



Employee Benefits

2026



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Welcome!

Clyde Companies is a premier construction materials and service provider in the Intermountain West and Great Plains Regions that offers quality career opportunities, profitable growth, and value to all our customers. Our Mission is to “Build a Better Community”, which we achieve by focusing on our core values that include the following:

- We Value People**
- Always Give a Full Measure**
- Our Word is our Bond**
- We Continuously Improve**



The focus on “Building a Better Community” and “Valuing People” begins first and foremost with each and every employee. With this in mind, great care and thought have been taken to provide a best-in-class benefits program. This program can provide a financial safety net for you and your family in the event of unexpected and potentially catastrophic events. In the pages that follow, you will learn more about the specifics of each plan.



A Message For Our Team Members



Our commitment to your well-being is a cornerstone of our values. We understand that our greatest asset is you—our dedicated and talented employees from the front-line workers to production plants and all the offices in between. As we continue to grow and build better communities, we recognize the importance of providing comprehensive benefits that support your health, financial security, and overall quality of life.

This benefits booklet is designed to be a resource to help you navigate the diverse range of benefits and programs available to you. Whether you are new to the company or have been with us for years, we hope this guide will assist you in making informed decisions for yourself and your family.

Our benefits program is crafted with care, keeping in mind the varying needs and life stages of our workforce. From health and wellness initiatives to financial planning and mental health support, our goal is to offer benefits that empower you to thrive both personally and professionally.

We encourage you to take the time to explore this booklet, understand the options available, and take full advantage of the benefits that best meet your needs. Your well-being is our priority, and we are here to support you every step of the way.

We value you! Thank you for being an integral part of the Clyde family. Together, we will continue to build a workplace where everyone can succeed and flourish.

Sincerely

Michelle Hill

Chief Human Resources Officer

Note: This benefits guide has been reviewed for accuracy; however, oversights can occur and condensed summaries can be misinterpreted. If there is a difference between this benefits guide or the SPD and the official plan documents or contracts that govern the plan, the plan documents or contracts will be followed. The Company reserves the right to amend or terminate any program in whole or in part at any time.

Introduction



Benefits At a Glance				
Benefit	Date of Hire	First of the month following 30 days of employment		Costs covered 100% by the company
	Salary Employees	Hourly Full-Time Employees	Part-Time Employees	
Medical, Rx	X	X		
Dental	X	X		
Vision	X	X		X
Health Savings Account (HSA)	X	X		
Telehealth	X	X		X
Wellness Program	X	X		X
EAP & Mental Health Benefits	X	X		X
Virtual Physical Therapy	X	X		X
Fertility & Family Forming	X	X		X
Basic life & AD&D	X	X		X
Voluntary Life Insurance	X	X		
Disability	X	X		X (basic long-term disability)
Accident	X	X		
Hospital Supplemental	X	X		
Critical Illness	X	X		
FSA & Dependent Care	X	X		
Identity Protection & Financial Wellness	X	X		
Prevention, Diabetes & Hypertension	X	X		X
Paid Pregnancy & Parental Leave Note: eligibility at 1 year	X	X		X
401k Retirement	First of the month following 2 months of employment	First of the month following 2 months of employment	First of the month following 2 months of employment	
Paid Time Off (PTO)	X	Date of Hire		X
Holidays	X	After 30 days of employment		X

Introduction

Available Benefits

- Medical, Rx & Dental
- Dental Insurance
- Vision Insurance
- Telehealth
- Wellness Program
- Mental Health Benefits
- Prevention, Hypertension & Diabetes
- Virtual Physical Therapy
- Fertility and Family Forming Benefit
- Group Life and Accidental Death and Dismemberment (AD&D)
- Voluntary Life Insurance and Accidental Death and Dismemberment (AD&D)
- Voluntary Short Term Disability (STD)
- Group Long Term Disability (LTD)
- Voluntary Long Term Disability (LTD)
- Accident Insurance
- Critical Care Insurance
- Hospital Care Insurance
- Employee Assistance Program (EAP) & Mental Health Support
- Flex Spending Account (FSA)
- Health Savings Account (HSA)
- Identity Protection & Financial Wellness
- 401(k) Retirement Plan
- Holiday
- Dependent care
- Paid Time Off (PTO)
- Paid Pregnancy & Parental Leave
- Perks & Discounts



Eligibility

You are eligible to enroll in benefits if you are a full-time employee or the lawful spouse of an eligible employee (including legal common-law spouses but excluding domestic partners or civil unions). Children are eligible for continued coverage on health insurance policies until they turn 26 years old. Children older than 26 with disabilities can be covered on your plan upon application approval. Please see [page 51](#) for 401(k) eligibility.

