



EMPLOYEE **BENEFITS**

BENEFITS PERIOD: 1.01.26-12.31.26



ALL
DOMAIN
DOMINANCE



Welcome to AV!

This guide provides a summary of your benefit options and is designed to help you make informed choices for coverage during enrollment. AV's harmonized approach towards well balanced benefit options ensures a consistent, enhanced experience for all employees across our organization. If you have questions or need additional information about any of the benefits described here, please contact the People & Culture Benefits Group at AVBenefits@avinc.com.

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IMPORTANT INFORMATION

The Affordable Care Act and You

The Affordable Care Act (ACA) requires applicable large employers to make affordable coverage available to their employees or risk paying a penalty. Please note that if you are a taxpayer in California, Massachusetts, New Jersey, Rhode Island, Vermont, or the District of Columbia, you will be required to have health coverage (unless you qualify for an exemption) or pay the penalty for the 2026 tax year – these states have an individual mandate requirement. It is important that you understand your options for health insurance coverage. You may consider these options below:

- Enroll in a medical plan offered by AV or another group plan
- Purchase coverage through a health insurance marketplace
- Enroll in coverage through a government-sponsored program if eligible

Because AV's medical plans are considered affordable and meet minimum value under the Affordable Care Act, you will generally not see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost if you choose to purchase coverage through the marketplace, and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.

For more information on your coverage options, please visit www.healthcare.gov.

Annual Notices

ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. AV has posted all federally required annual notices on [My AV Benefits: Health Benefits](#) for you to download and read at your convenience. The following is a list of the annual notices:

- Medicare Part D Notice of Creditable Coverage
- HIPAA Notice of Privacy Practices
- Women's Health and Cancer Rights Act (WHCRA)
- Newborns' and Mothers' Health Protection Act
- Special Enrollment Rights
- Medicaid & Children's Health Insurance Program
- Summary Annual Report (SAR)

Summary of Benefits and Coverage (SBC)

Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage, referred to as a Summary of Benefits and Coverage (SBC). This guide is designed to help you understand the medical plan options offered to you by AV. Please refer to the SBC and carrier contracts available on the [My AV Benefits: Health Benefits](#) webpage.



ENROLLMENT INFORMATION

Who May Enroll

If you are a regular full-time employee working at least 30 hours per week, you and your eligible dependents may participate in AV's benefits program. Your eligible dependents include:

- Legally married spouse
- Registered domestic partner (affidavit required for jurisdictions that don't have a registration option)
- Children under the age of 26, regardless of student or marital status
- Disabled adult children over age 26

In an ongoing effort to provide affordable health insurance to employees, AV has enlisted a professional dependent verification firm. All dependent verification processes and supporting documents will be completed by DSI, Dependent Specialists, Inc. You are required to participate in the verification process to ensure medical, dental, and/or vision insurance for your dependents.

When You Can Enroll

As an eligible employee, you may enroll at the following times:

- As a new hire, you may participate in the company's benefits program on your date of hire
- Annually, during open enrollment
- Within 30 days of a qualifying event as defined by the IRS (see Changes to Enrollment below)
- You may enroll in Voluntary Life and AD&D insurance at any time, subject to Evidence of Insurability (EOI) and carrier approval

Paying for Your Coverage

The Employee Assistance Program, Basic Life/AD&D, Short Term Disability, and Long-Term Disability benefits are provided at no cost to you and are paid entirely by AV. You and the company share in the cost of the Medical, Dental, and Vision benefits you elect. Any Voluntary Life/AD&D, Short Term Disability Buy-Up, Long Term Care, or Supplemental benefits you elect will be paid by you at discounted group rates. The Medical, Dental, and Vision contributions are deducted before taxes which saves you tax dollars. Paying for benefits before tax means that your share of the costs are deducted before taxes are determined, resulting in more take-home pay for you. As a result, the IRS requires that your elections remain in effect for the entire year. You cannot drop or change coverage unless you experience a qualifying event.

Changes to Enrollment

Our benefit plans are effective January 1 through December 31 of each year. There is an annual open enrollment period each year, during which you can make new benefit elections for the following January 1 effective date. Once you make your benefit elections, you cannot change them during the year unless you experience a qualifying event as defined by the IRS. Examples include, but are not limited to, the following:

- Marriage, divorce, legal separation, or annulment
- Birth or adoption of a child
- A qualified medical child support order
- Death of a spouse or child
- A change in your dependent's eligibility status
- Loss of coverage from another health plan
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Becoming eligible for a state's premium assistance program under Medicaid or CHIP

Please note that coverage for a new dependent is not automatic. If you experience a qualifying event, you have 30 days to update your coverage. You may log in to Workday to update your dependent information as needed. If you do not update your coverage within 30 days from the qualifying event, you must wait until the next annual open enrollment period to update your coverage.

MEDICAL INSURANCE

Anthem Blue Cross | PPO & PPO Enhanced

The Preferred Provider Organization (PPO) allows you to direct your own care. You are not limited to the physicians within the network and you may self-refer to specialists. If you receive care from a physician who is a member of the network, a greater percentage of the entire cost will be paid by the insurance plan. You may also obtain services using a non-network provider; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.

Anthem Blue Cross | HDHP & HDHP Enhanced

The High Deductible Health Plan (HDHP) combines a health plan with a special, tax-qualified health savings account (HSA). Similar to the PPO plan, you have the freedom to choose your doctor without the requirement of selecting a Primary Care Physician (PCP) and you may self-refer to specialists. You may use a network provider whose negotiated rates provide richer levels of benefits with claim forms filed by the providers. You may also obtain services using a non-network provider; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.

You may use your HSA funds to pay for current medical expenses or save toward future medical expenses. For details on how the corresponding tax-qualified HSA is funded and administered, please see page 9 of this guide.

Note:

If you elect the HDHP with HSA plan, a Health Savings Account will be established in your name at Health Equity, our HSA administrator. Health Equity accounts are subject to US government regulations requiring proof of identify to open a bank account. If you do not comply, your account will not be opened, and you will not be eligible to receive the full company contribution, provided with enrollment in the HDHP Enhanced plan (as outlined on page 9 of this guide).



MEDICAL PLAN HIGHLIGHTS

Please see page 28 for employee bi-weekly contribution amounts.

