

# BENEFITS GUIDE



# 2026

AHEAD

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This publication contains important information about your employee benefit program. **Please read thoroughly.**

This document highlights some of the benefits offered through our benefits program. Please refer to the 2026 plan document(s) for a complete description. If there is a conflict between this document and the legal plan documents, the legal plan documents will prevail. The benefits and policies outlined in this document do not constitute the terms and conditions of an employment contract. Although the company maintains the benefits program on an ongoing basis, the company reserves the right to amend or terminate any plan at any time.

# Welcome to 2026 Benefits Enrollment

AHEAD is committed to providing you access to quality and affordable healthcare now and for years to come. We work diligently every year to provide you and your family the best benefits for the best cost. Please take time to review this summary and make any benefits changes necessary for 2026. Benefits will be effective January 1, 2026, until December 31, 2026.

## AHEAD Benefit Website

AHEAD continues to maintain an employee facing Benefits Website! This site contains everything you need to know about our plans, holding all related plan documents, new benefit program information, and Frequently Asked Questions that can help guide your enrollment decisions and mid-year benefit inquiries. You can access the site by scanning the attached QR code:



## 2026 Open Enrollment Summary

### Medical and Prescription Drugs

- Your major medical plan remains with Blue Cross Blue Shield of Illinois (BCBSIL).
- Through our partnership with BCBSIL, you will continue to have access to Hinge, Teladoc, and other BCBS resources.
- We will continue to offer regional plans through Kaiser Permanente for our California employees and HMSA for our Hawaii employees.

### Health Savings Account

- For employees enrolled in the HDHP plan, you are eligible to set up an HSA account with Optum Bank.
- HSA contributions are tax free and are never expire.
- AHEAD contributes \$1,000 for Employee Only and \$2,000 for Employee + Dependents on an annual basis.

### Dental and Vision

- Your Dental coverage is offered through Delta Dental.
- Your Vision coverage is offered through VSP.

### Life and Disability

- Your Life and Disability coverage remains with Lincoln Financial Group; Life, Short Term Disability, and Long Term Disability are covered at 100% by AHEAD.

### Voluntary Benefits

- Accident, Critical Illness, and Hospital Indemnity will continue to be offered through Lincoln Financial Group.
- Identity Theft will continue to be offered through IDShield.
- Prepaid legal coverage will continue to be offered through LegalShield.
- Pet insurance will continue to be offered by MetLife.

### Flexible Spending Accounts (FSA)/Transportation

- Your FSA/Transportation will remain with Employee Benefits Corporation (EBC).

## Who is Eligible

- All full-time employees working a minimum of 30 hours or more a week and their eligible dependents.

## Things to Know Before You Enroll

- Open enrollment is your opportunity to review and make changes to your AHEAD benefits for the upcoming year. During Open enrollment, you have the choice to make new elections for the upcoming plan year or stay enrolled in your current benefit plans. If you would like to enroll in a Flexible Spending Account, you must select "Make New Elections" in UKG, as your 2025 FSA elections will not roll over into 2026.
- If you want to add or drop coverage for yourself or a dependent for the new plan year, you must do so during this open enrollment period. The only time you can make coverage changes outside of the open enrollment period is if you experience a qualifying life event.
- You must provide the Social Security Number and date of birth for any enrolled dependents. If you have not received the permanent Social Security Number for your enrolled dependent, utilize 999-99-9999 as a placeholder and email [benefits@ahead.com](mailto:benefits@ahead.com) when you receive the permanent number.
- If you are newly electing a Voluntary Life/AD&D plan, be sure to add your beneficiary name(s) and date(s) of birth in UKG contacts if you have not already. The same applies to your existing plan's beneficiary.
- Have more questions? Head to [aheadbenefits.com](https://aheadbenefits.com).



# Medical and Prescription Drug Plans

AHEAD continues to offer health insurance through Blue Cross Blue Shield of Illinois. The PPO plan provides employees access to a national network of healthcare providers who meet stringent credentialing standards.

The HDHP plan uses the same network as the PPO plan, but the plan does not pay for services until you satisfy your deductible. When you are enrolled in the HDHP plan, you can open a Health Savings Account (HSA) to help you pay for qualified medical expenses.

## Your BCBSIL Health Plan

| Medical Benefits                            | PPO                  |                      | HDHP                 |                      |
|---------------------------------------------|----------------------|----------------------|----------------------|----------------------|
|                                             | In-Network           | Out-of-Network       | In-Network           | Out-of-Network       |
| Annual Deductible                           |                      |                      |                      |                      |
| Per Person                                  | \$1,250              | \$2,500              | \$3,000              | \$6,000              |
| Family Maximum                              | \$3,750              | \$7,500              | \$6,000              | \$12,000             |
| Coinsurance                                 | 20%                  | 40%                  | 20%                  | 40%                  |
| Maximum Out-of-Pocket (includes deductible) |                      |                      |                      |                      |
| Per Person                                  | \$3,000              | \$6,000              | \$4,000              | \$8,000              |
| Family Maximum                              | \$7,000              | \$14,000             | \$8,000              | \$16,000             |
| Lifetime Maximum                            | Unlimited            |                      | Unlimited            |                      |
| AHEAD HSA Contributions*                    |                      |                      |                      |                      |
| Individual                                  | N/A                  |                      | \$1,000              |                      |
| Family                                      | N/A                  |                      | \$2,000              |                      |
| Prescriptions                               |                      |                      |                      |                      |
| Retail                                      | \$15/\$40/\$60**     | Copays + 25%         | 20% after deductible | 40% after deductible |
| Mail Order                                  | 2× retail**          | Not covered          | 2× retail            | Not covered          |
| Other Covered Services                      |                      |                      |                      |                      |
| Physician Services                          | \$25 copay           | 40% after deductible | 20% after deductible | 40% after deductible |
| Specialist Services                         | \$50 copay           | 40% after deductible | 20% after deductible | 40% after deductible |
| Annual Physical Exams                       | No Charge            | 40% after deductible | No Charge            | 40% after deductible |
| Well-Child Care                             | No Charge            | 40% after deductible | No Charge            | 40% after deductible |
| Hospital Services                           | 20% after deductible | 40% after deductible | 20% after deductible | 40% after deductible |
| Admission Deductible                        | \$0                  | \$300                | \$0                  | \$300                |
| Outpatient Surgery                          | 20% after deductible | 40% after deductible | 20% after deductible | 40% after deductible |
| Emergency Care (waived if admitted)         | \$250 copay          |                      | 20% after deductible |                      |

