ARCO

Benefits

OPEN ENROLLMENT GUIDE

NOVEMBER 9TH – 20TH, 2026



We know one size doesn't fit all, so that's why ARCO makes sure that you have an array of benefit options so you can choose those that suit you and your family best.

Open enrollment is the time to review these options and pick the ones that match your needs for the upcoming year. Take the time to review these benefit options closely so that you can rest easy knowing that you have the plan that's right for you.

What happens if I don't enroll during annual enrollment?

If you don't enroll during open enrollment, then all of your current insurance elections except for Flexible Spending Accounts (FSA) will carry over to 2027, and rates will be adjusted accordingly. You will have to wait until next year's open enrollment or until you have a qualifying life event to change your coverage.

For New Hires: Insurance is effective the first of the month following the date of hire. If you are eligible for insurance coverage, it takes effect the first month following the date of hire. If you don't actively enroll within 30 days of your date of hire, you will have only basic company-paid life insurance and disability coverage. You will have to wait until the next Annual Enrollment period or a qualified life event to select benefits coverage for you or any eligible dependents.

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MAKING ENROLLMENT CHANGES

Open Enrollment for 2027 benefits takes place November 9 - November 20, 2026. During this time, you will have the opportunity to elect, change, or waive benefits for the 2027 plan year. Any benefits you elect are effective January 1 - December 31, 2027.

For the plan year 2027, associates will have the ability to renew their benefits elections through passive enrollment. This means that for those associates who do not wish to make any changes to their current elections, all your current benefit elections will roll forward (except for Flexible Spending Accounts - associates need to choose to enroll in Flexible Spending Accounts each year).

Elections are made in the My Benefits Portal through UKG. Access instructions can be found here.

1. The first step is to log in to UKG. Contact technology@arco1.com if you need assistance logging in.
2. To launch open enrollment, click the “menu” tab at the top left-hand corner of the screen, hover over the Myself tab, and click on My Benefits.
3. Once inside the My Benefits Portal, you will want to navigate to your open enrollment event, select your desired coverage, and be sure to click Approve on the review page. If you do not receive a confirmation page, then your elections have not been submitted.
4. Please reach out to benefits@arco1.com if you have any questions or click here for more detailed instructions.

WHAT DO YOU NEED TO KNOW?

- All coverages roll to 2027 except for your FSA accounts, which must be elected each year.

- New Medical ID Cards will be issued, and you will need to log in to www.umr.com to activate. You must present this new ID card to your providers starting 1/1/2027.

- You will continue to use the same Dental ID Card; you will not receive a new Dental ID Card.

- As a reminder, VSP does not send out vision insurance cards.

- 2027 FSA limits
  - Medical FSA: $3,500 per year
  - Commuter/Parking FSA: $350 per month
  - Dependent Care: $7,500 per year

- 2027 HSA limits
  - HSA Individual Limit: $4,500 per year
  - HSA Family Limit: $9,000 per year
  - HSA Catch-Up (55+): $1,000 per year

WHAT'S NEW?

- ARCO's Pharmacy Benefit Manager (PBM) will change from OptumRx to SmithRx.
  - This change will be reflected on the new Medical ID Cards. **You must present the new Medical ID card at the pharmacy starting 1/1/2027.** SmithRx offers Drug Pathways, which are programs that may help associates save on prescription costs, but will also require action that you may need to take. Watch for communications from SmithRx about prior authorization requirements, formulary changes, or other programs that could affect your prescriptions. If you receive a letter, follow the instructions and take any required action. To avoid disruption, everyone should fill their prescriptions as close to December 31 as possible; when appropriate, consider a 90-day supply.
- Prudential will be the new vendor for Leave Management, Voluntary Benefits, Group Term Life Insurance, and Long-Term Disability.
  - With the vendor change, there will be a one-time evidence of insurability waiver for anyone wishing to increase their voluntary associate life coverage by $50,000 up to the guaranteed issue limit of $100,000 or their voluntary spouse life coverage by $10,000 up to the guaranteed issue limit of $20,000.
  - All life insurance has been enhanced: coverage now reduces to 50% at age 70
- UMR Plan Advisor will be replacing Health Advocate.
- Digbi is a new provider who will support cardiometabolic and digestive health.
- Dental implants and bone grafting (once every 5 years) has been added to the High Dental plan.
- Lifestyle Account for gym membership reimbursement through Surency.
- WINFertility will be our new vendor for our Family Planning Benefit.
- SupportLinc will be upgraded to SupportLinc+ to include psychiatric counseling with medication management and substance abuse programs.

