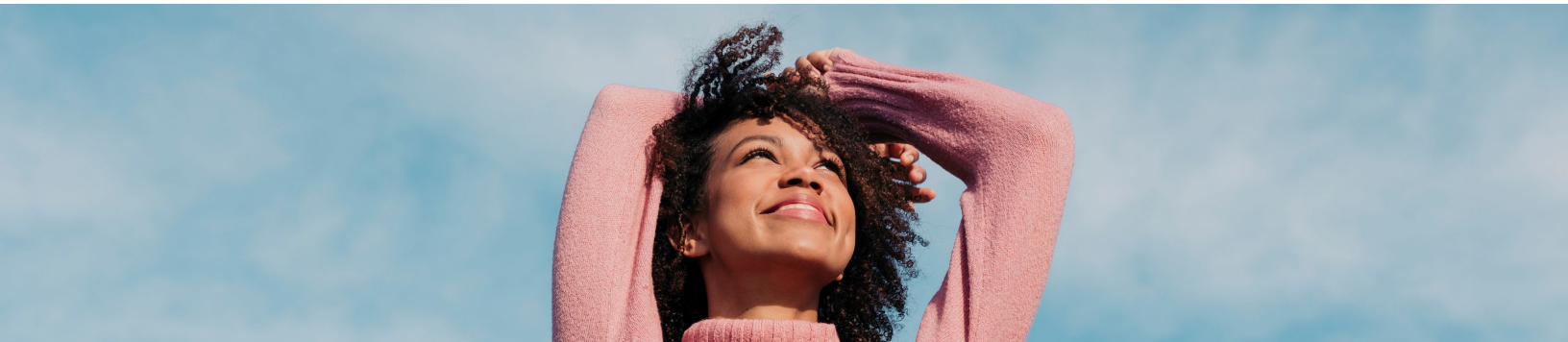


2026 Benefits At A Glance California



This summary provides a brief overview of the benefits provided to eligible employees, generally PC Providers working 20 or more hours per week and Unio MSO employees working 30 or more hours per week. New employees are eligible for benefits as of first of the month following or coinciding with your date of hire. Eligible dependents include your spouse or registered domestic partner and children up to age 26. Refer to your plan documents for additional details on eligibility, benefit coverage details, and plan limits.

BENEFIT	COVERAGE OPTIONS
<p>MEDICAL</p>	<ul style="list-style-type: none"> • Blue Shield ACCESS + HMO: There are no deductibles on this plan. You pay an applicable copayment for services. You need to select a PCP and have access to in-network services only. This plan is only available to employees in California. • Blue Shield TRIO HMO: There are no deductibles on this plan. You pay an applicable copayment for services. You need to select a PCP and have access to in-network services only. The Trio HMO is a more limited network than the Access + network and is only available to employees in California. • Blue Shield EPO: Plan pays 90% of or most covered services after deductible of \$500 (Individual)/\$1,000 (Family). In network coverage only. • Blue Shield HDHP HSA PPO: Plan pays 80% of or most covered services after deductible of \$3,400 (Individual)/\$6,400 (Family) when services are obtained in-network.
<p>DENTAL</p>	<ul style="list-style-type: none"> • Blue Shield DHMO: Provides services for Preventive, Basic and Major dental care with no annual maximum per year. Includes adult and child orthodontia with a copayment. This plan is only available to employees in California and only provides services in-network. • Blue Shield DPPO: Provides services for Preventive, Basic and Major dental care up to \$1,500 per member, per year. Includes orthodontia coverage up to \$2,000 24-month calendar max with 50% coinsurance for children and adults.
<p>VISION</p>	<ul style="list-style-type: none"> • Blue Shield Vision: Includes an annual eye exam with a \$10 copay. Basic lenses are included in the prescription glasses copay. Up to a \$130 standard frame allowance every 24 months. Contact lenses (in lieu of glasses) up to \$130 allowance every 12 months.
<p>HEALTH SAVINGS ACCOUNT (HSA)</p>	<p>Employees who enroll in the Blue Shield HDHP HSA PPO Plan can participate in a Health Savings Account, based on IRS eligibility rules:</p> <ul style="list-style-type: none"> ○ Individual Coverage – Contribute up to \$4,400 per year ○ Family Coverage – Contribute up to \$8,750 per year <p>We offer HSA plan administration via Igoe.</p>
<p>FLEXIBLE SPENDING ACCOUNTS (FSA)</p>	<p>Enroll in a Flexible Spending Account to pay for health or dependent care expenses with tax-free dollars:</p> <ul style="list-style-type: none"> • Healthcare FSA – Contribute up to \$3,400 per year through pre-tax payroll deductions for eligible medical, dental and vision expenses. <ul style="list-style-type: none"> ○ Participants in Blue Shield HDHP HSA PPO Plan are eligible to contribute to the Limited Purpose Healthcare FSA for dental and vision expenses only. • Dependent Care FSA – Contribute up to \$5,000 per year for dependent care.

