

# BUCHERER 1888



## Benefits Guide **2026**

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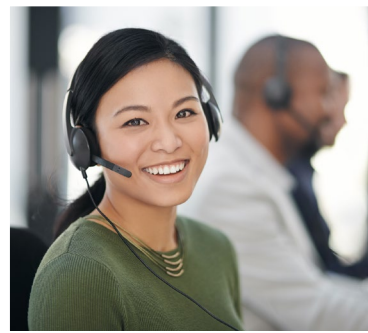
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# 2026 BENEFITS GUIDE

At Bucherer USA, we truly value the dedication and commitment that our employees put forth daily. We're proud of our talented teams and understand that our success is because of them. It's our pleasure to offer you as a Bucherer USA employee, access to a quality, comprehensive benefits package that provides flexibility and security.

Your initial enrollment is your one opportunity to select your health benefit coverage for the year, aside from your annual enrollment, unless you experience a qualifying life event (i.e. birth, marriage, adoption, divorce). If any of these changes occur, it is your responsibility to alert Human Resources to add or remove your dependent(s) within 31 days of the date of the qualifying event.

**Please review this document and all materials provided carefully as you consider your benefit needs.**

**VIEW YOUR BENEFITS ONLINE!**

For more details of available benefit plans visit:

[www.buchererbeneftsguide.com](http://www.buchererbeneftsguide.com)

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### Who May Participate?

All active, eligible, full-time employees may participate in the health plans.

- Medical benefits are effective on the 1st of the month following 60 days of continuous employment.
- Voluntary dental and vision plans are effective upon date of hire.

### Which Family Members Can be Covered?

When you enroll yourself in the benefits program, you may also cover your eligible dependents. Please review your dependent's eligibility to ensure they meet the requirements to be covered under our benefit plans.

Eligible dependents may include:

- Legal Spouse. ("Spouse" means the person recognized as a covered employee's husband or wife under the laws of the state where the covered employee lives.)
- Your qualified domestic partner.
- Your dependent children up to age 26 (regardless of marital status), including a natural child, stepchild, a legally adopted child, a child placed for adoption, or a child for whom you or your spouse are the legal guardian.
- Your unmarried children age 26 or older who are mentally or physically disabled and who rely on you for support and care.

### Cost

Bucherer USA pays a large portion of the cost of your health coverage. Your contributions for your coverage are deducted from your pay on a pre-tax basis. The current cost for health coverage is outlined in this guide.

### Qualified Life Events

After your initial enrollment period, you may make changes to your benefit elections only during the annual enrollment period, unless you have a qualified family status change as defined by the IRS. If a change in status occurs, you are permitted to make changes consistent with the event.

Qualified Life Events, as defined by the IRS, include:

- Marriage or divorce.
- Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death, marriage or reaching the dependent child age limit.
- Changes in your Spouse's/Qualified Domestic Partner's employment affecting benefit eligibility.

If any of these changes occur, it is your responsibility to alert Human Resources to add or remove your dependent(s) within 31 days of the date of the qualifying event.

# MEDICAL OVERVIEW

## ID CARDS

Employees who enroll in the Aetna plan will receive ID cards in the mail.

Look for them 7-14 days after enrolling in a white, unmarked envelope. You may receive your medical cards prior to your effective date. Benefits will not be active and your Aetna card will not work until your effective date.

You can also go online and register at [www.aetna.com](http://www.aetna.com) or download the Aetna app for your phone to print your ID card and manage your benefits online.

## MEDICAL OVERVIEW – (AETNA)

To search for in-network providers visit [www.aetna.com](http://www.aetna.com). Select “Find a doctor” and search by provider type and zip code. Select the Managed Choice POS II (open access) plan.