	Anthem Blue Cross PPO Enhanced		Anthem Blue Cross PPO	
	Network	Non-Network	Network	Non-Network
Health Benefits				
Lifetime Maximum Benefit	Unlimited		Unlimited	
Annual Maximum Benefit	Unlimited		Unlimited	
Calendar Year Deductible				
- Individual	\$300	\$1,500	\$1,000	\$4,000
- Individual within a Family ¹	\$300	\$1,500	\$1,000	\$4,000
- Family	\$600	\$3,000	\$2,000	\$8,000
Co-Insurance (You Pay)	10%	50%	20%	50%
Office Visit Copay				
- Primary Care Physician	\$20 Copay	Ded, 50%	\$25 Copay	Ded, 50%
- Specialist Office Visit	\$35 Copay	Ded, 50%	\$25 Copay	Ded, 50%
Out-of-Pocket Maximum (Calendar Year)				
- Individual	\$2,500	\$5,000	\$3,000	\$10,000
- Individual within a Family	\$2,500	\$5,000	\$3,000	\$10,000
- Family	\$5,000	\$10,000	\$6,000	\$20,000
Hospitalization				
- Inpatient	Ded, 10%	Ded, 50%	Ded, 20%	Ded, 50%
- Outpatient	\$35 Copay	Ded, 50%	\$50 Copay	Ded, 50%
- Outpatient Surgical Center	Ded, 10%	Ded, 50%	Ded, 20%	Ded, 50%
Lab and X-Ray	Ded, 10%	Ded, 50%	Ded, 20%	Ded, 50%
Emergency Services	\$150 Copay		\$200 Copay	
Urgent Care	\$35 Copay	Ded, 50%	\$50 Copay	Ded, 50%
Preventive Care	No Charge	Ded, 50%	No Charge	Ded, 50%
Chiropractic Care / Acupuncture	\$35 Copay \$1,000 max benefit/ calendar year	Ded, 50%	\$25 Copay \$1,000 max benefit/ calendar year	Ded, 50%
Skilled Nursing Facility / Rehabilitation Center	Ded, 10% Coverage limited to 60 visits	Ded, 50%	Ded, 20% Coverage limited to 60 visits	Ded, 50%
Home Health Care	Ded, 10% Coverage limited to 100 visits	Ded, 50%	Ded, 20% Coverage limited to 100 visits	Ded, 50%
Pharmacy Benefits				
	Network	Non-Network ²	Network	Non-Network ²
Retail Rx - 30 Day Supply				
- Generic Formulary	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay
- Brand Name Formulary	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay
- Brand Name Non-Formulary	\$60 Copay	\$60 Copay	\$60 Copay	\$60 Copay
- Specialty	25% up to \$250	Not Covered	25% up to \$250	Not Covered
Mail Order Rx - 90 Day Supply				
- Generic Formulary	\$20 Copay	Not Covered	\$20 Copay	Not Covered
- Brand Name Formulary	\$60 Copay	Not Covered	\$60 Copay	Not Covered
- Brand Name Non-Formulary	\$120 Copay	Not Covered	\$120 Copay	Not Covered
- Specialty	25% up to \$250	Not Covered	25% up to \$250	Not Covered

¹ Embedded Deductible – Embedded deductibles have two components: the individual deductibles for each family member and the family deductible. When a family member meets his or her individual deductible, the insurance will begin paying according to the plan's coverage for that member. If only one person meets an individual deductible, the rest of the family will still need to meet the remaining family deductible.

² Non-network pharmacy claims - Members will be reimbursed the contracted (discounted) cost of the medication minus their applicable copay. Claims must be submitted by completing the paper claim form, which can be accessed and downloaded by going to your account at www.Caremark.com. For more information, you can also contact CVS Caremark Customer Care at the number on the back of your medical ID card.

MEDICAL PLAN HIGHLIGHTS

Please see page 28 for employee bi-weekly contribution amounts.

	Anthem Blue Cross HDHP Enhanced		Anthem Blue Cross HDHP	
	Network	Non-Network	Network	Non-Network
Health Benefits				
Lifetime Maximum Benefit	Unlimited		Unlimited	
Annual Maximum Benefit	Unlimited		Unlimited	
Calendar Year Deductible				
- Individual	\$2,000	\$6,000	\$3,500	\$7,000
- Individual within a Family ¹	\$3,400	\$6,000	\$3,500	\$7,000
- Family	\$4,000	\$12,000	\$7,000	\$14,000
Co-Insurance (You Pay)	20%	50%	30%	50%
Office Visit Copay				
- Primary Care Physician	Ded, 20%	Ded, 50%	Ded, 30%	Ded, 50%
- Specialist Office Visit	Ded, 20%	Ded, 50%	Ded, 30%	Ded, 50%
Out-of-Pocket Maximum (Calendar Year)				
- Individual	\$4,500	\$10,000	\$7,000	\$14,000
- Individual within a Family	\$4,500	\$10,000	\$7,000	\$14,000
- Family	\$9,000	\$20,000	\$12,000	\$28,000
Hospitalization				
- Inpatient	Ded, 20%	Ded, 50%	Ded, 30%	Ded, 50%
- Outpatient	Ded, 20%	Ded, 50%	Ded, 30%	Ded, 50%
Lab and X-Ray	Ded, 20%	Ded, 50%	Ded, 30%	Ded, 50%
Emergency Services	Ded, 20%		Ded, 30%	
Urgent Care	Ded, 20%	Ded, 50%	Ded, 30%	Ded, 50%
Preventive Care	No Charge	Ded, 50%	No Charge	Ded, 50%
Chiropractic Care / Acupuncture	Ded, 20%	Ded, 50%	Ded, 30%	Ded, 50%
	\$1,000 max benefit/ calendar year		\$1,000 max benefit/ calendar year	
Skilled Nursing Facility / Rehabilitation Center	Ded, 20%	Ded, 50%	Ded, 30%	Ded, 50%
	Coverage limited to 60 visits		Coverage limited to 60 visits	
Home Health Care	Ded, 20%	Ded, 50%	Ded, 30%	Ded, 50%
	Coverage limited to 100 visits		Coverage limited to 100 visits	
Pharmacy Benefits				
	Network	Non-Network ²	Network	Non-Network ²
Retail Rx - 30 Day Supply				
- Generic Formulary	Ded, \$10 Copay	Ded, \$10 Copay	Ded, \$10 Copay	Ded, \$10 Copay
- Brand Name Formulary	Ded, \$30 Copay	Ded, \$30 Copay	Ded, \$30 Copay	Ded, \$30 Copay
- Brand Name Non-Formulary	Ded, \$60 Copay	Ded, \$60 Copay	Ded, \$60 Copay	Ded, \$60 Copay
- Specialty	Ded, 25% up to \$250	Not Covered	Ded, 25% up to \$250	Not Covered
Mail Order Rx - 90 Day Supply				
- Generic Formulary	Ded, \$20 Copay	Not Covered	Ded, \$20 Copay	Not Covered
- Brand Name Formulary	Ded, \$60 Copay	Not Covered	Ded, \$60 Copay	Not Covered
- Brand Name Non-Formulary	Ded, \$120 Copay	Not Covered	Ded, \$120 Copay	Not Covered
- Specialty	Ded, 25% up to \$250	Not Covered	Ded, 25% up to \$250	Not Covered

¹ Embedded Deductible – Embedded deductibles have two components: the individual deductibles for each family member and the family deductible. When a family member meets his or her individual deductible, the insurance will begin paying according to the plan's coverage for that member. If only one person meets an individual deductible, the rest of the family will still need to meet the remaining family deductible.

² Non-network pharmacy claims – Members will be reimbursed the contracted (discounted) cost of the medication minus their applicable copay. Claims must be submitted by completing the paper claim form, which can be accessed and downloaded by going to your account at www.Caremark.com. For more information, you can also contact CVS Caremark Customer Care at the number on the back of your medical ID card.

MEDICAL INSURANCE TIPS

Tips for Using Your Medical Benefits

Please refer to the Summary Plan Description located on the [My AV Benefits: Health Benefits](#) webpage for details of the plan's operations.

