

## RESPECT

We recognize the contributions and value of each individual.

## INTEGRITY

We conduct all of our activities honestly and objectively.

## TEAMWORK

We achieve our goals by working together.

## EXCELLENCE

We strive to be the best in everything we do.

# EMPLOYEE BENEFITS

JANUARY 1–DECEMBER 31, 2025

Vitalant provides benefit programs and resources that support the wellbeing of employees by focusing on the four elements of wellbeing: Physical, Emotional, Financial, and Social.

## WHO IS ELIGIBLE

If you are scheduled to work at least 30 hours per week, you are eligible for the following benefits on the first of the month following your date of hire: medical, dental, vision, employee assistance program, health savings account, flexible spending accounts, accident, critical illness, and hospital indemnity insurance. Business travel accident insurance, paid time off, and the 401(k) retirement savings plan are available to you on your date of hire. You are eligible for all other benefits such as life insurance and long-term disability after three months of continuous employment.

If you are scheduled to work 20-29 hours per week, please contact your local Human Resources Department about your eligibility.

### Many of the plans allow you to cover your eligible dependents, which include:

- Your legal spouse or domestic partner.
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, foster child, legally-adopted child, a child placed with you for adoption, domestic partner's biological child, or a child for whom you are the legal guardian).
- Your dependent children of any age who are physically or mentally unable to care for themselves.

## BENEFITS OVERVIEW

### Vitalant offers the following benefits:

- Health insurance
- Health savings account
- Dental insurance
- Vision insurance
- Flexible spending accounts
- Basic and supplemental life and AD&D insurance
- Short-term and long-term disability insurance
- Accident insurance
- Critical illness insurance
- Hospital indemnity insurance
- Business travel accident insurance
- Pet, auto, and home insurance
- Paid time off
- Commuter benefits
- 401(k) retirement savings plan
- Employee assistance program
- Talkspace
- Wellhub

# HEALTH INSURANCE

Vitalant offers comprehensive health insurance. The health plans that you are eligible for depend on your location. The plans provide in-network benefits only. Services received by non-network providers will not be covered by the plans.

The table below summarizes the key features of the health plans. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	HealthSave Plan In-Network Only	Standard Plan In-Network Only	Performance Plan In-Network Only	HMO In-Network Only
<b>Location availability</b>	All locations	All locations outside of Arizona, Colorado, El Paso, and Las Vegas	Arizona, Colorado, El Paso, and Las Vegas only	Northern California only
<b>Annual Deductible<sup>1</sup></b> Employee/Family	\$3,500/\$7,000	\$1,750/\$3,500	\$1,000/\$2,000	\$0/\$0
<b>Vitalant HRA or HSA Contribution</b> Employee Family	Health Savings Account (HSA) \$500 match max \$1,000 match max	N/A	Health Reimbursement Arrangement (HRA) \$250 <sup>2</sup> \$500 <sup>2</sup>	N/A
<b>Annual Out-of-Pocket Max<sup>1</sup></b> Employee/Family	\$5,700/\$11,400	\$3,500/\$7,000	\$1,500/\$3,000	\$3,000/\$6,000
<b>Preventive Care</b>	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
<b>Physician Services</b> Primary Care Physician Specialist Urgent Care	30% after ded. 30% after ded. 30% after ded.	\$25 copay <sup>3</sup> \$50 copay <sup>3</sup> \$75 copay <sup>3</sup>	15% after ded. 15% after ded. 15% after ded.	\$40 copay \$40 copay \$40 copay
<b>Lab/X-Ray</b> Diagnostic Lab/X-Ray MRI, CT, PET	30% after ded. 30% after ded.	\$25 copay <sup>3</sup> 20% after ded.	15% after ded. 15% after ded.	\$10 copay \$50 per procedure
<b>Hospital Services</b> Inpatient Outpatient	30% after ded. 30% after ded.	20% after ded. 20% after ded.	15% after ded. 15% after ded.	\$500 copay/day \$250 per procedure
<b>Emergency Room</b>	30% after ded.	\$250 copay + 20% after ded.	15% after ded.	\$150 copay
<b>Prescription Drugs</b> (Up to a 30-day supply) Generic Brand Formulary Brand Non-Formulary Specialty	Member pays: 30% after ded. 30% after ded. 30% after ded. 30% after ded.	Member pays: \$10 copay <sup>3</sup> \$35 copay <sup>3</sup> \$60 copay <sup>3</sup> 20% up to \$250	Member pays: \$10 copay \$35 copay \$60 copay 20% up to \$250	Member pays: \$10 copay \$30 copay \$30 copay 20% up to \$250
<b>Mail Order Prescription Drugs</b>	(Up to a 90-day supply) 30% after ded.	(Up to a 90-day supply) 2x retail copay	(Up to a 90-day supply) 2x retail copay	(Up to a 100-day supply) 2x retail copay

