2026

EMPLOYEE BENEFITS GUIDE

Facility Solutions Group

Table of Contents

RESOURCES FOR 2026

- **Your 2026 open enrollment includes a decision support tool:**
  ALEX is an online tool that will help you select the best benefit plan for you and your family. ALEX will ask you a few questions about your health care needs, crunch some numbers, and suggest what benefits option makes the most sense for you. Anything you tell ALEX remains anonymous. You can use the **Audio** based or **Text** based version to navigate your options and find the best healthcare plan for your unique needs. **CLICK HERE TO ACCESS ALEX**

- Life, AD&D, Disability, and Voluntary Benefits are provided by Prudential. Click the link below to go to the dedicated FSG microsite. It includes videos, benefits summaries, and rates to help you decide what coverage is best for you and how much life insurance you may need.
  CLICK HERE TO ACCESS PRUDENTIAL

- Prudential also provides value-added benefits including Beneficiary Advocate and Travel Assistance at no cost.

- Medicare Education and Enrollment Assistance are provided by Boomer Benefits.

- Will Preparation Services are provided by Health Advocate at no cost.

IMPORTANT CONTACTS

Benefit	Who to Call	Group Number	Contact Number	Website
$0 Medical and Mental Health Virtual Visits	Teladoc	FSG	(800) 835-2362	teladochealth.com
Employee Assistance Program (EAP)	Health Advocate	N/A	(866) 799-2728	healthadvocate.com/members
Health Care Concierge	Health Advocate	N/A	(866) 799-2728	healthadvocate.com/members
Medicare Assistance	Boomer Benefits	N/A	(682) 255-0122 or (817) 916-0792	boomerbenefits.com
EmployeeHarassment Protection Plan	WorkShield	N/A	(866) 946-5558	workshield.com
Medical/Prescriptions	United Healthcare Optum RX	0909765	(844) 639-8595	myuhc.com
Dental	Cigna	3343010	(800) 244-6224	mycigna.com
Vision	Eyemed	1024907	(866) 800-5457	eyemed.com
Health Savings Account	Optum Bank	0909765	(866) 234-8913	optumbank.com
Flexible Spending Accounts	Optum Bank	0909765	(866) 234-8913	optumbank.com
Life Insurance	Prudential	72375	(800) 524-0542	prudential.com/mybenefits
Disability Insurance	Prudential	72375	(800) 842-1718	prudential.com/mybenefits
FMLA	Prudential	72375	(877) 367-7781	prudential.com/mybenefits
Voluntary Accident, Critical Illness and Hospital Indemnity	Prudential	72375	(844) 455-1002	prudential.com/mybenefits
Travel Assistance	Prudential	N/A	(855) 847-2194 or (317) 927-6881	imglobal.com
Will Preparation	Health Advocate	N/A	(866) 799-2728	healthadvocate.com/members
FSG Employee Discount Program	Benefithub	Use Code: P4HCQL	N/A	fsgemployeediscountprogram.benefithub.com
401(k)	Principal	807047	(800) 547-7754	principal.com
Davis Bacon Pension Plan	Davis Bacon	N/A	(866) 467-7756	participant.empower-retirement.com

2026 ENROLLMENT OVERVIEW

START HERE!

Read about the enrollment process below.

ACTION REQUIRED

The 2026 Open Enrollment is a **passive enrollment**. If you don't complete the annual enrollment through Paycom, your current benefits will roll over to 2026, however you must reselect the FSA benefit for the upcoming year. This is also the time to update your beneficiaries and other personal information. We encourage everyone to complete the annual enrolment so you understand all the company-paid benefits available to you: a zero-premium medical option, no-cost virtual visits for all employees, spouses, and children, and the voluntary benefits offered.

As a benefit-eligible employee, you automatically receive a basic life insurance policy provided by Facility Solutions Group at no cost to you, but you must indicate who will be the beneficiary of your policy. Even if you waive all other benefits, be sure to designate a beneficiary or beneficiaries for your life insurance. To update this information, log in to **PAYCOM** and click on Benefits >> Dependents and Beneficiaries.

WHO IS ELIGIBLE TO ENROLL?

If you work 30 or more hours a week, you and your eligible dependents are eligible to enroll in the benefits described in this guide. Qualifying new hires will become eligible for benefits on the 1st of the month following 30 days of employment.

HOW DO I ENROLL?

First, review your benefits and evaluate your needs for the year. Then, log in to your **Paycom Self Service** account. click the enrollment link under My Benefits, and complete your enrollment for 2026.

CAN I MAKE CHANGES AFTER I ENROLL?

This enrollment period is the **only** time you can make benefit decisions for the upcoming calendar year. Once you've enrolled in plans, you can't cancel coverage unless you have a qualified life event (i.e. birth, adoption, marriage, divorce, death, or loss of other coverage). If you have a qualified life event in 2026, you can change your pre-tax benefits by logging into ***Paycom Self Service*** to make a "life-event" benefits change request or contacting HR **within 30 days of the qualifying event**. If you don't make your request within 30 days (60 days after the birth of a newborn), you'll be unable to make any changes until open enrollment unless you experience an additional qualifying event in 2026. If your qualified life event is due to gaining or losing coverage for your children through Medicaid/CHIP, you have 60 days to enter a change request.

ELIGIBILITY

EMPLOYEES
All regular full-time employees who work 30 or more hours per week are eligible for benefits on the first of the month following 30 days of employment.

SPOUSES/DOMESTIC PARTNERS
You can enroll your legal spouse or same or opposite-sex domestic partner (affidavit required).

CHILDREN

- **Medical** – Your natural child or a natural child of your domestic partner, your legally adopted child, stepchild, a child who is your dependent for federal income tax purposes or whose primary residence is your household and to whom you are legal guardian or related by blood or marriage and dependent upon you for more than half of their support; until the end of the calendar month in which the child reaches age 26.

- **Dental/Vision** – married or unmarried child(ren) to age 26.

- **Voluntary Life Insurance** – unmarried child(ren) to age 26

VERIFICATION OF ELIGIBLE DEPENDENTS
When you become eligible for coverage, you must provide supporting documentation and/or sign an affidavit (if applicable) in order to enroll your dependents and/or domestic partner.

You are responsible for notifying Facility Solutions Group when you move, acquire new dependents or get married or divorced.

Please be aware that a misrepresentation of eligible dependents on your enrollment record will result in a forfeiture of your right to participate in FSG's healthcare plans.

DISABLED CHILDREN
You may cover your dependent child beyond the limiting age, as long as the disability occurred before the limiting age. Eligible disabled children are incapable of self-sustaining employment by reason of mental or physical handicap and are chiefly dependent upon you for support and maintenance. Disabled children can be covered to the end of the month in which they do not meet the requirements for extended eligibility.

WHO DO I CONTACT WITH QUESTIONS?
Contact the Benefits team at benefits@fsgi.com with questions about plan offerings and for assistance with eligibility and verification.

$0 VIRTUAL AND MENTAL HEALTH

TELADOC

Company-paid Virtual Visits for Medical and Mental Health with $0 cost to you, your spouse, and your children up to 26 years of age. This benefit is separate from the medical plans with UHC. You don't have to be enrolled in an FSG medical plan to use this benefit. **Even if you're enrolled in the HealthSaver or Base HDHP plan and have an HSA Account, you're still able to access TELADOC Virtual Benefits at no cost.**

24/7 Healthcare from the breakroom, living room, or anywhere else. Access healthcare by phone, video, or the Teladoc Health app.

