Employee Handbook

BENEFITS SUPPLEMENT

2025-2026

Blue Life Security, LLC

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PART 1 — PURPOSE, SCOPE, AND HIERARCHY OF DOCUMENTS

1.1 Purpose of This Supplement

This Benefits Supplement outlines the general rules governing employee eligibility for company-sponsored benefit programs. It is intended to provide clarity regarding hours-based eligibility, enrollment requirements, employee responsibilities, and conditions under which benefits may begin, continue, or terminate. This document summarizes current administrative standards and does not guarantee any specific benefit level, plan design, contribution rate, or continued availability of any benefit program.

1.2 Scope of Coverage

This Supplement applies to all employees of Blue Life Security, LLC and its affiliated entities, regardless of position, work location, or division assignment. Certain benefits may have additional eligibility requirements established by law, by an insurance carrier, or by a third-party plan administrator. Where separate rules exist, employees are required to meet the higher or more specific standard.

1.3 Coordination With Other Company Handbooks

This Supplement is incorporated by reference into the Blue Life Security Employee Handbook and Manager Handbook. It does not replace either document and should be read together with those policies. If a subject is addressed in more than one document, the Company may rely on the most specific or most recently issued policy.

1.4 Coordination With Plan Documents and Legal Requirements

Company-sponsored benefit plans are governed by federal law, state law, and formal plan documents, including but not limited to Summary Plan Descriptions (SPDs), Certificates of Coverage, and administrative agreements with insurance carriers and third-party administrators.
If a discrepancy exists between this Supplement and a controlling plan document, the governing plan document prevails. If a discrepancy exists between this Supplement and applicable law, the Company will administer benefits consistent with legal requirements.

1.5 No Contractual Guarantee of Benefits

Nothing in this Supplement creates a contract for employment or a promise that any benefit will be provided for any defined period of time. The Company reserves the right to

amend, modify, or discontinue any benefit program at its sole discretion, subject to applicable law and the terms of any governing plan document. Participation in any benefit program does not guarantee ongoing eligibility.

1.6 Employee Responsibility

Employees are responsible for:

- Reviewing eligibility rules
- Submitting required enrollment information on time
- Notifying the Company of qualifying life events within required deadlines
- Ensuring payroll deductions are properly authorized
- Maintaining current personal and dependent information

Failure to comply with these responsibilities may delay coverage, result in loss of eligibility, or cause the employee to be billed directly for premiums.

1.7 At-Will Employment Status

Nothing in this Supplement alters the at-will employment relationship. Either the employee or the Company may terminate employment at any time, with or without cause and with or without notice, subject to applicable law.

Eligibility for benefits does not guarantee continued employment, and termination of employment generally results in termination of benefits, subject to any continuation rights required by law.

1.8 Right to Interpret and Administer Policies

The Company has sole authority to interpret the provisions of this Supplement and to make all determinations regarding eligibility, enrollment, and continued participation in benefit programs. The Company may delegate administrative functions to internal personnel, insurance carriers, or third-party administrators as necessary to ensure legal compliance and operational efficiency.

PART 2 — BENEFITS ELIGIBILITY FRAMEWORK

2.1 Employment Classification

Benefit eligibility is based on the average number of hours an employee works. For purposes of Company-sponsored benefits:

- **Full-Time Employee:** An employee who averages **30 or more hours per week (130 or more hours per month)**.
- **Part-Time Employee:** An employee who averages **20–29 hours per week** and does not meet the Full-Time threshold.
- **Variable-Hour / PRN Employee:** An employee who averages **fewer than 20 hours per week**, or whose hours are not reasonably predictable.

These classifications reflect eligibility standards used for benefits administration and may differ from job titles, scheduling practices, or managerial intent. Actual hours worked control classification.

2.2 Eligibility by Benefit Type

Eligibility requirements vary by benefit program. General standards include:

- **Major Medical Insurance:**
  Eligible upon completion of a **90-day waiting period** and confirmation of an average of **30+ hours per week**.
- **Dental and Vision Insurance:**
  Eligible upon completion of a **90-day waiting period** and confirmation of an average of **20+ hours per week**.
- **Voluntary Insurance Programs:**
  Eligibility requirements are determined by the carrier and may apply to Part-Time or Variable-Hour employees as permitted.
- **Paid Time Off (PTO):**
  Eligible after **one year of employment** and confirmation of **Full-Time status**.
- **401(k) Retirement Plan:**
  Eligible after **six months of employment** and confirmation of **30+ hours per week**, subject to plan-document requirements.

Carrier or plan-administrator rules may impose additional restrictions on participation, documentation, dependent coverage, enrollment deadlines, or contribution limits.

2.3 Initial Waiting Period (First 90 Days)

All new hires are subject to a **90-day waiting period** before medical, dental, or vision coverage may begin. Actual hours worked during this period are reviewed to determine whether the employee meets the eligibility threshold at the end of the waiting period.

If an employee averages **30+ hours per week during the initial 90 days**, the employee is treated as a Full-Time employee for benefits eligibility and may elect full-time benefit coverage.
If an employee averages fewer than the required hours, the employee will not be eligible for full-time benefits at that time but will continue to be evaluated under ongoing measurement rules.

2.4 Ongoing Six-Month Look-Back Measurement

The Company evaluates employee hours on a **rolling six-month look-back basis** to determine continuing eligibility for medical benefits. Employees who average **30+ hours per week during the look-back period** are classified as Full-Time for benefits purposes.

Employees who average below this threshold during the look-back period may be reclassified to Part-Time or Variable-Hour status in accordance with applicable Stability Period rules.

2.5 Administrative Period

Following the completion of each eligibility review, the Company may take up to **30 days as an Administrative Period** to verify employee hours, notify affected employees, collect enrollment information, and establish payroll deductions.

Benefit coverage will begin on the **first day of the month following the Administrative Period**, provided enrollment requirements are met.

2.6 Stability Period

Employees who qualify as Full-Time through the six-month look-back period will retain Full-Time eligibility for a **six-month Stability Period**, regardless of short-term fluctuations in hours, so long as employment continues.

