

WAEV

GEM[®]

TAYLOR-DUNN

TIGER

BENEFITS GUIDE

JUNE 1, 2026 - MAY 31, 2027



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ACA DISCLAIMER

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible, you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee-only coverage under our base plan exceeds 9.96% in 2026 of your modified adjusted household income.

Beginning in 2020, California residents are required to have Health Insurance or be subject to penalties.

If you're not eligible for an exemption **and don't have healthcare**, you will face **penalties of at least \$950 per adult and \$450 per dependent**, assuming you've been without healthcare all year.

WELCOME

Use this guide to learn what is available and how to enroll in your benefits. Whether you are new to Waev Inc (Welcome!) or an existing employee (Thank you for your service!), in this guide, you will find a wide spectrum of plans and benefits for you and your family.

Take time to review, ask questions and make decisions that give you the best coverage to fit you and your family's needs. This guide provides you an overview of your healthcare coverage, including Life / AD&D benefits, and more!

If you need more details on a topic or a benefit, please reach out to The Human Resources Department.



ELIGIBILITY

WHO IS ELIGIBLE TO ENROLL

All Full-Time Employees working 30 hours or more per week shall be eligible for group benefits effective 1st of the month following or coinciding their date of hire. *Example: Kate is hired on May 12th, her benefits begin on June 1st.*

Eligible Dependents:

- Legal spouse or domestic partner
- Dependent child(ren), up to age 26 (regardless of student or marital status), including stepchild, legally adopted child, child of domestic partner, or a child for whom you or your spouse/domestic partner are the legal guardian of.
- Unmarried child(ren) age 26 or older who is/are mentally or physically disabled and who relies on you for full support and care. Certain documentation is required.

QUALIFYING EVENTS

After Open Enrollment, you can change your benefit elections only if you experience a qualifying event. A few examples of qualifying events include, but not limited to, changes in:

- Marital status (marriage, divorce, legal separation)
- Number of dependent children (birth, adoption, placement for adoption, named legal guardian)
- Employment status (part-time to full-time)
- Dependent status (child reaches maximum age)
- Eligibility status (you or your spouse experience a change in hours, job loss, getting a new job, become entitled to Medicare or Medicaid)

You must submit your change request to your HR team **within 31 days** of the qualifying event.



PLANS OFFERED

MEDICAL COVERAGE:

There are 4 plan options offered through Aetna, 2 HMO plans, 1 PPO and 1 HDHP plan.

A PPO or the HDHP Plan is available for all employees nationwide; however, HMO Plans are available for California employees only.

DENTAL COVERAGE:

There is one Dental PPO Plan offered through Mutual of Omaha. Similar to medical, a Dental PPO Plan is available for all employees nationwide.

ACCIDENT INSURANCE / CRITICAL ILLNESS:

Accident Insurance offered through Mutual of Omaha provides financial protection against unexpected injuries, covering medical expenses and offering cash benefits for various costs associated with accidents.

Critical Illness Insurance offered through Mutual of Omaha provides a lump-sum cash benefit if you are diagnosed with a serious illness, helping cover medical and non-medical expenses not fully covered by health insurance.

VISION COVERAGE:

There is only one vision plan available through Mutual of Omaha.

BASIC & VOLUNTARY LIFE / AD&D COVERAGE:

Even if you do **not** enroll in any health benefits, you will still be *enrolled* in the company-paid benefits, Basic Life / AD&D, at **no cost to you**.

DISABILITY COVERAGE:

Disability Insurance is a type of coverage that replaces a portion of your income if you are unable to work due to illness, injury, or other medical conditions.

Disability benefits consist of a Short-term Disability (STD) plan and a Long-term Disability (LTD) plan. These plans work together to replace a portion of your income when you are on an approved absence from work for a serious health condition.



