Employee Benefits

October 1, 2026 through September 30, 2027

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TMC GROUP

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Contact Information

Anthem

www.anthem.com/ca | Group #: L08912

HMO Medical Member Services 833-913-2236
PPO Medical Member Services 800-888-8288
HSA Medical Member Services 844-860-3535
Dental Member Services 844-729-1565
Vision Member Services 866-723-0515

Mutual of Omaha

www.mutualofomaha.com | Group #G000CSPQ

Life/AD&D Claims 800-775-8805
submitgrplife@mutualofomaha.com
Disability Claims 800-877-5176
newdisabilityclaim@mutualofomaha.com
EAP ..... 800-316-2796 (All Employees)
Mutualofomaha.com/eap

Anthem EAP

(Employees Enrolled in Medical)
www.anthemeap.com (Company Code: Anthem California)
Member Services 800-999-7222

Rula

www.rula.com/tmcgroup
Member Services ..... (323) 676-7360

United Pet Care

www.unitedpetcare.com
Member Services ..... (877) 872-8800

Aflac

Contact Agent Lisa Coots
Phone ..... (909) 519-5681
Lisa_Coots@us.aflac.com

Human Interest Customer Support (401k)

support@humaninterest.com
Phone 855-622-7824

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please refer to the Important Notices and Disclosures Guide for more details.

TMC Group, LLC is pleased to provide you with our Employee Benefits Guide.

Each year you have the opportunity to review the benefits offered and to decide which programs will best fit your needs over the coming year.

This brochure briefly highlights the benefits offered to all eligible employees and dependents. The content in this brochure provides you with an overview of our benefit plans, please refer to your **Summary of Benefit and Coverage documents (SBCs)** and/or carrier booklets and certificates for more detailed benefit information.

When Can You Enroll or Make a Change?

Annual Open Enrollment — Offers you the opportunity to make changes to your current elections or to participate in a benefit plan for which you have not previously enrolled.

New Employee — You have 30 days from the day you become eligible to elect or waive coverage.

Eligibility

To be eligible to enroll in our company's benefit plans, you must be a **regular full-time employee, have satisfied the waiting period, and work the minimum hour requirements**. If you choose to enroll, **coverage will begin on the first of the month following your eligibility date**. Please contact Human Resources with any questions.

You may also enroll your eligible dependents in the benefit plans including:

- Your legal spouse (same sex or opposite sex)
- Your qualified domestic partner (same sex or opposite sex)
- Your children up to **age 26** can be covered regardless of student and marital status

Declining Coverage & Family Status Change

It is important to note that if you waive any coverage, you will not be able to enroll in the health benefit plans unless you have a designated family status change event. You will need to wait until the next open enrollment period.

Federal regulations define a change in family status as:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- A child becoming ineligible for dependent coverage
- Death of a spouse or child
- A change from full time to part time (or the opposite)
- An unpaid leave of absence
- A change in your spouse's employment
- A move out of the service area
- A Qualified Medical Child Support Order
- A substantial change in your or your spouse's benefits coverage

Note: Please contact Human Resources immediately to complete the appropriate forms if you have a qualified family status change. If you do not update your coverage within 30 days from the date of the qualified family status change, you must wait until the next Annual Open Enrollment period.

Benefits Website

Visit our employee benefits website, an online destination for you to find benefits information, carrier forms, educational resources and enrollment information. This site, which is available 24/7, will allow you to quickly access the information you need to make an informed decision about choosing your benefits plan. Scan the QR code to log in.

www.tmcgroup.benefitsmap.com
username: tmcgroup
password: benefits

Medical Insurance

We offer you the choice of four medical plan options through Anthem. For a complete listing of covered services, please refer to the carrier Summary of Benefits and Coverage documents (SBCs) and/or benefit summaries for more detailed benefit information.

Anthem HSA Plans

These are traditional PPO medical plans which offer provider choice with a higher deductible. They include access to a Health Savings Account (HSA), which you can use to help satisfy the deductible, save money or pay for other eligible health care expenses. You will need to satisfy the plan deductible before your coverage begins.

What is an HSA?

An HSA is an account where you contribute money on a federally pre-tax basis to use for eligible health care expenses, such as deductibles, office copays, prescription drugs, dental and vision expenses. You can use your Anthem HSA debit card to pay for qualified expenses. Any money left in your HSA at the end of the calendar year is rolled over to the next year, so there's no "use it or lose it" rule. Your HSA funds are in an account in your name.

