



Stay on Track with Your Benefits

Non-Union

ConGlobal's 2026-27 Benefits Guide

Welcome

Stay on Track with Your Benefits!

At ConGlobal, we're committed to supporting every part of your life—not just your work. Our benefits package is thoughtfully designed to care for your health, well-being, and financial future, as well as that of your family.

As we begin the 2026 benefits enrollment period, we want you to know that your total rewards are more than just a paycheck—they're a reflection of how much we value you. From healthcare and retirement planning to mental wellness and work-life balance, we're here to help you thrive—both on and off the job.

Employees can enroll in ConGlobal's benefits after working 90 continuous days (new hires), during the annual open enrollment period, or when there is a qualifying life event.

Here's how you can TAKE ACTION!

- 1. REVIEW** the benefits guide to explore your options and check out our benefits app at conglobal.mybenefitsapp.com.
- 2. WATCH** an **educational video** on our benefits app.
- 3. ENROLL** or **MAKE CHANGES** in **Dayforce** at dayforcehcm.com or via the Dayforce app. Need help? Contact iBTR's benefits experts.

We've made every effort to provide you with accurate information. Full details of the plans are contained in the Summary Plan Description (SPD), which governs each of our offerings. The SPD will prevail if there is any discrepancy between the information and the policy/plan documents. You may obtain a copy of each SPD in the Benefits module in our benefits app.

We reserve the right to terminate, suspend, withdraw, or modify the benefits described in this guide. No statement in this or any other document and no oral representation should be construed as a waiver of this right.

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Eligibility

Employees

All full-time employees regularly working at least 30 hours per week are eligible to enroll themselves and their eligible dependents in medical, dental, and vision coverage following 90 days of continuous employment (effective on the 91st day). For example, employees hired on June 1st will be eligible August 30th of the current year. Employees hired on October 15th will be eligible January 13th of the following year.

- > Non-exempt employees are eligible to enroll in life and disability coverage the first of the month following one year of service.
 - > For example, non-exempt employees hired on June 1st will be eligible July 1st of the following year. Employees hired on October 15th will be eligible November 1st of the following year.
- > Exempt employees are eligible to enroll in life and disability coverage following 90 days of continuous employment, effective on the first of the month following.
 - > For example exempt employees hired on June 1st, their life and disability coverage would begin on September 1st of the current year. Employees hired on October 15th, their life and disability benefits will be effective February 1st of the following year.

In order to continue eligibility throughout the year, you must regularly maintain at least 30 eligible hours per week.

Family Members

If you are an eligible employee and elect coverage, you can also elect the following coverage for your eligible family members:

- > Medical
- > Dental
- > Vision
- > Flexible Spending Accounts
- > Life and AD&D
- > Accident
- > Critical Illness
- > Hospital Indemnity

You must have coverage for yourself to enroll your eligible family members.

Your Eligible Family Members Include:

- > Your legal spouse
- > Your dependent children up to age 26 — including biological children, adopted children, stepchildren, or those for whom you have legal custody or guardianship by court decree
- > A dependent child currently covered on your policy who is disabled mentally or physically, as defined by the Social Security Administration may continue on your policy

Qualifying Life Event

You can change your benefit elections during the plan year if you have a qualifying life status event as defined by the IRS.

Life Status Events Include:

- > Marriage or divorce
- > Birth, death, or legal adoption
- > Associate gains or loses coverage
- > Family member gains or loses coverage

Documentation for all qualifying life events must be submitted to Dayforce within 30 days of the event. Life event coverage will begin on the effective date of the covered event and documentation has been approved.

- > To submit your qualifying life event, visit dayforcehcm.com.
- > For questions, please contact Dayforce Managed Services at 888-297-4664 or mdfits@dayforce.com.

Important!

Dependent Verification Now Completed in Dayforce!

To view the Dependent Documentation Requirements and a step-by-step guide, scan the QR code below to visit the Benefits App.

- > Spouse: Marriage Certificate
- > Child(ren): Birth Certificate

If you have questions or need support navigating Dayforce, please contact us at managedbenefits@conglobal.com.



How to Enroll



Get Started with Dayforce

All employees must either enroll or waive coverage for Medical, Dental and Vision by accessing the Benefits Module through Dayforce (dayforcehcm.com).



- > **User Name:** Your Employee ID Number as 6 digits using leading zeros (i.e., 4956 becomes 004956)
- > **Password:** Your date of birth as MMDDYYYY
Forgot your password? Select [CANT ACCESS YOUR PASSWORD](#) to reset it or contact Managed Services at managedbenefits@conglobal.com. Your password reset will go to the email you listed in Dayforce.

How to Enroll

1. **Navigate to Benefits Section.** Log in to Dayforce and enter the **BENEFITS** section by clicking the **BENEFITS** icon
2. **Launching the Enrollment Process.** To begin the enrollment process, select **OVERVIEW** tab. Available enrollments will be listed at the top of the page. To begin the enrollment process, click **START ENROLLMENT**.
3. **Submit Your Elections.** Once you have completed your enrollment, be sure to click on **SUBMIT** and print or save your confirmation page.



Want to enroll on the Dayforce app?

- > Download the Dayforce app on  [Download on the App Store](#) or  [GET IT ON Google Play](#).
- > Once installed, login using the following credentials:
 - > Company ID: ITSC
 - > User ID: Your employee number
 - > Password: Your current password
- > Tap the **Options Menu** in the upper left-hand corner. Tap **Benefits** to see your available enrollments.
- > Click **Begin Enrollment** to get started.

iBTR is here to help you!

Need help deciding what benefits are right for you?

We want our employees and their families to thrive and have the benefits and resources to meet your unique needs.

So, we're offering a concierge program for enrollment where you can meet one-on-one with a benefits counselor to review plan options, ask questions, and complete your enrollment.

Offering resources like iBTR is just another way we're delivering on our every day mission of taking care of each other, our customers, and our business.

Scan the QR code to schedule an appointment with iBTR.