CONTACTS

MEDICAL	MEMBER SERVICES	WEBSITE
Aetna Group # 251698	800-445-5299	www.aetna.com
DENTAL		
Mutual of Omaha Group # G000CBVV	800-927-9197	www.mutualofomaha.com
VISION		
Mutual of Omaha Group # G000CBVV	833-279-4358	www.mutualofomaha.com
LIFE / AD&D / DISABILITY / ACCIDENT INSURANCE / CRITICAL ILLNESS		
Mutual of Omaha Group # G000CBVV	800-877-5176	www.mutualofomaha.com
HEALTH SAVINGS ACCOUNT		
Inspira Financial	844-729-3539	www.inspirafinancial.com
YOUR HR TEAM		
Stephanie Vega	714-239-2574 x 202	Stephanie.Vega@waevinc.com
BENEFITS ADVISORS		
Neha Chopra Neal Rubin	707-398-5838 949-669-1123	Neha.Chopra@libertycompany.com Neal.Rubin@libertycompany.com



YOUR WEEKLY COST



Despite of the medical carrier premiums increase every year, you continue to pay the same medical contributions since 2024. Thanks to WAEV for absorbing the difference in cost year after year.

Waev also pays 100% of the premiums for the Basic Life / AD&D coverage for employees only and you are welcome and encouraged to purchase additional life insurance for yourself and/or your dependents.

Other Voluntary Benefits for you to choose from: Dental, Vision, Accident Insurance, Critical Illness, Short-Term Disability and Long-Term Disability.

The **weekly** contributions for the 06/01/2026 to 05/31/2027 plan year are shown in the following tables:

Medical Plans / Tiers	Value Network HMO	Traditional HMO	HDHP 3400	POS 500
Employee Only	\$14.60	\$63.17	\$49.11	\$107.64
EE + Spouse / Domestic Partner	\$62.26	\$160.82	\$98.00	\$225.33
EE + Child(ren)	\$69.99	\$163.65	\$120.71	\$235.58
EE + Family	\$103.65	\$257.62	\$218.07	\$400.77



Other Plans / Tiers	Dental	Vision	Accident Insurance
Employee Only	\$8.55	\$1.56	\$3.18
EE + Spouse / Domestic Partner	\$17.97	\$3.57	\$4.66
EE + Child(ren)	\$22.67	\$3.96	\$5.82
EE + Family	\$33.36	\$6.05	\$7.71

Employee or Spouse Coverage – Monthly Premium for Critical Illness						
Employee Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
0-20	\$1.25	\$2.50	\$3.75	\$5.00	\$6.25	\$7.50
30-39	\$2.20	\$4.40	\$6.60	\$8.80	\$24.50	\$13.20
40-49	\$4.90	\$9.80	\$14.70	\$19.60	\$24.50	\$29.40
50-59	\$10.85	\$21.70	\$32.55	\$43.40	\$54.25	\$65.10
60-69	\$23.35	\$46.50	\$69.75	\$93.00	\$116.25	\$139.50
70-70	\$43.50	\$87.00	\$130.50	\$174.00	\$217.50	\$261.00
80+	\$59.25	\$118.50	\$177.75	\$237.00	\$296.25	\$355.50

MEDICAL- HMO's



	VALUE NETWORK HMO	TRADITIONAL HMO
Availability	(AVAILABLE IN CA ONLY)	
Plan Design	SHOWING IN-NETWORK ONLY	
Annual Deductible (Individual / Family)	\$500 / \$1,000	\$500 / \$1,000
Annual Out-of-Pocket Maximums (Individual / Family)	\$2,500 / \$5,000	\$2,500 / \$5,000
Preventive Care	\$0	\$0
Primary/Specialist Office Visit	\$15 / \$30 copay	\$15 / \$30 copay
Urgent Care	\$35 copay	\$35 copay
Inpatient Hospital Stays	\$250 after deductible	\$250 after deductible
Outpatient Surgery	\$100 after deductible	\$100 after deductible
Emergency Room	\$150 after deductible	\$150 after deductible
Lab / X-Rays	\$0	\$0
Retail 30-day supply		
Prescription Deductible (waived for Generic)	\$0	\$0
Generic	\$10 copay	\$10 copay
Preferred Brand Name	\$30 copay	\$30 copay
Non-Preferred Brand Name	\$50 copay	\$50 copay
Specialty Drugs	30% up to \$250 max	30% up to \$250

Looking for an Aetna Doctor?

Finding one online is fast and easy.