(1) The individual deductible and out-of-pocket max apply to each covered member (capped at family amount). (2) The HRA contribution is prorated based on your date of hire. (3) Copays apply toward your out-of-pocket maximum. They do not apply toward your deductible.

# HEALTH SAVINGS ACCOUNT

If you enroll in the HealthSave Plan, you may be eligible to open and fund a health savings account (HSA). An HSA is a savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars.

## VITALANT CONTRIBUTION

If you enroll in the HealthSave Plan, Vitalant will help you save by matching your contributions dollar-for-dollar up to the following amounts:

- **Employee-only:** \$500
- **All other tiers:** \$1,000

## 2025 MAXIMUM HSA CONTRIBUTIONS

- **Individual:** \$4,300\*
  - **All other tiers:** \$8,550\*
- If you are age 55+ by December 31, 2025, you may contribute an additional \$1,000.

\*Includes Vitalant contribution.

# DENTAL INSURANCE

Vitalant offers a dental insurance plan. The plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a network provider.

The table below summarizes the key features of the dental plan. The coinsurance amounts listed reflect the amount the plan pays. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Dental Plan	
	In Network	Out of Network*
<b>Annual Deductible</b> Individual/Family	\$50/\$150	
<b>Annual Benefit Maximum</b>	\$1,500	
<b>Preventive Care</b> Oral exams, cleanings, x-rays	100%	100%
<b>Basic Services</b> Periodontal services, endodontic services, oral surgery, fillings	80% after deductible	80% after deductible
<b>Major Services</b> Bridges, crowns (inlays/onlays), dentures (full/partial)	50% after deductible	50% after deductible
<b>Orthodontia Services</b> (Treatment must begin before age 20)	50%	
<b>Orthodontia Lifetime Maximum</b>	\$1,000	

Note: Vitalant offers a dental rewards program to dental plan members. Members can increase their annual maximum (amount the dental carrier will cover in services per year) by \$250 (from \$1,500 to \$1,750) by completing an annual preventive care visit. **If you continually receive your annual preventive visit, your annual maximum will continue to increase by \$250 per year until it reaches \$2,250 (year 3). If you miss a preventive visit one year, your annual maximum will reset back to \$1,500.**

# VISION INSURANCE

Vitalant offers a vision insurance plan. You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Vision Plan	
	In Network	Out of Network
<b>Eye Exam</b> (every 12 months)	\$10 copay*	Reimbursement up to: \$34 (Ophthalmologist); \$26 (Optometrist)
<b>Standard Plastic Lenses</b> (every 12 months) Single/Bifocal/Trifocal	\$25 copay	Reimbursement up to \$29/\$43/\$53
<b>Frames</b> (every 24 months)	\$200 allowance + additional 20% discount for certain providers	Reimbursement up to \$98
<b>Contact Lens Fitting</b>	\$40 copay	Not covered
<b>Contact Lenses</b> (every 12 months in lieu of standard plastic lenses) Elective Medically Necessary	\$200 allowance Plan pays 100%	Reimbursement up to \$100 Reimbursement up to \$210

\*An annual eye exam is covered by the health plans at 100% when you choose an in-network provider.

# FLEXIBLE SPENDING ACCOUNTS

Vitalant offers three flexible spending account (FSA) options. These accounts allow you to pay for eligible health care and dependent care expenses with pre-tax dollars.

## HEALTH CARE FSA

Eligible expenses include deductibles, copays, and other health-related expenses that are not paid by the medical, dental, or vision plans. The health care FSA maximum contribution is \$3,200 for the 2025 calendar year.

