// US BENEFITS HARMONIZATION

Employee FAQs
Milender White

Introduction

These FAQs provide an overview of upcoming changes to your benefits as part of the Benefits Harmonization initiative. **As an active enrollment year, you are required to enroll in your 2027 benefits during Open Enrollment.** Please review this information carefully to understand your options and steps required to ensure you have coverage that best meets your needs.

General

How do I enroll in benefits?

Enrollment can be completed online using the bswift enrollment platform. You will receive communications with your login information and instructions to guide you through the enrollment process.

What is bswift?

bswift is a benefits administration platform that allows you to review your benefits options, compare plans, enroll or make changes, and see your costs before finalizing your selections. It also gives you access to your information at any time. bswift sends enrollment data directly to our providers to ensure your selections are processed accurately.

Why are we using bswift?

As part of our move to a single, unified benefits program, all four Graham US entities (Graham US, XL, MW, and Moltz) will now use bswift to support a consistent and streamlined enrollment experience. Graham US and XL already use bswift, and the platform supports integration across multiple payroll systems.

How do I access bswift?

You can access bswift using this link: grahamgroupus.bswift.com You can also find the link to bswift on the Benefits Website (www.grahambuilds.com/us-benefits/milender-white-inc/)

Do I need to access bswift from the company portal?

No. You can access bswift from any internet-enabled device, anywhere. It is not connected to the company network.

Why can't the enterprise use our current Sage enrollment system?

A standalone benefits platform allows each entity to maintain its current payroll and HR systems while supporting one unified benefits program.

Will our payroll or HRIS systems change?

No. Payroll and HR systems are not changing as part of the Benefits harmonization project.

When can I elect my benefits?

You can elect benefits during the annual Open Enrollment, or within 30 days of a qualifying life event.

When is Open Enrollment?

Open Enrollment is November 2 to 13, 2026.

How do I see my premium?

Your premiums are displayed in bswift as you make your selections, allowing you to compare costs across plans and coverage levels. You can also refer to the rate sheet for additional details.

Do I have to enroll?

Yes. Open Enrollment for 2027 is an active enrollment, meaning you must complete your benefits selections.

What is an active enrollment?

An active enrollment means that your current benefits elections will not roll over to 2027. You must actively select your 2027 coverage to have benefits.

Why is Open Enrollment an active enrollment?

As the new benefits program replaces the existing plans, current elections cannot be automatically carried over. Employees must actively choose their coverage.

What happens if I do not complete my Open Enrollment?

If you do not complete your enrollment, you will be automatically enrolled in the no-premium 4k High-Deductible Health Plan (HDHP) with employee-only coverage. Dependents will not be automatically enrolled. You will not have another opportunity to make changes to your coverage until the next Open Enrollment period unless you have a qualifying life event.

What is a qualifying life event?

A qualifying life event is a significant change in your life, such as marriage, divorce, or the birth of a child, that allows you to make changes to your benefits outside of Open Enrollment.

Will Open Enrollment be an active enrollment going forward?

No. Beginning in 2028, enrollment will be passive, meaning your elections will automatically roll over each year. Savings plans (FSA and HSA) will still require an annual election.

What is the change in premium cost to me?

The premium cost impact to you will be based on the elections you make during open enrollment. You can refer to the rate sheet that compares current rates to new rates available on the Benefits Website (https://www.grahambuilds.com/us-benefits/milender-white-inc/)

Do employees on leave need to complete their benefit enrollment?

Yes. Employees on leave must complete their benefits elections during Open Enrollment, as returning from leave is not considered a qualifying life event. Employees on leave will receive enrollment information directly.

Who qualifies for benefits?

All salaried and hourly non-union employees who work a minimum of 30 hours per week qualify for benefit coverage.

Medical Plans

Who is our new medical provider?

The medical plan provider will be Regence Group Administrators (RGA) – Blue Cross Blue Shield, for the PPO and HDHP plans and Kaiser for the HMO plan.

