

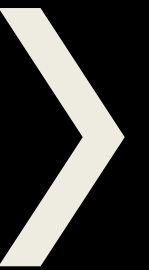


2026 Open Enrollment: November 10 – 21, 2025

01



2026 OPEN ENROLLMENT



02

YOUR 2026 BENEFITS



03

CHOOSE WELL



WME TRG

2026 OPEN ENROLLMENT

November 10 – 21, 2025



OVERVIEW

Open Enrollment is your opportunity to find smart ways to choose and use your benefits!



Each year, we reevaluate our offerings to ensure we have inclusive benefits that provide you and your family access to affordable, quality care. **For 2026, you'll have the same great benefit options you've come to rely on.**



This presentation will give you an overview of benefit changes for 2026 and the resources available to support you before, during, and after Open Enrollment.



Ask yourself: Have you changed? Expanded your family? Reconsidered your financial picture? Taken up a new hobby? Got a promotion? So much can happen in a year, and now is your opportunity to take a fresh look at our benefits to maximize the value you get and minimize your costs.



Let's explore!



REMINDERS

You may wish to take action during Open Enrollment.

Want to do any of these? Then act by November 21.

- Change any benefits, like your medical plan election or choosing voluntary coverage
- Add or remove a dependent you're currently covering
- Elect more life insurance and disability insurance – you have a rare opportunity this year!
- Contribute to a Flexible Spending Account (FSA)

No action? Here's what you can expect.

- You'll have the same benefits you have today and cover the same dependents, as applicable, in 2026.
- You won't be able to contribute to a Health Care or Dependent Care FSA.



YOUR 2026 BENEFITS

What's new and your
options



NEW AND NOTABLE



Visit the Digital
Benefits Guide for
the details

Health plan contributions: As the cost of health care continues to rise, so does the cost of providing quality health benefits. You’ll see medical plan contribution increases for all plans except the HDHP.

No deductible for telehealth services in the High Deductible Health Plan (HSA): Gain access to doctors from your smartphone through CVS Virtual Care by paying coinsurance, even if you haven’t met the plan deductible yet.

Increased FSA and HSA contribution limits: The HSA contribution limit is increasing to \$4,400 for individuals and \$8,750 for families. The Health Care and Limited Purpose FSA limit is \$3,400. The Dependent Care FSA limit will increase to \$7,500.

Changes to voluntary and company-paid Disability and an opportunity to elect more coverage: Certain aspects of our disability options are changing, and you have a special opportunity to elect coverage without submitting proof of good health.

Opportunity to elect more life insurance: You have a special opportunity to elect up to the guaranteed issue amount of supplemental life insurance for yourself and/or your spouse/domestic partner this year.

Enhancements to identity theft coverage: More services, greater coverage, so you have peace of mind that your important personal data is secure.

YOUR OPTIONS

Here’s a look at what you can choose during Open Enrollment

Benefit	Options	
Medical and Prescription Drug Coverage	• High Deductible Health Plan with HSA (HDHP) • Open Access Network Only 80/0 Plan	• Choice POS II 80/60 Plan • Choice POS II 90/80 Plan
Supplemental Medical Plans	• Accident Insurance • Critical Illness Insurance	• Hospital Indemnity Insurance
Dental	• PPO Low Dental Plan	• PPO Standard High Dental Plan
Vision	• VSP Vision Plan	
Saving and Spending Accounts	• Health Savings Account (HSA) • Health Care Flexible Spending Account (HCFSA)	• Limited Purpose Flexible Spending Account (LPFSA) • Dependent Care Flexible Spending Account (DCFSA)
Life and AD&D Insurance	• Company-provided Life and AD&D Insurance	• Supplemental (employee-paid) Life and AD&D Insurance
Disability Insurance	• Company-provided Long-Term Disability (LTD)	• Supplemental (employee-paid) Short-Term Disability (STD) and LTD
Identity Theft Protection	• Comprehensive financial and identity protection	
Legal Plan	• Coverage for legal services	

MEDICAL PLAN OVERVIEW

A high-level view of your options



Aetna High Deductible Health Plan With HSA (HDHP)

Take control of your spending by keeping more of your paycheck through lower contributions, in exchange for higher deductibles. Save on health care expenses through tax-free contributions to your HSA or Limited Purpose FSA. Plus, WME Group automatically contributes to your HSA!



