



Benefits Guide

January 1 - December 31, 2026

2026

WELCOME TO YOUR BENEFITS!

We're so glad you're here. Your benefits are all about supporting you—your health, your family, your future and your everyday life. Think of this guide as your go-to resource to help you make the most of all the benefits available.

Take a few minutes to look around and don't worry—you don't have to figure it all out at once. We're here to walk with you every step of the way and answer any questions you may have.

Your benefits are here to make life a little easier so take full advantage of them! If you're not already, you will eventually become an employee-owner of the company, and we hope you can take as much pride in our benefit offerings as we do.

Eligibility

You are eligible for benefits if you work 30 or more hours per week.

Eligible Dependents

You must provide documents proving the dependents you wish to enroll are eligible for coverage.

- ▶ Your legally married spouse
- ▶ Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply)
- ▶ Disabled children age 26 or older who meet certain criteria

Coverage Begins

New Hires: Complete enrollment within 31 days of your date of hire for your benefits to take effect on the first of the month following date of hire.

Choose Carefully!

You can't change your elections until the next annual Open Enrollment period, unless you have a qualifying life event (QLE) during the year. Examples of QLEs are:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Find a full list of QLEs at [healthcare.gov/glossary/qualifying-life-event](https://www.healthcare.gov/glossary/qualifying-life-event)

If you experience a QLE, you must contact HR within 30 days. Be sure to have documentation of the event on hand.

Coverage Ends

- ▶ If you end employment with Trinidad Benham, your medical, dental and vision coverage ends on the last day of the month in which your employment was terminated.
- ▶ Most other benefits (like life, AD&D and voluntary benefits) end on your last day of employment.

INSIDE

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BENEFIT ENROLLMENT

How to Enroll

Phone: Contact the Benefits Enrollment Center at **888-598-2040, Monday-Friday, 7 a.m.-5 p.m. Central Time**. For the best experience, please be in front of your computer or smart device when you call.

Online: Online enrollment is available 24 hours a day, seven days a week, so you can visit the site anytime and anywhere you have computer access.

Step 1:

Visit access.paylocity.com (Chrome browser is recommended).

Step 2:

Log on using your username and password. If you're not yet registered on the platform, select **Register New User**. Then, select **I Don't Have a Registration Passcode** and enter the company ID that applies to you:

- ▶ Trinidad Benham: 57741
- ▶ Honest Origins: 307514

Follow the prompts to complete the registration.

Step 3:

Once you are logged on, select the  icon in the top left corner of the screen. Scroll down and select **Bswift Benefits**. Then, click the orange **Start Your Enrollment** button and make your benefit selections.

Step 4:

Review the employee demographic information, then select **I Agree** at the bottom of the page and click **Continue** on the right sidebar menu.

Step 5:

Review your dependents' information:

- ▶ Select **Edit** to change an existing dependent's demographic information.
- ▶ Select **Add Dependents** to enter a new dependent.

When done, select **I Agree** at the bottom of the page. Then click **Continue** in the right sidebar menu.

Step 6:

Enter the benefit elections for your dependents.

- ▶ Where applicable, select the dependent the benefit should cover.
- ▶ Select the plan or waive coverage for the dependent.
- ▶ You can select **View Plan Details** to review plan information.

When done, click **Continue**.

Step 7:

- ▶ Review your selections before submitting them. You can select **Edit Selections** to make changes.
- ▶ When you're ready to submit, select **I Agree**, and **I'm Finished With My Enrollment** to submit your elections.

Step 8:

Email or print a copy of your enrollment summary. If there are errors, contact TBC Benefits immediately at 303-773-4969 or benefits@trinidadbenham.com so the necessary corrections can be made.

QUESTIONS

For questions about any of your benefits, contact TBC Benefits at 303-773-4969 or benefits@trinidadbenham.com.

BENEFITS WEBSITE

Our benefits website, trinidadbenefits.com, can be accessed anytime you want additional information on our benefit programs.

EMPLOYEE OWNERSHIP

Trinidad Benham employees gain ownership in the company through our **Employee Stock Ownership Plan** (ESOP). An **ESOP** is a qualified retirement plan that provides you with shares of company stock—at no cost to you. It unites us as employee-owners and ensures we all share in the company's success, both today and in the future.