- 1** Choice of Network or Non-Network Providers.
Please read the section of the plan document (see above) for details on using network or non-network providers, and how benefit payments differ. There can be scenarios where it's not possible to use a network provider. During such times, the plan might cover the expenses at the network benefit level, in context with usual, customary, and reasonable charges. These are instances in which you have no choice over the provider (while in a network facility, a person receives ancillary or emergency room services from a non-network provider and the member has no control over the provider's selection), and other circumstances listed in the document.
- 2** Ask questions when in doubt.
If you are having a procedure or planning an upcoming procedure, make sure you know how the procedure will be covered and what your out-of-pocket cost will be, if any.
- 3** Utilize your *free* preventive care benefits to stay healthy.
Preventive care benefits are covered at no charge to you. Regular preventive care can reduce the risk of disease, detect health problems early, protect you from higher costs down the road, and most importantly... save your life! Take advantage of these no cost benefits now to help avoid major illnesses and costs in the future.
- 4** Use Urgent Care Centers versus Hospital Emergency Rooms whenever possible.
Frequently, patients seek the services of the hospital emergency department for ailments or injuries that could be treated more economically, and just as effectively, at an urgent care center. It is not always easy to determine when you should choose urgent care over the hospital emergency department. Generally, you should visit an urgent care center for any illness or injury that would prompt you to see your primary care physician. Examples of emergency situations include, but are not limited to, any accident or illness that may lead to loss of life or limb, serious medical complication or permanent disability. If you believe you may be experiencing a heart attack, call 911 immediately, and do not drive yourself to the emergency room.
- 5** Use generic or over the counter drugs when available.
The best way to save on prescriptions is to use generic or over the counter medications as opposed to brand name drugs. When you use generic medications, you will pay the lowest copay. Generic drug companies do not have to develop a medication from scratch, so the costs are significantly less to bring the drug to the market. Once a generic medication is approved, several companies can produce and sell the drug. This competition helps lower prices. In addition, many generic drugs are well-established medications that do not require expensive advertising. Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards.
- 6** Use the mail order prescription drug benefit for maintenance medications.
The mail order pharmacy is a fast, easy, and convenient way to save time and money on your maintenance medications. See provisions provided by CVS Caremark for details.



Educational Videos

- Flexible Spending Accounts: [Health FSA](#), [Dependent Care FSA](#)
- HDHP & HSAs: [High Deductible Health Plan](#), [Health Savings Account](#)
- Deductibles, Copays, Coinsurance, and Out-of-Pocket Maximums: [Deductible/Coinsurance/ Out-of-Pocket Maximum, Copays](#)

MEDICAL INSURANCE — HSA INFORMATION

How the Health Savings Account (HSA) Works

The opportunity to establish and contribute to a Health Savings Account is available when you elect an Anthem HDHP with HSA medical plan option. It's like a personal, tax-free savings account for health care expenses that earns interest. Any unused money rolls over from year to year.

In 2026, for those enrolled on the Enhanced HDHP plan, AV will make the following biweekly HSA contributions into employees' HSA account. Annual contribution is prorated monthly for each of the months you are covered by the Enhanced HDHP plan:

- Employee: \$28.85 biweekly up to \$750 annually
- Employee + 1 or more dependent: \$57.69 biweekly up to \$1,500 annually

In addition to your employer's contribution, you may also choose to contribute into the same HSA account. The combination of your election and employer contribution may not exceed the yearly IRS maximum limit for the year. IRS maximums for 2026 are:

- Employee: \$4,400
- Family: \$8,750
- Catch-up if you are 55 years of age or older: \$1,000

The portion of your paycheck that you contribute to your HSA will be taken out before you pay federal income taxes, Social Security taxes, and most state taxes (excluding state taxes in CA and NJ). Any contributions you decide to have deducted can be changed at any time. Contact the People & Culture Benefits Team for details.

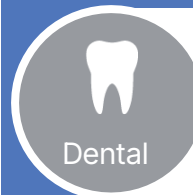
HSA Tax Savings Comparison	Without the HSA	With the HSA
Gross Annual Pay	\$45,000	\$45,000
Employee pre-tax HSA contributions	Not Elected	\$2,500
Taxable Gross Income	\$45,000	\$42,500
Payroll Taxes (at 30%)	\$13,500	\$12,750
Net Pay	\$31,500	\$32,250
Annual Tax Savings	\$0	\$750

Examples of Eligible HSA Expenses



Medical

- Providers (Doctors, Specialists, Nurses)
- Prescription Drugs
- Inpatient Hospital Services
- Laboratory & X-Ray
- Emergency Services
- Acupuncture/ Chiropractic



Dental

- Providers (Dentists, Specialists, Orthodontists)
- Teeth Cleaning
- Dental Treatment
- Orthodontia



Vision

- Providers (Optometrist, Ophthalmologists)
- Exams
- Glasses
- Contact Lenses
- Lasik Surgery



Premiums

- COBRA
- Medicare

Examples of Ineligible HSA Expenses

Ineligible HSA expenses include expenses that are not medical or health related, as well as cosmetic surgery.

You can decide how to manage your money. The money in your HSA is yours to save and spend on eligible health care expenses whenever you need it, whether in this plan year or in future plan years. You can use the funds in your account to pay tax-free for qualifying out-of-pocket Medical, Dental, and Vision expenses such as deductibles, coinsurance, and copays. Your account balance earns interest and the unused balance rolls over from year to year. The money is yours to keep even if you leave AV, no longer participate in a high deductible health plan (like the Anthem HDHP medical plan), or retire. You may continue to make contributions to your HSA if you enroll in another qualified high deductible health plan, or elect COBRA continuation coverage of your Anthem HDHP with HSA medical plan coverage if your employment terminates.

VALUE ADDED BENEFITS

Luminare Health

Luminare Health is AV's third-party benefits / claims administrator for our self-funded medical and prescription plans. Luminare is your one stop shop to review anything related to the plans above when it comes to what is covered by each plan, which doctors and facilities are in-network, and your central location for all of your EOB's, otherwise known as your explanation of benefits, which break down what was charged to the plan and what your responsibility was for a specific claim. AV utilizes the following networks, and claims are processed through Luminare.

- Medical — Anthem Blue Cross Network
- Prescription — CVS Caremark

To view your information online, go to www.myluminarehealth.com and register by clicking on "Create My Account" under "I am a Participant" and follow the prompts. You may also call them at (800) 990-9058.

MyNurse 24/7

AV employees enrolled in the company's Anthem medical plans have access to My Nurse 24/7 through Luminare. Employees can seek immediate clinical advice without having to take a trip to their doctor's office or even the ER. In addition, employees have access to the following resources:

- Health Center (online personal health management system)
- Health Risk Assessment (interactive self-triage program)
- Personal Health Record
- Wellness Programs

To access MyNurse 24/7 and speak with a registered nurse, you can call (866) 366-6877 day or night, 365 days a year, at no charge!



Finding a Medical Provider

- Go to www.anthem.com/find-care
- Under "Use Member ID for Basic Search" provide the ID number prefix, "KZU"
- Search by doctor name, specialty, facility, or keyword.
- AV partners with HealthJoy to offer you assistance with finding a provider in your network. Give them a call at 877-500-3212.

VIRTUAL CARE BENEFITS

HealthJoy | Healthcare Concierge

This coverage is provided by AV at no cost to you.

HealthJoy is a program that provides you with experienced help when dealing with benefit related issues. Their team includes highly trained registered nurses, backed by a staff of medical directors and administrative experts. When you call HealthJoy for assistance, you are assigned a Personal Health Advocate who takes responsibility for helping you resolve problems quickly and effectively while protecting your privacy and making any necessary follow-up arrangements. Here are a few of the ways they help:

Not sure who to call or which benefit to use?

- Call HealthJoy!

Diagnosed with a medical issue?

- Count on HealthJoy to answer questions, research and explore treatment options, and coordinate services relating to your care

Need to find a doctor or hospital?

- HealthJoy can match you with the right quality providers and even make an appointment at a time that works for your schedule!

Considering a second opinion?

- HealthJoy will identify top experts and Centers of Excellence, arrange for the transfer of your medical records, test results, and arrange face-to-face appointments.

Support for the whole family!

- HealthJoy is available to you, your spouse or domestic partner, and dependents.



Contacting HealthJoy

- Telephone: (877) 500-3212
- Web: www.healthjoy.com
- Mobile App: Available for free in the Apple App Store or Google Play Store.

Anthem LiveHealth Online | Telemedicine

Virtual Visits available on Anthem Medical Plans. See plan summary for more details.

