2026 Moneta Benefits

Let's Plan Life Together

MONETA

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The information in this Benefits Guide is intended for illustrative and informational purposes only. The information contained herein was taken from various summary plan descriptions, certificates of coverage, and benefit information. While every effort was taken to accurately report your benefits, discrepancies and errors are always possible. It is not intended to alter or expand rights or liabilities set forth in the official plan documents or contracts. It is not an offer to contract nor are there any express or implied guarantees. In case of a discrepancy between this information and the actual plan documents, the actual plan documents will prevail. If you have any questions about this summary, please contact Human Resources.

Contact HR at HRTeam@monetagroup.com

Introduction to Moneta Benefits

Moneta is pleased to provide you and your family with a wide range of competitive benefits. Your benefits are an important part of your total compensation. You have the flexibility to choose the benefits that are right for you and your family — to keep you physically and financially healthy now and in the future.

This Benefits Guide provides important information about your benefits and how to use them to your best advantage. Please review this information carefully, ask questions if needed, and make sure to enroll by the deadline.

Goals

- To attract, retain, and engage the best and brightest professionals by supporting health and well-being, encouraging preventative care and providing opportunities to foster wellness.
- To protect employees and their families against catastrophic expenses or income disruptions.
- To manage the benefits package in a way that helps achieve the highest total value for premium dollars and ensure the continued financial soundness of the firm.
- To partner with service providers that mirror our commitment to service.
- To provide benefits education and support that allows employees to be informed about the plan options available.
- To comply with all relevant local, state, and federal regulations.

Enrollment Checklist

- ✓ Read this Benefits Guide to become educated on what is available to help you determine what is best for you and your family.
- ✓ Utilize the hyperlinks contained within or visit the Benefits sub-page of the Human Resources Intranet page for educational handouts, videos and more. The Benefits Information page can be found here> Benefits Information
- ✓ To confirm if your medical and dental providers are in-network visit:

  Myuhc.com ∞

  - Click on Find a Doctor (Provider)
  - Select Medical or Behavioral Health Directory
  - All United Healthcare Plans
  - Choice Plus network

  Deltadentalmo.com ∞

  - Dental and Vision
- ✓ Complete your enrollment via ADP within the Enrollment window.
  - Open Enrollment October 27 – November 7, 2025
  - New Hire Enrollment within 30 days of hire date
  - Qualifying Life Event (QLE) within 30 days of event

∞ **Watch for this icon throughout the guide to utilize links for videos, external websites and additional education resources.**

Link to Benefits Presentation:

Questions? Contact HRTeam@monetagroup.com

Eligibility

Employees: An employee is eligible to enroll in Moneta's health benefits if they are a regular full-time employee or a part-time employee who works at least 30 hours a week.

Employees' Dependents:

- Legal spouse
- Children up to age 26
- Disabled children of any age

Benefits Begin

Benefits for new hires begin the first of the month following hire date. If an employee's hire date is the 1st of the month, benefits begin that day.

Elections made during Open Enrollment will be effective on January 1.

Benefits End

Your medical, dental and vision benefits end the last day of the month in which your employment ends. Your Life and Disability benefits end on your date of termination. Portability options are available for some lines of coverage.

Changing Benefits After Enrollment

The benefit elections you make as a new hire or during Open Enrollment will remain in effect through December 31 and may not be changed unless you experience a Qualified Life Event (QLE). A Qualifying Life Event allows an employee to make mid-year election changes. You have 30 days from the QLE to make the change. To make changes due to a QLE, in ADP navigate to Myself>Benefits>Enrollments and select the appropriate event. You will need documentation of the event that includes the specific date of the event. Contact Human Resources at HRTeam@monetagroup.com with any questions.

Qualified Life Event (QLE)	Documentation Needed
Marriage	Copy of marriage certificate
Divorce/Legal Separation	Copy of divorce decree
Death	Copy of death certificate
Birth or adoption	Copy of birth certificate or copy of legal adoption papers
Dependent Gains/Loses other coverage	Document from employer or insurance company indicating specific date that other coverage was gained or lost

Medical

Moneta's medical coverage with United Healthcare provides you and your family the protection you need for everyday health issues or unexpected medical expenses.

How Medical Coverage Works

Your monthly premiums are what you pay for access to discounted in-network care.

PPOs have higher premiums and set copays for office visits and prescriptions.

HDHPs have lower premiums while utilizing cost sharing, or co-insurance for services until the deductible is met. HDHPs have lower premium costs with variable out of pocket costs for utilization.

Before You Enroll

Consider this:

1. Think about the per-pay-period cost and your out-of-pocket expenses that you will incur with possible future medical claims.
2. Want to stay with your doctor? Ensure they are in the plan's network by visiting myuhc.com. If they're out of network, services may not be covered or may be more expensive.
3. Consider the cost of services and prescription drugs you expect to receive during the year.
4. Evaluate how your out-of-pocket expenses may fluctuate and consider adding Accident and Critical illness insurance to help offset your out-of-pocket medical costs.