At the end of the Stability Period, the Company will re-evaluate hours using a new look-back period to determine continued eligibility.

2.7 Changes in Classification Due to Promotion or Reassignment

If a Part-Time or Variable-Hour employee is formally promoted or reassigned into a Full-Time salaried position, supported by a written offer or position modification, the employee's Full-Time classification is effective as of the date of the new role. A new **90-day waiting period** for full-time benefits may apply, regardless of prior hours worked, unless otherwise required by law or governing plan documents.

2.8 No Retroactive Benefit Entitlement

Eligibility will not be retroactively adjusted to a date earlier than the date on which the employee first satisfies all eligibility requirements. The Company is not responsible for claims incurred before eligibility becomes effective.

2.9 Payroll Deduction Requirement

Benefit participation requires active payroll deduction authorization. If an employee does not have sufficient wages to cover required employee contributions, the Company may bill the employee directly. Failure to remit required contributions within the stated grace period may result in termination of coverage in accordance with policy and carrier requirements.

2.10 Loss of Eligibility

Benefit eligibility may be discontinued when:

- employment terminates;
- a Stability Period expires followed by a measurement indicating fewer than required hours;
- the employee fails to complete enrollment requirements;
- the employee fails to remit required contributions; or
- the employee voluntarily waives coverage.

2.11 Company Authority

The Company retains sole discretion to interpret eligibility rules, apply look-back calculations, classify employees, and determine participation in accordance with governing plan documents and applicable law.

PART 3 — ENROLLMENT AND EMPLOYEE RESPONSIBILITIES

3.1 Enrollment Timeline

Employees who become eligible for benefits are required to complete enrollment within the timeframe specified by the applicable plan or carrier, generally **within 15–30 days of notification**.
Failure to enroll within this timeframe may result in forfeiture of coverage until the next open enrollment period or until a qualifying life event permits entry.

3.2 Enrollment Platform

The Company utilizes electronically administered benefit systems, including **BerniePortal** or other designated enrollment platforms. Employees are required to:

- log in promptly when notified,
- review all available plans,
- complete required electronic elections, and
- submit dependent and beneficiary information.

The Company may rely exclusively on electronic elections for enrollment, waiver, and confirmation of benefits.

3.3 Dependent Documentation Requirements

Employees who elect dependent coverage may be required to provide supporting documentation, such as birth certificates, marriage certificates, or court orders. Coverage for dependents may be delayed, denied, or terminated if required documentation is not submitted within requested timelines or does not satisfy carrier requirements.

The Company reserves the right to audit dependent eligibility at any time.

3.4 Employee Cooperation With Payroll Deductions

Employees who elect coverage must authorize payroll deductions for required employee contributions. If authorized deductions cannot be processed due to insufficient wages, the Company may bill the employee directly.

Failure to remit premiums within applicable grace periods may result in termination of coverage. Employees are responsible for any claims incurred during a lapse caused by non-payment.

3.5 Reporting Changes in Status

Employees are required to notify the Company of any change that may affect eligibility, coverage level, dependent status, or premium responsibility. This includes, but is not limited to:

- changes in marital status,
- birth or adoption,
- dependent custody changes,
- loss of other coverage,
- relocation affecting network access,
- changes to legal name or address, and
- court orders impacting dependents.

Notification must occur **within 30 days** of the event unless a shorter deadline is imposed by a governing plan document.

3.6 Qualified Life Events (QLEs)

Changes to benefit elections are permitted outside of open enrollment only when supported by a **Qualifying Life Event**, as defined by federal regulations and plan-administrator rules.
Employees who experience a QLE must provide documentation within the required timeframe. Failure to timely report a QLE may result in loss of the ability to change coverage until the next open enrollment period.

3.7 Obligation to Maintain Current Information

Employees must maintain accurate contact information at all times, including mailing address, email address, and phone number. The Company is not responsible for delays or lapses caused by outdated or inaccurate contact information.

Communications sent to the last contact information provided by the employee will be deemed received.

3.8 Fraudulent or Misleading Information

Submission of false, incomplete, or misleading information—including dependent information—may result in:

- denial or termination of coverage,
- financial liability for unpaid claims,
- disciplinary action up to and including termination, and
- potential legal consequences.

The Company reserves the right to recover premiums paid in reliance on false information.

3.9 No Retroactive Enrollment Adjustments

The Company will not retroactively enroll an employee or dependent in coverage for any period before eligibility was established and completed. Premiums must be current before coverage is activated.

3.10 Acknowledgment of Employee Responsibility

Employees are responsible for understanding benefit rules, meeting deadlines, providing accurate documentation, and reviewing confirmation statements. Failure to do so may affect eligibility or coverage availability.

At its discretion, the Company may require written acknowledgment of enrollment responsibilities as a condition of participation.

PART 4 — PREMIUM CONTRIBUTIONS AND PAYROLL DEDUCTIONS

4.1 General Funding Structure

Participation in Company-sponsored benefit programs requires payment of employee-level contributions through payroll deduction. The Company may fund a portion of premiums as determined by business needs, plan structure, and annual renewal rates. The Company does not guarantee a fixed contribution level for any future plan year.

4.2 Payroll Deduction Authorization

Employees who elect benefits must authorize payroll deductions in a manner acceptable to the Company. By electing coverage through the Company's benefits platform, employees consent to all applicable deductions, including retroactive adjustments resulting from delayed processing or correction of administrative errors.

Failure to authorize payroll deductions may result in loss of eligibility or removal from coverage.

4.3 Insufficient Wages / Direct Billing

If an employee does not earn sufficient wages in a pay period to cover required employee contributions, one of the following will apply:

- deductions may be taken from the next paycheck,
- multiple pay periods may be used to recapture unpaid contributions, or
- the employee may be **direct-billed** for amounts owed.

Employees are responsible for paying any directly-billed contributions by the stated deadline. The Company is not required to advance premiums on an employee's behalf.

4.4 Grace Periods for Non-Payment

Employees who fail to make required payments within a specified grace period may have coverage terminated, consistent with plan-document rules. Coverage termination for non-

payment may occur without the ability to reinstate coverage until the next open enrollment period or qualifying life event.

