

2026

Benefits Guide

January 1 – December 31, 2026



WELCOME

We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 20 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

Coverage Begins

New Hires: You must complete enrollment within 30 days of your date of hire. If you enroll on time, coverage is effective on the date of hire. If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.

Open Enrollment: Changes made during Open Enrollment are effective January 1, 2026.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- Lost coverage under your spouse's plan
- You gain access to state coverage under Medicaid or The Children's Health Insurance Program

Making Changes

To change your benefit elections, you must login to

www.myintactUSAbenefits.com

within 30 days of the qualifying life event. Be prepared to show benefit verification documentation. If changes are not submitted on time, you must wait until the next Open Enrollment period to change your elections.

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ENROLLMENT

Go to

www.myintactusabenefits.com to enroll. There you will find detailed information about the plans available to you and instructions for enrolling.

Required Information—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

OPEN ENROLLMENT DETAILS

Remember, Open Enrollment is an opportunity to make changes to your benefits without a qualifying life event. During this time, you can:

- Add, cancel or change your coverage
- Add or remove eligible family members
- Elect your 2026 HSA contributions
- Enroll in the health care and/or dependent care FSAs (**Note:** The IRS requires you to re-enroll in the FSAs each year)

MARK YOUR CALENDARS

Open Enrollment Begins:

November 3, 2025

Deadline to Enroll:

November 14, 2025

Benefits in Effect:

January 1, 2026

In person/online benefits information sessions:

October 23rd at 10am and 2pm EST

October 28th at 10am and 2pm EST



Scan this code to
watch a video about Open
Enrollment.



2026 Updates At-a-Glance

- The PPO HRA plan deductible will be increasing \$250 for individuals and \$500 for families
- The PPO HSA plan in network deductible will be increasing \$200 for individuals and \$400 for families.
- A new Spousal Incentive HRA (SIHRA) will be offered through Healia. Through the SIHRA, Intact will reimburse up to \$21,200 of your family members' out-of-pocket costs if you move from the Intact medical plan and enroll in your spouse's health insurance plan with their employer.
- Unless you take action, your current benefit elections will roll over, except for the flexible spending accounts (FSAs) and HSA contributions.
- You must actively re-enroll in the health care and dependent care FSAs to participate in 2026.
- There will be an increase in how much you pay out of your paycheck for health and dental insurance, also known as your premiums.



BENEFIT ENROLLMENT

Enrollment Periods

Annual Open Enrollment

Each calendar year, the Company conducts an Open Enrollment. This is the time for you to re-evaluate your needs and elect benefit options for the new plan year.

New Hire and Newly Eligible Employee Enrollment

Newly hired or newly eligible employees must complete their online enrollment within 30 days of their date of hire or eligibility.

Between Enrollment Periods

Generally, once you enroll, you cannot make changes to your enrollment selections until the next Open Enrollment period. You may make changes to your benefit elections outside of the annual Open Enrollment ONLY if you experience a Qualifying Life Event (QLE), as defined by the IRS. Benefit changes must also be consistent and made within 31 days of the QLE.

Qualifying life events (QLEs) that may allow you to make benefit changes:

- Change in legal marital status
 - Marriage
 - Divorce, legal separation, annulment
 - Death of your spouse
- Change in your eligibility
 - Taking or returning from a leave of absence
 - Change in work schedule or status that causes a gain or loss of eligibility
 - Change in family member's eligibility
 - Change in work schedule or status that causes them to gain or lose eligibility
- Change in the number of eligible children
 - Birth, adoption or death of a child
 - Child gains or loses eligibility for coverage under the plan
- They gain a benefit option or lose coverage
 - New coverage choices made during their employer's annual enrollment
 - You or your family member's COBRA coverage from another employer expires
 - You or your family member becomes eligible for or loses Medicare or Medicaid
 - You or your family member loses coverage under a governmental or educational institution's plan



**Scan this code to watch
a video about QLEs.**

BENEFIT ENROLLMENT

When Coverage Begins

New Hires: You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on your date of hire.

If you fail to enroll on time, you will not have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.

Open Enrollment: Changes made during Open Enrollment are effective January 1, 2026.

When Coverage Ends

Medical, dental and vision coverage for you and your family will end on the last day of your employment.

When Coverage Ends for Your Children

Your children are eligible for medical, dental and vision coverage until the end of the month in which they turn 26. Life insurance will end when your child reaches age 26 unless the child is disabled and meets certain requirements.

COBRA

If your health care coverage ends, you and your family may have coverage continuation rights under the federal law known as COBRA. If your coverage terminates, you will be notified of your COBRA rights.





HEALTH

MEDICAL

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Blue Cross Blue Shield of MN HSA and HRA

You may see any health care provider and still receive coverage, but it will maximize your benefits and lower your out-of-pocket costs if you see an in-network provider.

The plans pay the full cost of qualified in-network preventive health care services.

You pay the full cost of non-preventive health care services until you meet the annual deductible. *NOTE: If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL deductible (up to the family limit) before the plan starts to pay expenses for that individual.*

- Once you meet the deductible, you pay a percentage of your health care expenses (coinsurance) and the plan pays the rest.
- Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year. *NOTE: If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL out-of-pocket maximum (up to the family limit) before the plan starts to pay covered services at 100 percent for that individual.*

The Health Reimbursement Account (HRA) is a product that combines a high-deductible medical plan paired with an account that will help cover a portion of your deductible. Please see Incentive Funding further in this guide for information related to account funding criteria.

The Health Savings Account (HSA) is a product that combines a high-deductible medical plan with a tax-advantaged savings account. To offset the higher deductible, Intact provides a \$25 bi-weekly contribution for employee only coverage and \$40 bi-weekly for all other tiers. Participants in the HSA plan are also eligible for Incentive Funding.

The Health Savings Account (HSA) The HDHP comes with a type of savings account called a health savings account, or HSA. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

Here’s how the HSA works:

- You contribute pre-tax funds to the HSA through automatic payroll deductions.
- Your contributions may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2026
Employee Only	\$4,400
Family (employee + 1 or more)	\$8,750
Catch-up (age 55+)	\$1,000

- You can withdraw HSA funds tax-free to pay for current qualified health care expenses, or save them for the future, also tax-free. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

Important Notes:

- You must meet certain eligibility requirements to have an HSA: You must
 - a) be at least 18 years old,
 - b) be covered under a qualified HDHP,
 - c) must not be enrolled in Medicare and
 - d) cannot be claimed as a dependent on another person’s tax return. For more information, please refer to IRS Publication 969.
- For a complete list of qualified health care expenses, refer to IRS Publication 502.
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

MEDICAL COVERAGE

Following is a high-level overview of your medical plan options. For complete coverage details, please refer to the Summary Plan Description (SPD). **Note:** The deductibles and out-of-pocket maximums are per calendar year.

Key Medical Benefits	Blue Cross Blue Shield of MN Blue Card PPO HRA		Blue Cross Blue Shield of MN Blue Card PPO HSA	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (Individual/Family)	\$1,250 / \$2,500	\$2,500 / \$5,000	\$3,500 / \$7,000	\$4,500 / \$9,000
Out-of-Pocket Max (Individual/Family)	\$5,000 / \$10,000	\$9,000 / \$18,000	\$6,000 / \$12,000	\$9,000 / \$18,000
Company Contributions to Your HSA (per calendar year; prorated for new hires/newly eligible)	N/A		\$25 per pay period / \$40 per pay period	
Office Visits (physician/specialist)	20%*	50%*	20%*	50%*
Virtual Visits	20%*	50%*	20%*	50%*
Routine Preventive Care	No charge	50%*	No charge	50%*
Diagnostics (lab/X-ray)	20%*	50%*	20%*	50%*
Complex Imaging	20%*	50%*	20%*	50%*
Chiropractic	20%*	50%*	20%*	50%*
Ambulance	20%*	20%*	20%*	20%*
Emergency Room	20%*	20%*	20%*	20%*
Urgent Care Facility	20%*	50%*	20%*	50%*
Inpatient Hospital Stay	20%*	50%*	20%*	50%*
Outpatient Surgery	20%*	50%*	20%*	50%*

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.



