

2026 BENEFIT GUIDE

January - December

***Your* benefits, *your* story**

Benefits to fit your unique situation.

RITALKA, INC.



A NOTE FROM LEADERSHIP:

We strive to provide you and your family with a comprehensive and valuable benefits package that enables you to have a better life. We invite you to review the information in this booklet to gain a better understanding of how these benefits can support you and your family.

BENEFIT ELIGIBILITY & ENROLLMENT

- **Eligibility**
- **Enrollment Blueprint**

PHYSICAL & MENTAL HEALTH

- **Medical & Prescription Drug**
- **Telemedicine**
- **Dental**
- **Vision**
- **Employee Assistance Program (EAP)**
- **Life and AD&D**
- **Disability**

ADDITIONAL PROTECTION

- **Accident**
- **Critical Illness**

RESOURCES

- **Contact Information**
- **TrueAdvocate Team**

Disclaimer

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of 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, contact Human Resources. ***The information provided in this summary is for comparative purposes only. Actual claims paid are subject to the specific terms and conditions of each contract. This benefit summary does not constitute a contract.*** *The information in this booklet is proprietary. Please do not copy or distribute to others.*

Created by TrueNorth Companies, LC for Ritalka

TRUENORTH



BENEFITS ELIGIBILITY

Who is eligible to participate?

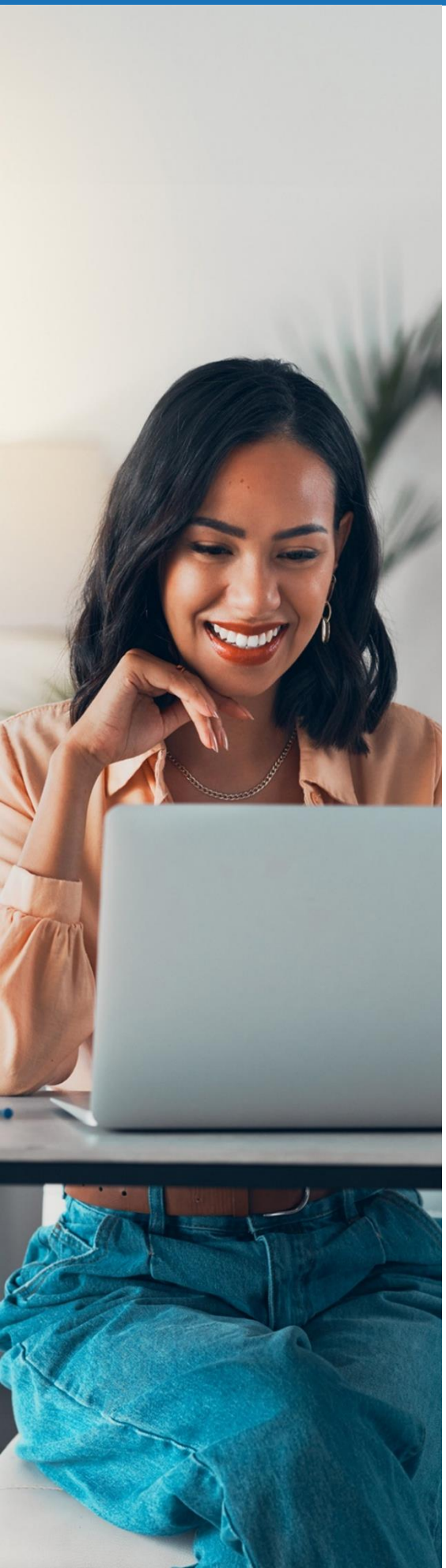
- Full-time employees working an average of 30 hours per week
- Your legal spouse
- Your unmarried dependent child (natural, adopted or step) up to age 26

When does coverage start and end?

- New Hire coverage starts first of the month following 30 days of employment

When can I enroll in or make changes to benefits?

