



2026 Cook Employee Benefits Guide

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Open Enrollment for 2026 employee benefits

Open enrollment for 2026 will take place November 3-21, 2025. This is your chance to change, enroll in, or decline your health plan benefits, including the election of Flexible Spending Account (FSA) and Health Savings Account (HSA) amounts for the upcoming year. **All employees must take action by November 21, 2025.**

As a reminder, you will need the social security numbers and birth dates of any eligible dependents you are adding to the health plan for 2026. Note: You cannot make a mid-year change to your medical coverage without a qualified IRS status change such as marriage, divorce, or birth of a child.

How to enroll

Professional benefits counselors are available from November 3-21, 2025 to help you understand your benefit options and enroll in the best coverage for you and your family.

This year, you have two appointment options to choose from:

- 1. Enrollment appointment:** Select this option if you need the counselor's assistance to enroll in your benefits in Dayforce for 2026.
- 2. Benefit consultation only:** Choose this option if you only have questions related to your benefits package, but do not need assistance with enrollment in Dayforce. Please note that if you want the counselor to complete your enrollment in Dayforce on your behalf, you may be prompted to schedule an additional enrollment appointment.

To schedule a phone appointment with a benefits counselor, call 855.953.1386, Monday-Friday, 7am-7pm Eastern, text "Cook" to 367655, or visit cook.mybenefitsappointment.com. Schedule your appointment today to secure your preferred date and time.

If you do not want to speak with a benefits counselor, please log into [Dayforce](#) to make changes to your 2026 benefit selections. If you do not wish to enroll in Cook benefits for 2026, you can speak with a benefits counselor or log into [Dayforce](#) to decline benefits.

You can also enroll in benefits through the Dayforce mobile app. Download the mobile app ([Apple App Store](#) / [Google Play Store](#)) directly to your smartphone to get started. Detailed enrollment instructions are also available for your review ([iOS](#) / [Android](#)).

Your 2026 benefit package includes:

- ✓ Medical & prescription
- ✓ Flexible Spending Account (FSA)
- ✓ Health Savings Account (HSA)
- ✓ Dental
- ✓ Vision
- ✓ Hearing coverage
- ✓ Basic life and AD&D
- ✓ Optional benefits: 100% employee paid
 - Life and AD&D
 - Long-term disability
 - Critical illness
 - Accident insurance
 - Hospitalization coverage

Online Virtual Benefits Fair

To learn more about your benefits and opportunities to win a prize, visit cook.mybenefitslibrary.com. This online resource puts all of the benefits information right at your fingertips – anytime, anywhere. Please contact your local HR representative or schedule time with a benefits counselor if you have any questions concerning your 2026 employee benefit options or the enrollment process.

What's new for 2026?

- ✓ Effective January 1, 2026, step therapy will be required for certain specialty medications. This means you may be required to try similar, less expensive medications before approval is given for the more expensive brand-name medication. Impacted members will be notified by TrueScripts.
- ✓ Per IRS regulations, the minimum deductible amount for Cook's HSA plan (Qualified High Deductible Health Plan) will vary by year and will be adjusted for inflation annually. See pages 3 - 4 to learn more.
- ✓ We are pleased to share our health plans now include expanded breast cancer screening and navigation services that include imaging, mammograms and pathology coverage at no cost to you. Women at average risk should complete a mammography screening every one-two years once they reach age 40 and older.
- ✓ Great news! The annual Dependent Care Flexible Spending Account (DCFSA) contribution limit is increasing to \$7,500 in 2026.
- ✓ Effective January 1, 2026, the Secure 2.0 Act requires all catch-up contributions for high-income earners to be made on a Roth (after-tax) basis. For 2026, the threshold is \$145,000 in FICA wages earned in 2025.
- ✓ **2026 medical premiums:** Because of the projected medical cost increase in 2026, Cook will be increasing employee premiums for all Cook health plans for 2026. We will continue offering a tiered premium structure that corresponds with employee compensation in 2026.

Enrolling your dependents in a Cook-sponsored health plan

You may elect benefit coverage for eligible dependents. Eligible dependents are an employee's legally married spouse and children, as defined below.

Eligible dependent children are those who are your natural born, adopted or placed for adoption, step, foster, or under guardianship of the employee, or under a Qualified Medical Child Support Order. They are eligible until the end of the month in which they turn age 26.

A spouse who is eligible to enroll in a medical plan at their current or former employer cannot be enrolled in a Cook-sponsored health plan if the monthly cost for the spouse's single coverage through their employer is less than \$250 per month.

Employees who enroll ineligible dependents in a Cook-sponsored health plan may have claims denied and loss of coverage.

Designate your life insurance and profit sharing/401(k) plan beneficiaries

It is important that you designate a beneficiary for your Cook life insurance benefits and your Cook Profit Sharing/401(k) Plan account, to ensure that your funds are distributed as you desire. Information on how to review and update your current beneficiary designations can be found on the following pages:

- Cook Life Insurance and AD&D: Page 12
- Cook Profit Sharing/401(k) Plan: Page 16

Medical & Prescription

Cook offers four medical plan options. All plans use the Blue Cross Blue Shield National Blue Card PPO network. Employees who reside in Monroe County must elect the Clinic plan or the Clinic HSA plan. Although you have the option to see any provider you wish (with the exception of primary care for Clinic plan participants), you will receive the best benefits when you choose an in-network physician. To locate an in-network doctor or hospital near you, you can visit anthem.com/find-care.

