2027



Employee Benefits



CATALIS®

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Catalis is proud to support our employees' overall wellbeing with a variety of benefit options. This guide offers details on our 2027 offerings for you and your family. Contact the Human Resources department with any questions.

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See page 45 for important information concerning Medicare Part D coverage.

In this Guide, we use the term company to refer to Catalis Holdco, Inc. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

Benefits Resource Center

Your choice, our commitment.

All employees have access to our Benefits Resource Center. Benefits Specialists are available by phone and email to provide one-on-one employee service and education, including comprehensive understanding of benefits options and the benefit enrollment process.

The Benefits Specialist Team Is Available To:

- Answer employee questions on Catalis' comprehensive benefits package.
- Provide a personal way for you to understand your benefits.
- Help you enroll in your benefits.
- New hires, OE enrollment, QLE events.
- Answer basic claims questions.
- Navigate benefits updates and changes if experiencing a QLE.
- Transfer and/or provide contact information for internal resources or vendor partners.

Benefits Resource Center

Monday – Friday, 8 a.m. to 7 p.m. ET | CatalisBenefits@lockton.com | 833-978-1466



Eligibility and Enrollment

Catalis' benefits are designed to support your unique needs.

Eligibility

If you are a full-time employee of Catalis who is regularly scheduled to work a minimum of 30 hours per week, you are eligible to participate in medical, dental, vision, life and disability plans, and additional benefits.

Coverage Dates As a New Hire

You have 30 days from your hire date to enroll in benefits. All elections are effective on your date of hire except for your disability benefits which are effective the first day of the month following 60 days of employment. Benefits cannot be changed until the next Open Enrollment period unless you experience a Qualifying Life Event. If you miss this initial enrollment period and do not experience a Qualifying Life Event (such as marriage, birth/adoption, or loss of other coverage), your next opportunity to enroll will be during the annual Open Enrollment period.

During Open Enrollment

Each year, typically in November, you will have the opportunity to enroll in or make changes to your benefits for the upcoming plan year (January 1 - December 31). This is your once-a-year chance to adjust your coverage unless your experience a Qualifying Life Event.

When Coverage Ends

Medical, dental, and vision coverage ends on the last day of the month when your employment with Catalis ends. Eligible dependent children will be covered to the end of the month in which they turn 26.

Supplemental benefits as well as Flexible Spending Accounts, Health Savings Accounts, Life/AD&D and disability coverage ends on the day your employment ends for yourself and any dependent coverage.

Dependents

Dependents eligible for coverage include:

- Your legal spouse (or common-law spouse where recognized), or same-sex and opposite-sex domestic partner.[1]
- Children under the age of 26 (includes birth children, stepchildren, domestic partner's children, children for whom you are responsible to provide health coverage under a qualified medical child support order, legally adopted children, children placed for adoption, foster children, and children for whom you or your spouse have legal guardianship).
- Dependent children 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required).

Make sure you have names, dates of birth, and Social Security numbers for any family members you plan to enroll. If you add a new dependent due to a Qualifying Life Event, you will be required to provide documentation (e.g., marriage license, birth certificate) to verify eligibility within 30 days.

Verification of dependent eligibility may be required upon enrollment and may be audited at any time during the plan year by the company.

[1]Due to federal and state tax regulations, benefits provided to domestic partners are generally taxable and therefore deducted from your pay on an after-tax basis. Additionally, any premium contributions made by Catalis on behalf of your domestic partner are generally considered taxable income to you. Contact Catalis if you believe your domestic partner is exempt from federal or state taxes.



Questions?

We're here to help.

Benefits Resource Center
Monday – Friday, 8 a.m. to 7 p.m. ET
CatalisBenefits@Lockton.com
833-978-1466

What Are Qualifying Life Events?

You can update your benefits when you start a new job or during Open Enrollment each year. But changes in your life called Qualifying Life Events (QLEs), as determined by the IRS, can allow you to enroll in health insurance or make changes outside of these times.

When a Qualifying Life Event occurs, you have 30 days to request changes to your coverage. Your change in coverage must be consistent with your change in status.



- A change in the number of dependents (through birth or adoption or if a child is no longer an eligible dependent)
- A change in your legal marital status (marriage, divorce, or legal separation)
- A change in a spouse's employment status (resulting in a loss or gain of coverage)
- Entitlement to Medicare or Medicaid
- Eligibility for coverage through the Marketplace (Healthcare.gov)
- Changes in address or location that may affect coverage
- Turning 26 and losing coverage through a parent's plan
- A change in employment status from full time to part time, or part time to full time, resulting in a gain or loss of eligibility
- Death in the family (leading to change in dependents or loss of coverage)
- Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)

Reach out to Catalis' Human Resources with questions regarding specific life events and your ability to request changes. Don't miss out on a chance to update your benefits!

Enrollment Checklist

Once you have reviewed the information in this guide, you should be ready to make your elections.

Before You Enroll

- **Understand your options.** Catalis offers you a choice of plans so you can get coverage at a cost that meets your needs. This guide will be useful throughout the year if you need a refresher about your benefits.
- **Make sure you understand the rules.** Review the dependent eligibility guidelines on page 4.
- **Make sure your providers are in the network.** You can find medical, dental and vision providers in your area by visiting the carrier websites listed below.
  - Medical: https://www.umr.com/find-a-provider – UMR
  - Dental: www.deltadentalins.com – Delta Dental
  - Vision: www.eyemed.com – EyeMed

How to Enroll

You will be able to make your elections or changes online through the Paylocity Portal. To log in and enroll, go to **Paylocity** https://access.paylocity.com and log in to the self-service portal using your user ID and password.

1. Once logged in, click on the 3 lines in the top left corner of the page. Scroll down and click on **Bswift Benefits**, then **Enroll Now** to start your enrollment. The enrollment wizard will take you through the process.
2. When you are done, select **I Agree, and I Am Finished with my Enrollment** and **Complete**.
3. Select **View** to view a Confirmation Statement outlining the benefits elected.
4. Select **Email** to receive an email containing a Confirmation Statement outlining the benefits elected.
5. Select **Print** to print out a Confirmation Statement outlining the benefits elected.
6. If you have not logged in to the Paylocity site before, please reach out to Human Resources.

PLEASE NOTE: Be sure to enter all your dependents in Paylocity, even if you are not adding them to your coverage.

After Open Enrollment

- **Review your pay stub through your Paylocity account.** After your benefits take effect, you'll want to verify that your deductions are accurate. You can log in to Paylocity, click on the 3 lines in the top left corner of the page. Click on HR & Payroll. On the next screen, click on the Pay tab, then Pay Setup. Here, you'll be able to see your deductions.
- **Save for the future with Catalis' 401(k) retirement plan.** Eligible employees can participate in Catalis' 401(k) with Fidelity the first month after their initial 90 days of employment. 401(k) plan information and registration instructions will be sent to the employee's home address close to his or her eligibility date. Once eligible, you're AUTOMATICALLY enrolled in the 401(k) plan with a 4% election amount. Employees MUST opt out if you do not wish to contribute.
- **Know where to go if you have questions.** For specific questions about claims and coverage, you may contact the plan administrators using the numbers and websites listed at the back of this guide. For assistance with enrollment or questions about eligibility or life events, contact Human Resources at payroll-benefits@catalisgov.com or the Benefits Resource Center at CatalisBenefits@Lockton.com.



Ready for Enrollment?

Catalis covers a significant amount of your benefit costs. Your contributions for medical, dental, and vision benefits are deducted on a pre-tax basis, which reduces the amount you're required to pay taxes on. Employee contributions vary depending on the level of coverage you select — typically, the more coverage you have, the more you'll pay up-front for it.

Action Items

Add or update your personal information.

Confirm your mailing address and phone number are up to date.

Double-check covered medications.

If you make any changes to your plan, consider how it affects your prescriptions (i.e., will their costs go up or down?).

Review available plans' deductibles.

Think you may have more medical needs than usual this year? You might want a lower deductible. If not, you could switch to a higher deductible plan and enjoy lower semimonthly premiums.

Consider your HSA or FSA.

An HSA or FSA can help cover healthcare costs, including dental and vision services and prescriptions. Adding one of these accounts to your benefits can help with your long-term financial goals.

Check your networks.

Receiving care by in-network providers often saves you money. Check for any plan changes to make sure your go-to providers and pharmacy are still your best bet.



Medical Benefits

Medical benefits are provided through UMR. Consider the physician networks, premiums, and out-of-pocket costs for each plan when making a selection. Keep in mind, your choice is effective for the entire 2027 plan year unless you have a Qualifying Life Event.

Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your contributions.

	HDHP $3,500	PPO $1,500
SEMIMONTHLY CONTRIBUTIONS		
EMPLOYEE ONLY	$72.19	$142.12
EMPLOYEE + SPOUSE	$198.75	$337.05
EMPLOYEE + CHILD(REN)	$144.38	$275.32
EMPLOYEE + FAMILY	$283.29	$504.00

How to Find a UMR Provider

Visit www.umr.com or call Customer Care at 800-826-9781 for a list of UMR (Network: Choice Plus) network providers.

Additional Medical Benefits (Second Opinion, Cancer, Orthopedic, Surgery, Virtual Physical Therapy)

Transcarent WayFinding is a healthcare navigation and advocacy service available to employees and covered dependents enrolled in a Catalis medical plan. It helps members find care, understand benefits, connect with providers, and access specialized support for services such as surgery, orthopedic care, cancer care, and expert second opinions. If you use a Transcarent Center of Excellence for an eligible procedure, Catalis pays 100% of the cost. For more information see page 15 of the Guide and visit their website at transcarent.com.



Note

To get the most value out of your medical plan, be sure to visit in-network providers whenever possible.

