



2025 Benefits Guide

PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY.

McCoy Corporation strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you are getting the most out of our benefits—that is why we have put together this Benefit Guide. This guide will outline all of McCoy Corporation’s different benefits, so you can identify which offerings are best for you and your family.

Elections you make during open enrollment will become effective on January 1, 2025. See page 3 for more information on eligibility periods. If you have questions about any of the benefits mentioned in this guide, please do not hesitate to reach out to the benefits team.

TABLE OF CONTENTS

Important Contacts	2
Eligibility	3
Buy-Up PPO Plan – Blue Cross Blue Shield/Prime Therapeutics	4
Base PPO Plan – Blue Cross Blue Shield/Prime Therapeutics	5
Health Savings Account – WEX Benefits.....	6
HSA Eligible HDHP – Blue Cross Blue Shield/Prime Therapeutics	7
McCoy’s Wellness Credits.....	8
McCoy’s Tobacco Cessation Assistance Program.....	9
Catapult Health.....	10
Livongo Diabetes Management.....	11
Where to go for Medical Care	12
Why Use a Network Provider	13
Virtual Visit Information	14
Airrosti	15
Dental – Guardian (DentalGuard Network).....	16
Vision – VSP (Enhanced Advantage Network)	17
Disability Plans.....	18
Basic Life/AD&D and Voluntary Life – NY Life	19
Flexible Spending Accounts – WEX Benefits	20
Financial Wellness	22
McCoy’s Precious Cargo Club	23
Leave/Time Off.....	24
Employee Assistance Program – Resources for Living	25
Dennis P. McCoy Employee Crisis Fund.....	26
Bi-Weekly Employee Contributions.....	27
Election Changes	28

IMPORTANT CONTACTS

Throughout the plan year, you will have questions on your employee benefits. If you need personal assistance or have a general question about your employee benefits, please call the following:

	Policy #	Phone	Website or Email
McCoy's Benefit Team		512-395-6696	Benefits@mccoys.com
Medical BlueCross BlueShield of Texas (Blue Choice PPO Network)	301636	866-245-6747	BCBSTX.com
Virtual Visit MD Live	301636	888-680-8646	MDLIVE.com/bcbstx
Dental Guardian -DentalGuard Network	481700	800-541-7846	GuardianAnytime.com
Vision VSP - Enhanced Advantage Network	40161448	877-393-7363	VSP.com
Short Term Disability		866-690-9357	Benefits@mccoys.com
Long Term Disability NY Life		800-362-4462	NY Life.com
Life/AD&D NY Life	FLX-968263	800-362-4462	NY Life.com
Employee Assistance Program Resources for Living		888-238-6232	www.resourcesforliving.com User: McCoys Password: EAP
Flexible Spending Account & Health Savings Account Wex Benefits	17250	1-833-225- 5939	www.wexinc.com
401K Voya	555376	800-584-6001	VoyaRetirementPlans.com
Financial Advisor NFP		800-959-0071	NFP.com/Retirement

PLEASE CONTACT THE BENEFITS TEAM FOR ENROLLMENT TRANSACTIONS AND VERIFICATION OF ELIGIBILITY.

ELIGIBILITY

WHO IS ELIGIBLE?

If you are an active employee working 37 hours or more per week, you are eligible to enroll in McCoy Corporation's benefit program the first of the month, following a 60-day waiting period. Eligibility for short-term disability occurs upon completion of one year of full-time service. Eligibility for long-term disability occurs upon completion of three full years of full-time service. If you are an active employee working 30 hours or more per week, you are eligible to enroll in our medical plan. Eligibility is determined by using two methods.

1. You were hired with the expectation of working 30 or more hours per week. Eligibility would occur on the first day of the month following a 60-day waiting period.
2. You were hired and it was unknown how many hours you would be working. You will be placed in a measurement group. The measurement period is 12 months. Our standard measurement period for the 2025 enrollment is 10/22/2024 – 10/21/2025. If you are deemed to have met the 30 or more hours during this measurement period, you will be offered benefits effective January 1, 2025. If you did not meet the 30 hours during this measurement period, your hours will be reviewed monthly and should you meet the 30-hour requirement, you will be offered benefits at that time.

WHO CAN BE ENROLLED ON THE PLAN?

You may enroll your eligible dependents in the medical, dental, vision, and voluntary life programs. Your eligible dependents include the following:

- Legal spouse
- Natural children
- Adopted children
- Stepchildren
- Children for whom you are a legal guardian
- Children you are required to provide coverage for as a result of a qualified medical child support order

MEDICAL – BLUECROSS BLUESHIELD OF TEXAS

McCoy's Buy-up, Base Plan, and High Deductible Health Plan (HDHP/HSA) are Preferred Provider Organizations (PPO). A PPO offers two levels of coverage – one for care provided by BCBSTX in-network providers/facilities and another for non-network providers/facilities. You will receive the highest benefit level when you choose to stay in network. When you choose to stay in network, you will not be required to pay any charges above the amount that BCBSTX allows for covered services. There is information on accessing virtual care through the MDLive platform later in the guide. You can also locate a BCBSTX provider by visiting their website at www.bcbstx.com Click on "Find a Doctor or Hospital".

- Reimbursement for non-network treatment is based primarily on a percentage of the published rates allowed by Medicare.
- Balance billing may occur when utilizing out-of-network providers and facilities.
- Medical and prescription copays will apply towards the out-of-pocket maximum.

BUY-UP PPO PLAN – BLUE CROSS BLUE SHIELD/PRIME THERAPEUTICS

Plan Information	Buy-Up PPO	
	In-Network	Out-of-Network
Annual Deductible	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family
Annual Out-of-Pocket Max**	\$5,000 Individual \$10,000 Family	\$10,000 Individual \$20,000 Family
Inpatient Hospitalization	\$500 copay; then 20% after deductible	\$500 copay; then 40% after deductible
Preventive Care - <i>Well Baby & Child Care, Annual Physicals, Lab & X-ray for Preventive Care</i>	0%; deductible waived	40%; after deductible
Virtual Visits – MD Live	No charge	
Primary Care Office Visit	\$40 copay	40%; after deductible
Specialist Office Visit	\$40 copay	40%; after deductible
Vision Exam - <i>No refraction, once every 2 years</i>	\$40 copay	40%; after deductible
Office Setting Surgery	Included in office visit copay	40%; after deductible
Outpatient Surgery	20%; after deductible	40%; after deductible
In Patient Surgery	20%; after deductible	40%; after deductible
Urgent Care	\$50 copay	40%; after deductible
Lab & X-ray - <i>Excluding major diagnostics</i>	Included in office visit copay	40%; after deductible
Major Diagnostics	20%; after deductible	40%; after deductible
Emergency Care (Facility) – <i>ER physician charges apply to deductible then 20%</i>	\$350 copay (true emergency)	
Chiropractic Care - <i>Limited to 20 visits/year</i>	\$40 copay	40%; after deductible
Physical Therapy - <i>Limited to 30 visits/year</i>	\$40 copay	40%; after deductible
Behavioral Health/Chemical Dependency Services		
Inpatient Care – <i>Hospital Facility</i>	20% after deductible	40%; after deductible
Outpatient Visits	\$40 copay	40%; after deductible
Prescription Drugs – Prime Therapeutics		
Retail Pharmacy – 31-day supply		
Tier 1	20%; min \$10/max \$25	No coverage
Tier 2	30%; min \$30/max \$50	
Tier 3	40%; min \$50/max \$75	
Diabetic Supplies – <i>certain supplies may not be available through the pharmacy</i>	0%; deductible waived	40%; after deductible
Mail Order – 90-day supply	2x Retail	No coverage

