



BUILDING *your* BENEFITS



2026 Coworker Guide

Lithko
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The Important Documents and Notices section of this guide contains important information about legally required documents and notices, and should be kept for your future reference.

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IMPORTANT – ACTION REQUIRED:



You are strongly encouraged to complete the Open Enrollment process, even if no changes will be made to your current benefit elections, to ensure you do not miss significant newly added benefit options.





It's time to enroll in your 2026 Benefits!

The Company offers benefits you can build on — including medical, dental, and vision plans, life insurance and a retirement savings plan (401k). The Company also offers extras that include savings and spending accounts, and coworker assistance and advocate programs.

This guide highlights features of the benefit options offered by the Company, and can be used as a resource when making your benefit elections for the 2026 plan year. Specific terms and conditions of these benefits, including eligibility, are governed solely by the applicable plan documents. Please refer to the plan documents for the complete terms and conditions of each plan. To access the plan documents, visit www.buildingyourbenefits.com. You can also receive paper copies of the plan documents, free of charge, by contacting Benefits at 855-413-0916 or benefits@lithko.com.

In this guide you'll find overviews for each benefit offered, as well as directions on how to enroll. The Company believes in taking care of you and your family, so we are excited to offer these benefits, which represent a significant portion of your total compensation package.

PLEASE REVIEW THIS GUIDE CAREFULLY



Learn what choices you need to make. Get information to help make the right choices for you and your family.

Open Enrollment is available from November 1 through November 21, 2025

Choose Your Benefits

Open Enrollment is available for you to enroll in or change your benefit elections from November 1 through November 21, 2025. Plan elections will be effective January 1 through December 31, 2026. Plan elections will stay in effect for the remainder of the 2026 plan year unless you experience a Qualifying Life Event such as a change in marital status, the birth of a child, or a change in dependent eligibility. If you experience a Qualifying Life Event, you must notify Benefits within 60 days of the Qualifying Life Event.

Who is Eligible?

The Company is pleased to offer a comprehensive benefits program to regular, full-time coworkers who have completed 90 days of service, and to their eligible dependents. The following dependents are eligible for coverage:

- Legal Spouse*
- Dependent Children up to age 26
- Court-Ordered Dependents

Because benefit costs are one of the Company's largest expenses annually, any dependents you choose to cover will be subject to dependent eligibility verification. By making sure that only eligible dependents are enrolled in our benefits, we can help control the premiums that come out of your paycheck.

Before enrolling any dependents, ensure they are indeed eligible under the terms of each benefit plan. You are required to submit the following documentation validating the eligibility of any dependents you choose to cover:

SPOUSE*:

- Marriage Certificate and
- Joint Relationship Documentation dated within the last six months, such as a joint bank account, shared mortgage/lease or common ownership of a vehicle

CHILDREN:

- Birth Certificate,
- Adoption Decree, or
- Court Order

**Any spouse who is eligible for medical coverage through his or her own employer is not eligible for the Company's medical plan.*



If your spouse is not eligible for medical coverage through his or her own employer and you wish to cover your spouse under the Company's medical plan, you are required to complete the Spousal Eligibility Affidavit each plan year.

What is Available?

COMPANY-PROVIDED BENEFITS (no cost to you)

- Basic Life and AD&D Insurance
- Coworker Assistance Program
- Health Advocacy Services

COMPANY-OFFERED BENEFITS (coworker contribution)

- Medical, Dental, and Vision Plans
- Savings and Spending Accounts
- Voluntary Life and AD&D Insurance
- Retirement Savings Plan (401k)

How to Enroll?

1. DESKTOP

- ADP Website: <https://workforcenow.adp.com>

2. MOBILE

- ADP Mobile Solutions App



Note: You may request a paper enrollment form by contacting Benefits at 855-413-0916 or benefits@lithko.com.

Your Medical Plan Options

The Company offers two medical coverage options, administered by UMR, for you and your family which, provide you with control and flexibility to manage your health. You automatically get prescription coverage administered by Express Scripts when you enroll in a medical plan option. The two options differ depending on whether you prefer to pay more when you obtain care or out of every paycheck.