Medical

The medical plan covers a wide range of services, from preventive and routine care to hospitalization and surgery. The medical plan includes a prescription drug benefit through CVS Caremark, which covers prescriptions at participating pharmacies and mail-order maintenance drugs. Cigna ID cards are available digitally on **mycigna.com**. You can request a physical card be mailed to you through **mycigna.com** or by calling Cigna customer service at 800-244-6224. **Please see the Summary Plan Description for more details.**

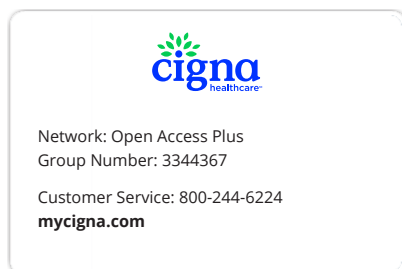
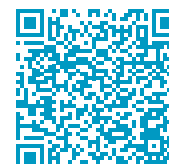
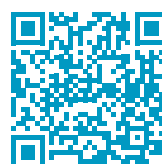
Medical Plan	Premier Plan	
	In-Network	Out-of-Network
Deductible*	\$1,500 Individual / \$3,000 Family	\$3,750 Individual / \$7,500 Family
Out-of-Pocket Maximum*	\$10,600 Individual / \$21,200 Family	\$21,200 Individual / \$42,400 Family
Coinsurance	20% after deductible	50% after deductible
Office Visit PCP	\$10 copay	50% after deductible
Office Visit Specialist	\$30 copay	50% after deductible
Preventive Care	No charge	50% after deductible
Telehealth	\$0 copay	n/a
Telehealth: Behavioral Health	\$30 copay	50% after deductible
Emergency Room	\$500 copay	\$500 copay
Inpatient/Outpatient Hospital Stay	20% after deductible	50% after deductible
Urgent Care Facility	\$30 copay	50% after deductible

* Annual deductible and out-of-pocket maximums reset every January 1. Any expenses that have already been incurred toward your deductible and out-of-pocket maximums will continue to accumulate until January 1 of the following year.

Get Started with myCigna

You will be able to find in-network services, manage and track claims, see cost estimates and more.

1. Go to **mycigna.com** or download the myCigna app and select **REGISTER NOW**
2. Enter your requested information, review and submit



**ONE ID CARD FOR
MEDICAL, DENTAL
AND VISION BENEFITS!**



Cigna Pre-Enrollment Hotline (800-244-6224) is available for questions regarding medical benefits, programs and providers.





Frequently Asked Questions

If you enroll in the Cigna medical plan, you may use any provider for your care. However, when you see a provider in the Open Access Network, your out-of-pocket costs are limited to a \$10 copay for primary care office visit and a \$30 for specialists on the Premier plan. Out-of-network care is also covered, but you will pay more for your care. Most out-of-network costs are subject to an annual deductible and then are reimbursed at 50% of the reasonable and customary charge.

Can I go to any doctor and receive plan benefits?

Yes.

Do I pay less if I see certain doctors?

Yes. You will pay less out-of-pocket when you use preferred network doctors.

Do I need a referral to see a specialist?

No. You can always go directly to a specialist. However, you will receive out-of-network benefits if the specialist is not in the preferred network.

Do reasonable and customary limits apply? Will I receive balance due bills?

Only if you see a doctor outside the network. If the charge is above reasonable and customary, you will receive a balance due bill and you are responsible for any balance above the covered amount. In-network providers cannot balance bill you for any additional financial responsibility above the out of pocket parameters dictated by the benefits of the plan.

How will I receive the payment details from Cigna for each of my claims?

All Explanation of Benefits (EOBs) are available electronically via the MyCigna member portal.

If my procedure/service requires pre-certification, who is required to submit?

Certain procedures require pre-certification prior to the services. In-network providers will be aware of the responsibility, however out-of-network providers may not. When receiving services out-of-network, it is the patient's responsibility to ensure the provider submits the initial request.

Telehealth

MDLIVE®

MDLIVE through Cigna

Life is demanding. It's hard to find time to take care of yourself and your family members as it is, never mind when one of you isn't feeling well. That's why your health plan through Cigna includes access to minor medical and behavioral/mental health virtual care. Whether it's late at night and your doctor or therapist isn't available or you just don't have the time or energy to leave the house, you can:

- > Access care from anywhere via video or phone.
- > Get minor medical virtual care 24/7/365 – even on weekends and holidays.
- > Schedule a behavioral/mental health virtual care appointment online in minutes.
- > Connect with quality board-certified doctors and pediatricians as well as licensed counselors and psychiatrists.
- > Have a prescription sent directly to your local pharmacy, if appropriate.

Minor Medical Virtual Care

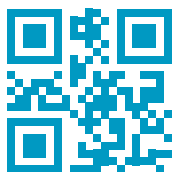
Board-certified doctors and pediatricians can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- > Acne
- > Allergies
- > Asthma
- > Bronchitis
- > Cold and flu
- > Diarrhea
- > Earaches
- > Fever
- > Headaches
- > Infections and more

Behavioral/Mental Health Virtual Care

Licensed counselors and psychiatrists can diagnose, treat and prescribe most medications for nonemergency behavioral/mental health conditions, such as:

- > Addictions
- > Bipolar disorders
- > Child/Adolescent issues
- > Depression
- > Eating disorders
- > Grief/Loss
- > Panic disorders
- > Parenting issues and more



mycigna.com



Connect With Virtual Care Your Way

- > Contact your in-network provider or counselor
- > Talk to an MDLIVE medical provider on demand on **mycigna.com**
- > Schedule an appointment with an MDLIVE provider or licensed therapist on **mycigna.com**
- > Call MDLIVE 24/7 at 888-726-3171

General Visits: \$0 copay
Mental Health: Medical Specialist copay applies



Cigna Programs

Cigna One Guide

Cigna One Guide service can help you make smarter, informed choices and get the most from your plan. It's our highest level of support that combines the ease of a powerful app with the personal touch of live service. One Guide personal support, tools and reminders can help you stay healthy and save money.

Download the myCigna app or call the number on the back of your ID card to talk with your personal guide.

Healthy Pregnancies, Healthy Babies

Healthy Pregnancies Healthy Babies is a maternity support program that guides customers from pregnancy through postpartum. Maternity specialists, nurses, and doctors provide clinical guidance, referrals to behavioral health, dietitians, and social workers, and empathetic support for pregnancy loss through the Condolence program with AWHONN-certified nurses. Members also have access to the Cigna Healthy Pregnancy app to track pregnancy health and support baby's first two years.

The Incentive Program

Enroll during the first trimester to receive a \$150 incentive, administered via paper check. If enrolling in the second trimester it's \$75. The award is not paid out until the mother completes the postpartum depression screening call. There's no incentive to enroll in the third trimester although you can still enroll any time up to their delivery day.

Headspace Care

Everyone deserves access to incredible mental healthcare. Headspace Care created the world's first integrated mental healthcare system where coaches, therapists, and psychiatrists work as a team to coordinate the best, personalized care right from your smartphone, whenever you need it. Headspace Care's mental health services are in-network and accessible through your behavioral health benefits. Visit organizations.headspace.com/connect to learn more.

