



Benefits Built for Hardworking Hands

2026 BENEFITS GUIDE

Hourly and Foreman Employees

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If you and/or your dependents have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage. Please see page 32 for more details.



**LEARN MORE ABOUT
YOUR BENEFITS**
benefits.waupacafoundry.com



Our Commitment to You

Our employees make us the leading producer of quality iron castings. With that in mind, we have designed a strong benefits program that recognizes the diverse needs of our employees. The Waupaca Foundry benefits program aims to Cast a Bright Future for our Family and also to:

- Provide competitive and comprehensive benefit options that allow you to design your own plan
- Maintain a program that balances your individual needs with affordability
- Offer long-term financial security for you and your family

Considering the future needs of you and your family is critical in choosing the right mix of benefits. We encourage you to take time to review the cost of your benefits, different plan options and voluntary coverage before making your selections for your benefits eligibility start date. Consider both health and financial benefits that will support you and your family's health and well-being for the upcoming year.

We are Waupaca. Meet your Benefits Team!

The Waupaca Foundry Benefits Team strives to provide a rewarding employee experience. As an employer of choice, you're proud of what you do and we're proud to support you.

Meet the team that works relentlessly to collaborate and take care of the Waupaca Foundry team!



Rachel Lockwood, BSN, RN

Health Services & Benefits Manager

Years of Service: 5

About Me: I have been a Registered Nurse for over 30 years. I am passionate about helping you maximize the benefits that Waupaca Foundry, Inc. offers us. I have worked for other organizations through the years and the benefits offered to us at Waupaca Foundry are the best I have ever had! I am here to help you understand them, navigate what to use when, and find ways to keep you healthy while keeping money in your pocket.



Tony Christensen

Benefits & Compensation Analyst

Years of Service: 16

About Me: I have been a proud member of the Waupaca Foundry team for nearly 16 years. Beginning as a production employee, I later transitioned into a customer service position, and currently I hold the role of Benefits and Compensation Analyst. My goal is to help employees and their families understand our benefit and retirement offerings. I am here to assist you with making the best decisions both now and in the future. I take pride in offering my time and expertise to provide you with the answers you seek in a timely manner.



Deandre Zimmerman

Total Rewards and Leave Management

Years of Service: 15

About Me: I have been a proud member of the Waupaca Foundry family for 15 years, beginning as a summer student in 2010 and joining Human Resources full-time in 2012. Raised in a foundry family — my dad retired from Waupaca Foundry after more than 30 years — I bring a deep appreciation for our people and culture. In my current role as HR Business Partner for Total Rewards and Leave Management, my goal is to empower employees through competitive rewards, meaningful benefits, and seamless leave experiences, ensuring every employee feels valued, supported, and positioned to thrive.

Open Enrollment Checklist

- DO YOUR PREP WORK.**
 - Review your home address, phone number, and emergency contact information to ensure it is current. Update HR if incorrect.
 - Who do you want to enroll? Gather complete names and Social Security Numbers.
- UPDATE YOUR BENEFICIARIES.**
 - Did you add a spouse or a child? Was there a death or divorce?
- LEARN ABOUT YOUR MEDICAL PLAN OPTIONS THROUGH UNITEDHEALTHCARE (UHC).**
 - Review and compare medical plans.
 - Are you changing your medical coverage level or adding or cancelling coverage for your spouse and/or dependents?
 - Review your medications and prescription coverage offered through Express Scripts to determine which medical plan best fits your needs.
- LEARN ABOUT YOUR DENTAL PLAN OPTIONS THROUGH DELTA DENTAL.**
 - Review and compare dental plans.
 - Are you changing your dental coverage level or waiving coverage?
 - If anyone on the dental plan currently has braces, do not change your orthodontic coverage or remove the coverage until their braces are removed.
- ENROLL IN THE HEALTH SAVINGS PLAN AND CONTRIBUTE TO A HSA.**
 - Employer contributions require you enroll in an account.
 - Take advantage of triple tax savings!
 - You can make changes to your Health Savings Account at any time during the year. Log on to your Benefits Dashboard, click Update Benefits Coverage and Update My HSA.
- SAVE MONEY BY ENROLLING IN A HEALTH CARE OR DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA).**
 - You must enroll each year to participate.
 - The Health Care FSA will allow you to carry over up to a maximum of \$680 from the 2026 plan year to 2027.
- REVIEW YOUR 401(K) CONTRIBUTION.**
 - You can make changes at any time during the year. Review your 401K contribution by logging in to www.principal.com.
 - Be sure to designate a beneficiary for your account.

Print your benefits confirmation statement! Know where to go to access your benefit information details anytime, anywhere. benefits.waupacafoundry.com



Benefit Basics

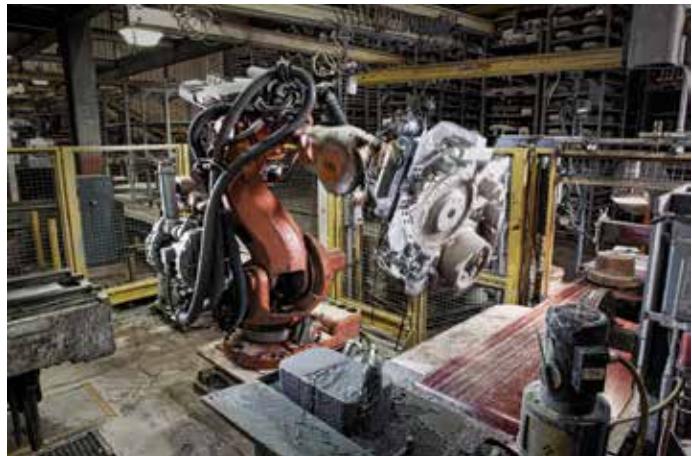
Eligibility

You and your dependents are eligible for the health and financial benefits described in this guide on your date of hire.

Your eligible dependents include:

- Your legally married spouse
- Children, stepchildren and adopted children up to age 26

You will be required to submit proof of Dependent verification within 30 days or they will lose coverage.



Qualified Life Events

The benefits you choose will be effective for the entire benefit plan year (May-April). Generally, you may only change your benefits once a year during Open Enrollment. However, you can change your benefits during the year if you experience a Life Event Change. These include:

- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption of/placement for adoption of your child
- Change of employment status by you or your spouse
- Entitlement to Medicare or Medicaid

If you experience a Life Event Change, you must visit waupacafoundry.ehr.com to login within 60 days of the change. If you do not process your Life Event change within 60 days, you may have to wait until the next annual Open Enrollment period to make changes, unless you have another Life Event Change.

Once you have initiated your life event notification, you will have 30 days to provide supporting documentation, such as a birth certificate or marriage certificate.

Ready to Get Started?

REGISTER TO ENROLL IN BENEFITS

1. Click on the “**Enroll Now**” button at benefits.waupacafoundry.com or go to waupacafoundry.ehr.com.
2. **New User:** Then, click on “**First time user? Create an account.**,” then follow the prompts to complete the registration process. You will need to enter a code sent to your email address or phone (via phone call or text message) to complete your registration.

Returning User: Register with the username and password you used last year.

IF YOU NEED HELP REGISTERING OR ENROLLING: Call 855-451-2793 for assistance.



ACCESS YOUR BENEFIT DETAILS, ANYTIME, ANYWHERE

You can also return to your benefit information at any time after Open Enrollment to:

3. Review your benefits details and plan summaries for information on deductibles, copays, out-of-pocket maximums, etc.
4. Update your beneficiaries (those named in your plan who will receive payouts for certain coverage, such as a life insurance policy).
5. Get education on how to use your benefits so you can get the most from them.



VISIT benefits.waupacafoundry.com



SCAN THIS CODE WITH
YOUR PHONE'S CAMERA



Health Care Terms to Know

Knowing these health care terms can help you better understand how the plans work.