INSURANCE TERMS 101

PREMIUM
The amount you pay to be covered by the insurance.

COPAY
A fixed amount ($25, for example) you pay for covered health care services after you've paid your deductible.

DEDUCTIBLE

The amount you pay for covered health care services before your insurance plan starts to pay.

Note that in the HDHP, the deductible is non-embedded. This means each family member does not have their own deductible. The full family deductible must be met.

COINSURANCE

The percentage of costs of a covered health service paid by the plan (85%, for example) after you've paid your deductible.

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 for in-network care and services, your health plan pays 100% of the costs of covered benefits.

Note that in the HDHP, the out-of-pocket maximum is non-embedded. This means each family member does not have their own out-of-pocket maximum. The full family out-of-pocket maximum must be met.

PREFERRED PROVIDER ORGANIZATION (PPO)

You pay more to purchase and less to use.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

You pay less to purchase and more to use. You can contribute to a health savings account (HSA).

MEDICAL INSURANCE

UMR

www.umr.com | (800) 207-3172

Preferred Provider Organization (PPO)

	Monthly	Bi-Weekly	Weekly
Associate Only	$190.71	$88.02	$44.01
Associate + Spouse	$400.55	$184.87	$92.43
Associate + Children	$373.82	$172.53	$86.27
Family	$619.70	$286.02	$143.01

General Plan Info	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	
Deductible		
Individual	$750	$2,000
Family	$1,500	$4,000
Coinsurance	85%	70%
Out-of-Pocket Maximum		
Individual	$3,000	$5,000
Family	$6,000	$10,000
	Includes the deductible	
Physician Office Visits		
Primary Care	$25 copay	70% after deductible
Specialist	$50 copay	70% after deductible
Preventive Care		
	100% no copay or deductible	70% after deductible
Emergency Room		
	$250 copay	$250 copay
In-Network Prescription Drug Benefits	**Retail (31 day supply)**	**Mail (90 day supply)**
Tier 1	$10 copay	$25 copay
Tier 2	$35 copay	$87.50 copay
Tier 3	$60 copay	$150 copay
Tier 4	20% to $200 copay	N/A

MEDICAL INSURANCE

UMR

www.umr.com | (800) 207-3172

High Deductible Health Plan (HDHP)

	Monthly	Bi-Weekly	Weekly
Associate Only	$81.62	$37.67	$18.84
Associate + Spouse	$171.41	$79.11	$39.56
Associate + Children	$159.97	$73.83	$36.92
Family	$265.19	$122.40	$61.20

General Plan Info	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	
Deductible		
Individual	$2,500	$5,000
Family	$5,000	$10,000
Coinsurance	85%	60%
Out-of-Pocket Maximum		
Individual	$4,400	$10,000
Family	$8,750	$20,000
	Includes the deductible	
Physician Office Visits		
Primary Care	85% after deductible	60% after deductible
Specialist	85% after deductible	60% after deductible
Preventive Care		
	100% no deductible	60% after deductible
Emergency Room		
	85% after deductible	60% after deductible

In-Network Prescription Drug Benefits	Retail (31 day supply)	Mail (90 day supply)
Tier 1	$10 copay after deductible	$25 copay after deductible
Tier 2	$35 copay after deductible	$87.50 copay after deductible
Tier 3	$60 copay after deductible	$150 copay after deductible
Tier 4	20% to $200 after deductible	N/A