\* Employer contributions will match employee contributions dollar for dollar up to the limit.

\*\* Separate Rx OOP max applies (\$1,000 per person; \$3,000 family) to the PPO plan.

## Embedded vs. Non-Embedded

The PPO plan has an embedded deductible. If you have other family members on the plan, each family member must meet their own individual deductible (\$1,250) until the total amount of deductible expenses paid by all family members meets the overall family deductible of \$3,750.

The HDHP plan has a non-embedded deductible. If you have other family members on the plan, the overall family deductible must be met before the plan begins to pay. Any combination of family member expenses go toward the \$6,000 deductible.

## High Deductible Participants

AHEAD partners with Optum Bank HSA. If you enroll in the high deductible health plan during open enrollment, we will open an Optum Bank account for you on 1/1/2026. Your Optum HSA is integrated into your Empower Retirement profile, giving you a one stop shop for your retirement AND health savings accounts investments.

AHEAD will match employee contributions dollar for dollar up to \$1,000 for individuals and up to \$2,000 for families. The HSA contribution limits for 2026 are \$4,400 for self-only coverage and \$8,750 for family coverage. Keep in mind that this is inclusive of the AHEAD employer contribution.

## Online Tools Available at [www.bcbsil.com/member](http://www.bcbsil.com/member)

On this website, you can log on as a member and access claim history, print temporary ID cards, contact member services for assistance, and much more.

To register, go to [www.bcbsil.com/member](http://www.bcbsil.com/member) and fill out the information necessary to get signed up. With your account, you are able to view medical costs, deductible balance, and plan design in greater detail.

If you elect the medical plan through BCBSIL, you have access to a variety of tools as a member:

- Blue Access Mobile App
- Health and Wellness Resources
- Valuable Member Programs

You can search for participating providers on the website. Remember that by receiving services from an in-network provider, you incur lower out-of-pocket costs.

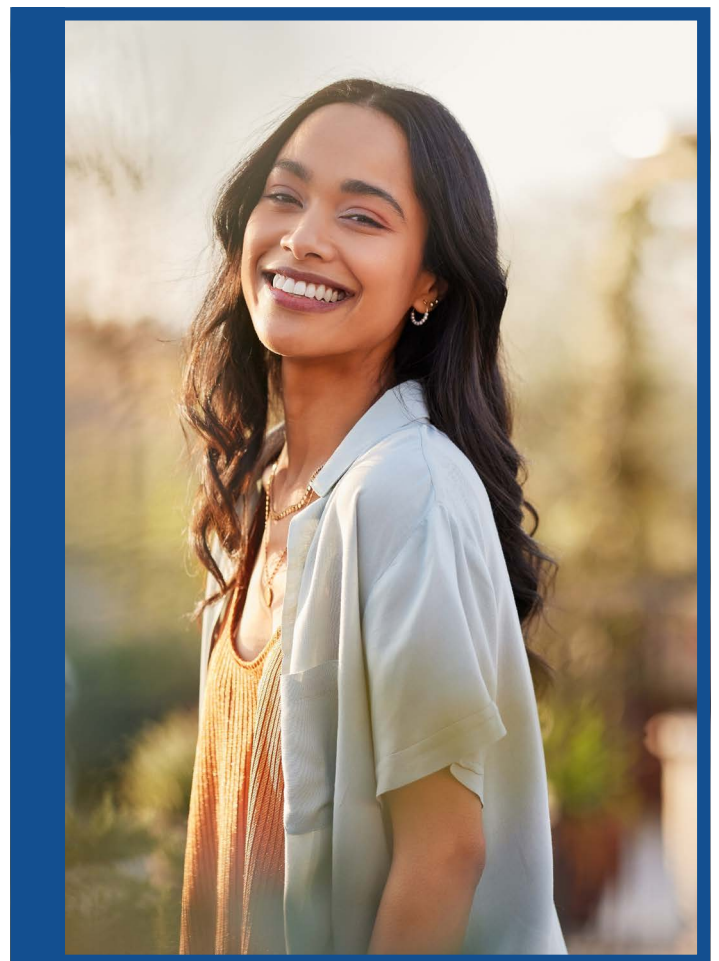
## Blue365 Discount Programs

As a member, you have access to additional special program discounts. Additional details can be accessed at [www.blue365deals.com](http://www.blue365deals.com).

To register, visit [www.blue365deals.com](http://www.blue365deals.com), click register, and enter your personal information. You will receive emails offering savings delivered to your email inbox, or you may visit the site to view available deals.

