2026 Benefits Enrollment Guide

Well-being: Your life. Your way.

TOTALREWARDS

Por favor, comuníquese con su socio de Recursos Humanos para obtener una versión en español de esta guía.

Welcome

2026 Annual Benefits Enrollment begins on November 3, 2025, and continues through November 21, 2025. This is your once-a-year opportunity to review your benefit options and make the choices that will best support the needs of you and your family.

This guide is organized into two sections:

Part 1, Enrollment Essentials

Focuses on the “need to know” information for Annual Benefits Enrollment, including what’s new for 2026, an overview of your enrollment choices, enrollment instructions and more.

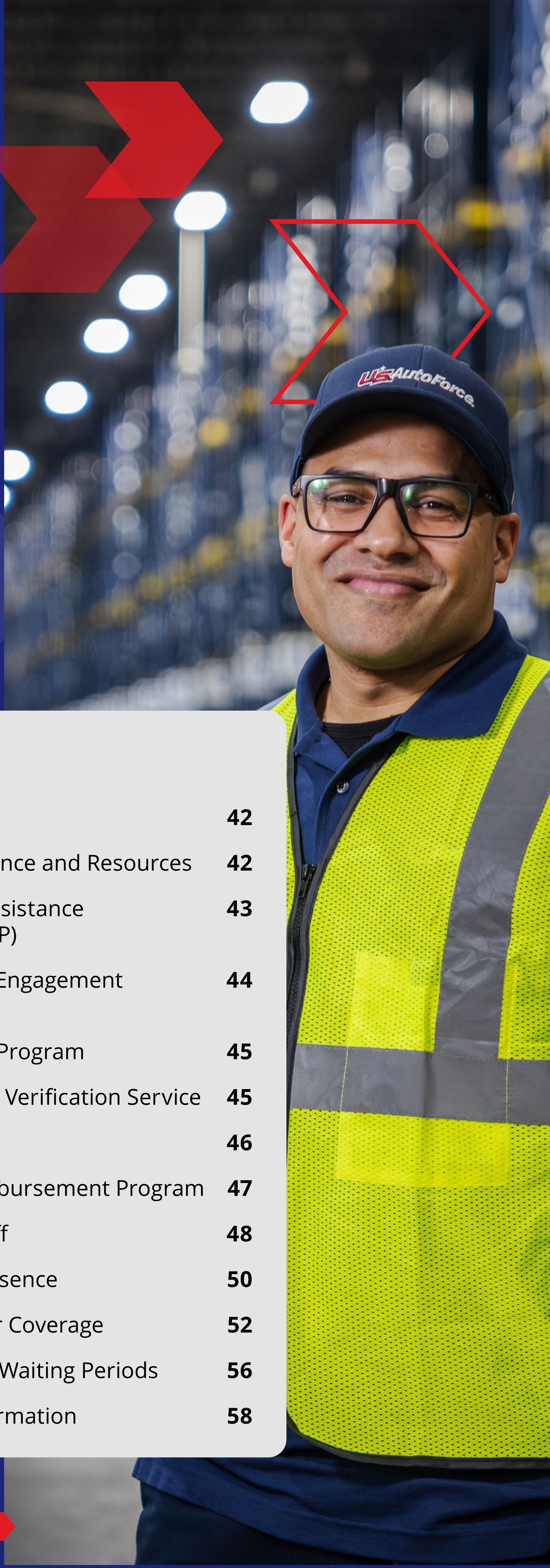
Part 2, Plan Details

Is a comprehensive summary of all of your available benefits and your go-to resource for plan information both at Annual Benefits Enrollment and throughout the year — whether you want to review at-a-glance charts summarizing coverage, find vendor contact information, or simply get more familiar with the broad range of Total Rewards programs U.S. Venture offers.

Are You a New Hire?

If you are a new hire in November or December 2025, you will need to enroll twice: Once for coverage through the end of 2025, and again during Annual Benefits Enrollment for your 2026 benefits.

If you are hired in 2026, you will only need to enroll once for the 2026 plan year—and this must be completed within 30 days of your hire date.



Enrollment Essentials

Plan Details

What's New for 2026

We know there is no one-size-fits-all when it comes to benefits, so we continuously evaluate our options to ensure we offer programs that meet you where you are, offer choice and remain affordable for you and your family.

The table on the next two pages provides a brief overview of what's changing for 2026. For more details about these and all of the benefits available to you, see the descriptions in the "Plan Details" portion of this guide beginning on page 10.

Learn about U.S. Venture benefits anytime, anywhere, from any device with our enhanced benefits website: USVbenefits.com. Find benefit summaries, benefits information, carrier contact information, and more. You can also use the new **Do the Math** decision making tool to compare your medical options and choose the best fit for your situation. Scan the QR code to visit.

Medical

- To continue offering quality coverage and a range of choices including stable rates, a premium provider network and enhanced support our medical plans will transition from UMR to **Anthem Blue Cross Blue Shield (BCBS)** in 2026.
- You'll receive a **new medical ID card in the mail if you enroll in a medical plan**. In 2026, your ID card will display only your name as the primary subscriber. Dependent names will not appear on the card, nor is it necessary for them to be listed.
- **Your Personal Health Assessment (PHA) is important!** By completing your PHA, you earn credits which reduce your medical premiums across all coverage levels. And, if you simply need employee only medical coverage, this year the cost of the Anthem BCBS Copay Plan - High Deductible is available for just $5 per week if you score 100 points on your PHA and complete your health coaching.
- Telemedicine services will be available to team members enrolled in Anthem BCBS medical plans in two ways: through the Sydney Health Mobile App or on the member website at Anthem.com.

Prescription Drugs

- **CarelonRx** will replace CVS Caremark for non-specialty prescription benefits, while **BioPlus**, a CarelonRx company, will replace OptiMed for specialty prescription benefits.
- A new **Preventive Drug list** for certain conditions will be covered with no deductible in the High Deductible Health Plan (HDHP-HSA Eligible).
- As we transition our prescription drug coverage to CarelonRx, some medications that are on the formulary today may not be covered under the CarelonRx formulary. You can view the formulary at Anthem BCBS Pre-enrollment website or on the Total Rewards Sharepoint page.

Dental

We're expanding **orthodontia coverage** for eligible dependents up to age 26 and including adult orthodontia coverage for team members and spouses/domestic partners enrolled in the **Comprehensive Delta Dental Plan**.

Pre-Tax Savings Accounts (HSAs and FSAs)

The Health Savings Account (HSA) and Flexible Spending Accounts (FSA) contribution limits will be updated in accordance with the 2026 IRS regulations:

- The Health Savings Account contribution limit will increase to **$4,400** for Employee only coverage and **$8,750** for family coverage.
- The Health Care Flexible Spending Account limit will increase from **$3,300 to $3,400**, and the carryover limit will increase from **$660 to $680**.
- The Dependent Care Flexible Spending Account limit will increase from **$5,000 to $7,500**.

Wellness

Walkingspree is our new interactive activity tracking and well-being platform, **replacing Personify on January 1, 2026**. Designed to support a healthier lifestyle, Walkingspree empowers participants to track their physical activity, engage in wellness challenges, and connect with others in a fun, motivating environment. With its user-friendly interface, Walkingspree makes it easier than ever to stay active and prioritize one's well-being, while getting rewarded. **Participants on the Personify platform will have until January 30, 2026 to redeem their rewards. Rewards from Personify WILL NOT transfer over to Walkingspree.**

Voluntary Benefits

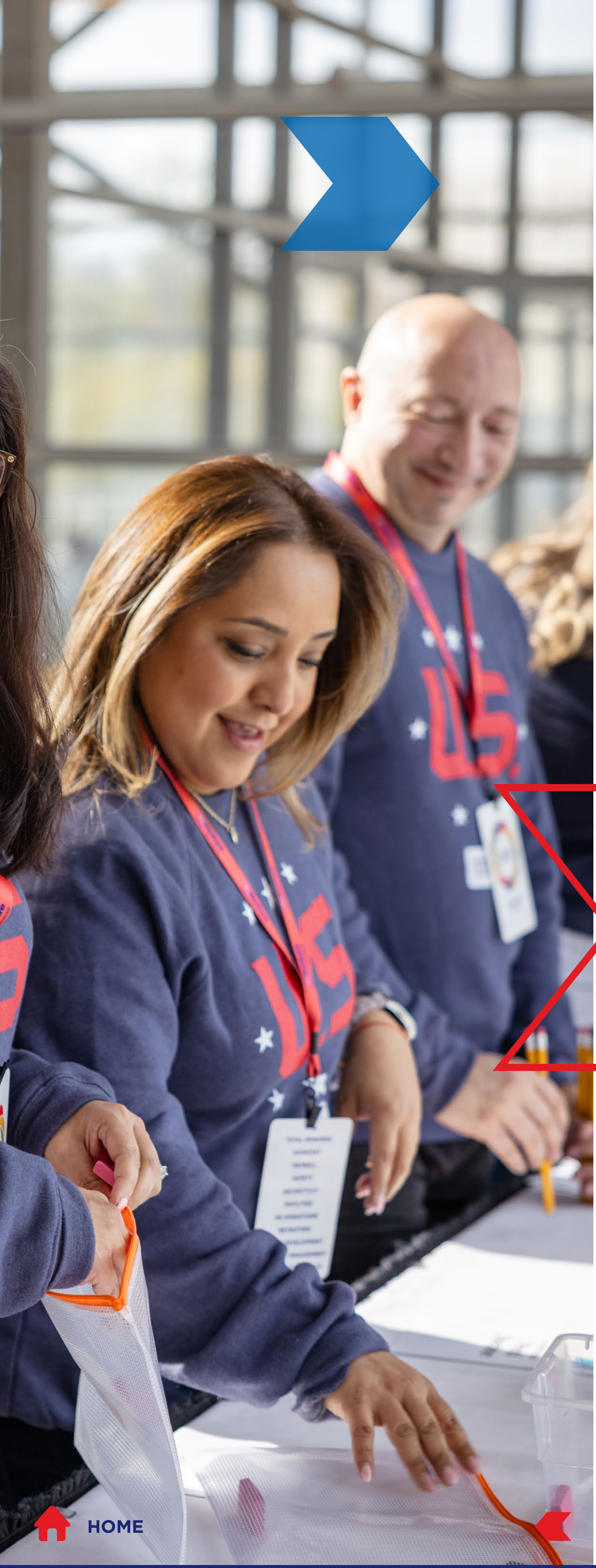
New for 2026, Identity Theft Protection Plus Plans will be offered through MetLife Aura, providing ongoing credit monitoring, alerts, and identity restoration services.

Why You Should Actively Enroll

There are several reasons why it is important that you actively enroll for coverage this year:

- **If you want benefits coverage in 2026, you must actively enroll through Workday unless otherwise specified below. Your previous enrollment decisions for most benefits will NOT carry over, so you will not have coverage.**
- There are new programs and features to consider.
- If you do not actively enroll, you will not have medical, dental or vision coverage, and you will not be able to participate in the Health Savings Account (HSA) or Flexible Spending Accounts (FSAs) in 2026.
- Active enrollment is required to participate in the Health Savings Account and/or the Health Care and Dependent Care Flexible Spending Accounts. If you are enrolled in the Anthem BCBS High-Deductible Health Plan (HDHP - HSA Eligible), you will not receive U.S. Venture's Health Savings Account contribution if you do not complete your enrollment.
- **If you were enrolled in a MetLife Legal plan in 2025, you'll need to re-enroll to continue coverage in 2026.**
- If you are actively enrolled in the voluntary Critical Illness, Accident or Life insurance plans in 2025, your elections will continue in 2026 unless you make a change during this enrollment period.

Please review your enrollment in Workday carefully to ensure you have the correct benefits for 2026.



What if I Miss the Benefits Enrollment Window?

If you miss the enrollment window or do not submit elections through Workday, any previous elections you've made for pre-tax benefits will NOT roll over to 2026. This means that if you don't take action, you will not have medical, dental or vision coverage, and you will not be able to participate in the Health Savings Account (HSA) or Flexible Spending Accounts (FSAs). You will not be able to enroll until the next Annual Benefits Enrollment for 2027 unless you experience a Qualifying Life Event (QLE). See **page 11**.

How to Enroll

- 2026 Annual Benefits Enrollment is open **Monday, November 3, 2025**, through **Friday, November 21, 2025**
- New Hire Enrollment is open for **30 days from your hire date**

All team members must make an active election in Workday to be enrolled in benefits for 2026. If you do not wish to enroll, you must waive coverage in Workday.

Make your choices

Steps to complete your benefit elections for 2026.

- Log into Workday at [myworkday.com/usventure.](myworkday.com/usventure)
- In the upper right corner, select the "My Tasks" box.
- Select the "Open Enrollment Change" task.
- Select "Let's Get Started."
- Complete your benefit elections within the task.
- Click "Review and Sign" and select the electronic signature checkbox to submit your elections.

Scan the QR code to visit Workday. Point your phone camera at the QR code and tap on the pop-up notification to open from your phone's web browser.

Action Required

You can enroll in your 2026 benefits in Workday starting Monday, November 3, 2025.
You must complete your elections no later than Friday, November 21, 2025 to have coverage in 2026.

New hires have 30 days from their hire date to make their active enrollment in Workday.

Review your elections

You have options when enrolling in benefits at U.S. Venture, so it is important for you to take time to review all your election options.

When selecting your benefits, be sure to review the premium contributions that will be deducted from your paycheck. It's important to consider both the cost and the coverage options to choose the plan that best fits your needs. Be sure to review the cost (premium contributions) out of your paycheck and consider that as well as the plan options when choosing the plan.

Do the Math

Use the new **Do the Math** decision making tool to compare your medical plans side by side to see which option fits your needs and budget.