The HSA is triple tax-advantaged in the following ways:

- You have the option to contribute federally tax-free dollars from your paycheck.
- Funds in your account grow tax-free.
- You are not taxed when using your HSA dollars for qualified health care expenses.

To get started with your HSA, go to anthem.com/ca to register. Under the My Plan tab, choose Spending Accounts to view your balance(s). Then, select Manage My Account to go to your benefit account summary.

2026 HSA Annual Maximum

Employee Only: $4,400
Employee + 1 or more: $8,750
Age 55 or above (additional allowed): $1,000

Anthem Value Added Services

Active&Fit Direct and Fitness Discounts

The Active&Fit Direct™ program allows you to choose from 12,000+ participating fitness centers and YMCAs nationwide for $28 a month (plus a $28 enrollment fee and applicable taxes). The program offers:

- Online directory maps and locator for fitness centers (available on any device)
- A free guest pass to try out a fitness center before enrolling (where available)
- The option to switch fitness centers to make sure you find the right fit
- Online fitness tracking from a wide variety of popular wearable fitness devices, apps, and exercise equipment

Fitness Discounts on:

- Fitbit devices
- Garmin wearables, scales, and accessories

To get started, log in to your anthem account at anthem.com/ca and click on Discounts in the Care tab.

Wellbeing Solutions

The Wellbeing Solutions program offers you rewards to keep doing your best at living a healthy lifestyle. Earn rewards for completing preventive care screenings and/or appointments, condition management programs, and digital wellness activities. Employees and enrolled spouses can each earn up to $200 each year in wellness rewards by completing certain tasks, including:

- $5 for logging in to Sydney
- $20 for completing your Health Profile
- $25 for completing an Annual Physical Exam
- $20 for getting your annual flu shot
- Up to $60 for tracking your steps

Scan here to download Sydney

To get started, login to anthem.com/ca or open the Sydney Health app and go to My Health Dashboard. Select My Rewards to browse ways to earn.

Rula (Mental Health)

Match with an in-network mental health provider that is covered by your Anthem insurance plan. Rula partners with your insurance plan to make accessing care affordable with copays as little as $25 depending on your enrolled medical plan. Providers in Rula's network represent a wide range of specialties and backgrounds, making it easier to find the right therapist or psychiatrist for you. To get started visit rula.com/tmcgroup.

Medical Plan Options

Anthem	Classic HMO CA Only	Value Ded HMO CA Only	New! PPO HSA 2000 All Employees		Classic PPO 1500 All Employees	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible						
Individual	None	$750	$2,000	$6,000	$1,500	$4,500
Individual Within Family	None	N/A	$3,400	$6,000	N/A	N/A
Family	None	$1,500	$5,000	$12,000	$4,500	$13,500
Calendar Year Out of Pocket Max						
Individual	$2,500	$3,500	$4,250	$12,750	$5,000	$15,000
Family	$5,000	$7,000	$8,500	$25,500	$10,000	$30,000
Office Visit						
Preventive	No charge	No charge	No charge	40% after ded	No charge	40% after ded
Primary Care	$30 copay	$25 copay	20% after ded	40% after ded	$40 copay	40% after ded
Specialist	$50 copay	$40 copay	20% after ded	40% after ded	$60 copay	40% after ded
Chiropractic	$30 copay, 20 visits per year	$25 copay, 20 visits per year	20% after deductible, 30 visits per year	40% after deductible, 30 visits per year	$40 copay, 30 visits per year	40% after deductible, 30 visits per year
Acupuncture	$30 copay, 20 visits per year	$25 copay, 20 visits per year	20% after deductible, 20 visits per year	40% after deductible, 20 visits per year	$40 copay, 20 visits per year	40% after deductible, 20 visits per year
Urgent Care	$30 copay	$25 copay	20% after deductible	40% after deductible	$40 copay	40% after deductible
Diagnostic Lab/X-ray	No charge	No charge	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Complex Imaging (MRI, PET and CAT scans)	$125 copay	$125 copay	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Emergency Services	$200 copay	$200 copay, then 25% after deductible	20% after in-network deductible		$150 copay, then 20% after in-network deductible	
Hospital Services	$500 copay per admit	25% after deductible	20% after deductible	40% after deductible, up to $1,000 per day	20% after deductible	40% after deductible, up to $1,000 per day
Prescription Drugs			Ded applies	Ded applies		
Tier 1a/1b	$5/$20 copay	$5/$20 copay	$5/$15 copay	40% up to $250	$5/$20 copay	50% up to $250
Tier 2	$40 copay	$50 copay	$40 copay	40% up to $250	$30 copay	50% up to $250
Tier 3	$60 copay	$75 copay	$60 copay	40% up to $250	$50 copay	50% up to $250
Tier 4	30% up to $250	30% up to $250	30% up to $250	40% up to $250	30% up to $250	50% up to $250