The ESOP:

- ▶ Requires no action on your part and costs you nothing
- ▶ Directly connects the company's success to your financial success
- ▶ Helps build long-term retirement savings through company stock that can grow over time
- ▶ Enhances retirement security by supplementing other plans, such as the 401(k)
- ▶ Strengthens our culture of ownership and reinforces our shared core values



GET IN TOUCH WITH ESOP CONNECTION



Website: esopconnection.com/trinidadbenham
or scan the QR code.

Phone: 434-460-5710, Monday-Friday,
8:30 a.m.-5:30 p.m. ET



RETIREMENT PLANS



Registration

- ▶ Register for an account at netbenefits.com.
- ▶ Choose your beneficiaries. It's important to keep these up to date as your circumstances change.

The Basics

- ▶ The 401(k) is a tax-advantaged savings account that lets you save money for retirement.
- ▶ You can contribute either pre-tax or after-tax funds through automatic payroll deductions.
- ▶ If you've been newly hired, you will be auto-enrolled in the retirement plan at 2% of your base salary on the first of the month following your date of hire.
- ▶ Each year, the deferral rate will increase by 1%, to a maximum of 4% (you may manually increase your contribution amount beyond 4%).

Eligibility

Full- and part-time employee-owners, as well as interns, are eligible to enroll. There are no age restrictions.

Vesting

Your contributions are fully vested, meaning you own them outright. Employer contributions are fully vested after three years of service.

Employer Match

To help the account grow, we match your contributions as outlined in the following chart:

2026 Contribution Amount	
Your Contributions	1%-60% of your base salary (highly compensated employee-owners are limited to a 5% maximum contribution)
Employer Match	50% on the first 4% you contribute
Catch-up Contribution (if age 50+)	\$7,500*
Annual Contribution Limit	\$23,500*
Maximum Possible Contribution (if age 50+)	\$31,000*

* These limits are for 2025. At the time of publication, the 2026 limits have not been released.

Roth 401(k) Option

Unlike a traditional 401(k), you contribute after-tax funds to a Roth 401(k). Once you retire, any withdrawals you make from your account are tax-free, provided:

- ▶ The withdrawal is a qualified distribution.
- ▶ You've held the account for at least five years.
- ▶ The withdrawal is made due to a disability, on or after your death or once you turn age 59 ½.



GET IN TOUCH WITH FIDELITY INVESTMENTS

Website: 401k.com

Phone: 800-835-5097



Scan this code to watch a video about how a 401(k) works.



MEDICAL



Preferred Provider Organization (PPO) Plans

- ▶ Two PPOs: the BlueClassic Traditional and BlueClassic Balanced plans.
- ▶ See any provider you want, but stay in the Anthem network to maximize your benefits and lower your out-of-pocket costs.
- ▶ In-network preventive care is covered at no cost to you.
- ▶ Find an in-network provider at [anthem.com/find-care](https://www.anthem.com/find-care).

How You Pay for Services

1. Pay a flat dollar amount (copay) for covered health care treatments and services.
2. Once you satisfy your annual deductible, pay a percentage (coinsurance) of the cost of the visit, and the plan will cover the rest.
3. Once you hit your annual out-of-pocket maximum, the plan will cover 100% of the cost of covered services for the rest of the year.



GET IN TOUCH WITH ANTHEM

Website: [anthem.com](https://www.anthem.com)

App: [Sydney Health app](#)

Medical Support: 844-995-1743

Behavioral Health Support: 844-451-1576



Medical Plan Video

Scan this code to watch a video about comparing medical plan types.



Preventive Care Video

Scan this code to watch a video about preventive care.

MEDICAL

The following is a high-level overview of your medical plan options. For complete coverage details, please refer to the Summary Plan Description (SPD) for the Traditional Plan and the Balanced Plan.