VIRTUAL HEALTH

TELADOC

www.teladoc.com | (800) 835-2362

Teladoc is UMR's preferred telemedicine provider, offering services for Dermatology, Licensed Therapy Visits, Psychiatric Visits, and can be used for the following types of General Medicine conditions:

- Colds and flu
- Allergies
- Bronchitis
- Recurring prescription refills
- Pink eye
- Upper respiratory infections
- Pediatric care
- Non-Emergency medical assistance
- And more

HINGE HEALTH

www.umr.com | (855) 902-2777

Pain relief, plain and simple

Hinge Health is a virtual physical therapy program centered around you, your life, and your needs, with combined expert clinical care and advanced technology to help you move beyond pain, avoid unnecessary surgeries, and reduce opioid use. No matter where you have pain, Hinge Health has you covered.

- Neck & Upper Back
- Shoulders
- Elbow, Forearms, Wrists, & Hands
- Pelvic Region
- Thighs & Knees
- Shins & Calves
- Ankles & Feet

GET EXPERT CARE FROM HEAD TO TOE

Following a virtual evaluation, Hinge Health will offer a personalized program designed to help reduce your pain. Throughout the program, you will have access to a dedicated care team including a physical therapist and a health coach. You can connect with your care team via text, email, phone call, or video chat, making it easy to stay in touch and get the support you need. The program is available through the Hinge Health app, which allows you to access exercise therapy anytime, anywhere. Exercises are designed to take about 15 minutes or less, making it easy to fit into your busy schedule.

Teladoc and Hinge Health are free to associates enrolled in ARCO's medical insurance.

VIRTUAL HEALTH (Cont.)

DIGBI

https://go.digbihealth.ai/arco | (508) 443-4424

Digbi is a new health benefit offered by ARCO to qualifying associates, spouses, and adult dependents (age 18 or older) on the UMR health plan. It is the first gut microbiome and genetics-based virtual care program that helps individuals struggling with obesity, diabetes, digestive disorders, and more. 70% of Digbi members conquer chronic issues and get back to doing things they love.

Eat Better, Feel Happier, Live Healthier

- At-home gut microbiome and genetic test kits
- Continuous Glucose Monitor (CGM) to track how your body responds to food
- Meal plans personalized to your genetics, gut biome, and lifestyle
- A dedicated health coach who helps you make small but powerful changes
- 24x7 AI Health Guide, ASRA, with instant meal rating and grocery scanner
- App tracking for symptoms, sleep, stress, and cravings

Qualifications

ARCO associates, spouses, and adult dependents covered by the medical plan can qualify if any one of the following applies:

- A BMI of 30 or higher or
- A BMI of 25 to 30, along with related conditions such as type 2 diabetes, hypertension, or high cholesterol or
- A diagnosis for diabetes, heart, digestive or weight conditions

Digbi is free to associates enrolled in ARCO's medical insurance.

MEDICARE & COBRA SUPPORT SERVICES

ALLSUP

AllsupMedicare.com | (800) 271-1173

Allsup provides personalized guidance to help associates and their families who are enrolled in ARCO's medical plan understand and navigate healthcare coverage options during major life transitions. Whether you're approaching Medicare eligibility, leaving employment, or considering continuation of coverage through COBRA, Allsup's experts can help you make informed decisions about your healthcare benefits.

Services Include:

- **One-on-One Benefits Counseling** – Personalized support to help individuals evaluate their healthcare choices based on their unique needs and circumstances.

- **Medicare Guidance** – Assistance understanding Medicare eligibility, enrollment timelines, plan options, and coordination with other health coverage.

- **COBRA Support** – Education and guidance on COBRA continuation coverage, including enrollment deadlines, costs, and alternative coverage options.

- **Coverage Transition Assistance** – Help comparing healthcare options when transitioning from employer-sponsored coverage to Medicare or other health insurance plans.