What medical plans are offered?

There are four medical plan options:

- High-Deductible Health Plan (HDHP) - 4K
- High-Deductible Health Plan (HDHP) - 2K
- Preferred Provider Organization (PPO)
- Health Maintenance Organization (HMO) - California only

What are the in-network medical plan deductibles and out-of-pocket maximums?

Plan	HDHP 2K	HDHP 4K	PPO	HMO
Deductible (Individual / Family)	$2,000 / $4,000	$4,000 / $8,000	$1,500 / $3,000	$250 / $500
Out of Pocket Maximum (Individual / Family)	$4,000 / $8,000	$10,000 / $20,000	$5,000 / $10,000	$1,500 / $3,000

What is the difference between the HDHP 2K and HDHP 4K plans?

The HDHP 2K plan has lower deductibles and out-of-pocket limits, with a monthly premium. The HDHP 4K plan has no monthly premium, but higher deductibles and out-of-pocket maximums.

Why are there multiple medical plans?

Offering multiple medical plans provides flexibility so you can choose the coverage and cost structure that best fits your health needs and financial situation.

Why is the HMO plan only offered in California?

HMO plans are commonly used in California and are not widely available in other states due to network limitations.

What is the difference between HDHP, PPO and HMO medical plans?

- **HDHP:** With an HDHP, you are required to pay the full deductible before the plan begins to share in the cost of eligible expenses. After the deductible is paid, the plan typically covers 80% of eligible claims until you reach your out-of-pocket maximum. Once that maximum is reached, the plan pays 100% of eligible claims.

- **PPO:** A PPO medical plan combines copays and coinsurance. You may pay a fixed copay for certain services, such as doctor visits, while other services, like hospitalization, may require you to meet a deductible and pay 20% of the cost. All expenses count toward your out-of-pocket maximum, after which the plan pays 100% of eligible claims.

- **HMO:** The HMO plan works similarly to a PPO but with a more limited network of providers. It requires you to choose a primary care physician (PCP) and obtain referrals before seeing a specialist. Services outside the network are generally not covered, except in emergencies.

How can I check if my doctor is still in-network?

Use the public provider search features for RGA and Kaiser.

- RGA - HDHP and PPO Plans: RGA For Members | Portal Access & Healthcare Tools – Find a Provider.
- Kaiser - HMO (California): Find Doctors & Locations | Kaiser Permanente

Will there still be a no-cost medical plan option?

Yes. The HDHP 4K plan has no employee premium.

Why is the current no-cost limited network base plan not being offered?

The current no-cost plan is not being continued because it is not sustainable long-term for the enterprise. The HDHP option provides a no-premium alternative while supporting a consistent and sustainable benefits program.

When can I expect new claim cards?

Claim cards will be issued by the providers after open enrollment. You should receive them by early January 2027.

Savings Plan: Flexible Spending Account (FSA) & Healthcare Savings Account (HSA)

Who is the FSA & HSA provider?

The FSA and HSA provider is HSA Bank.

Which savings plans can I enroll in?

Your eligible savings plans depend on the medical plan you choose:

- **If you are enrolled in a PPO or HMO plan, you can enroll in:**
    - HealthCare Flexible Spending Account (FSA-HC)
    - Dependent Care Flexible Spending Account (FSA-DC)
- **If you are enrolled in a High-Deductible Health Plan (HDHP), you can enroll in:**
    - Health Savings Account (HSA)
    - Limited Purpose Flexible Spending Account (LP-FSA)
    - Dependent Care Flexible Spending Account (FSA-DC)

Why does my medical plan affect my savings plan options?

Savings plans are regulated by the IRS, which determines eligibility based on your medical plan selection, as well as contribution limits.

Flexible Spending Account (FSA)

What is an FSA?

An FSA is a pre-tax account used to pay for eligible healthcare or dependent care expenses. Contributions are deducted from your paycheck before taxes, reducing your taxable income.

