

Beacon benefits.

Your foundation for a *bright future.*



2026

Open Enrollment Guide



ENROLL FROM

Wednesday, Oct. 29 through Friday, Nov. 21, 2025



Dear Beacon Associate,



It's time to make your benefit elections for 2026! This year, we are especially delighted to welcome our newly integrated associates to their first annual Open Enrollment with Beacon. We're excited about the future we're building together and the strength that comes from growing as one team.

As a Beacon associate, you demonstrate your commitment to our mission to *"Deliver outstanding care, inspire health and connect with heart"* every day. One way we reflect our commitment back to you is by offering a collection of benefits that protect your health, strengthen your financial security and promote your overall wellbeing. These programs work together to create **a foundation for a bright future**—helping you feel confident, supported, and ready to thrive in the years ahead.

This guide will highlight what's new, walk you through your 2026 benefit options, and offer tips to help you make confident choices. Keep it handy throughout the year—it's your go-to resource for getting the most out of your benefits.

Warm regards,



Mario Ellis
Chief Human Resources Officer, Beacon Health System

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Summary of benefits

At Beacon, we want to make sure you're supported—not just at work, but in life. That's why we offer a mix of benefits to help you take care of your health, plan for the future, and find some balance along the way. Some benefits are yours automatically (no forms, no fuss) and paid for fully by Beacon, while others you'll need to actively choose during enrollment and you will either share the cost with Beacon or pay the full cost.

Benefits you automatically receive

Fully paid by Beacon

- Wellness Programs
 - Long-Term Disability*
 - Basic Life and AD&D*
 - Connected Care
 - Paid Time Off Programs
 - Employee Assistance Program (EAP)
 - Associate Discount Program
 - Health Reimbursement Account*
- *If you meet the eligibility requirements outlined in this guide.*

Benefits you can elect during enrollment

- Medical/Prescription Drug
- Medical Expense Plan (MEP)
- Dental
- Vision
- Savings and Spending Accounts
 - Health Savings Account (HSA)
 - Health Care Flexible Spending Account (HCFSA)
 - Limited Purpose Flexible Spending Account (LPFSA)
 - Dependent Care Flexible Spending Account (DCFSA)
- Short-Term Disability
- Associate Supplemental Life and AD&D
- Spouse and Dependent Supplemental Life and AD&D
- Other Voluntary Benefits
 - Critical Illness Insurance
 - Accident Insurance
 - Hospital Indemnity Insurance
 - Whole Life
 - Universal Life
 - Legal Services
 - Identity Fraud Protection
- Paid Time Off (PTO) Conversion

This Guide provides an overview of the benefit plans available to eligible associates of Beacon Health System. If you are covered under a Collective Bargaining Agreement (CBA), certain benefits may differ, in which case, the terms of your CBA will take precedence. If you are a member of a group that has unique benefits, such as physicians and APCs, certain benefit details may differ from those in this guide. The details of these plans and policies are contained in the official plan and policy documents. More detailed information can be found in the Summary Plan Descriptions (as required by ERISA) available at mybenefitsatbeacon.com. If there is a conflict between the information in this Guide and the formal language of the plan or policy documents, the formal wording in the plan or policy documents will govern. The benefits highlighted and described in this Guide may be changed at any time and don't represent a contractual obligation—either implied or expressed—on the part of Beacon Health System.



About this guide

This guide breaks it all down—what benefits are available, how much they cost, services they cover, and what steps (if any) you need to take.

We also provide important considerations to help you make informed choices. Best of all, we promise to keep it simple, helpful, and jargon-free.



Learn more

You can learn more about your benefits by visiting:

Or contact Beacon's Benefits Service Center at 888-907-1430, available Monday-Friday 8 a.m. – 8 p.m. ET.

Your checklist for a successful enrollment

2026 ENROLLMENT: Make your elections between Wednesday, Oct. 29 and Friday, Nov. 21, 2025



STEP 1: LEARN about your options

- Read this guide.** Keep it handy and refer to it as needed.
- Learn more.** Visit Beacon's dedicated 2026 Open Enrollment webpage.
- Ask questions.** Contact Beacon's Benefits Service Center at 888-907-1430.
- Review the resources** available to help you choose wisely (see page 9).



STEP 2: PREPARE for enrollment

- Consider your upcoming needs.** Big expenses like childbirth, surgery, braces, or glasses? Knowing what's ahead can help you choose the right coverage.
- Consider other available coverage.** If you have access to a spouse's plan or Medicare, compare it to Beacon's. You may want to consider opting out of the medical plan and enrolling in the MEP Plan instead (see page 23). The new spouse surcharge (see page 11) might impact your planning.
- Gather dependent information.** If adding dependents for the first time, have their information and required documents ready (see page 11).



STEP 3: ENROLL by 11:59 p.m. on Nov. 21

- Visit the enrollment site.** Beginning Oct. 29, go to mybenefitsatbeacon.com or download the MyChoice® mobile app.
- Enter company key.** When prompted, type "beacon" (all lowercase).
- Log in.** If a first-time user, register your account. Otherwise, log in using your enrollment site username and password (not the same as your Beacon login credentials).
- Enroll.** Complete your personal information profile and then follow the enrollment prompts. They will guide you through making your elections and covering dependents.
- Review your elections and click APPROVE.** Save a copy of the confirmation statement for your files.



Download the MyChoice mobile app



Download the MyChoice mobile app to your smartphone to access, enroll in, and manage all your benefits on the go! Scan the QR code of your choosing:



Click "Access the App" to get started.

NEED SUPPORT?

You can elect benefits with the support of a Benefit Counselor. See page 9 for details.

What happens if you do not enroll or make changes

If you don't take any action by the Nov. 21 deadline, many of your current 2025 benefit elections (and coverage levels – unless otherwise noted) will automatically carry over for 2026, as default elections. Other benefits that are automatically provided by Beacon will continue regardless of your enrollment. A few benefits require you to re-elect them each year if you want to keep them. See below for details.



If you are currently receiving this benefit...	Here are the benefits you'll receive for 2026 if you DO NOT enroll by the deadline...
PPO	PPO
CDHP	CDHP HSA Funded at full premium level
Spouse coverage in one of Beacon's medical plans	Spouse coverage with spouse surcharge applied. <i>It will be assumed your spouse has access to employer or other group coverage and the spouse surcharge applies.</i>
Wellness Programs	Participation in the annual wellness screening process is required in order to be covered under Beacon's medical plans and the MEP. You do not have to enroll, but you must complete the screening steps by Aug. 30 of each year.
Voluntary Benefits Bundle (Critical Illness Insurance/Accident Insurance/Hospital Indemnity Insurance)	Voluntary Benefits Bundle <i>If you waived it for 2025, it would default to waived again in 2026.</i>
Dental – DHMO	Dental – DHMO
Dental – DPPO Standard	Dental – DPPO Standard
Dental – DPPO Premium	Dental – DPPO Premium
Vision	Vision
Health Reimbursement Account	Health Reimbursement Account <i>Note that if you are eligible for the first time in 2026 (because you turn 64½ or enroll in Medicare), you must participate in Open Enrollment to notify Beacon.</i>
Health Savings Account (HSA)	HSA at current contribution amount
Healthcare FSA (HCFSA)	No contribution
Limited Purpose FSA (LPFSA)	No contribution

If you are currently receiving this benefit...	Here are the benefits you'll receive for 2026 if you DO NOT enroll by the deadline...
Dependent Care FSA (DCFSA)	No contribution
Employer-provided Short-Term Disability coverage for Beacon South West Michigan (SWM) only	No coverage. <i>If you do choose it, any pre-existing condition (such as pregnancy) will be waived for this Open Enrollment only.</i>
Short-Term Disability coverage for Legacy Beacon only STD 1, 2, 3, or 4	STD Plan 1, 2, 3, or 4
Long-Term Disability	If eligible, this will continue to be automatically provided by Beacon.
Basic Life	If eligible, this will continue to be automatically provided by Beacon.
Supplemental Life and AD&D	Supplemental Life and AD&D
Critical Illness Insurance, Accident Insurance and Hospital Indemnity Insurance elected outside of the Voluntary Benefits Bundle	Critical Illness Insurance, Accident Insurance or Hospital Indemnity Insurance at current coverage level
Whole Life	Whole Life at current coverage level
Universal Life	Universal Life at current coverage level
Legal Services	Legal Services
Identity Fraud Protection	Identity Fraud Protection
Paid Time Off	If eligible, this is automatically provided by Beacon. Your Choice amount will not be converted to cash.
Retirement Savings 403(b) Plan	Changes to your retirement plan may be made at anytime throughout the year.
Employee Assistance Program (EAP)	This benefit is automatically provided by Beacon and will continue.

What's new or changing for 2026

It's important to consider the following changes to your benefits for the upcoming year before making your elections. The following changes are effective Jan. 1, 2026.



Medical Plan changes

We heard you! You told us you wanted more differentiation between the two medical plans (CDHP and PPO plans) and options for more affordable coverage. Here's what we're doing about that:



Lower and more predictable cost sharing for PPO plan

- ✓ **Lower deductibles.** The annual deductibles for Tier 1 and Tier 2 services are being reduced significantly. That means when you receive care, you'll pay less before the plan starts to share costs.
- ✓ **Moving to copays for prescriptions.** For added predictability, we are changing the way you pay for prescription drugs. Instead of paying a percent of the cost (called coinsurance) you'll now pay a preset flat dollar copay for formulary drugs.
- ✓ **Enhanced mental health coverage.** We heard you during our nursing listening sessions and in response we are making mental health support easier to access and more cost-friendly:
 - After you access up to eight free counseling sessions (per issue, per year) as part of the EAP program, any ongoing sessions with your EAP provider will now be covered in the PPO as a Tier 2 benefit instead of being treated as out-of-network. This means lower costs to you and you won't need to change providers.
Note: These sessions will be subject to the office visit copay.

See pages 18-19 for details.



New option for the CDHP

- ✓ There are now two different coverage options for the CDHP.
 - **Current option:** "CDHP HSA Funded" option, which includes the employer contribution to the HSA — at the same level as 2025. This will be the default if you do not enroll by the deadline.
 - **New option:** "CDHP HSA Eligible" option, which does NOT include the employer contribution to the HSA in exchange for discounted premiums. *See page 21 for details.*
- ✓ Under the new option, you may still make personal HSA contributions but you will forgo any employer contributions.
- ✓ Be aware that the premium savings are less than the HSA dollars you'd miss out on, so by making this election you'll lose out on free employer money. (Beacon HSA contribution for Associates Only is \$400 per year and for all other coverage levels it's \$800 per year.)
- ✓ This is not a new medical plan; it's just an additional option within the existing CDHP plan. *See page 16 for details.*

Other important changes

CDHP deductible increasing slightly

- ✔ The deductible amounts in the CDHP are increasing slightly (as mandated by the government). *See page 18 for details.*

PPO office visit copays increasing slightly

- ✔ Physician office visit and Specialist physician office visit copays are increasing by \$10. *See page 18 for details.*

Prescription coverage changing for Continuous Glucose Monitors (CGMs) for all plans

To help manage rising prescription costs while ensuring continued access to important devices, a few updates are coming for 2026.

