



2027

EMPLOYEE BENEFITS GUIDE

Your guide to health, financial protection and
benefits for the year ahead.

This communication is provided for informational purposes only and does not constitute a Summary Plan Description (SPD), contract, or guarantee of benefits. In the event of any discrepancy, official plan documents will govern. *Benefits eligibility, offerings, and provisions may vary by employee type, status, location, and bargaining unit and may not apply to all employees. For employees covered by a Collective Bargaining Agreement (CBA), the applicable CBA will govern where differences exist.

START HERE

Welcome to your 2027 benefits

Beacon Mobility offers a range of benefits designed to support your health, protect your financial well-being, and help you plan. This guide highlights the key features of the benefits available to eligible employees for 2027.

Use this guide to understand and compare your options. Then, log in to Workday to view the specific plans and costs available to you. For complete plan provisions, including eligibility requirements, exclusions, and limitations, refer to the official plan documents available on the Beacon Benefits website (<https://gobeacon.com/benefits>).

At enrollment, what you need to do

- **Review your 2027 benefit options** and choose the coverage that best meets your needs.
- **Review your dependents and beneficiaries** and make any necessary updates.
- **Complete your benefit elections in Workday** during your applicable enrollment period.
- **Submit your elections before your enrollment window closes:**
 - **New hires:** Within 31 days from the first of the month after date of hire
 - **Qualifying life event:** Within 31 days of the event
 - **2027 Open Enrollment:** October 26 – November 13, 2026

Important: Choose your benefits carefully. Once submitted, your elections cannot be changed unless you experience a qualifying life event.

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OPEN ENROLLMENT

What's new for 2027

We're introducing several changes for 2027 to simplify the benefits experience, expand healthcare savings opportunities and connect employees with additional support.

Medical plan changes

Three medical plan options

Beginning January 1, 2027, Beacon is simplifying its medical offerings from four options to three: one PPO plan and two High Deductible Health Plans (HDHPs) with a Health Savings Account.

Health Savings Accounts (HSA)

Employees enrolled in either HDHP option may be eligible to open an HSA administered by Empower. HSAs allow you to save pre-tax dollars for eligible healthcare expenses, grow your savings tax-free and use the money now or in the future.

Other 2027 changes

Benefit	2027 change
Dental	Premiums decrease 2%.
Vision	Premiums decrease 8%.
FEDLogic	Replaces Allsup as Beacon's Medicare and government benefits advocacy partner.
Voluntary benefits	Accident, Critical Illness and Hospital Indemnity insurance move from Aetna to MetLife, with benefit enhancements and lower premiums.

2027 Open Enrollment – Action Required

Open Enrollment is your annual opportunity to review your benefits and make elections for the upcoming plan year. For 2027, Open Enrollment runs from **October 26 through November 13, 2026**.

Action is required for Aetna medical and Flexible Spending Accounts (FSAs). You must complete enrollment if you want medical coverage next year. FSA elections also do not carry forward and must be re-elected each year.

All other eligible benefit elections will automatically be carried forward unless you make a change during Open Enrollment. Elections take effect January 1, 2027.

Important Note for Union Employees

Benefits for union employees may differ from the information presented in this guide. Eligibility requirements, including required hours worked, available plan options, benefit cost-sharing requirements and premium rates may vary based on the terms of your Collective Bargaining Agreement (CBA). Life and AD&D coverage amounts may also differ by bargaining unit.

Please refer to your applicable CBA for the benefits and provisions that apply to you. If there is a conflict between this guide and your CBA, the terms of the CBA will govern.

WHO CAN ENROLL

Eligibility

The benefits outlined in this guide are available to eligible full-time and part-time Beacon Mobility employees.

Employees scheduled to work 30 or more hours per week are considered full-time for benefits purposes and are eligible for Beacon's Aetna medical plans, along with other benefits described in this guide.

Employees scheduled to work fewer than 30 hours per week are eligible for different benefits offering and are not eligible for Beacon's Aetna medical plans.

Throughout this guide, benefits that are available only to full-time employees will be identified accordingly.