Go to www.aetna.com

- Find a doctor
 - Plan through employer
 - Enter a zip code and search
 - Select a Plan: Value Network HMO or Traditional HMO

MEDICAL – PPO's



	TRADITIONAL PPO	HDHP
Availability	(AVAILABLE NATIONWIDE)	
Plan Design	SHOWING IN-NETWORK ONLY*	
Annual Deductible (Individual / Family)	\$500 / \$1,000	\$3,400 / \$6,800
Annual Out-of-Pocket Maximums (Individual / Family)	\$3,500 / \$7,000	\$6,000 / \$12,000
Preventive Care	\$0	\$0
Primary/Specialist Office Visit	\$15 / \$30 copay	\$0 after deductible
Urgent Care	\$50 copay	\$0 after deductible
Inpatient Hospital Stays	20% after deductible	\$0 after deductible
Outpatient Surgery	20% after deductible	\$0 after deductible
Emergency Room	\$300 copay + 20% coinsurance	\$0 after deductible
Lab / X-Rays	20% after deductible	\$0 after deductible
Retail 30-day supply		
Prescription Deductible (waived for Generic)	\$0	Combined with Medical
Generic	\$10 copay	\$10 after medical deductible
Preferred Brand Name	\$30 copay	\$30 after medical deductible
Non-Preferred Brand Name	\$50 copay	\$50 after medical deductible
Specialty Drugs	30% up to \$250	30% after medical deductible Up to \$250 max

* Out of network providers may balance bill you

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Go to www.aetna.com

- Find a doctor
 - Plan through employer
 - Enter a zip code and search
 - Select a Plan: Traditional PPO or HDHP



Your benefits, your way

Manage your health care
at home or on the go



Stay on top of your benefits

- Review your benefits and what's covered.
- Track your spending.
- View claims on your member website.
- See your ID card online.
- Get cost info before you get care.*



Connect to care

- Find in-network providers, including virtual care.
- Locate walk-in clinics and urgent care centers near you.
- See reviews of providers.

Get started today



Visit [MyAetnaWebsite.com](https://www.aetna.com) to register for your member website.



Get the **Aetna HealthSM app** by texting **"AETNA"** to **90156** to receive a download link. Message and data rates may apply.**

— OR —



Scan the **QR code** to download the **Aetna HealthSM app**.

*Estimated costs are not available in all markets or for all services. We provide an estimate for the amount you would owe for a particular service based on your plan at that very point in time. It is not a guarantee. Actual costs may differ from an estimate for various reasons including claims processing times for other services, providers joining or leaving our network or changes to your plan. Health maintenance organization (HMO) members can only get estimated costs for doctor and outpatient facility services.

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You've got Teladoc Health

California (eff 7/1/25)



Access to quality care at your fingertips

General Medical

HMO – \$0 visit

OAMC/PPO – \$0 visit

HSA – \$56 until deductible is met, then \$0 per visit

Talk to a licensed doctor for non-emergency conditions 24/7

Flu • Sinus infections • Sore throats • And more

Mental Health

HMO – \$0 visit

OAMC/PPO – \$0 visit

HSA – \$190/\$95/\$85 until deductible is met, then \$0 per visit

Talk to a therapist 7 days a week (7 a.m. to 9 p.m. local time)

Dermatology

HMO – \$0 visit

OAMC/PPO – \$0 visit

HSA – \$149 until deductible is met, then \$0 per visit

Upload images of a skin issue online and get a custom treatment plan within two days • Eczema • Acne • Rashes • And more



Set up your account or log in today

Visit Teladoc.com/Aetna

Call 1-855-TELADOC (835-2362) | Download the app

Less than an urgent care/ER visit, your cost is never more than a doctor visit!

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For California Residents Only: Telehealth services are also available with your Dentist, Primary Care Provider (PCP) or Specialist. If you use services from Teladoc Health, your medical records will be shared with your Dentist, PCP or Specialist. If you want to opt-out, please notify Teladoc Health during your visit. In-network cost sharing will apply for all services received through the Third-Party Corporate Telehealth Provider and all out-of-pocket costs will accrue to the applicable deductible and/or out-of-pocket maximum.
Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).

HEALTH SAVINGS ACCOUNT (HSA)

The HSA is a health savings account that allows you to save money on a pre-tax basis to pay for qualified medical expenses. **If you enroll in the Aetna HDHP HSA-Eligible Plan**, you are also eligible to enroll under an HSA plan with Inspira Financial. Please note that you will be required to contribute a minimum of \$52 per year.

Reasons to love an HSA:

- ✓ Tax-Free - no federal tax on contributions
- ✓ Withdrawals are also tax-free for eligible healthcare expenses
- ✓ No use it or lose it - your balance rolls over from year to year
- ✓ Boosts retirement savings

You can contribute to an HSA only if you are enrolled in the Aetna HDHP Plan and are **not** covered by any other traditional medical plan (including your spouse's plan or Medicare) or flexible spending account, except if its 'Limited Purpose' flexible spending account which is for dental and vision expenses only.

