a Copy of the Notice – You have the right to a paper copy of this Notice upon request by contacting the Privacy Office at the telephone number or address below.

Right to Notice of Breach - You have the right to receive notice if your PHI is improperly used or disclosed because of a breach of unsecured PHI.

Complaints – If you believe your privacy rights have been violated, you can file a complaint with the Plan through the Privacy Office in writing at the address below. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

**FOR FURTHER INFORMATION**

If you have questions or need further assistance regarding this Notice, you may contact our Privacy Office by writing to: Privacy Office Baker Construction Enterprises, Inc. 900 N. Garver Rd. Monroe, OH 45050

## Safe Harbor Matching Contributions Notice (2026 Plan Year) Baker Companies 401k Plan

If you are an eligible participant in the Baker Companies 401(k) Plan (the "Plan"), you may make contributions (called "Salary Deferrals") directly from your paycheck into the Plan. The ability to make Salary Deferrals provides you with an easy method to save for retirement on a tax-deferred basis. If you make Salary Deferrals to the Plan, you generally will not be taxed on those deferrals or on any earnings on those contributions until you withdraw those amounts from the Plan. However, see the discussion under "Taxation of Salary Deferrals" below for special tax rules that apply if you make Roth Deferrals under the Plan.

If you have any questions regarding your eligibility to make Salary Deferrals under the Plan or any other questions regarding the Plan that are not addressed in this Notice, please review your Summary Plan Description. For example, Article 5 of the Summary Plan Description contains a discussion of the eligibility conditions applicable to Salary Deferrals and the safe harbor contributions. In addition, from time to time we may make changes to the Plan and/or Summary Plan Description, which are described in a Summary of Material Modifications supplementing the Summary Plan Description. Any reference to the Summary Plan Description in this Notice includes any Summary of Material Modifications we may have issued with respect to the Plan. If you do not have a copy of the Summary Plan Description or any Summary of Material Modifications, if applicable, please contact the Plan Administrator named below.

### Safe Harbor Matching Contribution

For the Plan Year beginning in 2026, if you make Salary Deferrals into the Plan, you may receive a special safe harbor matching contribution ("safe harbor contribution") under the Plan, provided you satisfy any eligibility conditions for such contribution. This Notice provides important information about the safe harbor contribution as well as other information regarding:

- your right to make Salary Deferrals under the Plan;
- when you can change your Salary Deferral election;
- how your Plan account will be invested;
- the eligibility conditions for receiving the special safe harbor contribution;
- whether there are any other contributions available under the Plan; and
- other valuable information about your retirement benefits under the Plan.

Notwithstanding any language in this Notice to the contrary, we reserve the right to amend the Plan at any time during the Plan Year to reduce or suspend the safe harbor contribution. If we decide to reduce or suspend the safe harbor contribution, we will provide you with a supplemental notice at least 30 days prior to the effective date of such reduction or suspension describing the consequences of the amendment. Any amendment to reduce or suspend safe harbor contributions will not affect any contributions earned prior to the effective date of such amendment. For a full discussion of your benefits under the Plan, please review your Summary Plan Description.

**Procedures for making Salary Deferrals under the Plan**. In order to make Salary Deferrals under the Plan, you must enter into a Salary Deferral election designating how much you wish to defer into the Plan. Any amounts you designate will be withheld from your paycheck each pay period and deposited into the Plan in your name as a Salary Deferral. If you have any questions about the process for making Salary Deferrals, you should contact the Plan Administrator.

**Taxation of Salary Deferrals**. The amount that you defer into the Plan reduces your taxable income, meaning you do not pay income taxes on those amounts until you withdraw your deferrals from the Plan. Any gains or earnings made from the investment of these contributions within the Plan are also not subject to income tax until they are withdrawn from the Plan.

Alternatively, you may elect to treat all or any portion of your deferrals as "Roth deferrals." Roth deferrals do not reduce your taxable income when made so that you will pay taxes on the amount contributed as a Roth deferral. However, if you take a "qualified distribution" of your Roth deferrals, you will not be taxed on any amounts attributable to those Roth deferrals, including any earnings on those amounts, at the time of the qualified distribution. To be a qualified distribution, the distribution must occur at least 5 years after the year in which you first make a Roth deferral to the Plan and must be on account of death, disability, or attainment of age 59½.

**Change in deferral amount.** You may increase or decrease the amount of your current Salary Deferrals or stop making Salary Deferrals altogether, as of any designated election date. For this purpose, the designated election date for changing or modifying your Salary Deferral election is the first day of each payroll period. However, regardless of the Plan's normal deferral procedures, you will have a reasonable time after receipt of this notice to change your deferral election. In addition, unless provided otherwise under the Plan, you may revoke an existing deferral election at any time. Any change you make to your

Salary Deferrals will become effective as of the next designated election date and will remain in effect until modified or canceled during a subsequent election period.

**Amount of safe harbor matching contribution.** The safe harbor matching contribution will be a 100% (dollar-for-dollar) matching contribution on your Salary Deferrals up to 3% of compensation plus a 5% matching contribution on any additional Salary Deferrals above 3% up to 5% of compensation. The safe harbor matching contribution is based on Salary Deferrals you make during each payroll period during the Plan Year.

*Example. You earn $30,000 of compensation and you defer $1,800 (6% of compensation) into the Plan. If you satisfy the conditions for receiving the safe harbor matching contribution, you will receive a safe harbor matching contribution equal to $1,200. This is calculated based on a 100 % match on the first $900 (3% of compensation) deferred into the plan plus a 5% match on $600 of deferrals (the deferrals above 3% up to 5% of compensation) for an additional match of $300, giving a total matching contribution of $1,200.*

**Eligibility for safe harbor contribution.** If you are eligible to make Salary Deferrals into the Plan, you also are eligible for the safe harbor contribution. Once you have satisfied the eligibility conditions, you will not be required to work a certain number of hours or be employed on the last day of the year to receive the safe harbor matching contribution, provided you have made Salary Deferrals into the Plan for the applicable matching contribution period.

**Compensation.** In determining the amount of the safe harbor contribution, your compensation must be considered. The Plan defines the types of compensation and the period for which compensation is taken into account for this purpose. Under the Plan, no compensation may be taken into account to the extent such compensation exceeds the compensation limit described under the Internal Revenue Code. See the Summary Plan Description for an explanation of the types of compensation that will be included for purposes of calculating the safe harbor contribution, including the maximum amount of compensation that may be taken into account in determining the contributions under the Plan.

