



**2026 EMPLOYEE BENEFITS GUIDE  
CLASS 1 SALARY EMPLOYEES**

***FLASH***



# PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY.

At FLASH Family of Companies, we recognize that our employees are our greatest strength, and we are dedicated to offering a benefits package that demonstrates our gratitude for your commitment and effort. This booklet provides a summary of many of the benefits available at FLASH; inside you'll discover comprehensive details about your health insurance choices, retirement plan, paid leave, and several other valuable offerings.

FLASH is deeply invested in your healthcare and benefits plan. That's why we carefully review our benefits programs each year to ensure you have quality options at a reasonable cost. Please take a moment to go through this guide so you can choose the plans that fit your needs and those of your loved ones. We know that understanding employee benefits can be complex. So, we've worked hard to make this booklet straightforward and easy to follow. Whether you're curious about enrolling in health insurance or exploring our employee support program, you'll find what you need within these pages.

Your benefits make up a significant part of your overall compensation, and we want you to get the most from everything we offer. If you have any questions or require assistance, please contact our Human Resource team - we are always available to support you!

Since everyone's situation is unique, our benefits are designed to be flexible and adaptable to your personal circumstances. Whichever options you select, the most effective way to manage health care costs is to prioritize wellness – eat well, stay active, use preventative care, and maintain healthy habits.

Open enrollment is your annual opportunity to update your benefits. This guide will walk you through all the options FLASH provides, helping you determine which plans work best for you and your family.

Your selections during open enrollment will take effect on January 1, 2026. If you need clarification on any benefits in this guide, please reach out to HR for support.

Thank you for being an essential part of the FLASH Family of Companies. We're honored to have you with us and look forward to supporting your continued growth and success.



FLASH offers Benefits Hub, your Discounts & Rewards marketplace. Discover thousands of deals on travel, dining, entertainment, and local favorites. Earn 2-20% cashback on purchases, and shop for Home and Auto insurance from 20 national carriers. Shop, save, and earn – your savings have no limits!

Scan the code

- 1 Go to <https://flashfamily.benefithub.com>
- 2 Enter this secret code: X54HAG
- 3 Sign up & start saving!

## EXCITING NEWS FOR 2026!



Starting in 2026, FLASH will offer dental, and vision plans through Delta Dental. You now can take advantage of a wide provider network and flexible coverage options, making it easier to maintain dental and vision health for you and your families.



Starting in 2026, we are introducing Prudential as the new provider for all voluntary and ancillary benefits. You will have access to a comprehensive suite of coverage options designed to support financial security and well-being.

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Note: This is a summary of benefits and not in any way a guarantee of coverage. This summary provides a general description of your benefits. It does NOT list all benefits. The plan contains limitations and restrictions that could reduce the benefits payable under the plan. The Summary Plan Description will take precedence over all other documents.

## ENROLLMENT & BENEFIT BASICS

### BE PREPARED

Before your benefit coordinator meeting, be sure to read this benefit guide, review your options and write down any questions you may have. Please note the following:

- Social Security numbers are required for newly enrolled dependents
- You will be asked to provide beneficiary names, birth dates, addresses and phone numbers

### Initial Enrollment Period Upon Meeting Eligibility

If you are an employee working 30 or more hours per week, you are eligible for benefits starting the 91<sup>st</sup> day of employment. You must enroll during the enrollment period: within 30 days of your eligibility date. If you do not enroll during this timeframe, it will be deemed a “waiver of participation.”

### Results of Waiving Coverage & Eligibility Periods

If coverage is waived during your initial enrollment period, future entrance into any benefits plan will only be allowed if you experience a Qualified Life Event (i.e. Marriage, Divorce, Birth of Child, Adoption, Death of a dependent, Loss of other coverage, Dependent ineligibility) or Annual Open Enrollment Periods.

### Making Changes During the Year

A Qualified Life Event is a change in your personal life that may impact your eligibility, or your dependent's eligibility, for benefits. Examples of some Qualifying Events include:

- **Change of legal marital status (e.g. marriage, divorce, death of spouse)**
- **Change in number of dependents (e.g. birth, adoptions, court order, death of dependent, eligibility due to age)**
- **Change in employment or job status of you or your spouse.**

If such a change occurs, you must make the changes to your benefits within 30 days of the Qualifying Life Event date. Documentation will be required to verify the change in status. If you fail to request a change within 30 days of the Qualifying Event, you may have to wait until the next Annual Open Enrollment period to make your change; this includes the enrollment of a newborn child.

### No – Cost and Affordable Care Act Information

FLASH offers one of our three health insurance plans to you with NO premium for single coverage. This means you have coverage with no required contribution from your paycheck. While there are usage fees such as a deductible, you are able to acquire coverage without upfront costs. Our goal is to make sure health coverage is accessible to all of our eligible employees.

Offering coverage at no premium doesn't mean that you need to enroll in our coverage. You may have an alternative coverage option (such as a spouse's plan) which you may find to be more desirable. We know that every household makes the best decision for their unique needs.

We do want you to understand one component of our offer. Since one of our offers of health insurance coverage is offered at no premium for single coverage, it is considered to be "affordable" under the Affordable Care Act (ACA) requirements. Due to the affordability of our plan, you may not qualify for subsidies if you were to seek coverage via the Marketplace (coverage acquired via Healthcare.gov). This means that even if you declined our coverage offer, those subsidies may not be available to you.

We share this information not to direct you to enroll in a particular plan, but to help you better understand your options. We want you to make the best coverage decision for your unique situation.

