



BENEFITS AT A GLANCE

June 1, 2026 - May 31, 2027

This is a summary of employee benefits provided by ATS Companies. The information included is provided as a quick reference tool only and is not a legal document. For specific detail about your benefits and plan limits, please refer to your Summary Plan Description or Plan Booklets available from Human Resources. We encourage you to read all your enrollment information carefully, keep a copy for your records, and share it with your family members.

ELIGIBILITY FOR BENEFITS

OPEN ENROLLMENT

Each year, at Open Enrollment, you and your dependents will have the opportunity to enroll in the medical/Rx, dental, vision and voluntary life/AD&D plans. If you initially decline to enroll your dependents because they have other coverage, you may enroll them later during the year if they lose their other coverage.

ELIGIBLE EMPLOYEES

You have a comprehensive health and welfare program available to you and your dependents if you are a full-time employee regularly scheduled for a minimum of 30 hours per week.

ELIGIBLE DEPENDENTS

Your spouse and unmarried dependent children under age 26 and your domestic partner and his/her children are also eligible. You must complete and submit an "Affidavit of Domestic Partnership" to cover your domestic partner and his/her children. Dependent children incapable of self-sustaining employment because of developmental disability or physical handicap may continue to be insured after reaching the limiting age of 26.

EFFECTIVE DATES OF COVERAGE & ONGOING ELIGIBILITY

Employees hired for Full-Time employment (i.e. expected to work a minimum of 30 hours per week), are initially eligible on the first of the month following or coincident with date of hire.

Employees hired for Variable Hour, Part-Time and Seasonal employment are initially eligible on the first of the month following 13 months of employment, if during your first 12 months of employment (i.e. your Initial Measurement Period) you worked an average of 30 hours per week.

ALL Ongoing Hourly employees (those who have worked for our entire 12-month Standard Measurement Period (SMP)) will be eligible for benefits during the following Plan Year if during the SMP you have worked an average of 30 hours per week. ATS' SMP is April 1st to March 31st each year.

You will be notified of your ongoing eligibility status during our annual open enrollment period in May.

NEW HIRES

If you're a new hire, you must enroll when you're initially eligible (usually within 30 days of your eligibility date) otherwise you'll have to wait until the plan's next open enrollment period to enroll in the group health plans.

MAKING CHANGES TO YOUR BENEFITS

HIPAA SPECIAL ENROLLMENT RIGHTS

Open Enrollment occurs once each year. You may change your benefit elections during the open enrollment period. Once you have made your selection, you may not change benefit elections until the next open enrollment unless you have a qualifying event in employment or family status. Qualifying events include:

- Marriage, divorce or legal separation (state specific)
- Dependent child through birth, adoption or court ordered custody
- Death of a spouse or child
- Your work schedule changes (i.e. reduction or increase in hours which affects eligibility)
- Your dependent loses eligibility for coverage
- You or your dependent becomes eligible for Medicare
- Your spouse involuntarily loses health coverage through their employer
- You and/or your spouse and dependents become eligible for COBRA
- You and/or your spouse and dependents gain or lose Medicaid coverage
- You received a Qualified Medical Child Support Order (QMCSO)

If you experience one of these qualifying events, you have 30 days from the date of the event to notify Human Resources and make any desired benefit changes. Otherwise, elections you make during open enrollment will remain in effect for the entire plan year.