BASE PPO PLAN – BLUE CROSS BLUE SHIELD/PRIME THERAPEUTICS

Plan Information	Base PPO	
	In-Network	Out-of-Network
Annual Deductible	\$4,000 Individual \$8,000 Family	\$8,000 Individual \$16,000 Family
Annual Out-of-Pocket Max**	\$7,150 Individual \$14,300 Family	\$14,300 Individual \$28,600 Family
Inpatient Hospitalization	\$500 copay; then 30% after deductible	\$500 copay; then 50% after deductible
Preventive Care - <i>Well Baby & Child Care, Annual Physicals, Lab & X-ray for Preventive Care</i>	0%; deductible waived	50%; after deductible
Virtual Visits – MD Live	No charge	
Primary Care Office Visit	\$40 copay	50%; after deductible
Specialist Office Visit	\$50 copay	50%; after deductible
Vision Exam - <i>No refraction, once every 2 years</i>	\$40 copay	50%; after deductible
Office Setting Surgery	Included in office visit copay	50%; after deductible
Outpatient Surgery	30%; after deductible	50%; after deductible
Inpatient Surgery	30%; after deductible	50%; after deductible
Urgent Care	\$75 copay	50%; after deductible
Lab & X-ray - <i>Excluding major diagnostics</i>	Included in office visit copay	50%; after deductible
Major Diagnostics	30%; after deductible	50%; after deductible
Emergency Care (Facility) – <i>ER physician charges apply to deductible then 30%</i>	\$350 Copay (true emergency)	
Chiropractic Care - <i>Limited to 20 visits/year</i>	\$50 copay	50%; after deductible
Physical Therapy - <i>Limited to 30 visits/year</i>	\$50 copay	50%; after deductible
Behavioral Health/Chemical Dependency Services		
Inpatient Care – <i>Hospital Facility</i>	30% after deductible	50%; after deductible
Outpatient Visits	\$40 copay	50%; after deductible
Prescription Drugs – Prime Therapeutics		
Retail Pharmacy – 31-day supply		
Tier 1	20%; min \$20/max \$30	No coverage
Tier 2	30%; min \$40/max \$75	
Tier 3	40%; min \$60/max \$100	
Diabetic Supplies – <i>certain supplies may not be available through the pharmacy</i>	0%; deductible waived	50%; after deductible
Mail Order – 90-day supply	2x Retail	No coverage

HEALTH SAVINGS ACCOUNT – WEX BENEFITS

OVERVIEW

A Health Savings Account (HSA) lets you make the most of your earnings by setting aside tax-free dollars for medical, dental, and vision expenses. HSAs are individually owned and provide a triple-tax advantage:

1. Money you deposit is tax free
2. Account growth is tax free until you use it
3. Withdrawals are tax free when used on eligible expenses

Every year the IRS establishes maximum contributions for an HSA. For 2025 they are as follows:

	2025 IRS Maximum	McCoy's Funding	McCoy's Employee Maximum
Individual	\$4,300	\$700 over 26 pay periods	\$3,600 = \$138.46 per pay period
Family	\$8,550	\$1,500 over 26 pay periods	\$7,050.00 = \$271.15 per pay period
Age 55+ Catch Up	\$1,000	\$0	\$1,000 = \$38.46 per pay period

ELIGIBILITY

You must be enrolled in the Health Savings Account (HSA) Medical Plan to get an HSA account set up, which can be used to pay for out-of-pocket expenses until you have met your deductible, at which point your health plan kicks in. You cannot be enrolled in a general-purpose Flexible Spending Account (see page 16) and an HSA at the same time. You are also ineligible to participate in the HSA if you have other coverage, are enrolled in Medicare, Tri-care, or if you are claimed as a dependent on someone else's tax return. Please visit www.wexinc.com for more information on eligibility.

SPENDING

The HSA covers qualifying medical, dental and vision expenses. To find out which specific expenses are eligible, view our searchable eligibility list at: <https://www.wexinc.com/insights/benefits-toolkit/eligible-expenses/>

WEX makes it easy to access your HSA funds with the WEX (formerly Discovery Benefits) debit card, which can be used to pay for eligible expenses, so you'll reduce your out-of-pocket costs.

SAVING

To take the guesswork out of election decisions, WEX offers a free savings calculator to help you decide how much to set aside. Calculate your savings today at: <https://www.wexinc.com/insights/benefits-toolkit/hsa-savings-calculator/>

Simplifying benefits for everyone.