General Medical (24/7 Care)

Need care for non-urgent and common conditions? Get same-day appointments with a certified clinician from wherever you are. Our clinicians diagnose, treat and even prescribe medicine if needed.

- Allergies
- Bronchitis
- Flu
- COVID-19
- Pink eye
- Rashes
- Sinus infections
- Sore throats
- And more

Mental Health (age 13+)

Find support that works best for you. You can connect with a therapist 7 days a week and get a personalized plan with online content designed just for you.

- Anxiety and depression
- Sleep issues
- Relationship conflicts
- Trauma and PTSD
- Medication management

Activate your benefit and schedule your visit today!

Visit TELADOCHealth.com or Call (800) 835-2362

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Your personal well-being is important to us. There are times in all of our lives when we need a little help. No matter what the issue, you can get the confidential support, guidance, and resources you need. **This is a company-paid benefit and it is available to all full-time employees, spouses, dependent children, parents, and parents-in-law at no cost.** Services are available 24 hours a day, 7 days a week.

You can access up to 5 counseling sessions per issue each year. You can also call us 24 hours a day for in-the-moment emotional well-being support. Counseling sessions are available face to face, via televideo or chat therapy. Face-to-face visits are for ages 15+ as allowed by state law.

Life can be hard.
Getting help shouldn't be.

Wellbeing Services	Financial	Legal
Anxiety Depression Relationship support Stress management Work/life balance Grief and loss Substance misuse and more 5 free sessions per issue per year Chat therapy	Credit and debt issues College funding Tax and IRS questions and preparation Budgeting Retirement and financial planning Mortgages and refinancing Free telephonic consultation with a financial professional	General law Family law Civil/Criminal law Divorce Wills and other documents Real estate transactions Mediation services Free telephonic consultation with a lawyer

TO ACCESS SERVICES:

Click the Link: Health Advocate or Call: (866) 799-2728

MEDICAL PLANS

FSG seeks to provide the best possible medical benefits at a reasonable cost. Employees are offered three different medical plan options through UnitedHalthcare. All plans offer comprehensive coverage and access to a broad network of doctors, specialists, facilities, and hospitals. The differences between the plans are generally paycheck contributions and costs when you receive care.

Provider Network and Access

You and your family have access to a comprehensive network of healthcare professionals and hospitals through UnitedHelathcare (UHC). All of FSG's medical plans require you to use in-network providers. There is no coverage if you go out-of-network. Be sure to use the Choice network when searching for providers.

Click on the location icon to go to UHC's Provider Search.
Select the provider type and the **Choice Network.**

ID Cards will be mailed to your home in an unmarked white envelope.

UnitedHealthcare Resources (Click the links below)

Member Website

- Provider Locator
- Virtual Visits
- ID Cards

Download Mobile App

Virtual Visits

Real Appeal - healthy lifestyle and weight management program

One Pass Select - single gym membership that gives you access to a nationwide network of fitness locations.

Optum RX Welcome Kit

Quick Links

Quit for Life Smoking Cessation Program

Behavorial Health Solutions

Cancer Resources Services

MEDICAL PLANS

REMINDER: If you're enrolled in the HealthSaver or Base HDHP Plan, you're eligible for **$0 cost** Virtual Medical and Mental Health visits through the company-paid policy with Teladoc. **Visit teladochealth.com or call (800) 835-2362.**

*If you use UHC's Virtual option instead of Teladoc and haven't met your deductible, you'll pay the full cost.

2026 Medical Plans	ConvenienceCare Plan	HealthSaver HSA Plan	Base HDHP Plan
Pre-tax Savings Accounts You Can Have With This Plan	Full Purpose Health Care FSA	HSA & Limited Purpose FSA or Full Purpose FSA	HSA & Limited Purpose FSA or Full Purpose FSA
What You Pay			
All medical plans offered by FSG are EPO (exclusive Provider Only). There is no coverage if you use a non-network provider			
Virtual Visit UHC	No Cost	20% after deductible	0% after deductible
Primary Care Office Visit	Premium: Children <19 $0 copay Adult $30 copay Non-Premium: $60 copay	Premium: 20% after deductible Non-Premium: 30% after deductible	0% after deductible
Specialty Office Visit	Premium: $50 copay Non-Premium $90 copay	Premium: 20% after Deductible Non-Premium: 30% after Deductible	0% after deductible
Preventive Care	No Cost	No Cost	No Cost
Emergency Room	20% after $400 copay	20% after deductible	0% after deductible
Outpatient Mental Health	$30 copay	20% after deductible	0% after deductible
Outpatient Diagnostic Labs/X-rays	$0	0% after deductible	0% after deductible
High-Tech Imaging (CT, MRI, PET)	20% after deductible	20% after deductible	0% after deductible
Impatient Hospital	20% after deductible	20% after deductible	0% after deductible
All Other Covered Services	20% after deductible	20% after deductible	0% after deductible
Prescription Drug Cost			
All Preventive Drugs	No Cost	No Cost, this plan includes an expanded preventive drug list	No Cost, this plan includes an expanded preventive drug list
Tier 1 (30day supply)	$5 copay	20% after deductible	0% after deductible
Tier 2 (30day supply)	$25 or 20% whichever is greater	20% after deductible	0% after deductible
Tier 3 (30day supply)	$40 or 30% whichever is greater	20% after deductible	0% after deductible
Mail order through OptumRx	2 x Retail Benefit	20% after deductible	0% after deductible
Specialty Medications	Must be Filled Through the UHC/Optum/Briova Specialty Program		
FSG HSA Match			
Per Individual	Not Applicable	Up to $1,000	$0
Per Family	Not Applicable	Up to $2,000	$0
Calendar Year Deductible			
Per Individual	$1,000	$3,500	$7,500
Family Maximum	$3,000	$7,000	$15,000
Calendar Year Maximum Out-of-Pocket			
Per Individual	$6,850	$6,550	$7,500
Family Maximum	$13,700	$13,100	$15,000
Search for a Network Provider	www.myuhc.com		
UHC Network	**Choice**		

MEDICAL PLAN RATES

TOBACCO PREMIUMS

FSG is dedicated to encouraging and ensuring a healthy environment and lifestyle for all employees. Therefore, if you or your covered dependents have used tobacco products within the 30 days prior to open enrollment, you will pay a $75 per month health plan surcharge. To avoid a tobacco surcharge, you must complete an affidavit during Open Enrollment, attesting that you and your dependents are tobacco free.

If tobacco users would like the opportunity to eliminate the $75 per month surcharge, they must register and successfully complete the QUITPOWER program through UnitedHealthcare. Otherwise, you and your covered dependents will pay the surcharge for all of 2026.

