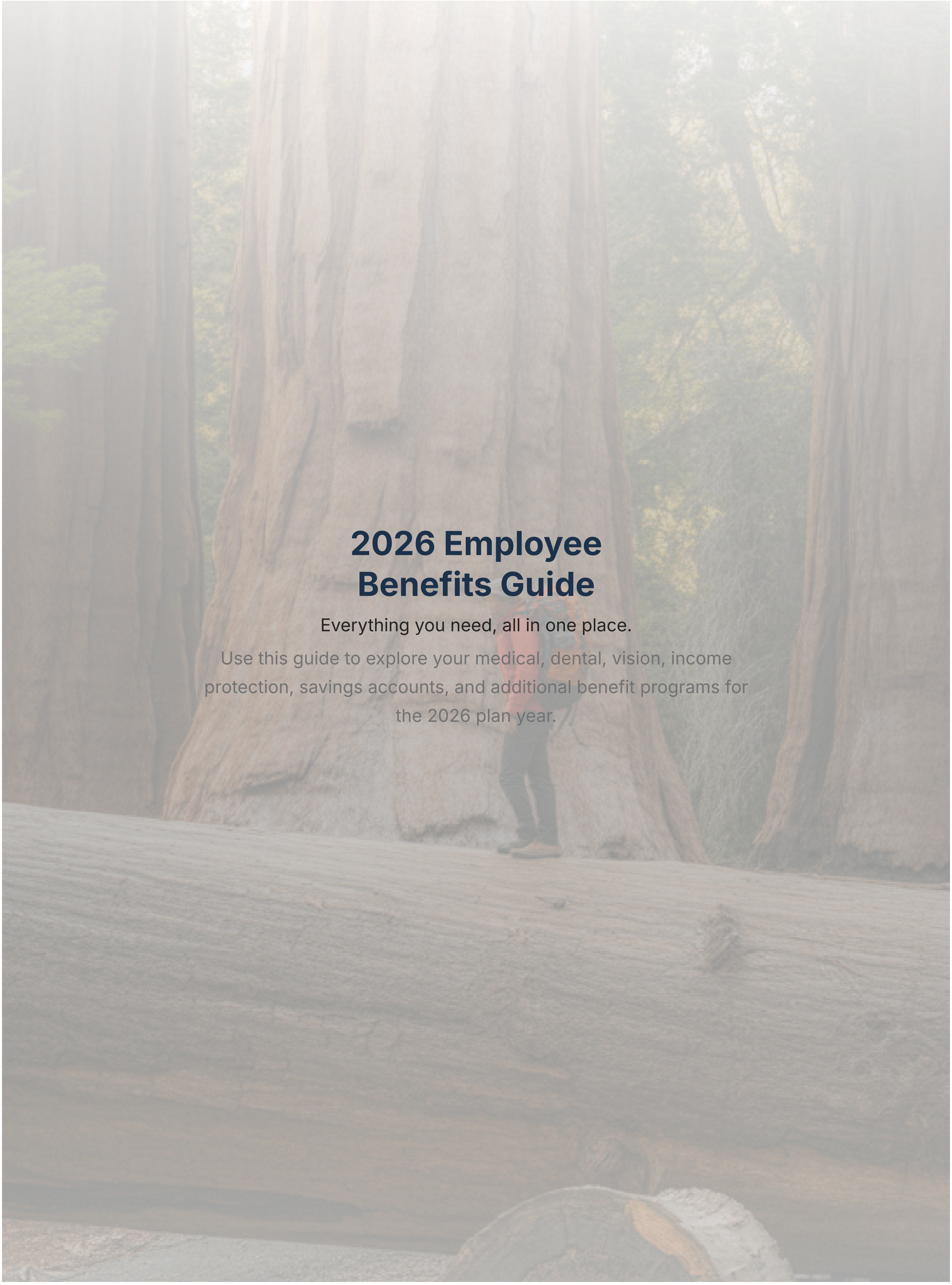

2026 Employee Benefits Guide

Everything you need, all in one place.

Use this guide to explore your medical, dental, vision, income protection, savings accounts, and additional benefit programs for the 2026 plan year.

Table of Contents

2026 Employee Benefits Guide

Overview of Available Plans

Protecting what matters most with comprehensive benefits

Medical Plans

Medical benefits provided by BlueCross BlueShield and include coverage for both in-network and out-of-network providers. All plans participate in the same network, and you may choose your provider.

3 medical plans available: PPO Plan, Prime HDHP, Alternate HDHP

	PPO	Prime HDHP	Alternate HDHP
Associate	$159.98	$71.24	$41.03
Associate + spouse	$362.40	$183.65	$126.02
Associate + child(ren)	$299.78	$150.36	$102.94
Family	$552.04	$288.80	$199.99

Dental Plans

Dental benefits provided by MetLife

2 dental plans available: Core Plan (formerly known as Preferred Plan) and Enhanced Plan (formerly known as Choice Plan)

	Core Dental Plan	Enhanced Dental Plan
Associate	$4.67	$6.99
Associate + spouse	$13.80	$19.87
Associate + child(ren)	$12.11	$17.81
Family	$20.96	$30.68

Vision Plans

Vision benefits provided by VSP (Vision Service Plan)

2 vision plans available: Core VSP and Enhanced VSP

	Core VSP Plan	Enhanced VSP Plan
Associate	$3.90	$8.98
Associate + spouse	$7.81	$17.96
Associate + child(ren)	$8.36	$19.22
Family	$13.32	$30.65

A note about premiums: Premiums are bi-weekly associate payroll contributions

Eligibility & Qualifying Life Events

Understanding enrollment eligibility and qualifying life events

Eligibility

To participate in ABC Catering's benefits plan, you must be:

- A full-time or part-time associate who is regularly scheduled to work 20 hours or more per week

Eligible dependents

- Spouse or domestic partner
- Children up to 26 years old
  - Includes biological, stepchildren, legally adopted
- Children beyond the age of 26 that are physically/mentally disabled and dependent on you for support

Enrollment

- Open enrollment is the one time during the year that you are able to make changes to your benefit options without having a qualifying life event
- Newly eligible associates, whether new hires or those transitioning from part-time to full-time, have the opportunity to select their benefits once they meet eligibility requirements

Qualifying life events (QLE)

Changes in your life may permit you to update your coverage at points throughout the year, outside of the open enrollment period.