Medical Plan Summary

This chart summarizes the 2027 medical coverage provided by UMR. All covered services are subject to medical necessity as determined by the plan. Please note that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

	HDHP $3,500		PPO $1,500
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK
CALENDAR YEAR DEDUCTIBLE			
INDIVIDUAL	$3,500	$10,500	$1,500
FAMILY	$7,000	$21,000	$4,500
COINSURANCE (EMPLOYEE PAYS)	20%*	50%*	20%*
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)			
INDIVIDUAL	$8,500	$23,700	$9,000
FAMILY	$17,000	$47,400	$18,000
COPAYS/COINSURANCE			
PREVENTIVE CARE	Covered 100%	50%*	Covered 100%
OFFICE VISIT/ SPECIALIST VISIT	20%*	50%*	$30/$60 copay
VIRTUAL VISIT TELADOC	Covered 100%; deductible waived	N/A	Covered 100%; deductible waived
TELEMEDICINE OTHER THAN TELADOC	20%*	N/A	Covered 100% after PCP $10 or $20 SPC; deductible waived
URGENT CARE	20%*	50%*	$75 copay
EMERGENCY ROOM (WAIVED IF ADMITTED)	20%*	20%*	20%*
INPATIENT HOSPITAL (PER ADMISSION)	20%*	50%*	20%*
OUTPATIENT SERVICES HOSPITAL BASED/FREE STANDING FACILITY	20%*	50%*	20%*

*After deductible

On the PPO $1,500 Plan, the individual deductible amount must be met by each member enrolled under your medical coverage. If you have several covered dependents, all charges used to apply toward a "per individual" deductible amount will also be applied toward the "per family" deductible amount. When the family deductible amount is reached, no further individual deductibles will have to be met for the remainder of that plan year. No member may contribute more than the individual deductible amount to the "per family" deductible amount. The same applies for the out-of-pocket maximum.

On the High Deductible Health $3,500 Plan (HDHP), the HDHP has an aggregate deductible, meaning the family deductible amount will include all combined eligible expenses that you and your covered dependents incur. The family deductible amount may be satisfied by one member or a combination of two or more members covered under your medical plan. The same applies for the out-of-pocket maximum. The individual deductible and out-of-pocket maximum amounts only apply to the employee only coverage tier. If you have other family members covered on the policy, progress will apply to the overall family deductible and out-of-pocket maximum amounts.

How to Pick a Plan

What plan is right for you? Consider any medical needs you foresee for the upcoming plan year, your overall health, and any medications you currently take.

How Does a PPO (Preferred Provider Organization) Work?

- You'll pay more in premiums, but perhaps less at the time of service.
- You can choose from a network of providers who offer a fixed copay for services.
- If you or your dependent(s) expect to need more medical care this year or you have a chronic illness, the PPO may be the right choice for you to ensure your healthcare needs are covered.

How Does an HDHP (High Deductible Health Plan) Work?

- You'll pay less in premiums. (Think less money from your paycheck.)
- You'll pay for the full cost of non-preventive medical services until you reach your deductible.
- You can also use a Health Savings Account in conjunction, which provides a safety net for unexpected medical costs and tax advantages.
- If you expect to mostly use preventive care (which is covered), this plan could be for you.

Healthcare Cost Transparency

There are so many different providers and varying costs for healthcare services — how do you choose? Online services called healthcare cost transparency tools can help. Available through most health insurance carriers, these tools allow you to compare costs for services, from prescriptions to major surgeries, to make your choices simpler. Visit www.umr.com to learn more.



Note

Keep healthcare costs down by seeing the right provider for your situation. See page 16 for more information.

Catalis Cares

Transcarent WayFinding is a healthcare navigation and advocacy service available to employees and covered dependents enrolled in a Catalis medical plan. Transcarent helps you find high-quality care, understand your benefits, connect with providers, and navigate healthcare decisions with confidence. For eligible procedures arranged through Transcarent and performed at a participating Center of Excellence, Catalis pays 100% of eligible procedure costs, subject to program requirements and medical plan terms.

Enrollment Is Essential

To provide the highest level of support and effectively coordinate your care, it is important to engage with Transcarent as early as possible, ideally as soon as surgery is being considered or recommended. Early enrollment allows Transcarent's care team to review your situation, connect you with the right providers, help you understand your options, and coordinate the services needed throughout your care journey.

How Transcarent Helps

Transcarent Provides:

- Personalized support from healthcare professionals and care coordinators.
- Guidance to help you understand treatment options and make informed decisions.
- Access to high-quality surgeons, specialists, and healthcare facilities.
- Help scheduling appointments, coordinating care, and navigating benefits.
- Support before, during, and after surgery to help ensure the best possible experience and outcomes.

Important Coverage Information

Certain surgeries must be coordinated through Transcarent to be covered under the medical plan. Review the "Required Use with Transcarent" section for details, including the emergency care exception.

Your Partner in Better Care

Transcarent is more than a surgery program. It's a trusted resource designed to help you make informed healthcare decisions, access exceptional providers, and receive support every step of the way so you can focus on your health and recovery with confidence.

To Register:

- Download the Transcarent app from the Apple App Store or Google Play Store or visit the Transcarent website at member.transcarent.com.
- Select Create Account.
- Verify your identity using your personal information and employer coverage information.
- Complete your profile and begin exploring available services.

Need Help?

Contact Transcarent's Care Team directly through the app or by phone for assistance with registration, finding care, scheduling appointments, understanding benefits, or accessing specialty services.

Transcarent's Care Team includes nurses, care coordinators, and other healthcare professionals who can help guide your care journey.

Contact Information

Transcarent WayFinding

If you need to contact your Health Guide, please call 888-293-2939.
If you need assistance with Surgery Care, please call 888-387-3909.

member.transcarent.com

Member Support hours are Monday through Sunday, 8 a.m. - 5 p.m. ET.

Catalis Cares

transcarent

Better Orthopedic, Musculoskeletal Care, Lower Costs

Musculoskeletal Surgery Support Through Transcarent NEW THIS YEAR!

Required Use With Transcarent

Certain musculoskeletal (MSK bone, joint, and spine) surgeries must be coordinated through Transcarent to be covered under the medical plan. If your doctor recommends one of these procedures, contact Transcarent before scheduling surgery and follow the program's requirements. Procedures subject to this requirement include:

- Back surgery/360 spine fusions
- Artificial disc replacements
- ACL tendon repairs
- Hip replacements
- Hip arthroscopy (Scope)
- Knee replacements
- Knee arthroscopy (Scope)
- Spine fusions
- Rotator cuff repairs
- And more

Effective March 1, 2027, if an eligible MSK surgery is obtained without first engaging with Transcarent and following program requirements, the procedure will not be covered under the medical plan.

Emergency Care: You do not need to contact Transcarent before receiving emergency care (ER). Coverage will not be denied solely because you did not contact Transcarent in advance or follow its coordination process for emergency care. All other medical plan terms and applicable cost-sharing requirements apply.

If your physician recommends surgery, contact Transcarent right away so their team can begin coordinating your care and help you access high-quality providers and the full benefits available to you.

Orthopedic Care

Experiencing back, joint, muscle, or bone pain? Transcarent connects you with orthopedic specialists who can help you understand your condition, explore treatment options, and create a care plan that's right for you.

- Consult with an orthopedic specialist, often within 2 business days
- Meet virtually from the comfort of home
- Receive personalized treatment recommendations and guidance on next steps
- Get support navigating care, from physical therapy to surgery when appropriate

Virtual Physical Therapy

Get personalized support for back, joint, and muscle pain from a licensed physical therapist, all from the comfort of home.

- Connect with a licensed physical therapist virtually
- Receive a personalized treatment and exercise plan
- Improve mobility, strength, and function
- Access guided exercises and ongoing support on your schedule



Catalis Cares

transcarent

Catalis Is Here to Support You on Your Cancer Journey

Cancer Care Support Through Transcarent

A cancer diagnosis can feel overwhelming, but you don't have to navigate it alone. Through Transcarent, Catalis employees and covered family members have access to personalized support to help coordinate care, understand treatment options, and connect with leading cancer specialists and Centers of Excellence throughout their cancer journey.

How Transcarent Helps

When you enroll with Transcarent, a dedicated care team works alongside you to:

- Help you understand your diagnosis and treatment options.
- Connect you with high-quality cancer specialists and providers.
- Coordinate appointments and treatment plans.
- Answer questions about your care and benefits.
- Provide ongoing support throughout treatment and recovery.

Transcarent's goal is to make cancer care easier to navigate by helping you access expert care, make informed decisions, and focus on your health while reducing the stress of managing a complex treatment journey on your own.

Early Enrollment Makes a Difference

The sooner you engage with Transcarent following a cancer diagnosis or recommendation for cancer treatment, the more effectively their team can support you. Early enrollment allows Transcarent to coordinate care from the beginning, help identify appropriate specialists, review treatment options, and ensure you have the resources and support you need at every stage of treatment. By involving Transcarent early, you can take advantage of personalized guidance and a coordinated care experience designed to help you receive the right care at the right time.

Your Partner Throughout the Journey

Cancer treatment often involves multiple providers, appointments, and decisions. Transcarent serves as a trusted advocate and resource, helping coordinate your care and providing support every step of the way so you can focus on what matters most: your health and recovery.



Out-of-Pocket Costs

These are the types of payments you're responsible for:

Copay

The fixed amount you pay for healthcare services at the time you receive them.

Coinsurance

Your percentage of the cost of a covered service. If your office visit is $100 and your coinsurance is 20% (and you've met your deductible but not your out-of-pocket maximum), your payment would be $20.

Deductible

The amount you must pay for covered services before your insurance begins paying its portion/coinsurance.