### WHO IS ELIGIBLE?

Employees are eligible to enroll in the FLASH Family benefits program if you are a regular full-time employee who is actively working a minimum of 30 hours per week. Your benefits are effective starting the 91<sup>st</sup> day of employment. You must enroll during the enrollment period: within 30 days of your eligibility date and/or annual open enrollment. If you do not enroll during the required time frames, it will be deemed a "waiver of participation."

When you enroll, you may also elect coverage for your dependents.

Eligible dependents generally include your legal spouse and children, up to age 26. Children may include natural, adopted, stepchildren, and children obtained through court-appointed legal guardianship.

- **Dependent child(ren) are covered through the end of month they turn age 26, regardless of marital status.**
- **Dependent child(ren) are also eligible for benefit if the Employee is required to provide benefits through a divorce decree, court order or Qualified Medical Child Support Order (QMCSO)**

### WORKING SPOUSE PROVISION

If your spouse is eligible for group medical or health insurance through their employer, then they will not be eligible to obtain coverage under the FLASH Family group medical plan. You must attest to your spouse's eligibility for participation in the FLASH Family medical plan.

**HOW TO ENROLL**

Are you ready to enroll? The first step is to review your current benefits. Did you move recently or get married? Verify all of your personal information and make any necessary changes.

Once all your information is up to date, it's time to make your benefit elections. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

**WHEN TO ENROLL**

Open enrollment begins on Friday, November 7, 2025, and runs through Friday, November 14, 2025. The benefits you choose during open enrollment will become effective on January 1, 2026.

**HOW TO MAKE CHANGES**

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce or legal separation**
- Birth or adoption of a child**
- Change in child's dependent status**
- Death of a spouse, child or other qualified dependent**
- Change in residence**
- Change in employment status or a change in coverage under another employer-sponsored plan**

**ENROLLMENT INSTRUCTIONS**

**WHEN TO ENROLL**

Open enrollment begins on Friday, November 7, 2025, and runs through Friday, November 14, 2025. The benefits you choose during open enrollment will become effective on January 1, 2026.

Please log into the Employee Navigator portal and complete your open enrollment within the timeframe above.

If you have questions about your benefits, you may schedule time to speak with a benefit counselor

Access appointments

Scheduling link: <http://tiny.cc/flashoe>

Scheduling QR Code:



HEALTH INSURANCE

ADMINISTERED BY UMR

We recognize that medical benefits are important to our employees, so FLASH’s medical plans provide comprehensive coverage for you and your family. FLASH Family offers 3 medical plans, listed below, through UMR. With these plans you can visit any provider in the United States, although your out-of-pocket costs will generally be lower if you see a provider who participates in the UHC/Choice Plus network.

To locate a participating provider, log on to [www.uhc.com](http://www.uhc.com).

Choose **Find a Doctor**. Select **Physician, Hospital or health care facility** as the type of care you are searching for.

Select **Medical Directory**. Select **All UnitedHealthcare Plans**

Select **Choice Plus** as the plan/network. Search by **Provider, Service or Condition**

Services *	Plan 1: PPO Plan		Plan 2: HDHP with HSA		Plan 3: HDHP with HSA	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar Year Deductible	\$1,500 Person \$3,000 Family	\$3,000 Person \$6,000 Family	\$3,400 Person \$6,800 Family	\$6,600 Person \$13,200 Family	\$6,000 Person \$12,000 Family	\$12,000 Person \$24,000 Family
Out of Pocket Maximum	\$1,800 Person \$3,600 Family	\$4,200 Person \$8,400 Family	\$3,600 Person \$7,200 Family	\$8,400 Person \$16,800 Family	\$7,000 Person \$14,000 Family	\$14,000 Person \$28,000 Family
Primary Care Visit	\$25 per visit	30% coins	10% coins	30% coins	0% coins	30% coins
Specialist Visit	10% coins	30% coins	10% coins	30% coins	0% coins	30% coins
Preventive Care	No Charge	30% Coins	No Charge	30% Coins	No Charge	30% Coins
Diagnostic Lab & X-ray Including Advance	10% coins	30% coins	10% coins	30% coins	0% coins	30% coins
Durable Medical Equip & Prosthetic Devices	10% coins	30% coins	10% coins	30% coins	0% coins	30% coins
Emergency Room	\$250 copay, then deductible Deductible waived if admitted		10% coins after deductible In-Network deductible applies to Out of Network ER care		No Charge after deductible In-Network deductible applies to Out of Network ER care	
Urgent Care	\$25 per visit		10% coins	30% coins	0% coins	30% coins
Hospital – Inpatient	10% coins	30% coins	10% coins	30% coins	0% coins	30% coins
Hospital – Outpatient	10% coins	30% coins	10% coins	30% coins	0% coins	30% coins
<b>Retail Prescription Drugs (30-day Supply) *</b>						
Generic	\$10 copay		10% coinsurance		No charge after deductible	
Brand Preferred	20% coins; \$20 minimum		10% coinsurance		No charge after deductible	
Brand Non-preferred	30% coins; \$35 minimum		15% coinsurance		No charge after deductible	
<b>Mail Order Prescription Drugs (90-day Supply) *</b>						
Generic	\$10 copay		10% coinsurance		No charge after deductible	
Brand Preferred	20% coins; \$40 minimum		10% coinsurance		No charge after deductible	
Brand Non-preferred	30% coins; \$70 minimum		15% coinsurance		No charge after deductible	