The Company may recover unpaid premiums from final pay or other permissible wage adjustments to the extent allowed by law.

4.5 Premium Changes

Premium amounts, contribution structures, and plan design may change at any time, including during annual renewal periods. Employees will be notified of changes as required by plan-document rules or carrier agreements.

The Company does not guarantee continued availability of any specific plan, benefit level, or contribution subsidy.

4.6 Retroactive Premium Adjustments

If payroll deductions are missed, delayed, or incorrectly calculated due to administrative error, late processing, retroactive eligibility determinations, or corrections to dependent status, the Company may apply retroactive payroll deductions to recapture missed contributions, subject to applicable law.

Retroactive adjustments may be collected over one or more pay periods.

4.7 Responsibility for Dependent Premiums

Employees are financially responsible for premiums associated with dependent coverage. The Company may require dependent verification before activating coverage. If dependent coverage is denied or terminated for lack of documentation, the employee remains responsible for any unpaid premium obligations attributable to periods in which the carrier provided coverage.

4.8 Coverage During Unpaid Leave

Employees taking unpaid leave remain responsible for the full employee contribution during the leave period. The Company may require advance payment or direct billing to

maintain coverage. If payments are not received within the required timeframe, coverage may be terminated in accordance with plan-document rules and federal law.

4.9 No Guarantee of Pre-Tax Treatment

While many contributions may be deducted on a pre-tax basis under Section 125 of the Internal Revenue Code, the Company makes no representation or guarantee regarding tax treatment. Employees are responsible for consulting personal tax advisors regarding individual circumstances.

4.10 Final Pay Deductions

Upon employment separation, unpaid employee contributions may be deducted from final wages to the extent allowed by law. Amounts not recoverable through payroll remain the employee's financial obligation.

PART 5 — LIFE EVENTS AND COVERAGE CHANGES

5.1 Mid-Year Coverage Changes

Benefit elections generally remain in effect for an entire plan year. Changes outside of open enrollment are only permitted when supported by a **Qualifying Life Event (QLE)** as defined by federal regulations, carrier rules, or IRS Section 125 requirements. Employees may not change coverage due to preference, affordability concerns, or anticipated claims.

5.2 Definition of a Qualifying Life Event

A Qualifying Life Event includes, but is not limited to:

- marriage, divorce, legal separation, or annulment;
- birth, adoption, or placement for adoption;
- death of a dependent;
- loss of other group coverage;
- eligibility for other group coverage;
- change in dependent eligibility due to age or legal status;
- commencement or termination of spouse's employment affecting coverage;
- court-ordered addition or removal of a dependent;
- Medicare/Medicaid eligibility changes; or
- any other event recognized by federal law or plan documents.

The Company may require legal or administrative documentation before approving an election change.

5.3 Employee Notification Requirement

Employees must notify the Company of a QLE **within 30 days** of the event or within the timeframe imposed by the applicable plan. Failure to notify the Company within the required period may result in:

- denial of mid-year changes,
- continued responsibility for existing premium elections,
- delayed enrollment until the next open enrollment period, and
- loss of dependent eligibility.

The Company is not obligated to approve retroactive election changes due to employee delay.

5.4 Documentation Requirement

Employees may be required to submit supporting documentation for all QLE requests, including, but not limited to:

- marriage licenses,
- birth certificates,
- adoption papers,
- divorce decrees,
- custody or guardianship orders,
- proof of loss of other coverage,
- employer benefit termination notices, or
- other carrier-required records.

Coverage changes will not be processed until required documents are received and approved.

5.5 Effective Dates of Coverage Changes

When a qualifying change is approved, coverage adjustments generally take effect on:

- **the date of birth or placement** for newborns or adopted children;
- **the first day of the month following approval** for most other events; or
- the date specified by the governing plan document.

The Company will not retroactively activate or modify coverage for periods preceding eligibility confirmation, enrollment completion, or premium payment.

5.6 Dependent Eligibility Changes

Dependent eligibility ends when a dependent no longer meets plan criteria, including age limitations, loss of legal custody, or loss of student status where applicable. Employees are required to remove ineligible dependents promptly.

Employees may be held responsible for **premiums, overpayments, or claims paid on behalf of ineligible dependents** if they fail to provide accurate and timely updates.

5.7 Coverage Changes Based on Employment Status

If a QLE relates to a change in employee scheduling, job classification, or work hours, coverage may only be adjusted after:

- completion of the applicable measurement or stability period,
- compliance with plan-document rules, and
- payment of required contributions.

Employees may not voluntarily reduce hours to avoid premium deductions or alter eligibility status.

5.8 No Retroactive Waivers

Employees may not retroactively waive coverage for months in which they were enrolled, eligible, or under a payroll deduction obligation. Requests for removal must comply with QLE deadlines or open enrollment cycles.

5.9 Open Enrollment

Employees who do not qualify for mid-year changes must wait until the next open enrollment period to adjust benefit elections. The Company will communicate enrollment dates and procedures in advance.

5.10 Company Authority to Approve or Deny Requests

The Company has full discretion to determine whether an employee has experienced a QLE, whether documentation is satisfactory, and whether a requested coverage change complies with carrier, ERISA, and IRS rules. The Company may deny requests that do not satisfy required standards.

PART 6 — LEAVES OF ABSENCE

6.1 General Rule

An approved leave of absence does not automatically guarantee continued eligibility for Company-sponsored benefits. Eligibility during leave depends on the employee's average hours, applicable federal or state law, the terms of the governing benefit plan, and the employee's compliance with premium payment obligations.

6.2 Paid Leave

When an employee is on paid leave and receives wages sufficient to cover required employee-level premium contributions:

- payroll deductions will continue, and
- benefit coverage will generally remain active.

If paid leave becomes insufficient to support deductions, the employee may be subject to direct billing under Section 4.3 of this Supplement.

6.3 Unpaid Leave (Non-FMLA)

Employees on unpaid leave remain responsible for **the full employee contribution** associated with their benefit elections. The Company may require advance payment or may direct-bill the employee.

Benefits may be terminated if premium obligations are not satisfied within required grace periods. Re-enrollment after termination may be restricted until the next open enrollment period unless otherwise required by law.