Medical Benefits Comparisons				
	Clinic PPO Plan		Clinic HSA Plan	
	In-network	Out-of-network	In-network	Out-of-network
Annual deductible				
Individual / family	\$500 / \$1,000	\$500 / \$1,000	\$1,700 / \$3,400	\$1,700 / \$3,400
Prescription deductible	\$300 - Clinic PPO Plan enrollees use Clinic Pharmacy		Included with annual medical deductible <i>(prescriptions charged at full price until medical deductible is met)</i>	
Coinsurance	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Cook Group Annual HSA Contribution	N/A		\$500 / \$1,000 (individual / family)	
Annual medical out-of-pocket maximum				
Individual / family	\$2,000 / \$4,000	No limit	\$2,000 / \$4,000	No limit
Coinsurance				
Preventative visit	\$0	40% after deductible	\$0	40% after deductible
Physician office visit	\$15 copay	Not covered	\$30 copay	Not covered
Specialist office visit	\$15 copay/visit; 20% coinsurance for additional services	40% after deductible	20% after deductible	40% after deductible
Urgent care visit	\$50 copay; 20% after deductible		20% after deductible	
Emergency room services	\$100 copay; 20% after deductible		20% after deductible	
Inpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient testing & procedures	20% coinsurance	40% after deductible	20% after deductible	40% after deductible
Prescription drug coverage	20% after deductible	No coverage	20% after deductible*	No coverage
Pregnancy				
Office visits	\$15 copay; 20% coinsurance for additional services	40% after deductible	20% after deductible	40% after deductible
Childbirth	20% after deductible	40% after deductible	20% after deductible	40% after deductible

The above information is intended as a benefit summary only. It does not include all of the benefit provisions, limitations and qualifications. If this information conflicts in any way with the contract, the contract will prevail. For further details, please view the Summary of Benefits and Coverage.

*You will pay your prescription's full cost upfront until you meet your in-network deductible. After you've met your in-network deductible, you'll pay an out-of-pocket coinsurance cost for covered prescription drugs until your out-of-pocket has been satisfied.

- **Health plan ID card:** All enrollees will receive a new health plan ID card for 2026. Please ensure you present your new card when visiting your healthcare provider and pharmacy.
- **Health Savings Account (HSA) debit card:** New 2026 HSA enrollees will get a debit card in the mail. If you had an HSA account in 2025, continue to use your current HSA debit card. You will automatically receive a new card in the mail once your current HSA debit card expires.
- **Flexible Spending Account (FSA) debit cards:** New 2026 FSA enrollees will get a debit card in the mail. If you had an FSA account in 2025, continue to use your current FSA debit card. You will automatically receive a new card in the mail once your current FSA debit card expires.

Medical & Prescription

Employees who reside outside Monroe County have the option to elect the Traditional PPO plan or the HSA plan. Although you have the option to see any provider you wish, you will receive the best benefits when you choose an in-network physician. To locate an in-network doctor or hospital near you, you can visit anthem.com/find-care.

Medical Benefits Comparisons				
	Traditional PPO Plan		HSA Plan	
	In-network	Out-of-network	In-network	Out-of-network
Annual deductible				
Individual / family	\$500 / \$1,000	\$500 / \$1,000	\$1,700 / \$3,400	\$1,700 / \$3,400
Prescription deductible	\$300 - Traditional PPO Plan enrollees: TrueScripts.com		Included with annual medical deductible (prescriptions charged at full price until medical deductible is met)	
Coinsurance	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Cook Group Annual HSA Contribution	N/A		\$500 / \$1,000 (individual / family)	
Annual medical out-of-pocket maximum				
Individual / family	\$2,000 / \$4,000	No limit	\$2,000 / \$4,000	No limit
Coinsurance				
Preventative visit	\$0	40% after deductible	\$0	40% after deductible
Physician office visit	\$15 copay/visit; 20% coinsurance for additional services	40% after deductible	20% after deductible	40% after deductible
Specialist office visit			20% after deductible	40% after deductible
Urgent care visit	\$50 copay; 20% after deductible		20% after deductible	
Emergency room services	\$100 copay; 20% after deductible		20% after deductible	
Inpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient testing & procedures	20% coinsurance	40% after deductible	20% after deductible	40% after deductible
Prescription drug coverage	20% after deductible	No coverage	20% after deductible*	No coverage
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Office visits	\$15 copay; 20% coinsurance for additional services	40% after deductible	20% after deductible	40% after deductible
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- **Health plan ID card:** All enrollees will receive a new health plan ID card for 2026. Please ensure you present your new card when visiting your healthcare provider and pharmacy.
- **Health Savings Account (HSA) debit card:** New 2026 HSA enrollees will get a debit card in the mail. If you had an HSA account in 2025, continue to use your current HSA debit card. You will automatically receive a new card in the mail once your current HSA debit card expires.
- **Flexible Spending Account (FSA) debit cards:** New 2026 FSA enrollees will get a debit card in the mail. If you had an FSA account in 2025, continue to use your current FSA debit card. You will automatically receive a new card in the mail once your current FSA debit card expires.

Health Savings Account (HSA)

A Health Savings Account (HSA) can be an easy and smart way to save money to pay for qualified medical expenses for you and your dependents. With its triple tax advantages, easy access to funds, and future growth potential, it's a unique savings vehicle that provides benefits today and in the future.

