



This summary provides a brief overview of the employee benefits provided to eligible employees, generally full-time employees working a minimum of 30 per week. New employees are eligible for Breg, Inc benefits begin on the first of the month following the date of hire as long as you enroll within 30 days of becoming eligible. Eligible dependents include your spouse or domestic partner and children up to age 26. Refer to your Benefits Summary for additional details on eligibility, benefit coverage details, and plan limits.

BENEFIT	COVERAGE OPTIONS
<b>MEDICAL</b>	<ul style="list-style-type: none"> <li>• <b>HSA 3200:</b> – Plan pays 80% of most covered services after meeting the deductible of \$3,200(individual)/\$6,400 (family).*</li> <li>• <b>HSA 1600:</b> – Plan pays 90% of most covered services after meeting the deductible of \$1,600(individual)/\$3,200 (family).*</li> <li>• <b>PPO 750:</b> – Plan pays 90% of most covered services after meeting the deductible of \$750(individual)/\$1,500 (family).*</li> </ul> <p style="text-align: right;"><i>*In-network</i></p>
<b>DENTAL</b>	<ul style="list-style-type: none"> <li>• <b>Cigna HMO:</b> – Choose a primary care dentist and know the cost you'll pay for all services. You must visit your primary care dentist for all treatments unless referred to a specialist. This includes orthodontic services.</li> <li>• <b>Cigna Value PPO:</b> – Offers services for preventive, basic, and major dental care up to \$1,500 per year. This includes coverage for orthodontia for children.</li> <li>• <b>Cigna Premium PPO:</b> – Provides services for preventive, basic, and major dental care up to \$2,000 per year. This includes coverage for orthodontia.</li> </ul>
<b>VISION</b>	<ul style="list-style-type: none"> <li>• <b>VSP Vision Plan:</b> – Includes an annual eye exam and lenses once a year and \$120 allowance for standard frames every 24 months or every 12 months if used for contacts instead of frames.</li> </ul>
<b>HEALTH SAVINGS ACCOUNT (HSA)</b>	<p>Employees enrolled in either the HSA 3200 or HSA 1600 plan are eligible to participate in the Health Savings Account offered by HSABank, subject to IRS eligibility rules:</p> <ul style="list-style-type: none"> <li>○ <b>Individual coverage:</b> Contribute up to \$4,150 per year, including a company contribution of \$750 (HSA 3200) or \$500 (HSA 1600) (plus \$1,000 if over 55).</li> <li>○ <b>Family coverage:</b> Contribute up to \$8,300 per year, including a company contribution of \$1,500 (HSA 3200) or \$1,000 (HSA 1600) (plus \$1,000 if over 55).</li> </ul>
<b>FLEXIBLE SPENDING ACCOUNTS (FSA)</b>	<p>Enroll in the Businessolver Flexible Spending Account to pay for health and dependent care expenses with tax-free dollars:</p> <ul style="list-style-type: none"> <li>• <b>Healthcare FSA:</b> Contribute up to \$3,050 per year through pre-tax payroll deductions for eligible medical, dental and vision expenses.</li> <li>• <b>Dependent care FSA:</b> Contribute up to \$5,000 per year for dependent care.</li> </ul>

BENEFIT	COVERAGE OPTIONS
BASIC LIFE AND AD&D INSURANCE	<ul style="list-style-type: none"> <li>• <b>Company Paid Life and AD&amp;D:</b> 1x covered annual earning up to \$300,000</li> </ul>
DISABILITY INSURANCE	<ul style="list-style-type: none"> <li>• <b>Voluntary Short-Term Disability:</b> Replaces 60% of covered weekly earnings (maximum \$2,500 per week) up to 83 days.</li> <li>• <b>Voluntary Long-Term Disability:</b> Replaces 60% of covered monthly earnings (maximum \$13,000 per month) up to SSNRA.</li> </ul>
EMPLOYEE ASSISTANCE PROGRAM (EAP)	<p>The Supportline Employee Assistance Program (EAP) offers confidential counseling and support at no cost. It covers various personal issues, including stress and emotional health, substance abuse, parenting, child or elder care, financial coaching, legal consultation, and more. This service is provided by Supportline.</p>
401(k) RETIREMENT SAVINGS PLAN	<p>The company matches 50% of the first 6% you contribute.</p>
VOLUNTARY BENEFIT PLANS	<ul style="list-style-type: none"> <li>• <b>Voluntary Life and AD&amp;D</b></li> <li>• <b>Accident Insurance</b></li> <li>• <b>Hospital Indemnity Insurance</b></li> <li>• <b>Critical Illness</b></li> </ul>
COMMUTER BENEFITS	<p>Reduce your commute costs with the Mass Transit FSA and Parking FSA—allocate up to \$300 per month pre-tax for public transportation and vanpool expenses, and another \$300 for parking expenses.</p>

This 2024 Benefits at a Glance is an overview of benefits effective from January 1, 2024, through December 31, 2024, and does not provide a complete description of all benefit provisions. For more detailed information, log into [bregbenefits.com](https://bregbenefits.com) or call 844-408-2576. The plan benefit guide determines how all benefits are paid.