Aetna Open Access Network Only 80/0 Plan

Receive coverage for in-network care only (except for emergencies), while saving money with relatively low contributions and the lowest deductibles of all four plans.



Aetna Choice POS II 80/60 Plan

Balance the cost of your coverage and care with relatively low deductibles and moderate contributions.



Aetna Choice POS II 90/80 Plan

Keep your out-of-pocket costs as low as possible by paying a low coinsurance percentage and smaller copays, in exchange for higher contributions from your paycheck.

COMPARING FEATURES

How the plan features work in our plans

	Open Access Network Only 80/0 Plan Choice POS II 80/60 Plan Choice POS II 90/80 Plan	HDHP with HSA
Deductible	- Does not need to be met to share all costs - Applies to certain medical diagnostic care only “Embedded” deductible with dependents	- Must be met before you share costs - Applies to all medical care (doctor visits, prescription drugs, etc.) “Family” deductible with dependents
Sharing costs	- For medical services like doctor’s visits and prescription drugs, you pay a fixed copay - For other services, you pay coinsurance	For all services once the deductible has been met, you pay coinsurance for medical care and/or a copay for prescription drugs
Out-of-pocket maximum	When covering dependents, an “embedded out-of-pocket maximum” applies.	
Preventive care	Always covered at 100% when you see an in-network provider	- Always covered at 100% when you see an in-network providers - Some prescription drugs are considered preventive too
Savings and spending accounts	Health Care FSA (HCFSA) only; funds are “use it or lose it”	- Health Savings Account (HSA); funds roll over - Limited Purpose FSA for dental and vision expenses; “use it or lose it”

MORE ON THE HDHP

Taking a closer look at how the HDHP with HSA works

 What You Pay for Care	 What WME Group and You Pay for Care	 What WME Group Pays for Care
The full cost of medical care – like going to the doctor and filling a prescription – until you meet the plan deductible.	- Once you’ve met the plan deductible, you and WME Group share the cost of all medical care you receive through coinsurance and copays for in-network prescription drugs. - WME Group covers 80% of the cost of in-network medical care.	All of your in-network preventive care – like check ups – is always free to you, with WME Group paying 100% of the cost of this care. - Once you’ve met the plan’s out-of-pocket maximum, WME Group pays for 100% of the cost of care.

The HSA Helps You Cover What You Pay for Care

Just for enrolling in the HDHP, **WME Group will contribute to your HSA**, which gives you a head start on covering the cost of medical care before you’ve met your deductible. In addition, you can contribute to the HSA up to the annual IRS maximums. For any balance you don’t use, you can roll it over to the next year and even invest your balance, with tax-free interest earnings.

COVERAGE AT A GLANCE

A glimpse at coverage in all four plans; for details, visit the [Digital Benefits Guide](#)

	HDHP with HSA	Open Access Network Only 80/0 Plan	Choice POS II 80/60 Plan	Choice POS II 90/80 Plan
Annual deductible (Individual/Dependents)				
In-network	\$2,000/\$4,000	\$250/\$625	\$500/\$1,500	\$1,000/\$2,000
Out-of-network	\$4,000/\$8,000	N/A	\$1,000/\$3,000	\$1,500/\$3,000
Office visits (PCP)				
In-network	You pay 20% after deductible	\$25 copay	\$25 copay	\$25 copay
Out-of-network	You pay 40% after deductible	N/A	You pay 40% after deductible	You pay 20% after deductible
Prescription drugs (30-day supply at an in-network retail pharmacy)				
Generic	\$20 copay after deductible	\$20 copay	\$20 copay	\$20 copay
Preferred brand	\$30 copay after deductible	\$30 copay	\$30 copay	\$30 copay
Non-preferred brand	\$40 copay after deductible	\$40 copay	\$40 copay	\$40 copay

**Note: If you visit an out-of-network provider, you are responsible for any charges above the usual, customary, and reasonable (UCR) limits.*

BEST PLAN FOR ME

Considerations about which medical plan is best for you; use the Health Plan Cost Estimator for more