You may contribute up to the maximums set by the IRS. For **2026**, the maximum contribution limit is \$4,400 for self-only coverage, or \$8,750 for employee + 1 or more. An annual catch-up amount of \$1,000 is available for participants at / over age 55.



inspira[™]
FINANCIAL

DENTAL

Dental PPO plan is available through Mutual of Omaha that allows you to see the dentist of your choice while offering cost protection through a network of dentists.

You may also obtain services using a non-network dentist; however, you will be responsible for the difference between the covered amount and the actual charges, and you may be responsible for filling claims.

Mutual of Omaha		
Plan Features	In-Network Only	Out-of-Network*
Annual Maximum	\$1,250	\$1,250
Deductible	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family
Diagnostic & Preventive Services Exams, Cleanings, X-Rays and Sealants	100% Covered	20%
Basic Services Fillings and Composites Endodontics (Root Canals) Oral Surgery Non-Surgical Periodontics (Gum Treatment)	20%	40%
Major Services Crowns, Inlays, Onlays, and Cast Restorations Surgical Periodontics	50%	60%
Orthodontia- Lifetime Maximum Child Coverage Only	50% up to \$1,250	70% up to \$1,000

* Out of network providers may balance bill you

How to find a dentist?

www.mutualofomaha.com

- Find a Dentist
- Search for a dentist by location, Dentist name or office name.



VISION

VISION PLAN

The Mutual of Omaha Vision Plan helps pay the cost of annual eye examinations and necessary lenses and frames, when prescribed. The Plan covers services from any licensed provider, but benefits are paid at a higher level when you use an in-network Mutual of Omaha provider.



Mutual of Omaha Vision Plan (AVAILABLE NATIONWIDE)		
Plan Features	In-network	Out-network* Reimbursement
Network Name	VSP Choice	N/A
Copay		
WellVision Exam	\$10 copay	Up to \$37
Routine Retinal Screening	\$39 copay	N/A
Lenses		
Single Vision	\$25 copay	Up to \$32
Lined Bifocal	\$25 copay	Up to \$48
Lined Trifocal	\$25 copay	Up to \$76
Lenticular	\$25 copay	Up to \$48
Contacts & Frames		
Frames	Up to \$150 Allowance + 20% off Balance	Up to \$66
Contacts (in lieu of frames)	\$150 Allowance	Up to \$102
Coverage Frequency		
Exams	Every 12 months	
Lenses or Contacts	Every 12 months	
Frames	Every 12 months	

Looking for a Vision Provider?

www.mutualofomaha.com

- Locate a Provider
- Search by Location or Zip code

* Out of network providers may balance bill you



LIFE / AD&D

BASIC LIFE / AD&D

Life insurance provides financial protection for your loved ones in case of your death. Accidental Death & Dismemberment (AD&D) coverage offers added protection if an accident causes loss of life, limbs, and/or senses.

Waev, Inc provides all eligible employees with a basic life and accidental death and dismemberment (AD&D) benefit, **at no cost to you!** All full-time employees receive \$50,000 in benefits amount.

Please log onto Payfluence to view your life benefit amount and add or change your beneficiaries.

VOLUNTARY LIFE / AD&D

Voluntary Life and Accidental Death and Dismemberment (AD&D) coverage allows you to purchase additional financial security for your family. This optional coverage is also available for your spouse and/or child(ren), if you purchase it for yourself.

Coverage	Features
Employee	<ul style="list-style-type: none">• Elect Increments of \$10,000• Maximum coverage: Lesser of 5x your basic annual earnings or \$500,000• Guaranteed Issue: up to \$150,000
Spouse	<ul style="list-style-type: none">• Elect Increments of \$5,000• Maximum coverage: up to \$100,000• Guaranteed Issue: up to \$30,000
Child(ern) up to age 26	<ul style="list-style-type: none">• Flat \$1,000• Maximum coverage: up to \$10,000• Guaranteed Issue: \$10,000

You may be asked to provide Evidence of Insurability (EOI) form, if you do **not** enroll for voluntary coverage during your initial eligibility period as a new hire, or, you want to increase your coverage during company's open enrollment or a qualifying event **after** your initial enrollment.