6.4 Family and Medical Leave Act (FMLA)

For eligible employees approved for FMLA leave:

- medical coverage will continue for up to **12 weeks**, consistent with federal law;
- employees must continue paying required employee-level premiums; and

- premium payments may be made through payroll deduction (if paid leave is used) or through approved direct-payment arrangements.

Failure to remit timely premium payments may result in cancellation of coverage, consistent with federal notice requirements. Following FMLA leave, coverage will be reinstated in accordance with federal law and the terms of the governing plan.

6.5 Military Leave

Employees performing military service may be entitled to benefit continuation consistent with USERRA and carrier rules. Employees must notify the Company of military orders and comply with premium payment obligations to maintain coverage.

Reinstatement of benefits upon return will occur as required by applicable law.

6.6 Workers' Compensation Leave

An employee receiving workers' compensation wage replacement is not considered to be actively receiving Company wages. As a result:

- payroll deductions may not be available;
- direct billing for employee premium contributions may be required; and
- coverage may terminate if contributions are not paid within applicable grace periods.

Workers' compensation status does not guarantee continued participation in Company plans.

6.7 Interaction With Measurement and Stability Periods

A leave of absence does not automatically alter an employee's hour-based classification. The employee's eligibility during leave will be determined by:

- status entering the leave,
- applicable stability periods,
- subsequent look-back measurement, and
- plan-document requirements.

Employees may lose Full-Time status at the conclusion of a Stability Period if they do not satisfy required hour thresholds once measurement resumes.

6.8 Reinstatement of Benefits Following Leave

Employees returning from an approved leave may be reinstated in the same benefit elections they held prior to the leave to the extent required by federal law, state law, or plan-document provisions. If reinstatement is not required by law or the plan, the employee may be subject to new enrollment waiting periods or eligibility reviews.

6.9 Failure to Return From Leave

If an employee does not return from leave within the approved period:

- coverage may be terminated retroactive to the last date premiums were paid, consistent with law and plan-document rules;
- unpaid employee contributions may be recovered through final wage deductions where permitted; and
- the employee may be responsible for unpaid premiums or claims.

Failure to return may be treated as job abandonment.

6.10 Employee Responsibility During Leave

Employees are required to:

- maintain updated contact information,
- comply with documentation requests,
- remit required premium payments,
- respond to HR communications, and
- provide status updates related to return-to-work dates.

The Company is not responsible for delays, cancellations, or premium obligations associated with the employee's failure to comply with these requirements.

PART 7 — TERMINATION AND CONTINUATION RIGHTS

7.1 Termination of Coverage Upon Employment Separation

When employment ends for any reason—voluntary or involuntary—participation in Company-sponsored benefit programs generally terminates on the date specified by the governing plan documents or carrier rules. In most cases, coverage ends at **11:59 p.m. on the final day of the month in which employment terminates**, subject to legal requirements and administrative processes.

The employee is responsible for all employee-level premium contributions owed through the final date of coverage.

7.2 Payroll Deductions From Final Pay

Any unpaid employee premium contributions, including amounts attributable to prior missed deductions or direct-billing obligations, may be deducted from the employee's final paycheck to the extent permitted by applicable law.

Amounts not recoverable through final pay remain a personal financial obligation.

7.3 Grace Periods and Mid-Month Cancellation

If an employee is terminated mid-month and is subject to premium arrears, the Company may terminate coverage effective the date allowed by carrier rules and plan documents. The Company may decline to advance premiums on behalf of an employee who is no longer working.

7.4 Voluntary Waiver or Declination

An employee who voluntarily drops coverage, waives coverage, or fails to complete required enrollment steps will lose eligibility until the next open enrollment period or until a qualifying life event permits re-entry.

Employees who waive medical coverage due to other insurance may be required to sign a formal declination acknowledgment.

7.5 Termination for Non-Payment

Coverage may terminate when:

- payroll deductions are unavailable,
- direct-billing requirements are not met,
- premium grace periods expire, or
- required authorizations are not returned.

Coverage will not be retroactively reinstated for periods in which no premium was paid.

7.6 Eligibility Termination Due to Loss of Hours

If an employee fails to satisfy required hour thresholds at the conclusion of a Stability Period and is reclassified to Part-Time or Variable-Hour status, eligibility for medical coverage may terminate at the end of the applicable coverage month, subject to notice requirements and continuation rights.

The Company is not responsible for claims incurred after eligibility ends.

7.7 Continuation Coverage (COBRA or State Equivalent)

Employees and covered dependents who lose eligibility due to termination of employment, reduction in hours, divorce, dependent aging-out, or other qualifying events may be entitled to continuation of coverage under **COBRA or similar state continuation laws**, if applicable.

Continuation coverage:

- is administered by a third-party provider or designated administrator,
- is generally the responsibility of the employee or qualified beneficiary,
- must be elected within legally required timelines, and
- requires payment of the full premium plus any permitted administrative fees.

Failure to elect continuation coverage within required timeframes forfeits the right to continuation.

7.8 Administrative Authority for Continuation

The Company may rely exclusively on the determinations of its COBRA administrator and will not override statutory deadlines or carrier billing requirements. The Company is not responsible for unpaid continuation premiums, delays in election forms, or late submissions.

7.9 Conversion or Portability Options

Some plans may allow a conversion or portability option following loss of eligibility (for example, when terminating voluntary life insurance coverage). These rights are governed by the insurance carrier and require direct coordination between the former employee and the carrier.

The Company does not guarantee eligibility for conversion, portability, or pricing.

7.10 No Retroactive Reinstatement

Coverage will not be reinstated retroactively after termination unless required by federal law or plan-document provisions. Employees are responsible for any claims incurred after coverage termination if they failed to elect continuation coverage.

7.11 Fraud, Misrepresentation, or Documentation Failure

Coverage may be terminated immediately if the Company or a carrier identifies:

- falsified documents,
- ineligible dependents,
- failure to provide required verification, or
- misrepresentation of employment status.

Employees may be responsible for repayment of premiums or claims paid on their behalf.