New-Hire Waiting Period

Exempt (salaried) employees become eligible for benefits on their first day of full-time employment. Non-exempt (hourly) employees become eligible for benefits the first of the month following 30 days from their first day of full-time regular employment. Please see [page 51](#) for 401(k) eligibility.

Enrollment Info

Open Enrollment

During the open enrollment period, you are eligible to make changes to your benefits. Open enrollment is held once a year for employees to sign up for all benefits, change plans, drop coverage, or add an eligible dependent to their coverage. Once enrolled, you cannot make changes until the next open enrollment unless you have a special enrollment event.

During the open enrollment period, you can also make changes to your life and disability plans. Any requests for more than the guarantee issue need to be accompanied by a health questionnaire (an evidence of insurability form). If you waive coverage at open enrollment and want to add coverage later, an evidence of insurability form may be required, and coverage may be denied. If you enroll in voluntary life coverage when you are first eligible with Guardian, you may increase up to the employee or spouse guarantee issue at a future annual enrollment without medical questions.

Open enrollment is also the time to elect your FSA and HSA amounts for next year. You will need to elect your FSA and HSA withholdings each year even if you choose to have the same amount withheld.



Special Enrollment Events

Life events allow you to make changes to your benefits package or to enroll if you previously waived coverage. Examples of life events are marriage, birth, adoption, or loss of other coverage. These events will give you a 30 day window to make changes which will become effective the date of the event.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the qualifying event.

The elections you make now stay in effect through December 31, 2026, unless you have a change in family or employment status. Please notify your Benefits Department within 30 days of a change.

The following are examples of a change in status:

- Your marriage, legal separation, or divorce.
- Birth, adoption, or a change in custody for an eligible child.
- Death of your spouse or covered child.
- Change in your work status that affects your benefits.
- Your dependent loses eligibility for coverage.
- Change in your spouse's work status that affects his or her benefits.
- You or your spouse and dependents gain or lose Medicare or Medicaid coverage.
- You receive a qualified medical child support order (QMCSO).
- Change in residence or work site that affects your benefits.

Enrollment Info

New Employees

Employees hired after the plan year begins will select their coverage choices for the remainder of the plan year within 30 days of eligibility. New employees will be required to sign up online for all benefits.

Rehired Employees

If you are rehired within 90 days following a layoff, your insurance will be effective on your rehire date, provided you sign up online and complete the rehire enrollment process. If your rehire date falls outside of the 90 day window, a new waiting period will apply.

Late Entrants

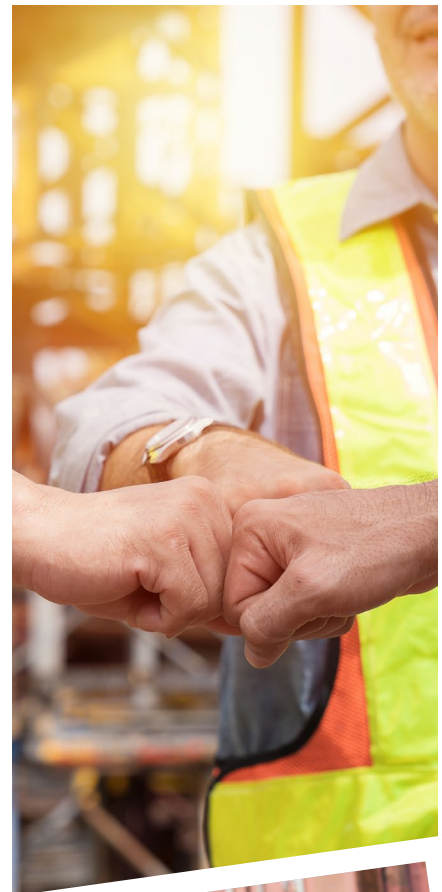
If you do not sign up for coverage within 30 days of your eligibility date, you will be considered a late entrant. If you decide to enroll later, you will be subject to additional waiting periods for certain services, and may need to be approved by the insurance company before gaining coverage. You may also be required to wait until the next open enrollment period based on the reason for the late enrollment.