Plan Benefits	POS		HRA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>			Before Fund Deductible : \$500 Company paid HRA Fund: \$500 / \$800 (Helps offset your deductible)	
<b>Single / Family</b>	\$1,500 / \$3,000	\$3,000 / \$6,000	\$2,500 / \$5,500	\$6,500 / \$13,500
<b>Coinsurance Paid by Carrier</b>	90%	70%	70%	50%
<b>Out-of-Pocket Maximum (incl. Ded.) Single / Family</b>	\$3,500 / \$7,000	\$5,000 / \$10,000	\$6,350 / \$12,700	\$12,500 / \$25,000
<b>Lifetime Maximum</b>	Unlimited		Unlimited	
<b>Physician Office Visit</b>	\$25 Copay	Ded. + Coins.	Ded. + Coins.	Ded. + Coins.
<b>Specialty Care Office Visit</b>	\$50 Copay	Ded. + Coins.	Ded. + Coins.	Ded. + Coins.
<b>Preventive Care Office Visit</b>	No Charge	Ded. + Coins.	No Charge	Ded. + 30% Coins.
<b>Inpatient Hospital</b>	\$500 Copay	30% Coins. after \$500 Copay, after Ded.	Ded. + Coins.	Ded. + Coins.
<b>Outpatient Surgery</b>	Ded. + Coins.	Ded. + Coins.	Ded. + Coins.	Ded. + Coins.
<b>Emergency Room</b>	\$100 Copay		Ded. + 30% Coins.	
<b>Retail Prescription Drugs</b> Generic/Brand/ Non-Formulary	\$10 / \$30 / \$50	30% Coins. after Copay	\$10 / \$30 / 50	30% Coins. after Copay
<b>Mail Order Rx (90-day supply)</b>	2x Retail	Not Covered	2x Retail	Not Covered
<b>Out-of-Network UCR Level</b>	N/A	80th Percentile	N/A	80th Percentile
<b>Dependent Definition</b>	To Age 26 (end of the month)			

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## PHARMACY

### PrudentRx Specialty Drug Program

Specialty drugs are used to treat rare or complex chronic conditions such as cancer, rheumatoid arthritis, hemophilia and HIV. The PrudentRx Co-Pay Program assists members by helping them enroll in manufacturer Co-Pay Assistance Programs for specialty drugs. **By enrolling in the PrudentRx Co-Pay Program, your out-of-pocket cost for prescriptions covered under the PrudentRx Co-Pay Program will be \$0.** Otherwise, medications in the specialty tier will be subject to a 30% co-insurance if you choose not to enroll. This applies to all drugs on the specialty drug list dispensed by CVS Specialty, regardless if copay card is available. Certain exceptions apply such as specialty drugs which are not dispensed by CVS Specialty pharmacy. In this case, the drug will be at a regular copay, not at the \$0 copay or 30% specialty copay. Examples of these are HIV medications or limited distribution drugs dispensed at other specialty pharmacies.

#### How to Enroll:

If you currently take one or more medications included in the PrudentRx Program Drug List, you will be automatically enrolled in the PrudentRx Co-Pay Program. You may choose to opt out of the program; however, you will pay more for your specialty medications if you opt out.

If you currently take specialty medications that are included in the PrudentRx Program Drug List you will receive a welcome letter and phone call from PrudentRx that provides specific information about the program as it pertains to your medication. If you or a covered family member are not currently taking, but will start a new medication covered under the PrudentRx Co-Pay Program, you can reach out to PrudentRx ([800-578-4403](tel:800-578-4403)) or they will proactively contact you. You must use CVS Specialty on the first fill of a new specialty medication prescription and going forward.



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## HEALTH REIMBURSEMENT ACCOUNT (HRA) OVERVIEW

The HRA Plan combines an Aetna High Deductible Health Plan (“HDHP”) with a financial reimbursement account funded by Bucherer USA (a Health Reimbursement Account, or “HRA”).

The Aetna HDHP part of our HRA Plan provides traditional medical and prescription drug coverage. Deductibles are higher than the POS plan (see page 4). Participants pay out-of-pocket for medical costs until they reach the deductible level (with the exception of preventive care services, which are covered at 100% by the plan).

The HRA is a financial reimbursement plan funded entirely by Bucherer USA with a **\$500 single / \$800 family credit** to your account for this plan year to help you satisfy the deductible. After you have met the \$500 pre-fund deductible you may use the \$500 single / \$800 family HRA credit in your personal HRA to pay for eligible health care expenses.

**IMPORTANT:** If the \$500 single / \$800 family HRA credit is exhausted, you will be responsible for satisfying the remaining deductible before the plan begins to pay.

### Tax advantages of an HRA:

Reimbursements made from Bucherer USA through the HRA are not considered part of your income and are not taxed.

