January 2026 - December 2026

2026 BENEFITS ENROLLMENT

YOUR BENEFITS, YOUR STORY

Benefits to fit your unique situation



THE GRAHAM GROUP, INC.

TRUE NORTH
Insurance and Financial Strategies

BENEFITS BASICS

WELCOME TO YOUR 2026 BENEFITS!

The Graham Group benefits add value beyond your paycheck. They can make health care more affordable, provide income during a disability, and help you achieve financial goals.

As an employee of The Graham Group, you have a total compensation package - a combination of pay and benefit programs that is among the best in our industry. This guide describes the key features of our health, life and additional program offerings. They are designed to give you choices about the types and levels of protection that you want. As your needs change, you can continue to design a benefits program that best fits your life. Each year, you have the opportunity to review your choices and make new decisions.

This guide provides a brief summary of your The Graham Group benefits. Please take the time to review your options and learn about the coverages that will best work for you and your family!

This information is a highlight of our benefit program. In the event of any discrepancy or omission, actual benefits will be determined by the applicable governing plan documents. The Graham Group reserves the right to change or end any benefit at any time to the extent allowed by the law.

ELIGIBILITY

As a full-time employee of The Graham Group, you are eligible for health insurance if you work at least 30 hours per week. You are eligible for Dental, Vision, Long-Term Disability and Life Insurance if you work at least 40 hours per week. Your benefits are effective 1st of the month following date of hire.

DEPENDENT ELIGIBLIITY

As part of the responsibility and management of our benefit plan, we have to ensure that all covered dependents meet the eligibility requirements. We are asking all employees to certify that their dependents meet the definition of an eligible dependent prior to adding them to our plans.

Benefit Basics Definition of an eligible dependent:

- A lawful spouse of an employee, including a common law spouse if recognized by your state
- Children of an employee up to age 26
- Children age 26 or older who are mentally or physically handicapped
- A legally adopted child, a step-child, or a child placed in your care by court order, all under 26 years of age.

QUALIFYING LIFE EVENTS

Generally, you may only make or change your existing benefit elections during the open enrollment window. However, you may change your benefit elections during the year if you experience an event such as:

- Gain or loss of other coverage
- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse or dependent child
- Qualification by the Plan Administrator of a child support order for health coverages
- New entitlement to Medicare or Medicaid

Go to healthcare.gov for a full list of qualifying life events.

You must **notify Human Resources within 30 days** of a qualifying life event. If you do not contact Human Resources within 30 days of the qualified event, you will have to wait until the next open enrollment window to make changes.



THE GRAHAM GROUP, INC.

Dear Employee,

The Graham Group encourages employees to get health coverage and partners with Gravie to bring you Gravie Comfort, the first plan of its kind. Gravie Comfort offers 100%coverage for common, in-network healthcare services you need most. With Gravie Comfort, there's zero confusion. You know exactly what's covered, making it easy to use your health benefits without concern of surprise bills and hidden costs.

Open enrollment for The Graham Group's group plans will be held from **December 8th, 2025 to December 15th, 2025**. During this time, you must take action and either enroll in a plan or waive coverage.

This packet includes helpful information regarding your health coverage options, rates and how to get started.

The following notices and documents can be accessed at https://www.gravie.com/2023sbcthegrahamgroup/ and a paper copy of these can be requested at no charge by contacting the Gravie Care Team at 855.841.8365.

- Summary of Benefits and Coverage (SBC)for each plan option
- Special Enrollment Notice
- Release of Information
- Privacy Notice
- CHIP Notice
- Medicare Part D Notice (applicable only to Medicare-eligible individuals).
- Enrollment Form
- Employee Waiver Form

Please pay attention to Gravie communications you receive via email for important information regarding your enrollment. If you have any questions, please contact the Gravie Care Team at 855.841.8365 or member.gravie.com/contact.

Thank you

Which Medical Plan Is Best For You?