MEDICAL/RX *through RGA*

Our medical plans have been designed to provide coverage for eligible medical services and supplies for the treatment of illness or injury. Although you may seek treatment from any licensed provider, your benefits will be higher and out-of-pocket costs lower if you use a network provider. The benefits listed below are based on services provided by an in-network provider. **Always refer to your plan booklet for specific benefit levels and limitations.**

Administered by RGA	PPO Plan In-Network	HDHP with HSA In-Network
Plan Year Deductible	\$1,000 member \$2,000 family	\$2,000 member \$4,000 family (aggregate)
Plan Year Out-of-Pocket Maximum	\$5,000 member \$10,000 family	\$5,000 member \$10,000 family (aggregate)
Preventive Care	Covered in full (subject to exceptions)	Covered in full (subject to exceptions)
Office Visit - Illness or injury	\$25 copay	80% after deductible
Virtual Care - Virtual visit with your doctor	Covered like any other service	Covered like any other service
Virtual Physical Therapy - Omada Health	\$25 copay	80% after deductible
Outpatient Lab and X-ray	80% after deductible	80% after deductible
Acupuncture - Up to 26 visits per plan year	\$25 copay	80% after deductible
Chiropractic Care - Up to 20 visits per plan year	80% after deductible	80% after deductible
Massage Therapy - Up to 20 visits per plan year	80% after deductible	80% after deductible
Inpatient Hospitalization	80% after deductible	80% after deductible
Outpatient Hospital	80% after deductible	80% after deductible
Emergency Room	\$300 copay (copay waived if admitted)	80% after deductible
Prescription Drugs		
Prescription Drug Plan Out-of-Pocket Maximum	\$4,000 member \$8,000 family	Combined with medical
Retail Generic/Preferred/Non-Preferred/Specialty Up to 30-day supply	\$5/\$30/\$60/\$100 copay	80% after deductible
Mail Order Generic/Preferred/Non-Preferred Up to 90-day supply	\$20/\$60/\$120 copay	80% after deductible
Out of Network Limits (You may be balance billed for amounts over RGA's allowed amount)		
Plan Year Deductible	\$2,000 member \$4,000 family	\$4,000 member \$8,000 family (aggregate)
Plan Year Out-of-Pocket Maximum	\$10,000 member \$20,000 family	\$10,000 member \$20,000 family (aggregate)
Coinsurance	50% after deductible	50% after deductible

VIRTUAL SERVICES *through Omada Health*

Virtual Physical Therapy

Members enrolled in the ATS RGA medical plan have access to a virtual physical therapy benefit with Omada Health. Omada connects you with your very own dedicated licensed physical therapist* to diagnose and treat your aches and pains - all from your smartphone or tablet - No driving, no waiting rooms.

Your Omada physical therapist will help you:

- **Reduce Pain:** They will create a personalized treatment plan to treat the source of your pain.
- **Move Better:** They'll track your progress and make adjustments for best results.
- **Prevent Injuries:** They'll help you increase strength and flexibility using videos and exercise tools.

What do you get as a member?

- A licensed physical therapist with unlimited video visits
- Personalized treatment plan
- Free exercise kit*
- Tools for managing stress
- App-guided exercises

To find out what the health plan covers and what your financial obligation may be, contact RGA's Customer Care line at **866.738.3924** or log into your RGA member portal. Additional information can be found online at omadahealth.com

CARDIOMETABOLIC PROGRAM

ATS members enrolled in RGA medical plans will have access to a cardiometabolic suite that includes support and tools to help achieve health goals. Engage to receive access to a health coach, interactive lessons, and more, all from your smartphone or tablet!

Prevention Program

- Professional Health Coach
- Supportive peer group
- Insightful health goals
- Evidence-based curriculum

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Diabetes Program

- Professional Health Coach
- Diabetes curriculum
- Health maintenance
- Medication self-management
- Remote blood pressure monitoring
- Care navigation

TOBACCO CESSATION PROGRAM *through RGA*

ATS is proud to provide you with the RGA Tobacco Cessation Program. This program can assist you as you work toward a tobacco free lifestyle. For more information about the resources available to you, including certain medications at no cost, please call RGA at 866.738.3924.

VISION PLAN *through Ameritas*

We're pleased to announce a new partnership with Ameritas for our vision benefits this year. You'll have the flexibility to choose between the VSP or EyeMed networks, both offering broad, nationwide access to vision providers. You'll select your network when you first become eligible for coverage and can adjust your network selection during Open Enrollment. With in-network care, your out-of-pocket costs are lower and your allowances go further.