**Other contributions.** The safe harbor contribution is in addition to any Salary Deferrals you make to the Plan. In addition to the safe harbor contribution, the Plan provides for the following additional contributions:

- Discretionary employer contribution. We have the discretion to make an additional employer contribution on behalf of eligible participants under the Plan. We will decide each year how much (if any) we will contribute to the Plan as an employer contribution.
- Discretionary matching contribution. We have the discretion to make a matching contribution for eligible participants who contribute to the Plan. We will decide each year how much (if any) we will contribute as an additional matching contribution. Any matching contributions under this formula will only apply to contributions you make to the Plan up to 6% of compensation. Thus, you will not receive any additional matching contributions on contributions you make to the Plan above 6 % of compensation. In no case will you receive a total matching contribution more than 4% of compensation.

For more information about the type of contributions permitted under the Plan, how the amount of such contributions is determined, any limits that might apply to such amounts and the eligibility conditions for receiving such contributions, see the Summary Plan Description.

**Vesting of contributions.** You are always 100% vested in the safe harbor contribution and any Salary Deferrals you make to the Plan. This means that you have an immediate ownership right to such contributions and you will not lose that right if you should terminate from employment. However, see below for restrictions on your ability to withdraw these amounts from the Plan.

As mentioned above, in addition to the safe harbor contribution, the Plan also provides for other types of contributions. The following vesting schedule applies for purposes of determining your vested percentage in the other contribution types permitted under the Plan:

**Employer Contributions.** Any employer contributions we make to the Plan will be subject to the following vesting schedule:

| Years of service | Vested percentage |
|---|---|
| 0 | 0 |
| 1 | 20 |
| 2 | 4 |
| 3 | 60 |
| 4 | 80 |
| 5 or more | 100 |

You will not have any ownership rights to such employer contributions to the extent you have not vested in those amounts. If you should terminate employment with a nonvested benefit, you will forfeit the nonvested portion of those contributions.

**Matching Contributions.** Any matching contributions we make to the Plan will be 100 vested when contributed to the Plan.

**Withdrawal restrictions.** Generally, you may withdraw amounts held on your behalf under the Plan upon death, disability, or termination of employment. In addition, the following withdrawal options apply while you are still employed.

- Salary Deferrals. You may withdraw amounts attributable to Salary Deferrals from the Plan while you are still employed under the following circumstances:
  - You have reached age 59½.
  - You experience a hardship (as defined in the Plan). See the Summary Plan Description (or other communication) for a list of permissible hardship events.
  - You are in certain qualified active military duty. Please contact your Plan Administrator if you have any questions regarding the availability of a distribution under this provision.
- Safe harbor contributions. Safe harbor contributions are generally eligible for distribution at the same time as Salary Deferrals. However, you may not take a withdrawal of your safe harbor contributions on account of a hardship or on account of qualified military service.
- Rollover contributions. You may withdraw any rollover contributions you make to the Plan at any time.
- Other contributions. As described above, the Plan also provides for employer contributions and matching contributions.

You may withdraw amounts attributable to employer contributions and matching contributions while you are still employed under the following circumstances:

| Employer contributions | Matching contributions |
|---|---|
| • Attainment of age 59½.<br>• A hardship (as defined in the Plan). See your Summary Plan Description (or other communication) for a list of permissible hardship events. | • Attainment of age 59½. |

Note: The Bipartisan Budget Act of 2018 and subsequent IRS regulations changed the rules applicable to hardship withdrawals. For example, the Plan will no longer suspend your ability to make Salary Deferrals if you take a hardship withdrawal. The new rules may or may not have an impact on you. If necessary, the Plan Administrator will provide you with relevant information relating to these rules.

**Plan investments.** The amounts contributed to the Plan on your behalf will be invested in accordance with the Plan's investment procedures. Any earnings on the investment of your contributions under the Plan will be allocated to your Plan account.

The Plan allows you to direct the investment of your Plan account within the available investment options under the Plan. If you do not elect to invest your Plan account, such amounts will automatically be invested in the Plan's default investment fund. Even if your Plan account is invested in the Plan's default investment fund, you have the continuing right to change your default investment and elect to have your Plan account invested in any other available investment options under the Plan.

To learn more about the available investments under the Plan, you may contact the Plan Administrator.

**Additional information**. Please refer to the Summary Plan Description for additional information regarding Plan contributions, withdrawal restrictions, and other Plan features. You may also contact the Plan Administrator for more information. The following is the name, address, and phone number of the Plan Administrator.

**PLAN ADMINISTRATIVE COMMITTEE**

Baker Construction Enterprises Inc.,
900 North Garver Road, Monroe, OH 45050-1241
phone 513.539.4016

# SUMMARY OF BENEFITS AND COVERAGE (SBC'S)

## UMR: BAKER CONSTRUCTION ENTERPRISES INC.: 7670-00-430091 001 – SILVER

Coverage Period: 01/01/2026– 12/31/2026
**Coverage for:** Individual + Family | **Plan Type:** PPO

**The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.**

**This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.umr.com or by calling 1- 888-268-7281. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.umr.com or call 1-888-268-7281 to request a copy.

| Important Questions | Answers | Why this Matters: |
|---|---|---|
| **What is the overall deductible?** | **$1,000** person / **$2,000** family In-network<br>**$2,300** person / **$4,600** family Out-of-network | Generally, you must pay all the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible. |
| **Are there services covered before you meet your deductible?** | Yes. Preventive care services are covered before you meet your deductible. | This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ |
| **Are there other deductibles for specific services?** | No. | You don't have to meet deductibles for specific services. |
| **What is the out–of–pocket limit for this plan?** | **$3,450** person / **$6,900** family In-network<br>**$4,600** person / **$9,200** family Out-of-network | The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met. |
| **What is not included in the out–of–pocket limit?** | Copayments for certain services, penalties, premiums, balance billing charges, and health care this plan doesn't cover. | Even though you pay these expenses, they don't count toward the out-of-pocket limit. |
| **Will you pay less if you use a network provider?** | Yes. See www.umr.com or call 1-888-268-7281 for a list of network providers. | This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services. |
| **Do you need a referral to see a specialist?** | No. | You can see the specialist you choose without a referral. |

ALL COPAYMENT AND COINSURANCE COSTS SHOWN IN THIS CHART ARE AFTER YOUR DEDUCTIBLE HAS BEEN MET, IF A DEDUCTIBLE APPLIES.

