GRAHAM

2027

Open Enrollment

November 2 – November 13, 2026









AGENDA

- Welcome
- Eligibility & Enrollment
- Review of 2027 Benefits
- How to Enroll
- Questions



ELIGIBILITY AND ENROLLMENT

Who can enroll?

- Employees working at least 30 hours/week
- Legal spouse or domestic partner
- Children under the age of 26

(Disabled children age 26 or older who meet certain criteria may continue coverage)

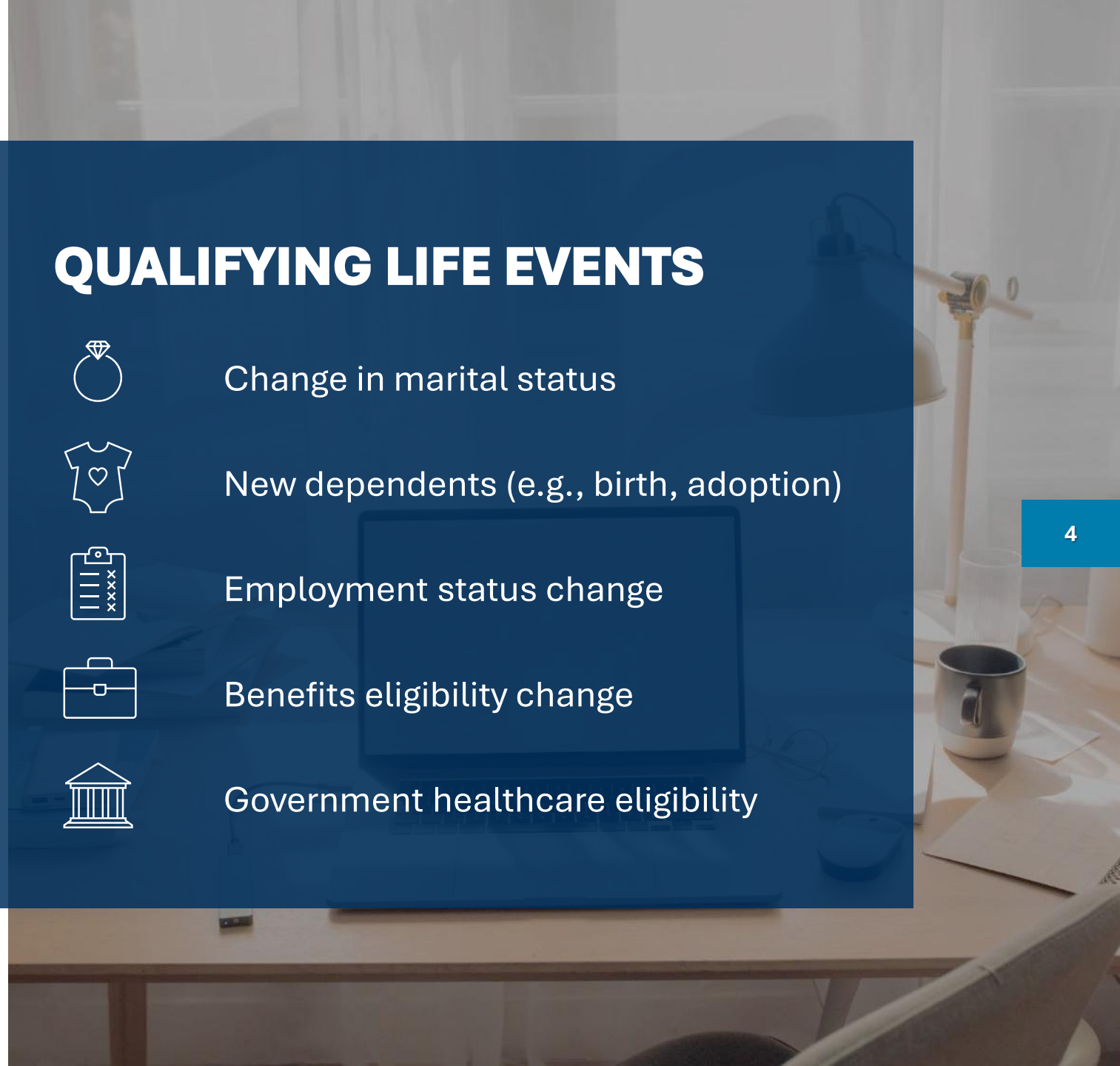
When can you enroll?

- Within 30 days of your date of hire
- During annual Open Enrollment
- Within 31 days of a qualifying life event

OPEN ENROLLMENT

November 2 – 13, 2026

You must enroll to have the benefits you want in the coming year. Benefits are effective for the entire plan year, unless you experience a qualifying life event.



QUALIFYING LIFE EVENTS

- Change in marital status
- New dependents (e.g., birth, adoption)
- Employment status change
- Benefits eligibility change
- Government healthcare eligibility

OPEN ENROLLMENT DETAILS

Open Enrollment Begins
Monday, November 2, 2026

Deadline to Enroll
Friday, November 13, 2026

Benefits Effective
January 1, 2027

During Open Enrollment, you can:

- Add, cancel or change your coverage
- Add or remove eligible family members to/from coverage
- Elect your 2027 health savings account (HSA) contributions
- Enroll in the health care, limited purpose and/or dependent care flexible spending accounts (FSAs) (**Note:** The IRS requires you to re-enroll in the FSAs each year)

- **Open Enrollment is mandatory.**





MEDICAL

Keeping you and your family well

MEDICAL PLANS

Compare your plan options

INN: In-Network Benefits
OON: Out-of-Network Benefits (subject to usual and customary charges)

Key Benefits	REGENCE GROUP ADMINISTRATORS (RGA)			
	HDHP 4k + HSA (Option I)		HDHP 2k + HSA (Option 2)	
	INN	OON	INN	OON
Deductible (ind./fam.)	$4,000[2] / $8,000	$10,000[2] / $20,000	$2,000[2] / $4,000	$5,000[2] / $9,000
Out-of-Pocket Max (ind./fam.)	$8,000[3] / $16,000	$20,000[3] / $40,000	$4,000[3] / $8,000	$10,000[3] / $20,000
Office Visits (PCP)	20%*	50%*	20%*	50%*
Office Visits (specialist)	20%*	50%*	20%*	50%*
Virtual Visits	$10 copay / 20%*	Not Covered / 50%*	$10 copay / 20%*	Not Covered / 50%*
Preventive Care	No Charge	50%*	No Charge	50%*
Diagnostics (lab/x-ray)	20%*	50%*	20%*	50%*
Complex Imaging	20%*	50%*	20%*	50%*
Ambulance	20%*		20%*	
Emergency Room	20%*		20%*	
Urgent Care	20%*	50%*	20%*	50%*
Inpatient Hospital	20%*	50%*	20%*	50%*
Outpatient Surgery	20%*	50%*	20%*	50%*

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.
*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.
If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
The deductible is embedded. This means that once a family member meets their individual deductible, the plan will begin to pay coinsurance for that family member.
The out-of-pocket maximum is embedded. This means that, once an individual family member meets their out-of-pocket maximum, that individual's expenses are covered at 100%.

