



Check Out Your Benefit Options

Learn about all your benefit options in our **Benefits Guide**—scan the QR code to open it on your digital device. It contains important information on all your benefit options.

2026 Open Enrollment

October 27th – November 17th



where your brand means more



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

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.



EMPLOYEE OWNERSHIP

- ✓ We are 100% employee-owned!
- ✓ Less than 1% of US companies offer an ESOP to their employees
- ✓ Employees automatically become participants in the ESOP on January 1st following date of hire
- ✓ Requires no action on your part and costs you nothing



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

**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.

RETIREMENT PLANS

Traditional and Roth 401(k)

Company matches 50% on first 4% you contribute

Register at netbenefits.com

Name your beneficiaries

MEDICAL



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

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.



Download the Sydney Health app today

Use the app anytime to:

- Find care and compare costs.
- See what's covered and check claims.
- View and use digital ID cards.
- Check your plan progress.
- Fill prescriptions.



Scan the QR code to download the Sydney Health app.

You can also set up an account at [anthem.com/register](https://www.anthem.com/register) to access most of the same features from your computer.

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

DENTAL



GET IN TOUCH WITH DELTA DENTAL

Website: deltadental.com

Phone: 800-610-0201

Key Dental Benefits	Base Plan			Buy-Up Plan		
	PPO Dentist ¹	Premier Dentist ²	Non-Participating Dentist ³	PPO Dentist ¹	Premier Dentist ²	Non-Participating Dentist ³
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)		



VISION



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.		



Health Care FSA

- 2026 contribution limit = \$3,400
- New plan design
 - 2025: Spend 2025 FSA dollars through March 15, 2026 / Use it or lose it
 - 2026: Rollover up to \$680 of unused funds to 2027
- Eligible expenses
 - Deductibles
 - Coinsurance
 - Copays
 - Dental
 - Vision
 - Prescriptions

Dependent Care FSA

- 2026 contribution limit = \$7,500 per family
- No carryover / Use it or lose it
- Eligible expenses
 - Care of a dependent child under 13 years old
 - Care of a household member who is physically or mentally incapable of caring for themselves and qualifies as your Federal tax dependent



New carrier - WEX
Must enroll every year
Two debit cards - use 2025 balance first!

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	

LIFE AND AD&D INSURANCE

- **Basic Life and AD&D – Company-Paid**
 - Review your benefit guide insert or contact Human Resources for more information about your level of coverage
- **Supplemental Life – Employee-Paid**
 - Employee, Spouse, and Child life coverage available



**GET IN TOUCH WITH
THE HARTFORD**

Website: thehartford.com
Phone: 888-563-1124

Short-Term Disability (STD)

Replaces 60% of
your income
when you can't
work

Benefits
managed by The
Hartford

Long-Term Disability (LTD)

Pre-Tax (default)

- Trinidad Benham pays 100% of the LTD premium on your behalf
- You are not taxed on the premium paid
- Long-term claim benefits are 100% taxable

Post-Tax

- Trinidad Benham pays 100% of the LTD premium on your behalf
- You pay the tax owed on the premium
- Long-term claim benefits are tax-free

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.

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

GET IN TOUCH WITH GUARDIAN

Website: guardianlife.com

Phone: 800-541-7846



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

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



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

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

HOSPITAL INDEMNITY

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



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.

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



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



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.



spot[™]
pet insurance

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



Trinidad
Benham Corporation

where your brand means more



VALUABLE EXTRAS



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



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

RATES

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

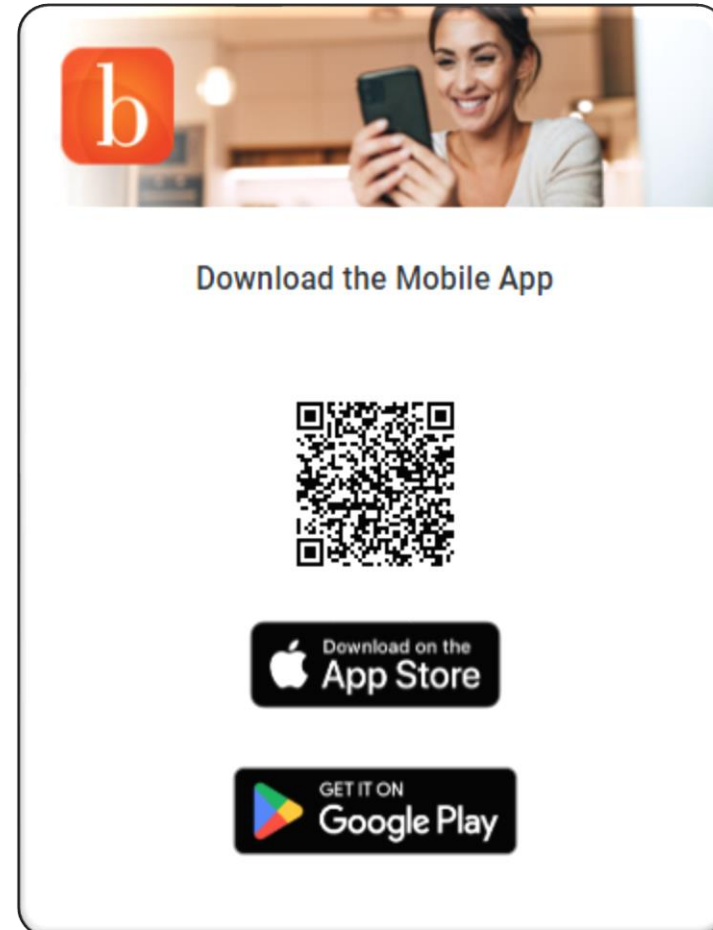
Coverage Tier	Base Plan		Buy-Up Plan	
	Semi-Monthly Contribution	Weekly Contribution	Semi-Monthly Contribution	Weekly Contribution
Employee Only	\$7.59	\$3.79	\$8.34	\$4.17
Employee + 1	\$22.53	\$11.27	\$24.79	\$12.39
Employee + Family	\$40.64	\$20.32	\$44.70	\$22.35

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

BENEFITS RESOURCES

- ✓ **Benefits Enrollment Center**
 - 888.598.2040
- ✓ **Benefits Team**
 - benefits@trinidadbenham.com
 - 303.773.4969
- ✓ **Bswift**
 - access.paylocity.com
 - Bswift Benefits
 - Bswift app
- ✓ **Website**
 - trinidadbenefits.com



Employee Owner Handbook - Rollout



where your brand means more



Employee Owner Handbook

The Employee Owner Handbook has been updated and at the end of this meeting you will receive a copy of the Main Handbook and State Addendum, if applicable.

Employees owners are responsible for reading and familiarizing themselves with the full Employee Owner Handbook and their State Addendums and following all Company policies.

Employee Owners will be provided 2 hours of pay in order to review the Employee Owner Handbook and Addendum outside of work hours. Employee owners should see this reflected on next week's paycheck.

In the following weeks, meetings will be scheduled to present a general overview of key policies and practices included in the Employee Owner Handbook and specific State Addendum, if applicable.

The new Employee Owner Handbook and State Addendums are effective immediately.