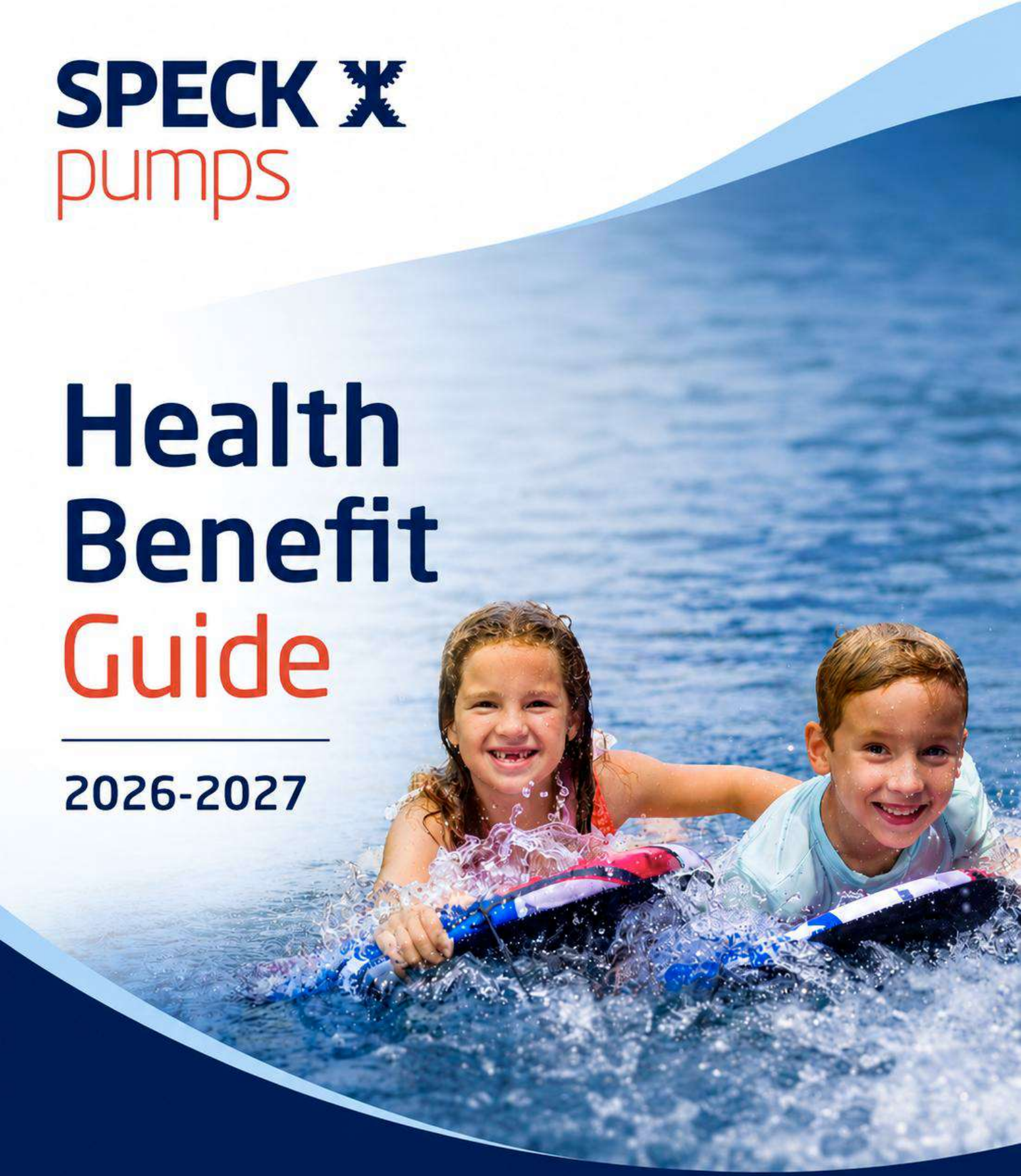