7.12 Final Authority

The Company retains full authority to interpret coverage termination dates, premium obligations, and eligibility status in accordance with plan documents, carrier rules, and applicable law.

PART 8 — BENEFIT PROGRAM SUMMARIES

8.1 General Rule

Company-sponsored benefit programs are provided subject to the terms, conditions, exclusions, limitations, eligibility standards, and administrative procedures established by each insurance carrier or plan administrator. The descriptions in this Section are summaries only and do not replace any legally required plan document or SPD.

Where a conflict exists, the carrier's official plan document controls.

8.2 Medical Coverage Overview

The Company offers employer-sponsored medical coverage for eligible employees and dependents. Medical coverage generally includes:

- physician office services;
- inpatient and outpatient hospital care;
- urgent care and emergency services;
- prescription drug benefits;
- laboratory and diagnostic procedures;
- specialist services; and
- preventive care as required by the Affordable Care Act.

Coverage is administered through the designated claims administrator. Networks, deductibles, copayments, coinsurance, and out-of-pocket limits vary by plan. Employees are responsible for reviewing plan-specific terms prior to enrollment.

Enrollment is limited to eligible employees and dependents who satisfy waiting periods, hour requirements, and premium contribution obligations.

8.3 Pharmacy Benefits

Pharmacy benefits are administered through the designated pharmacy benefit manager associated with the medical plan. Coverage levels may include:

- generic drug tiers;
- preferred and non-preferred brand tiers; and
- specialty drug procedures.

Certain medications may require prior authorization, step therapy, or quantity limits.

8.4 Dental Coverage Overview

Eligible employees may elect dental insurance, which generally includes:

- preventive cleanings and exams;
- basic dental procedures; and
- major dental services, subject to waiting periods or limitations.

Annual maximums, deductibles, and orthodontic coverage vary by plan. Carrier documentation governs all coverage determinations.

8.5 Vision Coverage Overview

Eligible employees may elect vision insurance, which generally includes:

- annual or bi-annual vision exams;
- frames or contact lens allowances; and
- lenses or medically necessary eyewear.

Frequency limits and dollar allowances vary by plan.

8.6 Voluntary Insurance Options

The Company may offer voluntary benefit programs such as:

- supplemental life insurance;
- accidental death and dismemberment (AD&D);
- accident coverage;
- critical illness or cancer policies;
- disability coverage; or
- other optional products offered through Company-approved carriers.

Voluntary coverage is employee-funded unless otherwise noted. Participation is subject to carrier underwriting and eligibility rules.

8.7 Dependent Coverage

Eligible employees may elect coverage for qualified dependents, subject to documentation requirements. Dependent eligibility may include:

- legal spouse;
- biological or adopted children;
- children placed for adoption;
- stepchildren; and
- other dependents as defined by the carrier.

Age limits, disability eligibility, and proof requirements are governed by plan documents.

8.8 Exclusions and Limitations

All benefit programs include exclusions and limitations established by federal law, state law, and carrier rules, including but not limited to:

- non-covered services;
- cosmetic procedures;
- experimental or investigational treatments;
- non-network surcharges; and
- limitations for late enrollment.

Official plan documents govern final determinations.

8.9 Claim Administration

Benefits are adjudicated by each plan's administrator. The Company does not guarantee approval of claims, processing times, or payment outcomes. Appeals must be submitted through carrier-specific channels consistent with the SPD.

8.10 Employee Responsibility

Employees are responsible for:

- reviewing SPDs and benefit summaries;
- understanding deductibles, copays, and coinsurance;

- confirming provider network status prior to treatment;
- providing dependent verification when required;
- submitting claims or reimbursement forms as directed; and
- maintaining current enrollment and personal information.

Failure to review plan materials does not relieve the employee of premium obligations or coverage limitations.

8.11 Plan Modification

Coverage offerings may change at any time, including network arrangements, deductibles, copayments, prescription tiers, and contribution requirements. The Company does not guarantee renewal of any specific plan or benefit level.

PART 9 — RETIREMENT PLAN PARTICIPATION (401(k))

9.1 Overview

The Company offers participation in a tax-advantaged retirement savings plan (401(k)) for eligible employees. Participation permits employees to contribute a portion of their earnings, subject to IRS limits, to an individual retirement account within the plan. Participation is voluntary and is not a condition of employment.

The Company does not provide investment, tax, or financial advice.

9.2 Eligibility Standards

Eligibility for the 401(k) plan is determined by the plan document and may include:

- completion of **six months of employment**; and
- confirmation of **30 or more hours per week on average**, or other standards imposed by the plan administrator.

The plan administrator, not the Company, makes final eligibility determinations. Where the plan document conflicts with Company guidelines, the plan document controls.

9.3 Enrollment Procedures

Employees must complete all required enrollment forms or electronic elections through the plan administrator before contributions can begin. Enrollment is not automatic unless expressly provided for in the plan document. Failure to complete enrollment procedures may result in delayed participation.

9.4 Employee Contributions

Participants may elect to contribute a percentage or flat amount from each paycheck, up to IRS annual contribution limits. Contributions are subject to payroll processing timelines and may begin on the first administratively-feasible pay period following enrollment.

Employees are solely responsible for electing, increasing, decreasing, or stopping contributions.

9.5 Employer Contributions

If the Company elects to provide an employer match, the current plan design provides a matching contribution of **100% of the first 3% of eligible compensation contributed by the employee, and 50% of the next 2% of eligible compensation**, for a maximum potential match of **4% of eligible compensation**.

Employer match eligibility, contribution timing, vesting, and allocation are governed exclusively by the plan document. The Company may modify, suspend, replace, or discontinue employer contributions at its discretion, subject to applicable law.

9.6 Vesting

Employee elective deferrals are **100% vested immediately**, as required by law.

Employer contributions are subject to a **three-year vesting schedule** as defined in the governing Betterment plan documents. Employer contributions that have not satisfied the required vesting period may be forfeited upon separation from employment or other disqualifying events, as determined by the plan administrator.

The plan administrator maintains sole authority over vesting calculations and forfeiture determinations.