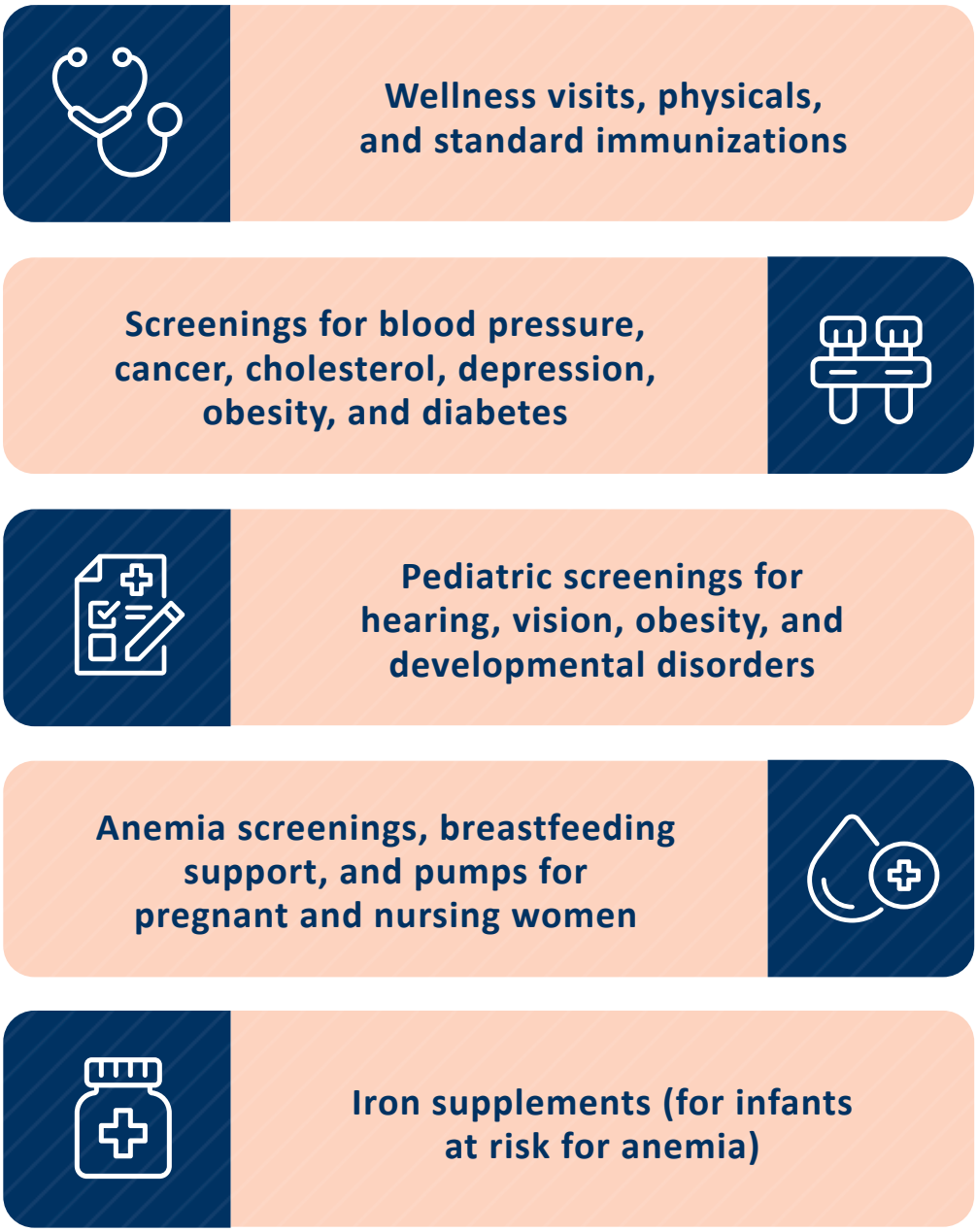
Out-of-Pocket Maximum

The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount.



Preventive Care

Routine checkups and screenings are considered preventive, so they're often paid at 100% by your insurance. Some common covered services include:



Preventative vs. Diagnostic Care

It's important to take advantage of these covered services. But remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. So, if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. Read over your benefit summary to see what specific preventive services are provided to you.

What Vaccines Are Covered 100% Under Preventive Care?

Many vaccines are covered under preventive care when delivered by a doctor or provider in your plan's network. These include chickenpox, flu, shingles, and tetanus. For a full list, visit www.healthcare.gov/preventive-care-adults.

Where to Go for Care

You're feeling sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new prescription, but the pharmacy is closed. Or you're on vacation and are under the weather. Instead of rushing to the emergency room or relying on questionable information from the internet, consider all of your site-of-care options.

 Nurse Line	 Telemedicine ($)	 Primary Care Center ($)
When to Use		
You need a quick answer to a health issue that does not require immediate medical treatment or a physician visit.	You need care for minor illnesses and ailments but would prefer not to leave home. These services are available by phone and online (via webcam).	You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.
Types of Care*		
Answers to questions regarding: ▪ Symptoms ▪ Self-care/home treatments ▪ Medications and side effects ▪ When to seek care	▪ Cold & flu symptoms ▪ Bronchitis ▪ Urinary tract infection ▪ Sinus problems	▪ Routine checkups ▪ Immunizations ▪ Preventive services ▪ Managing your general health
Costs and Time Considerations**		
▪ Usually available 24 hours a day, 7 days a week ▪ Typically free as part of your medical insurance	▪ Usually a first-time consultation fee and a flat fee or copay for any visit thereafter ▪ Typically immediate access to care ▪ Prescriptions through telemedicine or virtual visits not allowed in all states	▪ Often requires a copay and/or coinsurance ▪ Normally requires an appointment ▪ Short wait time with scheduled appointment

*This is a sample list of services and may not be all inclusive.
**Costs and time information represent averages only and are not tied to a specific condition or treatment.



Know Where to Go

What may seem like an urgent care center might actually be a standalone ER. These facilities come with a higher price tag, so ask for clarification if the word "emergency" appears in the company name.

	Urgent Care Center ($$)	Emergency Room ($$$)
When to Use	You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.	You need immediate treatment for a serious life-threatening condition. If there is an immediate risk to life, call 911 or your local emergency number right away.
Types of Care*	▪ Strains, sprains ▪ Minor broken bones (e.g., finger) ▪ Minor infections ▪ Minor burns	▪ Heavy bleeding ▪ Chest pain ▪ Major burns ▪ Severe head injury
Costs and Time Considerations**	▪ Copay and/or coinsurance usually higher than an office visit ▪ Walk-in patients welcome, but urgency determines order seen and wait time	▪ Often requires a much higher copay and/or coinsurance ▪ Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first ▪ Ambulance charges, if applicable, will be separate and may not be in-network

*This is a sample list of services and may not be all inclusive.
**Costs and time information represent averages only and are not tied to a specific condition or treatment.

Virtual Medicine

When you're under the weather, there's no place like home, and if you're busy with work and family, scheduling an in-person doctor's appointment can be a pain. Virtual medicine is a convenient and easy way to connect with a doctor on your time.

Catalis provides a virtual medicine benefit through Teladoc for you and your dependents. Teladoc offers on-demand access to board-certified doctors through online video, telephone, or secure email. General health issues can be addressed at home.

Teladoc doctors can share information with your primary care physician with your consent. Please note that some states do not allow physicians to prescribe medications via telemedicine. For more information, visit www.teladochealth.com.

Teladoc visits are typically 100% covered by either the HDHP or PPO medical plans. Refer to UMR and your medical benefit summaries for other telemedicine costs.

Teladoc doctors can treat many medical conditions, including:

- Cold & flu
- Allergies
- Bronchitis
- Bladder infection/ urinary tract infection
- Respiratory infection
- Pink eye
- Sore throat
- Stomachache
- Sinus problems

Access Virtual Visits

Visit www.teladochealth.com to request a virtual visit. After you register and request an appointment, you'll pay your portion of the service costs and enter a virtual waiting room. During your visit, you can talk to a doctor about your health concerns, symptoms, and treatment options.

Note

A virtual visit directly with your primary care physician (vs. Teladoc) might also be an option — and typically costs the same as an office visit.



Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through UMR and the CVS Caremark network. That means you will only have one ID card for both medical care and prescriptions. Information on your benefits coverage and a list of network pharmacies is available online at Caremark.com or by calling the Customer Care number on your ID card. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred, Non-Preferred, or Specialty Drugs.

	HDHP $3,500		PPO $1,500
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK
RETAIL RX (30-DAY SUPPLY)			
GENERIC	20%*	20%*	$5 copay
PREFERRED	20%*	20%*	$45 copay
NON-PREFERRED	20%*	20%*	$90 copay
SPECIALTY DRUGS	20%*	20%*	25%, up to $450
MAIL ORDER RX (90-DAY SUPPLY)			
GENERIC	20%*	20%*	$5 copay
PREFERRED	20%*	20%*	$90 copay
NON-PREFERRED	20%*	20%*	$270 copay
SPECIALTY DRUGS	20%*	20%*	25%

*After deductible

Note

Apps and prescription discount programs such as GoodRx, Amazon Prime Rx Savings, Optum Perks, and Cost Plus Drug Company let you compare prices of prescription drugs and find possible discounts.



Generic Drugs

Want to save money on meds? Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety, and strength. Because they are the same medicine, generic drugs are just as effective as the brand names, and they are held to the same rigid FDA standards. But generic versions cost 80% to 85% less on average than the brand-name equivalent. To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov.

Lowering Medication Costs

How do prescription discount programs work? These discounts can't be combined with your benefit plan's coverage, so make sure to check the price against the cost of using your insurance's prescription drug benefit. Something else to consider: If you choose to use a discount card and are therefore not tapping into your insurance's prescription drug benefit, the cash amount you pay for the prescription may not count toward your deductible or out-of-pocket maximum under the benefit plan.

GoodRx is a web- and app-based platform that allows you to search for prescription drug coupons and compare pharmacy prices. The company claims a savings of up to 80% on generics. **Optum Perks** also provides coupons for medications and a searchable database for drug cost comparison at participating pharmacies near you. The Optum Perks member card, which can be used at more than 64,000 pharmacies, is free to use and requires no personal data. Another discount option is the **Amazon Prime Rx Savings** discount card, which is included with an Amazon Prime membership and is administered by Inside Rx. It provides discounts of up to 80% for generics and up to 40% for brand-name medication at participating pharmacies. **Cost Plus Drug Company** is a web-based pharmacy that claims to keep costs low by buying directly from the manufacturer. It currently only offers a certain selection of medications and accepts a handful of prescription insurance providers, but it may be worth checking the price difference between Cost Plus and your regular pharmacy.