### How the HRA relates to your Aetna HDHP:

While the HRA works with the Aetna high deductible medical benefit plan, it is a separately administered program offered under separate terms and conditions as defined by Bucherer USA. Eligible expenses incurred during the year may be paid from the HRA automatically by Aetna.

When expenses exceed the medical plan deductible, the medical plan will reimburse you or your provider(s) based on the plan. Preventive care expenses received in-network are covered at 100% and not subject to any plan deductible or coinsurance.

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## Medical expenses that can be reimbursed from the HRA:

Qualified medical expenses include those expenses that are covered by our medical plan that comply with section 213(d) of the Internal Revenue Code. These expenses may include deductibles and coinsurance. Reimbursements do not include prescription drugs. You can be reimbursed for your dependent's, medical expenses, as long as your dependent meets the definition of a dependent as defined by the IRS and is covered by the plan.

Expenses that are typically **not** reimbursable:

- Medical expenses that are not covered by our medical plan or do not meet IRS section 213(d) requirements.
- Medical expenses incurred by you or your spouse/partner or eligible dependents before your participation in the program was effective.
- Medical expenses that can be reimbursed to you through any other source.
- Nutritional supplements, health club dues and cosmetic surgery (unless medically necessary).

**Note:** The above information is designed only to give general information on this topic, and is not intended to be a comprehensive summary of the subject covered or provide tax or legal advice.



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## MEDICAL CONTRIBUTIONS – BIWEEKLY

EMPLOYEE MEDICAL CONTRIBUTIONS	
HRA	
Single	\$60.73
Employee + Spouse	\$206.51
Employee + Children	\$171.56
Family	\$340.38
POS	
Single	\$101.67
Employee + Spouse	\$284.82
Employee + Children	\$237.13
Family	\$441.50



**VIEW YOUR BENEFITS AND SEARCH  
FOR IN- NETWORK PROVIDERS  
ONLINE!**

[www.aetna.com](http://www.aetna.com)

Select "Find a Doctor". Search by provider type and zip code. Select the Managed Choice POSII (open access) plan.

Members enrolling in the DMO plan will receive ID cards in the mail from Cigna. Cigna does not issue dental ID cards for the PPO plan. Members don't need an ID card to receive care from network dentists. Simply make your appointment and provide identification to the office staff. They can verify your coverage with Cigna. You can also access a digital ID card after your benefits are effective and you have activated your [myCigna.com](https://mycigna.com) account.

### Dental plan overview (Cigna)

You can choose from two dental plans provided by Cigna: Dental Maintenance Organization (DMO) Plan or the Dental PPO Plan. Each type of plan has unique advantages. Understanding the differences can help you choose the coverage that best meets the needs of you and your family.

### PLAN FEATURES

#### DMO Plan

- The DMO plan provides benefits only if you see an in-network DMO dentist.
- The plan requires you to choose a primary care dentist to coordinate all your care and provides benefits based on a copay schedule.

#### PPO Plan

- The PPO plan allows you to receive care from a dentist in the network or outside the network
- The PPO plan pays a portion of your expenses after you meet your annual deductible, except for preventive care which is covered at 100%
- **WellnessPlus<sup>SM</sup> Progressive Maximum Benefit:** When you or your family members receive any preventive care service during one plan year, the calendar year maximum will increase in the following plan year; until it reaches \$1,800!

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## DENTAL PLAN OVERVIEW (CIGNA)

Plan Benefits	DENTAL DMO – DENTAL CARE ACCESS PLUS NETWORK	DENTAL PPO TOTAL CIGNA DPPO NETWORK	
	In-Network Only	In-Network	Out-of-Network
<b>Annual Deductible – Waived for Preventive</b>			
<b>Single / Family</b>	None	\$50 / \$150 (Waived for Preventive Care)	
<b>Coinsurance Paid by Carrier</b>			
<b>Diagnostic / Preventive</b>	Fee Schedule	100%	100%
<b>Basic</b>	Fee Schedule	80%	80%
<b>Endodontics</b>	Fee Schedule	80%	80%
<b>Periodontics</b>	Fee Schedule	80%	80%
<b>Oral Surgery</b>	Not Covered	80%	80%
<b>Major</b>	Fee Schedule	60%	60%
<b>Implants</b>	Not Covered	60%	60%
<b>TMJ</b>	Not Covered	50%	50%
<b>Orthodontics (adult &amp; child)</b>	\$1,344 Child / \$1,944 Adult	50%	50%
<b>Ortho Lifetime Maximum*</b>	None	\$1,500	
<b>Calendar Year Maximum</b>	None	\$1,500	
<b>Out-of-Network UCR Level</b>	N/A	N/A	80th Percentile