| Common Medical Event | Services you may need | What you Will Pay | | Limitations, Exceptions, & Other Important information |
|---|---|---|---|---|
| | | In-network (You will pay the least) | Out-of network (You will pay the most) | |
| **If you visit a health care provider's office or clinic** | Primary care visit to treat an injury or illness | $20 Copay per visit Deductible Waived | 40% Coinsurance | None |
| | Specialist visit | $20 Copay per visit; Deductible Waived | 40% Coinsurance | None |
| | Preventive care/screening/ immunization | No charge; Deductible Waived | 40% Coinsurance Preventive care & Immunizations; Not covered<br>Preventive screenings | You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for. |
| **If you have a test** | Diagnostic test (x-ray, blood work) | No charge;<br>Deductible Waived labs; 20% Coinsurance x-ray | Not covered | None |
| | Imaging (CT/PET scans, MRIs) | 20% Coinsurance | Not covered | Preauthorization is required. If you don't get preauthorization, benefits could be reduced by $500 of the total cost of the service. |
| **If you need drugs to treat your illness or condition.**<br><br>**More information about prescription drug coverage is available at www.optumrx.com** | Generic drugs (Tier 1) | Retail: $15 Copay<br>Mail Order: $30 Copay | Not Covered | None |
| | Preferred brand drugs (Tier 2) | Retail: $30 Copay<br>Mail Order: $60 Copay | Not Covered | None |
| | Non-preferred brand drugs (Tier 3) | Retail: $50 Copay<br>Mail Order: $100 Copay | Not Covered | None |
| | Specialty drugs (Tier 4) | Retail:<br>Specialty Tier 1: $15 Copay<br>Specialty Tier 2: $30 Copay<br>Specialty Tier 3: $100 Copay | Not Covered | None |
| **If you have outpatient surgery** | Facility fee (e.g., ambulatory surgery center) | 20% Coinsurance | 40% Coinsurance | None |
| | Physician/surgeon fees | 20% Coinsurance | 40% Coinsurance | None |
| **If you need immediate medical attention** | Emergency room care | $250 Copay per visit; Deductible Waived True ER;<br>50% Coinsurance Non-True ER | $250 Copay per visit; Deductible Waived True ER;<br>50% Coinsurance Non-True ER | Copay may be waived if admitted True ER |
| | Emergency medical transportation | 20% Coinsurance | 20% Coinsurance | In-network deductible applies to Out-of-network benefits |
| | Urgent care | $20 Copay per visit; Deductible Waived | 40% Coinsurance | None |
| **If you have a hospital stay** | Facility fee (e.g., hospital room) | 20% Coinsurance | 40% Coinsurance | Preauthorization is required. If you don't get preauthorization, benefits could be reduced by $500 of the total cost of the service. |
| | Physician/surgeon fee | 20% Coinsurance | 40% Coinsurance | |
| **If you have mental health, behavioral health, or substance abuse services** | Outpatient services | $20 Copay per visit;<br>Deductible Waived Office visits;<br>20% Coinsurance other outpatient services | 40% Coinsurance | Preauthorization is required for Partial hospitalization. If you don't get preauthorization, benefits could be reduced by $500 of the total cost of the service. |
| | Inpatient services | 20% Coinsurance | 40% Coinsurance | Preauthorization is required. If you don't get preauthorization, benefits |

| | | | | |
|---|---|---|---|---|
| | | | | could be reduced by $500 of the total cost of the service. |
| **If you are pregnant** | Office visits | No charge; Deductible Waived | 40% Coinsurance | Cost sharing does not apply to certain preventive services. Depending on the type of services, deductible, copayment or coinsurance may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). |
| | Childbirth/delivery professional services | 20% Coinsurance | 40% Coinsurance | |
| | Childbirth/delivery facility services | 20% Coinsurance | 40% Coinsurance | |
| **If you need help recovering or have other special health needs** | Home health care | 20% Coinsurance | 40% Coinsurance | 120 Maximum days per calendar year; Preauthorization is required. If you don't get preauthorization, benefits could be reduced by $500 of the total cost of the service. |
| | Rehabilitation services | $20 Copay per visit; Deductible Waived | 40% Coinsurance | 30 Maximum visits per calendar year OT; 30 Maximum visits per calendar year PT; 30 Maximum visits per calendar year ST |
| | Habilitation services | $20 Copay per visit; Deductible Waived | 40% Coinsurance | |
| | Skilled nursing care | 20% Coinsurance | 40% Coinsurance | Preauthorization is required. If you don't get preauthorization, benefits could be reduced by $500 of the total cost of the service. |
| | Durable medical equipment | 20% Coinsurance | 40% Coinsurance | Preauthorization is required for DME in excess of $500 for rentals or $1,500 for purchases. If you don't get preauthorization, benefits could be reduced by $500 per occurrence. |
| | Hospice service | 20% Coinsurance | 40% Coinsurance | None |
| **If your child needs dental or eye care** | Children's eye exam | No charge; Deductible Waived | 40% Coinsurance | None |
| | Children's glasses | Not covered | Not covered | None |
| | Children's dental check-up | Not covered | Not covered | None |

**Excluded Services & Other Covered Services:**

Services Your Plan Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult)
- Infertility treatment
- Long-term care

- Private-duty nursing
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture
- Chiropractic care
- Hearing aids
- Non-emergency care when traveling outside the U.S.
- Routine eye care (Adult)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.HealthCare.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.HealthCare.gov. Additionally, a consumer assistance program may help you file your appeal. A list of states with Consumer Assistance Programs is available at www.HealthCare.gov and http://cciio.cms.gov/programs/consumer/capgrants/index.html.

**Does this plan Provide Minimum Essential Coverage? Yes**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

**Does this plan Meet the Minimum Value Standard? Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-888-268-7281.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