Changes to coverage must be made within 30 days of when the life event occurs. Proof of the life event is required.

Common Qualifying Events Include:

- A change in your legal marital status (marriage, divorce or legal separation)
- A change in dependents through birth or adoption or loss of eligibility
- A change in your spouse's employment status (resulting in a loss or gain of coverage)
- Entitlement to Medicare or Medicaid for you or your spouse
- Court-ordered change
- Changes in your address or location that may affect the coverage for which you are eligible

Some Lesser-Known Qualifying Events Are:

- Death in the family (leading to change in dependents or loss of coverage)
- Turning 26 and losing coverage through a parent's plan

Medical Plan - BCBS PPO

Blue Cross Blue Shield PPO plan with network flexibility

Plan Overview

Your medical benefits are provided by BlueCross BlueShield and include coverage for both in-network and out-of-network providers - however choosing a provider that is in network will provide you with significant savings.

Premium Rates

Bi-weekly associate payroll contributions for PPO coverage

Coverage Level	PPO
Associate	$159.98
Associate + spouse	$362.40
Associate + child(ren)	$299.78
Family	$552.04

Explaining Out of Pocket Costs

Copays

- Fixed amount you pay for a covered service
- See Copay amounts for different services in the rate summary table below
- These Copays are available prior to meeting your annual deductible amount
- Services not subject to copays like: inpatient hospitalization or outpatient surgery are subject to your annual deductible - meaning you are responsible for the full amount until you meet the annual deductible

Deductible

- The amount you must pay for covered services before your insurance starts paying its portion
- This plan's deductible is $2,000 for individual coverage, and $6,000 for family coverage when you visit in-network providers

Out-of-Pocket Maximum

- The most you will pay during the plan year before your insurance begins to pay 100% of the in-network services
- This plan's in-network out-of-pocket maximum is $6,000 for individual coverage, and $12,000 for family coverage

Plan Benefits Summary

Comprehensive coverage details for PPO plan - Not HSA eligible

Medical Services	PPO Plan (you pay)
Annual deductible	$2,000 per person $6,000 family maximum
Out-of-pocket maximum	$6,000 per person $12,000 family maximum
Coinsurance (your share)	20%
Preventive care	100% Covered
Primary physician office visit	$30 copay
Specialist office visit	$55 copay
Independent labs	100% Covered
Outpatient x-rays	100% Covered
Imaging (MRI, CT, PET, etc.)	$250 copay per scan

Medical Services	PPO Plan (you pay)
Convenience Clinic Visit	$30 copay
Teladoc Virtual Visit	No cost
Urgent Care Center	$75 copay
Emergency Room	$500 copay
Inpatient Hospitalization	20%
Outpatient Surgery	20%
Out-of-network Coverage (plus balance billing)	
Annual Deductible	$4,500 | $13,500
Coinsurance (your share)	50%
Out-of-pocket maximum	$9,000 | $18,000

Prescription Drug Coverage

Prescription costs are determined by the tier assigned to each specific prescription drug.

Prescription Type	Cost
Preventive Medication	Based on tier
Pharmacy Deductible	Not applicable
Retail (30-day supply)	
Tier one	$15 copay
Tier two	$50 copay
Tier three	$90 copay
Speciality	$150 copay
Mail order (90-day supply)	
Tier one	$30 copay
Tier two	$100 copay
Tier three	$180 copay
Speciality	$300 copay

Understanding In-network vs. Out-of-network

In-network

- You end up paying less money out of your pocket when you receive medical services or supplies from an in-network provider
- These are healthcare providers who are contracted with BCBS
- These providers have generally agreed to accept the discounted amount as negotiated by BCBS

Out-of-network

- When you receive medical services or supplies from an out-of-network provider, you may be billed a non-discounted amount for any amount BCBS does not cover
- These are healthcare providers who are not under contract with BCBS to offer healthcare at negotiated prices
- These providers will still accept BCBS, but the level of coverage for services is usually lower than services rendered in-network
- Balanced billing is when an out-of-network provider charges you the difference between their full rate and what your insurance covers — something you can avoid by using in-network providers

How do I know if a provider is in-network or out-of-network?

- Ask specifically if they are contracted as a participating provider with your insurance carrier
- The best way to check is to call the customer service telephone number on the back of your insurance card or go to BCBS website to verify a provider's network status

Help with Selecting Your Medical Coverage

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Before making your enrollment decisions, let ALEX help you determine which plans make the most sense for you.

Pharmacy

- Find an in-network pharmacy or use the drug cost estimator tool by visiting www.optumrx.com
- Discount sites like GoodRx and WellRx provide instant savings. (Please note: Prescriptions acquired under these plans do not go through your insurance)
- Ask your provider or pharmacist if a generic/mail order is available

Virtual Visits

Available anywhere via Teladoc

- Regular/primary care visits are covered at 100%
- Specialists and mental health covered with $55 copay

Common issues addressed during virtual visits include:

- Allergies
- Sore throat
- Sinus problems
- Stomachache
- Cold & Flu

Getting the Most Out of Your BCBS Medical Insurance

MyHealthToolkit Mobile App

Use the My Health Toolkit app to easily access your healthcare information and tools to help estimate costs, manage claims, and find providers — anytime and anywhere

Medical Plan - BCBS Prime HDHP

Blue Cross Blue Shield Prime High Deductible Health Plan with HSA compatibility

Plan Overview

Your medical benefits are provided by BlueCross BlueShield and include coverage for both in-network and out-of-network providers - however choosing a provider that is in network will provide you with significant savings.