Eligible dependents

You may also enroll the following eligible dependents:

- Your legal spouse: A person to whom you are legally married, as evidenced by a state-issued marriage certificate or civil affidavit issued by local county or state government.
- Your dependent children under age 26, whether married or unmarried. This includes stepchildren, foster children, legally adopted children, and children placed with you for adoption.
 - Medical, dental, and vision coverage continues through the end of the month in which your dependent turns 26.
 - Dependent life insurance coverage ends on the dependent's 26th birthday.
 - Coverage does not extend to your adult child's children or spouse.
- Your disabled adult child who is physically or mentally unable to care for themselves. The child must meet the plan's eligibility requirements and must be enrolled before their 26th birthday.

Who is not an eligible dependent

The following individuals are **not eligible for dependent coverage** under the Beacon Mobility benefit plans:

- Common-law spouse or domestic partner
- Legally separated or divorced spouse
- Boyfriend, girlfriend, or fiancé
- Parents or grandparents
- Siblings
- Nieces or nephews
- Grandchildren*

This list is not all-inclusive. Eligibility is subject to the terms of the applicable benefit plan.

*Unless the individual otherwise meets the plan's definition of an eligible dependent child.

Dependent Verification

If you add a **new dependent** to your medical, dental, or vision coverage, you must provide documentation confirming that your dependent meets the plan's eligibility requirements. Coverage will not become effective unless the required verification is completed by the end of your enrollment period.

The documentation required depends on your relationship to the dependent. Examples may include a state-issued marriage certificate or birth certificate. A full list of accepted documentation can found on the [Beacon Benefits website/medical](#).

WHEN CAN I MAKE CHANGES

Qualifying life events

Your benefit elections generally remain in effect for the entire plan year. Outside of Open Enrollment, you may only make changes if you experience a **Qualifying Life Event (QLE)** that allows you to update your coverage.

Common Qualifying Life Events include:

- Marriage or divorce
- Birth or adoption of a child
- Gain or loss of other health coverage
- A change in your spouse's or dependent's employment or benefit eligibility
- A dependent gaining or losing eligibility for coverage
- Other events permitted under the applicable benefit plan

You have 31-days to make changes

If you experience a Qualifying Life Event, you must submit your benefit changes and required supporting documentation in Workday within 31 days of the event.

The benefit change you request must be consistent with the Qualifying Life Event. For example, getting married may allow you to add your new spouse to coverage. Gaining other medical coverage will allow you to drop Beacon coverage.

Don't miss the deadline. If you do not complete your changes and provide the required documentation within 31 days, you generally must wait until the next Open Enrollment period to make changes. Visit the Beacon Benefits website/medical for additional information. A full list of acceptable documentation can found on the [Beacon Benefits website/medical](#).

WORKDAY

How to enroll

You have two convenient ways to enroll in your Beacon benefits:

Online through Workday

Log in to Workday to review the benefit options and costs available to you, add or update eligible dependents, and submit your benefit elections.

1. Log in to Workday
2. Go to **Menu > Benefits > Change Benefits**
3. Select the applicable **Change Reason** and enter the **Date of Change** (effective date)
4. Review each benefit card. Enroll in or waive coverage, confirm costs, and add eligible dependents as needed
5. Select **Review and Acknowledge**, confirm your elections, check **I Accept**, and select **Submit**.
6. Confirm the **Submitted** message appears and save your benefits statement for your records.

By Phone

Need help or prefer to enroll by phone? Call the Beacon Benefits Service Center at 855.780.0003. A representative can answer questions about your benefit options and assist you with completing your enrollment.

Important: Benefit elections must be completed through Workday or the Beacon Benefits Service Center. Elections cannot be submitted by email, paper form, or directly through a benefit carrier.

FREE SUPPORT

FEDLogic

Navigating Medicare and government benefits can be complicated. FEDLogic provides personalized guidance to help Beacon Mobility employees and their families understand available programs and determine whether they may qualify for additional benefits or coverage.