UHC ID cards are digital only & available in the UHC app.

Medical	HDHP 1 Choice Plus Network		HDHP 2 Choice Plus Network		PPO Choice Plus Network	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar Year Deductible	Non-embedded*		Non-embedded*		Embedded**	
Individual	$1,700	$3,500	$4,000	$10,000	$1,500	$3,000
Family	$3,400	$7,000	$8,000	$20,000	$3,000	$6,000
Out of Pocket Maximum (includes deductible)						
	Embedded**		Embedded**		Embedded**	
Individual	$3,400	$7,000	$6,250	$12,500	$2,500	$5,000
Family	$6,800	$14,000	$12,500	$25,000	$3,500	$10,000
Covered Services						
Preventive Care	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Primary Care Physician	Deductible + 20%	Deductible + 30%	Deductible + 20%	Deductible + 30%	$25 copay	Deductible + 30%
Specialist	Deductible + 20%	Deductible + 30%	Deductible + 20%	Deductible + 30%	$45 copay	Deductible + 30%
Virtual Visit	$5 copay	Deductible + 30%	$5 copay	Deductible + 30%	$5 copay	Deductible + 30%
Urgent Care	Deductible + 20%	Deductible + 30%	Deductible + 20%	Deductible + 30%	$50	Deductible + 30%
Emergency Room	Deductible + 20%	Deductible + 30%	Deductible + 20%	Deductible + 30%	$250	Deductible + 30%
Outpatient/Inpatient Services/Lab/X-ray/Etc	Deductible + 20%	Deductible + 30%	Deductible + 20%	Deductible + 30%	Deductible + 10%	Deductible + 30%

*With a non-embedded deductible, the entire family's out of pocket expenses count toward the family deductible. The plan will not begin sharing costs for any family member until the full family deductible is met.

**With an embedded deductible, when an individual family member meets his or her individual deductible, the plan will begin sharing healthcare costs for that family member. The expenses for the remaining family members may collectively apply toward meeting the remaining family deductible. Once the family deductible is met, the plan will begin cost sharing for all remaining family members.

An embedded out of pocket maximum works similarly. When a family member meets his or her out of pocket max, the plan will pay 100% of the cost for that family member's covered healthcare for the rest of the plan year. The expenses for the remaining family members may collectively apply toward meeting the remaining out of pocket max. Once the family out of pocket max is met, the plan will pay 100% of the cost for the family's covered healthcare for the rest of the plan year.

The table above summarizes the key features of medical coverage. Please refer to the official plan documents located HERE in Share Point for additional information on coverage and exclusions.

Medical – Rx and Payroll Deductions

Medical/Rx	HDHP 1 Choice Plus Network		HDHP 2 Choice Plus Network		PPO Choice Plus Network	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Pharmacy – Retail Rx (up to 30-day supply)						
Tier 1	$10*	$10*	$10*	$10*	$10	$10
Tier 2	$35*	$35*	$35*	$35*	$35	$35
Tier 3	$60*	$60*	$60*	$60*	$60	$60
Mail Order (90-day supply)	2.5x copay*	2.5x copay*	2.5x copay*	2.5x copay*	2.5x copay	2.5x copay
*For HDHPs, you must meet your deductible before your copay applies						

	HDHP 1 Choice Plus Network		HDHP 2 Choice Plus Network		PPO Choice Plus Network	
Monthly Payroll Rates	Employee	Employer	Employee	Employer	Employee	Employer
Employee Only	$178.15	$487.93	$120.10	$487.93	$262.73	$487.93
Employee + Spouse	$374.10	$1,024.65	$251.96	$1,024.65	$551.74	$1,024.65
Employee + Child(ren)	$338.47	$927.07	$228.20	$927.07	$499.19	$927.07
Employee + Family	$516.62	$1,415.00	$348.31	$1,415.00	$761.92	$1,415.00

The table above summarizes the key features of medical coverage. Please refer to the official plan documents located HERE in Share Point for additional information on coverage and exclusions.

UHC Resources

In the UHC Mobile App ∞

Users have access to:

- A member interface that is consistent with myuhc.com
- "Contact Us" for quick access to customer service
- Health Safe ID to protect member information
- Claims and Coverage overview
- Ability to view health plan ID cards
- Locate physicians and facilities
- Prescription Information
- UHC Rewards

Virtual Visits ∞

Convenient online and virtual access to a doctor 24/7 for illnesses like colds and flu, allergies, pink eye, sore throat, and more. Low co-pays across all 3 plans.

