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## Benefits Guide

# Resource Guide

*This page is your **one-stop shop for finding all the resources you need** to make a great decision about your benefits. These resources are referenced throughout the rest of the guide, so **be sure to come back to this page** any time you need more information.*



**Scan this QR code**  
to see a menu of all  
the following links.

## **AllOne Health Employee Assistance Program**

Access mental health and work-life resources for you and your family members.

## **Employee Hub**

Contact Employee Hub any time with your questions.

## **Empower Retirement Savings Plan**

Choose how much you contribute to a retirement savings plan from Empower! The Heritage Group Retirement Savings Plan includes up to a 7% company match.

## **Family-Focused and Reproductive Health Benefits from Carrot**

Carrot offers a \$20,000 lifetime benefit for any benefits-eligible employee covered by an employer-offered health plan for expert assistance, fertility, surrogacy or adoption services.

## **Health Plans in Action**

Learn more about what health plans look like in action with these real-world scenarios.

## **List of Free Prescription Drugs**

A Heritage benefits plan includes many prescription drugs free. View the full list of what is included.

## **Live Health Online**

Through your Heritage benefits plan, you have lower cost, virtual access to a doctor via Live Health Online. Call 1-888-548-3432, or enroll on line or via the free mobile app Sydney.

## **Tobacco Surcharge**

If you or your spouse are enrolled in our health plan and use tobacco products, a \$75 monthly surcharge applies.

## **Total Rewards & Benefits Portal**

Get easy access to information about your benefits plans, company policies, pay information, employee perks and more.

## **Workday**

Ready to view your current elections, or select and submit your elections for 2026? Log in to Workday to get started.



# Welcome to The Heritage Group!

As a member of the Heritage family, we are proud to give you access to a comprehensive benefits plan that protects you and your loved ones. These benefits are part of our Total Rewards package, and we hope you'll sign up to take advantage of the benefits that matter most to you and your family.

Our health and well-being plans are designed to provide you with a wide range of great benefits to use in the moments that matter in your life. Each year, we thoroughly research and evaluate options while maintaining our high standards for your care. While health care costs are still increasing nationally, Heritage will continue to pay the majority of your premium share and provide access to quality benefits as in prior years.

With the launch of Workday, selecting and reviewing your benefits is easy. Workday is also where you can view your Total Rewards statement to see how your benefits fit within the whole package.

Now, your benefits journey begins! Enroll now, to keep you and your loved ones safe, healthy and protected—as part of our Heritage family for a long time to come.

Sincerely,

**Emily Hamrick**

Vice President, Total Rewards

Questions about enrolling in benefits through Workday? Your HR team is here to help. You can also reach out to Employee Hub any time for assistance at **EmployeeHub@thgrp.com** or **1-800-303-0408**.



# Total Rewards & Benefits Portal

**Your Total Rewards & Benefits Portal makes access to benefits plans, policies and perks simpler than ever.**

[myheritagegroup.com/thg/benefits](https://myheritagegroup.com/thg/benefits)

## Portal Features

**Benefits:** Learn about your core benefits, as well as topics like:

- Health plans, health savings accounts (HSA) and prescription drug benefits
- Dental and vision plan information
- Family-planning grants and resources
- Retirement savings, life insurance and other programs for financial well-being

**Wellness:** Whether you are looking for something related to physical, emotional or financial well-being, find offers so you can take Just One Step toward wellness.

**Leave of Absence:** Need to take time away from work due to injury, extended illness or childbirth? Learn more about our Leave of Absence policies through the portal.

**Work Perks:** Explore employee discounts, financial assistance programs and other perks!

**Pay:** Access pay-related information.

**Learning:** Discover new growth and development opportunities.

Total Rewards is a comprehensive package from your employer that includes compensation, benefits, work-life balance, and attractive perks. Want to see your Total Rewards statement? Log in to Workday and click your profile picture at the top right. Choose View Profile and select the Compensation tab. To access your statement, click Total Rewards at the top of the screen. For complete details, search Total Rewards in the Workday search bar.





# Your Benefit Decisions Worksheet

Topic	Questions to Ask Yourself as You Decide	Your Answer / Notes	Where to Find More Information About This Topic
Health Insurance	Which plan is best for my/our situation?		9-16
Dental Insurance	Does the base dental plan cover my needs, or do I/we need to purchase the enhanced dental plan?		17-18
Vision Insurance	Do I/we need a vision plan?		19
Health Savings Account (my HSA contributions)	How much tax-free money should I/we contribute to my HSA for medical, dental and vision expenses?		13
Limited Health Flexible Spending Account (FSA – dental and vision expenses only)	I/we will have expenses for dental or vision during the plan year. Should I/we set aside pre-tax money in an FSA for dental and/or vision expenses to use during the year? How much should I/we contribute understanding that funding not utilized in 2026 may be forfeited?		21
Enhanced Critical Illness Insurance Coverage	Do I/we need critical illness coverage? (Please note that enrollment in the company medical plan automatically includes \$5K of critical illness coverage.)		23
Voluntary Accident Insurance Coverage	Do I/we need the added peace of mind that comes with accident coverage for myself, spouse or children?		27



Topic	Questions to Ask Yourself as You Decide	Your Answer / Notes	Where to Find More Information About This Topic
Supplemental Life Insurance (employee)	Do I/we need coverage beyond the employer paid basic life benefit (2x annual base salary)?		25
Supplemental Life Insurance (spouse/ domestic partner)	Do I/we also want coverage for my spouse or domestic partner?		25-26
Supplemental Life Insurance (dependent children)	Do I/we also want coverage for my/our eligible dependent child(ren)?		26
Dependent Care Flexible Spending Account	Should I/we set aside pre-tax money in an FSA for eligible dependent (elder or child) care expenses? How much should I/we contribute, knowing that any funds I/we don't use in 2026 will be forfeited?		22