FEDLogic can provide guidance with:

- Medicare and Medicaid
- State and federal marketplace coverage
- Social Security and retirement benefits
- Disability and unable-to-work situations
- Survivor, spousal and ex-spousal benefits
- Children's benefits
- Premature birth
- Major illnesses, including cancer, ALS and end-stage disease (ESRD)

CONTACT INFO

Website: <https://employees.fedlogicgroup.com/>

Company Code: bemo26

Phone: 877-837-4196

Advocates can help you

- Understand Medicare eligibility and enrollment options
- Identify federal or state benefits you or a family member may qualify for
- Navigate complex government benefit programs and requirements
- Receive one-on-one guidance through the application or enrollment process

Personalized help at no cost to you

FEDLogic support is free, unlimited and confidential. Advocates provide convenient, phone-based assistance and are unbiased – with nothing to sell.

TELUS HEALTH

Employee Assistance Program (EAP)

Beacon Mobility's Employee Assistance Program (EAP), provided through TELUS Health, offers confidential support to help you and your family navigate life's challenges—at no cost to you.

A key benefit of the EAP is access to counseling to help with concerns such as stress, anxiety, relationships, family issues, grief and loss, and other personal or work-related challenges. EAP services include 5 virtual or face-to-face counseling sessions at no cost to you.

The EAP also provides resources and support for a variety of everyday needs, including financial and legal questions and work-life concerns.

You do not need to be enrolled in a Beacon medical plan to use the EAP.

CONTACT INFO

Website: <https://gobeacon.com/eap/>

Phone: 855-440-2036

AETNA

Medical coverage

Beacon Mobility will continue its partnership with Aetna for 2027, offering three medical plan options for **full-time employees**: the PPO (New), High Deductible, and Value Plan. Each plan provides comprehensive medical and prescription drug coverage, but how you pay for care including deductibles, copays, coinsurance and out-of-pocket costs varies by plan.

Log in to Workday to view the plans available to you and your applicable payroll contributions (premiums).

Embedded deductibles

All three medical plans have embedded deductibles. This means each covered family member has an individual deductible. Once one person meets the individual deductible, the plan begins paying its share of eligible expenses for that person even if the full family deductible has not yet been met.

No individual family member will be required to satisfy more than the individual deductible before coinsurance applies to their eligible expenses.

Use the Aetna network

You generally save the most when you receive care from Aetna in-network providers and facilities. In-network providers have agreed to negotiated rates with Aetna, which can significantly reduce what you pay for care.

Before receiving non-emergency services, confirm that both the healthcare provider and the facility are in-network. Using an out-of-network provider or facility can result in significantly higher out-of-pocket costs.

Aetna Concierge

Your Aetna medical coverage includes access to personalized concierge support for you and your covered family members. Aetna's team can help you better understand and navigate your healthcare benefits, including:

- Understanding your medical benefits and coverage
- Finding an in-network doctor or specialist
- Selecting a primary care provider
- Scheduling appointments
- Understanding healthcare options and where to receive care
- Answering questions about your Aetna coverage

Use the Member Services number on your Aetna ID card to connect with Aetna or access additional tools and resources through your Aetna member account.

MORE SUPPORT AT NO ADDITIONAL COST

Programs included with Aetna coverage

Hello Heart

Take a more active role in your heart health. Hello Heart is a digital heart-health program that makes it easier to monitor and understand important health information, including your blood pressure, cholesterol and medications.

The program includes a free FDA-cleared blood pressure monitor that connects to your smartphone, allowing you to track your readings and progress over time. You'll receive personalized insights to help you better understand your heart health and can generate progress reports to share with your physician.

Support is also available by phone or email when you need assistance.

Get started at join.helloheart.com.

Transform Diabetes Care

Get personalized support for managing diabetes. Transform Diabetes Care is a 12-month program designed to give you tools, information and one-on-one support to help you better manage your condition.

Through the Health Optimizer app, you can:

- Monitor glucose and blood pressure readings
- Track your progress and share readings
- Access education about diabetes and healthy living
- Receive meal and nutrition guidance
- Work with certified diabetes care and education specialist nurses for personalized support

Maintenance Choice Program

Save on medications you take regularly. Aetna's Maintenance Choice Program makes it easier to obtain larger supplies of eligible maintenance medications. These are prescriptions you take on an ongoing basis for chronic or long-term conditions.

After two retail fills, you can receive a 90-day supply at a discounted rate through a participating mail-service pharmacy or selected participating retail locations. A 90-day supply can mean fewer trips to the pharmacy while helping you save on eligible prescriptions.