You are able to talk and chat with board certified doctors for commonly treated conditions. Here are examples of what LiveHealth Online may or may not be useful for:

Good For	Not Good For
• Allergies • Bronchitis • Coughs, Colds, Fever, and Flu • Headache / Stomachache • Sinus Infection / Sore Throat • And More!	• Anything that requires a hands-on exam/test • Cancer or other complex conditions • Chronic conditions • International visits • Broken bones, fractures, sprains, or injuries requiring bandaging

Accessing LiveHealth Online

Go to www.livehealthonline.com and select "Sign Up". Complete the information about yourself and your health issue, then search for a doctor in your area. You can also download and open the LiveHealth Online app on your Apple or Android device.

Create a six-digit pin number. You'll need this number every time you use the app. Complete the "Tell Us About Yourself" page to begin.

EMPLOYEE ASSISTANCE PROGRAM

CuraLinc | SupportLinc & Employee Assistance Program (EAP)

This coverage is provided by AV at no cost to you.

SupportLinc, powered by CuraLinc, offers expert guidance to help you address and resolve everyday issues.

SupportLinc services include:

- Short Term Counseling: Access up to five (5) no-cost counseling sessions, in-person or via video, to resolve stress, depression, anxiety, work-related pressures, relationship issues, or substance abuse.
- In-the-Moment Support: Reach a licensed clinician by phone 24/7/365 for immediate assistance.
- Financial Expertise: Planning and consultation with a licensed financial counselor.
- Legal Consultation: By phone or in person with a local attorney.
- Convenience Resources: Referrals for child and elder care, home repair, housing needs, education, pet care, and more.

How to Access CuraLinc's SupportLinc Homepage:

Web Portal

- Your one-stop shop for program services, information, and more.
- Discover on-demand training to boost wellbeing and life balance.
- Find search engines, financial calculators, and career resources.
- Explore thousands of articles, tip sheets, self-assessments, and videos.

SupportLinc Employee Access

- eConnect Mobile App: Confidential support and expert, searchable content.
- Textcoach: Personalized coaching with a licensed counselor on mobile or desktop.
- Animo: Self-guided resources to improve focus, wellbeing, and emotional fitness.

The EAP can help with the following issues:

- | | |
|---|---|
| <ul style="list-style-type: none">• Stress, Anxiety, or Depression• Relationship Issues• Grief and Loss• Legal Assistance• Financial Services and Referrals | <ul style="list-style-type: none">• Childcare Resources and Referrals• Senior Care• Pet Care• Identity Theft• And More! |
|---|---|



Accessing the EAP

Go to <http://www.curalinc.com/> or call (800) 490-1585, press 3 to be immediately connected to an EAP counselor.

AV holds the privacy of our employees in the highest regard. Any information that you share with a SupportLinc counselor will not be shared with AV and is protected by state and federal privacy laws.

DENTAL INSURANCE

Guardian | PPO Dental Plan

With the Guardian Preferred Provider Organization (PPO) dental plans, you may visit a PPO dentist and benefit from the negotiated rate or visit a non-network dentist. When you utilize a PPO dentist, your out-of-pocket expenses will be less. You may also obtain services using a non-network dentist; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.

Guardian includes a rollover feature: For members who submit at least one paid claim and do not exceed their plan's threshold, a portion of any unused amount in the annual dental maximum will be added to the Maximum Rollover Account. These funds are available in the future to pay for dental treatments.

Please see page 28 for employee bi-weekly contribution amounts.

Dental Benefits	Guardian Dental PPO Buy-Up		Guardian Dental PPO Base	
	Network	Non-Network	Network	Non-Network
Calendar Year Maximum Benefit	\$2,000		\$1,000	
Calendar Year Deductible*				
- Individual	\$25	\$50	\$50	
- Family	\$75	\$150	\$150	
Preventive (Plan Pays)				
- Diagnostic Oral Examinations (2 Cleanings/Year)	100%	100%	100%	100%
- X-Rays, Sealants and Fluoride treatments (up to the age of 15)	Deductible Waived	Deductible Waived	Deductible Waived	Deductible Waived
Basic Services (Plan Pays)				
- Fillings, Dentures, Anesthesia, Extractions, Oral Surgery, Pathology, Injections, Sealants, Space Maintainers, Endodontics, Periodontics, Palliatives, Repairs	90%	80%	80%	80%
Major Services (Plan Pays)				
- Crowns, Implants, Inlays, Onlays, Gold Fillings, Bridgework	60%	50%	50%	50%
Orthodontia				
- Adult and Child	50% \$2,000		Not Covered	
- Ortho Lifetime Maximum				

Finding a Dental Provider



- Go online to Guardian's Find a Dentist tool at guardiananytime.com and log in.
- Select Dental PPO: DentalGuard Preferred, enter your location (ZIP code), then search for a dentist by name, specialty, or office or call for assistance or to request a directory: 1-800-541-7846, Monday-Friday, 5 a.m.-5:30 p.m. PST.

Note:

- We strongly recommend you ask your dentist for a predetermination if total charges are expected to exceed \$300. Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.

VISION INSURANCE

EyeMed | PPO Vision Plan

The EyeMed Vision plan provides professional vision care and high-quality lenses and frames through a broad network of optical specialists. You will receive richer benefits if you utilize a network provider. If you utilize a non-network provider, you will be responsible to pay all charges at the time of your appointment and will be required to file an itemized claim with EyeMed Vision.

Please see page 28 for employee bi-weekly contribution amounts.

Vision Benefits	EyeMed Vision PPO		
	Network: Insight	Eye360 Plus	Non-Network
Copay - Examination (Every 12 Months) - Materials	\$10 Copay \$0 Copay up to \$150, 20%	\$0 Copay \$0 Copay up to \$200, 20%	Up to \$40 Up to \$105
Lenses (in lieu of contacts, Every 12 Months) - Single Vision - Bifocal	\$0 Copay \$0 Copay \$0 Copay	\$0 Copay \$0 Copay \$0 Copay	Up to \$30 Up to \$50 Up to \$70
Frames (Every 24 Months)	\$150 Allowance	\$200 Allowance	Up to \$105
Contact Lenses (Every 12 Months)	In lieu of Frames and Lenses		
- Conventional - Disposable - Medically Necessary	Up to \$150 allowance, 15% Up to \$150 allowance 100%	Up to \$150 allowance, 15% Up to \$150 allowance 100%	Up to \$105 Up to \$105 Up to \$300

Note: The EyeMed Vision network includes access to independent ophthalmologists and optometrists, as well as LensCrafters, Pearle Vision, Sears Optical, Target Optical, and JCPenney.



Finding a Vision Provider

Go to www.EyeMed.com or call (866) 804-0982 for more information.



EYE360 PROGRAM INFORMATION

Eye360 provides enhanced benefits when members visit a PLUS Provider (a select group of providers in the EyeMed network). When members choose to visit a PLUS Provider, they will receive a \$0 eye exam copay, and an extra \$50 in frame allowance! For those members that don't seek care at a PLUS provider their benefits remain unchanged – there are no take aways from the original plan design.

Plus providers currently include: LensCrafters, Pearle, and Target Optical Locations

LIFE AND AD&D INSURANCE

Mutual of Omaha | Basic Life and AD&D

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with the company. AV pays for coverage, offered through Mutual of Omaha, in the amount of 1 time your annual salary to a maximum benefit of \$600,000. For your specific basic life coverage amount, please log in to your benefits portal. If your death is due to a covered accident or injury, your beneficiary will receive an additional amount through Accidental Death and Dismemberment (AD&D) coverage.

Mutual of Omaha | Voluntary Life and AD&D

In addition to the company provided Basic Life and AD&D benefits, you may elect to purchase additional Term Life and AD&D insurance at discounted group rates provided by Mutual of Omaha. If elected, you pay for this coverage with after-tax dollars through convenient payroll deductions.