Premium Rates

Bi-weekly associate payroll contributions for Prime HDHP coverage

Coverage Level	Prime HDHP
Associate	$71.24
Associate + spouse	$183.65
Associate + child(ren)	$150.36
Family	$288.80

Explaining Out of Pocket Costs

Coinsurance

- Once your deductible is met, the plan will pay for covered services according to the coinsurance rate.
- The plan will cover 80% for in-network services like primary care visits, specialist office visits, inpatient care, and urgent care visits, while you remain responsible for the remainder.

Deductible

- The amount you must pay for covered services before your insurance starts paying its portion
- This plan's deductible is $1,800 for individual coverage, and $3,600 for family coverage when you visit in-network providers.

Out-of-Pocket Maximum

- The most you will pay during the plan year before your insurance begins to pay 100% of the in-network services
- This plan's in-network out-of-pocket maximum is $4,500 for individual coverage, and $9,000 for family coverage.

Plan Benefits Summary

Comprehensive coverage details for Prime HDHP - HSA eligible plan

Medical Services	Prime HDHP (you pay)
Annual deductible	$1,800 single coverage $3,600 family coverage
Out-of-pocket maximum	$4,500 single coverage $9,000 family coverage
Coinsurance (your share)	20%
Preventive care	100% Covered
Primary physician office visit	20% after deductible
Specialist office visit	20% after deductible
Independent labs	20% after deductible
Outpatient x-rays	20% after deductible
Imaging (MRI, CT, PET, etc.)	20% after deductible

Medical Services	Prime HDHP (you pay)
Convenience Clinic Visit	20% after deductible
Teladoc Virtual Visit	20% after deductible
Urgent Care Center	20% after deductible
Emergency Room	20% after deductible
Inpatient Hospitalization	20% after deductible
Outpatient Surgery	20% after deductible
Out-of-network Coverage (plus balance billing)	
Annual Deductible	$3,000 | $6,000
Coinsurance (your share)	40%
Out-of-pocket maximum	$6,000 | $12,000

Prescription Drug Coverage

Prescription costs are determined by the tier assigned to each specific prescription drug. Deductible applies before copays.

Prescription Type	Cost
Preventive Medication	Covered 100%
Pharmacy Deductible	Combined with Medical
Retail (30-day supply)	
Tier one	$15 copay after ded
Tier two	$50 copay after ded
Tier three	$90 copay after ded
Speciality	$15/$50/$90 copay after ded
Mail order (90-day supply)	
Tier one	$30 copay after ded
Tier two	$100 copay after ded
Tier three	$180 copay after ded
Speciality	$30/$100/$180 copay after ded

Understanding In-network vs. Out-of-network

In-network

- You end up paying less money out of your pocket when you receive medical services or supplies from an in-network provider
- These are healthcare providers who are contracted with BCBS
- These providers have generally agreed to accept the discounted amount as negotiated by BCBS

Out-of-network

- When you receive medical services or supplies from an out-of-network provider, you may be billed a non-discounted amount for any amount BCBS does not cover
- These are healthcare providers who are not under contract with BCBS to offer healthcare at negotiated prices
- These providers will still accept BCBS, but the level of coverage for services is usually lower than services rendered in-network
- Balanced billing is when an out-of-network provider charges you the difference between their full rate and what your insurance covers — something you can avoid by using in-network providers

How do I know if a provider is in-network or out-of-network?

- Ask specifically if they are contracted as a participating provider with your insurance carrier

- The best way to check is to call the customer service telephone number on the back of your insurance card or go to BCBS website to verify a provider's network status

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Pharmacy

- Find an in-network pharmacy or use the drug cost estimator tool by visiting www.optumrx.com
- Discount sites like GoodRx and WellRx provide instant savings. (Please note: Prescriptions acquired under these plans do not go through your insurance)
- Ask your provider or pharmacist if a generic/mail order is available

Virtual Visits

Available anywhere via Teladoc

- Regular/primary care visits are covered at 100%
- Specialists and mental health covered with $55 copay

Common issues addressed during virtual visits include:

- Allergies
- Sore throat
- Sinus problems
- Stomachache
- Cold & Flu

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Medical Plan - BCBS Alternative HDHP

Blue Cross Blue Shield Alternative High Deductible Health Plan with cost-effective coverage

Plan Overview

Your medical benefits are provided by BlueCross BlueShield and include coverage for both in-network and out-of-network providers - however choosing a provider that is in network will provide you with significant savings.

Premium Rates

Bi-weekly associate payroll contributions for Alternative HDHP coverage

Coverage Level	Alternate HDHP
Associate	$41.03
Associate + spouse	$126.02
Associate + child(ren)	$102.94
Family	$199.99

Explaining Out of Pocket Costs

Coinsurance

- Once your deductible is met, the plan will pay for covered services according to the coinsurance rate
- The plan will cover 80% for in-network services like primary care visits, specialist office visits, inpatient care, and urgent care visits, while you remain responsible for the remainder

Deductible

- The amount you must pay for covered services before your insurance starts paying its portion
- This plan's deductible is $3,400 for individual coverage, and $6,800 for family coverage when you visit in-network providers

Out-of-Pocket Maximum

- The most you will pay during the plan year before your insurance begins to pay 100% of the in-network services
- This plan's in-network out-of-pocket maximum is $6,350 for individual coverage, and $12,700 for family coverage

Plan Benefits Summary

Comprehensive coverage details for Alternative HDHP - HSA eligible plan

Medical Services	Alternate HDHP (you pay)
Annual deductible	$3,400 per person $6,800 family maximum
Out-of-pocket maximum	$6,350 per person $12,700 family maximum
Coinsurance (your share)	20%
Preventive care	100% Covered
Primary physician office visit	20% after deductible
Specialist office visit	20% after deductible
Independent labs	20% after deductible
Outpatient x-rays	20% after deductible
Imaging (MRI, CT, PET, etc.)	20% after deductible

Medical Services	Alternate HDHP (you pay)
Convenience Clinic Visit	20% after deductible
Teladoc Virtual Visit	20% after deductible
Urgent Care Center	20% after deductible
Emergency Room	20% after deductible
Inpatient Hospitalization	20% after deductible
Outpatient Surgery	20% after deductible
Out-of-network Coverage (plus balance billing)	
Annual Deductible	$5,000 | $10,000
Coinsurance (your share)	40%
Out-of-pocket maximum	$10,000 | $20,000

Prescription Drug Coverage

Prescription costs are determined by the tier assigned to each specific prescription drug. Deductible applies before copays.