HDHP with HSA	Open Access Network Only 80/0 Plan	Choice POS II 80/60 Plan	Choice POS II 90/80 Plan
- Typically only seeking preventive care (vaccines, wellness visit) and infrequent medical care (like urgent care visits) Enjoy the benefits of a tax-advantaged Health Savings Account (HSA) that both you and WME Group contribute to, which you can use to pay for eligible expenses today and in the future - Want to pay the least amount for coverage out of your paycheck	Only use in-network providers and don't need coverage for out-of-network providers - Like the idea of having fixed, predictable copays for medical care - Feel comfortable paying slightly more for coverage than the HDHP and not having out-of-network access in exchange for copays	- Want to have access to in- and out-of-network care - Like the idea of having fixed, predictable copays for medical care even if paycheck contributions are among the highest - Feel comfortable using a Flexible Spending Account (FSA) for out-of-pocket health care costs	- Almost exclusively use out-of-network providers - Feel comfortable paying the highest paycheck contributions for more predictable copays rather than saving more in a tax-advantaged HSA and having less predictable expenses when receiving care

All plans cover the same comprehensive health care services and use the same **Aetna** network. To review how each plan covers care and learn more about your plan options, visit the Health Plan Cost Estimator at www.medplancompare.com/wmegrp.

DENTAL

In-network plan features shown below, both options are through **Delta Dental CA**

Covered Expenses	Dental PPO Low Plan	Dental PPO High Plan (Buy-up)
Calendar Year Maximum (Plan pays)	\$2,000	\$5,000; does not apply to Class I services
Calendar Year Deductible (You pay)	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
Class I – Preventive & Diagnostic Care	100%, no deductible	100%, no deductible
Class II – Basic Restorative Care	80% after deductible	80% after deductible
Class III – Major Restorative Care	50% after deductible	50% after deductible
Class IV – Orthodontia (Children/Adults) Orthodontia Lifetime Maximum	Not covered	50% after deductible (lifetime maximum limit of \$2,000)
Class V – Implants	Not covered	50% after deductible

You won't receive an ID card when you enroll. Provide your SSN and policy group number (21412) at the time of care. You can access an ID card if needed through your account with Delta Dental at www.deltadentalins.com.

**Note: If you visit an out-of-network provider, you are responsible for any charges above the usual, customary, and reasonable (UCR) limits.*

VISION

Coverage through **VSP**

	In-network	Out-of-network
Eye Exam (once every 12 months)	\$20 copay	Allowance up to \$45
Eyeglass Lens Allowance (one pair every 12 months) • <i>Single Vision</i> • <i>Bifocal</i> • <i>Trifocal</i> • <i>Lenticular</i>	Covered 100%	Allowance up to \$32 Allowance up to \$55 Allowance up to \$65 Allowance up to \$80
Frame Retail Allowance (once every 24 months)	Allowance up to \$180	Allowance up to \$100
Contact Lens Allowance (one pair or single purchase every 12 months in lieu of lenses and frames) • <i>Elective</i> • <i>Therapeutic</i>	Allowance up to \$180 Covered 100%	Allowance up to \$105 Allowance up to \$210

You won't receive an ID card when you enroll. Provide your SSN at the time of care. You can access an ID card if needed through your VSP account at www.VSP.com.

SAVINGS & SPENDING ACCOUNTS



Health Savings Account (HSA)

When you elect the HDHP

- Triple-tax advantage
- For wide range of health care expenses
- **WME Group contributes** just for having one: \$500 for employee only coverage and \$1,000 when you cover dependents
- Account balance grows as you contribute
- Funds are yours forever



Health Care Flexible Spending Account (HCFSA)

When you elect a non-HDHP or waive coverage

- For a wide range of health care expenses, like the HSA
- Pre-tax dollars
- Full balance available on January 1
- “Use it or lose it”



Limited Purpose Flexible Spending Account (LPFSA)

When you enroll in the HDHP

- For dental and vision expenses only
- Funds can only be used on medical expenses after you’ve met your medical plan deductible
- Pre-tax dollars
- Full balance available on January 1
- “Use it or lose it”



Dependent Care Flexible Spending Account (DCFSA)

Regardless of medical plan enrollment; must earn under \$160,000

- For qualified childcare and similar dependent care expenses (not health care)
- Pre-tax dollars
- Account balance grows as you contribute
- “Use it or lose it”

HealthEquity administers these accounts.

