



U.S. Employee Benefits

2026

BEARC  **M**®

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Working together is what makes BearCom a success, and this teamwork extends to your benefits. We provide options to support your family's overall wellbeing. This guide offers details on your 2026 U.S. benefits. Contact the Human Resources department with any questions.

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Scan for Your Plans!



Scan with your smartphone to access enrollment materials online anytime.



See [page 39](#) for important information concerning Medicare Part D coverage.

In this Guide, we use the term company to refer to BearCom Operating, LLC. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

Eligibility and Enrollment

BearCom's benefits are designed to support your unique needs.

Eligibility

If you are a full-time employee of BearCom who is regularly scheduled to work at least 30 hours per week, you are eligible to participate in medical, dental, vision, life and disability plans, and other additional benefits.

When Does Coverage Begin?

Your elections are effective on the first day of the month following your date of hire. If you are hired on the first day of the month, your benefits will be effective that day. You won't be able to change your benefits until the next enrollment period unless you experience a Qualifying Life Event.

When Will I Receive My Benefit Card?

Benefit cards are mailed out directly from the carriers and should arrive 7-10 days after the effective date. Medical and Dental cards will be mailed out directly from the insurance carrier and should arrive 7-10 days after the effective date of insurance. VSP will not mail out any cards for vision insurance.

Note

Open Enrollment is your annual chance to change your benefits, unless you have a Qualifying Life Event, such as marriage or the birth/adoption of a child.

Dependents

Dependents eligible for coverage include:

- Your legal spouse/domestic partner (or common-law spouse where recognized) who is not offered coverage through their own employer.
- Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom you or your spouse have legal guardianship or legal custody).
- Dependent children 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required).

All employees MUST complete the enrollment process in PayCom, even if declining all voluntary coverage.

Dependent Verification Required

New dependents enrolled in medical plans will be reviewed and verified by iVerifyPro, a third-party partner. iVerifyPro will reach out to members to collect documentation to review and verify eligibility for dependents in the company's health plans. This process will help reduce the escalation of benefit plan rate increases, which is good for everyone, including you as a member.



Taxation of Domestic Partner Premiums

The IRS does not allow premiums for domestic partner or domestic partner child(ren) insurance coverage to be paid on a pre-tax basis unless you have a valid marriage certificate. Deductions will be made on a pre-tax basis only to couples that have a valid marriage certificate. Note that registered domestic partnership, civil unions, and other same-sex relationships are not considered to be marriage under the federal tax laws. Those deductions will be made after tax.

Now's the Time to Enroll!

What Are Qualifying Life Events?

You can update your benefits when you start a new job or during Open Enrollment. But changes in your life called Qualifying Life Events (QLEs) determined by the IRS can allow you to enroll in health insurance or make changes outside of these times.

When a Qualifying Life Event occurs, you have 30 days to request changes to your coverage. Your change in coverage must be consistent with your change in status.

Common qualifying events include:

- A change in the number of dependents (through birth or adoption or if a child is no longer an eligible dependent)
- A change in a spouse's employment status (resulting in a loss or gain of coverage)
- A change in your legal marital status (marriage, divorce, or legal separation)
- A change in employment status from full time to part time, or part time to full time, resulting in a gain or loss of eligibility
- Eligibility for coverage through the Marketplace
- Changes in address or location that may affect coverage
- Entitlement to Medicare or Medicaid
- A court order to provide health coverage for your eligible dependents (QMSCO)

You can request a change due to a qualifying event in PayCom.

Some lesser-known qualifying events are:

- Turning 26 and losing coverage through a parent's plan
- Death in the family (leading to change in dependents or loss of coverage)
- Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)

Reach out to Human Resources with questions regarding specific life events and your ability to request changes. Don't miss out on a chance to update your benefits!



Ready for Open Enrollment?

BearCom covers a significant amount of your benefit costs. Your contributions for medical, dental, and vision benefits are deducted on a pre-tax basis, lessening your tax liability. Employee contributions vary depending on the level of coverage you select — typically, the more coverage you have, the higher your portion.

You may select any combination of medical, dental and/or vision plan coverage. For example, you could select medical coverage for you and your entire family, but select dental and vision coverage only for yourself. The only requirement is that you, as an eligible employee of BearCom, must elect coverage for yourself in order to elect any dependent coverage.

Enrollment Instructions

In addition to your PayCom login information, it may help to have these items handy:

- Information about benefits at your spouse's employer, if applicable, or other insurance coverage you have outside BearCom.
- Social Security Numbers and birth dates for everyone you plan to enroll. No one can enroll without a Social Security Number.
- To be covered, a newborn must be enrolled within 31 days of birth (even if you are already enrolled in family coverage) and a Social Security Number should be provided within 90 days.
- Prior expense records for medical, dental and vision to help plan for future Health Savings Account funding Levels.

Open Enrollment Action Items



Update your personal information.

If you've experienced any life changes since the last Open Enrollment period — such as the birth of a child or a move — you may need to change your elections or update your pertinent details.



Double-check covered medications.

If you make any changes to your plan, consider how it affects your prescriptions.



Review available plan option details.

There are two plan design options in 2026 that operate very differently. Each offer unique elements and components it is important to understand to make an informed decision.



Consider your HSA.

If selecting the CDHP, an HSA can help cover healthcare costs, including dental and vision services and prescriptions. Adding one of these accounts to your benefits can help with your long-term financial goals.



Check your networks.

Going in-network often saves you money. Check for any plan changes to make sure your go-to providers and pharmacy are still your best bet.



Review your beneficiaries and make any updates necessary.



Medical Benefits

Medical benefits are provided through Surest and United Healthcare. Both plans access the United Healthcare Choice Plus network of providers. Consider the physician networks, premiums, and out-of-pocket costs for each plan when choosing for you and your family. Keep in mind your choice is effective for the entire 2026 plan year unless you have a Qualifying Life Event.

Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your semi-monthly contributions.

NEW 2026! You have the opportunity to earn \$12.50 premium credit per pay period through Bearcom's Wellness Program! In order to receive the discount outlined below, you will need to complete an annual physical and biometric screening by the required deadline. See page 8 for additional details.

SUREST PLAN

CDHP/HSA PLAN

SEMI-MONTHLY CONTRIBUTIONS

	WELLNESS	NON-WELLNESS	WELLNESS	NON-WELLNESS
EMPLOYEE ONLY	\$98.21	\$110.71	\$58.52	\$71.02
EMPLOYEE + SPOUSE	\$249.62	\$262.12	\$158.34	\$170.84
EMPLOYEE + CHILD(REN)	\$224.61	\$237.11	\$127.10	\$139.60
EMPLOYEE + FAMILY	\$390.29	\$402.79	\$285.64	\$298.14

Costs above do not reflect additional surcharges applicable to tobacco users. See page 9 for details.

How to Find a Provider

If you are enrolled in the Surest plan, visit surest.benefits.com or call Customer Service at 866-683-6440. If you need assistance after hours or on the weekends, contact Surest at 800-357-1371 and request the Nurse Line for additional help available 24/7. Prior to enrollment, verify network providers and cost at join.surest.com/bearcom and use access code BearCom2026. If you are enrolled in the CDHP, visit uhc.com or call Member Services at 833-313-2871 for a list of UHC Choice Plus network providers. If you need assistance after hours or on the weekends, contact the UHC Nurse Line at 877-440-0547 for additional help available 24/7.

The **Surest App** and **UHC mobile app** allow you to conveniently and securely access your health coverage and wellness information via your mobile devices anywhere, anytime. The Surest and UHC apps can be downloaded on the App Store or Google Play. The apps provide access to a number of resources, including:

- View coverage details
- Check claims status
- Access ID card information
- Find a provider in your network
- Find a hospital or urgent care facility

UHC:



Surest:



TouchCare Health Advocacy Service

Insurance coverage and processes can feel complicated. TouchCare helps you and your eligible family members make informed healthcare decisions and save money, all at no cost to you.

When it comes to enrolling, TouchCare knows the ins and outs of our medical, dental, and vision benefits. Their team members can help determine which plans are best for you. They can even look at your current medications, doctors, and upcoming procedures to make sure that making a change won't disrupt your care.

After enrollment, TouchCare is there to help you with:

- Locating providers
- Scheduling appointments
- Resolving claims and billing issues
- Explaining medical conditions and treatments
- Procedure planning
- Clarifying Medicare, Medicaid, and Medicare Supplement plans

To contact TouchCare, please register online at touchcare.com or call 866-486-8242 or email at assist@touchcare.com.

Medical Plan Summary

This chart summarizes the 2026 medical coverage provided by UHC. All covered services are subject to medical necessity as determined by the plan. Please note that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

		COPAYS		COINSURANCE	
		SUREST PLAN		CDHP/HSA PLAN	
		IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE					
INDIVIDUAL		\$0		\$3,400	\$6,000
FAMILY		\$0		\$6,000	\$12,000
COINSURANCE (YOU PAY)		0%		20%*	50%*
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)					
INDIVIDUAL		\$4,000	\$8,000	\$5,000	\$10,000
FAMILY		\$8,000	\$16,000	\$10,000	\$20,000
COPAYS/COINSURANCE (YOU PAY)					
PREVENTIVE CARE		No charge	\$100	No charge	50%*
PRIMARY CARE		\$10-\$65	\$195	20%*	50%*
SPECIALIST SERVICES		\$10-\$65	\$195	20%*	50%*
VIRTUAL VISITS		PCP/Urgent: \$0 Specialty: \$10-\$40	N/A	\$49 fee	N/A
URGENT CARE		\$35	\$105	20%*	50%*
DIAGNOSTIC TESTS		\$0	\$0	0%*	50%*
INPATIENT CARE		\$150-\$2,500	Up to \$7,000	20%*	50%*
OUTPATIENT FACILITY		\$75-\$525	\$1,575	20%*	50%*
EMERGENCY ROOM		\$350	\$350	20%*	20%*

*After deductible

On the CDHP, the individual deductible amount must be met by each member enrolled under your medical coverage. If you have several covered dependents, all charges used to apply toward a “per individual” deductible amount will also be applied toward the “per family” deductible amount. When the family deductible amount is reached, no further individual deductibles will have to be met for the remainder of that plan year. No member may contribute more than the individual deductible amount to the “per family” deductible amount. The same typically applies for the out-of-pocket maximum.

One Pass Select

Both Surest and CDHP participants are eligible for a discounted gym membership benefit!

One Pass Select offers various membership tiers to choose from based on unique fitness goals — along with additional benefits, including:

- No long-term contracts or annual gym registration fees
- Flexible fitness options with the ability to change tiers monthly
- Multi-location access with no waiting period
- The ability to add family members (ages 18+) at a 10% monthly discount
- A convenient grocery delivery subscription

Access registration on the OnePass site: <http://onepassselect.com/> and use your SSN or HealthPlan Member ID.

BearCom Wellness Program

Start Earning Rewards!

New for 2026 — Employees participating in the Medical plan can reduce your premiums by \$25 per month simply by getting an annual physical exam and biometric screening. If you cover a spouse on the medical plan, they must also complete a physical exam and biometric screening to earn the credit. Both employee AND spouse must complete; no partial credit will be provided.