Discounts may be available at the following retailers:

- |               |                    |                     |
|---------------|--------------------|---------------------|
| ■ Oral B      | ■ Seattle Sutton's | ■ Life Time Fitness |
| ■ Crest       | ■ Retrofit         | ■ Handstand Kids    |
| ■ Beltone     | ■ Reebok           | ■ Nutrisystem       |
| ■ Jenny Craig | ■ Skechers         |                     |



# Blue Cross Blue Shield at a Glance—Value Added Benefits

## AlwaysOn Health and Wellness Portal

- The AlwaysOn Wellness mobile app has a wide variety of easy-to-use features that allow you to:
  - Take your Health Assessment
  - Set personal goals and wellness goals and track your progress
  - Take an online educational program
  - View your Blue Points balance
  - Track data synced from more than 80 fitness devices and apps
- To get started, just follow these steps:
  1. Download the AlwaysOn Wellness mobile app in the Apple or Google store
  2. Open the app and click on “Create an Account”
  3. Follow the prompts to verify information from your member ID card

## 24/7 Nurseline

- General health information and guidance for specific conditions from fevers to bee stings; coaching on appropriate treatment paths
- **800.299.0274**

## Mail Order Prescriptions

- Through BCBSIL and Prime Therapeutics, you may be able to save time and get more for your money by getting your prescriptions through mail order
- Call **877.357.7463** or visit Blue Access for Members (BAM) To manage your mail order prescriptions, members can call the number on the back of your ID cards, go to [www.express-scripts.com](http://www.express-scripts.com) or download the mobile app

## BCBS Digital Mental Health

- BCBS Learn to Live can help you and your qualified dependents get your mental health on track so you can feel better and enjoy your life more fully
- Through an online assessment, you can help pinpoint the right program for you based on your specific mental health needs
- From there, you can explore quick and easy self guided resources and therapy based activities
- If you need one-on-one support to reach your goals, connect with a coach by phone, email, or text; all coaching and lessons are completely confidential
- To access Learn to Live programming, log in at [BCBSIL.com](http://BCBSIL.com), select “Behavioral Health” and choose “Digital Mental Health”

## BlueAccess for Members

- For your medical benefit questions, claims information, or any other Blue Cross Blue Shield benefit related inquiry contact:
  - [www.bcbsil.com](http://www.bcbsil.com)
  - PPO: **800.541.2767**
- A secure member website that gives you immediate access to healthcare benefit information and easy-to-use tools:
  - Check claim status, confirm coverage for you and your dependents, use Provider Finder® to locate a contracting doctor or hospital, access interactive tutorials
  - Hospital comparison tools
  - Treatment cost advisor™

## Programs Offered through BCBSIL

### Hinge Health—Musculoskeletal Solution

Hinge Health provides a digital, coach-led program based on proven non-surgical care guidelines. In-home exercise therapy is designed to relieve pain from:

- Knee
- Hip
- Low back
- Shoulder
- Neck
- Pelvic floor

Through this program you will receive:

- A tablet computer and wearable sensors
- Unlimited one-on-one health coaching
- Personalized exercise therapy

To learn more or enroll in the Hinge Health program, please visit [hinge.health/enroll-join](https://hinge.health/enroll-join)

### Teladoc

- Diabetes management solution for type 1 and type 2 diabetes
- Hypertension solution with blood pressure management
- Includes:
  - Glucometer and BP monitor
  - Unlimited strips and lancets
  - Personalized insights
  - One-on-one coaching
  - Guidance on healthy habits
  - Meter can send data directly to your doctor

To learn more about Teladoc, visit

[TeladocHealth.com/Smile](https://TeladocHealth.com/Smile) or call **800.835.2362**

### WellOnTarget—Fitness

- WellOnTarget is a program that offers the support you need to make healthy choices; with WellOnTarget, you have 24/7 access to personalized health tools and resources right at your fingertips
- To learn more about the program, please visit <https://www.bcbsilforyourhealth.com/>



# Kaiser Permanente—California Medical Coverage Option

In addition to AHEAD's two national plans through BCBSIL, we offer regional plan options through Kaiser Permanente for employees that reside in Southern and Northern California.

When you're a Kaiser Permanente member, many people work together to help you stay healthy. Your doctor, specialists, and health plan are all part of one connected team—coordinating your care seamlessly so you don't have to. If you decide to enroll in a Kaiser Plan, you will be connected with a doctor who best suits you. You can select one doctor for your whole family or a different doctor for each family member. With Kaiser, you can select the benefits you and your family really need.

The following is a snapshot of the benefits offered along with plan costs.

|                                                                                                                 | Kaiser Traditional HMO | Kaiser HSA-Eligible HMO |
|-----------------------------------------------------------------------------------------------------------------|------------------------|-------------------------|
| <b>Annual Deductible</b>                                                                                        |                        |                         |
| Individual                                                                                                      | None                   | \$2,000                 |
| Individual within a Family                                                                                      | None                   | \$3,400                 |
| Family                                                                                                          | None                   | \$4,000                 |
| <b>Annual Maximums</b>                                                                                          |                        |                         |
| Out-of-Pocket: Individual                                                                                       | \$1,500                | \$3,600                 |
| Out-of-Pocket: Family                                                                                           | \$3,000                | \$7,200                 |
| <b>Office Visits</b>                                                                                            |                        |                         |
| Physician                                                                                                       | \$30/visit             | \$30/visit              |
| Specialist                                                                                                      | \$30/visit             | \$50/visit              |
| <b>Preventive Care Allowance</b>                                                                                |                        |                         |
| Routine Physicals, Immunizations, Pap Smears, Mammograms, Prostate Screenings, etc. Frequency Limitations Apply | No charge              | No charge               |
| <b>Emergency Care</b>                                                                                           |                        |                         |
| Emergency Room (waived if admitted)                                                                             | \$200                  | \$200                   |
| Urgent Care                                                                                                     | \$30                   | \$30                    |
| <b>Maternity Care</b>                                                                                           |                        |                         |
| Prenatal Visit                                                                                                  | No charge              | No charge               |
| Postnatal Visits/Delivery                                                                                       | No charge              | No charge               |
| <b>Kaiser Permanente Prescription Drugs</b>                                                                     |                        |                         |
| Tier 1                                                                                                          | \$15                   | \$10                    |
| Tier 2                                                                                                          | \$35                   | \$30                    |
| Tier 3                                                                                                          | \$35                   | \$30                    |