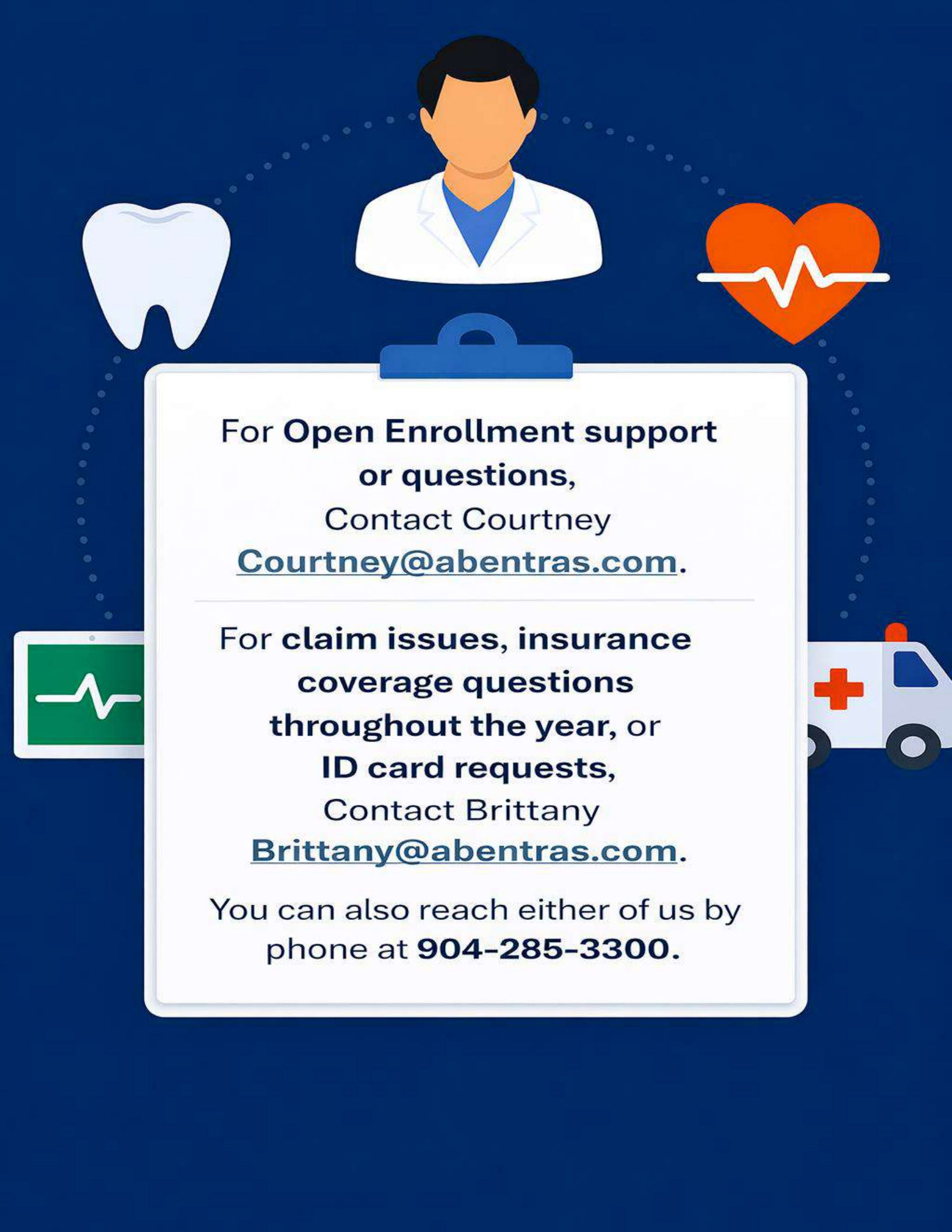
SPECK pumps

