



Employee Health & Welfare Benefits Plan Year: 1/1/2026-12/31/2026

Revalize provides an extensive benefits package to help you and your covered dependents. The following is a general summary of the benefits, including contact information and where to find additional information. Full-time employees working 30 or more hours a week are eligible for benefits coinciding with the first month following their hire date.

Cigna Medical / Rx		HDHP Plan In-Network	SimplePlan (Copay Plan) In-Network
Network		Open Access Plus	
Deductible	Individual	\$3,400	\$0
	Family	\$6,000	\$0
Coinsurance (insurance pays/you pay)		100%/0%	100%/0%
Out-of-Pocket (OOP) Maximum	Individual	\$4,000	\$8,000
	Family	\$8,000	\$16,000
Surgery	Inpatient	Subject to deductible and coinsurance	\$3,000 copay per admission
	Outpatient		\$1,500 copay
Office Visits	Primary Care	\$0 after deductible	\$80 copay
	Specialist	\$0 after deductible	\$125 copay
	Urgent Care	\$0 after deductible	\$250 copay
	Emergency Room	\$0 after deductible	\$1,000 copay
Pharmacy Copays		\$10/\$35/\$70 <i>*RX Copays apply after the medical deductible</i>	\$40/\$70/\$150/\$250
Mail-Order – 90-day supply		2.5x retail copay cost	3x retail copay cost
Both plans use Cigna's National Network, Open Access Plus (OAP). Only the HDHP plan offers out-of-network coverage. For more information, refer to your plan documents within Dayforce or on our benefits site here .			

WEX Health		Spending & Savings Accounts		
Account Type	Who can Enroll?	Company HSA Contribution (Individual / Family)	Catch-up Contribution / Over age 55	IRS Annual Maximum Contribution Limits - includes any employer dollars
Health Savings Account (HSA)	HDHP Participants Only	\$600 / \$1,200 (annually)	\$1,000	\$4,400 (individual) \$8,750 (family)
Healthcare Flexible Spending Account (HCFSAs)	SimplePlan Participants Only	N/A	N/A	\$3,400
Limited Purpose Flexible Spending Account (LPFSA)	HDHP Participants Only	N/A	N/A	\$3,400
Dependent Care Account	Both HDHP and SimplePlan Participants	N/A	N/A	\$7,500 (single filers and married couples filing jointly) \$3,750 (for married individuals filing separately)

Contribution limits are set by the IRS and are reevaluated annually. Please note that the FSA plans have a "use it, or lose it" rule. For more details, visit <https://revalize.mybenefits.life/> and visit the tax savings account tabs.

Cigna Dental		In-Network Benefits
Dental Network		Total Cigna DPPO
Network Deductible	Individual	\$50
	Family	\$150
Coinsurance Levels by Service Type	Preventive Care	Covered at 100%
	Basic Care	Plan covers 80%
	Major Care	Plan covers 50%
	Orthodontia (Child Only)	Plan covers 50%
Maximum Benefit	Annual	\$1,500
	Orthodontia Lifetime	\$1,500 (Child only)
Reimbursement Level	Out-of-Network	90 th percentile



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Cigna Vision		In-Network Benefits
Network		EyeMed
Network	Exam	\$10 copay
Copays	Materials	\$25 copay
Frequency	Exam	Every 12 months
	Lenses and Contacts <i>*contacts are in lieu of frames</i>	Every 12 months 100% (Single, bifocal, trifocal lenses) Contacts (elective) \$150 allowance Medically necessary contacts (Covered at 100%)
	Frames	Every 12 months \$150 frame allowance

Deductions per Paycheck (Semi-Monthly)		
	Medical	
	HDHP Plan	SimplePlan (Copay Plan)
Employee Only	\$40.00	\$90.00
Employee + Spouse	\$262.50	\$282.50
Employee + Child(ren)	\$237.50	\$257.50
Employee + Family	\$362.50	\$405.00
	Dental	Vision
Employee Only	\$7.75	\$3.23
Employee + Spouse	\$15.25	\$6.78
Employee + Child(ren)	\$21.50	\$6.14
Employee + Family	\$32.50	\$9.68

Symetra	Employer-Paid Basic Life and AD&D
Benefit	1x annual salary up to \$100,000

Symetra	Voluntary Life and AD&D		
	Employee	Spouse	Child
Benefit	Increments of \$10,000 to the lesser of 5x annual earnings of \$500,000	Increments of \$5,000 to the lesser of 50% of the employee benefit or \$250,000	\$10,000
Guarantee Issue (GI)	\$100,000	\$50,000	10,000
Evidence of Insurability (EOI)	If you are electing outside of your new hire enrollment period or over the GI amount, a health statement may be required. See Dayforce for plan pricing and options.		N/A

Symetra	Employer-Paid Short-Term Disability	Employer Paid-Long Term Disability
Coverage Amount	60% of salary	60% of salary
Maximum Benefit	\$2,000 Per Week	\$10,000 Per Month
Maximum Duration	11 Weeks	To SSNRA
Benefits Begin	Day 8	Day 91

Employee Assistance Program (EAP)

The Symetra Employee Assistance Program is your confidential EAP providing guidance on personal issues that you might be facing and information about other concerns that affect your life, whether it's a life event or on a day-to-day basis. Check out this free resource at guidanceresources.com (Web ID: SYMETRA) or call 1-888-327-9573.

Symetra

Voluntary Critical Illness

Benefit	The plan pays a lump sum cash benefit directly to the insured upon the first diagnosis, after the coverage effective date, from the list of eligible conditions. <i>See the Dayforce portal for additional details and pricing.</i>
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Symetra

Voluntary Accident Insurance

Benefit	Pays a lump-sum payout or fixed benefit based on the type of accident. <i>See the Dayforce portal for additional details and pricing.</i>
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Symetra

Voluntary Hospital Indemnity

Benefit	The plan pays a lump-sum, cash benefit directly to the insured if admitted or confined to the hospital for a covered accident or illness. <i>See the Dayforce portal for additional details and pricing.</i>
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Carrier/Vendor Information

Carrier/Vendor	Benefit Covered	Website (www.)	Customer Service
Cigna Insurance	Medical, Dental, Vision	myCigna.com Policy #655868	866-494-2111 (medical, dental) 888-353-2653 (vision) <i>*Or call the number on the back of your digital ID card</i>
Symetra	Basic Life/AD&D, Voluntary Life/AD&D, STD, LTD, Accident, Critical Illness, Hospital Indemnity	www.symetra.com No ID cards Policy # 01-020409-00 EAP: guidanceresources.com Web ID: SYMETRA 1-888-327-9573	1-888-327-9573
WEX Health	HSA, FSA, COBRA	customerservice@wexhealth.com cobraadmin@wexhealth.com #43739	866-451-3399

For additional support or questions regarding your health and welfare benefits, please contact



(855) 889-3713

scr-support@alliant.com

Monday–Thursday 8 a.m.–5:30 p.m. CST/Friday 8 a.m.–5 p.m.

Please note that this summary highlights some of the main features of your benefit programs, but does not include all plan rules, features, limitations or exclusions. The terms of your benefit plans are governed by legal documents including insurance contracts. Should there be any inconsistencies between this summary and the legal plan documents, the plan documents are the final authority.