# BENEFITS | Full-time benefits summary | 30+ hours per week (Effective 1.1.26)

## HEALTH & WELLBEING

### Health Plan

- All active, regular employees scheduled to work 30+ hours per week are eligible to enroll.
- Coverage goes into effect the first day of the month following the employee's hire date (e.g., hire date 2/7, coverage 3/1; hire date 2/28, coverage 3/1).
- Employees are provided online tools, resources and programs to help them manage their health and healthcare costs.
- Employees may choose any provider.  Choosing providers in the network will result in better benefits at a lower cost.
- Preventive care benefits are paid at 100% before the deductible is met.

**HDHP OPTION 1 - $2,000/$4,000**

| | WEEKLY | BI-WEEKLY |
|---|---|---|
| Employee Only | $32.63 | $65.27 |
| Employee + SP/Partner | $78.40 | $156.81 |
| Employee + Children | $64.15 | $128.30 |
| Employee + Family | $106.91 | $213.83 |

**HDHP OPTION 2 - $4,000/$8,000**

| | WEEKLY | BI-WEEKLY |
|---|---|---|
| Employee Only | $16.37 | $32.74 |
| Employee + SP/Partner | $42.62 | $85.25 |
| Employee + Children | $34.87 | $69.75 |
| Employee + Family | $58.12 | $116.25 |

**HDHP OPTION 3 - $6,000/$12,000**

| | WEEKLY | BI-WEEKLY |
|---|---|---|
| Employee Only | $3.76 | $7.51 |
| Employee + SP/Partner | $14.87 | $29.75 |
| Employee + Children | $12.17 | $24.34 |
| Employee + Family | $20.28 | $40.57 |

**PPO COPAY PLAN - $2,000/$4,000**

| | WEEKLY | BI-WEEKLY |
|---|---|---|
| Employee Only | $35.31 | $70.61 |
| Employee + SP/Partner | $84.29 | $168.58 |
| Employee + Children | $68.96 | $137.93 |
| Employee + Family | $114.94 | $229.88 |

### Tobacco Monthly Surcharge

- If you and/or your spouse or domestic partner use tobacco and enroll in a health plan, a single $75 monthly surcharge will be deducted from your pay.
- A person is considered a tobacco user if they use any of the following products, including but not limited to: cigarettes, cigars, chewing tobacco, smokeless tobacco, snuff, vapor, etc.

### Preventive Rx Plan

- If you are being treated for a chronic condition, Anthem's Preventive Rx plan may cover drugs that could prevent or slow illness or disease progression.
- For those enrolled in a High Deductible Health Plan (HDHP), select preventive prescription drugs for chronic conditions—such as asthma, blood clots, diabetes, heart health, high blood pressure, high cholesterol, osteoporosis, and stroke—are available at no cost.
- For those enrolled in the PPO Copay Plan, these same preventive medications are subject to copays.

### Dental Plan

- You can choose from two plans that fit your needs: Base Dental and Enhanced Dental.
- Both plans offer preventive, basic, and major services, but the Enhanced Dental Plan includes orthodontia services and a higher annual plan maximum.
- Coverage goes into effect the first day of the month following the employee's hire date (e.g., hire date 2/7, coverage 3/1; hire date 2/28, coverage 3/1).
- Preventive dental care is covered at 100%.
- Other eligible dental expenses have a $50 deductible and are covered at 50% to 90% depending on the procedure.

**BASE DENTAL PLAN**

| | WEEKLY | BI-WEEKLY |
|---|---|---|
| Employee Only | $1.00 | $2.00 |
| Employee + SP/Partner | $2.01 | $4.02 |
| Employee + Children | $2.72 | $5.44 |
| Employee + Family | $4.11 | $8.22 |

**ENHANCED DENTAL PLAN**

| | WEEKLY | BI-WEEKLY |
|---|---|---|
| Employee Only | $2.81 | $5.61 |
| Employee + SP/Partner | $5.64 | $11.28 |
| Employee + Children | $7.63 | $15.26 |
| Employee + Family | $11.53 | $23.06 |

### Vision

- $10 copay for in-network eye exam.
- $150 annual allowance for contacts or $10 copay for lenses.
- $150 allowance for frames every 24 months.

| | WEEKLY | BI-WEEKLY |
|---|---|---|
| Employee Only | $1.45 | $2.89 |
| Employee + SP/Partner | $2.54 | $5.07 |
| Employee + Children | $2.76 | $5.51 |
| Employee + Family | $4.20 | $8.40 |

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## Employee Assistance Program (EAP)

- All employees are immediately eligible to participate in the EAP.
- The EAP provides consultation, short-term counseling, referrals, and free education materials for employees and their covered dependents on a voluntary and strictly confidential basis.