Benefits reduces by:

- 35% at age 65
- 50% at age 70



VOLUNTARY DISABILITY PLANS

The disability benefits consist of a Short-term Disability (STD) Plan and Long-term Disability (LTD) Plan. The plans work together to replace a portion of your income when you are on an approved absence from work for your own serious health condition.

Plan	Benefit Amount and Timeline
<p>Short-term Disability (STD) Provides income replacement for individuals who are temporarily unable to work due to non-work-related illness, injury or medical condition</p>	<ul style="list-style-type: none"> • Elimination Period: 7 days • 20% of your weekly pre-disability pay • Weekly Maximum: \$3,000 • Maximum Duration: 25 weeks
<p>Long-term Disability (LTD) Replaces part of your income for longer term issues such as debilitating illness (cancer, heart disease, etc.), serious injuries or mental disorders</p>	<ul style="list-style-type: none"> • Elimination Period: 180 days • 60% of your monthly pre-disability pay • Weekly Maximum: \$10,000 • Maximum Duration: Up to Social Security Normal Retirement Age

NOTE: If you become disabled during the first 12 months of coverage due to a pre-existing condition, the disability plans may not pay benefits. Your effective date of coverage is the first day of the month following date of hire or coinciding with the 1st of the month. For more detailed information, please see the summary plan descriptions available from human resources.



EMPLOYEE ASSISTANCE PROGRAM (EAP)



There are times when everyone needs a little help or advice, or assistance with a serious concern. The EAP through Mutual of Omaha can help you handle a wide variety of personal issue such as emotional health and substance use disorder; parenting and childcare needs; financial coaching; legal consultation; and eldercare resources. Best of all, contacting the EAP is completely confidential, free and available to **any member** of your immediate household.

COUNSELING BENEFITS

- Difficulty with relationship
- Emotional distress
- Job stress
- Communication / conflict issues
- Alcohol or drug problems
- Loss and death

FINANCIAL COACHING

- Money management
- Debt management
- Identity theft resolution
- Tax issues

LEGAL CONSULTATION

- Referral to a local attorney
- Family issues (marital, child custody, adoption)
- Estate planning
- Landlord/tenant
- Immigration
- Personal Injury
- Consumer protection
- Real estate
- Bankruptcy

PARENTING & CHILDCARE

- Referrals to quality providers
- Family day care homes
- Infant centers and preschools
- Before/after school care
- Help to care for an elderly or disabled

The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited phone access 24/7
- In-person or video counseling for short-term issues; up to **3** visits per person, per issue, per year
- Unlimited web access to helpful articles, resources, and self-assessment tools.

Ready to check it out?

An in-house team of Master's level EAP professionals who are available 24/7/365 to provide individual assessments:

Go to <https://www.mutualofomaha.com/eap>

Or Call 800-316-2796



ADDITIONAL VOLUNTARY BENEFITS

Voluntary benefits provide an additional layer of financial protection for you and your family. These benefits will help cover any extra out-of-pocket expenses if you suffer an unexpected, serious illness or qualifying accident. These plans are designed to pay cash directly to you. This additional cash support can be used to help pay any out-of-pocket expenses related to the injury or serious illness. Payments are made tax free, to be used at your discretion.



Accident Insurance

The tables below highlight some of the key benefits covered under this plan and give an example of how this plan would pay out for a broken collarbone.

Example: Broken Collarbone	Benefit Amount
Ambulance	\$200
ER Visit	\$150
X-Ray	\$50
Broken Collarbone	\$300
Physician Follow-Up (per visit)	\$75

Some Covered Benefits	Benefit Amount
Hospital Admission	\$1,500
Daily Hospital Confinement (up to 365 days)	\$300
Daily ICU Confinement (up to 15 days)	\$600
Burns	Up to \$15,000
Ambulance	\$1,500

Critical Illness Insurance

An example is shared below for your understanding:

Donna's life is turned upside down when she suffered a heart attack which was followed by a stroke only a month later. Not only did she miss work, but so did her husband to help her during her recovery. Their income took a hit and bills piled up. Donna had enrolled in Mutual of Omaha's Critical Illness plan with a \$30,000 benefit amount per diagnosis. She received a total benefit payment of \$60,000 in her family's greatest time of need.