Key Medical Benefits	Traditional Plan		Balanced Plan	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,500 / \$7,000	\$7,000 / \$14,000
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$4,000 / \$8,000	\$11,200 / \$22,400	\$6,000 / \$12,000	\$14,000 / \$28,000
Covered Services				
Office Visits (primary care physician / specialist)	\$0 / \$50 copay	40%*	\$0 / \$50 copay	40%*
Telehealth / Virtual Visits Through LifeHealth	\$0 / \$50 copay ³	40%*	\$0 / \$50 copay ³	40%*
Routine Preventive Care	No charge	Not covered	No charge	Not covered
Mental Health Visits	No charge	40%*	No charge	40%*
Outpatient Diagnostic (lab / X-ray)	20%*	40%*	20%*	40%*
Complex Imaging	20%*	40%*	20%*	40%*
Chiropractic Services (20 visits / year)	\$25 copay	40%*	\$25 copay	40%*
Acupuncture (20 visits / year)	\$25 copay	40%*	\$25 copay	40%*
Ambulance	20%		20%	
Emergency Room	\$250 copay then 20%; deductible does not apply		\$500 copay then 20%; deductible does not apply	
Urgent Care Facility	\$0 copay	40%*	\$0 copay	40%*
Inpatient Hospital Stay	20%*	40%* ²	20%*	40%* ²
Outpatient Surgery	20%*	40%*	20%*	40%*
Prescription Drugs (Generic / Brand / Non-Formulary / Specialty)				
Retail Pharmacy (30-day supply)	\$10 / \$30 / \$50 / 20% up to max of \$250	\$10 / \$30 / \$50 / 20% up to max of \$250	\$10 / \$30 / \$50 / 20% up to max of \$250	\$10 / \$30 / \$50 / 20% up to max of \$250
Mail Order (90-day supply)	\$20 / \$60 / \$100 / 20% up to a max of \$500	Not covered	\$20 / \$60 / \$100 / 20% up to a max of \$500	Not covered

Coinsurance percentages and copay amounts shown in the chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the plan begins to pay.

¹ If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

² \$500 inpatient confinement deductible applies to out-of-network prior to the overall deductible.

³ This copay is for specialty care services.

The deductible is embedded. This means that once a family member meets their individual deductible, the plan will begin to pay coinsurance for that family member.

The out-of-pocket maximum is embedded. This means that once an individual family member meets their out-of-pocket maximum, that individual's expenses are covered at 100%.

DENTAL



Dental Preferred Provider Organization (DPPO) Plans

- Two DPPOs: Plus Premier Base and Plus Premier Buy-Up Plans.
- See any provider you want, but stay in the Delta Dental network to maximize your benefits and lower your out-of-pocket costs.
- It is strongly recommended that you have your dentist pre-authorize any dental treatment over \$300.
- Find an in-network provider at deltadental.com.

The following is a high-level overview of your dental plan options. For complete coverage details, please refer to the Summary Plan Description (SPD) for the [Base Plan](#) and the [Buy-Up Plan](#).

Key Dental Benefits	Base Plan			Buy-Up Plan		
	PPO Dentist¹	Premier Dentist²	Non-Participating Dentist³	PPO Dentist¹	Premier Dentist²	Non-Participating Dentist³
Deductible (per calendar year)						
Individual / Family	\$50 / \$150			\$25 / \$75		
Benefit Maximum (per calendar year; preventive, basic and major services combined)						
Per Individual	\$1,500			\$2,000		
Covered Services						
Preventive Services	No charge			No charge		
Basic Services	20%*			20%*		
Major Services	50%*			50%*		
Orthodontia	50% up to \$1,500 lifetime maximum benefit (children only through the end of the month in which they turn 19)			50% up to \$2,000 lifetime maximum benefit (employees, spouse and children through the end of the month in which they turn 26)		

Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the plan begins to pay.

If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

1. PPO Dentist: Payment is based on the PPO dentist's allowable fee or the actual fee charged, whichever is less.
2. Premier Dentist: Payment is based on the Premier Maximum Plan Allowance (MPA) or the fee actually charged, whichever is less.
3. Non-Participating Dentist: Payment is based on the non-participating Maximum Plan Allowance (MPA). Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist. You will receive the best benefit by visiting a PPO dentist.