W002

HSA ELIGIBLE HDHP –BLUE CROSS BLUE SHIELD/PRIME THERAPEUTICS

Plan Information		HSA Eligible HDHP	
	In-Network	Out-of-Network	
Annual Deductible	\$3,500 Individual \$7,000 Family	\$5,000 Individual \$10,000 Family	
Annual Out-of-Pocket Max**	\$6,750 Individual \$13,500 Family	\$10,000 Individual \$20,000 Family	
Inpatient Hospitalization	30%; after deductible	50%; after deductible	
Preventive Care - <i>Well Baby & Child Care, Annual Physicals, Lab & X-ray for Preventive Care</i>	0%; deductible waived	50%; after deductible	
Virtual Visits – MD Live	Medical: \$48 fee Behavioral: \$90-\$250 fee		
Primary Care Office Visit	30%; after deductible	50%; after deductible	
Specialist Office Visit	30%; after deductible	50%; after deductible	
Vision Exam - <i>No refraction, once every 2 years</i>	30%; after deductible	50%; after deductible	
Office Setting Surgery	30%; after deductible	50%; after deductible	
Outpatient Surgery	30%; after deductible	50%; after deductible	
In Patient Surgery	30%; after deductible	50%; after deductible	
Urgent Care	30%; after deductible	50%; after deductible	
Lab & X-ray - <i>Excluding major diagnostics</i>	30%; after deductible	50%; after deductible	
Major Diagnostics	30%; after deductible	50%; after deductible	
Emergency Care	30%; after deductible		
Chiropractic Care - <i>Limited to 20 visits/year</i>	30%; after deductible	50%; after deductible	
Physical Therapy - <i>Limited to 30 visits/year</i>	30%; after deductible	50%; after deductible	
Behavioral Health/Chemical Dependency Services			
Inpatient Care – <i>Hospital Facility</i>	30%; after deductible	50%; after deductible	
Outpatient Visits	30%; after deductible	50%; after deductible	
Prescription Drugs – Prime Therapeutics			
Retail Pharmacy – 31-day supply			
Tier 1	30%; after deductible	No coverage	
Tier 2	30%; after deductible		
Tier 3	30%; after deductible		
Diabetic Supplies – <i>certain supplies may not be available through the pharmacy</i>	0%; after deductible	50%; after deductible	
Mail Order – 90-day supply	30%; after deductible	No coverage	

McCoy's WELLNESS CREDITS

McCoy's is committed to improving the health of our employees and their families. By improving overall health, we believe that together we can have a favorable impact on the cost of our medical program and continue to provide competitive benefits at an affordable rate for years to come. These wellness credits are designed to offset your medical premiums upon completion. The available credits for covered employees and spouses are as follows:

Wellness Activity - Completed by Employees & Covered Spouses	Available Premium Credit
Biometric Screening with Annual Physical*	Wellness PTO Day <u>or</u> \$500 premium credit**
Total Maximum Credits Available	\$500 Annually per Employee \$1,000 Annually for Employees and Covered Spouses

*Your Annual Wellness visit is covered at 100% under any plan with an in-network provider. However, if you are treated for any other condition during your wellness exam (i.e., fatigue, headaches, muscle pain, etc.) your physician will invoice BCBSTX as a diagnostic exam and you will be responsible for the copay or office visit on the HDHP.

**Wellness PTO will NOT pay out in the event of termination. Full time employees are eligible for 8 hours of wellness PTO; Part time employees are eligible for 4 hours of wellness PTO. Spouses are eligible for the \$500 premium credit.

Reasonable Alternative Standards Notice:

Your group health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all eligible employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Benefits and we will work with you to find a wellness program with the same reward that is right for you in consideration of your health status.

McCoy's TOBACCO CESSATION ASSISTANCE PROGRAM

McCoy's Building Supply offers a tobacco cessation assistance program for employees, covered spouses, and dependents to help with the difficult task of quitting tobacco use. We understand that nicotine is addictive and can be a hard habit to kick, so to assist you in your quest to become tobacco free, the Company will reimburse up to *\$350 per year toward the cessation products of choice for each employee, covered spouse and/or dependents. These benefits are payable upon receipt of a valid receipt for an eligible expense. Employees who elect to participate in our Tobacco Cessation Program will receive additional information and instructions from the benefits team.

YOUR PARTICIPATION IS VOLUNTARY, AND ENROLLMENT IS ONLY AVAILABLE ONCE PER YEAR.

When you select to join the Program, you and/or your covered spouse (if applicable) agree to participate in the Tobacco Cessation Program and will **NOT** be charged a Tobacco Usage Fee. If you and/or your covered spouse do not satisfy the requirements of the program, you will be charged the Tobacco Usage Fee and will not be eligible to participate in the program until the next plan year.

Employees are also encouraged to use the following resources:

- American Cancer Society QuitLine (877-937-7848)
- American Lung Association HelpLine (800-LUNGUSA / 800-586-4872)
- An online cessation program (www.ffsonline.org) is offered through the American Lung Association for a nominal fee (\$40.00 annually) that is eligible for reimbursement under the Tobacco Cessation Assistance Program.

TOBACCO USAGE FEE: \$40 PER PAY PERIOD - WAIVED IF THE REQUIREMENTS OF THE PROGRAM ARE SATISFIED.

Please Note: Tobacco Usage includes all forms of tobacco including the use of e-cigarettes, vaporizers and any other electronic devices.

*Excludes e-cigarettes, vaporizers, and any other electronic device

CATAPULT HEALTH

Catapult is a NEW benefit offered to those covered under a McCoy's Medical plan starting January 1, 2025.

Imagine a biometric screening that's thorough, super convenient, and happening right from your home. Upon sign-up, you'll get a kit delivered to your doorstep, complete with everything you need for a simple blood test and a digital blood pressure monitor that's yours to keep. Following that, a video chat with a nurse practitioner will walk you through your personalized health report, displayed in friendly, easy-to-grasp graphics. Together, you'll craft an action plan to keep you on track. And the best part? It's quick, private, and entirely cost-free - no deductibles, no copays.

This is a simple replacement to a traditional in-office biometric screening. After completing your catapult visit and annual physical, you will be eligible to receive up to \$500 in wellness credits or one wellness PTO day!

What's included in your Home Kit:

An accurate blood pressure monitor that you get to keep.

A compact reusable hand warmer.

A virtually painless sample collection device. No finger stick!

Easy to complete and return packaging.

Easy to follow directions with video examples.

No wonder these folks are smiling.

ARM WARMER INSTRUCTIONS
In sequence, flip the heated disk inside back and forth between both thumbs and forefingers until crystals begin to form. Repeat warmer to distribute crystals. Wrap in a paper towel and hold on your upper arm 60-90 seconds. Remove immediately if arm gets too warm.

Please complete all fields below:
NAME: _____ COLLECTION TIME: ☐ AM ☐ PM
MOBILE NUMBER: _____ COLLECTION DATE: _____
EMAIL ADDRESS: _____
Did you fast for 8 hours prior to collecting your sample? ☐ Yes (Fasting is encouraged but not required) ☐ No
ABDOMEN MEASUREMENT: _____ inches
BLOOD PRESSURE *1: _____ mmHg
BLOOD PRESSURE *2: _____ mmHg
HEART RATE: _____ bpm
SIGNATURE: _____
*Leave this section blank if you don't have a blood pressure monitor.
Catapult HEALTH

Welcome!
Ready for the world's easiest health checkup?
VirtualCheckup
By Catapult Health

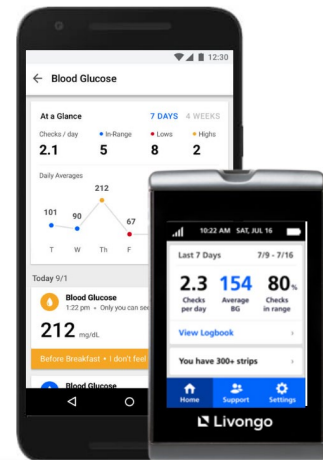
LIVONGO DIABETES MANAGEMENT:

Livongo is no-cost a digital tool that helps our covered members manage their diabetes with the help of a certified coach and other resources. To be eligible for enrollment, the individual must have a type 1 or type 2 diabetes diagnosis and be covered under a McCoy's medical plan.