For assistance, call 888.792.3862 (TTY: 711).

CVS Virtual Care

Get care when and where it's convenient for you. CVS Virtual Care gives Aetna members access to virtual healthcare services from home or on the go.

You can access 24/7 on-demand care for minor illnesses and injuries, as well as scheduled mental health counseling seven days a week. If your condition requires an in-person visit, your care can be transitioned to a nearby CVS MinuteClinic or an in-network provider.

Get started: Visit CVS.com/virtual-care.

AETNA MEDICAL PLAN HIGHLIGHTS

Medical plan comparison

These medical plans are for **full-time eligible employees**. The table below provides a side-by-side comparison of the key costs and coverage features of Beacon's three medical plan options: the PPO (New), High Deductible, and Value Plan.

In-Network Benefits	PPO (New)	High Deductible	Value Plan
Employee Premiums	\$\$\$	\$\$	\$
Deductible - In-network Single / Family	\$1,750 / \$3,500	\$3,500 / \$7,000	\$7,500 / \$15,000
Out-of-pocket max - In-network Single / Family	\$4,000 / \$8,000	\$7,000 / \$14,000	\$8,700 / \$17,400
Deductible / out-of-pocket structure	Embedded	Embedded	Embedded
Coinsurance - In-network	20%	20%	20%
PCP office visit	\$25 copay	Ded./coins.	Ded./coins.
Virtual Visit	\$25 copay	\$25 copay	\$25 copay
Specialist office visit	\$50 copay	Ded./coins.	Ded./coins.
Urgent Care / Emergency room	\$75 / \$500 copay	Ded./coins.	Ded./coins.
Inpatient hospital	Ded./coins.	Ded./coins.	Ded./coins.
Prescription - Generic	\$0	Ded./coins.	Ded./coins.
Prescription - Preferred	\$30	Ded./coins.	Ded./coins.
Prescription - Non-preferred	\$60	Ded./coins.	Ded./coins.
Prescription - Specialty	\$100	Ded./coins.	Ded./coins.

Ded./coins. = deductible and coinsurance apply.

More detailed plan information, including Summary of Benefits Coverage and medical plan booklets can be found on [Beacon Benefits website/medical](#).

Medical Plan Surcharges

If you enroll in an Aetna medical plan, additional monthly surcharges may apply based on your coverage and tobacco/nicotine use. These surcharges are in addition to your regular medical plan premium. You are responsible for providing accurate information about spousal coverage eligibility and tobacco/nicotine use and for updating your information if your circumstances change.

Spousal Surcharge — \$100 per month

A \$100 monthly surcharge applies if you cover a spouse under a Aetna medical plan and your spouse is eligible for medical coverage through their own employer. You will be required to confirm your spouse's eligibility for other employer-sponsored coverage during enrollment.

Tobacco/Nicotine Surcharge — \$100 per month

A \$100 monthly surcharge applies if you and/or your covered spouse use tobacco or nicotine products.

You can have the tobacco/nicotine surcharge removed by completing Beacon's designated tobacco cessation program through Aetna. Once the program requirements are completed and Beacon receives confirmation, the surcharge will be removed prospectively. Surcharges paid before completing the program requirements will not be refunded or credited.

Your Benefits Matter

UNDERSTANDING HOW YOU PAY

HDHP vs. PPO

When comparing your options, consider both what you pay from your paycheck and what you may pay when you receive care, along with your expected healthcare and prescription needs.

The PPO (New) generally provides more predictable out-of-pocket costs through copays for many services and prescriptions. Because you pay less upfront when receiving many types of care, the PPO generally has higher employee premiums.

The **High Deductible and Value Plan** are both high-deductible health plans (HDHP) that generally have lower employee premiums but higher upfront out-of-pocket costs. You pay the negotiated cost of most care and prescriptions until you meet your deductible, then the plan begins sharing costs through coinsurance. Both plans also give eligible employees access to a Health Savings Account (HSA), allowing you to set aside pre-tax money to pay eligible healthcare expenses or save for the future.

The key tradeoff: Pay more from your paycheck for greater cost predictability with the PPO (New), or pay less in premiums and take on more upfront costs with the High Deductible or Value Plan with the added tax advantages of an HSA.