9.7 Investment Direction

Participants are responsible for allocating their investments among the available fund options. The Company does not evaluate, select, control, or guarantee the performance of investment options. Participants bear all gains and losses associated with investment decisions.

9.8 Account Access and Statements

Participants may review account balances, contribution activity, investment performance, and required disclosures through the online portal of the plan administrator. The plan administrator, not the Company, is responsible for issuing required statements, notices, and fee disclosures.

9.9 Loans and Distributions

All withdrawals, distributions, rollovers, and loans are governed exclusively by IRS regulations and the terms of the 401(k) plan document.

Hardship withdrawals are not authorized under the current plan design and will not be approved. Participants seeking access to funds may only utilize distribution or rollover options permitted by the plan administrator and applicable law.

Employees are responsible for understanding tax consequences and consulting a qualified advisor regarding financial or retirement planning decisions.

9.10 Separation from Employment

Upon separation from employment, participants may be eligible to:

- maintain funds in the plan if permitted by the plan's minimum-balance rules,
- roll funds into another qualified retirement vehicle, or
- request a distribution, subject to tax and penalty rules.

If a participant's vested account balance is **below $5,000 at the time of separation**, the plan requires the participant to elect either a rollover to another qualified account or a distribution, consistent with current Betterment plan-document requirements. Failure to make an election within the timeframe required by the plan may result in an automatic distribution or other action permitted under plan rules.

The Company does not advise on rollover suitability or tax treatment, and all determinations are made by the plan administrator.

9.11 No Guarantee of Future Benefits

The Company may modify, suspend, replace, or discontinue the 401(k) plan at any time, subject to applicable law. Participation does not guarantee future employer contributions, future plan structure, or investment performance.

PART 10 — PAID TIME OFF (PTO) INTEGRATION

(Updated with Salaried–Hourly Transition Rule)

10.1 Overview

Paid Time Off (PTO) is provided as a separate employee benefit and is administered under the Company's PTO policy. PTO is considered a wage-based benefit and is not guaranteed or vested beyond the requirements of applicable law. PTO availability does not alter at-will employment status.

Nothing in this Section guarantees approval of PTO usage, specific scheduling rights, or continued accrual in perpetuity.

10.2 Eligibility for PTO Accrual

Employees become eligible to accrue PTO only when both of the following conditions are met:

1. **Completion of one year of employment in a full-time hourly classification**, and
2. **Confirmation of Full-Time status (30+ hours per week on average)** in accordance with the Company's benefits eligibility framework.

Employees who do not satisfy both requirements are not eligible to accrue PTO.

10.3 Interaction With Employment Classification

PTO accrual is tied to the employee's classification:

- Employees who maintain Full-Time eligibility continue to accrue PTO under the Company's schedule.
- Employees reclassified as Part-Time or Variable-Hour will cease PTO accrual at the end of the applicable pay period.
- Reclassification does not restore PTO that was not earned and does not grant retroactive accrual rights.

Accrual does not continue during periods when an employee does not meet Full-Time standards.

10.4 Accrual During Leave

PTO does **not** accrue during:

- unpaid leave of absence,
- leaves that remove the employee from the payroll system,
- Workers' Compensation leaves without wages,
- unpaid non-FMLA leave, or
- any period in which the employee does not meet Full-Time eligibility standards.

PTO may accrue during **paid leave** to the extent that payroll wages are issued and the employee remains in Full-Time status.

10.5 Use of PTO During Leave

When permitted by law or policy:

- PTO may be substituted for unpaid portions of leave, including eligible portions of FMLA.
- PTO substitution during FMLA will be applied in accordance with federal regulations.
- The Company reserves the right to require PTO usage during certain absences consistent with applicable law.

PTO is not guaranteed to extend benefit eligibility during unpaid leave.

10.6 PTO and Benefit Premium Obligations

Use of PTO does not eliminate an employee's obligation to pay required premium contributions. Employees using PTO must continue to authorize payroll deductions. Where PTO wages are insufficient to support required deductions, direct billing may apply.

10.7 Holiday Pay Eligibility

Holiday pay is provided only to employees who satisfy Full-Time eligibility standards and work the schedule required under Company policy. Holiday eligibility standards are not modified by this Supplement.

10.8 PTO Payout at Separation

PTO payout, if applicable, will occur consistent with Company policy and state law. The Company may deduct unpaid employee premium contributions or other permissible wage deductions from final pay to the extent allowed by law. PTO payout does not extend medical or voluntary benefit coverage.

10.9 No Retroactive Accrual

PTO will not be retroactively credited for periods in which:

- the employee did not meet Full-Time criteria,
- the employee had not yet satisfied the one-year waiting requirement for hourly full-time accrual,
- the employee was in an unpaid status, or
- the employee failed measurement standards following a Stability Period.

No exceptions will be granted for managerial intent or scheduling preferences.

10.10 Company Authority

The Company retains sole authority to interpret and administer PTO eligibility, accrual, usage, and payout rules in accordance with applicable law and Company policy. Where conflicts exist between this Supplement and the PTO policy, or between policy and law, the Company will rely on the governing document or legal requirement.

10.11 Transition Between Salaried and Hourly Classification

Employees promoted into exempt/salaried roles **do not accrue PTO** while in exempt status. No PTO is earned, credited, or retroactively applied for any period of exempt service.

If an exempt employee transitions into a full-time hourly classification:

- **PTO accrual eligibility will resume only if the employee previously satisfied the one-year full-time hourly requirement.**
- If the employee has **not** satisfied that requirement, the **one-year eligibility period begins as of the effective date of hourly status.**
- PTO does not accrue retroactively for periods in which the employee was exempt or failed to meet full-time hourly standards.
- Accrual only occurs during periods in which the employee is both **hourly and full-time** under Company measurement rules.

A prior exempt period does not shorten or eliminate the requirement to satisfy hour-based accrual standards.

PART 11 — ACCESS TO BENEFIT SYSTEMS AND PORTALS

11.1 Electronic Administration

The Company administers benefit enrollment, maintenance, and communication through designated electronic systems. Employees are required to use these systems to review benefits, complete elections, submit required documentation, and maintain current information.

Electronic records maintained by these systems may serve as the official record of enrollment or waiver.

