

EMPLOYEE BENEFITS



MEDICAL BENEFITS

| | SUREST PLAN | | CHOICE PLUS HRA & HSA PLAN | | CHOICE PLUS PLAN | |
|------------------------------|----------------------------------|-----------------------------------|--|-----------------------------------|---|----------------------------------|
| | IN NETWORK | OUT-OF-NETWORK | IN NETWORK | OUT-OF-NETWORK | IN NETWORK | OUT-OF-NETWORK |
| Annual Deductible | \$0 | | \$1,500 Single \$3,000 Family | \$3,000 Single \$6,000 Family | \$400 Single \$800 Family | \$800 Single \$1,600 Family |
| Company HSA/HRA Contribution | Not Applicable | | Maximum \$650 Single Maximum \$1,550 Family | | Not Applicable | |
| Out of Pocket Maximum | \$3,000 Single \$6,000 Family | \$8,000 Single \$16,000 Family | \$3,000 Single \$6,000 Family | \$5,000 Single \$10,000 Family | \$1,750 Single \$3,000 Family | \$2,000 Single \$4,000 Family |
| Coinsurance | 100% Plan paid after copay | | 20% after deductible | 40% after deductible | 20% after deductible | 40% after deductible |
| Office Visits | \$5 to \$40 copay | \$120 copay | 20% after deductible | 40% after deductible | \$25 copay for PCP, \$35 for specialists | 40% after deductible |
| Urgent Care | \$15 copay | \$45 copay | 20% after deductible | 40% after deductible | \$40 copay | \$40 copay |

*All Endeavor employees & spouses enrolled in the HRA or HSA Plan have wellness incentives to complete in order to qualify for the company contributions



DENTAL BENEFITS

| | LEVEL ONE | LEVEL TWO |
|---|-------------------------------|--|
| Annual Deductible | \$75 Single / \$150 Family | \$25 Single / \$50 Family |
| Preventative Care (Oral Exams, X-Rays, Sealants) | Covered 100%, no deductible | Covered 100%, no deductible |
| Basic Care (Fillings, Oral Surgery, Periodontics) | After deductible, you pay 30% | After deductible, you pay 20% |
| Major Care & Prosthodontics | After deductible, you pay 50% | After deductible, you pay 50% |
| Orthodontia Care | No Orthodontia Benefits | 50%, no deductible (\$1,500 lifetime max., Available for dependent children and adults) |

OTHER BENEFITS

- Employee Assistance Program
- Company-paid Basic Life and AD&D
- Company-paid Short-term Disability
- Extended Sick Leave (Pilots)
- Long-Term Disability
- Flexible Savings Account
- Supplemental Term Life
- Critical Illness & Cancer Benefits
- Voluntary Accident
- Commuter Expense Reimbursement Account
- Pet Insurance
- Quarterly Operational Performance Payouts
- Other Perks & Discounts

2023 BENEFITS - MONTHLY EMPLOYEE CONTRIBUTION INFORMATION

| Level of Coverage | Medical - Surest | Medical - Choice Plus w/ HSA or HRA | Medical - Choice Plus | Level One Dental | Level Two Dental | Vision |
|-----------------------|------------------|-------------------------------------|-----------------------|------------------|------------------|---------|
| Employee Only | \$151.50 | \$144.29 | \$412.61 | \$7.35 | \$9.74 | \$5.61 |
| Employee + Spouse | \$333.28 | \$317.41 | \$907.73 | \$15.67 | \$20.63 | \$14.25 |
| Employee + Child(ren) | \$302.97 | \$288.54 | \$825.23 | \$14.10 | \$18.57 | \$14.25 |
| Employee + Family | \$484.79 | \$461.70 | \$1,320.35 | \$19.62 | \$31.60 | \$14.25 |



VISION BENEFITS

| | IN NETWORK | OUT OF NETWORK |
|---|---|--|
| Exam: Covered once every 12 mos. | \$10 Copay | Reimbursement up to \$45 |
| Glasses: | \$10 copay applies Lenses: Covered in full Frames: \$130 retail allowance | Lens Reimbursement up to: Single Vision - \$32 Bifocals - \$55 Trifocals - \$65 Frame Reimbursement up to: \$91 |
| Contact Lenses (in lieu of lenses/frames) Covered once every 12 mos. | Elective: \$120 retail allowance Therapeutic: Covered in full | Elective: \$100 reimbursement Therapeutic: \$210 reimbursement |



401(K) PLAN

Employees are eligible to participate immediately upon employment and will automatically be enrolled unless they opt-out or make changes through Fidelity Investments. Company matching contributions begin on Day 1.

| Years of Service | Extent of Vested Interests | Years of Service | Company Match | Maximum Contribution |
|-------------------|----------------------------|---------------------|---------------|----------------------------|
| Less than 2 | 0% | Less than 5 | 100% | 3% of eligible earnings |
| 2 but less than 3 | 25% | 5 but less than 10 | 100% | 5% of eligible earnings |
| 3 but less than 4 | 50% | 10 but less than 15 | 100% | 8% of eligible earnings |
| 4 but less than 5 | 75% | 15 but less than 20 | 100% | 10% of eligible earnings |
| 5 or more | 100% | 20 or more | 100% | 12.5% of eligible earnings |

ELIGIBILITY & ENROLLMENT

- Full-time employees are eligible to enroll, as well as their legal spouse and dependent child(ren) under the age of 26
- Coverage begins on the 1st of the month following 30 days of employment
- Benefit year is January 1 - December 31