Weekly Non-Tobacco User Premiums			
Weekly	**ConvenienceCare Plan**	**HealthSaver HSA Plan**	**Base HDHP Plan**
Employee Only	$71.62	$30.39	$0.00
Employee + Spouse	$159.17	$111.42	$89.14
Employee + Children	$133.85	$93.69	$74.96
Employee + Family	$231.52	$162.07	$129.65
Weekly Tobacco User Premiums			
Weekly	**ConvenienceCare Plan**	**HealthSaver HSA Plan**	**Base HDHP Plan**
Employee Only	$88.92	$47.70	$17.31
Employee + Spouse	$176.48	$128.73	$106.44
Employee + Children	$151.16	$111.00	$92.26
Employee + Family	$248.83	$179.37	$146.96
Semi-Monthly Non Tobacco User Premiums			
Semi-Monthly	**ConvenienceCare Plan**	**HealthSaver HSA Plan**	**Base HDHP Plan**
Employee Only	$155.17	$65.84	$0.00
Employee + Spouse	$344.87	$241.41	$193.13
Employee + Children	$290.01	$203.00	$162.40
Employee + Family	$501.64	$351.14	$280.92
Semi-Monthly Tobacco User Premiums			
Semi-Monthly	**ConvenienceCare Plan**	**HealthSaver HSA Plan**	**Base HDHP Plan**
Employee Only	$192.67	$103.34	$37.50
Employee + Spouse	$382.37	$278.91	$230.63
Employee + Children	$327.51	$240.50	$199.90
Employee + Family	$539.14	$388.64	$318.42

Quit For Life Smoking Cessation Program: 24/7 access to your own dedicated quit team to guide you through each step of the quitting process, motivation, and inspiration to keep you on track for success and at NO extra cost - the program is already part of your benefits. Call to enroll today: (866) 784-8454.

MEDICAL RESOURCES

HEALTH ADVOCATE

Health Advocate is your personal Health Care Concierge. Even if you're not enrolled in FSG's medical plans, this company-paid benefit is available to all full-time employees, spouses, dependent children, parents, and parents-in-law at no cost.

How Health Advocate Helps:

- Find the right doctors, dentists, hospitals, and other healthcare providers. Expedite appointments.
- Address complex medical conditions, research, and locate the latest treatments.
- Coordinate care and schedule follow-up visits with the medical team; help transfer X-rays, and medical results.
- Arrange specialized treatments and tests, answer questions about results, treatments, and prescribed medication.
- Clarify benefits, including copays, and help facilitate access to appropriate care.
- Personal contact with a nurse and web-based health information to support treatment decisions.
- Help resolve insurance claims, and negotiate billing.
- Locate eldercare including assisted living, adult day care, and other issues facing parents, and parents-in-law.

CONTACT HEALTH ADVOCATE CUSTOMER SERVICE AT
(866) 799-2728 or online at www.healthadvocate.com

MEDICAL RESOURCES

MEDICARE EDUCATION

Provided By The Plexus Groupe through Boomer Benefits

Reaching age 65 is a milestone - it's when eligibility for Medicare begins. Medicare has several different parts, and it can be confusing. Knowing how it all works is important, whether you decide to continue working or retire. As part of your benefits, paid for by your employer, your Boomer Benefits dedicated agent can guide you through Medicare so you can choose what's right for you.

Understanding the Plan

- Clarify "Original" Medicare. This includes Part A (covers hospital costs) and Part B (covers doctor visits, and other "medically necessary" services)
- Educate about Medicare Advantage plans(Part C), and how they compare to Original Medicare
- Discuss Medicare Part D prescription drug plans

Click the link below and enter passcode: A0w&0UTw for a recorded educational webinar.
https://plexusgroupe.zoom.us/rec/share/XzOfMLj5hNrOlVxFE0H1LX6wqtEGZpRoajOpkb7Yon2epFkT1n5Gql6YjNcqwScq.G7E7QKylbrjPLnjV

Circle the Date!

Call us three months before your or your spouse's 65th birthday or during Medicare's annual enrollment from 10/15 - 12/7 each year. We can help you review coverage options, answer any questions, and help you enroll in coverage so you can avoid costly penalties.

We Will Give You Guidance

- Review all the parts of Medicare. Medicare isn't free! Learn about deductibles, coinsurance, co-pays, and premiums that may apply
- Research Medigap plans, which supplement Original Medicare coverage
- Alert you to enrollment deadlines to avoid penalties
- Explain how Medicare works with your employer's or spouse's health benefits
- Locate Medicare-participating physicians

Remember...

Boomer's agents can answer any of your Medicare questions and assist you with enrollment. All employees are eligible, as well as your spouses, domestic partners, parents, and friends.

TURN TO US - WE CAN HELP

Ryan Leba, (817) 916-0792, Licensed Insurance Agent in:
AL, CA, CO, DE, FL, GA, ID, IL, IN, KY, ME, MD, MA, MO, NJ, NM, NC, OH, SC, TX, VA

Gabe Gutierrez, (682)-255-0122, Licensed Insurance Agent in:
AK, AZ, CA, CO, FL, ID, IL, IA, KS, MI, MN, MO, NM, NC, ND, OK, TN, TX, VT, WV

If you live in a state not listed above, contact HR for assistance.

IMPORTANT MEDICAL TERMS & FEATURES

ANNUAL DEDUCTIBLE
Each year, you have a deductible - the amount that you pay before the plan starts paying benefits for your non-preventative doctor's visits any other medical visits or services. The ConvenienceCare plan has a much lower deductible of the two plans.

COINSURANCE
Once your annual deductible has been met, you and the plan split the cost of your medical care. This is called coinsurance. The HealthSaver and ConvenienceCare plans pays 80% coinsurance (you pay 20%) once the plan's deductible has been met.

COPAYS
One of the main benefits of the ConvenienceCare plan is that it offers copays for certain services like doctor's visits. (It even has a $0 copay for primary care doctor visits for children under age 19.) A copay is a flat dollar amount you pay at the time of service. After you pay the copay, the plan pays the remaining expenses for that service at a specified level. Even after you meet your deductible, you will be required to pay your copay for each medical visit. If you enroll in the HealthSaver or Base HDHP plan you'll pay for all medical and prescription expenses out-of-pocket until the plan's deductible is met, then you'll be responsible for your coinsurance amount and prescription copays.

IN-NETWORK / OUT-OF-NETWORK
Review the medical chart on page 9. Note that **all three medical plans cover in-network benefits ONLY. You have no coverage if you use an out-of-network provider (except for true emergencies).**

OUT-OF-POCKET MAXIMUM
The out-of-pocket maximum is the most you'll pay out of your own pocket for covered medical costs in a calendar year. Once you reach this amount, the plan pays 100% of any additional covered expenses for the rest of the calendar year. Deductibles, coinsurance, and copays all count toward the out-of-pocket maximum.

PREMIUM DESIGNATED PROVIDERS
You'll see this term in the medical plan comparison chart. If a doctor is designated as a premium provider by UHC, you'll pay less for services. These doctors are recognized for providing the best quality care and better overall outcomes compared to non-premium providers. Why do you pay less for higher-quality care? Because studies show that poor quality care can lead to more complications, repeated surgeries, unnecessary hospitalizations, and a greater chance of a wrong diagnosis. All of this adds up to higher costs down the line. To search for a Tier 1 or Premium Designated Physician go to www.myuhc.com and click on Find a Provider. All plans utilize the Choice network.