Stage	HDHP	PPO
Before you meet the deductible	Pay Aetna's negotiated cost until the deductible is met. HSA funds can be used for eligible expenses.	Set copays for many services and prescriptions; deductible may apply to some services.
After the deductible is met	Pay coinsurance; HSA funds can be used for eligible expenses.	Pay copays or coinsurance, depending on the service.
After the out-of-pocket maximum is met	Plan pays 100% of covered in-network expenses for the rest of the year.	Plan pays 100% of covered in-network expenses for the rest of the year.

Is a HDHP right for me?

The High Deductible or Value Plan may be worth considering if you:

- Want lower premiums deducted from your paycheck.
- Are comfortable paying more upfront when you receive care before meeting the deductible.
- Want access to an HSA to pay eligible healthcare expenses with pre-tax dollars.
- Want to build healthcare savings over time—unused HSA funds roll over each year and remain yours.
- Have enough personal savings or HSA funds available to manage a larger unexpected healthcare expense.

A high-deductible plan may be less attractive if you prefer predictable copays or would have difficulty covering higher upfront costs when you need care.

Think about the whole picture: Compare annual premiums, expected healthcare and prescription costs, the deductible and out-of-pocket maximum—not just the amount deducted from each paycheck.

Because the High Deductible and Value Plan have higher upfront out-of-pocket costs, consider whether Beacon's **Voluntary Accident, Critical Illness and Hospital Indemnity plans** (pg. 12) could provide additional financial protection for you and your family.

These plans pay cash benefits directly to you when you experience a covered event, helping you manage deductibles, coinsurance and everyday expenses while preserving more of your HSA savings.

Health Savings Account (HSA)

A Health Savings Account (HSA) is a personal, tax-advantaged account you can use to pay for qualified healthcare expenses today or save for healthcare expenses in the future.

An HSA is available to eligible employees who enroll in the High Deductible or Value Plan and meet HSA eligibility requirements. You decide how much to contribute, and contributions can be made conveniently through pre-tax payroll deductions.

Why consider a HSA?

- **Triple tax advantage:** Contributions are made pre-tax, earnings grow tax-free, and withdrawals for qualified healthcare expenses are tax-free.
- **No “use it or lose it” rule:** Your entire unused balance rolls over from year to year.
- **It’s your money:** Your HSA belongs to you and stays with you if you change jobs or retire.
- **Pay for eligible healthcare expenses:** Use HSA funds for qualified medical, prescription, dental, and vision expenses for you and eligible family members.
- **Save for the future:** There is no requirement to spend your balance each year, allowing you to build savings for future healthcare expenses, including in retirement.
- **Invest your savings:** Once you meet Empower’s required cash balance, you may be able to invest a portion of your HSA balance, similar to how you invest money in a 401 (k).

This is not a Flexible Spending Account (FSA)

Unlike a Flexible Spending Account (FSA), an HSA does not have a “use it or lose it” rule. Your full unused balance rolls over each year and remains yours.

Who Is Eligible to Contribute?

Enrolling in the High Deductible or Value Plan is required to contribute to an HSA, but enrollment alone does not guarantee HSA eligibility.

Generally, you cannot contribute to an HSA if you:

- Have other medical coverage that is not HSA-compatible, such as a traditional PPO through a spouse or another employer
- Are enrolled in Medicare
- Can be claimed as a dependent on someone else’s tax return
- Are covered by a Healthcare FSA or HRA

Important: HSA eligibility is governed by IRS rules. If you have other coverage or are unsure whether you are eligible to contribute, confirm your eligibility before making HSA contributions.

2027 HSA Contribution Limits

Coverage level	IRS limit
Individual coverage	\$4,500
Family coverage	\$9,000
Age 55+ catch-up	\$1,000

Your HSA + 401(k), Together at Empower

Your HSA is administered by Empower, the same provider that administers Beacon’s 401 (k) Plan. Having both accounts with Empower brings your healthcare and retirement savings together, making it easier to manage the money you’re setting aside for the future.