\*Any service listed with “coins” indicates coinsurance percentage after deductible has been satisfied

MEDICAL PLAN COSTS

Per Semi-Monthly Pay Period	Plan 1: PPO Plan	Plan 2: HDHP with HSA	Plan 3: HDHP with HSA
Employee Only	\$149.15	\$109.21	\$0.00
Employee + Spouse	\$297.68	\$218.42	\$171
Employee + Child(ren)	\$267.72	\$197.20	\$154.77
Employee + Family	\$401.90	\$295.19	\$230.90

**HEALTH SAVINGS ACCOUNT (HSA)**

*ADMINISTERED BY EBC*

Health savings accounts (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs). HDHPs offer lower monthly premiums in exchange for a higher deductible (the amount you pay before insurance kicks in). Those who enroll in one of the FLASH family HDHP (Plan 2 or 3) are eligible to contribute to an HSA. HSA funds can be used to pay for any qualified, out-of-pocket medical, dental or vision expense. This includes, but is not limited to out-of-pocket deductible, coinsurance and copayment expenses. TAX FREE!

**WHAT ARE THE BENEFITS OF AN HSA?**

There are many benefits of using an HSA, including the following:

- It saves you money.** HDHPs have lower monthly premiums, meaning less money is being taken out of your paycheck.
- It is portable.** The money in your HSA is carried over from year to year and is yours to keep, even if you leave the company.
- It is a tax-saver—**HSA contributions are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you'll pay less in taxes.
- The maximum amount** that you can contribute to an HSA in 2026 is \$4,400 for individual coverage and \$8,750 for family coverage. Additionally, if you are age 55 or older, you may make an additional "catch-up" contribution of \$1,000.
- You may change your contribution amount at any time throughout the year as long as you don't exceed the annual maximum.
- Can pay for eligible expenses of your legal spouse and tax dependents regardless of their insurance.
- Can be used for Medicare premiums as well as a qualified long-term care premiums.

**HOW TO DEPOSIT FUNDS INTO AN HSA ACCOUNT?**

Flash Family must have your HSA account information on file. Employees simply establish a qualified HSA account with the bank of their choosing and send that information to payroll for direct deposit of your elected contribution amount per paycheck.

**COST SAVING OPTIONS**

Care Type	Care Provider	Average Cost	Why Choose this?
<b>Teladoc</b> Teladohealth.com Call 800-835-2362 Mobile app	Board certified Physicians	\$54	<ul style="list-style-type: none"> <li>■ Minor allergic reactions</li> <li>■ Minor headaches</li> <li>■ Nausea or Diarrhea</li> <li>■ Sinus pain, fever</li> <li>■ Cold, cough, sore throat</li> <li>■ Eye or ear pain or irritation</li> <li>■ Burning with urination</li> </ul>
<b>Walk In Doctors Visit</b>	Family Practice Physicians	\$154	<ul style="list-style-type: none"> <li>■ Mild asthma</li> <li>■ Back Pain</li> <li>■ Minor Burns</li> <li>■ Painful urination</li> </ul>
<b>Urgent Care Center</b>	Family Practice & Emergency Care Physicians	\$226	<ul style="list-style-type: none"> <li>■ Animal bites</li> <li>■ Sprains/Strains</li> <li>■ Stitches</li> <li>■ X-rays</li> </ul>
<b>Emergency Room</b>	Emergency Care Physicians	\$2,500	<ul style="list-style-type: none"> <li>■ Chest Pain</li> <li>■ Shortness of breath</li> <li>■ Broken bones/dislocated joints</li> <li>■ Slurred speech</li> <li>■ Weakness/numbness on one side</li> </ul>

**MEDICAL PRESCRIPTION COVERAGE****ADMINISTERED BY OPTUM RX**

The OptumRx website and app are fast, easy, and secure ways to get information you need to make the most of your pharmacy benefit. Register for an online account and you can:

- Check drug prices
- Place a home delivery order
- Track home deliver status
- Sing up for automatic refills
- View claims and benefit information

To set up your online account:

- Go to OptumRx.com
- Select Register on the home page
- Enter the information from your UMR member ID card
- Create a username and password
- Complete your profile

Once you have an account created go to [member.umr.com](http://member.umr.com) to log into your account once initial set up is complete

**PHARMACY DISCOUNT OPTIONS****GoodRx**

GoodRx provides discounts for thousands of prescription drugs at more than 70,000 local and mail-order pharmacies in the USA.

**Walmart \$4 Drug List**

The Walmart \$4 Drug List includes low-cost generic medications. It has no membership fees, does not require insurance, and is routinely updated to reflect new medications, list additions and removals.

Visit [Walmart.com/cp/4-prescriptions/1078664](http://Walmart.com/cp/4-prescriptions/1078664)

**Amazon Pharmacy**

Amazon Pharmacy can fill most common prescriptions and offers transparent pricing, simple refills and discrete delivery to your door. The pharmacists are available for consultation 24/7.

**CAUTION!**

When using any of these pharmacy discount programs, your claims will not go through your insurance benefit and will not be applied to your deductible or out of pocket limit. Feel free to use your HSA to help pay for your prescriptions.