# Topics

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# Benefits Eligibility

## Who is eligible to enroll in benefits?

- Active, full-time, regular employees and seasonal employees scheduled to work 30+ hours per week
  - ▷ AMI Seasonal employees working 1,200 hours between October – September
- Employees on leaves of absence less than 6 months
- Union employees: refer to your union contract and/or HR Business Partner
- College interns and Coop Students scheduled to work 30+ hours per week will be eligible to enroll in the medical plan and HSA

## Who can I cover on my benefits?

- Your lawful spouse
- Your domestic partner (tax implications apply)
- Eligible dependents, if you or your spouse or domestic partner are their parent or legal guardian
- If you are enrolling family members, specific supporting documentation is required. Visit the Benefits Enrollment page on the Total Rewards and Benefits Portal for details.

## Eligible dependents may include:

- Children younger than age 26 (health care coverage will end the last day of the month in which they turn 26; **COBRA** health coverage is available in this case, if needed)
- A child age 26 or older who is primarily supported by you (or your spouse or domestic partner) and is incapable of self-sustaining employment due to a mental or physical disability

## When are my benefits effective?

- The first of the month following your date of employment
- The first of the month following your qualifying life event OR
- Immediately for a newborn or newly adopted child

## When must I complete my enrollment?

- Within 31 days of your date of employment or qualifying life event date



# Choose the Plan That's Right for You

The Heritage Group is proud to provide employees and their families with two options for comprehensive medical and pharmacy coverage. Along with a vast network of coverage provided by Anthem, enrollment in the plan includes access to the company wellness centers, a comprehensive list of free prescription drugs, company contributions to health savings accounts, automatic enrollment in a \$5K critical illness policy and access to pharmacy and maternity grant programs. Learn more about the plan options below.

## Health Plan Option 1 \$2,000 Employee /\$4,000 Family Deductible

This plan features a lower deductible, with lower out-of-pocket expense and a higher monthly rate compared to Plan Option 2. This plan is suited for employees who expect moderate to high medical expenses.

Coverage Level	You Pay Annually	Company Pays Annually	Total
Employee Only	\$1,940	\$10,416	\$12,356
Employee + Spouse or Domestic Partner	\$4,726	\$20,122	\$24,849
Employee + Child(ren)	\$3,408	\$18,143	\$21,551
Family	\$6,246	\$27,798	\$34,044

## Health Plan Option 2 \$4,000 Employee /\$8,000 Family Deductible

This plan has a higher deductible, with higher total out-of-pocket expense potential compared to Plan Option 1. This plan is suited for those who do not anticipate significant medical expenses and are willing to accept more cost risk while paying a lower monthly rate.

Coverage Level	You Pay Annually	Company Pays Annually	Total
Employee Only	\$977	\$10,346	\$11,323
Employee + Spouse or Domestic Partner	\$2,381	\$20,300	\$22,681
Employee + Child(ren)	\$1,717	\$17,976	\$19,693
Family	\$3,146	\$27,904	\$31,050



## Costs for High Deductible Health Plan Coverage

	Pay Frequency	\$2,000/\$4,000 Health Plan Option 1	\$4,000/\$8,000 Health Plan Option 2
Employee Only	Weekly	\$37.31	\$18.79
	Bi-Weekly	\$74.61	\$37.59
	Seasonal	\$149.23	\$75.18
Employee + Spouse or Domestic Partner*	Weekly	\$90.89	\$45.79
	Bi-Weekly	\$181.79	\$91.58
	Seasonal	\$363.57	\$183.17
Employee + Child(ren)	Weekly	\$65.53	\$33.02
	Bi-Weekly	\$131.06	\$66.03
	Seasonal	\$262.12	\$132.06
Family*	Weekly	\$120.11	\$60.51
	Bi-Weekly	\$240.22	\$121.02
	Seasonal	\$480.44	\$242.03

\*While rates for domestic partner coverage are the same as those for covering your spouse or family, there are two income tax implications you should be aware of: 1) the premium amount your employer pays to cover your domestic partner and/or your partner's children is considered taxable income (i.e. imputed income) and is reported as such on your Form W-2; and, 2) the portion of the premium amount that you pay related to your domestic partner is deducted from your pay on an after-tax basis rather than a pre-tax basis. Both implications will result in additional income taxes withheld from your pay.

\* In Workday you will be asked if you or your spouse/domestic partner use tobacco products. If you respond yes, an additional \$75 each month will be included and reflected in your medical rates. For more information on the Tobacco Surcharge, **please see the resource page at the beginning of this guide for details.**