Employee

You may purchase coverage for yourself in increments of \$5,000 with a minimum benefit of \$5,000 and a maximum benefit of \$1,000,000. Elected coverage amount above the guaranteed issue listed below will be subject to Evidence of Insurability.

Spouse

If you buy coverage for yourself, you may also purchase coverage for your eligible spouse. Benefits for your spouse are available in increments of \$5,000 to a maximum benefit of \$250,000 and may not exceed your employee election. Elected coverage amount above the guaranteed issue listed below will be subject to Evidence of Insurability.

Child(ren)

If you buy coverage for yourself, you may also purchase coverage for your eligible dependent child(ren). Benefits for your child(ren) (ages birth to 26 years of age) are available in increments of \$1,000 to a maximum benefit of \$10,000.

Guaranteed issue is a pre-approved amount of coverage that does not require you to provide proof of good health and is available to you during your initial eligibility period (upon hire). Guaranteed issues are available in the following amounts:

- Employee = Maximum of \$300,000
- Spouse = 100% of employee benefit up to a maximum of \$50,000
- Child(ren) = 100% of employee benefit up to a maximum of \$10,000

If you are no longer in your initial eligibility period (upon hire), you may enroll in Voluntary Life and AD&D insurance anytime during the year as long as you provide proof of good health.

To provide proof of good health or Evidence of Insurability, you will be asked to complete a health questionnaire and are subject to insurance carrier approval. Mutual of Omaha may approve or decline coverage based on a review of your health history. To access the Evidence of Insurability questionnaire, go to www.mutualofomaha.com/eoi.

DISABILITY & SUPPLEMENTAL BENEFITS

AV Paid Plans	Coverage Details
Short Term Disability (STD)	- Administered by Mutual of Omaha, STD coverage provides a benefit up to 60% of your earnings, up to \$2,000 per week for a period up to 12 weeks. - The plan begins paying these benefits at the time of disability/after you have been absent from work for 7 consecutive calendar days.
Long Term Disability Coverage (LTD)	- If your disability extends beyond 90 days, the LTD coverage through Mutual of Omaha can replace 60% of your earnings, up to maximum of \$10,000 per month. - Your benefits may continue to be paid until you reach social security normal retirement age as long as you meet the definition of disability.

Employee Paid Plan	Coverage Details
Voluntary Short Term Disability (STD) Buy-Up	- Administered by Mutual of Omaha, Voluntary STD Buy-Up coverage provides a benefit up to 70% of your earnings, up to \$3,000 per week for a period up to 12 weeks. - The plan begins paying these benefits at the time of disability/after you have been absent from work for 7 consecutive calendar days.

You may purchase voluntary policies from Mutual of Omaha, including Accident and Hospital Indemnity and Critical Illness insurance. These policies offer direct-to-the-policyholder cash payouts to help cover what other insurance doesn't.

Mutual of Omaha | Accident

Mutual of Omaha's Accident Plan will pay you a benefit to help cover your out-of-pocket medical costs in the event of an accident. For covered accidental injuries, fixed benefits are paid directly to you, regardless of any other coverage. Benefits are paid according to a fixed schedule that includes benefits for specified accidents, x-rays, treatment by a physician, treatment received in a hospital room, ambulance, follow-up treatment, rehabilitation, lodging, transportation, and more. On the High Plan, additional wellness benefits include coverage for screenings and procedures such as well visits, mammography, colonoscopy, pap smear, PSA, serum cholesterol test, and many more. You must be enrolled in a major medical plan for yourself and your covered dependents in order to elect this plan. Age restrictions apply. Your premiums are paid through payroll deductions on an after-tax basis.

Mutual of Omaha | Hospital Indemnity Plan

AV provides you the opportunity to purchase Hospital Indemnity insurance through Mutual of Omaha. Hospital Indemnity is designed to provide financial protection for covered individuals by paying a lump sum benefit if you are admitted to the hospital, as well as a daily benefit for days spent confined. In addition, each family member who is enrolled in the Hospital Indemnity Plan can receive \$50 for getting covered "Be Well Screening Tests," such as annual exams by a physician, sports physicals, well child visits, dental / vision exams, screenings for cancer, including pap smear, colonoscopy, cardiovascular function, cholesterol and diabetes screenings, and more.

You can purchase coverage for you, your spouse, and your dependent children up to age 26 years old. You must be enrolled in a major medical plan for yourself and your covered dependents in order to elect this plan. Benefits are paid directly to the insured and do not coordinate with any other benefit payments. Other limitations and exclusions may apply.

SUPPLEMENTAL BENEFITS

Mutual of Omaha | Critical Illness

Mutual of Omaha's Critical Illness Plan will provide a lump sum benefit payment upon the first and second diagnosis of any qualified Critical Illnesses. Covered conditions include cancer, heart attack, stroke, heart failure, coronary arteriosclerosis, organ failure, and kidney failure. Benefits are paid directly to you, and funds can be used under your discretion for things such as childcare, transportation, and to fill in gaps in your medical plan, like copays and deductibles. Benefits are paid even if medical insurance is paying 100% of the cost. An additional wellness benefit pays \$125 per enrollee when you complete health screenings such as mammography, colonoscopy, pap smear, PSA, serum cholesterol testing, completion of smoking cessation, and weight reduction programs. Evidence of Insurability is not required. Please note, you must be enrolled in a major medical plan for yourself and your covered dependents in order to elect this plan. Your premiums are paid through payroll deductions on an after-tax basis.

Plan options are available so you can select the level of coverage that is best for you:

Employee

You may choose a lump sum benefit of \$5,000 up to \$50,000 in \$5,000 increments.

Spouse

You may choose a lump sum benefit of \$5,000 up to \$50,000 in \$5,000 increments. Please note, your elected spousal benefit may not exceed 100% of your employee election.

Child(ren) under age 26

The child benefit will be 50% of your employee elected benefit up to \$10,000. If you enroll in employee coverage, your child is automatically enrolled at no additional cost.

Trustmark | Long Term Care

AV provides you the opportunity to purchase Long Term Care insurance at discounted group rates through LTC Solutions and Trustmark as the insurance carrier. Long Term Care provides resources that might be needed when you or an eligible family member requires help with two or more activities of daily living or when suffering a severe cognitive impairment.

Your initial eligibility and enrollment period is up to 30 days from your hire date. During that time, you will not be subject to underwriting if you enroll up to the guaranteed issue of \$125,000 for employees ages 18-70. A modified guaranteed issue of \$150,00 with three health questions will be applied for employees ages 71-75. Coverage amounts above the guaranteed issue, enrolling past the initial eligibility and enrollment period, as well as coverage for your spouse and eligible dependent(s) will always be subject to Evidence of Insurability. Employees, spouses, and eligible dependents age 75 and up are not eligible for this benefit.

Plan options are available that provide monetary assistance for nursing and residential care facilities, and community-based and immediate family member care. Your plan can be purchased at a flat rate of coverage or with an inflation rider. Benefits are portable upon separation from the company.



For More Information or To Enroll

Visit www.myltcguide.com/AV or call LTC Solutions at 877-286-2852.

SPENDING ACCOUNTS

You can set aside money in Flexible Spending Accounts (FSAs) before taxes are deducted to pay for certain health and dependent care expenses, lowering your taxable income and increasing your take home pay. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts. You choose how you would like to pay for your eligible FSA expenses. You may use a debit card provided by Health Equity or pay in full and file a claim for reimbursement. Please remember that if you are using your debit card, you must save your receipts, just in case Health Equity needs a copy for verification. Also, all receipts should be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient, per IRS guidelines.