Prescription Type	Cost
Preventive Medication	Covered 100%
Pharmacy Deductible	Combined with Medical
Retail (30-day supply)	
Tier one	$15 copay after ded
Tier two	$50 copay after ded
Tier three	$90 copay after ded
Speciality	$15/$50/$90 copay after ded
Mail order (90-day supply)	
Tier one	$30 copay after ded
Tier two	$100 copay after ded
Tier three	$180 copay after ded
Speciality	$30/$100/$180 copay after ded

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Dental Benefits

Comprehensive dental coverage and preventive care benefits

Dental

Dental plans cover diagnostic and preventive care, plus basic and major services. Although you can choose any dental provider, you will generally pay less when you visit an in-network dentist. If you choose an out-of-network provider, you may be billed the difference between what MetLife pays, and what your out-of-network provider charges for the services. To locate an in-network provider, please visit **www.metlife.com/dental**.

With a MetLife Plus dentist, you'll enjoy:

Quality Assurance: Dentists are monitored for proper licensing, cleanliness and safety.

No balance billing: You won't be charged more than the contracted rate.

No pre-payment: You'll pay only your portion of the bill - insurance pays your dentist directly.

Lower prices: Through reduced fees.

Dental	Core Plan		Enhanced Plan	
	In-network	Out-of-network	In-network	Out-of-network
Annual deductible (Individual/Family)	$50/$150	$100/$300	$50/$150	$50/$150
Annual maximum (per person)	$1,750	$1,750	$2,500	$2,500
Diagnostic and preventive care	100%	100%	100%	100%
Basic services	100%	20% + balance billing	20%	20% + balance billing
Major services	40%	50%	50%	50% + balance billing
Orthodontia*	50%	50%	50%	50%
Lifetime maximum	$1,500	$1,500	$1,500	$1,500

*Adult Orthodontia Coverage is available for the Enhanced Dental Plan. Orthodontia is covered for children up to age 19 on the Core Dental Plan.

Vision Benefits

Comprehensive vision care coverage and eyewear benefits

Your annual Well Vision Exam is more than a vision check — it can help detect early signs of health issues like diabetes and high blood pressure.

Vision Care Benefits Overview

Our vision care benefits include coverage for eye exams, lenses and frames, contact lenses, and discounts for laser surgery. The vision plan is built around the network providers who offer you higher benefits at a lower cost. Consider using an in-network provider for the most bang for your buck when you need services! For out-of-network providers, you will be reimbursed for services according to the grid below.

Vision Coverage Comparison

Vision	Core VSP		Enhanced VSP*	
	In-network	Out-of-network (reimbursement)	In-network	Out-of-network (reimbursement)
Eye Exam (every 12 months)	$10 copay	Up to $45	$10 copay	Up to $45
Frames				
Frequency	Every 24 months	Every 24 months	Every 12 months	Every 12 months
New frames	$130 allowance, then 20% off balance	Up to $70	$200 allowance, then 20% off balance	Up to $70
Lenses (every 12 months)				
Single		Up to $30		Up to $30
Bifocal	$15 copay	Up to $50	$15 copay	Up to $50
Trifocal		Up to $65		Up to $65
Contact lenses (every 12 months)				
Elective	$150 allowance	Up to $105	$200 allowance	Up to $105
Medically necessary	100% covered	Up to $210	100% covered	Up to $210

Associates can elect dental and/or vision regardless of their medical enrollment status.

*Includes Anti-reflective coating, Adult Polycarbonate, Light Care, Some Feature Frames +$50 (ex: Nike, Kendra Scott, Calvin Klein, etc.)

Employee Assistance Program

Confidential counseling and support services for you and your family

ABC Catering offers all associates and their families access to a confidential Employee Assistance Program (EAP) tailored to your needs.

You can access Health Advocate services 24/7 with a licensed, professional counselor available for immediate assistance. What's more, Health Advocate offers telephone, face to-face, and web based assistance.

An EAP is more than just a help line for stress, depression, and substance abuse, it can help you navigate some of life's toughest challenges.

> **Six free visits (virtual or in person) with licensed professionals per incident.**

Services include:

- adoption
- alcohol
- anxiety
- buying a car or home
- cancer
- child and elder care
- diabetes
- dieting

- eating disorders
- fitness
- grieving
- heart health
- military life
- pregnancy
- smoking
- student life

- wills
- debt and bankruptcy
- divorce and child custody
- post-traumatic stress disorder
- financial planning (estate, retirement, investing)
- hurricane preparedness
- marriage and living together
- and more

FSA and HSA

Flexible spending accounts and health savings account options

Health Savings Account (HSA)

What is a Health Savings Account?

- The HSA allows you to save for current and future medical expenses
- Designed to be paired with a qualified High Deductible Health Plan (HDHP), like our Prime or Alternate HDHP, and can provide a smart way to save for current and future Healthcare needs
- Your HSA is an account that you own and manage
  - You decide how much you contribute, when to use the money for medical services and when to reimburse yourself

Benefits of HSA

- Your HSA funds roll over every year and can be used tax-free for qualified medical expenses—even in retirement
- Triple tax advantage
  - Contributions are tax-free
  - Any interest earned on the account is tax-free
  - Withdrawals for qualified health expenses are tax-free

Who is eligible for an HSA?

- You are enrolled in the HDHP
- You are not covered by your spouse's or parent's plan
- You are not eligible to be claimed as a dependent on someone else's tax return
- You are not enrolled in Medicare or TRICARE, or TRICARE for Life
- You have not received VA benefits in the past 3 months

How to manage your HSA account

- Access and manage your HSA through your Fidelity NetBenefit account at NetBenefits.com
- Making changes to my contributions
  - During your enrollment period you will establish your contribution amount in the benefit portal
  - You can make changes to your contribution amount anytime throughout the year through the benefit portal

ABC Catering Employer Contribution

	Associates	All Others
Prime HDHP	$600	$1,200
Alternate HDHP	$800	$1,400

How much can I contribute?