MEDICAL PLANS

Compare your plan options

INN: In-Network Benefits
OON: Out-of-Network Benefits (subject to usual and customary charges)

	REGENCE GROUP ADMINISTRATORS (RGA) PPO 1500		KAISER PERMANENTE HMO 250 (CA Only)
	INN	**OON**	**INN Only**
Deductible (ind./fam.)	$1,500 / $3,000	$3,000 / $6,000	$250 / $500
Out-of-Pocket Max (ind./fam.)	$5,000 / $10,000	$10,000 / $20,000	$1,500 / $3,000
Office Visits (PCP)	$40 copay	50%*	$20 copay
Office Visits (specialist)	$60 copay	50%8	$30 copay
Virtual Visits	$10 copay / $40 (PCP) or $60 (Specialist) copay	Not Covered / 50%*	No Charge
Preventive Care	No Charge	50%*	No Charge
Diagnostics (lab/x-ray)	20%	50%*	$10 copay
Complex Imaging	20%	50%*	$75 copay
Ambulance	20%*		$100 copay
Emergency Room	$250 copay + 20%*		$100 copay
Urgent Care	$60 copay	50%*	$20 copay
Inpatient Hospital	20%*	50%*	$300 copay*
Outpatient Surgery	20%*	50%*	$300 copay*

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.
*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.
If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
The deductible is embedded. This means that once a family member meets their individual deductible, the plan will begin to pay coinsurance for that family member.
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PRESCRIPTION DRUGS

Compare your plan options
INN: In-Network Benefits
OON: Out-of-Network Benefits (subject to usual and customary charges)

Your medical plans include coverage for prescription medications. The table below provides a high-level overview of the prescription medication plans.

Key Benefits	RGA HDHP 4K + HSA (Option 1)		RGA HDHP 2K + HSA (Option 2)		RGA PPO 1500		KAISER PERMANENTE HMO (CA ONLY)
	INN	OON	INN	OON	INN	OON	INN Only
Rx Deductible	None		None		$150 / $450		None
Retail Pharmacy (30-day supply)							
Tier 1	20%*		20%*		$20		$10
Tier 2					$40*		$30
Tier 3					$60*		$30
Tier 4					$150*		$100
Mail Order Pharmacy (90-day supply)							
Tier 1	20%*	Not Covered	20%*	Not Covered	$40	Not Covered	$20
Tier 2					$80*		$60
Tier 3					$120*		$60
Tier 4					N/A		N/A

TELEHEALTH

Get quick medical advice by phone, online or on your mobile device for non-emergency conditions.



24/7 access
Connect with a board-certified doctor any time of day—no appointment needed.

Expert doctors
Speak with licensed physicians who can diagnose, treat and prescribe medication.

Prescriptions
Medications are sent directly to your preferred pharmacy.

Affordable
Significantly less expensive than a trip to the ER or urgent care center.

WHERE TO GO FOR CARE

	Telehealth	Primary Care Physician	Urgent Care	Emergency Room
Good for	Minor illnesses and injuries, such as allergies, sore throat and eye infections	Vaccinations and injections, physicals, chronic condition management, minor illnesses and injuries	Serious but not life-threatening conditions, such as cuts, minor burns, sprains, fractures and headaches	Emergencies such as trouble breathing, uncontrollable bleeding, head injuries and chest pain
Availability	24/7 with short wait times	Weekdays during business hours	7 days a week, often with extended hours	24/7
Wait Time	Short; care usually available immediately	Make an appointment	Short	Moderate
Cost	$	$$	$$$	$$$$

Minor → ***Serious***

HEALTH SAVINGS ACCOUNT (HSA)

Set aside pre-tax dollars through payroll deductions to help cover qualified healthcare expenses.

Your HSA is managed by HSA Bank.

HSA-Eligible Health Care Expenses

- Medical, dental and vision expenses not covered by your insurance plans
- COBRA premiums
- Long-term care insurance and expenses
- Medicare and retiree health insurance premiums (excluding Medicare Supplement and Medigap insurance premiums)

See the full list at www.irs.gov/pub/irs-pdf/p502.pdf.

Graham Group US contributes to your HSA to help it grow:

- Employee-only coverage: $1,000
- Family-coverage: $2,000

Eligibility

- You must be covered by an HSA-compatible high-deductible health plan (HDHP).

HEALTH SAVINGS ACCOUNT (HSA)

Triple-Tax Advantage

- Pre-tax contributions
- Tax-free growth
- Tax-free withdrawals

Control

- You own the HSA
- You decide how to spend your money

Investment Opportunities

- Ability to invest after reaching minimum balance

Savings Potential

- No “use it or lose it” rule

Portability

- Yours for life

	Maximum Annual Contribution Limit	Graham Group US Annual HSA Contribution	Maximum Employee Contribution	Age 55+ Catch-up Contribution
Individual Coverage	$4,500	$1,000	$3,500	$1,000
Family Coverage	$9,000	$2,000	$7,000	

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Save on healthcare with pre-tax dollars



FLEXIBLE SPENDING ACCOUNTS (FSAs)

Set aside a portion of your income, before taxes, to pay for qualified healthcare and/or dependent care expenses. Decrease your taxable income and increase your take-home pay.

Health care

$3,400 annual contribution limit

Eligible expenses:

- Coinsurance & copays
- Deductibles
- Dental treatment
- Vision care
- Prescriptions

Unused healthcare funds over $680 will NOT be returned to you or carried over to the following year.