Why A Wellness Program?

Your health matters and we want to help encourage preventive care and support a healthier team — which also helps us manage our healthcare costs together. Annual physicals help detect issues early, improve long-term health outcomes, and reduce avoidable medical expenses.

What Do I Need to Do?

Schedule an annual physical with preventive lab work at an in-network provider or lab facility (covered 100% by the medical plan) between now and March 31, 2026. Your annual physical **MUST** include lab work; this may require two visits depending on your physician.

How Do I Submit to Earn the Credit?

A few days following your office/lab visit, you will receive an Explanation of Benefits (EOB) from United Healthcare or Surest. Note: You may have two EOBs if physical and lab work are completed separately. Submit this document in Paycom via "Ask Here" function. If you are unable to access an EOB, a signed physician form can also be provided (available on thebear). Documentation for both employee and spouse will be submitted via Paycom.

Who Will View My Health Information?

A third party will receive and review the information submitted; however the explanation of benefits does not include any health information. No health information should be provided with your submission.

What If I Already Had an Exam?

Individuals who already completed an annual physical exam in 2025 just need to locate the EOB from the date of service which is available in the UHC or Surest website/mobile app and submit in Paycom via "Ask Here" function.

When Is the Deadline?

Employees who submit documentation by December 29th, once verified, will receive the premium credit on the first feasible payroll in January 2026. Employees who submit documentation between December 30, 2025, and March 31, 2026, will receive the premium credit on the next feasible payroll after verification. Adjustments will be made retroactively back to January 1, 2026.

How Do I Get to "Ask Here" to Upload My EOB?

Step 1:

- Log in to the Paycom app
- Click the question mark icon

Step 2:

- Select the appropriate category for your submission: Do you have Wellness Document to submit?
- Answer a few questions
- Click the "Previous" and "Next" options to navigate through the questions and provide documentation (EOB or signed Physician Form)
- When you are finished, submit your conversation

Step 3:

- A notification banner message will appear if there is response ready for review
- From here, view the response reply, if needed

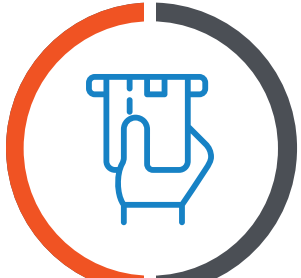
Once your EOB is approved, you will begin to receive the \$25 per month credit on the next applicable payroll.

If it is medically inadvisable or unreasonably difficult for you to complete an annual physical and biometric screening, you may be entitled to a reasonable accommodation. You may request a reasonable accommodation via Paycom "Ask Here" function.

For any questions about the program, submissions, or status, follow the steps above to submit an "Ask Here" message within Paycom.

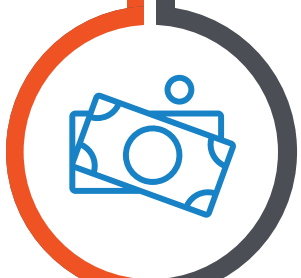
Out-of-Pocket Costs

These are the types of payments you're responsible for:



Copay (Applies to Surest only)

The fixed amount you pay for healthcare services at the time you receive them.



Deductible (Applies to CDHP only)

The amount you must pay for covered services before your insurance begins paying its portion/coinsurance.



Out-of-Pocket Maximum

The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount.



Coinsurance (Applies to CDHP only)

Your percentage of the cost of a covered service. If your office visit is \$100 and your coinsurance is 20% (and you've met your deductible but not your out-of-pocket maximum), your payment would be \$20.

Real Appeal

Medical plan participants will have access to a lifestyle program designed to help you lose weight, feel better, and improve your health — one small step at a time. The program is provided by BearCom at no cost to members.

With Real Appeal, learn ways to:

- Eat healthier
- Stay active
- Fit healthy choices into your lifestyle
- Stay motivated and energized
- Develop lasting, health habits

Enroll in this program once coverage is effective at enroll.realappeal.com. You will need your health insurance ID card when enrolling.

Following registration you will receive a “Success Kit” including fitness and nutrition tools you need to succeed. This will be delivered to your home address after attending your first online session.

Hinge Health

Save time and money while overcoming your musculoskeletal pain anywhere, anytime. Hinge Health will provide you with everything you need in your Hinge Health toolkit.

After signing up for Hinge Health you will receive:

- A free tablet that connects to wearable sensors.
- Personalized exercise therapy.
- Unlimited one-on-one health coaching. Hinge Health follows you at every stage of your musculoskeletal issue — prevention, acute injury, chronic issues, and post-surgical rehabilitation. In many cases, Hinge Health can help you reduce pain, avoid surgery, and reduce your need for medical care.

Visit hinge.health/spem to learn more.

2nd.MD

As part of the CDHP and Surest health plans, you have an exclusive membership to 2nd.MD, a virtual expert second opinion and navigation service! This program is available to you at NO COST for you and your eligible dependents enrolled in your medical plan.

2nd.MD can help you better understand your health condition and navigate healthcare.

- Connect with highly skilled nurses who can help you navigate the healthcare system.
- Virtually consult with top specialists by video or phone in as few as 3-5 days
- Contact 2nd.MD when you're faced with a critical healthcare decision and have questions about:
 - A possible surgery or procedure
 - A chronic condition (cancer, high cholesterol, diabetes, etc.)
 - Diagnostic testing (MRI, CT, lab work, ultrasound)
 - Medications
 - Your overall treatment plan and if you need help findings an expert specialist in your local area

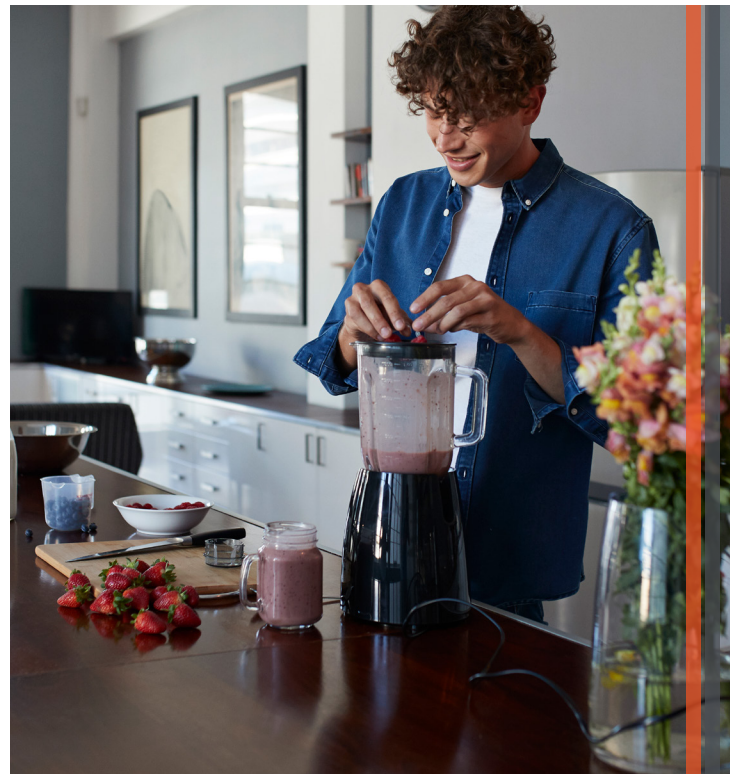
Activate your 2nd.MD account and request a consult!

Call: CDHP: 866-269-3534 / Surest: 866-841-2575

Visit: [CDHP: uhc.care/programs](https://CDHP.uhc.care/programs)

Surest: 2nd.md/activate/step1/surest

or download the 2nd.MD app



Maven

Maven provides 24/7 virtual support for those sleepless nights, first smiles — and everything in between! **The Maven program is available to those enrolled in the CDHP.**

Meet the digital support system for expectant and new parents!

- Maven is an app-based virtual clinic that provides you with pregnancy, postpartum, and newborn support
- Maven is here to help with:
- Creating your birth plan
- Breastfeeding and bottle feeding
- Navigating infant sleep
- Returning to work
- Managing your mental health

Download the app to have access to:

- A dedicated Care Advocate
- Virtual appointments and messaging
- On-demand classes, groups, and articles

Start your Maven membership today!

Visit: CDHP: mavenclinic.com/join/uhc-join

Pacify

Pacify is an app that lets you video chat with maternal and infant health experts within minutes, 24/7. No appointment necessary! **The Pacify program is available to those enrolled in the Surest plan.**

Whether you just found out you're expecting or have questions about your baby's health, Pacify can help!

- Pacify specialists are here for you throughout the entire birth journey — from pregnancy to feeding your baby
- A membership includes unlimited calls with licensed professionals like lactation consultants and nurses all from the convenience of your own home!
- Use Pacify if you have questions about:
 - Breastfeeding and weaning
 - Your baby's development
 - Introducing solid foods
 - Back-to-work plans
 - Self-care & much more!

Download Pacify and create your account!

Visit: Surest: www.pacify.com/surest

Or contact surest Member Services

Call: 866-683-6440

Tobacco/Nicotine

To support the overall health and wellness of our employees by discouraging the use of tobacco/nicotine delivery systems products (including e-cigarettes/vaping), there is an additional premium charge for medical coverage if the employee and/or covered spouse is a tobacco/nicotine user, defined as using any tobacco or nicotine products 4 or more times a week within the preceding 6-month period. This additional charge, or surcharge, of \$25 per pay period (\$50 per month) is separately applied for each covered participant who is a tobacco user.

Example: Surest plan election* — ES (employee and spouse with no children):

1. Employee is not a tobacco user, but the spouse is a tobacco user: the premium is \$265.18 + \$25 for a total of \$290.18 per pay period.
2. Employee and the spouse are tobacco users: the premium is \$265.18 + \$25 + \$25 for a total of \$315.18 per pay period.
3. This surcharge will not apply if you certify that you (and/or the participant(s) who is a tobacco user) are or will undergo smoking cessation counseling for the treatment of addiction to nicotine under the guidance of a Health Care Practitioner as defined under the health plan.

*Non-wellness rates utilized in the example

You will either need to provide an affidavit confirming your status as a non-tobacco/nicotine user or providing information regarding your plan of treatment in order to avoid the payment of the additional premium. The affidavits should be completed in PayCom within 30 days of your enrollment, or the additional premium will be applied to your plan elections.

Note: An employee only needs to complete one affidavit during their tenure at BearCom. If you already have a signed affidavit in PayCom and your non-tobacco/nicotine status has not changed, you will not need to fill out another affidavit.

Notice Regarding Wellness Program

BearCom Wellness Program is a voluntary wellness program available to all medical-enrolled employees and spouses. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve participant health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. You may also be asked to complete a biometric screening or annual preventive exam, which may include a blood test for total cholesterol, HDL, LDL, triglycerides, glucose, and cotinine screening. Your blood pressure, height, weight, and waist circumference may also be measured. You are not required to participate in the blood test or other medical examinations.