Coverage Type	2026 Contribution Limit
Individual	Up to $4,400
Family	Up to $8,750
Catch-up Contribution (Ages 55+)	Additional $1,000

Eligible expenses

- include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, PPE, over-the-counter medications, and more
- Visit IRS Publication 502 on **www.irs.gov** for a complete list

Flexible Spending Account (FSA)

What is a Flexible Spending Account?

- A flexible spending account (FSA) is a tax-advantaged account that can reimburse you for qualified healthcare or dependent care expenses. You can fund qualified expenses with pre-tax dollars deducted from your paycheck

	🏥 Healthcare FSA	👓 Limited Purpose FSA	👶 Dependent Care FSA
Plan Eligibility	PPO Medical Plan enrollees	Prime HDHP & Alternate HDHP enrollees	All associates
Annual Contribution Limit	Up to $3,300	Up to $3,300	Up to $5,000
Description	For eligible healthcare expenses	For eligible dental and vision expenses only	For eligible dependent care expenses

Understanding different types of FSAs: Healthcare FSA, Limited Purpose FSA, Dependent Care FSA

For HDHP Prime & HDHP Alternate medical plan enrollees:

- Your Limited Purpose Health Care FSA may only be used for eligible dental and vision expenses. For additional information, lease see the Limited Purpose FSA eligible expenses list found at Fidelity
    - When electing a Flexible Spending Account (FSA), you will set an annual contribution amount
    - Eligible claims must be incurred between January 1 and December 31
    - All claims must be submitted by March 15
    - Up to $660 of unused funds from the prior year may roll over into the new plan year
    - Any unused amount above $660 will be forfeited

Transit and Parking FSA

Transit FSA

- Whether you pay to ride the train, bus or ferry, you can save on commuting expenses with a Transit FSA
- A Transit FSA allows you to use pre-tax dollars to pay for transit expenses. These expenses are deducted from your paycheck before taxes which lowers your taxable income

Eligible Expenses	Ineligible Expenses	Numbers and Dates
Expenses incurred for a pass, token, fare card, voucher, or similar item for transportation on mass transit facilities	• Tunnel, bridge, or highway tolls (EZ Pass) • Fuel, mileage, or other costs incurred to operate a personal vehicle or taxi • Non-work related transportation or parking expenses • Expenses incurred in traveling from your office to business or client meetings • Transit or parking expenses of your spouse and dependents	• Contribute up to $340 per month in pre-tax benefits for 2026, excess balances will be carried over into the following month • If your pass needs exceed $340 per month, you may purchase these on a post-tax basis through convenient paycheck deductions

Parking FSA

- A Parking FSA allows you to pay for eligible work-related parking expenses at your place of employment with pre-tax dollars.Examples include ramp or park-and-ride

Enrolling in these benefits

- You may enroll in a Transit or Parking FSA at any time during the year without a qualifying event. Access your Fidelity NetBenefits account at NetBenefits.com
- For expense reimbursement, log into your Fidelity NetBenefits account at NetBenefits.com

HSA FUNDING LIMITS	
INDIVIDUAL	$4,400
FAMILY	$8,750
CATCH-UP CONTRIBUTION (AGES 55+)	$1,000

Survivor Benefits

Life insurance and survivor benefit protections for your beneficiaries

ABC Catering provides Basic Life and Accidental Death & Dismemberment Insurance (AD&D)

- If you are a full-time or part-time benefits eligible employee - you automatically receive Life and AD&D insurance even if you don't enroll in other benefits. Coverage is automatic, however you'll need to designate a beneficiary

Coverage amount

- Amount of your annual salary (up to $1,000,000) through Mutual of Omaha
- At age 65, your life insurance amount begins to reduce by a percentage of the original coverage amount:

At age:	65	70	75	80
The policy reduces by:	35%	45%	70%	80%

AD&D Coverage

AD&D, or Accidental Death & Dismemberment insurance, is equal to the basic life insurance policy you receive through ABC Catering and may pay a benefit in one of two ways:

- **Death:** If your death is caused due to an accident, the AD&D benefit pays in addition to your life insurance (your beneficiary would receive both the life insurance amount and the AD&D amount)
- **Dismemberment:** If, as the result of an accident, you either lose a covered body part (such as a limb) or lose the function of a covered body part, you may receive a percentage of the total AD&D benefit depending on the specific functions that have been lost

Other Voluntary benefits

Please reference full benefits guide for more details

- Voluntary life insurance - provides additional coverage
- Voluntary AD&D insurance - provides additional coverage

Supplemental Health

Additional health coverage and supplemental insurance plans

Our medical plans offer excellent coverage for healthcare needs. However, everyone's needs differ, and that's where supplemental health options come into play. These benefits are designed to protect your family's finances in case of an unforeseen injury or illness. These benefits are offered to you through Mutual of Omaha.

These plans work alongside your health insurance, helping fill financial gaps when unexpected events happen.

Critical Illness Coverage

- Critical Illness coverage through Mutual of Omaha is designed to assist in covering out-of-pocket expenses related to a covered diagnosis
- This benefit pays you a lump sum benefit regardless of any medical insurance in place; the funds are yours to use at your discretion
- You may elect this coverage with no medical questions required
- You may take this policy with you if you retire or leave ABC Catering (to age 70)
- Family coverage is available, and children are covered at no additional cost
- $50 Health Screening Benefit per person per year
- Pre-existing conditions apply only for cancers that have been diagnosed or treated in the 12 months prior to the re-occurrence of that same cancer

Covered illness include:

- Cancer
- Heart Attack
- Coronary Bypass Surgery (pays at 25%)
- Stroke
- Major Organ Transplant
- End Stage Renal Failure
- Advanced Alzheimer's
- Advanced Parkinson's
- Childhood and Developmental conditions
- and MORE!