This tool helps you compare plans based on paycheck contributions and expected medical and prescription costs. Consider the following:

- **Higher paycheck costs** mean you pay less when you need care. (Copay Plan — Low Deductible)
- **Lower paycheck costs** give you more take-home pay but require saving for larger healthcare out-of-pocket costs. (Copay Plan — High Deductible or High Deductible Health Plan (HDHP — HSA Eligible))

People Like Me: Help Choosing Your Coverage

Theo ❯ Age: 29

Theo leads an active lifestyle and thinks of himself as pretty healthy, with only one prescription. However, he is overdue for a physical and needs to establish a new primary care physician. Finances are fairly tight with a high car payment. Theo would like a low premium plan. He would use telemedicine services to help with the cost of doctor visits for illness. He would also like a plan that offers the ability to simply pay copays for specialist visits without needing to meet his deductible first.

Consider the Anthem BCBS Copay Plan — High Deductible.

Eva ❯ Age: 47

Eva is a self-described sports fanatic—from softball to bowling and even pickleball, she is always on the move. She considers herself to be in fairly good health, though she periodically sees an orthopedic specialist to help her manage occasional injuries and intermittent joint pain. Right now, she's not budgeting for unexpected medical expenses, but she hopes to make at least small pre-tax contributions to an HSA so she can save for any future medical expenses.

Consider the Anthem BCBS High Deductible Health Plan (HDHP – HSA Eligible) and HSA contributions.

Carlos & family ❯ Age: Carlos, 41; Mariana, 39; and kids 13 and 11

Carlos is trying to adopt a healthier lifestyle. But he is working long hours, struggling with tobacco, and starting to have respiratory issues. He wants a plan for himself and his family that has a lower deductible. He is willing to pay more in premiums to limit unexpected medical expenses. He does not think he would use the HSA.

Consider the Anthem BCBS Copay Plan — Low Deductible and Pelago (for help quitting smoking).

George & Lisa ❯ Age: 56 and 54

George and Lisa keep it low key with DIY projects and walks in the park. George has a chronic condition that flares up at times. Lisa is healthy and only uses preventive care. They are focused on saving for retirement. Since they have not been budgeting for unexpected medical expenses, George thinks the HSA will be a great way to save pre-tax for future medical expenses. He plans to consult with his financial advisor at Francis LLC before he makes his final decision.

Consider Anthem BCBS High Deductible Health Plan (HDHP – HSA Eligible) and HSA contributions.

Use the new Do the Math decision making tool to compare your medical options and choose the best fit for your situation.

Eligibility

Team Members

Regular full-time team members or part-time team members who have worked an average of 30 hours or more per week during the measurement period (October to October) are eligible to enroll in the Total Rewards programs.

If you are part-time and are scheduled to work 20 to 29 hours weekly, your eligibility to enroll in the Total Rewards programs is limited.

Most programs are effective on your hire date. Please review the chart below to see which benefits you are eligible to enroll in. Refer to the Benefits Waiting Period table on page 56 for additional eligibility information.

Benefit Plan	Part Time Team Member Eligibility (20 to 29 hours)
Medical	✓ Can enroll in the HDHP – HSA eligible plan without company contributions
Dental	✓ Can enroll in the Basic Plan
Vision	✓
Life Insurance	✓
Short-Term Disability	✓
Sick-Safe Time Off	✓ Pro-rated based on full time equivalent and subject to state regulations
Caregiver Leave	✓ Pro-rated based on full time equivalent (FTE)
Holidays	✓ Can only receive holiday pay if it lands on your scheduled workday
Vacation/Personal Time Off	✓ Pro-rated based on full time equivalent (FTE)
Interactive Wellness Program	✓
Tuition Reimbursement	✓ Up to $2,500 per year
Wellness Reimbursement	✓

Dependents

You may enroll your eligible dependents in medical, dental, vision, and dependent life insurance, as well as other voluntary plans. Your eligible dependents include your:

- Spouse — includes legally married spouse.
- Domestic Partner — includes an unmarried person of the same or opposite sex with whom the covered team member shares a committed relationship, is jointly responsible for financial obligations, is at least 18, is not related by blood, who has maintained the same residence for a minimum of 6 months, and is not married to or legally separated from anyone else. Please note: if adding a domestic partner, benefits may be taxable as applicable by law.
- Dependent Child — includes biological, adopted, stepchildren or domestic partner children up to age 26.

Note: A dependent cannot be a dependent of another team member for any coverage.

Dependent Verification — ACTION REQUIRED

If you are newly enrolling a spouse, domestic partner, or child(ren) in your benefits, you will be required to provide documentation to verify their eligibility.

- For a spouse, a marriage certificate is required
- For a domestic partner, a Domestic Partner Affidavit (additional information below)
- For children, birth certificates are needed

Documentation does not need to be provided in order for coverage to begin, however, documentation is required to be submitted within 45 days of coverage start date to continue coverage.

During 2026 Annual Benefits Enrollment, documentation for new dependents and domestic partners needs to be submitted by **December 16, 2025**. To cover your eligible domestic partner, you must complete the Domestic Partner affidavit annually. The form can be found on the Total Rewards Sharepoint page. Please complete the form by December 16 and return it to the Total Rewards team at **totalrewards@usventure.com**.

Qualifying Life Events (QLE)

To make a change after Annual Benefits Enrollment or after a new hire event, you must experience a qualifying life event (QLE). QLEs include:

- Marriage/divorce
- Birth/adoption/legal guardianship change of a child
- Loss of dependent status — including attainment of age 26
- Gain or loss of coverage under another insurance plan (for you or your dependents)
- Dissolution of domestic partnership
- Death

If you experience a QLE, request your benefit change in Workday within 30 days of the event.

- **Log into** Workday
- Navigate to your profile by **clicking your picture** in top right corner
- Click "**View Profile**"
- Click "**Benefits**"
- Click "**Change Benefits**"
- **Choose the appropriate qualifying event** from the Change Reason list
- **Enter the benefit event date** (this will be the effective date of your coverage change)
- Click "**Open**" or go to your "**My Tasks**" to find your "Benefit Change"
- Select "**Let's Get Started**"
- **Make the appropriate changes** to your elections in the **benefit enrollment form**
- Click "**Review and Sign**" and select the electronic signature checkbox to submit your elections
- **Send** supporting documents and any questions to **totalrewards@usventure.com**

Medical/Prescription Drug

Your Medical Options

U.S. Venture offers three medical plan options via Anthem Blue Cross Blue Shield (BCBS) so you can choose the coverage that best meets your needs. These plans are available nationwide.

Anthem BCBS Copay Plan — Low Deductible

With this plan, premiums are higher, but the cost of care is more predictable because you pay a fixed dollar amount (called a "copay") for doctor's office visits and prescription drugs.

Anthem BCBS Copay Plan — High Deductible

This plan features copays and has the lowest premium contribution of the three nationwide options, but with a higher deductible and out-of-pocket maximum.

Anthem BCBS High Deductible Health Plan (HDHP – HSA Eligible)

The Anthem BCBS High Deductible Health Plan (HDHP – HSA Eligible) offers you the ability to save pre-tax money for current and future healthcare expenses, along with an employer contribution to a Health Savings Account.

All Anthem BCBS medical plan options:

- Cover in-network preventive care (like **annual physicals, immunizations, wellness screenings, etc.) at 100%**.
- **Use the same provider networks.** You can see any provider you like. But you save money when you stay in-network — see providers in the Anthem BCBS network.
- Cover the same types of expenses, but what **you pay for care differs for each plan**.
- **Provide a safety net** — an out-of-pocket maximum to protect you financially if you have a serious condition or illness.
- **Give you access to additional support with Total Heath Connections** – enhanced benefits and a dedicated Family Advocate who can connect you and your family with programs that support your whole health.
- **Offer certain virtual care options** such as LiveHealth Online and virtual primary care through the Sydney Health Mobile app.

They differ in how much they cost and how much you pay for care. Read on for highlights of how they work. You can find more information about these plans on the benefits website, USVbenefits.com.

When you enroll in an Anthem BCBS medical plan, you'll receive one ID card that works for both medical and pharmacy benefits. ID cards will have only the subscriber's name printed on them. No dependent names will be listed.

Screen to Save

You can save on your medical premiums in 2026 when you complete a confidential, free Personal Health Assessment (PHA) including health coaching appointment by **December 5, 2025**. See **page 23** for more information. You can also share your PHA results with your provider — visit **usventure.mywellportal.com** MyWellPortal for instructions.

Choosing Your Medical Plan

The medical options differ in their deductibles, your premiums, and how you and the plan share the cost of care. Before choosing an option, make sure you understand all costs — premiums as well as deductibles and coinsurance.

Terms to Know

- **Annual Deductible.** The amount you pay out of your pocket before the plan begins paying benefits. Does not include copays.
- **Coinsurance.** The percentage of the cost you pay for certain services after meeting the deductible.
- **Copay.** A fixed dollar amount you pay for certain health services. The plan pays the rest of the cost.
- **Embedded Deductible:** This means each family member must meet their own deductible separately before the plan begins to cover their costs.
- **Out-of-Pocket Maximum:** The limit on the amount you will pay for covered services in a calendar year. If you reach this limit, the plan will pay 100% of covered expenses for the rest of the year. This maximum includes your deductible, coinsurance and copays (if applicable).
- **Premiums:** The amount you pay for coverage up front, deducted from your paycheck.

Feature	Anthem BCBS Copay Plan — Low Deductible	Anthem BCBS Copay Plan — High Deductible	Anthem BCBS High Deductible Health Plan (HDHP - HSA Eligible)
Choice of Providers	See any provider you like; your costs are lower if you use in-network providers		
Premiums	Highest	Lowest	In the middle
Annual Deductible	Lower; only medical costs count toward the deductible	Higher; only medical costs count toward the deductible	Higher; medical and prescription drug costs count toward the deductible
Out-of-Pocket Maximum	Lower	Higher	Higher
Copay or Coinsurance	Copays for most services; coinsurance after deductible		Coinsurance after deductible
Health Savings Account (HSA) Company Contributions	No	No	Yes, and you can contribute, too

See Medical Coverage At-a-Glance on page 20 for a more detailed look at what you'll pay in each plan.

Anthem

Copay Medical Plans

Anthem BCBS Copay Plan — Low Deductible and High Deductible

In the Anthem BCBS Copay Plans, you pay copays for some services and a deductible and coinsurance for others. You can choose between two Anthem BCBS Copay Plan options — the Low Deductible or the High Deductible. These options have many similarities and a couple of key differences:

The **Anthem BCBS Copay Plan — Low Deductible** features higher premiums, copays, and lower out-of-pocket costs.

The **Anthem BCBS Copay Plan — High Deductible** features lower premiums, copays, and higher out-of-pocket costs.

Here's how both Anthem BCBS Copay Plans work:

- When you see an in-network provider, preventive care is covered in full.
- For some services like office visits with your primary care provider or specialist and prescription drugs, you pay a copay at the time you receive care or pay for medicine.
- For hospital services and other types of care, you pay 100% of eligible expenses out of your pocket until you meet the annual deductible.

Note that for the emergency room, you also pay a $300 copay in addition to other costs. The ER copay won't apply if you're admitted to the hospital. Copays for medical care and prescription drugs don't count toward the annual deductible but do count toward your out-of-pocket maximum.

- After you meet your deductible, you and the plan each pay a percentage (called coinsurance) of medical expenses. You pay 20% of the cost, and the plan pays the rest.
- If you're covering family members, they only need to meet their own individual deductible before the plan begins paying benefits for that person. This is known as an "embedded" deductible. The family deductible caps the amount your family has to pay in deductibles.
- If your expenses reach the out-of-pocket maximum, the plan pays 100% of eligible expenses for the rest of the calendar year.

If you're enrolled in either of the Anthem BCBS Copay Plans, you're not eligible for a Health Savings Account (HSA). However, you can choose to participate in a Healthcare Flexible Spending Account (FSA), which allows you to pay for eligible healthcare expenses with pre-tax dollars. Just keep in mind that FSA funds are subject to the 'use it or lose it' rule.

High Deductible Health Plan (HDHP - HSA Eligible)

The Anthem BCBS High Deductible Health Plan (HDHP - HSA Eligible) is a qualified high-deductible health plan paired with a qualified Health Savings Account (HSA), a tax-advantaged account that allows you to roll over remaining funds from year to year, so you can build your savings. U.S. Venture contributes to your HSA, and you can too (see page 25 to learn more). **If you're not going to contribute to the account, you'll still need to enroll in the HSA contribution at $0 in Workday in order to receive the company contribution.**

- The Anthem BCBS High Deductible Health Plan (HDHP - HSA Eligible) encourages wise healthcare decisions by covering both in-network preventive care and preventive medication at 100%.
  - Preventive medications include prescriptions for high blood pressure, high cholesterol, coronary artery disease, and diabetes. The preventive medication list can be found on the U.S. Venture Benefit website **USVBenefits.com**, on the Total Rewards SharePoint page or by logging in to **Anthem.com** or Anthem's Sydney app.
- This plan allows you to make pre-tax contributions to a Health Savings Account (HSA) to help cover current or future healthcare expenses. U.S. Venture contributes to your HSA each pay period, provided you've enrolled in HSA contributions through Workday—even if your personal contribution is set to zero. The company's contribution amount depends on whether you have Employee only coverage or are covering dependents.
  - If you're a new hire, contributions will be prorated. For new hires starting mid-month or those with a qualifying life event (QLE), HSA contributions begin on the first of the month following your enrollment effective date.
- For non-preventive medical care and prescription medications, you pay 100% of eligible expenses out of your pocket until you meet the annual deductible. Both medical and prescription drug expenses count toward the deductible.
- Once you've met your deductible, you'll share the cost of covered medical services with the plan through coinsurance. For in-network care, you are responsible for 10% of the cost up to the out-of-pocket maximum, and the plan will cover the remaining 90%.
  - If your expenses reach the out-of-pocket maximum, the plan pays 100% of eligible expenses for the rest of the calendar year.
- If you're covering family members, they only need to meet their own individual deductible before the plan begins paying benefits for that person. This is known as an "embedded" deductible. Additionally, if the combined expenses of the family reach a certain limit, the insurance will cover costs for everyone, even if some members haven't met their individual deductibles.
- If your expenses reach the out-of-pocket maximum, the plan pays 100% of eligible expenses for the rest of the calendar year.