GLP-1 Medications

Catalis does not cover GLP-1 medications when prescribed solely for weight loss. Certain GLP-1 medications may be covered when prescribed for a covered medical condition and when the plan's medical-necessity and prior authorization requirements are met.

Employees interested in GLP-1 medications for weight management may explore weight-management programs and resources outside of the Catalis medical plan. Coverage and costs for services or medications outside the Catalis medical plan will vary. If you are interested in GLP-1 medications for weight management and do not qualify for coverage under the Catalis medical plan, there are several independent programs you may wish to research, including: **Hers** is an online weight-management and telehealth services for women, including access to prescription weight-loss treatment for eligible individuals. **WeightWatchers Clinic** is a weight-management program that combines access to clinicians and prescription weight-loss treatment with nutrition, tracking and behavioral support. **Noom Med** combines medical weight-management services and access to weight-loss medications with Noom's behavior-change and coaching approach. **Ro Body** is a telehealth-based weight-management program providing access to clinicians and prescription weight-loss treatment.

Please note: These programs are independent of Catalis and are not benefits provided or endorsed by the Catalis medical plan. Eligibility, treatment options, medication availability, and costs vary. Employees should review each program carefully and consult with a qualified healthcare provider to determine which option may be appropriate for them.

Supplemental Voluntary Benefits

Catalis offers several ways to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and offered at discounted group rates.

Accident Coverage

Accident insurance through Aflac provides you with a cushion to help cover expenses and living costs when you get hurt unexpectedly. This plan complements your health insurance by providing benefits to help cover direct or indirect costs that can arise with a serious or minor injury that occurs off the job. You may end up paying out of your own pocket for things like deductibles, copays, transportation, over-the-counter medicine, daycare or sitters, and extra help around the house. With accident insurance, the benefits you receive can help take care of these extra expenses and anything else that comes up.

Highlights

- You will receive a cash benefit for covered injuries and related services for accidents that occur outside of work.
- Benefits are paid on a schedule of benefits regardless of any other coverage you have, and you may spend it any way you choose.
- Accident coverage is especially helpful for families with young children and those who are active.



ACCIDENT COVERAGE	
BRIEF SUMMARY OF BENEFITS*	
INITIAL CARE (ER/UC/PCP)	ER with X-Ray: $250 ER without X-Ray: $200 UC with X-Ray: $250 UC without X-Ray: $200 PCP with X-Ray: $150 PCP without X-Ray: $100
HOSPITAL ADMISSION/ CONFINEMENT	$1,250
ICU ADMISSION/DAY	$200
OPEN FRACTURES	Closed reduction: Up to $4,000 Open reduction: Up to $8,000
OPEN DISLOCATIONS	Closed reduction: Up to $3,000 Open reduction: Up to $6,000
AMBULANCE (AIR/GROUND)	Ground: $400 Air: $1,200
WELLNESS BENEFIT (payable once per year for each covered family member whom completes certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy, or stress test)	$50

*This list is a summary. Please refer to plan documents for a comprehensive list of covered benefits.

CLAIMS EXAMPLE	
John's daughter broke her wrist falling off her bike.	
EMERGENCY ROOM	$250
IMAGING	Included in ER
BROKEN WRIST	$4,000
MEDICAL APPLIANCE	$40
FOLLOW-UP VISIT	$50
PHYSICAL THERAPY	$50
TOTAL BENEFIT PAYOUT	**$3,490**

SEMI-MONTHLY CONTRIBUTIONS	
EMPLOYEE ONLY	$3.58
EMPLOYEE + SPOUSE	$6.01
EMPLOYEE + CHILD(REN)	$8.02
EMPLOYEE + FAMILY	$10.44

Critical Illness Coverage

No one knows what lies ahead on the road through life. Will you be diagnosed with cancer? Will you suffer a stroke or the complete loss of hearing? The signs pointing to a critical illness are not always clear and may not be preventable, but critical illness coverage helps offer financial protection in the event you are diagnosed. Critical illness insurance through Aflac pays you cash to use in any way you need if you are diagnosed with a covered condition.

Rates are age-banded and are available within Paylocity.

Highlights

- Critical illness provides you a lump-sum benefit upon diagnosis of a covered illness.
- You have the choice of $10,000, $20,000, or $30,0000 in guaranteed issue coverage. Spouses can be covered at 100% and children at 50% of your elected amount.
- Pre-existing conditions are waived!
- A $50 wellness benefit is payable each year for enrollees and their covered dependents for receiving a qualifying preventive screening.



CRITICAL ILLNESS COVERAGE	
PLAN BENEFITS*	
ALZHEIMER'S	100%
CANCER (INVASIVE)	100%
CANCER (NON-INVASIVE)	25%
CHILDHOOD CONDITIONS	50%
COMA	100%
CORONARY ARTERY DISEASE OR BYPASS	50%
HEART ATTACK	100%
LOSS OF HEARING/SIGHT/SPEECH	100%
LOU GEHRIG'S DISEASE/ALS	100%
MAJOR ORGAN FAILURE (OR TRANSPLANT)	100%
PARALYSIS	100%
PARKINSON'S	100%
SKIN CANCER	$1,000
STROKE	100%

*This list is a summary. Please refer to plan documents for a comprehensive list of covered benefits.

CLAIMS EXAMPLE

Tom elected $20,000 Critical Illness benefit and has a heart attack while the coverage is in place. He would receive a one-time cash payment of $20,000. Then, 6 months later, Tom experienced a stroke. He would receive another $20,000 payout.

TOTAL BENEFIT PAYOUT	$40,000



Life Insurance with Long Term Care (LTC) Rider

The Aflac Group Life Insurance plan offers guaranteed issue coverage and optional riders, including a Long-Term Care (LTC) benefit. This provides financial protection for employees and their families in case of death or chronic illness. The LTC benefit helps cover services for individuals who need assistance with two or more daily activities due to long-term health conditions. Care can be provided at home or in facilities like assisted living or nursing homes, helping maintain independence and quality of life.

Key Benefits

- Guaranteed Issue Coverage: Up to $150,000 for employees, $50,000 or 50% of the employee elected amount for spouses, and children under age 26 can elect a flat $25,000.
- Basic Death Benefit: Included for all covered individuals.
- Accidental Death Benefit Rider: Offers 25 monthly payments of 4% of the life insurance benefit or a one-time lump sum of 50% of the benefit.
- Extension of the LTC Rider: Adds 25 more months of periodic payments for chronic conditions.
- Restoration of Death Benefit: Restores 100% of the death benefit after LTC payments.
- Waiver of Premium Rider: Waives premiums for up to 24 months after 3 months of total disability.
- Child Term Rider: Provides $25,000 coverage for children under age 26.

Employee and spouse rates are age-banded and are available within Paylocity.



Hospital Indemnity Coverage

You already know the importance of living well and staying well. But life is unpredictable — expenses associated with a hospital stay can be financially difficult if you are not prepared. Hospital indemnity insurance through Aflac pays cash benefits directly to you if you have a covered stay in a hospital or critical care unit (ICU).

Highlights

- Hospital indemnity pays a cash benefit for hospital admissions due to a covered accident, illness, or pregnancy.
- Popular with those planning to have children, who are older or have conditions that subject them to a higher risk of hospitalization, and/or are covered by an HDHP.
- Pre-existing conditions are waived!
- Benefits are payable for both admissions and additional days spent in the hospital.

HOSPITAL INDEMNITY COVERAGE	
BRIEF SUMMARY OF BENEFITS*	
HOSPITAL ADMISSION	$1,500
HOSPITAL CONFINEMENT	$200/day
MAXIMUM DAYS PAYABLE	31 days
HOSPITAL ICU ADMISSION	$1,500
HOSPITAL ICU CONFINEMENT	$200/day
MAXIMUM DAYS PAYABLE	31 days
WELLNESS BENEFIT (payable once per year for each covered family member whom completes certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy, or stress test)	$50

*This list is a summary. Please refer to plan documents for a comprehensive list of covered benefits.

CLAIMS EXAMPLE	
Maria is enrolled in Hospital Indemnity coverage. She is admitted to the hospital and stayed 3 days in confinement to deliver her healthy newborn.	
HOSPITAL ADMISSION	$1,500
HOSPITAL CONFINEMENT	$600
NEWBORN ADMISSION	N/A unless newborn is confined as an inpatient as a result of covered accidental injury or sickness
NEWBORN CONFINEMENT	
TOTAL BENEFIT PAYOUT	**$2,100**

SEMI-MONTHLY CONTRIBUTIONS	
EMPLOYEE ONLY	$6.57
EMPLOYEE + SPOUSE	$15.27
EMPLOYEE + CHILD(REN)	$11.73
EMPLOYEE + FAMILY	$20.43

Wellness Program

Wellable

Catalis offers Wellable to help you build healthy habits and support your overall wellbeing. Get active, explore wellness resources, and participate in activities that offer opportunities to earn points and qualify for prizes.

What Wellable Offers

Catalis has chosen Wellable as the health and wellness platform for you and your colleagues. With Wellable, you will have the opportunity to have fun while getting active, improving your health and wellbeing, and qualifying for prizes!

Stay active, earn points, and win prizes with our company's wellness program! Use apps like Fitbit or Apple Health to track your activity and earn Wellable Points for every step, mile, or workout. Along the way, access resources like fitness videos, mindfulness exercises, sleep stories, and healthy recipes to support your overall wellbeing. To take your wellness one step further, join live events led by experts, including monthly educational presentations, fitness classes, and self-care sessions.

How to Get Started

To get started, create a Wellable account by completing the form at app.wellable.co/Catalis. Once completed, check your inbox for a welcome email containing your Wellable credentials for access to your account. You will also receive instructions for connecting an app or activity tracker to your account — it's the easiest way to automatically track your activity and earn points!