- **New Hires:** Must submit your elections within 30 days of hire date
- **Qualified Life Events:** Must notify Human Resources with 30 days of the event. Coverage goes into effect on the date of event. Some examples of qualified events include:
    - Gain or loss of eligibility for another employer's coverage
    - Marriage
    - Divorce or legal separation
    - Birth of your child, adoption or placement for adoption
    - Death
    - Change in employment status that impacts your eligibility for benefits
    - Child support order
    - New entitlement or loss of Medicare or Medicaid (60 days to notify HR)
- **Open Enrollment**: Occurs annually with an effective date of January 1.



YOUR ENROLLMENT BLUEPRINT

Here are some last-minute reminders:

STEP 01

VISIT YOUR BENEFITS PORTAL

Website: ritalkabenefits.com

STEP 02

EVALUATE YOUR OPTIONS

- Review available benefit options for the year.
- Use carrier resources and tools to make decisions.

STEP 03

ENROLL IN YOUR BENEFITS

- Log in to Employee Navigator to elect your benefits
- Be mindful of your enrollment deadline!

STEP 04

NEED HELP DECIDING?

Contact TrueNorth's TrueAdvocate Team

Phone: 888-655-9980

Email: trueadvocate@truenorthcompanies.com

MEDICAL & RX

Administered by UHC

The medical insurance benefit that uses a network of providers, hospitals, and pharmacies to provide employees and their families access to quality healthcare and protection against the cost of illness or injury.

Use In-Network Providers for the best value! Visit www.uhc.com/find-a-doctor to search for providers.

IN-NETWORK BENEFITS	PLAN 1 $4000	PLAN 2 $6000
Network	Choice Plus	Choice Plus
Preventive Care	100% Covered	100% Covered
	Preventive Care is defined by the Affordable Care Act (ACA) Visit **HealthCare.gov** to access a list of covered preventive services by gender and age	
Office Visit Copay	Deductible and Coinsurance	Deductible and Coinsurance
Emergency Room	Deductible and Coinsurance	Deductible and Coinsurance
Rx Copay	$15 Tier 1 $45 Tier 2 $85 Tier 3 $200 Tier 4	Deductible and Coinsurance
Deductible	$4,000 Single $8,000 Family	$6,000 Single $12,000 Family
Coinsurance	You pay 30%, plan pays 70%	You pay 0%, plan pays 100%
Out of Pocket Maximum	$7,000 Single $14,000 Family	$6,000 Single $12,000 Family

Bi-Monthly Rates	PLAN 1 $4000	PLAN 2 $6000
Employee	$261.22	$109.17
Employee + Spouse	$567.14	$371.69
Employee + Child(ren)	$551.55	$350.65
Employee + Family	$583.60	$387.64

HRA (Health Reimbursement Account) - funded by RITALKA, Inc. Maximum benefit of $2,100.00 effective when family reaches deductible.
Employees must submit receipt to Payroll Dept. for reimbursement.



VIRTUAL DOCTOR VISITS - Telehealth

It's now easier than ever to meet your providers online. All you need is a smartphone, tablet, or computer/laptop to have a successful online doctor visit.

WHEN CAN I USE TELEHEALTH?

- You don't have time to wait a week to see a doctor
- If you're considering the ER or urgent care center for a non-emergency issue
- You don't want to infect (or be infected by) another person
- On vacation, on a business trip, or away from home
- For short-term prescription refills
- You need a lower-cost option.

GET THE CARE YOU NEED

Request a medical consultation anytime and anywhere you need it for:

- Urgent care issues like colds, coughs, allergies, sore throat and stomach aches
- Recurring conditions like migraines or urinary tract infections
- Skin conditions
- Prescription management

Website: UHC.com

HEALTH SAVINGS ACCOUNT
(EMPLOYEE-PAID)

Administered by Optum Bank

AN HSA CAN HELP YOU

Lower your taxes, cover some expenses your plan doesn't, and even help save for retirement.