Healthy Rewards

Cigna Healthy Rewards helps you save money on things that support a healthy lifestyle. Anyone with a Cigna Healthcare-administered plan automatically has access to discounts on fitness, healthy meal delivery, personal care, hearing aids, and eye care. There are no forms to fill out or doctor referrals needed. Customers pay the lower price and work directly with the company offering the service. These discounts can be accessed via mycigna.com in the Perks & Programs section or through the wellness tab.

Discounts include:

- > Discounted meal delivery via Mom's Meals.
- > Discounted gym memberships nationwide & free digital workouts via Active & Fit.
- > Discounted glasses and contact lenses via EyeMed and Lasik surgery via LasikPlus.
- > Discounted hearing aids and protection via Start Hearing.
- > Up to 25% off alternative medicine practitioners via ChooseHealthy.

Talkspace

Talkspace is a digital space for private and convenient mental health support. With Talkspace, you can choose a dedicated therapist and/or prescriber from a list of recommended, licensed providers and receive support day and night from the convenience of your device.

Talkspace's clinical network features thousands of licensed, insured, and verified clinical professionals with specialties ranging from behavioral to emotional and wellness needs, including:

- > Stress
- > Anxiety
- > Depression
- > Relationships
- > Healthy living
- > Trauma & grief
- > Eating disorders
- > Substance use and more

To get started with Talkspace, visit talkspace.com/cigna. Complete the QuickMatchsurvey and review your best matches and choose your personal provider.



Airrosti

Reduce Pain in 3-4 Visits¹

If you're living with chronic pain or an unresolved injury, Airrosti can help.

Our caring and knowledgeable Providers are here to help you understand the source of your pain, what's happening in your body, and your options for eliminating or significantly reducing the pain.

Talk with a licensed Provider, 1-on-1, to get to the root cause of your pain. Your Provider will help you explore your options and discuss effective alternatives to physical therapy or surgery.

Scan QR code or visit airrosti.com/reachadoc to schedule today.

Airrosti VIP Chat

Complimentary virtual injury and pain (VIP) chat with a provider. If you're living with chronic pain or an unresolved injury, Airrosti can help.

Airrosti will help you learn why previous treatments may have been unsuccessful and ways you can help yourself on the road to recovery. This comfortable and relaxed conversation is designed to help you make informed decisions about your care.

To get started with VIP chat, visit airrosti.com/vipchat.

Head-to-Toe Care



Back pain



Wrist pain



Foot pain

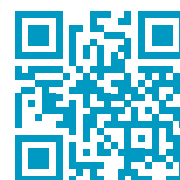


Arm pain



Knee pain

and more!



airrosti.com/reachadoc

¹Based on patient-reported outcomes



Omada

Access a health program built just for you!

ConGlobal is offering Omada to help people manage diabetes, lower blood pressure or lose weight with one-on-one health coaching and the tools needed to build healthy habits that stick.

The best part: the program—up to a \$1,700 value—is no extra cost to you if you're clinically eligible to enroll.

With Omada, you'll get:

- > One-on-one support from a health coach, and a specialist for diabetes and blood pressure program members
- > OmadaSpark AI—get answers to your food related questions and ideas for healthier meals and snacks
- > Easy food tracking—just snap a picture, scan a barcode, use your voice or type in your meals

If you or your covered family members are at risk for type 2 diabetes and/or heart disease or are living with diabetes and/or high blood pressure and are accepted into the program, your Cigna Healthcare plan will cover its full cost.

Get a welcome kit at no extra cost once you enroll*.

It includes easy-to-use smart devices, based on your needs, shipped to your door, yours to keep.

- > Two continuous glucose monitor (CGM) sensors
- > Blood glucose meter (BGM) with an ongoing supply of test strips and lancets, as needed
- > Blood pressure monitor
- > Smart scale

**Certain features and smart devices are only available for certain programs and if you meet program and clinical eligibility requirements.*



omadahealth.com/conglobal



With Omada, there's a program for you!



Weight loss & overall health



Diabetes



High blood pressure

Do you have questions?


Contact Omada:

- > Visit: omadahealth.com/conglobal
- > By phone: 888-409-8687
- > By email: support@omadahealth.com



Know Where To Go For Care

Not sure where to go when you need medical care? Choosing the right place can save you time, money, and stress!




Telehealth: \$0 Copay!

MDLIVE can help you identify some options when you or a family member have a health problem or concern. What MDLIVE can help you with:

- > Allergies
- > Ear Problems
- > Flu
- > Fever
- > Pink Eye and more

\$0 Copay




Doctor's Office Visit

Receive non-urgent care for illnesses and injuries, vaccinations, exams, screenings and specialist referrals.

- > Generally the best place to go for non-emergency care
- > Doctor-to-patient relationship established and therefore able to treat, based on knowledge of medical history
- > Average wait time is 24 minutes

\$10 PCP / \$30 Specialist




Urgent Care

Receive urgent care for illnesses and injuries that are not life-threatening.

- > Generally includes evenings, weekends and holidays
- > Often used when your doctor's office is closed, and there is no true emergency
- > Average wait time is 11-20 minutes
- > Many have only and/or telephone check-in

\$30 Copay



Emergency Room

Receive care for serious or life-threatening emergencies.

- > Open 24 hours, seven days a week
- > Average wait time is 4 hours, 7 minutes
- > Multiple bills for services such as doctor and facility

Beware of Freestanding Emergency Rooms which may look like urgent care centers, but they charge hospital ER prices—even for minor issues.

\$500 Copay

Know the Difference: Freestanding Emergency Room (ER) vs. Urgent Care Center

Freestanding ERs look a lot like urgent care centers, but may not be affiliated with an in-network hospital. That means you could end up with a hefty bill (or several bills). You might even be sent to a hospital ER for care! Here are ways to spot a freestanding ER:

- > Look for "Emergency" on the building exterior.
- > Check the hours. If it's open 24/7, it's a freestanding ER. Urgent care centers close at night.
- > Confirm it's not connected to a hospital.
- > Ask if it follows the copay, coinsurance and deductible payment model.



Prescription Drugs

A prescription for better health. Making sure you have access to affordable medication and convenient options for filling is our priority. With CVS Caremark, you can decide the most convenient way to fill your Rx – with options like contact-less delivery to your door or pickup at a pharmacy in your network. You will get a CVS Caremark ID card in the mail.