- ✔ Beginning in 2026, all Beacon medical plans will require prior authorization for Dexcom and Freestyle Libre CGMs. If you are insulin-dependent, you may be authorized for Dexcom; the preferred authorization for others will be for Freestyle Libre.
- ✔ If you're already using one of these devices, you're "grandfathered in" under the old rules, so this change won't affect you.
- ✔ PPO members participating in the Disease Management program will now be subject to a copay:
 - 30-day supply: \$20
 - Longer than 30-day supply: \$40

See page 26 for details.



TAKE ACTION

ATTENTION Beacon Michigan Entities



There are several changes you should be aware of that are designed to bring your coverage in line with the broader Beacon organization.

Provider Network change. Beginning Jan. 1, 2026, associates at Beacon's Michigan entities may use any providers in the CHA Regional Network or the Aetna National Network for Tier 2 in-network coverage without restrictions. They will continue to receive Tier 1 coverage for all Beacon and QCA providers.

Beacon SWM (former Ascension Southwest Michigan) associates only

Reminder: Prescription drug waiver expiring. When you first joined the Beacon benefits program, a temporary waiver allowed you to:

- ✔ Receive specialty medication coverage without prior authorization.
- ✔ Access coverage without participating in the Disease Management Program.
 - This was designed to give you time to transition into Beacon's benefits program.
- ✔ Reminder: This waiver ends Dec. 31, 2025.
- ✔ To continue specialty medication coverage in 2026, you must:
 - Submit documentation to demonstrate prior authorization.
 - Participate in the Disease Management Program.
- ✔ For prescriptions requiring prior authorization or step therapy:
 - Documentation must be submitted by Dec. 31, 2025, or
 - At the time of your first refill in 2026.

Beacon SWM associates only

STD Change. When non-management associates initially integrated into the Beacon benefits program, Short-Term Disability (STD) coverage was automatically provided and paid for by Beacon.

- ✔ To align with the rest of Beacon, this employer-provided STD coverage ends Dec. 31, 2025.
- ✔ If you want STD coverage in 2026, you must enroll and elect STD coverage. You will begin paying premiums in Jan. of 2026.
- ✔ **Important opportunity!** If you elect STD coverage during this fall's Open Enrollment only, the pre-existing condition limitation will be waived.

MEP coverage reduced

- ✔ The Medical Expense Plan (MEP) is no longer financially sustainable. To continue offering the plan, adjustments are necessary.
- ✔ Starting in 2026, the MEP reimbursement for medical premiums paid for another health plan or Medicare will be reduced.
- ✔ The MEP will continue to reimburse 100% of eligible out-of-pocket expenses (up to the plan maximums) in another health plan or Medicare, but only when you choose Beacon providers or facilities. **No reimbursement will be provided for non-Beacon provided services.**

See page 23 for details.



New spouse surcharge

- ✔ To help keep Beacon's medical premiums more affordable and sustainable for our own associates, a **spouse surcharge** is being introduced in 2026.
- ✔ If you decide to cover your spouse who has access to medical coverage through their own employer (or other group insurance), you will pay a surcharge of **\$75 per pay period** on top of your normal medical premium rate.
- ✔ During enrollment, you'll need to confirm (attest) whether your spouse has other coverage. If you don't actively enroll and attest, the system will assume your covered spouse does have access to other coverage, and the \$75 surcharge will be added automatically.
- ✔ This surcharge is intended to encourage spouses who have access to other group coverage to use their own plan when available.

See page 11 for details.

Healthcare premiums being adjusted

Like most employers, Beacon is experiencing rising healthcare costs, which impacts the price of coverage for 2026.

- ✔ **Medical:** The CDHP HSA Funded option and the PPO plan premiums are increasing. *See page 21 for details.*
- ✔ **Dental:** Both the Standard and Premium Dental PPO plan premiums are increasing slightly. *See page 30 for details.*
- ✔ **Vision:** No premium changes; remain the same as 2025. *See page 31 for details.*

PTO hours being rebalanced

Beacon encourages associates to take time away from work to recharge, renew and focus on personal wellbeing. To better support this philosophy, we are rebalancing the PTO hours.

- ✔ Your total PTO Grant hours are not changing and will continue to follow the PTO schedule. However, how those hours are allocated is changing.
- ✔ The **"Use It or Lose It"** hour allotment **is increasing** – meaning you'll need to take more time off during the year to maximize your PTO hours, otherwise those hours will be forfeited.
- ✔ For more information, see *Beacon's 2026 Paid Time Off program: Open Enrollment reference guide.*



Resources to help you choose wisely

Choosing your benefits is one of the most important financial and health decisions you'll make this year. The good news? You don't have to do it alone. Beacon offers a full menu of resources designed to make the process easier, answer your questions, and give you the confidence to select the benefits that best fit you and your family. Take advantage of these tools—they're here to help you save time, avoid guesswork, and make thoughtful choices.

Visit the dedicated
2026 Open Enrollment
webpage



Looking for answers? Start here. Find out what's changing for 2026, review plan details and premium rates, and get simple instructions to guide you through enrollment. Plus, see when you can participate in an Open Enrollment Town Hall and/or Benefit Fairs (in-person and online). Access the webpage by visiting beaconhealthsystem.org/your-beacon-benefits/ or by scanning the QR code to the right.



Scan to access the
2026 Open Enrollment
webpage.

Attend a Benefits Fair
(Onsite or online)



Interact with our benefit vendor partners. Join a Benefit Fair to connect directly with HR and our benefit vendor partners. Whether onsite or online, you'll be able to explore your options, ask questions, and walk away with the information you need. *Note: Vendors won't be in attendance at the Mini-Onsite Fairs.*

Onsite Fairs: Nov. 4-7 | Virtual Fair: Nov. 12 | Mini-Onsite Fairs: Nov. 3-14

Check with local HR or visit the 2026 Open Enrollment webpage for specific times and locations.

Make an appointment
with an EOI
Benefit
Counselor



Scan Me



Sometimes you just need personalized help. Professional benefit counselors with EOI will provide individual enrollment support to help you elect the benefits that best support your needs. Counselors are available onsite and by phone. Bilingual support is also available.

Visit Beacon.MyBenefitsAppointment.com, scan the QR code, or call 877-763-2181 Mon.- Fri. 8 a.m. to 5 p.m. ET, to schedule a confidential appointment.

Attend an Open
Enrollment Town Hall
and/or an Open Door
Session in November

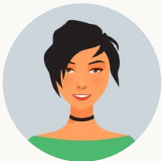


Get the inside scoop on what's changing for 2026 and how those updates may affect you.

The Town Hall is your chance to get a sense of the big picture, while Open Door Sessions are designed for addressing your personal benefit questions.

Find specific times and locations on the 2026 Open Enrollment webpage.

Chat with Sofia
(even on weekends)



Chat with Sofia—Your personal benefits assistant

Sofia is your 24/7 digital benefits assistant. She can quickly answer benefit questions, guide you through medical plan choices by asking you a few questions and then recommend which plan best fits your needs based on a few simple questions.

Access Sofia by clicking the "Chat" button on the homepage of the MyChoice Benefits app or visiting mybenefitsatbeacon.com.

BOTTOM LINE:

Don't leave your choices to chance. Use these resources to cut through the confusion, get your questions answered, and choose the benefits that will support you and your family all year long.

Benefit basics

Am I eligible?

Your employment status—whether you're full-time, part-time, or PRN—plays an important role in determining your benefits. That's because it affects which benefits you are eligible for and how much you'll pay for them.

At Beacon, you are eligible for most of the benefits available during Open Enrollment provided you are **regularly scheduled for at least 16 hours per week** (32 hours per pay period).

PRNs (those who are employed without a regular schedule and work on an as-needed basis) and temporary associates are not eligible for most benefits.

Medical premium rates: If you are scheduled in the system to work **60 or more hours** per pay period, you'll pay full-time medical premium rates for your benefits.

Who can I cover?

For most benefits, you can choose to cover:



Your spouse.

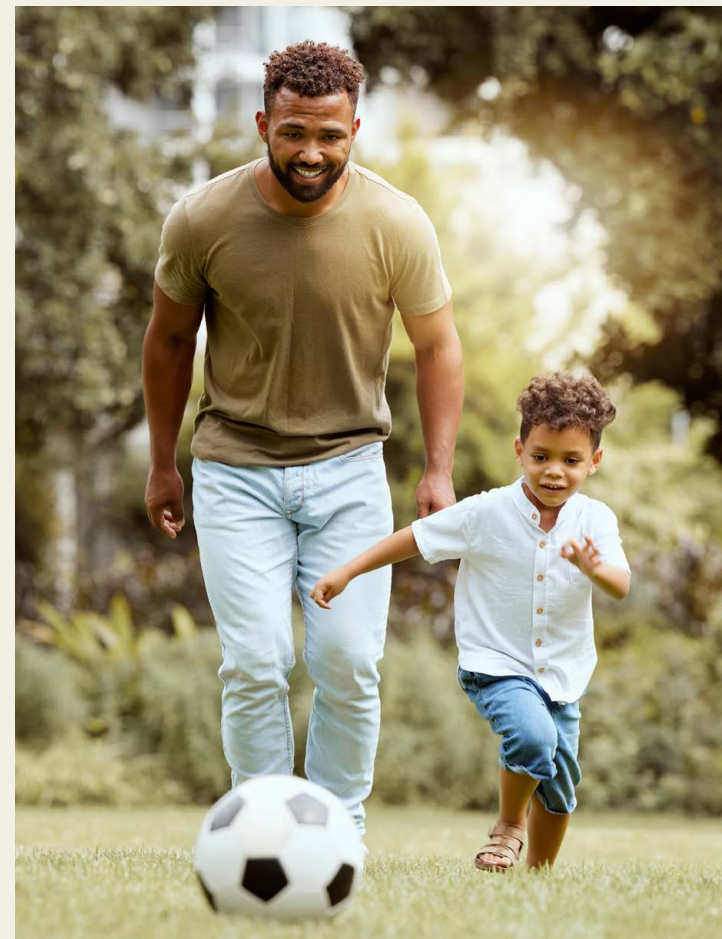


Your children and stepchildren (regardless of marriage status or student status), through the end of the month in which they turn 26.



Your unmarried child aged 26 or older who is fully dependent on you because of a mental/physical disability.

Note: Legally domiciled beneficiaries are not eligible for Beacon benefits.





NEW! Spouse Surcharge

To help keep premiums more stable and affordable for all associates, Beacon has introduced a spouse surcharge. This approach (along with the MEP) encourages spouses who have access to other group health insurance—such as through their own employer—to use that coverage when available.

How it works:

- If you cover your spouse under a Beacon medical plan, and they have other coverage available, you'll pay an additional **\$75 per pay period**.
- If you and your spouse both work for Beacon, the surcharge does **not** apply at any coverage level you elect.

During enrollment, you'll be asked to confirm (attest) whether your spouse has other available coverage. If you do not actively enroll, the default will be that your spouse does have other coverage, and the surcharge will apply.

To avoid unnecessary charges, be sure to complete the attestation if your spouse does **not** have other coverage.