# HMSA Medical Plan—Hawaii Medical Coverage Option

AHEAD offers a regional medical plan for those who reside in Hawaii through HMSA.

|                                       | PPO Network                        |
|---------------------------------------|------------------------------------|
|                                       | Member Cost                        |
| Annual Deductible                     | \$0                                |
| Maximum Out-of-Pocket                 | Single: \$2,500<br>Family: \$7,500 |
| Urgent Care                           | \$14 copay                         |
| Emergency Room                        | 20% coinsurance                    |
| Ambulance (ground or interisland air) | 20% coinsurance                    |
| Other Covered Services                |                                    |
| Physician Office Visit                | \$14 copay                         |
| Specialist Office Visit               | \$14 copay                         |

|                                                        | Prescription Drugs                     |
|--------------------------------------------------------|----------------------------------------|
|                                                        | Member Cost                            |
| Maximum Out-of-Pocket                                  | Single: \$3,600<br>Family: \$4,200     |
| 1-30-Day Supply From Pharmacies                        |                                        |
| Tier 1: Mostly Generic Drugs                           | \$7 copay                              |
| Tier 2: Mostly Preferred Formulary Drugs               | \$30 copay                             |
| Tier 3: Mostly Non-Preferred Formulary Drugs           | \$30 copay plus \$45 tier 3 cost share |
| Tier 4: Mostly Preferred Formulary Specialty Drugs     | \$100 copay                            |
| Tier 5: Mostly Non-Preferred Formulary Specialty Drugs | \$200 copay                            |



# Telemedicine

## Offered through First Stop Health

You have access to doctors via phone or video with telemedicine. These services are provided to AHEAD medical plan enrollees and their eligible enrolled dependents at no cost!

■ **Talk to a doctor 24/7—get treatment within minutes for minor injuries, illnesses, and prescriptions.**

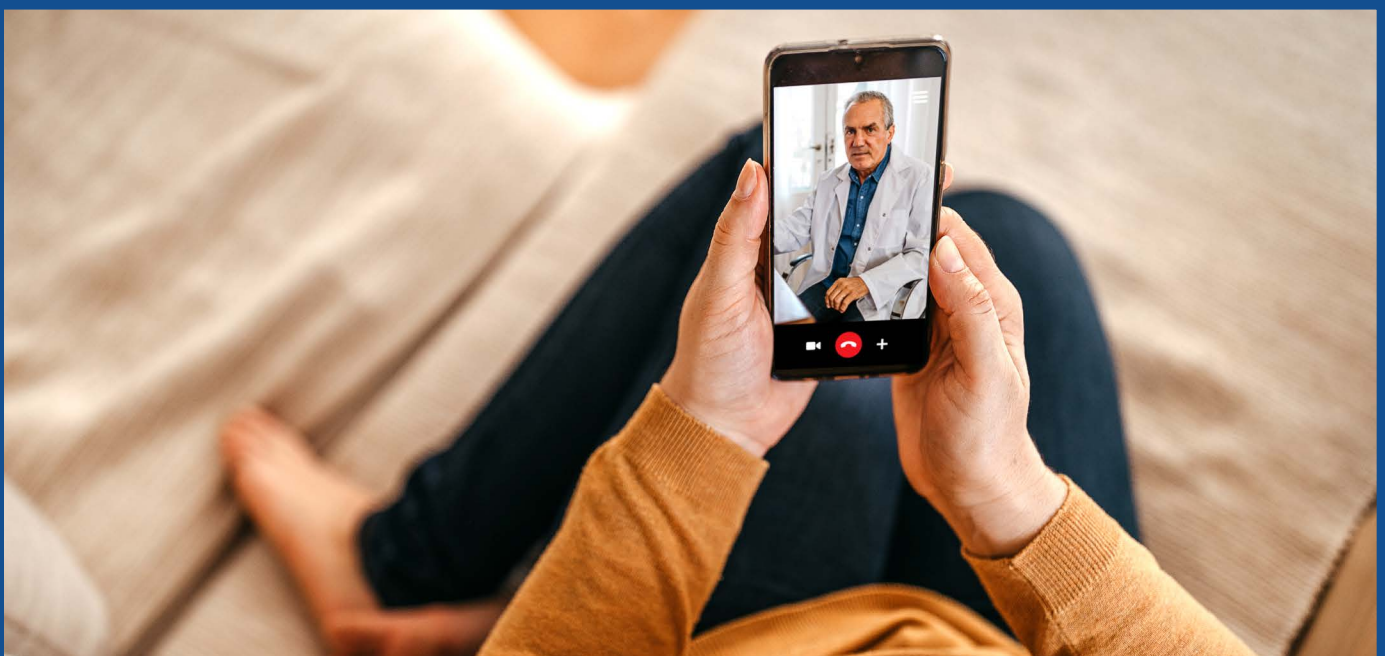
- Cough and sore throat
- Infection (sinus, ear, UTI, etc.)
- Skin rash
- Muscle/joint pain
- Medical refill

**ACCESS CARE THROUGH THE FIRST STOP HEALTH APP—AVAILABLE ON THE APPLE APP STORE AND GOOGLE PLAY.**

## First Stop Health Whole Mental Health

AHEAD medical plan enrollees and their eligible enrolled dependents also have access to whole mental healthcare through First Stop Health. This includes access to both short term and long term individual and family counseling at no cost! Licensed mental health counselors will be able to provide clinical support for a wide variety of issues, including but not limited to:

- Depression and anxiety
- Grief counseling
- Marital counseling
- Work and family issues
- Alcohol and drug dependencies
- Medication management of non-controlled substances



# Dental

## Delta Dental Plan

AHEAD offers dental insurance through Delta Dental. This program provides employees and their eligible dependents access to a national network of dental providers consisting of general and specialty dentists who meet well-established credentialing standards. To help protect your dental health, the plan is offered with preventive services covered at 100%.

| Dental Benefits              | Base PPO<br>In-Network/<br>Out-of-Network* | Buy-Up PPO<br>In-Network/<br>Out-of-Network* |
|------------------------------|--------------------------------------------|----------------------------------------------|
| <b>Annual Deductible</b>     |                                            |                                              |
| Individual                   | \$50                                       | \$25                                         |
| Family                       | \$150                                      | \$75                                         |
| <b>Calendar Year Maximum</b> |                                            |                                              |
| Per Covered Person           | \$1,500                                    | \$2,000                                      |
| <b>Coinurance</b>            |                                            |                                              |
| Preventive                   | 100%                                       | 100%                                         |
| Basic                        | 80% after deductible                       | 80% after deductible                         |
| Major                        | 50% after deductible                       | 50% after deductible                         |
| <b>Orthodontia</b>           |                                            |                                              |
| Orthodontia Coverage         | 50% after deductible                       | 50% after deductible                         |
| Orthodontia Maximum          | \$1,000                                    | \$1,500                                      |
| Orthodontia Restrictions     | Children <19 only                          | Adults and children                          |

\* If you visit an out-of-network doctor, you are responsible for charges above the Usual and Customary (U&C) amount allowed by the plan.

With Delta Dental, AHEAD members have access to a broader provider network than ever before! To view a listing of providers, covered services, status of a claim, deductible balance, and oral health and wellness information, go to [www.deltadental.com](http://www.deltadental.com).



# Vision

## VSP Vision Plan

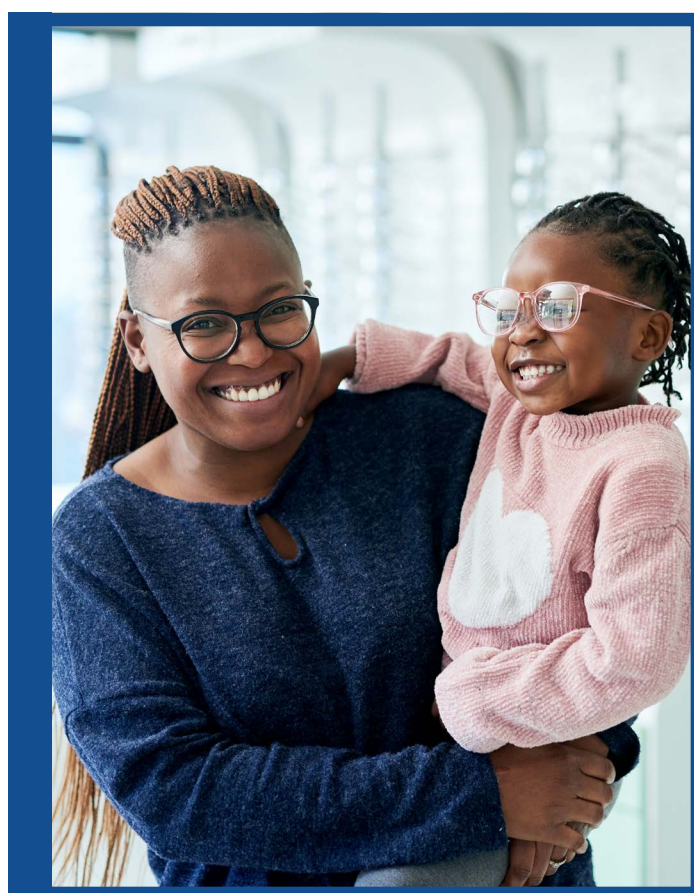
AHEAD offers vision coverage through VSP. Please visit [www.vsp.com](http://www.vsp.com) for a complete listing of participating providers.

| Vision Benefits                        | VSP        |                 |
|----------------------------------------|------------|-----------------|
|                                        | In-Network | Out-of-Network* |
| Copays                                 |            |                 |
| Exams                                  | \$20 copay | Up to \$45      |
| Materials                              | \$20 copay | Varies          |
| Frequency                              |            |                 |
| Exam Frequency                         | 12 months  |                 |
| Lens Frequency                         | 12 months  |                 |
| Frame Frequency                        | 12 months  |                 |
| Allowance                              |            |                 |
| Frame Allowance                        | \$130      | Up to \$70      |
| Contacts Allowance (in lieu of frames) | \$130      | Up to \$105     |

\* After copayment.

## Perks with VSP!

- Extra \$20 savings on Featured Frame Brands
- Save up to 60% on brand-name hearing aids
- VSP Member Exclusive deals on glasses, contacts, and LASIK eye surgery
- **Essential Medical Eye Care**—supplemental coverage beyond routine care to treat urgent issues/monitor ongoing conditions like pink eye, sudden vision changes, dry eye, diabetic eye disease, and glaucoma
- **Premier Edge Promise**—a worry-free eyewear guarantee when you go to a Premier Edge location; this gives you peace of mind knowing that you are covered if something goes wrong with your eyewear



# Life and Disability

AHEAD provides the following benefits through **Lincoln Financial Group**.

## Basic Life and Accidental Death and Dismemberment

- 1× annual salary to \$250,000. Benefit paid 100% by AHEAD.