Prescription Drugs	Premier Plan
Generic	\$0 copay
Preferred Brand	\$50 copay
Non-Preferred Brand	\$100 copay
Preferred Specialty	\$250 copay
Non-Preferred Specialty	\$500 copay
Home Delivery (Non-Specialty)	\$0 / \$100 / \$200

Prescription Formulary

You will have access to the Standard Control Formulary with Prior Authorization Option and the Advanced Control Specialty Formulary.

To find out more, visit caremark.com



PrudentRx is a specialty Rx patient assistance program. Members enrolled in the PrudentRx program will pay \$0 for eligible covered specialty medications. A specialty copay will apply for medications not covered under this program. PrudentRx will reach out to you if your medication is eligible. If you have questions, please call CVS Customer Care at 844-203-6363.

Home Delivery

You can get a 90-day supply of medications you take regularly delivered right to your door. For even more convenience, start automatic refills, too.

You'll need a new 90-day prescription to get started.

- > Step 1: Register for an account at caremark.com. Then, select Start Rx Delivery by Mail from the Prescriptions tab, and you'll be taken directly to the Check Drug Cost tool. Search for your medication name and dose.
- > Step 2: Select an option with 90-day supply mail service and click Request a New Prescription.
- > Step 3: Review your order and click or tap Submit Refills to request a new 90-day supply of your Rx. CVS Caremark will contact your doctor for approval and then process your order.



Customer Service & Mail Order: 844-203-6363
 Specialty Rx: 800-237-2767
caremark.com
 RXGRP: RX21AV
 RXBIN: 004336
 RXPCN: ADV

CVS Caremark Mobile App

The CVS Caremark mobile app is available on Google Play and the App Store. After you download the app, you can create your own user name and password that will give you access to everything you need to manage your prescriptions.



Flexible Spending Accounts

Our Flexible Spending Accounts (FSAs) are administered through Chard Snyder. FSAs run on a calendar year basis from **January 1 to December 31 of each year**. There is an open enrollment in November to sign up for the FSAs; effective January 1 of the following year. New Hires are eligible to enroll after 90 days of service.

You must make new elections each year; elections cannot be carried over. If total incurred expenses are less than contributions, the excess contributions cannot be returned at the end of the plan year. However, you have until March 15th of the following year to use whatever money you contributed to the FSA in the previous plan year. You have until March 31st of the following year to submit claims for eligible expenses incurred during the previous calendar year.

You have the option to contribute to Health Care and Dependent Care Flexible Spending Accounts (FSAs). Money contributed to these accounts will be deducted from your paycheck on a pre-tax basis. There are two accounts in which you can choose to participate in.

Health Care FSA

The 2026 annual contribution limit is \$3,400. You can spend your Health Care FSA funds on:

- > Expenses not covered by the health plan, such as deductibles, coinsurance, copayments, etc.
- > Dental and vision expenses

Eligible Expenses

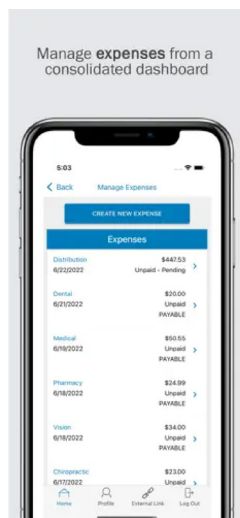
- > Coinsurance, copay amounts, and deductibles
- > Contact lenses and cleaning solutions
- > Dental care and procedures not covered under the plan
- > Eye surgery not covered under the plan
- > Eyeglasses not covered under the plan (including prescription sunglasses)
- > Hearing aids and batteries
- > Orthodontia not covered under the plan

Dependent Care FSA

Eligible expenses for this account include dependent care expenses for children under age 13 or dependents of any age that are unable to care for themselves due to mental or physical handicap. These services must allow you or your spouse to work or attend school full-time. The 2026 annual contribution limit is \$7,500 per household.

Eligible Expenses

- > Au pair fees
- > Babysitting fees
- > Before and after school care
- > Day camp where primary purpose is custodial care
- > Eldercare
- > FICA/FUTA taxes of day care provider
- > Nursery school, preschool, or pre-kindergarten



Questions? Please call Chard Snyder at 800-982-7715 or visit chard-snyder.com.

Access the Chard Snyder Mobile App

- > Download the Chard Snyder app in Google Play or App Store
 - > Set up your account by selecting Register and follow the steps
- Once your account is set up, you will have access to your benefit accounts and transaction details, claims, cards, alerts and more.



Dental

Our dental plans encourage early detection of dental problems by paying the most toward diagnostic and preventive services, such as routine check-ups and cleanings. You will get a Cigna ID card in the mail.

Cigna Healthcare Dental Virtual Care

Toothaches, chipped teeth and oral infections don't care what time of day it is. But neither do the Cigna Healthcare Dental Virtual Care dentists. If you need dental care and are unable to reach your regular provider, you now have the option to consult with a dentist through a video call. The best part? Cigna Healthcare Dental Virtual Care is available 24 hours a day, seven days a week, 365 days a year!


Dental Plan	In-Network	Out-of-Network
Annual Deductible*	\$50 Individual / \$150 Family	
Calendar Year Maximum*	\$2,500	
Reimbursement Levels	Based on negotiated fees	90% of usual and customary after deductible
Class I: Preventive & Diagnostic	No charge	
Class II: Basic Restorative Care	10% after deductible	10% after deductible
Class III: Major Restorative Care	50% after deductible	50% after deductible
Class IV: Orthodontia	50% up to \$1,500 lifetime maximum per child Available to children under age 26	
Orthodontia Lifetime Maximum	\$1,500	

* Annual deductible and calendar year maximums reset every January 1. Any expenses that have already been incurred toward your deductible and maximums will continue to accumulate until January 1 of the following year.

For more information about your dental plan, visit mycigna.com or call 800-244-6224.



Enhanced Network: Total DPPO
Group Number: 3344367
Customer Service: 800-244-6224
mycigna.com

 **ONE ID CARD* FOR
MEDICAL, DENTAL
AND VISION BENEFITS!**

* If you do not enroll in the medical plan, you will not receive a physical ID card. Dental participants without medical coverage can access digital proof of coverage at mycigna.com or through the myCigna app.





Vision

Vision coverage helps pay the cost of periodic vision examinations and necessary lenses and frames. Regular eye examinations serve to determine your need for corrective eyewear and can help to detect health problems at an early stage. You will get an Cigna Vision ID card in the mail.

The plan allows you to see any provider, but you will receive the highest level of benefits when you utilize in-network providers through Cigna. The benefit frequency for vision exam, lenses, frames and contacts are every 12 months.