SEE COMPLETE PLAN DESCRIPTION OR SUMMARY OF BENEFITS AND COVERAGE (SBC) FOR COMPLETE DETAILS

Dental Insurance

Anthem

The **Dental PPO** plan option covers a wide range of dental services. You have the freedom to go in and out of network for care. You can maximize your dental benefits by seeing a dentist that participates in the Anthem Dental Complete Network. You can also visit an out of network dentist, where services will be based on a 90th percentile reimbursement and you will be responsible for any amount owed, after Anthem has paid their portion of the benefits.

	Anthem Dental Essential Choice	
	In-Network	**Out-of-Network**
Calendar Year Deductible	$50 individual $150 per family Waived for preventive	
Calendar Year Benefit Maximum	$1,500 per member	
Preventive Services	100%	100%
Basic Services	80% after deductible	80% after deductible
Major Services	50% after deductible	50% after deductible
Orthodontia - Dependent Children Only (through age 18)	50%; $1,500 lifetime max	50%; $1,500 lifetime max

Vision Insurance

Anthem

Whether your vision is 20/20 or less than perfect, everyone needs to receive regular vision care. Anthem provides professional vision care and high quality lenses and frames through a broad network of optical specialists. Similar to a PPO plan, you may take advantage of the highest level of benefit by receiving services from in-network vision providers.

	Anthem Blue View Vision Plan	
	In-Network	**Out-of-Network**
Frequency Exam Lenses Frames Contacts	 Once every calendar year Once every calendar year Once every other calendar year Once every calendar year	
Copayments Exam	 $15 copay	 Up to $42
Lenses Single Vision Bifocal Trifocal	 $25 copay $25 copay $25 copay	 Up to $40 Up to $60 Up to $80
Frames	$150 allowance + 20% off balance	Up to $45
Elective Contacts (instead of glasses)	$150 allowance then 15% off balance	Up to $105

Life/AD&D

Basic Life/AD&D – Mutual of Omaha

100% COMPANY PAID — We provide full-time employees with $25,000 of Basic Life and Accidental Death & Dismemberment (AD&D) insurance. Please note that your benefit amount reduces by 35% at age 65 and 50% at age 70.

Voluntary Term Life/AD&D – Mutual of Omaha

If you need additional financial protection for your family you also have the opportunity to purchase additional Term Life and AD&D insurance. This premium is paid with after-tax dollars through payroll deductions. Benefits are available to employees and dependents up to a maximum. Employees must enroll in order to purchase additional life insurance for dependents.

Please remember that if you choose to enroll in Voluntary Life and AD&D insurance after your initial eligibility date, or if you would like to elect an amount of coverage in excess of the guarantee issue amount, Evidence Of Insurability (EOI) will be required. If you would like additional information please refer to the plan documents.

Disability

Short Term Disability (STD) - Mutual of Omaha

If you are unable to work for a short period of time because of an illness or injury, STD benefits may replace a percentage of your pay. Benefits begin after the elimination period.

Short Tem Disability	
Percentage of Weekly Earnings	60% of income
Elimination Period	Benefits begin on the 15th day
Maximum Weekly Benefit	Up to $1,600
Benefit Duration	24 weeks

Long Term Disability (LTD) - Mutual of Omaha

We offer employees Long-Term Disability coverage which may replace a portion of your income in the event that you are disabled due to injury or illness. Benefits begin after the elimination period.

Long Term Disability	
Percentage of Monthly Earnings	60% of income
Elimination Period	180 days after day of disability
Maximum Weekly Benefit	Up to 6,000
Benefit Duration	Social Security Normal Retirement Age

Employee Assistance Program (EAP)

The **Mutual of Omaha EAP** is offered to all employees and immediate family members. This program offers services designed to help employees reduce stress, balance their work and family responsibilities, and improve the quality of their lives. This plan provides up to 3 face-to-face sessions and is available toll free 24/7.