	HDHP	PPO
WEEKLY PREMIUM	YOU PAY...	YOU PAY...
Coworker Only	\$18.00	\$43.00
Coworker Plus Spouse	\$56.00	\$124.00
Coworker Plus Children	\$35.00	\$84.00
Family	\$85.00	\$170.00
IN-NETWORK	YOU PAY...	YOU PAY...
Annual Deductible	\$3,000 person / \$6,000 family*	\$1,500 person / \$3,000 family
Out-of-Pocket Maximum	\$5,000 person / \$8,700 family*	\$4,000 person / \$8,000 family
Coinsurance	20% after deductible is met	20% after deductible is met
Preventive Care	No cost to you	No cost to you
Primary / Specialist Office Visit	20% after deductible is met	\$30 copay / \$50 copay
Teladoc	\$10 copay	\$10 copay
Retail Clinic	20% after deductible is met	\$20 copay
Urgent Care	20% after deductible is met	\$50 copay
Emergency Room	20% after deductible is met	\$300 copay
PRESCRIPTION DRUGS	YOU PAY...	YOU PAY...
Retail (generic/preferred/non-preferred)	\$10 / \$30 / \$50 after deductible is met	\$10 / \$30 / \$50
Mail Order (90-day supply)	\$20 / \$60 / \$100 after deductible is met	\$20 / \$60 / \$100
Specialty (generic/preferred/ non-preferred)	25%, up to \$100 after deductible is met	25%, up to \$100
Annual Deductible	\$3,000 person / \$6,000 family**	N/A

*If you have coverage other than coworker only, you must reach the family deductible and family out-of-pocket maximum.

**Deductible applies to all covered expenses including prescription coverage — except for preventive care and certain preventive prescription drugs.

Medical questions?

Call UMR at 800-691-4659 or visit www.umar.com.

Prescription questions?

Call Express Scripts at 877-239-0905 or visit www.express-scripts.com.

How to Choose your Medical Plan Option

Keep in mind, both medical plan options provide the same high-quality medical coverage, which includes:

- 100% coverage for preventive care (annual physicals, screenings and immunizations)
- An out-of-pocket maximum to protect you by limiting the amount you have to pay out-of-pocket during the plan year
- An expansive network of providers — you can choose from in-network and out-of-network providers but you'll save the most when you choose in-network providers.



Which Medical Plan Option is right for you?

Put a check next to the statement in each row that best reflects your medical needs and financial situation. Then, tally your score in each column to get an idea of which medical plan option might be right for you. Remember, you are solely responsible for learning more about these options and making the right choice for you and your family.

IF YOU AND/OR ANY COVERED DEPENDENTS...

- ☐ Typically visit the doctor a few times a year for preventive care and minor illnesses
- ☐ Are generally healthy but may experience a few minor illnesses that require medical treatment
- ☐ Fill a few prescriptions each year — and generally ask for generic drugs
- ☐ Want to pay the lowest premiums each paycheck, even if it means paying a higher deductible
- ☐ Have some savings to cover a higher deductible in the event something unexpected happens

IF YOU HAVE THE MOST CHECKS IN THIS COLUMN...

A **High Deductible Health Plan (HDHP)** may be the best choice. It features the lowest paycheck premiums and the highest deductible. You may want to contribute the money you save through lower paycheck premiums to a Health Savings Account (HSA) to save tax dollars on out-of-pocket health care expenses and build savings for the future.

IF YOU AND/OR ANY COVERED DEPENDENTS...

- ☐ See the doctor several times a year for an ongoing condition or multiple illnesses
- ☐ Are managing a chronic condition, or are expecting a major expense during the year, such as a baby or surgery
- ☐ Take ongoing prescriptions to treat a chronic condition, and fill other prescriptions to treat minor illnesses
- ☐ Want to pay more each paycheck in exchange for the lowest possible deductible
- ☐ Have limited savings to cover unexpected out-of-pocket expenses

IF YOU HAVE THE MOST CHECKS IN THIS COLUMN...

A **Preferred Provider Organization (PPO)** may be the best choice. It features the highest paycheck premiums and the lowest deductible. You may want to contribute to a Health Care Flexible Spending Account (HCFSA) to save tax dollars on out-of-pocket health care expenses.

A Closer Look at an HDHP With an HSA

This medical plan option rewards you for taking an active role as a health care consumer and making smart decisions about your health care spending.

How Does an HDHP Work?

PREVENTIVE CARE

You receive in-network preventive care and certain preventive prescription drugs at no cost to you.

DEDUCTIBLE

You pay your medical expenses up to the annual deductible amount. Use your HSA to plan ahead for these costs and save money by paying with tax-free dollars.