## About these Coverage Examples

**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

| **Peg is Having a Baby**<br>(9 months of in-network pre-natal care and a hospital delivery) | | **Managing Joe's type 2 Diabetes**<br>(a year of routine in-network care of a well-controlled condition) | | **Mia's Simple Fracture**<br>(in-network emergency room visit and follow up care) | |
|---|---|---|---|---|---|
| The plan's overall deductible | $1,000 | The plan's overall deductible | $1,000 | The plan's overall deductible | $1,000 |
| Specialist coinsurance | 20% | Specialist coinsurance | 20% | Specialist coinsurance | 20% |
| Hospital (facility) coinsurance | 20% | Hospital (facility) coinsurance | 20% | Hospital (facility) coinsurance | 20% |
| Other coinsurance | 20% | Other coinsurance | 20% | Other coinsurance | 20% |
| **This EXAMPLE event includes services like:**<br>• Specialist office visits (pre-natal care)<br>• Childbirth/Delivery Professional Services<br>• Childbirth/Delivery Facility Services<br>• Diagnostic tests (ultrasounds and blood work)<br>• Specialist visit (anesthesia) | | **This EXAMPLE event includes services like:**<br>• Primary care physician office visits (including disease education)<br>• Diagnostic tests (blood work)<br>• Prescription drugs<br>• Durable medical equipment (glucose meter) | | **This EXAMPLE event includes services like:**<br>• Emergency room care (including medical supplies)<br>• Diagnostic tests (x-ray)<br>• Durable medical equipment (crutches)<br>• Rehabilitation services (physical therapy) | |
| **In this example, Peg would pay:** | | **In this example, Joe would pay:** | | **In this example, Mia would pay:** | |
| *Cost Sharing* | | *Cost Sharing* | | *Cost Sharing* | |
| Deductibles | $1,000 | Deductibles | $400 | Deductibles | $1,000 |
| Copayments | $0 | Copayments | $100 | Copayments | $300 |
| Coinsurance | $2,100 | Coinsurance | $0 | Coinsurance | $300 |
| *What isn't covered* | | *What isn't covered* | | *What isn't covered* | |
| Limits or exclusions | $70 | Limits or exclusions | $4,300 | Limits or exclusions | $10 |
| **The total Peg would pay is** | **$3,170** | **The total Joe would pay is** | **$4,800** | **The total Mia would pay is** | **$1,610** |

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: www.umr.com or call 1-888-268-7281.

*Note: This plan has other deductibles for specific services included in this coverage example. See "Are there other deductibles for specific services?"" row above.

The plan would be responsible for the other costs of these EXAMPLE covered services.

## UMR: BAKER CONSTRUCTION ENTERPRISES INC.: 7670-00-430091 002 – Bronze

Coverage Period: 01/01/2026 – 12/31/2026
**Coverage for:** Individual + Family | **Plan Type:** PPO

**The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.**

**This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.umr.com or by calling 1- 888-268-7281. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.umr.com or call 1-888-268-7281 to request a copy.

| Important Questions | Answers | Why this Matters: |
|---|---|---|
| **What is the overall deductible?** | $**1,750** person / $**3,500** family In-network<br>$**4,025** person / $**8,050** family Out-of-network | Generally, you must pay all the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible. |
| **Are there services covered before you meet your deductible?** | Yes. Preventive care services are covered before you meet your deductible. | This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ |
| **Are there other deductibles for specific services?** | No. | You don't have to meet deductibles for specific services. |
| **What is the out–of–pocket limit for this plan?** | $**4,600** person / $**9,200** family In-network<br>$**8,050** person / $**16,100** family Out-of-network | The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met. |
| **What is not included in the out–of–pocket limit?** | Copayments for certain services, penalties, premiums, balance billing charges, and health care this plan doesn't cover. | Even though you pay these expenses, they don't count toward the out-of-pocket limit. |
| **Will you pay less if you use a network provider?** | Yes. See www.umr.com or call 1-888-268-7281 for a list of network providers. | This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services. |
| **Do you need a referral to see a specialist?** | No. | You can see the specialist you choose without a referral. |

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

| Common Medical Event | Services you may need | What you Will Pay | | Limitations, Exceptions, & Other Important information |
|---|---|---|---|---|
| | | In-network (You will pay the least) | Out-of network (You will pay the most) | |
| **If you visit a health care provider's office or clinic** | Primary care visit to treat an injury or illness | $30 Copay per visit; Deductible Waived | 40% Coinsurance | None |
| | Specialist visit | $30 Copay per visit; Deductible Waived | 40% Coinsurance | None |
| | Preventive care/screening/ immunization | No charge; Deductible Waived | 40% Coinsurance Preventive care & Immunizations; Not covered<br>Preventive screenings | You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for. |
| **If you have a test** | Diagnostic test (x-ray, blood work) | No charge;<br>Deductible Waived labs; 20% Coinsurance x-ray | Not covered | None |
| | Imaging (CT/PET scans, MRIs) | 20% Coinsurance | Not covered | Preauthorization is required. If you don't get preauthorization, benefits could be reduced by $500 of the total cost of the service. |
| **If you need drugs to treat your illness or condition.**<br><br>**More information about prescription drug coverage is available at www.optumrx.com** | Generic drugs (Tier 1) | Retail: $15 Copay<br>Mail Order: $30 Copay | Not Covered | None |
| | Preferred brand drugs (Tier 2) | Retail: $30 Copay<br>Mail Order: $60 Copay | Not Covered | None |
| | Non-preferred brand drugs (Tier 3) | Retail: $50 Copay<br>Mail Order: $100 Copay | Not Covered | None |
| | Specialty drugs (Tier 4) | Retail:<br>Specialty Tier 1: $15 Copay<br>Specialty Tier 2: $30 Copay<br>Specialty Tier 3: $100 Copay | Not Covered | None |
| **If you have outpatient surgery** | Facility fee (e.g., ambulatory surgery center) | 20% Coinsurance | 40% Coinsurance | None |
| | Physician/surgeon fees | 20% Coinsurance | 40% Coinsurance | None |
| **If you need immediate medical attention** | Emergency room care | $250 Copay per visit; Deductible Waived True ER;<br>50% Coinsurance Non-True ER | $250 Copay per visit; Deductible Waived True ER;<br>50% Coinsurance Non-True ER | Copay may be waived if admitted True ER |
| | Emergency medical transportation | 20% Coinsurance | 20% Coinsurance | In-network deductible applies to Out-of-network benefits |
| | Urgent care | $30 Copay per visit; Deductible Waived | 40% Coinsurance | None |
| **If you have a hospital stay** | Facility fee (e.g., hospital room) | 20% Coinsurance | 40% Coinsurance | Preauthorization is required. If you don't get preauthorization, benefits could be reduced by $500 of the total cost of the service. |
| | Physician/surgeon fee | 20% Coinsurance | 40% Coinsurance | |
| **If you have mental health, behavioral health, or substance abuse services** | Outpatient services | $20 Copay per visit;<br>Deductible Waived Office visits;<br>20% Coinsurance other outpatient services | 40% Coinsurance | Preauthorization is required for Partial hospitalization. If you don't get preauthorization, benefits could be reduced by $500 of the total cost of the service. |
| | Inpatient services | 20% Coinsurance | 40% Coinsurance | Preauthorization is required. If you don't get preauthorization, benefits could be reduced by $500 |