Additional Benefits

Basic Life and AD&D Insurance (Company-paid)	<p>Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D provides benefits to you or your beneficiary if you suffer a loss of limb, speech, sight, hearing, or if you die in an accident. Coverage is provided by The Hartford.</p>
Voluntary Benefit Plans	<ul style="list-style-type: none"> • Hartford Basic Life and AD&D: 1x annual earnings to a maximum of \$500,000 <ul style="list-style-type: none"> • Supplemental Life/AD&D: Additional coverage to supplement your company paid basic life can be purchased at group rates for yourself and your dependents. Health questionnaires may be required. • Critical Illness and Accident Coverage: You can enroll to purchase Critical Illness or Accident Coverage through The Hartford to receive benefits if you become sick or injured. • Hospital Indemnity: Hospital indemnity insurance from The Hartford provides a tax-free lump sum benefit when you or a covered dependent is hospitalized due to a covered accident or illness, offering added financial support that can be used however you choose—whether for medical bills, childcare, or everyday expenses. • Pet Insurance: Pets are family, and with coverage from Pet Benefit Solutions, pet insurance helps protect against unexpected costs from accidents, illnesses, and medications—so you never have to choose between your pet’s health and your wallet.
Employee Assistance Program (EAP)	<p>The SupportLinc EAP provides no-cost, confidential counseling and support for a wide range of personal issues, such as stress and emotional health; substance abuse; parenting and child or elder care; financial coaching; legal consultation; and more.</p>
401(k) Retirement Savings Plan	<p>401(k) retirement savings account is available through Schwab Retirement Services with financial planning services by BFGS. Eligible employees may enter the 401(k) Plan on the first of the month following date of hire; and new employees will be auto-enrolled at 3% unless they actively defer a different % or opt out. Our Employer Match 401(k) Plan provides \$.50/\$ dollar of employee deferral, up to a maximum of 6%. Employer Match is subject to a vesting schedule of 6 years.</p>
Tickets at Work	<p>The Tickets at Work discount program gives employees exclusive access to unbeatable deals on entertainment, travel, and everyday experiences across hundreds of top brands and destinations.</p>
Paid Time Off	<p>Paid time off for vacation and illness, and bereavement leave. Refer to your handbook for information on eligibility, accrual, and specific leave policies.</p>
2026 Observed Holidays	<ul style="list-style-type: none"> • New Year’s Day • President’s Day • Memorial Day • Independence Day <ul style="list-style-type: none"> • Labor Day • Thanksgiving Day • Day After Thanksgiving • Christmas

This 2026 Benefits at a Glance is an overview of benefits effective from January 1, 2026 through December 31, 2026 and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan documents. The plan documents determine how all benefits are paid.

COST OF COVERAGE (CALIFORNIA)

The total amount that you pay for your benefits coverage depends on the plans you choose and how many dependents you cover. Your healthcare costs are deducted from your pay on a pre-tax basis before federal, state, and social security taxes are calculated — so you pay less in taxes.

Coverage Level	Employee Contributions Bi-Weekly	Employee Contributions Semi-Monthly
Blue Shield Medical Trio HMO (CA Only)		
Employee Only	\$7.73	\$8.38
Employee + Spouse / Domestic Partner	\$202.91	\$219.82
Employee + Child(ren)	\$139.21	\$150.81
Employee + Family	\$348.02	\$377.02
Blue Shield Medical Access Plus HMO (CA Only)		
Employee Only	\$44.59	\$48.31
Employee + Spouse / Domestic Partner	\$327.79	\$355.11
Employee + Child(ren)	\$200.79	\$217.52
Employee + Family	\$468.50	\$507.55
Blue Shield Medical EPO		
Employee Only	\$186.66	\$202.22
Employee + Spouse / Domestic Partner	\$599.43	\$649.38
Employee + Child(ren)	\$478.98	\$518.90
Employee + Family	\$914.03	\$990.20
Blue Shield Medical HDHP HSA PPO		
Employee Only	\$44.68	\$48.41
Employee + Spouse / Domestic Partner	\$328.49	\$355.87
Employee + Child(ren)	\$201.22	\$217.99
Employee + Family	\$469.50	\$508.63
Blue Shield Dental HMO (CA Only)		
Employee Only	\$4.23	\$4.58
Employee + Spouse / Domestic Partner	\$12.48	\$13.52
Employee + Child(ren)	\$13.20	\$14.30
Employee + Family	\$22.76	\$24.66
Blue Shield Dental PPO		
Employee Only	\$11.42	\$12.37
Employee + Spouse / Domestic Partner	\$34.94	\$37.86
Employee + Child(ren)	\$45.96	\$49.79
Employee + Family	\$74.79	\$81.02
Blue Shield Vision		
Employee Only	\$1.58	\$1.72
Employee + Spouse / Domestic Partner	\$4.43	\$4.80
Employee + Child(ren)	\$4.74	\$5.14
Employee + Family	\$7.72	\$8.37