However, individuals who choose to participate in the wellness program may qualify for the \$25 per pay period by earning program credit by completing an annual physical exam and biometric screening. Individuals who choose to avoid the \$50 per pay period tobacco surcharge may complete an affidavit confirming your status as a non-tobacco user. See medical rates for details.

Although you are not required to participate in the blood test or other medical examinations, only participants who do so may qualify for the \$25 per pay period.

Additional incentives may be available for participants who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting 972-765-7163.

The information from your blood test or other medical examinations may be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as wellness programming and content. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and BearCom Operating, LLC may use aggregate information it collects to design a program based on identified health risks in the workplace, BearCom will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. In order to provide you with services under the wellness program, your personally identifiable health information may be shared with one or more of the following: Lockton Companies.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact 972-765-7163.

The Lantern benefit offers plan members quality care, a concierge-level service and financial savings.

Lantern Benefit

Lantern provides access to top-quality surgeons and full-service concierge service for BearCom's employees. If you are enrolled in a BearCom Medical Plan, you are automatically enrolled in this specialized benefit and have access to Lantern's Surgeons of Excellence.

When Would I Use Lantern?

If you are a candidate for an elective, medically necessary surgical procedure, we encourage you to contact Lantern at 855-713-1573. Sample eligible procedures can be found on the next page. The dedicated team of Care Advocates are ready and waiting for your phone call and eager to assist members and handle all administrative tasks associated with the surgery process.

Frequently Asked Questions:

Do you know the quality of your surgeon?

Lantern has completed the research for you. They have located the nation's top-quality surgeons to reduce your risk of complications and prevent additional unexpected procedure costs.

Why would I use Lantern?

When you use Lantern, it will potentially save you thousands. All member cost share is waived for Surest plan participants utilizing a Lantern provider. CDHP plan enrollees will only need to satisfy the IRS minimum out-of-pocket medical expense amount* (which is less than the plan's deductible) before BearCom can waive any remaining deductible or coinsurance. Bottom line:

You Will Save Money!

Where do I start?

Contact a Lantern Care Advocate today at 855-713-1573. A dedicated Care Advocate will locate the best fitting Surgeon of Excellence for you, schedule all your appointments, coordinate the transfer of your medical records and follow up with you after your procedure to ensure top satisfaction with your experience. The best provider may be in another city. If so, Lantern provides travel and hotel reimbursement. If you call, a care advocate can send you an ID card so that you have this information available when needed.

*2026 minimum deductible amount: \$1,650 individual and \$3,300 family

MOST COMMON COVERED PROCEDURES BY CATEGORY

KNEE	Knee Replacement/Revision	FOOT & ANKLE	Ankle Replacement
	Knee Arthroscopy		Bunionectomy
	ACL/MCL/PCL Repair		Hammer Toe Repair
HIP	Hip Replacement/Revision		Ankle Fusion/Arthroscopy
	Hip Arthroscopy	GYN	Hysterectomy/Hysteroscopy
SHOULDER	Shoulder Replacement		Bladder Repair (Anterior or Posterior)
	Shoulder Arthroscopy	CARDIAC	Defibrillator Implant
	Rotator Cuff Repair		Permanent Pacemaker Implant
	Bicep Tendon Repair		Pacemaker Device Replacement
GI	Colonoscopy		Valve Surgery
	Endoscopy		Cardiac Ablation
SPINE	Laminectomy / Laminotomy	ENT	Ear Tube Insertion (Ear Infection)
	Anterior Lumbar Interbody Fusion (ALIF)		Septoplasty/Sinuplasty
	Posterior Lumbar Interbody Fusion (PLIF)	GENERAL SURGERY	Gallbladder Removal
	Anterior Cervical Disk Fusion (ACDF)		Hernia Repair (inguinal, ventral, umbilical, and hiatal)
	360 Spinal Fusion		Thyroidectomy
WRIST & ELBOW	Artificial Disk		
	Wrist Fusion/Replacement		
	Carpal Tunnel Release		

How to Pick a Plan

What plan is right for you? Consider any medical needs you foresee for the upcoming plan year, your overall health, and any medications you currently take.

How does the Surest plan work?

- No up-front deductible or coinsurance.
- All services except for preventive are subject to a copay which will vary by provider and service.
- Access the Surest website (join.surest.com/bearcom) or mobile app to search for treatment options with transparent and predictable episode of care cost so there are no surprises.
- Lower costs an indication of higher-value care
- Potential to experience significantly reduced cost depending on network provider selected.

How does a CDHP (Consumer Driven Health Plan) work?

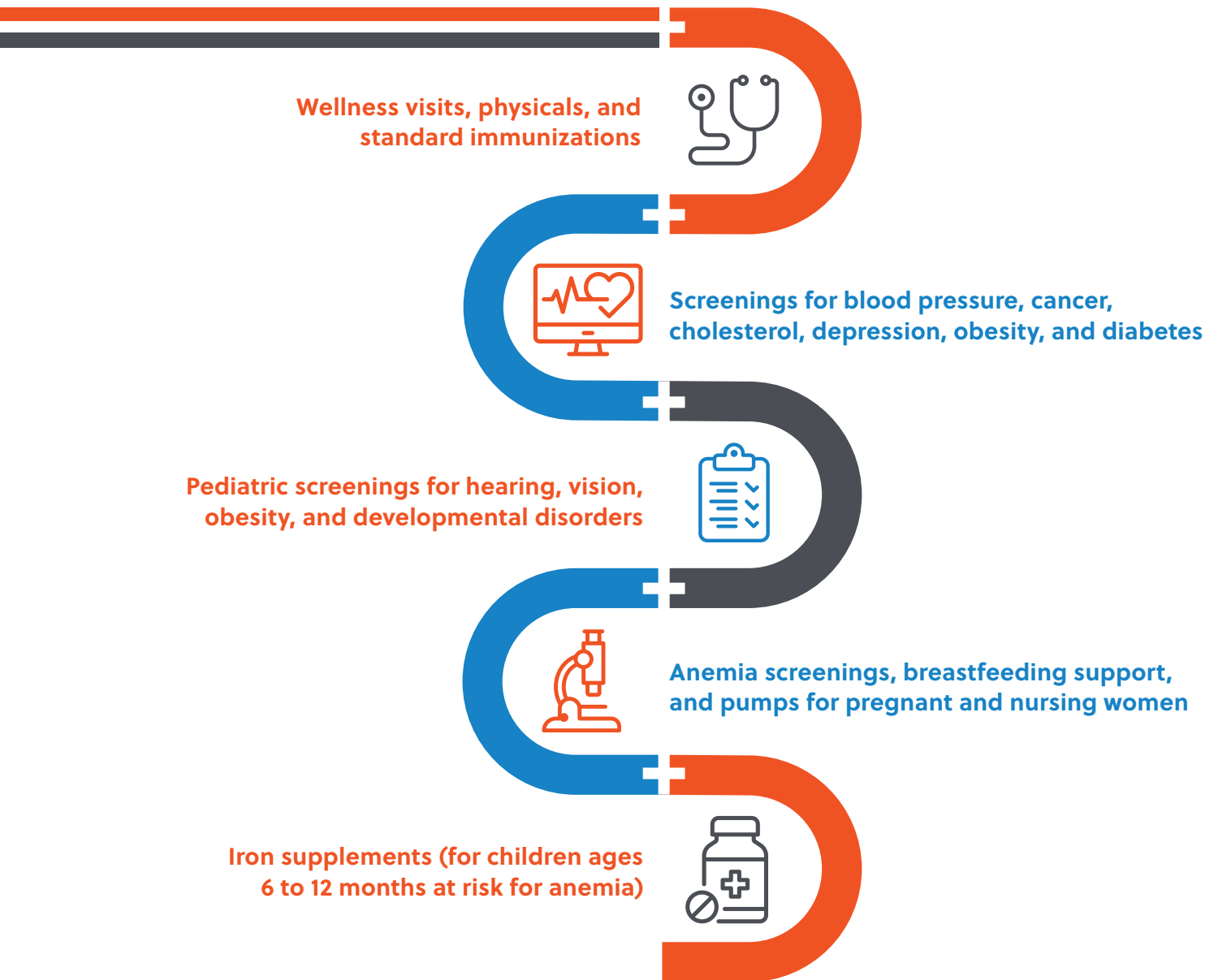
- You'll pay less in premiums. (Think less money from your paycheck.)
- You'll pay for the full cost of non-preventive medical services until you reach your deductible.
- You can also use a Health Savings Account in conjunction, which provides a safety net for unexpected medical costs and tax advantages.
- If you expect to mostly use preventive care (which is covered), this plan could be for you.



Preventive Care

Routine checkups and screenings are considered preventive, so they're often paid at 100% by BearCom.

Keep up to date with your primary care physician to stay on top of your overall health. Under the U.S. Patient Protection and Affordable Care Act (PPACA), some common covered services include:



Don't miss out on these covered services. But remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. So, if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. Read over your benefit summary to see what specific preventive services are provided to you.

Where to Go for Care

You're feeling sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new prescription, but the pharmacy is closed. Instead of rushing to the emergency room or relying on questionable information from the internet, consider all of your site-of-care options.



Nurse Line

When to Use

You need a quick answer to a health issue that does not require immediate medical treatment or a physician visit.

Types of Care*

Answers to questions regarding:

- Symptoms
- Self-care/home treatments
- Medications and side effects
- When to seek care

Costs and Time Considerations**

- Usually available 24 hours a day, 7 days a week
- Typically free as part of your medical insurance



Telemedicine

When to Use

You need care for minor illnesses and ailments but would prefer not to leave home. These services are available by phone and online (via webcam).

Types of Care*

- Cold and flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Sinus problems

Costs and Time Considerations**

- No cost for Surest members and a fee less than \$49 for CDHP members.
- Usually immediate access to care
- Prescriptions through telemedicine or virtual visits not allowed in all states



Primary Care Center

When to Use

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

Types of Care*

- Routine checkups
- Immunizations
- Preventive services
- Manage your general health

Costs and Time Considerations**

- Often requires a copay and/or coinsurance
- Normally requires an appointment
- Usually little wait time with scheduled appointment



Urgent Care Center



Emergency Room

Do Your Homework

What may seem like an urgent care center could actually be a standalone ER. These facilities come with a higher price tag, so ask for clarification if the word "emergency" appears in the company name.

When to Use

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

Types of Care*

- Strains, sprains
- Minor broken bones (e.g., finger)
- Minor infections
- Minor burns
- X-rays

Costs and Time Considerations**

- Often requires a copay and/or coinsurance usually higher than an office visit
- Walk-in patients welcome, but waiting periods may be longer (urgency decides order)

When to Use

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

Types of Care*

- Heavy bleeding
- Chest pain
- Major burns
- Spinal injuries
- Severe head injury
- Broken bones

Costs and Time Considerations**

- Often requires a much higher copay and/or coinsurance
- Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first
- Ambulance charges, if applicable, will be separate and may not be in-network

*This is a sample list of services and may not be all inclusive.