Limited-purpose

$3,400 annual contribution limit

Eligible expenses:

- Dental care
- Vision care

Unused healthcare funds over $680 will NOT be returned to you or carried over to the following year.

Dependent care

$7,500 annual contribution limit (per family)

Eligible expenses:

- Care of a dependent child **under the age of 13**
- Care of a household member who is physically or mentally incapable of caring for themselves and qualifies as your federal tax dependent

Unused dependent care funds will NOT be returned to you or carried over to the following year

COMMUTER BENEFITS

This program, provided through HSA Bank, allows you to save pre-tax dollars to offset the cost of transit and parking, reducing your overall commuting expenses.

You set aside pre-tax funds in a commuter benefits account through automatic payroll deductions, thus decreasing your taxable income and reducing your income taxes, so you end up with more money in your paycheck.

IRS-approved, eligible expenses fall into two types of accounts:

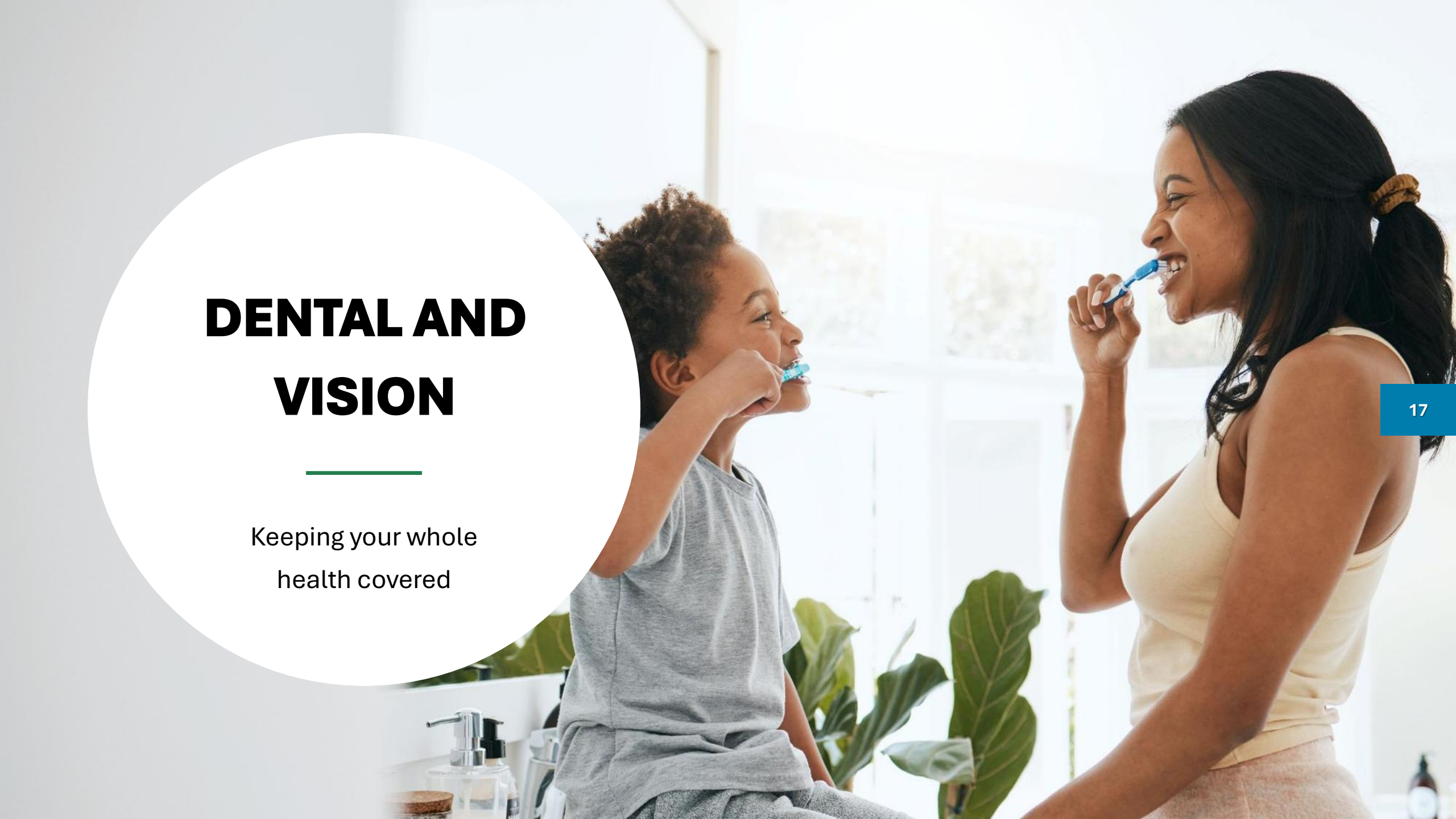
	Transit	Parking
Monthly Limit	$325	$325
Examples of Eligible Expenses	• Bus • Commuter train • Ferry • Subway • Vanpooling	• Parking at or near your workplace • Transit station parking



Click here to watch a video about how commuter benefits work.

DENTAL AND VISION

Keeping your whole health covered



DENTAL PLANS

Compare your plan options

INN: In-Network Benefits
OON: Out-of-Network Benefits (subject to usual and customary charges)

Key Benefits	DeltaCare HMO	Delta Dental PPO	
	INN Only	INN	OON[1]
Deductible (ind./fam.)	None	$50 / $150	
Annual Benefit Max (ind./fam.)	None	$2,000	
Preventive Services[2]	No Charge for most services	No Charge	
Basic Services	Copay based on type of service	20%*	
Major Services	Copay based on type of service	50%*	
Orthodontia (child & adult)	Copay – covers Adults & Children	50% to $2,000 – Adults & Children	

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.
*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.
If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
Preventive services do not apply toward the annual benefit maximum.