Health Equity | Health Care Spending Account (HCSA)

This plan is used to pay for expenses not covered under your Medical, Dental, and Vision plans, such as deductibles, coinsurance, copays, and expenses that exceed plan limits. You may defer up to the maximum limit of \$3,400 pre-tax per year (the maximum may change pending IRS regulations). If you are enrolled in a High Deductible Health Plan, you are not eligible to participate in the HCSA, but can enroll on a Limited Purpose Flexible Spending Account to set aside pre-tax dollars to pay for eligible dental and vision expenses. Please refer to pages 5 and 9 for more options.

Health Equity | Limited Purpose Flexible Spending Account (LPFSA)

This is a special type of FSA designed to help you save money on eligible dental and vision expenses. Unlike a Health Care Spending Account, the LPFSA can be used alongside a Health Savings Account (HSA), allowing you to maximize your tax savings. With an LPFSA, you can set aside pre-tax dollars to pay for qualified dental and vision care costs only, such as eye exams, glasses, contact lenses, dental cleanings, and orthodontia.

Health Equity | Dependent Care Assistance Plan (DCAP)

This plan is used to pay for eligible expenses you incur for childcare, or for the care of a disabled dependent, while you work. You may defer up to \$7,500 pre-tax per year (or \$3,750 if you are married but file taxes separately).

FSAs offer sizable tax advantages. The trade-off is that these accounts are subject to strict IRS regulations, including the use-it-or-lose-it rule. According to this rule, you must forfeit any money left in your account(s) after your expenses for the year have been reimbursed. The IRS does not allow the return of unused account balances at the end of the plan year, and remaining balances cannot be carried forward to a future plan year. We encourage you to plan ahead to make the most of your FSA dollars. If you are unable to estimate your health care and dependent care expenses accurately, it is better to be conservative and underestimate rather than overestimate your expenses.



Accessing Your FSA Account

Call (866) 735-8195, press 2 or create an account at www.healthequity.com. You can view transaction status, upload receipts, and much more. The site is secure and fully encrypted for your protection.

Important Note about the FSA

It is important to note that your FSA elections will expire each year on December 31. If you plan to participate in the FSA for the following year, you are required to re-enroll. You have until March 15 of the following year to incur eligible expenses.

RETIREMENT SAVINGS PLAN 401(k)

Fidelity

Take an important step toward making tomorrow financially secure and join your retirement savings plan today. Take advantage of AV's 401(k) plan, which offers a rewarding way to invest for your retirement.

Employees are eligible to defer from 1% to 75% of pay. Employees can change their contribution percentages at any time. The company provides a non-elective contribution of 2% of your compensation each pay period. In addition, the company match is 100% of the first 4% of your compensation that you contribute per pay period. AV makes a matching contribution directly into your account each pay period.

401(k) IRS Maximums	2025	2026
Elective Deferral (age 49 and under)	\$23,000 ¹	\$23,000 ¹
Catch-Up for Employees Age 50+	\$7,500 ¹	\$7,500 ¹
Super Catch-Up for ages 60 to 63	\$11,250 ¹	\$11,250 ¹

¹Amount subject to change pending IRS COLA limit release



Accessing the 401(k)

For more information regarding the 401(k) plan, including enrollment, loans, contributions, and investment election changes, visit Fidelity at www.netbenefits.com.



ADDITIONAL BENEFITS

Family Building Benefits

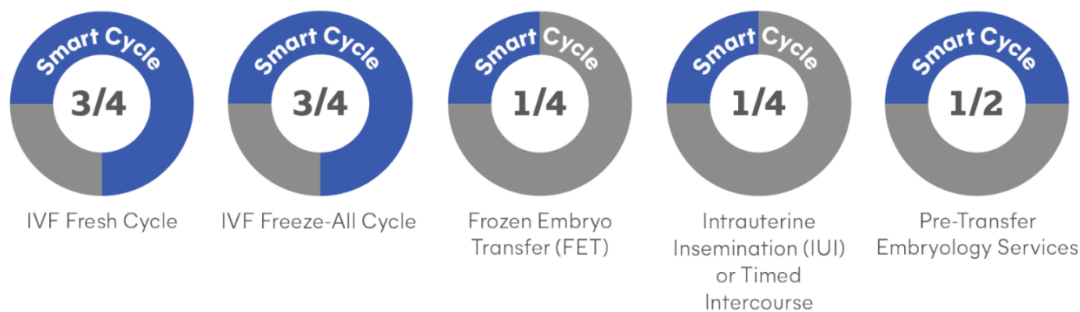
Progyny | Fertility & Menopausal Benefit

AV is excited to partner with Progyny, a leading fertility benefits solution, to offer an inclusive family building and menopausal benefit to those enrolled in our medical plans. Through Progyny, we hope to provide a healthy, timely, and supported family building midlife journey.

The journey to become a parent can be physically, emotionally, and financially challenging. With this in mind, the Progyny benefit includes comprehensive treatment coverage leveraging the latest technologies and treatments, access to high-quality care through a premier network of fertility specialists, and personalized emotional support and guidance from dedicated Patient Care Advocates (PCAs).

To make your fertility benefit easier to understand and utilize, Progyny has bundled all of the individual services, tests, and treatments you may need to pursue into Progyny Smart Cycles.

Common ways to use a Smart Cycle:



Understanding Your Smart Cycle Benefit:

To make your fertility benefit easier to use, Progyny has bundled all of the individual services, tests, and treatments into the Progyny Smart Cycle. Each treatment or service is valued as a portion of a Smart Cycle and expressed as a fraction, so you always know your benefit balance.

The Progyny Smart Cycle is designed for comprehensive coverage. All standard of care services and technology needed for a treatment cycle are covered within the Smart Cycle. In-cycle monitoring, anesthesia, assisted hatching, intracytoplasmic sperm injection (ICSI), genetic testing, medications, and even the first year of storage are all included in a Smart Cycle authorization. That means you will not run out of coverage mid-cycle, and you can focus on the most effective treatment, regardless of cost.

Through Progyny, you will have access to one (1) Lifetime Smart Cycle. You can utilize the Smart Cycle for the following: IVF, IUI, FET, Fertility Preservation, and Frozen Donor Tissue Purchase.

Menopausal Benefit

Prepare for hormonal changes and find relief from symptoms related to perimenopause and menopause, including hot flashes, weight fluctuations, and insomnia. Your benefit includes convenient access to menopause specialists through virtual appointments to help you get back to feeling your best. Receive a personalized treatment plan offering hormonal and non-hormonal treatment, and care for nutrition, weight management, sleep support, and mental health.

ADDITIONAL BENEFITS

PerkSpot

Enjoy discounts, rewards, and perks on thousands of brands you love in a variety of categories. New deals are added every day!

- Apparel
- Auto/ Auto Insurance
- Beauty and Spa
- Education
- Electronics
- Entertainment
- Financial Wellness
- Health and Wellness
- Home/ Renter’s Insurance
- Identity Theft
- Legal
- Local Deals
- Pet Insurance
- Restaurants
- Sports & Outdoors
- Student Loans
- Tickets
- Travel

Benefits and tools available include:

Exclusive Deals	Save	Effortless Shopping
Access the deals in the above categories to stretch your dollars even further.	Save up to 60% off on top brands like Nike, Alo, SONOS, Disney, Allbirds, RayBan, Apple and Samsung. 	Visit their website, browser extension, or mobile app to make discovering savings simple and so you can spend wisely with ease.

Link and QR code to access this new employee discount program will be available as of January 1, 2026.