PLAN CONTRIBUTIONS

Medical Contributions: Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Medical Contributions Per Pay Period

Full -Time Employees

Coverage	Blue Card PPO HRA				
	< \$75,000	\$75,001 - \$125,000	\$125,001 - \$175,000	\$175,001 - \$225,000	\$225,001 +
Employee Only	\$77.66	\$81.97	\$86.28	\$92.32	\$96.64
Employee + Spouse	\$298.35	\$314.93	\$331.50	\$354.71	\$371.29
Employee + Child(ren)	\$152.07	\$160.52	\$168.96	\$180.79	\$189.24
Employee + Family	\$372.76	\$393.47	\$414.18	\$443.17	\$463.88

Coverage	Blue Card PPO HSA				
	< \$75,000	\$75,001 - \$125,000	\$125,001 - \$175,000	\$175,001 - \$225,000	\$225,001 +
Employee Only	\$40.18	\$42.41	\$44.64	\$47.76	\$50.00
Employee + Spouse	\$184.82	\$195.08	\$205.35	\$219.73	\$229.99
Employee + Child(ren)	\$72.83	\$76.87	\$80.92	\$86.58	\$90.63
Employee + Family	\$204.00	\$215.34	\$226.67	\$242.54	\$253.87

Part-Time Employees

Coverage	Blue Cross Blue Shield of MN	
	Blue Card PPO HRA	Blue Card PPO HSA
Employee Only	\$172.56	\$89.28
Employee + Spouse	\$663.00	\$410.70
Employee + Child(ren)	\$337.92	\$161.84
Employee + Family	\$828.36	\$453.34



PRESCRIPTION COVERAGE

Retail Pharmacy

When you fill a prescription at a participating retail pharmacy, you may purchase up to a 30-day supply. At the participating pharmacy, you will need to present your ID card and an applicable payment. Most major pharmacies are in our plan's pharmacy network. To find a participating pharmacy near you, visit www.bluecrossmn.com/contact-blue-cross-minnesota or call the number on the back of your ID card.

Specialty Program

With a rare or complex medical condition (e.g., cancer, hepatitis, hemophilia, rheumatoid arthritis or HIV), the appropriate use of specialty medications can be critical to maintaining or improving a patient's health and quality of life. We use the Prime Therapeutics program to make these medications accessible and cost effective for plan members. It provides focused, specialized support to individuals with complex medical conditions that often require multiple specialty medication therapies.

Save Money on Medications

Ask for Generic Drugs

You can save money by asking for generic drugs. The FDA requires that generic drugs have the same high quality, strength, purity and stability as brand-name drugs. The next time you need a prescription, ask your doctor to prescribe a generic drug if it is available and appropriate.

Use Mail Order

If you require regular medication for a long-term or chronic condition, such as arthritis or diabetes, you can save money by using your plan's mail-order service.

Key Benefits	Blue Cross Blue Shield of MN Blue Card PPO HRA		Blue Cross Blue Shield of MN Blue Card PPO HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Retail Pharmacy – 30-day supply				
Generic	30% to \$50	30% to \$50	30% to \$50*	30% to \$50*
Preferred Brand	30% to \$150*	30% to \$150*	30% to \$150*	30% to \$150*
Non-Preferred Brand	30% to \$250*	30% to \$250*	30% to \$250*	30% to \$250*
Preferred Specialty	30% to \$375*	N/A	30% to \$375*	N/A
Non-Preferred Specialty	30% to \$625*	N/A	30% to \$625*	N/A
Mail Order or Retail Pharmacy – 90-day supply				
Generic	30% to \$125	N/A	30% to \$125*	N/A
Preferred Brand	30% to \$375*	N/A	30% to \$375*	N/A
Non-Preferred Brand	30% to \$625*	N/A	30% to \$625*	N/A
Preferred Specialty	N/A	N/A	N/A	N/A
Non-Preferred Specialty	N/A	N/A	N/A	N/A

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.



Scan this code to watch a video about
prescription drug coverage.

SPOUSAL INCENTIVE HRA (SIHRA)

What is it?

- The SIHRA is a unique benefit that reimburses up to \$21,200 annually in out-of-pocket costs when either you and/or your dependents enroll in your spouse's employer-sponsored medical plan.
- Get reimbursed for all enrolled members of your family that move to your spouse's plan. With the SIHRA, you can get reimbursed for copays, coinsurance and deductibles on your spouse's health insurance plan. This could mean \$0 for covered medical costs for the year.

What does the SIHRA cover?

- Intact will cover up to \$21,200 of out-of-pocket medical costs (copays, coinsurance, and deductibles) for your enrolled family members. That could mean \$0 for prescriptions, doctor visits, and any medical care you and your family needs.

Is there a cost to enroll?

- The SIHRA is **free** for you and your eligible family members to join. There is no payroll contributions required to participate in the SIHRA. You will just need to pay the premiums for your spouse's employer sponsored medical coverage.
- You can also continue to enroll in other Intact benefits.

How do I enroll?

- Enroll in your spouse's health insurance through their employer.
- During open enrollment at Intact choose the SIHRA.
- You'll then have up to \$21,200 of your out-of-pocket costs covered!

How does it work?

- Present your insurance card from your spouse's plan to the provider or pharmacy.
- Once you receive the Explanation of Benefits from their insurance plan, a doctor's bill or a pharmacy receipt, upload it to Healia's online portal.
- Healia will review the claim and reimburse you directly via EFT within 3-5 business days for the expense.

Are there any restrictions?

- You must opt-out of health insurance with Intact and enroll in your spouse's coverage. Employees that have already waived health coverage with Intact are not eligible for the SIHRA.
- Employees and/or dependents are unable to contribute to or receive employer contributions to an HSA while covered by the SIHRA. You are able to maintain your existing balance in your HSA account to save for future medical expenses.

Is it for me?

- To qualify, you must currently be enrolled in an Intact medical plan and then opt out in 2026. To enroll, just select this plan during Open Enrollment and then make sure to enroll in your spouse's group health plan. Please note that domestic partners, ex-spouses and employees regularly scheduled to work under 30 hours per week are not eligible. Also, your spouse is not eligible for the SIHRA if they are enrolled in Medicare, Medicaid, Tricare, an ACA marketplace plan or other government or state sponsored medical program.

How do I know whether the SIHRA will save me money?

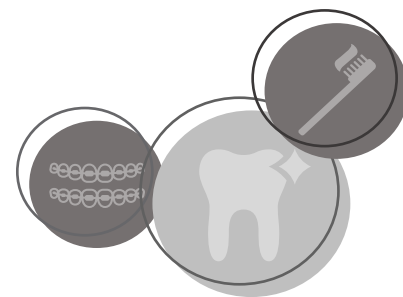
Check out the Healia savings tool! Just upload your spouse's benefit guide and Healia will show you how much you could save by choosing the SIHRA. Scan the QR code below!



Have a question?

Email our partner Healia anytime at: support@healiahealth.com

DENTAL COVERAGE



PPO

The dental Preferred Provider Organization (PPO) plan, provided through Delta Dental of MN offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the Delta Dental of MN network.

To find an in-network provider, click [HERE](https://www.deltadentalmn.org/find-a-dentist/) or visit <https://www.deltadentalmn.org/find-a-dentist/>

Following is a high-level overview of your dental plan options. For complete coverage details, please refer to the Summary Plan Description (SPD). **Note:** The deductibles and annual benefit maximums are per calendar year.

Key Benefits	Delta Dental of MN Basic Plan DPPO		Delta Dental of MN Enhanced Plan DPPO	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (Individual/Family)	\$50 / \$150	\$50 / \$150	\$25 / \$75	\$25 / \$75
Annual Benefit Maximum (per person)	\$1,500	\$1,500	\$2,500	\$2,500
Preventive Services	No charge	No charge	No charge	No charge
Basic Services	50%*	50%*	20%*	20%*
Major Services	50%*	50%*	50%*	50%*
Orthodontic Services (Child & Adult)	N/A	N/A	20% \$1,500 Max Benefit	20% \$1,500 Max Benefit

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Dental Contributions Per Pay Period

Coverage	Basic Plan				
	< \$75,000	\$75,001 - \$125,000	\$125,001 - \$175,000	\$175,001 - \$225,000	\$225,001 +
Employee Only	\$6.34	\$6.69	\$7.04	\$7.67	\$8.10
Employee + Spouse	\$15.70	\$16.57	\$17.44	\$19.01	\$20.06
Employee + Child(ren)	\$12.37	\$13.05	\$13.74	\$14.98	\$15.80
Employee + Family	\$20.89	\$22.05	\$23.21	\$25.30	\$26.69

Coverage	Enhanced Plan				
	< \$75,000	\$75,001 - \$125,000	\$125,001 - \$175,000	\$175,001 - \$225,000	\$225,001 +
Employee Only	\$17.00	\$17.95	\$18.89	\$20.59	\$21.72
Employee + Spouse	\$38.61	\$40.76	\$42.90	\$46.76	\$49.34
Employee + Child(ren)	\$33.15	\$34.99	\$36.83	\$40.14	\$42.35
Employee + Family	\$53.39	\$56.35	\$59.32	\$64.66	\$68.22

VISION COVERAGE

Vision Plan

Your eyesight is an integral part of your overall health and a key component of safety. This plan, provided through EyeMed Vision gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the EyeMed Vision network. If you decide to use an out-of-network provider, you will pay the provider in full at the time of your appointment and submit a claim form for reimbursement up to the amount allowed by the plan.