VISION PLAN

	Ameritas EyeMed				Ameritas VSP			
	EyeMed Network		**Out-of-Network Reimbursement**		**VSP Choice Network**		**Out-of-Network Reimbursement**	
Exam (once every 12 months)	$10 copay		Up to $35		$10 copay		$10 copay, covered up to $45	
Materials Copay	$20 copay		N/A		$20 copay		$20 copay	
Frames (once every 24 months)	Standard: Up to $200	Safety: N/A	Standard: Up to $90	Safety: N/A	Standard: Up to $200	Safety: Up to $65	Standard: Up to $90	Safety: Up to $25
Lenses (once every 12 months)								
Single Vision	Standard: No Charge after materials copay		Up to $25	N/A	Standard & Safety: No Charge after materials copay		Standard & Safety: Up to $30	N/A
Bifocal			Up to $40				Standard: Up to $50	Safety: Up to $45
Trifocal			Up to $55				Standard: Up to $65	Safety: Up to $60
Contact Lenses (in lieu of glasses; once every 12 months)								
Medically Necessary	No Charge		Up to $200		No Charge		Up to $210	
Elective	Up to $150		Up to $144		Up to $150		Up to $144	



LIFE AND DISABILITY

Protecting your financial well-being from the unexpected

LIFE AND AD&D

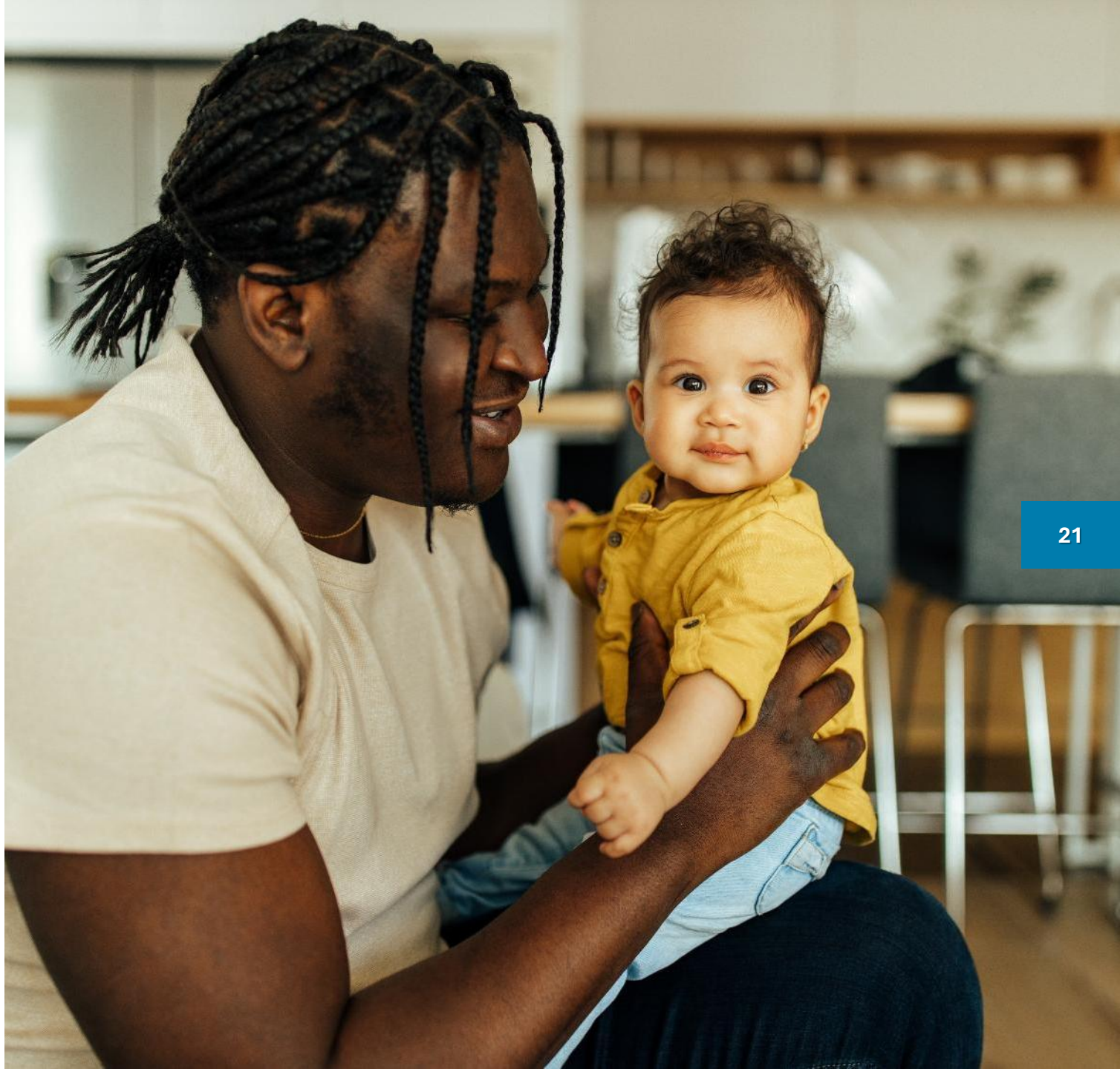
SALARY BENEFIT

Basic Life/AD&D

100% paid by Graham Group US

Provided through New York Life

- 2x your annual salary, up to a $500,000 benefit
- Designate or update your beneficiary information