**Costs and time information represent averages only and are not tied to a specific condition or treatment.

Virtual Medicine

When you're under the weather, there's no place like home. And when you're constantly on the go, scheduling a doctor's appointment can easily move down your priority list. Virtual medicine is a convenient and easy way to connect with a doctor on your time.

We provide a virtual medicine benefit to all medical plan participants including dependents. Surest members will access the benefit via Doctors on Demand or Teladoc and CDHP participants will access via Amwell, Doctors on Demand, or Teladoc. All programs offer round-the-clock access to board-certified doctors, from home or on the go. Connect online or utilize the mobile app for medical care when you need it. There is NO COST for Surest participants and \$49 fee for CDHP participants.

Virtual medicine is useful for after-hours non-emergency care, when our primary care doctor is unavailable, if you need prescriptions or refills or if you're traveling. Virtual visits aren't good for conditions requiring exams or tests, complex or chronic problems, or emergencies like sprains or broken bones. Doctors can share information with your primary care physician with your consent. Please note that some states do not allow physicians to prescribe medications via telemedicine.

Teladoc doctors can treat many medical conditions, including:

- Cold and flu
- Allergies
- Bronchitis
- Bladder infection/urinary tract infection
- Respiratory infection
- Pink eye
- Sore throat
- Stomachache
- Sinus problems



Access Virtual Visits

In order to activate your account or schedule a virtual visit, CDHP members can access myUHC.com or any of the provider contacts below. Surest members will need to access visits via the Surest app or the Doctors on Demand or Teladoc contacts below.

- [Doctorondemand.com](https://doctorondemand.com) or 800-997-6196
- [Teladoc.com](https://teladoc.com) or 800-835-2362
- [Amwell.com](https://amwell.com) or 844-733-3627 (CDHP members only)

Behavioral Health

Your benefit also includes behavioral health care visits with board-certified doctors and licensed therapists. Virtual behavioral health visits provide help with:

- Depression
- Eating disorders
- Grief and loss
- Stress and panic disorders
- Parenting issues
- Relationship and marriage issues
- Stress
- Substance use disorders
- Trauma and PTSD

The cost for behavioral health visits will vary depending on plan enrollment and provider selected.

Talkspace

With Talkspace online therapy, you can communicate with a licensed therapist 24/7, safely and securely from your phone or desktop.

Whether you are enrolled on the CDHP or the Surest plan, simply register (first visit only) and choose a provider and message anywhere, anytime at talkspace.com/connect.

Note

A virtual visit or Facetime directly with your primary care physician (vs. Doctor on Demand or Teladoc) might also be an option — and typically costs the same as an office visit.

Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through CVS Caremark. This means you will only have one ID card for both medical care and prescriptions. You may find information on our benefits coverage and search for network pharmacies by logging on to www.caremark.com or by calling the Customer Care number on your ID card. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred Brand, or Non-Preferred Brand.

All plans cover certain preventive medications at 100%; deductible and copays are waived. A list of these preventive medications can be found in PayCom.

	SUREST PLAN		CDHP/HSA PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
RX DEDUCTIBLE	\$150 per individual		N/A	
RETAIL RX (UP TO 30-DAY SUPPLY)				
GENERIC	\$20 Copay	\$20 Copay + 20%	20%*	20%*
PREFERRED BRAND	\$50 Copay	\$50 Copay + 20%	20%*	20%*
NON-PREFERRED BRAND	\$75 Copay	\$75 Copay + 20%	20%*	20%*
MAIL ORDER RX (UP TO 90-DAY SUPPLY)				
GENERIC	\$40 Copay	Not covered	20%*	Not covered
PREFERRED BRAND	\$100 Copay	Not covered	20%*	Not covered
NON-PREFERRED BRAND	\$150 Copay	Not covered	20%*	Not covered
				*After deductible

*After deductible

CVS Caremark Cost Saver

The Cost Saver program powered by GoodRx helps members access lower costs by accessing the best available prices for many commonly prescribed, non-specialty drugs. These discounts are automatically applied at the pharmacy, no discount card is needed and any payments made apply to deductibles and out-of-pocket maximum amounts.

Generic Drugs

Want to save money on meds? Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety, and strength. Because they are the same medicine, generic drugs are just as effective as the brand names, and they are held to the same rigid FDA standards. But generic versions cost 80% to 85% less on average than the brand-name equivalent. To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov.

Other Ways to Lower Medication Cost

There are other discount programs available that work outside of the plan such as Amazon Prime Rx Savings and Cost Plus Drug Company. These discounts can't be combined with our benefit plan's coverage, so make sure to check the price against the cost of using your insurance prescription drug benefit. Something else to consider: If you choose to use a discount card and are therefore not tapping into your insurance's prescription drug benefit, the cash amount you pay for the prescription may not count toward your deductible or out-of-pocket maximum under the benefit plan.



Prior Authorizations

Some drug categories require prior authorization, such as ADHD/Narcolepsy, Allergy Serums, Nutritional supplements, Contraceptives, Injectable Diabetic Medicines/Supplies and Specialty Medications.

Dispense-As-Written (DAW) Penalties

DAW 1 Penalty – When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the brand copayment.

Please note, the patient may specify that they would like to receive the generic alternative, regardless of the pharmacy recommendation.

Prescription Refills

30-Day Supply of Medications

For medications taken for a short time (like an antibiotic), fill at any CVS pharmacy or pharmacy in the CVS network.

90-Day Supply of Medications

For medications taken regularly (such as high blood pressure or diabetes medication), members will be required to fill a 90-day after 3 grace fills. You have a choice. CVS will deliver your 90-day supplies anywhere you like, OR you can pick them up at any CVS Pharmacy (or select participating network pharmacies which now includes Costco and various additional pharmacies). There are certain states with differing retail options or quantity limits. Sign in to [Caremark.com](https://www.caremark.com) for details and to find a pharmacy where you can fill 90-day supplies of the medication you take regularly using the pharmacy locator tool.

Specialty Medications

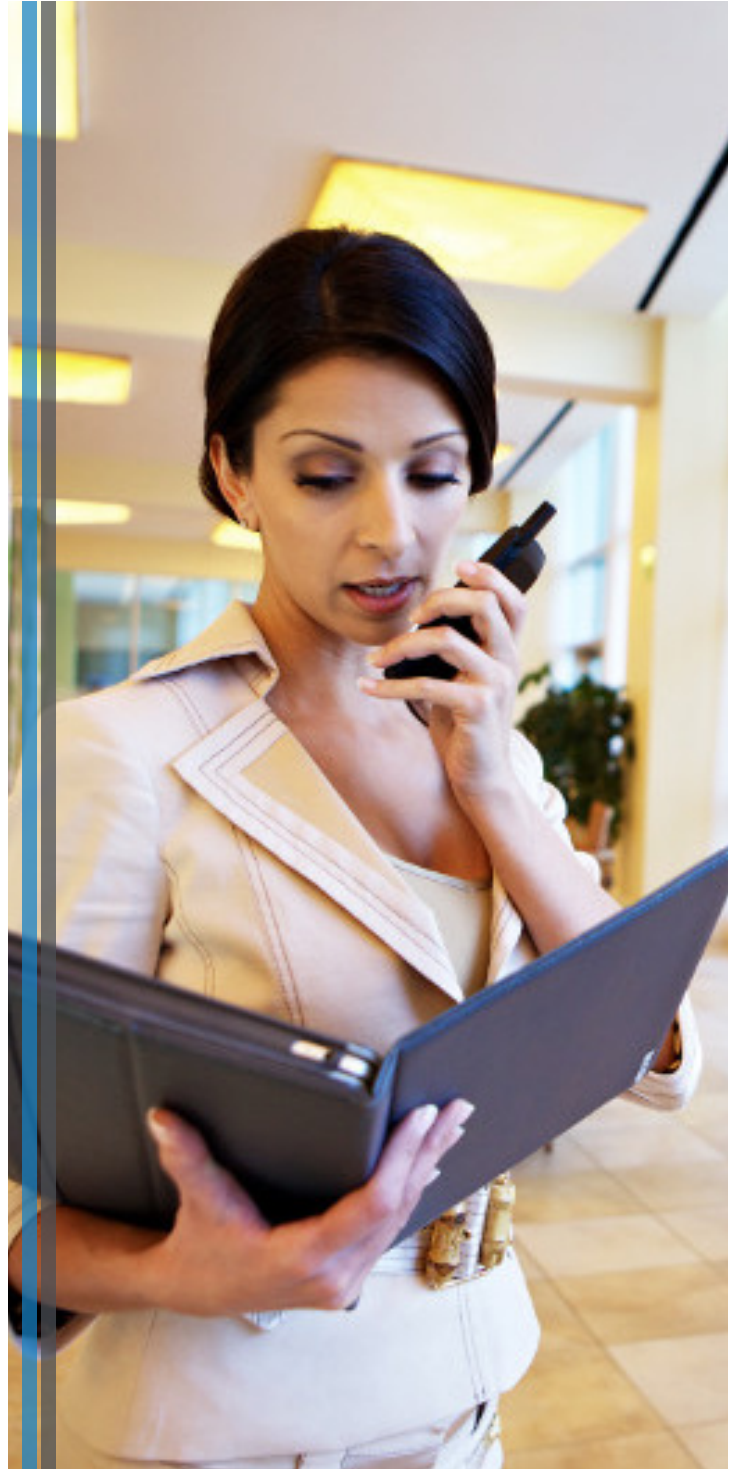
For medications taken for complex conditions (such as rheumatoid arthritis, hepatitis, or cancer): CVS specialty pharmacy can help. Contact your doctor, who will be able to assist with your enrollment under CVS/Specialty OR visit [CVSSpecialty.com/enroll](https://www.CVSSpecialty.com/enroll) to get started.

NEW 2026! BearCom participates in an additional pharmacy savings program called PrudentRx. You may be contacted directly by PrudentRx about opportunities that have been identified to save you money based on prescriptions that you are taking on a regular basis.

Transform Diabetes Care

The Transform Diabetes Care program provides a better way to manage your diabetes and overall health. CVS works confidentially with you to provide personalized health coaching, guidance and support along with access to a team of pharmacists, nurses and specialist.

If you are managing diabetes you will be automatically enrolled and eligible to participate in the program at no cost to you. If enrolled, CVS will provide you with details and information related to the program.



Health Savings Account

Want funds handy to help cover out-of-pocket healthcare expenses? A Health Savings Account (HSA) is a personal healthcare bank account used to pay for qualified medical expenses. HSA contributions and withdrawals for qualified healthcare expenses are tax-free. You must be enrolled in a CDHP to participate.

Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependent(s), even if they're not covered by your plan. If you are not currently enrolled in a CDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

Fidelity will issue you a debit card with direct access to your account balance. Use your debit card to pay for qualified medical expenses — no need to submit receipts for reimbursement. Like a regular debit card, you must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, PPE, over-the-counter medications, and more. Visit IRS Publication 502 on www.irs.gov for a complete list.