ADDITIONAL BENEFITS

ARAG Legal Benefits

Life is full of planned and unexpected legal situations. That's why AV offers employee paid legal coverage through ARAG for those who wish to participate. Legal insurance makes it affordable to get the legal help you need: network attorney fees are 100% paid-in-full for most covered matters. Benefit from a wide range of coverage and services to protect you and your loved ones and better navigate life's legal challenges. Members can also access a nationwide network of thousands of attorneys who can review and prepare legal documents, as well as provide legal counsel and representation. Visit ARAGlegal.com/myinfo and use the access code "18830AV" to view a complete list of coverages and see how a legal plan can protect you!

Why do you need Legal Insurance?

Life is full of situations that come with legal or financial challenges. Legal insurance through ARAG helps you plan for the future while protecting you against the unpredictable. When you need legal help:

- Receive 100% paid-in-full coverage on network attorney fees for most covered legal matters
- On average, save hundreds of dollars per hour on attorney fees
- Access a nationwide network of thousands of attorneys who average 20+ years of experience
- Rely on a network attorney near you who can address your legal situation by providing advice, document preparation, or review and representation, if needed
- Use DIY Docs® to create a variety of legally valid documents, including state-specific templates
- Visit the online Learning Center to view articles, guidebooks, and videos that cover timely legal and financial topics

Norton LifeLock ID Theft Protection

AV offers two employee paid Identity Protection plans through Norton LifeLock. Norton LifeLock's Identity Protection plans provide comprehensive monitoring services and full-service remediation if you or your family member becomes a victim of identity fraud. Norton LifeLock will proactively monitor your credentials and the open accounts that are associated to your identity. They will alert you in the event your information has been compromised, and they will fully restore your data back to its original state on your behalf if you become a victim of identity fraud. Also included in the Norton LifeLock plans are comprehensive device security, online privacy, and family device monitoring. Children under the age of 18 will receive a product designed specifically for minors, LifeLock Junior® service. LifeLock Junior membership is available as an added membership to an adult LifeLock plan.

Pet Coverage

AV offers you pet insurance through Nationwide. You care about your pets and consider them members of your family. Whether your family includes kids with two feet or kids with four paws—or both—you know what responsibility looks like. My Pet Protection through Nationwide offers choice of 50% or 70% reimbursement options so you can find coverage that fits your budget. All plans have a \$250 annual deductible and \$7,500 maximum annual benefit.

NOTE: You do not enroll for this benefit in Workday. To enroll, visit partnersolutions.nationwide.com/pet/avinc. You will be led to a landing page where you can enter information about the pet you'd like to get an insurance quote for. As an AV employee, you get preferred pricing! Once you've completed this information, select the button 'Get Started.' You will then be asked to provide more details about your pet, as well as your contact information. Once complete, select the button 'Get a Quote'. You will then be shown plan options for your pet's insurance. Contributions for Nationwide pet insurance will be directly billed to you.

ADDITIONAL BENEFITS

Professional Development Program

AV's Professional Development Program supports eligible employees' professional development for required business-related training, seminars, and conferences that have prior approval and authorization by the employee's manager and is in accordance with their department budget. The program must be directly related to AV's business and/or industry. There is no form to complete for these company required trainings. Eligible expenses may be pre-paid with an AV corporate card or through a check request made payable to the vendor.

Tuition Assistance Program

AV is committed to providing employees with the opportunity to enhance and develop their knowledge and skills to meet the individual's career development goals as well as develop our workforce capabilities. AV's Tuition Assistance Program provides reimbursement for undergraduate coursework, certificate programs, and non-degree courses that improve or develop an employee's knowledge and skills. Courses may be in any subject area related to AV's business or industry.

Graduate degree coursework must be directly related to an employee's current role or provide development for a future position identified within AV.

Full-time employees who have worked 6 consecutive months may request reimbursement up to \$5,250 annually for eligible undergraduate coursework, certificate programs, and non-degree courses. For graduate degree coursework, the reimbursement limit is up to \$8,000 per calendar year. Employees must submit for approval prior to the course start date in order to be eligible for reimbursement. To find the policy information, visit [Tuition Assistance Program - Home](#).

Credit Union

Technology Federal Credit Union | Credit Union

You and your family members may join the Technology Federal Credit Union (Tech Fed), which provides a wide array of services for a nominal membership fee. Tech Fed is now among the top 1% of the nation's largest credit unions with seven full service branches in Silicon Valley. Tech Fed is affiliated with other credit unions to make these benefits more accessible to you. To check your eligibility and join, visit [Join Tech CU](#) | [Tech CU](#).



For More Information or To Enroll

Go to www.techcu.com or call (800) 553-0880.

TRICARE SUPPLEMENTAL

Selman

TRICARE Coverage

AV is proud of its current and former military members and is pleased to offer a medical plan supplement through Selman for those employees who are currently enrolled in a TRICARE plan.

Eligibility

Retired uniformed service members and reservists who are eligible for TRICARE, not eligible for Medicare, not enrolled in AV medical coverage, and under age 65, including, but not limited to:

- Military retirees who are entitled to retiree, retainer or equivalent pay
- Retired Reservists enrolled in TRICARE Retired Reserves (gray area retirees)
- Retired Reservists between the ages of 60 and 65 and entitled to retiree pay
- Spouses and surviving spouses of retired uniformed services members
- Qualified National Guard and Reserve members; TRICARE Reserve Select (TRS)

Member and eligible family members must be registered in the Defense Enrollment Eligibility Reporting System (DEERS). To verify your eligibility for TRICARE benefits, contact DEERS at 800-538-9552 or update your contact information online at milconnect.dmdc.osd.mil/milconnect/.

Dependents

Coverage is extended to your unmarried dependent children under age 21 (23 if a full-time student) or under age 26 if enrolled in TRICARE Young Adult (TYA) program. Incapacitated dependents may continue coverage past policy age limits as long as TRICARE continues.

Benefit

The TRICARE Supplement insurance policy has a deductible of \$100 per person or \$200 per family, except for TRICARE Prime Supplement, which does not have a deductible. After you have met both your TRICARE and TRICARE Supplement Plan deductibles, the supplemental insurance pays 100% of your approved expenses not paid by TRICARE. Benefits are payable up to the TRICARE catastrophic cap. The catastrophic cap is the maximum out-of-pocket amount you will pay each calendar year (January 1–December 31) for TRICARE-covered service.

Providers

Since TRICARE is the primary health benefit provider, all providers must be TRICARE authorized.

Enrollment

You do not enroll for this benefit in Workday. Enrollment is completed at info.selmanco.com/aerovironment-tricare-supplement. You will be billed directly and can elect to pay via check or EFT, monthly, quarterly, semi-annually, or annually. Your coverage and that of your eligible family members will become effective once you complete your enrollment and submit your first premium payment. If you are confined to a hospital or skilled nursing facility, your coverage will start on the day after you are discharged. There may be additional TRICARE requirements. Please visit www.tricare.mil for more information.

WELLNESS

Wellhub Wellbeing Platform

AV has partnered with Wellhub (*formerly Gympass*) to offer special pricing for you and your dependents at standard Wellhub rates. Wellhub signifies a natural progression from a "gym pass" to a comprehensive wellbeing platform that connects you to a diverse range of wellness partners within the world's largest corporate community. Wellhub is a complete wellbeing platform from the best fitness brands and wellness apps to help improve your overall health, and look and feel your best.

Welcome to Wellhub! This all-in-one subscription gives access to:



Explore a variety of gyms and studios nearby. Some popular gym partners in Wellhub's network include F45, Orangetheory, LifeTime, 24 Hour Fitness, and Barry's.



Join live group fitness classes from the comfort of your home, including yoga, strength training, HIIT, Pilates, dancing, and more.



1:1 virtual personal training with certified trainers.



Library of wellbeing apps supporting nutrition, mental, wellbeing, meditation, and more.