### VIEW YOUR BENEFITS AND SEARCH FOR IN-NETWORK PROVIDERS ONLINE!

You may search for network dentists by visiting [Cigna.com](https://www.cigna.com). Select “Find a Doctor, Dentist or Facility” and follow prompts to search by type of dentist or by dentist name. When asked to select a plan, choose “**DPPO/EPO > Total Cigna DPPO**” for the PPO plan or “**Cigna Dental Care DHMO > Cigna Dental Care Access Plus**” for the DMO plan.

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## Enrolling in the DMO?

The DMO plan, also referred to as pre-paid plan, requires you to choose one dentist or dental facility to coordinate all of your oral health needs. If you need to see a specialist, your primary care dentist will refer you; specialty care may require preauthorization. Before you enroll in the DMO be sure to check that there is a DMO provider near you.

The DMO plan does not have any deductibles or maximums. Instead, when you receive a dental service, you pay a fixed dollar amount for the treatment.

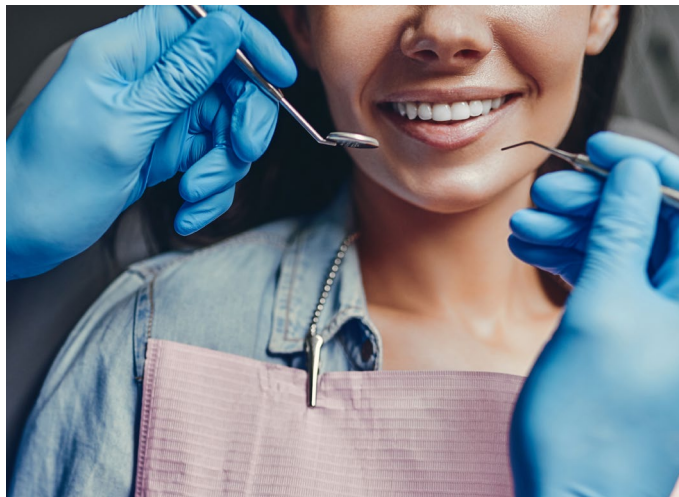
If you are enrolling in the DMO you will need to select your primary care dentist before getting care. You may select your PCP in one of 2 ways:

1. After eligibility is transferred to Cigna you may call the Cigna pre-enrollment line at **800-564-7642** to note your selection
2. Once you receive your Cigna DMO ID card in the mail call the number provided on the card to note your selection.

**Tip:** Search providers using the instructions below or call your dental office and ask if they participate.

## DENTAL CONTRIBUTIONS – BIWEEKLY

EMPLOYEE DENTAL CONTRIBUTIONS		
	DMO	PPO
Employee	\$6.75	\$21.79
Family	\$18.93	\$54.49



### VIEW YOUR BENEFITS AND SEARCH FOR IN-NETWORK PROVIDERS ONLINE!

You may search for network dentists by visiting [Cigna.com](https://www.cigna.com). Select “Find a Doctor, Dentist or Facility” and follow prompts to search by type of dentist or by dentist name. When asked to select a plan, choose “**DPPO/EPO > Total Cigna DPPO**” for the PPO plan or “**Cigna Dental Care DHMO > Cigna Dental Care Access Plus**” for the DMO plan.

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## VISION PLAN OVERVIEW (VSP)

Plan Benefits	VSP PLAN	
	IN-NETWORK	OUT-OF-NETWORK
<b>Eye Exam</b> Once Every 12 Months	\$20 Copay	Up to \$45
<b>Materials</b>	Lenses & Frames OR Contacts in lieu of glasses	
<b>Lenses</b> Once Every 12 Months		
<b>Single Vision</b>		Up to \$30
<b>Bifocal Vision</b>	\$20 Copay	Up to \$50
<b>Trifocal Vision</b>		Up to \$65
<b>Frames</b> Once Every 24 Months	\$130 Allowance 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses.	Up to \$70
<b>Contact Lenses</b> Once Every 12 Months	Elective Contacts: \$130 Allowance Necessary Contacts: Covered in Full after \$20 Copay	Elective Contacts: \$105 Allowance Necessary Contacts: \$210
<b>Laser Surgery Discounts</b> at Participating Providers	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.	