| | | | | |
|---|---|---|---|---|
| | | | | of the total cost of the service. |
| **If you are pregnant** | Office visits | No charge; Deductible Waived | 40% Coinsurance | Cost sharing does not apply to certain preventive services. Depending on the type of services, deductible, copayment or coinsurance may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). |
| | Childbirth/delivery professional services | 20% Coinsurance | 40% Coinsurance | |
| | Childbirth/delivery facility services | 20% Coinsurance | 40% Coinsurance | |
| **If you need help recovering or have other special health needs** | Home health care | 20% Coinsurance | 40% Coinsurance | 120 Maximum days per calendar year; Preauthorization is required. If you don't get preauthorization, benefits could be reduced by $500 of the total cost of the service. |
| | Rehabilitation services | $20 Copay per visit; Deductible Waived | 40% Coinsurance | 30 Maximum visits per calendar year OT; 30 Maximum visits per calendar year PT; 30 Maximum visits per calendar year ST |
| | Habilitation services | $30 Copay per visit; Deductible Waived | 40% Coinsurance | |
| | Skilled nursing care | 20% Coinsurance | 40% Coinsurance | Preauthorization is required. If you don't get preauthorization, benefits could be reduced by $500 of the total cost of the service. |
| | Durable medical equipment | 20% Coinsurance | 40% Coinsurance | Preauthorization is required for DME in excess of $500 for rentals or $1,500 for purchases. If you don't get preauthorization, benefits could be reduced by $500 per occurrence. |
| | Hospice service | 20% Coinsurance | 40% Coinsurance | None |
| **If your child needs dental or eye care** | Children's eye exam | No charge; Deductible Waived | 40% Coinsurance | None |
| | Children's glasses | Not covered | Not covered | None |
| | Children's dental check-up | Not covered | Not covered | None |

**Excluded Services & Other Covered Services:**

Services Your Plan Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult)
- Infertility treatment
- Long-term care

- Private-duty nursing
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture
- Chiropractic care
- Hearing aids
- Non-emergency care when traveling outside the U.S.
- Routine eye care (Adult)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.HealthCare.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.HealthCare.gov. Additionally, a consumer assistance program may help you file your appeal. A list of states with Consumer Assistance Programs is available at www.HealthCare.gov and http://cciio.cms.gov/programs/consumer/capgrants/index.html.

**Does this plan Provide Minimum Essential Coverage? Yes**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

**Does this plan Meet the Minimum Value Standard? Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-888-268-7281.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

## About these Coverage Examples

**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

| **Peg is Having a Baby** (9 months of in-network pre-natal care and a hospital delivery) | | **Managing Joe's type 2 Diabetes** (a year of routine in-network care of a well-controlled condition) | | **Mia's Simple Fracture** (in-network emergency room visit and follow up care) | |
|---|---|---|---|---|---|
| The plan's overall deductible | $1,750 | The plan's overall deductible | $1,750 | The plan's overall deductible | $1,750 |
| Specialist copayment | $30 | Specialist copayment | $30 | Specialist copayment | $30 |
| Hospital (facility) coinsurance | 20% | Hospital (facility) coinsurance | 20% | Hospital (facility) coinsurance | 20% |
| Other coinsurance | 20% | Other coinsurance | 20% | Other coinsurance | 20% |
| **This EXAMPLE event includes services like:**<br>• Specialist office visits (pre-natal care)<br>• Childbirth/Delivery Professional Services<br>• Childbirth/Delivery Facility Services<br>• Diagnostic tests (ultrasounds and blood work)<br>• Specialist visit (anesthesia) | | **This EXAMPLE event includes services like:**<br>• Primary care physician office visits (including disease education)<br>• Diagnostic tests (blood work)<br>• Prescription drugs<br>• Durable medical equipment (glucose meter) | | **This EXAMPLE event includes services like:**<br>• Emergency room care (including medical supplies)<br>• Diagnostic tests (x-ray)<br>• Durable medical equipment (crutches)<br>• Rehabilitation services (physical therapy) | |
| **In this example, Peg would pay:** | | **In this example, Joe would pay:** | | **In this example, Mia would pay:** | |
| *Cost Sharing* | | *Cost Sharing* | | *Cost Sharing* | |
| Deductibles | $1,750 | Deductibles | $400 | Deductibles | $1,750 |
| Copayments | $0 | Copayments | $200 | Copayments | $400 |
| Coinsurance | $1,900 | Coinsurance | $0 | Coinsurance | $100 |
| *What isn't covered* | | *What isn't covered* | | *What isn't covered* | |
| Limits or exclusions | $70 | Limits or exclusions | $4,300 | Limits or exclusions | $10 |
| **The total Peg would pay is** | **$3,720** | **The total Joe would pay is** | **$4,900** | **The total Mia would pay is** | **$2,260** |

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: www.umr.com or call 1-888-268-7281.

*Note: This plan has other deductibles for specific services included in this coverage example. See "Are there other deductibles for specific services?"" row above.

The plan would be responsible for the other costs of these EXAMPLE covered services.

## UMR: BAKER CONSTRUCTION ENTERPRISES INC.: 7670-00-430091 003 - Copper

Coverage Period: 01/01/2026 – 12/31/2026
**Coverage for:** Individual + Family | **Plan Type:** HDHP

**The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.**

**This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.umr.com or by calling 1- 888-268-7281. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.umr.com or call 1-888-268-7281 to request a copy.

| Important Questions | Answers | Why this Matters: |
|---|---|---|
| **What is the overall deductible?** | **$5,000** person / **$10,000** family In-network<br>$10,000 person / $20,000 family Out-of-network<br>**$5,000** In-network **/ $10,000** Out-of-network<br>Maximum amount that any one person will satisfy toward the annual family deductible | Generally, you must pay all the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible. |
| **Are there services covered before you meet your deductible?** | Yes. Preventive care services are covered before you meet your deductible. | This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ |
| **Are there other deductibles for specific services?** | No. | You don't have to meet deductibles for specific services. |
| **What is the out–of–pocket limit for this plan?** | **$5,000** person / **$10,000** family In-network<br>**$10,000** person / **$20,000** family Out-of-network<br>**$5,000** In-network / **$10,000** Out-of network<br>Maximum amount that any one person will satisfy toward the annual family out-of-pocket | The out-of-pocket limit is the most you could pay in a year for covered services.<br>If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met. |
| **What is not included in the out–of–pocket limit?** | Copayments for certain services, penalties, premiums, balance billing charges, and health care this plan doesn't cover. | Even though you pay these expenses, they don't count toward the out-of-pocket limit. |
| **Will you pay less if you use a network provider?** | Yes. See www.umr.com or call 1-888-268-7281 for a list of network providers. | This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services. |
| **Do you need a referral to see a specialist?** | No. | You can see the specialist you choose without a referral. |