ANNUAL DEDUCTIBLE

Your annual deductible is the amount you pay for medical expenses, prescription drugs and other covered services before your plan begins sharing the cost.



CARRIER MOBILE APPS

Use all the available tools and resources to save health care dollars. Most carriers offer an easy-to-use mobile app to check claims, coverages, and funding dollars, etc.



COINSURANCE

A percentage you and your plan pay when you're sharing costs. Coinsurance kicks in after you meet your annual deductible.



COPAY

A fixed amount you pay for a covered health care service (e.g., primary care physician office visit or emergency room visit).



IN-NETWORK PROVIDER

Doctors, hospitals and services that contract with your plan are called in-network providers. You usually pay less when you use an in-network provider.



MEDICAL PREMIUMS (RATES)

The medical premium is the amount deducted from your paychecks to pay for your medical coverage. Your deductions come out of your paycheck before taxes.*



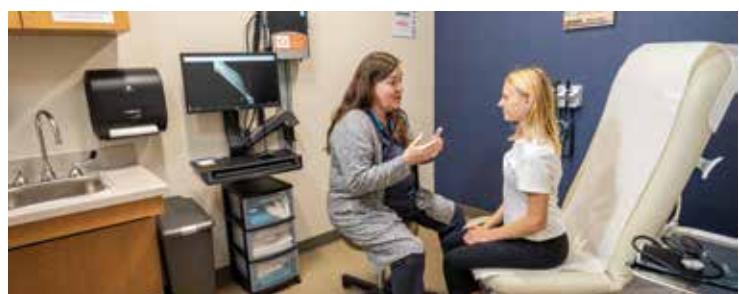
OUT-OF-POCKET MAXIMUM

The most an employee could pay during a coverage period (one benefit year) for his/her share of the costs of covered services, including copayments and coinsurance.



PREVENTIVE CARE

Regular preventive care has been proven to keep you healthy in the long-term and save you money. Most preventive care services are covered at 100 percent from in-network providers (age and eligibility rules may apply). Take advantage of your medical plan's preventive examinations.



Preventive services are paid at 100% and include services such as physicals, immunizations & screenings. For a listing of covered services please visit the website: <https://www.healthcare.gov/coverage/preventive-care-benefits/>.

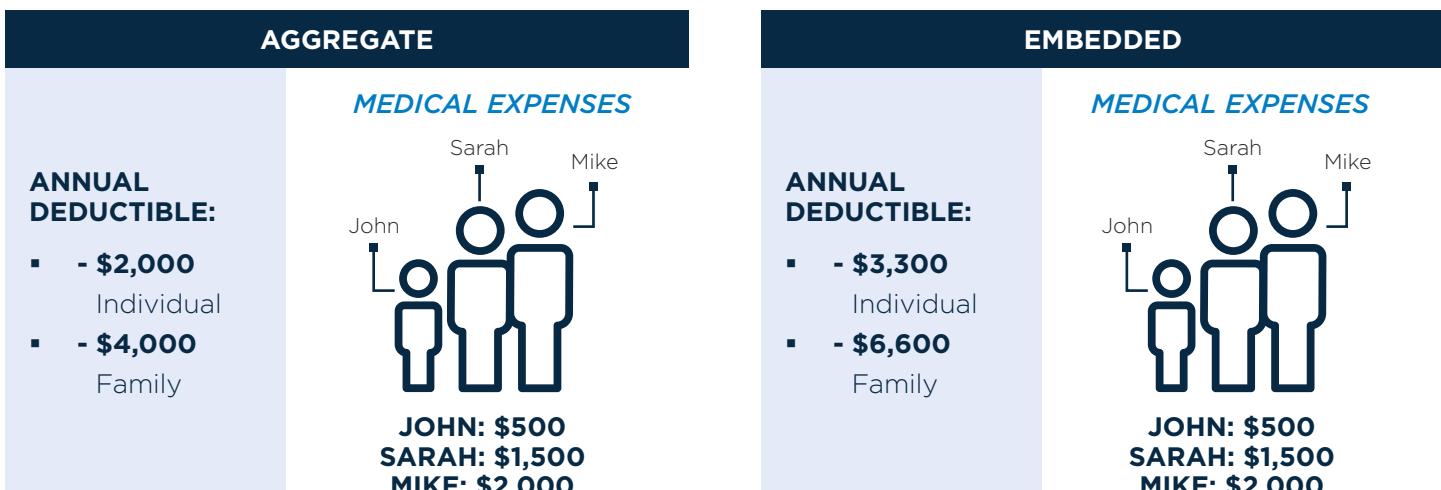
Understanding Aggregate vs. Embedded Deductibles

An aggregate deductible and an embedded deductible are two different ways of calculating the deductible for your medical plan. Here's a brief explanation of each:

Embedded Deductible: There are two deductible amounts within one plan; single and family. The single deductible is embedded in the family deductible, so no one family member can contribute more than the single amount toward the family deductible. Each person has their own deductible to meet, however, if two or more family members meet the individual deductibles, the family deductible is met for all remaining family members.

- When one person meets the individual deductible, the plan begins paying coinsurance for just that member. If deductible expenses for a combination of two or more family members reach the family amount, the plan begins paying coinsurance for all covered family members.
- When one person's expenses meet the individual out-of-pocket maximum, the plan will pay 100% of additional covered expenses for just that family member. If expenses for a combination of two or more family members reach the family out-of-pocket maximum amount, the plan will pay 100% of additional covered expenses for all covered family members for the rest of the plan year.

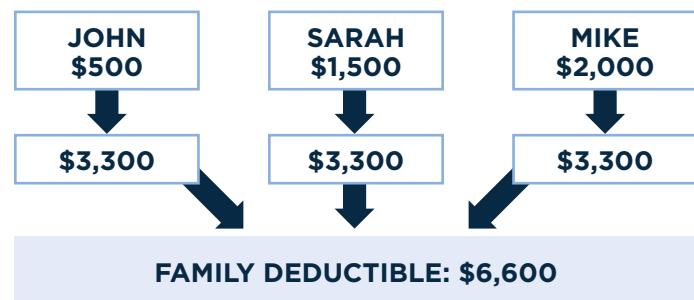
Aggregate Deductible: All covered family members contribute towards reaching the same deductible. Once the total amount of covered expenses for all individuals reaches the aggregate deductible, coinsurance begins. This means that the family deductible can be met by the expenses of one member or the combined expenses of multiple family members.



With an **aggregate family deductible**, all individuals collectively contribute towards reaching one family deductible.



With an **embedded deductible** each family member has their own separate deductible and out-of-pocket. However, the family collectively will pay no more than the stated family deductible and out-of-pocket.



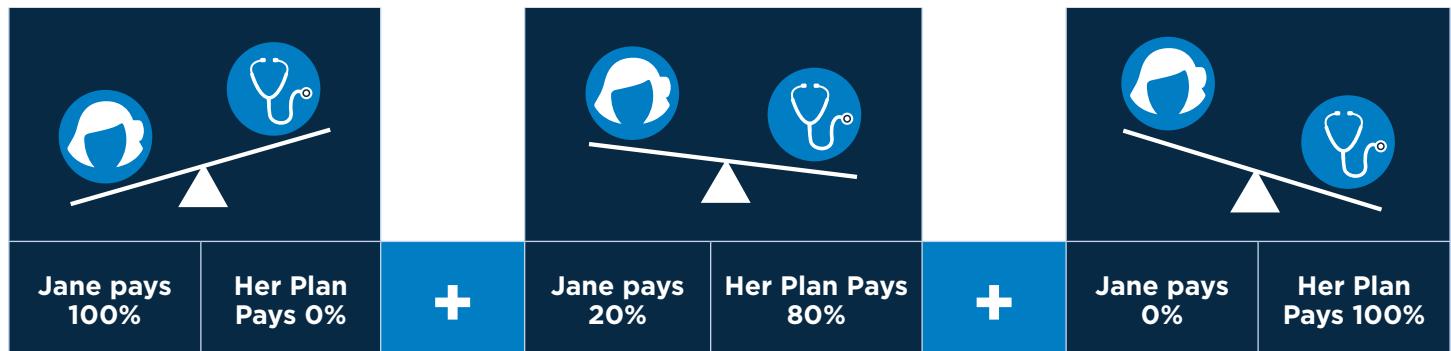
How You and Your Plan Share Costs

Plan Deductible:
\$2,000

Coinurance:
20%

Out-of-Pocket Limit:
\$4,000

May 1 Beginning of Coverage Period April 30 End of Coverage Period



Jane hasn't reached her \$2,000 deductible yet

Jane pays the full cost until her deductible is met.