## Short Term Disability

- 60% of a 24-month average of applicable earnings, up to \$3,000/week for 26 payroll/year employees and up to \$6,500/semi-monthly for 24 payroll/year employees. Benefits begin on the 1st day for injury or on the 8th day for sickness and can continue until you are no longer disabled or up to a maximum of 13 weeks, whichever comes first. Benefit paid for 100% by AHEAD.

## Voluntary Life and AD&D

- Supplemental coverage for yourself is available in \$10,000 increments up to \$750,000.
- You may purchase coverage for your spouse, up to 100% of employee election to a maximum of \$375,000; you may purchase up to \$20,000 of coverage for your children.
- Guarantee issue amount of \$200,000 for employee and \$50,000 for spouse.
- Benefit paid for 100% by employee as a post-tax payroll deduction.

## Long Term Disability

- 60% of a 24-month average of applicable earnings, up to \$15,000/month. Benefit begins after 90 days of disability and can continue up to age 65. Benefit paid for 100% by AHEAD.



# Voluntary Accident and Critical Illness

## Voluntary Programs (100% Employee-Paid Benefits)

Voluntary Accident and Critical Illness insurance is offered through Lincoln Financial Group. This coverage supplements medical and disability income insurance for you and your family with a lump-sum benefit paid when you need it most.

- Accident coverage provides a lump sum payment when an accident occurs, such as children's sports injuries, emergency dental work or calling an ambulance.
- Critical illness coverage provides a lump-sum payment if you or a covered family member is diagnosed with a critical illness or event. Covered medical conditions include: Heart attack, bypass surgery, kidney failure, stroke, cancer, or organ transplant.



# Hospital Indemnity

## Voluntary Program (100% Employee-Paid Benefits)

AHEAD'S voluntary Hospital Indemnity insurance is offered through Lincoln Financial Group. This coverage can assist with out-of-pocket costs that are not covered by your medical plan. In the event of a major illness or injury, the plan pays out a lump sum, which can be used for any purpose, including to help pay the out-of-pocket expenses your medical plan may not cover. You must be actively at work to enroll, and you can choose coverage for yourself and your family members. Please note, this plan is not classified as health insurance.

- For Hospital Admission, the plan pays up to \$1,000 per confinement up to 4 times per year. For ICU admission, the plan pays up to \$2,000.
- For Hospital Confinement, the plan pays up to \$200 per day. For ICU Confinement, the plan pays up to \$400 with a 30-day maximum.



# IDShield and LegalShield

## Voluntary Program (100% Employee-Paid Benefits)

IDShield offers comprehensive identity theft protection to help safeguard your finances, credit, and good name. This coverage helps stop identity fraud before the damage can be done. There are two coverages available for AHEAD employees through IDShield: Employees can enroll in a base or premiere plan. Both plans cover up to \$5 million in protection for stolen funds, personal expenses, related legal fees, and more. The premiere plan offers protection for 2 additional credit bureaus.

LegalShield offers employees the ability to engage an attorney's services without worrying about the high hourly cost. This prepaid legal plan from LegalShield can ease the biggest stresses—finding and paying for legal expertise when you need it most.

# Calm App for Wellbeing Support

AHEAD offers a free subscription to the Calm app for employees (and their dependents). Calm provides tools to help manage stress, improve sleep, boost mindfulness, and more. You can register for this benefit at any time by using the sign up link included on the Benefits page on ARCHIE. Complete this form and someone from the benefits team will reach out with further instructions on claiming your account and adding your dependents.

## 401(k)

Starting in 2026, AHEAD is increasing the 401(k) employer match maximum from \$4,500 annual to \$5,000 annual. This is a dollar-for-dollar match made, based on the employee's elected deferral rate, every payroll until the max employer contribution has been reached. Employees are auto-enrolled to contribute 3% of their annual earnings to their 401(k). AHEAD offers pre-tax and Roth contribution types (including catch-up for employees age 50+), and employees choose their contribution types and amounts via their Empower accounts. Enrollment and contribution changes can be made at any time online. 2026 contribution limits have increased as follows: \$24,500 for regular contributions, \$8,000 for catch-up contributions, with an additional \$4,000 catch-up for participants ages 60-63. Please reach out to the Benefits Team for additional details.