## Wellbeing Solutions

- Focus on your well-being and earn rewards up to $200 with Anthem's Wellbeing Solutions program.
- When you complete a list of activities, such as your annual preventive wellness exam, annual eye exam, routine mammogram, colorectal cancer screening, etc., you will earn rewards to put towards a gift card.

# FINANCIAL SECURITY

## 401(k) Plan

- All employees are eligible to participate and elect a pre-tax and/or Roth contribution or combination of the two.
- Arcwood Environmental offers a generous 7% company match. Each dollar you contribute up to 6% of eligible pay, the company matches with a $1.17 contribution.
- Employees will need to actively enroll in the retirement plan to begin contributing. You will choose your own contribution rate when enrolling. Contribution rates will remain at the rate you select unless you make changes.

## Health Savings Account (HSA)

- Employees enrolled in one of our High Deductible Health Plans (HDHPs) are eligible for a tax-free Health Savings Account. The PPO Copay Plan is not eligible.
- Employees may choose to contribute to their HSA through pre-tax payroll deductions.
- Arcwood Environmental will contribute money each year to your HSA.
- HSA contributions, interest (account earns interest and can be invested) and withdrawals are completely tax free if used for qualified medical expenses.
- There is no minimum contribution; however, the annual maximum that can be contributed to the account is currently $4,400 for Employee Only or $8,750 for Employee +1/Family, minus any contribution from Arcwood Environmental.

## Flexible Spending Accounts (FSAs)

- FSAs allow employees to set money aside on a pre-tax basis to pay for certain dental/vision and/or dependent care expenses (child care).
- Employees may begin participating the first of the month following hire date.
- Employees may contribute/save up to $3,400 in a limited purpose (dental & vision expenses only) account and/or up to $7,500 in a dependent care flexible spending account.

## Life Insurance

- All regular, full-time employees are provided Life and Accidental Death and Dismemberment Insurance coverage equal to one times your base salary up to a maximum of $1,000,000.
- Employees may purchase additional life and AD&D insurance coverage for themselves, as well as for their eligible spouse or domestic partner and/or children.
- Company-provided coverage becomes effective the first day of the month following hire date.

## Short-Term Disability

- All regular, full-time employees are eligible for salary continuation with no elimination period after completing 90 days of employment.
- Based on medical necessity, employees may receive 100% of their current weekly earnings for weeks 1-13 and 80% for weeks 14-26.

## Long-Term Disability

- All regular, full-time employees are eligible for salary continuation with no elimination period after completing 90 days of employment.
- The company provides an insurance coverage that will pay up to 60% of your pre-disability income in the event you are unable to work. This insurance provides income protection if you're unable to work due to a prolonged illness, injury, or medical condition.

## Adoption Assistance Program

- All regular, full-time employees can receive a one-time reimbursement of up to $10,000 (lifetime maximum) for eligible adoption expenses.

## Scholarship Program

- Up to ten (10) $5,000 scholarships are awarded annually to dependent children age 25 and under.
- Scholarship funds to be used for education-related expenses like tuition, books, and required supplies or equipment.

# BENEFITS

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## PAID TIME OFF

- PTO is earned based on hours worked, beginning on the date of hire.
- PTO hours accrue based on all hours (regular and overtime) worked, scheduled PTO hours, holiday hours, and other company paid time off.
- Salaried exempt employees and mileage drivers PTO will be calculated using 8 hours per day, 5 days per week.
- Employees may accrue until they reach their maximum annual accrual offering.
- Employees can carry over up to 20 hours of PTO into each new calendar year.

| Years Of Service | Max Annual Accrual Offering | Accrual Rate |
|---|---|---|
| Year of Hire | 80 Hours | 1 hr. per 26 hrs. worked |
| 2-6 | 120 Hours | 1 hr. per 17.3 hrs. worked |
| 7-14 | 160 Hours | 1 hr. per 13 hrs. worked |
| 15+ | 200 Hours | 1 hr. per 10.4 hrs. worked |

### Holidays

Eleven (11) paid holidays per year:

- New Year's Day
- Martin Luther King Jr. Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Eve
- Christmas Day
- New Year's Eve

### Parental Bonding Leave

- All regular, full-time employees are eligible to request Parental Leave after completing 90 days of employment.
- Leave under this policy is associated with the birth of an employee's own child (non-birth), or for placement of a child in connection with adoption or foster care.
- Employees may receive up to 4 weeks of company paid time off.