Critical Illness Benefit: \$50 per insured associate or covered spouse per year for completing routine wellness screenings. The child(ren)'s wellness benefit is \$50 per child, up to a \$100 maximum for all covered children.

Example Amount Paid to Donna	
Heart Attack	\$30,000
Stroke	\$30,000
Total Direct Benefit Payment to Donna	\$60,000

HOW TO ENROLL

Employee Guide: Benefit Enrollment

Login: [iPhone App](#) [Android App](#)

Or on a computer visit:
www.myisolved.com

Benefits

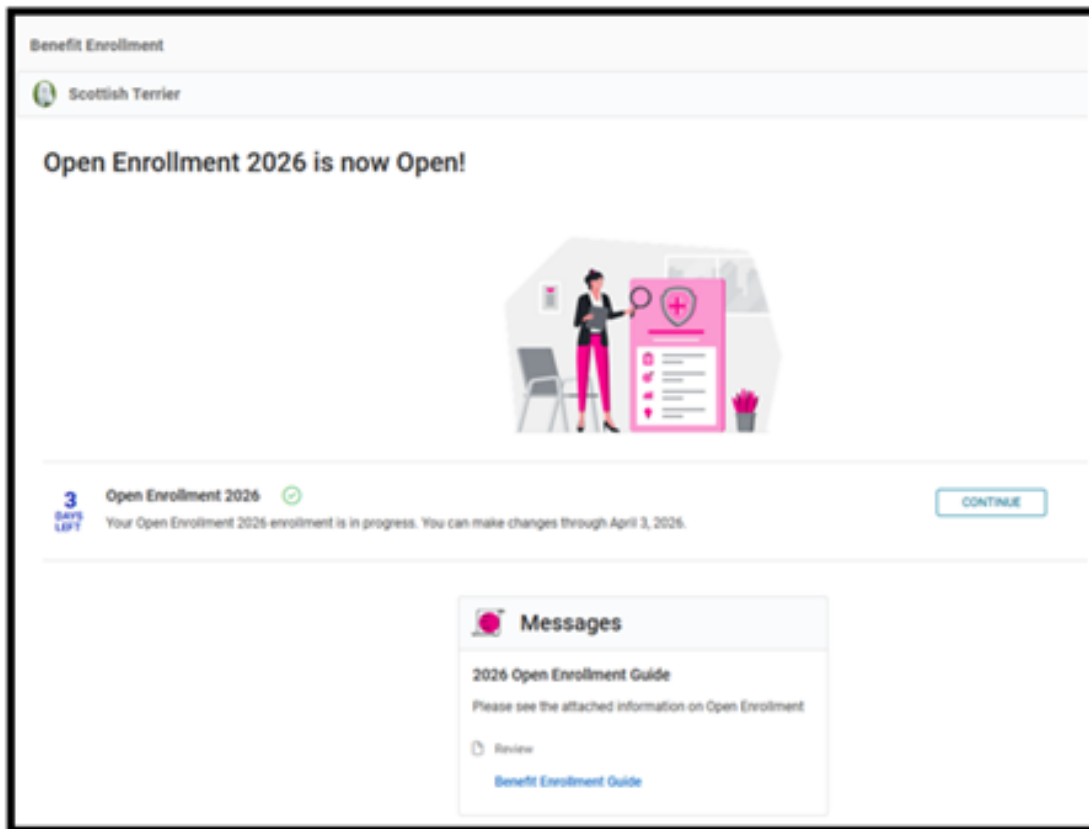
My Benefits

Benefit Enrollment

Go to Benefits > **Benefit Enrollment**

Click Start. You can also download the Benefit Guide.

Open Enrollment 2026–2027 is now Open!



- ✓ Review personal information
- ✓ Make changes, adjustments
- ✓ Check all the different plans options
- ✓ Start with Medical and go down the list
- ✓ Once completed you will see **green** checks
- ✓ Click the Next button to proceed to the summary and Submission screen
- ✓ Review your selections and download your benefit elections
- ✓ Click the submit button to finish off the Enrollment Process





The information included in this guide is intended as an overview only. It is not a complete description, nor is it a substitute for the applicable plan documents, Summary Plan Descriptions or insurance contracts. In all cases, the official plan documents govern and are the final authority on the terms of the benefit plans. The company reserves the right to modify, amend or terminate the benefit plans at any time and for any reason. Receiving this document or participating in company benefits is not a guarantee of future or continued employment or benefits.

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LIBERTY