How do I verify a dependent's eligibility?

If you plan to enroll new dependents in your Beacon benefits, you'll need to complete the dependent verification process. If you are covering a dependent in one of the medical plans, you need to submit a completed **Other Insurance Coverage Form**, which can be found on the 2026 Open Enrollment webpage. This is a standard part of our enrollment process and helps ensure our benefit plans remain fair and sustainable for everyone.

During enrollment, you'll be asked to upload verification documents and forms through our online portal, Businessolver, so it's helpful to gather what you'll need ahead of time.

Here's what you need to have handy:



To add your spouse:

- A copy of the marriage certificate; **or**
- A copy of your most recent tax filing listing your spouse; **and**
- Your spouse's Social Security number.



To add your child(ren):

- A copy of a birth certificate listing you as the parent; **or**
- A copy of a certified court-approved adoption or custody/guardianship papers; **or**
- A copy of your most recent tax filing listing your dependents.

*Note: For a disabled dependent, both parents and the physician must complete and sign the **Disabled Dependent Form**, which can be found on the 2026 Open Enrollment webpage, and return it through Businessolver.*

What if my spouse or child also works at Beacon?

It's not uncommon for family members to work within the same organization—especially in healthcare. Beacon has established guidelines to help **prevent duplicate coverage** and ensure the **benefits process runs smoothly** for everyone.

If you and your spouse both work at Beacon:

- ✔ **Medical, dental, and vision coverage:**
 - Each of you can enroll in **Associate Only** coverage, or
 - One of you can cover the other as a **dependent**—whichever option works best for your family.
 - If you have children, **only one parent can elect Family coverage** to include them. You cannot both list the same child as a dependent.
- ✔ **Spouse life insurance:**
 - **Spouses cannot elect life insurance coverage for each other** if both work at Beacon.
- ✔ **Child life insurance:**
 - If both parents of a child work at Beacon, **only one parent can elect child life insurance** for that child.

If you and your child both work at Beacon:

- ✔ **Medical, dental, and vision coverage:**
 - Your child can't be covered as both your dependent under your plan AND as an associate on their own plan. It must be one or the other.
- ✔ **Child life insurance:**
 - Your child can't be covered as your dependent.



Consider this: Medical Expense Plan (MEP)

As an alternative to enrolling in one of the Beacon medical plan options, if you and/or your family members enroll in another health plan—like your spouse's employer-based medical plan or Medicare—MEP can help you save.

Fully paid for by Beacon, MEP is designed as a smart incentive to encourage you to opt out of Beacon medical coverage and use the other coverage as your main plan. MEP then steps in to reimburse you for eligible costs, like the other plan's coinsurance, copays and premiums (up to the plan's limits).

It's not primary insurance—it's extra support to ease your expenses when you opt out of Beacon's medical plan. *See page 23 for details.*



When can I enroll?

During Open Enrollment

Each year, typically in November, you have the annual opportunity to enroll or change your benefit elections. You must enroll by the end of the stated enrollment period.

If you have a Qualified Life Event (QLE)

You may be able to make changes to your coverage outside of regular Open Enrollment if you experience a qualified life event (such as getting married or having a baby)—see page 14 for details. You must make changes within 31 days of the life event.

You become newly eligible

If your employment status changes and you become newly eligible (e.g., you move from a PRN status to part-time status). You must enroll within 31 days of becoming eligible.



What are the costs?

Beacon pays the majority of the cost for healthcare coverage for associates and their dependents. However, you have some financial responsibility as well through various cost sharing.



Premiums

This is the **set amount** you pay for your benefit coverage. It's automatically deducted from each paycheck (26 times per year).

Most benefit deductions are made before taxes, which helps lower your taxable income.



Copays

Certain services may require you to pay a **fixed dollar amount at the time of service**—like for a doctor's visit or prescriptions. You pay copays regardless of whether or not you have met your deductible.



Deductible

This is the pre-set amount you must pay **out of your own pocket** before the plan starts sharing the cost. The amount depends on:

- The plan you choose
- Your coverage level
- The provider network you use



Coinsurance

Once you've met your deductible, **you and the plan share the cost** of covered services for the rest of the year—this is called coinsurance.



Out-of-pocket maximums

Think of this as your **financial safety net**—it's the most you'll pay for covered services in a plan year. Once you hit this limit, the plan covers 100% of eligible out-of-pocket expenses for the rest of the year.

Your copays and coinsurance all count toward reaching this limit amount, but premiums will not.



When will benefits begin and end?

During Open Enrollment

Benefits begin Jan. 1 and end Dec. 31 of the given year.

If you have a Qualified Life Event (QLE)

Changes will be effective retroactively to the date of the Qualified Life Event.

Newly eligible

Changes will be effective retroactively to the date you became eligible for benefits.



TAKE ACTION

Qualified Life Events (QLEs)

Life happens—and when it does, certain events like getting married or divorced, having a baby, or experiencing a job or coverage change may allow you to update your benefits outside of the annual Open Enrollment period. These are known as Qualified Life Events (QLEs).

When a QLE occurs (or you become newly eligible), you have **31 days** to make any changes to your benefit elections or dependent coverage to ensure your benefits reflect your new circumstances. These changes will be effective as of the day of your life event.

Overview of benefit options



Medical

You and Beacon share the cost

Meritain Health
an  aetna company

Your options

Beacon recognizes choice and flexibility are critical when it comes to healthcare benefits. We offer two comprehensive medical plan options through Meritain Health to ensure you have access to coverage that best meets your specific needs:

CDHP

PPO Plan

How the plans are alike

- ✓ **Fully covered in-network preventive care**—no copay, deductible or coinsurance.
- ✓ **Same wide range of eligible services**, including comprehensive prescription drug coverage.
- ✓ **Same coinsurance percentage**, based on the provider network you use.
- ✓ **Protection from the catastrophic financial effects** of a serious illness or injury.

How the plans differ

CDHP

Lower premium \$

Higher deductible \$\$

Higher out-of-pocket maximum \$\$

Cost sharing is handled primarily through coinsurance (you pay a portion of the expense)

Compatible with an HSA and Limited Purpose FSA. You contribute to these plans. Beacon contributes to the HSA only for the CDHP HSA Funded option

Good option for those who want to save on premiums and take more control of their healthcare spending if and when they need care

PPO Plan

Higher premium \$\$

Lower deductible \$

Lower out-of-pocket maximum \$

Cost sharing is handled through a combination of flat-dollar copays (for doctor visits) and coinsurance

Not HSA compatible but can be paired with a Healthcare Flexible Spending Account (FSA), which you contribute to

Good option if you prefer paying more upfront in premiums in exchange for more predictable costs if and when you need care



New CDHP option for 2026

A new CDHP option is available with no employer contributions to the HSA in exchange for reduced premiums. Both CDHPs have the **same plan design**—the only difference is whether Beacon contributes to your HSA. You can elect either the CDHP HSA Funded option or the CDHP HSA Eligible option.

With the CDHP HSA Eligible option, your premiums will be lower, but the savings are **less than the employer HSA dollars you'd miss out on.**

For most associates, the **CDHP HSA Funded option** will be the better value. However, the **CDHP HSA Eligible option** may be helpful if keeping your monthly premium as low as possible is your top priority.



Understanding embedded vs non-embedded deductibles

Deductibles are the amount you have to pay out of pocket for medical care before your medical insurance starts paying benefits. This amount resets each year. The way deductibles work under each of the plans

CDHP

CDHP non-embedded (aggregate) deductible

There's only one deductible for the entire family. All family members' medical expenses contribute to this single family deductible.

How it works: The insurance doesn't start paying for any family member's expenses until the total family deductible is met.

Good for: Families where medical expenses are likely to be spread out among multiple members, or where the family deductible is relatively low. It may lead to higher out-of-pocket costs and delayed coverage if one family member has high medical costs early in the plan year.

PPO Plan

PPO embedded deductible

There are separate deductibles for each family member under a family plan, in addition to an overall family deductible.

How it works: If a family member reaches their individual deductible, the insurance starts paying for their covered medical services, even if the family deductible hasn't been fully met. Expenses that count towards an individual's deductible also contribute to the family deductible. Once the family deductible is met, the insurance covers expenses for all family members, even those who haven't met their individual deductibles.

Good for: Families where one member is likely to have significant medical expenses.

Choosing a provider

When you enroll in a Beacon medical plan, your out-of-pocket costs will vary depending on which provider network you use. Beacon offers a tiered network system to give you flexibility and control over your healthcare choices, including two provider networks that are considered “in-network” and one “out-of-network” tier.

Michigan Entities

TIER 1

Beacon employee discount network

- Providers participating in the Quality Care Alliance (QCA) network

TIER 2

Regional and national networks

- Providers participating in the Community Health Alliance (CHA) network
- Providers participating in the Aetna national network

TIER 3

Out-of-network

- Providers that are not participating in the Beacon employee discount, regional or national networks

Indiana Entities

TIER 1

Beacon employee discount network

- Providers participating in the Quality Care Alliance (QCA) network

TIER 2

Regional and national networks

- Providers participating in the Community Health Alliance (CHA) network providing services in the following counties: Adams, DeKalb, Huntington, Kosciusko, LaPorte, Marshall, Porter, Wells, St. Joseph, Allen, Elkhart, Fulton, Lake, LaGrange, Noble, Pulaski, Whitley, Berrien, and Cass
- Providers participating in the Aetna network providing services in counties other than: Adams, DeKalb, Huntington, Kosciusko, LaPorte, Marshall, Porter, Wells, St. Joseph, Allen, Elkhart, Fulton, Lake, LaGrange, Noble, Pulaski, Whitley, Berrien, and Cass

TIER 3

Out-of-network

- Providers participating in the Aetna network providing services in the following counties: Adams, DeKalb, Huntington, Kosciusko, LaPorte, Marshall, Porter, Wells, St. Joseph, Allen, Elkhart, Fulton, Lake, LaGrange, Noble, Pulaski, Whitley, Berrien, and Cass
- Providers that are not participating in the Beacon employee discount, regional or national networks