Smarter care, anytime, anywhere

The Livongo diabetes program includes:

- Access to an advanced blood glucose meter
- Unlimited test strips and supplies, right from your meter
- Expert advice from Certified Diabetes Educators
- Summary reports that you can send directly from your meter
- Optional family alerts keep everyone in the pool
- Automatic uploads of blood glucose measurements



FOR MORE INFORMATION CONTACT THE BENEFITS TEAM

BENEFITS@MCCOYS.COM OR (512) 395-6696

WHERE TO GO FOR MEDICAL CARE

Your physician has easy access to your records, knows the bigger picture of your health and may even offer same-day appointments to meet your needs. When seeing your physician is not possible, however, it's important to know your quick care options to find the place that's right for you and help avoid financial surprises. Compare your choices today at www.bcbstx.com.



Your Doctor Is In...Provider Finder®

Go to **bcbstx.com** and log in or create a Blue Access for MembersSM (BAMSM) account and click on the Doctors and Hospitals tab in Provider Finder to:

- Find in-network providers, hospitals, laboratories and more.
- Search by specialty, ZIP code, language spoken, gender and more.
- See clinical certifications and recognitions.
- Estimate the out-of-pocket costs of more than 1,600 health care procedures, treatments and tests.*
- Use quality awards such as Blue Distinction[®] Center (BDC), BDG+ or Total Care to inform your choices.
- See side-by-side provider or facility quality ratings and patient reviews.*



Go Mobile with BCBSTX

At bcbstx.com, log into or create your BAM account. You can stay linked to your claims activity, member ID card and coverage details. It's also where to see prescription refill reminders and health tips by text messages at 33633.

	Virtual Visits powered by MDLIVE	Doctor's Office	Retail Health Clinic	Urgent Care Center	Hospital ER	Freestanding ER
Who usually provides care	Primary Care Pediatrics, Family and Emergency Medicine Doctors	Primary Care Doctor	Physician Assistant or Nurse Practitioner	Internal Medicine, Family Practice and Pediatric	ER Doctors, Internal Medicine, Specialists	ER Doctors
Sprains, strains		■	■	■	<ul style="list-style-type: none"> • Any life-threatening or disabling conditions • Sudden or unexplained loss of consciousness • Major injuries • Chest pain; numbness in the face, arm or leg; difficulty speaking • Severe shortness of breath • High fever with stiff neck, mental confusion or difficulty breathing • Coughing up or vomiting blood • Cut or wound that won't stop bleeding • Possible broken bones 	<ul style="list-style-type: none"> • Most major injuries except for trauma* • May also provide imaging and lab services but do not offer trauma or cardiac services requiring catheterization† • Do not always accept ambulances
Animal bites		■	■	■		
X-rays				■		
Stitches				■		
Mild asthma	■	■	■	■		
Minor headaches	■	■	■	■		
Back pain		■	■	■		
Nausea, vomiting, diarrhea	■	■	■	■		
Minor allergic reactions	■	■	■	■		
Coughs, sore throat	■	■	■	■		
Bumps, cuts, scrapes	■	■	■	■		
Rashes, minor burns	■	■	■	■		
Minor fevers, colds	■	■	■	■		
Ear or sinus pain	■	■	■	■		
Burning with urination	■	■	■	■		
Eye swelling, irritation, redness or pain	■	■	■	■		
Vaccinations		■	■	■		

FREESTANDING EMERGENCY ROOMS

Many people have been surprised by their bill after visiting a freestanding emergency room, sometimes referred to as urgency centers. These facilities typically bill at ER rates (or higher) and can be \$1,500+ more than an Urgent Care Center. Make sure to use www.bcbstx.com to locate real urgent cares in your area.

WHY USE A NETWORK PROVIDER

Better coverage. Your BCBSTX medical plan offers access to a large, national network that includes more than 978,000 health care providers and 6,100 hospitals.

Lower costs. Negotiated rates with network providers may help you spend less.

Less paperwork. Network providers secure approvals for services and submit your claims to BCBSTX for you.

The following example shows how your financial responsibility may be lower when you seek care from a network provider rather than an out-of-network provider. Example is for illustrative purposes only and assumes the annual deductible is met.

ACL knee repair at outpatient ambulatory surgery center

	In Network	Out-of-Network
A. Provider Bill	\$10,000	\$10,000
B. Network Discounts	\$6,500	Not applicable
C. Amount Allowed	\$3,500	\$4,200
D. Health Plan Paid	\$2,800	\$3,360
E. Your Responsibility	\$700	\$840
F. Potential Balance Billing	Not applicable	\$5,800
Potential Member Responsibility (E + F)	\$700	\$6,640

**Savings of \$5,940 in
this example**

WHAT TO DO IF BALANCE-BILLED BY AN OUT OF NETWORK PROVIDER

Call the number on your health plan ID card for assistance. If you did not choose to use an out of network provider, we may advocate on your behalf, depending on your benefit plan. If you did choose an out of network provider or facility, Blue Cross may attempt to negotiate a lower payment, depending on your benefit plan. If negotiations are unsuccessful, you may be responsible for the balance billed by the provider.

Visit Find a Doctor or Hospital on www.bcbstx.com to determine whether the location you're considering has anesthesiologists, emergency room physicians, pathologists and radiologists that are in network.

TO FIND PROVIDERS AND FACILITIES WITHIN YOUR NETWORK:

Call the number on your ID card | Download the BCBSTX App | Visit www.bcbstx.com

If your doctor has ordered a procedure and you're not sure where to start, call a Benefits Value Advisor* (BVA). Chat with us day or night** and we can help you find an in-network provider. We'll even help you find affordable options and schedule your appointment. Download the BCBSTX App from the Apple App Store or Google Play Store, or text BCBSTXAPP to 33633.

VIRTUAL VISIT INFORMATION

When you do not feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now, you do not have to. A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes, and your virtual doctor can write a prescription, if needed, that you can pick up at your local pharmacy. Moreover, it's part of your health benefits.