Health Benefit Guide

2026-2027

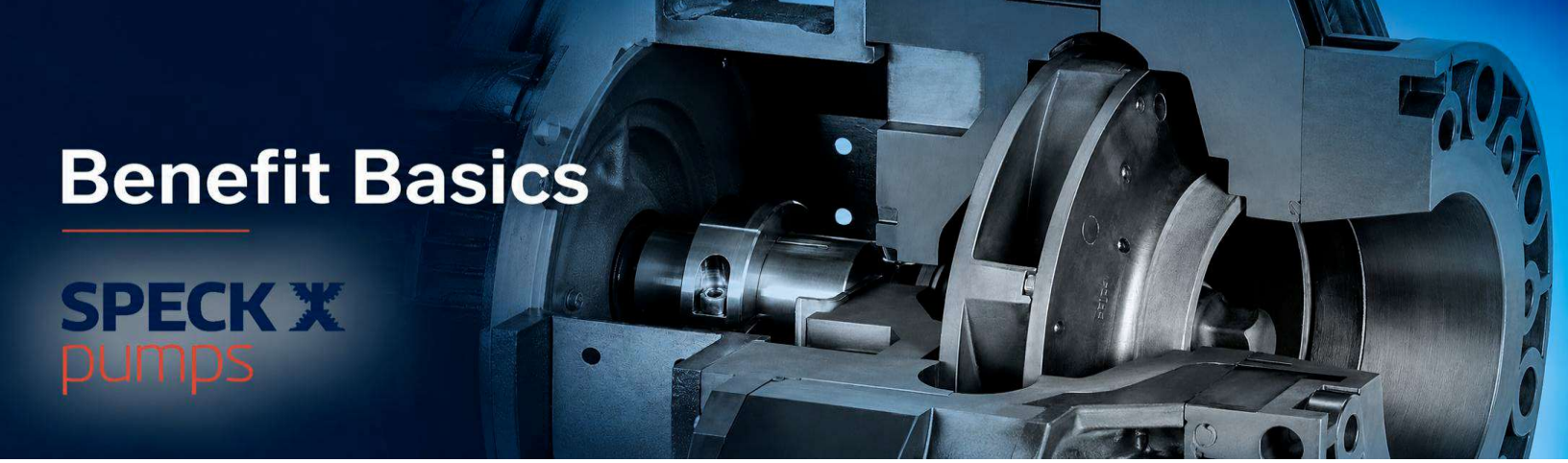




For **Open Enrollment support or questions,**
Contact Courtney
Courtney@abentras.com.

For **claim issues, insurance coverage questions throughout the year,** or **ID card requests,**
Contact Brittany
Brittany@abentras.com.

You can also reach either of us by phone at **904-285-3300.**



Benefit Basics

SPECK pumps

Speck Pumps offers a comprehensive benefits package designed to support your health and financial well-being. This guide provides an overview to help you choose the coverage that best fits your needs.

BENEFIT BASICS

Eligibility: Full-time employees working 30 or more hours per week are eligible for benefits effective on their date of hire.

Your benefit elections remain in effect through the end of the plan year (August 31) unless you experience a qualifying life event and notify HR within the required timeframe to make a change.

Eligible Dependents

- Your legal spouse
- Your children who meet carrier's age requirements
- Your domestic partner and their children

Ineligible Dependents

- Your ex-spouse, if divorced
- Your children who exceed age limit

Qualifying Life Events

You can only change your benefits during the annual enrollment period. However, if you experience a qualifying life event, you are allowed to make changes at that time:

- Marriage or legal separation
- Divorce or legal separation
- Birth of your child
- Adoption or placement for adoption
- Death of a spouse or dependent
- Gain or loss of coverage

Note: Proof of the life event is required for mid-year changes.

MEDICAL PLAN OPTIONS: UNITED HEALTHCARE

	HE50002575i80CP25B Speck Blue Plan - HSA	E6000i80LX21B Speck Red Plan
Calendar Year Deductible (Individual/Family)	$5,000 / $10,000	$6,000 / $12,000
Coinsurance	20%	20%
Out-of-Pocket Maximum	$7,000 / $14,000	$8,150 / $16,300
Deductible Type	Embedded	Embedded
Primary Care Physician Office Visit	CYD then $25	$25
Specialist	CYD then $75	$75
Preventive Services	Covered 100%	Covered 100%
Emergency Room	CYD + 20% + $300	CYD + 20% + $300
Emergency Transportation	CYD + 20%	CYD + 20%
Urgent Care	CYD then $50	$50
Inpatient Hospital	CYD + 20%	CYD + 20%
Outpatient Hospital	CYD + 20%	CYD + 20%
Independent Diagnostic Testing (X-Rays)	CYD + 20%	CYD + 20%
Independent Diagnostic Testing (Advanced Imaging)	CYD + 20%	CYD + 20%
Independent Clinical Lab	CYD + 20%	CYD + 20%
Mental Health / Substance Dependency	OP: CYD + $75 / IP: CYD + 20%	OP: $75 / IP: CYD + 20%
Rx Plan Deductible	Yes, combined with Medical	No
Prescription Card	CYD then: $10 / $35 / $70 / $150	$10 / $35 / $75 / $250
Rx Mail Order - 90 day supply	CYD then $25 / $87.50 / $175 / $375	$25 / $87.50 / $187.50 / $625
Out of Network - NONE		

MEDICAL PLAN OPTIONS: UNITED HEALTHCARE

Employee Semi-Monthly Cost		
	HE50002575i80CP25B Speck Blue Plan - HSA	E6000i80LX21B Speck Red Plan
Employee Only	$79.89	$91.45
Employee & Spouse	$159.28	$183.17
Employee & Children	$147.37	$169.39
Employee & Family	$226.77	$261.15

HEALTH REIMBURSEMENT ACCOUNT (HRA)

The Health Reimbursement Account (HRA) helps reduce your out-of-pocket medical costs if you experience higher healthcare expenses during the year. It is automatically included with one of the medical plan options.