AmWell ∞ Teladoc ∞

MeMD ∞ Dr. On Demand ∞

Optum Virtual Care ∞

UHC Rewards ∞

A wellness program where covered employees and spouses can earn up to $300 in rewards annually by:

- Complete a biometric screening
- Completing a health survey
- Connecting a tracker
- Going paperless
- Reaching daily goals

Employee Assistance Program ∞

If you are a covered UHC member, you have access to this free, confidential and anonymous resource.

- Articles, self-care tools, webinars and programs
- Mental Health and Substance Use Disorder resources

Real Appeal ∞

Real Appeal is designed to help you set and reach practical healthy eating goals.

- Experienced coaches
- On-demand workouts
- Success kit

Calm Health∞

The Calm Health app provides programs and tools to help support your mental health and well-being, at no additional cost to health plan members.

- Learn techniques to improve well-being
- Work toward goals
- Support your mind and body

Dental

Taking care of your oral health is not a luxury; it is necessary for optimal long-term health. With a focus on prevention, early diagnosis and treatment, dental coverage can greatly reduce the cost of restorative and emergency procedures. Preventive services at in-network providers are generally covered at no cost to you and include routine exams and cleanings. You pay a small deductible and coinsurance for basic and major services.

Moneta offers dental coverage through Delta Dental. For information on finding a dental provider, visit www.deltadentalmo.com ∞

Before You Enroll

Consider this:

1. Most in-network preventive cleanings and exams are covered at 100% if you haven't used all your annual allowance.
2. You may receive dental care in-or out-of-network. However, when you go out of network, the provider can charge more, and the plan will only reimburse up to the reasonable and customary rates.

Highest potential savings with Delta Dental PPO network dentists

- When you visit your dentist, you should ask if they are a contracted Delta Dental PPO network dentist
- Delta Dental PPO network dentists agree to accept Delta Dental PPO network discounted rates
- You'll usually pay less when you visit a Delta Dental PPO network dentist

Find a Delta Dental PPO network dentist

To find a current listing of Delta Dental PPO network dentists:

- Visit DeltaDentalMO.com, select "Find a Provider" and click "Find a Dentist".
- Select "Delta Dental PPO network" as your plan network

Some savings with Delta Dental Premier dentists

- Premier network dentists' contracted fees are usually slightly higher than those of Delta Dental PPO network dentists.
- Premier network dentists will not bill you above their contracted fees, so you still receive come cost protections not available with an out-of-network dentist.

No savings with out-of-network dentists

- Out-of-network dentists have no fee agreements with Delta Dental, so you will usually have the highest out-of-pocket costs when you visit an out-of-network dentist
- You are responsible for the difference between what Delta Dental pays and the dentist's fee.

DENTAL	Basic Dental (Dental Only)		Enhanced Plan (Dental + Ortho)	
Deductible	**PPO Network**	**Premier Network**	**PPO Network**	**Premier Network**
Individual	$50	$50	$25	$25
Family	$150	$150	$75	$75
Benefit Maximum				
Allowance per individual	$1,000	$1,000	$2,000	$1,500
Preventive Care	**You Pay**		**You Pay**	
Exams, Cleanings, X-rays, Fluoride Treatments	0%	0%	0%	0%
Basic Services				
Fillings, Space Maintainers, Sealants, Extractions, Emergency Exams	10%	20%	10%	20%
Major Services				
Crowns, Inlays/Outlays, Dentures and Bridgework, Repairs, Oral Surgery, Endodontics, Periodontics, Emergency Exams	40%	50%	40%	50%
Orthodontia				
Adults and Children	N/A		50% up to $2,500, No deductible	

Basic Dental Monthly Rates	Employee	Employer
Employee Only	$14.10	$26.19
Employee + Spouse	$28.76	$53.41
Employee + Child(ren)	$29.14	$54.11
Employee + Family	$41.14	$76.41

Enhanced Plan Monthly Rates	Employee	Employer
Employee Only	$16.39	$30.43
Employee + Spouse	$33.46	$62.14
Employee + Child(ren)	$36.72	$68.20
Employee + Family	$51.17	$95.02

The table above summarizes the key features of the dental plan. Please refer to the official plan documents located HERE in Share Point for additional information on coverage and exclusions.

Vision

Healthy eyes and clear vision are an important part of your overall health and quality of life. You may enroll yourself and your eligible dependents — or you may waive vision coverage. You do not have to be enrolled in medical coverage to elect a vision plan.

Moneta offers vision coverage through Delta Dental. For information on finding a vision provider, visit www.deltadentalmo.com ∞ Delta Dental Vision Plan is part of the Eye Med Insight Network.