If you enroll in the Clinic HSA plan or the HSA plan, you are eligible to contribute to an HSA with Fidelity. You will automatically receive a welcome packet from Fidelity with details about your HSA. Once your account has been established, the HSA amounts deducted from your paycheck on a pre-tax basis, as well as the contribution made by Cook Group, will be deposited to your Fidelity account. These funds can be used to pay for qualified health care expenses for yourself, your legal spouse and your tax dependents (even if your spouse and dependents are not covered by the plan).

Who is eligible to open an HSA?

An individual who meets all of the following criteria:

- Covered under the Clinic HSA plan or the HSA plan
- Not enrolled in Medicare
- Not claimed as a dependent on another person's tax return (excluding your spouse)
- Not enrolled in a General Purpose HealthCare FSA

What can HSA funds be used to cover?

Current or future qualified medical expenses (even if you are no longer employed by Cook Group). Some examples are as follows:

- Medical and prescription drug plan costs, including deductible and coinsurance
- Dental, vision, and hearing aid costs
- Non-covered services such as LASIK eye surgery

[Click here](#) or visit [Cook.MyBenefitsLibrary.com](#) for a complete list of qualified medical expenses.

How do the HSA plan deductibles work?

Your medical and prescription drug costs both count toward meeting your annual deductible. If you elect coverage for your family, your deductible must be met at family level. Each time an individual within the family pays toward their deductible, that amount is also credited toward the family deductible. Once the family deductible is met, after deductible coverage is provided for all covered family members, even if their individual deductibles are not met.

How much does Cook Group contribute to my HSA?

Cook will make a contribution to your HSA if you are enrolled in the Clinic HSA plan or the HSA plan. The Cook Group contribution will be made annually in January each year for existing employees. New hires will receive a pro-rated annual contribution at the beginning of the next quarter following their benefits eligibility date. Any new hires who become benefits eligible in the 4th quarter will not be eligible for the current year contribution. They will receive the following year's full annual contribution in January.

Cook Group Maximum Annual HSA Contribution	
Individual	\$500
Family	\$1,000

2026 New Hire HSA Contribution Schedule		
New Hire Benefits Effective Date	Individual Prorated Contribution	Family Prorated Contribution
January 2 - April 1, 2026	\$375	\$750
April 2 - July 1, 2026	\$250	\$500
July 2 - October 1, 2026	\$125	\$250

How much can I contribute to my HSA?

You must be enrolled in the Clinic HSA plan or the HSA plan in order to make contributions to an HSA. Contributions are deposited per paycheck, which means you cannot frontload your contributions at the beginning of the year.

2026 Annual Contribution Limit	
Individual	\$3,900*
Family	\$7,750*
Catch up Contribution 55 or older	\$1,000

*Amounts listed factor in Cook Group's maximum annual HSA contribution for employees enrolled in an HSA medical plan.

Any unused HSA funds at year's end will roll over to the next year and will not count toward the next year's annual contribution limit.

Health Savings Account (HSA)

An HSA can help combat the high cost of health care in two ways – by providing a tax-efficient way to pay for current qualified medical expenses and an opportunity to grow your savings for future qualified medical expenses, even in retirement. Whether you're ready to get started or need more information, take your next step today.

What are some additional benefits of an HSA?

- Benefit from tax savings. The money you contribute to your HSA is deducted on a pre-tax basis. Your contribution amount can be changed at anytime whether or not you experience a qualifying life event.
- It's your money. You own your HSA, so it's yours to keep. Money left in your account, including Cook Group's contribution, at the end of the year rolls over into the next year. Even if you change health plans or jobs, your HSA goes with you.
- Plan for tomorrow. Your HSA is also a great way to save for future healthcare expenses. You can plan for health-related costs in your retirement by growing your HSA today. Watch your HSA grow with tax-free interest.

How do I open a Fidelity HSA?

You will need to agree to the account Terms & Conditions during the enrollment process in [Dayforce](#). If you do so, an HSA will be opened at Fidelity on your behalf. You will receive email communications from Fidelity outlining the steps to activate your Fidelity HSA online through [Netbenefits.com](#). Activating your account will give you access to investment choices, payment options, beneficiary elections, and ongoing support to help you build and manage your savings.

Does Fidelity have a mobile app?

Yes. The Fidelity Health app gives you an easier way to manage your health care expenses—all in one place, wherever you are. The Fidelity Health app is available in the [App Store](#) or [Google Play Store](#). With the Fidelity Health app you can:

- Review your HSA balance and transaction history
- Scan a product's barcode to find out whether it's a qualified medical expense for an HSA or Health Care FSA
- Pay bills or reimburse yourself using your HSA
- Save receipts for qualified medical expenses
- Store and share your benefits ID cards

How do I pay with my Fidelity HSA?

There are multiple ways to use your HSA for payment or reimbursement of qualified medical expenses, including, but not limited to:

- Your HSA debit card. Your debit card provides an easy way to pay for qualified medical expenses directly from your Fidelity HSA. The card uses your available balance to pay for qualified expenses at eligible merchants.
- Fidelity Health mobile app. With the Fidelity Health app you can:
 - See where your account stands, view claims, and upload receipts.
 - Get reimbursed for qualified expenses.
- Pay a provider directly from your HSA. Easily pay bills directly from your HSA to your health care provider. Use the Fidelity Health app or NetBenefits to choose a payment amount and payee.