HOW IT WORKS

1

YOU PAY THE FIRST

$5,000

This is your initial out-of-pocket responsibility.

2

THE HRA PAYS NEXT

The amount the HRA reimburses depends on the plan you choose.

See plan-specific details below.

HOW THE HRA WORKS

INDIVIDUAL COVERAGE

If any covered family member incurs $5,000 in eligible in-network out-of-pocket expenses under the company's group health plan, the HRA will reimburse 100% of that individual's additional eligible in-network out-of-pocket expenses, up to a maximum HRA benefit of $3,150 under the Red Plan and $2,000 under the Blue Plan.

Example: *John pays $5,000. He then has another $1,000 in eligible costs. The HRA reimburses the full $1,000.*

FAMILY COVERAGE

If the family collectively incurs $10,000 in eligible in-network out-of-pocket expenses under the company's group health plan that are the family's responsibility before any HRA reimbursements, the HRA will reimburse 100% of additional eligible in-network out-of-pocket expenses, up to a maximum family HRA benefit of $6,300 under the Red Plan and $4,000 under the Blue Plan. HRA reimbursements made under the individual benefit do not count toward the $10,000 family threshold.

Example: *The family reaches $10,000 in out-of-pocket costs. They then incur another $2,000 in eligible expenses. The HRA reimburses the full $2,000.*

HRA FUNDING DETAILS BY PLAN

SPECK BLUE PLAN – HSA

INDIVIDUAL COVERAGE

- Employee pays first $5,000
- HRA pays next **$2,000**

FAMILY COVERAGE

- Employee pays first $10,000
- HRA pays next **$4,000**

SPECK RED PLAN

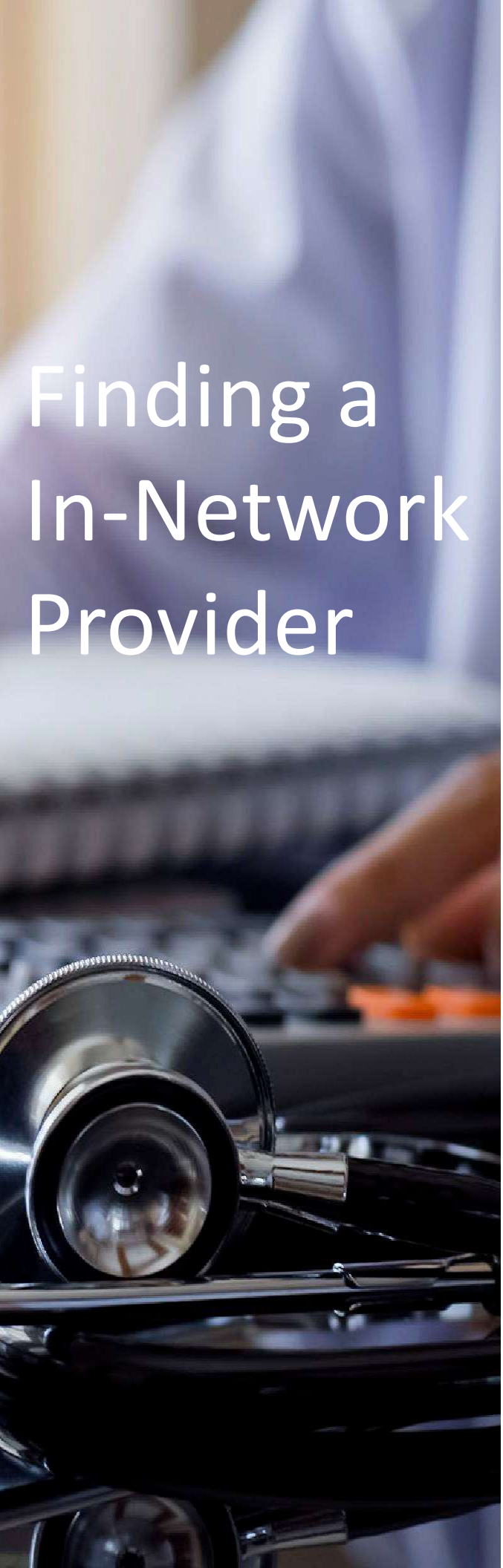
INDIVIDUAL COVERAGE

- Employee pays first $5,000
- HRA pays next **$3,150**

FAMILY COVERAGE

- Employee pays first $10,000
- HRA pays next **$6,300**

This information is a summary of how the HRA works under each plan. For complete details, please refer to your plan documents or contact Abentras.