Administered by Ameritas	VSP Choice Network	EyeMed Insight Network
Eye Exam Once per calendar year	\$25 copay	\$25 copay
Standard Eyeglass Lenses Once per calendar year	\$25 copay Applies to eyeglass lenses or frames	\$25 copay
Frames Once per calendar year	\$25 copay Applies to eyeglass lenses or frames Covered up to \$200	Covered up to \$200
Contact Lenses In lieu of frames and lenses Once per calendar year	\$25 copay Elective: Covered up to \$200 Medically Necessary: Covered in full Up to \$60 copay for contact lens fitting and evaluation	\$25 copay Elective: Covered up to \$200 Medically Necessary: Covered in full Up to \$40 copay for contact lens fitting and evaluation
Out of Network Benefits	Reimbursement schedule applies	

DENTAL PLAN *through Delta Dental of Washington*

We're excited to introduce a new partnership with Delta Dental of Washington. Along with our standard dental plan, we're also offering a new buy-up option that provides a higher annual benefit maximum and an increased orthodontia maximum. You can visit any licensed dentist under the Delta Dental plan however you'll generally pay less out of pocket when you choose a participating network dentist. The benefits listed below are based on services provided by an in-network *provider and reflect your cost share.*

Administered by DDWA	DDWA BASE PPO PLAN	DDWA BUY-UP PPO PLAN
Plan Year Benefit Maximum	\$2,000 per member	\$5,000 per member
Plan Year Deductible	\$25 per member / \$75 per family	\$25 per member / \$75 per family
Diagnostic / Preventive	Covered in Full	Covered in Full
Basic Services	20% after deductible	20% after deductible
Major Services	50% after deductible	50% after deductible
Orthodontia	50% up to \$1,500 lifetime maximum <i>Children up to age 26</i>	50% up to \$5,000 lifetime maximum <i>Children and Adults</i>
Out of Network Benefits	You may be balance-billed for amounts over DDWA's allowed amount	

HEALTH SAVINGS ACCOUNT (HSA) *through HealthEquity*

When you enroll in the QHDHP, ATS will contribute to your individual HSA account administered by HealthEquity. For the plan year beginning June 1, 2026, ATS will contribute up to **\$750** per individual, or **\$1,500** per family, into your HSA account. ATS' HSA contributions are pro-rated and distributed evenly across the payroll periods for the year. You can also contribute your own money into your HSA account through pre-tax payroll deductions. The maximum you can contribute is the difference between the 2026 IRS contribution limit based on your enrollment, and ATS' annual contribution. Your HealthEquity account balance rolls over from year to year, so the money remains available to you when you need it.

To make (or accept) HSA contributions, a person must be:

- ▶ Covered by a qualified high-deductible health plan (QHDHP)
- ▶ Not enrolled in Medicare or Tricare
- ▶ Cannot have received any Veteran's Administration (VA) non-service related health benefits in the last three months
- ▶ Not claimed as a dependent on another person's taxes
- ▶ Not covered under other 1st dollar health insurance plan, including
 - Spouse's health plan (unless the spouse's health plan is a qualified HDHP)
 - Spouse's healthcare FSA, unless Limited Purpose FSA
 - ATS' healthcare FSA, unless Limited Purpose FSA
 - Healthcare FSA grace period

2026 HSA Contribution Limit*	ATS Contribution	Maximum Employee Contribution for 2026
Employee only - \$4,400	\$750	\$3,650
Family - \$8,750	\$1,500	\$7,250
HSA Catch-Up Contributions (Age 55+) - \$1,000 additional		

Please note that while you may enroll your domestic partner in our benefit plans and receive insurance coverage, domestic partner out-of-pocket expenses are generally not eligible for reimbursement through an HSA bank account under IRS regulations. Additionally, the company-paid premiums for DP coverage are taxed as income (unless DP is an eligible federal tax dependent).