HEALTH SAVINGS ACCOUNT (HSA)

Optum

A health savings account (HSA) allows you to save money for qualified medical expenses that you're expecting, such as contact lenses or monthly prescriptions, as well as unexpected ones – for this year and the future.

WHY HAVE AN HSA?

YOU OWN IT
The money is yours until you spend it, even deposits made by others, such as a client or family member. You keep it, even when you change jobs, health plans or retire.

HSA TAX ADVANTAGES
Your contributions to your HSA come out of your paycheck before taxes are withheld. That means every dollar that goes toward your HSA reduces your taxable income. A Health Savings Account, or HSA, is a tax-advantaged savings account you can use for healthcare expenses. Along with saving you money on taxes, HSAs can help you grow your nest egg for retirement.

TRIPLE TAX SAVINGS
1. You do not pay federal taxes on contributions to your HSA.
2. Earnings from interest and investments are tax-free.
3. Distributions are tax-free when used for qualified medical expenses.

IT'S NOT JUST FOR DOCTOR VISITS:
Once you've contributed to your account, you can use the funds in your HSA to pay for qualified medical expenses such as:
- Dental care, including extractions and braces
- Vision care, including contact lenses, prescription sunglasses, and LASIK surgery
- Prescription medications
- Chiropractic services and acupuncture
- COBRA premiums and Medicare premiums (including supplement plans)
- Long-Term Care

SAVE FOR THE FUTURE
Your HSA is a bank account that you own. You never lose the money in your account until you decide to spend it. Your balance grows from year to year so you can continue to grow your savings and use it in the future – even into retirement.

HEALTH SAVINGS ACCOUNT (HSA)

Optum

WHO IS ELIGIBLE?
Employees enrolled in the HealthSaver or Base HDHP plans can open a Health Savings Account (HSA) through Optum Bank. To have an HSA, you can't:

- Be enrolled in a traditional PPO plan
- Have a spouse enrolled in a Healthcare FSA plan
- Be enrolled in Medicare
- Have used VA or TriCare benefits in the last 3 months
- Be claimed as a dependent on someone else's tax returns

WHY PARTICIPATE?
The answer is simple, "tax savings." You determine a portion of your pay to go into an HSA before taxes are calculated. You may then pay for qualified medical expenses using this pre-tax account, where the money comes out of your HSA and stays untaxed. In other words, you never pay taxes on the money going into or coming out of your HSA if you use it for qualified expenses. Note: You will pay a penalty and taxes if you use the account for ineligible expenses.

If you're like most people with health insurance, you never have enough out-of-pocket healthcare expenses to claim them as a tax deduction on your tax return. However, the out-of-pocket expenses you do have can still add up to a significant amount of money.

2026 EMPLOYER CONTRIBUTIONS
If you're enrolled in the HealthSaver plan, FSG will match your HSA per pay period contributions 100% up to $1,000 for those enrolling in employee-only coverage and $2,000 for employee plus dependent(s). You will receive 50% of the annual match on January 1, 2026. There is no employer match for the Base HDHP Plan.

2026 CONTRIBUTION LIMITS
Tthe Internal Revenue Service (IRS) sets contribution limits and adjusts them annually. These limits include both employer and employee contributions.

The 2026 contribution limits are:

- $4,400– Single
- $8,750 – Family
- You are eligible to contribute an additional $1,000 if you're 55 or older

FLEXIBLE SPENDING ACCOUNTS (FSA)

FSA: Optum

FSA TAX ADVANTAGES
Interested in lowering your taxable income while paying for eligible expenses? Be sure to take advantage of the Flexible Spending Accounts. You can contribute to your Full Purpose Health Care, Limited Purpose or Dependent Care FSA Accounts before taxes are withheld from your paycheck. That means that you decrease your taxable income, which could save you hundreds of dollars per year.

The full amount of your Health Care FSA is immediately available to you on January 1, 2026.

YOU CAN CONTRIBUTE to your Health Care, Limited Purpose, Dependent Care FSA, or Commuter Account before taxes are withheld from your paycheck. That means you decrease your taxable income. FSG offers four types of FSAs:

- **Full Purpose Health Care:** This account is used to pay for eligible out-of-pocket medical, dental, and vision care expenses for you and your eligible dependent(s). **If you are enrolled in the HealthSaver or Base HDHP medical plans, have a HSA account and are making contributions to your HSA, you may not elect the full-purpose FSA.**
- **Limited Purpose FSA:** This account only reimburses for eligible out-of-pocket dental and vision care expenses for you and your eligible dependent(s). **You may enroll in this plan if you are enrolled in the HealthSaver or Base HDHP medical plans.**
- **Dependent Care FSA (DCFSA):** Used to pay for eligible expenses for the care of a dependent child up to age 13 or a dependent adult. **The DCFSA is not for your dependent healthcare expenses. This account is for daycare expenses that allow you to work.**

2026 FSA Limits

- You can contribute up to $3,400 for eligible expenses not reimbursed by insurance.
- These expenses can be for you or your eligible tax dependents, whether or not they're covered on an FSG medical plan. You can pay for expenses using your debit card or submit a claim online and be reimbursed.

Dependent Care FSA

- You can contribute up to $7,500 ($3,750 if you're married, and file taxes separately) for eligible expenses that allow you and, if you're married, your spouse to work.
- Your dependent child under the age of 13
- Your spouse or dependent who is physically or mentally unable to care for him or herself.

USE IT OR LOSE IT
Be conservative in your estimate. The IRS has a "Use It or Lose It" rule in place for FSAs. Funds not spent by the end of a plan year are at risk of being forfeited. Your annual Healthcare FSA balances can be used for claims incurred from January 1 through March 15 of the following calendar year. Dependent Care expenses must be used for claims incurred from January through December 31. All expenses must be filed by March 31 of the following plan year. Any unused funds will be forfeited after March 31, so be sure to carefully estimate the amount you'd like to put aside.

COMMUTER BENEFITS

Commuter Benefits are designed to help employees save money on the daily costs of getting to and from work. By setting aside pre-tax dollars to pay for eligible transit and parking expenses, you can lower your taxable income and keep more of what you earn while making your commute a little easier.

HOW IT WORKS

You decide how much to contribute from each paycheck (up to the IRS monthly limit) to cover your commuting costs. These funds are deducted before taxes, reducing your overall taxable income. You can then use your commuter benefit funds to pay for eligible expenses such as:

- **Public Transit:** Bus, train, subway, or ferry fares
- **Vanpooling:** Shared ride programs that meet IRS qualifications
- **Parking:** Parking at or near your workplace or at a location from which you commute (such as a park-and-ride lot)

MONTHLY LIMITS

The IRS sets monthly maximum contribution limits for commuter benefits.

For 2026, the limits are:

- **Transit:** up to $340 per month
- **Parking:** up to $340 per month
- You can elect one or both types of benefits, depending on your needs.

For additional details go to the Optum website or app.
Website: [Commuter Benefits & Eligible Transit Expenses | Optum]

HOW TO ENROLL

1. Enroll through Paycom during open enrollment or when you're first eligible.
2. Choose your contribution amount for transit, parking, or both.
3. Receive your commuter card or set up your account online to manage payments.
4. Start saving!