Quick, secure access to all of your plan information

Stay on top of your medical benefits by downloading the **Sydney Health** Mobile app or registering at **anthem.com/register**. Once registered, you'll be able to review coverage and claims, find network providers, estimate costs, manage your prescriptions, and access your digital ID card.

Note: Once you are enrolled in the plan and you receive your member ID, you will be able to register.

Prescription Medications

Under the Anthem BCBS medical plan, prescription drug coverage is provided through CarelonRx, with specialty medications filled by BioPlus, a CarelonRx company.

Receive prescription services through CarelonRx network pharmacies nationwide, including both independent and chain pharmacies. Contact CarelonRx by phone or online with prescription medication questions. Contact information can be found on the U.S. Venture Benefit website USVBenefits.com, on the Total Rewards SharePoint page under Health Insurance or by calling your Anthem BCBS Family Advocate at **844-614-3275**. You can also reference the back of your Anthem BCBS ID Card.

Important note about GLP-1 medications

After careful review, we've decided not to cover GLP-1 medications used solely for weight management. These drugs are among the most expensive and widely used and covering them has significantly increased healthcare costs—impacting premiums and affordability for all team members. GLP-1s approved for diabetes will continue to be covered. We are committed to reevaluating coverage in this category as the landscape evolves, and we'll share with team members any meaningful changes.

See details of the Weight Management Program on page 29.

Home Delivery Service

Save money on medications with a 90-day supply for less than the cost of three 30-day retail supplies. Your medication arrives safely at your door in plain packaging at no extra cost. CarelonRx will also let you know when a shipment is on the way. Make changes or cancel at any time.

Specialty Medications

Specialty medications are covered as follows when filled by BioPlus, a CarelonRx company:

- Anthem BCBS Copay Plan – Low Deductible: $150 copay
- Anthem BCBS Copay Plan – High Deductible: $150 copay
- Anthem BCBS High Deductible Health Plan (HDHP – HSA Eligible): 10% after deductible

For members currently filling specialty prescriptions through OptiMed, your prescriptions will need to be filled at CarelonRx's BioPlus pharmacy. BioPlus will be reaching out directly to assist in the transition of your medications and care. **Please note that only BioPlus will cover these therapies — Anthem BCBS and CarelonRx cannot assist with these needs.**

BioPlus' Cost Relief program offers select specialty medications at no cost – after you meet your deductible – when you fill the prescription with the exclusive specialty pharmacy in your network. When you enroll in Cost Relief, you will pay your share of the cost of specialty medications until you reach your deductible. After that, you will pay $0 for eligible specialty medicines. To speak with a specially trained Cost Relief representative, call **877-638-4008** Monday through Friday from 8 a.m. to 8 p.m. ET. If you speak a language other than English, language assistance is available at no extra cost (TTY: 711).

Preventive Care

Early detection of diseases can enable prompt treatment and prevent disease progression. By making healthy choices and decisions, such as receiving your preventive care, you can reduce your likelihood of chronic disease, decrease medical costs, and improve your whole-self well-being. Important preventive care includes:

- Annual preventive wellness exams
- Immunizations
- Flu shot
- Breast cancer screening (including mammograms)
- Colonoscopy (including at-home colon cancer screening tests)
- Routine blood work including cholesterol and glucose screenings
- Routine dental and eye exams

Under the U.S. Venture medical plans, this care may be covered at 100% and at no cost to you. Reach out to your primary care provider now to learn more about age and gender appropriate preventive care and make your appointment.

Early detection leads to early treatment.

Preventive Medications

The Anthem BCBS High Deductible Health Plan (HDHP - HSA Eligible) pays 100% of generic preventive medications. This includes prescriptions for high blood pressure, high cholesterol, coronary artery disease, and diabetes. The preventive drug list can be found on the U.S. Venture Benefit website **USVBenefits.com**, on the Total Rewards SharePoint page under Health Insurance or by logging in to your Anthem account.

Total Health Connections

Offers enhanced benefits and a dedicated Family Advocate as your single point of contact who is ready to help with answers and information. They can connect you and your family with programs that support your whole health, including the physical, mental, and social aspects of your well-being.

Your Family Advocate can help you:

- Find quality care providers and facilities in your plan's network.
- Schedule appointments.
- Understand your benefits
- Stay on top of preventive care and connect you to resources to help you manage your health.

Total Health Connections also gives you access to:

- Clinical Advocates, such as registered nurses, who work with your provider to create personalized care plans for you, as needed.
- Inclusive Care connecting LGBTQ+ individuals and families to specialized medical and emotional care.
- Building Healthy Families providing guidance and resources for growing your family, having a baby, or raising children age 5 and under.
- Virtual primary care allowing you to have a video visit with a primary care provider in your plan's network through the Sydney Health Mobile app.
- Behavioral Health Resource Center providing expert, confidential, and compassionate care for your mental health virtually or in person, 24/7.

Telemedicine

If you're enrolled in an Anthem Blue Cross Blue Shield (BCBS) medical plan, telemedicine services will now be provided through LiveHealth Online, replacing Teladoc.

Sydney Health Mobile App

As an Anthem BCBS member, you can access virtual care and support through the Sydney Health Mobile App. The app allows you to connect with care providers 24/7 for common health concerns and annual wellness visits. You can also schedule appointments for mental and emotional health support.

To get started, download the Sydney Health Mobile App or visit **anthem.com** and follow the instructions provided.

1. Once you have your member ID, register and log in.
2. Your username and password are the same for the Sydney Health Mobile App and **anthem.com**.
3. Select **Care** > **Virtual Care**.

LiveHealth Online

LiveHealth Online is a telemedicine benefit that offers 24/7/365 access to a licensed physician via video chat and is available in all 50 states.

This benefit is designed to complement the care you receive from your primary care physician OR you can even elect to have a Virtual Primary Care provider. Because U.S. Venture knows the importance of being treated at the right time, this benefit is provided to all team members who are enrolled in an Anthem BCBS medical plan. These services are offered at NO COST to those enrolled, regardless of plan choice.

4. You can call LiveHealth Online to connect with a physician licensed in your state. There are no copays for preventive care visits with a primary care physician for routine care, primary care physicians for sick visits, behavioral health visits, or for dermatology for any of the Anthem BCBS medical plan for care received through LifeHealth Online. Prescriptions are covered under your applicable health plan coverage. Access LiveHealth Online through either your computer or your mobile device by going to the Sydney Health Mobile App or **anthem.com**.

Service	Provider	Member Cost
Primary care – preventive care visit	Primary Care	$0
Primary care – sick visits	Primary Care	$0
Behavioral health	Psychiatrist	$0
Behavioral health	Therapist	$0
Skin conditions	Dermatologist	$0

Hinge Health — Musculoskeletal Support

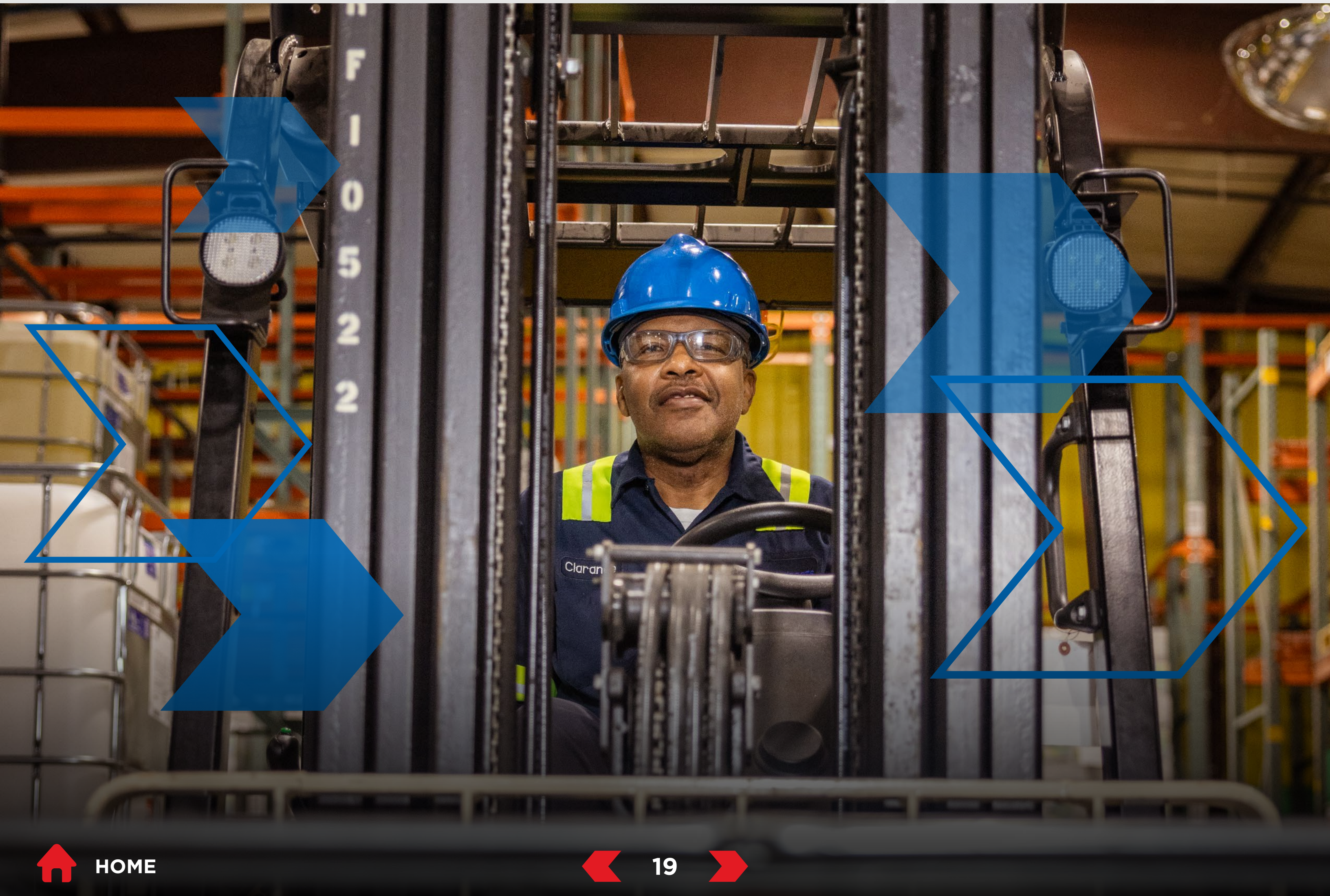
If you are enrolled in an Anthem BCBS medical plan, you are eligible to enroll in Hinge Health, a digital exercise therapy program to support back and joint health. Hinge Health gives you the tools to conquer back and joint pain, recover from injuries, prepare for surgery and stay healthy and pain-free. Their programs are available to you and your eligible dependents (18+ years of age) at no cost. Plus, you can complete your customized care plan anywhere, any time.

To talk to a member of the Hinge Health support team, call **855-902-2777** or join at **hinge.health/usventure**.

Point your phone camera at the QR code and tap on the pop-up notification to open from your phone's web browser.

Coordination of Benefits

Team members covered under an Anthem BCBS medical plan may receive outreach from Anthem BCBC if there is belief that you have other coverage through another insurance carrier. If so, you will need to reply to the inquiry in order to prevent claim denials or processing delays.



Medical Coverage at a Glance

Plan Feature	Anthem BCBS Copay Plan – Low Deductible	Anthem BCBS Copay Plan – High Deductible	Anthem BCBS High Deductible Health Plan (HDHP – HSA Eligible)
Health Savings Account (HSA) U.S. Venture Annual Contribution (per pay period, prorated for new hires)	N/A	N/A	Employee only: $500 Employee + 1 or more: $1,000
Preventive Care Annual Physical, Immunizations, Screenings	$0 (no deductible)	$0 (no deductible)	$0 (no deductible)
What You Pay for In-Network Coverage			
Annual Deductible	For medical care only		For medical care and prescription medications
Employee Only	$1,000	$3,000	$2,000
All Other Coverage Levels	$1,000 per person, $3,000 family max	$3,000 per person, $6,000 family max	$3,400 per person, $6,800 family max
What You Pay for Medical Care			
Primary Care Physician Office Visit	$25 copay		10% (after the deductible)
Specialist Office Visit	$50 copay		
Urgent Care Center	$50 copay		
Emergency Room	$300 copay; then 20% after the deductible		
Outpatient Hospital Services	20% (after the deductible)		
Inpatient Hospital Services	20% (after the deductible)		
Annual Out-of-Pocket Maximum for all medical and prescription expenses			
Team Member Only	$4,500	$6,000	$4,000
All Other Coverage Levels	$9,000 family max	$12,000 family max	$6,000 per person, $12,000 family max
What You Pay for Prescription Medications			
Preventive Medications on the Preventive Drug List			
Generic and Brands with No Generic	Copays in chart below will apply		$0 (no deductible)
Brands with Generic Available	Copays in chart below will apply		10% after the deductible
Retail Pharmacy			
Tier 1 – Generics	$10 copay for 30-day supply; $30 copay for 90-day supply		10% after the deductible
Tier 2 – Brands/Preferred	$25 copay for 30-day supply; $75 copay for 90-day supply		
Tier 3 – Brands/Non preferred	$50 copay for 30-day supply; $150 copay for 90-day supply		

Mail Order Pharmacy	Up to a 90-day supply	
Tier 1 – Generics	$25 copay	10% after the deductible (unless medication is on the enhanced preventive drug list)
Tier 2 – Brands/Preferred	$62.50 copay	
Tier 3 – Brands/Non preferred	$125 copay	
Specialty Medications	$150 copay (up to a 30-day supply only; 90-day supply not available)	

Part-time team members scheduled to work 20-29 hours are only eligible to enroll in the Anthem BCBS High Deductible Health Plan (HDHP – HSA Eligible) and are not eligible for the company HSA contribution but can make employee contributions to their HSA.