HEALTH SAVINGS ACCOUNT (HSA)

To be eligible you must: ***Note:** If your eligible dependent is covered under Medicare, you can continue contributing to the HSA	• Be covered under a High Deductible Health Plan (HDHP) • Not be claimed as a dependent on someone else's tax return • Not maintain a Healthcare FSA • Not be enrolled in Medicare* • Not have received VA benefits within the past three months • Not have a spouse with an FSA plan through their employer		
Maximum contributions	Single: $4,400 Family: $8,750 Catch-up: $1,000 (those 55+)		
Pre-tax contributions?	Yes		
Eligible Expenses Beyond your plan coverage	More common examples: • Medical • Dental • Vision • Prescription	Less common examples: • Special education • Seeing eye dog • Braille literature • Hair loss pieces	Download a full list from the IRS - Publication 502.
Availability of funds	Funds must accumulate before using		
Use it or lose it?	No, unused funds roll over from year to year		
Can take it with you if you leave the company?	Yes		

FLEXIBLE SPENDING ACCOUNTS

(EMPLOYEE-PAID)

Administered by RITALKA INC

AN FSA CAN HELP YOU

use pretax money to pay for certain out-of-pocket health expenses or dependent care expenses.

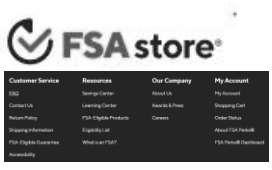
HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)

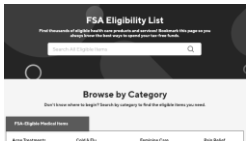
Eligibility rules	If you are **enrolled in a High Deductible Health Plan** (HDHP) you can only enroll in a **Limited Flexible Spending Account** and a **Dependent Day Care Account**		
Maximum contributions	Healthcare: $3,400 Dependent Day Care: $7,500		
Pre-tax contributions?	Yes		
Eligible Expenses Beyond your plan coverage	• Medical • Dental • Vision • Prescription • Dependent care (only if enrolled in DFSA)	For **Health Care and Limited FSAs** download a full list from the IRS - Publication 502.	For information on **Child and Dependent Day Care Expenses** download the IRS Publication 503
Availability of funds	Healthcare and Limited: Available on day 1 Dependent Day Care: Funds must accumulate before using		
Use it or lose it?	Yes		
Can take it with you if you leave the company?	No		

START WITH THE RIGHT TOOLS:

FSAstore.com provides lists of eligible purchases using your account, as well as help to understand, manage and use this great benefit!

GETTING STARTED





FSAstore.com/FSA-Eligibility-List.aspx

DENTAL (EMPLOYEE-PAID)

Administered by UHC

Dental care is an important part of your overall health. This plan provides you with no-cost, in-network preventive care, as well as coverage for basic care and major procedures.

Dental Network: National Options PPO 30
Use In-Network Providers for the best value! Visit www.uhc.com to search for providers.

SERVICES	IN-NETWORK	NON-NETWORK
Preventive Services	100% covered	
Deductible	$50 Single / $150 Family	
Annual Maximum	$1,000 per person per year	
Basic Services	You pay 20% coinsurance (after deductible), plan pays 80%	
Major Services *	You pay 50% coinsurance (after deductible), plan pays 50%	

Bi-Monthly Rates	
Employee	$18.80
Employee + Spouse	$37.60
Employee + Child(ren)	$43.16
Employee + Family	$65.21

* 12 month waiting period applies
Refer to the plan certificate to determine if a procedure is considered Basic or Major

VISION (EMPLOYEE-PAID)

Administered by UHC

Enroll in vision coverage to save money on eligible vision care expenses, such as eye exams, glasses and contact lenses.

Use In-Network Providers for the best value!
Visit www.myuhcvision.com to search for providers.