Questions or Support

Have questions or need technical assistance? Wellable Support at support@wellable.co is always ready and happy to help!



Life Assistance & Mental Health

You visit your doctor when you're feeling sick, and you exercise and eat healthy to keep your body strong. But your mental health is just as important. What do you do to stay healthy mentally and emotionally? Do you know where you can go when you need help? Here are some resources for everyday life and your mental health.

Life Assistance Programs & Wellness Support

New York Life Group Benefit Solutions

New York Life (NYL) provides a number of life assistance programs and wellness support at no cost to employees and their dependent(s), whether or not you enroll in a Catalis medical plan. You may access information, benefits, educational materials, and more by phone at 800-344-9752 or online at guidancereources.com. First time visitor? Click "Resister" and enter "NYLGBS" as the Organization Web ID.

Confidential Counseling

Up to three face-to-face counseling sessions per issue, per year. Call the 24/7 intake line to speak with a Master's- or PhD-level counselor.

- Stress, anxiety and depression
- Grief and loss
- Marriage and family concerns
- Childcare and eldercare challenges
- Alcohol or substance use concerns

Wellbeing Coaching

Up to five telephonic sessions per year with a certified coach for burnout, stress management, goal setting, self-compassion, time management and overall wellbeing.

Family Care Services

Customized research, educational materials and prescreened referrals for childcare, adoption, eldercare, education, pet care and personal convenience services.

Mental Health and Your Medical Plan

Teladoc Health

When your NYL Confidential Counseling and/or Wellbeing Coaching services run out, the medical plan covers behavioral and mental health services. Depending on the medical plan that an employee and their dependents are enrolled, will depend on the level of coverage. See plan documents for specifics on coverage for inpatient and outpatient services.

Coverage includes virtual therapy from Teladoc Mental Health 24/7 Care. Via video or telephone, you can receive confidential 1-on-1 counseling from the privacy and convenience of your home. Your licensed virtual therapist may provide a diagnosis, treatment, and medication if needed. You can see the same therapist with each appointment and establish an ongoing relationship.

Your health plan coverage also includes the Teladoc app for an online option for behavioral health. Go to TeladocHealth.com for more information.

The Big Five of Emotional Wellness

An important aspect of your overall wellbeing is emotional wellness — the ability to successfully adapt to changes and challenges as they arrive and handle life's stresses. These five actions have been shown to improve emotional wellness.

Practice mindfulness.

Practice deep breathing, take a walk, enjoy nature, and stay present in each moment.

Strengthen social connections.

Reach out to a friend or family member daily — even if it's just a call or text.

Get quality sleep.

Keep a consistent sleep schedule and limit electronic use before bed.

Improve your outlook.

Treat people with kindness, including yourself.

Deal with your stress in healthy ways.

Think positively, exercise regularly, and set priorities.



Note

According to the National Institute of Mental Health, it is estimated that more than one in five U.S. adults live with a mental illness.

Other Mental Health Resources

No matter your problem, whether you're a manager or entry-level employee, don't be afraid to ask for help. There are resources available 24/7.

988 Suicide & Crisis Lifeline

Dial 988 to be connected with 24/7/365 emotional support.

Free, confidential crisis counseling, including appropriate follow-up services, is available no matter where you live in the United States.

Crisis Text Line

Text "HOME" to 741741.

Send a text 24/7 to the Crisis Text Line to speak with a crisis counselor who can provide support and information. Standard text messaging rates may apply.

War Vet Call Center

Veterans and their families can call 877-WAR-VETS (877-927-8387) to talk about their military experience and/or readjustment to civilian life.

Call 911 if you or someone you know is in immediate danger or go to the nearest emergency room.

Health Savings Account

Want funds handy to help cover out-of-pocket healthcare expenses? A Health Savings Account (HSA) with Optum Bank is a personal healthcare bank account used to pay for qualified medical expenses. HSA contributions and withdrawals for qualified healthcare expenses are tax-free. You must be enrolled in an HDHP to participate.

Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependent(s), even if they're not covered by your plan. If you are not currently enrolled in an HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

Optum Bank will issue you a debit card with direct access to your account balance. Use your debit card to pay for qualified medical expenses — no need to submit receipts for reimbursement. Like a regular debit card, you must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, PPE, over-the-counter medications, and more. Visit IRS Publication 502 on www.irs.gov for a complete list.

You can also go to optum.com/qualifiedexpenses. The Optum eligibility tool helps you understand what products and services are qualified medical expenses.

Eligibility

You are eligible to contribute to an HSA if:

- You are enrolled in an HSA-eligible High Deductible Health Plan.
- You are not covered by your spouse's or parent's non-HDHP.
- You do not or your spouse does not have a Healthcare Flexible Spending Account or Health Reimbursement Account.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE.
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)

Note

Because HSA funds never expire, contributing your annual maximum to your HSA can help you save to pay for healthcare expenses tax-free after retirement.



Pre-tax Paycheck Contributions

Employer Pre-tax Contributions

HSA

Tax-free Payments
(for qualified medical expenses)

Unused Funds Roll Over Annually

You Own Your HSA

Your HSA is a personal bank account that you own and manage. You decide how much you contribute, when to use the money for medical services and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year over year to use for eligible expenses in retirement. HSA funds are also portable if you change plans or jobs. There are no vesting requirements (you own all contributed HSA funds immediately) or forfeiture provisions (you keep all HSA funds whether you leave the company or retire).

How to Enroll

To enroll in the HSA, you must elect the HDHP with Catalis. You'll then need to elect the HSA as a benefit and choose the amount to contribute on a pre-tax basis. You do not need to contribute to the HSA in order to have one. Catalis will establish an HSA account in your name and send in your contribution once bank account information has been provided and verified.

HSAs and Taxes

HSA contributions are made through payroll deduction on a pre-tax basis when you open an account with Optum Bank. The money in your HSA (including interest and investment earnings, if any) grows tax-free. When the funds are used for qualified medical expenses, they are spent tax-free.*

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax. This is why it's important to know what medical expenses qualify for HSA use and to keep track of where you spend your HSA funds.

*State income taxes are also waived on HSA contributions in almost all states.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. HSA contribution limits apply per calendar year. HSA contribution limits apply per calendar year. For 2027, contributions (which include any employer contribution) are limited to the following:

2027 ANNUAL HSA FUNDING LIMITS	
EMPLOYEE	$4,500
FAMILY	$9,000
CATCH-UP CONTRIBUTION (AGES 55+)	$1,000

Catalis provides an HSA employer contribution that will be deposited on a quarterly basis.

2027 ANNUAL EMPLOYER HSA CONTRIBUTION	
EMPLOYEE	$684
FAMILY	$1,356

HSA contributions over the IRS annual contribution limits ($4,500 for individual coverage and $9,000 for family coverage for 2027) are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, you have two options:

- Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed but won't have to pay a penalty tax.
- Leave the excess contributions in your HSA and pay 6% excise tax on them. Next year, consider contributing less than the annual limit to your HSA.

The Catalis HSA is established with Optum Bank. You may be able to roll over funds from another HSA. For more enrollment information, contact Human Resources.



Flexible Spending Accounts

Take control of your spending! A Flexible Spending Account (FSA) with Optum Bank is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

Healthcare Flexible Spending Account

With a Healthcare FSA, you can contribute up to $3,400* annually for qualified medical expenses (deductibles, copays, coinsurance, menstrual products, PPE, over-the-counter medications, etc.) with pre-tax dollars, which reduces your taxable income and increases your take-home pay. You can even pay for eligible expenses with an Optum Bank FSA debit card at the same time you receive them — no waiting for reimbursement.

*Projected annual IRS limit subject to change.



Note

The Dependent Care FSA is not to be used for medical expenses, nor is it the same as electing medical coverage for dependents.

Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA — even if you don't elect any other benefits. Set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is currently deposited in your account.

- With the Dependent Care FSA, you can set aside up to $7,500 to pay for child or elder care expenses on a pre-tax basis.
- Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the employee for more than half the year.
- You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent daycare expenses that are necessary for you and your spouse to work or attend school full time. Eligible expenses include:

- In-home babysitting services (not provided by a dependent)
- Care of a preschool child by a licensed nursery or daycare provider
- Before- and after-school care
- Day camp
- In-house dependent daycare

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

Using the Account

Use your Optum Bank FSA debit card at doctor and dentist offices, pharmacies, and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you use the card at an ineligible location.

Submit a claim form along with the required documentation. Contact UMR with reimbursement questions. If you need to submit a receipt, UMR will notify you. Always save receipts for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges in case you need to prove an expense was eligible. Without proof an expense was valid, your card could be turned off and the expense deemed taxable.

General Rules

The IRS has the following rules for Healthcare and Dependent Care FSAs:

- Expenses must occur during the 2027 plan year.
- Funds cannot be transferred between FSAs.
- You are not permitted to claim the same expenses on both your federal income taxes and Dependent Care FSA.
- You must "use it or lose it" — any unused funds will be forfeited.
- Up to $680 may be rolled over to the next plan year at the end of 2027 for Healthcare FSAs.
- You cannot change your FSA election in the middle of the plan year without a Qualifying Life Event.
- Terminated employees have ninety (90) days following termination to submit FSA claims for reimbursement.
- Those considered highly compensated employees (family gross earnings were $160,000 or more last year) may have different FSA contribution limits. Visit www.irs.gov for more info.

The Optum eligibility tool at optum.com/qualifiedexpenses helps you understand what products and services are qualified medical expenses.