- Office visit costs: \$125
- Jane pays: \$125
- Her plan pays \$0

Jane reaches her \$2,000 deductible, coinsurance begins

Jane has seen a doctor several times and paid \$2,000 in total. Her plan pays some of the costs for her next visit.

- Office visit costs: \$75
- Jane pays: 20% of \$75 = \$15
- Her plan pays: 80% of \$75 = \$60

Jane reaches her \$4,000 out-of-pocket limit

Jane has seen the doctor often and paid \$4,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.

- Office visit costs: \$200
- Jane pays: \$0
- Her plan pays: \$200



Medical Plan Comparison

	\$25/\$55 COPAY		\$1,000 DED. PLAN WITH HRA	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible				
You Only	\$1,000	\$2,000	\$1,000	\$2,000
All Other Coverage Tiers	\$2,000	\$4,000	\$2,000	\$4,000
Deductible Type ¹	Embedded, Applies to Medical Only		Aggregate	
Out-of-Pocket Maximum (includes deductible)				
You Only	\$3,000	\$5,000	\$3,500	\$6,000
All Other Coverage Tiers	\$6,000	\$10,000	\$7,000	\$12,000
Out-of-Pocket Maximum Type ¹	Embedded, Applies to Medical and Rx Plan	Embedded, Applies to Medical Only	Aggregate	
HRA/HSA Account Seeding²				
You Only	N/A		\$250	
All Other Coverage Tiers	N/A		\$500	
Coinsurance/Copays				
Coinsurance	90% after deductible	60% after deductible	90% after deductible	60% after deductible
Preventive Care	100% no deductible	60% after deductible	100% no deductible	60% after deductible
Doctor's Office Visits (non-preventive)	Primary Care: \$25 Specialist: \$55	60% after deductible	90% after deductible	60% after deductible
Lab Work and Diagnostic Tests	90% after deductible	60% after deductible	90% after deductible	60% after deductible
Hospital Stay	90% after deductible	60% after deductible	90% after deductible	60% after deductible
Emergency Room (when true emergency)	\$300	\$300	80% after deductible	80% after deductible
Urgent Care	\$55	\$55	90% after deductible	90% after deductible
Chiropractic (limit 25 visits)	90% after deductible	60% after deductible	90% after deductible	60% after deductible
Pharmacy				
Deductible Does Not Apply				
Retail Pharmacy (up to 30-day supply)				
Generic	\$10			
Brand Name	30%, \$30 min/\$90 max			
Non-Formulary Brand Name	40%, \$60 min/\$120 max			
Home Delivery or Preferred Smart90 Pharmacy Program (up to 90-day supply)				
Generic	\$25			
Brand Name	30%, \$75 min/\$225 max			
Non-Formulary Brand Name	40%, \$150 min/\$300 max			

¹ An explanation of deductible and out-of-pocket maximum types is provided on the following pages.

² HRA/HSA amounts are prorated for those who are not effective at the beginning of the plan year.

	\$2,000 DED. PLAN WITH HSA		\$3,400 DED. PLAN WITH HSA		\$4,500 DED. PLAN WITH HSA	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible						
You Only	\$2,000	\$4,000	\$3,400	\$6,000	\$4,500	\$9,000
All Other Coverage Tiers	\$4,000	\$8,000	\$6,800	\$12,000	\$9,000	\$18,000
Deductible Type¹	Aggregate		Embedded		Embedded	
Out-of-Pocket Maximum (includes deductible)						
You Only	\$4,000	\$8,000	\$6,000	\$12,000	\$6,000	\$12,000
All Other Coverage Tiers	\$8,000	\$16,000	\$12,000	\$24,000	\$12,000	\$24,000
Out-of-Pocket Maximum Type¹	Aggregate		Embedded		Embedded	
HRA/HSA Account Seeding²						
You Only	\$400		\$400		\$400	
All Other Coverage Tiers	\$1,200		\$1,200		\$1,200	
Coinsurance/Copays	Plan Pays		Plan Pays		Plan Pays	
Coinurance	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Preventive Care	100% no deductible	50% after deductible	100% no deductible	50% after deductible	100% no deductible	50% after deductible
Doctor's Office Visits (non-preventive)	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Lab Work and Diagnostic Tests	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Hospital Stay	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Emergency Room (when true emergency)	80% after deductible	80% after deductible	70% after deductible	70% after deductible	70% after deductible	70% after deductible
Urgent Care	80% after deductible	80% after deductible	70% after deductible	70% after deductible	70% after deductible	70% after deductible
Chiropractic (limit 25 visits)	80% after deductible	50% after deductible	70% after deductible	50% after deductible	70% after deductible	50% after deductible
Pharmacy						
	After Deductible					
Retail Pharmacy (up to 30-day supply)						
Generic	\$10					
Brand Name	30%, \$30 min/\$90 max					
Non-Formulary Brand Name	40%, \$60 min/\$120 max					
Home Delivery or Preferred Smart90 Pharmacy Program (up to 90-day supply)						
Generic	\$25					
Brand Name	30%, \$75 min/\$225 max					
Non-Formulary Brand Name	40%, \$150 min/\$300 max					

¹An explanation of deductible and out-of-pocket maximum types is provided on the following pages.

²HRA/HSA amounts are prorated for those who are not effective at the beginning of the plan year.

Know Where to Go

When you or a family member needs medical care, the decisions you make can have a big effect on how much you pay. Before you head to the emergency room, consider a virtual visit, telemedicine or an urgent care center, which may offer faster, more cost-effective care. Look at all of your options now, so when you need care, you'll know where to go.



WAUPACA FOUNDRY EMPLOYEE CLINIC

Cost: —

Typical wait time: 15 minutes

Quick — usually same-day

Available in Waupaca, Marinette and Tell City.

When to use:

- Routine exams and physicals
- Chronic condition and case management
- Assessment and treatment of illnesses and injuries
- Medication management and administration
- Minor surgical procedures
- Nutrition management, fitness planning and well-being coaching
- Biometric and blood pressure screenings
- Flu shots and other immunizations
- Referral for advanced treatment and more!

To make an appointment, stop by your local clinic or schedule online at clinic.waupacafoundry.com.



Telemedicine/ Virtual Visits

Cost: \$

Typical wait time: 15 minutes
Quickest — 1 minute!

When to use:

- Available 24/7 at home or traveling
- Diagnose symptoms like colds, flu, allergies and more
- Get a prescription
- Available through UHC Virtual Visit at www.myuhc.com.
- Some providers also have telemedicine appointments.



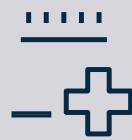
Primary Care Physician or Local Clinic

Cost: \$\$

Typical wait time: 15 minutes
Under 30 minutes

When to use:

- For non-urgent illness or injuries
- Get a prescription
- Flu shots
- If it's not urgent, your primary care provider should be your first stop when you need care. Your primary care provider has your medical history, manages your overall care and can refer you to a specialist.