DENTAL INSURANCE

DELTA DENTAL

www.deltadentalmo.com | (800) 335-8266

*Premier dentists do not balance bill

Premiums	Monthly	Low	High	Bi-Weekly	Low	High	Weekly	Low	High
Associate Only		$8.05	$20.87		$3.72	$9.63		$1.86	$4.82
Associate + Spouse		$16.09	$41.72		$7.43	$19.26		$3.71	$9.63
Associate + Children		$20.44	$55.55		$9.43	$25.64		$4.72	$12.82
Family		$27.52	$73.85		$12.70	$34.08		$6.35	$17.04

Deductible	PPO/In-Network	Low	High	Premiere/Out-of-Network	Low	High
Individual		$50	$0		$50	$0
Family		$150	$0		$150	$0
Calendar Year Maximum						
		$1,000	$2,000		$1,000	$2,000
Coinsurance						
Preventative		100%	100%		100%	100%
Basic		90%	100%		80%	80%
Major		60%	60%		50%	50%
Orthodontia						
Deductible		$0	$0		$0	$0
Coinsurance		50%	50%		50%	50%
Lifetime Maximum		$1,000	$2,000		$1,000	$2,000
Benefits applied to		Children Under 19	Adults & Children		Children Under 19	Adults & Children
Visits & Exams						
Visit for Oral Examination		100%	100%		100%	100%
Prophylaxis (including scaling & polishing)		100%	100%		100%	100%
Fluoride (dependent children under age 19)		100%	100%		80%	80%
Sealants (dependent children under age 19)		90%	100%		80%	80%
X-Rays						
Bitewing X-rays		100%	100%		100%	100%
Full mouth X-rays (every 36 months)		100%	100%		100%	100%
Endodontics						
		90%	100%		80%	80%
Minor Restorations				12 months		
Composite fillings		90%	100%		80%	80%
Periodontics						
Incision & drainage of abscess		90%	100%		80%	80%
Prosthodontics/Major Restorations						
Crowns		60%	60%		50%	50%
Full & partial dentures		60%	60%		50%	50%
Implants & bone grafts (once in 5 years)		Excluded	60%		Excluded	50%

VISION INSURANCE

VSP

www.vsp.com | (800) 877-7195

	Monthly	Bi-Weekly	Weekly
Associate Only	$2.04	$0.94	$0.47
Associate + Spouse	$3.27	$1.51	$0.75
Associate + Children	$3.34	$1.54	$0.77
Family	$5.38	$2.48	$1.24

General Plan Info	In-Network	Out-of-Network
Exam	$10 copay	Up to $50
Materials	$25 copay	See below
Lenses		
Single	$25 copay	Up to $50
Bifocal	$25 copay	Up to $75
Trifocal	$25 copay	Up to $100
Lenticular	$25 copay	Up to $125
Frames		
	Up to $200 allowance	Up to $70
Contacts (elective, in lieu of glasses)		
	Up to $200 allowance	Up to $105
Frequency		
Exam	12 months	12 months
Lenses	12 months	12 months
Contacts (in lieu of glasses)	12 months	12 months
Frames	12 months	12 months

HEALTH SAVINGS ACCOUNT (HSA)

OPTUM

www.optumbank.com | (866) 799-2655

WHAT IS AN HSA?

A Health Savings Account (HSA) is a personal bank account you can use to pay for your family's healthcare costs. If you enroll in the HDHP medical plan, you may set up an HSA account and elect to contribute funds from your paycheck, which you can use to pay medical costs tax-free.

WHY SHOULD I PARTICIPATE?

There are many tax advantages of an HSA. Your HDHP premium cost is lower than average health plans. You can add the money you save on premiums to your HSA and automatically start a healthcare savings.

AN HSA IS MORE THAN A BANK ACCOUNT

You don't pay taxes on the money you save, spend, or earn. The money in your account always rolls over and always belongs to you, even if you change jobs, health plans, or retire. You can use your HSA savings for qualified expenses for your spouse and tax dependents, even if they are not covered on your plan. Finally, it is a tool to plan for retirement. You can invest funds now and use your "nest egg " later in life and make changes throughout the year.