COBRA Coverage

If you elect medical, dental or vision coverage and are covered for at least one day, you will have the right to continue your coverage upon termination of employment or benefits. Further details will be given to you at that time.

Waiving Coverage

If you do not want to enroll in these plans at this time or you are waiving dependent coverage, you are still required to complete the enrollment process online and waive coverage. Thoughtful consideration of your benefit elections are critical during open enrollment as you will be limited in most cases in making any changes.



Enrollment Info

39-Week Deductions Schedule

ALL HOURLY EMPLOYEES WORKING FOR - WW CLYDE, GENEVA ROCK, & SUNCORE

Overview of 39-week Schedule:

Benefit deductions will be a flat weekly amount; the premiums you pay for your benefits are calculated and deducted on a weekly rate based on 39-weeks each calendar year. Total yearly costs are the same for all employees' whether you are on a 39-week or 52-week schedule. The difference is Clyde withholds based on 39-weeks due to the possibility of furlough. During the winter months or when there isn't sufficient work, some positions may need to be furloughed. The 39-week deductions allows you to remain active with the company and keep your benefit package. Once you have paid 39-weeks in a calendar year, you will stop paying insurance premiums while retaining coverage through the end of the year, as long as you remain an eligible employee.

3 THINGS YOU NEED TO KNOW:

- 1** When you enroll in your benefits you are agreeing to premiums being deducted based on 39-weeks. We take the annual premium amount and divide it by 39 to get your weekly premium rate.
Example $\$2,372.24 / 39 = \60.82
- 2** If you are enrolled for the full calendar year, the FSA & HSA amounts you elect are calculated annually based on 39-weeks. If you are hired during the year the contribution amount will be pro-rated based on the remaining 39 weeks identified as deduction weeks.
- 3** Amounts that are withheld are not refunded if your employment ends. Your benefits will end on either the last day worked (e.g. life and disability), or the last day of the month (medical, dental, vision) according to plan rules.



Online Enrollment Info

How to Enroll – In “My Benefits”



NEW ACCOUNT

1. Go to clyde.ukg.net
2. Click Sign in with your company (SSO)



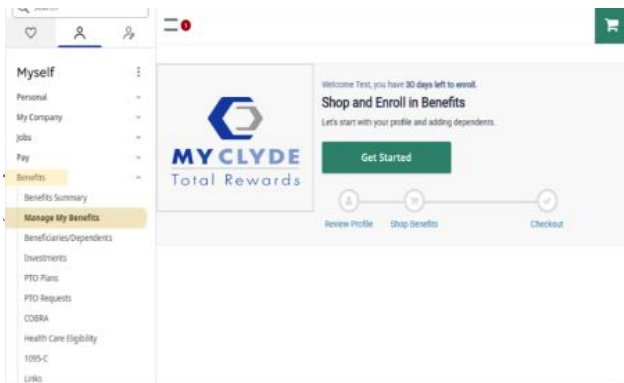
Welcome!
We're glad you're here.

Sign in with your company (SSO)

EXISTING ACCOUNT

1. Go to clyde.ukg.net
2. Click Sign in with your company (SSO)

MAKING A MID-YEAR CHANGE



**YOUR COMPANY ACCESS
CODE IS: CLYDE**

COMPLETE YOUR ENROLLMENT

The check mark next to your dependent's name means the dependent is enrolled.



The per pay period cost and coverage level will change as you add or remove dependents.

Family Covered + ADD FAMILY MEMBER

<input checked="" type="checkbox"/> Yourself	<input checked="" type="checkbox"/> Test Test
<input type="checkbox"/> Employee Only	\$20.94 Per Pay Period
<input type="checkbox"/> Employee + Spouse	\$49.32 Per Pay Period
<input type="checkbox"/> Employee + Children	\$34.94 Per Pay Period
<input type="checkbox"/> Employee + Family	\$62.40 Per Pay Period

**YOUR ENROLLMENT IS NOT
COMPLETE UNTIL YOU CLICK
CHECKOUT AT THE END!**



Plan Choices

The company will offer a comprehensive benefit package for 2026. Health, dental and vision coverage will be offered through individual elections; telehealth coverage is included with the medical plan. In addition to our core coverage, other voluntary coverage options are available including life insurance, short and long term disability, and supplemental products including accident, critical illness, hospital, and identity theft. Additional information on each of these benefits is available within this benefits guide.