OUT-OF-POCKET MAXIMUM

You're protected by an annual limit on costs. The plan starts to pay 100% once you've paid this amount during the year.

How Does an HSA Work?

USE IT LIKE A BANK ACCOUNT

Pay for eligible expenses by swiping your HSA debit card, or reimburse yourself for payments you've made (up to your available balance). There's no need to turn in receipts but keep them for your records.

NEVER PAY TAXES

Contributions are made on a before-tax basis, and your withdrawals will never be taxed when used for eligible expenses. Any interest or earnings on your HSA balance grow tax-free too.

EARN INTEREST AND INVEST FOR THE FUTURE

Once your interest-bearing HSA reaches a minimum balance, you can start an investment account, which offers a variety of no-load mutual funds similar to 401(k) investments.

NEW FOR 2026!



Increased Company match to your HSA, up to \$750 for coworker only coverage or \$1,500 for family coverage!

Advantages of an HDHP with an HSA

LOWER PAYCHECK PREMIUMS

Your per-paycheck premiums are lower giving you the opportunity to contribute the cost savings to a tax-free HSA. You pay for your initial expenses until you meet your annual deductible, and then you pay a percentage of any further costs until you reach the annual out-of-pocket maximum.

TAX-ADVANTAGED SAVINGS ACCOUNT

To help you pay your deductible and other out-of-pocket costs, you can open an HSA and make before-tax contributions directly from your paycheck. **The Company will also contribute a dollar-for-dollar match, up to \$750 for coworker only coverage or \$1,500 for family coverage, to your HSA to help cover your annual deductible.***

All withdrawals from your HSA are tax-free, as long as you use the money to pay for eligible health care expenses. In addition, all the money in the account is yours and will never be forfeited. It rolls over from year to year, and you can take it with you if you leave the Company or retire.

**Important: You must contribute to your HSA in order to receive any Company match.*

How to Manage your Health

The Company is committed to improving the lives of coworkers and their families by encouraging positive, personal improvement. We accomplish this through a culture that promotes and supports physical wellbeing. Take advantage of the following **free programs available with your medical plan.**

Preventive Care

Help you and your family stay healthy

Preventive care can help you avoid potentially serious health conditions and/or obtain early diagnosis and treatment. Generally, the sooner your doctor can identify and treat a medical condition, the better the outcome.

The medical plan offers **preventive care at no cost to you** if you obtain your preventive care services from an in-network provider. Preventive care includes routine well exams, screenings, and immunizations intended to prevent or avoid illness or other health problems.

Real Appeal

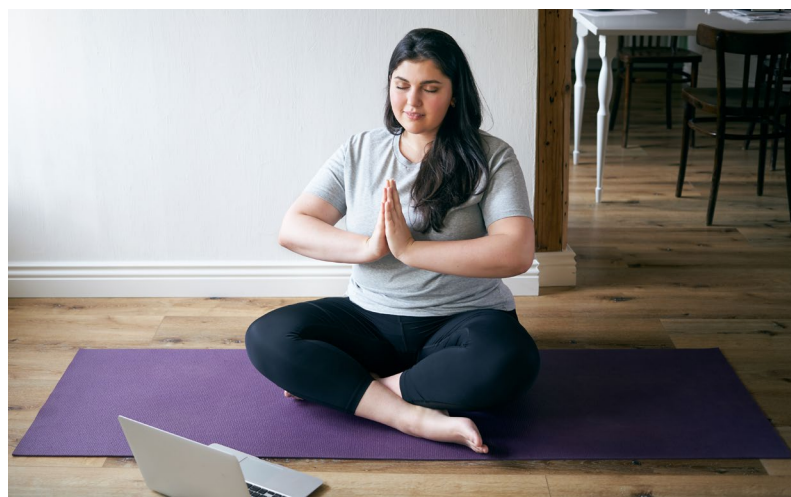
Get support to build healthier habits

Now's a great time to start taking small steps for lasting change, with Real Appeal. This online weight management program is designed to help you create a healthier lifestyle that you can maintain with confidence.

Real Appeal supports you every step of the way. This **online weight management program available to you at no additional cost** as part of your medical plan.



Get started now at <https://enroll.realappeal.com> or scan the QR code.



Kaia Virtual Exercise

Whether you want to sweep the competition or just sweep the floor

Kaia is a **virtual exercise therapy program included with your medical plan** to help you enjoy a pain-free life and get back to doing things you need to do and love to do.