If you are enrolled in an Anthem medical plan, you also have access to the **Anthem EAP**. With this EAP you qualify for an additional 3 face-to-face counseling sessions, plus access to resources for work-life balance, self-improvement, legal and financial help, identity theft support, and 24/7 crisis support. You can connect with a therapist anytime and anywhere through Talkspace — a service that provides confidential counseling by text, audio, or video. Get professional support for anxiety, depression, relationships, stress, trauma, and much more.

Pet Discount Program

The pet care discount program through United Pet Care puts an end to deductibles and frustrating claim forms that traditional pet insurance requires. As a United Pet Care member, you simply take your pet to the vet as often as you need and instantly save 20-50% on everything from check-ups, vaccines, skin treatments, surgeries.

United Pet Care	Pet Discount Program
One Pet	$17.50
Each additional pet	$16.50

Please note: It is the member's responsibility to seek services with a United Pet Care contracted facility, provider, and specialists. Non-contracted facilities, providers and specialists do not recognize United Pet Care discounts.

How to Enroll in United Pet Care

You will enroll through the website www.UnitedPetCare.com/enroll and follow the steps to create your profile. When you get to step 4, choose YES and search for TMC Group LLC.

401(k)

Human Interest Group

All employees are eligible to participate in the TMC Group, LLC 401(k) plan. You may defer from 1% to 90% of compensation, including bonus pay, on a pre-income-tax basis up to an IRS maximum of $24,500 in 2026. Additional individual contribution limits may apply due to IRS regulations. Your deferrals are not subject to income taxes but are subject to Social Security and Medicare taxes. If you attain the age of 50 at any time during 2026, you can defer an additional $8,000 "catch- up" contribution or $11,250 if you attain age 60-63. TMC Group will make a Safe Harbor Matching Contribution to each eligible participant matching 50% of deferral up to the first 3% of compensation.

Aflac

TMC Group, LLC provides a great comprehensive health insurance plan, but even the best plans do not cover the out of pocket expenses. And that is where Aflac provides a financial safety net. Aflac pays YOU cash to help you protect your assets and income when you are sick or hurt.

The following plans are available to you:

- **Accident:** Helps offset the out of pocket expenses associated with an accidental injury. Coverage is 24 hours a day and 7 days a week.
- **Hospital Protection:** Helps offset the expenses associated with hospital stays, emergency room, physician visits, surgeries, giving child birth and more.
- **Critical Illness:** Helps provide peace of mind if you experience a serious health event such as a heart attack or stroke. Pays lump sum benefits upon diagnosis, additional benefits for hospital confinements, ICU, treatments and therapy.

Scan to view benefits available

Will Preparation Services

Creating a will is an important investment in your future. You have access to free online will preparation services provided by Epoq, Inc.

Epoq provides the following FREE documents:

- Last Will and Testament
- Power of Attorney
- Healthcare Directive
- Living Trust

Log on to www.willprepservices.com and use the code MUTUALWILLS to register and get started.

Worldwide Travel Assistance

When traveling for business or pleasure you can now feel confident that you are in safe hands if an emergency arises. Mutual of Omaha gives you 24/7 access to a network of professionals who can help you with local referrals or provide emergency assistance services in foreign locations.

- Telephonic translation and interpreter services
- Locating legal services – referrals for local attorney or consular offices
- Baggage – assistance with lost, stolen or delayed baggage while traveling on a common carrier
- Document replacement – coordination of credit card, airline ticket or other documentation replacement
- Locating medical providers and referrals

For inquiries within the U.S. call toll free: 1-800-856-9947. Outside the U.S. call collect: (312) 935-3658

Steps to Enroll in Insurance as an Employee

Rippling's open enrollment process is meant to be self-led directly from the product, where we provide detailed information and tips as you go. This guide provides an overview of the steps involved, to help you understand the details as you move through the process.

Steps to complete open enrollment

Step 1: Fill out your personal information.

You may have already shared this information with Rippling, but we need to verify a few personal details as part of the insurance selection process:

- Relationship status: Single, Married, Living with a domestic partner
- Dependents: You'll need to share details about any dependents, including their date of birth, legal gender, Social Security Number, primary phone number, and specify if they are disabled. Even if you are not enrolling your dependent in insurance, this information is required by the carriers and cannot be skipped.