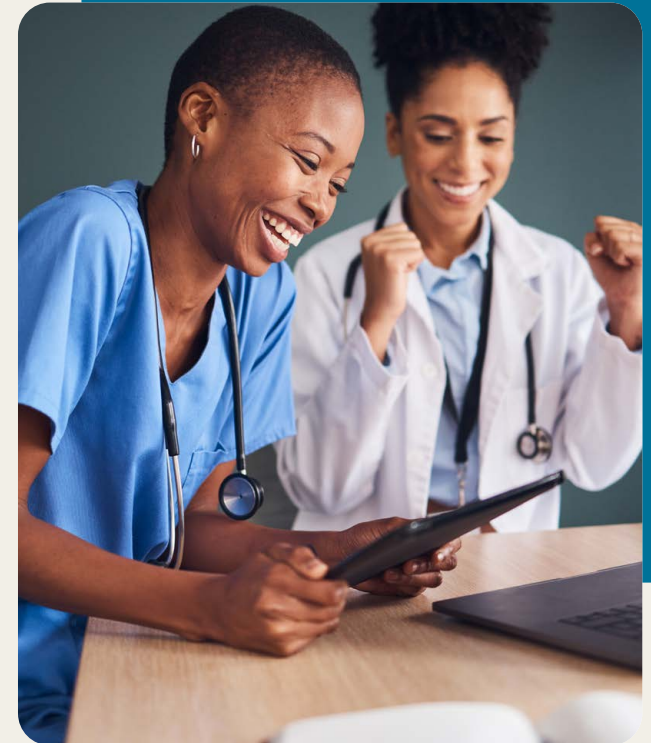
TAKE ACTION

Find a network provider

TIER 1 | QCA network
Visit: chaaco.com/qca

TIER 2 | CHA network (regional)
Visit: chanetwork.com

TIER 2 | Aetna national network
Visit: aetna.com



Comparing your medical plan options

Features	Consumer-Driven Health Plan (CDHP)			Preferred Provider Organization (PPO)		
	TIER 1 Beacon employee discount network (QCA)	TIER 2 Regional network (CHA) and National network (Aetna)	TIER 3 Out-of-network	TIER 1 Beacon employee discount network (QCA)	TIER 2 Regional network (CHA) and National network (Aetna)	TIER 3 Out-of-network
DEDUCTIBLE: The amount you must pay BEFORE the plan starts covering a share of the cost.						
Calendar year deductible						
Associate Only	\$1,700	\$3,000	\$4,000	\$750	\$1,500	\$4,000
Associate + 1	\$3,400	\$4,500	\$6,000	\$1,500	\$3,000	\$6,000
Associate + Children	\$3,400	\$6,000	\$8,000	\$1,500	\$4,500	\$8,000
Family	\$3,400	\$6,000	\$8,000	\$1,500	\$4,500	\$8,000
OUT-OF-POCKET MAXIMUM: The most you will pay out-of-pocket for covered services for the year. It's your safety net.						
Total Out-of-Pocket Maximum (includes deductible, coinsurance & copays)						
Associate Only	\$3,300	\$6,000	\$8,000	\$2,500	\$5,000	\$8,000
Associate + 1	\$4,950	\$9,000	\$12,000	\$3,750	\$7,500	\$12,000
Associate + Children	\$6,600	\$12,000	\$16,000	\$5,000	\$10,000	\$16,000
Family	\$6,600	\$12,000	\$16,000	\$5,000	\$10,000	\$16,000
PREVENTIVE CARE: Wellness coverage provided for services such as routine annual physical exams, biometric screenings, gender and age-related health screenings (mammograms, PSA tests, etc), well-baby and well-childcare, and immunizations.						
Preventive care	No deductible	No deductible	Not covered	No deductible	No deductible	Not covered
COINSURANCE AND COPAYS: The portion or amount of eligible expenses you and the plan are responsible for paying.						
Physician office visits	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 50% You pay 50%	No deductible \$35 copay	No deductible \$45 copay	After deductible Plan pays 50% You pay 50%
Specialist office visits	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 50% You pay 50%	No deductible \$55 copay	No deductible \$75 copay	After deductible Plan pays 50% You pay 50%
Inpatient and outpatient hospitalization surgery centers	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 50% You pay 50%	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 50% You pay 50%
Outpatient, diagnostic, imaging, labs and X-rays	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 50% You pay 50%	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 50% You pay 50%

Comparing your medical plan options

Features	Consumer-Driven Health Plan (CDHP)			Preferred Provider Organization (PPO)		
	TIER 1 Beacon employee discount network (QCA)	TIER 2 Regional network (CHA) and National network (Aetna)	TIER 3* Out-of-network	TIER 1 Beacon employee discount network (QCA)	TIER 2 Regional network (CHA) and National network (Aetna)	TIER 3* Out-of-network
COINSURANCE AND COPAYS: The portion or amount of eligible expenses you and the plan are responsible for paying.						
Emergency room* <i>Emergent</i>	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 95% You pay 5%
<i>Non-emergent</i>	After deductible Plan pays 95% You pay 25% plus \$200 copay	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 50% You pay 50%	After deductible Plan pays 95% You pay 25% plus \$200 copay	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 50% You pay 50%
Urgent Care Facility <i>MedPoint urgent care facilities</i>	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 95% You pay 5%	N/A	No deductible \$55 copay	No deductible \$65 copay	N/A
<i>Other urgent care facilities</i>	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 50% You pay 50%	No deductible \$55 copay	No deductible \$65 copay	After deductible Plan pays 50% You pay 50%
Diagnostic lab and X-ray services	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 50% You pay 50%	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 50% You pay 50%
Mental health and substance abuse <i>(Inpatient/Outpatient)</i>	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 50% You pay 50%	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 50% You pay 50%
Chiropractic care <i>(24 visits per calendar year)</i>	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 50% You pay 50%	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 50% You pay 50%
Acupuncture <i>(12 visits per calendar year)</i>	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 50% You pay 50%	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 50% You pay 50%
Occupational, Physical or Speech Therapy	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 50% You pay 50%	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 50% You pay 50%
Durable Medical equipment <i>(Requires pre-certification above \$1,000)</i>	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 50% You pay 50%	After deductible Plan pays 95% You pay 5%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 50% You pay 50%



Why must I pay Tier 2 costs when Beacon doesn't offer a medical procedure or specialty that I need?

Background on tiered coverage

Many employer-sponsored health plans use a tiered coverage system to help manage costs and provide incentives for employees to use certain healthcare providers. In the Beacon medical plans, Tier 1 refers to services and procedures offered by Beacon and its partners in the Quality Care Alliance (QCA) network, while Tier 2 covers services provided outside of Beacon's offerings.

If Beacon doesn't offer a specific medical procedure or specialty, employees must pay Tier 2 costs because Tier 2 coverage represents the standard market rate for those services. This is the coverage that you would expect from most health plans and is typical for your healthcare needs.

Employee Discount Structure explained

Since your employer is a healthcare provider, you have access to an employee discount—known as Tier 1 coverage—but only for services that Beacon actually provides. Tier 1 functions as an employee discount tier, granting you reduced costs for procedures and specialties that are available within the QCA network.

Summary

You are eligible for an employee discount (Tier 1) only on services that Beacon (and the QCA network) provides. If Beacon does not offer the procedure or specialty you need, it doesn't make sense to provide an employee discount for that particular service. In those cases, Tier 2 costs apply, reflecting the standard market coverage without the employee discount.

Another way to think about it: Employee discounts in other industries

Think of Tier 1 coverage like an employee discount at a retail store. For example, if your employer was a sporting goods store, you might get discounts on sporting goods, but only if the store sells those items. If the store doesn't carry a particular product, you wouldn't expect to receive an employee discount for it because it's simply not available.



Your costs

Beacon, along with most other employers, continues to face rising medical plan costs. While Beacon is able to absorb much of the increase and will continue to cover the majority of total costs, associate medical plan premiums will increase for 2026 depending on which plan and coverage level you elect. *Note: Rates are shown per pay period, so if you'd like to know the annual cost, simply multiply the amount by 26.*

Associates scheduled for 60+ hours

PPO			
	Base Premium	With 5% LiGHT Discount	With 10% LiGHT Discount
Associate Only:	\$63.51	\$60.34	\$57.16
Associate + Spouse:	\$152.43	\$144.81	\$137.19
Associate + Child(ren):	\$120.67	\$114.64	\$108.61
Family:	\$209.59	\$199.11	\$188.63

CDHP HSA Funded			
	Base Premium	With 5% LiGHT Discount	With 10% LiGHT Discount
Associate Only:	\$42.87	\$40.73	\$38.59
Associate + Spouse:	\$102.89	\$97.75	\$92.60
Associate + Child(ren):	\$81.46	\$77.38	\$73.31
Family:	\$141.48	\$134.40	\$127.33

CDHP HSA Eligible*			
	Base Premium	With 5% LiGHT Discount	With 10% LiGHT Discount
Associate Only:	\$29.94	\$28.44	\$26.95
Associate + Spouse:	\$76.16	\$72.35	\$68.54
Associate + Child(ren):	\$54.73	\$51.99	\$49.26
Family:	\$113.85	\$108.16	\$102.47

Associates scheduled for 32 – 59 hours

PPO			
	Base Premium	With 5% LiGHT Discount	With 10% LiGHT Discount
Associate Only:	\$127.03	\$120.67	\$114.32
Associate + Spouse:	\$304.86	\$289.62	\$274.37
Associate + Child(ren):	\$241.35	\$229.28	\$217.21
Family:	\$419.19	\$398.23	\$377.27

CDHP HSA Funded			
	Base Premium	With 5% LiGHT Discount	With 10% LiGHT Discount
Associate Only:	\$85.74	\$81.46	\$77.17
Associate + Spouse:	\$205.79	\$195.50	\$185.21
Associate + Child(ren):	\$162.91	\$154.77	\$146.62
Family:	\$282.96	\$268.81	\$254.66

CDHP HSA Eligible*			
	Base Premium	With 5% LiGHT Discount	With 10% LiGHT Discount
Associate Only:	\$59.90	\$56.90	\$53.91
Associate + Spouse:	\$148.98	\$141.53	\$134.08
Associate + Child(ren):	\$109.50	\$104.03	\$98.55
Family:	\$227.78	\$216.39	\$205.00

Wellness program

As a leading health system, Beacon strives to lift the health and wellbeing of our entire community. And the path to achieve that begins with our own associates and their families—by modeling healthy choices, you set the tone for the quality of life we want for everyone.

In line with this commitment, participation in the annual wellness screening process **is required** to enroll in under Beacon’s medical plans and the MEP.

The wellness screening includes **two simple steps**:



Completing a confidential online Health Assessment



Taking part in an onsite lab draw

If your spouse is covered under a Beacon medical plan or the MEP, they must also complete the screening steps to be covered. For 2026, the deadline to complete the annual wellness screening process was Aug. 30, 2025.

New to Beacon? For our newly integrated associates from Beacon SWM and for new associates hired after May 1, 2025, the wellness requirement has been waived for 2026. That means you can enroll in a Beacon medical plan or the MEP without completing the wellness screening steps.



TAKE ACTION

LiGHT wellness incentives

Taking care of your health has rewards—literally! Beyond the wellness screening, you can participate in activities that support your overall wellbeing and earn valuable wellness points along the way.

You choose how to redeem your points:

- **Cash them in for entries** in quarterly prize drawings
- or
- **Earn a medical premium discount:**
 - 400-799 LiGHT points = 5% discount
 - 800-1,000 LiGHT points = 10% discount

It’s a win-win! Stay healthy, feel better and be rewarded.



Turn “other coverage” into savings: Medical Expense Plan (MEP)

Fully paid by Beacon

As an alternative to enrolling in one of the Beacon medical plan options, if you and/or your family members enroll in another medical plan—like your spouse’s employer-based medical plan or Medicare—the **Medical Expense Plan (MEP)** can help you save. It’s designed as a smart incentive to encourage you to opt out of Beacon medical coverage and use the other coverage as your main plan. MEP then steps in to reimburse you for eligible out-of-pocket costs, like coinsurance, copays, and premiums (up to the plan limits).

It’s not insurance—it’s extra support to ease your expenses when you **opt out** of Beacon’s medical plan. You cannot be covered by both the Beacon medical plan and the MEP at the same time.