HOW DOES IT WORK?

As an associate, you agree to set aside a portion of your pre-tax salary in an account, and that money is deducted from your paycheck over the course of the year.

The HSA lets you pay for IRS-approved healthcare expenses with pre-tax dollars. For example, cash that you spend on deductibles and other out-of-pocket healthcare expenses can be paid out of the HSA.

NOTE: You must be enrolled in the High Deductible Healthcare Plan (HDHP). You cannot have a Health Savings Account (HSA) and a Healthcare Flexible Spending Account (FSA). Your spouse cannot have a Healthcare FSA through his/her own employer if you are enrolled in the HSA.

Coverage Level	Yearly
Individual	$4,500
Family Coverage	$9,000
Age 55 or older?	Associates age 55 or older are eligible to contribute an additional $1,000 catch-up contribution on top of these annual limits.

FLEXIBLE SPENDING ACCOUNT (FSA)

SURENCY

www.surency.com | (866) 818-8805

We offer a tax-friendly Flexible Spending Account (FSA) program through Surency.

WHY SHOULD I PARTICIPATE?

FSAs provide you with an important tax advantage that can help you pay healthcare and dependent care expenses on a pre-tax basis. By anticipating your family's healthcare and dependent care costs for next year, you can actually lower your taxable income.

HOW DOES THE PLAN WORK?

Essentially, the Internal Revenue Service set up FSAs as a means to provide a tax break to associates. As an associate, you agree to set aside a portion of your pre-tax salary in an account, and that money is deducted from your paycheck over the course of a year. The amount you contribute to the FSA is not subject to Social Security (FICA), federal, state, or local income taxes- effectively adjusting your annual taxable salary. The taxes you pay each paycheck and collectively each year can be reduced significantly, depending on your tax bracket. And, as a result of the personal tax savings you realize, your spendable income will increase.

HEALTHCARE REIMBURSEMENT FSA

The Healthcare Reimbursement FSA lets you pay for certain IRS-approved medical care expenses not covered by your insurance plan with pre-tax dollars. For example, cash that you now spend on deductibles, co-payments, or other out-of-pocket medical expenses can instead be placed in the Healthcare Reimbursement FSA pre-tax to pay for these expenses. The maximum contribution to the Healthcare FSA in 2027 is $3,500. Unused funds do not roll over to the following year. Remember, you cannot have both a Health Savings Account (HSA) and a Healthcare Reimbursement FSA.

DEPENDENT CARE FSA

The Dependent Care FSA lets you use pre-tax dollars toward qualified dependent care. The maximum amount you could contribute to the Dependent Care FSA in 2027 is $7,500 ($3,750 if married and filing separately) per calendar year. Unused funds do not roll over to the following year.

COMMUTER AND PARKING FSA

The commuter FSA allowed you to put up to $350 per month aside, in 2027, pre-tax to use on eligible commuter expenses such as bus, ferry, monorail, streetcar, subway, train, and carpooling through Via, UberPool, and Lyft Line. The parking FSA allows you to set aside up to $350 per month, pre-tax, to use for parking at or near public transportation or at or near your work. Remaining funds will roll over each year until you terminate employment.

LIFESTYLE SPENDING ACCOUNT (LSA)

SURENCY

www.surency.com | (866) 818-8805

ARCO is committed to supporting Associates' health and well-being. That's why we're introducing a Lifestyle Spending Account (LSA) – an ARCO-funded, **taxable benefit** that helps cover eligible fitness expenses.

HOW DOES PLAN WORK?

- ARCO will contribute $50 per month to your account each year.
- You will submit a claim electronically after you have paid upfront for eligible expenses during the Plan Year from the Surency Mobile App or Member Account at Surency.com, and you will be reimbursed with money from your LSA, as long as you have funds.
- Managing your LSA is easy with our Surency Mobile App or Member Account. Check your account balance, submit a claim by snapping a picture of your receipt, manage notifications, and more!