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## VISION CONTRIBUTIONS – BIWEEKLY

EMPLOYEE VISION CONTRIBUTIONS	
	VSP
Employee	\$2.93
Employee + Spouse	\$4.68
Employee + Child(ren)	\$4.78
Family	\$7.71



### TO SEARCH FOR IN-NETWORK PROVIDERS

[www.VSP.com](http://www.VSP.com)

Select “Find a VSP Doctor” and  
insert your zip code.

Choose the “Choice” network as  
your network.

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## LIFE INSURANCE OVERVIEW

### Basic Life Insurance

Basic Life and AD&D are provided at no cost to you by Bucherer USA. Employees are covered at one times your annual earnings up to a maximum of \$50,000.

## DISABILITY OVERVIEW

### State Mandated Disability Benefits (NY, HI, CA)

Employees working in NY, HI and CA may receive a state mandated disability benefit.

**New York employees** will receive the state mandated NY Disability Law (NYDBL) benefit. Benefits begin after you satisfy a 7 day waiting period. The benefit is 50% of compensation up to the state mandated maximum of \$170 per week.

**Hawaii employees** will receive the state mandated Temporary Disability Insurance (TDI). Benefits begin after you satisfy a 7 day waiting period. The benefit is 58% of compensation up to the state mandated maximum of \$837\* per week.

**California employees** will receive the state mandated State Disability Insurance (SDI). Benefits begin after you satisfy a 7 day waiting period. The benefit is based on the state average weekly wage. The maximum weekly benefit is \$1,681.\*

\*Some Statutory states have not yet announced changes for 2026

### Long-Term Disability (LTD)

Long-Term Disability insurance is provided by Bucherer USA at no cost to you. If you are unable to work due to an accident or illness for more than 180 days, LTD comes into play. A benefit of 60% of your salary (with a maximum benefit of \$10,000 per month) is paid during the time you are disabled.

### Voluntary Benefits

We are pleased to offer our employees several voluntary benefit plan options. We offer Group Accident, Critical Illness, Short-Term Disability, and Whole Life coverage through Unum.

**Important Note:** If you want to cancel your Unum elections you must call Unum at [800-635-5597](tel:800-635-5597) as cancellations cannot be made through the system.

Remember to name beneficiaries at the time of your enrollment.

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## New York Paid Family Leave (NY PFL)

Employees working in New York State are eligible for New York Paid Family Leave (NY PFL). NY PFL provides wage replacement and job protection to employees who need time away from work to:

- Bond with a newly born, adopted or fostered child during the first 12 months following the birth or placement.
- Care for a family member with a serious health condition.
- Assist a family member who is deployed to active military service.

A covered family member is a child, parent, parent-in-law, grandparent, grandchild, spouse or domestic partner.

Employees are guaranteed to return to work to the same or comparable position and continue their health insurance benefits. Employees must continue to pay their portion of the premium cost while on Paid Family Leave.

Full-time employees working in New York on a regular schedule of 20 hours or more per week are eligible for coverage after 26 weeks\* of consecutive employment. Part-time employees working in New York fewer than 20 hours per week are eligible after 175 working days of employment.

Eligibility for NY PFL is not based on an employee's own health condition, so there is no medical underwriting component or other limitation based on employee health. The benefit is available to all employees working in New York State who meet the eligibility requirement.

At present, employees are eligible for up to twelve weeks of paid leave equal to 67% their average weekly wage not to exceed the New York State Average Weekly Wage (NYSAWW). The current NYSAWW is \$1,757.19.

As of January 1, 2026 the NYSAWW will increase to \$1,833.63\*\* The maximum employee contribution in 2026 will increase from 0.388% of an employee's weekly wage to 0.432% of an employee's weekly wage, not to exceed the NYSAWW. Thus in 2026 the maximum annual contribution will increase from \$354.53 (current) to \$411.91.