CONDITIONS COMMONLY TREATED

- Bladder infection/urinary tract infection
- Bronchitis
- Cold/flu
- Diarrhea
- Fever
- Migraine/headaches
- Pink eye
- Rash
- Sinus problems
- Sore throat
- Stomachache

ACCESS VIRTUAL VISITS

Log in to MDLIVE.com/bcbstx and click Activate Now where you can register for an account. After registering and requesting a visit, you will enter a virtual waiting room. During your visit, you will be able to talk to a doctor about your health concerns, symptoms, and treatment options. Access is also available through the MDLIVE app, or you can call in at 888-680-8646.

Use Virtual Visits When:

Your doctor is unavailable

You become ill while traveling

You are considering visiting an ER for a non-emergency health condition

Not Good For:

Anything requiring an extensive test

Complex or chronic conditions

Injuries requiring bandaging or broken bones

COST

Virtual visits are covered at no cost on the Base and Buy-up Plan. The HDHP/HSA plan has a \$48 fee for medical visits and \$90-\$250 for Behavioral visits.

AIRROSTI

WHAT IS AIRROSTI?

Diagnosis	<ul style="list-style-type: none"> • Expert diagnosis • Provider performs a clinical assessment • Diagnosis the root cause of your pain or injury
Quality	<ul style="list-style-type: none"> • Quality Patient Care • Hour-long appointment • Highly specific manual therapy & individualized exercise
Results	<ul style="list-style-type: none"> • Consistent Results • Increased flexibility and range of motion • Most patients see results within 3 visits

WHY USE AIRROSTI?



Airrosti can help with a wide variety of conditions and can help prevent surgeries that can be costly and have a long recovery period.

99.7% of Airrosti patients report being completely satisfied with their treatment plan and the results. With a patient list reaching almost 2 million, that is an impressive statement.

ACCESSING AIRROSTI

You have two options to receive Airrosti care: in person with an in-network provider or virtually through Airrosti's Remote Recovery program.

The Remote Recovery program provides clinical expertise and convenient access to the following:

- Virtual musculoskeletal diagnosis and care provided by a licensed clinician
- Personalized remote recovery program that is customized to fit each patient's unique case
- Outcome tracking and reporting

Programs are customized to you and your needs with constant monitoring.

DENTAL – GUARDIAN (DENTALGUARD NETWORK)

McCoy Corporation offers a dental plan insured by Guardian and uses the DentalGuard Preferred network. The dental plan offers two levels of coverage – one for care provided by DentalGuard in-network providers and another for non-network providers. When you choose an in-network provider, you are not required to pay any provider charges above the amount that Guardian allows for covered services. You can locate in-network providers by logging in to the website GuardianAnytime.com. Click “Find a Provider,” click the “Find a Dentist” link and select “PPO” from the dropdown menu for your dental plan and “DentalGuard Preferred” for your dental network.

Treatment is also available from dentists who do not participate in the network, but their fees are subject to the Usual, Customary and Reasonable (UCR) charges for the particular dental service. The non-network charges are reimbursed at the 90th percentile of UCR. Out-of-network dentists are allowed to bill you for the difference in the amount they charge and what Guardian reimburses.

Plan Information	In Network	Out of Network ¹
Calendar Year Deductible	\$50 Individual Not to exceed \$150 for Family	
Calendar Year maximum	\$1,000 per covered individual	
Preventive Services – <i>exams, cleanings², fluoride treatments, x-rays, sealants</i>	Plan pays 100%; deductible waived	
Basic Services – <i>space maintainers, restorations (amalgam & composite), simple extractions, oral surgery</i>	Plan pays 80% after deductible	
Major Services – <i>endodontics, periodontics, inlays, onlays, drowns, dentures</i>	Plan pays 50% after deductible	
Orthodontia (for children under 19) – <i>diagnostic & retention treatment</i>	Plan pays 50% up to a lifetime maximum of \$1,000; deductible waived	
Maximum Rollover – must visit a dentist at least once during the calendar year		
Rollover Threshold – <i>use less than this amount</i>	\$500	
Rollover Amount – <i>rollover this amount to next calendar year</i>	\$250	
Rollover Account Limit – <i>maximum accumulation in rollover account</i>	\$1,000	

¹The non-network percentage of benefits is based on the usual and customary fees in the geographic area in which the expenses are incurred.

²Limited to two prophylaxis in any 12 consecutive month periods.

VISION – VSP (ENHANCED ADVANTAGE NETWORK)

McCoy's utilizes the VSP Vision Network, which includes thousands of doctors, located in rural and metropolitan areas throughout the nation. Doctors provide both eye exams and eyewear, making for a convenient "one-stop" means of obtaining eye care benefits. This plan allows a higher amount covered when choosing a participating in-network provider. You can locate an in-network provider in your area by calling Customer Service or by checking the Web site www.vsp.com. Click "Find a Provider," click the "Find a Vision Provider" link and select "VSP" for your vision network. For an online shopping experience that is within the VSP network, visit www.eyeconic.com.

Plan Information	In Network	Out of Network – <i>Reimbursement to Participant</i>
Frequency		
Exams	Once every 12 months	
Lenses	Once every 12 months	
Frames	Once every 12 months	
Contacts (in lieu of lenses)	Once every 12 months	
Exam	\$10 copay	Up to \$50
Frames Any contracted provider	\$150 allowance	Up to \$48
Lenses		
Single Vision	\$10 copay	Up to \$48
Bifocal	\$10 copay	Up to \$67
Trifocal	\$10 copay	Up to \$86
Contact Lenses		
Medically Necessary	\$10 copay + fitting fee	Up to \$210
Elective Contact Lenses	\$130 allowance	Up to \$105
Laser Surgery ¹	Up to 25% discount	Not covered

¹Laser surgery discounts up to 25% available through a network of participating surgery centers.

DISABILITY PLANS

McCoy Corporation offers group short term and long-term disability plans to cover you for those unexpected situations that may keep you from performing the daily responsibilities of your job. These benefits are available to help you supplement your income when you are not able to continue working for a period of time.

Plan Information		Short Term Disability ¹
Base Benefit		70% of bi-weekly earnings
Weekly Maximum Benefit		Up to \$4,000
Elimination Period – <i>accident or illness</i>		14 days
Benefit Duration		11 weeks
Definition of Disability		The inability to perform the material and substantial duties of your regular occupation

¹Available upon completion of one year of full-time service.

Note: STD is only available for non-work-related injuries.