FSA vs HSA

OPTUMBank®

	FLEXIBLE SPENDING ACCOUNTS	HEALTH SAVINGS ACCOUNT
OWNERSHIP	Your employer owns your FSA. If you leave your employer, you lose access to the account unless you have a COBRA right.	You own your HSA. It is a savings account in your name, and you always have access to the funds, even if you change jobs.
ELIGIBILITY & ENROLLMENT	You cannot make changes to your contribution during the Plan Year without a Qualifying Life Event. You cannot be enrolled in both a Healthcare FSA and an HSA.	You must be enrolled in a Qualified HDHP to contribute money to your HSA. You cannot be covered by a spouse's non-High Deductible plan or a spouse's FSA or enrolled in Medicare or TRICARE. You can change your contribution at any time during the Plan Year.
TAXATION	FSA contributions are tax-free via payroll deduction. Funds are spent tax-free when used for qualified expenses.	HSA contributions are tax-free; the account grows tax-free; and funds are spent tax-free on qualified expenses.
CONTRIBUTIONS	You can contribute up to $3,400* in 2027 to an FSA. This amount may be increased annually by the IRS. *Projected annual IRS limit subject to change.	Both you and your employer can contribute up to $4,500 in 2027 (up to $9,000 for families). Ages 55+ can make an annual $1,000 "catch-up" HSA contribution.
PAYMENT	Some plans include an FSA debit card to pay for eligible expenses. If not, you pay up front and submit receipts for reimbursement.	Many HSAs include a debit card to pay for qualified expenses directly. Alternatively, you can save funds for future expenses or retirement.
ROLLOVER OR GRACE PERIOD	Any unclaimed funds at the end of the year are forfeited. Exceptions might include an additional 2.5-month grace period for expenses to be incurred and reimbursed, or an allowed rollover amount.	HSA funds roll over from year to year. The account is portable and may be used for future qualified expenses — even in retirement years.
QUALIFIED EXPENSES	Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, and vision care. A full list is available at www.irs.gov.	Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, vision care, Medicare Part D plans, COBRA premiums, and long-term care premiums. A full list is available at www.irs.gov.
OTHER TYPES	Dependent Care FSA (pre-tax dollars can be used for elder or child dependent care), Limited Use FSA (used to pay for eligible dental and vision expenses), and Commuter Accounts (to cover parking and mass transit fees).	There is only one type of HSA.

Please refer to your summary plan description or plan certificate for your plan's specific FSA or HSA benefits.

Dental Benefits

Like brushing and flossing, visiting your dentist is an essential part of your oral health. Catalis offers affordable plan options from Delta Dental for routine care and beyond.

Stay in Network

If your dentist doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit Delta Dental at www.deltadentalins.com.

Dental Premiums

Dental premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your premium.

Dental Plan Summary

This chart summarizes the dental coverage provided by Delta Dental for 2027.

	DENTAL PLAN	
SEMIMONTHLY CONTRIBUTIONS		
EMPLOYEE ONLY	$14.92	
EMPLOYEE + SPOUSE	$28.22	
EMPLOYEE + CHILD(REN)	$28.72	
EMPLOYEE + FAMILY	$43.87	
	IN-NETWORK	**OUT-OF-NETWORK**
CALENDAR YEAR DEDUCTIBLE		
INDIVIDUAL	$50	$50
FAMILY	$150	$150
CALENDAR YEAR MAXIMUM		
PER PERSON	$1,500	$1,500
COVERED SERVICES		
PREVENTIVE SERVICES Diagnostic, Preventive, Sealants	0%	0%
BASIC SERVICES Oral Surgery, General Anesthesia or IV Sedation, Endodontics, Periodontics, Palliative, Restorative	20%	20%
MAJOR SERVICES Crowns and Inlays/Onlays, Prosthodontics, Oral Surgery, Denture Repairs	50%	50%
ORTHODONTICS Adults and children up to age 26	50%	
ORTHODONTIC LIFETIME MAXIMUM	$1,500	

*After deductible



Note

According to the CDC, untreated cavities can lead to abscess (a severe infection) under the gums which can spread to other parts of the body and have serious, and in rare cases fatal, results.

Vision Benefits

Getting your eyes checked regularly is important even if you don't wear glasses or contacts. We provide quality vision care for you and your family through EyeMed.

Vision Premiums

Vision premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your premium.

Vision Plan Summary

This chart summarizes the vision coverage provided by EyeMed for 2027.

	VISION PLAN		
SEMIMONTHLY CONTRIBUTIONS			
EMPLOYEE ONLY	$1.37		
EMPLOYEE + SPOUSE	$3.37		
EMPLOYEE + CHILD(REN)	$3.41		
EMPLOYEE + FAMILY	$5.09		
	IN-NETWORK	**OUT-OF-NETWORK**	**FREQUENCY**
EXAMS			
COPAY	$0 copay	Reimbursed up to $40	Once every calendar year
LENSES			
SINGLE VISION	$25 copay	Reimbursed up to $30	Once every calendar year
BIFOCAL	$25 copay	Reimbursed up to $50	
TRIFOCAL	$25 copay	Reimbursed up to $70	
LENTICULAR	$25 copay	Reimbursed up to $70	
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
FITTING AND EVALUATION*	Reimbursed up to $40, contact lens fit and 2 follow-up visits	Not covered	Once every calendar year
ELECTIVE	Conventional: $0 copay; 15% off balance over $130 allowance; Disposable: $0 copay; 100% of balance over $130 allowance	Conventional and Disposable: TBD	
MEDICALLY NECESSARY	Paid in full	Paid in full	
FRAMES			
ALLOWANCE	$130 allowance, then 20% off any remaining balance	Reimbursed up to $91	Once every other calendar year

*Fitting and Evaluation fee applied to contact lens allowance.



Survivor Benefits

It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection for your loved ones in the event of an unexpected event.

Basic Life and Accidental Death & Dismemberment Insurance

Catalis provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through New York Life, which guarantees that your spouse or other designated survivor(s) continue to receive benefits after death.

Your Basic Life and AD&D insurance benefit is 2 times your annual salary, up to $500,000. If you are a full-time employee, you automatically receive Life and AD&D insurance even if you waive other coverage.

Voluntary Life and AD&D Insurance

You may wish for extra coverage for more peace of mind. Eligible employees may purchase additional Voluntary Life and AD&D insurance. Premiums are paid through payroll deductions.

Naming a Beneficiary

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life. You receive the benefit payment for a dependent's death under the New York Life insurance.

Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. Contact Human Resources or your own legal counsel with any questions.



Life and AD&D Insurance

BASIC EMPLOYEE LIFE/AD&D	
COVERAGE AMOUNT	2 times annual salary
WHO PAYS	Catalis
BENEFITS PAYABLE	Upon death, dismemberment, or paralysis. See plan documents for additional information.
MAXIMUM BENEFIT	$500,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No
VOLUNTARY EMPLOYEE LIFE/AD&D	
COVERAGE AMOUNT	Increments of $10,000
WHO PAYS	Employee pays the cost on a post-tax basis for voluntary coverage
BENEFITS PAYABLE	Upon death, dismemberment, or paralysis. See plan documents for additional information.
MAXIMUM BENEFIT	Lesser of 5 times salary or $500,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	For amounts more than $10,000 over current election or over $250,000. For any elections made outside of initial eligibility or if you have been previously denied coverage.
VOLUNTARY SPOUSE LIFE/AD&D	
COVERAGE AMOUNT	Increments of $5,000
WHO PAYS	Employee pays the cost on a post-tax basis for voluntary coverage
BENEFITS PAYABLE	Upon death, dismemberment, or paralysis. See plan documents for additional information.
MAXIMUM BENEFIT	$250,000, not to exceed 50% of employee coverage
EVIDENCE OF INSURABILITY (EOI) REQUIRED	For amounts more than $5,000 over current election or over $30,000. For any elections made outside of initial eligibility or if you have been previously denied coverage.
VOLUNTARY CHILD LIFE/AD&D	
COVERAGE AMOUNT	$5,000 or $10,000 Under 6 months: $1,000
WHO PAYS	Employee pays the cost on a post-tax basis for voluntary coverage
BENEFITS PAYABLE	Upon death, dismemberment, or paralysis. See plan documents for additional information.
MAXIMUM BENEFIT	$10,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No

Note: If your Basic Life and AD&D insurance coverage exceeds $50,000, you will be responsible for an imputed tax, in accordance with IRS requirements. This appears on your paycheck under the Taxable Benefit section as Group Term Life and is not a deduction but a tax calculation. If you fail to submit required documentation within the requested time frame, your requested coverage will be denied. If you experience a Qualifying Life Event and increase coverage outside of Open Enrollment, you will be required to submit Evidence of Insurability.

Evidence of Insurability (EOI)

EOI is the information New York Life uses to verify your good health when you are purchasing Voluntary Life insurance. EOI is required if you are:

- Electing an insurance amount higher than the guaranteed amount for your plan
- Already enrolled and want to increase coverage
- A current employee that previously waived coverage but chooses to enroll for the first time in a subsequent enrollment period in the future

For 2027, New York Life is offering a special one time waiver for EOI, up to the guaranteed amount for your plan. You will be prompted/notified if EOI is required for your 2027 elections. If you fail to submit required documentation within the requested deadline of December 31, 2026, your requested coverage will be denied and reduced to the guaranteed amount for your plan.

VOLUNTARY LIFE INSURANCE	
RATES/$1,000 (MONTHLY)	
AGE (AS OF JANUARY 1, 2027)	EMPLOYEE/SPOUSE
0-29	$0.05
30-34	$0.06
35-39	$0.08
40-44	$0.13
45-49	$0.19
50-54	$0.30
55-59	$0.48
60-64	$0.71
65-69	$1.19
70-74	$2.71
Over 74	$6.10

Note: Benefits subject to age reduction schedule

VOLUNTARY AD&D INSURANCE	
PREMIUM RATES – $1,000 MONTHLY	
Employee	$0.021
Spouse	$0.021

VOLUNTARY CHILD LIFE INSURANCE
PREMIUM RATES – $1,000 MONTHLY
$0.228

TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE COVERAGE WILL COST:

$	÷ 1,000 =	$	x Age Based Rate =	$
Benefit Elected				Monthly Premium

Life and AD&D Benefits Reduced Due to Age

Basic and Voluntary Life and AD&D coverage amounts will be permanently reduced as you reach certain ages:

	AGE	REDUCTION AMOUNT
BASIC LIFE AND AD&D – EMPLOYEE	65	65% of original amount
VOLUNTARY LIFE AND AD&D – EMPLOYEE & SPOUSE*	70	50% of original amount

*Based on Employee's Age

For example, if you (or your spouse) have $100,000 of Voluntary Life insurance, the coverage amount will be permanently reduced to $65,000 when the employee turns age 65, regardless of the spouse's age. For complete benefit descriptions, limitations, and exclusions, refer to the Certificate of Coverage plan documents.