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

| Common Medical Event | Services you may need | What you Will Pay | | Limitations, Exceptions, & Other Important information |
|---|---|---|---|---|
| | | In-network (You will pay the least) | Out-of network (You will pay the most) | |
| **If you visit a health care provider's office or clinic** | Primary care visit to treat an injury or illness | No charge | 40% Coinsurance | None |
| | Specialist visit | No charge | 40% Coinsurance | None |
| | Preventive care/screening/ immunization | No charge; Deductible Waived | 40% Coinsurance Preventive care & Immunizations; Not covered<br>Preventive screenings | You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for. |
| **If you have a test** | Diagnostic test (x-ray, blood work) | No charge | Not covered | None |
| | Imaging (CT/PET scans, MRIs) | No charge | Not covered | Preauthorization is required. If you don't get preauthorization, benefits could be reduced by $500 of the total cost of the service. |
| **If you need drugs to treat your illness or condition.**<br><br>**More information about prescription drug coverage is available at www.optumrx.com** | Generic drugs (Tier 1) | Retail: No charge<br>Mail Order: No charge | Not Covered | None |
| | Preferred brand drugs (Tier 2) | Retail: No charge<br>Mail Order: No charge | Not Covered | None |
| | Non-preferred brand drugs (Tier 3) | Retail: No charge<br>Mail Order: No charge | Not Covered | None |
| | Specialty drugs (Tier 4) | Retail: No charge | Not Covered | None |
| **If you have outpatient surgery** | Facility fee (e.g., ambulatory surgery center) | No charge | 40% Coinsurance | None |
| | Physician/surgeon fees | No charge | 40% Coinsurance | None |
| **If you need immediate medical attention** | Emergency room care | No charge True ER; 50% Coinsurance Non-True ER | No charge True ER; 50% Coinsurance Non-True ER | In-network deductible applies to Out-of-network benefits True ER |
| | Emergency medical transportation | No charge | 40% Coinsurance | None |
| | Urgent care | No charge | 40% Coinsurance | None |
| **If you have a hospital stay** | Facility fee (e.g., hospital room) | No charge | 40% Coinsurance | Preauthorization is required. If you don't get preauthorization, benefits could be reduced by $500 of the total cost of the service. |
| | Physician/surgeon fee | No charge | 40% Coinsurance | |
| **If you have mental health, behavioral health, or substance abuse services** | Outpatient services | No charge | 40% Coinsurance | Preauthorization is required for Partial hospitalization. If you don't get preauthorization, benefits could be reduced by $500 of the total cost of the service. |
| | Inpatient services | No charge | 40% Coinsurance | Preauthorization is required. If you don't get preauthorization, benefits could be reduced by $500 |

| | | | | |
|---|---|---|---|---|
| | | | | of the total cost of the service. |
| **If you are pregnant** | Office visits | No charge; Deductible Waived | 40% Coinsurance | Cost sharing does not apply to certain preventive services. Depending on the type of services, deductible, copayment or coinsurance may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). |
| | Childbirth/delivery professional services | No charge | 40% Coinsurance | |
| | Childbirth/delivery facility services | No charge | 40% Coinsurance | |
| **If you need help recovering or have other special health needs** | Home health care | No charge | 40% Coinsurance | 120 Maximum days per calendar year; Preauthorization is required. If you don't get preauthorization, benefits could be reduced by $500 of the total cost of the service. |
| | Rehabilitation services | No charge | 40% Coinsurance | 30 Maximum visits per calendar year OT; 30 Maximum visits per calendar year PT; 30 Maximum visits per calendar year ST |
| | Habilitation services | No charge | 40% Coinsurance | |
| | Skilled nursing care | No charge | 40% Coinsurance | Preauthorization is required. If you don't get preauthorization, benefits could be reduced by $500 of the total cost of the service. |
| | Durable medical equipment | No charge | 40% Coinsurance | Preauthorization is required for DME in excess of $500 for rentals or $1,500 for purchases. If you don't get preauthorization, benefits could be reduced by $500 per occurrence. |
| | Hospice service | No charge | 40% Coinsurance | None |
| **If your child needs dental or eye care** | Children's eye exam | No charge; Deductible Waived | 40% Coinsurance | None |
| | Children's glasses | Not covered | Not covered | None |
| | Children's dental check-up | Not covered | Not covered | None |

**Excluded Services & Other Covered Services:**

Services Your Plan Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult)
- Infertility treatment
- Long-term care

- Private-duty nursing
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture
- Chiropractic care
- Hearing aids
- Non-emergency care when traveling outside the U.S.
- Routine eye care (Adult)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.HealthCare.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.HealthCare.gov. Additionally, a consumer assistance program may help you file your appeal. A list of states with Consumer Assistance Programs is available at www.HealthCare.gov and http://cciio.cms.gov/programs/consumer/capgrants/index.html.

**Does this plan Provide Minimum Essential Coverage? Yes**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

**Does this plan Meet the Minimum Value Standard? Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-888-268-7281.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

## About these Coverage Examples

**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

| **Peg is Having a Baby** (9 months of in-network pre-natal care and a hospital delivery) | | **Managing Joe's type 2 Diabetes** (a year of routine in-network care of a well-controlled condition) | | **Mia's Simple Fracture** (in-network emergency room visit and follow up care) | |
|---|---|---|---|---|---|
| The plan's overall deductible | $5,000 | The plan's overall deductible | $5,000 | The plan's overall deductible | $5,000 |
| Specialist coinsurance | 0% | Specialist coinsurance | 0% | Specialist coinsurance | 0% |
| Hospital (facility) coinsurance | 0% | Hospital (facility) coinsurance | 0% | Hospital (facility) coinsurance | 0% |
| Other coinsurance | 0% | Other coinsurance | 0% | Other coinsurance | 0% |
| **This EXAMPLE event includes services like:**<br>• Specialist office visits (pre-natal care)<br>• Childbirth/Delivery Professional Services<br>• Childbirth/Delivery Facility Services<br>• Diagnostic tests (ultrasounds and blood work)<br>• Specialist visit (anesthesia) | | **This EXAMPLE event includes services like:**<br>• Primary care physician office visits (including disease education)<br>• Diagnostic tests (blood work)<br>• Prescription drugs<br>• Durable medical equipment (glucose meter) | | **This EXAMPLE event includes services like:**<br>• Emergency room care (including medical supplies)<br>• Diagnostic tests (x-ray)<br>• Durable medical equipment (crutches)<br>• Rehabilitation services (physical therapy) | |
| **Total Example Cost** | **$12,700** | **Total Example Cost** | **$5,600** | **Total Example Cost** | **$2,800** |
| **In this example, Peg would pay:** | | **In this example, Joe would pay:** | | **In this example, Mia would pay:** | |
| *Cost Sharing* | | *Cost Sharing* | | *Cost Sharing* | |
| Deductibles | $5,000 | Deductibles | $1,100 | Deductibles | $2,800 |
| Copayments | $0 | Copayments | $0 | Copayments | $0 |
| Coinsurance | $0 | Coinsurance | $0 | Coinsurance | $0 |
| *What isn't covered* | | *What isn't covered* | | *What isn't covered* | |
| Limits or exclusions | $70 | Limits or exclusions | $4,300 | Limits or exclusions | $10 |
| **The total Peg would pay is** | **$5,070** | **The total Joe would pay is** | **$5,400** | **The total Mia would pay is** | **$2,810** |

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: www.umr.com or call 1-888-268-7281.