LIFE AND AD&D

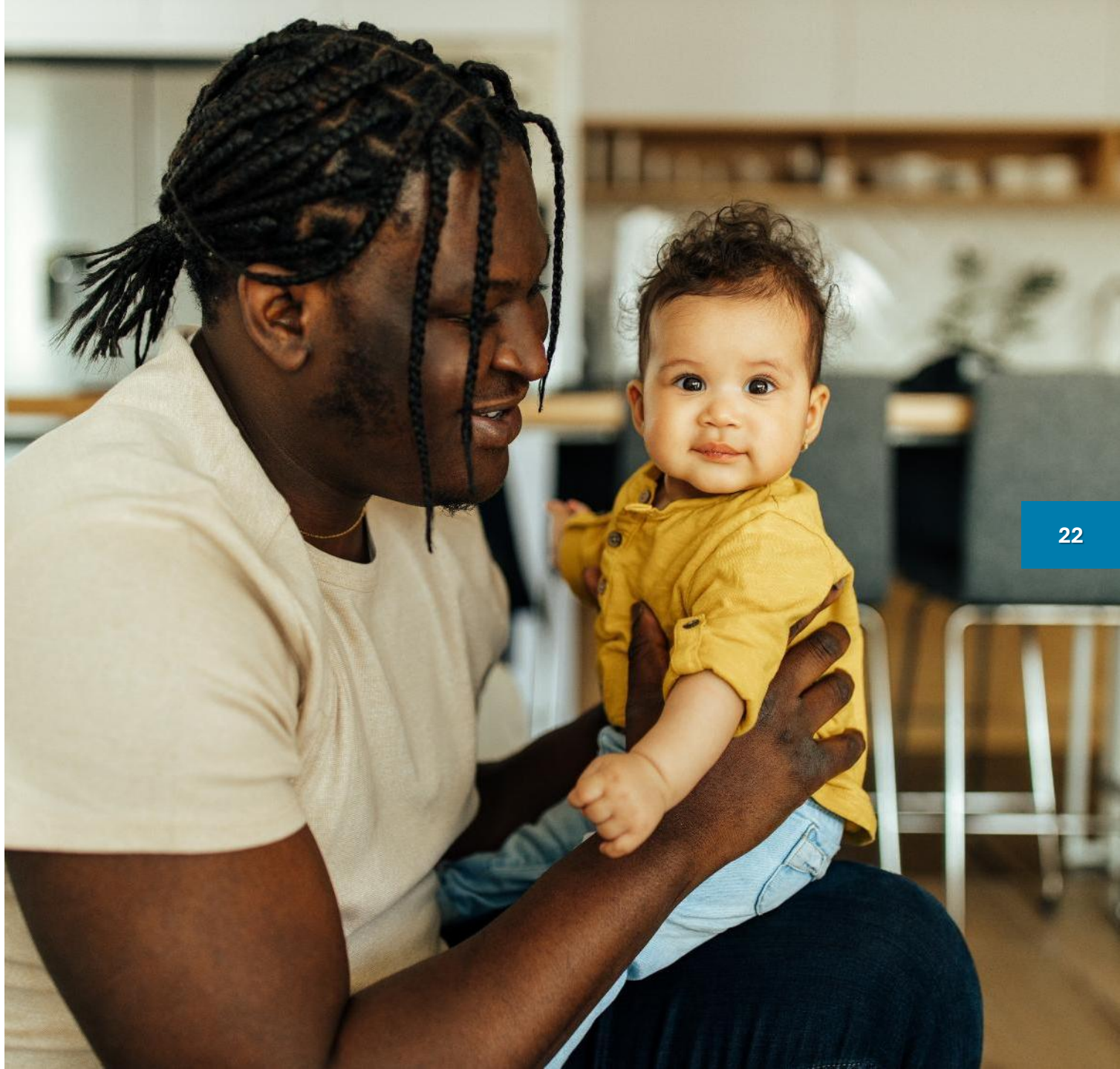
HOURLY BENEFIT

Basic Life/AD&D

100% paid by Graham Group US

Provided through New York Life

- $20,000 benefit
- Designate or update your beneficiary information



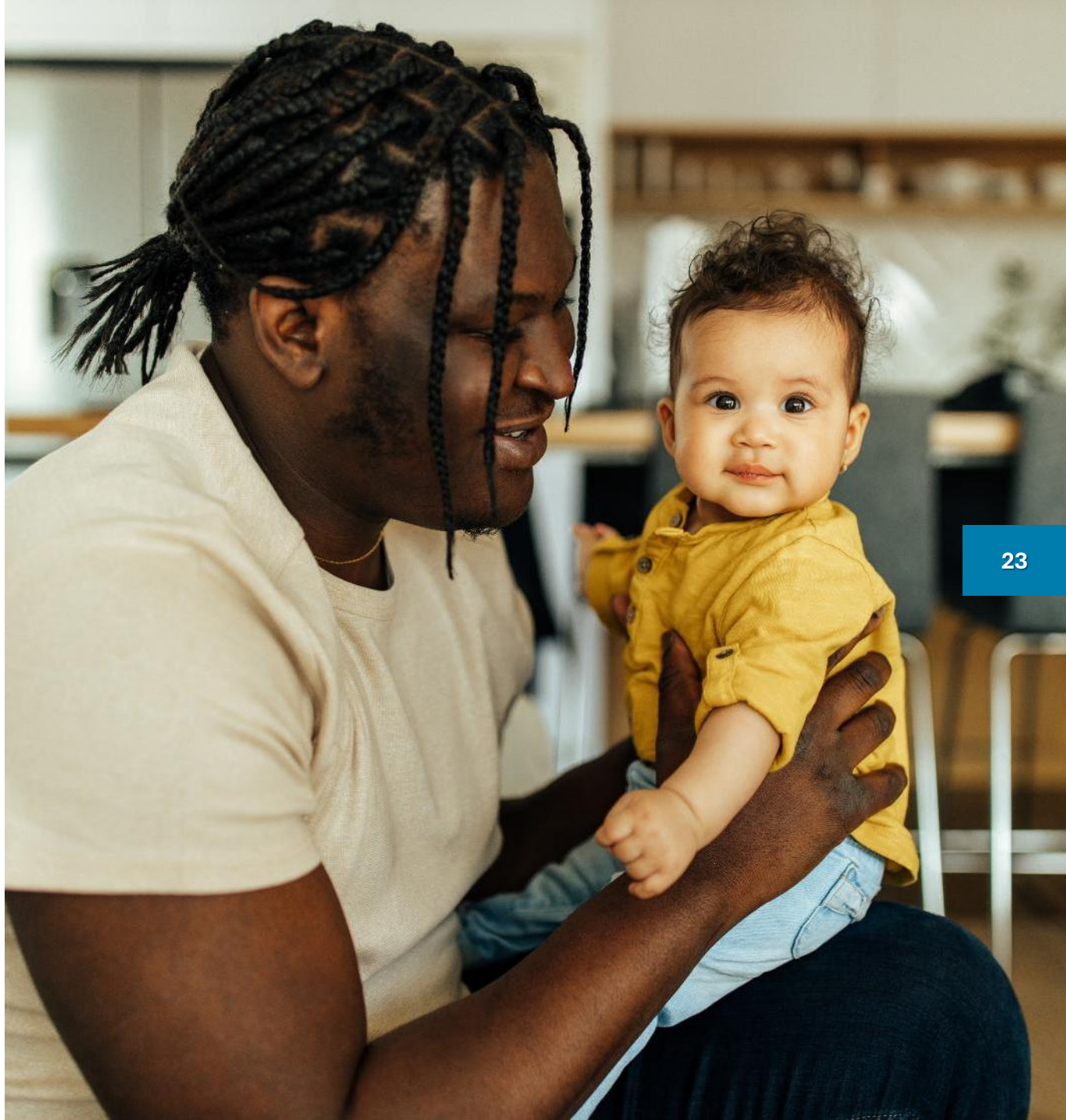
SUPPLEMENTAL LIFE AND AD&D

Supplemental life/AD&D

100% paid by the employee

Provided through New York Life

- **Employee:** Increments from $10,000 up to $500,000; $200,000 Guarantee Issue
- **Spouse:** Increments from $5,000 up to $250,000 or 50% of Employee Benefit; $25,000 Guarantee Issue
- **Child(ren):**
  - Birth to 6 months: $500
  - 6 months+: $10,000