USING YOUR FUNDS

- Swipe your Commuter Benefits debit card directly at transit stations or parking facilities.
- Or, submit receipts for reimbursement (if applicable).
- Unused funds roll over month to month, as long as you remain employed and enrolled.

WHY ENROLL?

✓ Save money with pre-tax deductions
✓ Simplify your commute
✓ Use funds flexibly for transit or parking
✓ Support eco-friendly commuting options

DENTAL

Cigna

The PPO Plan offers in-network and out-of-network coverage. When using in-network providers, participants can't be billed for eligible costs above the negotiated rates. If you use an out-of-network provider, you may be billed the difference between what the plan allows and what your provider charges.

The DHMO plan requires you to select an approved DHMO provider. There is no coverage if your care isn't provided by your assigned DHMO provider. This plan is only available to employees living in an area where CIGNA has an HMO network. If you enroll dependents in the DHMO plan, they too must reside in or receive all care through an approved DHMO provider in Texas.

Dental Benefits	PPO	DHMO
	In-Network / Out-of-Network	In-Network Only
	Member Costs	
Calendar Year Deductible	$50 / $150 Family	$0
Calendar Year Maximum	$1,500	$0
Preventive & Diagnostic	0%, no deductible	See Patient Charge Schedule
Basic Services	20% after deductible	See Patient Charge Schedule
Major Services	50% after deductible	See Patient Charge Schedule
Oral Surgery	20% after deductible	See Patient Charge Schedule
Periodontics	20% after deductible	See Patient Charge Schedule
Endodontics	20% after deductible	See Patient Charge Schedule
Orthodontia Lifetime Maximum	$2,000	See Patient Charge Schedule
Orthodontia Services (under the age of 19 only)	50%, no deductible	See Patient Charge Schedule
Out-of-Network Benefits	Maximum Allowable Charge	No Coverage
Search for a Network Provider	CIGNA www.cigna.com	
CIGNA Network	**Total CIGNA DPPO**	**CIGNA Dental Care Access Plus**
Weekly	**PPO**	**DHMO**
Employee Only	$9.02	$2.57
Employee + Spouse	$20.14	$4.89
Employee + Children	$20.41	$5.15
Employee + Family	$31.71	$8.36
Semi-Monthly	**PPO**	**DHMO**
Employee Only	$19.54	$5.57
Employee + Spouse	$43.65	$10.59
Employee + Children	$44.22	$11.15
Employee + Family	$68.72	$18.12

VISION

EyeMed

Vision	EyeMed	
	In-Network	Out-of-Network
Benefit Frequency		
Exam	12 months	
Lenses or Contact Lenses	12 months	
Frames	12 months	
Member Costs		
Eye Exam		
	$20 copay	up to $40 allowance
Lenses		
Single Vision	$20 copay	up to $40 allowance
Bifocal	$20 copay	up to $60 allowance
Trifocal	$20 copay	up to $80 allowance
Standard Progressive	$20 copay	up to $80 allowance
Lenticular	$20 copay	up to $80 allowance
Frames		
	$130 allowance plus 20% off balance over $130	up to $45 allowance
Contact Lenses		
Elective (conventional & disposal)	$20 copay, then 100% up to $125, 15% off balance	up to $125 allowance
Contact Lens Fitting Exam	$20 copay	Not covered
Laser Vision Correction		
	Discounts Available	Not Available
Search for a Network Provider	www.eyemed.com	

Vision	Weekly	Semi-Monthly
Employee Only	$1.19	$2.58
Employee + Spouse	$2.36	$5.12
Employee + Children	$2.31	$5.01
Employee + Family	$3.52	$7.62

LIFE AND AD&D PRUDENTIAL

EMPLOYER-PAID LIFE AND AD&D INSURANCE
Life insurance is an important part of your financial well-being, especially if others depend on you for support.
FSG provides every full-time employee with $30,000 of Life & AD&D coverage.

VOLUNTARY GROUP LIFE AND AD&D INSURANCE
You may also purchase additional life insurance for you, your spouse, and your children.

REMINDER
Whether you enroll in, or waive benefits in www.paycom.com during Open Enrollment, be sure to confirm your life insurance beneficiaries are up to date!

Voluntary Life Insurance	
Benefits	
Employee	$10,000 increments, up to the lesser of 5 times annual earnings or $500,000 Guarantee Issue: the lesser of 5 times annual earnings or $200,000
Spouse	$5,000 increments, up to the lesser of $250,000 or 100% of employee coverage Guarantee Issue: $50,000
Child(ren)	Live Birth to age 26: $2,000 increments up to $10,000 with a minimum of $2,000 Guarantee Issue: $10,000. You pay one rate, regardless of the number of children
Important Terms and Features	
Guarantee Issue	This is the maximum amount of coverage you are eligible for without answering health questions.
Age Reduction	Life insurance benefits will automatically reduce to 65% when you reach age 65; to 45% at age 70; to 30% at age 75 and to 20% be age 80.
Accelerated Death Benefit (Employee Only)	If you are terminally ill, you may be eligible to receive a portion of your life insurance benefits before you die. Your doctor must provide a statement verifying that you have 12 months or less to live.

Evidence of Insurability
If you enroll in voluntary life coverage when you are first eligible for coverage, you may elect up to the guaranteed issue amounts listed above without Evidence of Insurability (EOI). If you elect coverage over the guaranteed issue amount when first eligible, choose to elect new coverage or increase coverage amounts during an annual enrollment period you will be required to submit EOI. Coverage will not be effective until it is approved by Prudential. The carrier reserves the right to deny your coverage. A form to submit Evidence of Insurability to Prudential is available on the www.paycom.com site.

For Details, Including videos to help you determine how much life insurance you may need, benefit summaries and rates, click HERE.

LIFE AND AD&D PRUDENTIAL

Value Added Benefits

Travel assistance: Provides 24/7/365 access to pre-travel, personal, and emergency assistance with travel-related problems and circumstances if you or a member of your immediate family is traveling 100 or more miles from your home. To access this service and for more information, call (855) 847-2194 (in the US), (317) 927-6881 from anywhere in the world, or email assist@imglobal.com. Benefits include:

- Assistance finding physicians, dentist, and medical facilities.
- Free transportation, when medically necessary, under medical supervision to a hospital/treatment facility or to your place of residence for treatment.
- Arrangement for your traveling companion's return home if previously made arrangements are lost due to your medical emergency.
- Emergency medical evacuation
- Emergency political evacuation and repatriation
- Emergency cash transfer
- Interpretation services
- Telemedicine
- Up to $25,000 hospital guarantee payment with evacuation services
- Lost luggage or document assistance
- Pre-trip information services
- Legal referrals

Prudential Beneficiary Advocate: Prudential understands that for those coping with the loss of a loved one, grief counseling can prove invaluable. Grieving loved ones, however, may require many other forms of assistance, including legal and financial services and funeral and estate planning. This is why we offer Beneficiary Advocate by Prudential, a comprehensive program of beneficiary services to help, no matter what the issue. To access this service and for more information, call (833) 962-0064 or online guidanceresources.com. Use company web ID ADVOCATE.

Benefits include:

- Comprehensive beneficiary support
- Emotional support for grief and loss
- Funeral planning services
- Online will preparation services
- Identity theft restoration services
- Financial planning services

Click HERE for more information.