Payment frequency

- **Different diagnoses:** Pays per illness with at least 6 month separation period
- **Same diagnosis:** Will pay the full amount twice with at east 6 months between diagnosis

Associate cost summary

Your cost for coverage depends on your age, coverage tier, and tobacco status. Cost information is available in the UKG, HR/Benefits system, or by using the rate table located in the Voluntary Critical Illness Brochure.

Critical Illness and Cancer Insurance	Benefit
Associate Only	$10,000
Covered Spouse	$10,000
Covered Dependent	$5,000

Accident Coverage

- Accident insurance through Mutual of Omaha is designed to help ease the financial pain of a covered accident
- Payments are made directly to you based on injuries and treatments; use the funds however you see fit
- Insurance is available for Accidents that occur any time of day, regardless of whether You or Your insured Dependent(s) are working or not
- Family coverage is available
- Medical questions are never required
- Coverage pays per covered accident; no limitation on the number of accidents
- You may take this policy with you if you retire or leave ABC Catering

Coverage Details

Accident Insurance (Service payable when treatment is sought due to a covered accident)	Coverage Amount
Urgent Care / X-Ray	$125/$150
Hospital Admission and Confinement*	$2,500 Admission / $700 per day (up to 365 days)
Fracture / Dislocation (Based on a schedule)	Up to $5,000 / $6,000
Appliance (Crutches / Wheelchair / Walker)	$200
Health Screening Benefit (Per Person, Per Year)	$50
Bi-weekly Associate Payroll Contributions	
Associate Only	$5.08
Associate + Spouse	$7.38
Associate + Child(ren)	$11.54
Family	$13.38

* Payable when confined for a covered accident. Minimum of 24 hours per person

Income Protection

Disability insurance and income protection benefits

We offer both Short-Term and Long-Term Disability Insurance at no cost to you

- This helps replace your income if you're unable to work due to an injury or illness

Short-Term Disability Insurance Core Plan

- Short-Term Disability insurance is designed to provide you with income protection on a more immediate, short-term basis
- The Core Plan is provided by ABC Catering at no cost to you. Enrollment in this plan is automatic
- An additional Buy-Up Plan is available for purchase to provide you with extra financial protection

Insurance Coverage	Short-Term Disability Core Plan	Short-Term Disability Buy-Up Plan*
Your cost	provided by ABC Catering at no cost to you	Depends on your earnings
When benefits begin	After 7 calendar days of inability to work	After 7 calendar days of inability to work
How much it pays	60% of your income to a maximum of $3,500 per week	An additional 30% of your income to a maximum of $2,000 per week
How long payments last	Up to 180 days	Up to 180 days
Benefit tax status	Benefit payments are taxable income	Benefit payments are tax-free income

* Pre-existing exclusion: You will not be covered for any disability that happens in the first six months of coverage if you received treatment for that condition in the three months before coverage began.

Long term disability insurance

- Long-Term Disability insurance is designed to provide you with lasting income protection in the event you're unable to return to work
- This coverage is provided by ABC Catering at no cost to you

Insurance Coverage	Long-Term Disability Plan
Your cost	Provided by ABC Catering at no cost to you
When benefits begin	After 180 calendar days of inability to work
How much it pays	60% of your income up to $20,000 per month
How long payments last	Up to your Social Security Normal Retirement Age if you remain unable to work
Benefit tax status	Benefit payments are taxable income

Financial Wellbeing

401(k) plans, employer matching, and retirement savings options

The ABC Catering 401(k) plan allows you to contribute part of your salary toward retirement

Transitioning to Fidelity for 401(k) starting in 2026

- We offer a comprehensive 401(k) retirement plan through Fidelity starting January 1st 2026
- To learn more about 401(k) transition, please watch our Fidelity transition video on this topic

Eligibility

- All Associates over the age of 18, including temporary and part-time, are eligible to participate in the 401(k) plan

Employee enrollment and contributions

- Eligible employees can start contributing to the 401(k) plan on day one

Auto-enrollment

- If you don't enroll or opt-out of the plan, you'll automatically be enrolled at 6% of your pay (pre-tax)
- You will be enrolled into the plan's qualified default investment option, the T. Rowe Price Target Date Retirement Funds
- You will be defaulted into the appropriate target date fund in accordance with your age
- You have approximately 35 days from your date of hire to contact Fidelity if you wish to opt out of the Plan or change your deferral amount
- You may contact Fidelity by logging in to netbenefits.com or by calling Fidelity Net Benefits Line at 800.835.5095

Annual Contribution Limits

Contribution Type	Age	Annual Maximum Contribution	Eligible for Company Match	Information
Standard Contribution	Under 50	$23,500	Yes	• Automatically enrolled at 6% • Contribution in Traditional 401(k) or Roth
Catchup Contribution	50-59 or Over 64	$31,000	No	• You must make a contribution election to participate in Catchup Contribution • If earned more that $145,000 in prior year catchup contribution must be made into Roth account (no action needed, will be automatic)
Super Catchup Contribution	Age 60-63	$34,750	No	• You must make a contribution election to participate in Catchup Contribution • If earned more that $145,000 in prior year catchup contribution must be made into Roth account (no action needed, will be automatic)
Mega Roth	-	$15,000	No	• After attaining maximum annual standard and catchup contribution, may be eligible to save additional in an after-tax Roth contribution, which will be automatically converted to an Roth IRA

Company matching

- ABC Catering will match 50% of your contribution up to 6% of your pay. All matching contributions are made on a pre-tax basis. This is free money towards your retirement - take advantage of it!
    - This also gives you ownership opportunity in the company:
        - 2/3 of your match will be in cash - contributed each pay period
        - 1/3 of your match will be in company stock - contributed annually
- Example – An associate whose annual pay is $75,000 and is contributing 6% of their salary will contribute $4,500. The company will match $2,250 (50% of $4,500). Of this match, $1,500 (2/3 of $2,250) will be allocated to their account in cash and $750 (1/3 of $2,250) will be in company stock