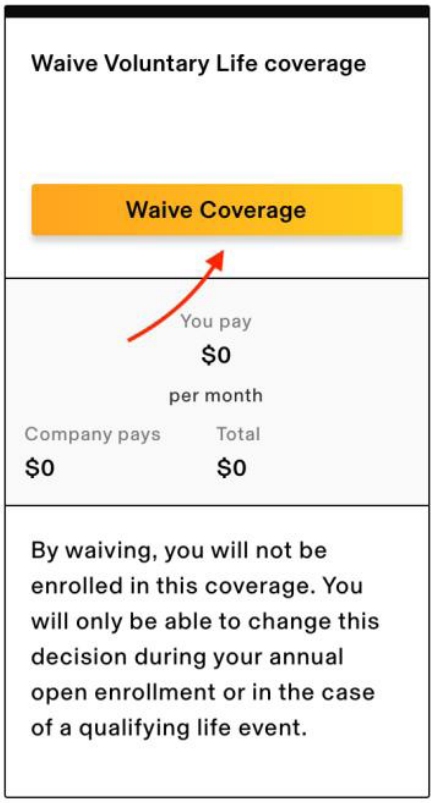
Important: This step is critical if you plan to enroll any dependents on your insurance plans.

Tip: Have a dependent you no longer need to cover? Just deselect the dependent from your insurance plans as you go through the enrollment process. Please note, however, that any dependent who has already been added to the system **cannot be removed**. Rippling requires their information for historical reporting purposes, such as year-end reporting. Even if the dependent will not be enrolling in your coverage, they will still be listed in Rippling.

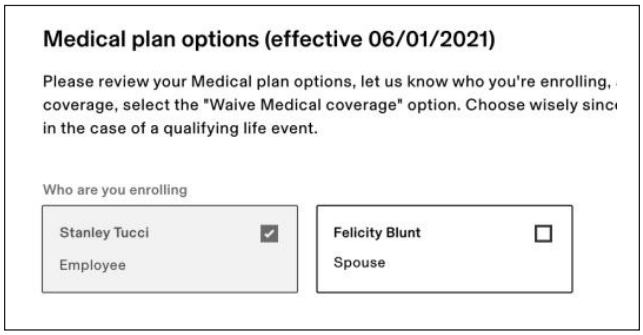
Step 2: Select your plans!

Next, we'll walk you through plan options and costs for each line of coverage (Medical, Dental, etc). This is where you'll select which plans you want to enroll in for the coming period or waive your coverage.

- **Waiving coverage for yourself:** If you want to waive coverage (i.e., not enroll in any plan), select the yellow "Waive coverage" button in order to move forward without selecting a plan.



- **Removing dependents from coverage:** As mentioned above, if you do not want to enroll your dependent(s) in coverage, simply uncheck the box next to their name like so:



Step 3: Review your enrollment selections.

Next, we'll give you an opportunity to review all your plan selections, and either make changes or confirm the selections are correct.

We'll also share the monthly cost so you can see how these elections will affect your take-home pay.

Step 4: Review and sign insurance documentation and waivers

Depending on which plans you selected, you may need to review and sign a summary plan description or a plan waiver.

That's it! You're all set.

Do I need to finish enrollment in one sitting?

No! If you have started enrollment but can't finish your selections right then and there, that's no problem. You can leave the open enrollment process or your Rippling account, come back later, and pick up from where you left off. Just select the same open enrollment link when you're ready to start again.

Tip: Be sure you complete your enrollment before the end of the open enrollment period!

If you choose to complete your enrollment after your benefits effective date, your coverage will still be effective on that date. For example, if your benefits are effective June 1 but you finish your elections on June 5, your elections will still be effective on June 1.

Can I Change My Enrollment After I've Made an Election?

If the **open enrollment period has not yet ended**, you can still change your enrollment.

- First, your benefits administrator needs to **reopen your enrollment** from their administrator portal.
- Once they've reopened your enrollment, you'll see a **task on your Rippling dashboard to complete your enrollment**. This link will take you through the same enrollment flow from the start.

Tip: Still don't see where to enroll? Go to the Insurance application, and at the top you'll see a notice to choose insurance plans. Just click "Enroll"!

If you're past the open enrollment deadline, please talk to your administrator about changing your election. They'll be able to advise you if there is still time to make enrollment changes.

If you're a new hire and submitted your new hire enrollment choices but would like to make a change, please talk to your administrator about changing your election. They may be able to re-open this for you if the enrollment deadline has not yet passed.

This summary provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this summary and the plan documents, the documents will govern. In addition, the plans described in this summary are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact Human Resources at TMC Group.