11.2 Primary Portals

Employees may be required to interact with the following platforms or others designated by the Company:

- **BerniePortal** or successor benefit-administration system (medical, dental, vision, voluntary enrollment and eligibility)
- **Betterment** or successor retirement platform (401(k) enrollment, investment management, and account access)
- **Insurance carrier portals** (claims review, ID cards, provider search, prior authorization, or coverage verification)
- **Claims administrator portals** supporting medical benefits, pharmacy benefits, or ancillary programs

Approved platforms may change without notice. The Company does not guarantee ongoing availability of any specific vendor or portal.

11.3 Employee Responsibility for System Access

Employees are responsible for:

- establishing login credentials,
- maintaining secure passwords,
- updating personal information,
- reviewing messages issued through benefit platforms,

- monitoring contribution deductions, and
- downloading or printing insurance ID cards.

Failure to access or review benefit information does not relieve an employee of enrollment deadlines, documentation requirements, premium obligations, or eligibility rules.

11.4 Electronic Delivery of Notices

The Company may provide benefit notices, enrollment communications, annual disclosures, Summary Plan Descriptions (SPDs), Summary of Benefits and Coverage (SBCs), and other legally required materials electronically.

Electronic delivery will be deemed effective when issued to the employee-provided email address or posted to the designated benefit platform.

Employees are responsible for maintaining a current and valid email address.

11.5 System Downtime and Availability

Benefit portals may be unavailable at times due to maintenance, vendor issues, or technical interruption. Employees remain responsible for completing required enrollment actions within designated timelines regardless of downtime.

The Company is not liable for technical failures experienced on personal devices, home networks, or third-party platforms.

11.6 ID Cards and Coverage Verification

Employees may be required to download or print digital ID cards directly from carrier portals. Possession of an ID card does not guarantee eligibility or coverage. Providers are responsible for verifying eligibility through carrier systems.

Employees who receive care without verifying coverage remain responsible for charges incurred outside plan benefits.

11.7 Changes in Platform Vendors

The Company may replace or modify enrollment platforms, retirement vendors, pharmacy benefit managers, claims administrators, or insurance carriers at any time, subject to applicable law.

Employees will be notified of material changes; however, vendor replacement does not grant new enrollment rights outside Open Enrollment or a Qualified Life Event.

11.8 No Expectation of Employer Technical Support

Employees are expected to manage access credentials, browser compatibility, printing, and document retention independently. The Company may offer assistance at its discretion but does not provide guaranteed technical support for personal equipment or software.

11.9 Records and Verification

Electronic confirmations generated by the enrollment system may serve as proof of enrollment, declination, or dependent addition. The Company may rely on system timestamps and audit trails to establish compliance with deadlines and eligibility standards.

Employees are expected to retain copies of enrollment confirmations and related documentation.

PART 12 — PRIVACY, CONFIDENTIALITY, AND COMPLIANCE EXPECTATIONS

12.1 Protected Health Information

Certain benefit programs may involve **Protected Health Information (PHI)** as defined by the Health Insurance Portability and Accountability Act (HIPAA). PHI includes individually identifiable medical or insurance information maintained by a health plan or administrator.

The Company will administer benefit programs in accordance with applicable HIPAA requirements. PHI may be accessed, used, or disclosed only as permitted by law or plan-administrator authorization.

12.2 Employer Access to Information

The Company does **not** review or manage clinical care, diagnose medical conditions, determine medical necessity, or approve or deny claims.

To the extent PHI must be accessed by designated Company representatives—for example, to administer enrollment, billing, COBRA, FMLA leave, or accommodation obligations—access will be limited to the minimum necessary information.

Employees should not provide managers or supervisors with medical records, diagnostic results, prescription history, or other clinical documentation except as required by Company policy or applicable law.

12.3 Employee Responsibility for Privacy

Employees are responsible for safeguarding their own benefit-related information, including:

- enrollment credentials,
- dependent information,
- Social Security numbers,
- claims correspondence, and
- benefit portal access.

The Company is not responsible for disclosure caused by an employee's failure to secure personal devices, use shared computers, or maintain updated contact information.

12.4 Internal Separation of Duties

Supervisors and department managers are **not authorized** to:

- collect or store medical documents outside defined processes,
- advise employees regarding medical treatments or coverage decisions,
- review claims information beyond what is necessary for attendance or leave purposes, or
- access confidential benefit files held by Human Resources or plan administrators.

Questions regarding eligibility, enrollment, premiums, dependent documentation, or claims should be directed to Human Resources or the designated plan administrator—not to managers or field supervisors.

12.5 Communication With Carriers and Administrators

Employees may be required to contact insurance carriers, pharmacy benefit managers, retirement administrators, or claims processors directly for matters related to:

- ID cards,
- provider network verification,
- claims appeals,
- prescription authorization,
- retirement account access,
- beneficiary changes, or
- rollover processing.

The Company is not responsible for communications made directly between an employee and a plan vendor.

12.6 Confidentiality Limitations

The Company cannot guarantee confidentiality for information voluntarily disclosed by employees to coworkers, supervisors, or non-HR personnel. Employees who choose to

disclose personal medical information to others do so voluntarily and at their own discretion.

12.7 Fraud Prevention and Verification

The Company may request documentation from employees to verify:

- dependent eligibility,
- qualifying life events,
- identity for enrollment purposes, or
- lawful status required to administer benefit programs.

Failure to provide documentation may result in denial of enrollment, termination of coverage, or recovery of improperly paid premiums.

Providing false, altered, or misleading documentation may result in disciplinary action up to and including termination, repayment obligations, and possible reporting to carriers or authorities.

12.8 Legal Compliance

Employees are required to comply with:

- HIPAA privacy standards,
- ERISA requirements,
- IRS Section 125 rules,
- DOL wage-hour requirements,
- the Affordable Care Act (ACA),
- USERRA, COBRA, and applicable state continuation laws, and
- state insurance and dependent-eligibility requirements.

Failure to comply may result in loss of eligibility, denial of coverage, or legal consequences, depending on the circumstances.