VOLUNTARY SHORT-TERM DISABILITY

100% paid by the employee

Provided through New York Life

- **Benefit:** 70% of base salary
- **Maximum weekly benefit:** $3,000
- Benefits begin after 14 days
- Benefits end after 11 weeks



LONG-TERM DISABILITY

SALARY BENEFIT

100% paid by Graham Group US

Provided through New York Life

- **Benefit:** 60% of base salary
- **Maximum monthly benefit:** $15,000
- Benefits begin after 90 days
- Benefits end after Social Security Normal Retirement Age



LONG-TERM DISABILITY

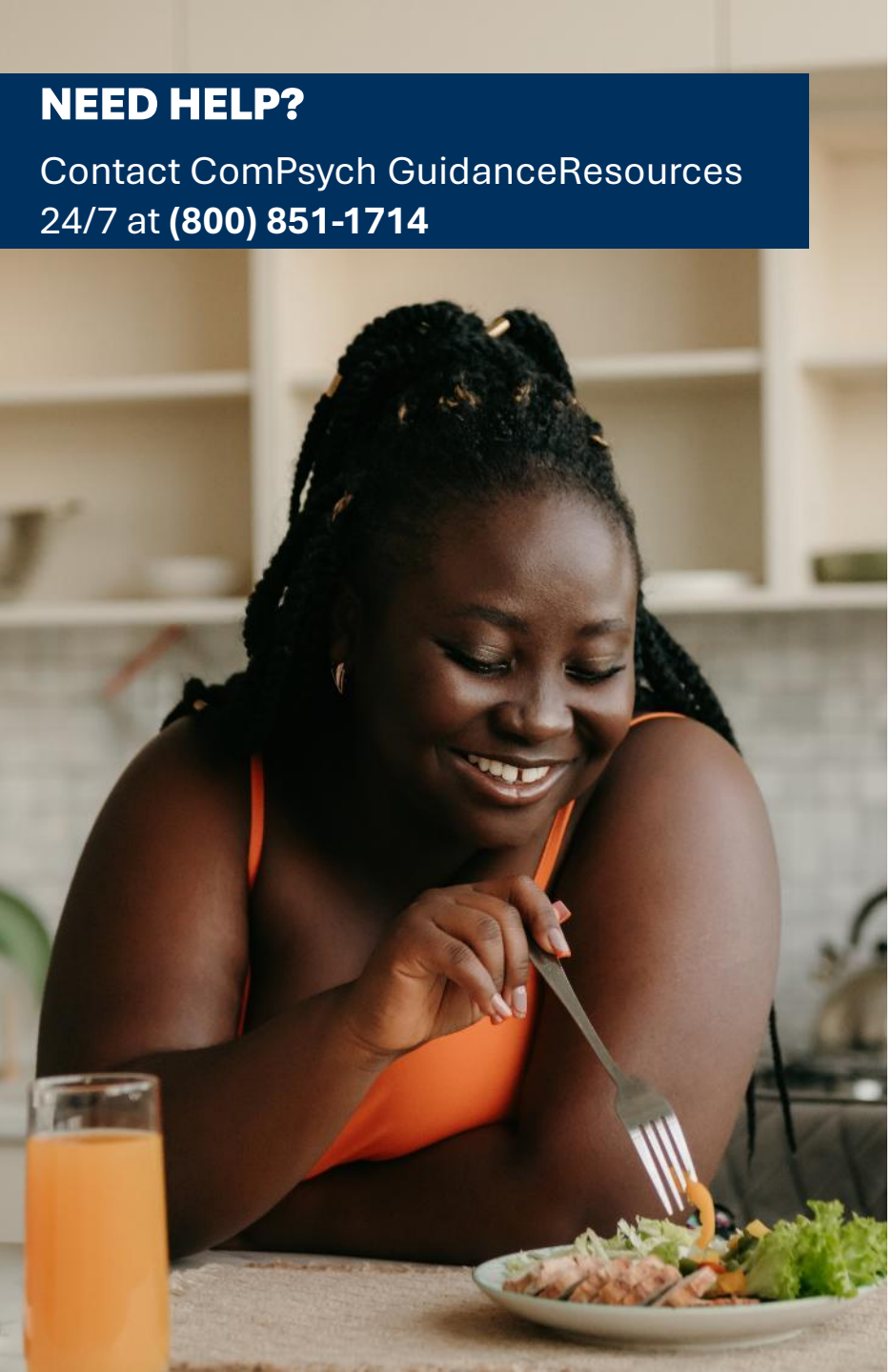
HOURLY BENEFIT

100% paid by the employee

Provided through New York Life

- **Benefit:** 60% of base salary
- **Maximum monthly benefit:** $15,000
- Benefits begin after 90 days
- Benefits end after Social Security Normal Retirement Age





NEED HELP?

Contact ComPsych GuidanceResources 24/7 at **(800) 851-1714**

EMPLOYEE ASSISTANCE PROGRAM (EAP)

100% paid by Graham Group US · Available to all household members · Provided through ComPsych Guidance Resources Health

Confidential counseling

Free, confidential sessions for stress, anxiety, depression, relationship challenges, substance abuse and more. Up to 5 in-person sessions per individual, per year.

24/7 support access

Unlimited toll-free phone and online access around the clock. Get support when you need it most—including nights, weekends and holidays.