Can I pay for a qualified medical expense out of pocket?

Yes. To take advantage of the long-term growth potential of your HSA, you may want to choose to pay for a qualified medical expense out of pocket rather than use the funds in your HSA. If you do pay out of pocket, you have the option to reimburse yourself from your HSA at any time without penalty.

Can I use my HSA funds before they're actually in my account?

No, you cannot borrow funds in advance from your HSA, even if you incur a qualified medical expense. But that doesn't mean you won't be able to use your funds to reimburse yourself for the expense later on. There aren't time constraints on when you can reimburse yourself for a medical expense incurred after the account is opened. As long as you're able to prove it was an eligible expense, you can reimburse yourself years later - that's why it's always a good idea to keep your receipts.

Flexible Spending Account (FSA)

A Flexible Spending Account allows you to set aside some of your income on a pre-tax basis to pay for certain health or day-care expenses that may not be covered as part of your benefit plans. Cook offers two types of accounts, a Healthcare Flexible Spending Account and a Dependent Care Flexible Spending Account. Both plans have use it or lose it provisions, meaning that any money left in the account at the end of the plan year will be forfeited.

A **Healthcare FSA** (HFSA) allows you to pay for eligible medical, dental, and vision expenses not covered by your benefit plans. This includes deductibles, copays, and coinsurance, including those for orthodontia, glasses, contact lenses, and over-the-counter medications. HFSA's are prefunded by Cook which allows you to access your HFSA annual election when eligible. There are two options to choose from: the General-Purpose HFSA (GPHFSA) and the Limited-Purpose HFSA (LPHFSA).

Select the Limited-Purpose HFSA if you elect the Clinic HSA plan or HSA plan or if your spouse is covered by a high deductible health plan and health savings account (HSA) with their employer. Per IRS regulations, coverage in a General-Purpose HFSA disqualifies an individual from making or receiving contributions to their HSA.

The Limited-Purpose HFSA works just like the General-Purpose HFSA except it is limited to only reimbursing out-of-pocket dental and vision expenses and some preventive healthcare expenses. By limiting your reimbursements to dental and vision expenses, you remain eligible to participate in the Cook Group Clinic HSA plan and HSA plan.

A **Dependent Care FSA** (DCFSA) can help fund the care of children under the age of 13 or a disabled spouse or parent while you work. The account can be used for daycare, preschool, after-school care, summer day camp, or elder care. The Dependent Care FSA is not prefunded by Cook. You can only be reimbursed with funds that you contributed at the time your claim is processed. The annual maximum is \$7,500 for single or married employees filing jointly or \$3,750 annually for married employees filing separately.

Please note: It is important that you elect your FSAs carefully. If you elect a LPHFSA when you really wanted a GPHFSA, you cannot change to a GPHFSA after the deadline. More information on DCFSA and HFSA can be found in the Cafeteria Plan booklet. If you would like a Cafeteria Plan booklet contact your local HR representative.

Cook Healthcare FSA options

- **HFSA annual contribution amount maximum**
The annual maximum amount you can contribute to a General-Purpose or Limited-Purpose FSA through payroll deduction is \$3,300 per employee.
- **Flexible Spending Account (FSA) - Mid-year elections and changes**
Full-time employees who have a qualified IRS status change that affects the number of their eligible dependents can choose to elect or change an HFSA and/or DCFSA contribution amount mid-year. The election must be consistent with the qualifying event allowing the change. For example, removing a dependent would allow a reduction; adding a dependent would allow an increase.

FSA Election Reductions - An FSA election may not be reduced to less than the greatest of your current year to date contributions, current year to date reimbursements, or current balance. Qualified IRS status changes include marriage, divorce, birth of a child, adoption, death of a dependent, a child who is no longer eligible for child care, and changes in the employment status of an employee or spouse. Employees wanting to make an FSA election or change must contact Cook Insurance at 800.593.2080 within 30 days of the qualifying event.

FSAs - Use it or lose it

How does the HFSA carryover work?

- 2025 HFSA balances greater than \$660 will be forfeited (down to \$660) if not claimed for 2025 expenses by March 31, 2026.
- 2025 HFSA balances that are \$660 or less will automatically carryover to the new plan year in January 2026. These funds are still available to claim against 2025 expenses until March 31, 2026 or be used to pay for eligible 2026 expenses.

Does the carryover amount count toward the 2026 HFSA annual maximum?

No. HFSA funds that automatically carryover to 2026 do not count toward the HFSA annual maximum for 2026. You can elect up to the annual HFSA maximum for 2026 and carryover up to \$660 of your 2025 HFSA funds to be added to your 2026 HFSA available balance.

Do I have to re-elect an HFSA for 2026 to have 2025 HFSA amounts carryover to 2026?

No. However, if you do not re-elect a 2026 HFSA the amounts carried over into 2026 must be claimed by March 31, 2026.

Is there a minimum carryover amount?

No.

How can I make certain 2025 expenses are applied to my 2025 HFSA and not to my 2026 HFSA?

During the use it or lose it period (January 1, 2026–March 31, 2026), do not use your FSA debit card to pay for 2025 expenses as the debit card will pull the funds from your 2026 account balance first. Claims for 2025 must be submitted to the Cook Insurance Dept. for reimbursement using a Cook HFSA Claim Form with the receipt to ensure that funds are withdrawn from your 2025 HFSA balance. You can submit claims online at cookmedicalclaims.com, or you can email your claims/receipts to cookhfsa@cookmedical.com. If you have any questions, please call 800.593.2080.