Delta Vision	
	In-Network
Cost	**You pay**
Exam	$10
Materials	$25
Covered Services – Frames/Lenses in lieu of Contacts	
Single Lenses	$25
Bifocals	$25
Trifocals	$25
Frames	$0 copay; 20% off balance over $150 allowance
Covered Services - Contacts in lieu of Frames/Lenses	
Contacts - Medically Necessary	$25 copay; $250 allowance
Contacts - Elective	Conventional: $25 copay; 15% off balance over $150 allowance Disposable: $25 copay; plus, balance over $150 allowance
Benefit Frequency	
Exams	Once every calendar year
Lenses	Once every calendar year
Frames	Once every calendar year
Contacts	Once every calendar year
Vision Plan Monthly Rates	**Employee**
Employee Only	$8.18
Employee + Spouse	$13.73
Employee + Child(ren)	$14.02
Employee + Family	$22.19

The table above summarizes the key features of the vision plan. Please refer to the official plan documents located HERE in Share Point for additional information on coverage and exclusions.

Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSAs) allow you to pay for eligible health care and dependent care expenses using pre-tax dollars. There are three types of FSAs — the Health Care FSA, the Limited Purpose Health Care FSA and the Dependent Care FSA:

- **Health Care FSA** — The Health Care FSA allows you to use pre-tax dollars to pay for out-of-pocket health-care related expenses such as deductibles, co-pays, or co-insurance, that you and your dependents incur that have not been paid by medical, dental, prescription drug or vision plans. The IRS maximum contribution amount for FSA for 2026 is $3,400, and an employee may rollover up to $680 of unused funds from 2026 to 2027.
- **Limited Purpose Health Care FSA** — LP FSA can be used in conjunction with an HSA for individuals enrolled in an HDHP and making contributions to an HSA. Funds in an LP FSA can be used on dental or vision expenses only and fall under FSA contribution funding and spending rules. The IRS maximum contribution amount for LP FSA for 2026 is $3,400, and an employee may rollover up to $680 of unused funds from 2026 to 2027.
- **Dependent Care FSA** — The Dependent Care Account FSA allows you to use pre-tax dollars to pay for eligible expenses for child or elder care. Eligible expenses include day care, summer day camps, and nanny services for children under age 13, as well as elder care. You may not use dependent care FSA to pay for health care expenses, nor use your Health Care FSA to pay for dependent care expenses. The IRS maximum Dependent Care contribution limit for 2026 is $7,500 for single individuals or married couples filing jointly, or $3,750 for married individuals filing separately.

Important: The IRS has a "use it or lose it" rule. If you do not spend all of the money in your FSA by the annual deadline, $680 is available for rollover, all other unused dollars in your account(s) will be forfeited.

How the Health Care/Limited Purpose Health Care FSA Works	How the Dependent Care FSA Works
You may contribute up to $3,400 per year, pre-tax	You may contribute up to $7,500 per year, pre-tax, or $2,500 if married and filing separate tax returns
You receive a debit card to pay for eligible medical expenses (funds must be available in your account)	You submit claims for reimbursement; no debit cards are provided
Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses and over-the-counter medications prescribed by your doctor	Can be used to pay for eligible dependent care expenses including day care, after-school programs and elder care programs
Submit claims up to March 31 of the following year for expenses from January 1 to December 31	Submit claims up to March 31 of the following year for expenses from January 1 to December 31
If you do not spend all the money in this FSA by March 31, unused dollars will be forfeited per IRS regulations	If you do not spend all the money in this FSA by March 31, unused dollars will be forfeited per IRS regulations

Health Savings Account (HSA)

HSA accounts offer a triple tax benefit – contributions are pre-tax, as long as funds are spent on qualified medical expenses no taxes apply, and any gains on investment earnings are tax-free. An HSA can be used for current health expenses, or the money can be saved for future health expenses, or as a retirement savings vehicle. Different custodians allow for different interest rates and investment options. Moneta does not sponsor an HSA, even though we offer a qualifying HDHP. Individuals enrolled in the HDHP are encouraged to set up their own HSA through one of the many custodians that offer these accounts; a quick internet search will assist in your decision making. Once an account is set up, please complete the HSA Payroll deduction form located HERE in HR Benefit Forms on the Intranet and send to **Payroll@monetagroup.com**

	**Eligibility** Anyone who is: • Covered by a High Deductible Health Plan (HDHP) • Not covered under another medical plan that is not a High Deducible Health Plan (HDHP); • Not entitled to Medicare benefits; or • Not eligible to be claimed on another person's tax return
	**Your Contributions** You choose how much to contribute from each paycheck on a pre-tax basis. You can contribute up to the IRS maximum for 2026 of $4,400/individual coverage or $8,750 if you cover dependents. You can make an additional "catch-up" contribution of up to $1,000 per year if you are age 55 or older.
	**Eligible Expenses** You can use your HSA to pay for medical, dental, vision and prescription drug expenses incurred by you and your eligible family members. *Please note: Funds available for reimbursement are limited to the balance in your HSA.*
	**Using Your Account** Use the debit card linked to your HSA to cover eligible expenses — or pay for expenses out of your own pocket and save your HSA dollars for future health care expenses.
	**Your HSA is always yours – no matter what** One of the best features of an HSA is that money left over at the end of the year remains in the account so you can use it the following year or at any time in the future. And if you leave the company or retire, your HSA goes with you.