Vision Plan	In-Network	Out-of-Network
Exam Every 12 months	\$10 Copay: then, covered in full	Reimbursed up to \$45
Lenses Every 12 months	\$25 copay: then, single vision, bifocal and trifocal lenses are covered in full	Reimbursed up to: Single vision - \$40 Bifocal - \$65 Trifocal - \$75
Frames Every 12 months	Covered up to \$150 (20% discount off balance)	\$83 allowance
Contact Lenses Every 12 months	Covered up to \$150 (15% discount off balance for conventional)	Reimbursed up to \$105
Contact Lenses (Fit follow-up)	\$40 copay: then, covered in full	n/a


How to Find A Provider

- > Visit eyedoclocator.eyemedvisioncare.com/cigna
- > Search by location, provider, or online providers
 - > Enter either your 5-digit zip code or select "Use my location."
 - > Use filters to narrow your results.
 - > Once you see your search results you can filter by brands you love, hours, specific technology and more.

Note: Contact Costco, Sam's Club and Walmart to confirm availability for in-network exams.



Network: EyeMed
Group: 3344367
Customer Service: 800-244-6224
mycigna.com

 **ONE ID CARD* FOR
MEDICAL, DENTAL
AND VISION BENEFITS!**



** If you do not enroll in the medical plan, you will not receive a physical ID card. Vision participants without medical coverage can access digital proof of coverage at mycigna.com or through the myCigna app.*

Disability



Voluntary Short Term Disability

ConGlobal offers you the opportunity to purchase short term disability (STD) coverage. All locations are eligible for this benefit with the exception of California and New Jersey employees. CA and NJ employees have access to the state disability program only.

STD coverage is offered through Lincoln. This plan replaces a portion of your weekly income if you should become disabled. If you become disabled for longer than 7 days, you may be eligible to receive STD benefits.

Short Term Disability Benefits

- > Replaces 60% of your weekly base earnings with a weekly benefit maximum of \$1,500
- > Benefits begin after the elimination period of 7 consecutive days of absence due to illness or accident
- > Benefit duration is up to 12 consecutive weeks of non-work related disability (the 12 consecutive weeks start on the 8th day of disability)
- > If you are enrolling in disability for the first time, you may be subject to a pre-existing condition clause with a three month look back period

Voluntary Long Term Disability

You can also purchase long term disability (LTD) coverage to replace your income in the event of an extended illness or injury.

LTD coverage is offered through Lincoln. If you become disabled for longer than 90 days, you may be eligible to receive LTD benefits.

For further information, please refer to the ConGlobal long term disability policy document that is posted on the benefit overview page in Dayforce.

Long Term Disability Benefits

- > Income replacement begins after 90 days of sickness or disability
- > Offers a 60% income replacement of monthly earnings
- > Maximum of \$15,000 per month of income replacement
- > Pre-existing condition exclusion of 3 months applies to employees during the initial 12 months of coverage under the LTD plan
- > If you are enrolling in disability for the first time, you may be subject to a pre-existing condition clause with a three month look back period

Scan the QR code to access the plan summary and view applicable payroll deduction rates for your STD and LTD coverage.



For questions, contact Lincoln by calling 844-572-3076 or visit lincolnfinancial.com.



Life & AD&D



Your family depends on your income for a comfortable lifestyle and for the resources necessary to make their dreams, such as a college education, a reality. Like anyone, you don't like to think of the scenario where you're no longer there for your family. However, you do need to ensure their lives and dreams can continue if the worst should occur.

Basic Life/AD&D Insurance

Lincoln life insurance plan pays benefits if you die or are seriously injured. The basic life insurance is automatically provided by ConGlobal. IRS regulations require that the imputed value of life insurance in excess of \$50,000 be reported on your W2 as taxable income.

Basic Life	Coverage Amount
Exempt Employees	1x your annual base salary, up to \$500,000
Non-Exempt Employees	\$10,000
Basic AD&D Coverage	Matches Basic Life coverage
Age Reduction	Age 65: Reduced to 67%; Age 70: Reduced to 45%; Age 75: Reduced to 30%
Guarantee Issue	\$500,000

Voluntary Life/AD&D Insurance

You have the freedom to select adequate levels of life insurance coverage to protect the well-being of your family. ConGlobal offers voluntary life and voluntary accidental death & dismemberment through Lincoln. Voluntary life insurance and Voluntary accidental death and dismemberment insurance are available for you and your family. These premiums are 100% paid for by you and are based on your age.

To cover your spouse or dependents, you as the employee must also participate in the Voluntary life coverage. Depending on the amount you elect, you may have to answer questions about you or your spouse's health.

ConGlobal uses the employee's age for spouse coverage. The employee is always the beneficiary for dependent coverage.

Voluntary Life	Coverage Amount
For Yourself	Increments of \$50,000 up to \$1,000,000
For Your Spouse	\$25,000 or \$50,000
For Your Eligible Children	\$10,000
Age Reduction	Age 65: Reduced to 67%; Age 70: Reduced to 45%; Age 75: Reduced to 30%
Guarantee Issue	Employee: Lesser of 5X earnings or \$500,000 Spouse: \$50,000 Child: \$10,000



Beneficiary Designation

Your beneficiary designation is the person you name to receive your life insurance benefits in the event of your death and includes any life insurance benefits available through the Company. Benefits payable for a dependent's death are payable to you if living; otherwise, benefits may, at the option of the insurance company, be payable to your surviving legal spouse or to the executors or administrators of your estate.

Visit dayforcehcm.com to update your beneficiary throughout the year.

Questions? Contact Lincoln at 844-572-3076 or lincolnfinancial.com.

Life & AD&D

Evidence of Insurability

Evidence of insurability (EOI) is a health questionnaire that documents your overall health and helps the insurance carrier determine whether you qualify for coverage.

If you are a new hire and you and your eligible dependents enroll within 30 days of your initial eligibility date, you may apply for any amount of life insurance coverage up to the guaranteed issue limit of the lesser of 5x your annual base salary or \$500,000 for yourself and up to \$50,000 for your spouse without EOI. Child life coverage does not require EOI and is automatically approved when the employee is enrolled.

If you already have Voluntary Life coverage, you may increase your coverage during the annual open enrollment, by one increment of \$50,000 without EOI, if you don't exceed 5x your annual base salary.

If you have a qualifying life event and apply for coverage, you may elect \$50,000 for yourself and \$25,000 for your spouse. Any coverage above that, you must complete EOI and be approved by Lincoln to qualify for coverage.

If you apply for coverage for yourself or your dependents above the guaranteed issue limit, you will be required to provide EOI and be approved by Lincoln to qualify for coverage. (this applies to new hires and open enrollments).