If I choose to elect the Clinic HSA plan or the HSA plan for 2026, can I carryover my HFSA balance to 2026?

Yes. However, your carryover balance, up to \$660, will automatically be converted to a LPHFSA, which only covers eligible dental and vision expenses not medical expenses.

Does the carryover provision apply to the Cook Dependent Care FSA?

Unused 2025 DCFSA funds are not carried over into 2026. These funds are forfeited.

Can I switch from an HSA to FSA?

Yes, you may switch from an HSA in one plan year to an HFSA in the next. However, you cannot make any new contributions to your HSA account once the HFSA plan year begins. You still own the HSA account and can continue to spend its balance on qualified healthcare expenses.

Dental insurance

Dental coverage is provided with the election of a Cook Medical health plan. The table below summarizes key features of the plan. Additional coverage details can be found in the official plan documents.

Plan participants are free to choose their dental care provider. Please note that, out-of-network providers will have higher out-of-pocket costs. To locate an in-network provider, you can visit: deltadentalin.com.

Special healthcare needs benefit! Additional visits or cleanings to the dentist's office can be helpful for plan participants with a qualifying special health care need. Eligible patients are allowed up to four dental cleanings per calendar year. Additional details can be found in the plan summary at cook.mybenefitslibrary.com.

Benefits	In-network	Out-of-network*
Deductible	None	None
Diagnostic & preventive		
Two exams, two cleanings, and one bite-wing x-ray per person, per calendar year	100%	100%
Services		
Basic services, such as root canals and fillings	80%	80%
Major services, such as bridges, crowns and related services	50%	50%
Maximum benefit		
Calendar year maximum (preventive, basic and major)	\$1,500	\$1,500
Space maintainers (for members under age 19)	100%	100%
Orthodontia services (for dependent children under age 19)	Lifetime maximum of 50% of first \$3,000 in charges	Lifetime maximum of 50% of first \$3,000 in charges
Medically necessary orthodontia services (for dependent children under age 19)	50% of additional charges with no annual or lifetime limit	50% of additional charges with no annual or lifetime limit
Implants	50% up to \$3,000 lifetime maximum	50% up to \$3,000 lifetime maximum
Impacted teeth (including wisdom teeth)	80%	80%

* When you receive services from a nonparticipating dentist, the percentages in this column indicate the portion of Delta Dental's nonparticipating dentist fee that will be paid for those services. This amount may be less than what the dentist charges and you are responsible for that difference.

Vision insurance

Vision coverage is provided with the election of a Cook Medical health plan. You are free to choose an out-of-network doctor, but will receive significant discounts with an in-network provider under the Anthem Blue View Vision provider network. To locate an in-network provider, you can visit: [anthem.com/find-care](https://www.anthem.com/find-care). The table below summarizes key features of the plan. Refer to the official plan documents for additional coverage details.

Service frequency		
Vision exam	Once a calendar year	
Lenses (for glasses or contact lenses)	Once a calendar year	
Frames	Once every other calendar year	
Covered services	In-network	Out-of-network
Eye exams	Covered in full	\$42 allowance
Single vision lenses	Covered in full	\$40 allowance
Lined bifocal lenses	Covered in full	\$60 allowance
Lined trifocal lenses	Covered in full	\$80 allowance
Frames	\$200 allowance with 20% off of balance	\$42 allowance
Disposable contact lenses (elective)	\$200 allowance (no additional discount)	\$105 allowance
Conventional contact lenses (elective)	\$200 allowance then 15% off remaining balance	\$105 allowance
Contact lenses (medically necessary)	Covered in full	\$210 allowance

Hearing coverage

Hearing checks, hearing aids (monaural or binaural), including ear mold(s), hearing aid instruments, batteries, cords, and other ancillary equipment as required to correct hearing loss is covered up to \$3,000 per person every 5 years. Although you have the option to see any provider you wish, you will receive the best benefits when you choose an in-network provider. This benefit is subject to the standard medical deductible and co-insurance.



The cost of your benefits

We will continue to offer a tiered premium structure that corresponds with employee pay in 2026. The charts below outlines premiums for each plan at each earning level.

Clinic PPO plan & Traditional PPO plan

Earning level \$0K-\$35K	Weekly (52 pays)	Bi-weekly (26 pays)	Semi-monthly (24 pays)
Employee only	\$23.73	\$47.46	\$51.41
Employee + spouse	\$63.27	\$126.55	\$137.10
Employee + child(ren)	\$47.41	\$94.82	\$102.72
Family	\$79.09	\$158.18	\$171.37

Earning level \$35K-\$55K	Weekly (52 pays)	Bi-weekly (26 pays)	Semi-monthly (24 pays)
Employee only	\$23.73	\$47.46	\$51.41
Employee + spouse	\$91.75	\$183.49	\$198.79
Employee + child(ren)	\$63.33	\$126.66	\$137.21
Family	\$117.06	\$234.11	\$253.62

Earning level > \$55K	Weekly (52 pays)	Bi-weekly (26 pays)	Semi-monthly (24 pays)
Employee only	\$24.25	\$48.50	\$52.55
Employee + spouse	\$119.32	\$238.64	\$258.53
Employee + child(ren)	\$79.68	\$159.36	\$172.64
Family	\$154.72	\$309.43	\$335.22