Receiving benefits from a network provider is as easy as making an appointment with the provider of your choice from the list of providers. The provider will coordinate all necessary authorizations you supply in your membership information.

Special discounts are offered on non-covered services, such as an additional pair of glasses, special lens options and LASIK.

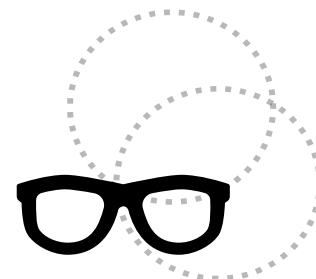
To find an in-network provider, visit <https://eyedoclocator.eyemedvision.care/member/en> and select the Access Network.

Following is a high-level overview of your vision plan options. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Benefits	EyeMed Vision	
	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10 copay	Up to \$70
Frames (once every 12 months)	Covered up to \$180	Up to \$100
Lenses (once every 12 months)		
Single Vision	\$10 copay	Up to \$80
Bifocal	\$10 copay	Up to \$110
Trifocal	\$10 copay	Up to \$150
Elective Contact Lenses (in lieu of glasses; once every 12 months)	Covered up to \$130	Up to \$100

Vision Contributions Per Pay Period

Coverage	Vision Plan Contributions
	EyeMed Vision
Employee Only	\$4.16
Employee + Spouse	\$8.26
Employee + Child(ren)	\$9.09
Employee + Family	\$12.68





WEALTH

HEALTH SAVINGS ACCOUNT (HSA)

The Blue Card HDHP PPO features an HSA provided through Blue Cross Blue Shield of MN. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

How the HSA Works

- You contribute pre-tax dollars through automatic payroll deductions or make after-tax contributions that are deductible when you file your taxes.
- The Company contributes the following amounts annually to your HSA account to help it grow:
 - Employee only coverage: \$25 per pay period
 - Employee + dependent(s) coverage: \$40 per pay period.
- You may change your contributions at any time throughout the year.
- You can withdraw HSA funds tax free to pay for current qualified health care expenses, or save them for the future, also tax free. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

Contribution Limits

Coverage Tier	2025	2026
Individual	\$4,300	\$4,400
Family	\$8,550	\$8,750
Catch-up Contributions	\$1,000	\$1,000



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watch a video
about HSA limits.



HEALTH SAVINGS ACCOUNT (HSA)

Key Features of the HSA

Triple-Tax Advantage

- You contribute funds pre-tax through convenient payroll deductions. This means the money comes out of your paycheck before income tax is calculated. So, you get to keep a bigger portion of your paycheck.
- HSA funds grow tax free, and unused funds roll over year to year. So, the more you save, the more your account will grow—just like a bank savings account.
- If you need to use your HSA funds, you can withdraw them tax free to pay for qualified health care expenses now and in the future—even in retirement.

Control

You own and control the money in your HSA. You decide how or whether you want to spend it. You can use it to pay for doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

Investment Opportunities

Once you reach and maintain a minimum threshold, you can make investments to help your money grow tax free.

Savings Potential

Your HSA is like a “health care 401(k).” There is no “use it or lose it” rule. Your account grows over time as you continue to roll over unused dollars from year to year.

Portability

Your HSA is yours for life. The money is yours to spend or save, even if you change health plans,¹ retire or leave the organization.

Qualified Health Care Expenses

- Qualified medical, dental and vision expenses not covered by the plans, as defined by the IRS in Publication 502. You can visit: <https://www.irs.gov/forms-pubs/about-publication-502>
- COBRA premiums
- Qualified long-term care insurance and expenses
- Health insurance premiums when receiving unemployment compensation
- Medicare and retiree health insurance premiums (not Medicare Supplement premiums)
- Medigap insurance premiums

Important Notes

- You must meet certain eligibility requirements to have an HSA: You a) must be at least 18 years old, b) must be covered under a qualified HDHP, c) must not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, please refer to IRS Publication 969. You can visit: <https://www.irs.gov/forms-pubs/about-publication-969>
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.



**Scan this code to
watch a video about
how an HSA works.**

1. You must be enrolled in an IRS-qualified high-deductible health plan to contribute to an HSA.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

The flexible spending accounts (FSAs), provided through Health Equity, are tax-advantaged accounts that can help you cover certain qualified out-of-pocket expenses. Each account works in much the same way but has different eligibility requirements, list of qualified expenses and contribution limits. You may choose to enroll in the following accounts.

	Health Care FSA (HCFSA)	Post-deductible	Dependent Care FSA (DCFSA)
Eligibility Requirements	You must be benefits eligible; enrollment in an HCFSA disqualifies you from making or receiving HSA contributions	You must be benefits eligible; most employers also require enrollment in a qualified high-deductible health plan	Available to all employees
Examples of Qualified Expenses	- Coinsurance - Copayments - Deductibles - Dental treatment - Eye exams/eyeglasses - LASIK eye surgery - Orthodontia - Prescriptions	- Dental and vision coinsurance only - Dental and vision deductibles only - Dental treatment - Eye exams/eyeglasses - LASIK eye surgery - Orthodontia - Medical and pharmacy expenses after family medical deductible has been met	- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers - Care of household members who are physically or mentally incapable of caring for themselves and who qualify as your federal tax dependent
Annual Contribution Limit	\$3,300	\$3,300	\$7,500 per family (or \$3,750 each if you are married and file separate tax returns)

Important FSA Rules

Because FSAs can give you a significant tax advantage, they are administered according to specific IRS rules

You must enroll each year to participate. Funds must be used by December 31, 2026. Unused funds will not be return to you or carried over to the following year.

- **HCFSA: For participants in the HRA plan.** This type of account can be used for out-of-pocket costs listed above.
- **Post-Deductible: For participants in the HSA plan.** This type of account can be used toward eligible dental and vision expenses, as well as medical and pharmacy expenses once the medical deductible has been met.
- **DCFSA:** Unused funds will NOT be returned to you or carried over to the following year.



Scan this code to watch a video about how an FSA works.



Scan this code to watch a video comparing an HSA and an FSA.

LIFE INSURANCE

Life insurance, provided through Voya provides your named beneficiaries with a benefit following your death.

Basic Life (employer-paid)

Coverage Tier	Benefit Amount
Employee	1x your pay up to a maximum of \$500,000

Supplemental Life and AD&D (employee-paid)

If you determine you need more than the basic coverage, you may purchase additional insurance for yourself and your eligible family members.

Coverage Tier	Benefit Amount	Guaranteed Issue Amount ¹
Employee	Increments up to 6x Annual Salary	\$500,000
Spouse	Family Options: (1) \$25,000, (2) \$50,000 or (3) \$100,000	\$25,000
Child(ren)	Family Options: (1) \$5,000, (2) \$10,000 or (3) \$15,000	\$15,000

Optional Accidental Death & Dismemberment Insurance (AD&D)

AD&D provides financial protection if you are injured or die in an accident while covered by the plan. If you become injured, the plan pays benefits according to a schedule, depending on the nature of your injury. When you enroll in AD&D coverage, you also have the opportunity to purchase coverage for your family. You can elect one time to six times your salary, to a maximum of \$500,000 for AD&D coverage.

¹**Note:** During your initial eligibility period, you can secure coverage up to the Guaranteed Issue limits without the need for Evidence of Insurability (EOI, or information about your health). Please note that coverage amounts requiring EOI will only go into effect once the insurance carrier approves them.