Urgent Care

Cost: \$\$

Typical wait time: 15 minutes
1-2 hours

When to use:

For non-life-threatening illness or injuries such as:

- Burns
- Wounds
- Sprains
- Broken bones



Emergency Room

Cost: \$\$\$

Typical wait time: 15 minutes
4 hours

When to use:

For serious, life-threatening illness or injury such as:

- Trouble breathing
- Serious head injury
- Electric shock
- Severe chest pain

Prescription Drug Benefits

MAINTENANCE MEDICATION OPTIONS

Home Delivery makes it easy for you to fill prescriptions for your maintenance medications (those drugs you take regularly for ongoing conditions) at a lower cost. You also have an option to fill your maintenance medications at your Smart90 Preferred Pharmacy.

For Home Delivery, contact Express Scripts at 844-581-1740 or go to www.express-scripts.com/90day. Express Scripts will contact your doctor to get your new prescription started.

IMPORTANT! We want to make sure you get the most of your benefits. If you do not fill your 90-day ongoing maintenance medications through Express Scripts Home Delivery or a Smart90 Preferred Pharmacy, you will pay 100% (full cost for your prescription). This cost will not be applied towards your plan's deductible or out-of-pocket maximum.

Each medical plan includes prescription drug coverage from Express Scripts. There are three types of drugs:

- **Generic drugs** contain the same active ingredients and come in the same strengths as the original brand-name drugs, but cost significantly less. You want the most for your family and yourself, especially when it comes to medications. You also want to spend your money well. This is one reason we have a Generics Preferred Program.
- **Brand Formulary drugs** (also called formulary) are medications selected by the medical plan on the basis of sound medical data, safety and cost. Discuss the preferred brand drug list with your doctor to see if a drug on the list would be an option for you.
- **Brand Non-Formulary drugs** are not included on the preferred drug list. You will pay a higher price for a non-formulary brand drug.

PRESCRIPTION DRUG PRICES VARY

Prescription drug prices fluctuate, and your cost can change each time you receive a refill. Be sure to shop around and ask questions about the cost of your prescriptions and less expensive alternatives that may be available.

COUPONS AND DISCOUNT PROGRAMS

Coupons help lower your copay/coinsurance but often are for brand and brand non-formulary medications and cannot be used with the Home Delivery Program. Once coupons are no longer available, you may be left with a high cost medication.

Discount Programs are intended for those who do not have insurance. The programs generally require a membership and the amount you pay does not count toward your deductible.

DIABETIC MEDICATION AND SUPPLIES

The Home Delivery and Smart90 Preferred Pharmacy also applies to diabetic medication. Insulin pumps and pump equipment are covered by your medical plan.

ACCREDO

Accredo is a specialty pharmacy that serves patients with complex and chronic health conditions such as cancer, multiple sclerosis and more. Specialty-trained pharmacists and nurses are available to provide you with personalized care.

NEW FOR 2026: Scripta

Scripta is your prescription savings benefit designed to help you and your family save on medications. With Scripta, you and your enrolled dependents can easily compare prescription prices, explore your options, and view all the ways to save.

Saving with Scripta is easy as 1-2-3

1. Download the app or visit members.scriptainsights.com.
2. Get your in-app exclusive savings or discuss a switch with your doctor or pharmacist.
3. Fill at your suggested pharmacy.

For questions contact member support:

866-572-7478

Dental Benefits

You'll have a choice of three dental plans through Delta Dental. The following table shows some of the dental plan highlights. Benefit levels are the same in- and out-of-network, but in-network dentists usually provide services at lower costs, which saves you money.

	\$2,500 MAX W/ORTHO	\$1,500 MAX W/ORTHO	\$1,000 MAX
Deductible	\$50 individual (up to \$150 family limit)	\$50 individual (up to \$150 family limit)	\$50 individual (up to \$150 family limit)
Annual Max Benefit	\$2,500 per person	\$1,500 per person	\$1,000 per person
Preventive Care	100% (no deductible)	100% (no deductible)	100% (no deductible)
Periodontal Cleanings	100% (no deductible)	100% (no deductible)	100% (no deductible)
Basic Services	90% after deductible	80% after deductible	80% after deductible
Major Services	60% after deductible	50% after deductible	50% after deductible
Orthodontia	50% (no deductible) up to \$2,500 lifetime maximum benefit per person — adult and child (to the dependent age limit per employer eligibility)	50% (no deductible) up to \$1,500 lifetime maximum benefit per person — child only (up to age 19)	Not covered
CheckUp™ Plus	Yes	Yes	Yes
EBICP	Yes	Yes	Yes
Dependent Eligibility	Dependents are covered to the end of the month they turn 26		





Vision Benefits

You will have a choice of two vision plans, both of which are offered through VSP. The table below shows the highlights of the two vision plans. The VSP Vision Plans have an extensive nationwide network of doctors who provide quality eye care and materials at discount prices.

These plans allow you to not only receive routine eye care, but also help to pay for glasses and contacts if you need them. In order to maximize your vision benefits, be sure your vision provider is in the VSP network.

PLAN NAME	BUY-UP		BASE	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Comprehensive Exam		1 per policy year		1 per policy year
Lenses		1 per policy year		1 per policy year
Frames		1 per policy year		1 every other policy year
Routine/Comprehensive Eye Exam	\$10 copay	\$35 allowance	\$10 copay	\$30 allowance
Frames	\$200 Plan allowance	\$70 allowance	\$25 allowance + 20% discount	\$25 allowance
Single Vision and Bifocal Lenses	\$20 copay	\$30-\$50 allowance	\$30-\$45 allowance + 20% discount	\$30-\$45 allowance
Contact Lenses*	\$200 Plan allowance	\$85 allowance	\$30 allowance	\$30 allowance

*Contact lenses may be purchased instead of prescription glasses; both lenses and glasses are not covered during the same calendar year.

Note: You will not receive an ID card for your vision plan.

Medical Plan Resources

Bend Health: Family Mental Health Care

Available to UHC members, for ages 1-17, Bend Health takes a whole-person, whole-family approach to mental health. Bend has specific care plans designed for general concerns and specific conditions such as stress, sleep issues, depression, trauma, ADHD, social media addiction, and more. Get a personalized care plan and your first appointment in days. Signing up takes 10 minutes at bendhealth.com.

Calm Health

The Calm Health app brings you a library of support – including mindfulness content and programs. Learn techniques to improve well-being, work towards goals and support your mind and body.

Scan this code to get started – You'll first need to sign in to your account on myuhc.com or the UnitedHealthcare app. If you don't have an account, select Register to create one.



Real Appeal: Weight Loss Support

Real Appeal® is an online weight management support program designed to help eligible members build healthier habits and maintain long-term lifestyle changes. The program is available at no additional cost as part of your medical benefits.

WHAT THE PROGRAM OFFERS

- Personalized guidance:** Members receive tailored support to help set realistic nutrition, activity, and weight management goals.
- Weekly online group sessions:** Led by trained coaches who provide encouragement, education, and accountability.
- Motivational tools & resources:** A digital dashboard to track daily progress, plus access to a supportive online community.

- Success Kit:** After attending your first live group session, you'll receive a kit delivered to your home that may include items such as portion control tools, a food scale, and other helpful resources.

WHY PARTICIPATE

Real Appeal is designed to help you:

- Build manageable, sustainable habits
- Stay motivated with ongoing coaching
- Receive practical tools that support healthier choices
- Work toward long-term improvements in overall well-being

HOW TO ENROLL

- Visit enroll.realappeal.com

Level2® Specialty Care – Type 2 Diabetes Program

Access to Level2 Specialty Care is included in your medical plan at no additional cost. Benefits include no-cost continuous glucose monitors (CGMs) and a dedicated virtual care team to help you work to improve type 2 diabetes. Learn more and join at mylevel2.com/care or call **844-302-2821 (TTY 711)**.