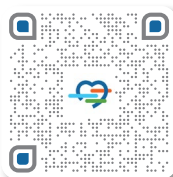
To access Kaia, simply scan the QR code to download the app to your smartphone or tablet. You'll be asked to complete a questionnaire to determine if you're a candidate for Kaia exercise therapy.

Nicotine & Tobacco Cessation

Quitting is the single most important step you can take for your health

If you're like most people, you need help to deal with nicotine cravings and form new, healthy habits. The Tobacco and Nicotine Cessation Program can help.

Get help quitting or reducing your use of nicotine products. **This tobacco and nicotine cessation program is available at no cost to you** as part of your medical plan.



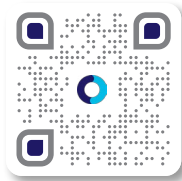
Get started now by calling 800-207-7680 or scan the QR code to complete the Tobacco Cessation enrollment survey.

How to connect to a doctor anytime

Available with your medical plan Teladoc connects you with the right medical care to help you with cold & flu, allergies, infections, anxiety, stress, depression, and much more. No matter what you're facing, Teladoc is available 24 hours a day, 7 days a week from wherever you are by phone, video, or app.



Teladoc's General Medical Service



**Download the
Teladoc App**

Teladoc gives you access to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. For adults, get care for non-emergency conditions like cold & flu, sinus infections, allergies and more. For children, connect with a pediatrician for non-emergency conditions like cold & flu, allergies, pink eye, stomach ache and more.

Teladoc's Mental Health Service

Taking care of your mental health is an important part of your overall well-being. With Teladoc's Mental Health, adults 18 and older can get care for anxiety, depression, grief, family issues, and more. Choose to see a psychiatrist, psychologist, social worker, or therapist and establish an ongoing relationship.

Questions? Call Teladoc at 800-835-2362 or visit www.teladoc.com.

Talkspace Online Therapy

Talkspace is your space to use in your time. It's covered under your medical plan's behavioral health benefits*

With Talkspace online therapy, you can regularly communicate with a therapist, safely and securely from your phone or desktop. No office visit required.

Message a licensed therapist 24/7:

- Support for anxiety, depression, PTSD, substance use disorders, eating disorders, compulsive disorders and other conditions
- Members are matched to specialized clinicians across the country based on location, needs and preferences
- Start therapy within hours of choosing a therapist
- Real-time, face-to-face video visits
- Access to Talkspace Psychiatry

Register (first visit only) at <https://www.talkspace.com/connect>.



**Download the
Talkspace App**

*Copayment may apply and will be charged via credit card. You may use Talkspace as often as desired per week once copayment for that week has been paid.

How to choose the right health care 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 health care provider. The chart below can help you select the right setting for your needs.

TYPE OF CARE	WAIT TIME	COST**
Preventive Care (your doctor's office) <i>Take advantage of preventive care to help manage your health.</i> When to go* Preventive services and vaccinations	1 week or more (for an appointment)	No cost to you
Teladoc (800-835-2362 or Teladoc.com) <i>You may request a consultation from a board-certified doctor any time of day, seven days a week, by phone or online. Teladoc physicians can diagnose routine ailments, recommend treatments, and prescribe medications.</i> When to go* - Cold or flu - Bronchitis - Respiratory infection - Sinus problems - Allergies - Urinary tract infection - Pediatric care - Poison ivy or pink eye	within minutes	\$10 copay
Retail Clinic <i>Retail clinics, sometimes called convenient care clinics, are located in retail stores, supermarkets, and pharmacies.</i> When to go* - Cold or flu - Sinus infections - Allergies - Vaccinations or screenings - Minor sprains, burns or rashes - Headaches or sore throats	15 minutes or less, on average	HDHP: 20% after deductible is met PPO: \$20 copay
Clinical Care (your doctor's office) <i>Seeing your doctor is important. Your doctor knows your medical history and any ongoing health conditions.</i> When to go* Medical problems or symptoms that are not an immediate, serious threat to your health or life	1 week or more (for an appointment)	HDHP: 20% after deductible is met PPO: \$30 copay
Urgent Care <i>Urgent care centers, sometimes called walk-in clinics, are often open in the evenings and on weekends.</i> When to go* - Sprains and strains - Mild asthma attacks - Sore throats - Minor broken bones or cuts - Minor infections or rashes - Earaches	20-30 minutes	HDHP: 20% after deductible is met PPO: \$50 copay
Emergency Room (ER) <i>Visit the ER only if you are badly hurt. If you are not seriously ill or hurt, you could wait hours and your health plan may not cover non-emergency ER visits.</i> 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	3 to 12 hours (for non-critical cases)	HDHP: 20% after deductible is met PPO: \$300 copay

* This is a sample list of services and is not intended to be all-inclusive. ** Costs are averages only and not tied to a specific condition or treatment. Out-of-pocket costs will vary based on your medical plan design.