Plan Information		Long Term Disability – NY Life ²
Base Benefit		60% of monthly gross earnings
Monthly Maximum Benefit	officers and managers	\$15,000
	all other employees	\$10,000
Elimination Period		90 days
Pre-existing Limitation		3 / 3 / 12 A sickness or injury you receive medical treatment, consultation, care or service, or took prescription medication for. See the certificate of coverage for a complete description
Benefit Duration		Social Security Normal Retirement Age – maximum benefit period determined by the age which you are deemed disabled
Own Occupation Period	officers and managers	During the first 5 years of sickness and accidental injury, you are unable to earn more than 80% of your pre-disability earnings and perform the material duties of your own occupation for any employer in your local economy.
	all other employees	During the first 2 years of sickness or accidental injury, you are unable to earn more than 80% of your pre-disability earnings and perform the material duties of your own occupation for any employer in your local economy.

²Available upon completion of three years of full-time service.

BASIC LIFE/AD&D AND VOLUNTARY LIFE – NY LIFE

McCoy Corporation offers Basic Life and Accidental Death and Dismemberment (AD&D) coverage through NY Life. **McCoy Corporation pays the entire cost of this coverage for you.** Coverage ends on the date of termination of employment, with the option to convert your basic life benefits.

Plan Information	Basic Life/ADD
Life/AD&D Benefit	\$20,000
Age Reduction – <i>life benefit reduces to</i>	65% at 70; 45% at 75; 30% at 80
Accelerated Benefit	Up to 50% of covered amount
Portability/Conversion	You must apply for the individual contract by the 31st day after you cease to be insured and portability is included with evidence of insurability.

McCoy Corporation also provides all eligible employees with the option to purchase group Voluntary Life coverage provided through NY Life. Coverage is 100% contributory by the employee and ends on the date of termination of employment, with the option to convert or port your coverage.

Plan Information	Voluntary Life
Employee Life Maximum	5x salary up to \$500,000
Employee Guarantee Issue	5x salary up to \$300,000 upon initial eligibility to enroll. All requests for coverage made after the Employee's initial eligibility period must be submitted with a completed evidence of insurability and must be approved by NY Life.
Spouse Life Maximum	Increments of \$10,000 up to \$100,000 – not to exceed 100% of the Employee coverage.
Spouse Guarantee Issue	\$30,000 upon initial eligibility to enroll. All requests for coverage made after the Employee's initial eligibility period must be submitted with a completed evidence of insurability and must be approved by NY Life.
Child(ren) Benefit	Birth – 14 days: \$500 14 days – 6 months: \$1,000 6 months – 26 years: \$5,000 or \$10,000
Age Reduction	None
Conversion	You must apply for individual life contracts by the 31 st day after you cease to be insured
Portability	Employees and their families with life coverage may be eligible to port coverage. The portability application period is the 31 st day after your voluntary life coverage ends and the 1 st premium must be paid during this time.

FLEXIBLE SPENDING ACCOUNTS – WEX BENEFITS

McCoy Corporation's Flexible Spending Account (FSA) is administered by WEX. Your FSA contributions, deducted on a pre-tax basis, may be used to pay for qualified health and/or dependent care expenses. Be sure to save all your itemized receipts as you may be required to produce them. This may happen during a plan year audit. For the 2025 Plan Year, you may elect up to \$3,300 for your Health FSA, and up to \$5,000 (\$2,600 if married, filing separately) for your Dependent Care FSA. **You cannot elect the FSA if you are participating in the HSA Plan.** For more information, please visit the IRS website at

http://www.irs.gov/publications/p969/ar02.html#en_US_publink100038864

Health FSA - A Health FSA allows you to set aside tax-free dollars into an account that will reimburse you for out-of-pocket medical, dental, and vision expenses "incurred" during the plan year (1/1/25 – 12/31/25). The term "incurred" means that the service must be performed during the plan year. Eligible expenses may be incurred by you, your spouse, or your dependent child(ren). Reimbursements received from your Health FSA are tax-free. In addition, you can use your debit card to pay for qualified expenses directly from your reimbursement account.

Extension for Incurring Expenses - If you have unused contributions in your Health FSA or Dependent Care FSA at the end of the current plan year you can continue to incur expenses during the first 2.5 months immediately following the end of the plan year and receive reimbursement for these expenses until such unused funds are depleted. All requests for reimbursement will be accepted and processed through March 31. After March 31 funds remaining in your account for current plan year will be forfeited.

Examples of eligible expenses include deductibles, copays, Lasik eye surgery, prescription drugs, and orthodontia.

For more information, please visit the IRS website at

http://www.irs.gov/publications/p969/ar02.html#en_US_publink100038864

USE-IT-OR-LOSE-IT

Any money that you do not use from an FSA for expenses incurred during the plan year will be forfeited. This is governed under the IRS "use-it-or-lose-it" rule. To avoid forfeiting any money, you should estimate your expenses carefully.

DEBIT CARD

Your Visa debit card can be used to pay at point of service for many health services received from providers that accept Visa. The debit card is a "signature" card and does not require a PIN. If a service provider has trouble processing your card, ask them to run it as "credit".

Your debit card will only work at retailers that are "IIAS Compliant". If you purchase items at an "IIAS Compliant" retailer that are eligible for reimbursement, give the retailer your FSA debit card FIRST. The payment system will determine for which items you can pay with the FSA debit card and deduct appropriately. The retailer will request alternative form of payment for items that cannot be purchased using the FSA debit card.

Keep copies of all your medical receipts and Explanation of Benefits worksheets for medical, dental, vision and eligible over the counter expenses. WEX Benefits will most likely ask you for this documentation. The only reason WEX will not ask for documentation is if the amount swiped on your debit card is equal to a copay or deductible in the McCoy's medical plan. Your debit card will be deactivated if claims substantiation / receipts are requested and not received timely.

MOBILE APPLICATION

WEX Benefits has a mobile application that will allow you to check your balances anywhere, view final filing dates, upload receipts and check claim activity. Your data is secure as WEX utilizes 128-bit SSL on all mobile transmissions and a passcode is required each time you enter the app. This app work on any iPhone or Android Device.

DEPENDENT CARE FSA

The Dependent Care FSA allows you to save taxes on up to \$5,000 in “qualified” day care expenses every year. Depending on your tax bracket, the annual tax savings can add up to more than \$2,000. The maximum amount you may elect is reduced for couples that file separate returns, when one spouse is a student or when a spouse earns little or no income.

To qualify as employment-related expenses, the care must be for a qualifying individual. Under Code Section 21(b)(1) “qualifying individual” means a dependent of the taxpayer as defined in Code Section 152(a)(1) (i.e., a qualifying child) who has not attained age 13; a dependent of the taxpayer who is physically or mentally incapable of caring for himself or herself and has the same principal abode as the taxpayer for more than half of the year.