WILL PREPARATION SERVICES

HealthAdvocate℠

Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die. Whether you're single, married, have children, or are a grandparent, your will should be tailored to your life situation.

That's why it's good you have access to FREE online will preparation services provided by Health Advocate.

EASY, FREE AND SECURE
Health Advocate offers a secure account space that allows you to prepare wills and other legal documents. Create a will that's tailored to your unique needs from the comforts of your own home.

HEALTH ADVOCATE PROVIDES THE FOLLOWING FREE DOCUMENTS:
- Last Will and Testament
- Power of Attorney
- Healthcare Directive
- Living Trust

HERE'S HOW IT WORKS:
- Visit www.healthadvocate.com/fsg
- Click register and create an account.
- If prompted, enter the code '7AKSBHX'
- Once logged in, click EAP: Life and Work, and select personalized legal center.
- Answer the simple questions and watch the customization of your document happen in real time
- Download, print, and share any document instantly
- Don't forget to update your documents with any major life changes, including marriage, divorce and the birth of a child
- Make the document legally binding — Check with your state for requirements

DOWNLOAD THE APP

DISABILITY BENEFIT

VOLUNTARY DISABILITY
Serious illness or injury often causes a loss of income when health problems keep you from working. FSG offers a voluntary Short-Term and Long-Term Disability plan to all full-time associates. You pay the cost for this benefit if you choose to elect it. You pay premiums with after-tax deductions which makes your benefit tax-free.

Voluntary Short Term Disability Insurance	
Benefits	
Weekly Benefit	60% of weekly salary up to $2,500 per week Salary includes base salary without commission, overtime or bonus
Waiting Period Before Benefits Begin	14 Days
Maximum Duration	24 Weeks
Pre-existing Condition Limitation	3/6
Voluntary Long Term Disability	
Benefits	
Weekly Benefit	60% of monthly salary up to $10,000 per month Salary includes base salary without commission, overtime or bonus
Waiting Period Before Benefits Begin	180 days
Maximum Duration	SSNRA
Pre-existing Condition Limitation	3/12

PRE-EXISTING CONDITION LIMITATIONS
There are pre-existing limitations associated with the disability plans. A pre-existing condition is a condition that existed before your coverage began. If you were diagnosed with a condition, had a doctor's consultation, filled a prescription and/or are currently receiving treatment due to an illness or injury in the 3 months prior to your coverage effective date; the plan will not cover that condition for the first 6 months that you are enrolled in the plan for short-term disability or the first 12 months that you are enrolled in the plan for long-term disability.

For Details, Including videos to help you determine why you may need disability insurance, benefit summaries and rates, click HERE.

FMLA

The following are step-by-step instructions on what you need to do to apply for a leave of absence. When you report your leave, Prudential will also initiate your disability paperwork, and any state disability and state paid family leave (except for NJ and CA). In addition, Prudential will review any Voluntary benefits you have elected and initiate those claims if your health conditions qualifies you for benefits.

STEP #1:
Contact Prudential to notify your need for a leave by either the Prudential website or by phone.
Website: www.prudential.com/mybenefits
Phone: (877) 367-7781

STEP #2:
Receive the Medical Certification Form from Prudential. The Medical Certification Form is time-sensitive material. Be certain to check for the certification due date on your initial request letter provided in your FMLA Notification Packet.

STEP #3:
Take the blank Medical Certification Form to either you or your family member's Health Care Provider. If your leave is not for medical reasons, please follow the instructions provided by Prudential and/or your Leave Notification Packet.

STEP #4:
Ensure that Prudential received the completed Medical Certification Form prior to the certification due date. It is your responsibility to ensure paperwork gets returned in a timely fashion. If there are delays in completing your forms, be sure to contact Prudential prior to your certification due date. Return the completed Medical Certification Form to Prudential on the portal at www.prudential.com/mybenefits

STEP #5:
Receive and review the Decision Letter from Prudential. Please note the decisions are based on the certification completed by the health care provider. Notify Prudential if your leave was denied, and you need clarification on next steps.

STEP #6:
If approved for the leave, you will be responsible for keeping track of your available entitlement: Intermittent Frequency Leave: Be sure to report each intermittent FMLA absence to Prudential within 24 hours and follow your department's call-off procedures. All prescheduled appointments need to be tracked ahead of time with both Prudential and your company. Failure to call off to both parties may be subject to disciplinary action.

VOLUNTARY BENEFITS

HOW MUCH INSURANCE IS ENOUGH?
Even if you have the best health insurance plan, it will not cover 100% of medical expenses. You also need to consider other expenses associated with the recovery process such as time off work, travel to treatment centers, and home modifications that can quickly deplete your savings. FSG is proud to offer 3 voluntary plans that can help bridge the gap. As an active employee of Facility Solutions Group, Inc., you may purchase these coverages for yourself and your eligible family members, and premiums can be deducted from your paycheck. It's a simple and affordable way for your family to receive added financial protection.

CRITICAL ILLNESS
As an active employee of FSG, you can give your family the extra security they need to lessen the financial impact of a serious illness by purchasing Critical Illness Insurance through Prudential. A critical illness insurance policy provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke or cancer. The benefit can be used to pay out-of-pocket expenses or to supplement your daily cost of living.

ACCIDENT
Don't let an accident catch you off guard. Protect your family's finances with Accident Insurance from Prudential. An accident insurance policy supplements your medical coverage and provides a cash benefit for injuries you or an insured family member sustain from an accident. This benefit can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses and cover unpaid time off work.

HOSPITAL INDEMNITY
When you are hospitalized, expenses can add up quickly. Hospital stays can be stressful and having to worry about the high costs of a hospitalization should not be part of the recovery plan. Hospital Indemnity insurance helps to ease your mind about handling hospitalization costs, even if they're not hospital bills.

A hospital indemnity insurance policy supplements your medical coverage and provides a cash benefit for hospital-related fees you or an insured family member sustains as a result of being hospitalized. These benefits can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses, and unpaid time off work. **This plan is not health insurance.**

Click Here for more details including videos, benefit summaries, and rates.

401K RETIREMENT PLAN

WHO CAN PARTICIPATE?
All full-time employees at least 18 years of age are eligible to participate. You'll be automatically enrolled upon hire.

HOW MUCH CAN I CONTRIBUTE

- Your contribution will automatically begin at 3%, with deductions starting the first payroll of the month after your date of hire. If you don't wish to participate in the 401k program, simply login to Principal.com and update your contribution amount to 0%
- Your contributions are pre-tax – before federal and state income taxes are withheld. Through automatic payroll deductions, you may contribute up o the IRS limit.
- The 2026 IRS limit is $23,500. If you reached age 50 or will reach age 50 during the calendar year January 1-December 31, 2026, and make the IRS maximum contribution of $23,500, you may make additional catch-up contributions up to an additional $7,500. At the time of publishing this guide, the IRS has not announced the 2026 maximums.
- You may suspend your contributions at any time by contacting Principal online at Principal.com.

DOES FSG MATCH MY CONTRIBUTIONS?
The company will match $0.50 cents per dollar up to 5% of your gross pay.