Work/life resources

Assistance with childcare, eldercare, financial planning, legal questions and other work/life balance challenges.



VOLUNTARY BENEFITS

Because life doesn’t announce surprises



ACCIDENT INSURANCE

Helps cover unexpected out-of-pocket costs from accidental injuries with a direct benefit payment.

Pays you money based on the injury and treatment you receive.

Use any way you want, including to pay for:

- Deductibles
- X-rays
- Surgery
- Food
- Utilities

Learn more at www.mynyl.newyorklife.com.



CRITICAL ILLNESS

Offers a lump-sum benefit upon diagnosis of a covered condition—use it for treatment, travel, living expenses and more.

Provides a lump-sum payment upon diagnosis of certain covered conditions, like a heart attack, cancer or stroke.

Use any way you want, including to pay for:

- Treatments
- Prescriptions
- Travel
- Living expenses

Learn more at www.mynyl.newyorklife.com.



HOSPITAL INDEMNITY INSURANCE

Helps pay deductibles, coinsurance and other costs due to a covered hospitalization.

Eases financial impact of hospitalization.

Use any way you want, including to pay for:

- Deductible
- Mortgage
- Groceries
- Utilities

Learn more at www.mynyl.newyorklife.com.



IDENTITY THEFT INSURANCE

Secures your personal information and finances to keep you safe online.

Take advantage of:

- Identity theft alerts with credit monitoring
- Enhanced device security
- Secure VPN
- And more

Learn more at www.metlife.com/identity-and-fraud-protection.com.



LEGAL PLAN

Provides a wide variety of legal services to help you navigate life's tricky—and rewarding—moments.

Access to legal assistance for you and your family for:

- Estate planning
- Real estate
- Family law
- Consumer protection
- And more

Learn more at www.araglegal.com.



PET INSURANCE

Protects your four-legged family by helping cover veterinary costs.

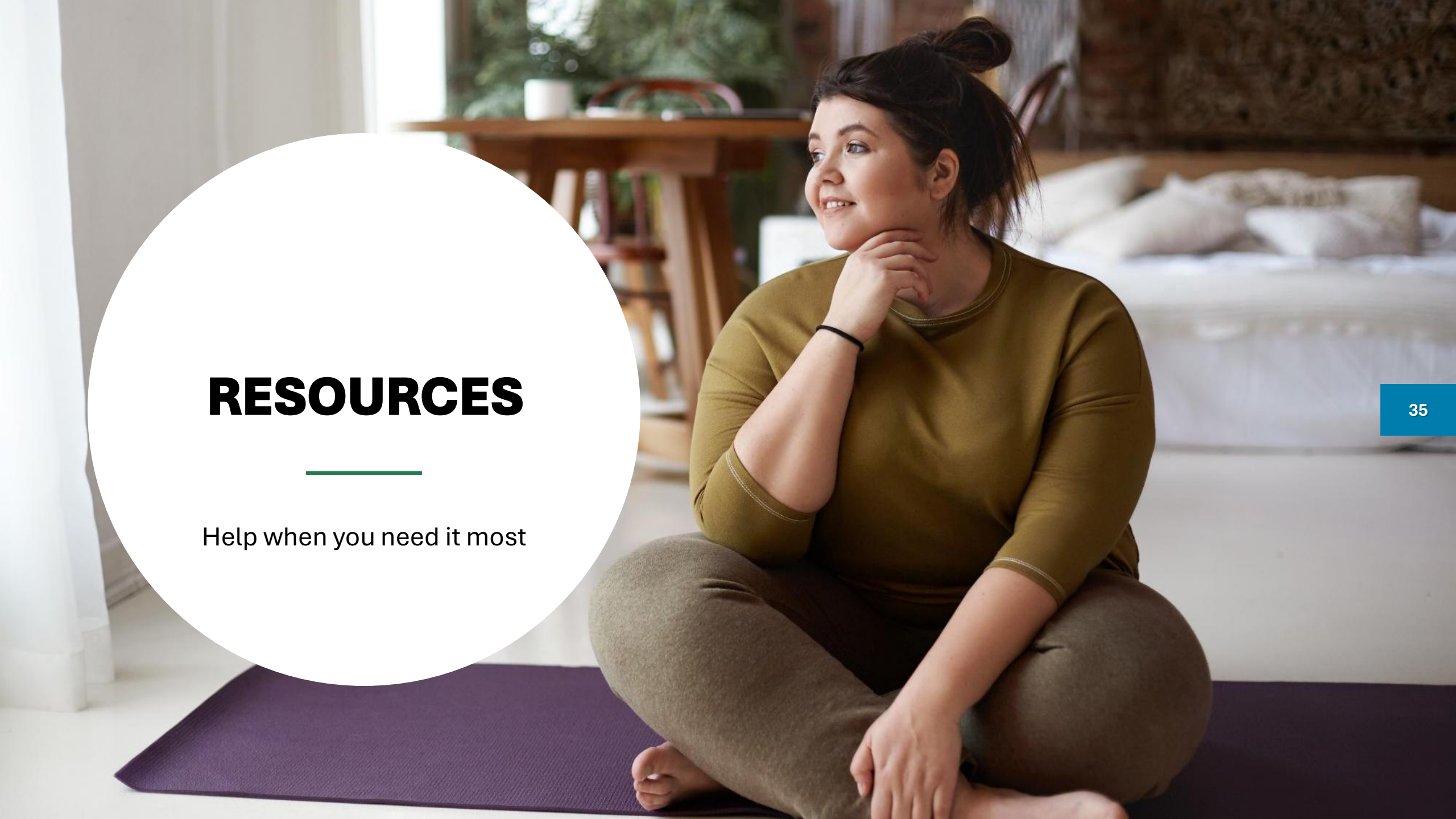
Helps cover veterinary care costs.

Covered services include:

- Vet exams and diagnostic testing
- Hospitalization and surgery
- Emergency and specialist care
- Prescription pet medications
- Treatment for serious issues and hereditary conditions
- Continuing care for chronic conditions
- Disaster response

Pay discounted rates for coverage

Learn more and enroll at Graham Group's Fetch Discount Link.