# High Deductible Health Plan Benefit Details

In Network	Health Plan Option 1	Health Plan Option 2
Calendar Year Deductible	Employee Only Plan: \$2,000 All Other Plans: \$4,000	Employee Only Plan: \$4,000 All Other Plans: \$8,000
Coinsurance	10%	10%
Out-of-Pocket (OOP) Maximum	Employee Only Plan: \$3,000 All Other Plans: \$5,500	Employee Only Plan: \$5,000 All Other Plans: \$10,000
Embedded Out-of-Pocket (OOP) Maximum (applies to any one single individual on all plans except Employee Only Plan)	\$3,500	\$5,000
Physician Visit (Primary Care/Specialist)	Up to deductible 100% then 10% until OOP max reached	Up to deductible 100% then 10% until OOP max reached
Preventive Care Services	Covered at 100%	Covered at 100%
ER Visit	Up to deductible 100% then 10% until OOP max reached	Up to deductible 100% then 10% until OOP max reached
Urgent Care Visit	Up to deductible 100% then 10% until OOP max reached	Up to deductible 100% then 10% until OOP max reached
Prescriptions (Generic, Mail Order or Specialty)	10% coinsurance after deductible is met (retail and home delivery)	10% coinsurance after deductible is met (retail and home delivery)
Preventive RX Drug List	Covered at 100%	Covered at 100%

Out of Network	Health Plan Option 1	Health Plan Option 2
Calendar Year Deductible	Employee Only Plan: \$4,000 All Other Plans: \$8,000	Employee Only Plan: \$8,000 All Other Plans: \$16,000
Coinsurance	30%	30%
Out-of-Pocket Maximum	Employee Only Plan: \$6,000 All Other Plans: \$12,000	Employee Only Plan: \$10,000 All Other Plans: \$20,000
Prescriptions (Generic, Mail Order or Specialty)	Retail: greater of \$75 or 50% coinsurance after deductible is met Home delivery: not covered	Retail: greater of \$75 or 50% coinsurance after deductible is met Home delivery: not covered

- All covered services are subject to the deductible and coinsurance, except preventive care services.
- “All Other Plans” refers to any combination of Spouse, Domestic Partner and Dependents.
- Preventive care services received at the doctor’s office or in outpatient centers are covered at 100%. Visit the portal for a complete list of preventive services.
- Refer to the Summary of Benefits and Certificate of Coverage located on the Total Rewards portal for more details on plan coverage.

## Helpful Terms

### Coinsurance

The percent amount of the claim paid by the employee after the deductible is met, and up to the out-of-pocket maximum.

### Out-of-Pocket Maximum

The maximum amount of money you’ll pay for covered services in the plan year.

### Embedded Out-of-Pocket Maximum

The maximum amount of money one family member will pay for covered services in the plan year.

### Preventive RX Drugs

Prescription drugs considered effective in preventing the development of a health condition or a disease.





# What's Included in Medical?

## Health Savings Account (HSA)

### Why contribute to your HSA?

A Health Savings Account (HSA) allows you to save tax-free money for your eligible out-of-pocket medical, pharmacy, dental and vision expenses, including deductibles, coinsurance and copays. You will need to decide how much money you'd like to contribute on a pre-tax basis through payroll deductions. The money will be deposited into your Empower HSA which is maintained by Optum and is yours to keep. You are not required to spend it within the same plan year. To receive the company contribution, you must be enrolled in one of the THG High Deductible Health Plans, elect the HSA benefit, enter a personal contribution (zero is ok) and have an account open. If you waive, you forfeit the company contribution and cannot elect to make HSA contributions from your paycheck. THG will initiate establishing your account on your behalf upon initial enrollment.

The company HSA contribution will be earned on a per pay period amount based on your coverage tier and will be deposited each pay period.

Coverage Level	Annual Employer Contribution*	Remaining Allowable Annual Contribution	IRS Limit**
Employee	\$400	\$4,000	\$4,400
Employee + Spouse or Domestic Partner	\$800	\$7,950	\$8,750
Employee + Child(ren)	\$800	\$7,950	\$8,750
Family	\$1,200	\$7,550	\$8,750

\*Enrolled employees receive up to the Annual Employer Contribution, based on when enrollment in the plan begins and ends.

\*\*HSA contributions made outside of THG Payroll, such as at another company or from your spouse, count toward the annual IRS limit.

### Notes

- Employees age 55+ are allowed an annual \$1000 catch-up contribution.
- If you choose to enroll in the company-sponsored plan, you certify that you meet all qualifications to contribute your elected amount and that you are responsible for any penalties incurred based on illegal or excess contributions.



Use the **Resource Guide** at the front of this book to access the **Total Rewards and Benefits Portal** and learn more about Health Savings Account benefits and eligibility.

## Preventive Rx Plan (prescription drug coverage) from Anthem

If you're being treated for a chronic condition, Anthem's Preventive Rx may cover drugs that could prevent or slow illness or disease progression, free of charge. Select prescription drugs are provided at no cost to you for chronic conditions such as asthma, blood clots, diabetes, heart health and high blood pressure, high cholesterol, osteoporosis and stroke.



**Scan here** for the link to the list of free prescription drugs!



## Live Health Online

***Lower cost, virtual access to a doctor via Live Health Online***

Visit the Resources page on the inside cover of this guide for information on how to enroll.

## Family-focused and reproductive health benefits from Carrot

Any benefits-eligible employee covered by an employer-offered health plan may receive expert assistance, fertility, surrogacy or adoption services from Carrot. A \$20,000 lifetime benefit is offered. Carrot will also reimburse travel expenses for reproductive health procedures that require travel in excess of 75 miles one way. Travel reimbursement may apply for those procedures not covered by insurance. Please see the resource page at the beginning of this guide for details.

The Carrot logo, which consists of the word "CARROT" in white, uppercase, sans-serif font, centered within an orange circle.

# Employee Wellness Centers

For medical plan participants and their enrolled dependent(s), Employee Wellness Centers provide a convenient, free option for acute, preventive and wellness-focused primary care.