GET IN TOUCH WITH DELTA DENTAL

Website: deltadental.com

Phone: 800-610-0201

VISION



- ▶ See any provider you want, but stay in the VSP Choice network to maximize your benefits and lower your out-of-pocket costs.
- ▶ To get care, make an appointment with the provider, who will coordinate all necessary authorizations.
- ▶ Find an in-network provider at vsp.com/eye-doctor.

The following is a high-level overview of your vision plan options. For complete coverage details, please refer to the [Summary Plan Description \(SPD\)](#).



GET IN TOUCH WITH VSP

Website: vsp.com

Phone: 800-877-7195

Key Vision Benefits	Vision Plan	
	VSP Choice Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10	Up to \$45
Materials Copay	\$25	Up to \$70
Lenses (once every 12 months)	Included	
		Single Vision Up to \$30
		Bifocal Up to \$50
		Trifocal Up to \$65
Frames* (once every 24 months)	\$200 allowance then 20% off	Up to \$70
Contact Lenses* (once every 12 months; in lieu of glasses)	\$200 allowance; up to \$60 for contact lens fitting exam	Up to \$105

* Cannot receive contact lens and frame benefit in the same year.

FLEXIBLE SPENDING ACCOUNTS (FSAs)



- ▶ FSAs are tax-advantaged accounts that can help you pay for qualified out-of-pocket expenses.
- ▶ Your contributions to these accounts aren't taxed, so you pay less in federal income, Social Security and Medicare taxes.
- ▶ Each account has different eligibility requirements, qualified expenses and contribution limits.
- ▶ The annual contribution limits are established by the IRS and your employer each year. See plan documents for details.

You can enroll in one or both of these accounts:

	Health Care FSA (HCFA)	Dependent Care FSA (DCFA)
Eligibility Requirements	Available to all employee-owners	Available to all employee-owners
Examples of Qualified Expenses	Coinsurance Copayments Deductibles Dental treatment Eye exams / eyeglasses LASIK eye surgery Orthodontia Prescriptions For a complete list of eligible expenses, visit fsafeds.gov/explore/hcfsa/expenses.	Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers Care of household members who are physically or mentally incapable of caring for themselves and who qualify as your federal tax dependent For a complete list of eligible expenses, visit fsafeds.gov/explore/dcfsa.
Annual Contribution Limit	\$3,400	\$7,500 per family (or \$3,750 each if you are married and file separate tax returns)

Important FSA Rules

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

- ▶ You must enroll each year to participate.
- ▶ Health Care FSA: Unused funds of up to \$680 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$680 will NOT be returned to you or carried over to the following year. In order to receive the health care FSA rollover funds from the previous year, you must be enrolled in the health care FSA in the current year.
- ▶ DCFA: Unused funds will NOT be returned to you or carried over to the following year.

GET IN TOUCH WITH WEX

Website:

customer.wexinc.com/participants-employees

Phone: 866-451-3399



Scan this code to watch a video about how flexible spending accounts work.



GET IN TOUCH WITH THE HARTFORD

Website: thehartford.com

Phone: 888-563-1124



Scan this code to watch a
video about how life and
AD&D insurance works.



LIFE AND AD&D INSURANCE



Basic Life and AD&D Insurance—Company-Paid

- ▶ Life insurance provides your named beneficiaries with a benefit following your death.
- ▶ AD&D insurance provides a benefit after a covered accident that leads to dismemberment (such as the loss of a hand, foot or eye).
- ▶ If your death occurs due to a covered accident, both the life benefit and the AD&D benefit would be payable.

Supplemental Life Insurance—Employee-Paid

If you need more than the basic coverage, you can purchase additional insurance for yourself and your eligible family members.

To learn more about your level of life and/or AD&D coverage, contact Human Resources.

DISABILITY INSURANCE



- ▶ We offer short-term and long-term (company-paid) disability coverage.
- ▶ For the long-term disability plan, you can elect either pre-tax or post-tax company contributions. If you elect pre-tax and later go on disability leave, your disability benefit will be taxed. If you elect post-tax, you won't pay taxes on any disability benefits you later claim.
- ▶ Disability insurance replaces 60% of your lost income when you can't work due to a covered illness or injury.

If you want to learn more about your level of disability coverage, contact Human Resources.