\* 26 weeks of consecutive employment includes scheduled vacation time, the use of personal, sick or other time away from work that has been approved by the employer; or other periods where the employee is away from work but is still considered to be an employee by the employer as long as the employee has continued to make PFL contributions during the time away from work. The 26 weeks of consecutive employment does not include time away from work for which the employee received New York disability benefits.

\*\*The New York State Department of Labor annually publishes the NY State Average Weekly Wage by March 31 of each year, which will be the basis for determining the maximum benefit payable for the subsequent calendar year, [https://labor.ny.gov/stats/avg\\_wkly\\_wage.shtm](https://labor.ny.gov/stats/avg_wkly_wage.shtm).

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Time with your new child is priceless. Understanding the benefits you have during this period will help you plan financially for the coming months.

The Bucherer USA Pregnancy Disability/Adoption/Surrogacy and Paternity Leave Policies are a paid leave benefit associated with the birth and/or adoption of an employee's own child.

### Eligibility

- After one (1) full year of service, all eligible and salaried employees will receive one hundred percent (100%) of their base salary (net of all applicable taxes and deductions) for the applicable duration of leave noted in the full policy.
- After one (1) full year of service, all eligible hourly employees (40 hours for full time/25 hours for part-time) will receive one hundred percent (100%) of their base hourly wages (net of all applicable taxes and deductions) for the applicable duration of leave noted in the full policy.

### Pregnancy Disability Leave

- Up to six (6) six or eight (8) weeks of paid leave based upon the type of birth and directly following the birth of one's own child.
- Subject to eligibility and application to any applicable state programs.

### Adoption/Surrogacy Leave

- Up to six (6) weeks of paid leave directly following the birth of one's own child.
- Subject to eligibility and application to any applicable state programs.

### Paternity Leave

- Up to two (2) weeks of paid leave directly following the birth of one's own child.
- Subject to eligibility and application to any applicable state programs.

\* The full leave policy, eligibility and conditions are detailed in the Employee Handbook and State Supplements, or you may reach out to [HR@tourneau.com](mailto:HR@tourneau.com) for more details and application forms.

Any inconsistency between terms of this document and any plan document or insurance contract will be governed by the plan document or insurance contract. Although the Company expects to continue these benefit plans indefinitely, the Company reserves the right to amend, modify or discontinue the plans at any time.

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**Benefit Resource Inc (BRI) is our FSA benefits administrator.**

## Health Care FSA

If you or a family member have out-of-pocket medical, dental or vision care expenses, the Health Care FSA can be a valuable, tax-saving strategy for you.

Your Health Care FSA is like a personal savings account specifically set aside to pay for your eligible expenses. **For the 2026 plan year, you may elect to put aside up to \$3,400 annually**, on a pre-tax basis.

Think about using your FSA for recurring copays that you have for medication or the expenses associated with eyeglasses that are not fully covered by your health, dental or vision plan. There may be medical expenses that you or family members are responsible for during the coming year – expenses that the FSA can help you to cover. Detailed information about eligible health care expenses can be found in the IRS Publication 502, which is on the IRS website at [www.irs.gov/publications/p502/index.html](http://www.irs.gov/publications/p502/index.html).

## Dependent Care FSA

You can also set aside funds in a Dependent Care FSA to pay for eligible expenses incurred for the care of your dependent children (under the age of 13) or any person living with you (e.g. a parent) whom you claim as a dependent (who is physically or mentally incapable of self-care). To take advantage of the tax savings offered by this plan, both you and your spouse must be employed. **You may elect to put aside up to \$7,500 annually**, on a pre-tax basis (or \$3,750 for a married person filing single).

Expenses not related to day care are not eligible for reimbursement. Some examples of ineligible expenses are: educational expenses, overnight camps, nursing home care, meals, special classes such as dance or swimming.

**NOTE:** For Flexible Spending Accounts you must make a new election each year. Your current elections will NOT automatically roll over into the next plan year.



## IMPORTANT POINTS TO REMEMBER

### \$680 Rollover Provision

Our Health Care FSA plans allow you to carry over up to \$680 of any remaining balance from 2026 into your 2027 account. The \$680 carry-over does not affect your ability to elect up to the annual contribution maximum.