Scan the QR code to access the plan summary and view applicable payroll deduction rates for your Voluntary Life and AD&D coverage. For questions, contact Lincoln by calling 844-572-3076 or visit lincolnfinancial.com.



Bereavement Support, Funeral Planning & Will Preparation

Empathy helps families prepare for the future and navigate the emotional and practical challenges associated with loss.

From planning a funeral to the logistics of winding down an estate, Empathy offers an impactful solution to employees and their families after the loss of a loved one. Empathy's bereavement support is also fully accessible to employees' loved ones and various family members can share and join their account.

Lincoln FuneralPrep

With numerous details to manage and decisions to make, the funeral planning process can be overwhelming. We've partnered with FuneralDecisions to offer Lincoln FuneralPrep, a comprehensive planning service that assists you every step of the way.

At-need planning

When grieving the loss of a loved one, you're confronted with more than just a life insurance claim. Lincoln FuneralPrep helps to alleviate the stress and uncertainty of making urgent decisions during an emotional time.

Preplanning

Being prepared is one of the best gifts you can give your family. In addition to providing preplanning resources, Lincoln FuneralPrep can connect you with funeral professionals who can provide expert guidance and advice. To learn more, visit lincolnfuneralprep.com/gplife.

Will Preparation services

Having a will allows you to designate who'll receive your property and assets when you're gone. Without one, your state determines how your estate is distributed. Lincoln's trusted partnership with LifeKeys includes GuidanceResources online will preparation services with your life insurance policy.

GuidanceResources will securely walk you through each step of documenting your final wishes and executing a will. To learn more, visit guidanceresources.com (first time users register with codeword: LIFEKEYS)

Questions? Lincoln by calling 844-572-3076 or visit lincolnfinancial.com.





Employee Assistance Program

GuidanceResources offers professional, confidential services to help you and your loved ones improve your quality of life.

In-person Guidance

Some matters are best resolved by meeting with a professional in person. With GuidanceResources, you and your family get:

- > Up to five in-person sessions with a counselor per person, per issue, per year
- > In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and 25% off subsequent meetings

Unlimited 24/7 Assistance

You and your family can access the following services anytime online, via the mobile app, or with a toll-free call:

- > Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning, and more
- > Legal information and referrals for family law, estate planning, and consumer and civil law
- > Financial guidance on household budgeting and short- and long-term planning

Online Resources

GuidanceResources offers a range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit **guidanceresources.com** or download the GuidanceNow mobile app. You'll find:

- > Articles, tutorials and videos
- > Interactive tools like financial calculators, budgeting worksheets, and more

Stress and anxiety
 Substance use
 Grief and loss
 Relationship problems
 Depression
 Financial planning
 Dependent care
 Legal Issues

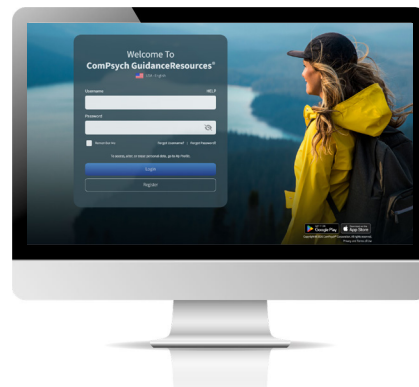


guidanceresources.com

New users click **Register**
(web ID: LFGSupport)



888-628-4824



COMPSYCH[®]
GuidanceResources[®] Worldwide



401(k) Retirement Plan



ConGlobal maintains a 401(k) plan, the ITS Technologies & Logistics, LLC 401(k) Retirement Savings Plan (Plan), to help you save for your retirement. Please refer to the Plan's Summary Plan Description and plan document for additional details about the Plan. The terms of the plan document will overrule any conflicts with the information contained here.

- > Employees who have completed 90 days of service are eligible with the following pay period to receive 50% employer match up to first 6% contribution.
- > Employees are always 100% vested in their contributions, adjusted for any gains and losses resulting from their contributions. Your account in the plan will also include any company contributions, adjusted for any gains and losses. The ConGlobal contributions to your account will vest according to the following schedule.

401(k) Plan	Vesting Schedule
Years of Service	Vesting Percentage
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years	100%

Contributing to the Plan

Once you become eligible, you'll be able to save for retirement in this plan. You decide how much of your salary you want to contribute directly from your paycheck, up to \$24,500 in 2026, with before-tax contributions.

Catch-Up Contribution

If you are or will be 50 by the end of the calendar year, you can contribute an additional \$8,000 in catch-up contributions, bringing your total to \$32,500 for 2026. In addition, if you are or will be 60 to 63 by the end of the calendar year, instead of the \$8,000 catch-up limit, you can contribute an additional \$11,250 for 2026.

Contact Principal

For questions, call 800-547-7754 or visit [principal.com](https://www.principal.com).

Note: Federal law limits the dollar amount of your pretax contributions.

Will Prep

If you've been putting off preparing a will, you're not alone. But now you can make it happen with ARAG—at no cost to you. You can also prepare healthcare power of attorney, HIPAA authorization, durable power of attorney and more legal documents.

Enrich Resources

Money stress is a universal experience and how we respond can impact our financial wellbeing. For many of us, staying on top of our finances can feel stressful at times. You have a lot on your plate, let the Enrich Money Mindfulness hub help you find more clarity with meditation, mindfulness, and personality tools and resources.

Student Loan Repayment

If you have student loan debt, you're not alone. 75% of college students graduate with debt and paying it off all by yourself can feel overwhelming. Luckily, you don't have to! You have access to educational resources through Enrich that can make your long-term goals seem closer. Plus, the Enrich Student Loan Repayment Program offers support from your employer so you can achieve other savings goals while paying off your loans.

For questions, call 800-547-7754 or visit [principal.com](https://www.principal.com).



Beneficiary Designation

Ensure your beneficiary designation is up to date in Principal to protect your loved ones and ensure your benefits are distributed according to your wishes. Review and update your designation regularly, especially after major life events like marriage, divorce, or the birth of a child.





Voluntary Plans

Voluntary plans are offered through Cigna. These plans pay benefits directly to you and can be used for any purpose. For assistance, visit mycigna.com.

Critical Illness

Critical Illness insurance provides a lump sum benefit after the first diagnosis of a covered critical illness or non work related critical illness event. Benefits are paid directly to you and can be used for any expenses, including deductibles, copays, or other medical expenses. Coverage is offered for \$10,000 or \$20,000.