Finding a In-Network Provider

Stay in the network – Choice Network

The doctors and facilities in the network may have agreed to provide services at a discount so visiting an out-of-network provider could end up costing you more for care or may not be covered at all.

Sign in to myuhc.com >Find Care & Costs to locate:

- Labs
- Hospitals
- Mental health professionals
- Network providers

Access your plan details at myuhc.com

Your personalized member website, myuhc.com®, is designed to help you understand your benefits and make more informed decisions about your care.

Register at myuhc.com to:

- Find care and compare costs for providers and services in your network
- Check your plan balances, view your claims and access your health plan ID card
- Access wellness programs and view clinical recommendations
- Start a 24/7 Virtual Visit, where you can connect with providers by phone or video*

Download the UnitedHealthcare app

The UnitedHealthcare® app puts your health plan at your fingertips. Download it to:

- Find nearby care options in your network
- See your claim details and view progress toward your deductible
- View and share your health plan ID card with your doctor's office
- Video chat with a doctor 24/7

App Store

Choose smart. Look for the Tier 1 blue dot.

Choosing a care provider can impact the quality and cost of care you receive. At UnitedHealthcare, we've made it easier for you to find doctors who are right for you and your family.

Find quality, cost-efficient care

Studies show that people who actively engage in their health care decisions have fewer hospitalizations, fewer emergency visits, higher utilization of preventive care and overall lower medical costs.

You can take an active part in your health by seeking out and choosing a Tier 1 provider when you need care.*

TIER 1

Look for the Tier 1 blue dot when searching for a provider on myuhc.com® or the UnitedHealthcare® app.

You may be surprised by how much you can save.

Pay less by using Tier 1 providers

Your UnitedHealthcare Tiered Benefit plan is designed so you pay less when you see Tier 1 doctors and specialists.

TIER 1 PROVIDER

Smith, John, MD >
Family Practice

In-network

5.0 mi • 123 Street, Suite 101

2 miles

(000) 000-0000

United Healthcare

There for what matters™

24/7 Virtual Visits

Quality care. Anytime. Anywhere.

Get the care you need—right when you need it—without leaving home.

PROVIDES 24/7 ACCESS TO CARE.

When you or a family member don't feel well and your primary care doctor or your child's pediatrician can't see you right away, you can now get care within minutes without leaving home with Teladoc.

GETTING STARTED

Set up your account today—so when you need care, a 24/7 Virtual Visits doctor is just a call or click away.

With your health plan, your cost is **$0** on the **Speck Red Plan** and Deductible on the **Speck Blue Plan with HSA.**

24/7 VIRTUAL CARE

With 24/7 Virtual Visits, providers treat many of the same ones treated in an emergency room or urgent care. If needed, providers may prescribe medications.

- Sinus infection
- Flu
- Cough
- Sore throat
- Rash
- Upset stomach
- Nausea
- Allergies
- Other minor health issues and more

ACCESS TO CARE FOR UNEXPECTED HEALTH CONCERNS

24/7 Virtual Visit experience

Meet Tessa, a working mom with young children.

1. Tessa is getting ready for work when she notices her son has a rash.
2. She schedules a 24/7 Virtual Visit through myuhc.com® and sees a provider within 15 minutes.
3. The provider diagnoses her son with contact dermatitis and sends a prescription to a local pharmacy.
4. Tessa picks up the prescription on her way to daycare and then heads to work.

Download the app for access to virtual healthcare.

HealthiestYou.com | 866-703-1259

Download on the App Store

GET IT ON Google Play

DENTAL PLAN OPTIONS

YOUR DENTAL COVERAGE

Our dental benefits will help lay the foundation for lifelong oral health. The dental benefits will be provided through The Standard. You still have the freedom to use any dentist you want but you can minimize your cost by seeing an in-network provider. To keep your teeth healthy and detect other health problems early, The Standard encourages regular teeth cleanings, which are covered at 100%. You are eligible up to four teeth cleanings per year.

Do I need a card when I go to the dentist?

The Standard does provide dental cards that can be mailed or obtained online. If you are registered, you may download a digital/printable ID card.