How a High Deductible Health Plan (HDHP) and a Health Savings Account (HSA) Work Together

Year 1 Example: You enroll in the HDHP with HSA during enrollment		Year 2 Example: You enroll in the HDHP plan again next year
You contribute up to $4,400 a year		$3,200 rolls over from last year and you contribute $4,400 for a total of $7,600.
You use the HSA to pay $1,200 of eligible expenses		You use the HSA to pay $1,250 of eligible expenses
You have $3,200 in the HSA to roll over to next year!		You have $6,350 in the HSA to roll over to next year!

Spending Accounts Tax Advantages

How You Can Save on Taxes with FSAs

Here's an example of how much you can save when you use the FSAs to pay for your predictable health care and dependent care expenses.

	Health Care FSA		Dependent Care FSA	
	Without FSA	With FSA	Without FSA	With FSA
Your taxable annual income	$50,000	$50,000	$50,000	$50,000
Account deposit (before taxes)	N/A	$2,500	N/A	$5,000
Taxable wages	$50,000	$47,500	$50,000	$45,000
Federal and Social Security taxes	$14,325	$13,609	$14,325	$12,894
Expense (after taxes)	$2,500	N/A	$5,000	N/A
Take home (net)	$33,175	$33,891	$30,675	$32,106
Annual tax savings with the FSAs	$0	$716	$0	$1,431

The Triple Tax Advantage on HSAs

HSAs offer three significant tax advantages:

1. Your contributions to an HSA are on a pre-tax basis
2. Unused funds grow and can earn interest over time — tax-free.
3. You can use your HSA funds to cover qualified medical expenses, including dental and vision expenses — tax-free, even in retirement

If you want to pay less per paycheck for health care coverage and save tax-free money for future medical expenses, consider enrolling in the HDHP with HSA.

HSA or FSA?

	HSA	Healthcare FSA
What does it stand for?	Health Savings Account	Flexible spending Account
Who owns it?	Employee	Employer
Who funds it?	Employee	Employee
What type of medical plan corresponds?	Qualified High Deductible Health Plan (HDHP)	Any health plan coverage. A Limited Purpose FSA can be used in conjunction with participation in an HSA and qualifying HDHP
Can unused amounts carryover?	Yes, the employee owns the account and all contributions.	Yes, but by plan design only $680 can be rollover to future years.
Is the account portable between employers?	Yes, the employee owns the account.	No.
Does interest accrue?	Depending on the custodian and structure.	No.
Is the account subject to COBRA continuation?	No.	Some accounts are subject to COBRA continuation.
How is it funded?	Pre-tax contributions made via payroll direct deposit.	Pre-tax contributions made via payroll direct deposit
Is there a “catch-up” contribution for older workers?	Employees age 55+ may contribute an additional amount as determined annually by the IRS, as long as they are enrolled in an HDHP.	No.
What are the tax benefits?	Contributions are made pre-tax and any interest or capital gains on investments are tax-free. Withdrawals are also tax-free if used for qualified medical expenses.	Contributes are made pre-tax (exempt from most state and local taxes). Reimbursements are tax-free.
What can funds be used on?	Any qualified medical expense except health insurance premiums (exceptions: Long Term Care, COBRA and Medicare premiums).	Any qualified medical expense except for health insurance premiums.
Must health care expense be incurred in the year the contribution is paid?	No.	Yes. (exception for the rollover funds)
When is the annual contribution amount available?	Funds are available as contributions are made.	Funds are available first day of coverage
Is 3rd party substantiation of expenses required?	No. If audited by the IRS the employee should be able to show HSA funds were used only for qualified medical expenses.	Yes. Each reimbursement request is reviewed before issue.
Can funds be used for non-health care expenses if under 65?	Yes, but they will be included in gross income and be subject to 20% penalty tax.	No.
Can funds be used for non-health care expense if over 65?	Yes, but they will be included in gross income.	No.
How do I sign up?	As long as you are enrolled in a qualified HDHP, contributions may begin and cease at employee discretion.	Only during a qualified enrollment.

Core Benefits

Disability Benefits

Disability insurance can help you remain financially stable by providing a portion of your income if you become disabled and are unable to work. These benefits are available through Unum and provided by Moneta.

Moneta's policies for Short- and Long-Term Disability can be found on the intranet under Human Resources documents, or you can reach out to HRTeam@monetagroup.com for more information.