Your Dental Plan Option

The Company offers dental coverage, administered by Delta Dental, for you and your family. As the nation's leading provider of dental insurance, Delta Dental makes it easy to protect your smile and keep it healthy, with the largest network of dentists nationwide, quick answers and personalized service.

WEEKLY PREMIUM	YOU PAY...
Coworker Only	\$3.46
Coworker Plus Spouse	\$6.77
Coworker Plus Children	\$8.94
Family	\$12.30
IN-NETWORK	YOU PAY...
Annual Deductible	\$25 person / \$75 family
Diagnostic and Preventive Services	No cost to you
Basic and Major Services	20% after deductible is met
Annual Maximum Benefit	\$1,500 per person (excludes orthodontia)
Orthodontia	50% (\$1,500 lifetime maximum benefit)

Questions? Call 800-524-0149 or visit www.deltadentaloh.com.



In-Network Providers

The medical, dental, and vision coverage charts are for in-network benefits only. It's a good idea to check and see if your provider or health care facility is in-network before you enroll. If you receive services from an out-of-network provider or facility, you will pay more — or possibly not receive coverage at all. Go to the sites listed in each section to see if your provider or health care facility is in-network.

"In-Network" refers to providers (doctors, hospitals, etc.) and facilities who have contracted with our medical, dental, or vision plans to accept specific rates for the health care services they provide. You and the Company save money when you use an in-network provider.

DID YOU KNOW?



Delta Dental's Evidence-Based Dentistry plan enhancement ensures patients receive the appropriate procedures for their unique conditions. Your dental coverage may include additional routine cleanings or periodontal maintenance cleanings if you have certain at-risk conditions. Conditions include diabetes, pregnancy, being at risk of infective endocarditis, or people with a weakened immune system.

Your Vision Plan Option

The Company offers vision coverage, administered by VSP, for you and your family. As the nation's largest vision benefits provider, VSP makes it easy to see better for life with easy to use, affordable, high-quality eye care.

WEEKLY PREMIUM	YOU PAY...
Coworker Only	\$1.59
Coworker Plus Spouse	\$3.19
Coworker Plus Children	\$3.51
Family	\$5.10
IN-NETWORK	YOU PAY...
Exam	\$10 copay
Frame & Lenses (single vision or multifocal)	\$25 copay, \$200 allowance
Contact Lenses (in lieu of frame & lenses)	100% after \$200 allowance
Frequency	Once every 12 months

Questions? Call VSP at 800-877-7195 or visit www.vsp.com.

Your Vision Plan Enhancements

VSP EasyOptions

You and your eyes are unique, so your vision coverage should be too. With VSP EasyOptions, it's easy and affordable to personalize your benefits.

Everyone on your plan gets the comprehensive vision coverage you expect, like eye exams, glasses, and savings on lens upgrades. Plus, with VSP EasyOptions, you get to choose your coverage from a variety of covered upgrades during your in-network doctor's visit.

To get started, create an account on vsp.com, schedule an eye exam with a VSP network doctor, and then choose an upgrade at your doctor's visit.

VSP LightCare

Even if you don't wear prescription glasses, an annual eye exam is an easy and cost-effective way to take care of your eyes and overall health.

With VSP LightCare, you can use your frame and lens benefit to get non-prescription eyewear

from your VSP network doctor. Visit a VSP network doctor for a fully covered comprehensive WellVision Exam. Choose either prescription eyewear coverage, or use your frame and lens allowance toward ready-to-wear, non-prescription sunglasses or non-prescription, blue light filtering glasses.

DID YOU KNOW?



The Company has teamed with Industrial Eyes (Lens Crafters, Target Optical, and Pearle Vision) to offer a program to purchase prescription safety glasses. Regular prescription eyeglasses (with or without side shields) do not meet OSHA or ANSI standards and do not provide adequate protection.

The Company will provide one pair of prescription safety glasses, up to \$150, per year to qualified coworkers. Contact benefits@lithko.com for more information.