Clinic HSA plan & HSA plan

Earning level \$0K-\$35K	Weekly (52 pays)	Bi-weekly (26 pays)	Semi-monthly (24 pays)
Employee only	\$21.57	\$43.14	\$46.74
Employee + spouse	\$57.52	\$115.04	\$124.63
Employee + child(ren)	\$43.10	\$86.19	\$93.38
Family	\$71.90	\$143.81	\$155.79

Earning level \$35K-\$55K	Weekly (52 pays)	Bi-weekly (26 pays)	Semi-monthly (24 pays)
Employee only	\$21.57	\$43.14	\$46.74
Employee + spouse	\$83.41	\$166.81	\$180.72
Employee + child(ren)	\$57.57	\$115.14	\$124.74
Family	\$106.41	\$212.83	\$230.57

Earning level > \$55K	Weekly (52 pays)	Bi-weekly (26 pays)	Semi-monthly (24 pays)
Employee only	\$22.05	\$44.10	\$47.77
Employee + spouse	\$108.47	\$216.94	\$235.02
Employee + child(ren)	\$72.43	\$144.87	\$156.94
Family	\$140.65	\$281.30	\$304.75

Basic life insurance and AD&D

Basic term life and accidental death and dismemberment insurance (AD&D) for all hourly and salary employees through Prudential is provided at **no cost to you** and is paid for by Cook. Benefits are payable to your beneficiary, so be sure to keep your beneficiary designation up to date.

Employee tier	Benefit overview
Earning level of \$50,000 or less	\$75,000
Earning level of more than \$50,000	1.5x annual earnings, <i>not to exceed the maximum of \$250,000</i>

Update your beneficiary information

You can update your life insurance beneficiary by logging on to Prudential's website at prudential.com/mybenefits. The Cook company control number is 50318. Updates to your life insurance beneficiary can be made at any time (not just during open enrollment) on Prudential's website.



Optional life insurance and supplemental AD&D

Optional life insurance and supplemental AD&D is available in addition to your Cook-provided basic life and AD&D. You can purchase coverage for yourself, your spouse, and/or your dependent children. Dependent coverage is only available if you have coverage for yourself. Benefits are payable to your beneficiary, so be sure to keep your beneficiary designation up to date.

- If you are not currently enrolled in optional employee term life insurance and have not been denied coverage in the past, you can elect up to \$40,000 with no evidence of insurability (EOI) required.
- If you are already enrolled in optional employee term life insurance, you can elect to increase your current coverage up to an additional \$40,000 without EOI required. For any increase amount that results in a coverage amount greater than \$500,000, Prudential will mail or email an EOI form to you to complete and return to Prudential for approval.
- If you elect more than \$40,000 of initial coverage or elect to increase current coverage by more than \$40,000, Prudential will mail or email an EOI form to you to complete and return to Prudential for approval. If you are electing new or additional coverage for your spouse, you must complete and return the EOI form that will be mailed or emailed to you. EOI is not required for optional AD&D insurance. You can elect optional accidental death and dismemberment insurance on yourself, spouse, and children during open enrollment.

Update your beneficiary information

You can update your life insurance beneficiary by logging on to Prudential’s website at prudential.com/mybenefits. The Cook company control number is 50318. Updates to your life insurance beneficiary can be made at any time (not just during open enrollment).

Optional long-term disability insurance

Optional long-term disability insurance is available to hourly employees and can help protect your income if you are unable to work due to a non-work related accident or illness following a 180-day elimination period. The table below summarizes key features of the plan. Refer to the official plan documents for additional coverage details.

If you are enrolling in the optional long-term disability plan for the first time, you must fully complete and return the evidence of insurability (EOI) form Prudential sends (mail or email) to you. Your EOI form must be approved by Prudential which could take several weeks.

Optional long-term disability benefit for hourly employees			
	Monthly benefit	Elimination period	Maximum monthly benefit
Benefit percentage	60% of annual earnings	180 days	\$4,000

The above information is intended as a benefit summary only. It does not include all of the benefit provisions, limitations and qualifications. If this information conflicts in any way with the contract, the contract will prevail.

Optional hospitalization coverage

Even with health insurance, a stay in the hospital can quickly become costly as out-of-pocket expenses begin to add up. Hospitalization coverage through Reliance Standard can reduce the financial stress of a hospital stay by providing a cash benefit paid directly to you. This cash benefit can be used however you need, whether that's for deductibles, coinsurance or even childcare expenses. **No medical history is required to enroll.** A detailed plan summary can be found at cook.mybenefitslibrary.com.

Example benefits*

Hospital admission**	\$2,000 per admission; once per year
Hospital confinement	\$200 per day; up to 30 days per year
ICU confinement	\$400 per day; up to 15 days per year

*This is not a comprehensive list of benefits. Speak to a benefits counselor for a complete list of covered events. Limitations may apply.

**Admission means receiving treatment for a sickness or injury in a hospital, including an observation room or ICU, for a period of more than 23 hours.

Optional critical illness insurance

No one can be completely prepared for when critical illness strikes. However, if you or a loved one is diagnosed with a covered condition such as cancer, stroke, or heart attack after the policy's effective date, critical illness insurance through Reliance Standard provides a lump-sum cash benefit to help pay for out-of-pocket medical expenses or any other bills that need attention, including rent or groceries. A detailed plan summary can be found at cook.mybenefitslibrary.com.