Short-Term Disability Benefits at a Glance	
Weekly Benefit	60% of weekly earnings
Weekly Maximum	$2,500 per week
Benefit Duration	12 weeks
Elimination Period	Accident: 7 Days Sickness: 7 Days
Pre-Existing Limitation	None

Long-Term Disability Benefits at a Glance	
Monthly Benefit	60% of monthly earnings
Monthly Maximum	$15,000 per month
Benefit Duration	SSNRA
Elimination Period	90 days
Pre-Existing Limitation	12/12*
*Benefits may not be paid for any condition treated within three months prior to your effective date until you have been covered under this plan for 12 months.	

A pre-existing condition is an injury or illness for which you have received advice or treatment from a doctor within three months of the effective date of your insurance plan.

A qualifying disability is a non-work-related sickness or injury that causes you to be unable to perform any other work for which you are or could be qualified by education, training, or experience.

Basic Life Insurance and AD&D

Basic Life also through UNUM provided by Moneta, pays a lump-sum benefit to your beneficiaries to help meet expenses in the event you pass away. Accidental death and dismemberment (AD&D) insurance pays a benefit if you die or suffer certain serious injuries as the result of a covered accident. In the case of a covered accidental injury (such as loss of sight or the loss of a limb), the benefit you receive is a percentage of the total AD&D coverage is based on the severity of the accidental injury.

Basic Life / AD&D Insurance - For You	
Coverage Amount	Up to $50,000 based on salary
Age Reduction Schedule	Benefits reduce by 35% at age 65. Benefits reduce by 60% at age 70. Benefits reduce by 75% at age 75. Benefits reduce by 85% at age 80.

Voluntary Life and Voluntary AD&D

Voluntary Life and Voluntary Accidental Death & Dismemberment insurance allow you to tailor coverage for your individual needs and provide financial protection for your beneficiaries in the event of your death or accidental serious injury. In addition to basic life insurance and basic AD&D provided by Moneta, employees may elect additional voluntary life insurance and voluntary AD&D coverage. The premiums for voluntary life insurance and voluntary AD&D insurance are based on age and the amount of coverage. During initial eligibility, employees have the opportunity to enroll up to the guaranteed issued amount of $200,000 with no evidence of insurability or underwriting required. Future elections or increases greater than the guarantee issue amount will require underwriting approval.

Voluntary AD&D has no evidence of insurability or underwriting requirements.

Voluntary Life	
You:	Elect up to $500,000 of coverage in $10,000 increments, up to 5 times your earnings. Employee coverage up to $200,000 with no medical underwriting.
Your Spouse:	Elect up to $250,000 of coverage in $5,000 increments. Spouse coverage cannot exceed 100% of the coverage amount you purchase for yourself. Spouse coverage up to $25,000 with no medical underwriting.
Your Children:	Elect up to $10,000 of coverage in $2,000 increments. One premium covers all of your children until their 26th birthday. The maximum benefit for children 14 days to 6 months is $1,000.

Currently covered employees may increase their coverage up to $200,000 without requiring underwriting. Individuals who wish to enroll in any amount after their initial eligibility period or increase coverage to an amount greater than $200,000 will be subject to underwriting approval.

NEW! Voluntary AD&D – NEW for 2026!	
You	Elect up to $500,000 of coverage in $10,000 increments, up to 5 times your earnings.
Your Spouse	Elect up to $250,000 of coverage in $5,000 increments. Spouse coverage cannot exceed 100% of employee AD&D coverage.
Your Child(ren)	Elect up to $10,000 of coverage in $2,000 increments. One premium covers all of your children until their 26th birthday. Child coverage cannot exceed 100% of employee AD&D coverage. The maximum benefit for children birth to 6 months is $1,000.

Accident Insurance

UNUM – Accident Insurance ∞

Accident coverage, available through UNUM, is designed to provide a cash benefit in the event of a covered accident or injury; ranging from common injuries to more serious events. The plan will pay a set amount based on the injury suffered and treatment received, regardless of any other insurance. This benefit can help you with out–of-pocket cost like co-pays and deductibles. This coverage is available to you – and as long as you are covered you can get coverage for your spouse and children (up to age 26, regardless of marital or student status).

Examples of Injuries/Treatments with Cash Benefits			
General Abdominal Surgery	$1,500	Dislocated shoulder	$2,000
Ground Ambulance	$300	Fractured finger or toe	$225
Emergency Department	$100	Ruptured or Herniated Disc	$150
Coma	$10,000	Recovery – Physician Follow Up Visits	$75

Per Check Premium	
You	$5.14
You and your spouse	$8.93
You and your child(ren)	$13.25
Family	$17.04

Critical Illness

Critical Illness ∞

Critical Illness Insurance (CI) available through Unum can help with out-of-pocket expense; like co-pays and deductibles. However, if you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment and use the money anyway you choose. You may elect coverages of $10,000, $20,000 or $30,000.