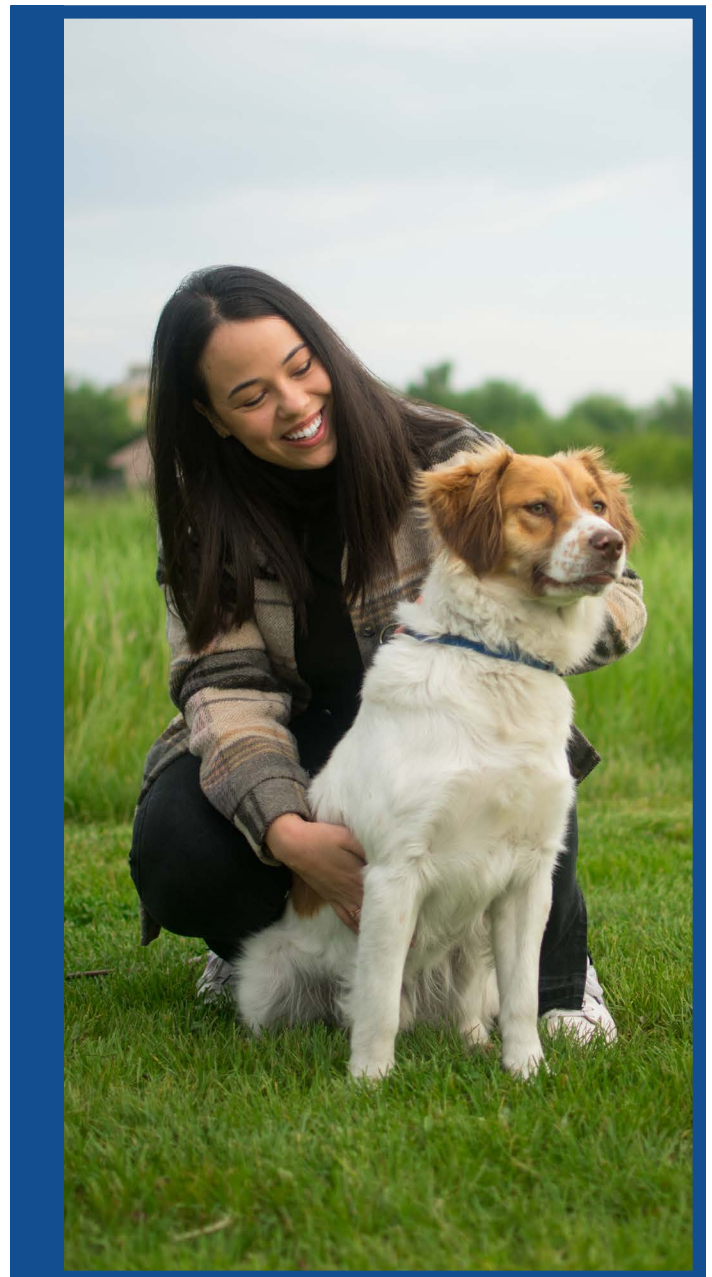
## Employee Assistance Program (EAP)

EmployeeConnect EAP (offered through Lincoln Financial Group) offers professional, confidential services to help you and your loved ones improve your quality of life.

- In-person guidance
- Unlimited 24/7 assistance
- Online resources
  - Articles and tutorials
  - Videos
  - Interactive tools

## Pet Insurance

As an AHEAD employee, you have the ability to sign up for discounted Pet Insurance through MetLife. Help make sure your furry family members are protected against unplanned vet expenses for covered accidents or illnesses with Pet Insurance through MetLife. Sign up and get your pet's personalized quote at [metlife.com/getpetquote](https://www.metlife.com/getpetquote).



# Flexible Spending Program

Flexible Spending Accounts provide reduced tax liability on certain eligible expenses. Each year at open enrollment, employees are asked to make FSA elections for the upcoming year. Elections for healthcare expenses and dependent care expenses are offered. The amounts directed into the FSA reduce the employee's state, federal, and Social Security taxes. The employee elections are taken out of each paycheck on a pretax basis in equal installments throughout the year. **If you had an FSA contribution last year, that amount will not be assumed for this year. You must re-elect your FSA amount(s).** The FSA/Transportation benefit provider is Employee Benefits Corporation.

## Program Details

### Healthcare and Dependent Care

Contribution Limit: \$3,400 (Healthcare); \$7,500 (Dependent Care)

## Healthcare FSA

The annual maximum contribution to the Healthcare FSA is \$3,400, AHEAD allows employees to roll over \$680 of your healthcare FSA balance to the next plan year. Employees are able to elect FSA contributions for the full 2026 calendar plan year during this open enrollment.

AHEAD also allows employees to roll their Healthcare FSA funds into a Limited Purpose FSA. Limited FSAs can be used in conjunction with Health Savings Accounts (HSAs) and can pay for expenses outside of the medical plan such as vision or dental services. Healthcare FSAs and HSAs cannot be used in conjunction with one another. Employees may choose to utilize an HSA or a Healthcare FSA, but not both. For those employees who do not re-elect an Healthcare FSA during open enrollment, your remaining funds will automatically transfer to a Limited Purpose FSA. The annual IRS limit for a Limited Purpose FSA account is \$3,400. If you have any questions about rolling over your FSA funds, please contact [benefits@ahead.com](mailto:benefits@ahead.com).

### Examples of Eligible Expenses

Deductibles, Coinsurance, and Copayments Not Covered Under the Medical and Dental plans

Vision Services (Including Contact Lenses, Eye Examinations, and Eyeglasses)

Prescription Copayments

Laser Eye Surgery

## Dependent Care FSA

Employees may use pretax deductions to pay for care for their dependent(s) that allows them to work. Your Dependent Care FSA plan year ends on 12/31/25, however, your plan includes a grace period extension. From 1/1/26 through 3/15/26, you can incur expenses and use the funds remaining in your FSA from your prior election. Any funds remaining after 3/15/26 will be forfeited.

### Program Details

Annual election limit is \$7,500

Depending on eligibility, an employee may not be able to elect the full \$7,500 allowance

Employees may only make changes to their election if something related to the cost of their dependent care changes

## Transportation Spending Account

### Program Details

You can pay for qualified parking, transit, and vanpooling expenses using money you've set aside pre-taxes

IRS limits for these accounts are \$340/month for Transit Passes and vanpooling (combined) and \$340/month for parking

You can pay for these expenses with the Benny Card, or you can pay out-of-pocket and be reimbursed

You can log in to their website to keep track of your account and funds

# Employee Contributions Per Pay Period

## Medical Contributions— BCBSIL Plans

| Contribution Plan by Tier | PPO      | HSA      |
|---------------------------|----------|----------|
| Employee Only             | \$100.87 | \$63.73  |
| Employee and Spouse       | \$226.08 | \$141.23 |
| Employee and Child(ren)   | \$203.46 | \$128.43 |
| Family                    | \$335.43 | \$203.09 |

## Medical Contributions— Kaiser Plans

|                         | HSA      | HMO      |
|-------------------------|----------|----------|
| Employee Only           | \$57.16  | \$93.62  |
| Employee and Spouse     | \$137.56 | \$299.28 |
| Employee and Child(ren) | \$106.24 | \$295.26 |
| Family                  | \$219.90 | \$501.92 |