**DENTAL INSURANCE**

**ADMINISTERED BY DELTA DENTAL**

You have a choice between two dental plans. The Low Plan is like the other dental offering, but Orthodontics are not covered. The High Plan includes Orthodontic coverage and increases the annual maximum to \$2,000. To locate a participating dentist, log on to [www.deltadentalwi.com](http://www.deltadentalwi.com)

TYPE OF SERVICE	Low Plan		High Plan	
	In Network	Out of Network	In Network	Out of Network
Annual Deductible	\$75 Individual / \$225 Family		\$50 Individual / \$150 Family	
Annual Maximum (per person)	\$1,000		\$2,000	
Diagnostic & Preventive	100%		100%	
Basic Service	70%	60%	90%	80%
Major Services	50%	40%	60%	50%
<i>Orthodontia (child only under 19)</i>	Not Covered		50% / \$2,000 Lifetime Max	

**Diagnostic & Preventive**  
Exams, Cleanings, X-rays

**Basic Services**  
Fillings, Extractions  
Endodontics & Periodontics  
General anesthesia

**Major Services**  
Crowns,  
Prosthodontics  
Implants

**DENTAL PLAN COSTS**

Semi- Monthly		
Per Pay Period	Low Plan	High Plan
Employee Only	\$16.38	\$20.53
Employee + Spouse	\$32.75	\$41.06
Employee + Child(ren)	\$25.36	\$32.73
Employee + Family	\$49.53	\$78.35

**VISION INSURANCE**

**ADMINISTERED BY DELTA DENTAL**

Your vision insurance network is VSP

TYPE OF SERVICE	In Network	Out of Network
Eye Exam Copay	\$20	\$20
Eye Exam (covered 1x per calendar year)	\$20	\$35
Materials Copay	\$20	\$20
Lenses (covered 1x per calendar year)	\$20	\$25-60
Frames (covered 1x every 2 calendar years)	\$150 retail allowance + 20% off balance	\$75
Contact Lenses (covered 1x every calendar year)	Paid in full 10% off retail + \$55 allowance	\$40
Laser Vision Correction Surgery	15% off retail price 5% off promotional price	No Discounts
Vision Network: VSP	<a href="https://www.deltadentalwi.com/vision">https://www.deltadentalwi.com/vision</a>	

**VISION PLAN COSTS**

Per Semi-Monthly Pay Period	
Employee Only	\$2.97
Employee + 1 Dependent	\$5.65
Family	\$8.86

**GROUP BASIC LIFE AND AD&D INSURANCE**

**ADMINISTERED BY PRUDENTIAL**

Group Basic Life insurance can help provide for your loved ones if something were to happen to you. FLASH Family provides full-time employees with 1 x your annual salary to a maximum of \$125,000 in group life and an equal amount of accidental death and dismemberment (AD&D) insurance.

FLASH Family pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums. Contact HR if you would like to update your beneficiary information.

**VOLUNTARY TERM LIFE AND AD&D INSURANCE PAID BY YOU**

**ADMINISTERED BY PRUDENTIAL**

While FLASH Family offers basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

With voluntary life insurance, you are responsible for paying the full cost of coverage through biweekly payroll deductions.

This plan is portable should you leave FLASH employment and wish to continue coverage for yourself and your dependents until age 70.

Age Reduction – Benefits reduce 35% at age 65, 60% at age 70, 75% at age 75 and 85% at age 80.

	Benefit Coverage Amounts
YOU	\$10,000 - \$250,000 (Increments of \$10,000)
Your Spouse	\$10,000 - \$250,000 (Increments of \$5,000) Spouse benefit cannot exceed Employee benefit
Your Child(ren) to age 26	\$5,000 or \$10,000 Child benefit cannot exceed Employee benefit

Voluntary Life/AD&D Semi-Monthly Premiums: Per \$10,000 benefit	
Age	Premium
Under 35	\$ 0.77
35-39	\$ 0.96
40-44	\$ 1.32
45-49	\$ 1.99
50-54	\$ 3.08
55-59	\$ 4.78
60-64	\$ 6.88
65-69	\$ 11.75
70+	\$ 23.28
Child(ren)	\$ 1.04

	Guaranteed Issue Coverage		
	New Hires	Annual Enrollment (Employees Currently Enrolled)	2026 Annual Enrollment (NOT Currently Enrolled)
YOU	Less than age 65: \$100,000 65-69: \$65,000 70-74: \$40,000 75-79: \$25,000 80+: \$15,000	Employees may increase up to an amount of \$10,000, to the Guarantee Issue amount, without completing medical questions	All amounts up to \$100,000 Guarantee Issue approved without Medical Health Questions
Your Spouse	Less than age 65: \$25,000 65-69: \$16,250 70-74: \$10,000 75-79: \$6,250 80+: \$3,750	All amounts are subject to Medical Health Questions	All amounts up to \$25,000 Guarantee Issue approved without Medical Health Questions
Your Child(ren) to age 26	All child coverage is Guarantee Issue	All amounts are subject to Medical Health Questions	All amounts up to \$10,000 Guarantee Issue approved without Medical Health Questions

**VOLUNTARY DISABILITY INCOME BENEFITS  
PAID BY YOU**

**ADMINISTERED BY PRUDENTIAL**

FLASH Family provides full-time employees an option to purchase short- and long-term disability income benefits. Without disability coverage, you and your family may struggle to get by if you miss work due to an injury or illness.