Your Savings and Spending Account Options

Both a Health Savings Account (HSA) and a Health Care Flexible Spending Account (HCFSA) allow you to put aside tax-free money from your paycheck to pay for eligible medical, prescription, dental, and vision expenses not paid for by insurance.

	HSA*	HCFSA**
MEDICAL PLAN	HDHP	PPO
Coworker contribution limits	Up to \$3,650 coworker only or \$7,250 family	Up to \$3,400
Matching Company contribution	Up to \$750 coworker only or \$1,500 family	None
Changes to your contribution	At any time during the plan year up to the maximum allowable limit	Only during Open Enrollment or due to a Qualifying Life Event
Rollover	Will roll over and can be used for future health care needs	Must be used during the plan year or you lose the money you set aside
Portability	Yours to keep even if you leave the Company or retire	None
Timing of funding	As contributions are made; if you do not have enough, you will pay out of pocket	At any time during the plan year, you may use up to the full amount
Saving for retirement	Excellent way to save for health care expenses in retirement	Not designed to help you save for retirement
Managing your account	www.optumbank.com , 800-791-9361	www.chard-snyder.com , 800-982-7715

**It is your responsibility to ensure you are eligible. If you are not eligible to contribute to an HSA, contributions could be taxed and could cause you to owe a tax penalty unless you withdraw them from your HSA by a specified date. If you have questions about your eligibility to contribute to an HSA, or how and when to withdraw contributions to avoid a tax penalty, you should contact your tax advisor.*

***It's important that you estimate your expenses carefully, because any money remaining in an FSA at the end of the plan year is forfeited*

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA)*



As well, the Company offers a DCFSA — a pre-tax account used to pay for daycare, preschool or senior care needed while you and your spouse work, go to school full time, or look for work.

Eligible expenses include:

- Child in-home care or daycare centers
- After-school and latchkey programs
- Senior in-home care or daycare centers

**It's important that you estimate your expenses carefully, because any money remaining in an FSA at the end of the plan year is forfeited.*

Your Life and AD&D Insurance Options

At no cost to you, The Company provides Basic Life and Basic AD&D insurance. You may also purchase Voluntary Life and Voluntary AD&D insurance for you and your family members.

	VOLUNTARY LIFE	GUARANTEE ISSUE
Coworker	Available in increments of \$10,000, up to five times your annual base pay, not to exceed \$500,000	Newly enroll or increase your current Voluntary Life insurance by \$10,000 or \$20,000 without evidence of insurability
Spouse	Available in increments of \$5,000, up to 50% of the amount you purchase for yourself, not to exceed \$250,000	Newly enroll or increase your current Voluntary Spouse Life insurance by \$5,000 or \$10,000 without evidence of insurability
Children	Choice of \$10,000 or \$20,000, not to exceed 50% of the amount you purchase for yourself	Newly enroll or increase your current Voluntary Children Life insurance without evidence of insurability
	VOLUNTARY AD&D	GUARANTEE ISSUE
Coworker	Available in the amount equal to the Voluntary Life amount you elected	Newly enroll or increase your current Voluntary AD&D insurance by the amount equal to the Voluntary Life amount you elected

Questions? Call Lincoln Financial Group at 800-423-2765 or visit www.lincolffinancial.com.

TERMS TO REMEMBER



LIFE INSURANCE – type of insurance which provides a sum of money when the person who is insured dies while the policy is in effect.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) – coverage available on a life policy which pays scheduled amounts in the event of an accidental death or dismemberment.

BENEFICIARY – the person, persons, or entity designated to receive benefits upon the death of the insured.

GUARANTEE ISSUE – the maximum benefit amount allowed without requiring evidence of insurability (health qualifications).



Free programs available to you and your family members

The Company provides help and support for personal and work-life matters to help you balance all of life's demands. We accomplish this by providing resources and tools to ease the tension between your personal and work priorities. Take advantage of the following **free programs** available to you and your family members — 24 hours a day, 7 days a week.

Your Personal Health Advocate

Personal health and well-being support anytime, anywhere — making health care easier, by supporting you with a wide range of health and insurance-related issues.

Nothing is more important than your health and the health of your loved ones. Personal Health Advocates are health care experts with extensive experience supporting people with important medical issues and decisions, no matter how common or complex. Registered nurses supported by medical directors and benefits experts will work on your behalf to get you the answers and peace of mind you need.