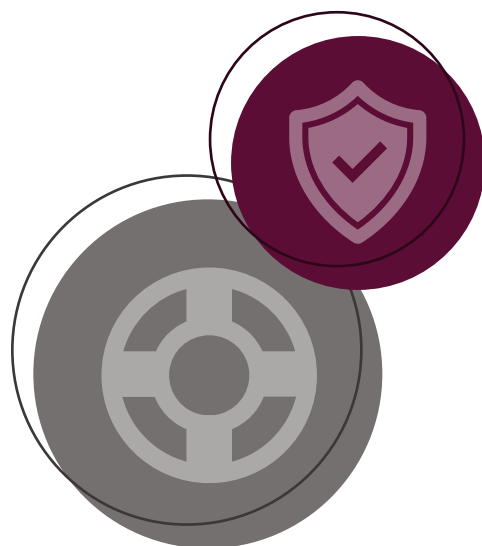
IMPUTED INCOME

Imputed income is the value of non-monetary compensation or benefits provided to you by the company, such as health insurance premiums and life insurance coverage. Even though these benefits are not received in cash form, they are considered part of your overall compensation package and are subject to taxation.

Under federal tax law, if the total coverage of your company-paid basic life insurance is more than \$50,000, the premium paid for the coverage above \$50,000 is considered imputed income and will be added to your W-2 earnings. You must pay federal, state and Social Security taxes on this amount.



Scan this code to watch a video about how life insurance works.



DISABILITY INSURANCE

Disability insurance, provided through Lincoln Financial benefits that replace part of your lost income when you cannot work due to a covered illness or injury.

Short-Term Disability

Provided at NO COST to you through Lincoln Financial Life	
Benefit	100% for 3 weeks, then 66.67%
Maximum weekly benefit	No maximum
When benefit begins	After 7 th day of disability
When benefit ends	25 weeks

Long-Term Disability

Provided to you through Lincoln Financial Group. This benefit is employee and employer paid	
Benefit	60% of base salary
Maximum monthly benefit	\$25,000
When benefit begins	After 180 th day of disability
When benefit ends	Social Security Normal Retirement Age

Supplemental Long-Term Disability is also available, which increases your income replacement to 70%. This benefit is employee paid.



Scan this code to watch
a video about how
disability insurance works.

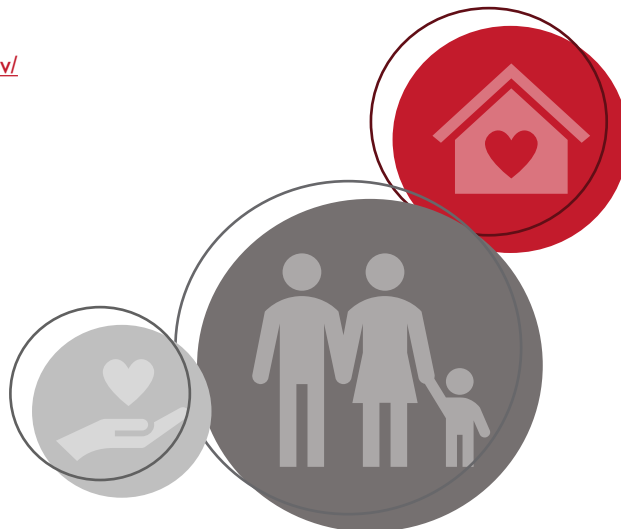


STATE-MANDATED DISABILITY & PAID FAMILY LEAVE PROGRAMS

Employees who reside in one of the states or districts below may be eligible for statutory disability and/or family leave coverage provided by their state. State-provided benefits will be administered and paid out by the state in accordance with state laws and they may run concurrently with family medical leave (FMLA) and short-term disability (STD). Employees are responsible for applying to these programs with the applicable state agencies.

Note:

- The number of states that offer statutory disability and paid family leave coverage may change at any time.
- Intact offers private state plans where allowed. To initiate the leave process please contact benefits@intactinsurance.com.
- **California:** <https://edd.ca.gov/disability>
- **California:** <https://edd.ca.gov/en/disability/paid-family-leave/>
- **Colorado:** <https://famli.colorado.gov/>
- **Connecticut:** <https://www.ctpaidleave.org/>
- **Massachusetts:** <https://www.mass.gov/info-details/paid-family-and-medical-leave-pfml-overview-and-benefits>
- **New Jersey:** <https://www.nj.gov/labor/myleavebenefits/worker/tdi/>
- **New Jersey:** <https://www.nj.gov/labor/myleavebenefits/worker/fli/>
- **New York:** <https://www.wcb.ny.gov/content/main/DisabilityBenefits/employee-disability-benefits.jsp>
- **New York:** <https://paidfamilyleave.ny.gov/>
- **Oregon:** <https://paidleave.oregon.gov/>
- **Rhode Island:** <https://dlt.ri.gov/individuals/temporary-disability-caregiver-insurance/claimants>
- **Washington:** <https://paidleave.wa.gov/>
- **Washington D.C.:** <https://dcpaidfamilyleave.dc.gov/>



401(K)

Personal financial health practices affect individual financial well-being as well as health status, so at Intact we are determined to help our employees keep the promises they've made to themselves about their financial future. Through our Retirement Savings Plan, and other programs, you can take steps to meet your personal financial goals with Intact's support.

The Intact USA Retirement Savings Plan administered by Vanguard offers tax advantages, savings incentives and investment options to help you achieve your financial goals

Eligibility, Enrollment and Employee Contributions

Employees are immediately eligible upon hire. New hires that do not enroll within the first 60 days are automatically enrolled in pre-tax contributions at 6% of pay, with an automatic 1 % increase each April. The default for these investments is the age-appropriate Target Retirement Trust. Employees may elect to contribute on a pre-tax, after-tax or Roth basis up to 40% of salary. Employees aged 50 or older are also eligible for pre-tax and Roth catch-up contributions (IRS limits apply to maximum contribution amounts.)

Your Contributions

For 2026, the maximum annual contribution that the IRS permits to your 401 (k) account is \$24,500 on a pre-tax (or Roth) basis. Additionally, if you will be age 50 - 59 or over in 2026, you may defer an additional \$8,000 pre-tax (or Roth) during the year, under the IRS "catch-up" provision, for a total combined pre-tax and Roth contribution amount of \$31,500. In 2026, If you are age 60 – 63, you may defer an additional \$12,000 pretax, for a total combined Contribution of \$36,500.

One-Step

Through the Vanguard One-Step program, you can automatically increase your pre-tax payroll savings contribution by whatever percentage you elect and on the date you prefer each year. It's a simple and convenient way to remember to increase your retirement savings!

Company Match

Intact matches 100% of the first 3% of a participant's contributions on a bi-weekly basis.

Annual Company Contributions

All employees (excluding interns and co-ops) are automatically eligible for annual contributions when they are hired. Employees must be actively employed by a participating company on the last business day of the year to receive a contribution for that year. All annual contributions are made by the company. There are potentially two types of annual contributions: a fixed contribution and an additional variable contribution.

- **Fixed contribution** - 3% of eligible compensation up to the Social Security wage base (\$183,600 for 2026)
- **Variable contribution** - 0% to 6% of eligible compensation up to the IRS defined compensation limit (\$360,000 for 2026)

Typically, both the fixed and variable contributions (if applicable) are made during the first quarter of the year following the calendar year for which a contribution is made. The variable contribution is based on to what extent the company has achieved its annual financial goals.

All employees (excluding interns and co-ops) are eligible for the fixed contribution. Employees who participate in the most recently granted long-term incentive plan are not eligible to receive a variable contribution.



401(K)

Intact 2026 Annual Contribution Goals

In 2026, we expect to continue with the current design encompassing a 3% fixed payment to employees and a 3% at-target variable payment to those employees not receiving a LTIP award. Overall performance and the corresponding payment will be assessed against a 0-6% continuum. Investment of all company contributions will follow the investment elections that you have on file for your own Plan contributions. If you do not have an investment election on file, these contributions will be invested in the age-appropriate Target Retirement Trust fund, which is the default fund for our Plan.

Investment Options

You can invest in your choice of 27 funds inclusive of Target Retirement Trust funds, allowing for broad diversification of your retirement assets.

Target Retirement Trusts

Each trust is a portfolio in itself, so choose the date-specific fund that's closest to the year you expect to retire, and the fund will automatically decrease in risk as you approach retirement.

Vesting and Diversification

Employees become 100% vested after three years of employment. Participants may diversify their balance into any of the funds offered in the Plan.