When does the MEP provide benefits?

It provides benefits if:

- You and/or your spouse have primary medical coverage elsewhere.
- Your dependent child has primary coverage elsewhere.

When can I enroll in MEP for the first time?

You can enroll in MEP for yourself or your dependents only if you or they are currently covered in the medical plan and discontinue that coverage. You can enroll if you and/or your spouse become eligible for Medicare.

How the MEP works

- ✔ Beacon pays the full cost, so you have **no payroll deductions**.
- ✔ The MEP reimburses you for **premiums paid to a non-Beacon medical plan** to the extent they exceed certain dollar thresholds.
- ✔ In addition, the MEP **pays for a portion of the following out-of-pocket costs** from a non-Beacon medical plan, but only when you access care from a Beacon provider or at a Beacon facility:
Copays | Coinsurance | Other qualifying medical expenses
- ✔ Any required copays that you pay out-of-pocket for will be **reimbursed directly to you**. Other claims may be paid directly to the provider.
- ✔ If you receive a bill, submit it and/or Explanation of Benefits (EOB) from the other plan to BeSolutions by email, fax, text or mail—**easy and flexible**.
- ✔ Reimbursements are tax-free and can be sent to you by **check or direct deposit**.



For more MEP information

Call BeSolutions at 866-717-6956.



Medical ID cards

If you enroll in one of the medical plans or the MEP, your Beacon medical ID cards will arrive to your home address shortly following the close of enrollment.

Note: If you enroll in MEP and Medicare, you will not receive a printed ID card.



Features	MEP reimbursement schedule	
	Beacon provider	Non-Beacon provider
Portion of out-of-pocket expenses reimbursed by MEP	100%	0%
Annual maximum reimbursement for out-of-pocket claims		
Associate Only:	\$9,200	\$0
All Other Coverage Tiers:	\$18,400	\$0
Annual maximum reimbursement for out-of-pocket expenses including premiums		\$22,500
Monthly premiums reimbursement	Plan reimburses 100% over:	
Associate Only:		\$125
All Other Coverage Tiers:		\$290

Voluntary benefits bundle

Critical Illness Insurance | Accident Insurance | Hospital Indemnity Insurance



You pay the cost

If you enroll in one of the two Beacon medical plan options, you will **automatically** be enrolled in an **associate-paid** voluntary benefit bundle (see costs below). This coverage will pay you a cash benefit in the event you or a covered dependent have:



Critical illness

Gives you a lump sum of money if you're diagnosed with a serious illness covered by the Policy—like heart attack, stroke, cancer, or heart disease—to help offset your expenses.



Accidental injury

Provides financial protection for medical expenses and other costs resulting from non-work-related accidental injuries. This can include hospital bills, emergency room visits, home care services and rehabilitation costs.



Inpatient hospital care

This coverage can complement your health insurance to help you pay for the costs associated with a hospital stay.

Not interested? Be sure to opt out!

If you do not want this automatic coverage, you **MUST OPT OUT** of it during enrollment. You can waive it altogether, or you can elect to enroll for any of these three benefits separately (rather than the full package). If you are not enrolled in a Beacon medical plan, you can still enroll in any/all of these voluntary benefits separately. If you opted out for 2025, and you do not take any action by the enrollment deadline, you will default to opted out in 2026.

Your costs

Voluntary benefits bundle	
Per-pay period premiums	Voluntary benefit bundle
Associate Only:	\$12.63
Associate plus 1 Dependent (Spouse or Child):	\$27.26
Associate plus Children:	\$28.35
Family:	\$35.51



Is the bundle right for you?

To learn more about the Voluntary Benefits Bundle, visit the Aetna member portal at:

MyAetnaSupplemental.com

Or call Aetna Member Services at: 800-607-3366 (TTY: 711)



Prescription drug coverage

You and Beacon share the cost

Prescription drug coverage is an important part of your overall healthcare—and at Beacon, it's automatically included in the cost of your medical plan if you elect medical coverage.

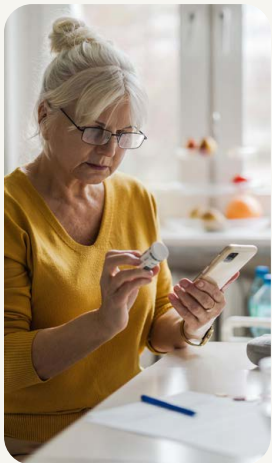
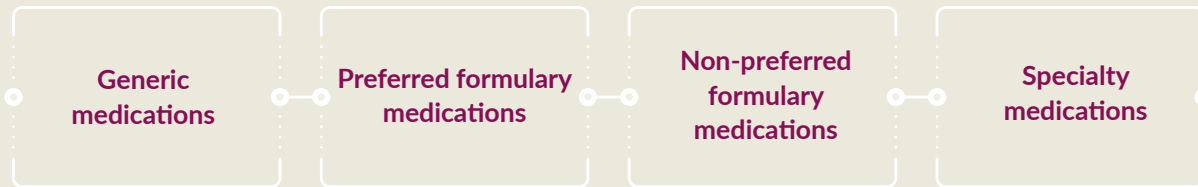
How prescription coverage works

Both medical plans have access to the same pharmacy networks. While you are allowed to fill a prescription at any network pharmacy, you'll pay less when you use a Beacon-owned pharmacy.

IMPORTANT: There is no coverage for out-of-network pharmacies—you'll pay the full cost.

The amount you pay is also based on the plan's Drug Formulary System which categorizes medications "tiers" of based on drug cost, safety and effectiveness, and whether a generic equivalent is available.

The formulary tiers are:



Filling your prescription

Regardless of your medical plan election, you have two convenient ways to fill your prescriptions:



Retail network pharmacy

Best for one-time or short-term use medications.



Mail-order delivery

- ✓ Best for long-term, recurring maintenance medications (such as diabetes, high blood pressure and asthma medicines).
- ✓ Offers discount pricing.
- ✓ Not available for specialty medications.

Alluma™



TAKE ACTION

What tier does your medication fall under?

See the prescription formulary to learn what tier your prescriptions fall under. Visit: allumaco.com



LEARN MORE

Additional information

- If you participate in Beacon's **Disease Management Program** you can receive discounted prescription coinsurance for all formulary tiers other than specialty medications.
- All maintenance medications **MUST** be filled at a **Beacon-owned pharmacy**. Mail-order options are available.
- **Over-the-counter medications** (with the exception of Prilosec OTC, Claritin OTC, Zyrtec OTC, and OTC smoking cessation medications) are not covered by the plan.
- Coverage for specialty medications requires **prior-authorization** and participation in the **Disease Management Program**. See page 27 for more details.

Comparing prescription drug coverage

Your prescription drug coverage is provided as part of the Beacon medical plans. This means that the deductible and out-of-pocket maximum features are outlined on the chart on page 18. There are no separate prescription deductibles or out-of-pocket maximums.

Consumer-Driven Health Plan (CDHP)				
Features	Beacon-owned pharmacy	Beacon-owned pharmacy Disease management participant rates	Other network pharmacies	Out-of-network
	After deductible:	After deductible:	After deductible:	
Generic	Plan pays 85% / You pay 15%	Plan pays 95% / You pay 5%	Plan pays 75% / You pay 25%	Not covered
Brand formulary	Plan pays 70% / You pay 30%	Plan pays 80% / You pay 20%	Plan pays 60% / You pay 40%	
Non-formulary	Plan pays 50% / You pay 50%	Plan pays 60% / You pay 40%	Plan pays 50% / You pay 50%	
Specialty*	n/a	Plan pays 80% / You pay 20% (up to \$500 per 30-day supply)	Plan pays 80% / You pay 20% (up to \$500 per 30-day supply)	

Preferred Provider Organization (PPO)				
Features	Beacon-owned pharmacy	Beacon-owned pharmacy Disease management participant rates	Other network pharmacies	Out-of-network
	30/90-day supply No deductible:	30/90-day supply No deductible:	30/90-day supply No deductible:	
Generic	\$10/\$20 copay	\$10/\$20 copay	\$15 copay	Not covered
Brand formulary	\$30/\$60 copay	\$20/\$40 copay	\$40 copay	
Non-formulary	\$60/\$120 copay	\$40/\$80 copay	\$80 copay	
Specialty*	n/a	Plan pays 75% / You pay 25% (up to \$750 per 30-day supply)	Plan pays 75% / You pay 25% (up to \$750 per 30-day supply)	

*Prior authorization and participation in the Disease Management Program is required for specialty medications. Maximum of 30 days per refill. Must use Beacon Home Care Pharmacy.



Are preventive medications and maintenance medications the same thing?

Not exactly. Preventive medications are used to keep a condition from developing, while maintenance medications help manage an existing chronic condition. Sometimes, they can even be the very same drug—it just depends on how it's being used. To be considered "preventive," a drug must appear on Alluma's Preventive Drug List, located on our Intranet. What this means if you are enrolled in the CDHP: Preventive drugs are covered even before you meet your deductible. There's also a very small group of medications on the IRS Preventive Drug List—such as immunizations—that are covered at no cost to you, regardless of the deductible (plan limits still apply). Maintenance medications that are not preventive are subject to the deductible.



Disease management and prior authorization

Beacon's **Disease Management Program** is built right into the medical plan and staffed by Beacon associates who are here to support your health. This team-based program gives you access to medication therapy, tools, and personalized guidance to help you take control of chronic conditions like diabetes, high cholesterol, high blood pressure, asthma, and more.

The program is **voluntary and free** if you're enrolled in a Beacon medical plan—and the best part is, participation also means **reduced rates on certain medications**.

Note: Specialty medications are not covered unless you participate in the program.

Prior Authorization

Some prescription medications require prior authorization and step therapy. For our newly integrated associates from Beacon SWM, this requirement will be effective for the first time when you refill the prescription in 2026. Look for details coming in the mail that will let you know what the requirements are for continued coverage.



Dental

You and Beacon share the cost

Your options

Beacon offers three dental plans to choose from, so you can select the coverage that best fits your needs and budget.

DHMO

DPPO—Standard Plan

DPPO—Premium Plan

How the plans are alike

- ✓ Fully covered in-network preventive dental care—no copay, deductible or coinsurance.
- ✓ Similar wide range of eligible services, including basic care, major care and orthodontia.
- ✓ Both DPPO plans offer Cigna's Wellness Plus Plan, where your annual dollar maximum will increase the following year if you receive preventive care in the previous year. See chart on page 29.

How the plans differ

DHMO

Lowest premium \$

You can only see a DHMO network provider assigned to you; no out-of-network coverage

No deductible requirement

Cost sharing is handled through preset dollar copays

Orthodontia cost sharing is through preset dollar copays; coverage for eligible associates and all covered dependents

No annual maximum benefits

DPPO—Standard Plan

Mid-range premium \$\$

You can see any dental provider but save money by seeing an in-network dentist

Individual & Family deductibles

Cost sharing is handled through coinsurance (where you pay a portion of the expense)

You pay higher orthodontia coinsurance compared to Premium plan; coverage for eligible child dependents only

Lower maximum benefit compared to Premium plan

DPPO—Premium Plan

Highest premium \$\$\$

You can see any dental provider but save money by seeing an in-network dentist

Individual deductible only

Cost sharing is handled through coinsurance (where you pay a portion of the expense)

You pay lower orthodontia coinsurance compared to Standard plan; coverage for eligible associates and all covered dependents

Higher maximum benefit compared to Standard plan



TAKE ACTION

Find a network dental provider

Your out-of-pocket costs are lower when you visit a Cigna network provider. To see if your dental provider is in-network or to find a network dentist:

Visit mycigna.com, register and then click "Find a Doctor, Dentist".