LEAVES OF ABSENCE (LOAs)



Leaves of absence are:

- ▶ Approved time away from work for employee-owners who have a qualifying medical condition or who need to care for a family member with a medical condition
- ▶ Usually unpaid, except some pregnancy and parental leaves
- ▶ Usually require company approval

To initiate an LOA claim:

1. Call The Hartford at 888-301-5615, Monday–Friday, 6 a.m.–6 p.m. Mountain Time to speak to a leave professional. You can alternatively file a claim online at thehartford.com/mybenefits. Begin the claim process at least 30 days prior to your last day of work.
2. When you file the claim, have the following information on hand:
 - ▶ Your name, address and other key information
 - ▶ The name of your department and the last full day of active work
 - ▶ The nature of your claim or leave request
 - ▶ Your treating physician's name, address, phone and fax numbers



GET IN TOUCH WITH THE HARTFORD

Website: thehartford.com/mybenefits

Phone: 888-301-5615, Monday–Friday,
6 a.m.–6 p.m. Mountain Time



VOLUNTARY BENEFITS



Hospital Indemnity

Hospital indemnity pays a **fixed cash benefit** directly to you when you experience:

- ▶ Hospital admissions
- ▶ Hospital stays (such as childbirth)
- ▶ Intensive care unit stays



Hospital Indemnity Insurance in Practice

Situation	Craig was hospitalized following a car accident.
Craig Uses the Benefit for	▶ Hospital stay and admission ▶ Paying coinsurance on care ▶ Income replacement while unable to work
Total Benefit Paid Directly to Employee-Owner	\$2,250
Treatment	Benefit
Hospital Admission	\$3,000 / two per year / insured
Hospital Confinement	\$500 / day, up to 30 days
Hospital ICU Confinement	\$500 /day, up to 30 days
Wellness Benefit (payable for health screening tests including but not limited to annual physicals, biometric screenings, immunizations, mammograms, ultrasounds, colonoscopies)	\$75 /year / individual



GET IN TOUCH WITH GUARDIAN

Website: guardianlife.com
Phone: 800-541-7846



Scan this code to watch a video about how a hospital indemnity plan works.

Please note that the above examples are provided for illustrative purposes only. Refer to the plan documents for more details.



VOLUNTARY BENEFITS



Critical Illness

Critical illness insurance provides a **lump-sum cash benefit** if you are diagnosed with a covered condition, such as a heart attack or stroke.

- ▶ Covered conditions include: coma, heart attack, organ transplant or stroke.
- ▶ Use your benefit however you'd like, including to help pay for:
 - Increased living expenses
 - Prescriptions
 - Travel expenses
 - Increased living expenses
 - Treatments

GET IN TOUCH WITH GUARDIAN

Website: guardianlife.com

Phone: 800-541-7846



Scan this code to watch a video about how critical illness coverage works.

Critical Illness Insurance in Practice	
Situation	Britta had a heart attack while raking leaves.
Britta Uses the Benefit for	▶ Heart attack diagnosis
Total Benefit Paid Directly to Employee-Owner	\$15,000
Treatment	Benefit (lump-sum benefit amount that you choose)
Cancer, heart attack, stroke, major organ transplant, kidney failure, bone marrow transplant, sudden cardiac arrest	100%
Paralysis, coma or loss of speech / hearing if due to a covered underlying disease or accident	100%
Non-Invasive Cancer	30%
Coronary Artery Bypass Surgery	50%
Skin Cancer Benefit	\$250 per lifetime
Please note that the above examples are provided for illustrative purposes only. Refer to the plan documents for more details.	

VOLUNTARY BENEFITS



Accident

Accident insurance pays a **fixed cash benefit** directly to you when you have a covered accident-related injury, like a sprain or bone fracture. Examples of covered expenses include:

- ▶ Doctor's office visits
- ▶ Broken leg rehab treatment
- ▶ Diagnostic exams
- ▶ Physical therapy sessions

Wellness Benefit

- ▶ Complete a covered wellness visit, health screening or preventive service once per calendar year to receive a wellness benefit of \$50.
- ▶ You can apply this benefit to cover part of your hospital indemnity and accident plan premiums.