Examples of covered illness include cancer, heart attack, stroke, organ failure, coronary artery disease, ALS, MS, Parkinson's disease, dementia, and others.

This coverage is available for you and your spouse. Your child(ren) are automatically covered under employee coverage at 50% of the elected employee coverage level. Your spouse can elect this plan if you are covered and cannot exceed 50% of the employee elected coverage level.

Rates are based on age and amount of coverage elected.

If coverage is elected upon initial eligibility there is no Evidence of Insurability. If electing coverage after initial eligibility, Evidence of Insurability with approval by UNUM will be required.

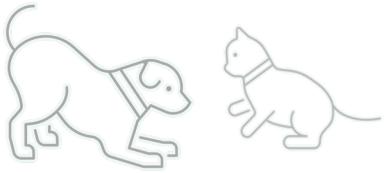
Be Well Benefit ∞

Every year, each family member covered under the CI plan is eligible to receive $50, $75, or $100 for getting an annual screening test done; such as physicals, mammograms, flu shot, etc.. The Be Well Benefit amount is tied to your coverage level.

File your claim online with a one-time registration on unum.com, by mail or over the phone. Simply call 1-800-635-5597 to learn more.

Additional Details	
Coverage Amount	$10,000 , $20,000 or $30,000 as applied for by the employee and approved by UNUM
Spouse	50% of employee coverage amount
Child	50% of employee coverage amount
Guaranteed Issue	$30,000
Be well Benefit	$50, $75, $100 depending on coverage level.
Portability	Included
Pre-existing Conditions	Not applicable
Coverage Reduction	Not applicable
Reoccurrence Benefit	100%

Nationwide Pet Insurance



My Pet Protection Choice	Accident & Illness	Accident, Illness & Wellness	Customizable
Annual Deductible Options	$250	$250	$100, $250 or $500
Reimbursement Level	80%	80%	50%, 70% or 80%
Accident Coverage	✓	✓	✓
Annual maximum	$5,000	$5,000	$2,500 or $5,000
Broken bones, animal attack, hit by car, poisoning, heatstroke & more	✓	✓	✓
Illness Coverage	✓	✓	Optional
Annual Maximum	$5,000	$5,000	$2,500 or $5,000
Ear infections, diabetes, vomiting, allergies, cancer, & more	✓	✓	✓
Hereditary & Congenital Coverage	✓	✓	Optional when purchased w/illness coverage
Annual Maximum	$5,000	$5,000	$2,500 or $5,000
Hip dysplasia, cherry eye, elbow dysplasia, umbilical hernia, brachycephalic syndrome & more	✓	✓	✓
Wellness Coverage (dogs & cats)		✓	Optional
Annual Maximum		$450	$450 or $800
Vaccination or titer, fecal test, deworming, microchip, health certificate, heartworm or FeLV/FIV test, flea control or heartworm prevention & more		✓	✓
Spay/neuter or dental and one additional test			✓

Easy Enrollment: My Pet Protection® is available exclusively through your employer. Enroll online today ∞ it's quick and convenient.

Things To Consider:

- Pet Insurance is available to all active, permanent employees.
- Enrollment can occur at any time during the year, not just during a qualified enrollment period.

Discounts for multiple pets. Coverage is also available for reptiles and exotic pets.
*Rates vary by state.
To enroll your bird, rabbit, or other exotic pet, please call 888-899-4874

Moneta 401(k) Salary Savings Plan

Moneta offers a 401(k) plan with employer match and discretionary profit-sharing designed to help you save and provide income in retirement.

401(k), Employer Match & Profit Sharing – Moneta's 401(k) allows employees to contribute the maximum amount allowed by IRS regulations. Employees may elect to fund traditional pre-tax or Roth accounts.

Eligibility for the employer matching contribution begins after 1 year of employment and working at least 1000 hours in that year. Moneta matches 50% of the first 6% of employee contributions.

Ex: If employee contributes 6%, Moneta matches 3%; or if an employee contributes 3%, Moneta matches 1.5%.

All Moneta matching and profit-sharing contributions will be on a pre-tax basis. Profit sharing contributions are discretionary, determined annually, and typically allocated to accounts in the Spring of each year. The 401(k) plan features include rollovers, loan provisions and an additional after-tax contribution for certain eligible employees. All plan details and documents can be found online at www.Go-Retire.com.

401(k) plan contribution changes can be made any time and will be effective on the next payroll period. To make these changes please visit www.Go-Retire.com. Several retirement planning tools, such as budgeting and retirement calculators can be located on the EPIC/RPS website or on their app.

The Moneta 401(k) plan offers an Automatic Contribution Arrangement (ACA) to help assist in building your retirement savings. Unless you opt out or elect a different amount, 6% will automatically be withheld on a pre-tax basis from each paycheck and deposited into your 401K account, as well as automatic 1% increases each year, up to 10% in a qualified default investment alternative (QDIA) unless the employee takes action to opt out or otherwise adjust.