Gravie: 855.841.8365

www.member.gravie.com/contact

IN-NETWORK BENEFITS	Gravie Copay $3,000/$6,000	Gravie Comforfit $5,000
Deductible	$3,000 Single $6,000 Family	$5,000 Single $10,000 Family
Coinsurance	You pay 20%, plan pays 80%	N/A
Out of Pocket Maximum	$8,150 Single $16,300 Family	$5,000 Single $10,000 Family
Office Visit Copay	$30 PCP $50 Specialist $0 Online Care $75 Urgent Care	$0 PCP $0 Non-PCP $0 Online Care $0 Urgent Care
Preventive Office Copay	Covered at 100%	Covered at 100%
Emergency Room Copay	$500 copay	$950 copay
Inpatient Hospital/ Outpatient Surgery	You pay 20% after deductible, plan pays 80%	Subject to OOPM
Prescription Drug		
Deductible	No Deductible	No Deductible
Rx Copays	Generic Rx – $10 Copay Preferred Brand Rx - $50 Copay Non-Preferred Rx - $100 Copay Specialty Rx – 20% coinsurance	Generic Rx – No Cost Preferred Brand Rx - $75 Copay Non-Preferred Rx – $100 Copay Specialty Rx – OOPM

Per Month Rate	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
Copay $3,000/$6,000	$197.50	$416.82	$385.71	$592.52

Per Month Rate	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
ComfortFit $5,000	$256.74	$557.32	$515.73	$770.10

To learn more, please review the full benefit summary.

Need Help? Call TrueAdvocate at **888-655-9980.**

Delta Dental Premier Plan B Prime

WWW.DELTADENTAL.COM

GROUP NUMBER: 74593573



MEDICAL INSURANCE DOESN'T ALWAYS COVER OTHER TYPES OF CARE.

That's why we offer you the option to enroll in a separate dental plan. Please see a summary of your plan below and review the full plan summary or Certificate of Coverage for details.

SERVICES	DELTA DENTAL PPO DENTIST	DELTA DENTAL PREMIER DENTIST
Preventive Services	100% covered	100% covered
Deductible	$25 per person (per calendar year)	$50 per person (per calendar year)
Basic Services	You pay 20% (after deductible)	You pay 30% (after deductible)
Major Services	You pay 50% (after deductible)	You pay 50% (after deductible)
Annual Maximum	$2,000 per person per year	$2,000 per person per year
Orthodontic For dependent children up to age 19	N/A	N/A

PLAN RATES	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
Per Month	$37.04	$79.38	$70.48	$113.48

To learn more, please review the full benefit summary.

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Vision Plan

WWW.DELTADENTAL.COM

GROUP NUMBER: 74593573



MEDICAL INSURANCE DOESN'T ALWAYS COVER OTHER TYPES OF CARE.

That's why we offer you the option to enroll in a separate vision plan. Please see a summary of your plan below and review the full plan summary or Certificate of Coverage for details.

SERVICES	IN-NETWORK MEMBER COST
Exam 1 every 12 months	$10 copay
Contacts 1 every 12 months	$150 allowance (in lieu of eyeglass lenses once every calendar year)
Frames 1 every 24 months	$150 allowance plus 20% off remaining balance
Lenses 1 every 12 months	Ultraviolet Coating: $15 Tinting of Plastic Lenses: $15 Scratch-Resistant - $15 Anti-Reflective - $45 Polycarbonate Lenses: $40 Progressive Lenses: $75

PLAN RATES	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
Per Month	$8.14	$15.48	$17.56	$23.22

To learn more, please review the full benefit summary.

Need Help? Call TrueAdvocate at 888-655-9980.

Life and AD&D Insurance

GUARDIAN: 888.600.1600

GROUP NUMBER: 00023510



LIFE AND AD&D

Life insurance pays a benefit (called a death benefit, which is usually a lump sum) to a beneficiary (whomever you choose to receive the benefit) after your death. If you have a life insurance policy on a family member (such as your spouse or your child(ren)), you would receive the money if that family member died. This money can help replace your income. Benefit is paid 100% by your employer.

LIFE AND AD&D BENEFIT – ALL ELIGIBLE EMPLOYEES

Life and Accidental Death & Dismemberment	Your employer provides $50,000

Voluntary Term Life

Employee	Increments of $10,000 up to $300,000
Spouse	Increments of $10,000 up to $250,000, not to exceed 100% of employee's amount
Children	Dependent children age 14 days to 26 years. You may elect $5,000 or $10,000, not to exceed 100% of employee's amount

VOLUNTARY TERM LIFE

You have the option to purchase a greater amount of Term Life coverage. . Decide whether this extra benefit is worth the cost of coverage for you and your family. To figure this out, ask a few questions: How would your family's finances be affected if you died?
How much of your paycheck is used for monthly living expenses?