SERVICES	IN-NETWORK
Exam 1 every 12 months	$10
Eyeglasses	
Frames 1 every 24 months	$130 allowance and 30% discount off the balance
Lenses 1 every 12 months	Single Lined-$25 Bifocal Lined-$25 Trifocal-$25 Lenticular-$25
Contacts	**Please note:** Contact lenses are in place of lenses and frame.
Elective Contacts 1 every 12 months	$25
Medically Necessary 1 every 12 months	100% Covered
Contact Lens Fitting & Evaluation 1 every 12 months	$0

Bi-Monthly Rates	
Employee	$3.08
Employee + Spouse	$5.85
Employee + Child(ren)	$6.86
Employee + Family	$9.66

LIFE / AD&D

Administered by UHC

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death. Accidental Death and Dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes death or dismemberment (i.e., the loss of a hand, foot or eye).



Designate Your Beneficiary(ies)

Designate your beneficiary(ies) and review them annually to ensure they are up to date.

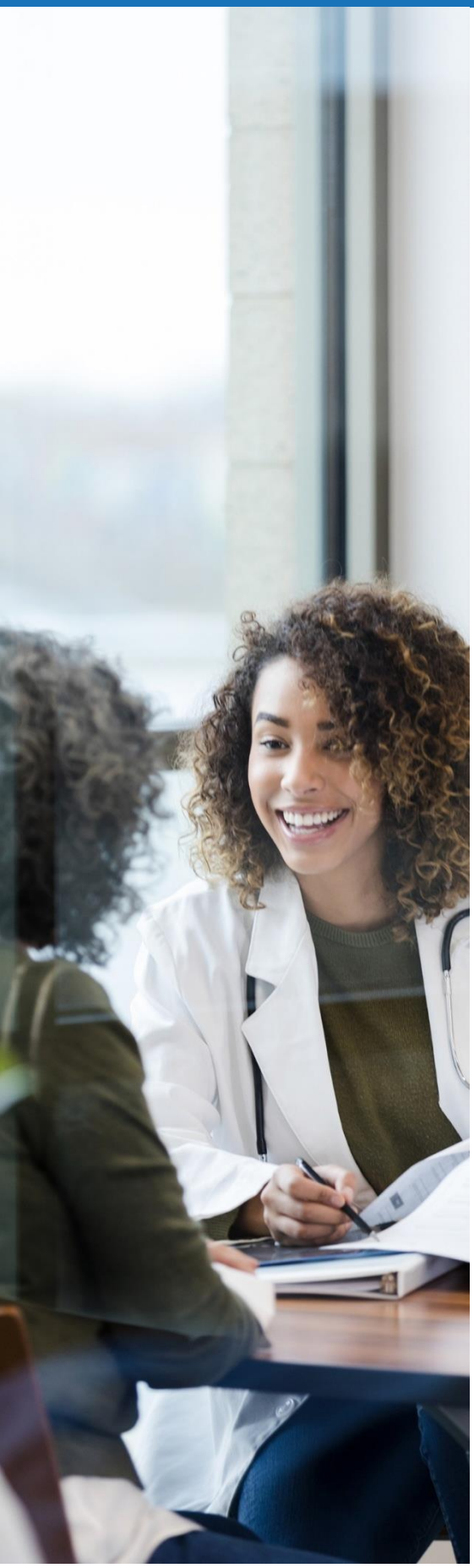
BASIC LIFE / AD&D (EMPLOYEE-PAID)

You may enhance your life benefit by purchasing supplemental insurance. Cost is based on your age and coverage amount elected.