Custom Care Management Unit (CCMU)

CCMU includes a team of experienced nurses who offer support to you or your caregiver if you have a health condition that requires complex care, or if you recently received care at a hospital. The CCMU team may reach out to you if you are identified as having an eligible condition or you may reach out to the CCMU team by calling your medical plan's customer service.



Take Control of Your Health with Convenient and Quality WF Clinic Care

Going to the Waupaca Foundry Clinic is a fantastic step towards taking control of your health! Waupaca Foundry Clinics offer high-quality care and convenient access to healthcare, so you won't have to wait to see a doctor or feel rushed during your appointment. Plus, they help save you out-of-pocket costs and manage healthcare spending, which means everyone saves money. You can also enjoy lengthier appointment times to talk freely and build a solid relationship with your healthcare provider, often seeing the same doctor at each visit.

“I've only had great experiences with the Waupaca foundry clinic and all the staff. Going to an appointment with my child is fast, efficient and they always make us feel welcome and validated! We love the foundry clinic!”

“They were very professional, helpful, and extremely friendly and nice. I didn't have an appointment, but I was taken care of right away. All my questions were answered in terms I could understand.”

“We had such an amazing experience the times we've used Waupaca Foundry Clinic. Staff and Dr. are extremely nice and professional, and we are so grateful that we have this opportunity in our town!”

“I really like this clinic. Having this clinic for the Foundry workers and family is wonderful. The staff is extremely helpful. I feel relaxed coming here for my checkups.”

“Very friendly, know what they are doing when taking blood. Clean and neat place. I did not have to wait to get in for my appointment. Very happy with it.”

“The staff is very friendly, and everything ran very smoothly. The hours are great they have time slots for everyone. I like that it includes families and spouses as well. And best of all comes at no cost to us”

So why wait? Take that first step today and visit the clinic to feel your best!



Employee Assistance Program (EAP)

Waupaca Foundry has partnered with LifeMatters to offer you an Employee Assistance Program (EAP) that helps you and members of your household find solutions for everyday work and home challenges, along with assistance in more serious areas affecting emotional and physical well-being. Best of all, it's FREE!

You pay **no out-of-pocket expense, coinsurance or deductible** to get assistance from EAP counselors for a number of life issues:

- Balancing work and family
- Stress, anxiety
- Depression
- Personal or emotional concerns
- Legal and financial affairs
- Alcohol and drug dependencies
- Eating disorders
- Sleeping difficulties
- Smoking and tobacco addictions
- Elder care
- Loss of a loved one

The EAP provides free, confidential (you may remain anonymous), unlimited and unscheduled 24-hour access to counselors, which include face-to-face counseling sessions or scheduled telephonic counseling as needed. LifeMatters is provided by Empathia, Inc. and you can contact them at **800-634-6433**, 24-hours a day, 7-days a week.

www.mylifematters.com

Password to access online material: **WF1**

800-634-6433

Centers of Excellence (COE) & Virtual Physical Therapy (PT)

Sword Digital Physical Therapy

Digital Physical Therapy (DPT) pairs a human Physical Therapist with Sword's Artificial Intelligence (AI) Digital Therapist. This combination delivers the highest-quality, personalized clinical physical recovery you can achieve anytime, anywhere. Sword is at no cost to you, regardless of which medical plan you are in. You and your dependents can utilize virtual physical therapy for an array of needs to include, but not limited to; back pain, knee pain, neck pain, pelvic floor issues, to name a few.

Transcarent and Surgery Care

Through Transcarent Surgery Care, you have access to the country's best surgical facilities that specialize in treating your specific condition.

For employees in the PPO Plan, surgery costs are covered at 100%, with no deductible or coinsurance. For employees in the High Deductible Health Plan (HDHP), surgery costs are covered at 100% after you meet your deductible, which is lower when using Transcarent services. **There is no coinsurance when you choose a Transcarent provider.**

SURGERY EXPENSES

Surgery costs paid through Transcarent include:

- Preoperative surgeon appointment
- Surgery (all facility, anesthesia, surgical staff, and surgeon charges)
- In-patient services, if a hospital stay is required
- Postoperative surgeon appointment

Medical expenses that occur before the preoperative surgeon appointment and after your postoperative appointment are covered by your health plan and subject to plan guidelines, deductible, and coinsurance.

Your Care Coordinator manages the entire surgery process so you don't have to – from answering your questions, handling paperwork, scheduling appointments, and all the logistics of your surgery, we've got you covered.

Center of Excellence is a facility and provider that have high quality (good outcomes, low infection rates, etc.) and lower cost (less co-insurance for you to pay). This is a provider/surgical center specializing in your condition or injury.

SURGICAL PROCEDURES

▪ Bariatric	▪ Neurological
▪ Orthopedic	▪ Spine
▪ General	▪ Women's
▪ Vascular	Health
▪ Cardiac	

Emergency, pediatric (under age 13), cancer, cosmetic, dental, diagnostic, vision and transplant procedures are not available through Transcarent Surgery Care.

TRAVEL

If a local surgeon isn't an option and travel over 100 miles (one way) from the patient's residence is required, Transcarent pays travel expenses for the patient and a companion, including:



- Fuel reimbursement when travel over 100 miles but less than 300 miles (one way) is required
- Airfare (coach unless first class is medically necessary) when travel over 300 miles (one way) is required
- Lodging (one double-occupancy room)
- Meals and incidentals allowance:
 - » \$50 per day for the patient when not admitted (days 1-14)
 - » \$50 per day for a companion (days 1-14)
 - » \$125 per week per person after 14 days (days 15+)

Airfare and lodging must be arranged by your Transcarent Care Coordinator for coverage. A travel companion is required and must be at least 18 years of age. You'll receive a pre-paid debit card for meals and incidentals a few days before your surgery.

YOUR TRANSCARENT MEMBERSHIP ALSO INCLUDES:

- **Personal Health Guide:** A real person, specific to you, available by phone, chat or email. The dedicated health and care support you deserve 24/7!
- **Orthopedic Consult:** Orthopedic specialists provide virtual evaluations to help determine appropriate treatment, including whether or not you are an appropriate candidate for surgery.
- **Expert Medical Opinion:** Need a second opinion on a diagnosis? Connect with one of 3,500 physician experts across 550+ advanced subspecialties to help you understand your treatment options.
- **Sword Virtual Physical Therapy:** Work virtually with a licensed physical therapist. You receive sensors and a tablet with a custom therapy plan to perform from the comfort of your home — all at no cost to you.

How It Works:

- » Get matched with a physical therapist who will design a custom program for you.
- » Receive your kit with tablet and motion sensors to track your exercises.
- » Connect with your therapist as your needs change and start feeling better!



Scan to download the Transcarent app to access Sword and/or Transcarent Surgical Solution, or call a Care Coordinator at **888-806-2775**.



Health Awareness Together Wellness Program



Your health and safety is important to Waupaca Foundry — as much as any member of our family. Waupaca Foundry recognizes lifestyle changes are difficult to make and a challenge for all of us in today's busy world. With the HAT Program, we offer the tools and support you need to be healthy and be your best.

Preventive care is one of the most important steps you can take to manage your health. Many of the top risk factors leading to illness and premature death are preventable. This type of care includes screenings, exams and tests that identify health problems early on so you can take action to keep them from becoming chronic conditions.

Screenings that consider your family history, age and gender will help your doctor spot problems early, and early detection often means a better outcome for you and lower health care costs.