Questions? Call Health Advocate at 866-695-8622 or visit www.HealthAdvocate.com/lithkocontracting.

DID YOU KNOW?



Your Personal Health Advocate offers decision support during Open Enrollment. They can help you make the right choices for you and your family.



Your Coworker Assistance Program (CAP)

Life comes with many demands — from family issues to legal and financial concerns to coping with stress. Occasionally these matters can affect your work, health, and family. When that happens, count on your CAP to provide you with the support, resources, and information you need to rise to the challenge.

CAP Services include:

- Unlimited phone access to certain legal, financial, and work-life services
- In-person help with short-term issues
- Up to five sessions per person, per issue, per year

Questions? Call GuidanceResources at 888-628-4824 or visit www.guidanceresources.com. New users click REGISTER (web ID: LFGSupport). Follow the prompts to create your username and password.

Your TravelConnect Services

TravelConnect is a comprehensive program that can bring help, comfort, and reassurance if you face an emergency while traveling 100 or more miles from home traveling for business or leisure.

Questions? Call TravelConnect Services On Call International at 866-525-1955.

Your Financial Future

The Building Your Benefits Retirement Savings Plan (401k) is a valuable benefit that can help you build a foundation for your financial future.

Coworker Contributions

Eligible coworkers may contribute up to the maximum amount allowed by law on a pre-tax or after-tax Roth basis. The IRS annual limit is \$23,500 for 2025. Participants who will be age 50 or older by the end of 2025 may contribute up to an additional \$7,500.

Company Contributions

The Company will match 100% of the first 3% of coworker contributions and 50% of the next 2% of coworker contributions. To get the maximum Company match, consider contributing at least 5% of your eligible pay each paycheck.

Investment Options

You decide how your account will be invested among the available choices. You may choose from a diverse group of investment options, or if you prefer, you may default to a target date fund based on the year you were born and an assumed retirement age of 65.

Did you know?

You can enroll in or change your contributions any time of year. This means you do not have to wait for Open Enrollment. However, you must have 90 days of service to enroll.

Questions? Call John Hancock at 800-294-3575 or visit <https://myplan.johnhancock.com>.



NAME YOUR BENEFICIARY



It's your retirement savings, make sure it goes to your loved ones.

You work hard to save for Your Financial Future — make sure you protect your savings and the people in your life who matter most. If you don't name a beneficiary to your retirement savings plan, your account will be distributed according to the beneficiary default provision for your plan. This may involve going through the probate process, which can be lengthy and expensive.

Review and update your beneficiary information at <https://myplan.johnhancock.com>.

Your Benefits Directory



MEDICAL PLAN

Administrator	UMR
Customer Service	800-691-4659, www.umar.com
Group Number	76-430093
Network	UnitedHealthcare Choice Plus
Telehealth Provider	800-Teladoc (800-835-2362) www.teladoc.com

PRESCRIPTION PLAN

Administrator	Express Scripts
Customer Service	877-239-0905, www.express-scripts.com
Group Number	KEGA (Bin 003858, PCN A4)

DENTAL PLAN

Administrator	Delta Dental of Ohio
Customer Service	800-524-0149, www.deltadentaloh.com
Group Number	2530
Network	Delta Dental PPO and Delta Dental Premier

VISION PLAN

Administrator	VSP
Customer Service	800-877-7195, www.vsp.com
Group Number	30093452
Network	Choice

SAVINGS AND SPENDING ACCOUNTS

HSA Administrator	Optum Bank
Customer Service	800-791-9361, www.optumbank.com
FSA Administrator	Chard Snyder
Customer Service	800-982-7715, www.chard-snyder.com

BASIC AND VOLUNTARY LIFE / AD&D INSURANCE

Administrator	Lincoln Financial Group
Customer Service	800-423-2765, www.lincolnfinancial.com

COWORKER ASSISTANCE AND ADVOCATE PROGRAMS

Administrator	GuidanceResources
Customer Service	888-628-4824, www.guidanceresources.com
Web ID	LFGSupport
Administrator	Health Advocate
Customer Service	866-695-8622 www.HealthAdvocate.com/lithkocontracting

RETIREMENT SAVINGS PLAN

Administrator	John Hancock
Customer Service	800-294-3575 https://myplan.johnhancock.com
Group Number	LI1202

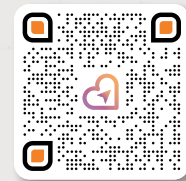
BENEFITS

Customer Service	855-413-0916, benefits@lithko.com
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HEALTH ADVOCATE

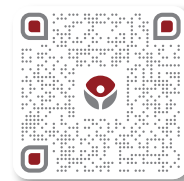
Making health care easier with one-on-one, confidential support. Quickly reach Health Advocate any time — by phone, email, and secure messaging.