Call 24/7 at 800-244-6224.



USE WELL

Additional dental care for those with certain conditions

If you have certain conditions, such as diabetes, heart disease, chronic kidney disease or even pregnancy, you may qualify for additional dental services—at no cost—through the Oral Health Integration Program. Learn more at mycigna.com.

Comparing the dental options

Features	DHMO (Cigna Dental Care Access Plus network)	DPPO – Standard Plan (Total Cigna DPPO network)		DPPO – Premium Plan (Total Cigna DPPO network)	
	In-network only	In-network	Out-of-network	In-network	Out-of-network
Plan deductible					
Individual	None	\$50	\$50	\$50	\$50
Family		\$150	\$150	None	None
Preventive and diagnostic care (Routine exams, cleanings, fluoride treatments, sealants, bitewing X-rays)	Fixed copay on patient charge schedule	No deductible Plan pays 100% You pay 0%	No deductible Plan pays 100% You pay 0%	No deductible Plan pays 100% You pay 0%	No deductible Plan pays 100% You pay 0%
Basic care (Full mouth X-rays, extractions, fillings)	Fixed copay on patient charge schedule	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 50% You pay 50%	After deductible Plan pays 80% You pay 20%	After deductible Plan pays 70% You pay 30%
Major care (Root canals, oral surgery, gum disease treatment, crowns, bridges, dentures, implants)	Fixed copay on patient charge schedule	After deductible Plan pays 50% You pay 50%	After deductible Plan pays 50% You pay 50%	After deductible Plan pays 50% You pay 50%	After deductible Plan pays 50% You pay 50%
Orthodontia care*	Fixed copay on patient charge schedule	No deductible Plan pays 50% You pay 50%	No deductible Plan pays 50% You pay 50%	No deductible Plan pays 60% You pay 40%	No deductible Plan pays 50% You pay 50%
Orthodontia lifetime maximum	None	\$1,000	\$750	\$1,500	\$1,000
Annual maximum benefit					
Year 1:		Plan pays up to: \$1,000	Plan pays up to: \$750	Plan pays up to: \$1,500	Plan pays up to: \$1,000
Year 2:	None	\$1,150	\$900	\$1,650	\$1,150
Year 3:		\$1,300	\$1,050	\$1,800	\$1,300
Year 4:		\$1,450	\$1,200	\$1,950	\$1,450

*Orthodontia coverage for eligible associates and dependents is available in the DHMO and DPPO-Premium Plan only. Orthodontia coverage in the DPPO-Standard Plan is for children only.

Your costs

Per-pay-period premiums	DHMO	DPPO Standard Plan	DPPO Premium Plan
Associate Only:	\$5.31	\$9.14	\$14.87
Associate + 1:	\$9.08	\$17.00	\$29.63
Family:	\$14.87	\$29.76	\$50.60



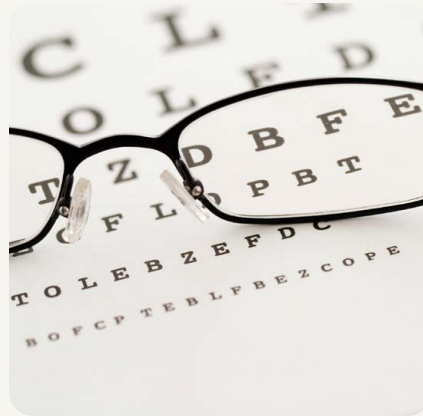
Dental ID cards

Only the DHMO issues dental ID cards. For the other plans, simply let your dental provider know your type of insurance or visit mycigna.com and register for an account to print out a digital ID card.



Vision

You and Beacon share the cost



Beacon offers one comprehensive vision plan that covers everything from routine eye exams to glasses and contact lenses. There's no deductible—your coverage begins right away, making it easy to get the care you need when you need it.

Note: Our medical plans do not include a basic level of vision coverage, like an annual eye exam. The vision plan is the only plan we offer that provides preventive and wellness care coverage for your eyes.



TAKE ACTION

Find a network vision provider

Your out-of-pocket costs are lower when you visit a Cigna network provider. To see if your vision provider is in-network or to find a network dentist:

Visit mycigna.com

Call 877-478-7557 or 888-353-2653



Vision ID cards

You will not receive printed vision ID cards to take with you to your vision appointments. However, you can access a digital ID card at my.cigna.com.

Features	EyeMed Vision Plan	
	In-network	Out-of-network
Eye exams (once every 12 months)	After you pay \$10 copay Plan pays 100%	Plan pays up to \$45 allowance
Prescription eyeglass lenses* (once every 12 months)		Plan pays up to \$32 allowance
Single vision	After you pay \$25 copay Plan pays 100%	\$55 allowance
Bifocal		\$65 allowance
Trifocal		\$80 allowance
Lenticular		
Frames (once every 24 months)	Plan pays up to \$130 allowance + 20% discount	Plan pays up to \$71 allowance
Prescription contact lenses* (once every 12 months)		Plan pays up to \$210 allowance
Therapeutic (used to treat or manage specific eye conditions)	After you pay \$25 copay Plan pays up to \$130 allowance	
Elective (standard vision correction)		Plan pays up to \$105 allowance

*The vision plan provides coverage for prescription eyeglass lenses and prescription contact lenses, but not BOTH in the same year.

Your costs

Per-pay-period premiums	Vision Plan
Associate Only:	\$2.58
Associate + 1:	\$4.94
Family:	\$8.00

Savings and Spending Accounts



Out-of-pocket costs can add up—but you've got tools to help! Depending on the medical plan you elect, you can pair the plan with a special account that lets you set aside pre-tax dollars to help offset your deductible by paying for things like doctor visits, prescriptions, and other eligible expenses.

Health Savings Account (HSA)

You and Beacon share the cost

The HSA is a powerful savings tool that helps you set aside pre-tax dollars through easy payroll deductions to pay for qualified healthcare expenses. It pairs with the CDHP medical plan, giving you more control over how you manage your healthcare costs while enjoying triple tax advantages. You can use your HSA funds for eligible expenses for yourself, your spouse, and your children—even if they aren't covered under your Beacon medical plan, as long as they're listed as dependents on your federal tax return.



How the HSA works

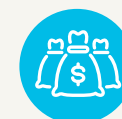


You own it.

It's yours to keep, whether you change medical plans down the road, leave Beacon or retire.

Offers triple-tax advantages.

If you use your HSA for qualified healthcare expenses, your contributions, earnings and distributions are all tax-free!



You contribute.

You can contribute up to the IRS maximum, which includes your contributions and employer contributions.

Associate Only: \$4,400

All Other Coverage Levels: \$8,750

Plus, age 55 or older can make an extra \$1,000 catch-up contribution.

Beacon contributes if you enroll in the CDHP HSA Funded option.

In addition to your own pre-tax contributions, Beacon makes quarterly contributions to help offset the medical plan deductible.

If you enroll in the CDHP HSA Eligible option, the Beacon contribution is \$0.

For 2026, the Beacon contribution is:

Associate Only:

\$100 quarterly (\$400 annually)

All Other Coverage Levels:

\$200 quarterly (\$800 annually)



Easy access to funds.

You will receive a debit card and can order checks. In addition, you can set up automatic payments for recurring bills, and/or pay out-of-pocket then request reimbursement online, by fax, mail, or using the mobile app.

No use it or lose it rule.

Unlike the FSAs, you can carry your unused balance forward from year-to-year—with no limit. This makes the HSA a great way to save for future healthcare expenses—even during retirement.





Health Reimbursement Account (HRA)

Beacon pays the full cost

This account helps you pay for eligible healthcare expenses that aren't covered by your insurance. Unlike the other savings and spending accounts, Beacon fully funds the HRA for eligible associates.

Who is eligible?

You are eligible if you are 64½ years of age or older and are currently or will be enrolled in Medicare, or if you are enrolled in the Beacon CDHP and a Medicare plan. You can notify Beacon of your eligibility when enrolling for 2026.

How it works:

Beacon fully funds your HRA; you cannot make personal contributions. Beacon will make quarterly contributions directly to your account:

Associate Only: \$100 per quarter (\$400 annually)

All Other Coverage Levels: \$200 per quarter (\$800 annually)

You can easily access these funds using your **MyChoice debit card** or by requesting reimbursement through the **MyChoice website or mobile app**.

Any unused balance at the end of the year will roll over for use in the following year.

Flexible Spending Accounts (FSAs)

You pay the full cost



Healthcare FSA

(Available to non-CDHP members)

Helps you pay for all eligible healthcare expenses using pre-tax dollars.

- You may contribute up to a maximum of **\$3,400** for 2026.
- You may roll over up to **\$680** of your unused balance at year end.



Limited Purpose FSA

(Available to CDHP members)

Helps you pay for eligible dental, orthodontia and vision expenses using pre-tax dollars. **Note: If you enroll in the Healthcare FSA and the CDHP it would automatically be considered a Limited Purpose FSA.**

- You may contribute up to a maximum of **\$3,400** per year.
- You may roll over up to **\$680** of your unused balance at year end.



Dependent Care FSA

(Available to all associates)

Good news: Big increase to annual limit

Helps you pay for eligible childcare and adult daycare expenses using pre-tax dollars.

- You may contribute up to a maximum of **\$7,500** per year, which is available as you contribute.
- There is no rollover feature.

Disability



Sometimes life takes an unexpected turn. If an illness or injury keeps you from working, disability coverage helps replace part of your income—so you can focus on recovery without the added financial stress.

Short-Term Disability (STD)

Beacon offers two forms of STD, varying based on your role.

Non-Management Associates

Fully paid by you

STD is an optional benefit that you can choose to enroll in to help replace your income if you're unable to work due to a non-work-related illness, injury, or medical condition—including recovery from childbirth.

The benefit paid to you replaces part of your paycheck to provide some income on a weekly basis.

STD premium rates are based on your age and income. The amounts will be available when you enroll through Businessolver.

How it works:

Qualifying for STD benefits

For most disability leaves, a medical professional and disability claims expert will review your case to determine whether you qualify for benefits. If you are signing up for STD coverage for the first time, pre-existing conditions, including pregnancy, will not be covered. If you are a newly integrated associate with Beacon SWM, the pre-existing condition limitation will be waived during this Open Enrollment only.

Benefit amount

The STD benefit will replace **60% of your weekly pay, up to a maximum of \$1,400 per week**—after the waiting period.

What's the waiting period?