FREE online special events each month.



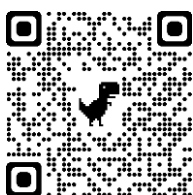
Access to additional wellness and mental wellness platforms such as: MyFitnessPal, Headspace, and Calm.



PLANS STARTING AT \$11.99 PER MONTH

Choose from multiple plan options to find the best one for you! Plan pricing starts at \$11.99 per month.

**Premiums paid through the Wellhub mobile app will require a personal debit or credit card.*



Get started today!

1. Download the Wellhub app, scan the QR code, or visit: www.wellhub.com
2. Create your free account
3. Choose the plan that best fits you!

DEPENDENT VERIFICATION

Documentation to Submit

The following is a list of acceptable documentation required to verify the eligibility of your claimed dependent(s).

**To protect your privacy, redact or black out account/financial information and Social Security Numbers.*

Dependent Relationship	Acceptable Documentation
Legal Spouse	Two (2) documents required: 1) Submit marriage registration document <u>and</u> ; 2) Submit <u>ONE (1)</u> document listed below to support <u>current</u> relationship status: • 1st page of married filing tax return or extension, showing both names filing as married • Common ownership of property (including ownership of an automobile) • Joint lease or rental agreement for residence • Joint bank/utility bill or credit account statement cover page listing both names • Drivers' licenses or State 1.0 listing a common address
Registered Domestic Partner	Two (2) documents required: 1) Submit Municipal/State domestic partnership registration or civil union license. 2) Submit <u>ONE (1)</u> document listed below to support current relationship status: • Common ownership of property (including ownership of an automobile) • Joint lease or rental agreement for residence • Joint bank/utility bill or credit account statement cover page listing both names • Driver's licenses listing a common address 3) Assignment of a durable property or health care power of attorney.
Non-Registered Domestic Partner	Two (2) documents required: 1) AVI Domestic Partner affidavit, must be notarized. Blank affidavit available at AV Benefits_DP Affidavit or by contacting DSI for blank copy. 2) Proof of Current Financial Interdependency and Cohabitation: Submit any ONE (1) document listed below that must list both persons' names. • Common ownership of property (including ownership of an automobile) • Joint lease or rental agreement for residence • Joint bank/utility bill or credit account statement cover page listing both names • Driver's licenses listing a common address • Assignment of a durable property or health care power of attorney.
Natural Child	• A copy of a birth certificate showing the employee as the parent.
Step Child	Multiple documents required: • Documentation establishing the legal parent/guardian of child, <u>and</u> proof that the parent is the current spouse or domestic partner of the associate (see appropriate requirements).
Adopted Child	Submit one of the following: • A copy of a birth certificate (long form) showing the employee as parent; or • Court documentation verifying completed adoption; or • Letter of placement from an adoption agency, attorney, or DCSS, verifying adoption is in progress.
Foster Child	• A court order or other legal document placing the child with the employee and/or eligible spouse who is a licensed foster parent.
Disabled Child Over Age of 26	Multiple documents required: • Proof of relationship based on the appropriate child type (see appropriate requirements), and • A copy of page 1 of your federal tax return demonstrating that the child is principally dependent on you, the subscriber, for support and maintenance. Note: Additional verification may be required through the health plan provider
Other Dependent Children	For all other children for whom an employee has legal custody, a court order or other legal document granting custody of the child to the employee is required. Documentation must verify the employee has legal guardianship responsibility for the child, not merely financial responsibility.

RESOURCES AND CONTACTS

Below is a list of insurance carrier contacts, should you require assistance with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers directly, please contact the People & Culture Benefits Team at AVBenefits@avinc.com.

Medical — Anthem Blue Cross / Luminare Health	
Luminare Member Services CVS/Caremark Retail Pharmacy CVS/Caremark Mail Order Pharmacy Nurseline - MyNurse24/7 Anthem Website Luminare Carrier Website LiveHealth Online - Telemedicine	(800) 990-9058 (800) 766-1355 (800) 552-8159 (866) 366-6877 Anthem.com/ca myluminarehealth.com Livehealthonline.com
Virtual Care—HealthJoy	
HealthJoy Member Services HealthJoy Website	(877) 500-3212 healthjoy.com
Dental — Guardian	
Member Services Carrier Website	(800) 541-7846 guardiananytime.com
Vision — EyeMed	
Member Services Carrier Website	(866) 804-0982 eyemed.com
Employee Assistance Program — CuraLinc	
Member Services Carrier Website	(800) 490-1585, press 2 curalinc.com
Life/AD&D, Disability, Critical Illness, Accident & Hospital Indemnity Insurance — Mutual of Omaha	
Claim Services STD Member Services LTD Member Service Carrier Website	(800) 775-8805 (800) 877-5176 (800) 877-5176 mutualofomaha.com
Long Term Care — Trustmark	
LTC Solutions Customer Service Carrier Website	(877) 286-2852 myltcguide.com/AV
Flexible Spending Accounts — Health Equity	
Member Services Carrier Website	(866) 735-8195, press 2 healthequity.com
Heath Savings Account — Health Equity	
Member Services Carrier Website	(866) 735-8195, press 1 healthequity.com
Wellness — Wellhub (<i>formerly GymPass</i>)	
Carrier Website	wellhub.com
Credit Union — Technology Federal Credit Union	
Member Services Carrier Website	(800) 553-0880 techcu.com
Retirement Savings Plan — Fidelity	
Carrier Website	fidelity.com
Fertility — Progyny	
Member Services Carrier Website	(866) 947-6495 netbenefits.com

EMPLOYEE BI-WEEKLY CONTRIBUTIONS

This chart compares the bi-weekly contributions for our employee benefit plans. Your cost for coverage will vary depending on the option and level of coverage you choose. For your convenience, your age-banded Voluntary Life and AD&D premiums have been pre-calculated for you in Workday.

Employee contributions for Medical, Dental, and Vision are deducted from your paycheck with pre-tax dollars*. This means that contributions are taken from your earnings before taxes, resulting in lower taxes and increased take home pay.

* Employees carrying a Domestic Partner on their benefits, depending on tax status, may see on their W-2 what is called, imputed income. Imputed income is considered a taxable benefit by the IRS and your taxable income may go up as a result. Domestic Partner imputed income = (the employer portion paid for domestic partner coverage) – (the employer portion paid for employee only coverage).

Medical PPO Enhanced – Anthem Blue Cross	Bi-Weekly Contribution
Employee Only	\$73.09
Employee + Spouse	\$259.92
Employee + Child(ren)	\$191.51
Employee + Family	\$456.84
Medical PPO— Anthem Blue Cross	
Employee Only	\$48.24
Employee + Spouse	\$144.73
Employee + Child(ren)	\$120.61
Employee + Family	\$217.09
Medical HDHP Enhanced — Anthem Blue Cross	
Employee Only	\$12.79
Employee + Spouse	\$84.42
Employee + Child(ren)	\$72.91
Employee + Family	\$118.96
Medical HDHP— Anthem Blue Cross	
Employee Only	\$0.00
Employee + Spouse	\$25.33
Employee + Child(ren)	\$21.87
Employee + Family	\$35.69
Dental Buy-Up — Guardian	
Employee Only	\$4.84
Employee + Spouse	\$14.51
Employee + Child(ren)	\$17.99
Employee + Family	\$20.84
Dental Base — Guardian	
Employee Only	\$0.00
Employee + Spouse	\$0.00
Employee + Child(ren)	\$0.00
Employee + Family	\$0.00
Vision PPO — EyeMed	
Employee Only	\$0.00
Employee + Spouse	\$3.34
Employee + Child(ren)	\$3.52
Employee + Family	\$5.17

Notes:

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