## Services include\*:



Vaccine administration



Physical & health checks



Acute illness & minor injury care



Lab testing & diagnosis



Mental health counseling



Referrals to specialists

\*Service availability may vary between wellness centers.

	Indianapolis Wellness Center	Brandenburg Wellness Center	Next Level Wellness Centers (Texas Residents Only)
Address	6625 Network Way, Suite 390 Indianapolis IN 46278	1404 Old Ekron Road, Brandenburg KY 40108	Over 45 clinics
Phone	317-713-0430	502-684-8446	833-957-6200
Website	<a href="http://www.hgwellnesscenter.com">www.hgwellnesscenter.com</a>	<a href="http://www.bluminehealth.com">www.bluminehealth.com</a>	<a href="http://www.nextlevelurgentcare.com">www.nextlevelurgentcare.com</a>



## **Wellness Incentive: *available to benefits-eligible employees and spouses or domestic partners enrolled in medical***

Whether or not you have an immediate health care need, it's important to establish a primary care provider. Yearly check-ups can help find problems before they start, or discover them early, so you can get the treatment you need. The screenings your doctor orders will vary, depending on your age, health history and lifestyle choices.

If you are enrolled in one of our health plans, your yearly check-up and preventive bloodwork cost nothing. Plus, you and your enrolled spouse or domestic partner together can earn \$400 (\$200 each) in wellness incentives!

## **Pharmacy Drug Grant Program**

If you need help paying for costly prescription medications, the Pharmacy Drug Grant Program is available. The grant is \$2,000 in HSA funding. To be eligible, you must:

- Be enrolled in a medical plan through the company and enrolled in Optum HSA
- Provide documentation of family prescription drugs totaling more than \$500 within a 30-day period
- Have an annual base salary of \$90,000 or less
- This is a one-time ever benefit, per employee

## **Maternity Grant Program**

The Heritage Group values family. We also know that expanding your family means extra expenses. The Maternity Grant Program is designed to help offset the costs of the prenatal journey and delivery of your newborn by providing you with extra HSA funding to cover maternity/delivery expenses. The grant amount is \$2,000 in HSA funding.

To be eligible for this grant, you must:

- Be enrolled in an a medical plan through the company and enrolled in Optum HSA
- If your spouse, domestic partner or dependent child is pregnant and you meet the criteria above, they must be enrolled in one of our HDHPs to be eligible for the grant.
- You must be actively employed at the time of the pregnancy to be eligible. You must apply +/- 9 months of the birth of child.



**Find more information** about all these benefits on your Total Rewards & Benefits Portal! Please see the resource page at the beginning of this guide for details.



# Dental Plan from Anthem

A healthy smile is key to your overall physical health. We are proud to offer you with a generous plan design for both in-network and out-of-network services. You can choose between the base or enhanced plan options. Both pay 100% for preventive dental services, including oral exams, cleanings, x-rays, oral cancer screenings and fluoride treatments.

Visit the Dental FAQ on the Total Rewards and Benefits Portal to learn how to search for in-network providers and other need to know information.

## Why choose an enhanced dental plan?

If you foresee the need for a higher annual benefit maximum and/or orthodontia coverage for children age 18 and under, this may be the dental plan for you.

	Base Dental Plan	Enhanced Dental Plan
Calendar Year Deductible (Individual / Family)	\$50 / \$100	\$50 / \$100
Annual Maximum Benefit per Person	\$1,000	\$1,500
Orthodontic Services (examinations, treatment, repositioning of the teeth)	Not Covered	50% (Lifetime Max of \$1,500 per dependent age 18 and under)

The percentages in this chart represent the amount paid for by the company for services at Anthem's maximum allowed amount.

	Preventive Dental Services <sup>1</sup>	Basic Dental Services <sup>2</sup>	Major Dental Services <sup>3</sup>
In Network*	100%	90%	60%
Out of Network*	100%	80%	50%

1 Preventive Dental Services include diagnostic and preventive services including 2x per calendar year oral exams.

2 Basic Dental Services include temporary pain relief, fillings, root canals, treatment of gum disease, extractions and dental surgery, as well as repairs to crowns, bridges, implants and dentures.

3 Major Dental Services include crowns, bridges, implants and dentures.

\*Refer to plan documents to view full coverage details. Preventive dental services may not be paid at 100% if you visit an out of network dentist. You may be responsible to pay to the dentist the balance due.



## Costs for Dental

	Pay Frequency	Base Dental	Enhanced Dental
Employee Only	Weekly	\$1.20	\$2.96
	Bi-Weekly	\$2.40	\$5.93
	Seasonal	\$4.79	\$11.85
Employee + Spouse or Domestic Partner*	Weekly	\$2.38	\$5.88
	Bi-Weekly	\$4.75	\$11.76
	Seasonal	\$9.51	\$23.53
Employee + Child(ren)	Weekly	\$3.09	\$9.14
	Bi-Weekly	\$6.18	\$18.29
	Seasonal	\$12.37	\$36.57
Family*	Weekly	\$4.31	\$12.17
	Bi-Weekly	\$8.62	\$24.34
	Seasonal	\$17.23	\$48.67

\*While rates for domestic partner coverage are the same as those for covering your spouse or family, there are two income tax implications you should be aware of: 1) the premium amount your employer pays to cover your domestic partner and/or your partner's children is considered taxable income (i.e. imputed income) and is reported as such on your Form W-2; and, 2) the portion of the premium amount that you pay related to your domestic partner is deducted from your pay on an after-tax basis rather than a pre-tax basis. Both implications will result in additional income taxes withheld from your pay.