RESOURCES

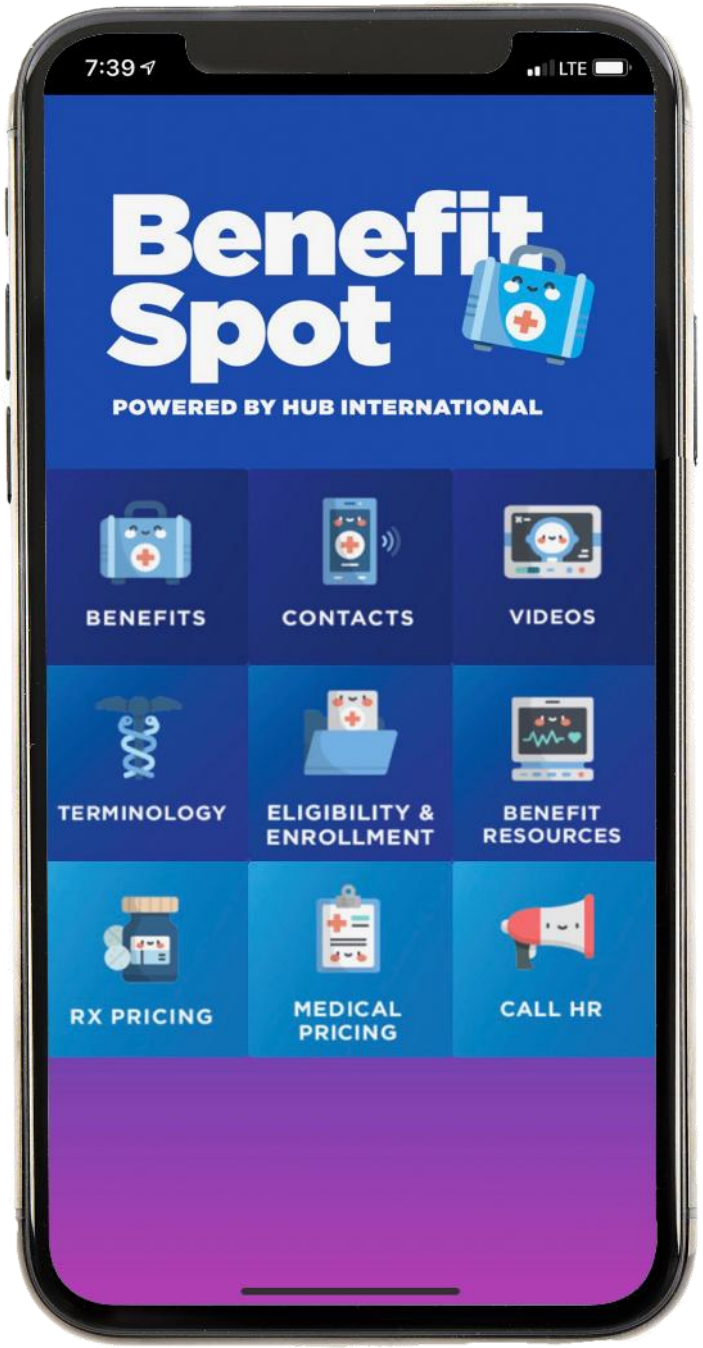
Help when you need it most

MEET BENEFIT SPOT

With Benefit Spot you can access company benefit information 24/7—even when you're away from work and need it most!

You'll be able to:

- Check your plan coverage on the go
- Watch educational videos
- Look up carrier contact information
- And more!



1. **Downloading is easy!** Simply go to the Apple App Store or Google Play on your device.
2. Download the "Benefit Spot" app.
3. Whenever your launch the app, enter company code GrahamGroup to access our plan information.

NOTE: The company code is case sensitive.

GRAHAM GROUP BENEFITS WEBSITE

Benefits Information on the Go

The Benefits website is your centralized hub for important benefit information and resources.

Visit the Benefits website for:

- Plan information
- Premium rates
- Coverage details
- Annual notices
- Enrollment instructions
- And other helpful resources to support your benefit decisions.

Access the benefit website at www.grahambuilds.com/us-benefits/ or by scanning the QR code below.

NOTE: The website is password protected.

When prompted, enter the password:

GGUSBenefits

BENEFIT COSTS | BI-WEEKLY

	Employee Biweekly Medical Contributions			
	HDHP 4K	**HDHP 2K**	**PPO**	**HMO**
Employee Only	$0.00	$17.92	$42.49	$42.95
Employee + Spouse	$0.00	$38.20	$90.55	$283.50
Employee + Child(ren)	$0.00	$33.14	$78.56	$257.72
Employee + Family	$0.00	$53.59	$127.05	$386.59

	Employee Biweekly Dental Contributions	
	DHMO	**DPPO**
Employee Only	$0.00	$11.75
Employee + Spouse	$0.00	$23.58
Employee + Child(ren)	$0.00	$27.68
Employee + Family	$0.00	$40.39

	Employee Biweekly Vision Contributions	
	EyeMed	**VSP**
Employee Only	$0.00	$0.00
Employee + Spouse	$2.92	$3.43
Employee + Child(ren)	$2.58	$3.09
Employee + Family	$4.01	$4.52

BENEFIT COSTS | WEEKLY

	Employee Biweekly Medical Contributions			
	HDHP 4K	**HDHP 2K**	**PPO**	**HMO**
Employee Only	$0.00	$8.96	$21.25	$21.48
Employee + Spouse	$0.00	$19.10	$45.27	$141.75
Employee + Child(ren)	$0.00	$16.57	$39.28	$128.86
Employee + Family	$0.00	$26.80	$63.52	$193.29

	Employee Biweekly Dental Contributions	
	DHMO	**DPPO**
Employee Only	$0.00	$5.87
Employee + Spouse	$0.00	$11.79
Employee + Child(ren)	$0.00	$13.84
Employee + Family	$0.00	$20.20

	Employee Biweekly Vision Contributions	
	EyeMed	**VSP**
Employee Only	$0.00	$0.00
Employee + Spouse	$1.46	$1.72
Employee + Child(ren)	$1.29	$1.55
Employee + Family	$2.00	$2.26

HOW TO ENROLL

1

VISIT

grahamgroupus.bswift.com

2

REVIEW

Your plans and costs

3

ENROLL

And submit your elections

DEADLINE: NOVEMBER 13, 2026

QUESTIONS?

Contact HR at
USHRBenefits@graham.ca

