EMPLOYEE

Benefits Guide

January 1, 2027 to December 31, 2027

Aurora Trailworks, Inc.

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WELCOME

Aurora Trailworks, Inc.'s goal is to provide you and your family with an effective, cost-conscious and comprehensive benefits package.

These programs are reviewed annually to keep benefit choices current and compliant. Read this guide carefully so you can make informed enrollment decisions for yourself and your family.

This guide highlights your benefit options. It is not a complete Summary Plan Description. For details including covered expenses, exclusions, and limitations, refer to the official plan documents or contact the insurance carrier. If any discrepancy exists, the official plan documents will prevail.

OPEN ENROLLMENT

OPEN ENROLLMENT FOR THE PLAN YEAR

Open Enrollment is the window of opportunity to review your benefit enrollments and determine if you want to make changes for the following plan year. Decisions made during Open Enrollment are generally binding for the entire plan year and cannot be changed until next year's Open Enrollment unless there is a qualified change in status.

OPEN ENROLLMENT DATES

November 2, 2026 - November 13, 2026

ENROLLMENT MEETING

November 3, 2026 at 10:00 AM Pacific - virtual town hall

WHAT'S NEW

1. 1. A new HSA-compatible Trailhead HDHP option is available.
2. 2. The Harbor Dental Plus option adds adult orthodontia coverage.
3. 3. Telemedicine visits are available through the Pathway Care app.

HOW TO ENROLL

Fill out all enrollment forms and return them to Benefits Enrollment Desk. If waiving coverages, sign the waiver and submit it by the enrollment deadline.

ELIGIBILITY

INITIAL ELIGIBILITY PERIOD

Regular employees scheduled to work at least 30 hours per week are eligible on the first day of the month after 30 days of employment. Enrollment must be completed within 30 days of the eligibility date.

DEPENDENTS

You can enroll eligible dependents for medical and dental coverage. Eligible dependents generally include your spouse, domestic partner when permitted, naturally born children, legally adopted children, stepchildren, foster children, children for whom you have legal custody, and children covered under a Qualified Medical Child Support Order.

Eligible children are generally covered until the end of the month following their 26th birthday, unless the official plan documents provide otherwise.

QUALIFIED CHANGE IN STATUS

Unless you experience a life-changing qualifying event, you cannot make changes until the next Open Enrollment period. Qualifying events include:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or qualified dependent
- Change in service area
- Change in employment status or coverage under another employer-sponsored plan

Requests must be received within 30 days of the event date. Late submissions are subject to carrier approval.

MEDICAL PLAN

Northwind Benefits Network

Summit PPO 750

Coverage tier	Total / mo.	ER / mo.	EE / mo.	ER / pay	EE / pay
Employee only	$812.40	$609.30	$203.10	$281.22	**$93.74**
Employee + spouse	$1,624.80	$1,218.60	$406.20	$562.43	**$187.48**
Employee + child(ren)	$1,462.32	$1,096.74	$365.58	$506.19	**$168.73**
Family	$2,274.72	$1,706.04	$568.68	$787.40	**$262.47**
Enrollment total 100 enrolled	**$142,332.48**	**$106,749.36**	**$35,583.12**	**$49,268.94**	**$16,422.98**

ER = Employer. EE = Employee. The enrollment total is weighted by saved enrollment counts. Per-pay amounts use 26 payroll deductions and are rounded to cents.

PLAN HIGHLIGHTS

Deductible	$750 individual / $1,500 family
Out-of-pocket maximum	$4,000 individual / $8,000 family
Primary care	$25 copay
Specialist	$45 copay
Urgent care	$60 copay
Emergency room	$250 copay, then 20% coinsurance
Hospital	20% coinsurance after deductible
Prescription drugs	Generic: $15; Preferred brand: $40; Non-preferred brand: $70; Specialty: 25% up to $250

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Review carrier documents for complete information.

MEDICAL PLAN

Northwind Benefits Network

Trailhead HDHP 2000

Coverage tier	Total / mo.	ER / mo.	EE / mo.	ER / pay	EE / pay
Employee only	$676.20	$540.96	$135.24	$249.67	**$62.42**
Employee + spouse	$1,352.40	$1,081.92	$270.48	$499.35	**$124.84**
Employee + child(ren)	$1,217.16	$973.73	$243.43	$449.41	**$112.35**
Family	$1,893.36	$1,514.69	$378.67	$699.09	**$174.77**
Enrollment total 100 enrolled	**$118,470.24**	**$94,776.19**	**$23,694.05**	**$43,742.86**	**$10,935.71**

ER = Employer. EE = Employee. The enrollment total is weighted by saved enrollment counts. Per-pay amounts use 26 payroll deductions and are rounded to cents.