What is a Flexible Spending Account HealthCare (FSA-HC)?

An FSA-HC can be used to pay for eligible Medical, Dental, and Vision expenses for you and your eligible dependents. Contributions are made on a pre-tax basis, which reduces your taxable

income. FSA-HC accounts are subject to a use-it-or-lose-it rule. Any unused funds above the IRS allowable carryover limit may be forfeited at the end of the plan year.

What is a Flexible Spending Account Dependent Care (FSA-DC)?

An FSA-DC is used to pay for eligible childcare expenses with pre-tax contributions, which reduces your taxable income. FSA-DC funds are subject to a use-it-or-lose-it rule and do not carry over to the next year.

What is a Limited Purpose Flexible Spending Account (LP-FSA)?

An LP-FSA is available to employees enrolled in an HSA and can be used for eligible Dental and Vision expenses. Unlike a standard FSA-HC, it cannot be used for general medical expenses.

Does the company contribute to FSAs?

No. FSAs are funded through employee contributions only.

How much can I contribute to an FSA account?

FSA contribution limits are set annually by the IRS and are typically announced in October for the following year. For 2026, the limits were:

- FSA-HC: $3,400
- FSA-DC: $7,500
- LP-FSA: $3,400

Can I be enrolled in more than one FSA account?

You can enroll in an FSA-DC along with either an FSA-HC or an LP-FSA, but you cannot enroll in both an FSA-HC and an LP-FSA at the same time.

Healthcare Savings Account (HSA)

What is a Healthcare Savings Account (HSA)?

An HSA is a pre-tax savings account regulated by the IRS, that can be used to pay for qualified medical expenses. To be eligible, you must be enrolled in an HDHP medical plan.

Does my employer contribute money towards the HSA?

Yes. The company contributes:

- HDHP 2K/4K: up to $1,000 (individual) / $2,000 (family)

Can I enroll in both the HSA and the FSA-DC?

Yes. You can enroll in both the HSA and the FSA-DC.

Non-Medical/ Voluntary Coverages

Dental

Who are the Dental providers?

- Preferred Provider Organization (PPO) **– Delta Dental**
- Dental Health Maintenance Organization (DHMO) **– DeltaCare USA**

What is a PPO Dental plan?

A PPO Dental plan uses a deductible and coinsurance structure. You have the flexibility to see any dentist, but you will typically save more by using in-network providers.

What is a DHMO plan?

A DHMO plan uses a copay structure, where services have fixed costs. It provides comprehensive coverage through a network of participating dentists and typically does not include deductibles or annual maximums. You are required to select a primary dentist within the network, which is generally more limited than a PPO network. Services received outside the network are not covered.

What do the dental plans cover?

The details of each dental plan are available on the Benefits Website (www.grahambuilds.com/us-benefits/milender-white-inc/)

How can I check for an in-network dental provider?

Use the public provider search features for Delta Dental and DeltaCare USA.

- Delta Dental - PPO Plan: https://www.deltadentalwa.com/fad/search –Under “Network” select “Delta Dental PPO Plus Premier”.
- DeltaCare USA – HMO Plan: http://deltadentalins.com/deltacare. Under “Network” select “DeltaCare USA”.

Vision

Who is the vision provider?

The provider is Ameritas, who is providing access to two vision networks – EyeMed and VSP

Do I have access to both vision networks?

During enrollment you will be required to choose between the EyeMed and VSP networks.

What is the difference between EyeMed and VSP?

- EyeMed – Includes more big-box stores, such as Lens Crafters and Target Optical. It does not provide coverage for prescription safety glasses.
- VSP – Includes more independent and boutique providers. It includes coverage for prescription safety glasses.

Why are there two vision network options?

Offering multiple vision networks provides flexibility, so you can choose the service providers that best fit your needs.

What does the new vision plan cover?