Investor Questionnaire

Results, based on your answers, suggest an asset allocation mix based on your goal, time horizon, risk tolerance and investment experience.

OneStep

Through the OneStep program you can automatically increase your pre-tax payroll savings contribution by whatever percentage you elect and on the date you prefer each year. It's a simple and convenient way to remember to increase your retirement savings!

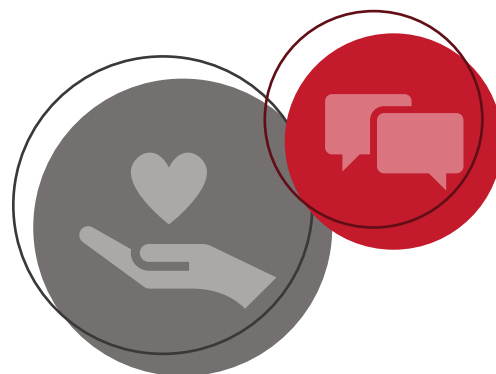
Vanguard Digital Advisor

Services brought to you by Vanguard and Intact offering:

- Ongoing money management
- Advice for all goals, not just retirement
- Online financial tools and education (DA)
- Ongoing advisor support for complex financial goals (PA)

CAPTRUST @ Work

CAPTRUST offers point-in-time financial advice for life events.



VOLUNTARY BENEFITS

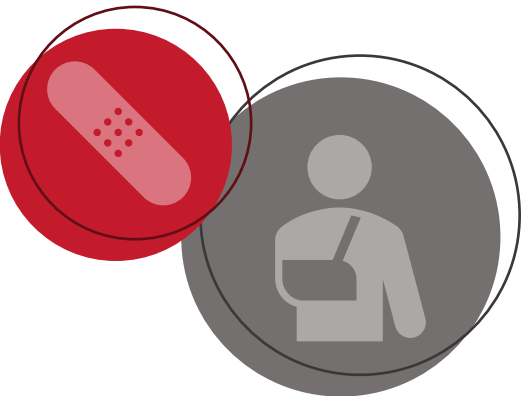
Accident Insurance

Accident insurance, provided through Voya can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: you visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But treating a broken leg can cost thousands of dollars. When your medical bill arrives, you'll be relieved you have accident insurance on your side.

Accident insurance pays a fixed cash benefit directly to you when you have a covered accident-related injury, like a sprain or bone fracture. Examples of covered expenses include:

- Doctor's office visits
- Diagnostic exams
- Broken leg rehab treatment
- Physical therapy sessions

Accident Insurance in Practice	
Situation	Abed broke his leg in a bike accident.
Covered Benefits	• Doctor's office visits • Diagnostic exams • Broken leg rehab treatment • Physical therapy sessions
Total Benefit Paid Directly to Employee	\$4,250



 Scan this code to watch a video about how an accident plan works.

VOLUNTARY BENEFITS

Hospital Indemnity Insurance

When you or a dependent need to be hospitalized, your family deserves to focus on their well-being, not the stress of a stint at the hospital, which can cost an average of \$3,025 per inpatient day.¹ Hospital indemnity, provided through Voya pays a fixed cash benefit directly to you when you experience:

- Hospital admissions
- Hospital stays
- Intensive care unit stays

Hospital Indemnity Insurance in Practice	
Situation	Craig was hospitalized following a car accident.
Covered Benefits	• Hospital admission • Hospital stay • Intensive care unit stay
Total Benefit Paid Directly to Employee	\$2,250



Scan this code to watch a video about how a hospital indemnity plan works.



1. Kaiser Family Foundation. "Expenses per Inpatient Day." Kaiser Family Foundation, kff.org/health-costs/state-indicator/expenses-per-inpatient-day.

VOLUNTARY BENEFITS

Critical Illness Insurance

About half of U.S. adults report being unable to pay an unexpected medical bill of \$500 without going into debt.¹ With critical illness insurance provided through Voya, you won't have to. This benefit provides a fixed, lump-sum cash benefit directly to you when you are diagnosed with a covered health condition such as a heart attack or stroke. You can use this benefit however you like, including to help pay for:

- Increased living expenses
- Prescriptions
- Travel expenses
- Treatments

Critical Illness Insurance in Practice

Situation	Britta had a heart attack while raking leaves.
Covered Benefits	Heart attack diagnosis
Total Benefit Paid Directly to Employee	\$15,000



Scan this code to watch
a video about how
a critical illness plan works.



Pet Insurance

My Pet Protection (SM) from Nationwide helps you provide your pets with the best care possible. Choice of reimbursement options on vet bills including accidents, illnesses and hereditary conditions.

Get a fast, no-obligation quote today at partnersolutions.nationwide.com/pet/intactspecialty or call 877.738.7874.

1. Kaiser Family Foundation. "Americans' Challenges with Health Care Costs." Kaiser Family Foundation, [kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs](https://www.kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs).



WELLBEING

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Life is full of challenges, and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The Employee Assistance Program (EAP) is provided at NO COST to you through Spring Health.

EAP Benefits

- Personalized care – Take a short online assessment to get a care plan designed just for you. Based on your immediate needs and long-term goals, recommendations might include therapy, coaching, self-guided exercises, or a combination of care options.
- Free therapy – Get support when it's convenient for you, either virtually or in person. Appointments are available in as soon as two days, even on nights and weekends. Each member (age 6+) gets 6 therapy sessions per year at no cost.
- High-quality, diverse providers – Choose an experienced therapist you feel comfortable with. You will receive recommendations based on your needs and preferences, and you can also search for providers by specialty, gender, ethnicity, or language.
- Care for your whole family – Families need mental health support, too, and that's why Spring Health offers fast access to providers who specialize in working with couples, families, children, and teenagers.
- Flexible guidance and support – Your Care Navigator will act as your personal guide to ensure you receive the best care for your needs. They can walk you through your recommendations, help you find the right therapist, and provide unlimited support.
- Self-guided wellness exercises – Get on-demand support from our library of digital exercises, videos, podcasts and courses. These self-care resources can help you manage stress, calm anxiety, improve sleep, boost mindfulness, or tackle other everyday challenges.
- Free coaching – Connect with a coach to help you reach your personal goals. Coaching can support you in personal development, health and wellness, relationships, or parenting. Each member (age 18+) gets 6 coaching sessions per year at no cost.
- Medication management – If your care plan recommends medication management, you can easily schedule a consultation with a board-certified doctor who can prescribe as needed. Up to 2 of your covered therapy sessions can be used for medication management.
- Alcohol and substance use support – Members (age 18+) can get support to cut down or quit alcohol or substance use. A specialized Care Navigator can connect you with best-in-class resources and programs offering the right level of care and treatment for your lifestyle and budget.
- Work-life services – Need help managing life outside of work? Access expert guidance and resources to navigate legal or financial matters, child care, elder care, pet care, travel, household services, and more.

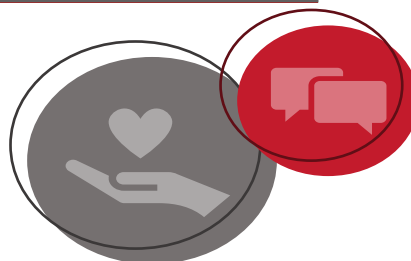
QUESTIONS?

To learn more, visit <http://intactus.springhealth.com/> or download the Spring Health mobile app.

You can also reach the EAP toll free at (855) 629-0554



Scan this code to watch a video
about how an EAP works.





PERKS

VALUABLE EXTRAS

We also offer the following additional benefits:

Omada

For participants in our medical plan, Omada provided personalized diabetes and heart disease prevention and maintenance program that combines human support and digital tools to help you reach your health goals.

Hinge Health

For participants in our medical plan, Hinge Health gives you the tools you need to conquer back and joint pain, recover from injuries, prepare for surgery, and stay healthy and pain free. Their programs are available to you and your eligible dependents at no cost. Plus, you can complete your customized care plan anywhere, anytime. For questions, reach us at (855) 902-2777 or email us at hello@hingehealth.com

Candidly through Vanguard

Candidly is an innovative resource designed to help you crush your student debt. The program provides assistance with paying off your debt early, locating debt forgiveness programs, building a paydown plan, turning spare change into loan payments and lowering your monthly student loan bills.

To access more information, log in and click on the “Log me into Candidly” button by clicking [HERE](#) or visiting <https://www.vanguard.com/studentloans>

Color

For participants in our medical plan, Color benefit provides personalized support whether you’re looking to understand your cancer risk, currently in treatment, have had cancer in the past, or are caring for a loved one with cancer.