PLAN HIGHLIGHTS

Deductible	$2,000 individual / $4,000 family
Out-of-pocket maximum	$4,500 individual / $9,000 family
Primary care	15% coinsurance after deductible
Specialist	15% coinsurance after deductible
Urgent care	15% coinsurance after deductible
Emergency room	15% coinsurance after deductible
Hospital	15% coinsurance after deductible
Prescription drugs	Generic: 15% after deductible; Preferred brand: 15% after deductible; Non-preferred brand: 25% after deductible; Specialty: 25% after deductible

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Review carrier documents for complete information.

DENTAL PLAN

Northwind Benefits Network

Harbor Dental Core

EMPLOYEE-ONLY EE / PAY
$8.97
Current plan year

PAYROLL BASIS
26
Deductions per year

COSTS SHOWN
ER / EE
Employer and employee share

Coverage tier	Total / mo.	ER / mo.	EE / mo.	ER / pay	EE / pay
Employee only	$48.60	$29.16	$19.44	$13.46	**$8.97**
Employee + spouse	$97.20	$58.32	$38.88	$26.92	**$17.94**
Employee + child(ren)	$109.35	$65.61	$43.74	$30.28	**$20.19**
Family	$157.95	$94.77	$63.18	$43.74	**$29.16**
Enrollment total 100 enrolled	**$9,477.00**	**$5,686.20**	**$3,790.80**	**$2,624.40**	**$1,749.60**

ER = Employer. EE = Employee. The enrollment total is weighted by saved enrollment counts. Per-pay amounts use 26 payroll deductions and are rounded to cents.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Review carrier documents for complete information.

DENTAL PLAN

Northwind Benefits Network

Harbor Dental Plus

EMPLOYEE-ONLY EE / PAY
$13.55
Current plan year

PAYROLL BASIS
26
Deductions per year

COSTS SHOWN
ER / EE
Employer and employee share

Coverage tier	Total / mo.	ER / mo.	EE / mo.	ER / pay	EE / pay
Employee only	$65.25	$35.89	$29.36	$16.56	**$13.55**
Employee + spouse	$130.50	$71.78	$58.72	$33.13	**$27.10**
Employee + child(ren)	$146.81	$80.75	$66.06	$37.27	**$30.49**
Family	$212.06	$116.63	$95.43	$53.83	**$44.04**
Enrollment total 100 enrolled	**$12,723.64**	**$6,998.00**	**$5,725.64**	**$3,229.85**	**$2,642.60**

ER = Employer. EE = Employee. The enrollment total is weighted by saved enrollment counts. Per-pay amounts use 26 payroll deductions and are rounded to cents.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Review carrier documents for complete information.

VISION PLAN

ClearView Vision

ClearView Vision 150

Coverage tier	Total / mo.	ER / mo.	EE / mo.	ER / pay	EE / pay
Employee only	$12.40	$6.20	$6.20	$2.86	**$2.86**
Employee + spouse	$24.80	$12.40	$12.40	$5.72	**$5.72**
Employee + child(ren)	$27.90	$13.95	$13.95	$6.44	**$6.44**
Family	$40.30	$20.15	$20.15	$9.30	**$9.30**
Enrollment total 100 enrolled	**$2,418.00**	**$1,209.00**	**$1,209.00**	**$558.00**	**$558.00**

ER = Employer. EE = Employee. The enrollment total is weighted by saved enrollment counts. Per-pay amounts use 26 payroll deductions and are rounded to cents.

Refer to the official vision certificate for exams, lenses, frames, contacts, network rules, reimbursements, and exclusions.

TELEMEDICINE

Pathway Care

Telemedicine can provide convenient non-emergency care when an in-person visit is not practical. It is not a replacement for your primary care physician or specialist.

COMMON CONDITIONS TREATED

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold and flu
- Earache
- Fever
- Nausea
- Pinkeye
- Sinus symptoms

CONTACT

App	Pathway Care
Phone	800-000-2410
Text	Text CARE to 00000
Website	https://care.auroratrailworks.test

Availability, cost, prescriptions, behavioral health access, and covered services depend on the official plan documents.

HEALTH SAVINGS ACCOUNT

Evergreen Account Services

Review the source-backed summary and official account materials for eligibility, contribution, expense, tax, and account rules.

HEALTH REIMBURSEMENT ACCOUNT

Evergreen Account Services

An HRA is an employer-funded account that may reimburse eligible medical expenses such as copays, deductibles, and prescription drug costs when the plan allows it.