12.9 No Waiver of Rights or Obligations

Nothing in this Section waives the Company's rights to administer benefit programs consistent with governing plan documents, nor does it confer any contractual privacy guarantee beyond what is required by law.

PART 13 — EMPLOYEE ACKNOWLEDGMENT OF RECEIPT AND RESPONSIBILITY

I acknowledge that I have received a copy of the Blue Life Security Benefits Supplement. I understand that this document summarizes general eligibility rules, enrollment procedures, premium obligations, and benefit-administration standards. I further acknowledge and agree to the following:

1. **At-Will Employment**
   I understand that nothing in this Supplement alters my status as an at-will employee. The Company may terminate my employment at any time, with or without cause, and with or without notice, subject to applicable law.
2. **No Contractual Guarantee of Benefits**
   I understand that this Supplement does not guarantee participation in, or continued availability of, any benefit plan. All benefit programs may be modified, replaced, or discontinued at the Company's discretion, subject to applicable law.
3. **Plan Documents Control**
   I understand that official plan documents, Summary Plan Descriptions (SPDs), Certificates of Coverage, and governing carrier or administrator rules control all eligibility determinations, coverage limits, and claim outcomes. If a conflict exists between this Supplement and a plan document, the plan document prevails.
4. **Employee Responsibility for Enrollment and Changes**
   I understand that I am responsible for completing benefit enrollment within required timelines, updating dependent information, and complying with Qualified Life Event (QLE) deadlines when changes are needed. Failure to take timely action may affect my eligibility.
5. **Payroll Deduction Authorization**
   By enrolling in any benefit program, I authorize required payroll deductions for employee-level contributions. If payroll deductions are insufficient to cover required amounts, I may be billed directly and must pay by stated deadlines to maintain coverage.
6. **Notification Requirements**
   I understand that I must notify the Company within required timelines of any changes that may affect coverage, including marriage, divorce, dependent status changes, birth or adoption, loss of other insurance, or address changes.
7. **Accuracy of Information**
   I certify that information I provide for enrollment or dependent eligibility will be true, accurate, and complete. I understand that providing false or incomplete information may result in loss of coverage, repayment obligations, disciplinary action, and potential legal consequences.
8. **Electronic Delivery and System Use**
   I agree to review benefit information delivered electronically and to maintain current

email and contact information. I understand that failure to access electronic communications does not excuse missed deadlines or obligations.

9. **Premium Obligations and Termination for Non-Payment**
   I understand that coverage may terminate if required contributions are not paid through payroll deduction or direct billing. I may be responsible for claims incurred during any lapse.
10. **Acknowledgment of Review**
    I acknowledge that I am responsible for reading this Supplement, asking questions as needed, and seeking clarification through Human Resources or the designated plan administrator. My signature confirms receipt, not agreement with any specific benefit offering.
11. **No Oral Modification**
    I understand that no manager, supervisor, or employee of the Company has the authority to modify benefit eligibility, enrollment timelines, or plan rules through verbal statements or informal assurances.

Employee Name: _____

Signature: _____

Date: _____

Company Representative (Optional): _____

Appendix A — Benefits Eligibility Grid

This grid summarizes general eligibility rules. Plan documents control.

Benefit Type	Employment Classification Required	Hours Requirement	Waiting Requirement	Other Notes
Major Medical	Full-Time	≥ 30 hrs/week (130 hrs/month)	90 days + First-of-month alignment	Subject to six-month look-back and six-month Stability Period
Dental Insurance	Full-Time or Part-Time	≥ 20 hrs/week	90 days + First-of-month alignment	Employee-paid or contributory as defined by plan
Vision Insurance	Full-Time or Part-Time	≥ 20 hrs/week	90 days + First-of-month alignment	Employee-paid or contributory as defined by plan
Voluntary Benefits **(Accident, CI, STD, etc.)**	Carrier-permitted classifications	Varies	Determined by carrier	Employee-funded unless specified
PTO Accrual	Full-Time Hourly only	≥ 30 hrs/week	One year in full-time hourly status	No PTO for exempt roles; accrual ceases if status drops
Holiday Pay	Full-Time	≥ 30 hrs/week	Per handbook policy	Attendance rules apply
401(k) Eligibility	Full-Time	≥ 30 hrs/week	Six months employment	Subject to plan-document rules
401(k) Employer Contributions	Full-Time	≥ 30 hrs/week	Per plan document	3-year vesting on employer match
401(k) Hardship Withdrawal	N/A	N/A	Not permitted	Prohibited under current plan
COBRA / Continuation	As required by law	N/A	Triggered at eligibility loss	Participant pays full premium + admin fee
Dependent Coverage	Same as employee	Same	Documentation required	Subject to age and legal status rules

Appendix B — Premium Rate Summary (Template for Annual Renewal)

Premium contributions are subject to change based on plan-year renewal. Final rates are governed by carrier billing and plan documents.

Medical Premiums — Employee Cost Per Pay Period

Tier	Employee Contribution	Employer Contribution	Total Premium
Employee Only	$69.81	$57.69	$127.50
Employee + Spouse	$179.73	$57.69	$273.42
Employee + Child(ren)	$143.09	$57.69	$200.78
Family	$253.00	$57.69	$310.69

Dental Premiums — Employee Cost Per Pay Period

Tier	Employee Contribution	Notes
Employee Only	$7.01	20-hour eligibility
Employee + Spouse	$14.58	
Employee + Child(ren)	$16.88	
Family	$27.46	

Vision Premiums — Employee Cost Per Pay Period

Tier	Employee Contribution	Notes
Employee Only	$4.13	20-hour eligibility
Employee + Spouse	$6.61	
Employee + Child	$6.61	
Employee + Children	$6.75	
Employee + Family	$10.88	

Appendix C — 401(k) Contribution Summary

- Employee may contribute up to annual IRS limits
- **Employer match formula:**
  - 100% match on the first **3%** of eligible compensation contributed
  - 50% match on the next **2%** of eligible compensation
  - Maximum potential match = **4%**
- Employer contributions vest **100% after three years**
- Hardship withdrawals: **Not allowed**
- Balances **under $5,000** at separation require rollover or distribution election