WHEN AM I VESTED?
You become vested in your company's contributions based on your years of service. Vesting begins on your date of hire.

Vesting Schedule	
Years of Service	**Vested Percentage**
2 Years	20%
3 Years	40%
4 Years	60%
5 Years	80%
6 Years or more	100%

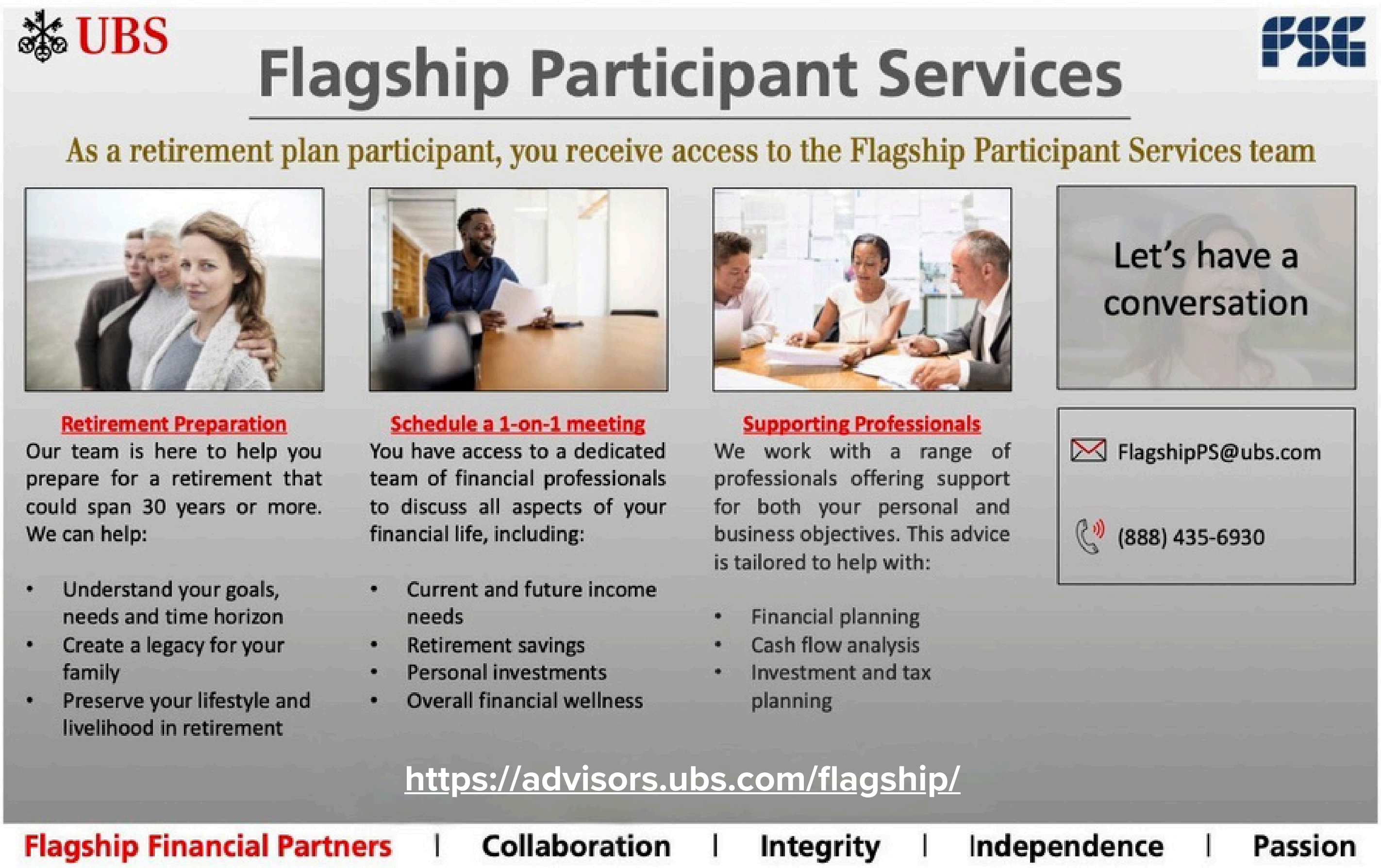
401K RETIREMENT PLAN

Planning for retirement doesn't have to be complicated. Set up your account to stay on track with your retirement savings goals. And since your life is busy enough, we've made getting to your information simple and convenient. Use these resources to access your account when and how you want.

<table>
<tr><th colspan="3">Online</th></tr>
<tr><th>First-time users</th><th colspan="2">Ongoing account access</th></tr>
<tr><td>Go to principal.com</td><td colspan="2">Go to principal.com</td></tr>
<tr><td rowspan="3">Select Log In and choose Personal
Click on the Create an Account link
Enter your first name, last name, date of birth and your ID number (this is either your Social Security number or a specific ID provided by your employer) or ZIP code
Agree to do business electronically and click Continue
Answer a few personal questions so we can confirm it's really you
Create a unique username, set a secure password and add your email
Select and answer two security questions to use if you need to call us
You now have access to your online account, and you'll get a confirmation email within a few minutes
The first time you log in, you'll need to choose where we send you verification codes (text message or email) and how often you want to use them</td><td colspan="2">Select Log In and choose Personal
Enter your username and password (Click Forgot Username or Forgot Password if you need to reset) and click Log in
If you're logging in from a new device, resetting your username or password, or you've opted to use verification codes every time you log in, you'll receive a security code via text message or email
Enter the security code and click Verify</td></tr>
<tr><td colspan="2">Questions?
Having trouble setting up your login,
or have other questions?
Give us a call at (800) 547-7754.</td></tr>
<tr><td>Your Account</td><td>Education Hub</td></tr>
<tr><td>Information Available Online at principal.com</td><td>Plan info & forms
Statements
Contributions
Investments
Loans & withdrawals
Rollovers
Retirement Planner</td><td>Overview
My Virtual Coach
Monthly webinars
Retirement planning
Managing money
Life event planning
Calculators & tools</td></tr>
</table>

401K RETIREMENT PLAN

As a retirement plan participant, you have access to UBS's Flagship Participant Services Team and you can schedule a one-on-one meeting with our team of financial professionals.



EMPLOYEE HARASSMENT PROTECTION PLAN

FSG has a zero-tolerance policy for harassment and discrimination of any kind, including bullying and unfair treatment due to race, color, religion, sex, gender, sexual orientation, national origin, age, and disability. If you're experiencing workplace harassment or discrimination of any kind, start with Work Shield. Safely report incidents at **workshield.com** or **(866) 946-5558.**

No Retaliation

Employees report incidents directly to Work Shield, ensuring no retaliation from employers.

Top Priority

Every incident reported to Work Shield is a priority. All concerns are heard, are important, and are investigated quickly.

Impartial Investigations

Work Shield experts are trained to conduct investigations without bias, so you can be certain to receive fair treatment.

Quick Resolutions

IIncidents are resolved effectively and efficiently at Work Shield. We provide resolutions in about five days.

FSG partners with Work Shield, a team of specialized, caring professionals who provide a safe and impartial way to ensure your workplace harassment and discrimination concerns are heard, investigated, and resolved without fear of retaliation.

BE HEARD .