### Runout Period

You will have until March 30, 2027 to submit any claims for reimbursement that were incurred during the 2026 calendar year.

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## Transportation Program

The Transportation Program allows you to pay for eligible transportation expenses to and from work only with pre-tax dollars through payroll deduction.

Eligible expenses include:

**Parking Expenses** – Expenses incurred to park your car on or near the business premises of the Employer or expenses incurred to park your car at a location from which you commute to work (i.e. mass transit facilities, a Commuter Highway Vehicle, or carpool).

**Transit Pass Expenses** – Expenses incurred for a pass, fare card, voucher, or similar item for transportation on mass transit or business that charges a fee for transporting persons in a vehicle that seats at least 6 commuting adults.

- The 2026 maximum monthly contribution for Parking is \$340.
- The 2026 maximum monthly contribution for Transit is \$340.

**Transit benefits roll over year to year, so there is no need to re-enroll.**

## How to register a new account!

For enhanced security and streamlined account login ongoing, you will be required to use a custom Login ID for the **BRIWeb** Participant site.

If you are new to **BRIWeb** or currently using a Member ID as your Login ID, you will be required to complete the Account Registration process on your first visit to the new site.

## The following are required for registration:

- **Company Code:** Tourneau
- **Member ID:** Social Security Number
- **Personal Info:** First name, last name, date of birth, zip code
- **Access to email or phone number** on file with Benefit Resource

**REGISTRATION TIP:** The information entered will be validated against the information on file with Benefit Resource. If you have an existing benefits card, it is suggested you enter the first and last name as it appears on the card.

When logging on, you'll need to click on "Register An account" and follow the process to set up your new log in.

If you need assistance, you can call in to Participant Services at **800-473-9595** and a representative will be able to assist you.

**CONTACT BENEFIT RESOURCE INC (BRI)**

[www.benefitresource.com](http://www.benefitresource.com)

Or call 800-473-9595.

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The company offers a 401(k) Retirement Plan to help you save for retirement. You can make two types of contributions:

- **Pre-Tax Contributions** – Amounts you contribute and any investment earnings are not taxed until you withdraw the money after you retire.
- **Roth After-Tax Contributions** – Your contributions are taxed as regular income in the year you make the contributions. Future withdrawals of your contributions and investment earnings are tax free.

You can contribute up to 70% of your pay through automatic payroll deductions, up to the IRS annual maximum (\$24,500 for 2026). If you are age 50 or older, you can make an additional catch-up contribution of \$8,000.

If you do not enroll, you will automatically be enrolled at a 3% pre-tax contribution rate. You can change or decline contributions at anytime during the year by logging in to [www.mykplan.com](http://www.mykplan.com) or by calling **888-822-9238**.

You can choose from a variety of investment options that meet your personal investment goals. Your contributions and any investment earnings are immediately vested, which means they belong to you and you can take them with you if you leave the company.

The company also makes a matching contribution of 100% of the first 3% you contribute to help your account grow faster. You become vested in company contributions after 3 years of vesting service.

YEARS OF SERVICE	PERCENTAGE VESTED
1	33%
2	66%
3	100%

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This is your one opportunity to select your benefits for the 2026 plan year, unless you experience a qualified life event (marriage, divorce, birth etc.).

All benefit elections will be made through the bswift online enrollment platform. **Please follow the instructions to begin this process.**

**1.** Go to [bucherer.bswift.com](https://bucherer.bswift.com)

(Set a bookmark so you can return to it easily.)

**2.** Your username and password have already been set to the following:

**Username:** First letter of your first name followed by your last name

**Password:** The last 4 digits of your Social Security Number. You will be prompted to change your password after your login.

**3.** All you have to do to begin your enrollment from the Home Page is to click on “START ENROLLMENT”.

Our online enrollment system is broken down into 4 steps/tabs. You will be taken through each tab to make changes or confirm your information on file and choose your benefits for the new plan year:

1. Employee (Personal Information).
2. Family (Family Information).
3. Enroll in your benefits.
4. Confirm your elections.

If you are having issues accessing bswift, please call the **Benefits Help Desk at 877-373-6535** from Monday to Friday, 8 a.m. – 8 p.m. EST.