Eligibility

- ▶ Accident or hospital indemnity plans: Any covered individual can receive the wellness benefit.
- ▶ Critical illness plan: Only the employee-owner and their spouse can receive the benefit.

GET IN TOUCH WITH GUARDIAN

Website: guardianlife.com

Phone: 800-541-7846



Scan this code to watch a video about how accident coverage works.

Accident Insurance in Practice

Situation	Abed broke his leg in a bike accident.
Abed Uses the Benefit for	▶ Meeting his deductible ▶ X-rays ▶ Transportation to and from work
Total Benefit Paid Directly to Employee-Owner	\$4,250
Treatment	Benefit
Initial Doctor Visit at Urgent Care or Doctor's Office	\$400
Emergency Room Visit	\$750
Follow-Up Treatment (six visits)	\$200 / visit
Outpatient Therapies	\$200 / visit
Ambulance	Ground: \$1,000 / Air: \$4,500
Blood / Plasma	\$950
Prosthesis	Up to \$5,000
Appliance	Up to \$1,000
Injury Specific	Up to \$40,000
Family Lodging (100+ miles)	\$400
Transportation (100+ miles)	Up to \$1,400 / round trip
Accidental Death	\$80,000 / \$40,000 / \$20,000
Accidental Dismemberment	Up to 100% of AD&D
Hospital Admission	\$4,500
Regular Room	\$750
Intensive Care	\$9,000
Wellness Benefit (payable for the following wellness tests: annual physical exams, flexible sigmoidoscopy, mammogram, PSA test, pap smear, ultrasound, eye exam, blood screening, immunization)	\$75 / year / individual

Please note that the above examples are provided for illustrative purposes only. Refer to the plan documents for more details.

VOLUNTARY BENEFITS



ARAG Legal Assistance

This legal plan provides you, your spouse and eligible dependents with fully covered legal services from experienced attorneys. Receive legal help for:

- ▶ Criminal matters
- ▶ Debt
- ▶ Divorce
- ▶ Immigration
- ▶ Estate planning
- ▶ Real estate
- ▶ Small claims court
- ▶ Taxes

Cost

- ▶ UltimateAdvisor Plan: \$18.25 per month (deducted from your paycheck after taxes)

For more information, visit araglegal.com/myinfo and enter access code: **19113tb**.

Allstate Identity Theft Protection

The Allstate Protection Pro Plus plan (available to anyone who lives in your household and / or you support financially) offers:

- ▶ \$1 million ID theft insurance
- ▶ Full-service remediation support available 24 / 7
- ▶ High-risk transaction monitoring
- ▶ Social media monitoring
- ▶ IP address monitoring
- ▶ Lost wallet protection
- ▶ And more

Cost

- ▶ Employee-only coverage: \$9.95 / month
- ▶ Employee plus family coverage: \$17.95 / month



Allstate Whole Life Insurance

- ▶ In the event of your death, whole life insurance can provide financial support to your family.
- ▶ Enjoy level premiums and insurance protection for as long as you live.
- ▶ Whole life insurance builds cash value over time that grows, tax-deferred, and can be used as savings.

To learn more about whole life insurance, visit allstateidentityprotection.com.



VOLUNTARY BENEFITS



SPOT Pet insurance reimburses up to 90% of the cost of covered veterinary expenses. You can visit any vet of your choice and customize coverage to meet your needs.

What's Covered?

These services may be covered (check your plan details to verify):

- ▶ Vet exams and diagnostic testing
- ▶ Hospitalization and surgery
- ▶ Emergency and specialist care
- ▶ Prescription pet medications
- ▶ Treatment for major issues and hereditary conditions
- ▶ Preventive care

As an employee-owner, **you can save 10% on premiums for the first pet and 20% on premiums for each additional pet.** To claim your discount and sign up:

- ▶ Visit spotpet.link/trinidad
- ▶ Call 800-905-1595 and mention priority code: EB_TRINIDADBENHAM



COMPANY-PAID BENEFITS



Employee Assistance Program (EAP)

The EAP is a **FREE** confidential program that supports the emotional health and well-being of all our employee-owners and their families. You do not need to be enrolled in one of our medical plans to take advantage of the EAP.