In 2026, Clyde Companies will offer three High Deductible Health Plans (HDHP) with a Health Savings Account (HSA). These three plans will provide employees the opportunity to save on their out-of-pocket costs and save money for future medical expenses. Detailed information on the HSA is available on [pages 13-16](#).

You will need to carefully select your coverage during the open enrollment period. Changes during the plan year are not allowed without a qualified life event, due to IRS and ERISA guidelines.



Medical

We offer three high deductible HSA plans along with the traditional plan for 2026. Each of these plans includes comprehensive coverage to meet your medical needs. Each plan is very different in how claims are paid, so careful consideration will be needed to evaluate which plan will work the best for you. Preventive services will continue to be covered 100% under all plans. Plan summaries are located on [pages 17-19](#) of this benefits guide, and full summary plan descriptions (SPD) are available at Clyde.ukg.net or by request from your Benefits Department. Click sign in with your company (SSO)

Vision

Our vision coverage will be provided by VSP Network. The plan covers vision exams, frames, lenses and contacts. The vision plan summary is located on [page 28](#) of this benefits guide, and a full summary plan description (SPD) is available at Clyde.ukg.net or by request from your Benefits Department.

Dental

We offer two dental options through Regence Dental. The dental plan summaries are located on [pages 30-31](#) of this benefits guide, and full summary plan descriptions (SPD) are available at Clyde.ukg.net or by request from your Benefits Department.





Key Terms

CO-PAY

A fixed dollar amount payable by the member directly to a provider at the time covered services are rendered. Co-pay amounts do not apply towards the deductible or coinsurance.

DEDUCTIBLE

A set dollar amount you will need to reach in accumulated medical service expenses before the carrier will begin paying for services. Be aware that some plans may have a flat co-pay or coinsurance percentage before the deductible is met.

COINSURANCE

The percentage (%) of eligible charges payable by the member directly to a provider for covered services. Coinsurance percentages generally apply after the deductible has been satisfied.

OUT-OF-POCKET MAXIMUM

The maximum dollar amount per year of eligible medical charges payable by the member directly to providers.

PREVENTIVE CARE

Services such as annual physical exams with associated tests, well-child visits, flu shots, immunizations, and cancer screenings. Care provided for the diagnosis or monitoring of illness based on symptoms the member is experiencing is not considered preventive care and will apply to the appropriate medical benefit.

IN-NETWORK

Use of a health care provider that is a member of the plan's provider network.

OUT-OF-NETWORK

Use of a health care provider that is not in the plan's provider network. The medical plans generally pay reduced benefits for out-of-network services.

FSA

A Flexible Spending Account (FSA) is a voluntary employer-sponsored program for employees to save a portion of their income to be used to pay for qualified medical, dental, vision or dependent care expenses incurred during their benefit plan year. Contributions are tax-free through payroll deductions. Funds in a health care and/or dependent care FSA can only be used throughout the plan year, and generally are under a "use it or lose it" regulation each year.

LIMITED FSA

This Limited Flexible Spending Account (FSA) is available to employees that have selected a Health Savings Account (HSA) medical option. These employee funds are limited to reimbursement of dental and vision expenses only. Medical expenses are eligible for reimbursement after your medical deductible has been met. Funds are "use it or lose it" for the year.

HSA

A Health Savings Account (HSA) is a tax-free savings account that belongs to you. Money deposited into your HSA account can be a combination of employee and/or employer contributions. You can use HSA funds to pay eligible medical, dental, and vision expenses similar to the Medical FSA. Funds can roll over from year to year.

HDHP

A high-deductible health plan (HDHP) is a health insurance plan with lower premiums and a higher deductible than a traditional health plan. Being covered by an HDHP is also a requirement in order to have a Health Savings Account (HSA).

What Is a Health Savings Account (HSA)?

A health savings account (HSA) is a tax-free savings account that belongs to you. You can use your HSA to pay for your insurance deductible and qualified out-of-pocket medical, dental or vision expenses. Your HSA works with your lower premium, higher-deductible medical plan to cover your major medical expenses.



Why Should I Choose An HSA?

AN HSA PUTS MORE MONEY INTO YOUR POCKET.