For full details of each plan, refer to the Summary of Benefits and Coverage (SBC) documents on the U.S. Venture Benefits website **usvbenefits.com** or visit the Total Rewards Sharepoint page.

Transition of Care from CVS Caremark/OptiMed to CarelonRx

- If you currently are filling your prescriptions at a retail pharmacy, the CarelonRx network includes major retail pharmacies, such as CVS, Walgreens, Walmart, Kroger, and Costco, and nearly all independent pharmacies.
- If you are currently utilizing CVS's mail order pharmacy and have refills remaining on your medication beyond January 1, your prescription information will be transferred to CarelonRx. To continue filling your prescriptions at mail order, you will need to contact CarelonRx prior to your next fill as CVS mail order pharmacy will no longer be in network.
- For members currently filling specialty prescriptions through OptiMed, your prescriptions will need to be filled through CarlonRx's specialty pharmacy, BioPlus. BioPlus will be reaching out directly to members with specialty medication to assist in the transition of medications and care.
- If you are filling a covered medication that required a prior authorization, CarelonRx will honor the prior authorization until the expiration date. At that time, your doctor may need to resubmit a new prior authorization.
- CarelonRx uses a different formulary list than CVS Caremark, which means a small number of individuals may need to switch medications to stay aligned with CarelonRx's formulary requirements. If you are impacted by this change, CarelonRx will be notifying you via letter prior to 1/1/2026 with details on alternative medications and how to speak to your doctor about switching medications.
- To check if your current medication is on formulary, you can visit **www.anthem.com** or call CarelonRx at **844-614-3275**. BioPlus can be reached at **833-549-2114**.

Choose the Right Healthcare Setting

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a healthcare provider. The chart below can help you select the right setting for your needs. If a procedure typically includes multiple treatment steps, you can review the total cost and your estimated out-of-pocket cost for each step. So, you'll know what to expect from start to finish. Your estimated out-of-pocket costs are personalized based on your benefit plan's deductible, annual out-of-pocket max, copay, coinsurance, and how much you've paid toward your deductible.

Virtual care	Retail clinic/ convenient care clinic	Urgent care/ walk-in clinic	Clinical care (your doctor's office)	Emergency room (ER)
Speak to a U.S. licensed doctor or other licensed provider via video chat 24/7 from anywhere	Located in retail stores, supermarkets, and pharmacies.	Sometimes called walk-in clinics, often open in the evenings and on weekends.	Seeing your doctor who knows your medical history and any ongoing health conditions.	Only if you are seriously ill or badly hurt.
When to use: Flu, allergies, pink eye, bronchitis, sinus infections, skin conditions, or if you're feeling anxious, depressed, or having trouble coping	**When to go:** Colds or flu, sinus infections, allergies, vaccinations or screenings, minor sprains, burns or rashes, headaches or sore throats	**When to go:** Sprains and strains, mild asthma attacks, sore throats, minor broken bones or cuts, minor infections or rashes, earaches	**When to go:** Preventive services and vaccinations; medical problems or symptoms that are not an immediate, serious threat to your health or life	**When to go:** Sudden change in vision; sudden weakness or trouble talking; large, open wounds; difficulty breathing; severe head injury; heavy bleeding; spinal injuries; chest pain; major burns; major broken bones
Wait times may vary	15 minutes or less, on average wait time	20 to 30 minutes approximate wait time or make an appointment (if available)	1 week or more approximate wait time for an appointment	3 to 12 hours approximate wait time for non-critical cases
Average cost **FREE**	**Average cost** **$**	**Average cost** **$**	**Average cost** **$$**	**Average cost** **$$$**

Personal Health Assessment (PHA) – Save on Premiums!

One of the ways you can better understand your health and reduce your medical plan premiums is by participating in a free Personal Health Assessment (PHA). The PHA is a voluntary wellness benefit available to all eligible team members and spouses/domestic partners, regardless of medical plan coverage, and it includes:

1. **A health screening** – blood test for cholesterol, triglycerides, nicotine, A1C blood glucose, and measurements for blood pressure, height, weight, and waist circumference. PSA is tested for all males that are 40 and older.
2. **A coaching appointment** – review your results with a health coach and establish one wellness goal for the year.

Onsite screenings are offered at most U.S. Venture locations between August and October. Participants can also complete the screening at an offsite lab or their physician's office. Regardless of how you are screened, please register at **usventure.mywellportal.com** using the login instructions below.

Login Instructions

Visit **usventure.mywellportal.com** where an account has been created for you and use the following credentials to sign in:

Username:

- For a team member: USV+your 9-digit employee ID* (e.g., USV000000001)
- For a spouse: USV+9-digit employee ID+S (e.g., USV000000001S)

* Your employee ID can be found in Workday. Click your profile picture and "View Profile." Your 9-digit ID will be listed under "Summary" and "Job Details."

Password:

- Repeat participants - Enter previously set personal password or click forgot password.
- First time participants - Enter your DOB (MMDDYYYY format – no dashes) and you will be prompted to reset your password when you log in.

New Hires in 2026

New team members (and spouses/domestic partners) who enrolled in the medical plan in 2025 were given the average discount per pay period for the remainder of 2025. If your hire date is:

On or after October 1, 2025 – your average discount will extend into the 2026 benefit plan year.

Before October 1, 2025 – the average discount will drop off after December 31, 2025. Your discount for 2026 depends on your participation in the 2025 PHA.

By completing your PHA, you earn health credits which reduce your medical premiums across all coverage levels. And, if you simply need employee only medical coverage, this year the cost of the Anthem BCBS Copay Plan - High Deductible is available for just $5 per week if you score 100 points on your PHA and complete your health coaching.

2026 Discount — Maximum of 100 Points Available		
Maximum Credit	**Biweekly**	**Weekly**
Team Member	$40 per pay period (100 pts x $0.40 per point)	$20 per pay period (100 pts x $0.20 per point)
Spouse/Domestic Partner	$20 per pay period (100 pts x $0.20 per point)	$10 per pay period (100 pts x $0.10 per point)
Your discount will be calculated based on your individual score.		

If you cannot complete the Personal Health Assessment (PHA) or meet the health goals necessary to qualify for a discount, you may be eligible for a reasonable accommodation. To request an accommodation, email **coaching@mywellportal.com** by **December 5, 2025**.

Married Team Members

If you and your spouse are both U.S. Venture Team Members, you can either:

- Enroll separately in medical coverage, or
- One of you can cover the other as a dependent.

Note: If your spouse is covered as a dependent, their health credit (for medical premium discount) will be calculated at the spouse rate, so the team member who expects to have the higher score should enroll as primary.

If you are married to another U.S. Venture team member and have questions, contact Total Rewards at **totalrewards@usventure.com** for guidance.

Pre-Tax Savings Accounts (HSAs and FSAs)

Health Savings Account (HSA)

If you elect the Anthem BCBS High Deductible Health Plan (HDHP - HSA Eligible), you will be eligible to open and contribute to a Health Savings Account (HSA). HSAs are offered through Associated Bank and allow you to make pre-tax contributions to pay for qualified medical, dental, and vision expenses that are not covered by your insurance plans.

- Your HSA can be used as both an account for current healthcare expenses and an investment account for future healthcare expenses at retirement.
- You have the flexibility to change your payroll contribution amount at any time throughout the plan year.
- Your account balance (U.S. Venture and team member contributions) will carry over to the next year.
- Associated Bank also offers investment options that will allow you to earn tax-free interest. (There is a fee of $2 per month for account holders using the investment account option as well as a fee if you choose paper statements.)

2026 Health Savings Account IRS Contribution Limits (includes company contributions)	
Employee only	$4,400
Employee plus 1 or more dependents	$8,750
Catch-up (age 55 or older)	$1,000

HSA withdrawals are tax-free if the funds are used for eligible healthcare expenses. If you use these funds for ineligible expenses, you will pay ordinary tax if you are over age 65 or ordinary tax plus a 20% penalty if you are under age 65.

More information about qualified expenses is available in IRS publication 502. This publication can be found on the IRS website or ordered by calling **1-800-TAXFORM**. Eligible expenses are generally defined as medical, dental, or vision services, equipment, or medications for you or your eligible covered dependents. Keep receipts for all expenses for tax purposes. Associated Bank will provide information at the end of the calendar year for reporting on your personal income tax return.

You must have an Associated Bank Health Savings Account to receive the U.S. Venture contribution under the Anthem BCBS High Deductible Health Plan (HDHP – HSA Eligible). U.S. Venture will establish your HSA, but you will need to open your account. Visit AssociatedBank.com to access the HSA enrollment page and set up your account.

For those enrolled in the Anthem BCBS High Deductible Health Plan (HDHP - HSA Eligible), U.S. Venture will contribute to your health savings account by providing $19.23 biweekly/$9.62 weekly ($500 per year) for single coverage or $38.46 biweekly/$19.23 biweekly ($1,000 per year) for other coverage tiers. This funding will be prorated for new hires.

To receive the U.S. Venture contribution, you must enroll in the Health Savings Account contribution plan in Workday when enrolling, even if you elect to contribute $0. Please note that according to IRS guidelines, the company contribution will start on the first day of the month following your new hire date or qualifying life event (QLE), unless your benefit event date is the first of the month.

Is an HSA right for you?

- It's your account, so you keep the money—Unlike with a Flexible Spending Account (FSA), the money in your account rolls over from year to year. You can spend it on healthcare expenses now or save it until you need it.
- There is no minimum contribution required by you in order to receive the company contribution. We will contribute to your HSA on a per-pay period basis as long as you enroll in the health savings account in Workday although we recommend you take advantage of the tax-efficient savings.
- It's one or the other — You and your family cannot have an HSA and a regular Healthcare FSA simultaneously even if the FSA is through your spouse's employer. You can, however, have a Limited Purpose FSA that you can use for dental and vision only. A Limited Purpose FSA pairs with an HSA, but you don't have to have both.
- Check your eligibility — There are certain situations where your care may not be eligible for an HSA, including but not limited to being enrolled in a non-Anthem BCBS High Deductible Health Plan (HDHP – HSA Eligible), including* Medicare, or being claimed as a dependent on someone else's tax return. To check eligibility, please consult with your tax professional.
- Questions on qualified medical expenses—Please refer to the IRS publications 969 and 502 at [irs.gov](irs.gov) or consult with your tax professional.

* Per the IRS, if you are enrolled in Medicare (even Part A), you are not eligible to contribute to or receive employer contributions to your HSA. You are responsible for submitting an HSA change event in Workday if your eligibility changes to avoid tax consequences.

Flexible Spending Accounts (FSAs)

Participating in a flexible spending account (FSA) allows you to set aside a portion of your salary, before taxes, to pay for qualified out-of-pocket healthcare or dependent care expenses. Because that portion of your income is not taxed, you end up with more money in your pocket.

Plan Provision	Healthcare Flexible Spending Account	Limited Healthcare Flexible Spending Account	Dependent Care Flexible Spending Account*
What it's for	Qualifying out-of-pocket medical, dental, and vision expenses	Qualifying out-of-pocket dental and vision expenses for team members enrolled in the Anthem BCBS HDHP - HSA Eligible	Qualifying day care expenses for your eligible dependents; you and your spouse must be employed or attending school full-time
Eligible expenses	Deductibles, coinsurance, medications, and other eligible expenses	Deductibles, coinsurance, optical supplies, and other eligible expenses not covered under the HDHP - HSA Eligible	Day care for children under 13, before and after school care programs, summer camps for children, care for a disabled dependent
Annual Contribution Limit for 2026	$3,400 Carryover to 2027 limited to $680**	$3,400 Carryover to 2027 limited to $680**	$7,500 No carryover

* If you earned more than $150,000 last year, the IRS considers you a Highly Compensated Employee (HCE). This means your contribution might need to be reduced if the plan doesn't meet certain fairness rules. While you can choose up to the $7,500 limit, please keep in mind that IRS testing could require adjustments to your contribution. If this happens, you'll be notified in February, and your payroll deductions will be updated. If your spouse has access to a Dependent Care FSA through their employer, and their income falls below the $150,000 threshold, you might want to consider having your spouse make this election or consider splitting your household contributions between both plans to avoid potential reductions.

**Carryover to 2026 limited to $660.

How to Get Reimbursed

As you incur expenses, you can access your FSA funds by using your debit card, requesting a reimbursement online, or submitting a paper claim form. Your annual election will remain in effect for the plan year unless you have a qualifying life event or status change. You will have 90 days after the end of the calendar year to request reimbursement for expenses incurred during the calendar year. Up to $680 of unused funds in your Healthcare or Limited Healthcare FSA will be automatically carried over to the next calendar year. Any funds over $680 will be forfeited. There is no carryover in your Dependent Care FSA, meaning all unused funds will be forfeited.

The FSA plans are administered through WEX. If you have any questions regarding FSAs, eligible expenses, or using funds, you're encouraged to contact WEX Participant Services directly at **866-451-3399** between 6:00 am and 9:00 pm CST, Monday-Friday. You can find more information on **USVbenefits.com** or the Total Rewards Sharepoint page.

Important Reminder About Your FSA

To comply with IRS regulations, all Flexible Spending Account (FSA) expenses must be substantiated, meaning you must provide documentation that proves the expense is eligible under the plan. This typically includes an itemized receipt, Explanation of Benefits (EOB), or other documentation showing:

- Date of service
- Type of service or item
- Provider or merchant name
- Amount charged

Credit card receipts or bank statements alone usually aren't sufficient, as they lack the required details.

If you use your WEX FSA debit card at the point of sale, you must submit this documentation to verify the expense qualifies under IRS guidelines. If documentation isn't provided when requested, the expense may be considered ineligible, and the reimbursed amount may be treated as taxable income.