To find a participating dentist, please visit:
www.standard.com
Select **PPO** Network

The Standard Dental	PPO PLUS NETWORK	
	In-Network	Out of Network
Deductible	$50 / $150	$50 / $150
Preventive Care (Type I) (Cleaning/Exam, Full Mouth X-Rays)	100%	100%
Basic Care (Type II) (Fillings, Extractions, Endodontic/Periodontic)	100%	80%
Major Care (Type III) (Crowns, Dentures, Implants)	60%	50%
Annual Plan Maximum	$1,500	$1,000
Child / Student Age Limit	Up to Age 26	

Semi-Monthly Cost	Dental Plan
Employee Only	$4.05
Employee + Spouse	$8.38
Employee + Children	$9.74
Family	$13.88

VISION PLAN OPTIONS

Vision coverage is offered by SunLife. The benefits provide access to eye exams as well as allowances for frames and lenses or contact lenses. For more information, please view the summary of benefits.

SunLife Vision	VSP NETWORK	
	In-Network	Out of Network
Eye Exams	$10 Copay	Reimbursed up to $52
Contact Lens Exam	$60	Applied to Allowance
Materials	$25	N/A
Frames	$130 Allowance	Reimbursed up to $57
Single Lenses	100% after $25 Copay	Reimbursed up to $55
Bifocal Lenses	100% after $25 Copay	Reimbursed up to $75
Trifocal	100% after $25 Copay	Reimbursed up to $95
Lenticular	100% after $25 Copay	Reimbursed up to $125
Laser Correction Surgery	Discount Available	N/A
Contact Lenses (Elective)	$130 Allowance	Reimbursed up to $105
Contact Lenses (Medically necessary)	100% after $25 Copay	Reimbursed up to $210
Vision Exam Frequency	Once Every 12 Months	Once Every 12 Months
Spectacle Lens Frequency	Once Every 12 Months	Once Every 12 Months
Frames Frequency	Once Every 12 Months	Once Every 12 Months
Contact Lens Frequency	Once Every 12 Months	Once Every 12 Months

Semi-Monthly Cost	Dental Plan
Employee Only	$3.14
Employee + Spouse	$6.28
Employee + Children	$6.91
Family	$10.05

To find a participating dentist, please visit www.sunlife.com

BASIC LIFE INSURANCE

Speck Pumps provides each full-time employee with a Life and Accidental Death and Dismemberment benefit of **$25,000** through Mutual of Omaha.

All employees will be required to provide **updated beneficiaries** to keep on file for this coverage.

OPTIONAL LIFE INSURANCE

In addition to the Basic Life and AD&D insurance provided by Speck Pumps, you have the option to purchase additional life insurance for yourself and your eligible dependents through Mutual of Omaha. These deductions are post-tax.

70 There is a benefit reduction of **35%** at age **70** and **50%** at age **75**.

If you declined life insurance during the initial offering or wish to increase your current coverage beyond **$10,000** or the guaranteed issue amount, a medical questionnaire will be required for approval by Mutual of Omaha.

EMPLOYEE COVERAGE

- **Guaranteed Issue:** 5X Annual Salary up to $100,000
- **Maximum Benefit:** $300,000 cannot exceed 5x Annual Salary
- Coverage available in increments of **$10,000**

SPOUSE COVERAGE

- **Guaranteed Issue:** 100% of Employee Coverage up to $25,000
- **Maximum Benefit:** 100% of the Employee coverage up to $150,000
- Coverage available in increments of **$5,000**

CHILD COVERAGE

- **Guaranteed Issue:** up to $10,000
- **Maximum Benefit:** $10,000
- Coverage available in increments of **$5,000**

Protect what matters most. Take advantage of this valuable benefit and give you and your loved ones peace of mind.

GROUP DISABILITY INSURANCE

You probably have insurance for your car or home, but what about the source of income that pays for it? You rely on your paycheck for so many things, but what if you were suddenly unable to work due to an accident or illness? How will you put food on the table, pay for your mortgage, or heat your home? Disability insurance can help replace lost income and make a difficult time a little easier.

Speck Pumps offers all full-time employees the opportunity to enroll in Short-Term and provides Long-Term Disability coverage through Mutual of Omaha. See below for a breakdown of how these benefits work.

INCOME PROTECTION
Helps replace part of your paycheck if you can't work.

FLEXIBLE OPTIONS
Short-term and long-term coverage to fit your needs.

PEACE OF MIND
Helps you focus on recovery, not your finances.