*Note: This plan has other deductibles for specific services included in this coverage example. See "Are there other deductibles for specific services?"" row above.

The plan would be responsible for the other costs of these EXAMPLE covered services.

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A sleek design, easy navigation, and access to important messages makes managing your health benefits a breeze!

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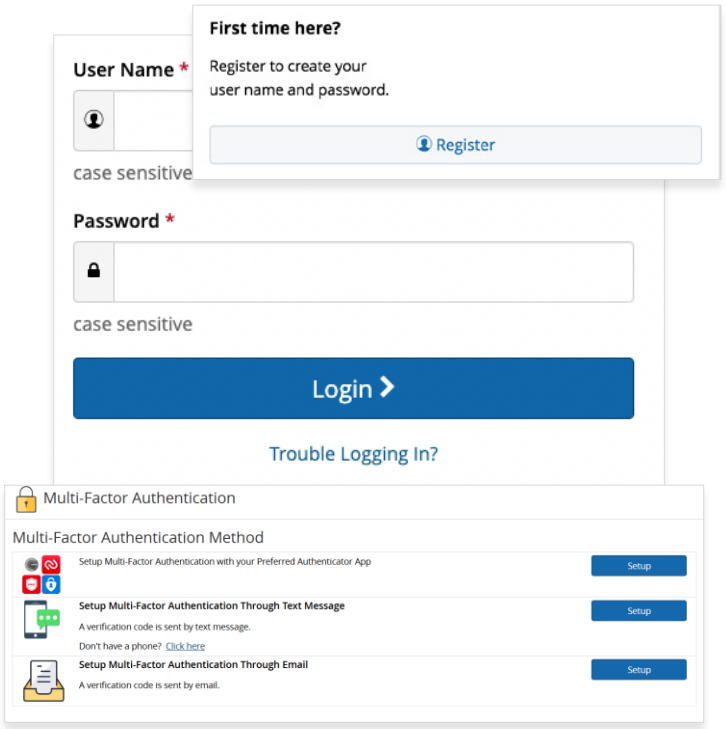
# How to enroll in your benefits

BAKER Construction Enterprises

## REGISTER AND LOGIN

1. Visit **www.BakerBenefits.com** and click the **Register** button to get started. The case-sensitive company key is **Baker**.
2. Create your user name and password and verify your personal information.
3. Log in using your new user name and password.
4. Set up your Multi-Factor Authentication preferences. This will be your authentication process each time you visit the site going forward.




RETURNING USERS: Click on the **Trouble Logging In?** link to reset your login details.

## EXPLORE YOUR OPTIONS

Explore the site to learn about your benefits. You'll find lots of helpful information in the **Reference Center**, located at the top of the page in the navigation menu.

The calendar at the top of the **Home** page lets you know how many days you have left to enroll.

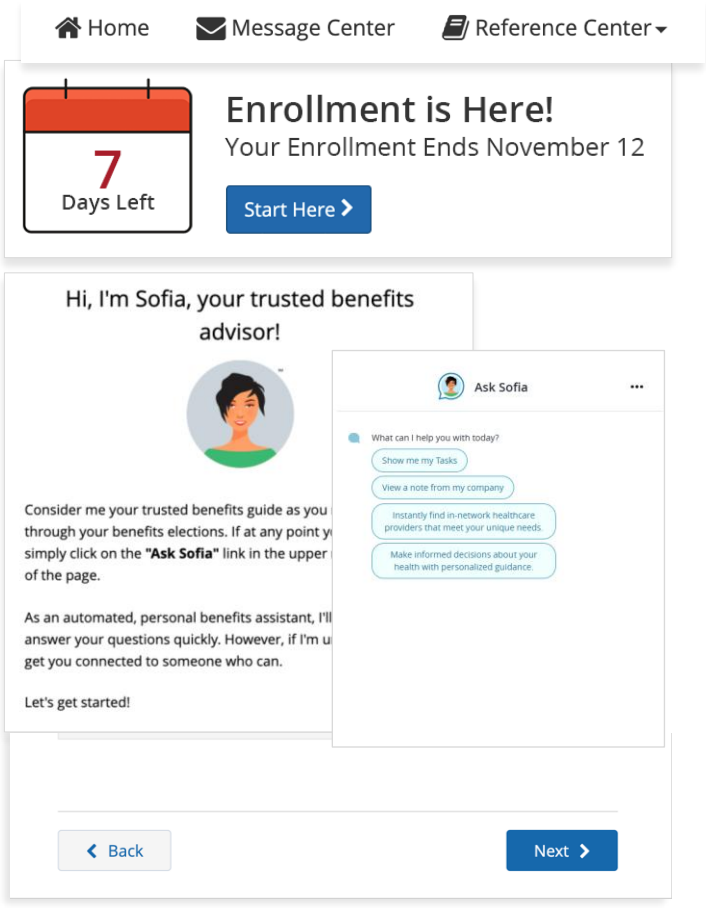
## START YOUR ENROLLMENT

Click the **Start Here** button to review your personal information and add or edit any dependents you wish to cover.

You will need to provide each dependent's legal name, Social Security number, and birth date to add them to your coverage. Note, you will be required to provide documentation to prove your relationship to each dependent for certain coverages.

Sofia, your personal benefits assistant, can answer questions and guide you as you enroll.

**Reminder:** DO NOT use your browser's arrows to navigate between pages. Instead, use the **Back** and **Next** buttons located at the bottom of each screen.




**BakerBenefits.com**
**Company Key: Baker**

## ENROLL IN COVERAGE

After you've reviewed your information and added any necessary dependents, you will be presented with multiple options for electing your benefits:

### Already know what you want?

If you already know which benefits are right for your needs, this path walks you through each coverage one at a time. Click **I Know What I Want** to select or waive each coverage option and determine which dependents you want to cover.

View **Plan Details** and choose at least 2 plans to **Compare** your options.

### Need help choosing?

Choosing which benefits are right for you shouldn't be a mystery—and our decision support tool is here to help!