## Medical Contributions— HMSA Plan

| Contribution Plan by Tier | PPO      |
|---------------------------|----------|
| Employee Only             | \$11.41  |
| Employee + 1              | \$171.24 |
| Family                    | \$271.21 |

## Dental Contributions

| Tier                    | Base PPO | Buy-Up PPO |
|-------------------------|----------|------------|
| Employee Only           | \$4.91   | \$10.36    |
| Employee and Spouse     | \$11.02  | \$22.76    |
| Employee and Child(ren) | \$12.62  | \$26.06    |
| Family                  | \$20.57  | \$41.34    |

## Vision Contributions

| Contribution Tier by Plan | You Pay |
|---------------------------|---------|
| Employee Only             | \$1.97  |
| Employee and Spouse       | \$3.32  |
| Employee and Child(ren)   | \$3.38  |
| Family                    | \$5.36  |



# Ancillary Voluntary Benefits Per Pay Period

## Voluntary Life and AD&D

| Coverage                           | Age Band | Per Pay Period Rate Per \$1,000 |
|------------------------------------|----------|---------------------------------|
| Voluntary Life—Employee and Spouse | 0-24     | \$0.0280                        |
|                                    | 25-29    | \$0.0300                        |
|                                    | 30-34    | \$0.0400                        |
|                                    | 35-39    | \$0.0450                        |
|                                    | 40-44    | \$0.0515                        |
|                                    | 45-49    | \$0.0830                        |
|                                    | 50-54    | \$0.1250                        |
|                                    | 55-59    | \$0.2150                        |
|                                    | 60-64    | \$0.3470                        |
|                                    | 65-69    | \$0.6350                        |
|                                    | 70+      | \$1.0985                        |
| Voluntary Life—Child               |          | \$0.0835                        |
| Voluntary AD&D—Employee            |          | \$0.0150                        |
| Voluntary AD&D—Spouse              |          | \$0.0150                        |
| Voluntary AD&D—Child               |          | \$0.0150                        |

## IDShield

| Coverage Tier       | Standalone Base | Standalone Premier |
|---------------------|-----------------|--------------------|
| Employee Only       | \$3.25          | \$4.23             |
| Employee and Family | \$5.63          | \$7.75             |

## LegalShield

| Coverage Tier  | Enhanced Legal |
|----------------|----------------|
| Enhanced Legal | \$8.75         |

## LegalShield and IDShield Combined

|                     | Base    | Premier |
|---------------------|---------|---------|
| Employee Only       | \$11.50 | \$12.48 |
| Employee and Family | \$13.38 | \$15.50 |

## Accident

|                         | Per Pay Period Base Rate |
|-------------------------|--------------------------|
| Employee Only           | \$5.24                   |
| Employee and Spouse     | \$8.93                   |
| Employee and Child(ren) | \$10.05                  |
| Family                  | \$13.64                  |

## Critical Illness

| Age                            | Per Pay Period Premiums |
|--------------------------------|-------------------------|
| <b>Employee</b>                |                         |
| 0-24                           | \$0.1235                |
| 25-29                          | \$0.1675                |
| 30-34                          | \$0.2115                |
| 35-39                          | \$0.2830                |
| 40-44                          | \$0.4235                |
| 45-49                          | \$0.6530                |
| 50-54                          | \$0.9270                |
| 55-59                          | \$1.2530                |
| 60-64                          | \$1.7845                |
| 65-69                          | \$2.5175                |
| <b>Spouse*</b>                 |                         |
| 0-24                           | \$0.1235                |
| 25-29                          | \$0.1675                |
| 30-34                          | \$0.2115                |
| 35-39                          | \$0.2830                |
| 40-44                          | \$0.4235                |
| 45-49                          | \$0.6530                |
| 50-54                          | \$0.9270                |
| 55-59                          | \$1.2530                |
| 60-64                          | \$1.7845                |
| 65-69                          | \$2.5175                |
| Child Monthly Rate per \$1,000 | \$0.2025                |

\* Spouse rates based on employee age.

## Hospital Indemnity

|                         | Per Pay Period Base Rate |
|-------------------------|--------------------------|
| Employee Only           | \$7.33                   |
| Employee and Spouse     | \$15.73                  |
| Employee and Child(ren) | \$11.06                  |
| Family                  | \$20.26                  |

# Contact Information

## AHEAD BENEFITS TEAM

[benefits@ahead.com](mailto:benefits@ahead.com)

## BCBSIL MEDICAL PLAN

Customer Service

**800.541.2767**

[www.bcbsil.com](http://www.bcbsil.com)

## KAISER PERMANENTE

**800.464.4000**

[healthy.kaiserpermanente.org/support](http://healthy.kaiserpermanente.org/support)

## DELTA DENTAL

**800.323.1743**

[www.DeltaDental.com](http://www.DeltaDental.com)

## METLIFE

[metlife.com/getpetquote](http://metlife.com/getpetquote)

## VSP

**800.877.7195**

[www.VSP.com](http://www.VSP.com)

## LINCOLN FINANCIAL GROUP

**800.423.2765**

[www.mylincolnportal.com](http://www.mylincolnportal.com)

## EMPLOYEE BENEFITS CORPORATION

**800.346.2126**

[www.ebcflex.com](http://www.ebcflex.com)

## HMSA—HAWAII MEDICAL PLAN

HMSA

**808.948.6372**

[www.hmsa.com](http://www.hmsa.com)

## ID AND LEGAL SHIELD

IDShield

**888.494.8519**

LegalShield

**800.654.7757**



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# AHEAD