ELIGIBLE EXPENSES

- Gym Memberships
- Health Club memberships
- Fitness studio memberships
- Fitness classes
- Personal trainers
- Fitness trackers

Unused LSA funds do not carry over into the next plan year. Membership must be for the associate only and be in the associate's name.

ACCIDENT INSURANCE

PRUDENTIAL

www.prudential.com/mybenefits

Accident Insurance is designed to help families plan for unexpected healthcare costs and take away some of the uncertainty and financial insecurity associated with them. The tax-free benefit resulting from non-work-related injuries or accidents covers more than 150 events in 5 categories: injuries, medical services and treatment, wellness visits, and hospitalization.

FEATURES

- Guaranteed issue: No medical questions or tests are required for coverage.
- Flexible: You can use the benefit payments for any purpose you like.
- Payroll deductions: Premiums are paid through convenient payroll deductions.
- Portable: If you leave your current employer or retire, you can take your coverage with you.

THINGS TO KNOW

- You can purchase coverage for yourself, your spouse, and dependent children up to age 26.
- The accident must occur after you are enrolled in the coverage.
- The plan pays a lump sum benefit depending on the type of injuries you sustain.
- Wellness Benefit – the plan provides a wellness benefit that pays out $100 per year for completing a health screening test such as an annual physical, pap test, mammography, colonoscopy, stress test, etc. You, your spouse, and dependent children (if enrolled) are each eligible for $100 per year.

Please see the Accident Insurance Handout for the full list of coverage, plan details, and exclusions.

Monthly Rates			
Associate	Associate + Spouse	Associate + Children	Family
$13.29	$22.32	$27.31	$36.55

CRITICAL ILLNESS INSURANCE

PRUDENTIAL

www.prudential.com/mybenefits

Critical Illness coverage pays you a lump sum if you are diagnosed with one of the following:

- Alzheimer's Disease
- Carcinoma In Situ
- Coronary Disease
- Life Threatening Cancer
- Loss of Sight
- Major Organ Failure
- Multiple Sclerosis
- Occupational HIV
- Parkinson's Disease
- Severe Brain Damage
- Benign Brain Tumor
- Coma
- Heart Attack
- Loss of Hearing
- Loss of Speech
- Motor Neuron Disease (ALS)
- Occupational Hepatitis
- Paralysis
- Ruptured Cerebral, Carotid or Aortic Aneurysm
- Stroke

Click here to see the full list of coverage, plan details, and exclusions.

Click here to see the cost of Critical Illness Insurance.

FEATURES

- Guaranteed Issue: No medical questions or tests are required prior to enrolling.
- Flexible: You receive a check for the payout and can use the money for whatever you want.
- Payroll Deductions: Premiums are paid through payroll deductions.
- Portable: If you leave ARCO or retire, you can take your coverage with you.

THINGS TO KNOW

- Wellness Benefit - the plan provides a wellness benefit that pays out $100 per year for completing a health screening test such as a pap test, serum cholesterol test, mammography, colonoscopy, stress test, etc. You, your spouse, and dependent children (if enrolled) are each eligible for $100 per year.
- Mental Health Benefit – the plan provides a mental health screening benefit that pays $50 per year for completing a mental health screening test such as a patient health questionnaire (PHQ-9), Mood Disorder Questionnaire (MDQ), etc. You, your spouse, and dependent children (if enrolled) are each eligible for $50 per year.

HOSPITAL INDEMNITY INSURANCE

PRUDENTIAL

www.prudential.com/mybenefits

Hospital Indemnity insurance is a type of supplemental health insurance that can help you pay for costs associated with a hospital stay. Benefits are non-taxable and paid directly to you following a hospitalization that meets the criteria.

FEATURES

- Guaranteed Issue: No medical questions or tests are required prior to enrolling.
- Flexible: You receive a check for the payout and can use the money on whatever you want.
- Payroll Deductions: Premiums are paid through payroll deductions.
- Portable: If you leave ARCO or retire, you can take your coverage with you.
- Hospital Confinement benefit begins on day one

THINGS TO KNOW

- Wellness Benefit – the plan provides a wellness benefit that pays out $50 per year for completing a health screening test such as an annual physical, pap test, mammography, colonoscopy, stress test, etc. You, your spouse, and dependent children (if enrolled) are each eligible for $50 per year.