*In 2026, The Heritage Group will pay 86% of combined medical and dental premiums, keeping rates affordable for you and your family.*



# Vision Plan from Anthem

Regular eye exams are part of detecting eye disease early, recommending treatment and preserving your vision. Vision exam services, glasses lenses and frames or contact lenses are included as part of the vision care benefit.

## Vision Plan Highlights

In Network	Benefit Frequency	Copay
Vision Exam Services	Once per calendar year	\$10 Copay
Glasses Lenses <sup>1</sup> (Single Vision/Bifocal/Trifocal/ Lenticular)	Once per calendar year	\$10 Copay
Glasses Frames	Once every two calendar years	Covered up to \$150 then 20% off balance
Contact Lenses (Medically Necessary/Elective Conventional/Elective Disposable)	Once per calendar year	Covered 100%/Covered up to \$150, then 15% off balance/ Covered up to \$150

<sup>1</sup> The plan will not cover both glasses frames/lenses and contact lenses in the same year.

You are responsible for the difference between the actual cost and what insurance pays.

## Costs for Vision

Pay Frequency	Employee Only		Employee + Spouse or Domestic Partner		Employee + Child(ren)		Family	
	Weekly	Bi-Weekly	Weekly	Bi-Weekly	Weekly	Bi-Weekly	Weekly	Bi-Weekly
Year-round employees	\$1.45	\$2.89	\$2.54	\$5.07	\$2.76	\$5.51	\$4.20	\$8.40
Seasonal	N/A	\$5.79	N/A	\$10.14	N/A	\$11.02	N/A	\$16.81

# Is your **FINANCIAL WELL-BEING** secure?

## 401(k) Retirement Savings Plan from Empower

You choose how much to contribute!

A 401(k) is an employer-sponsored retirement savings plan. Your contributions are automatically deducted from your pay, making it a (practically) painless way to start saving!

The Heritage Group Retirement Savings Plan gives you the option to invest on a pre-tax basis, a Roth basis or a combination of the two. You can also get free money from your employer through a generous 7% company match. That means for each dollar you contribute up to 6% of your eligible pay, your employer matches with a \$1.17 contribution. The company match is given pre-tax regardless of whether your personal contribution is pre-tax or Roth.

If you elect to contribute pre-tax dollars, you save and invest a piece of your paycheck before taxes are taken out. The result is that you enjoy two significant tax breaks today: First, the money you contribute to your 401(k) doesn't count toward your gross income, thus lowering your taxable income for the year. Second, your earnings and deferrals are not taxed until you withdraw it.

Choosing the Roth after-tax contribution gives you the option to pay taxes on your contributions to your 401(k) today. While you will not be benefiting from reducing your taxable income levels today, your earnings grow tax-free and you pay no taxes when you withdraw the funds when eligible in retirement (provided withdrawals are taken after age 59 ½ and they're held in a Roth account for at least five years prior to withdrawal).

Employees aged 50 and better have the option to make 401(k) catch-up contributions. Beginning in 2026, employees earning more than \$150,000 (indexed) in W-2 wages in the prior year and choosing to make 401(k) catch-up contributions will be required to make their catch-up contributions using Roth (after-tax) dollars. This means:

- No upfront tax deduction for these contributions.
- Contributions will grow tax-free, and qualified withdrawals in retirement will also be tax-free.

This change is part of the Secure Act 2.0 and applies only to individuals aged 50 and better who are eligible to make catch-up contributions.

All employees (including college interns/coop) are eligible to participate in the 401(k). Unless you opt out, you are automatically enrolled in this savings plan when you begin your employment, with an initial pre-tax employee contribution of 6% of your eligible pay. This rate automatically increases 1% each year until you reach a total of 15% or make a change to your election. You may increase or decrease your contribution rate, or opt out entirely. College interns/coop are not automatically enrolled in the 401K and should contact Employee Hub to enroll. Contact Empower Retirement directly at 1-844-465-4455 or [empowermyretirement.com](https://empowermyretirement.com) with questions or to adjust your contributions.

**TIP: IF YOU CHOOSE NOT TO CONTRIBUTE AT LEAST 6% OF YOUR ELIGIBLE PAY TO YOUR 401(K), YOU'RE MISSING OUT ON THE FULL EMPLOYER MATCH OF 7%!**





## Limited Purpose Flexible Spending Account (FSA) (dental and vision expenses only) from isolved Benefit Services

If you anticipate a major dental or vision care expense this year, you can set aside money on a pre-tax basis with a health FSA. You can pay for eligible expenses using the convenient isolved Benefit Services FSA debit card, which you'll receive upon enrollment.

### Health FSA Highlights

Sample Expenses	Minimum / Maximum Contribution
ONLY eligible dental and vision expenses	\$250/\$3,300

1. Annual pledged contribution is available on your effective date of coverage.
2. The IRS requires you to keep copies of all expenses for which your FSA funds were used.
3. Funds must be used by December 31. The IRS “use it or lose it” rules apply. The plan includes a rollover feature that allows you to roll over up to \$660 of your unused 2026 funds into 2027.
4. The period to incur claims is 2026 plan year. Claims incurred throughout 2026 must be submitted prior to 3/30/2027 or 90 days after date of separation from employment.
5. Maximum contribution allowed in 2026 equals 2025 IRS limit.



**TIP** If you're participating in a medical plan but not maxing out your HSA contributions, consider contributing the extra money there instead of into a Health FSA.