INCOME PROTECTION

Coverage through **New York Life**

	Company-provided	Coverage you can elect
Life and AD&D Insurance	1x annual compensation ¹ , rounded up to the next \$1,000 (up to \$1M)	1–5x salary rounded to the next \$1,000 (min: \$25,000; max: \$1M) ² Option to buy Life and AD&D coverage for Spouse/Domestic Partner and Children
Short-Term Disability (STD)	N/A	Benefits begin after 7 days of disability; ends 25 weeks or when you no longer qualify 60% of weekly covered earnings, up to a projected maximum of \$1,620 /week for 2026
Long-Term Disability (LTD)	Benefits begin after 180 days of disability (or when STD ends) 50% monthly earnings, up to a maximum benefit: • \$10,000/month if earning less than \$240,000 • \$15,000/month if earning more than \$240,000	Increases your Basic LTD benefit to 66.67% of monthly earnings, up to a maximum benefit based on your annual salary

For this year’s Open Enrollment, you may be able to elect more voluntary income protection coverage without submitting EOI.

¹**Basic life insurance benefits will reduce to 67% at age 65 and 50% at age 70.**
²*Annual compensation is defined as your salary as of January 1 of the current year plus the previous year’s bonus..*

SUPPLEMENTAL MEDICAL

Cash benefits for qualified claims



Accident Insurance

- Benefits depend upon type of injury and treatment
- Can be used for accidental death, dislocation, intensive care, ambulance, and more

Critical Illness Insurance

- Three benefit amount options: \$10,000, \$20,000, and \$30,000
- Can be used if diagnosed with certain conditions like cancer, end stage renal failure, advanced Parkinson’s disease, and more

Hospital Indemnity Insurance

- Covers hospital facility stays for hospital admissions, daily stays in the hospital, ICU, or rehabilitation center, requiring observation, routine labor and delivery, and more

Aetna Voluntary administers these plans.

LEGAL PLAN AND IDENTITY THEFT PROTECTION



Legal Plan Through ARAG Legal

- Affordable coverage gives you access to local attorneys in the ARAG network, helping you save on legal expenses
- Support for various legal needs including family law, legal review, financial matters, traffic tickets, estate planning, and more



Identity Theft Protection Through Allstate

- Affordable coverage helps give you peace of mind your important identity matters and accounts are protected
- Features include monitoring multiple household devices, monitoring credit reports, personalized threat insights, and more
- Can provide financial assistance in the event you experience identity theft

MORE WAYS TO SAVE

Benefits for your health and wallet

BENEFITS FOR YOU

- Want someone to talk to about a stressful event? Try the **Employee Assistance Program**.
- Need help understanding a confusing health care bill? Try **ComPsych** or **Aetna Advocate** if you're enrolled in our medical plan.
- Joint pain or lead a healthy lifestyle? **Hinge Health** can help you get healthy and stay healthy with virtual support.
- Trying to create a healthy routine? Use **Wellhub** for access to fitness studios and gyms, with options that can flex to your lifestyle and budget.
- Looking for “life hack help” like finding a housecleaner, getting a referral to an accountant, and more? The **Employee Assistance Program** can help you find who you need to make life a little easier.

Visit the **Digital Benefits Guide** to learn more.