Income Protection

You and your loved ones depend on your regular income. That's why Catalis offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury or illness. A portion of your income is protected until you can return to work or you reach retirement age.

Basic Short-Term Disability (STD) Insurance

STD benefits are available at no cost. This insurance replaces 60% of your income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

WEEKLY MAXIMUM BENEFIT	$2,500
ELIMINATION PERIOD	7 days
MAXIMUM BENEFIT PERIOD	13 weeks
ELIGIBILITY	First of the month following 60 days of hire

Imputed Income

Under employer-paid disability plans, any benefit you receive from the plan would be considered taxable income to you. Your 60% disability benefit would result in net payment to you in the range of 35% to 45% of your pre-disability earnings depending upon your tax bracket. We have created a means for you to avoid paying taxes on your benefit by including imputed income for these benefits on your semi-weekly paycheck. This means you will pay taxes on the premiums paid by Catalis on your behalf. In doing so, an amount equal to your premium will be added to your income and an equal amount shown in your deductions. By doing this, you will eliminate taxation on your benefit and be eligible to receive the full 60% income replacement in the event you become disabled and qualify for benefits.

Basic Long-Term Disability (LTD) Insurance

LTD benefits are available at no cost. This insurance replaces 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

MONTHLY MAXIMUM BENEFIT	$10,000
ELIMINATION PERIOD	90 days
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.
ELIGIBILITY	First of the month following 60 days of hire



Retirement Planning

No matter what point of your career you're in, it's never a bad time to think about your future and save for retirement.

Contributing to a 401(k) account now can help keep you financially secure later in life. The Catalis 401(k) plan provides you with the tools you need to prepare.

PLAN AT A GLANCE	
PLAN NAME	Catalis 401(k) Plan
RECORDKEEPER	Fidelity NetBenefits
WEBSITE	www.netbenefits.com
ELIGIBILITY	The first of the month following 90 days of employment
COMPANY MATCH	For the 2027 plan year, the match contribution is 100% on the first 4% of contributions and is allocated to participants who are deferring on a per payroll basis. The formula is discretionary and is determined each year. The employer match does not count toward your annual maximum, so choosing not to contribute means you will miss out on additional savings.

All About 401(k)

This employer-sponsored retirement account can help your future self by saving money — tax-free — from your paycheck. The sooner you participate in a 401(k), the more time your assets have to grow.

Eligible employees can invest for retirement while receiving tax advantages. For the 2027 plan year, the match contribution is 100% on the first 4% of contributions and is allocated to participants who are deferring on a per payroll basis. The formula is discretionary and is determined each year. The employer match does not count toward your annual maximum, so choosing not to contribute means you will miss out on additional savings. Administrative services are provided by Fidelity NetBenefits. You may start making pre-tax contributions into the plan the first of the month following 90 days of employment. You must be at least 18 years of age to be eligible.

Contributing to the Plan

As a participant in the 401(k) Plan, you are able to save for retirement to help you achieve your retirement goals. The IRS limits the amount you can save annually, but if you are over age 50, you can contribute even more to the plan through catch-up contributions. There is even a special catch-up period for people turning 60 to 63.

The standard 401(k) contribution, catch-up contribution for those ages 50-59 and 64+, and special catch-up for those ages 60-63 are set annually by the IRS and usually announced in October of the previous year. Please visit www.irs.gov for current limits. Contact your plan administrator for questions or instructions regarding catch-up contributions.

Note: The SECURE 2.0 Act requires certain "high earners" to make their catch-up contributions to Roth (after-tax) accounts instead of traditional pre-tax accounts. Please visit www.irs.gov for current limits.

Not sure if you're getting close to the annual contribution limit? Our payroll system tracks how much you've contributed. If you started at the company mid-year, let the Payroll Department know how much you contributed at your previous employer so that can be factored in and you won't be subject to penalties for overcontributing.

Automatic Enrollment

Eligible employees will be automatically enrolled in Catalis' 401(k) within 90 days of your start date at a contribution rate of 4%. If you wish to change the contribution rate or opt out of our Catalis 401(k) for the time being, please contact Fidelity NetBenefits at 800-835-5097 upon hire.

How Much Should I Save?

Industry standards suggest saving at least 12% to 15% of your income, including Catalis' matching contribution. If you can't afford to save that much, make sure to save up to the matching amount so you don't leave free money behind.

Consolidating Your Retirement Savings

If you have an existing qualified retirement plan (pre-tax) with a previous employer, you may transfer that account into the plan any time. Contact Fidelity NetBenefits at 800-835-5097 for details.

Regardless of which retirement account you choose or how much you contribute, remember to think of it as a long-term strategy. Dipping into the account early will jeopardize the quality of your retirement, and you may be subject to early withdrawal penalties from the IRS.

Investing in the Plan

It's up to you how to invest the assets. The Catalis 401(k) plan offers a selection of investment options for you to choose from. You may change your investment choices any time. For more details, visit www.netbenefits.com.

Vesting

Vesting refers to how much of your 401(k) funds you can take with you if or when you leave Catalis. With our vesting schedule, each year you'll own a greater percentage of the company's matching contributions. When you're fully vested, you'll own 100% of the contributions. You always own and are fully vested in the contributions you personally make to your 401(k).

Naming a Beneficiary

Your beneficiary is the person you designate to receive your 401(k) retirement benefits in the event of your death. Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as a beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. Contact Human Resources or your own legal counsel with any questions.



Benefits of 401(k)

Tax Savings

In a 401(k), you don't owe taxes annually on interest, dividends, or profits earned.

Flexibility

You can change the amount of your contributions any time.

Catalis Match

Your retirement savings grows faster with the Company's match!

Additional Benefits

Catalis wants you to succeed in all aspects of life, so we offer a variety of additional benefits to make your day-to-day easier.

Financial, Legal, and Estate Services

New York Life Group Benefit Solutions

Financial and legal issues touch the life of every individual. Without the appropriate information, these situations can become time-consuming and stressful, affecting job productivity, and peace of mind. New York Life provides financial, legal, and estate support programs that provides consultative experts to meet the needs for you and your family. Centralized digital access at GuidanceResources.com.

FinancialConnect Provides:

- Unlimited financial information, including debt management, family budgeting, estate, and tax planning
- Interactive tools, calculators, and in-depth financial education

LegalConnect Provides:

- Easy access to an in-house staff of attorneys exclusively dedicated to phone consultations
- Referrals to local attorneys for a free 30-minute consultation and a 25% reduction in fees thereafter
- Information on low-cost and no-cost legal options
- Referrals to consumer advocacy groups and governmental organizations

EstateGuidance

This user-friendly online tool allows employees and their family members to write a last will and testament, a living will, and a document outlining their wishes for final arrangements quickly, easily, and cost effectively. EstateGuidance walks users through the entire process, guiding choices with a series of questions, and breaking down each step into easy-to-understand terms. Accessible anytime, anywhere via tablet, desktop, or mobile app, EstateGuidance eliminates the barriers to estate planning.

Home/Auto Insurance

Farmers Insurance

You have access to discounted auto and homeowners insurance through Farmers Group Select. Your coverage stays with you even if you switch jobs. This voluntary benefit offers customizable coverage options including auto, home, renters, condo, RV, boat, and more. Enjoy features like replacement cost coverage, claim free driving rewards, roadside assistance, and identity protection services.

How to Get Quotes and Enroll:

Get a personalized quote anytime by calling 855-628-2330 or by visiting www.farmers.com/groupselect. California residents should call 888-840-1248 for program details specific to their state.

Bundle multiple policies to maximize your savings and take advantage of group-specific discounts, automated payment options, and guaranteed repairs for covered losses.

Pet Insurance

MetLife

MetLife Pet Insurance offers customizable coverage for dogs, cats, and exotic pets, helping you manage unexpected veterinary costs. With no breed or age restrictions, this plan includes coverage for accidents, illnesses, chronic conditions, hereditary issues, and even alternative therapies. Optional preventive care coverage is available for routine wellness services.

Key Features:

- No initial exam or past vet records required
- No cancellation fees
- No lifetime or per-incident limits
- Includes telemedicine, prescription food, physical therapy, and grief counselling
- Healthy Pet Incentive: Deductible decreases by $50 each year without a claim
- Automatic annual limit increases with unused benefits
- Family plans and multi-pet discounts available

For more information or to enroll, call 800-GET-MET8 (800-438-6388) or visit www.metlife.com/getpetquote.

FEDlogic

Catalis is proud to offer FEDlogic, a trusted advocacy service designed to help you and your family navigate federal and state benefit programs with confidence. This valuable resource connects you with a team of seasoned experts, many of whom have worked within the Social Security Administration and bring deep, insider knowledge of complex benefit systems. Understanding what you're eligible for can be overwhelming, and without guidance, many individuals miss out on benefits they deserve.

FEDlogic provides personalized education and advocacy to ensure you're informed, empowered, and able to make the most of every opportunity available to you. Whether you're planning for retirement, managing a disability claim, or simply exploring your options, FEDlogic is here to support you every step of the way.

You may call an expert for assistance with:

- Help navigating Medicare
- How to maximize your retirement benefits or plan for the future after age 62
- Understanding a recent diagnosis of a critical illness or disability
- Children born prematurely who are in the NICU
- Navigating survivors' benefits if you have lost a spouse
- And more!