- You can use your HSA on eligible health, dental and vision expenses.
- HSA funds roll over each year, while FSA funds that are not utilized during the calendar year are forfeited.

# Dependent Care Flexible Spending Account (FSA) from isolved Benefit Services

If you expect to need services like daycare, after-school care or eldercare this year, you can save and pay for them with a Dependent Care FSA. This type of account allows you to set aside money on a pre-tax basis to pay for eligible expenses.

Please note, you will not receive a debit card for your Dependent Care FSA account. Instead, once you’ve enrolled, you will submit eligible dependent care expenses via the isolved Benefit Services portal. Verify with your care provider that their funds qualify. Funds must be used by December 31, 2026, or they will be forfeited.

## Dependent Care FSA Highlights

Available to all benefits-eligible employees.

Sample Expenses	Minimum/Maximum Contribution
Daycare, After-School Care, Elder Care	\$250 / \$7,500 Single OR married filing a joint return \$250 / \$3,750 Married filing a separate return

- 1. The IRS requires you to keep copies of all expenses for which FSA funds were used.
- 2. Annual pledged contribution is available to the extent of employee contribution.
- 3. The period to incur claims is the end of calendar year. Claims incurred throughout 2026 must be submitted prior to 3/30/2027.



## Basic Critical Illness Insurance

Critical illness insurance pays a cash benefit for certain policy-defined serious illnesses like stroke, cancer, heart attack and organ failure. This benefit is available to you at no cost from your employer if you are enrolled in a THG medical plan. If you are diagnosed with a covered illness, benefits are paid directly to you upon claim submission and approval by Lincoln Financial and paid to you in a lump sum as outlined in the policy by each covered illness. Employees and enrolled spouses are eligible for up to \$5,000 and children up to \$2,500.

## Enhanced Critical Illness Insurance

Such coverage provides added peace of mind. You may purchase additional critical illness insurance each for yourself and your spouse (your spouse is eligible for coverage only if you enroll yourself). If you or your spouse/ domestic partner or eligible child are diagnosed with a covered illness you will receive a lump sum payment of up to \$10,000.

Eligible children from live birth to age 26 are automatically covered at no extra cost. The diagnosis must occur after the child's coverage effective date. Disabled children enrolled in the plan prior to their 26th birthday may remain on the plan after the age of 26.

### Costs for Enhanced Critical Illness Employee Rates

Rate for Each Employee, Spouse or Domestic Partner; rate is based on employee's age.

Age	Weekly	Bi-weekly	Seasonal
<24	\$0.29	\$0.58	\$1.16
25-29	\$0.39	\$0.79	\$1.58
30-34	\$0.60	\$1.20	\$2.41
35-39	\$0.81	\$1.62	\$3.24
40-44	\$1.23	\$2.45	\$4.90
45-49	\$1.87	\$3.74	\$7.48
50-54	\$2.93	\$5.86	\$11.71
55-59	\$4.22	\$8.43	\$16.86
60-64	\$6.23	\$12.46	\$24.92
65-69	\$9.33	\$18.65	\$37.30
70-74	\$14.10	\$28.20	\$56.41
75-79	\$14.10	\$28.20	\$56.41
80-84	\$14.10	\$28.20	\$56.41
85+	\$14.10	\$28.20	\$56.41

# Short-Term Disability: *Included free for all benefit eligible employees*

Short Term Disability provides eligible employees with company-paid continuation of pay when you are absent from work due to illness or injury that has been certified by a physician.

Benefit Period	Weekly Disability Income Benefit
Day 1–Week 12	100% of Current Weekly Earnings
Weeks 13–26	80% of Current Weekly Earnings

This benefit is paid through payroll. Your normal taxes and benefit deductions, including 401(k) contributions, will be withheld from your benefit payment. Payments begin upon approval of claim submission. Employees must comply with any leave of absence application requirements under the Company’s Family and Medical Leave Act policy.

# Long-Term Disability Insurance: *Included free for all benefit eligible employees*

If you should become unable to work due to an illness or injury, long-term disability provides a level of income replacement so you can continue paying bills and meeting financial goals. As a benefits eligible employee, you are automatically enrolled in the long-term disability benefit, paid for by The Heritage Group. If your disability continues for more than 26 weeks and you are approved, benefits begin upon completion of claim submission and review with Lincoln Financial.

Benefit Period	Weekly Disability Income Benefit
Week 27 through Social Security Normal Retirement Age	60% of Current Monthly Earnings (Maximum benefit \$17,500 per month)

Now is a great time to add or update your beneficiaries.  
For helpful instructions on how to make changes,  
*scan here.*



## **Basic Life and Accidental Death & Dismemberment (AD&D) Insurance: *included free for all benefit eligible employees***

The Heritage Group, through Lincoln Financial, provides a basic life insurance benefit of two times your base salary (up to a maximum of \$1,000,000). The policy also includes an AD&D benefit.

## **Supplemental Life and AD&D Insurance (Employee)**

Supplemental life insurance can bridge the shortfall in basic coverage and provide added financial protection for your loved ones if you should die. You may purchase additional life insurance coverage through Lincoln Financial for yourself at one of three levels: one, two or three times your annual base salary. The cost of this coverage is based upon your age and pay.

Your combined coverage — basic life (company-paid) and supplemental life — cannot exceed a maximum of \$1,500,000.

For employees age 65 or older, your employer-paid basic life and employee-paid supplemental life benefit will be calculated based off your earnings at age 65 and reduced by 35% for ages 65–69 and 50% for ages 70+.