CHOOSE WELL

Resources to support you
and your next steps

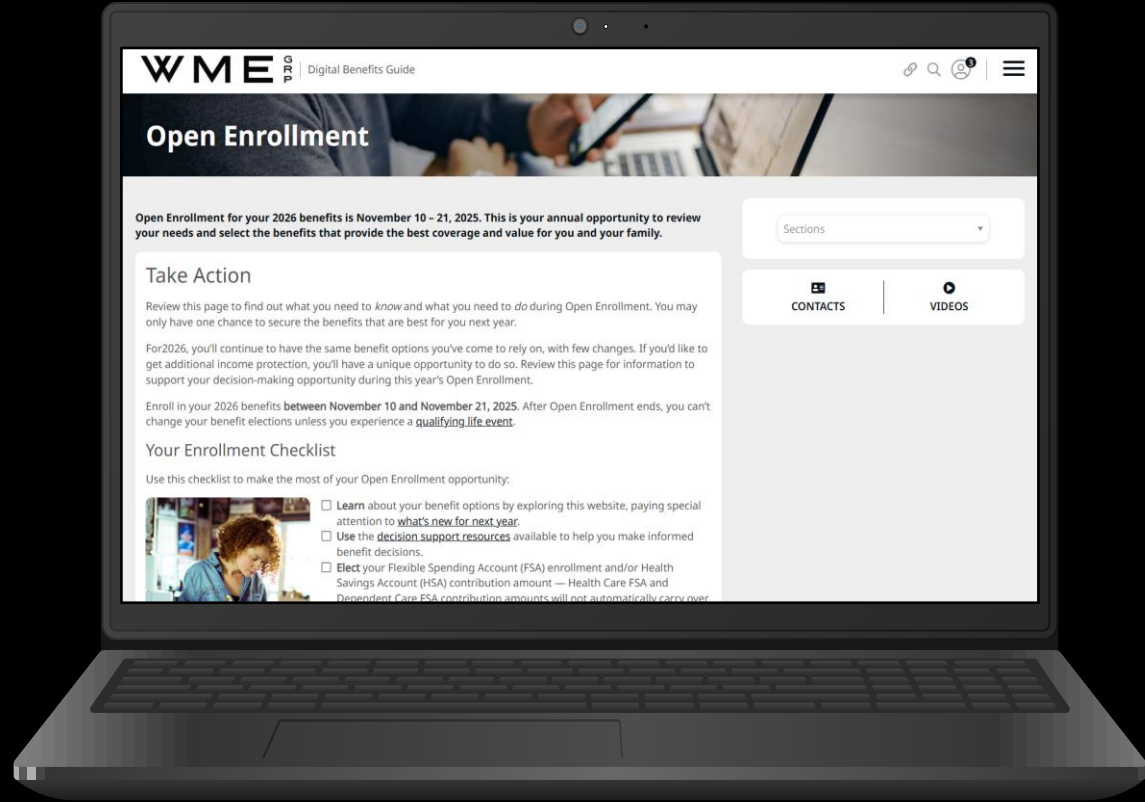


TOOLS YOU CAN USE

Two must-haves for Open Enrollment

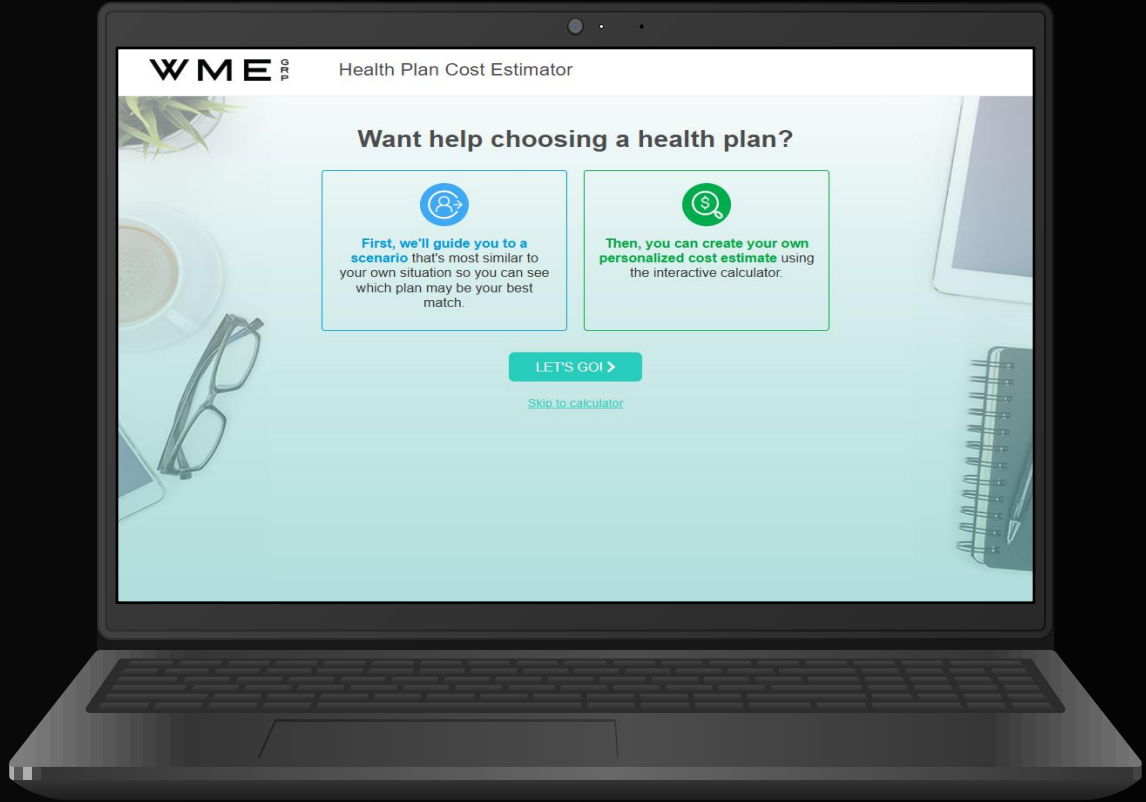
DIGITAL BENEFITS GUIDE

- Your one-stop shop for the WME Group benefits program
- Review the OPEN ENROLLMENT page for all you need to know about what’s new for 2026, what you can elect, support for your decision-making process, and how to enroll
- Access the site at <https://benefits.wmegrp.com>



HEALTH PLAN COST ESTIMATOR

- Get help for choosing a medical plan that’s best for you
- Answer questions about who you’ll cover, your preferences, and your health care usage – and model as many scenarios as you want!
- You can save your progress as a PDF or web URL to refer to later
- Access the tool at <https://www.medplancompare.com/wmegrp>



YOUR CHECKLIST

Three steps for an Open
Enrollment success



LEARN

- ☐ Review the **Open Enrollment** page on the Digital Benefits Guide
- ☐ Use the Health Plan Cost Estimator to find the best plan for your current needs



ENROLL

- ☐ Go to **Workday** to elect your benefits
- ☐ Choose your plans and who you'll cover
- ☐ Elect your FSA and HSA contributions, as applicable
- ☐ Confirm dependents and their eligibility
- ☐ Review your beneficiary information