Plan features:

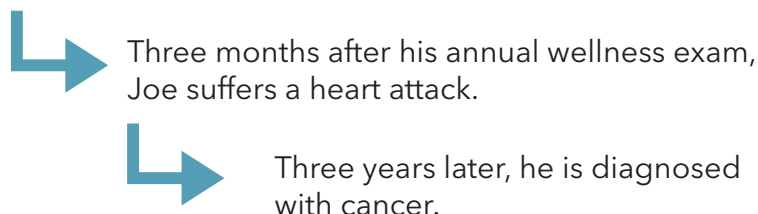
- Includes coverage of Acute Respiratory Distress Syndrome*
- Every year that you complete a qualified health screening, like an annual physical or COVID-19 diagnostic test, you and your covered dependent(s) are eligible for a \$50 wellness benefit. Wellness claim instructions can be found at cook.mybenefitslibrary.com.

GUARANTEE ISSUE

This benefit is **always** eligible for guarantee issue, with **no physical or medical questions required** unless you have previously been denied coverage. Guarantee issue means you can enroll with no health questions regardless of pre-existing conditions. It may allow someone who has a history of family illness, the opportunity to elect coverage if they find themselves diagnosed with a covered illness. However, if a claim is made, the date of diagnosis must be after your policy's effective date.

How the coverage works**

Joe meets with a benefits counselor and elects \$30,000 of coverage.



Joe's critical illness policy provided the following benefits:

Wellness benefit:	\$50
Heart attack benefit:	\$30,000
Cancer benefit:	\$30,000
Total benefits:	\$60,050

*Acute Respiratory Distress Syndrome (ARDS) that results in inadequate oxygenation due to aspiration or infection. Evidence of infiltrates is seen in both lungs. This acute lung injury is typically confirmed by the testing of blood gases. A 25% benefit of the policy face value is paid upon a physician's diagnosis. Details about when COVID-19 would trigger an ARDS diagnosis can be found at cook.mybenefitslibrary.com.

**This example is for illustrative purposes only; your actual benefits may differ.

Optional accident insurance

When you suffer an accident (on- or off-the-job) such as a burn or broken bone, accident insurance through Reliance Standard provides a lump-sum cash benefit based on your injury(s) and the treatment you receive. These benefits are paid on top of what your health insurance covers, and can be used at your own discretion. Coverage applies towards events such as concussions, dislocations, fractures, physical therapy, and x-rays. A detailed plan summary can be found at cook.mybenefitslibrary.com.

Plan features:

- Every year that you complete a qualified health screening, you're eligible for a \$50 Health Screening Benefit. Your covered dependent(s) is also eligible to receive the benefit.
- No medical history is required to enroll.

Example benefits*	
Ambulance (ground)	\$450
Dislocation	up to \$8,000
Diagnostic examination	\$200
Follow-up visit	\$100
Physical therapy	\$50 per session; up to 6 sessions
Hospital admission	\$2,000 per admission
Hospital confinement	\$300 per day; up to 365 days

*This is not a comprehensive list of covered injuries and treatments. Speak to a benefits counselor for a complete list of covered events. Limitations may apply.

Medicare made easy

This program will help you learn more about your Medicare options. If you or your spouse are 65 years or over or will turn 65 in the next 12 months, you and your Medicare-eligible family members have the opportunity to get a free personalized Medicare consultation that will compare Medicare to your Cook benefit options. Licensed representatives are available to speak with you!

Licensed Senior Benefits Advisors are available to speak with you to discuss your questions. During your individual appointment, you will receive the support you need in order to understand your options including:

- Eligibility
- Costs and potential penalties
- Review plan options, changes and selections
- When and how to enroll

To schedule a telephonic appointment, visit www.seniorbenefits.mybenefitsappointment.com or call 833.421.0008, Monday-Friday, 9am-4pm, ET.

Cook Profit Sharing/401(k) Plan

Cook's 401(k) plan provides you with the opportunity and resources necessary to assist in achieving a secure financial future for yourself and your family.

Current automatic increase participants will see a contribution increase of 1% each January. You may opt out of auto enrollment/escalation or change your employee contributions at any time through the Fidelity site at NetBenefits.com.

Roth catch-up provision

Effective January 1, 2026, the Secure 2.0 Act requires all catch-up contributions for high-income earners to be made on a Roth (after-tax) basis. Pre-tax catch-up contributions for those earning over the limit in the prior year are not allowed. For 2026, the threshold is \$145,000 in FICA wages earned in 2025.

Fidelity NetBenefits is your online resource to manage your workplace savings account.

1

Review your account

Review your account balances, contribution amount, and investments.

- Log in to NetBenefits.com and select *Account & Benefits*.
- Select *Retirement Savings* and review your information under the *Contributions* tab and the *Investments* tab.

2

Update your beneficiary information

It's important that your beneficiaries are set up the way you want. Now is the best time to set your beneficiary. It's also a great time to set a reminder to review your beneficiary at least annually.

You can update your beneficiary at anytime by logging on to Fidelity NetBenefits' website at NetBenefits.com. Click on *Accounts & Benefits* and then click on *Update Your Beneficiaries* to access the beneficiary update screen. You can also call Fidelity NetBenefits at 800.835.5091 to request a beneficiary designation form to be sent to you. Please complete and return to Fidelity NetBenefits.