Eligibility

You are eligible to contribute to an HSA if:

- You are enrolled in the CDHP Plan.
- You are not covered by your spouse's non-CDHP health plan.
- Your spouse does not have a Healthcare Flexible Spending Account or Health Reimbursement Account.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE.
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)



Tax-free Interest



Employer Contributions
(pre-tax)



Voluntary Contributions

HSA



Tax-free Payments
(for qualified medical expenses)

Note

Not sure how much to contribute? Think about how much you may need in order to cover any anticipated or emergency medical services this year. Consider contributing the amount of your plan's in-network deductible so you know you're covered.

You Own Your HSA

Your HSA is a personal bank account that you own and administer. You decide how much you contribute, when to use the money for medical services and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year over year to use for eligible expenses in retirement. HSA funds are also portable if you change plans or jobs. There are no vesting requirements or forfeiture provisions. HSA funds are typically deposited into your account 2-3 business days after the 15th and the last day of the month.

How to Enroll

Log in to Fidelity NetBenefits® at netbenefits.com or 401k.com and click "Open" next to Health Savings Account (this may require establishing a user ID/password if it's the first time logging in). Complete all required fields and confirm account opening. Once your account is opened, your HSA debit card will be mailed.

If you do not open an account, BearCom will not be able to deposit any funds. Text HSA to 343898 or contact Fidelity at 800-742-4015 with any questions.

HSAs and Taxes

HSA contributions are made through payroll deduction on a pre-tax basis when you open an account with Fidelity. The money in your HSA (including interest and investment earnings) grows tax-free. When the funds are used for qualified medical expenses, they are spent tax-free.

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax.



HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. BearCom matches your contribution dollar-for-dollar, up to the limit listed below. Annual contributions into your HSA must be at least \$250 for an individual and \$500 for family coverage. Contributions will be deposited on a semi-monthly basis. For 2026, contributions (which include any employer contribution) are limited to the following:

2026 HSA FUNDING LIMITS	
EMPLOYEE	\$4,400
FAMILY	\$8,750
CATCH-UP CONTRIBUTION (AGES 55+)	\$1,000

BearCom provides an HSA employer contribution that will be deposited on a semi-monthly basis.

BEARCOM HSA CONTRIBUTION	
EMPLOYEE	\$750
FAMILY	\$1,500

HSA contributions over the IRS annual contribution limits (\$4,400 for individual coverage and \$8,750 for family coverage for 2026) are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, you have two options:

- Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed.
- Leave the excess contributions in your HSA and pay 6% excise tax on them. Next year consider contributing less than the annual limit to your HSA.

The BearCom HSA is established with Fidelity. You may be able to roll over funds from another HSA. For more enrollment information, contact Human Resources or visit Fidelity.com/FidelityHSA.

Dental Benefits

Like brushing and flossing, visiting your dentist is an essential part of your oral health. BearCom offers affordable plan options from Delta Dental for routine care and beyond.

Stay In-Network

If your dentist doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit Delta Dental at www.deltadentalins.com.

Dental Premiums

Dental premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your semi-monthly premium.

Dental Plan Summary

This chart summarizes the dental coverage provided by Delta Dental for 2026.

PPO LOW PLAN			PPO HIGH PLAN	
SEMI-MONTHLY CONTRIBUTIONS				
EMPLOYEE ONLY	\$2.11		\$12.24	
EMPLOYEE + SPOUSE	\$9.90		\$31.29	
EMPLOYEE + CHILD(REN)	\$16.87		\$37.26	
EMPLOYEE + FAMILY	\$24.66		\$51.06	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE				
INDIVIDUAL/FAMILY	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
CALENDAR YEAR MAXIMUM				
PER PERSON	\$1,500	\$1,500	\$2,000	\$2,000
COVERED SERVICES (PLAN PAYS)				
PREVENTIVE SERVICES Oral Exams, Routine Cleanings, Full Mouth X-rays, Bitewing X-rays, Fluoride Applications, Sealants, Space Maintainers	100%	100%	100%	100%
BASIC SERVICES Fillings, Simple Extractions, Periodontics, Endodontics, Root Canal Therapy	80%*	80%*	80%*	80%*
MAJOR SERVICES Oral Surgery, Complex Extractions, Denture Adjustments and Repairs, Crowns, Dentures, Bridges, Implants	Not Covered	Not Covered	50%*	50%*
ORTHODONTICS Children only up to Age 26	Not Covered		50%	
ORTHODONTIC LIFETIME MAXIMUM	Not Covered		\$2,000 per person	

*After deductible

Note

Oral health is linked to your overall health — keeping your mouth healthy can protect you from cardiovascular disease, pregnancy complications, and pneumonia.

Vision Benefits

Getting your eyes checked regularly is important even if you don't wear glasses or contacts. We provide quality vision care for you and your family through VSP.

Vision Premiums

Vision premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your semi-monthly premium.

Vision Plan Summary

This chart summarizes the 2026 vision coverage provided by VSP. To find an In-Network Provider, visit VSP at vsp.com or call customer service at 800-877-7195.

VISION PLAN

SEMI-MONTHLY CONTRIBUTIONS			
EMPLOYEE ONLY	\$3.54		
EMPLOYEE + SPOUSE	\$6.12		
EMPLOYEE + CHILD(REN)	\$6.78		
EMPLOYEE + FAMILY	\$7.19		
	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT	FREQUENCY
EXAMS			
COPAY	\$10 Copay	Up to \$45	Once every 12 months
LENSES			
SINGLE VISION	Covered in full after \$25 Copay	Up to \$30	Once every 12 months
BIFOCAL		Up to \$50	
TRIFOCAL		Up to \$60	
LENTICULAR		Up to \$75	
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
FITTING AND EVALUATION	Up to \$60	Not covered	Once every 12 months
ELECTIVE	\$150 Allowance	\$89 - \$104	
MEDICALLY NECESSARY	Covered in full	Up to \$210	
FRAMES			
ALLOWANCE*	\$150 Allowance (20% off balance)	Up to \$58	Once every 24 months

*\$150 Walmart/Sam's Club/Costco frame allowance

Note

Early detection of vision conditions like diabetic retinopathy leads to more effective treatment and cost savings.

Dependent Care Flexible Spending Account

You may opt to participate in the Dependent Care FSA through Navia — even if you don't elect any other benefits. You can set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents.

- With the Dependent Care FSA, you can set aside up to \$7,500 to pay for child or elder care expenses on a pre-tax basis.
- Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the employee for more than half the year.
- You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent day care expenses that are necessary for you and your legal spouse or domestic partner to work or attend school full time. Eligible expenses include:

- In-home babysitting services (not provided by a dependent)
- Care of a preschool child by a licensed nursery or day care provider
- Before- and after-school care
- Day camp
- In-house dependent day care

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

If you've paid out-of-pocket for eligible services and are requesting reimbursement, you can use the Online Claim Submission tool to access the funds in your Dependent Care FSA!

Log in to your Navia account and look under the "My Tools" tab to access the online claim submission tool.



Supplemental Health Benefits

BearCom offers several ways to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and offered at discounted group rates.

Accident Coverage

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact. Accident coverage, available through Voya, provides benefits for you and your covered family members if you have expenses related to an accident that occurs outside of work. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help you pay deductibles, copays, and even typical day-to-day expenses such as a mortgage or car payment. Benefits under this plan are payable to you, to use as you wish.

ACCIDENT COVERAGE

BRIEF SUMMARY OF BENEFITS*

INITIAL CARE (ER / UC / PCP)	\$250 / \$250 / \$250
HOSPITAL ADMISSION / CONFINEMENT	\$1,750 + \$325 / Day
ICU ADMISSION / CONFINEMENT	\$1,750 + \$775 / Day
OPEN FRACTURES	Up to \$12,000
OPEN DISLOCATIONS	Up to \$10,000
AMBULANCE (AIR / GROUND)	\$2,000 / \$550
BURNS	Up to \$20,000
COMA	\$18,500
CONCUSSION	\$350
MAJOR DIAGNOSTIC EXAM	\$300
MEDICAL EQUIPMENT	Up to \$275
OCCUPATIONAL, PHYSICAL AND CHIROPRACTIC THERAPY	\$60
PHYSICIAN FOLLOW-UP CARE	\$125
TENDON / LIGAMENT SURGICAL REPAIR	\$925
X-RAY	\$90
WELLNESS BENEFIT (payable for each covered family member whom completes certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy, or stress test)	\$75 Benefit

*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits.

SEMI-MONTHLY CONTRIBUTIONS

EMPLOYEE ONLY	\$5.02
EMPLOYEE + SPOUSE	\$8.52
EMPLOYEE + CHILD(REN)	\$10.06
EMPLOYEE + FAMILY	\$13.56



Critical Illness Coverage

Critical Illness coverage through Voya pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like; for example: to help pay for expenses not covered by your medical plan, lost wages, childcare, travel, home health care costs, or any of your regular household expenses.

- **Guaranteed Issue Coverage (no medical questions)**
 - Employee: \$5,000 - \$20,000 in \$5,000 increments
 - Spouse: \$5,000 or \$10,000
 - Child(ren): \$1,000, \$2,500, \$5,000, or \$10,000 not to exceed 50% of employee benefit
- Rates are based on your age and the amount of coverage selected and will be shown to you in the PayCom system during enrollment
- Benefits are payable based on the date of the covered event occurring or the date of diagnosis. Illnesses or occurrences prior to the effective date of coverage will not be payable events.



CRITICAL ILLNESS COVERAGE

GUARANTEE ISSUE BENEFIT OPTIONS

EMPLOYEE	\$5K / \$10K / \$15K / \$20K
SPOUSE	\$5K / \$10K
CHILD(REN)	\$1K / \$2.5K / \$5K / \$10K

PLAN BENEFITS

ALZHEIMER'S	100%
BENIGN BRAIN TUMOR	100%
CANCER (INVASIVE)	100%
CANCER (NON-INVASIVE)	25%
CHILDHOOD CONDITIONS	100%
COMA	100%
CORONARY ARTERY BYPASS	Up to 25%
HEART ATTACK	100%
INFECTIOUS DISEASE	25%
LOSS OF HEARING / SIGHT / SPEECH	100%
LOU GEHRIG'S DISEASE/ALS	100%
MAJOR ORGAN TRANSPLANT	100%
MULTIPLE SCLEROSIS	100%
PARALYSIS	100%
PARKINSON'S	100%
SKIN CANCER	10%
STROKE	100%
WELLNESS BENEFIT (payable for each covered family member who completes certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy or stress test)	\$75 Benefit

Note: This is a summary. Refer to plan document for details including definitions, plan exclusions and limitations.