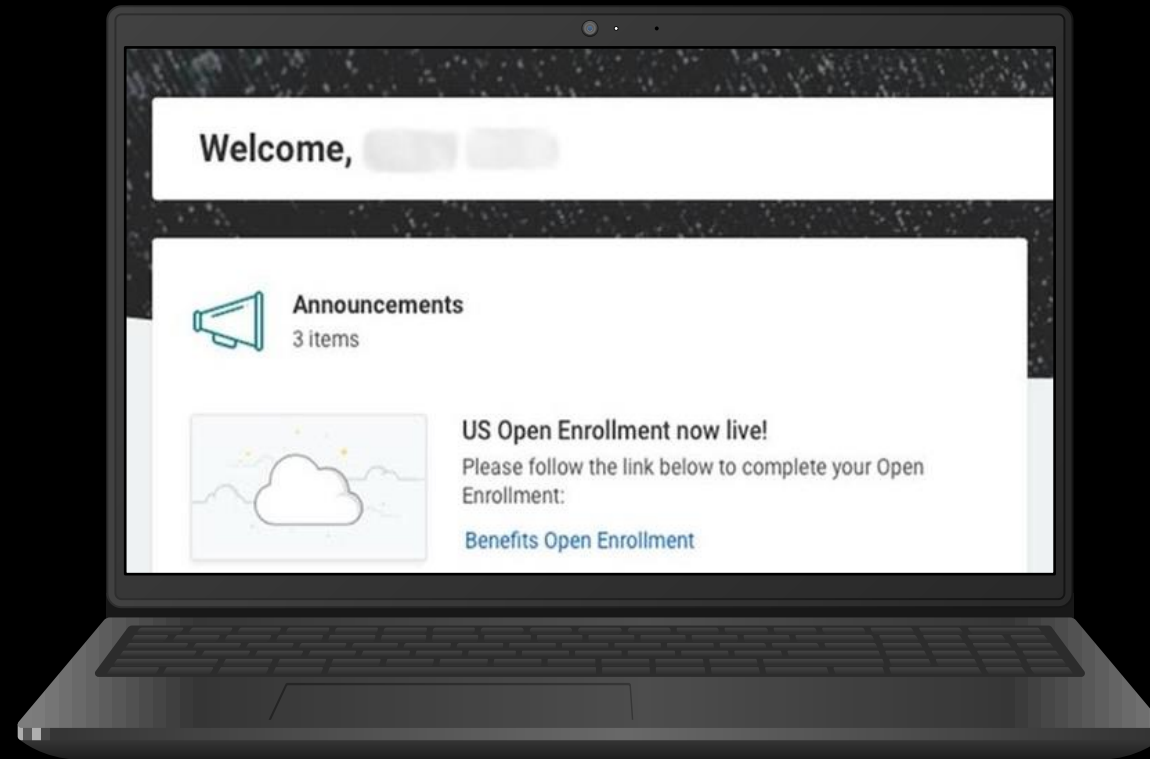


SUBMIT YOUR ELECTIONS BY NOVEMBER 21

- ☐ Submit your benefit elections in Workday by November 21
- ☐ Download and print your election summary from Workday

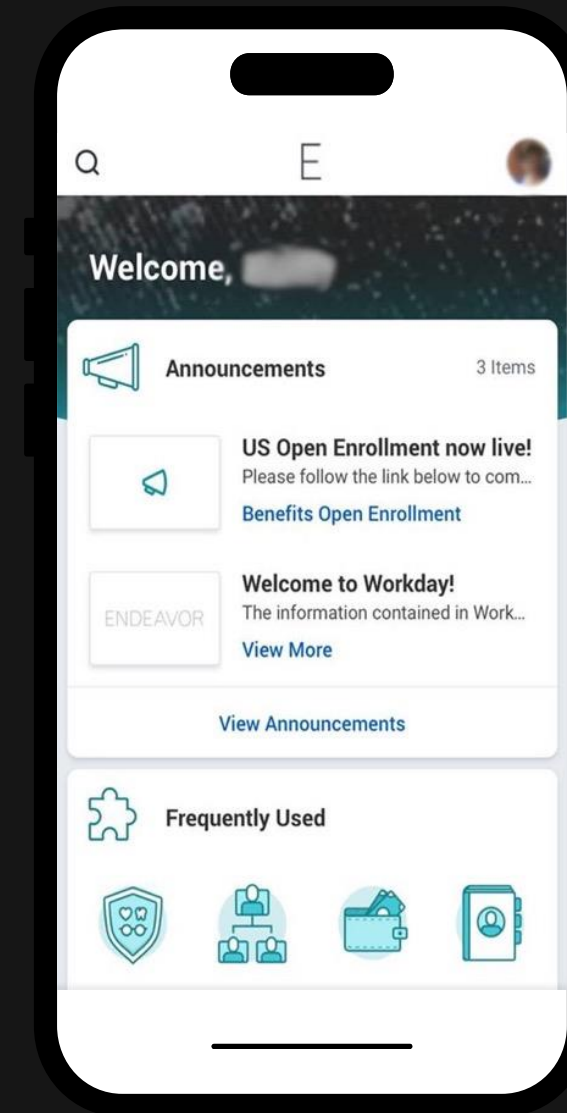
HOW TO ENROLL?

Ways to access Workday for Open Enrollment



ON YOUR COMPUTER

- Log on to your Workday account
- Click on the **Benefits Open Enrollment** link under **Announcements** to begin the enrollment process



ON THE WORKDAY APP

- Download the mobile app on the Google Play or Apple App stores
- Log on to your Workday account
- Click on the **Benefits Open Enrollment** link under **Announcements** to begin the enrollment process

NEED TO ENROLL?

Here’s what happens if you don’t.

If you do not actively enroll by November 21:



You will automatically be enrolled in the same plans and coverage levels as today; you’ll pay the 2026 contributions for these plans



You won’t be able to contribute to any Flexible Spending Account



You’ll miss the chance to enroll in any other benefits that may help you maximize savings and minimize costs

WME GRP

Email US_Benefits@endeavorco.com with questions.