Critical Illness

Coverage Amount

Heart attack, stroke, invasive cancer, paralysis, benign brain tumor, coma, major organ failure, end stage renal failure, advanced Alzheimer's disease, advanced Parkinson's disease	100% Benefit Payout
Coronary artery disease, advanced heart failure, severe sepsis, pulmonary embolism, carcinoma in situ	25% Benefit Payout
Skin cancer	\$250 1x per lifetime

Accident Insurance

Accident insurance provides cash benefits for covered injuries and services caused by an accident. Benefits are paid directly to you and can be used to help cover deductibles, copays, prescriptions, or other expenses.

Accident

Coverage Amount

Initial Hospital Confinement	\$1,750
Daily Hospital Confinement	\$275
Intensive Care Unit Confinement	\$450
Dislocation	Up to \$8,000
Fracture	Up to \$10,000
Ground or Air Ambulance	\$400 Ground \$2,000 Air
Physician's Treatment	\$250
X-Ray	\$90
Urgent Care/ Emergency Room	\$250
AD&D and Functional Loss	up to \$100,000

Hospital Indemnity

Hospital indemnity insurance pays benefits if you or a covered dependent are admitted to the hospital for a covered illness or injury. Benefits are paid directly to you and can be used for any purpose.

Hospital Indemnity

Coverage Amount

First Day Hospital Confinement	\$1,300
Daily Hospital Confinement	\$300 (maximum of 30 days)
Hospital Intensive Care	\$600 (maximum of 30 days)

Wellness Benefit

There is a \$50 wellness benefit for all covered persons annually. This applies to each of the plan types above.



Submit a Claim

If you experience a covered Critical Illness, Accident, or Hospital Indemnity event, you can file a claim with Cigna online or by phone. Visit mycigna.com for claim instructions and support.



Scan the QR code to access the plan summary and view applicable payroll deduction rates for your voluntary benefit coverages. For questions, contact Cigna at 800-244-6224 or visit mycigna.com.



Commuter Benefits

Eligible

This benefit is only available to those working in IL; NJ; Seattle, WA; and Oakland, Richmond, Benicia and Milpitas, CA locations. All full-time employees who work an average of 30 hours per week in the previous calendar month are eligible to participate in the Commuter Benefits Program.

Employees are able to deduct up to \$340/month from your paycheck on a pre-tax basis for transit (mass transit or vanpool), and/or an additional \$340/month for parking (parking at your transit/vanpool pick-up location or city parking if you drive to work.)

Note: The parking benefit should be used for work parking only. Employees cannot use the parking benefit to pay for parking for their apartment building or near their apartment building.

All employees who commute to work by public transit (bus, rail, or ferry) or vanpool can pay their fare with pre-tax dollars. In addition, your parking fee for the transit/vanpool pick-up location or city parking if you drive to work can be paid with pre-tax dollars as well. The parking benefit should be used for work parking only. Employees cannot use the parking benefit to pay for parking for their apartment building or near their apartment building. The federal tax code allows employees to exclude up to \$340 per month for both transit or vanpool costs AND parking fees from their taxable income.

Program Options

This program offers the following options:

- > **Transit:** commute to work by public transit (i.e., bus, rail, ferry) OR vanpool
- > **Parking:** parking fee for the transit/vanpool pickup location or city parking if you drive to work

Pre-tax Benefit

Employees can set aside pre-tax dollars to pay for transit or parking costs. This savings affects your taxable income each year.

Monthly Deduction

Changes to your deductions are allowed monthly. However, all changes must be submitted by the 15th of the month to be effective for the first paycheck of the following month. For example: Change amount for March must be submitted by February 15th to be effective for March 1st. The new amount will be included in the first paycheck with the March 1st date.

Debit Card

Once enrolled, first time pre-tax plan employees will receive a debit card mailed to their home address on file that can be used to pay for either transit or parking expenses. If you already have a card from Chard Snyder, it will automatically be able to access your new transit and/or parking account. The card is funded after each payroll. The debit card will be funded approximately three (3) days after the amount is deducted from the paycheck.

Direct Deposit

If you prefer your reimbursements be deposited in to your bank account, complete the Direct Deposit Information found on the Chard Snyder website under MyAccount, and Reimbursement Preference. If you currently have the direct deposit option, it will continue with the new plan year.

Questions? Please call Chard Snyder at 800-982-7715 or visit chard-snyder.com.

Smart Connect



Are you Medicare-eligible? See how much you could save with Medicare, whether you plan on retiring soon or want to continue working. That's right — even if you plan to keep working, you can still switch to Medicare!

SmartConnect is an exclusive service to help you (and family members) find potential savings and extra health care benefits. This service is free and available to you now.

You can move to Medicare at any time. Even if you are enrolled in ConGlobal's benefits, you can still explore and enroll in a Medicare plan with no penalty.

Here's how SmartConnect helps you make the right coverage decision:

- > Compare your current health care coverage to a variety of Medicare plans to uncover potential savings.
- > Answer all of your questions to make sure you fully understand your health insurance options.
- > If you find a Medicare plan you like, your agent will help you enroll.

Schedule a free consultation today!

- > 833-859-1314
- > gps.smartmatch.com/conglobal

Pet Insurance



Pet Insurance from Nationwide® is the nation's oldest, largest, and number one veterinarian-recommended pet health insurance provider.

With comprehensive plans designed to protect you financially when the unexpected occurs, affordable coverage from Nationwide allows you to focus on providing optimal healthcare for your pet rather than worrying about the cost of treatment. You can be reimbursed for veterinary expenses such as surgeries, diagnostic tests, hospitalization, prescriptions, vaccinations, and more.

Rates are determined by species, age of pet, breed, type of plan selected, and state of residence. Please note, this benefit is direct bill and will not be taken out of your paycheck. You must enroll directly through Nationwide.



How to Enroll

- > Visit ConGlobal's unique address at benefits.petinsurance.com/conglobal
- > Call 877-738-7874. Please mention that you are an employee of ConGlobal.