How It Works

- **Make a phone consultation appointment.** Call us at 877-837-4196 or scan the QR code to schedule a phone consultation with one of our experts. Be sure to make the appointment at a time when family members are available to listen and ask questions as well. Calls typically last an hour and are unlimited, confidential, and free.
- **Tell us your story, ask questions, and learn.** You don't have to wade through tons of complex and confusing information to figure out what applies to you. We take the time to listen to your story and understand your needs, concerns, and goals. Then, we empower you with the unbiased information you need to maximize your benefits and make the best decision for your situation.
- **Enroll in your benefits.** Once you feel confident you have all the information you need to make the best decision for you and your family, we'll walk you through the application and approval process.
- **Have peace of mind.** Without education and advocacy, many people don't tap into all the Social Security and Medicare benefits they've paid into during a lifetime of employment. You'll have peace of mind knowing that you're getting all the benefits you deserve. So, sit back, relax, and celebrate!



Visit https://employees.fedlogicgroup.com or scan the QR code to access FEDlogic.

Access code: CATA 25

Glossary

Balance Billing – When you are billed by a provider for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $60, you may be billed by the provider for the remaining $40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount you pay for healthcare services received, as determined by your insurance plan.

Deductible – The amount you owe for healthcare services before your insurance begins to pay its portion. For example, if your deductible is $1,000, your plan does not pay anything until you've paid $1,000 for covered services. This deductible may not apply to all services, including preventive care.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision.



Flexible Spending Accounts (FSAs) – A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You'll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are "use it or lose it," so funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or rollover into the next plan year.

- **Healthcare FSA –** A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- **Dependent Care FSA –** A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.

Healthcare Cost Transparency – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

Health Savings Account (HSA) – A personal healthcare bank account funded by your tax-free dollars to pay for qualified medical expenses that may also include an employer contribution. You must be enrolled in an HDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable if you change jobs.

High Deductible Health Plan (HDHP) – A plan option that provides choice, flexibility, and control when it comes to healthcare spending. Most preventive care is covered at 100% with in-network providers, and all qualified employee-paid medical expenses count toward your deductible and out-of-pocket maximum.



Minimum Essential Coverage Plan – Covers 100% of the cost of certain preventive services, when delivered by a network provider. Helps cover the costs of certain medical expenses incurred due to an accident or sickness at a specified benefit amount for a limited number of days per year.

Network – A group of physicians, hospitals, and healthcare providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

- **In-Network –** Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- **Out-of-Network –** Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.
- **Non-Participating –** Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out of pocket.

Open Enrollment – The period set by the employer during which employees and dependents may enroll for coverage.

Out-of-Pocket Maximum – The most you pay during the plan year before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary, or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.

Over-the-Counter (OTC) Medications – Medications available without a prescription.

Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred, or specialty.

- **Generic Drugs –** Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- **Preferred Drugs –** Brand-name drugs on your provider's approved list (available online).
- **Non-Preferred Drugs –** Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- **Specialty Drugs –** Prescription medications used to treat complex, chronic, and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered. These medications are usually required to be filled at a specific pharmacy.
- **Prior Authorization –** A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- **Step Therapy –** The goal of a Step Therapy Program is to guide employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before "stepping up" to a non-preferred brand.

Reasonable and Customary Allowance (R&C) – The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary, and Reasonable) amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) – The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.

Required Notices

Important Notice From Catalis Holdco, Inc About Your Prescription Drug Coverage and Medicare Under the UMR HDHP $3,500 and PPO $1,500 Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Catalis Holdco, Inc and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Catalis Holdco, Inc has determined that the prescription drug coverage offered by the UMR HDHP $3,500 and PPO $1,500 plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Catalis Holdco, Inc coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Catalis Holdco, Inc and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage…

Contact the person listed at the end of these notices for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Catalis Holdco, Inc changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227)
  TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2027
Name of Entity/Sender:	Catalis Holdco, Inc
Contact—Position/Office:	Human Resources
Address:	3025 Windward Plaza, Ste. 200 Alpharetta, GA 30005
Phone Number:	833-781-8282

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 833-781-8282.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 833-781-8282.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 833-781-8282.

Illinois Essential Health Benefit (EHB) Listing

Employer Name:	Catalis Holdco, Inc
Employer State of Situs:	Georgia
Name of Issuer:	UMR
Plan Marketing Name:	Copay Plan, HDHP $3,500, PPO $1,500
Plan Year:	2027

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2026 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
1	Accidental Injury – Dental	Ambulatory	Pgs. 10 & 17	Yes
2	Allergy Injections and Testing		Pg. 11	Yes
3	Bone Anchored Hearing Aids		Pgs. 17 & 35	Yes
4	Durable Medical Equipment		Pg. 13	Yes
5	Hospice		Pg. 28	Yes
6	Infertility (Fertility) Treatment		Pgs. 23 – 24	Yes
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Pg. 21	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)		Pgs. 15 – 16	Yes
9	Private-Duty Nursing		Pgs. 17 & 34	Yes
10	Prosthetics/Orthotics		Pg. 13	Yes
11	Sterilization (Vasectomy Men)		Pg. 10	Yes
12	Temporomandibular Joint Disorder (TMJ)		Pgs. 13 & 24	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency Services	Pg. 7	Yes
14	Emergency Transportation/Ambulance		Pgs. 4 & 17	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	Yes
16	Breast Reconstruction After Mastectomy		Pgs. 24 – 25	Yes
17	Reconstructive Surgery		Pgs. 25 – 26, & 35	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)		Pg. 15	Yes
19	Skilled Nursing Facility		Pg. 21	Yes
20	Transplants – Human Organ Transplants (Including Transportation & Lodging)		Pgs. 18 & 31	Yes

2020-2026 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
21	Diagnostic Services	Laboratory Services	Pgs. 6 & 12	Yes
22	Intranasal Opioid Reversal Agent Associated with Opioid Prescriptions	MH/SUD	Pg. 32	Yes
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)		Pgs. 8 – 9, 21	Yes
24	Opioid Medically Assisted Treatment (MAT)		Pg. 21	Yes
25	Substance Use Disorders (Including Inpatient Treatment)		Pgs. 9 & 21	Yes
26	Tele-Psychiatry		Pg. 11	Yes
27	Topical Anti-Inflammatory Acute and Chronic Pain Medication		Pg. 32	Yes
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See All Kids Pediatric Dental Document	Yes
29	Pediatric Vision Coverage		Pgs. 26 – 27	Yes
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes
31	Outpatient Prescription Drugs	Prescription Drugs	Pgs. 29 – 34	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes
33	Contraceptive/Birth Control Services		Pgs. 13 & 16	Yes
34	Diabetes Self-Management Training and Education		Pgs. 11 & 35	Yes
35	Diabetic Supplies for Treatment of Diabetes		Pgs. 31 – 32	Yes
36	Mammography – Screening		Pgs. 12, 15, & 24	Yes
37	Osteoporosis – Bone Mass Measurement		Pgs. 12 & 16	Yes
38	Pap Tests/Prostate-Specific Antigen Tests/Ovarian Cancer Surveillance Test		Pg. 16	Yes
39	Preventive Care Services		Pg. 18	Yes
40	Sterilization (Women)		Pgs. 10 & 19	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 – 13	Yes
42	Habilitative and Rehabilitative Services		Pgs. 8, 9, 11, 12, 22, & 35	Yes

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via MD services must be covered in the same manner as when those EHBs are delivered in person.

Important Contacts

Medical
UMR
800-826-9781
www.umr.com
Network: Choice Plus
Policy #: 76418568

Pharmacy
Caremark
833-821-6305
caremark.com
Policy #: 76418568
RxBIN: 004336
RxPCN: ADV
RxGroup: RX25MG

Additional Medical Benefits
(Second Opinion, Cancer, Orthopedic, Surgery, Virtual Physical Therapy)
Transcarent WayFinding
Health Guide 888-293-2939
Surgery Care 888-387-3909
member.transcarent.com

Supplemental Health
(Accident, Critical Illness, Hospital Indemnity)
Aflac
800-433-3036
www.Aflac.com/myaflac

Telemedicine
Teladoc
800-835-2362
www.teladochealth.com

Dental
Delta Dental
800-521-2651
www.deltadentalins.com
Policy #: 21571

Vision
EyeMed
844-873-7853
www.eyemed.com
Policy #: 1052609

Health Savings Account
Optum Bank
866-234-8913
optum.com/HSAIntro
www.optumbank.com/health-savings-accounts.html
accountholderservices@optum.com

Flexible Spending Accounts
Optum Bank
800-243-5543
www.optumbank.com/flexible-spending-accounts.html
accountholderservices@optum.com

Life and AD&D
New York Life
866-562-8421
www.newyorklife.com
Policy #: FLX0969942 – Life
OK 0971384 – Vol AD&D

Disability
New York Life
866-562-8421
www.newyorklife.com
STD Policy #: LK 0752859
LTD Policy #: LK 0966590

Life Assistance Program (LAP)
New York Life
800-344-9752
www.guidanceresources.com
Web ID: NYGBS

Retirement
Fidelity NetBenefits
800-835-5097
www.netbenefits.com
Policy #: 33061

401(k) Advisor
Bob Newton
585-340-5217
bob.newton@modwm.com

Wellness Program
Wellable
support@wellable.co
app.wellable.co/Catalis

Home/Auto
Farmers Group Select
855-628-2330
www.farmers.com/groupselect

Pet Insurance
MetLife
800-438-6388
www.metLife.com/getpetquote

Federal & State Benefit Navigation
FEDlogic
877-837-4196
employees.fedlogicgroup.com
services@fedlogicgroup.com
Access code: CATA25

Benefits Resource Center
Monday – Friday, 8 a.m. to 7 p.m. ET
833-978-1466
CatalisBenefits@Lockton.com

Catalis Human Resources
3025 Windward Plaza, Ste. 200
Alpharetta, GA 30005
payroll-benefits@catalisgov.com



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