EMPLOYER OFFERED
Offered to eligible full-time employees of Speck Pumps.

VOLUNTARY SHORT-TERM DISABILITY

What Your Benefits Cover:	
Benefit Percentage	60%
Weekly Benefit Maximum	$1,000
Maximum payment period	12 weeks (90 Days)
Accident/Illness benefits begin	8th Day
Pre-existing Exclusion	3 / 6

LONG TERM DISABILITY

What Your Benefits Cover:	
Benefit Percentage	60%
Monthly Benefit Maximum	$10,000
Maximum payment period	SSNRA
Accident/Illness benefits begin	91st day
Pre-existing Exclusion	3 / 12

EMPLOYEE ASSISTANCE PROGRAM (EAP)

What is EAP?

The Employee Assistance Program (EAP) is included with your Group Life benefit. The Employee Assistance Program makes it easy to access support, guidance and resources. EAP is there for you and your family through Mutual of Omaha. And it's confidential—information will be released only with your permission or as required by law.

Mutual of Omaha provides the EAP services 24/7 by phone, online, live chat, email, text and via mobile app. Their professionals can help with referrals to support groups, a network counselor, community resources or your health plan. If necessary, their professionals can connect you to emergency services.

Contact EAP: 800-316-2796 | www.mutualofomaha.com

Available when employees need it most

Life's not always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. You often turn to family or friends for support. But sometimes that's not enough. Sometimes you need an experienced professional to talk with to know you're not alone. Start today by calling **(800) 316-2796** for confidential consultation and resource services... 24 hours a day, seven days a week.

BASIC

- 24/7/365 phone access
- Three calls per year (per household) with our in-house Master's level EAP professionals, who will provide the caller with community resources
- Services for employees and eligible dependents
- 1-800 hotline with direct access to a Master's level EAP professional
- Online submission form to request services
- One legal consultation with an attorney per year (up to 30 minutes)
- Access to EAP website and educational library

BENEFITS ENROLLMENT SYSTEM

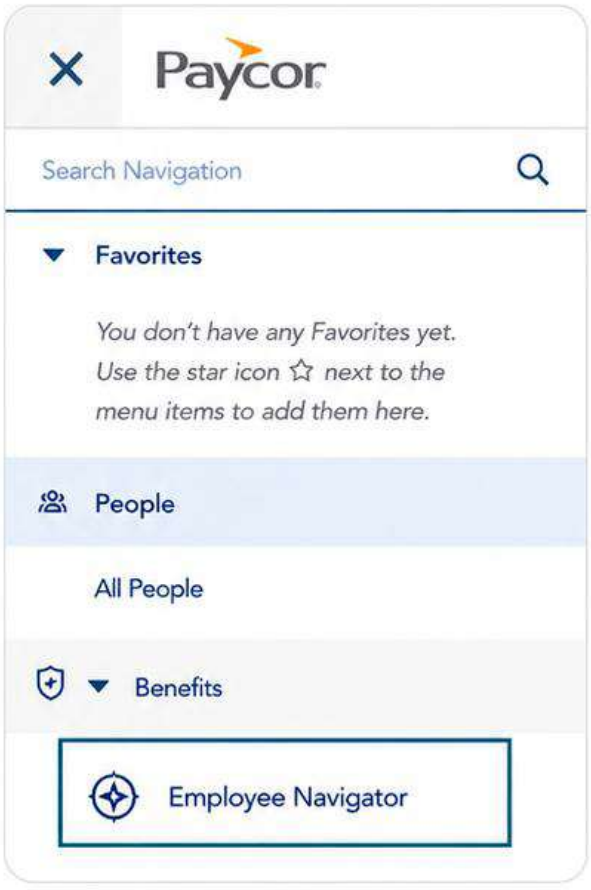
Speck Pumps utilizes Employee Navigator, the gateway that allows you **24/7 access** to all your employee benefits.

You can use this secure portal to make changes to your benefits during open enrollment. In addition, you can also make changes to your personal information, such as your address and contact information.

HOW TO LOG IN TO EMPLOYEE NAVIGATOR

Navigate to the menu on the left-hand side of their Paycor account > **People** > **Benefits** and click on **"Employee Navigator"**.

1. Log in to your **Paycor** account.
2. Click on **People** in the left-hand menu.
3. Click on **Benefits** under the People menu.
4. Click on **Employee Navigator.**
5. You'll be redirected to **Employee Navigator** to view and manage your benefits.