If you choose not to select supplemental life for yourself as a new hire and want to select it during open enrollment, or if you experience a qualifying life event, proof of good health (EOI - Evidence of Insurability) will be required for your enrollment at any supplemental coverage amount. The maximum guaranteed coverage amount when newly eligible is \$500,000.

## **Supplemental Life and AD&D Insurance (Spouse/Domestic Partner)**

This supplemental life insurance provides extra protection to cover the life of your spouse or domestic partner. If you're interested in purchasing this coverage, coverage can be purchased through Lincoln Financial in the amounts of \$25k, \$50k, \$75k, or \$100k. New hire enrollment or a qualifying life event is your opportunity to elect coverage without evidence of insurability. Evidence of Insurability will be required in the future to gain coverage for spouses enrolling outside of their initial eligibility window.

The rates you pay for supplemental life insurance for yourself or your spouse/domestic partner are based on the employee's age and salary. If you receive a base pay change or change age bands due to a birthday, your premium will increase in the pay period following the age or pay change.

## Costs for Supplemental Life and AD&D (For Employee & Spouse or Domestic Partner)

To calculate your monthly premium, find the employee age below. Divide your life insurance value by 1,000 and then multiply it by the rate from the table below. Premiums must be calculated individually for each covered individual.

**For example:**  $\$50,000 / 1000 = 50 \times .345$   
(for a 50-year-old who works year-round) = \$17.25 per month rate.

Age	Rate / \$1,000 Coverage
<24	.085
25-29	.095
30-34	.125
35-39	.135
40-44	.175
45-49	.235
50-54	.345
55-59	.545
60-64	.825
65-69	1.565
70-74	2.525
75+	6.045

**Note:** Seasonal will pay double premiums for their elected amount over the 26 week period.

## Supplemental Life Insurance (Dependent Children)

This program pays a death benefit if a covered child should die. You may elect a \$5,000 life benefit at flat rate of \$12.60 annually, divided and paid in equal payroll installments throughout the year. This rate includes all eligible children. Dependent children are eligible for coverage until their 26th birthday and must be unmarried and a full-time student or disabled to qualify. Coverage can continue for disabled children over age 26 if they are currently insured in the plan, are unmarried and the employee is the main source of support and maintenance.

# Voluntary Accident Insurance

Accident insurance provides benefits to help pay for unexpected costs following an accident. Benefits are paid directly to you and may be used in any way you and your family choose. For example, if your child broke their leg while riding a bike, accident benefits would be paid directly to you even if your health plan covered part or all of the expenses. Children are eligible for coverage up to their 26th birthday. Disabled child(ren) enrolled in the plan prior to their 26th birthday may remain on the plan after the age of 26.

- No proof of good health required
- Benefits are paid regardless of other coverage you may have
- See portal for complete injury benefit payment schedule

## Costs for Voluntary Accident

Pay Frequency	Employee Only		Employee + Spouse or Domestic Partner		Employee + Child(ren)		Family	
	Weekly	Bi-Weekly	Weekly	Bi-Weekly	Weekly	Bi-Weekly	Weekly	Bi-Weekly
Year-round employees	\$1.70	\$3.41	\$2.74	\$5.48	\$3.37	\$6.74	\$4.40	\$8.81
Seasonal AMI	N/A	\$6.81	N/A	\$10.96	N/A	\$13.48	N/A	\$17.61

# AllOne Health, Employee Assistance Program (EAP) *free for all employees*

## Why contact AllOne Health?

Sometimes we all need a little help reducing life's stress and anxiety levels. That's where AllOne Health comes in. This independent program offers confidential help with personal issues for you, your family members and significant others. Such issues include but are not limited to:

- Family relations: adoption, blended families, kids, custody, dual-career issues, communication
- Emotional matters: anger, anxiety, change, depression, eating disorders, grief/loss, obsessions, PTSD
- Substance abuse or addiction: alcohol, street or prescription drug abuse for yourself or family members
- Work: burnout, career, conflict, job performance, change
- Childcare: before/after school programs, day care, in-home care, sick care, summer camps, tutoring
- Eldercare: day/nursing/respite/hospice care, home health, leisure pursuits, volunteering, nutrition
- Legal: car issues, custody issues, consumer issues, domestic violence, family mediation, housing, wills
- Financial: bankruptcy, budgeting, college planning, consumer credit counseling, debt counseling
- Convenience referrals: apartment locators, house cleaners, consumer comparisons, home repairs

With AllOne Health EAP, you have unlimited call center access 24/7 with counselors, attorneys and financial planners. They'll assess your situation, provide supportive consultation when appropriate, refer you to a specialist or help you find other resources as needed. It is an easy, confidential and secure way to access your AllOne Health services and curated resources.

You may also take advantage of up to six free visits with an EAP counselor per event.

Visit <https://perspectives.mylifeexpert.com/> to log in. First-time users to create a login using this company code, as well as your work email address and your chosen password or call **1-800-456-6327**

**Company Code: THG500**





## HOW TO ELECT BENEFITS IN WORKDAY



### Select and submit! Here's how:

- 1** In Workday, you can find your benefits enrollment event in two ways:
  - On the homepage in the Awaiting Your Action section
  - Qualifying Life Event article
- 2** Click the **Let's Get Started** button to begin.
- 3** Complete and continue through all required screens.
- 4** To make your elections, click **Manage** or **Enroll** on each benefit tile.
- 5** If you would like to add dependents to your coverage, you can do so by selecting the Add New Dependents button and follow the on-screen instructions.