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note, though, that you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

	<b>Voluntary Short-term Disability</b>	<b>Voluntary Long-term Disability</b>
Benefits Begin	15th day for injury 15th day for sickness	90-day elimination period
Benefits Payable	11 weeks as long as you remain disabled	Paid for up to your social security normal retirement age, as long as you remain disabled
Percentage of Income Replaced	60%	60%
Maximum Benefit	\$800 per week	\$8,000 per month
Other	Claims are subject to 3/12 pre-existing condition exclusion	Claims are subject to 3/12 pre-existing condition exclusion
Maternity	2 weeks pre-partum/6 weeks post-partum (8 weeks for C-section)	N/A

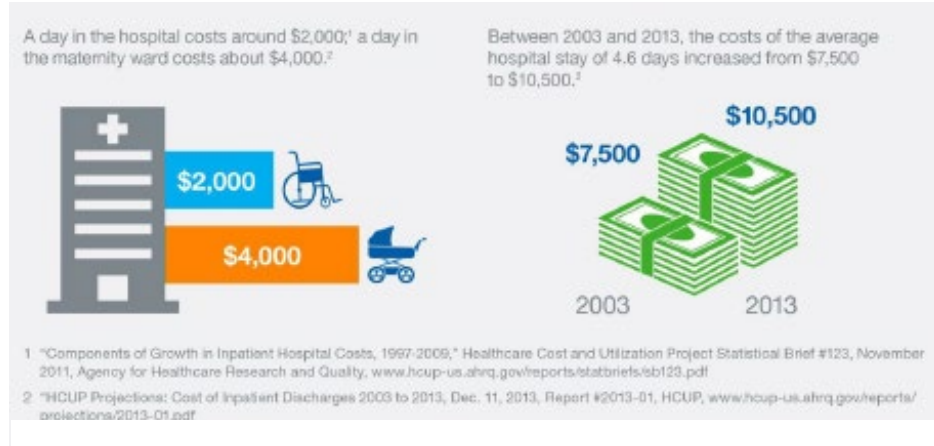
**VOLUNTARY DISABILITY INCOME BENEFITS  
PAID BY YOU**

ADMINISTERED BY PRUDENTIAL

**HOSPITAL INDEMNITY INSURANCE**



Planned or unplanned, a trip to the hospital can be scary. It can be even more frightening to know that your medical insurance probably won't cover all your costs. Group Hospital Indemnity insurance can help cover unexpected out-of-pocket expenses such as copays, deductibles, and out-of-network charges, as well as everyday living expenses. It pays a benefit directly to you for hospital-related events, regardless of your treatment costs or other insurance coverage you might have.



Sample Out-of-Pocket Expenses	
Medical plan deductible & coinsurance	\$2,800
Other non-medical expenses	\$475
<b>Total Expenses</b>	<b>\$3,275</b>
Benefits Paid to You	
Hospital Admission	\$1,000
ICU Confinement (3 days)	\$200
Hospital Confinement (3 days)	\$100
<b>Total Paid to You</b>	<b>\$1,300</b>
<b>Net Out-of-Pocket Expenses</b>	<b>\$1,975</b>

**HERE'S HOW IT WORKS**

Kim is out of town on a business trip when she experiences abdominal pain and a racing heartbeat. Diagnosis: ruptured gastric ulcer. She is rushed to the hospital, admitted and taken into surgery. She ends up being hospitalized for 10 days, three of which are in a critical care unit. Kim's husband leaves their two kids with their daycare provider and flies to be at her side. The family now faces additional costs for travel and childcare.

Benefits	
<b>Hospital Admission</b> (Maximum 1 per calendar year, per insured. Maximum 3 per year per family)	\$1,000
<b>Daily Hospital Confinement</b> (maximum 30 days per year)	\$100 per day

Hospital Indemnity Insurance Per Semi-Monthly Pay Period	
You	\$7.40
You and your Spouse	\$17.30
You and your children	\$13.20
You, your spouse and your children	\$23.10

**\$50 Annual Wellness Incentive**  
 Every covered individual can get \$50 once a year for completing certain Health Screening tests. See page 16 for more details.

ACCIDENT INSURANCE



Accidents can happen. And if one happens to you, your medical insurance will only cover some of the costs. Fortunately, Prudential Accident Insurance can help you to cover the rest.

In the event of an accident, Prudential Accident Insurance will pay you a cash benefit for every covered expense – from x-rays to ambulance service – regardless of what is paid by your medical insurance. Benefits are paid directly to you and you are free to use them to cover whatever expenses you deem fit.

In addition, Prudential offers an Enhanced Child Organized Sport Benefit, which increases benefits by 25% if a covered dependent child (aged 18 years old or younger) is injured while participating in an organized sport.

Each family member can get a **Wellness Benefit of \$50** every year just for participating in an organized sport (up to 18) or visiting the doctor for an annual checkup. See page 11 for a full list of ways to qualify for the \$50 wellness benefit.

Take it with you. If you leave your job, you can take your coverage with you.

HERE'S HOW IT WORKS



Let's say your teenage daughter gets injured during tryouts for her school basketball team and goes to urgent care for treatment. Diagnosis: dislocated elbow and fracture of the forearm and wrist. Although surgery isn't necessary, she will need follow-up appointments and physical therapy.



Imagine that you survive a serious car accident in another city. After a trip to the ER, you stay in the hospital for several days while you recover. In the weeks following the accident, you have a follow-up appointment at a clinic at home and physical therapy.