METLIFE

Voluntary benefits

Even with medical insurance, an unexpected illness, injury or hospital stay can result in expenses your medical plan may not fully cover. Beacon Mobility offers three voluntary benefits through MetLife:

- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance

These plans provide additional financial protection when the unexpected happens. You do not need to enroll in a Beacon medical plan to elect coverage, but they can be especially valuable when paired with the **High Deductible or Value Plan**, helping offset higher upfront out-of-pocket costs.

When you or a covered dependent experiences a covered event, **benefits are paid directly to you—not your doctor or hospital**. You decide how to use the money, whether toward your deductible and coinsurance or everyday expenses like groceries, transportation or childcare.

Accident insurance

Accident Insurance pays you a cash benefit when you experience an accidental injury. The amount you receive depends on the type of injury and treatment you receive.

For example: You fall, break your arm and visit the emergency room. Your Accident Insurance may pay a separate cash benefit for the ER visit (\$250), X-rays (\$200), fracture (up to \$11,000) and follow-up care (physical therapy \$75/each treatment).

Critical Illness insurance

A serious diagnosis can bring expenses beyond your regular medical bills. Critical Illness Insurance provides a lump-sum cash benefit if you or a covered family member is diagnosed with a covered critical illness, such as cancer, heart attack or stroke.

You can choose the amount of protection that fits your needs and budget in increments of:

\$10,000 | \$20,000 | \$30,000 | \$40,000

Hospital Indemnity insurance

Even a short hospital stay can result in significant out-of-pocket expenses. Hospital Indemnity Insurance pays cash benefits when you or a covered family member is admitted to or stays in the hospital for a covered illness or injury.

For example: If you are admitted to the hospital for a covered condition and remain there for several days, the plan may pay a benefit for the hospital admission (\$1,000) plus an additional benefit for each covered day of your stay (\$200/each day).

\$50 Health Screening Benefits

Your voluntary coverage can reward you for taking care of your health and can help offset the cost of your premiums. If you are enrolled in Accident, Critical Illness, or Hospital Indemnity plan, you can receive a \$50 health screening benefit for each enrolled plan when you complete a covered preventive health screening or test.

Eligible screenings may include routine preventive services such as an annual physical, mammogram, colonoscopy, dental exam, eye exam, or certain blood tests, subject to the terms of the plan.

Don't leave money on the table. If you complete an eligible screening, remember to submit your claim to MetLife to receive your \$50 benefit.

METLIFE

Dental coverage

Beacon Mobility offers two dental plan options through MetLife: the **High Plan** and **Low Plan**. Both plans cover preventive and basic dental care but differ in the level of coverage they provide.

The High Plan provides a higher annual benefit maximum, more comprehensive coverage for major dental services for both children and adults. Because it provides a greater level of coverage, the High Plan generally has a higher employee premium.

The Low Plan offers a lower-cost option for employees who want preventive and basic dental coverage and do not need coverage for major services or orthodontia.

What does the dental plan cover?

Both plans cover preventive care, including two routine exams and cleanings year as well as basic services. The High Plan provides more comprehensive coverage, including major services as well as orthodontia for both adults and children. Refer to the plan comparison table for the percentage each plan pays.

Dental benefit	High Plan	Low Plan
Employee Premiums	\$\$	\$
Deductible - individual/family	\$50 / \$150	\$50 / \$150
Annual maximum benefit	\$1,500	\$1,000
Year 1 maximum after qualifying exam/cleaning	\$1,650	\$1,150
Year 2	\$1,800	\$1,300
Year 3	\$1,950	\$1,450
Preventive	100%	100%
Basic	80%	50%
Major	50%	N/A
Orthodontia	50%	N/A
Orthodontia lifetime maximum	\$2,000	N/A

Preventive Services
X-rays, oral exams, 2 cleanings per year
Basic Restorative
Fillings, Fluoride applications, Endodontics, Periodontics, Space maintainers, Sealants
Major Restorative
Simple extractions, crown, dentures, bridge repair, implants, general anesthesia, root canal
Orthodontia
For adults and children

Earn a higher annual maximum

Your annual maximum is the most the dental plan will pay toward covered dental services during the year. You can increase that amount simply by staying on top of preventive care.

If you are enrolled in either dental plan and receive at least one dental exam and cleaning during the year, your annual maximum increases by \$150 for the following year, up to a maximum of three increases.