EMPLOYEE SEMI-MONTHLY CONTRIBUTIONS

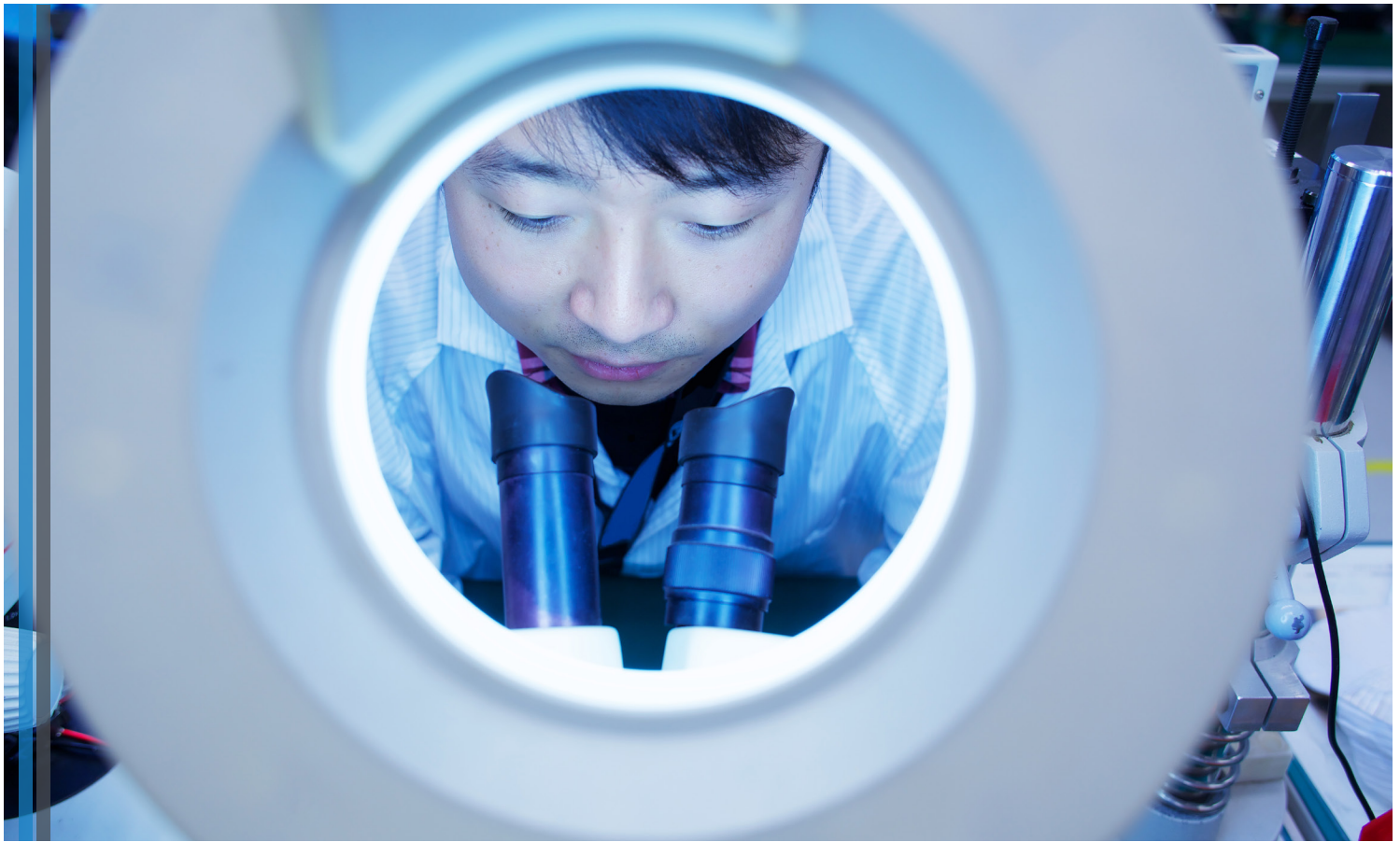
AGE	\$5,000 BENEFIT	\$10,000 BENEFIT	\$15,000 BENEFIT	\$20,000 BENEFIT
Under 25	\$1.33	\$2.65	\$3.98	\$5.30
25-29	\$1.33	\$2.65	\$3.98	\$5.30
30-34	\$1.55	\$3.10	\$4.65	\$6.20
35-39	\$1.55	\$3.10	\$4.65	\$6.20
40-44	\$3.03	\$6.05	\$9.08	\$12.10
45-49	\$3.03	\$6.05	\$9.08	\$12.10
50-54	\$6.30	\$12.60	\$18.90	\$25.20
55-59	\$6.30	\$12.60	\$18.90	\$25.20
60-64	\$9.80	\$19.60	\$29.40	\$39.20
65-69	\$11.73	\$23.45	\$35.18	\$46.90
70+	\$15.05	\$30.10	\$45.15	\$60.20

SPOUSE SEMI-MONTHLY CONTRIBUTIONS

AGE	\$5,000 BENEFIT	\$10,000 BENEFIT
Under 25	\$1.18	\$2.35
25-29	\$1.18	\$2.35
30-34	\$1.45	\$2.90
35-39	\$1.45	\$2.90
40-44	\$3.00	\$6.00
45-49	\$3.00	\$6.00
50-54	\$5.68	\$11.35
55-59	\$5.68	\$11.35
60-64	\$8.08	\$16.15
65-69	\$10.83	\$21.65
70+	\$17.45	\$34.90

CHILD SEMI-MONTHLY CONTRIBUTIONS

AGE	\$1,000 BENEFIT	\$2,500 BENEFIT	\$5,000 BENEFIT	\$10,000 BENEFIT
All Eligible Employees	\$0.12	\$0.29	\$0.58	\$1.15



Hospital Indemnity Coverage

Hospital Indemnity Coverage through Voya pays cash benefits directly to you if you have a covered stay in a hospital or critical care unit (ICU). You can use the benefits from this policy to help pay for your medical expenses such as deductibles and copays, travel cost, food and lodging, or everyday expenses such as groceries and utilities.

- Benefits are payable for pregnancy on the first day of coverage
- Coverage is guaranteed issue; no medical questions

SEMI-MONTHLY CONTRIBUTIONS

EMPLOYEE ONLY	\$7.73
EMPLOYEE + SPOUSE	\$16.73
EMPLOYEE + CHILD(REN)	\$11.89
EMPLOYEE + FAMILY	\$20.89

SUMMARY OF BENEFITS*

HOSPITAL ADMISSION	\$1,100
HOSPITAL CONFINEMENT	\$100/day
MAXIMUM DAYS PAYABLE	30
HOSPITAL ICU ADMISSION	\$2,200
HOSPITAL ICU CONFINEMENT	\$200/day
MAXIMUM DAYS PAYABLE	15
REHABILITATION UNIT	\$100/day
MAXIMUM DAYS PAYABLE	30
HOSPITAL OBSERVATION STAY	\$500/day
MAXIMUM DAYS PAYABLE	1
WELLNESS BENEFIT (payable for each covered family member whom completes certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy, or stress test)	\$75 Benefit

*This is a summary. Refer to plan documents for details.

Survivor Benefits

It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection in the event of an unexpected event.

Basic Life and Accidental Death & Dismemberment Insurance

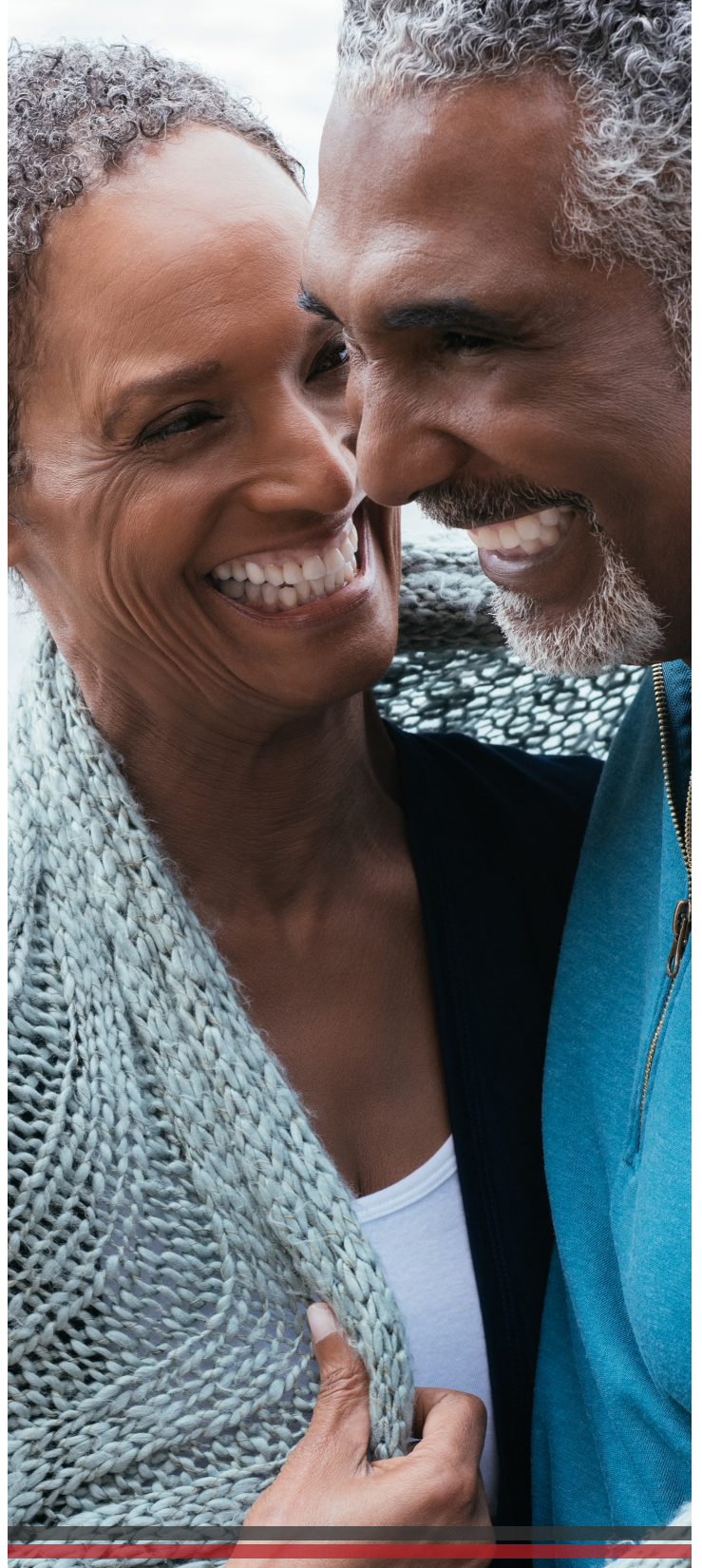
BearCom provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through The Hartford, which guarantees that your spouse or other designated survivor(s) continue to receive benefits after death.

Your Basic Life and AD&D insurance benefit is \$50,000. If you are a full-time employee, you automatically receive Life and AD&D insurance even if you waive other coverage.

Naming a Beneficiary

Your beneficiary is the person you designate to receive your life insurance benefits in the event of your death. This includes any benefits payable under Basic Life. You receive the benefit payment for a dependent's death under The Hartford insurance.

Be sure to check your beneficiary during your PayCom enrollment and update if needed. You may designate as many beneficiaries as you like, and you can change your beneficiaries at any time by completing the beneficiary designation in PayCom. You may select a primary beneficiary who is designated as the first to receive the proceeds of your policy, and a contingent beneficiary who is entitled to receive the benefits if the primary is unable to accept. Make sure to indicate their full name, address, Social Security number, relationship, date of birth and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches majority age at 18. If you need assistance, contact Human Resources or your own legal counsel.