Well-being Programs

Interactive Wellness Program

Personify Health (formerly Virgin Pulse) will be sunsetting on December 31, 2025 and replaced by Walkingspree. **Current participants of Personify will have until January 30, 2026 to redeem their rewards.**

Walkingspree: A Fresh Step Toward Wellness

Starting January 1, 2026, we're launching **Walkingspree**—a dynamic, interactive wellness platform designed to inspire healthier habits and boost team engagement. With customizable challenges, multilingual support, and a rich library of wellness content, Walkingspree makes it easy and fun to prioritize well-being. From fitness and nutrition to financial health and gratitude, this program offers something for everyone—including exciting rewards, Les Mills on-demand videos and more!

More information about this new program will be shared in the coming months.

Health Coaching Program

In addition to your Personal Health Assessment (PHA) follow-up, Marquee Health offers a team of dedicated health coaches who can meet with you throughout the year to help you achieve your wellness goals and maximize your health so you can live a life you love.

The program is free to all team members, spouses, and dependents, regardless of medical plan coverage!

To connect with a Health Coach: **coaching@mywellportal.com** or **800-882-2109**.

Wellness Reimbursement Program

U.S. Venture reimburses team members up to $250/year for the following qualified expenses:

- Tobacco & nicotine product cessation
- Exercise class fees
- Race event entry fees
- Health club membership fees *
- Home fitness equipment*
- Weight management programs
- Wearable fitness trackers

* A 50-use log is required before submitting expenses. If submitting a monthly gym membership fee, a 10-use log is required.

To submit a request, go to Workday and type "request one-time payment for myself" in the search bar, complete the submission form and upload required documents. To find out more about the program, including instructions on how to submit a wellness reimbursement, go to the Total Rewards Sharepoint page.

Deadline for submission every year is the first Friday of December.

Wellness Questions

Contact **TotalRewards@usventure.com**

NOOM

Weight Management Program

U.S. Venture is proud to offer Noom as a free benefit to all team members, spouses, and dependents ages 18+ years of age, regardless of medical plan coverage. Noom is a weight management program that uses the latest in psychology and behavioral science to empower you with the knowledge and skills you need to hit your goals at a pace that's comfortable to you.

Noom offers:

- A deep dive into how you think about food, fitness, and more. When you learn why you make certain choices, it's much easier to improve your health and create better habits for life.
- Bite-sized, personalized lessons to make it easy to fit Noom into your schedule.
- One-on-one coaching, peer support, and digital tools that will keep you on track and going strong.

Scan the QR code to enroll or visit go.noom.com/usventure

Passcode: **LQFEPA**.

Pelago

Nicotine and Substance Use Management Program

Meet your anchor for brighter days. Pelago is designed to inspire you to reach your goals and become the best version of yourself — whether it's cutting back, quitting, or managing your use of nicotine, alcohol, cannabis, or prescription pain medications. It's completely confidential and always judgment-free.

- Reduce your use of cigarettes, vape pens, nicotine pouches or chewing tobacco, or quit for good, with a modern nicotine cessation program personalized for you.
- Cut back on your alcohol consumption or quit entirely—Pelago builds a personalized, science-based plan to meet your goals.
- Break free from the reigns of prescription pain meds by combining clinically verified medication-assisted treatment and digital therapy.
- Change your relationship with cannabis with a customized action plan to help you work toward your unique goals.

This program is free to all team members, as well as spouses and dependents ages 15+ years of age that are enrolled in a U.S. Venture medical plan.

To get started, visit pelago.health/usv-more or scan the QR code. If you have questions, feel free to call **877-349-7755** for confidential support.

Dental

Dental Insurance

You may select one of the dental plans through Delta Dental of Wisconsin (Basic Plan and Comprehensive Plan).

Basic and Comprehensive

- Both dental plans cover preventive care at 100% (in-network providers), without deductible. Preventive care includes exams, X-rays, cleanings, topical application of fluoride, and sealants and space maintainers for children.
- The **Basic** dental plan provides coverage for preventive, basic, and major services by a PPO or Premier Network dentist. There is no coverage for orthodontic services, or services provided by a nonparticipating dentist.
- The **Comprehensive** dental plan provides coverage for preventive, basic, and major services by PPO, Premier, or non-participating dentists. This plan also provides coverage for orthodontic services by a PPO or Premier Network dentist.
  - **New for 2026!** The Comprehensive dental plan will expand orthodontia coverage for eligible dependents up to age 26 and include adult orthodontia coverage for team members and spouses/domestic partners enrolled.
- Both U.S. Venture dental plans include the CheckUp Plus feature, so the cost of preventive services does not apply to the individual annual maximum benefit under the plan. This adds more value to your dental coverage.

Find a Network Provider

To find providers for the Basic and Comprehensive dental plans, visit **www.deltadentalwi.com**.

Dental emergencies can happen at the most inconvenient times. These plans include coverage for teledentistry with your existing provider or through virtual visits. Virtual visits can help when:

- Facing a dental emergency and don't have an established provider
- You need access to a provider after hours and your provider is not available
- You would like to consult with a provider without leaving home or traveling

To learn more about teledentistry coverage, visit **www.deltadentalwi.com/teledentistry**.

Vision Care Discount Program With Your Dental Plan

If you enroll in the Basic dental plan or Comprehensive dental plan, you may also be eligible for a vision care discount program through EyeMed Vision (a separate benefit from vision insurance).

This benefit provides:

- Overall savings up to 35%
- Access to thousands of private practice and retail providers nationwide, including LensCrafters, JC Penney Optical, Target Optical, and most Pearle Vision locations
- Choice of product, including designer brand-name frames. Certain brands impose a no-discount policy, and the frame discount is not available
- Savings on laser vision correction
- Members can purchase contact lenses online and apply their in-network contact lenses benefits at **www.contactsdirect.com.**

Dental Coverage at a Glance through Delta Dental Plan of Wisconsin				
	Comprehensive Plan		**Basic Plan**	
Network	**PPO or Premier**	**Non-Participating**	**PPO**	**Premier**
Annual Deductible (per calendar year)	$50 per member	$75 per member	$50 per member	$50 per member
Preventive & Diagnostic Services Oral exams, X-rays, cleanings, topical fluoride, sealants and space maintainers	100%	80%	100%	100%
Basic and Major Services (deductible applies)				
Basic Services Emergency treatment to relieve pain, amalgam/ composite fillings, simple extractions (non-surgical)	80%	50%	80%	50%
Major Services				
• Oral surgery, endodontics, periodontics	50%	50%	50%	50%
• Crowns, inlays and onlays, implants, removable or fixed bridgework	50%	No coverage	50%	50%
Annual Maximum Benefit For basic and major services	$1,500 per member	$600 per member	$1,000 per member	$1,000 per member
Orthodontia ENHANCED COVERAGE: For adults and eligible dependents up to age 26				
Orthodontia Orthodontia Lifetime Maximum Benefit: $1,500	50%	No coverage	No coverage	No coverage

Vision

- U.S. Venture offers two vision plans: a Full-Service Plan and a Materials Only plan. The difference between the plans is that the Full-Service plan covers an eye exam. If you are enrolled in one of the Anthem BCBS Copay Plans or the High Deductible Health Plan (HDHP - HSA Eligible), a routine eye exam is covered under the medical plan.
- The vision plans are 100% team member paid. Be sure to review your options carefully.
- Vision coverage from Delta Vision is administered by EyeMed, with the EyeMed Insight network. You can find more information on the Total Rewards SharePoint page or USVbenefits.com.

Find a Network Provider

Visit **www.deltadentalwi.com/s/find-a-deltavision-provider-near-you** and select the EyeMed Insight network or call Delta Vision at **844-848-7090**.

Vision Coverage at a Glance (Delta Vision Benefit Summary)		
Network	**EyeMed Insight**	
Frequency (based on last date of service)		
Exam	Full-Service Plan: 12 months/Materials Only Plan: N/A	
Lenses or Contact Lenses	12 months	
Frames	Full-Service Plan: 24 months / Materials Only Plan: 12 months	
Benefits Details	**Network Benefit**	**Non-Network Reimbursement**
Comprehensive Eye Exam*	Member Pays $10	$35
Retinal Imaging*	Member pays up to $39	None
Standard Contact Lens* Fit & Follow up	Member pays $40	None
Premium Contact Lens* Fit & Follow up	10% discount off retail	None
Frames (any available frame at provider location)	$130 allowance, 20% off balance	$65
Laser Vision Correction (Lasik or PRK)	15% off retail or 5% off promotional price	None
Standard Plastic Lenses		
Single Vision	Member pays $10	$25
Bifocal	Member pays $10	$40
Trifocal	Member pays $10	$55
Standard Progressive	Member pays $75	$40

* Full-Service Plan only.

Vision Coverage at a Glance (Delta Vision Benefit Summary) *(continued)*		
Network	**EyeMed Insight**	
Benefits Details	**Network Benefit**	**Non-Network Reimbursement**
Lens Options		
UV Coating	Member pays $15	None
Tint (solid & gradient)	Member pays $15	
Standard Scratch Resistance	Member pays $15	
Standard Polycarbonate	Member pays $40	
Standard Anti-Reflective Coating	Member pays $45	
Other Add-ons and Services	20% off retail price	
Contact Lenses — In lieu of spectacles		
Conventional	$150 allowance, 15% off balance	$120
Disposable	$150 allowance	$120
Medically Necessary* **	Paid in full	$200
Premium Progressive Lens		
Tier 1	$95 copay	$60
Tier 2	$105 copay	$60
Tier 3	$120 copay	$60
Tier 4	$75 copay, 80% of charge less $120 allowance	$60
Premium Anti-Reflective Coating		
Tier 1	$57	None
Tier 2	$68	
Tier 3	80% of charge	

***Medically necessary contacts require authorization from a vision doctor when some conditions are present. Please contact the plan for more information.

Voluntary Benefits

Accident

Could your bank account survive a serious accident? Be prepared with voluntary coverage through Reliance Matrix.

The Accident Protection Plan will pay you cash if you have a covered injury and need care. The amount you receive is based on the covered expense. Some covered expenses include fractures, dislocations, cuts, ambulance, and hospital care. Use the cash to pay out-of-pocket expenses or everyday bills. Family coverage is available.

Critical Illness

The Critical Illness Protection Plan pays a cash benefit directly to you if you are diagnosed with a covered illness. Some examples of covered illnesses are cancer, heart disease, or stroke.

Use the cash to pay for out-of-pocket medical expenses or everyday bills.

Team members can choose coverage in increments of $5,000, up to a maximum of $25,000. To select coverage for a spouse or child(ren), team members must first elect their own coverage. Spouse coverage can be elected up to 100% of the team member's chosen amount.

Note: Child(ren) will automatically receive coverage at 50% of the elected amount at **no extra cost**.

Team member and spouse coverage rates are based on the age of the team member.

Coverage Levels		
Employee	**Spouse**	**Child(ren)**
$5,000	$5,000	$2,500
$10,000	$10,000	$5,000
$15,000	$15,000	$7,500
$20,000	$20,000	$10,000
$25,000	$25,000	$12,500

Employee coverage must be elected to elect spouse and child(ren) coverage. Child(ren) are covered at 50% of employee amount for no additional cost.

Hospital Indemnity

The Hospital Indemnity Plan pays a cash benefit if you or your covered family members are admitted to a hospital for 23 hours or more and for any reason, for each day you are hospitalized, up to 15 days per year.

For more details on all three of these voluntary benefit plans, review the certificate of coverage and policy documentation posted on the Total Rewards SharePoint page or **USVbenefits.com**.

How Can I Earn My Voluntary Benefit Wellness Benefit?

Wellness Benefit for Accident, Critical Illness, and Hospital Indemnity Plans

Team members enrolled in Accident, Critical Illness, or Hospital Indemnity coverage can **earn $100 per plan, per year, per covered dependent**—up to $600 per plan, per person, for a maximum of $1,800 annually—by completing preventive health activities. Eligible screenings include annual physicals, bloodwork, cancer screenings, dental cleanings, vision exams, and hearing tests. For a complete list of covered health screening tests, visit **reliancematrix.com**. If you participate in the U.S. Venture PHA screening, a claim will be submitted on your behalf.

Hospital Indemnity Policy Notice

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care. The payment you get isn't based on the size of your medical bill. There might be a limit on how much this policy will pay each year. This policy isn't a substitute for comprehensive health insurance. Since this policy isn't health insurance, it doesn't have to include most federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

Visit **HealthCare.gov** or call **800-318-2596 (TTY: 1-855-889-4325)** to find health coverage options. To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (**naic.org**) under "Insurance Departments."

If you have this policy through your job, or a family member's job, contact the employer.

Legal

Quality legal assistance can be pricey. And it can take a lot of work to know where to turn to find an attorney you can trust. We offer two legal plans through MetLife.

If you were enrolled in a MetLife Legal plan in 2025, you'll need to re-enroll to continue coverage in 2026.

MetLife Legal

With the MetLife Legal plans, you receive legal assistance for some of the most frequently needed personal legal matters — no waiting periods, no deductibles, and no claim forms when using a network attorney for a covered matter. All services below are available to you, your spouse, and your dependents. And, for non-covered matters that are not otherwise excluded, the plan provides four hours of network attorney time and services per year.

Once coverage is elected, participation in the plan is required for a full calendar year.

MetLife Legal Plus Parents

You can purchase additional coverage with the MetLife Legal Plus Parents plan, which allows coverage for eight additional people, including parents, parents-in-law, and grandparents.

Questions can be directed to the Client Service Center at **800-821-6400**, Monday-Friday 8:00 a.m. to 8:00 p.m. E.T. Once enrolled, visit the MetLife Legal website at **www.members.legalplans.com/** for more information on covered services, answers to frequently asked questions, or to search for a participating network attorney. Click on "Learn More," enter the access code Legal, and click "Learn About Your Legal Plan."

By electing the MetLife Legal Plus Parents coverage, your parents, parents-in-law, and grandparents—covering up to eight individuals total—are eligible for the coverages shown in bold.