### **BENEFITS ON THE GO**

Download the bswift benefits app for mobile benefits wherever you go!

Download the App from:



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The Benefits Help Desk is designed to be your personal benefits answer and support service for a wide range of benefits and insurance issues. It is staffed by dedicated professionals who will work with you personally until your question is answered or benefits issue is resolved.

The Benefits Help Desk keeps all inquiries and personal data completely confidential — collecting information from or providing information to only the organizations you authorize. The Help Desk complies with all HIPAA regulations.

**To reach the Benefits Help Desk, call 877-373-6535 8 a.m. to 8 p.m. ET, Monday through Friday, or email [BenefitsHelpDesk@epicbrokers.com](mailto:BenefitsHelpDesk@epicbrokers.com).**

The staff is available from 8 a.m. – 8 p.m. EST, Monday through Friday. After hours, you can leave a voice mail message — your call will be returned within 24 hours (or on Monday, if received during the weekend). Spouses/Dependents are also invited to use the Benefits Help Desk. There is a Spanish-speaking representative on staff. Additional language translation services are also available.



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The most important factor in the increase of health care costs is how you use health care services. In order for our health plan to continue to provide high quality care in the most cost-effective way, we all must take greater responsibility for making healthier life-style choices and more informed health care decisions.

Use in-network providers and generic drugs whenever possible and pursue treatments at the appropriate level (for example, not using an emergency room when an urgent care or primary care office visit may be more appropriate). Being a conscientious health care consumer will make a positive impact on your out-of-pocket health care costs and help limit our cost increases in the future. Read the tips below for ways to decrease your out-of-pocket health care expenses.

- 1. USE THE AETNA NETWORK.** Using doctors, hospitals and facilities that participate in the Aetna Managed Choice POS II network can save you a lot of money. “In-Network” services apply to all health care services, including doctors and hospitals, as well as outpatient testing, treatment and surgery centers that are participating in the Aetna network. To verify that a doctor or facility is in the network, visit [www.aetna.com](http://www.aetna.com) or call the number on the back of your Aetna ID card.
- 2. READ YOUR MEDICAL BILLS.** As a responsible health care consumer, it is important to review your Explanation of Benefits (EOB) and statements from health care providers for accuracy. Though rarely a pleasurable task, reviewing your bills can provide an understanding of your health care purchases and give you the opportunity to identify any errors.
- 3. USE URGENT CARE WHEN APPROPRIATE.** Emergency Rooms (ERs) provide immediate specialized care to people with serious, often life-threatening issues. Treatment for non-emergency conditions in an ER costs hundreds of dollars more than treatment at an urgent care center or your doctor’s office.
- 4. RADIOLOGY SERVICES (MRI OR CT SCAN).** If you need to have an MRI or CT scan, you can save hundreds of dollars by considering an independent radiology center instead of a hospital. Aetna contracts with all types of facilities, including hospitals and outpatient radiology centers. However, costs can vary greatly depending on where you have your scan performed. For help locating the most appropriate facility to have your MRI or CT scan, you can use the Cost Comparison tools on [www.aetna.com](http://www.aetna.com), or call the number on the back of your Aetna ID card.
- 5. AN OUNCE OF PREVENTION.** Doctor’s visits are for healthy people too. It is important to think about preventive health – identifying potential problems before they start. Timely immunizations can help prevent serious diseases for children and adults. Regular screenings for high blood pressure and cholesterol, diabetes and other conditions can detect a problem before it becomes worse. Remember that preventive care visits are paid in full by our firm.

Tourneau LLC (hereinafter referred to as “Bucherer USA” or “Company”) has made every attempt to ensure the accuracy of the information described in this enrollment guide. This guide is not an official plan document and does not provide a complete description of your benefit plans. Any discrepancy between this guide and the insurance contracts, summary plan descriptions (SPDs) or any other legal documents that govern the plans of benefits described in this enrollment guide will be resolved according to those documents. Any examples, such as infographics provided in this guide are purely illustrative in nature, and actual plan costs and coverage will differ based on coverage selected. Bucherer USA reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible employees and Bucherer USA share plan costs at any time. This enrollment guide creates neither an employment agreement of any kind nor a guarantee of continued employment with Bucherer USA.

**BUCHERER** 1888