EMPLOYER CONTRIBUTION

Coverage tier	Contribution
Employee only	$500.00
Employee + dependent(s)	$1,000.00

Use the official HRA plan documents and administrator materials for eligible expenses, claim rules, debit card rules, and runout deadlines.

FLEXIBLE SPENDING ACCOUNT

Evergreen Account Services

An FSA lets employees set aside pre-tax payroll deductions for eligible health care and dependent care expenses. Elections and reimbursements are governed by IRS rules and the official plan documents.

MEDICAL FSA

May cover eligible medical, dental, vision, and prescription expenses. Save itemized receipts for card transactions and reimbursements.

DEPENDENT CARE FSA

May cover eligible day care, after-school care, and other qualified dependent care expenses that allow you and your spouse, if applicable, to work.

Confirm current annual IRS limits, carryover, grace period, and eligible expense rules before electing an amount.

LIFE & AD&D

Beacon Ridge Assurance

Life and accidental death and dismemberment coverage can provide financial protection to an employee's named beneficiaries when a covered loss occurs.

Plan	Employer-paid basic life and AD&D
Life benefit	1 times annual earnings, up to $150,000
AD&D benefit	Matches the basic life benefit for a covered accidental loss
Who pays	Employer paid
Employee cost	$0
Guarantee issue	$150,000
Age reduction	Reduces to 65% at age 65 and 50% at age 70

Name and review your beneficiary during enrollment. Eligibility, exclusions, reductions, and payment of a claim are governed by the official policy.

SHORT TERM DISABILITY

Beacon Ridge Assurance

Plan	Salary Continuation STD
Benefit percentage	60% of covered weekly earnings
Weekly maximum	$1,500
Elimination period	7 days for accident or illness
Maximum duration	12 weeks
Who pays	Employer paid

Review the source-backed summary and official plan document for eligibility, benefit approval, offsets, exclusions, and duration.

LONG TERM DISABILITY

Beacon Ridge Assurance

Long-term disability coverage may replace part of income when a covered illness or injury prevents an eligible employee from working for an extended period.

Plan	Income Protection LTD
Benefit percentage	60% of covered monthly earnings
Monthly maximum	$8,000
Elimination period	90 days
Maximum duration	To Social Security normal retirement age, subject to policy terms
Pre-existing conditions	3/12 limitation
Who pays	Employer paid

Benefit approval depends on the policy definition of disability, medical documentation, and all policy terms.

EMPLOYEE ASSISTANCE PROGRAM

Compass Point EAP

The EAP provides voluntary, confidential support for employees and eligible dependents. Access, visit limits, and covered services depend on the official program materials.

COMMON SUPPORT AREAS

- Stress
- Depression
- Grief and loss
- Family or marital issues
- Addiction concerns
- Financial concerns
- Legal resources
- Child care resources
- Elder care resources
- Work-life support

CONTACT

Phone	800-000-2450
Website	https://compass-point-eap.test

VOLUNTARY BENEFITS

Voluntary benefits may provide additional protection for accidents, specified diseases, hospital stays, life events, or disability. Available options vary based on employer offering and carrier availability.

AVAILABLE OPTIONS MAY INCLUDE

- Accident insurance
- Critical illness or specified disease coverage
- Hospital indemnity
- Voluntary life insurance
- Short-term disability

REPRESENTATIVE

Name	Jordan Lee - Fictional Benefits Advisor
Phone	800-000-2460
Email	advisor@auroratrailworks.test

EMPLOYEE CONTACT LIST

CARRIERS

Carrier	Phone	Website
Northwind Benefits Network	800-000-2420	https://northwind-benefits.test
ClearView Vision	800-000-2430	https://clearview-vision.test
Beacon Ridge Assurance	800-000-2440	https://beacon-ridge.test
Compass Point EAP	800-000-2450	https://compass-point-eap.test

HUMAN RESOURCES AND ENROLLMENT

Contact	Phone	Email
Aurora Trailworks People Team	800-000-2400	people@auroratrailworks.test
Benefits Enrollment Desk	800-000-2401	enroll@auroratrailworks.test
Jordan Lee - Fictional Benefits Advisor	800-000-2460	advisor@auroratrailworks.test

COMPANY

Aurora Trailworks, Inc.
https://benefits.auroratrailworks.test
800-000-2400

LEGAL NOTICES

The information in this guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit summaries. While every effort was taken to accurately summarize your benefits, discrepancies or errors are always possible. In case of a discrepancy between this guide and the actual plan documents, the actual plan documents will prevail.

All information is confidential pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have questions about this summary, contact Human Resources or the applicable insurance carrier.

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