To access more information, visit www.color.com/intact

SoFi

SoFi is a comprehensive financial services platform that aims to help individuals achieve their financial goals, whether that involves paying off student loans, buying a home, investing for the future, or managing everyday banking needs. SoFi distinguishes itself by combining technology-driven solutions with a focus on community and member benefits.

Blue Care Advisor

This program gives you everything you need to manage your health all in one place. You can review recent claims, access your id card information, find quality providers, and more. With Blue Care Advisor, you can also redeem up to \$240 annually by completing a health assessment and tracking your activity!

BenefitHub

Welcome to your discount marketplace! As part of our benefit offerings, we are pleased to introduce you to BenefitHub! Enjoy discounts, cash back, and perks on brands you love in a variety of categories.

Follow the instructions below to create you login access and be on your way to a world of savings.

It’s easy to sign up and start saving today!

- 1) Click [HERE](#) or visit <https://intact.benefithub.com/Welcoming>
- 2) Sign up if you don’t have an account yet!
- 3) If you’ve already registered, you can also log in here.

Questions? Call (866) 664-4621 or email: customer care@benefithub.com



WELLNESS

Incentive Funding

Account Funding

In exchange for completing a preventive care visit and the online Health Assessment, employees and enrolled spouses are eligible to receive \$350 each in incentive funding (up to a maximum of \$700). This employer funding will go into your HRA or HSA after the claim for your Preventive Care exam has been processed by BCBS and your Health Assessment has been completed. Both criteria must be completed between January 1 and November 30 to receive the 2026 funding. Please note: funding is processed by the 15th of each month for the prior month's activity. You can check on the status of your incentive funding by emailing benefits@intactinsurance.com. They will respond within 48 hours of your inquiry.

Preventive Care Visit

We believe our employees should manage their health in conjunction with their physician. By establishing an ongoing relationship with your physician, you can partner together on what's best for your health. Therefore, we encourage employees and spouses to complete an annual preventive care exam with their physician.

You will receive credit for your preventative exam once your claim for the exam has been processed by BCBS.

Health Assessment

Taking a health assessment is a quick and easy way to determine the current state of your overall health, and to figure out what steps you need to take now to improve your health in the future. After all, when you're healthy, you have the strength and confidence to be your true self.

To complete your online assessment:

1. Go to bluecrossmn.com
2. Go to the Rewards tab.
3. Click on Ways to Earn.
4. Click on Health Assessment.
5. Once on the Health Assessment page click on Take your health assessment.

Work Life Balance

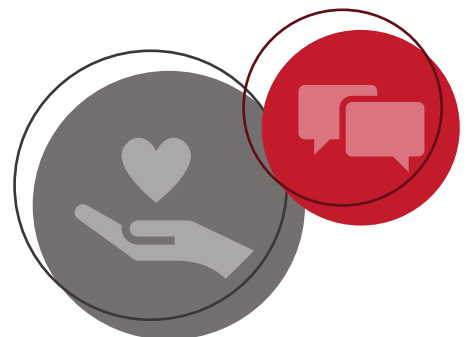
Self-Managed Time Off

All regular, exempt, full and part-time employees who work 20 hours or more per week are eligible for Self-Managed Time Off. Exempt employees do not accrue PTO but are empowered to self manage their time off needs.

Paid Time Off

All regular, non-exempt, full and part-time employees who work 20 hours or more per week are eligible for Paid Time Off. For new hires, Paid Time Off days in their first year are prorated from their employment date. The Paid Time Off program offers a competitive allotment based on length of service.

Years of Service	PTO Days
<1	16
2	17
3	18
4	19
5	20
6	21
7	22
8	23
9	24
10	25
11+	26



WORK LIFE BALANCE

Holidays

In 2026, we will observe 11 paid holidays and one preventive screening day (taken at your convenience). Additionally, we will observe a two-hour early closing on the Wednesday before Thanksgiving as well as the Wednesday of New Year’s Eve (similar early closing for part-time employees should be address at a local level). The 2026 holiday schedule is as follows:

Holiday	Date Observed
New Year’s Day	Thursday, January 1
Martin Luther King Jr. Day	Monday, January 19
Presidents Day	Monday, February 16
Memorial Day	Monday, May 25
Juneteenth	Friday, June 19
Independence Day	Friday, July 3
Labor Day	Monday, September 7
Thanksgiving	Thursday, November 26 and Friday, November 27
Christmas	Thursday, December 24 and Friday, December 25

Preventive Screening Day

In addition, all employees are eligible for an additional 8 hours of Paid Time Off as a “Preventive Screening Day”. This time should be used to schedule annual physicals, preventive screenings such as mammograms, colonoscopy, dental checkups, etc.

Business Travel Accident

Business Travel Accident insurance is provided to all employees free of charge if you are injured while traveling for business purposes. This benefit provides five times your base salary up to a maximum of \$1,750,000 to your beneficiary in the event of your death while traveling on business. Intact provides business travel accident insurance to you automatically-you do not have to enroll in this coverage.

Commuter (Transportation) Benefit

Intact’s commuter program makes it easy for you to save money on your commuting costs. If you take public transportation, ride in a vanpool or pay to park, this plan helps you use pre-tax dollars and save on your commuting costs! Your pre-tax payroll deductions will be taken automatically from your last paycheck of the month. For 2026 the IRS allows up to \$340 per month in pre-tax contributions towards qualified parking expenses and up to \$340 towards public transportation (bus, train, subway, ferry, etc.). If your expenses exceed the pre-tax limits, the balance will be taken from your paycheck on an after-tax basis. For example, if your train pass is \$365 per month, \$340 will be deducted pre-tax and \$25 on an after-tax basis.

You have the option to have your transportation passes mailed directly to your home. For parking expenses, you can choose to pay the provider directly, which works like bill pay and can be recurring. You may also request a voucher that is made out to the transit authority and is valid for 13 months. The voucher is primarily designed for those with inconsistent transit commuting expenses because it can be issued in multiple quantities and denominations. All employees are eligible to participate in the commuter program.

Legal Insurance

The legal insurance through ARAG provides access to legal services that might otherwise be very costly. Legal counsel and representation is provided at a discounted group rate. Telephonic legal advisory, online tools and reduced fee services are all resources provided through the group legal insurance plan. You must enroll within 30 days of hire or during the annual Open Enrollment period. Some legal services covered under the legal benefit include:

- Will Writing
- Powers of attorney
- Legal name change
- Consumer protection/debt collection
- Traffic Violations
- Real Estate Issues
- Identity theft protection
- Audit protection

WORK LIFE BALANCE

Cariloop

Intact believes that no one should go through caregiving alone. We understand that when a loved one's well-being is at risk, it can be hard to focus on anything else. For that reason, we are very proud to offer this program at NO COST to you to help manage these challenging moments. Cariloop can help with:

- Adult & Elder Care
- Education
- ...and more!
- Pediatric & Child Care
- Medicare Support

Cariloop can be accessed through the web, mobile app, phone, text, email or video chat. All employees have access to a dedicated care coach, personalized digital tools and resources, as well as continual support for the various stages of life. For more information, click [HERE](#) or visit [https:// www.cariloop.com/intact](https://www.cariloop.com/intact) or call (972) 325-5836

Adoption & Surrogacy Assistance

Intact's adoption assistance benefits are available to all full-time employees who have completed at least one year of service with the company. You can be reimbursed up to the IRS limit (\$17,280 in 2025) annually per household for expenses associated with the adoption of a child or hiring a surrogate —including agency fees, legal fees, transportation and lodging expenses, immigration and translation fees, legal fees and court costs.

Community Giving

One of our core values is being socially responsible. The Intact Charitable Trust gives back to those nonprofits that matter most to members of the Intact Insurance Specialty Solutions community.

- Through its charitable giving program, the Trust supports employee and producer volunteer, leadership and philanthropic efforts. In addition, the Trust supports organizations providing emergency assistance anywhere in the world in the aftermath of a natural disaster or during a state emergency. The Trust also advances education through a matching gift program and a college scholarship program.

Employee Volunteerism

We encourage and support employee volunteerism by providing flexibility to attend charitable meetings and events during the workday upon the approval of the employee's manager. The Trust will provide a \$500 charitable gift for every 40 hours of community service (maximum \$1,500 charitable gift per calendar year, per employee).