All eligible employees and spouses enrolled in a Waupaca Foundry medical plan on January 1, 2026, have the opportunity to earn a Wellness Incentive up to a maximum of \$600 each by completing the steps of the annual HAT Wellness Program. The wellness incentive you and your spouse earn during the 2026 HAT Program year will be applied towards the cost of your 2027 medical plan premiums deducted from your paycheck.

HEALTH RISK ASSESSMENT (\$200)

BIOMETRIC SCREENING (\$200)

ANNUAL PREVENTIVE EXAM (\$200)

Includes one of the following: annual physical, mammogram, colonoscopy, and pap smear

DENTAL EXAM (2 VISITS AT \$100 EACH)

VISION EXAM (\$100)

**If you don't complete all steps,
you can earn partial credit.**

Waupaca Foundry, in partnership with the HAT Program, is proud to offer our employees and their families additional benefits to support your health and wellness goals:

- Wellness Allowance (up to \$50 single/\$100 family)
- Free Family Fitness Center Membership

See your Human Resources department for additional information.

Download the IncentFit mobile app or visit the HAT Program portal today!
waupaca-wellness.com



Tax-Advantaged Accounts

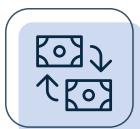


With the tax-advantaged accounts offered through Waupaca Foundry, you can use some of the money that usually goes to taxes to pay for qualified expenses. Each account has tax advantages but they have different ways of being funded and different ownership terms.



HEALTH SAVINGS ACCOUNT (HSA)

An HSA is a savings account that belongs to you, even if you leave the company. It allows you to make tax-free contributions to pay for current and future medical expenses for you and your dependents. An HSA is available if you enroll in any of Waupaca Foundry's medical plans with an HSA. The company also contributes to your account to provide additional financial support for healthcare needs.



HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

An HRA is an employer-funded savings account to help you cover the cost of eligible medical expenses. This type of account is available to those enrolled in the medical plan with an HRA. The company funds the account to help you cover eligible medical expenses. You are not allowed to contribute any money yourself.



FLEXIBLE SPENDING ACCOUNT (FSA)

An FSA is an account that allows you to set aside tax-free dollars to help you pay for eligible health care and dependent care expenses for your medical, dental, and vision. Your options depend on your medical plan enrollment.

- **Medical FSA** — if you are not enrolled in an HSA plan you can use this account for medical, dental, vision and prescription expenses.
- **Limited FSA** — if you are enrolled in an HSA plan you can use this account to pay for dental and vision expenses only.
- **Dependent Care Account (DCA)** — Use for eligible day care and other childcare expenses for dependents under age 13 or elder care.



Reminder: Please keep your receipts for all eligible purchases for tax purposes and debit card substantiation. If purchases are not substantiated it could result in suspension of the debit card.

Comparison of Account Types

	HSA	HRA	FSA
Does Waupaca Foundry contribute? <small>Amount for full-year 2026</small>	✓ You Only: \$400 All Other Coverage Tiers: \$1,200	✓ You Only: \$250 All Other Coverage Tiers: \$500	✗
Can I contribute my own savings?	✓	✗	✓
Is there an IRS maximum annual contribution?	✓ Employee: \$4,400/Family: \$8,750 Those 55 and older can contribute an additional \$1,000 annually	✗	✓ Medical or Limited: \$3,400 Dependent Care: \$7,500
Will my savings roll over each year?	✓ Unlimited	! Up to \$500, available as long as you are enrolled in the plan	! Up to \$660 for Medical and Limited FSAs
Will I earn interest on my savings?	✓	✗	✗
Are the savings tax-free? <small>In most states</small>	✓	✓	✓
Will I get a debit card? <small>Via Benefits may require documentation to verify expenses are eligible under IRS rules</small>	✓	✓	✓
Do I keep the money if I leave the company?	✓	✗ Option to continue through COBRA	✗ Option to continue Medical or Limited FSAs through COBRA
Can I also have a Flexible Spending Account (FSA)?	! Limited and Dependent Care FSAs only	✓	N/A

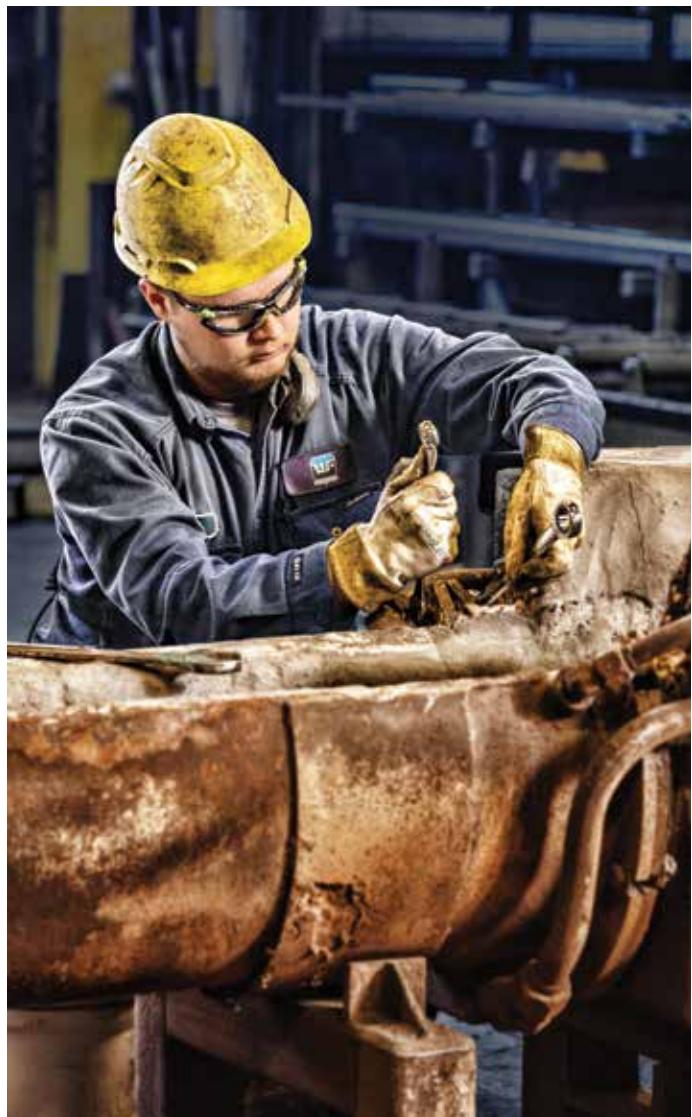
✓ = Yes ✗ = No ! = Important

For a complete list of eligible expenses for each account, contact Via Benefits or visit www.irs.gov.

Using Your VIA Benefits Card

Use the Via Benefits debit card to pay for eligible services and products. Payments are automatically withdrawn from your HRA, HSA or FSA to make it easy to use your account.

Due to IRS regulations, certain card transactions need to be substantiated. Substantiating means validating a transaction to ensure the debit card was used for IRS-approved items/services within the allowed timeframe. If documentation is required for a transaction, you will receive a letter or email notification to login to your account to view receipt reminders. The receipt reminder will display the documentation required and your next steps.



Documentation Requirements

Documentation for medical expenses includes:

- **Best** - Explanation of Benefits (EOB) provided by your medical carrier
- Receipt/statement containing:
 - » Name of the provider
 - » Date(s) of service
 - » Service type(s)
 - » Amount (after insurance, if applicable)

Unacceptable forms of documentation include provider statements that only indicate the amount paid, balance forward or previous balance, credit card receipts, missing or vague medical practitioner's notes, and bills for prepaid dependent care/medical expenses where services have not yet occurred.

Documentation can be uploaded by logging in to your account at www.viabenefitsaccounts.com or by using the mobile app. If you choose to fax your documentation, also include the receipt reminder.