NEED HELP? | Contact Abentras | 904-285-3300

Glossary

Allowed Amount —Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance" or "negotiated rate." If your provider charges more than the allowed amount, you may have to pay the difference.

Brand Name Preferred Drugs—Drugs for which generic equivalents are not available. They have been in the market for a time and are widely accepted. The Pharmacy carrier has arranged a significant discount on these drugs. While brand name drugs cost more than generics, they are less than non-preferred brand name drugs. In most cases, an alternative generic medication is available, which saves you money.

Brand Name Non-Preferred Drugs—Drugs with the highest copayment. Generally, these are higher-cost medications that have recently come on the market. In most cases, an alternative preferred medication is available at a lower cost.

Calendar Year Deductible (CYD)- the amount of money a policyholder must pay out-of-pocket for covered healthcare services within a calendar year before the insurance plan starts to pay for those services. Once the deductible is met, the insurance company typically covers a portion or the entirety of the remaining costs according to the terms of the policy.

Coinsurance—Your share of the costs of a covered health care service, calculated as a percentage of the allowed amount for the service. Coinsurance is applicable after you have met your deductible.

Contracted Rate —The Plan has contracted lower than usual rates for in-network services. If you use services outside of the network, you may be responsible for charges that are over the contracted amounts, also known as reasonable and customary amounts. This is especially important when on the HDHP, where you are responsible for the cost of services before the Plan pays.

Copayment (Copay)—A flat dollar amount you pay for medical or prescription drug services regardless of the actual amount charged by your doctor or health care provider.

Dental Basic Services —This includes fillings, full moth x-rays, extractions, endodontics and periodontics.

Dental Major Services —This includes crowns, dentures and implants.

Dental Preventive Services —This includes cleanings and routine office visits.

Embedded Deductible —Each member has an individual deductible to reach before co-insurance takes effect even if the coverage is through a family plan.

Generic Drugs—Generic drugs are less expensive versions of brand name drugs that have the same intended use, dosage, effects, risks, safety and strength. The strength and purity of generic medications are strictly regulated by the Food and Drug Administration.

In-Network—Use of a health care provider that participates in the plan’s network. When you use providers in the network, you lower your out-of-pocket expenses because of the Contracted Rates and because the Plan pays a higher coinsurance.

Out-of-Network—Use of a health care provider that does not participate in a plan’s network.

Medically Necessary-Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Inpatient—Services provided to an individual during an overnight hospital stay.

Outpatient—Services provided to an individual at a hospital facility without an overnight hospital stay.

Out-of-Pocket Maximum (OOP)—The maximum amount you and your family must pay for eligible expenses each plan year and includes your medical and prescription deductibles, copayments and coinsurance costs. Once your expenses reach the out-of-pocket maximum, the plan pays eligible expenses at 100% for the remainder of the year, except for prescriptions under the PPO plan.

Per Admission Deducible (PAD) —Per Admission Deductible. A separate deductible applied to the admission for an inpatient hospital stay.

Preauthorization- A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn’t a promise your health insurance or plan will cover the cost.

Primary Care Physician (PCP)—A physician (generally a family practitioner, internist or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions.

Specialist—A physician who has specialized training in a particular branch of medicine (e.g., a surgeon, gastroenterologist or neurologist)

HELPFUL RESOURCES

BENEFIT	PROVIDER	PHONE NUMBER / WEBSITE
Human Resource Manager	Marilyn Towers	904-739-2626 m.towers@speck-pumps.com
Insurance Broker	Abentras	904-285-3300 Available Mon-Thurs 8am-5pm Fri 8am-3pm • For questions about benefits during open enrollment or for enrollment support: Courtney@abentras.com • For assistance with your benefits or claim issues throughout the year: Brittany@abentras.com
Medical	United Healthcare	Member Services: (866) 633-2446 www.myuhc.com
Dental	The Standard	888-937-4783 www.standard.com
Vision	SunLife	800-786-5433 www.sunlife.com
Group & Supplemental Life Insurance	Mutual of Omaha	800-775-6000 www.mutualofomaha.com
Disability Insurance	Mutual of Omaha	800-775-6000 www.mutualofomaha.com
Employee Assistance Program	Mutual of Omaha	800-316-2796 www.mutualofomaha.com

ABOUT THIS GUIDE

This benefit summary provides selected highlights of the Speck Pumps employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the Company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts, and plan documents shall be governed by the terms of such policies, contracts, and plan documents. Speck Pumps reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.

SPECK

Abentras
Benefit Administrators