BENEFITS

Please see the Hospital Indemnity Handout for plan details and benefits.

Hospital Admission Benefits	
Hospital Admission (Newborn included): Payable up to 5 times per calendar year	$1,500
ICU Admission (Newborn included): Payable up to 5 times per calendar year	$3,000
Hospital Confinement Benefits	
Hospital Confinement (Newborn Included): Payable for up to 180 days per confinement	$500
ICU Confinement (Newborn Included): Payable for up to 31 days per confinement	$750

Monthly Rates			
Associate	Associate + Spouse	Associate + Children	Family
$18.95	$47.43	$32.59	$60.97

LIFE AND AD&D

PRUDENTIAL

www.prudential.com/mybenefits

ARCO PROVIDED LIFE AND AD&D

ARCO provides all full-time active associates who are eligible for insurance with basic term life and a matching accidental death & dismemberment (AD&D) benefit of 1 ½ times salary up to $250,000. This benefit is administered by Prudential. Eligible associates are automatically enrolled. ARCO adds the GTL premium to the associate's earnings and then deducts the amount from them so that the net result is the tax on the premium. This makes the GTL benefit tax-free to the beneficiary when received. ***Please note that Life and AD&D benefits are reduced by 50% after age of 70.***

SUPPLEMENTAL TERM LIFE INSURANCE

Active associates can elect additional group term life insurance for themselves, their spouses, and their children. Associates will be able to elect in $10,000 increments, up to $500,000.
For your spouse, you can elect an amount in $10,000 increments up to $500,000.
Finally, you can choose coverage for your children up to age 26 in $2,500 increments up to $10,000 (no medical questions will be required).

EVIDENCE OF INSURABILITY REQUIREMENTS

If you are not in your newly eligible period or wish to elect more coverage than the guaranteed issue amount, you will need to complete evidence of insurability (EOI). EOI is also required if you wish to increase your current coverage by more than $20,000 for associates or $10,000 for spouses. You will be automatically redirected to Prudential during open enrollment to complete EOI if applicable. Prudential will then approve or deny the election based on the results from the EOI. There will be a one-time evidence of insurability waiver for anyone wishing to increase their voluntary associate coverage up to the guaranteed issue limit of $100,000 or their voluntary spouse life coverage up to the guaranteed issue limit of $20,000.

Click here for the Rate Sheet

GUARANTEED ISSUE AMOUNT
(Initial Eligibility Period Only)

Associate: $100,000 **Spouse: $20,000**

GUARANTEED ISSUE is subject to underwriting rules and is not available in all circumstances. Please note that Voluntary Life benefits are reduced by 50% after age 70.

PET DISCOUNT PLANS

WISHBONE

App.wishbone.pet/land/arco| (888) 789-7387

There are two pet discount plans available through Wishbone (formerly Pet Benefit Solutions): the **Pet Assure Plan** and the **Pet Plus Plan**. Read below to learn about each plan. Click here for additional information.

	Pet Assure	Pet Plus
One Pet:	$8.00 per month	$3.75 per month
Multiple Pets:	$11.00 per month	$7.50 per month

PET ASSURE PLAN

WHAT IS PET ASSURE?

Pet Assure is a veterinary discount plan for all types of pets. Thousands of participating veterinarians nationwide honor the Pet Assure discount card.
Enter your zip code here to find a participating veterinarian in your area.

WHAT WILL THE VETERINARY PRACTICE DISCOUNT WHEN I SHOW THEM MY PET ASSURE CARD?