Vesting schedule

- Vesting means how much of your 401(k) funds you can take with you - if or when you leave the company
- Your own contributions and the growth on those contributions are always 100% vested
- ABC Catering's contributions to your 401(k) follows a vesting schedule - meaning you earn ownership of these funds over time
- You become fully vested after 5 years of service

Years of Service	Vesting Percentage
Less than 1 year	0%
1 but less than 2 years	20%
2 but less than 3 years	40%
3 but less than 4 years	60%
4 but less than 5 years	80%
5 or more	100%

Different types of 401(k) accounts

Pre-tax 401(k)

- contribute part of your salary toward retirement while deferring taxes on that income
- Contributions go directly into the plan, reducing your taxable income and federal income tax, making it a cost-effective way to boost retirement savings
- You can save up to 75% of your base pay with before-tax contributions, subject to IRS limits
- Contributions are taxed when withdrawn

Roth 401(k)

- Lets you contribute post-tax income instead
- The key difference is that Roth contributions are taxed in the year earned
- You can also save up to 75% of your base pay with Roth contributions, subject to IRS limits

Beneficiaries

- Please add your beneficiary information directly to netbenefits.com. Beneficiary information for your 401(k) account is not stored in ABC Catering systems
- Please ensure you keep your beneficiary information up to date in the Fidelity portal

Loans

- You can request a loan from the Plan if you are active associate participating in the Plan and you have a vested account balance of $1,000 or more
- You may request a loan through netbenefits.com or by calling the Fidelity Net Benefits Line at 800.835.5095

Employee Ownership: Shared Rewards for our Collective Success

- Employee ownership at ABC Catering is about building and sustaining a rewarding environment for the associates of today and for generations of owners in the future
- Working together as owners, we align our decision making with the firm's values and goals and motivate each other to improve performance in all areas
- When we deliver on our objectives, we are taking care of the company and each other - resulting in shared rewards and individual recognition for our collective success

Opportunities for investment

- Employee ownership is a bedrock principle at ABC Catering
- All associates who meet eligibility requirements can and are encouraged to become owners, and we are continuing to advance our ownership model to broaden associate equity participation
- Today, there are three main ways to participate:
    1. 401(k) Plan – Stock Match & Supplemental Contributions
    2. Annual Stock Offerings
    3. Incentive Programs

Paid Time Off and Other Benefits

Vacation, sick leave, and personal time policies

Holidays

ABC Catering observes the following holidays and benefit eligible associates receive paid time off in observance of these occasions:

- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Day after Thanksgiving
- Christmas Day

Floating Holiday

In addition to ABC Catering's 8 observed Holidays, benefits eligible associates will receive one additional floating holiday per accrual year.

The floating holiday provides one additional day that can be utilized at any point during the year.

Religious Holidays

ABC Catering supports our culturally diverse workforce and recognizes the importance of religious holidays.

Associates practicing culturewide or nationally recognized activities pertaining to religion which fall outside of the observed holidays referenced above, may utilize available Vacation or their Floating Holiday (not Personal Leave or Holiday) in observance. Prior notice to the associate's supervisor is required.

Time Away

Vacation allowance is based on your tenure with ABC Catering and credited on your date of hire and each January thereafter, as shown on the following schedule:

Years of Service	Vacation Entitlement
New Hire Accrual	
Less than 1 year	3.07 hours per payroll period
Date of Hire through end of Accrual Year	
1 but less than 3 years	10 days
3 but less than 5 years	12 days
5 but less than 7 years	15 days
7 but less than 9 years	16 days
9 but less than 12 years	17 days
12 but less than 15 years	18 days
15 but less than 20 years	19 days
20 years or more	20 days

Accrual

Full vacation allowance is credited to associates at the beginning of each calendar year.

These days are credited on the premise that the associate will work the duration of the year. New hires will receive a prorated value based on hire date.

Benefit eligible, part time associates will receive a prorated value. For example, a part-time associate who works 32 hours per week would be entitled to 64 hours of vacation in their second year of service.

Additional Leave

Personal Leave (PL)

Available to associates for reasons such as personal illness, family emergencies, medical appointments, and other situations.

PL days are credited at the start of each accrual year (or upon hire, if applicable), based on the expectation that the associate will work the full year and meet their minimum standard annual hours.

Holidays that occur during PL will be reported as holidays.

Leave Bank (LB)

Unused Personal Leave in the calendar year will be transferred into a Leave Bank.

A maximum of 240 hours may accumulate in the leave bank.

The Leave Bank may be accessed only for qualified unpaid FMLA leaves of absence.

Paid Parental Leave (PPL)

ABC Catering offers Paid Parental Leave (PPL) for benefit eligible associates to care for and bond with a newborn of up to two weeks for the birth (including surrogacy) or adoption of a child aged 17 and under.

Associates are entitled to up to three (3) weeks of parental leave, upon approval, as follows:

- PPL of up to two (2) weeks of paid leave per birth or adoption, regardless of multiple births or adoptions.
- Associates with accrued hours in their carryover LB, can use up to 40 hours, or one (1) week to receive an equivalent of a third week of paid time off.

Bereavement Leave

ABC Catering provides up to 3 days of Bereavement Leave for each qualifying event for benefit-eligible associates for the death or imminent death of immediate family members.

The immediate family includes the associate's spouse, domestic partner, child, parent, stepparent, sibling, grandparents, grandchild, or the child, sibling, or parents of the associate's spouse or domestic partner.

Jury Duty

ABC Catering believes that it is every citizen's obligation to serve jury duty when called.

Paid leave is provided to associates for jury duty based on their standard working hours.

Additional Voluntary Benefits

Explore voluntary benefits to enhance your coverage with pet insurance, auto and home insurance, identity protection, and legal plans.

petpartners

Your Pet Insurance Benefit

We are excited to offer pet health insurance for your dog or cat at a **5% discount!**

What is Pet Insurance?

Pet insurance is health insurance for dogs and cats. Get reimbursed for costly veterinary bills and focus more on the health of your pets and less on how you're going to pay for it. Plans feature comprehensive coverage for accidents, illnesses and injuries including cancer coverage.