Examples of Covered Legal Matters

Money Matters	• Debt Collection Defense • Identity Theft Defense • **Identity Restoration**	• Negotiations with Creditors • Personal Bankruptcy • **Promissory Notes**	• Tax Audit Representation • Tax Collection Defense
Home & Real Estate	• Boundary & Title Disputes • **Deeds** • Eviction Defense • Foreclosure	• Home Equity Loans • **Mortgages** • Property Tax Assessments • Refinancing of Home	• Sale or Purchase of Home • Security Deposit Assistance • Tenant Negotiations • Zoning Applications
Estate Planning	• **Codicils** • **Complex Wills** • **Healthcare Proxies** • **Living Wills**	• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	• Revocable & Irrevocable Trusts • **Simple Wills**
Family & Personal	• Adoption • **Affidavits** • Conservatorship • **Demand Letters** • Garinishment Defense • Guardianship • Immigration Assistance	• Juvenile Court Defense Including Criminal Matters • Name Change • Parental Responsibility Matters • Personal Property Protection	• Prenuptial Agreement • Protection from Domestic Violence • **Review of ANY Personal Legal Document** • School Hearings
Civil Lawsuits	• Administrative Hearings • Civil Litigation Defense	• Disputes Over Consumer Goods & Services • Incompetency Defense	• Pet Liabilities • Small Claims Assistance
Elder-Care Issues	Consultation & Document Review for your parents: • Deeds • Leases	• **Medicaid** • **Medicare** • **Notes** • **Nursing Home Agreements**	• **Powers of Attorney** • **Prescription Plans** • **Wills**
Traffic & Other Matters	• Defense of Traffic Tickets • Driving Privileges Restoration	• License Suspension Due to DUI	• Repossession

MetLife Aura Identity Theft Protection Plus

Identity theft and online fraud can be stressful and costly. With MetLife Aura Identity Theft Protection Plus, you get receive tools to help safeguard your personal information, finances, and devices and get support if fraud occurs.

With MetLife Aura Identity Theft Protection Plus, you'll receive alerts if suspicious activity is detected and have access to privacy tools to help you stay protected online. Family coverage is also available.

Key features of the plan include:

- **Identity monitoring:** Tracks your personal information, SSN and online accounts for signs of fraud.
- **Financial protection:** Sends alerts about suspicious credit activity or unusual banking transactions.
- **Privacy and device security:** Includes antivirus software, safe browsing, and password management.
- **Fraud resolution and insurance:** Offers 24/7 support and expert remediation and includes up to $5 million in ID theft protection and $50,000 in cyber insurance per enrolled adult.

You can elect the individual plan or the family plan. The family plan includes:

- **Family safety tools:** Provides protection for unlimited dependent minors and up to 10 adult family members. Includes child identity monitoring, cyberbullying protection, and safe-gaming features.
- **Unlimited dependent minors:** Children are covered for identity monitoring, safe gaming, and social security number protection.
- **Up to 10 additional adults:** Adults can be added regardless of age, location, or relationship. This includes spouses, domestic partners, parents, adult children, and even friends or neighbors.
  - Each enrolled adult receives their own private Aura account, along with $5 million in identity theft insurance and $50,000 in cyber insurance.
- **Life360 Partnership:** Enhances family safety by offering real-time location tracking, digital behavior monitoring, and alerts for cyberbullying or risky online activity. It helps parents manage screen time, monitor social media use, and receive wellness insights.

Questions can be directed to MetLife's customer service team at **1-844-931-2872**.
For more information, visit **www.metlife.com**.

Basic Life, AD&D and Supplemental Life Insurance

Basic Life and AD&D Insurance

At no cost to you, U.S. Venture provides you with Basic Life and Accidental Death and Dismemberment (AD&D) Insurance coverage through Voya equal to 1.5 times your annual earnings (rounded up to the next $1,000), up to a maximum of $300,000. For example, if your annual earnings are $29,500, then your Basic Life and AD&D coverage would be $45,000.

You are automatically enrolled in this U.S. Venture-paid coverage.

NOTE: The value of company-paid Basic Life Insurance coverage over $50,000 will be considered part of your annual compensation for federal, state, and Social Security income tax purposes. The amount you will be taxed is based on special age-based IRS rates.

Basic Life insurance is based on annual earnings, including commissions, bonuses and overtime pay. Your life insurance amount is determined based on 12-month earnings prior to the date of passing.

Supplemental Life Insurance

You may supplement your Basic Life Insurance coverage by purchasing Supplemental Life Insurance as follows:

- For yourself: Up to $500,000 not to exceed 5 times your annual earnings, in $10,000 increments
- For your spouse or domestic partner: Up to 50% of your coverage amount, in $5,000 increments
- For your unmarried children (up to age 26): $10,000

You must purchase coverage for yourself before you can cover your spouse/domestic partner or children.

Annual Enrollment Rules:

- Team members currently enrolled in coverage may increase their coverage by $20,000 or 2 plan increments at $10,000, not to exceed $350,000, without Evidence of Insurability (EOI).
- Spouses currently enrolled may increase coverage by $10,000 or 2 plan increments at $5,000, not to exceed $50,000, without EOI.
- Team members not currently covered, or any requests for coverage increases beyond the limits above will require EOI.
- Children may be enrolled in coverage without EOI.

NOTE: A dependent cannot be covered under more than one team member's Supplemental Life Insurance. Team members cannot cover one another as dependents; each must elect their own coverage.

About Evidence of Insurability (EOI)

Certain elections for team member or spouse coverage will require Evidence of Insurability (EOI), which means you or your spouse will need to complete a medical questionnaire and submit it for approval by the insurance carrier. If EOI is required, coverage will be effective when the insurance carrier approves your EOI application. Child life insurance does not require EOI.

Basic Dependent Life Insurance

You may also purchase Basic Dependent Life Insurance that provides the following coverage:

- $10,000 for your spouse/ domestic partner
- $5,000 for each unmarried child to age 26

This option is available in addition to any other life insurance coverage you may purchase.

You do not have to enroll in Supplemental Life Insurance for yourself in order to elect the Basic Dependent Life Insurance Plan.

Voluntary AD&D Insurance

If you elect Supplemental Life Insurance coverage, you will be able to elect AD&D coverage in the same amount for yourself. If you elect Supplemental Life Insurance for any of your dependents, you can also elect:

- 60% coverage for your spouse/domestic partner only
- 15% coverage for your children only, or
- Combined family coverage of 50% for your spouse/ domestic partner and 10% for your children

NOTE: Naming a beneficiary is a crucial step in estate planning and financial management. Here are some key reasons why it's important:

1. **Ensures Your Wishes Are Honored:** By naming a beneficiary, you clearly indicate who should receive your assets, reducing the risk of disputes and ensuring your wishes are followed.
2. **Avoids Probate:** Assets with designated beneficiaries typically bypass the probate process, which can be lengthy and costly. This means your beneficiaries can access the assets more quickly.
3. **Provides Financial Security:** Designating beneficiaries helps ensure that your loved ones are financially protected and receive the support you intended for them.
4. **Reduces Confusion:** Clear beneficiary designations eliminate any ambiguity about your intentions, making it easier for your family and loved ones during a difficult time.
5. **Tax Benefit:** Properly naming beneficiaries can also have tax advantages, potentially reducing the tax burden on your estate and your heirs.

Regularly reviewing and updating your beneficiary designations, especially after major life events like marriage, divorce, or the birth of a child, is essential to ensure they reflect your current wishes.

Life and AD&D insurance coverage is calculated using a team member's Total Base Pay for new hires or Total Annual Earnings over the prior 12 months. To accurately calculate your coverage, this calculation will be updated quarterly. As a result of these periodic updates, your Group Income Insurance, which is subject to IRS regulations under IRC Section 79, may be impacted.

Note: While coverage may fluctuate, the actual benefit is determined using total earnings from the 12 months prior to a claim event.

401(k) Savings Plan

The 401(k) Retirement Savings Plan, administered by T. Rowe Price, helps you save for your future through convenient payroll deductions. You can make pre-tax or Roth contributions, and U.S. Venture provides matching contributions to help your savings grow.

Here's how it works:

- You may save up to 90% of your eligible pay (up to IRS limits) through pre-tax, Roth and after-tax contributions.
- U.S. Venture matches 100% of the first 2% and 50% of the next 4% of your pre-tax or Roth contributions.
- Each March, U.S. Venture contributes up to 3% of your eligible pay as an annual company contribution.
- You are always 100% vested in your own contributions and the 3% annual company contribution. You will become fully vested in the company match contributions after five years of service at U.S. Venture.
- You decide how to invest your account balance, choosing from a wide range of investment options.

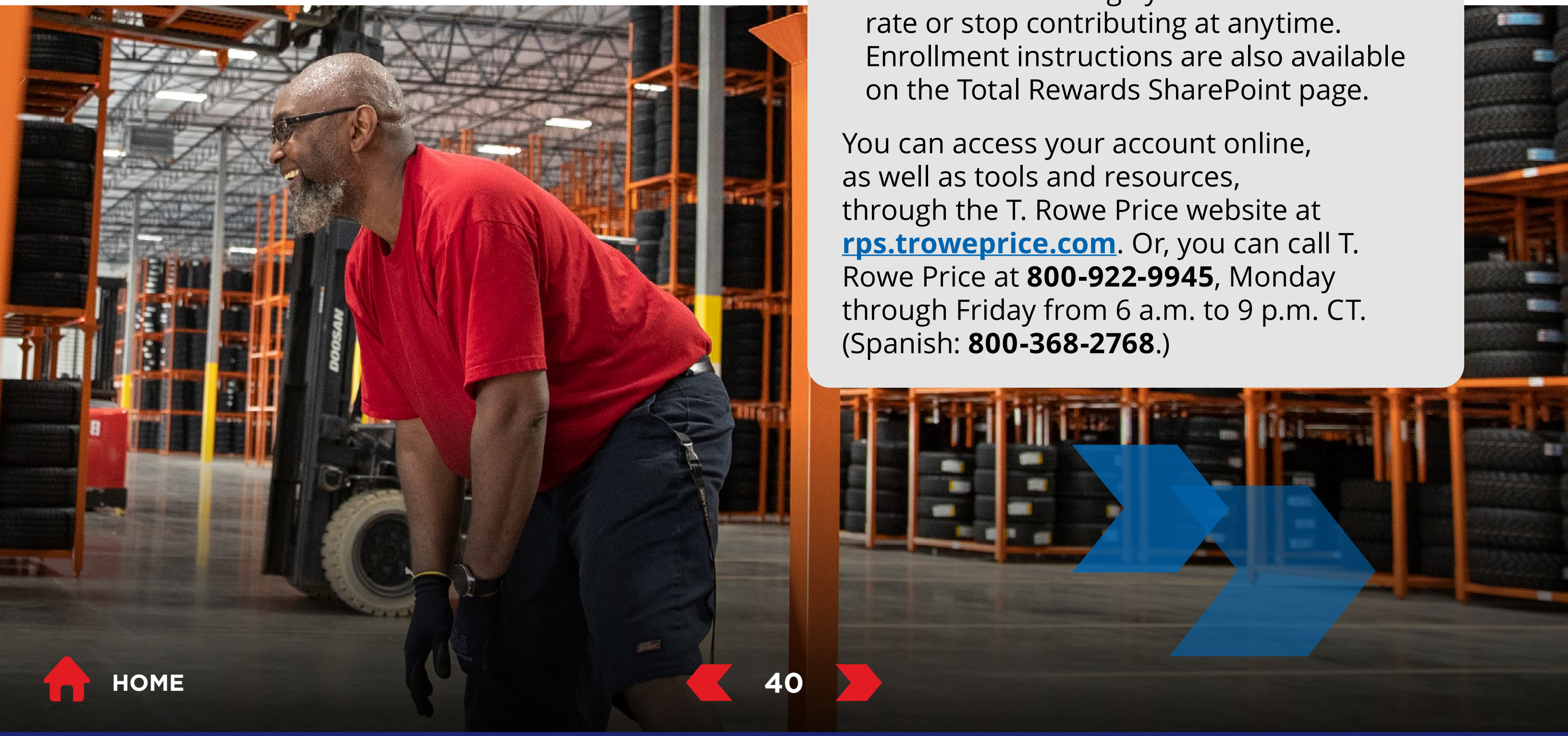
Catch-up contributions

- If you're age 50 or older, you can make additional catch-up contributions each year, within IRS limits. If you're 60 to 63, you can make additional higher catch-up contributions, within IRS limits.
- **New for 2026 under the Secure 2.0 Act:** If you are 50 or older and you earned more than $145,000 in the prior year, catch-up contributions must be made as Roth (after-tax) contributions. If you elect catch up, your contributions will automatically be enrolled in Roth.

Enrollment

- When you're eligible, T. Rowe Price will send an enrollment kit explaining how to enroll. If you don't make an election within 45 days of your hire date, you'll be automatically enrolled at a 6% contribution rate, with automatic increases of 1% per year until your contribution rate reaches 15%. You can change your contribution rate or stop contributing at anytime. Enrollment instructions are also available on the Total Rewards SharePoint page.

You can access your account online, as well as tools and resources, through the T. Rowe Price website at rps.troweprice.com. Or, you can call T. Rowe Price at **800-922-9945**, Monday through Friday from 6 a.m. to 9 p.m. CT. (Spanish: **800-368-2768**.)



Financial Advisory Services

FRANCIS

Get Personalized Financial Guidance —At No Cost to You

U.S. Venture provides access to **Francis LLC**, a registered investment advisor group dedicated to offering independent investment consulting and education services at no cost to you.

Francis LLC offers:

- **Confidential financial education**
- **Individualized advisory sessions** for you and your family
    - Guidance from a "no sales" independent advisor who puts your interests first

You can meet with an advisor by phone or web throughout the year to:

- Establish financial goals
- Create a personalized plan to achieve them
    - Get support whether you're just starting out, building momentum, or preparing for retirement

Take advantage of this valuable benefit to get the financial help you need—when you need it.

Find more information on the Total Rewards SharePoint page or USVbenefits.com.