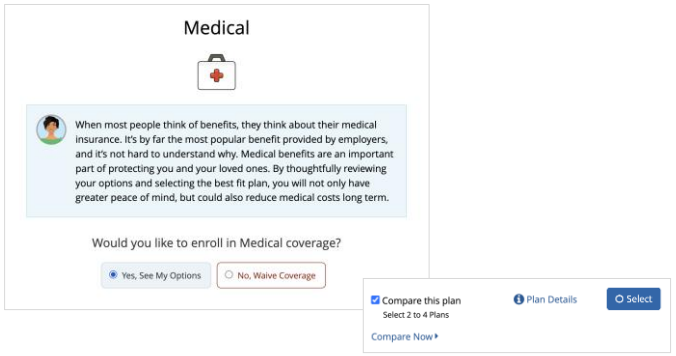
Select **I'd Like Help Choosing Plans** and answer a few simple questions to find the plans that best fit your unique needs. Your answers to all questions are confidential and the progress dots along the bottom of the screen indicate how many questions are remaining.

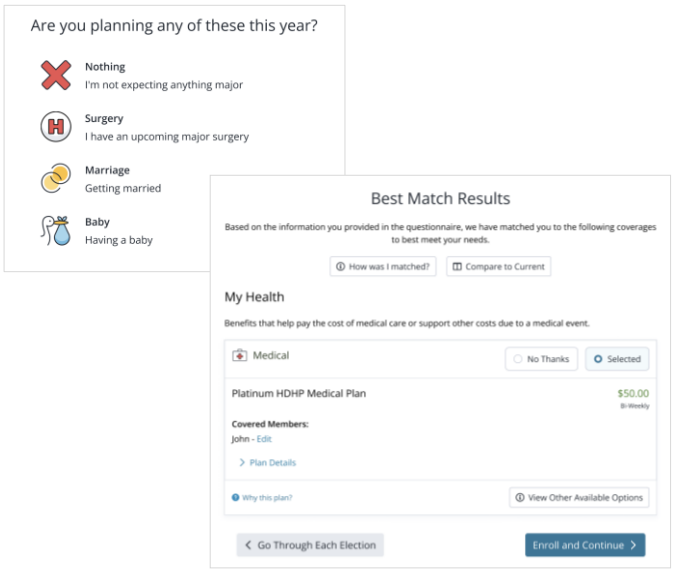
Once completed, review your **Best Match Results**, based on your answers. You can review each option, see all plans offered, and change your coverage as you see fit. Verify your elections are accurate and click **Looks Good** to proceed.

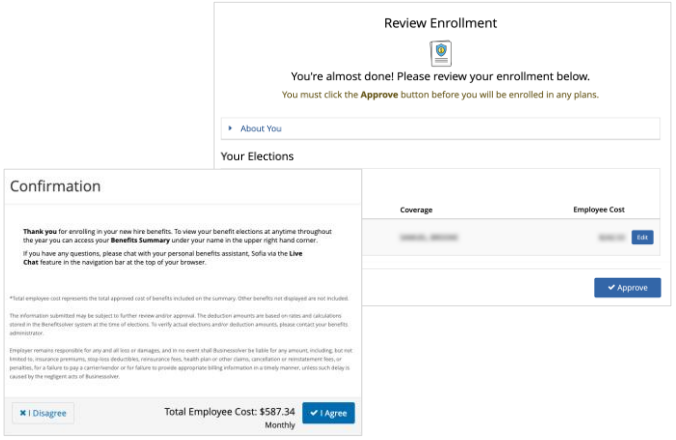
## REVIEW AND FINALIZE YOUR ELECTIONS

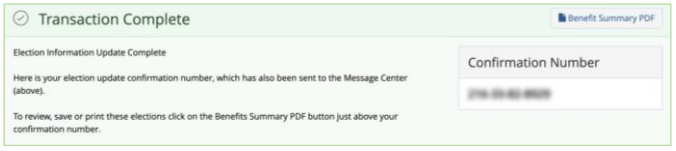
After you've reviewed each individual benefit election, it's time to review your enrollment at large. Make sure your personal information, elections, dependents, and beneficiary(ies) are accurate, then **Approve** your elections.

To finish, click **I Agree**. When your enrollment is complete, you will receive a confirmation number and can print your **Benefit Summary** for your records.

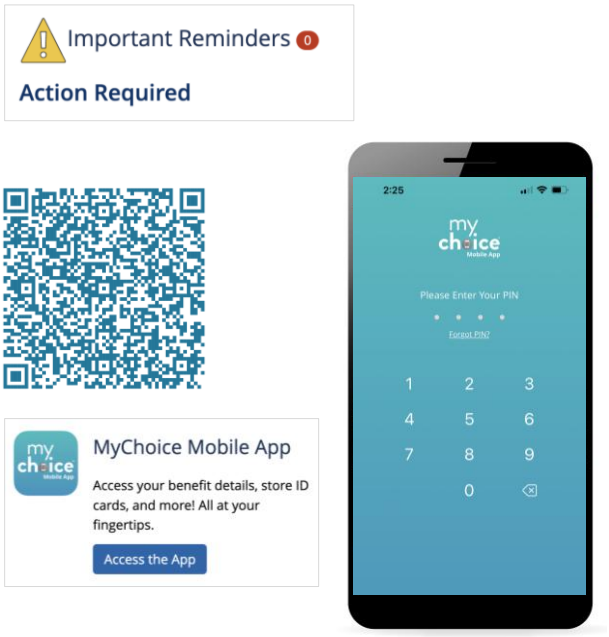



## AFTER YOU ENROLL

1. Check your **Important Reminders** for actions needed to complete your enrollment. Find helpful information on the **I Want To... Learn About > Dependent Verification** page.
2. Access your **Benefit Summary** for accuracy of your information and elections.
3. Download the **MyChoice® benefits app** to manage and access all your benefits information on the go. Click **Access the App** at BakerBenefits.com to get started, or scan the QR code to the right to download the app on your device.
4. Visit this site year-round to learn more about your benefits, find plan information, and access tools to improve your health.




## QUESTIONS? ASK SOFIA

Whether you need help with your enrollment or have questions about your benefits, you can chat with **Sofia**, your 24/7 personal benefits assistant. Find Sofia in the MyChoice® benefits app and BakerBenefits.com.

If she can't answer your questions, she will point you in the right direction for answers.

Sofia speaks over 50 languages, and can answer questions regarding 400,000 benefits topics, including:

- MyChoice Accounts
- Coverage questions
- Plan comparisons
- Enrollment deadlines
- Dependent coverage
- ID cards
- And many more!