WORK SHIELD

EMPLOYEE DISCOUNT PROGRAM

A world of discounts is waiting.
SAVE BIG. EVERY DAY.

Enjoy discounts, rewards, and perks on thousands of the brands you love in a variety of categories:

- Travel
- Entertainment
- Auto
- Electronics
- Apparel
- Local deals
- Restaurants
- Health and wellness
- Beauty and spa
- Tickets
- Sports and outdoors
- Education

It's easy to access and start saving!

1

SCAN HERE

2

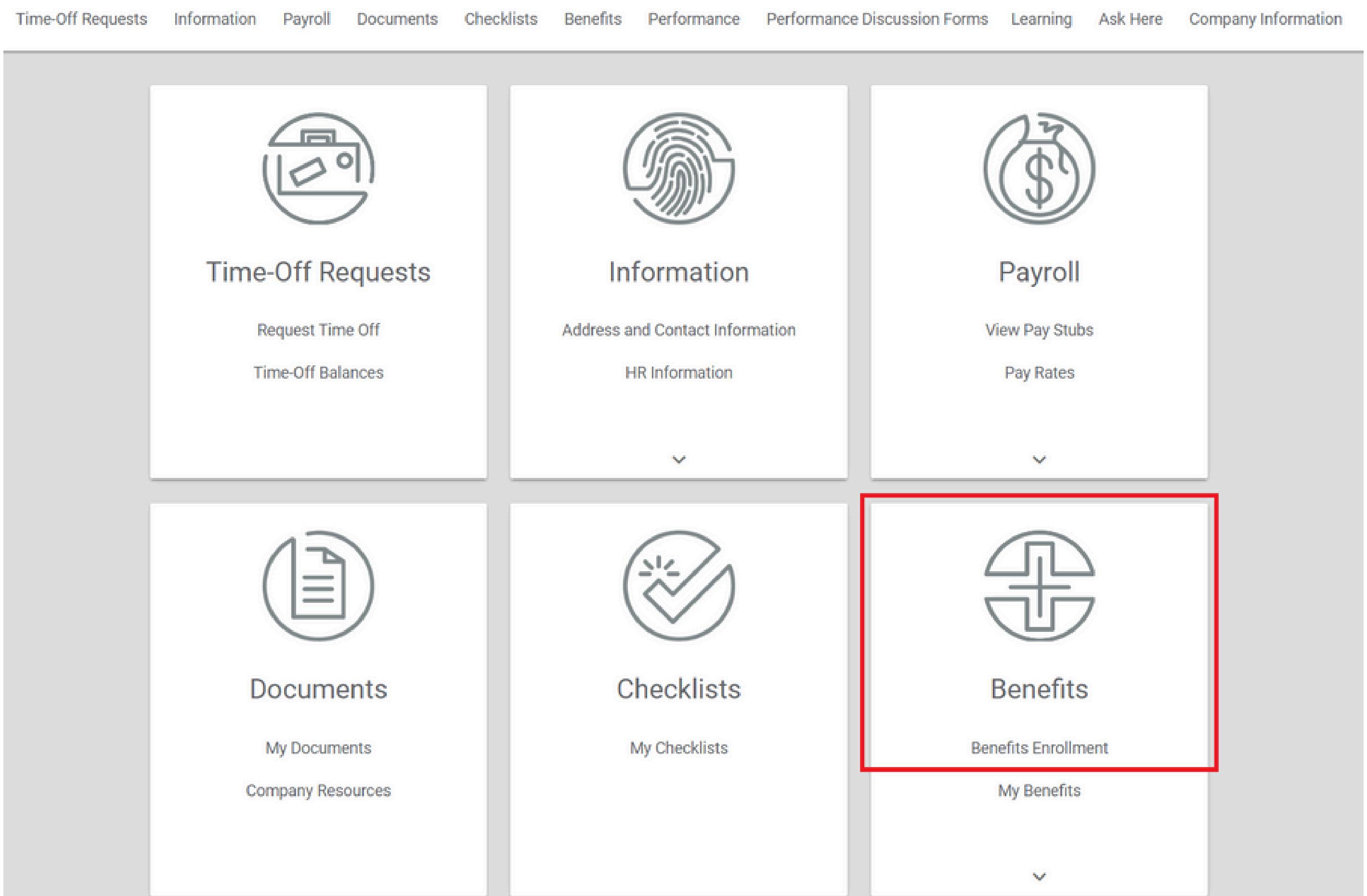
Create an account by entering the referral code P4HCQL and your personal (non-FSG) email address

3

Start saving today! Questions? Call or email (866) 664-4621 customercare@benefithub.com

HOW TO ENROLL IN BENEFITS

Access your Paycom self-service account at www.paycom.com and click the enrollment link under My Benefits to enroll.



If you fail to enroll during your initial eligibility period, you won't be eligible to enroll until next year's open enrollment unless you have a qualifying life event.

IMPORTANT NOTICES

Federal laws require that Facility Solutions Group provide you with certain notices that inform you about your rights regarding eligibility, enrollment, and coverage of health care plans. These notices, SPDs, and plan amendments are available at **www.paycom.com**. If you don't have access to the internet or if you don't have the programs necessary to view this type of file, you can request printed copies of these documents from the Benefits department at benefits@fsgi.com.

Important Notices	
NOTICE	**WHAT IT MEANS FOR YOU**
HIPAA Privacy Notice	Describes your rights to health privacy
Special Enrollment Rights	Describes when you can enroll for coverage when you have previously declined coverage.
Premium Assistance Under Medicaid and CHIP	Provides a list of states that have premium assistance programs to help you pay for medical coverage if you are unable to afford health care coverage premiums.
Family and Medical Leave Act (FMLA)	If you or a family member is faced with a health condition that causes you to miss work, you may be able to take up to 12 weeks of job-protected time off under the FMLA.
Summary of Benefits and Coverage (SBC)	Summarizes important information about your health coverage options in a standard format to help you compare each option.
Newborns' and Mothers' Health Protection Act	Describes protection for mothers and their newborn children relating to the length of their hospital stays following childbirth.
Women's Health and Cancer Rights Act of 1998	Provides information regarding a woman's rights after a mastectomy.
Genetic Information Non-Discrimination Act of 2008 (GINA)	Prohibits employers from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by the law.
Michelle's Law	Prohibits group health plans from terminating the coverage of a dependent child who has lost student status as a result of a medically necessary leave of absence.
Consolidated Omnibus Budget Reconciliation Act (COBRA)	Provides details about how COBRA can provide ongoing health benefits after coverage ends under certain conditions.
Your Prescription Drug Coverage and Medicare	The key purpose of this notice is to advise you that the prescription drug coverage you have under the FSG Health and Welfare Plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2016. (This is known as "creditable coverage.")
Health Insurance Marketplace Coverage Options	Provides basic information about individual health insurance options that will be available through the Marketplace (also referred to as Exchanges) beginning in 2026.

2026

EMPLOYEE BENEFITS GUIDE

The information in this Benefits Guide is presented for illustrative purposes and is based on information provided by our benefits carriers and administrators. The text contained in this Guide was taken from various summary plan descriptions and benefit summaries. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of a discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, please contact The Benefits Department at benefits@fsgi.com.

Facility Solutions Group