Matching Gift Program

Our Matching Gift program matches employee contributions to any tax-exempt secondary school, college or university of your choice, with a maximum annual match of \$500.

Educational Opportunities

Increase your work-related education through tuition assistance (subject to manager's approval).

Our Human Resources team offers technical and professional development programs designed to increase job skill through a range of classes, resources and opportunities. Our professional development offerings guide employees in managing their career growth. Employees may choose to strengthen their technical and computer knowledge, improve their public-speaking ability or develop job-specific skills through programs such as the Claims Adjuster Certification Program or the Underwriting Associate Certification Program.

Intact Learning Academy, our online learning program, provides easy access to targeted coursework to maximize learning and knowledge retention in a dynamic and engaging way.

LinkedIn Learning offers on-demand courses and training videos to support personal and professional skill development anytime, anywhere.

Our management courses are designed to create consistent management qualities and practices across our different work settings, locations and environments. We encourage our managers to think differently in order to lead, motivate and inspire their teams and to take responsibility for the success of our organization.

Professional Development

Your career should be more than a paycheck. It should be an ongoing opportunity to challenge yourself, learn new skills, succeed and grow. Learning is a priority - and fundamental to our success. Our training and development programs extend to all employees, in all locations.

Scholarship Opportunities for Your Children

Intact awards \$3,000 college scholarships to eight children of employees each year. The program is open to high school seniors for any area of study. Administered by Scholarship Management Services, a nonprofit scholarship program administrator, the application process takes place in the spring.



RESOURCES



IMPORTANT CONTACTS

Benefit	Carrier	Phone Number	Website/Email
Benefits Enrollment	Benefit Express	(833) 393-0375	www.myintactUSAbenefits.com
Medical	BCBS of MN	(866) 820-3774	www.bluecrossmnonline.com
Spousal Incentive HRA	Healia	support@healiahealth.com	www.healiahealth.com
Pharmacy	Prime Therapeutics	(800) 531-6676	
Life, Voluntary Benefits	Voya	(877) 236-7564	www.voya.com
Dental	Delta Dental of MN	(651) 404-5901 or (800) 448-3815	www.deltadentalmn.org
Vision	EyeMed Vision	(866) 723-0513	www.eyemedvisioncare.com
Flexible Spending Accounts	Health Equity	(866) 346-5800	www.healthequity.com
Disability	Lincoln Financial Group	(800) 853-7105	www.mylincolnportal.com
Employee Assistance Program	Spring Health	(855) 629-0554	https://intactus.springhealth.com
Caregiving	Cariloop	(972) 325-5836	www.cariloop.com/intact
Business Travel Accident	Intact Accident and Health	(800) 527-1255 Ext. 6611	
Commuter Benefits	WageWorks	-	www.wageworks.com
401(k)	Vanguard	(800) 523-1188	www.vanguard.com



BENEFIT TERMINOLOGY

Allowed amount

This is the amount agreed upon between the provider and the insurance company for the service provided. It is almost always less than the billed amount, which is why enrollees see different amounts on their Explanation of Benefit statements (EOBs). For example, a provider may charge \$120 per hour of psychotherapy, but the insurance company pays them \$95—the allowed amount for that service.

Balance billing

When an out-of-network provider bills you 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 \$70, the provider may bill you for the remaining \$30. An in-network provider cannot balance bill you for the covered services.

Beneficiary

A person who is designated as the recipient of proceeds from an insurance policy.

Coinsurance

Your share of the costs of a covered medical service calculated as a percent of the allowed amount for the service. You pay coinsurance plus any deductibles you owe. Consider an example in which the medical plan's allowed amount for a medical service is \$100 and you've met your deductible. If your plan pays 70%, then you are responsible for the remaining 30%, which is \$30.

Copayment

Oftentimes referred to as a "copay," this is the amount you are responsible for paying when seeing a doctor, picking up a prescription, or visiting an urgent care facility or emergency room.

Deductible

The amount you must pay for eligible expenses before the plan begins to pay benefits. A deductible may be per service, per visit, per supply or per coverage year. For example, if your individual deductible is \$1,500, your plan will not pay anything for certain medical services until you have paid \$1,500. The deductible may not apply to all services, such as services that are covered by a copay.

Dependent

Dependents are usually an immediate relative, such as a spouse or child (up to age 26, as per the ACA), who is eligible to be included on your health insurance policy. The Company also allows domestic/civil union partners to be listed as dependents.

Dependent care FSA

A flexible spending account (FSA) is designed to provide tax-exempt funds that can be used to offset qualifying expenses for children and elderly dependents. Eligible dependent care expenses include daycare, before- and after-school care, summer day camps and eldercare for dependents claimed on your income taxes. Funds deposited in an FSA must be spent in the same year in which they are set aside, or they are forfeited. This rule is often referred to as "use it or lose it."

Diagnostic test

Medical tests designed to establish the presence (or absence) of disease as a basis for treatment decisions in symptomatic or screen positive individuals. Note that diagnostic tests are different than screening tests. Screenings are primarily designed to detect early disease or risk factors for disease in apparently healthy individuals.

BENEFIT TERMINOLOGY

Durable medical equipment (DME)

Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include oxygen equipment, wheelchairs or crutches.

Eligible expense

Amount on which payment is based for covered medical services. This may be called “allowed amount maximum,” “payment allowance” or “negotiated rate.” If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. See balance billing.

Health care FSA

Funded through pre-tax payroll deductions, a health care flexible spending account (FSA) is a cost-savings tool that allows you to pay for qualified health care-related expenses with pre-tax dollars.

Generic drugs

Medications that are comparable to brand-name drugs in dosage form, strength, quality, performance characteristics and intended use, per the FDA. Generic drugs are almost always priced more attractively than their brand-name counterparts.

High-Deductible health plan (HDHP)

A HDHP is a type of health insurance plan that typically offer lower premiums in exchange for higher deductibles. The deductible, which is the amount you must pay out of pocket for covered medical expenses before your insurance begins to pay, is higher for HDHPs compared to traditional PPO plans. These plans allow individuals to pay a lower monthly premium and instead cover more of their medical expenses through out-of-pocket deductibles.

Health savings account (HSA)

An employer- and employee-funded savings plan that reimburses you for qualified out-of-pocket medical expenses. Funded through pre-tax payroll deductions by the employer and employee, HSAs are only available to people enrolled in a qualified high-deductible health plan. Unspent balances aren't forfeited; they roll over and accumulate over time.

Employee contribution

The amount an employee contributes through payroll deductions for their medical and other insurance and savings program benefits.

Excluded services

Medical services that your medical plan doesn't pay for or cover.

Explanation of benefits

Every time you use your health insurance, your health plan sends you a record called an “explanation of benefits” (EOB) or “member health statement” that explains how much you may owe. The EOB also shows the total cost of care, how much your plan paid, and the amount an in-network doctor or other health care professional is allowed to charge a plan member (called the “allowed amount”). An EOB is generated for every single health claim, including prescriptions. It is not a bill, but rather a tool members can use to make sure they're not paying more than their insurer expects them to for services rendered.

In-network coinsurance

The percentage you pay of the allowed amount for covered medical services to providers who contract with your health insurance carrier. In-network coinsurance costs you less than out-of-network coinsurance payments.

In-network provider

The facilities, providers and suppliers our health insurance carrier has contracted with to provide medical services. Your out-of-pocket expenses will be lower, and you will not be responsible for filing claims if you visit a participating in-network provider.

Mail order Rx

The Company's medical carrier offers this method of delivery for prescription drug orders to assist in delivering drugs more conveniently and at a lower cost. Through mail order, members can obtain a 90-day supply at one time versus a 30-day supply at a traditional pharmacy. Most suitable for maintenance medications or any drug taken daily, such as contraceptives or blood pressure medications, your copay is cheaper through mail order.

BENEFIT TERMINOLOGY

Medically necessary

Medical services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms, and that meet accepted standards of medicine.

Member health statement

Every time you use your health insurance, your health plan sends you a record called a “member health statement” or an “explanation of benefits” (EOB) that explains how much you may owe. The member health statement also shows the total cost of care, how much your plan paid and the amount an in-network doctor or other health care professional is allowed to charge a plan member (called the “allowed amount”).

Negotiated rate

Amount on which payment is based for covered medical services. This may be called “allowed amount maximum,” “payment allowance” or “eligible expense.” If an out-of-network provider charges more than the allowed amount, you may have to pay the difference.