Details on vision coverage, including exams, frames, and contact lenses, are available on the Benefits Website (www.grahambuilds.com/us-benefits/milender-white-inc/)

How can I check for an in-network vision provider?

Use the public provider search features for Ameritas: Find a Provider - Ameritas

Disability: Short & Long-Term Disability

Short-Term Disability (STD)

Who is our STD Insurance vendor?

The provider is New York Life.

What is STD?

STD is a benefit that provides temporary income replacement if you are unable to work due to an approved non-work-related illness or injury. After a 14-day waiting period, STD benefit pays 70% of weekly earnings to a maximum of $3000 per week, up to 11 weeks.

Do I have to enroll in STD?

STD coverage becomes a voluntary benefit for all employees, and premiums are paid by the employee. If you choose not to enroll in STD, you are responsible for determining whether you are eligible for any government-paid leave benefit.

Why did STD become a voluntary benefit?

A significant portion of our workforce resides in states with established paid leave programs that already provide income protection comparable to STD. As a result, employer-provided STD delivers limited incremental value for many employees. To better align with varying employee needs, STD has been restructured as a voluntary benefit—enabling those who require additional coverage to opt in based on their individual circumstances.

Can I enroll my dependents in STD?

No. STD coverage is available to employees only.

What happens if I do not enroll in STD?

If you choose not to enroll in STD, you will not have income replacement coverage if you are unable to work due to a non-work-related illness or injury. It is your responsibility to determine whether you are eligible for any government-paid leave benefit.

Government-paid leave programs may provide partial or full income replacement and act as the primary payor. You are responsible for determining your eligibility, applying for these programs, and managing any approvals or payments directly with the applicable government agency. If you are not eligible for government-paid leave benefit and do not enroll in STD, any absence may be unpaid.

How does STD coordinate with government-paid leave?

While on medical leave, you are required to apply for Family and Medical Leave Act (FMLA) and any government-paid leave programs for which you may be eligible. Government programs typically act as the primary payor, meaning any income you receive through these programs will be applied first. STD coverage (if elected) will then pay the remaining eligible amount, up to the plan limits.

Example:

Type of Leave	STD Eligibility	State Payment	STD Payment
Medical	$1000/week	$750/week	$250/week
Medical	$600/week	$580/week	$20/week

How long is my job protected while I am on leave?

The duration of job-protected leave depends on the specific eligibility criteria under applicable State leave programs or the FMLA. STD benefit does not extend the job protection provided under these programs.

Long-Term Disability (LTD)

What is LTD?

LTD provides income replacement if you are unable to work beyond the STD period due to a non-work-related illness or injury. LTD benefit pays 60% of monthly earnings to a maximum of $15,000 per month up to Social Security retirement age.

Who is our LTD Insurance vendor?

The provider is New York Life.

Do I have to enroll in LTD?

LTD coverage is mandatory for salaried employees, with premiums paid by the company. For hourly employees, LTD is voluntary, and premiums are paid by the employee.

How does LTD coordinate with government-paid leave?

Government-paid leave programs typically last up to 12 weeks. In most cases, these benefits end before LTD coverage begins, meaning you will receive 100% of your eligible LTD benefit once LTD starts.

If government-paid leave and LTD coverage overlap, the LTD insurer will estimate the amount of government benefit you are eligible to receive and deduct that amount from your LTD payments. Any remaining eligible balance will be paid through the LTD plan.

How long is my job protected while I am on leave?

The duration of job-protected leave depends on the specific eligibility criteria under applicable State leave programs or the FMLA. LTD benefit does not extend the job protection provided under these programs.

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

Who is our Basic Life and AD&D insurance vendor?

The provider is New York Life.

What is Basic Life and AD&D insurance?

Basic Life Insurance pays a death benefit to your beneficiaries in the event of your death, regardless of the cause. AD&D insurance offers additional coverage in the event of death or a qualifying injury resulting from an accident.

Basic Life Insurance and A&D are mandatory coverages provided to you, with premiums paid by the company.