- The waiting period is the number of days you must be out of work before STD benefits begin.
- The STD benefit does not replace income during the waiting period. Whether those days are paid or unpaid depends on your PTO balance and whether you're in the PTO Legacy plan or the PTO Grant plan. In some cases, you must use PTO during the waiting period; in others, you may be able to take the time off unpaid. For details about your specific options, see the PTO policy.



When benefits begin and end

The waiting period and duration of your Short-Term Disability (STD) benefits depend on the plan option you elect. Beacon offers four different STD plan options, designed to meet the needs of different associate groups:

OPTION 1:

One week waiting period with a maximum duration of 26 weeks.

OPTION 2:

Two week waiting period with a maximum duration of 26 weeks.

OPTION 3:

One week waiting period with a maximum duration of 13 weeks.

OPTION 4:

Two week waiting period with a maximum duration of 13 weeks.

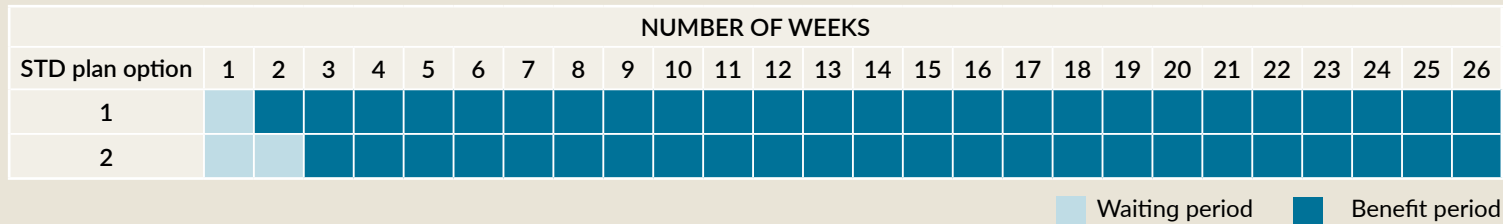


Tax consideration

Because STD premiums are paid with after-tax dollars, any STD benefits you receive while on disability are not taxed. This means your STD payments will be closer to your regular take-home pay, helping you better manage your expenses while you're away from work.

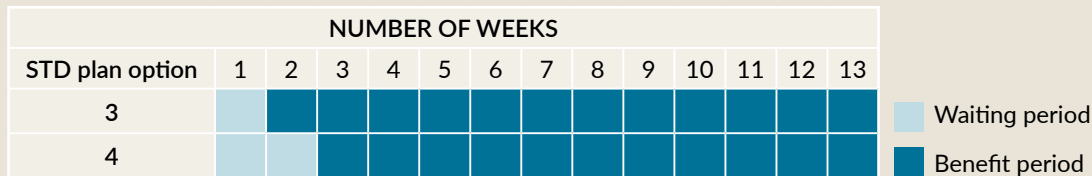
OPTIONS 1 AND 2

These options offer longer coverage durations and are ideal for part-time associates (and/or full-time associates with less than one year of service) who **do not have access** to Beacon's employer-paid LTD benefit. However, it is the associate's choice which option is best for their situation.



OPTIONS 3 AND 4

Plan options 3 and 4 provide shorter coverage durations and are recommended for full-time associates who **do have access** to the LTD benefit and therefore may not need extended STD coverage. However, it is the associate's choice which option is best for their situation.



Management associates

Fully paid by Beacon

Management associates receive 100% of their weekly pay with no limits, up to 90 days. In addition, there's no waiting period. This coverage is automatic and fully paid by Beacon.





Long-Term Disability (LTD)

Fully paid by Beacon

Sometimes an illness or injury lasts a long time. If you're unable to work for an extended period due to a serious health condition, LTD provides a critical layer of income protection. This benefit coverage is automatic and fully paid for by Beacon for all full-time associates (regularly scheduled for 36 or more hours per week) after completing one year of service.

LTD benefits begin after you complete the 90-day waiting period. Typically associates rely on their PTO, salary continuance or STD benefits for income replacement during this waiting period.



Benefit amount

For most jobs, LTD pays a benefit equal to:
60% of your monthly pay, up to a maximum benefit of **\$10,000 per month**.

How long LTD payments last

LTD benefits continue until age 65 or until you're no longer considered disabled, whichever comes first.

Life and AD&D



Basic Life and Accidental Death and Dismemberment (AD&D)

Fully paid by Beacon

While no one likes to think about death, having **Basic Life Insurance and Accidental Death & Dismemberment (AD&D) coverage** ensures your loved ones are financially protected if something happens to you. It's a simple but important way to provide peace of mind. Beacon automatically provides and pays the full cost of coverage.

Benefit amount

The amount of coverage is based on your role.

- **Most full-time associates:** The benefit is equal to **one times your annual pay**.
- **Most management associates:** The benefit is equal to **one and one-half times your annual pay**.
- **Most part-time associates:** The benefit is equal to **\$10,000**.

Supplemental Life and AD&D

Fully paid by You

If you feel you need additional income protection, you may choose to purchase Supplemental Life and AD&D, as shown in the table.

Supplemental Life and AD&D	
For you	You may purchase additional coverage in \$10,000 increments up to the lesser of \$500,000 or five times your salary.
For your spouse	If you enroll in at least \$20,000 of Supplemental Life and AD&D for yourself, you may purchase Spouse Supplemental coverage up to the lesser of \$150,000 or one-half your own coverage.
For your child(ren)	If you enroll in at least \$20,000 of Supplemental Life and AD&D for yourself, you may purchase coverage for your dependent children under age 26: Age 14 days to 6 months: \$1,000 Age 6 months–26 years: \$10,000

Evidence of Insurability (EOI)

When you elect Supplemental Life Insurance coverage for yourself or Dependent Life Insurance for your spouse, you may be required to provide “Evidence of Insurability.” In other words, before the insurance company will cover you, you must show them proof that you are a good candidate for insurance—by completing a health questionnaire.

Each year during Open Enrollment you have the opportunity to increase your Supplemental Life and AD&D coverage without providing EOI. You can increase coverage for yourself by \$20,000 and coverage for your spouse by \$10,000, subject to the overall limits.

If you elect coverage beyond that amount you will need to provide EOI. (*The company code for Lincoln Financial is LF1305BEA.*)



Don't forget to designate a beneficiary

Designating a beneficiary ensures your life insurance benefits go to the person—or people—you intend. It's a simple but important step to help protect your loved ones and avoid delays in receiving the benefit.

Visit mybeaconbenefits.com



Other voluntary benefits

Fully paid by You

Voluntary benefits give you the **freedom to personalize your coverage** with added protection that fits your life. These optional plans can help fill gaps, cover unexpected costs, and give you extra peace of mind—on your terms.



Universal Life

Provides long-term financial protection with the added benefit of building **cash value over time**. This coverage can help support your loved ones in the event of your passing and may also be used during your lifetime for things like emergencies or future planning.



Whole Life

Offers **lifetime coverage** with guaranteed premiums, a guaranteed death benefit, and cash value that builds over time. It's a dependable way to help protect your loved ones financially while also creating a small savings component you can access later, if needed.



Identity Fraud Protection

Aura provides **comprehensive identity theft protection** with \$5 million in identity theft insurance per adult member. It includes credit monitoring, fraud alerts, and identity restoration services, as well as privacy and device protection. Aura's expert team is available 24/7 to help resolve issues and restore your identity—giving you added peace of mind in today's digital world.



Legal Services

MetLife Legal offers **affordable access to attorneys** for a wide range of personal legal needs—like wills, estate planning, real estate matters, and family law. You'll get professional support from a national network of professional attorneys when you need it most, without the high hourly fees.



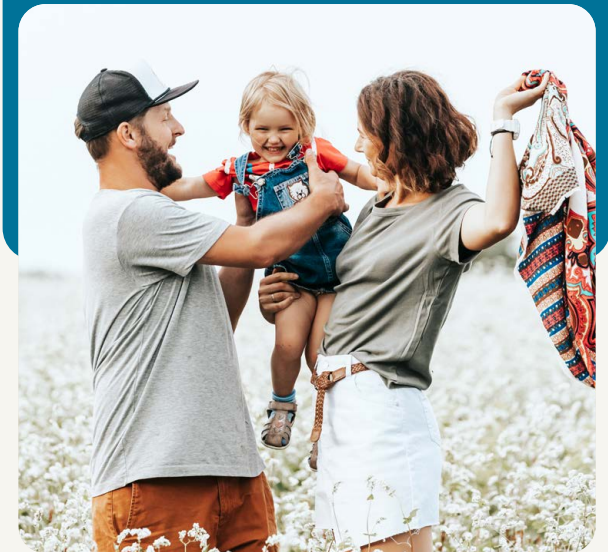
CHOOSE WELL

Unbundle the voluntary benefits bundle?

Don't forget, you can also choose to purchase any of the voluntary benefits, individually, from the voluntary benefits bundle—outlined on page 24.

This includes:

- Critical Illness Insurance
- Accident Insurance
- Hospital Indemnity Insurance



Paid Time Off (PTO) program

Everyone needs time away from work to manage personal matters, relax and recharge, recover from illness or celebrate a holiday. The Beacon Total Rewards program for associates, other than directors and above, includes PTO for:



Vacation



Personal time



Short-term illness



Holidays

Full-time and part-time associates receive their paid time off up front each year through what we call a PTO Grant. This approach gives you immediate access to your PTO balance, so you can plan time away with greater flexibility.

You must use PTO hours if you take time off for any of these **six observed holidays**:



Beacon recognizes these
SIX HOLIDAYS
for eligible associates:



New Year's Day



Labor Day



Memorial Day



Thanksgiving Day



Independence Day



Christmas Day



Beacon's current PTO schedule

The table below shows the number of PTO hours you will be granted on January 1 based on a full-time work schedule of 80 hours per pay period (1.0 FTE). Days shown are eight-hour days. Grant amounts are prorated based on your actual FTE. Refer to *Beacon's 2026 Paid Time Off program: Open Enrollment reference guide* for your grant details. You can begin to use this time as soon as it is granted.

Management (other than Directors and above)

Years of service	Annual PTO grant
0 – 8 years	224 hours / 28 days
9 or more years	264 hours / 33 days

Non-management associates

Years of service	Annual PTO grant
0 – 3 years	184 hours / 23 days
4 – 8 years	224 hours / 28 days
9 – 23 years	264 hours / 33 days
24 or more years	304 hours / 38 days

We divide your PTO Grant into two main parts:

- ✔ Use It or Lose It hours
- ✔ Choice hours

Use It or Lose It hours are time you must use during 2026. They do not roll over into the next calendar year and are not paid out at year-end or upon leaving the organization.

Choice hours provide you with alternatives for how to handle these hours. You can leave them in your PTO bank or convert them during Open Enrollment. They do not roll over into the next calendar year and are not paid out at year-end or upon leaving the organization. However, if you do not use your Choice hours during 2026 and you remain employed at Beacon, the Choice hours remaining in your PTO bank at the end of 2026 will be paid to you in a lump sum in the first quarter of 2027.

You asked for flexibility—and we delivered.

Our PTO Grant program is built to give you real choice. Use your hours for time away, convert them during Open Enrollment into extra cash in your paycheck, or put their value toward additional benefits. It's all about giving you the freedom to decide what works best for you.