If you do not meet the preventive care requirement in a given year, you will not earn an additional \$150 increase, but you will keep any increases you have already earned.

METLIFE

Vision coverage

Vision coverage through MetLife help make routine eye care and vision correction more affordable. The plan provides coverage for annual eye exams, prescription lenses, frames and contact lenses, with additional savings available when you use participating in-network providers.

Routine eye exams are important for more than just your vision they can also help identify changes in your overall eye health.

Vision benefit	Plan provision
Exam copay	\$10
Materials copay	\$20
Lenses	100% after \$20 copay
Frames	\$150 after \$20 copay
Contacts	Elective lenses \$200; necessary lenses 100% covered
Exam frequency	Once every 12 months
Frame frequency	Once every 12 months
Lens frequency	Once every 12 months
Contacts in lieu of lenses	Once every 12 months

METLIFE AND WISHBONE

Additional benefits

Legal insurance

MetLife Legal Plans provides access to legal guidance for a broad range of personal needs, including buying or selling a home, starting a family, identity theft and caring for aging parents. You may use a network attorney or an attorney outside the network and receive reimbursement for some costs. The monthly fee is \$17.00 through payroll deduction.

Pet insurance

Beacon Mobility partners with Pet Benefits Solutions to offer Wishbone Pet Health Insurance at employee benefit rates. Coverage includes diagnostics and testing, unexpected surgery, hospitalization, emergency care, hereditary and congenital conditions, and more. Learn more at wishboneinsurance.com/beaconmobility or call 800.891.2565, Monday-Friday, 8 a.m.-6 p.m. EST.

WEX

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to set aside money from your paycheck before taxes to pay for eligible healthcare or dependent care expenses. Beacon Mobility offers two FSAs administered by WEX: the Healthcare FSA and Dependent Care FSA. **FSA's do not automatically rollover and required re-enrollment each year during Open Enrollment.**

FSA Limits

Key Date	2027 Contribution Limit
Healthcare FSA	\$3,500
Dependent Care FSA	\$7,500
Dependent Care FSA – Married Filing Jointly	\$3,750

Healthcare FSA

The Healthcare FSA can be used for eligible out-of-pocket healthcare expenses for you and your eligible dependents, including deductibles, copays, coinsurance, prescription medications, dental care and vision expenses.

Important: You cannot contribute to a Healthcare FSA if you are contributing to a Health Savings Account (HSA). If you enroll in the **High Deductible or Value Plan** and plan to contribute to an HSA, you should not elect the Healthcare FSA.

Healthcare FSA Carry Over and Claims Deadlines

Key Date	What It Means
December 31	Last day to incur eligible expenses for the current plan year
March 31	Deadline to submit prior-year claims (90-day run-out period)
Early April	Unused Healthcare FSA funds, up to the IRS carryover limit (\$680), are transferred to the new plan year
After March 31	Any unused funds above the allowable carryover (\$680) amount is forfeited

You must re-enroll the following year to carryover funds. FSA elections do not automatically renew. To have eligible unused Healthcare FSA funds carried into the new plan year, you must elect the Healthcare FSA again during Open Enrollment.

Dependent Care FSA

The Dependent Care FSA helps you pay eligible care expenses that allow you and your spouse, if applicable, to work or look for work. Eligible expenses may include daycare, preschool, before- and after-school care, summer day camp for a dependent child under age 13, and certain care expenses for a spouse or other eligible dependent who is incapable of self-care.

The Dependent Care FSA is **not for healthcare expenses** and is separate from the Healthcare FSA.

Plan Carefully

Healthcare FSA: You may carry over a limited amount of unused funds into the following plan year. Any balance above the allowable carryover amount is forfeited, so estimate your expenses carefully.

Dependent Care FSA: Unused funds **do not carry over** to the next plan year and are forfeited if not used by December 31st.

Disability coverage

Disability coverage provides income protection if an illness or injury prevents you from working for an extended period of time. Beacon Mobility offers both Short-Term and Long-Term Disability coverage to help replace a portion of your income while you are unable to work.

Short-Term Disability (STD) provides income replacement for a limited period when you are unable to work due to a covered non-occupational illness or injury, including pregnancy and childbirth.