Network

The facilities, providers and suppliers a health insurance carrier has contracted with to provide medical services at a pre-negotiated discount. Your out-of-pocket expenses will be lower, and you will not be responsible for filing claims if you visit a participating in-network provider.

Non-preferred brand-name drugs

Generally, these are higher-cost medications that have recently come on the market. In most cases, an alternative preferred medication is available, be it a preferred brand-name drug or a generic.

Non-preferred provider

A provider who doesn’t have a contract with your health insurer or plan to provide services to you. You’ll pay more to see a non-preferred provider.

Open Enrollment

A period during which a health insurance company is required to accept applicants without regard to health history.

Out-of-network coinsurance

The percentage you pay of the allowed amount for covered medical services to providers who do not contract with your health insurance carrier. Out-of-network coinsurance costs you more than in-network coinsurance. An out-of-network provider can balance bill you for charges over the allowed amount.

Out-of-network provider

A provider who doesn’t have a contract with your health insurer or plan to provide services to you. You’ll pay more to see an out-of-network provider.

Out-of-pocket maximum

The most you pay during a policy period (a calendar year) before your plan begins to pay 100% of the allowed amount. This limit does not include your premium or balance-billed charges.

Over-the-counter drug

A drug that you can buy without a prescription from a drugstore or most general or grocery stores. For example, Benadryl, Tylenol, and Ibuprofen are sold over-the-counter. The opposite of a prescription drug.

Payment allowance

Amount on which payment is based for covered medical services. This may be called “allowed amount maximum,” “negotiated rate” or “eligible expense.” If an out-of-network provider charges more than the allowed amount, you may have to pay the difference.

BENEFIT TERMINOLOGY

Preauthorization

A medically necessary determination by a health insurance carrier for a medical service, treatment plan, prescription drug, medical or prosthetic device or certain types of durable medical equipment. Sometimes called preauthorization, prior authorization or prior approval, many plans require preauthorization for certain services before you can receive them, except in cases of emergency. Preauthorization isn't a promise your medical plan will cover the cost.

Preferred/brand-name drug

These are medications for which generic equivalents are not available. They have been on the market for some time and are widely accepted. They cost more than generic drugs, but less than non-preferred brand-name drugs.

Preferred provider

A provider who has a contract with your health insurer or plan to provide services to you at a pre-negotiated discount.

Prescription drugs

Medications you can only obtain with a prescription from your doctor. Prescriptions must be taken to a pharmacy (or sent to a mail-order facility) where a licensed pharmacist will fill it for you. For example, Lipitor, Vicodin and Albuterol can only be obtained with a prescription. The opposite of an over-the-counter drug.

Prescription drug coverage

Coverage that helps pay for prescription drugs and medications covered under a health insurance carrier's formulary. A formulary is the list of FDA-approved drugs covered under a medical plan. Each drug is classified into a tier and each tier determines the copayment you will pay for the drug. These tiers typically, but not always, are: Generic (Tier 1), Preferred Brand (Tier 2), Non-Preferred Brand (Tier 3), and Specialty.

Your cost will depend on the level of drug specified by your doctor. A generic drug is a medication whose active ingredients, safety, dosage, quality and strength are identical to that of its brand-name counterpart. Preferred brand-name drugs generally do not have a generic equivalent, while those listed as non-preferred brand-name drugs generally do have a generic or preferred brand-name equivalent.

Your copay for preferred brand-name drugs is less than the copay for non-preferred brand-name drugs because you don't have the generic option available to you.

Premium (Insurance)

The fees paid to an insurance carrier to provide coverage. These fees are usually shared between you and the Company, though there are insurance benefits the Company pays for entirely, while there are others that you pay for yourself.

Premium (Medical)

The amount that is paid for your medical coverage. You and the Company share this cost, which is paid monthly to the insurance carrier.

Pre-tax deduction

Payments deducted from your gross pay before Medicare, federal, and state taxes are calculated, thus reducing your taxable wages and tax liability.

BENEFIT TERMINOLOGY

Prior approval/authorization

A medically necessary determination by a health insurance carrier for a medical service, treatment plan, prescription drug, medical or prosthetic device or certain types of durable medical equipment. Sometimes called preauthorization, prior authorization or precertification, many plans require preauthorization for certain services before you can receive them, except in cases of emergency. Preauthorization isn't a promise your medical plan will cover the cost.

Post-tax deduction

Payments deducted from your net pay after Medicare, federal and state taxes are calculated, thereby having no impact on your taxable wages and tax liability.

Preventive care

Medical treatments performed with the intention of preventing a health issue. For example, vaccinations and age-appropriate screenings are almost always considered to be preventive.

Primary care physician (PCP)

A physician who directly provides or coordinates a wide range of medical services for a patient. Primary care physicians include medical doctors, doctors of osteopathic medicine, internists, family practitioners, general practitioners, OB/GYNs and pediatricians. The opposite of a specialist.

Provider

A physician, health care professional or health care facility, certified or accredited as required by state law.

Qualifying life event (QLE)

QLEs are major events in an enrollee's life that allow them to make specific changes to their insurance policy outside of an annual Open Enrollment period. This usually includes the birth or adoption of a child, marriage, divorce, death of a spouse or change in the spouse's employment or insurance status. These changes must typically be made within 31 days of the QLE.

Special enrollment period

Special enrollment periods allow you to make changes to your insurance plan or sign up for a new policy outside of Open Enrollment. They're almost always triggered by QLEs.

Specialist

A physician who focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat for certain types of symptoms and conditions. The opposite of a primary care physician. For example, a dermatologist is considered a specialist.

Specialty drugs

Prescription medications that require special handling, administration or monitoring. These drugs are used to treat complex, chronic conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C and hemophilia.

Telehealth

Telehealth is the use of telecommunication technologies through which you and your personal physician, who is treating you and knows your health history, can talk live over the phone or video chat, by appointment, during regular office hours. Services such as medication management, regular visits and online counseling are particularly well suited to Telehealth, since consistent and regular visits with your physician typically improve outcomes.

BENEFIT TERMINOLOGY

Telemedicine

Telemedicine is the use of telecommunication technologies where you and an on-call physician can talk live (24/7/365) over the phone or video chat. Services that are particularly well-suited to telemedicine include the discussion of symptoms, receiving a diagnosis, learning your treatment options and minor health issues such as pink eye or sore throat. Prescription can also be facilitated through telemedicine. Please note that each time you reach out for telemedicine services, you might speak with a different physician.

Urgent care

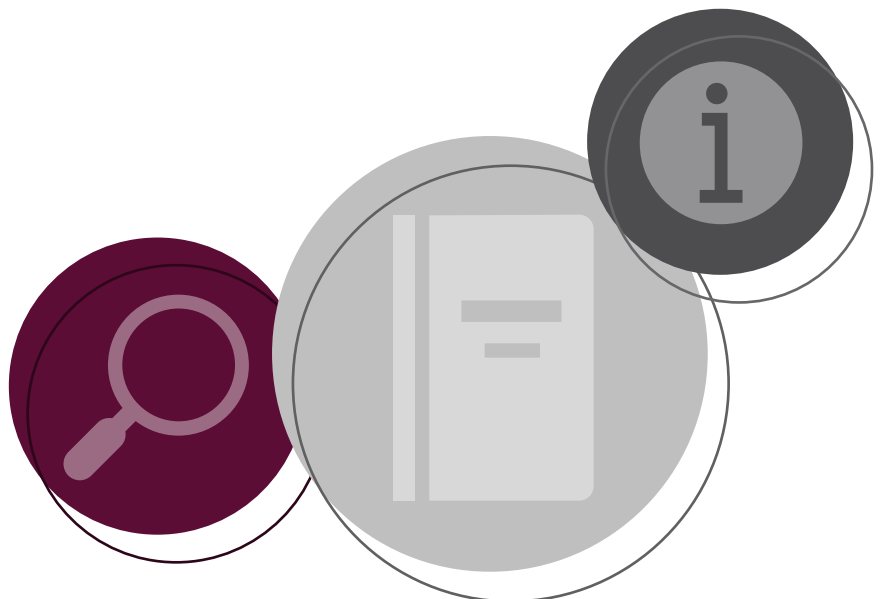
An illness or injury serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

Wellness

Wellness refers to a healthy state of being.



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NOTES

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