Voluntary Life and AD&D Insurance

Voluntary Life and AD&D benefits are an important part of your family's financial security. The basic benefits provided to you by BearCom may not be enough to cover expenses in a time of need. Therefore, extra coverage is available to protect you and your family. Eligible employees may purchase additional Voluntary Life and AD&D insurance through The Hartford. Premiums are paid through payroll deductions.

VOLUNTARY EMPLOYEE LIFE AND AD&D	
COVERAGE AMOUNT	Increments of \$10,000
MAXIMUM BENEFIT	\$500,000, not to exceed 5 times your annual earnings
EVIDENCE OF INSURABILITY (EOI) REQUIRED	New hires: The lesser of \$250,000 or 5 times your annual earnings
VOLUNTARY SPOUSE LIFE AND AD&D	
COVERAGE AMOUNT	Increments of \$5,000
MAXIMUM BENEFIT	\$250,000, not to exceed 100% of Employee amount
EVIDENCE OF INSURABILITY (EOI) REQUIRED	New hires: The lesser of \$50,000 or 100% of your elected insurance amount
VOLUNTARY CHILD LIFE AND AD&D	
COVERAGE AMOUNT	\$10,000
MAXIMUM BENEFIT	\$10,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	N/A

Note: Employees currently enrolled in the Voluntary Life benefit may increase election by one increment (\$10,000 employee and/ or \$5,000 spouse), not to exceed the guarantee issue limits. All other increases and new elections outside of the new hire window will be subject to Evidence of Insurability submission to The Hartford.

VOLUNTARY LIFE AND AD&D INSURANCE			
RATES/\$1,000 (SEMI-MONTHLY)			
AGE (AS OF JANUARY 1, 2026)	EMPLOYEE	AGE (AS OF JANUARY 1, 2026)	SPOUSE**
0-24	\$0.065	0-24	\$0.065
25-29	\$0.065	25-29	\$0.065
30-34	\$0.065	30-34	\$0.065
35-39	\$0.085	35-39	\$0.085
40-44	\$0.125	40-44	\$0.125
45-49	\$0.205	45-49	\$0.205
50-54	\$0.300	50-54	\$0.300
55-59	\$0.465	55-59	\$0.465
60-64	\$0.855	60-64	\$0.855
65-69	\$0.855	65-69	\$0.855
70+*	\$1.045	70+	\$1.045

*Subject to benefit reduction
**Spouse premium based on Employee age

VOLUNTARY CHILD LIFE AND AD&D INSURANCE	
PREMIUM RATES – \$10,000 SEMI-MONTHLY	
\$1.15	

TO CALCULATE YOUR VOLUNTARY LIFE AND AD&D COVERAGE SEMI-MONTHLY COST:				
\$	÷ 1,000 =	\$	x Age Based Rate =	\$
Benefit Elected				Semi-Monthly Premium

Income Protection

You and your loved ones depend on your regular income. That's why BearCom offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury. A portion of your income is protected until you can return to work or you reach retirement age.

Short Term Disability (STD) Insurance

Short Term Disability (STD) benefits up to \$500 per week are provided and paid for by BearCom. You also have the option to buy-up to a higher benefit amount, up to a \$1,500 maximum per week, through The Hartford. You should only consider buying-up if your annual income is \$43,333 or more. This insurance replaces 60% of your income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

WEEKLY MAXIMUM BENEFIT	\$500
BUY-UP WEEKLY MAXIMUM BENEFIT	\$1,500
ELIMINATION PERIOD	14 days
MAXIMUM BENEFIT PERIOD	11 weeks

Note: Outside salespeople are not eligible for short term disability due to unlimited PTO. Contact HR for further details.

VOLUNTARY DISABILITY INSURANCE

BUY-UP DISABILITY

SEMI-MONTHLY COMPOSITE RATE

\$0.08 per \$10 of Weekly Benefit

Long Term Disability (LTD) Insurance

Long Term Disability (LTD) benefits are available at no cost. This insurance replaces 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

MONTHLY MAXIMUM BENEFIT	\$10,000
ELIMINATION PERIOD	90 days
MAXIMUM BENEFIT PERIOD	2 years own occupation; if you are still disabled after that, payments will last until you reach your Social Security Normal Retirement Age.

FMLA and Disability claims should be submitted to The Hartford in the event you have a planned or unexpected need to request a leave of absence. To file a claim online, go to www.thehartford.com/mybenefits or call 888-301-5615.

TO CALCULATE YOUR STD COVERAGE SEMI-MONTHLY COST:

\$	÷ 52 =	\$	x 60%	\$	x Rate ÷ 10 =	\$
Base Annual Earnings		Weekly Income		Weekly Benefit		Semi-Monthly Premium



Retirement Planning

No matter what point of your career you're in, it's never a bad time to think about your future and save for retirement.

Contributing to a 401(k) account now can help keep you financially secure later in life. The BearCom 401(k) plan provides you with the tools you need to prepare.

PLAN AT A GLANCE	
PLAN NAME	BearCom 401(k) Plan
RECORDKEEPER	Fidelity Investments
WEBSITE	www.401k.com
ELIGIBILITY	Immediately
COMPANY MATCH	BearCom will match 50%, up to 4% you contribute to your 401(k) (2% maximum match)

All About 401(k)

This employer-sponsored retirement account can help your future self by saving money — tax-free — from your paycheck. The sooner you participate in a 401(k), the more time your assets have to grow.

Auto Enrollment for New Hires: Newly hired, regular employees are eligible to begin participation in the 401(k) plan immediately. You must be at least 18 years of age to participate. Unless you request otherwise, BearCom will automatically enroll you into the retirement plan at a rate of 3% of your salary 35 days after your date of hire. To opt out, please contact Fidelity at 800-835-5097 once you receive a copy of your automatic enrollment notice.

Pre-tax vs. Roth 401(k): What's the difference? If you contribute to your 401(k) pre-tax, your contributions are taken out before taxes each pay period, which will lower your annual taxable income. Pre-tax contributions grow on a tax-deferred basis and you won't pay taxes on these dollars until a distribution is taken at retirement. If you choose the available Roth 401(k), contributions are deducted from your paycheck after taxes — so although you are paying taxes on those dollars now, you won't pay taxes when you withdraw during retirement.

Contributing to the Plan

As a participant in the 401(k) Plan, you are able to save for retirement to help you achieve your retirement goals. The IRS limits the amount you can save annually, but if you are over age 50, you can contribute even more to the plan through catch-up contributions. Starting in 2025, there is even a special catch-up period for people turning 60 to 63.

The annual IRS limit for 2026 is \$24,500, and the standard catch-up contribution limit for individuals ages 50 and older is \$8,000. Starting January 1, 2025, the years you turn ages 60, 61, 62, and 63, you can save an amount up to \$11,250 or 150% of the regular annual catch-up limit, whichever amount is greater. Note: The standard catch-up limit resumes the year you turn age 64.

Not sure if you're getting close to the annual contribution limit? Our payroll system tracks how much you've contributed. If you started at the company mid-year, let the Payroll Department know how much you contributed at your previous employer so that can be factored in and you won't be subject to penalties for overcontributing.



How Much Should I Save?

Industry standards suggest saving at least 12% to 15% of your income, including BearCom’s generous matching contribution of 25% of the first 5% you contribute to your 401(k) (1.25% total). If you can’t afford to save that much, make sure to save up to the matching amount so you don’t leave free money behind.

Changing or Stopping Your Contributions

You may change the amount of your contributions any time. Changes are effective as soon as administratively feasible and remain in effect until you modify them. You may also discontinue your contributions and start them again at any time.

Consolidating Your Retirement Savings

If you have an existing qualified retirement plan (pre-tax) with a previous employer, you may transfer that account into the plan any time. Contact Fidelity Investments at 800-835-5097 for details.

Regardless of which retirement account you choose or how much you contribute, remember to think of it as a long-term strategy. Dipping into the account early will jeopardize the quality of your retirement and you may be subject to early withdrawal penalties from the IRS.

Investing in the Plan

It’s up to you how to invest the assets. The BearCom Wireless Worldwide 401(k) plan offers a selection of investment options for you to choose from. You may change your investment choices any time. For more details, visit www.401k.com.

Loans are permitted within the plan. You can receive up to 50% of your vested balance, with repayment period of up to 5 years (or 20 years for a residential loan).

Hardship withdrawals of your contributions are also available. You must meet the IRS criteria to be eligible for a hardship withdrawal. Please contact Fidelity at 800-835-5097 for information regarding loans and withdrawals.

Vesting

Vesting refers to how much of your 401(k) funds you can take with you if or when you leave BearCom. With our vesting schedule, each year you’ll own a greater percentage of the company’s matching contributions. When you’re fully vested, you’ll own 100% of the contributions. You always own and are fully vested in your own personal 401(k) contributions.

VESTING SCHEDULE	
YEARS OF SERVICE	PERCENTAGE VESTED
0	0%
1	0%
2	25%
3	100%
4	100%
5+	100%

If you were hired before 1/1/2026, please note the richer vesting schedule will apply.

Per the new IRS requirements, effective January 1, 2026, if you are age 50 or older and earned more than \$145,000 in FICA wages in the prior calendar year, any catch-up contributions you make to your 401(k) plan must be made on a Roth (after-tax) basis only. This is a new opportunity to build qualified withdrawals tax-free at time of retirement and depending on your tax bracket, you may pay less taxes in 2026 than you would at time of retirement (e.g. If you’re in the 22% tax bracket now and expect to be in the 32% bracket later, paying taxes now saves you 10% on every dollar you contribute). FICA wages refer to your earnings that are subject to Social Security tax. These are reported in Box 3 of your W-2 form and include regular wages, bonuses, overtime, commissions, certain taxable fringe benefits. FICA wages do not include employer contributions to retirement plans, pre-tax deductions for health insurance or flexible spending accounts.

Note

All new employees will be automatically enrolled in the plan upon eligibility at 3% pre-tax. If you do not wish to be automatically enrolled, would like to make a Roth contribution, or would like to defer another percentage, please visit the Fidelity website or call in using the information provided on “Important Contacts” on page 42.

Transitions Retiree Benefit Group

Insurance over age 65. Simplified.

Medicare can be confusing — but it doesn't have to be!

When it comes to your Medicare Enrollment and Support, we have you covered. Our educational approach will guide you through obstacles and questions. Whether you are just turning 65 or you have been on Medicare for a while, our Advisors are able to assist.

Keep in mind that not everyone who is eligible for Medicare is looking to make immediate changes to their coverage. So, we will help you understand the process and create a plan for when you are ready to retire or leave your health coverage.

If you don't need Medicare support but a loved one does:

We have you covered here as well. Our Social Workers know how to navigate and offer support in all of the areas of elder care. Our services are offered at zero costs at all times!

Learn your options and please call your Advisor at 800-936-1405.



Additional Benefits

BearCom wants you to succeed in all aspects of life, so we offer a variety of additional benefits to make your day-to-day easier.