Commuter Benefits

wex

The Commuter Benefit Plan saves you money by allowing you to use pre-tax dollars to pay for qualified work-related transit and parking expenses. The IRS sets the maximum dollar amount you can set aside each month as part of your commuter benefit. For 2026, the monthly pre-tax contribution limit is $340 for Transit and $340 for Parking. Any money contributed to your transit or parking rolls over every month until it is used, or you are no longer eligible.

Commuter funds can be used on a variety of transportation and parking expenses that allow you to travel to and from work. Eligible modes of transportation include but are not limited to train, bus, subway, ferry, vanpool (must seat at least 6 adults), parking or parking meter near your place of employment.

You may elect Commuter Benefits if you work in one of the counties, cities, or states listed below. The plan is administered through WEX who will process all claims associated with your commuter account. You can contact WEX Participant Services directly at **866-451-3399** between 6:00am and 9:00pm CST, Monday-Friday. You can find more information on the Total Rewards SharePoint page or USVbenefits.com.

Only available to those who work in the following counties, cities, or states: Berkley, CA; Los Angeles, CA; Richmond, CA; San Francisco, CA; Cook County, IL; Philadelphia, PA; District of Columbia; State of New Jersey; New York City, NY; Seattle, WA.

MyFlexPlay

MyFlexPay is a financial wellness benefit available to U.S. Venture team members, offering access to 40% of earned wages before payday to help reduce financial stress and avoid payday loans or overdraft fees.

Through the MyFlexPay Mobile App, you can:

- Track earnings and hours worked in real time
- Transfer wages early—instantly for a small flat fee or next day for free
- Save automatically via payroll deductions into a separate savings account (up to $10,000) earning 5% interest
- Budget and build emergency savings with integrated

To get started, download the app and sign in using your confirmed personal or work email listed in Workday. For assistance, visit **help.myflexpay.com** or contact your HR Partner.

Travel Insurance and Resources

Voya Travel Assistance — Business or Leisure Travel

Voya Travel Assistance offers enhanced security for leisure and business trips for you and your dependents when traveling more than 100 miles from home.

As an eligible participant, you receive emergency travel assistance services such as medical consultation, hospital admission, critical care monitoring, prescription assistance, legal and interpreter referrals, and emergency medical evacuation. This is not medical insurance. No claims for reimbursement are accepted.

Group Travel Accident Insurance — For Business Travelers

U.S. Venture provides accident insurance while you are traveling on company business. The coverage begins when you leave your residence or place of employment and ends when you return to your residence or place of employment. Included are $1,000,000 of coverage, worldwide travel assistance, medical evacuation, identity theft, rehabilitation benefits, counseling, and beneficiary assistance. You can find more information on the Total Rewards SharePoint page.

Employee Assistance Program (EAP)

To help you manage life's daily challenges, U.S. Venture offers confidential and professional support with SupportLinc, our employee assistance program (EAP). SupportLinc offers the following resources, at no cost to you or your family, regardless of medical coverage:

- Six free counseling sessions, in-person or via video, per person in your home, per issue, per year
- Up to 30 minutes of free legal consultation with a local attorney
- Referrals for child and elder care, home repair, housing needs, education, pet care and so much more

Through SupportLinc's web platform and mobile app, you can access a wide range of support tools 24/7, whenever you need them.

- Use the scheduling tool to connect with licensed clinicians, care teams or peer groups through in-person sessions, video or text messages.
- Complete quick expert-developed assessments that guide and support your mental health and well-being.
- Animo provides digital therapy and daily inspiration to help you address stress, depression, anxiety, and general emotional fitness in a safe and secure self-guided environment.
- Mindstream™ is a fitness studio for your mind – offering live and on-demand video and audio sessions designed to proactively support your overall well-being and productivity.

How to Access Your EAP

- **888-881-LINC** (5462)
- **www.supportlinc.com**
- Text 'Support' to **51230**
- Scan QR code for eConnect Mobile App
- Access code: **USVENTURE**

Community Engagement and Giving

U.S. Venture is built on a culture of caring relationships and giving back is part of who we are. We offer volunteering, volunteer hours/donation matching program through Groundswell, have a partnership with Kenya Works /VICODEC in Kenya and provide support to fellow team members when experiencing hardship through the ACT Fund, as well as, 8 hours volunteer paid time off, scholarships for your children and so much more. Visit the Community Engagement SharePoint page for more information.

Giving Back to Be a Better U.S.

Visit Community Engagement on **myusventure.com** to learn more about these programs.

- Groundswell personal giving account for Volunteer Hours/Donation Matching
- VICODEC school in Kenya to sponsor a child or support the school
- Scholarships for children of U.S. Venture team members
- Grants for nonprofits you support from the U.S. Venture/Schmidt Family Foundation
- U.S. Venture Open charitable event dedicated to ending poverty

Associates Caring Together Fund (ACT Fund)

One of our differentiating values is caring relationships and this includes supporting fellow team members. We realize hardships can occur at any time, such as disasters like floods, tornadoes, and fires. Others are more personal such as illness, loss of income, or unfortunate and unanticipated events. The U.S. Venture ACT Fund, a charitable fund, enables all of us to provide financial assistance to team members experiencing financial hardship.

Making contributions

You can make a contribution to the ACT fund through Groundswell, our workplace giving platform. Your contributions are tax-deductible. PLUS, they're eligible for the U.S. Venture donation matching program — up to $1,000 per year. To learn how to contribute, go to myusventure.com under Groundswell.

Requesting assistance

Team members in need may request a grant by completing a Request for Assistance and Financial Summary, available from myusventure.com under ACT. The grant review and selection committee will review the request after the applicant completes all requirements and notify the team member of their decision in 5-7 business days.

If you have questions about the ACT Fund, contact Greg Vandenberg at ACTFundGreg@usventure.com.

We believe that programs like the ACT Fund truly make U.S. Venture an employer of choice and great place to work!

Recognition Program

The RAVE Recognition program is your one-stop platform for recognizing team members who go above and beyond at U.S. Venture. Whether it's a peer shoutout or a manager-issued reward, it's easy to celebrate great work and meaningful contributions.

Access the platform anytime at **usventure.awardco.com**.

RAVE includes Peer-to-Peer (non-monetary) and Manager (monetary) recognition, along with the Service Award and Finding a Better Way Award programs. Managers receive points monthly to recognize team members, with points refreshing at the start of each month. Each point equals $1 in value.

Awards from all programs can be redeemed directly in the RAVE platform. Just click the "Spend Points" tab to explore options like Virtual Prepaid Cards, eGift Cards, Amazon, Charitable Donations, and the USV Company Store.

Please note: Redeemed points are considered taxable income, except those earned through Service Awards or Retirement gifts, which are grossed up. Any applicable taxes will appear in your payroll the month after redemption.

Employment Verification Service

U.S. Venture provides all responses to verification of employment through The Work Number. This automated employment verification service is fast, secure, and gives you access to information 24 hours a day, 7 days a week for life events involving credit, financing, or securing services. When you provide The Work Number information to a verifier, they can validate your employment or income quickly.

Additional information, including a printable wallet card you can use as a quick reference to provide information to a verifier, can be found on the Total Rewards SharePoint page. Contact information for The Work Number is located at the back of this document in the contact section.

Please note: The Work Number cannot verify DOT-related requests, such as past accidents, drug test results, etc.

Perks

U.S. Venture offers many perks to our Team Members. Below are a few highlights. To learn more, visit the Total Rewards SharePoint page.

PerkSpot

PerkSpot is an online platform that gives you access to thousands of exclusive discounts and special offers. You can use it from your computer or mobile device—no physical card needed. We help you save money by making it easy to find and redeem deals on products and services you love. Scan here to learn more:

Tires and Parts

Discounted wholesale price on any aftermarket parts or tires.

Gallagher Marketplace

Gallagher Marketplace is a centralized benefits hub offering team members and their families access to a wide range of non-traditional benefits. These include home and auto insurance, pet insurance, renters insurance, extended vehicle warranties, and more. Team members can shop and compare quotes from over 50 national and regional carriers, with support from licensed insurance advisors.

PerkSpot is integrated within Gallagher Marketplace and provides exclusive discounts across 125+ categories. Team members, their families, and friends can save on purchases from brands like Apple, Disney, Costco, and Target. Offers include travel, entertainment, apparel, electronics, and more.

How it works:

- Visit Gallagher Marketplace to see your available benefits.
- Select a product to view more details
- Click on the partner link to learn more, get a free no obligation quote or apply for coverage
- Enter U.S. Venture when prompted for your employer name.

Important notes:

- Deals are updated regularly
- U.S. Venture does not control the content on PerkSpot (e.g., Noom may appear even if already offered internally)
- Team members must create an account to access PerkSpot deals via Gallagher Marketplace at **c2mb.ajg.com/gmahtp/benefits**

Whirlpool InsidePass

Inside Pass is your exclusive connection to the best deals on some of the most trusted, best-selling, and most dependable appliance brands in the industry.

Visit **www.whirlpoolinsidepass.com/** to learn more.

Tuition Reimbursement Program

U.S. Venture encourages team member development by providing financial assistance through our tuition reimbursement program. By investing in continuing education opportunities for our team members, we create a stronger, well-prepared workforce that can meet our organizational growth plans. This program also supports our desire to promote from within, where practical.

Team members are eligible for reimbursement of 100% of the cost of tuition and materials with a grade of A or B and 75% with a C. Team members must receive a C or better for each course to be eligible. Non-graded coursework is also reimbursable by submitting evidence of satisfactory completion.

Full-time team members may receive reimbursement for up to $5,250 per calendar year for graduate or undergraduate programs. Part-time team members may receive reimbursement for up to $2,500 per calendar year for undergraduate or graduate programs.

Details about this program and a tuition reimbursement application are on the Learning & Development SharePoint page under Submit a request.

Paid Time Off

Vacation-Personal Time Off

Rest and relaxation are an important part of work-life balance. U.S. Venture provides you with the flexibility to take time off when needed. The following chart illustrates the vacation schedule for full-time team members. Part-time hours of vacation-personal time are determined based on your full-time equivalent (FTE).

You are encouraged to use all your vacation-personal time during the year. You can carry over 40 hours of vacation-personal time as stated in the Vacation-Personal time off policy.

Period of Service (Based on Anniversary Date)	Vacation Hours/Year	Personal Hours/Year
Less than 5 years	2 weeks/ 80 hours	4 days/ 32 hours
Between 5 years and less than 10 years	3 weeks/ 120 hours	4 days/ 32 hours
10 or more years	4 weeks/ 160 hours	4 days/ 32 hours

Based on the schedule above, vacation-personal days run concurrently with the calendar year (i.e., 1/1-12/31). Hours are calculated by dividing by 26 for biweekly pay periods or 52 for weekly pay periods, and they are accrued at the end of each pay period according to the team member's pay schedule. Due to state requirements, team members in some states like California and New York may not be able to request unearned time off. If your employment ends, you will be paid for any earned vacation-personal time that has not been used, and you will be required to pay back any vacation-and personal time taken more than the amount earned. Please see full policy details on the Total Rewards SharePoint page under Time Off & Leaves.

Holidays

At U.S. Venture, we value time to recharge and celebrate with loved ones. Each calendar year includes six paid holidays to help you do just that:

- New Year's Day*
- Independence Day*
- Thanksgiving
- Memorial Day
- Labor Day
- Christmas Day*

When departments or divisions need to continue limited operations on a holiday, team members may be required to work on the holiday. Check with your supervisor on how holidays are handled in your area.

* If the holiday falls on a Saturday, the paid holiday will be observed the Friday before. If the holiday falls on a Sunday, the paid holiday will be observed on the Monday after.

Sick-Safe Time Off

U.S. Venture offers paid sick-safe time to team members who are unable to work due to their own illness or the illness of an immediate family member. Team members may use sick-safe time to attend doctor appointments for themselves or their families. Team members may adjust their schedules to cover this missed work time when possible.

In most states, after 30 days of employment, full-time salaried team members will receive 40 hours of sick-safe time, and regular full-time hourly team members will receive 24 hours of sick-safe time. During the first year of employment, sick-safe time will be pro-rated based on the team member's hire date.

In accordance with state regulations, sick-safe time may be provided on an accrual basis in certain states. For details on state-specific exceptions and accrual policies, please refer to the full policy on the Total Rewards SharePoint page under Time Off & Leaves.

Jury Duty

U.S. Venture supports team members in fulfilling their civic responsibilities when called to serve on a jury. Eligible team members will be paid their regular wages for their normally scheduled hours per day for up to two weeks (10 business days) of jury duty within a rolling calendar year. Team members are not required to reimburse any compensation received from the court during this period. If jury duty extends beyond two weeks (10 business days), U.S. Venture will pay the difference between the juror's fees and the team member's regular wages.

Bereavement Leave Time Off

We understand that our team members who have lost a loved one require time to grieve and fulfill family obligations. Paid time off may be granted for absence due to a death in the family for purposes of arrangement for, travel to, and attendance at a funeral. Team members should discuss their need for leave with their leader.

Volunteer Time Off

U.S. Venture supports volunteerism and wants to support your personal contribution and commitment to serving the communities in which you live and work. This program allows up to 8 hours of paid time off per calendar year for team members to volunteer during regularly scheduled work hours. You must be volunteering your time for an organization located in the U.S. and recognized by the IRS as an approved charitable organization. Time off can be requested in Workday and must be approved by your leader.

Leaves of Absence

At U.S. Venture, we understand that life doesn't pause for work—and sometimes, stepping away is necessary to care for yourself, your family, or your responsibilities. That's why we partner with **Reliance Matrix** to manage a variety of leave programs designed to support your well-being and provide flexibility during life's planned and unexpected moments. Whether you're navigating a personal health issue, serving on a jury, fulfilling military obligations, or taking time under FMLA, STD, or LTD, these programs are here to help you manage time away with confidence and care.