Covered Accidents Include:

- Broken bones
- Comas
- Concussions
- Stitches
- Burns
- And more

Benefits Paid to You	
Urgent Care Visit	\$200
X-Ray	\$40
Dislocation	Up to \$5,000
Fracture	Up to \$6,000
Physician Follow-up Appointment	\$150
Child Organized Sports Benefit	25%

Benefits Paid to You	
Ambulance	\$500
Emergency Room Visit	\$300
CAT Scan	\$200
Hospital Admission Benefit	\$1,000
3-Day Hospital Confinement (\$300 per day)	\$900
Physician Follow-up Appointment	\$150
Physical Therapy Appointment	\$35
Transportation Benefit	\$500
Lodging (30 days)	\$125

Accident Insurance Per Semi-Monthly Pay Period	
You	\$7.10
You and your Spouse	\$9.07
You and your children	\$10.06
You, your spouse and your children	\$13.45

ACCIDENT INSURANCE SCHEDULE OF BENEFITS

Emergency Care Benefits	
Ambulance – Ground	\$500
Emergency Room Visit	\$300
Urgent Care Visit	\$200
Initial Care Visit (not payable if Urgent Care or Emergency Room Visit benefit is payable)	\$25
Emergency Dental Care – Crown	\$300
Emergency Dental Care – Extraction	\$75
Outpatient X-ray	\$40
Major Diagnostic Exam (such as CT scan, MRI, EEG)	\$200
Transfusion of Blood, Plasma or Platelets	\$200

Specific Injury Benefits	
Burns	Up to \$12,000, depending on severity
Coma	\$10,000
Concussion	\$400
Eye Injury	Up to \$300
Lacerations	Up to \$600, depending on size
Skin Graft	50% of burn benefit or up to \$1,000
Dislocation	Up to \$5,000
Fractures	Up to \$6,000

Surgical Benefits	
Knee Cartilage	\$500
Exploratory	
Repair of one	\$400
Repair of two or more	\$500
Ruptured Disc	\$1,000
Repair	
Abdominal/Thoracic Surgery (If more than one surgery required for the same covered accident, will pay the highest benefit amount)	\$500
Exploratory	Schedule up to \$1,250 Hernia: \$250

Hospital Benefits	
Hospital Admission	\$1,000
Daily Hospital Confinement (Maximum 365 days per covered accident)	\$300 per day
Critical Care Unit Admission (once per covered accident)	\$2,000
Daily Critical Care Until Confinement * (Maximum 15 days covered accident)	\$500 per day
Daily Rehabilitation Facility (Maximum 15 days per covered accident)	\$100 per day
*Payable in addition to any Hospital Admission and/or daily Hospital Confinement Benefit you may be eligible to receive.	

Follow – Up Care	
Medical Appliance (e.g. wheelchair, cane or brace)	Up to \$500
Prosthesis	One: \$500 Two or more: \$1,000
Physician Follow-up (Maximum 6 visits)	\$50 per visit
Chiropractic Care (Maximum 6 visits)	\$50 per visit
Occupational, Speech or Physical Therapy (Maximum 10 days)	\$35 per day

Additional Benefits	
Lodging (per day, to a maximum of 30 days per covered accident and a total of 90 days per year)	\$125
Transportation	\$500, 2 times per calendar year, once per accident
Youth Organized Sports	Additional 25% of total benefit payable

Benefits listed are only a summary. Review your member handbook/summary of benefits for more information.

CRITICAL ILLNESS INSURANCE



It’s true – a serious medical event such as cancer, heart attack or stroke could leave you in a period of financial difficulty. Even if you have major medical coverage, there are typically uncovered expenses to consider, such as deductibles and copayments, travel expenses to and from treatment centers and the loss of wages.

Prudential offers a critical illness coverage plan that offers the protection you need to concentrate on what is most important – your treatment, care and recovery.

Each covered member of your family can get a **Wellness Benefit of \$50** every year just for going to the doctor for a covered wellness exam, such as a stress test or lipid panel — a routine preventive visit that typically costs you nothing under your medical insurance. See page 11 for a full list of ways to qualify for the \$50 wellness benefit. Take it with you. If you leave your job, you can take your coverage with you.

HERE’S HOW IT WORKS

John has \$20,000 of Critical Illness insurance coverage. He makes an appointment with his doctor after feeling off for the past few weeks.



Diagnosis: cancer, with a good prognosis but a long road ahead. Within days of making a claim, John receives his Critical Illness insurance benefit paid directly to him. As John undergoes intensive treatment over the next few months, he can use the benefit for any purpose, including to pay for things that his medical insurance does not cover. Things like the deductible, copays, childcare, certain medications, time away from work, alternative treatments and a special diet.

Coverage for:	Coverage Amount:
You	\$10,000, \$20,000, or \$30,000
Your Spouse	\$10,000, \$20,000, or \$30,000 up to 100% of your amount
Your child(ren) up to age 26	\$10,000, \$20,000, or \$30,000 up to 100% of your amount
See the Important Details section for more information, including requirements, exclusions, age reductions and definitions	

Covered Accidents Include:

Receive 100% of your coverage amount for:

- Heart attack
- Stroke
- Cancer (invasive)
- End stage renal (kidney) failure
- Major organ failure
- Coma
- ALS (Lou Gehrig’s Disease)
- Loss of Speech, Sight or Hearing
- Parkinson’s Disease
- Severe Burns
- Muscular Dystrophy
- Multiple Sclerosis
- Paralysis of Limbs
- Benign Brain Tumor
- Coronary Arteriosclerosis
- Type 1 Diabetes

Receive 50% of your coverage amount for:

- Alzheimer’s Disease

Receive 30% of your coverage amount for:

- Addison’s Disease
- Huntington’s Disease
- Multiple Sclerosis

Critical Illness Insurance – Semi-Monthly						
	\$10k		\$20k		\$30k	
Age	Employee + Child(ren)	Spouse	Employee + Child(ren)	Spouse	Employee + Child(ren)	Spouse
<30	\$3.03	\$2.64	\$6.06	\$5.28	\$9.08	\$7.92
30-39	\$5.03	\$4.34	\$10.06	\$8.68	\$15.09	\$13.02
40-49	\$7.95	\$6.32	\$15.91	\$12.64	\$23.86	\$18.96
50-59	\$16.32	\$11.32	\$32.65	\$22.64	\$48.97	\$33.96
60-69	\$29.18	\$19.16	\$58.36	\$38.31	\$87.53	\$57.47
70+	\$50.58	\$33.76	\$101.15	\$67.52	\$151.73	\$101.28



## \$50 WELLNESS BENEFIT

### HOSPITAL INDMNITY INSURANCE, ACCIDENT INSURANCE AND CRITICAL ILLESS INSURANCE

Get money back for taking care of yourself.

Your Prudential benefits include a unique Wellness Benefit that gives you **\$50 each year for taking care of yourself**. Everyone on the plan – you, your spouse, and children – can claim this benefit.

Tests covered through your Accident, Critical Illness, or Hospital Indemnity Insurance include the below; for a full list please see your Outline of Coverage.

General Exams	Cancer & Specialty Screens	Lab & Other Tests
Routine health check-up	Biopsies for cancer	Blood chemistry panel
Eye exam	Breast MRI/ultrasound/sonogram	Blood tests: cholesterol, CBC
Dental exam	Colonoscopy, virtual colonoscopy	Fasting/2-hour glucose tests
Hearing Test	Chest x-ray, carotid doppler, DRE	Hemoccult stool specimen
Skin exam	CA 15-3, CA 125, CEA, PSA	Hemoglobin A1C, lipid panel
Immunizations (incl. HPV)	Pap smear/ThinPrep, oral/testicular exam	Serum protein electrophoresis
Smoking cessation completion	Endoscopy, flexible sigmoidoscopy	Doppler/EKG/EEG/echo/stress test
STI tests	Skin Cancer screening/biopsy	Ultrasounds (cancer/aneurysm)
	Thermography	

#### Submitting your wellness benefit claim is easy:

- Online at [mybenefits.prudential.com](https://mybenefits.prudential.com)
  - Log in > “My Claims” > “File a supplemental health claim”
- If you’re a first-time user, you’ll need to register before logging in.
- Or call 844-455-1002, Monday to Friday, 8 a.m. to 8 p.m. ET to speak with a representative

GuidanceResources®



# An Overview of Your GuidanceResources® Enhanced Program

No matter what's going on in your life, ComPsych® GuidanceResources® is here to help. Personal problems, planning for life events or simply managing daily life can affect your work, health and family. ComPsych® GuidanceResources® is a company-sponsored service that is available to you and your dependents, at no cost, to provide confidential support, resources and information to get through life's challenges. This flyer explains how ComPsych® GuidanceResources® can help you.



## Confidential Counseling on Personal Issues

Your Employee Assistance Program (EAP) is a confidential assistance program to help address the personal issues you and your dependents are facing. This service, staffed by experienced clinicians, is available by phone 24 hours a day, seven days a week. A GuidanceConsultant™ is available to listen to your concerns and refer you to a local provider for in-person counseling or to resources in your community. Call any time with personal concerns, including:

- Depression
- Marital and family conflicts
- Job pressures
- Stress and anxiety
- Alcohol and drug abuse
- Grief and loss



## Legal Information, Resources and Consultation

When a legal issue arises, our attorneys are available to provide confidential support with practical, understandable information and assistance. If you require representation, you can also be referred to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call any time with legal issues including:

- Divorce and family law
- Criminal actions
- Real estate transactions
- Bankruptcy
- Landlord and tenant issues
- Contracts
- Debt obligations
- Civil lawsuits



## Financial Information, Resources and Tools

Financial issues can arise at any time, from dealing with debt to saving for college. Our financial professionals are here to discuss your concerns and provide you with the tools and information you need to address your finances, including:

- Saving for college
- Estate planning
- Tax questions
- Retirement planning
- Getting out of debt



## Online Information, Tools and Services

GuidanceResources® Online is your one stop for expert information to assist you with the issues that matter to you, from personal or family concerns to legal and financial concerns. Create your own account by going to [www.guidanceresources.com](http://www.guidanceresources.com). Each time you return to the site, you will find personalized, relevant information based on your individual life needs. You can:

- Review in-depth HelpSheets™ on topics you select
- Use helpful planning tools
- Get answers to specific questions
- Complete a legally binding will or plan your final arrangements at no cost through EstateGuidance®
- Search for services and referrals

**WE ARE AVAILABLE 24 HOURS  
A DAY, 7 DAYS A WEEK.**

Call: 800.311.4327 | TRS: Dial 711

Online: [guidanceresources.com](http://guidanceresources.com)

Your company Web ID: GRE311

EstateGuidance promo code: GRE311

ADDITIONAL MISCELLANEOUS SERVICES



**GYM MEMBERSHIP REIMBURSEMENT**

To promote and support the health and wellbeing of all employees the Company shall pay, on an annual basis, \$1.00 for each visit to a gym of his/her choice. This benefit covers employees and adult dependents who are covered under the employee medical insurance plan.