**This amount is subject to change and indexed annually.*

FLEXIBLE SPENDING ACCOUNT (FSA) *through HealthEquity*

ATS offers an FSA through HealthEquity for a convenient, pre-tax way to help pay for eligible health and dependent care expenses. The pre-tax features save you money by reducing your taxable income and allow you to pay for eligible health care and dependent care expenses with tax-free dollars. Because of the IRS “use it or lose it” provision, these plans require careful planning, therefore be sure to ask for help if you need it. This FSA plan does not include grace period or carry-over provisions, so consider your anticipated healthcare expenses when electing your FSA benefit for the year.

Expenses must be incurred between June 1, 2026 and May 31, 2027. You have until August 31, 2027 to submit eligible expenses for reimbursement.

Important note: Re-enrollment is NOT automatic. You must re-enroll every year to continue saving tax dollars through the FSA accounts. FSA elections must be made prior to June 1st each year (or within 31 days of your hire date). No exceptions or extensions can be made to this deadline, per IRS regulations.

Flexible Spending Accounts (FSA)	HDHP with Health Savings Account (HSA)	PPO Plan
Limited Purpose FSA	Up to \$3,400 per plan year for dental and vision expenses only.	N/A
Full Healthcare FSA	N/A	Up to \$3,400 per plan year for all eligible healthcare expenses.
Dependent Care Spending Account	Up to \$7,500 per household per plan year	

Employees’ share of health insurance premiums will be deducted from your paycheck on a pre-tax basis, unless otherwise requested.

LIFE AND AD&D INSURANCE *through Symetra*

ATS provides a \$50,000 Life and \$50,000 AD&D insurance policy to all benefit eligible employees through Symetra. An additional \$50,000 in life insurance coverage is provided to employees by ATS. Please note this coverage is in addition to the benefit provided through Symetra and the value of this additional coverage is considered taxable income. Benefits will reduce to 65% of the original amount at age 65, 30% at age 70, 20% at age 75, and to 15% at age 80. You are automatically enrolled and ATS pays the entire premium for eligible employees.

LONG-TERM DISABILITY INSURANCE *through Lincoln*

Disability benefits are provided by ATS to replace a portion of your income if you are unable to work due to illness or injury. You are automatically enrolled and ATS pays the entire premium for eligible employees.

Lincoln Financial	Long-Term Disability
Benefit Amount	60% of monthly salary, not to exceed a maximum monthly benefit of \$7,000
Waiting Period	Benefits will begin after you’ve been disabled for 90 days
Benefit Duration	Social Security Normal Retirement Age

VOLUNTARY LIFE AND AD&D INSURANCE *through Lincoln*

Voluntary life and AD&D is also available to employees through Lincoln Financial. Your salary determines the maximum coverage amount available to you and you may be required to fill out a statement of good health to elect coverage. You must enroll as an employee before you can purchase spouse or dependent life.

Lincoln Financial	Life Coverage	AD&D Coverage	Coverage Limits
Employee	\$10,000 increments, not to exceed the lesser of 5x salary or \$500,000	Equal to your Life Coverage Amount	Minimum: \$20,000 Coverage reduces at age 65, 70, 75 and 80
Spouse	\$10,000	Equal to your Spouse's Life Coverage Amount	\$10,000
Dependent	\$250 - 14 days to 6 months \$10,000 - over 6 months	N/A	To age 25 if unmarried and full-time student
Guaranteed Issue	The lesser of \$150,000 or 3x salary. An additional \$20,000 may be purchased annually during open enrollment on a guaranteed issue basis as well.		

EMPLOYEE ASSISTANCE PROGRAM (EAP) *through Curalinc*

ATS offers an Employee Assistance Program to all employees through CuraLinc and pays the full cost of this coverage. The EAP program is a professional, confidential, counseling and referral program intended to help employees and family members deal privately and effectively with any type of concern. Each family member receives up to **4 counseling sessions per issue**, and referral and concierge services. Payments for any referrals for ongoing services outside of the EAP are the members' responsibility.