Please explore the leave types outlined below and notify your HR Partner and leader if you are in need of a Leave of Absence. After providing notification, Team Members are responsible for initiating their leave claim directly with Reliance Matrix. Refer to the Leave of Absence SharePoint page for additional guidance.

Short-Term Disability (STD)

The U.S. Venture Short-Term Disability (STD) benefit provides partial income replacement when you are absent from work for more than one week (five workdays) due to a non-work-related injury or illness.

You are responsible for covering the first five workdays of leave using available paid time off. Any time not covered by paid time off during this period will be considered unpaid. STD benefits then pay 85% of your earnings for weeks 2–6 and 70% for weeks 7–26. Team members are eligible for up to 26 weeks of STD leave within a rolling 12-month period. If you are unable to return to work after STD benefits are exhausted, you may apply for Long-Term Disability.

In states where Paid Disability Leave is available, this benefit is only available if there is a loss of income between the state-paid leave and the amount this benefit would have paid. Please review the policy for more information on if your state offers Paid Disability Leave or contact your HR Business Partner.

Please find more information in the policy on Total Rewards SharePoint page under Time Off & Leaves.

Long-Term Disability (LTD)

The long-term disability benefit is designed to provide partial income replacement when you are absent from work for more than six months due to a non-work-related injury or illness.

Long-Term Disability pays 60% of your total monthly earnings up to a maximum monthly benefit of $15,000. It also provides partial pay for partial disability and helps with rehabilitation. Benefits begin as soon as 180 days after being disabled and continues until you reach the social security normal retirement age — as long as you are still unable to work due to the covered disability. This coverage is provided through Reliance Matrix.

Please find more information in the policy on Total Rewards SharePoint page under Time Off & Leaves.

Family Medical Leave (FML)

You are eligible for Family Medical Leave (FML) after you have been employed by the company for 12 months and worked at least 1,250 hours during the 12 months immediately preceding the start of the leave. Once eligible, you are allowed up to 12 weeks of unpaid leave in 12 to be consistent months for the birth or adoption of a child; the care of a child, spouse, or parent with a serious health condition; or for your own serious health condition which makes you unable to perform your job duties.

You must provide at least 30 days advance notice to your supervisor or HR Business Partner of the need for leave. If you cannot provide 30 days advance notice due to circumstances or a medical emergency, you must notify your leader as soon as practicable.

FML runs concurrent with disability and caregiver if applicable. Notify your HR Partner and leader as soon as possible and reach out to Reliance Matrix to apply.

Additional information regarding rights, responsibilities, certification, scheduling, pay, and benefits during FML can be found in the U.S. Venture Family and Medical Leave policy on Total Rewards SharePoint page under Time Off & Leaves.

Caregiver Benefit

Aligning with our core value of Caring Relationships, the Caregiver Benefit seeks to provide a family-friendly policy that accounts for a range of life events that may occur during a team member's tenure.

The Caregiver Benefit is designed to ease the transition for new parents and provide support to a team member during any unforeseen circumstances in caregiving. Eligible team members will receive a maximum of 80 hours adjusted based on FTE percentage during rolling 12-month period.

The Caregiver Benefit is compensated at 100 percent of the team member's regular pay. For additional information regarding caregiver leave and any state exceptions, please see Total Rewards SharePoint page under Time Off & Leaves.

Please note: This benefit is not eligible for team members in states with Paid Family Leave.

Your Cost for Coverage

BIWEEKLY Rates Effective January 1, 2026

Medical

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Anthem BCBS Copay Plan — Low Deductible	$84.54	$191.40	$153.96	$258.78
Anthem BCBS Copay Plan — High Deductible	$50.00	$119.28	$93.22	$167.48
Anthem BCBS High Deductible Health Plan (HDHP – HSA Eligible)	$58.86	$123.24	$101.40	$170.58

Dental

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Delta Dental Comprehensive Plan	$6.34	$12.22	$14.14	$23.06
Delta Dental Basic Plan	$5.60	$10.64	$12.30	$19.96

Vision

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Delta Vision Full Service Plan	$2.44	$4.86	$4.96	$7.40
Delta Vision Materials Only Plan	$1.82	$3.66	$3.72	$5.54

Voluntary Benefits

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Accident Insurance	$4.72	$7.25	$9.00	$13.62
Hospital Indemnity Insurance	$8.76	$18.76	$14.96	$26.22
Other Voluntary Plans	Rates for Critical Illness coverage vary based on your coverage election and age. See **page 54** for details on Critical Illness, Legal, and Identity Theft Benefits.			

WEEKLY Rates Effective January 1, 2026

Medical

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Anthem BCBS Copay Plan - Low Deductible	$42.27	$95.70	$76.98	$129.39
Anthem BCBS Copay Plan - High Deductible	$25.00	$59.64	$46.61	$83.74
Anthem BCBS High Deductible Health Plan (HDHP – HSA Eligible)	$29.43	$61.62	$50.70	$85.29

Dental

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Delta Dental Comprehensive Plan	$3.17	$6.11	$7.07	$11.53
Delta Dental Basic Plan	$2.80	$5.32	$6.15	$9.98

Vision

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Delta Vision Full Service Plan	$1.22	$2.43	$2.48	$3.70
Delta Vision Materials Only Plan	$0.91	$1.83	$1.86	$2.77

Voluntary Benefits

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Accident Insurance	$2.36	$3.63	$4.50	$6.81
Hospital Indemnity Insurance	$4.38	$9.38	$7.48	$13.11

Critical Illness Insurance

Your costs for critical illness insurance coverage are based on your age and the amount of coverage (see page 34 for available coverage amounts).

The formula for calculating the amount you pay for coverage is:

Coverage amount
÷ 1,000
x age rate from the table below
= cost per pay period

Critical Illness Rates (Per $1,000 of coverage)		
Age	**Biweekly Rate**	**Weekly Rate**
Under 20	0.12923	0.06462
Age 20-24	0.12923	0.06462
Age 25-29	0.15692	0.07846
Age 30-34	0.19385	0.09692
Age 35-39	0.24923	0.12462
Age 40-44	0.37846	0.18923
Age 45-49	0.60923	0.30462
Age 50-54	0.90462	0.45231
Age 55-59	1.28308	0.64154
Age 60-64	1.88769	0.94385
Age 65-69	2.61692	1.30846
Age 70-74	1.68000	0.84000
Age 75+	2.36308	1.18154

MetLife Legal Plan

	Biweekly Rates	Weekly Rates
MetLife Legal Plan	$9.00	$4.50
MetLife Legal Plan Plus Parents	$11.96	$5.98

MetLife Aura Identity Theft Protection Plus

	Biweekly Rates	Weekly Rates
MetLife Aura Identity Theft Protection Plus – Individual	$3.72	$1.86
MetLife Aura Identity Theft Protection Plus – Family	$6.12	$3.06

Supplemental Life Insurance

Your costs for both employee and spouse coverage are based on your age and the amount of coverage (see page 38 for available coverage amounts). Child coverage is available at no cost, so consider enrolling if you have eligible dependents.

The formula for calculating the amount you pay for coverage is:

Coverage amount
÷ 1,000
x age rate from the table below
= cost per pay period

Cost Example: Suppose a 32-year-old employee wants to buy $50,000 of coverage.

Here's how you would figure out the cost:
$50,000 coverage amount
÷ 1,000
x 0.03692
= $1.85 per biweekly pay period or $0.92 per weekly pay period

Age Rate Table

Age	Biweekly Rate	Weekly Rate
Under 30	0.02770	0.01385
Age 30-34	0.03692	0.01846
Age 35-39	0.04154	0.02077
Age 40-44	0.07385	0.03692
Age 45-49	0.12923	0.06462
Age 50-54	0.21231	0.10615
Age 55-59	0.33692	0.16846
Age 60-64	0.52154	0.26077
Age 65-69	0.79385	0.39692
Age 70+	1.22769	0.61385

Dependent Child(ren)

If you elect coverage for yourself, you may purchase $10,000 of life insurance coverage for your children under age 26 at $0.92 per biweekly pay period and $0.46 per weekly pay period.

Basic Dependent Life Insurance

You can also purchase Basic Dependent Life Insurance for your spouse and/or dependents for **$1.20 per biweekly pay period or $0.60 per weekly pay period**. This option is available in addition to any other supplemental life insurance coverage you elect for yourself or your family members, and includes the following:

- $10,000 for your spouse/domestic partner
- $5,000 for each unmarried child from live birth to age 26

You can find more information on the Total Rewards SharePoint page.

NOTE: The IRS requirement for group term life insurance is outlined in Internal Revenue Code (IRC) Section 79. This regulation states that the first $50,000 of employer-provided group term life insurance coverage is excluded from taxable income. However, any coverage above $50,000 is considered a taxable fringe benefit and must be reported as imputed income on the employee's W-2 form. The taxable value of the excess coverage is calculated using the IRS Premium Table found in Publication 15-B. This imputed income is subject to Social Security and Medicare taxes.

Benefit Plan Waiting Periods

Day One Benefits

You are immediately eligible for the benefits shown below.

Health and Wellness

- Medical Coverage*
- Dental Coverage*
- Vision Insurance
- Accident Insurance
- Critical Illness
- Hospital Indemnity
- Wellness Reimbursement Program

Community, Recognition and Work/Life

- Employee Assistance Program (EAP)
- Bereavement Leave
- Holiday Pay
- Jury Duty
- Associates Caring Together (ACT) Fund
- RAVE Recognition Program

Financial

- Basic Life Insurance (company-paid)
- Supplemental Life Insurance
- Health Savings Account (HSA)
- Flexible Spending Accounts (FSA)
- MetLife Legal
- MetLife Aura Identity Theft
- 401(k) Retirement Savings Plan
- Francis Investment Advisor Services
- Associate Discounts
- Matching Gift Program

* If you work part-time (scheduled 20-29 hours per week), you are eligible for medical coverage under the Anthem BCBS High Deductible Health Plan (HDHP – HSA Eligible) only with no company contribution to your HSA (unless you meet the requirements under ACA) and for dental coverage under the Delta Dental Basic Plan only.

Benefits Requiring a Waiting Period

For the benefits shown below, you must be actively at work for a certain period of time (called a "waiting period") before benefits can begin.

Benefit Plan	Full Time (30+ hours per week)	Part Time (20 to 29 hours per week)
Family and Medical Leave	12 months and 1,250 hours	12 months and 1,250 hours
Flexible Spending Account	No waiting period	Not eligible
Well-being Programs	1 week	1 week
Caregiver Benefit	90 days	90 days
Long-Term Disability	30 days	Not eligible
Short-Term Disability	30 days	30 days
Sick-Safe Time Off*	30 days	30 days
Tuition Reimbursement	No waiting period	30 days
Vacation-Personal Time Off	30 days	30 days (based on FTE)
Volunteer Time Off	30 days	1 year

* Waiting periods may vary based on state or local laws.

Contact Information

Health and Wellness

Medical (Anthem plan participants only)	Anthem BCBS **844-614-3275** www.anthem.com or your Sydney Health Mobile app
Telemedicine (Anthem plan participants only)	LiveHealth Online **855-603-7985** www.livehealthonline.com or your Sydney Health Mobile app
Prescription Medications (Anthem plan participants only)	CarelonRx **844-614-3275** www.anthem.com or your Sydney Health Mobile app
Specialty Medications (Anthem plan participants only)	BioPlus **833-549-2114** www.anthem.com or your Sydney Health Mobile app
Musculoskeletal Therapy (Anthem plan participants only)	Hinge Health **855-902-2777** hinge.health/usventure
Health Savings Account (HSA) (Anthem plan participants only)	Associated Bank **800-270-7719** www.associatedbank.com
FSAs and Commuter Benefits	WEX **866-451-3399** www.wexinc.com
Accident Insurance **Critical Illness Insurance** **Hospital Indemnity Insurance**	Reliance Matrix **855-775-2524** reliancematrix.com
Health Coaching Program	Marquee Health **800-882-2109** coaching@mywellportal.com
Wellness Reimbursement Program	TotalRewards/HealthSmart/ Reimbursement Program
Weight Management Program	Noom go.noom.com/usventure
Nicotine and Substance Use Management Program	Pelago **877-349-7755** pelago.health/usv-more
Personal Health Assessment (PHA)	Marquee Health **800-882-2109** usventure.mywellportal.com
Dental	Delta Dental of Wisconsin **800-236-3712** www.deltadentalwi.com
Vision	Delta Vision through EyeMed **844-848-7090** www.eyemed.com

Financial

Emergency Travel Assistance
Voya
317-659-5841
Email: assist@imglobal.com
imglobal.com/member
Select "Create an account"
Enter referral code: VOYATRAVEL

Legal
MetLife Legal
800-821-6400
www.legalplans.com

Identity Theft
MetLife Aura Identity Theft
1-844-931-2872
www.metlife.com

401(k) Retirement Savings Plan
T. Rowe Price
800-922-9945
Spanish: **800-368-2768**
rps.troweprice.com

Financial Advisory Services
Francis LLC
866-232-6457
francisway.com/services/participant-portal/us-venture/

Life and AD&D Insurance
Voya
888-238-4840
www.voya.com/claims

U.S. Venture Resources and Tools

Health & Wellness Benefits Team
Total Rewards
920-831-8881
Email: TotalRewards@usventure.com
www.USVbenefits.com
Total Rewards SharePoint

Workday
www.myworkday.com/usventure

Well-being, Community, Recognition and Work/Life

Employee Assistance Program (EAP)
SupportLinc
1-888-881-LINC (5462)
www.supportlinc.com
Text "Support" to **51230**

Employment Verification Service
The Work Number
800-367-5690
www.theworknumber.com
Employer code **15856**

This brochure describes your medical care coverage and other benefits in general terms and is not a guarantee of coverage. Refer to the Summary Plan Descriptions, Summaries of Benefits and Coverage (SBCs), Plan Documents and other plan summaries on Total Rewards SharePoint page to determine the benefit terms and conditions including limitations and exclusions. If there is any discrepancy between this brochure and the Plan Document or policies that govern the plans, the Plan Document or policies will rule.