3

Take advantage of educational resources

- Visit Fidelity's website to access a variety of financial articles, tools, and financial calculators across many financial topics at bit.ly/Fidelity_Tools_Resources.
- Create a plan for your future by using the Planning & Guidance Center to model and plan your financial goals.

What's next?

Before open enrollment

- Schedule an appointment with a professional counselor. To schedule a phone appointment with a benefits counselor, call 855.953.1386, Monday-Friday, 7am-7pm ET, text Cook to 367655 or visit cook.mybenefitsappointment.com.
- Check your FSA balances. FSAs have a use-it-or-lose-it provision. You are only eligible to roll over up to \$660 to the next year. Visit www.cookmedicalclaims.com to check your current balance.
- Unused 2025 DCFSA funds are not carried over into 2026. These funds are forfeited.
- Please be prepared to provide the following information:
 - Date of birth
 - Social Security Number (if applicable)
 - Address & phone number
 - Beneficiary information: name, phone number, DOB, address, and SSN (if applicable)
 - Dependent Information: name, phone number, DOB, address, and SSN (if applicable)

During open enrollment

- Open enrollment for 2026 will take place November 3-21, 2025. This is your chance to change, enroll in, or decline your health plan benefits, including the election of Flexible Spending Account (FSA) and Health Savings Account (HSA) amounts for the upcoming year. **All employees must take action by November 21, 2025.**
- If you do not want to speak with a benefits counselor, please log into [Dayforce](#) to make your 2026 benefit selections.
- You can now enroll in benefits through the Dayforce mobile app. Download the mobile app ([Apple App Store](#) / [Google Play Store](#)) directly to your smartphone to get started. Detailed enrollment instructions are also available for your review ([iOS](#) / [Android](#)).

After open enrollment

- 2025 Healthcare FSA contributions over \$660 expire on December 31, 2025. You are only eligible to roll over up to \$660 to the next year. Please start thinking of ways to use those funds and make sure to spend your money.
 - **If you choose to elect the Clinic HSA plan or the HSA plan for 2026, you can carryover your HFSA balance, up to \$660. However, it will automatically be converted to a LPHFSA, which only covers eligible dental and vision expenses not medical expenses.**
 - New 2026 FSA enrollees will get a debit card in the mail. If you had an FSA account in 2025, continue to use your current FSA debit card. You will automatically receive a new card in the mail once your current FSA debit card expires.
- **Health Savings Account (HSA) debit card:** New 2026 HSA enrollees will get a debit card in the mail. If you had an HSA account in 2025, continue to use your current HSA debit card. You will automatically receive a new card in the mail once your current HSA debit card expires.
- **Health plan ID card:** All enrollees will receive a new health plan ID card for 2026. Please ensure you present your new card when visiting your healthcare provider and pharmacy.
- Be on the lookout for Evidence of Insurability forms. You must complete an Evidence of Insurability form if you elect more than the guaranteed issue amount.
 - Schedule an appointment with a physician (if needed)
 - Return required forms to the provider

Contact information

We work with several different carriers to create a comprehensive health benefit package offering. In the chart below we have outlined each of these carriers and their contact information. If you need assistance you can also reach out to your local HR representative or Cook Insurance at 800.593.2080.

Plan	Plan provider	Phone number	Website
Medical	Cook Group Health Plan	800.593.2080	cookmedicalclaims.com
Prescription	Truescripts	844.257.1955	truescripts.com
Health Savings Account (HSA)	Fidelity NetBenefits	800.544.3716	NetBenefits.com
401(k) Plan	Fidelity NetBenefits	800.835.5091	NetBenefits.com
Dental	Delta Dental	800.524.0149	deltadentalin.com
Vision	Anthem Blue View Vision	866.723.0515	anthem.com
Basic life and AD&D		800.593.2080	
Optional life and AD&D		800.593.2080	
Optional LifeTime Benefit Term insurance	Chubb	855.241.9891	chubb.com
Optional long-term disability		800.593.2080	
Optional hospitalization coverage	Reliance Standard	800.351.7500	reliancestandard.com
Optional critical illness	Reliance Standard	800.351.7500	reliancestandard.com
Optional accident	Reliance Standard	800.351.7500	reliancestandard.com

Important notices and disclosures

Cook is required to send out important notices to our employees every year. These notices and reports are posted for your reference on Cook's online benefits library at cook.mybenefitslibrary.com. You may obtain a printed version of any notice by contacting Cook Group by phone at 812.331.1025 or by writing to benefits administrator, Cook Group Incorporated, P.O. Box 1608, Bloomington, IN 47402. If you have any questions regarding these notices, please contact Human Resources.

- 2026 Health Plans Summary of Benefits and Coverage
- Women's Cancer Rights Notice
- Medicare Prescription Drug Notice
- Medicaid Children's Health Insurance Notice
- Notice of Privacy Practices
- Cook Group Profit Sharing Plan Annual Notice
- Cook Group Profit Sharing Plan Summary of Material Modifications
- Summary Annual Reports
 - Cook Group Employee Benefit Plan
 - Cook Group Health Plans
 - Cook Group Profit Sharing Plan

This guide summarizes the key features of the Cook benefit plans. If any conflict arises between the information stated here and any plan provisions, the terms of the actual plan documents or other applicable documents will govern in all cases. Provisions of the plans and eligibility for coverage do not constitute a contract of employment with any individual. Plans described in this guide are subject to change at the discretion of Cook.