Qualified day care expenses include:

- Care provided while both parents are working or looking for work
- Care that has been provided during the plan year (1/1/25 – 12/ 31/25)
- Actual day care expenses (separate fees for services such as transportation, meals, classes, lessons, trips, or supplies are not reimbursable unless the charges are included as part of your base fee – not itemized)
- Day camps, including those that focus on specific activities, such as sports and arts (overnight camps are excluded even if the camp apportions the day camp and overnight charges)
- Pre-kindergarten tuition
- Day care providers tax ID or individual’s social security number must be provided

Sample of ineligible expenses include:

- Childcare provided by your tax dependent
- Childcare provided by your child under age 19
- Overnight camps

Simplifying benefits for everyone.



W002

FINANCIAL WELLNESS

McCoy's RETIREMENT & SAVINGS PLAN - 401(K)

McCoy's offers a 401(k) Plan to all employees who are at least 18 years of age and who have completed 180 days of employment. Entry periods to begin participating will be quarterly (January 1st, April 1st, July 1st, and October 1st). Contact the Benefits Team for enrollment instructions. Employees may change their deferral contribution each pay period by calling Voya or logging onto the Voya website. Fund changes can be made anytime as long as it is in accordance with Department of Labor (DOL) regulations.

McCoy's has a discretionary Company Match. In the Plan year 2025, the Company Match will be up to 5% with an annual maximum of \$2,000.

Vesting - You will always be 100% vested in the portion of your account attributable to your employee contributions. You are also 100% vested upon your death, normal retirement, or disability. Your employer contributions are subject to the following vesting schedule based on 1,000 hours worked in a calendar year:

Employer Match Contributions:

- 1 year = 0%
- 2 years = 25%
- 3 years = 50%
- 4 years = 75%
- 5 years = 100%

Auto Enroll - Your plan has an automatic election provision. If you choose not to enroll by selecting your own fund allocations and contribution percentages and not opt out of the automatic election provision, your company will automatically enroll you into the BlackRock LifePath® Index, at 2% for newly eligible. Auto escalated 1% annual increase to 12% max. Existing participants excluded.

Already enrolled? Great!

Access your account anytime, anywhere 24/7

Your plan website and the Voya Retire mobile app, allow you to securely manage your retirement savings anytime, anywhere. You can learn more, make any changes or just check on your progress toward your goals. And if you need help, Customer Services Associates are here for you! They're available M-F from 8:00 AM to 9:00 PM ET, (excluding New York Stock Exchange holidays).



800-584-6001



VoyaRetirementPlans.com



Search Voya Retire
on your favorite app store

You'll also have access to plan highlights and disclosures
please visit myretirementbenefit.voya.com/1ng.



McCOY'S PRECIOUS CARGO CLUB



We're proud to introduce a program designed to help you welcome your baby into a safe and prepared home.

If you are a McCoy's employee enrolled in a McCoy's medical plan and find you are expecting a child, enroll in the Precious Cargo Club during your first trimester and McCoy's will provide \$350 of free baby gifts to welcome your little one home.



Questions?

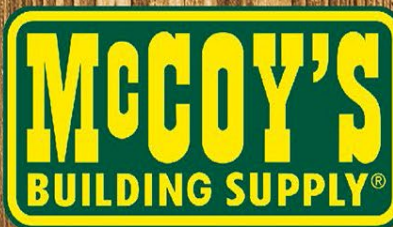
Contact Jan Blex RN, McCoy's Occupational Health Nurse, at (512) 395-6644 x6670 for more information.



McCoy's Precious Cargo Club is committed to helping women have healthy babies. When you find that you are expecting, contact Jan Blex RN, McCoy's Occupational Health Nurse, at (512) 395-6644 x6670 to enroll in this free program. Please make sure to supply your correct mailing address when you call to enroll.

As a member of the Precious Cargo Club, you will receive printed information each trimester concerning your pregnancy. Please keep in touch with Jan during your pregnancy so your gifts can be sent prior to your baby's birth.

If you wish to add the newborn to your medical plan, please make sure the paperwork for adding your baby is completed and submitted within 30 days of his or her birth.



FREE GOODIES FOR EXPECTING MOMS

See inside for more details.



To be eligible for this benefit, the gestational period and anticipated birth must be covered under McCoy's medical plan. For women with high-risk pregnancies, BlueCross BlueShield of Texas will provide support via maternity specialists. If you have a high-risk pregnancy, please contact BlueCross Blue Shield of Texas.

Additionally, the Well on Target platform houses self-guided courses on pregnancy related topics, and the Ovia Health app is available to any employees who enroll in the BCBSTX medical plan which can help track ovulation and/or fetal development.

LEAVE/TIME OFF

MATERNITY/PATERNITY LEAVE

Bonding is an important human instinct that gives babies a sense of security and self-esteem. It also helps parents feel connected to their newest family member according to a recent study done by WebMD.

McCoy's offers paid maternity/paternity leave to eligible employees for the birth of an employee's own child or the placement of a child with the employee in connection with adoption or foster care.

Regular full-time employees, with at least one year of service are eligible to request up to 10 days (80 hours) of paid leave within a rolling 12-month period. Maternity/paternity leave runs concurrent with Family Medical Leave.

Employee requests for medical leaves need to be submitted to the Benefits department at least 30 days in advance. This allows McCoy's ample time to plan for the employee's possible absence. In an unexpected situation, requests should be submitted as soon as possible, but no later than 31 days after the leave was taken.

After the maternity/paternity leave has been exhausted, the employee may use PTO, which will also run concurrently with Family Medical Leave.

OTHER LEAVES OFFERED

- Family Medical Leave
- Military Leave
- Bereavement Leave
- Jury & Witness Duty Leave
- Voting Leave

Please refer to the Employee Handbook or contact a member of The Benefits Team to learn more.

TIME OFF

Holidays

Each year during which McCoy's is closed for business for a recognized holiday, full-time employees are eligible for 8 hours and part-time employees are eligible for 4 hours of paid holiday leave. The recognized holidays are as follows:

- New Year's Day
- Independence Day
- Thanksgiving Day
- Christmas Eve Day
- Christmas Day

When a company holiday falls on a weekend, it may be observed on either the preceding Friday or following Monday at the company's discretion.

To be eligible for holiday pay, employees must work their regular shifts prior to the holiday and after the holiday, unless management grants approval for a pre-arranged excused absence.

EMPLOYEE ASSISTANCE PROGRAM – RESOURCES FOR LIVING

Life is full of ups and downs. Now, you have a great source for health information and support with Resources for Living's Employee Assistance Program (EAP). You may have health concerns, personal or family issues, or work-related challenges. This program is paid for by McCoy's and many of the services such as the face-to-face counseling sessions and phone consultations for legal and financial will be available at no cost to you.