### Family Care Leave

- All regular, full-time employees are eligible to request Family Care Leave after completing 90 days of employment.
- Leave under this policy allows up to 4 weeks of company paid time off to care for a seriously ill or injured spouse, child or parent.

### Military Leave

- Employees who are required to fulfill military obligations are eligible to receive up to 10 days of paid leave in a 12-month period.

### Bereavement Leave

- Employees who have lost a spouse, domestic partner, child (including loss of pregnancy), or stepchild may request 5 paid days off with an option to take an additional 3 unpaid bereavement days off, if needed.
- Employees who have lost a parent, legal stepparent, grandparent, grandchild, sibling, legal step sibling, or in law may request 3 paid days off.

## VOLUNTARY BENEFITS

### Accident Insurance

- Pays a cash benefit for specific injuries and treatments resulting from a covered accident.

### Critical Illness Insurance

- Pays a cash benefit for certain serious illnesses such as stroke, cancer, heart attack, and organ failure.
- Health plan participants are automatically enrolled in a basic critical illness benefit at no cost.
- Employees may purchase additional critical illness insurance.

### Hospital Indemnity Insurance

- Pays a daily benefit when you're admitted to a hospital, critical care unit or rehabilitation facility.
- Covers a variety of inpatient stays, including childbirth, mental health treatment, and medically necessary (non-elective) surgeries.

# BENEFITS

Full-time benefits summary | 30+ hours per week (Effective 1.1.26)

## 2026 Health Plan Overview

| | PPO COPAY PLAN | HDHP OPTION 1 | HDHP OPTION 2 | HDHP OPTION 3 |
|---|---|---|---|---|
| | Anthem Blue Cross Blue Shield | | | |
| **Annual HSA Contribution** | | | | |
| Employee Only | N/A | $600 | $600 | $600 |
| Employee + Spouse/Domestic Partner | N/A | $1,200 | $1,200 | $1,200 |
| Employee + Child(ren) | N/A | $1,200 | $1,200 | $1,200 |
| Employee + Family | N/A | $1,600 | $1,600 | $1,600 |
| **Annual Deductible** | | | | |
| Individual | $2,000 | $2,000 | $4,000 | $6,000 |
| Family | $4,000 | $4,000 | $8,000 | $12,000 |
| **Coinsurance Paid by Plan** | 80% | 90% | 90% | 90% |
| **Coinsurance Paid by Employee** | 20% | 10% | 10% | 10% |
| **Out-of-Pocket Maximum*** | | | | |
| Individual | $3,000 | $3,000 | $5,000 | $7,000 |
| Embedded Amount (Individual in a Family) | $3,500 | $3,500 | $5,000 | $7,000 |
| Family | $5,500 | $5,500 | $10,000 | $14,000 |
| **Preventive Care** | Covered at 100% | Covered at 100% | | |
| **Primary Care Physician Visit** | $40 copay | Deductible + coinsurance | | |
| **Specialist Visit** | $80 copay | Deductible + coinsurance | | |
| **Urgent Care** | $80 copay | Deductible + coinsurance | | |
| **Emergency Room** | $500 copay | Deductible + coinsurance | | |
| **Outpatient Surgery** | Deductible + coinsurance | | | |
| **Inpatient Hospital** | Deductible + coinsurance | | | |
| **Infertility Care** | Deductible + coinsurance | | | |
| **Maximum Lifetime Limit** | $15,000 | | | |
| **Prescription Drugs** | | | | |
| Preventive Rx - Enhanced Drug List | N/A | Covered at 100% | | |
| Tier 1 (Generic) | $15 copay | Deductible + coinsurance | | |
| Tier 2 (Preferred Brand) | $80 copay | Deductible + coinsurance | | |
| Tier 3 (Non-Preferred Brand) | $120 copay | Deductible + coinsurance | | |
| Specialty | 20% to max $400 | Deductible + coinsurance | | |
| **Out-of-Network Benefits** | | | | |
| Deductible (Person / Family) | $4,000 / $8,000 | $4,000 / $8,000 | $8,000 / $16,000 | $12,000 / $24,000 |
| Out of Pocket Maximum (Person / Family) | $6,000 / $12,000 | $6,000 / $12,000 | $10,000 / $20,000 | $14,000 / $28,000 |
| Coinsurance Paid by Plan | 60% | 70% | 70% | 70% |
| Prescription Drugs | Greater of $75 or 50% coins. | | | |

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