Long-Term Disability (LTD) provides continued income protection when a covered disability extends beyond the short-term disability period. LTD may provide benefits for both occupational and non-occupational illnesses or injuries, subject to the terms and limitations of the plan.

Together, these benefits can help provide financial security when a disability keeps you away from work.

Plan Features	Short Term Disability	Long Term Disability
Eligibility	Full-time employees working at least 30 hours	Full-time employees working at least 30 hours
Who pays	Hourly: employee paid; Salaried: Beacon paid	Employee paid
Benefit	60% weekly benefit, up to \$3,000/week	60% monthly benefit, up to \$10,000/month
Elimination period	30 days	180 days
Maximum duration (includes elimination period)	26 weeks	Up to retirement age, per plan terms
Other features	Maternity: 6 or 8 weeks	3-month survivor income benefit; rehabilitation incentive; workplace modification benefit
Pre-existing condition exclusion	3 month look-back, 12-month look forward	3 month look-back, 12-month look forward

For New York employees

- Automatic creation, review and adjudication of a New York statutory claim with a disability claim request.
- New York Paid Family Leave adjudication and payment.

What is an elimination period?

The elimination period is the waiting period before disability benefits begin. Refer to the plan documents for complete terms and conditions.

Life and AD&D

Life and Accidental Death & Dismemberment (AD&D) insurance can help provide financial protection for you and your family when the unexpected happens.

Beacon Mobility provides eligible employees with Basic Life and AD&D coverage at no cost to you. You can also purchase additional, Optional Life and AD&D coverage for yourself and eligible family members to provide a level of protection that meets your needs.

Life insurance provides a benefit to your beneficiary if you die, while AD&D insurance provides additional benefits for a covered accidental death or certain serious injuries resulting from an accident.

Eligible Employees

- Full-time hourly: 1x annual earnings, up to \$100,000.
- Full-time salaried management: 1x annual earnings, up to \$500,000.
- Part-time hourly: \$10,000
- If an accident causes death or dismemberment, AD&D provides an additional benefit equal to the life benefit.

Optional employee Life and AD&D - employee paid

- Life coverage in \$10,000 increments, up to 5x salary or \$500,000.
- Guarantee Issue of \$300,000.
- Open Enrollment for the 2027 benefit year up to the Guarantee Issue amount.
- Employees may elect an additional AD&D rider.

Optional dependent life

Coverage	2027 provision
Spouse Life	Employee paid. \$5,000 increments up to \$250,000. Guarantee Issue of \$50,000.
Child Life	Employee paid. \$10,000 benefit. Dependent age limit is 23, or 26 if a student.
Age reductions	Employee life benefits reduce to 65% of the initial election at age 70 and to 50% of the initial election at age 75.

WHERE TO GO FOR HELP

Important contact information

Need help with	Carrier/Benefit Partner	Phone
General benefits questions	Beacon Mobility Benefits Assistance Line	855.780.0003
Medical and prescription	Aetna	800.872.3862
Health Savings Account	Empower	855.756.4738
Flexible Spending Account	WEX	866.451.3399
Dental	MetLife	888.638.4863
Vision	MetLife	800.428.4833
Life and disability	Lincoln Financial	877.275.5462
Legal	MetLife	800.821.6400
Accident	MetLife	888.638.4863
Critical Illness	MetLife	888.638.4863
Hospital Indemnity	MetLife	888.638.4863
Pet insurance	Wishbone Insurance	800.891.2565
Benefits advocacy	FEDLogic	877.837.4196
Employee Assistance Program	Telus Health	855.440.2036

Beacon's Benefits website: gobeacon.com/benefits

Personal support

Contact the Beacon's Benefits Service Center at 855.780.0003, Monday – Friday 9 a.m. – 6 p.m. EST or email benefits@gobeacon.com

Important plan information

This communication is provided for informational purposes only and does not constitute a Summary Plan Description (SPD), contract, or guarantee of benefits. In the event of any discrepancy, official plan documents will govern. *Benefits eligibility, offerings, and provisions may vary by employee type, status, location, and bargaining unit and may not apply to all employees. For employees covered by a Collective Bargaining Agreement (CBA), the applicable CBA will govern where differences exist.

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