For each dependent, you must attach their Social Security Card and birth certificate/record to be added to the benefit plan. Your enrollment cannot be approved without it.
- 6** When you are finished with your benefit elections, click the **Review and Sign** button
- 7** Review your election summary carefully. To make changes, click the Cancel button to return to the enrollment page. If you forgot to attach required supporting documentation earlier in the process, you can upload it to the Attachments section now.
- 8** If you are satisfied with your enrollment elections, read the Electronic Signature section, click the **I Accept** checkbox, and click the **Submit** button.
- 9** Your benefit elections and new dependent documentation (if applicable) will be reviewed by Employee Hub for completeness.
- 10** Please monitor your My Tasks (Workday inbox) in the event Employee Hub reaches out with questions about your supporting documentation.
- 11** You will not receive a copy of your confirmation statement via email. You must follow these instructions to retain a copy for your records:
  - Click the **View 2026 Benefits Statement** button
  - At the bottom of the page, click **Print** and then click **Download**
  - Your statement will appear in your Downloads file to print or email to yourself
  - Be sure to login and complete your benefits before the deadline.
  - After the deadline, changes will require a Qualifying Life Event in order to be made.



# Helpful Terms

<b>401(k)</b>	A 401(k) plan is a qualified retirement plan that allows you and your employer to save money for your retirement.
<b>COBRA</b>	The Consolidated Omnibus Budget Reconciliation Act, this legislation requires group health plans to offer employees and their families the chance for a temporary extension (or “continuation”) of health coverage in certain instances where coverage under the plan would otherwise end.
<b>Coinsurance</b>	After your deductible is met, your cost share for payments up to the out-of-pocket maximum. With our HDHPs, the amount you pay after the deductible is reached is 10% and the plan pays 90% for in-network providers.
<b>Deductible</b>	The amount you pay for covered health claims with the exception of preventive services before coinsurance begins.
<b>Dependent</b>	A person(s), besides yourself, whom you choose to cover with your selected benefits program(s). These can include your lawful spouse or domestic partner; children under age 26 if you (or your spouse or domestic partner) are their parent or legal guardian; or an individual age 26 or older whom you (or your spouse or domestic partner) support and who is incapable of self-sustaining employment due to a mental or physical disability.
<b>Embedded</b>	The maximum amount of money one individual on our family plans will pay for covered services in the plan year.
<b>FSA</b>	A Flexible Spending Account allows you to set aside money on a pre-tax basis to pay for eligible expenses.
<b>HDHP</b>	High Deductible Health Plan
<b>Imputed Income</b>	Value of benefits received by employees that are not part of wages earned. You are responsible for paying taxes on taxable value.

<b>HSA</b>	Health Savings Account
<b>Out-of-Pocket Maximum</b>	The maximum amount of money you will pay for covered services in the plan year including your deductible.
<b>Premium</b>	A fixed amount that is paid to participate in a given plan. Premium costs are shared between your employer and you as a plan participant.
<b>Qualifying Life Event</b>	<p>A life-changing situation that can affect you and your health coverage. Such events give you the chance to modify your existing health plan when they occur. Qualifying life events typically include but are not limited to: change in marital status, having or adopting a child, experiencing the death of the insurer in the family, turning 26 and losing your parents' coverage.</p> <p>You have 31 days from the date of event to change benefits.</p>



# Our Benefit Providers

## **AllOne Health EAP Access Center**

1-800-456-6327 | [perspectives.mylifeexpert.com](https://perspectives.mylifeexpert.com)

## **Anthem Blue View Vision Customer Service**

1-866-723-0515 | [www.anthem.com](https://www.anthem.com)

## **Anthem CarelonRx Pharmacy Customer Service**

1-833-267-2133 | [www.anthem.com](https://www.anthem.com)

## **Anthem Dental Complete Network**

1-877-604-2142 | [www.anthem.com](https://www.anthem.com)

## **Anthem Medical Customer Service**

1-844-995-1746 | [www.anthem.com](https://www.anthem.com)

## **BluMine Wellness Clinics**

1-502-384-1917 EXT 5051 | [www.bluminehealth.com](https://www.bluminehealth.com)

## **Brandenburg Wellness Center**

1-502-684-8446 | <https://bluminehealth.com/brandenburg/>

## **Carrot**

[CarrotFertility.com](https://CarrotFertility.com)

## **Empower Heritage 401(k) Customer Service**

1-844-465-4455 | [www.empowermyretirement.com](https://www.empowermyretirement.com)

## **Empower HSA Customer Service**

1-800-331-5455 | [www.empowermyretirement.com](https://www.empowermyretirement.com)

## **Employee Hub**

1-800-303-0408 | [EmployeeHub@thgrp.com](mailto:EmployeeHub@thgrp.com)

## **Indianapolis Wellness Center**

1-317-713-0430 | [www.HGwellnesscenter.com](https://www.HGwellnesscenter.com)

## **Isolved Benefit Services Customer Service (FSA and COBRA)**

1-866-370-3040 | <https://infinconsumer.lh1ondemand.com/Login.aspx>

## **Lincoln Financial**

1-800-895-5498 | [www.lincolnfinancial.com](https://www.lincolnfinancial.com); Company Code: THG-EE

## **Next Level Wellness Centers**

1-833-957-6200 | [www.NextLevelUrgentCare.com](https://www.NextLevelUrgentCare.com)



## Notes

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## Notes

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This document only summarizes your benefit plans. If there is a discrepancy between the information in this document and the carrier plan document, the carrier plan document will always govern.