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## LIMITED PURPOSE HEALTH CARE FSA

If you fund an HSA, you are not eligible to fund a health care FSA. However, you can fund a limited purpose health care FSA, which can only be used to reimburse eligible dental and vision expenses. The limited purpose

## DEPENDENT CARE FSA

Eligible expenses include day care facility fees, before- and after-school care, and in-home babysitting fees (income must be reported by your care provider). You may contribute up to \$5,000 to the dependent care FSA for the 2025 calendar year if you are married and file a joint return or if you file a single or head of household return.

## LIFE AND AD&D INSURANCE

### BASIC LIFE AND AD&D INSURANCE

Vitalant provides basic life and AD&D insurance to all benefits-eligible employees **AT NO COST**.

- **Employee life and AD&D benefit:** 1x annual basic earnings up to a maximum of \$500,000.

### SUPPLEMENTAL LIFE AND AD&D INSURANCE

Vitalant provides you the option to purchase voluntary life and AD&D insurance for yourself, your spouse, and your dependent children.

- **Employee:** \$10,000 increments. This amount may not exceed \$1,000,000 when combined with your basic life insurance benefit. Guarantee issue: \$300,000.
- **Spouse:** \$10,000, \$25,000, or \$50,000 up to 100% of the employee's election.
- **Dependent children:** \$5,000, \$10,000, or \$15,000.

## DISABILITY INSURANCE

Vitalant automatically provides short and long-term disability insurance to all benefits-eligible employees **AT NO COST**.

### SHORT-TERM DISABILITY INSURANCE

- **Benefit:** 60–100% of pre-disability wage. Percentage increases based on your tenure with the company.
- **Elimination period:** 7 days.
- **Benefit duration:** 13 weeks.

### LONG-TERM DISABILITY INSURANCE

- **Benefit:** 60% of pre-disability earnings up to \$10,000 per month.
- **Elimination period:** 90 days.
- **Benefit duration:** Social security normal retirement age.

## VOLUNTARY BENEFITS

Vitalant provides you the option to purchase accident insurance, critical illness insurance, and hospital indemnity insurance. These supplemental benefit options pay cash benefits directly to you if you are faced with an accidental injury, hospitalization, or serious illness.

## BUSINESS TRAVEL ACCIDENT INSURANCE

Vitalant automatically provides business travel accident insurance to all benefits-eligible employees **AT NO COST**.

## PET, AUTO, AND HOME INSURANCE

Vitalant provides you the option to purchase pet, auto, and home insurance through Metlife.

## PAID TIME OFF

Paid time off (PTO) hours accrue each pay period for full-time and part-time employees based on length of service and paid hours. PTO is granted to cover absences from scheduled work hours including but not limited to: illness, personal business, vacation, and appointments. Vitalant also offers seven (7) paid company holidays per year.

## COMMUTER BENEFITS

Contribute up to \$315/month for mass transit and/or vanpooling expenses and up to \$315/month for eligible commercial parking expenses on a pre-tax basis. Funds are not transferable.

## 401(k) RETIREMENT SAVINGS

We are pleased to provide you with a competitive and convenient way to save for your retirement! Vitalant will make a matching contribution each payroll period equal to 100% of the first 5% of your pre-tax or Roth salary deferral contributions.

## EMPLOYEE ASSISTANCE

Vitalant provides an employee assistance program (EAP) to all benefits-eligible employees and their household members **AT NO COST**. The EAP is designed to provide prompt, confidential help with a range of personal and family issues, including marital and relationship issues, alcohol and drug abuse, stress management, family/parenting problems, work relationships, legal assistance, and wellness information. The EAP offers up to nine free face-to-face visits each year with a licensed counselor.

## TALKSPACE

The EAP provides you with access to Talkspace—an online therapy service that connects you to a dedicated, licensed therapist from anywhere, anytime you need. With Talkspace, you can connect with a licensed therapist in your area via unlimited, private, text, video, or audio messages. Therapists engage everyday during business hours, five days a week, so assistance is always available.

## WELLHUB

Vitalant provides all employees with the Wellhub Digital Plan, which includes access to five free wellbeing apps, **AT NO COST**. Wellhub puts health in the palm of your hand so you can improve your total wellbeing from anywhere.

This guide contains highlights of the benefits options available to you through Vitalant. They are not complete descriptions of the benefits. Vitalant may terminate, withdraw, or modify any benefit described in this guide, in whole or in part, at any time. The descriptions of the benefit are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official Plan Document, the official documents will govern.