New Hire Guaranteed Issue is the amount you can elect before you are required to complete a health questionnaire, otherwise known as Evidence of Insurability (EOI). If you are not a new hire and wish to increase or enroll for the first time you will need to complete a health questionnaire for approval.

The graphic on the right reflects monthly premiums by age if you choose to select an additional $50,000 in term life insurance.
To calculate your monthly premium: if the rate is $0.2 per $1,000 and an enrollee elects $15,000 in coverage, the monthly premium will be $3. ($.2x15=$3)

EMPLOYEE AGE	MONTHLY RATE	MONTHLY PREMIUM
15-29	$0.096/$1000	$4.80
30-34	$0.128	$6.40
35-39	$0.144	$7.20
40-44	$0.160	$8.00
45-49	$0.241	$12.05
50-54	$0.369	$18.45
55-59	$0.690	$34.50
60-64	$1.059	$52.95
65-69	$2.038	$101.90
70-99	$3.305	$165.25

To learn more, please review the full benefit summary.

Need Help? Call TrueAdvocate at 888-655-9980.

Income Replacement



GUARDIAN: 888.600.1600

GROUP NUMBER: 00023510

LONG-TERM DISABILITY - ALL ELIGIBLE EMPLOYEES

If you are unable to work, Long-Term disability insurance can help replace your income so you can pay your bills and protect your savings. This monthly benefit is a percentage of your salary and paid 100% by your employer.

BENEFITS*	LONG-TERM
Coverage amount	70% of salary to a max of $5,000/month
Maximum payment period	To age 65
Accident benefits begin	Day 91
Illness benefits begin	Day 91
Pre-existing conditions	3 month look back; 12 months after exclusion

To learn more, please review the full benefit summary.

Need Help? Call TrueAdvocate at 888-655-9980.



DO YOU HAVE QUESTIONS ABOUT YOUR BENEFIT PROGRAMS AND AREN'T SURE WHO TO CONTACT?

The TrueNorth TrueAdvocate Team is here to help!

Monday - Friday | 7:30 a.m. to 5:00 p.m. CT

Our team can assist with:

- Benefit coverage questions
- Ordering an ID card
- Claim questions and explanation
- Finding a provider
- Choosing a plan that works for you

(888) 655-9980

trueadvocate
@truenorthcompanies.com

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Employee Election Form I 2026 Plan Year

ALL **BENEFIT-ELIGIBLE EMPLOYEES ARE REQUIRED** TO **COMPLETE THIS FORM!**

Employee Name (printed) Date of Birth Social Security Number

You must also complete and return the applicable application/enrollment form(s) specific to your elections. Please note that all required forms must be completed in their entirety and returned to Carissa Fields no later than **December 15th, 2025.**

Medical Plan Election	Gravie Copay $3,000/$8,150	Gravie ComfortFit $5,000
Employee only	$197.50 ☐	$256.74 ☐
Employee + Spouse	$416.82 ☐	$557.32 ☐
Employee + Children	$385.71 ☐	$515.73 ☐
Employee + Family	$592.52 ☐	$770.10 ☐
Waive Medical Benefits ☐		

Dental Plan Election	Delta Dental
Employee only	$37.04 ☐
Employee + Spouse	$79.38 ☐
Employee + Children	$70.48 ☐
Employee + Family	$113.48 ☐
Waive Dental Benefits ☐	

Vision Plan Election	Delta Dental
Employee only	$8.14 ☐
Employee + Spouse	$15.48 ☐
Employee + Children	$17.56 ☐
Employee + Family	$23.22 ☐
Waive Vision Benefits ☐	

Voluntary Life

For more details refer to the enrollment guide

Coverage Amount		Increment		Rate		Monthly Cost
$	÷	$1,000	x	$_____	=	$

Waive Voluntary Life ☐

I understand that my elections are selected through the end of plan year specified and may not be changed unless I experience a Qualifying life Event. I agree to abide by the regulation and terms of the plans I have enrolled in according ta the Summary Plan Descriptions for each plan(when applicable). I authorize my employer to deduct from my paycheck all appropriate premiums based on my elections. I understand that I have the right ta ask far mare detailed information about each plan that I have enrolled in by contacting the Plan Administrator.

SIGN HERE _____ DATE _____