GET STARTED TODAY!



Registration Code:
6R7MUXR

Important Documents and Notices



This page contains important information about your benefits. This page should be kept for future reference.

The following annual notices reflect that our benefits comply with applicable requirements. To access the plan documents, visit www.buildingyourbenefits.com. You can also receive paper copies of the plan documents, free of charge, by contacting Benefits at 855-413-0916 or benefits@lithko.com.

1. SUMMARY PLAN DESCRIPTIONS (SPD) AND SUMMARY OF MATERIAL MODIFICATIONS (SMM)

Under Employee Retirement Income Security Act (ERISA), the plan administrator must provide a detailed guide to coworkers who participate in Employee Retirement Income Security Act covered retirement plans or health benefit plans.

2. SUMMARY ANNUAL REPORTS

Under the Employee Retirement Income Security Act (ERISA), the plan administrator must automatically give participants a copy of the plan's summary annual report (SAR) each year. This is a summary of the annual financial report that most plans must file with the Department of Labor. These reports are filed on government forms called the Form 5500.

3. SUMMARY OF BENEFITS AND COVERAGE

Under the Affordable Care Act (ACA), the medical plan administrator must provide participants with a concise document detailing, in plain language, simple and consistent information about health plan benefits and coverage.

4. MEDICARE PART D CREDITABLE COVERAGE NOTICE

Under the Medicare Modernization Act (MMA), the medical plan administrator must notify Medicare eligible policyholders that their prescription drug coverage is creditable coverage, which means that coverage under the medical

plan is expected to pay on average as much as the standard Medicare prescription drug coverage.

5. NOTICE OF PRIVACY PRACTICES

Under the Health Insurance Portability and Accountability Act (HIPAA), your health information is kept private and confidential in accordance. In general, your information is provided only for treatment, payment, administrative purposes, and as required by law. Contact the U.S. Department of Health and Human Services if you believe your rights to privacy have been violated.

6. SPECIAL ENROLLMENT NOTICE

Under Health Insurance Portability and Accountability Act (HIPAA), the Company must provide additional opportunities to enroll in a group health plan if you lose other coverage or experience certain life events.

7. CHILDREN'S HEALTH INSURANCE PROGRAM NOTICE

Under the Children's Health Insurance Program (CHIP), the Company must notify coworkers of potential opportunities for premium assistance under Medicaid or CHIP in the State in which the coworker resides.

8. WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

As part of the Women's Health and Cancer Rights Act of 1998 (WHCRA), the medical plan must provide certain reconstructive surgery and other post-mastectomy benefits.

9. NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT NOTICE

As part of the Newborns' and Mothers' Health Protection Act (NMHPA), the medical plan cannot restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a cesarean section.

10. PATIENT PROTECTION DISCLOSURE NOTICE

As part of the Affordable Care Act (ACA), the medical plan must allow you to (1) choose a primary care provider or a pediatrician when a plan or issuer requires designation of a primary care physician; or (2) obtain obstetrical or gynecological care without prior authorization.

11. NOTICE OF COVERAGE OPTIONS

Under the Affordable Care Act (ACA), the Company must provide some basic information about the Marketplace and employment-based health coverage to assist you as you evaluate options for you and your family.

12. NONDISCRIMINATION PROVISION

Under the Nondiscrimination Provision of the Affordable Care Act (ACA), certain health programs or activities cannot discriminate on the basis of race, color, national origin, sex, age, or disability.



IMPORTANT: This guide provides a summary of certain Lithko Companies benefits. The Company, in its sole and exclusive discretion, reserves the right to change or terminate these benefits at any time, even if you previously satisfied eligibility requirements. Specific terms and conditions of these benefits, including eligibility, are governed solely by the applicable plan documents. Please refer to the plan document for the complete terms and conditions of each plan. To access the plan documents, visit www.buildingyourbenefits.com. You can also receive paper copies of the plan documents, free of charge, by contacting Benefits at 855-413-0916 or benefits@lithko.com.

EOE/VET/DISABLED

www.buildingyourbenefits.com