How it Works

1

Enroll

Enroll in pet insurance

2

Pay

Pay your vet

3

Submit

Submit a claim with your vet bill

4

Get Reimbursed

Get reimbursed for eligible expenses

We've Got You Covered

- Common Illnesses
- Prescription Medication

✓ Toxin Ingestion	✓ Alternative Treatments**
✓ Behavioral Issues**	✓ Preventative Care**
✓ Digestive Issues	✓ Diagnostics
✓ Cancer	✓ Broken Bones
✓ Hospitalization	✓ Surgery

**Eligible with optional Alternative, Behavioral Issues and Preventive Care rider.

Participation in this plan is voluntary and not subject to ERISA. Plans and coverage vary by state. For full plan terms, conditions, limitations and exclusions, go to PetPartners.com and click on Sample Policies.

Policies are underwritten by Independence American Insurance Company, 485 Madison Ave. 14th Fl. New York, NY 10022 (in WA by American Pet Insurance Company, 6100 4th Ave. S., Seattle WA 98108). PetPartners, Inc. is a licensed insurance administrator located at 8051 Arco Corporate Drive, Suite 350, Raleigh, NC 27617.

Contact: help@petpartners.com | 866-774-1113

Document Hub

Access important benefit documents, forms, and resources in one convenient location.

2026 ABC Catering Benefits Guide

Comprehensive guide to all available benefits for 2026.

View / Download PDF

Annual Notice Documents

Required annual notices for ABC Catering employees.

View / Download PDF

401(k) Summary Annual Report 2024

Annual summary report for the 401(k) retirement plan.

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PPO Schedule of Benefits

Schedule of benefits for the PPO medical plan.

View / Download PDF

Dental Plan Benefit Summary

Benefit summary for the MetLife dental plan.

View / Download PDF

Vision Plan Benefit Summary

Summary of benefits for the VSP vision plan.

View / Download PDF

Employee Assistance Program (EAP)

Information about EAP services through Health Advocate.

View / Download PDF

Life & AD&D Certificate of Coverage

Certificate of Coverage for Life and AD&D insurance.

View / Download PDF

Long-Term Disability Certificate of Coverage

Certificate of Coverage for Long-Term Disability insurance.

View / Download PDF

FSA Summary Plan Description

Summary plan description for Flexible Spending Accounts.

View / Download PDF

2026 Annual Notice-Plan Documents

Access important annual notice and plan documents for 2026.

6 documents available

ABC Catering Annual Notice Documents

Required annual notices for ABC Catering employees.

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PPO Schedule of Benefits

Summary of benefits for the 2026 PPO medical plan.

View / Download PDF

Dental Plan Benefit Summary

Summary of benefits for the MetLife dental plan.

View / Download PDF

Vision Plan Benefit Summary

Summary of benefits for the VSP vision plan.

View / Download PDF

FSA Summary Plan Description

Summary plan description for Flexible Spending Accounts.

View / Download PDF

401(k) Summary Annual Report 2024

Annual summary report for the 401(k) retirement plan.

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Important Contacts

Find the right contact for all your benefits and services

Medical Plan

Blue Cross Blue Shield

Group: 71-6192N

1.800.830.1501

www.myhealthtoolkitfl.com

Dental Plan

MetLife

Group: 5986085

1.800.275.4638

www.metlife.com/dental

Vision Plans

Vision Service Plan (VSP)

Group: 30085963

1.800.877.7195

www.vsp.com

Health Savings Account (HSA)

Fidelity

800.835.5095

www.fidelity.com

Flexible Spending Account (FSA)

Fidelity

800.835.5095

www.fidelity.com

Life & Disability

Mutual of Omaha

Group: G000AK86

Life/CI/Accident: 1.800.775.8805

Disability: 1.800.877.5176

www.mutualofomaha.com

401(k) Retirement Plan

Fidelity
800.835.5095
www.fidelity.com

Pet Insurance

PetPartners
1.866.774.1113
https://www.petpartners.com/enroll?p=RSandH

ID Theft

Allstate Identity Protection
1.800.789.2720
https://www.myaip.com/abccatering

Legal Plan

MetLife
1.800.821.6400
info.legalplans.com
Access Code: Legal

Associate Assistance Program (EAP) / Benefits & Claims Assistance

Health Advocate
1.866.799.2728
www.healthadvocate.com/members

Auto Insurance

Farmers GroupSelect
1.800.422.4272

Review Enrollment Checklist

Get ready to enroll in your benefits

Let's make sure you are ready to enroll!

Review the checklist below before enrolling in your benefits

- Double-check your dependent coverage
- Review and update beneficiary elections if needed
- Plan ahead for HSA or FSA contributions
- Make sure your personal details are accurate and current (home address, contact information, etc)

What's Changing for 2026

Consolidation of Vision plan to one provider – VSP

Starting in 2026, we're streamlining our vision coverage by moving to a single provider, Vision Service Plan (VSP). This change simplifies your choices and gives all employees access to VSP's broad national network, which includes both private practice eye doctors and major retail locations.

Addition of Enhanced Vision option

We're introducing a new Enhanced Vision Plan through VSP for those who want extra coverage and flexibility. The enhanced option offers higher frame and contact lens allowances and expanded benefits for specialized lenses, making it a great choice if you or your family members need vision correction or prefer designer frames.

Adult Orthodontia on Enhanced Dental Plan

The Enhanced Dental Plan now includes Adult Orthodontia coverage, providing reimbursement for braces or other orthodontic treatment beyond age 19. This addition helps support a wider range of dental health needs for you and your family.

HSA and FSA moving to Fidelity

To make managing your pre-tax accounts easier, both Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA) will transition to Fidelity in 2026. Fidelity's intuitive online tools and app will allow you to view balances, submit claims, and track spending all in one place.

401(k) transitioning to Fidelity

We're also moving our 401(k) Retirement Savings Plan from John Hancock to Fidelity Investments. This change brings all your savings and investment tools under one trusted financial partner, offering enhanced planning resources, educational support, and a seamless experience between your retirement and health savings accounts.