ConGlobal Perks

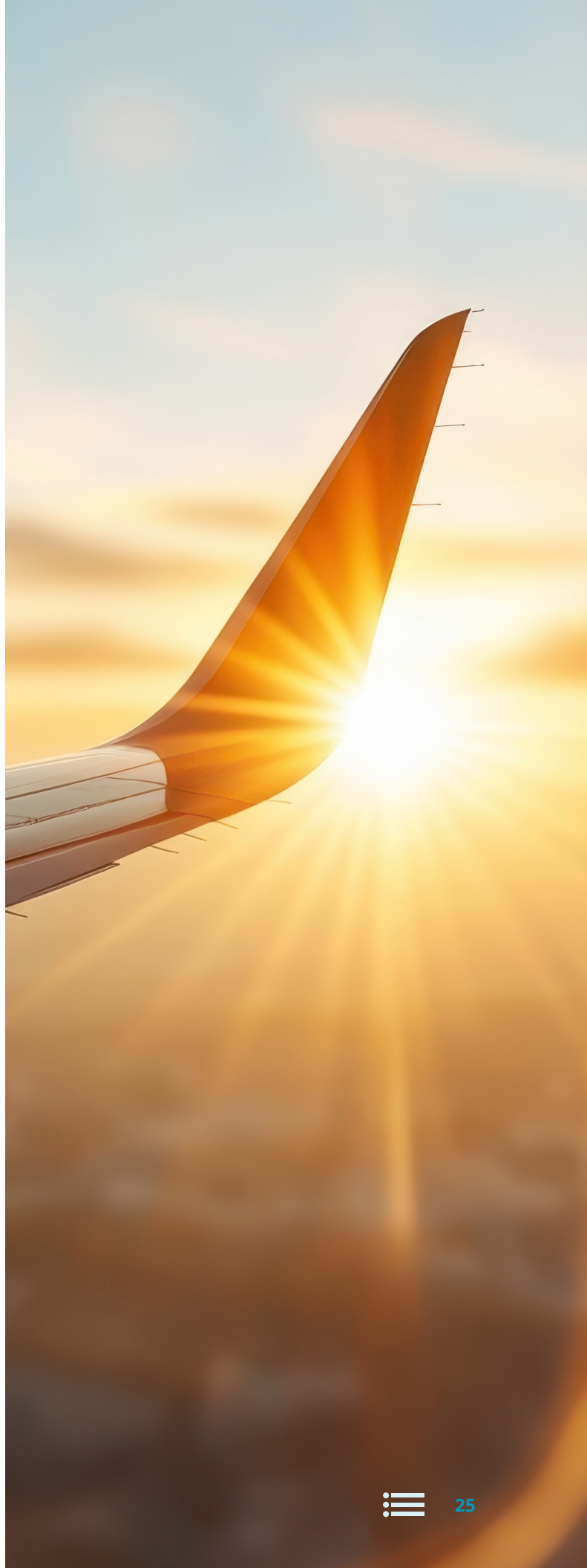
Special Perks Just for You

Access deals and limited-time offers on the products, services, and experiences you need and love.

- > Scan QR code below or visit **conglobal.savings.workingadvantage.com**
- > Choose the best deals and offers
- > Find amazing exclusive offers & deals
- > More savings, more of what makes you happy

Explore these and hundreds of other offers at **conglobal.savings.workingadvantage.com**.

- > **Discount Hotel Reservations:** Enjoy exclusive savings up to 60% off hotel rates
- > **Theme Parks and Attractions:** Save on tickets to theme parks nationwide
- > **Walt Disney World Resort:** Save up to \$100 off gate prices
- > **Discount Flight Reservations:** Save up to 20% on flights
- > **Discount Movie Tickets:** Save up to 40% at theaters near you
- > **Apple:** Exclusive employee savings on select products



Terms You Need To Know



Copay

A fixed amount you pay for certain services like doctor visits (\$10 copay), prescriptions, or ER visits (\$500 copay).

*\$10 copay (PCP); \$30 copay (Specialist);
\$25 copay (Urgent Care); \$500 copay (ER)*



Deductible

The amount you pay out-of-pocket before your insurance starts helping with costs.

Example: If your deductible is \$500, you pay the first \$500 of your medical bills yourself. After the deductible is met, the insurance plan will begin paying and your coinsurance will apply.

\$500 Individual / \$1,000 Family



Coinsurance

The percentage of medical bills you pay after you've met your deductible. You will pay coinsurance until the maximum out-of-pocket is met.

Example: If you have surgery, your insurance will pay for medical expenses once you hit the out-of-pocket maximum. Voluntary plans can help offset expenses, reducing your overall costs.

20% after deductible



Out-of-Pocket Maximum

The most you'll pay in a year, including deductibles, copays, and coinsurance. After this, your insurance covers everything 100% for the rest of the year.

Example: If you have surgery, your insurance will pay for medical expenses once you hit the out-of-pocket maximum. Voluntary plans can help offset expenses, reducing your overall costs.

\$9,200 Individual / \$18,400 Family



Primary Care Physician (PCP)

The healthcare professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

\$10 copay



Preventive Care

Includes yearly well exams, screenings, and immunizations intended to prevent or avoid illness or other health problems.

\$0 copay



Provider

Any type of healthcare professional or facility that provides services under your plan.



Telehealth (MDLIVE)

Virtual doctor visits through video calls, apps, or online chats.

\$0 copay (Medical); \$30 copay (Behavioral Health)



Network

A group of doctors, hospitals, and providers who agree to charge lower rates for those with your insurance.

Staying "in-network" saves you money. **Example:** A visit with an in-network PCP would be a \$10 copay, but for an out-of-network provider you would pay 50% after your deductible.

OAP Plus Network



Generic Drugs

These drugs are usually most cost-effective. Generic drugs are chemically identical to their brand-name counterparts. Purchasing generic drugs allows you to pay a lower out-of-pocket cost than if you purchase formulary or non-formulary brand drugs.

Examples: Atorvastatin is the generic for Lipitor; Metformin is the generic for Glucophage

\$0 copay (Retail); \$0 copay (Home Delivery)



Preferred Brand Drugs

The formulary brand is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.

Examples: Lipitor, Xarelto, Nexium, Advair Diskus

\$50 copay (Retail); \$100 copay (Home Delivery)



Non-Preferred Brand Drugs

These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found on the formulary. You may purchase brand-name medications that do not appear on the recommended list, but at a significantly higher out-of-pocket cost.

Examples: Bystolic, Dexilant, Edarbi, Zohydro ER

\$100 copay (Retail); \$200 copay (Home Delivery)



Specialty Drugs

Prescription medications that require special handling, administration, or monitoring. These drugs may be used to treat complex, chronic, and often costly conditions.

Examples: Humira, Enbrel, Stelara, Gleevec



Home Delivery

You can get a 90-day supply of medications you take regularly delivered right to your door. For even more convenience, start automatic refills, too.

Example: 90 day supply of a brand name drug via home delivery, \$100.

90 day supply for only 2 copays



Qualifying Life Event

Major life changes that let you change your insurance coverage outside of the open enrollment period such as marriage or divorce; birth, death, or legal adoption; employee gains or loses coverage; family member gains or loses coverage

You must submit documentation for qualifying life events to Dayforce within 30 days of the event.