Employee Assistance Program

We're here for you when you need help. Our Employee Assistance Program (EAP) helps manage your and your family's total health, including mental, emotional, and physical. And there's no cost to you — whether or not you're enrolled in a company-sponsored medical plan.

Through the EAP, you have access to mental health assistance and legal and financial help from professionals. You also have 24-hour access to helpful resources by phone, and the EAP benefit includes **six face-to-face** visits per issue with a licensed professional. All services provided are confidential and will not be shared with BearCom. You may access information, benefits, educational materials, and more by phone at 800-327-1850 or online at guidanceresources.com (Web ID: HLF902).

The Program provides referrals to help with:

- Emotional health and wellbeing
- Alcohol or drug dependency
- Marriage or family problems
- Job pressures
- Stress, anxiety, depression
- Grief and loss
- Financial or legal advice



Paid Time Off

Planning on packing up the kids for a road trip? Or do you just need some time off to conquer the honey-do list at home? BearCom offers Paid Time Off (PTO) for all full-time hourly employees, except for outside/commissioned sales employees who have unlimited time off and U.S. salaried employees who have Paid Flexible Time. Part-time employees are not eligible to receive PTO. PTO provides employees with flexible time off that can be used for vacation, personal or family illness, doctor appointments, school, volunteerism and other activities of the employee's choice. Employees are not able to take time off without available PTO.

PTO Guidelines

Full-time hourly employees accrue PTO in hourly increments based on length of service. PTO is added to the employee's PTO bank the day after each semi-monthly payday. Used PTO is subtracted from the employee's accrued time bank in one-hour increments. New employees will not see PTO on their paychecks until they have completed 90 days of service. At that time, approximately 20 hours will be added to the PTO bank. PTO may be used after 90 days of service. Eligibility is contingent on the employee either working or utilizing accrued PTO for the entire semi-monthly pay period. PTO is not earned in pay periods during which unpaid leave, disability leave or workers' compensation leave are taken.

YEARS OF SERVICE	SEMI-ANNUAL ACCRUAL	ANNUAL ACCRUAL	PTO MAXIMUM ACCUMULATION
Less Than 1 Year	3.3334 Hours	10 Days	N/A
1-7 Years	5.00 Hours	15 Days	180 Hours
7+ Years	6.6667 Hours	20 Days	240 Hours

Paid Holidays

Full-time hourly employees receive Paid Holidays BearCom provides 10 paid holidays and 1 floating holiday. Additional holidays and/or floating holidays may be assigned each year based upon the calendar for that year and the days of the week on which holidays fall. Excluding where an exception to the policy is required by law, floating holidays must be taken prior to the end of the calendar year in which the hours were assigned and floating holidays will not be paid out upon termination of employment. Floating Holiday's are available immediately and can be used for time off during the first 90 days.

Paid Parental Leave

Eligible employees will receive 3 weeks of fully paid leave. You must have been employed for at least 90 days at the time your leave begins.

Caregiver Leave

Eligible employees will receive 1 week of fully paid leave to care for a family member with a serious health condition. Your caregiver leave will run concurrently with FMLA and any other applicable state leaves. You must be employed for at least 90 days at the time your leave begins.



Paid Flexible Time

BearCom offers Paid Flexible Time (PFT) for all U.S. salaried employees (except for outside/commissioned sales employees). PFT provides employees with flexible time off that can be used when employees need it. New employees can begin using PFT after they have completed 90 days of service.

Educational Reimbursement

At BearCom, we encourage you to further your education.

Active full-time employees who have completed 180 hours of employment are eligible to apply for educational assistance. Employees are reimbursed for tuition, books and fees (up to \$400 per year) after successful completion of an accredited course. To receive the tuition reimbursement an employee must pass the class with an A or B. If you pass with a C grade, up to 50% will be reimbursed. Classes must relate to your career with BearCom and must be approved by your manager and your Executive Committee member.

Employee Referral Program

BearCom will pay \$250 to employees for referrals that lead to a successful hire. BearCom will pay \$125 after 30 days of employment and the remaining \$125 after 180 days of employment. An employee referral form must be submitted to the Human Resources Department within 30 days of hire.

BearCom Cares

BearCom Cares is an Employee Emergency Fund, administered by America's Charities. The fund can provide financial assistance to BearCom associates who have suffered from a natural disaster, medical hardship or other life occurrences that may incur unexpected financial crisis. If you have personally suffered losses which are causing financial hardships, you are invited to apply for assistance by submitting a grant application. Information on what qualifies as a hardship and how to apply for a grant are available on The Bear. If you are interested in contributing to the BearCom Cares program via payroll deduction, please contact the payroll team at psd@bearcom.com.

Employee Perks Program

BearCom offers employees access to an employee perks program which offers discounts and rewards on 1,000s of brands in a variety of categories. Sign up to start saving at <https://bearcomusa.benefithub.com>. Complete registration using referral code: TAV52K.

Glossary

Balance Billing – When you are billed by a provider for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$60, you may be billed by the provider for the remaining \$40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Consumer-Driven Health Plan (CDHP) – A plan option that provides choice, flexibility, and control over healthcare spending. Most preventive care is covered at 100% with in-network providers, and all qualified employee-paid medical expenses count toward your deductible and out-of-pocket maximum.

Copay – The fixed amount you pay for healthcare services received, as determined by your insurance plan.

Deductible – The amount you owe for healthcare services before your insurance begins to pay its portion. For example, if your deductible is \$1,000, your plan does not pay anything until you've paid \$1,000 for covered services. This deductible may not apply to all services, including preventive care.

Dependent Care FSA – A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision.

Healthcare Cost Transparency – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

Health Savings Account (HSA) – A personal healthcare bank account funded by your or your employer's tax-free dollars to pay for qualified medical expenses. You must be enrolled in a CDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable if you change jobs.

Network – A group of physicians, hospitals, and healthcare providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

- **In-Network** – Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- **Out-of-Network** – Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.

Open Enrollment – The period set by the employer during which employees and dependents may enroll for coverage.

Out-of-Pocket Maximum – The most you pay during the plan year before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary, or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.

Over-the-Counter (OTC) Medications – Medications available without a prescription.





Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred, or specialty.

- **Generic Drugs** – Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- **Preferred Drugs** – Brand-name drugs on your provider's approved list (available online).
- **Non-Preferred Drugs** – Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- **Specialty Drugs** – Prescription medications used to treat complex, chronic, and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered.
- **Prior Authorization** – A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- **Step Therapy** – The goal of a Step Therapy Program is to steer employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before "stepping up" to a non-preferred brand.

Reasonable and Customary Allowance (R&C) – The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary, and Reasonable) amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) – The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.

Required Notices

Important Notice From BearCom Operating, LLC About Your Prescription Drug Coverage and Medicare Under the UHC Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with BearCom Operating, LLC 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. BearCom Operating, LLC has determined that the prescription drug coverage offered by the UHC plan(s) 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 BearCom Operating, LLC coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may 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 BearCom Operating, LLC 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 This Notice or Your Current Prescription Drug Coverage...

Contact the person listed at the end of these notices 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 BearCom Operating, LLC 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).

Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2026
Name of Entity/Sender:	BearCom Operating, LLC
Contact—Position/Office:	Human Resources
Address:	4009 Distribution Drive Gardland, TX 75041
Phone Number:	214-765-7541

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 deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 214-765-7541.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 214-765-7541.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 214-765-7541.

2026 Employee Contributions

If you are an hourly employee, your insurance premiums will only be deducted out of 24 of the 26 pay periods. This means you will receive two “premium holidays” throughout the year, where you will not see your insurance premiums deducted from your paycheck!

Medical – UHC & Surest

	CDHP/HSA		SUREST	
	MONTHLY	SEMI-MONTHLY	MONTHLY	SEMI-MONTHLY
EMPLOYEE ONLY	\$116.85	\$58.43	\$196.42	\$98.21
EMPLOYEE + SPOUSE	\$318.02	\$159.01	\$530.37	\$265.18
EMPLOYEE + CHILD(REN)	\$256.59	\$128.29	\$482.13	\$241.07
FAMILY	\$575.80	\$287.90	\$830.37	\$415.19
MEDICAL DISCOUNTS				
WELLNESS CREDIT	\$25.00	\$12.50	\$25.00	\$12.50
MEDICAL SURCHARGES				
TOBACCO USER	\$50.00	\$25.00	\$50.00	\$25.00

Dental – Delta Dental

	HIGH		LOW	
	MONTHLY	SEMI-MONTHLY	MONTHLY	SEMI-MONTHLY
EMPLOYEE ONLY	\$24.48	\$12.24	\$4.21	\$2.11
EMPLOYEE + SPOUSE	\$62.58	\$31.29	\$19.80	\$9.90
EMPLOYEE + CHILD(REN)	\$74.51	\$37.26	\$33.73	\$16.87
FAMILY	\$102.12	\$51.06	\$49.32	\$24.66



Important Contacts

Medical

United Healthcare
833-313-2871
24/7 Nurse Line: 877-440-0547
myuhc.com

Surest
866-683-6440
After-hours: 1-800-357-1371
join.surest.com/Bearcom
Access code: BearCom2026

Pharmacy

CVS Caremark
800-552-8159
www.caremark.com

Rx Copay Assistance Program

PrudentRx
800-578-4403

Virtual Visits

Teladoc
800-835-2362
www.teladoc.com

Doctor on Demand
800-997-6196
www.doctorondemand.com

Amwell (CDHP only)
844-733-3627
www.amwell.com

TouchCare Health Advocacy Services

866-486-8242
touchcare.com

Lantern

855-713-1573
my.lanterncare.com

2nd.MD

CDHP: 866-269-3534
Surest: 866-841-2575
CDHP: uhc.care/programs
Surest: 2nd.md/activate/step1/surest

Maven

CDHP: mavenclinic.com/join/uhc-join

Pacify

866-683-6440
Surest: pacify.com/surest

Hinge Health

855-902-2777
hinge.health/spem

Dental

Delta Dental
800-521-2651
www.deltadentalins.com

Vision

VSP
800-877-7195
www.vsp.com

Health Savings Account

Fidelity
800-544-3716
Fidelity.com/FidelityHSA

Dependent Care Flexible Spending Account

Navia Benefit Solutions
425-452-3500
www.naviabenefits.com

Life and AD&D

The Hartford
800-523-2233
www.thehartford.com

Disability

The Hartford
800-523-2233
www.thehartford.com

FMLA / LOA

The Hartford
888-301-5615
www.thehartford.com/mybenefits

Supplemental Health (Accident, Critical Illness, Hospital Indemnity)

Voya
855-663-8698
www.voya.com

Weight Loss Program

Real Appeal
www.realappeal.com

Employee Assistance Program

ComPsych
800-327-1850
www.guidanceresources.com
Web ID: HLF902

401(k)

Fidelity Investments
800-835-5097
www.401k.com

Employee Perks

BenefitHub
866-664-4621
bearcomusa.benefithub.com
Registration Referral Code: TAV52K

Transitions Retiree Benefit Group

800-936-1405

BearCom Human Resources

4009 Distribution Drive
Garland, TX 75041
972-765-7163
psd@bearcom.com



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