Voluntary Insurances

Who is our Voluntary Insurance provider?

The Voluntary benefits provider is New York Life.

What Voluntary Insurances are offered?

The following Voluntary benefits are available:

- Critical Illness Insurance
- Accident Insurance
- Hospital Indemnity Insurance

- Legal Coverage
- Identity Theft
- Pet Insurance
- Voluntary Life and AD&D Insurance

What is Critical Illness Insurance?

Critical Illness Insurance provides a lump sum payment if you are diagnosed with a covered serious illness, helping you manage expenses during recovery.

What if I currently have Voluntary Critical Illness?

You will need to enroll in Critical Illness during Open Enrollment. Coverage will not automatically carry over in the new program.

How much will I pay for Critical Illness Insurance?

Costs vary based on factors such as coverage amount, dependent coverage, and age. When you complete Open Enrollment, bswift will calculate and display your per-pay-period premium before you finalize your election, allowing you to choose the coverage level that best fits your needs and budget.

What is Accident Insurance?

Accident Insurance provides a lump sum payment if you or a covered family member experiences a qualifying injury, such as fracture, burn, concussion, or dislocation.

What if I currently have Accident Insurance?

You would need to enroll in Accident Insurance during enrolment. Your coverage will not automatically be transferred to the new program.

How much will I pay for Accident Insurance?

Costs vary based on factors such as coverage level and dependent coverage. When you complete Open Enrollment, bswift will calculate and display your per-pay-period premium before you finalize your election, allowing you to choose the coverage level that best fits your needs and budget.

What is Hospital Indemnity Insurance?

Hospital indemnity insurance pays a fixed cash benefit if you are hospitalized, helping cover out-of-pocket costs and related expenses.

How much will I pay for Hospital Indemnity Insurance?

Costs vary based on dependent coverage. When you complete Open Enrollment, bswift will calculate and display your per-pay-period premium before you finalize your election, allowing you to choose the coverage level that best fits your needs and budget.

What is Pet Insurance?

Pet insurance helps cover veterinary expenses for your pet's care. This program is offered directly through the provider using a discount code. Enrollment is completed outside of bswift, and premiums are not deducted through payroll. www.fetchpet.com

What is Voluntary Life and AD&D insurance?

Voluntary Life and AD&D insurance provide financial support in the event of death or qualifying accidental injury.

How much will I pay for Voluntary Life and AD&D Insurance?

Costs vary based on factors such as coverage amount, dependent coverage, and age. When you complete Open Enrollment, bswift will calculate and display your per-pay-period premium before you finalize your election, allowing you to choose the coverage level that best fits your needs and budget.

What is Legal Coverage?

Legal Coverage provides access to a network of attorneys who can provide legal guidance, assist with documents such as will preparation and provide advice on certain legal matters, including family law.

How much will I pay for Legal Coverage?

Costs vary based on dependent coverage. When you complete Open Enrollment, bswift will calculate and display your per-pay-period premium before you finalize your election, allowing you to choose the coverage level that best fits your needs and budget.

What is Identity Theft?

Identity Theft Protection is designed to help safeguard your personal information and provide support if your identity is compromised.

How much will I pay for Identity Theft?

Costs vary based on dependent coverage. When you complete Open Enrollment, bswift will calculate and display your per-pay-period premium before you finalize your election, allowing you to choose the coverage level that best fits your needs and budget.

What are Commuter benefits?

Commuter benefits allow you to pay for eligible work-related transit and parking expenses using pre-tax dollars. Information is available on the Benefits Website (www.grahambuilds.com/us-benefits/milender-white-inc/)

Questions

Where can I get more information or ask questions about the Benefits Harmonization and my plans?

Additional information will be available on the Benefits Website (www.grahambuilds.com/us-benefits/milender-white-inc/) If you have questions, you can contact the Graham Benefits Team at ushrbenefits@graham.ca