Employee	Increments of $10,000 up to the lesser of $500,000 or 5 times earnings **Guaranteed Issue:** $150,000
Spouse* Spouse coverage cannot exceed 100% of employee benefit	Increments of $5,000 up to the lesser of $100,000 or 50% of employee **Guaranteed Issue:** up to $30,000
Children Dependent coverage cannot exceed 100% of employee benefit	Increments of $2,000 up to $10,000 or 50% of employee. **Guaranteed Issue:** up to $10,000
Age Reduction	25% at age 65 50% at age 70

**Employee must elect coverage to enroll a spouse and/or child*

Evidence of Insurability (EOI): See plan documents for EOI requirements



DISABILITY (EMPLOYEE-PAID)

Administered by UHC

Short-term and long-term disability insurance provides you benefits to replace part of your lost income when you become unable to work due to a covered injury or illness.

BENEFITS*	SHORT-TERM	LONG-TERM
Coverage amount	60% of weekly income with a max of $1,000/week	60% of monthly income with a max of $6,000/month
Accident benefits begin	Day 15	Day 91
Illness benefits begin	Day 15	Day 91
Maximum payment period	11 weeks	Social Security Normal Retirement Age (SSNRA)
Pre-existing conditions	3 months / 12 months look back	3 months / 12 months look back

**Age reductions may apply. Refer to the benefit plan document.*

Designate Your Beneficiary(ies)

Designate your beneficiary(ies) and review them annually to ensure they are up to date.

Evidence of Insurability (EOI): If you enroll during this enrollment period, your coverage is provided to you on a guaranteed basis - no medical information is required. If you enroll after this enrollment period, (or any time after you first become eligible), evidence of insurability will be required for all coverage amounts.



ADDITIONAL PROTECTION

Accident (EMPLOYEE-PAID)

Stay ahead of the medical and out-of-pocket expenses that add up so quickly after an accident. When you have a covered accident, you can receive cash benefits to use however you see fit. Coverage typically includes ambulance services, emergency room visits, intensive care unit confinement, etc.

Critical Illness (EMPLOYEE-PAID)

Typically pays a lump-sum benefit directly to you at the time a covered illness (such as a stroke, heart attack or stroke) occurs or is diagnosed. When you are sick, the last thing you want to think about is your finances. You can typically use the money for everyday expenses like mortgage payments, utility bills or childcare.



ADDITIONAL PROTECTION

EMPLOYEE ASSISTANCE PROGRAM (EAP)

You have access to easy, **convenient and confidential** experienced clinicians and professional staff **24 hours a day**.

The Employee Assistance Program (EAP) is **available to all employees and members of your household**, whether you are enrolled in a medical plan or not.

The EAP can help with challenges like:

- mental wellness
- financial planning
- retirement planning
- stress & anxiety
- substance abuse
- and more

100% CONFIDENTIAL SUPPORT:

- Addictive Behaviors
- Alcohol Abuse
- Anger Management
- Anxiety
- Caregiver Support
- Dependent Care Issues
- Depression
- Drug Use and Abuse
- Family/Marital Problems
- Financial Issues
- Grief and Loss
- Legal Problems
- Organization Change
- Relationship Concerns
- Stress-Related Concerns
- Work-Life Balance

CONTACT THE EMPLOYEE ASSISTANCE PROGRAM:

Phone: 888-842-4571
Website: www.myuhc.com

RESOURCES

Coverage	Carrier/Plan Sponsor	Phone & Website
Physical & Mental Health		
Medical & Prescription Drugs	United HealthCare	888-842-4571 www.uhc.com
Health Savings Account	Optum Bank	877-462-5039 www.optumbank.com
Spending Accounts	See Ritalka HR	
Dental	United HealthCare	877-816-3596 www.uhc.com
Vision	United HealthCare	800-638-3120 www.uhc.com
Life Insurance	United HealthCare	800-638-3120 www.myuhcvision.com
Disability Insurance	United HealthCare	888-842-4571 www.uhc.com
Employee Assistance Program	United HealthCare	888-842-4571 www.uhc.com
Additional Protection		
Accident Insurance	United HealthCare	www.uhc.com
Critical Illness Insurance	United HealthCare	www.uhc.com

BENEFITS VOCABULARY

WELCOME TO YOUR BENEFITS!