Waupaca Foundry has automatic claims feeds from the plan carriers to help you with claims substantiation; however, some claims may still need to be manually substantiated. Watch your mail and email for these requests.



Life and AD&D Insurance

Basic/Supplemental Life and Accidental Death and Dismemberment (AD&D) Insurance

It's important that your family have some financial security if you were to die or be seriously injured in an accident. Even if you are single, your beneficiary can use your life insurance to pay off your debts — like credit cards, mortgages and other final expenses. Accidental Death and Dismemberment (AD&D) insurance is designed to provide a benefit in the event you are injured or die as the result of an accident. Waupaca Foundry provides you a basic level of Life and AD&D insurance at no cost through New York Life.

BENEFIT	COVERAGE
Basic Life Insurance*	
You	2 times base salary, maximum of \$650,000
Basic AD&D Insurance*	
You	2 times base salary, maximum of \$650,000
Supplemental (Voluntary) Life Insurance – Elections Available at Open Enrollment	
You	Increments of \$20,000 to a max of \$500,000
Spouse	Increments of \$10,000 to a max of \$250,000; coverage cannot exceed 50% of the voluntary employee elected coverage
Dependent (unmarried child from live birth to 25 years old)	\$5,000 to \$10,000; coverage cannot exceed 50% of the voluntary employee elected coverage

*Provided at no cost to you by Waupaca Foundry.

Important Reminders

- Be sure to review and update your beneficiaries in the enrollment system.
- Your Voluntary Life election may be subject to Evidence of Insurability (EOI). You will be notified of your next steps if this is required.

Disability Benefits

We hope you never experience a disabling illness or injury. However, if you do, our disability benefits — Short-Term Disability and Voluntary Long-Term Disability insurance — can replace some of your income if you are unable to work.

Short-Term Disability

Short-Term Disability (STD) is a type of insurance that pays a percentage of your wages for a maximum of 26 weeks due to non-work related injuries or illness. Coverage usually begins after you have satisfied the elimination period of zero days for injury, or seven days for illness including scheduled surgeries.

Waupaca Foundry provides you with Basic Short-Term Disability coverage at no cost, and you have the option to purchase additional coverage at low group rates.

BENEFIT	AVAILABLE COVERAGE	
	HOURLY	FOREMAN
Basic Short-Term Disability*	70% of weekly pay up to \$250 maximum per week	70% of weekly pay up to \$300 maximum per week
Buy-Up Short-Term Disability	70% of weekly pay up to \$600 maximum per week	70% of weekly pay up to \$750 maximum per week

*Provided at no cost to you by Waupaca Foundry.

Long-Term Disability Insurance

Long-Term Disability insurance (LTD) is a continuation after Short-Term Disability insurance ends and you are unable to work for an extended period of time. This income protection insurance through New York Life is voluntary and available for you to purchase with a benefit of 60% of wages to a maximum of \$5,000 per month. To have this income protection, you must elect this benefit.

BASIC LTD

	HOURLY AND FOREMAN
1st 24 months	60% of weekly pay up to \$5,000 maximum per month
After 24 months	60% of weekly pay up to \$5,000 maximum per month

If you need to file a Short-Term Disability claim, please see your local Human Resource Department.



Voluntary Benefits

Group Hospital Indemnity Insurance

It's no secret that hospital stays aren't usually much fun and costs can add up quickly. The financial pressures can be overwhelming. That's where Hospital Indemnity Insurance comes in. It pays a daily benefit if you have a covered stay in a hospital, critical care unit or rehabilitation facility. The benefit amount is based on the type of facility and the number of days you stay. Depending on the plan you choose and the type of confinement, Hospital admission benefits range from \$600-\$2,200 and daily confinement benefits range from \$100-\$200 per day.

Group Critical Illness Insurance

"It can't happen to me..." We've all thought or said that phrase before. But even if you've never personally experienced a serious illness — such as a heart attack or stroke — you probably have seen a family member or coworker who has. And if you ask them about it, you're likely to hear about the negative financial impact it has on their lives.

Not only can a critical illness keep you from working for a long period of time, but the expenses can add up while you're recuperating. These can include home maintenance, travel to see specialists, day care for children while you're at medical appointments, and many other out-of-pocket expenses.

Critical Illness insurance can help, because it pays a one-time, lump sum benefit amount if you're diagnosed with a covered disease or illness. You can use this money for any purpose to help you while you are recovering from your illness. Critical illness benefits are paid as a lump sum and range from \$5,000-\$30,000 depending on the condition and the amount of benefit you choose.

Group Accident Insurance

By definition, accidents are unforeseen and unplanned. And that means they can happen to anyone at any time. While you can't plan for an accident, you can plan for what happens afterward.

An accidental injury — for example, a burn, broken bone or deep cut — might keep you from working. It could even keep you from doing simple things around the house (like cooking and cleaning) while you're recuperating. There may be out-of-pocket medical expenses to pay as well. That's when accident insurance can help.

This plan covers a wide variety of services, such as hospitalization, emergency room and doctors' office visits. The benefits you receive will depend on your specific accident or injury. Accident benefits are paid as a lump sum and are based on the condition and the plan you choose. You have the choice of a low or high plan.



Voya Wellness Benefit

The Wellness Benefit is included with your Accident and/or Critical Illness Insurance coverage. It provides an annual benefit payment for completion of an eligible health screening test. You may also receive a benefit payment for your spouse and/or children if they are covered under your plan coverage. Filing a claim is easy! Wellness Benefit claim forms are available by visiting the Voya Claims Center at voyacom/claims or in HR.

	ACCIDENT COVERAGE	Critical Illness
Group Policy Name	Waupaca Foundry, Inc.	Waupaca Foundry, Inc.
Group Policy Number	0070069-0	0070069-0
Annual Benefit Amount*	\$75 (low plan)/\$125 (high plan)	\$125
Covered Health Screenings	<ul style="list-style-type: none">▪ Annual physical exam▪ Routine eye exam▪ Routine dental exam▪ Biometric screenings▪ Colonoscopy▪ Mammography▪ PSA (prostate cancer)	<ul style="list-style-type: none">▪ Annual physical exam▪ Routine eye exam▪ Routine dental exam▪ Biometric screenings▪ Colonoscopy▪ Mammography▪ PSA (prostate cancer)

*Only one benefit payment per individual per plan each calendar year.



Group Legal

Attorney fees can be expensive, but they don't have to be. MetLife Legal Plans makes access to qualified and experienced attorneys a reality for everyone. Attorneys at MetLife Legal Plans can help you with many of life's transitions and challenges, such as:

GETTING MARRIED

- Prenuptial agreement
- Name change
- Updating or creating estate planning documents

BUYING, RENTING OR SELLING A HOME

- Reviewing contracts and purchase agreements
- Preparing deeds
- Attending the closing

STARTING A FAMILY

- Creating wills and estate planning documents
- School and administrative hearings
- Adoption

DEALING WITH IDENTITY THEFT

- Attorney consultations regarding potential creditor actions
- Assistance with contacting banks and creditors
- Attorney defense for issues related to identity theft

CARING FOR AGING PARENTS

- Review of Medicare/Medicaid documents
- Nursing home agreement
- Reviewing estate planning documents

Employee Discounts through BenefitHub

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

▪ Travel	▪ Entertainment
▪ Auto	▪ Restaurants
▪ Electronics	▪ Health and Wellness
▪ Apparel	▪ Beauty and Spa
▪ Local Deals	▪ Tickets
▪ Education	▪ Sports and Outdoors

Get started saving at <https://waupaca.benefithub.com> (enter Referral Code: **6J82V9**).



Retirement Benefits

Your financial future in retirement is just as important as the paycheck you take home today. Waupaca Foundry has helped mold countless current and former employee futures through its employer and employee funded retirement plans.