What is an EAP?	An EAP offers confidential services to you and your family at no cost to you. All members of your household, as well as dependent children up to age 26 (whether or not they live at home) have access.
Counseling Sessions Offered at No Cost to You	Up to 6 face-to-face counseling sessions per problem per year. This service can successfully help you manage life's challenges. Some of the issues that can be addressed through an EAP are stress management, depression, family issues, workplace issues, alcohol & drug abuse.
Talkspace	Part of the per-visit-per-issue model, Talkspace is a unique text-therapy solution that will allow you to text with your counselor for an entire week in lieu of a face-to-face or telephonic session. Texting is unlimited and your assigned counselor will respond during their business hours.
Other Services That Are Offered	Legal Services, Financial Services & Worklife Services. 1 free consultation by phone or in person for legal and financial services.

Employee Assistance Program (EAP)

To access services:
888-238-6232 (TTY: 711)
resourcesforliving.com
Username: McCoys
Password: EAP

Resources *for* Living®

DENNIS P. MCCOY EMPLOYEE CRISIS FUND



Making a Change for the Better!

Our mission: The Dennis P. McCoy Employee Crisis Fund provides limited financial assistance and emotional support to employees of McCoy's Building Supply in times of economic hardship due to emergency situations.

The Dennis P. McCoy Employee Crisis Fund is supported primarily by McCoy's employees' charitable donations, which are made using an automatic payroll deduction, as well as private donations, proceeds from fund raising events and awards from philanthropic organizations.

Employees can add a payroll deduction to their open enrollment elections, complete an on-line payroll deduction form or send a check to:

The Dennis P. McCoy Employee Crisis Fund, Inc.
1350 North Interstate 35
San Marcos, TX 78666

All donations are tax deductible.

For more information, please visit our website at www.mccoyemployeeecrisis.org

BI-WEEKLY EMPLOYEE CONTRIBUTIONS

Medical Plan – BlueCross BlueShield of Texas Blue Choice PPO Network				
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Buy Up Plan	\$90.00	\$402.00	\$221.00	\$434.00
Base Plan	\$67.00	\$359.00	\$193.00	\$389.00
HDHP/HSA Plan	\$57.00	\$320.00	\$174.00	\$345.00
Tobacco Usage Fee¹	\$40 per pay period; waived if a tobacco user and/or their covered spouse participates in the tobacco cessation assistance program.			

¹Please note tobacco usage includes all forms of tobacco including the use of e-cigarettes, vaporizers, and any other electronic devices.

Dental Plan – Guardian PPO			
Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$8.63	\$16.97	\$23.53	\$31.87

Vision Plan – Guardian (VSP Network)			
Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$2.85	\$5.38	\$5.64	\$8.47

Short Term Disability – McCoy's Self Funds this Benefit			
Officers and Managers Rate Calculation			

Annual Salary x 0.7 / 12 X \$1.06 / 100 X 12 / 26 = pay period contribution

All Other Employees			
Hourly Rate X 2080	X 0.7	/ 12	X \$0.574 / 100 X 12 / 26 = pay period contribution

Long Term Disability – NY Life			
Officers and Managers Rate Calculation			

Annual Salary / 12 X \$0.452 / 100 X 12 / 26 = Your pay period contribution

All Other Employees			
Hourly Rate X 2080	X 0.7	/ 12	X \$0.452 / 100 X 0.5 X 12 / 26 = pay period contribution

Voluntary Life – NY Life		
Age	Employee Rate per \$1,000	Spouse Rate per \$1,000
20 – 24	\$0.020	\$0.016
25 – 29	\$0.024	\$0.020
30 – 34	\$0.032	\$0.024
35 – 39	\$0.044	\$0.032
40 – 44	\$0.056	\$0.040
45 – 49	\$0.076	\$0.056
50 – 54	\$0.125	\$0.092
55 – 59	\$0.213	\$0.144
60 – 64	\$0.289	\$0.249
65 – 69	\$0.534	\$0.433
70 – 74	\$0.863	\$0.722
75 – 79	\$0.863	\$0.722

Child Rate \$5,000 = \$0.277 or \$10,000 = \$0.554

To calculate your bi-weekly premium - Step 1) Select the rate from the table. Step 2) (units) = bi-weekly premium. To get the # of units take your annual salary & divide by \$1,000. (ex: \$30,000 salary / 1,000 = 30 units) Step 3) Then multiple Step 1 (rate) by Step 2 (units) = bi-weekly premium. Ex: (age 36) \$.044x 30 = \$1.32 bi-weekly premium.

ELECTION CHANGES

WHEN YOU CAN MAKE CHANGES TO YOUR BENEFITS

The benefit choices you make upon initial enrollment and during our annual enrollment period will remain in place until the next open enrollment, or when you experience a qualified change in family status. These changes include:

- Marriage, divorce, or legal separation
- Birth or adoption
- Change in spousal employment status
- Child reaches age limit

Should one of these events apply to you, it is your responsibility to login to Workday within 30 days of the qualifying event to request a change and upload any required documentation. It is in your best interest to make the request as soon as possible. Medical premiums may begin accruing based on benefit change date.

When your employment terminates

The life, disability, and flexible spending account plans end on your date of termination. Your medical, dental, and vision plans end on the last day of the month following the date of termination. You may continue your medical, dental, vision and medical flexible spending account plans for a limited period after termination through Federal COBRA rights.

How to enroll or make changes

McCoy Corporation uses an online registration system for benefit enrollment selections. The system, called Workday, provides access to useful forms and links to websites, and allows you to view the specifics of the plans.

- New Hires – New hires must enroll within 60 days of hire date and will be offered the opportunity to enroll during the onboarding process
- Family Status Change Event – If you have a change in family status you may update your benefits within 30 days of the event by logging in to workday and completing a life event. You may reach out to Benefits with any questions.

You may enroll your eligible children in the following benefits up to the ages shown below.

Coverage	Age
Medical	Up to 26
Dental	Up to 26
Vision	Up to 26
Voluntary Life	Unmarried; up to 26

The information in this Benefits Guide is intended for illustrative and informational purposes only. The information contained herein was taken from various summary plan descriptions, certificates of coverage and benefit information. While every effort was taken to accurately report your benefits, discrepancies and errors are always possible. It is not intended to alter or expand rights or liabilities set forth in the official plan documents or contracts. It is not an offer to contract, nor are there any expressed or implied guarantees. In the case of a discrepancy between this information and the actual plan documents, the actual plan documents will prevail. If you have questions about this summary, please contact the Benefits Team.

[illegible]

pg. 29