The EAP can help with the following issues, among many others:

- ▶ Mental health
- ▶ Substance use
- ▶ Grief and loss
- ▶ Relationships
- ▶ Child and elder care
- ▶ Legal or financial issues

EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to three in-person sessions with a counselor
- ▶ Unlimited toll-free phone access to counselors and online resources

Tuition Reimbursement

Trinidad Benham will reimburse up to \$5,250 per calendar year for expenses related to your education (tuition, books or other coursework material, etc.).

- ▶ Your coursework must be related to your role
- ▶ You must receive approval from your supervisor and HR before enrolling
- ▶ You must receive a passing grade to receive the benefit

Eligibility

- ▶ You must be a full-time employee-owner
- ▶ Have worked for Trinidad Benham for at least six consecutive months

For more information, see the Tuition Reimbursement Policy.

TO USE THE EAP

Website: guidanceresources.com

Use the below codes to register:

- ▶ Organization Web ID: HLF902
- ▶ Company Code: ABILI

Phone: 800-964-3577 (For questions and to speak to a counselor in English or Spanish)



Scan this code to watch a video about how an EAP works.



VALUABLE EXTRAS



BenefitHub Discounts

Exclusive employee-owner discount program that can help you save on travel, apparel, tickets, auto, electronics, insurance, education, restaurants and more.

To get started:

- ▶ Go to trinidadbenham.benefithub.com
- ▶ Click on “Any Offer”
- ▶ Complete the sign-up form and use referral code: YVPZ49

Questions?

Call 866-664-4621 or email customercare@benefithub.com.

WIN Family Forming Support—Coming Soon!

Family forming support benefits will be available through Anthem WIN for those enrolled in the medical program in 2026. More details to come!

HUB Medicare Guidance

The HUB Senior and Individual Team Medicare advocacy service is available at no cost to you and your family members who are approaching Medicare eligibility and / or who are already Medicare eligible. HUB can:

- ▶ Answer basic questions about Medicare coverage and enrollment
- ▶ Provide guidance on how to avoid late enrollment penalties and coverage gap pitfalls, including COBRA
- ▶ Compare current coverage to Medicare and explain the differences between the two
- ▶ Provide retiree benefits counseling
- ▶ Help individuals shopping for Medicare Supplement Plans, Advantage Plans and Part D

For more information or to get started, call 720-768-8233 or email dan.jones@hubinternational.com.

PLAN RATES

Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend on the plan you select and if you choose to cover eligible family members.

Semi-monthly contributions are based on 24 pay periods per year. Weekly contributions are based on 48 pay periods per year.

Medical

Coverage Tier	Traditional Plan		Balanced Plan	
	Semi-Monthly Contribution	Weekly Contribution	Semi-Monthly Contribution	Weekly Contribution
Employee Only	\$74.04	\$37.02	\$56.38	\$28.19
Employee + Spouse	\$219.99	\$109.99	\$161.94	\$80.97
Employee + Child(ren)	\$157.41	\$78.71	\$117.61	\$58.81
Employee + Family	\$257.32	\$128.66	\$195.54	\$97.77

Dental

Coverage Tier	Base Plan		Buy-Up Plan	
	Semi-Monthly Contribution	Weekly Contribution	Semi-Monthly Contribution	Weekly Contribution
Employee Only	\$7.59	\$3.79	\$8.34	\$4.17
Employee + 1	\$22.53	\$11.27	\$24.79	\$12.39
Employee + Family	\$40.64	\$20.32	\$44.70	\$22.35

Vision

Coverage Tier	VSP Vision Plan	
	Semi-Monthly Contribution	Weekly Contribution
Employee Only	\$4.22	\$2.11
Employee + Spouse	\$6.75	\$3.38
Employee + Child(ren)	\$6.90	\$3.45
Family	\$11.11	\$5.56

VOLUNTARY PLAN RATES

Your contributions toward the cost of voluntary benefits are automatically deducted from your paycheck after taxes. The amounts will depend upon the plan you select, your age (in some cases) and if you choose to cover eligible family members.