Common EAP issues:

Marital/Family Problems	Relationship Concerns
Health/Mental Health Concerns	Gambling/Substance Abuse
Child/Eldercare Concerns	Legal/Financial Concerns
Parenting Difficulties	Stress and Anxiety
Work-Related Problems	Abuse (verbal/physical)

800.553.7798

www.supportlinc.com

(Code: atscompanies)

VOLUNTARY SUPPLEMENTAL COVERAGES

In addition to the core benefits outlined, ATS offers voluntary supplemental coverage through Aflac to help protect you and your family from unexpected expenses. You have the option of enrolling in a number of plans, including Accident Insurance, Critical Illness insurance, and Short-Term Disability coverage, which can provide additional financial support in the event of an injury, illness, or temporary disability, and are designed to complement your benefits package. Enrollment is optional and premiums are employee-paid. Visit <https://aflacenrollment.com/ATSAutomation/GROUP4821009> for more information, including brochures for each product and monthly rates!

- ▶ **Accident Insurance** through Aflac provides financial protection in the event of an unexpected injury. Whether it's a broken bone, a trip to the emergency room, or follow-up care, this coverage helps cover out-of-pocket expenses that medical insurance may not fully pay for. Benefits are paid directly to you, giving you the flexibility to use the funds where they're needed most.
- ▶ **Critical Illness Insurance** through Aflac offers a lump-sum benefit if you are diagnosed with a covered serious condition, helping to ease the financial impact of unexpected health events. Covered conditions include Cancer, Heart Attack, Stroke, Cardiac Arrest, and more. The benefit is paid directly to you, allowing flexibility to use the funds where you need them most - whether for medical expenses, household bills, or recovery support.
- ▶ **Short-Term Disability Insurance** provides income protection if you are unable to work due to an illness or injury that occurs **off the job**. This policy replaces a portion of your income, helping you maintain financial stability while you recover. It also includes coverage for maternity leave and pays in addition to any benefits received through State FMLA programs.

CONTACTS *for benefits*

Plan	Website / Email Member Services
MEDICAL/RX, DENTAL & VISION	
Medical Administrator - RGA	www.accessrga.com 866.738.3924
Prescription Drugs - Optum administered by RxBenefits	<p>Customer Service www.rxbenefits.com/members/ Email: customercare@rxbenefits.com 800.334.8134</p> <p>Formulary www.optumrx.com</p>
Virtual Physical Therapy & Cardiometabolic Program - Omada Health	www.omadahealth.com 866.738.3924
Dental - Delta Dental of Washington	DeltaDentalWA.com 800.554.1907
Vision - Ameritas	<p>Customer Service www.benefits.ameritas.com/landing Email: group@ameritas.com 800.487.5553</p> <p>Network Information & Provider Locator Tools www.vsp.com www.eyemed.com</p>
HSA & FSA Accounts - HealthEquity	www.healthequity.com 844.281.0926
ADDITIONAL BENEFITS	
Group Life/AD&D - Symetra	www.symetra.com Customer Service and Claims: 800.796.3872
Voluntary Life/AD&D, Disability - Lincoln	www.mylincolnportal.com Customer Service and Claims: 800.423.2765
EAP - CuraLinc	www.supportlinc.com 800.553.7798
Voluntary Supplemental Benefits - Aflac	https://aflacenrollment.com/ATSAutomation/GROUP4821009 800.992.3522
ADDITIONAL RESOURCES	
Employee Advocate - Alera Group	866.561.6252 Email: employee.advocate@aleragroup.com
<p>The information in this Employee Benefits Guide is presented for illustrative purposes and is based on information provided by the employer and insurance carriers. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact your Benefits Department or the Alera Group Employee Advocate (see contact information, above.)</p>	