401(k) Employer Match & Profit-Sharing Vesting – Employees are always 100% vested in their contributions. The employer matching contribution, as well as profit sharing follow the vesting schedule listed in the chart below:

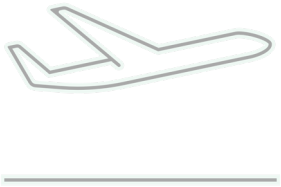
Vesting Years	1	2	3
Employee Contributions and Earnings	100%	100%	100%
Moneta Employer Match and Profit Sharing	0%	50%	100%

UNUM Resources

Worldwide Travel Assistance Program ∞

Travel assistance speaks your language, helping you locate hospitals, embassies and other unexpected travel destinations.

- Multi-Lingual, medical certified crisis management professionals
- Qualified medical provider around the world
- A state-of-the-art global response operations center
- 24/7 services anywhere in the world
- Download the Assist America Mobile App



UNUM EAP∞

Your EAP is designed to help you lead a happier and more productive life at home and at work.

- A Licensed Professional Counselor can help you with; stress, work conflicts, relationship and family issues, anger, grief, and more
- A dedicated Work/Life Specialist can also assist with questions regarding; childcare, elder, care, identify theft, credit report issues, and more
- Available to all eligible employees, their spouses or domestic partners, dependent children, parents and parents-in-law
- Expert support 24/7
- 100% confidential
- Visit www.unum.com/lifebalance or call 1-800-854-1446

Medical Bill Saver ∞

Medical Bill Saver is one more way the Unum Employee Assistance Program helps employees manage the stresses of modern life.

- Negotiations for medical/dental bills with a balance of $400 or more
- Expert use of critical pricing-trend information to obtain discounts from providers
- Provider sign-off on payment terms and conditions
- Available 24/7
- Visit www.unum.com/lifebalance or call 1-800-854-1446

Important Contacts

Coverage	Administrator	Phone	Website/Email
Human Resources			HRTeam@monetagroup.com
Medical	United Healthcare	800-444-6222	www.Myuhc.com
Flexible Spending Accounts	Wex	866-451-3399	benefitslogin.wexhealth.com
Dental	Delta Dental of Missouri	800-335-8266	www.deltadentalmo.com
Vision	Delta Dental of Missouri	800-335-8266	www.deltadentalmo.com
Life Insurance, Disability and AD&D	Unum	866-679-3054	www.unum.com
Employee Assistance Program (EAP) Work Life Balance & Medical Saver	Unum	800-854-1446	www.unum.com/lifebalance
Worldwide Travel Assistance	Unum	800-872-1414	medservices@assistamerica.com
Accident Insurance	Unum	866-679-3054	www.unum.com
Critical Illness	Unum	866-679-3054	www.unum.com
Pet Insurance	Nationwide	888-899-4874	https://benefits.petinsurance.com/moneta
401(k)	EpicRPS	800-716-3742	www.go-retire.com

Glossary

Allowed Amount: Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing)

Annual Maximum Benefit: A cap on the benefits your insurance company will pay in a year while you're enrolled in a particular benefit plan. After an annual limit is reached, you must pay all associated health care costs for the rest of the year.

Balance Billing: When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. A provider who balance bills is typically known as an out-of-network provider. An in-network provider cannot balance bill you for covered services.

Coinsurance: The percentage of costs of a covered health care service you pay (20%, for example) after you've paid your deductible.

Copayment (copay): A fixed amount ($20, for example) you pay for a covered health care service after you've paid your deductible. Copays can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.

Deductible: The amount you pay for covered health care services before your insurance plan starts to pay. With a $2,000 deductible, for example, you pay the first $2,000 of covered services yourself. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest. Your deductible starts over each plan year.

Guarantee Issue Amount: The amount of coverage you can be automatically approved for. If you apply for more coverage than the guaranteed issue amount, you will have to complete an Evidence of Insurability form and be approved for your coverage amount. Usually only available at your first enrollment opportunity.

In-Network: Providers who contract with your insurance carrier. In-network coinsurance and copayments usually cost you less than out-of-network providers.

Out-of-Network: Providers who don't contract with your insurance carrier. Out-of-network coinsurance and copayments usually costs you more than in-network coinsurance. In addition, you may be responsible for anything above the allowed amount (see Balance Billing).

Out-of-Pocket Maximum: The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your plan pays 100% of the costs of covered benefits. The out-of-pocket limit doesn't include your monthly premiums. It also doesn't include anything you may spend for services your plan doesn't cover.

Prescription Drug Formulary: A list of prescription drugs covered by a prescription drug plan. Also called a drug list.

Prior Authorization: Approval from a health plan that may be required before you get a service or fill a prescription in order for the service or prescription to be covered by your plan.

Preventive Care: Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.