Proof of visits from a gym or documented activity via an app or device such as a smartwatch or fitness tracker must be submitted along with the Gym Reimbursement form in the Online Employee portal no later than January 31<sup>st</sup> for the previous year.

**UMR** ONE PASS SELECT – Rediscover your passion for health

One Pass Select can help you reach your fitness goals while finding new passions along the way. Find a routine that’s right for you whether you work out at home or at the gym. Choose a membership tier that fits your lifestyle and provides everything you need for whole body health in one easy, affordable plan. You and your eligible family members or friends can get started with One Pass Select today.

Find your fit with One Pass Select:



**At the gym**

Choose from our large nationwide network of gym brands and local fitness studios. Use any gym in the network and create a routine just for you.



**At home**

Work out at home with live or on-demand online fitness classes. Try the workout builder to get routines created just for you, no matter what your fitness level and interests are.



**In the kitchen**

Get groceries and household essentials delivered to your home. One Pass Select makes it easy to plan for everything you need to enjoy delicious, nutritious meals.



Learn more and enroll today at [OnePassSelect.com](https://OnePassSelect.com)

Category	Digital	Classic	Standard	Premium	Elite
Monthly fee*	\$10	\$29	\$64	\$99	\$144
Gym network size	N/A (online fitness classes)	11,000+ gym locations	12,000+ gym and premium locations	14,000+ gym and premium locations	16,000+ gym and premium locations
Grocery delivery	✗	✓	✓	✓	✓

\*A one time enrollment fee will apply.

## 401(k)



### 401(k) Profit Sharing Program

Employees are eligible to participate in the 401(k) programs on the first of the month, following ninety calendar days of employment. Employees should be aware that Internal Revenue Service (IRS) limits on annual deferrals apply and that contributions to this plan, when combined with other plans in which the employee may participate, may not exceed 100% of those IRS limits.

### DO YOU WANT TO MAINTAIN LIMITS HERE?

#### Auto-enrollment Provision

On the first of the month following ninety calendar days of employment, employees will be auto enrolled into the 401(k) plan at a rate of 2% of his/her annual earnings. The money will be invested in the plans default account. Any employee not wishing to participate in the 401(k) plan must submit a waiver form to the Human Resources department prior to the enrollment date, or by the first of any month thereafter. Failure to give notification will result in auto-enrollment.

#### Account Access

Employees have access to his/her 401(k) account information, Summary Plan Description, benefit statements, personal data, beneficiary designation, and loan information through the plan administrator's secure website. Contact the plan administrator or Human Resources with questions regarding access to the website or employee rights and obligations about the 401(k) plan.

#### Account Changes

Employees may increase, decrease, or eliminate employee contributions to the plan by filling out a 401(k) Election Change Form. Employees elections take effect the first day of the month following the signature date.

#### Employer Matching Program

A contribution of an additional 25% of the employee deferral, on the first 6% of his/her contribution, may be made to the employees 401(k) account by the Company. Only those persons who participate in 401(k) programs, have worked at least 1,000 hours in a calendar year, and qualify as an employee at the end of the plan year, may receive matching funds. The decision to contribute to the employees' 401(k) plans is at the discretion of the Company and will be made at the end of each plan year.

## TIME AWAY

### Holidays

Holidays are paid at eight hours of pay at the employee's regular hourly rate. Employees are eligible for paid holidays following thirty calendar days of employment.

### Holiday Schedule

- New Year's Day
- Independence Day
- Memorial Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve Day
- Christmas Day

An employee must work his/her last scheduled shift before and after the holiday to be eligible for pay. Only pre-approved PTO counts as time worked for holiday eligibility.

Employee call outs, or any other leave type, for a scheduled shift before, on, or after a holiday will result in forfeiture of holiday pay.

### Floating Holiday

If requested, employees to work on a holiday will be granted a floating holiday. All floating holidays must be scheduled using the time off request process by the end of the pay period in which they occur. If the floating holiday is not scheduled, the holiday pay will be paid in the period in which it occurred. No floating holiday time will be carried over from year to year. If employees are subject to time off blackout periods, floating holidays can be scheduled up to 60 days after the actual holiday.

An employee on a short-term, scheduled layoff the week of a holiday, has the right to receive holiday pay during the layoff week, provided all company requirements for the holiday pay are met. The employee must log the holiday pay on either the pay sheet or in the timeclock software to receive it. Failure to indicate such will result in no holiday pay for the pay period.

### **Paid Time Off (PTO)**

#### **Exempt (Salary) Employees**

PTO offered to salaried employees is noted in the original offer of employment letter, is available to use as of the date of hire and allocated on a calendar year basis.

#### **PTO Carryover & Payout**

PTO Carryover and payout is determined by employment classification.

PTO offered to salaried employees is on a use it or lose it basis. No payout of unused PTO shall be awarded either at year end, or as a part of an employee's separation from the Company.

*The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR.*

Contact Information			
Provider	Coverage/Service	Contact Information	
FLASH Family of Companies	Human Resources	HR@FlashTrucking.com	920-294-0430
UMR OptumRx	Medical Prescription Drugs	UMR.com OptumRx.com	800-826-97811 866-673-6293
Teladoc	Virtual Care	Teladochealth.com	800-835-2362
Prudential	Life Disability	Prudential.com	800-778-4357
John Hancock	401(k)	Myplan.JohnHancock.com	888-695-4472
Delta Dental	Dental	Deltadentalwi.com	800-236-3712
Delta Dental	Vision	Deltavisionwi.com	800-848-7090