Your Choice hours options

During Open Enrollment, you can decide which of the following options is best for you:

Options if you do not elect to convert any Choice hours during Open Enrollment

OPTION 1:

Take time off throughout 2026.

- If you do not convert any Choice hours during Open Enrollment, those hours stay in your PTO bank and will be available for you to take time off during 2026.
- Any Choice hours you don't use will be paid out in a lump sum during the first quarter of 2027, based on your hourly rate as of Dec. 31, 2026.
- Choice hours do not roll over from year to year.
- If you leave Beacon in 2026, the unused hours are forfeited.

OPTION 2:

Leave in PTO bank for payout in 2027.

- If you do not convert any Choice hours during Open Enrollment, and do not use them during 2026, those hours will be paid out to you in a lump sum during the first quarter of 2027, based on your hourly rate as of Dec. 31, 2026.
- If you do decide to take time off in 2026 instead, these hours will be available.
- Choice hours do not roll over from year to year.
- If you leave Beacon during 2026, the unused hours will be forfeited.

Options if you elect to convert some or all of your Choice hours during Open Enrollment

OPTION 3:

Convert to extra pay.

- Convert some or all of your Choice hours into additional income.
- The value is based on your hourly rate as of Oct. 1, 2025, and spread evenly across your 25* paychecks in 2026, starting with the second pay period—providing you with additional income.
- If you leave Beacon during 2026, the remaining balance will be forfeited.

OPTION 4:

Convert to retirement savings, HSA contributions, or to purchase more benefits.

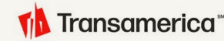
- If you would like to save more for retirement, add to your HSA, or purchase additional benefits, convert Choice hours during Open Enrollment.
- The value of those hours is based on your hourly rate as of Oct. 1, 2025, and spread evenly across your 25* paychecks in 2026, starting with the second pay period.
- You'll need to make a second election to direct those dollars to your retirement savings or to elect benefits.
- If you leave Beacon during 2026, the remaining balance will be forfeited.

**In a typical year, the value would spread evenly across 26 pay periods. However, because of the 2026 payroll calendar, the amount is spread across 25 paychecks.*



Beacon's Retirement Savings 403(b) Plan

You and Beacon share cost



The Retirement Savings Plan is a smart, flexible way to invest in your future—and we're here to help you make the most of it. Changes you make to Beacon's Retirement Savings 403(b) Plan are not limited to annual Open Enrollment, but we wanted to draw your attention to the plan during this time of the year when you are thinking about your financial security and your benefits budget. Many financial professionals recommend contributing at least 10% of each paycheck to your retirement account. Your future self will thank you! You can change your contribution by visiting Transamerica.com/portal/beacon or by calling 800-755-5801 any day of the year.



Eligibility and enrollment

All full-time, part-time and PRN associates are eligible to participate in the program. You can change your contribution amount at any time. You can also elect the "auto-increase" feature to automatically have your contributions increase each year.



Beacon's matching contributions

Associates who are 21 or older and have completed one year of service during which they worked at least 1,000 hours are eligible for matching contributions. Beacon matches **\$1 for every \$1** you contribute, up to **4% of your pay**. That's free money!



Owning your benefit (vesting)

You are always 100% vested in your own contributions. You are vested in Beacon contributions after two years of service.



Your contributions

Choose before-tax or after-tax (Roth) contributions at any amount—whichever fits your financial goals—up to the IRS 2026 maximum:

Age	Contribution limit	Catch-up contribution	Total contribution
49 or younger	\$24,500	N/A	\$24,500
50-59	\$24,500	\$8,000	\$32,500
60-63	\$24,500	\$11,250	\$35,750
64 or older	\$24,500	\$8,000	\$32,500

Starting in 2026, individuals earning \$150,000 or more will be **required to make catch-up contributions on an after-tax (Roth) basis**. Look for more information from Transamerica.



Investing your funds

You can choose from a variety of fund options or choose to invest on your own.



Manage your account

You can manage your Beacon retirement account through the Transamerica portal.

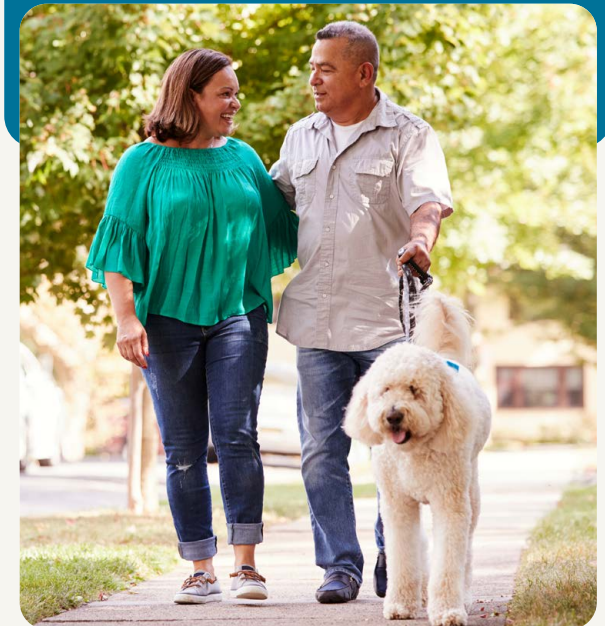


TAKE ACTION

Don't forget to designate a beneficiary

Designating a beneficiary ensures your retirement savings go to the person—or people—you intend. It's a simple but important step to help protect your loved ones and avoid delays in receiving the benefit.

Visit: transamerica.com/portal/beacon



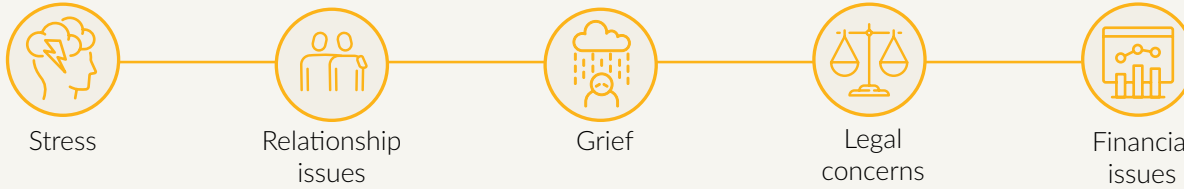
Additional benefits



Employee Assistance Program (EAP)

Aetna Resources for Living (EAP) provides **confidential support and resources** to help you and your household members manage life's challenges—big or small.

It's available 24/7, and designed to support your emotional, financial, and everyday well-being—including:



The EAP offers:

- ✓ Eight free counseling sessions (per family member/per issue/per year)
- ✓ Expert referrals for daily life assistance, such as daycare, eldercare and more
- ✓ Helpful online tools and resources

Adoption Assistance

Beacon supports families of all forms. Our adoption assistance benefit helps support associates who are expanding their families through adoption.

This benefit is available to both part-time and full-time associates who work 40 or more hours per pay period, and who have been employed with Beacon for at least 12 months by the time the adoption is finalized.

Other Programs

LiGHT Wellness Program	Virtual physical therapy (Sword)	Health and wellness coaching	Connected Care (Virtual care)
Disease management	Case management	Registered Dietitian and Certified Diabetes Educator	Associate advocate
Digital substance addiction support (Pelago)			



EAP enhancement

Once you have used all of your EAP visits for the year, you can continue to see your EAP provider and have those sessions covered by insurance.

If you are enrolled in the PPO, sessions will be subject to the copay applicable to physician visits (non-specialty) as though the provider is in Tier 2.

If you are enrolled in the CDHP, sessions will be covered according to the tier the provider falls in and the normal cost-sharing for that tier.



Connect confidentially

Visit: Resourcesforliving.com

Username: BeaconHealth

Password: eap (lowercase)

Call: 24/7: 855-283-1917

Contact list

Have questions? We have answers...

For questions about	Contact	Visit	Call
General benefit questions	Beacon Benefits Call Center	mybenefitsatbeacon.com Company Key = beacon (case sensitive)	888-907-1430
Associate Advocate	Associate Wellness Team	associatewellnessteam@beaconhealthsystem.org	574-647-2865
Case management	Nurse Case Manager	jfoston@beaconhealthsystem.org	574-647-2304
Dental	Cigna	mycigna.com	800-244-6224
Disease management program	Chronic Condition Focus	n/a	Eric Long: 574-647-6856 Jennifer Love: 574-647-7828
Employee Assistance Plan (EAP) <i>(24/7 support for emotional wellbeing, daily life assistance, legal and financial services)</i>	Aetna Resources for Living	resourcesforliving.com Username: BeaconHealth Password: eap	855-283-1917
Health and wellness coaching	Associate Wellness Team	associatewellnessteam@beaconhealthsystem.org	574-524-8168
Identity fraud protection	Aura	n/a	844-931-2872
Legal services	MetLife Legal	members.legalplans.com	800-821-6400
Leave of Absence	Beacon's Leave of Absence Team	n/a	574-523-3395 574-389-5597
Life, AD&D and Disability <i>(Basic and Supplemental Life and AD&D, Short and Long-Term Disability)</i>	Lincoln Financial	benefits@beaconhealthsystem.org	n/a
Medical	Meritain	meritain.com	866-841-0852 800-925-2272
Medical Expense Plan (MEP)	BE Solutions	n/a	866-717-6956
Medical pre-certification	Meritain	meritain.com	574-647-1824
Mental well-being services	Associate Wellness Team	associatewellnessteam@beaconhealthsystem.org	574-647-5485
Pharmacies	Beacon pharmacies	n/a	Memorial Hospital: 574-647-3534 Elkhart General Hospital: 574-523-3101 Home Care Pharmacy: 574-647-8550 Kalamazoo: 269-226-8336 Woodbridge: 269-324-8409

Continued on next page...



...Contact list continued

For questions about	Contact	Visit	Call
Prescriptions	Alluma	allumaco.com	866-716-7362
Registered Dietitian/ Certified Diabetes Educator	Associate Wellness Team	associatewelnessteam@beaconhealthsystem.org	574-647-2879
Retirement	Transamerica	Beacon.TRSretire.com	800-755-5801
Savings and Spending Accounts <i>(Health Savings Account, Healthcare and Dependent Care Flexible Spending Accounts)</i>	MyChoice Accounts	mybenefitsatbeacon.com	888-907-1430
Tuition/certification reimbursement	Beacon Benefits	benefits@beaconhealthsystem.org	574-647-7453
Universal life insurance	Transamerica	transamerica.com	888-763-7474
Virtual care <i>(Online scheduled visits, 24/7 online urgent care visits, nutrition counseling, behavioral health counseling)</i>	Beacon Connected Care	Beaconconnectedcare.org Service key: Beacon17	n/a
Vision	Cigna	mycigna.com	877-478-7557 888-353-2653
Voluntary insurance bundle <i>(Accident, Hospital Indemnity, Critical Illness insurance)</i>	Aetna	myaetnasupplemental.com	800-607-3366 (TTY: 711)
Wellness	LiGHT Wellness Program Beacon Wellness Coordinator	assethealth.com	855-444-1255 574-647-6509 or email: associatewelnessteam@beaconhealthsystem.org
Whole life insurance	Allstate	n/a	800-521-3535