Employees' Retirement Plan

Waupaca Foundry makes discretionary annual contributions into a Retirement Plan account of 6% of your gross pay. You are 100% vested after six years of service. "Vested" means, if you were to leave Waupaca Foundry after six years, you can take 100% of the money in your Retirement Plan account with you.

The funds in the Employees' Retirement Plan are employer-directed investments. The investments are directed by Waupaca Foundry for you and you are not able to change investment allocations.

ELIGIBILITY

You will become a participant of the plan on January 1 following your date of hire.

You will qualify for retirement under the Plan upon reaching age 60 ("normal retirement age").

401(k) Savings Plan

The 401(k) Savings Plan administered by Principal makes saving for retirement easy.

ELIGIBILITY

You can start saving in the 401(k) Savings Plan today! All active employees are eligible to participate in the plan.

CONTRIBUTIONS

You may contribute up to 75% of your paycheck on a pretax and post-tax (Roth) basis up to the maximum IRS limit per calendar year. If you are age 50 or older, you may contribute additional amounts. Log on or call Principal to start saving, roll over an existing account or to make changes.

VESTING OR OWNERSHIP

The money that you contribute from your paycheck and what it earns is always 100% yours.

For more information on planning your financial and retirement future, please go to principal.com or call 800-547-7754.



Important Notices

REMINDER OF AVAILABILITY OF PRIVACY NOTICE

This is to remind plan participants and beneficiaries of the Waupaca Foundry Health and Welfare Plan (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the plan uses and disclosed protected health information (PHI). You can obtain a copy of the Waupaca Foundry Health and Welfare Plan Privacy Notice upon your written request to the Benefits Department at the following address:

Waupaca Foundry, Inc.,
Benefits Department
1955 Brunner Drive
Waupaca, WI 54981

If you have any questions, please contact the Waupaca Foundry Benefits Department at 715-258-6611.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICES

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, contact your local Human Resources Department.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT DISCLOSURE

Group health plans and health insurance issuers generally may not, under Federal law, restrict for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following vaginal delivery, or less than 96 hours following a cesarean section.

However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted. If the absence is for more than 31 days, and not more than 12 weeks, you may continue to maintain your coverage under the Plan by paying premiums.

If you do not elect to continue to participate in the Plan during an absence from military duty that is more than 31 days, or if you revoke a prior election to continue to participate for up to 12 weeks after your military leave began, you and your covered family members will have the opportunity to elect COBRA continuation Coverage only under the medical insurance policy for the 21-month period (18-month period if you elected coverage prior to December 10, 2004) that begins on the first day of your leave of absence. You must pay the premiums for Continuation Coverage with after-tax funds, subject to the rules that are set out in that plan.

SUMMARIES OF BENEFITS AND COVERAGE (SBCS)

As required by the Affordable Care Act, Summaries of Benefits and Coverage (SBCs) are available on the Waupaca Foundry Support Center at waupacafoundry.ehr.com. Waupaca Foundry is required to make SBCs available that summarize important features about health benefit plan options in a standard format, to help you compare across plans and make an informed choice. The health benefits available to you provide important protection for you and your family and choosing a health benefit option is an important decision. If you would like a paper copy of the SBCs (free of charge), you may also call the Waupaca Foundry Via Benefits Support Center at 855-451-2793 or see your local Human Resource Department.

IMPORTANT NOTICE FROM WAUPACA FOUNDRY, INC. ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Waupaca Foundry, Inc. has determined that the prescription drug coverage offered by the Waupaca Foundry, Inc. Employee Medical and Prescription Drug Benefits Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

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

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

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current Waupaca Foundry, Inc. coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Waupaca Foundry, Inc. Employee Medical and Prescription Drug Benefits Plan coverage, be aware that you and your dependents may not be able to get this coverage back.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

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

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

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE...

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

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE...

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

FOR MORE INFORMATION ABOUT MEDICARE PRESCRIPTION DRUG COVERAGE:

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

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

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

Date: February 3, 2026
Name of Entity/Sender: Waupaca Foundry, Inc.
Contact: Benefits Department
Address: 1955 Brunner Drive
P.O. Box 249
Waupaca, WI 54981
Phone Number: 715-258-6611

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program Website: <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/HIBI>
Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: <https://www.flmedicaidtplrecovery.com/>
flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2

INDIANA – Medicaid

Health Insurance Premium Payment Program
All other Medicaid
Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dfr/>
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562
KANSAS – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahpp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremessaging@accenture.com
MINNESOTA – Medicaid
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672
MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSIPPProgram@mt.gov

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmabs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)
NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)

SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493
UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dot.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Important Contacts

BENEFIT	ADMINISTRATOR	POLICY/ GROUP #	MOBILE APP	ONLINE	PHONE
Accident Insurance, Critical Illness and Hospital Indemnity	Voya Financial*	0070069-0	—	voya.com	877-236-7564
Bend Health	UnitedHealthcare	—	—	bendhealth.com	800-516-0975
Benefit Education Center	Waupaca Foundry*	—	—	benefits.waupacafoundry.com	855-451-2793
Dental	Delta Dental of WI	\$1,000 (51917) \$1,500 (51817) \$2,500 (51717)	<input checked="" type="checkbox"/>	www.deltadentalwi.com	800-236-3712
Disability: Short-Term and Long-Term	New York Life*	STD (SHD961800) LTD (VDT960637)	—	www.newyorklife.com	888-842-4462
Enrollment Questions	—*	—	—	waupacafoundry.ehr.com	855-451-2793
Group Legal	MetLife Legal Plans	LOW (9580010) HIGH (9650010)	—	www.info.legalplans.com	800-821-6400
HAT Wellness	IncentFit	—	<input checked="" type="checkbox"/>	waupaca-wellness.com	844-246-2368
FSAs HRA HSA	Via Benefits	—	<input checked="" type="checkbox"/>	www.viabenefitsaccounts.com	800-953-5395
Life Insurance	New York Life*	FLX963418	—	www.newyorklife.com	800-352-0611
Medical	UnitedHealthcare*	910903	<input checked="" type="checkbox"/>	www.myuhc.com	844-640-5961
Prescription Drug	Express Scripts	ONEXWAU	<input checked="" type="checkbox"/>	www.express-scripts.com	844-581-1740
Prescription Drug Savings	Scripta*	—	<input checked="" type="checkbox"/>	www.scriptainsights.com	866-572-7478
Retirement and 401(k) Savings Plan	Principal*	304035	<input checked="" type="checkbox"/>	www.principal.com	800-547-7754
Vision	VSP*	12285304	—	www.vsp.com	800-877-7195
EAP	Empathia, Inc.*	WF1	<input checked="" type="checkbox"/>	www.mylifematters.com	800-634-6433
Centers of Excellence	Transcarent*	—	<input checked="" type="checkbox"/>	www.transcarent.com	888-806-2775
Virtual: Physical Therapy	Sword*	—	<input checked="" type="checkbox"/>	www.transcarent.com	888-806-2775
Specialty Pharmacy	Accredo	N/A	<input checked="" type="checkbox"/>	www.accredo.com	866-725-2546
Weight Loss Support	Real Appeal	—	<input checked="" type="checkbox"/>	www.realappeal.com	844-924-7325

*Telephonic Spanish Support Available.

Your Clinics Contact Information

WF Clinic - Marinette

Phone: 715-504-1112
Lab Order Fax: 833-471-3983

WF Clinic - Tell City

Phone: 812-608-4697
Lab Order Fax: 833-450-6276

WF Clinic - Waupaca

Phone: 534-400-0849
Lab Order Fax: 715-258-3019

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This brochure highlights the main features of the Waupaca Employee Benefits Program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Waupaca reserves the right to change or discontinue its employee benefits plans at any time.