Participating Pet Assure veterinary practices will give you a 25% discount on ALL medical care provided in the office by the veterinary staff. This includes:

- Wellness Visits
- Allergy Treatments
- Emergency Care
- Spays & Neuters
- Sick Visits
- Cancer Care
- Hospitalization
- Tumor Removal
- Dental Cleanings
- Ultrasound
- Surgical Procedures
- Dental Exams and X-Rays
- Diabetes Management
- Routine Care & Vaccines

WHAT ARE THE EXCLUSIONS?

Non-medical services such as routine grooming and boarding, outsourced services such as blood work sent to a lab or an outside specialist, mileage fees, and products you take home such as medications and food are not discounted.

Please note: You cannot combine the discount with other discounts or service packages.

PET PLUS PLAN

WHAT IS PET PLUS?

PetPlus is a prescription savings plan for dogs and cats. Members receive wholesale pricing
on products they are already buying for their pets. Pet Plus is not insurance. It’s instant savings without any paperwork.

WHAT’S COVERED UNDER PET PLUS?

Fleas & Ticks, Rx Medications, Heartworm, Supplements, and Rx Food.

EMPLOYEE ASSISTANCE PROGRAM

SUPPORTLINC+

www.supportlinc.com | 1 (888) 881-5462 | Group code = ARCO

We offer an **EMPLOYEE ASSISTANCE PROGRAM (EAP)** through our service provider, SupportLinc+. You and your immediate family can receive confidential short-term counseling of up to eight sessions per presenting personal and/or work concerns annually at no cost to you. The EAP provides the following services to help you balance work and home life:

- Managing stress and change
- Work performance issues
- Health and wellness issues
- Emotional and personal conflicts
- Care management for aging parents
- Identifying school college resources
- Family and relationship concerns
- Lifestyle weight management
- Budgeting and debt management
- Locating child and elder care resources
- Parenting issues
- Depression and grief
- Legal concerns
- Retirement issues

Now available in 2027: Substance abuse programs and psychiatric counseling with medication management

EAP COSTS

There is no charge for services covered under your EAP benefit. Should your consultant recommend a referral to a specialist or longer-term care provider, the referral is made to quality providers with your best interests in mind. Please make sure referrals are in-network for your insurance.

Contact SupportLinc to speak to a representative with any questions you have or to make an appointment.

UMR PLAN ADVISOR

www.umr.com| (800) 207-3172

UMR PLAN ADVISOR is UMR's highest level of customer service provided to ARCO associates at no cost to help you and your family. It's a great first resource for any questions about our medical plan.

- Help find local, cost-effective in-network doctors or facilities and assist with provider scheduling.
- Explain medical coverage details and track individual or family deductibles
- Resolve claims and billing inquiries
- Help understand the Explanation of Benefits (EOB)
- Redirects care by assessing cost, quality, and location, while coordinating with various health vendors.
- Provides guidance on preventive screenings, routine care, and condition management programs.

To speak to a member of the Plan Advisor team call the number on the back of your new insurance card or 800-207-3172

FAMILY PLANNING BENEFIT

WINFertility

https://managed.winfertility.com/arcoconstruction/ | (844)343-0665

ARCO has partnered with WINFertility to provide support and reimbursement for associates and their spouses through all of life's stages, from preconception through menopause.

WIN provides individualized support to help you navigate your fertility, adoption, or surrogacy journey with access to concierge nurse support, provider matching, benefit reimbursement and guidance, and an all-in-one digital support system. Also available is WINPowerPause to help you navigate the path to healthy aging through expert support and coordination for perimenopause, menopause, and andropause.

To get started:

- Confirm eligibility at managed.winfertility.com/arco
- Call 844-343-0665 Monday – Friday, 9am – 9pm ET
- Join educational virtual events at winfertility.com/events
- Download the WINFamily App and create your account using employer code ARC27

There are two parts to the ARCO benefit:

1. 24/7 access to the WINFamily app to schedule appointments, join video visits, and access educational resources.
2. Financial reimbursement for expenses incurred as part of your family-building journey through WINFertility. ARCO will reimburse each family unit 50% of eligible fertility, egg freezing, adoption, and surrogacy expenses up to a $20,000 USD lifetime maximum.