Supplemental Life and AD&D

Age	Monthly Contributions	
	Employee (Per \$1,000 of Insurance)	Spouse (Per \$1,000 of Insurance)
0-19	\$0.070	\$0.070
20-24	\$0.070	\$0.070
25-29	\$0.070	\$0.070
30-34	\$0.080	\$0.080
35-39	\$0.110	\$0.110
40-44	\$0.180	\$0.180
45-49	\$0.300	\$0.300
50-54	\$0.530	\$0.530
55-59	\$0.880	\$0.880
60-64	\$1.170	\$1.170
65-69	\$1.820	\$1.820
70-74	\$3.200	\$3.200
75-79	\$5.230	\$5.230
80+	\$5.230	\$5.230
Child	\$0.080 per \$1,000 of insurance	

Hospital Indemnity

Coverage Tier	Monthly Contributions
Employee Only	\$19.84
Employee + Spouse	\$42.17
Employee + Child(ren)	\$34.09
Family	\$56.42

Critical Illness

Issue Age	Monthly Contributions Tobacco and Non-Tobacco Employee or Spouse		
	\$10,000	\$20,000	\$30,000
<30	\$3.00	\$6.00	\$9.00
30-39	\$6.10	\$12.20	\$18.30
40-49	\$13.40	\$26.80	\$40.20
50-59	\$26.70	\$53.40	\$80.10
60-69	\$44.00	\$88.00	\$132.00
70+	\$65.90	\$131.80	\$197.70

Accident

Coverage Tier	Monthly Contributions
Employee Only	\$9.28
Employee + Spouse	\$14.73
Employee + Child(ren)	\$15.22
Family	\$20.67

CONTACT INFORMATION

Coverage	Carrier	Group #	Phone #	Website / Email / App
401(k) Retirement Plan	Fidelity Investments	48438	800-835-5097	401k.com
Medical and Prescription Drug Coverage Behavioral Health	Anthem	L06556	844-995-1743 844-451-1576	anthem.com Sydney app
Telehealth	LiveHealth Online	N/A	855-603-7985	Use the Sydney app to request an appointment or go to livehealthonline.com
Dental	Delta Dental	11906	800-610-0201	deltadental.com
Vision	VSP	30043513	800-877-7195	vsp.com
Flexible Spending Accounts (FSAs)	WEX	N/A	866-451-3399	customer.wexinc.com/participants-employees
Life / AD&D Insurance	The Hartford	N/A	888-563-1124	thehartford.com
Integrated Leave Management (FMLA) and Disability Claims	The Hartford	N/A	888-301-5615	thehartford.com/mybenefits
Hospital Indemnity, Critical Illness, Accident Insurance	Guardian	N/A	800-541-7846	guardianlife.com voluntaryclaims@hubinternational.com
Legal Plan	ARAG	N/A	800-247-4184	araglegal.com/myinfo Access Code: 19113tb
Identity Theft Protection	Allstate	N/A	855-821-2331	allstateidentityprotection.com
Whole Life Insurance	Allstate	N/A	800-521-3535	allstatebenefits.com
Pet Insurance	Spot	N/A	800-905-1595	spotpet.link/trinidad Use Priority Code: EB_TRINIDADBENHAM (when calling in)
Employee Assistance Program (EAP)	The Hartford	N/A	800-964-3577	guidanceresources.com Organization Web ID: HLF902 Company Code: ABILI
Discount Marketplace	BenefitHub	N/A	866-664-4621	trinidadbenham.benefithub.com/welcome

CONTACT INFORMATION

Coverage	Carrier	Group #	Phone #	Website / Email / App
Family Forming Support	WIN	N/A	Coming Soon	Coming Soon
Medicare Questions / Medicare Supplemental Plans	HUB International	N/A	720-768-8233	dan.jones@hubinternational.com
General Benefit Questions	TBC Benefits	N/A	303-773-4969	benefits@trinidadbenham.com
Benefits Enrollment Center	Enrollment Center	N/A	888-598-2040	trinidadbenefits.com



ADDITIONAL RESOURCES

All compliance and legal documents can be found on our benefits website, trinidadbenefits.com, under the Legal Documents & Required Notices tab. To view the website in other languages, update the language settings in your browser.

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