To better understand your coverage, it's helpful to be familiar with **benefits vocabulary**. Take a moment to review these terms, which may be referenced throughout this guide.

Balance Bill – When a health care provider bills a patient for the difference between what the patient's health insurance chooses to reimburse and what the provider chooses to charge.

Copay – A fixed dollar amount you pay the provider at the time of service; for example, a $25 copay for an office visit or a $10 copay for a generic prescription.

Coinsurance – The percentage paid for a covered service, shared by you and the plan. Coinsurance can vary by plan and provider network. Review the plans carefully to understand your responsibility. You are responsible for coinsurance until you reach your plan's out-of-pocket maximum.

Deductible – The amount you pay each calendar year before the plan begins paying benefits. Not all covered services are subject to the deductible; for example, the deductible does not apply to preventive care services.

Emergency Room Care – Care received at a hospital emergency room for life- threatening conditions.

In-Network Care – Care provided by contracted doctors within the plan's network of providers. This enables participants to receive care at a reduced rate compared to care received by out-of-network providers.

Out-of-Network Care – Care provided by a doctor or at a facility outside of the plan's network. Your out-of-pocket costs may increase and services may be subject to balance billing.

Out-of-Pocket Maximum – The maximum amount you pay per year before the plan begins paying for covered expenses at 100%. This limit helps protect you from unexpected catastrophic expenses.

Premium – The complete cost of your plans. You share this cost with your employer and pay your portion through regular paycheck deductions.

Preventive Care – Routine health care including annual physicals and screenings to prevent disease, illness, and other health complications. In-network preventive care is covered at 100%.

Urgent Care – Urgent care is not the same as emergency care. Visit urgent care for sudden illnesses or injuries that are not life-threatening.

Urgent care centers are helpful when care is needed quickly to avoid developing more serious pain or problems.

Preferred generic drugs – Generic drugs have the same active ingredients and work the same way as the brand-name drugs they copy. They usually cost less than the brand-name versions.

Preferred brand drugs – These drugs are included in a plan's list of covered drugs and may not have a generic version. They cost more than generic drugs but less than non-preferred brand drugs.

Specialty drugs – These drugs are used to treat ongoing health conditions and can be costly. They often require special handling and may have to be ordered through a specialty pharmacy.

MEC Plan – Minimum Essential Coverage. A MEC plan is health insurance that meets the federal government's standard for coverage.

BENEFITS 101

Deductible

Amount you pay for healthcare **BEFORE** your insurance starts to pay.

Coinsurance (aka Cost Share)

A **percentage** of the cost of care you are responsible to pay for **AFTER** you have met the deductible.

Co-Payment (aka Copay)

Fixed amount of money you pay each time you or your dependents receive care.

Out of Pocket Maximum (OPM)

Greatest amount of money you can spend on healthcare for the year.

- Does not include premiums or costs that your insurance plan does not cover.



DEDUCTIBLE

COINSURANCE

COPAYMENT

Out of Pocket Maximum



Do You Have Questions About Your Benefit Programs and Aren't Sure Who to Contact?

THE TRUENORTH TRUEADVOCATE TEAM IS HERE TO HELP!

You can contact one of our Advocates
Monday – Friday from 7:30 am – 5:00 pm CT

Our team can assist with:

- Benefit coverage questions
- Ordering an ID card
- Claim questions and explanation of benefits
- Finding a form
- Provider search
- Choosing a plan that works for you

(888) 655-9980

trueadvocate
@truenorthccompanies.com

RITALKA, INC.

TRUE NORTH



REQUIRED ANNUAL NOTICES

IMPORTANT NOTICES FROM RITALKA

REGARDING THE GROUP HEALTH PLAN

In compliance with insurance regulations, we provide information regarding the health benefits we offer and what options you have as an employee.

DOWNLOAD YOUR COPY AT ritalkabenefits.com

NOTES

NOTES