With an HSA, you get to take some of the money that would have gone to pay for higher health insurance premiums and put it into your own pocket.

You can use the HSA to pay for qualified medical expenses, or you can save it and let it grow with tax-free interest from year to year. With an HSA:

- You don't lose it if you don't spend it.
- You don't have to pay taxes on withdrawals for eligible medical expenses.
- And even if you lose your qualified lower premium plan, you can still use the remaining funds in your HSA on qualified medical, dental or vision expenses.

The HSA, including all the money you and your employer contribute, is yours to use. You take the account with you when you change jobs, retire or leave your qualified health plan.

An HSA Gives You More Control Over How You Spend Your Health Care Dollars.

- **You can keep your own doctor.** An HSA-qualified plan is flexible and your Regence Network will remain the same for both plans.
- **You can cover expenses that your health plan might not include.** For example, if your health plan limits the number of chiropractic treatments you can have during the year, you can pay for additional treatments with your HSA.

Who Is Eligible To Have An HSA?

To be eligible to open an HSA, you must meet the following requirements:

- Be covered under an HSA-qualified health plan on the first day of any month for which eligibility is claimed (as described in IRS Publication 969 — Health Savings Accounts and Other Tax-Favored Health Plans).
- Not be enrolled in Medicare.
- Not be claimed as a dependent on someone else's tax return.
- Have no other insurance except what is permitted by the IRS (see IRS Publication 969).

If I'm Healthy, Is an HSA Right for Me?

More than 70% of insured people incur less than \$1,000 a year in medical expenses (including what both the patient and the health plan pay). HSA-qualified health plans cover preventive care services at 100% and have a fixed limit on your out-of-pocket costs (see medical plan summaries on [pages 17-19](#)).

If you take advantage of those preventive care services and adopt healthy lifestyle habits, it's likely you won't have to spend much of your HSA. The unspent portion of your HSA can then grow tax-free from year to year.

How can an HSA help me save for Retirement?

Think of an HSA as a Medical 401(k) — Only Better

- You and your employer can make pre-tax contributions to your HSA.
- The companies' annual contributions are deposited into your paycheck each week.
- Your HSA can grow tax-free for as long as you own the account.
- You can make the choice to keep your money liquid in an FDIC-insured bank account or, when the balance grows high enough, you can invest it.
- You can contribute money up to the IRS yearly limit at any time during the year—as long as you're covered by an HSA-qualified health plan and aren't on Medicare or covered by other insurance. Even family members can contribute to your account (but only you and your employer can deduct your contributions from your taxes).
- If you're no longer employed, you can still make contributions to your HSA—as long as you're still covered by an HSA-qualified health plan and aren't on Medicare or covered by other insurance.
- You don't have to be of retirement age to make tax-free withdrawals at any time—as long as you use the funds for qualified medical, dental or vision expenses.



Health Savings Account (HSA)



How Can I Build the Balance in My HSA?

You and/or Your Employer Can Make Pre-Tax Contributions to Your HSA up to the Yearly IRS limits.

- The maximum contribution limit for individual coverage is \$4,400 in 2026.
- The maximum contribution limit for family coverage is \$8,750 in 2026.
- Participants aged 55 and over can make an additional “catch-up” contribution of \$1,000 per year.

You Can Roll Over Funds From Other Tax-Advantaged Accounts.

Transfers from other HSAs into the Clyde Companies HSA are permitted as long as you’re the owner of both accounts.

You can also do a once per lifetime transfer from an IRA to your HSA. This transfer is limited to the annual HSA contribution limit set by the IRS. You must remain in your HSA-qualified health plan for the entire period following the month in which the transfer was completed in order to avoid taxes and penalties.

2026 CLYDE COMPANIES CONTRIBUTION SCHEDULE - WEEKLY

Employees must be benefit eligible and actively covered on the high-deductible health plan during the time the payment is made to receive a contribution.

NEW in 2026! Clyde Contributes Weekly Into your HSA account	Choice HSA Single	Balanced HSA Single	Saver HSA Single	Choice HSA Family	Balanced HSA Family	Saver HSA Family
Annual Total	\$650	\$900	\$1,300	\$1,600	\$2,200	\$2,900
Employees 52-Week Schedule	\$12.50	\$17.31	\$25.00	\$30.77	\$42.31	\$55.77
Employees 39-Week Schedule	\$16.67	\$23.08	\$33.34	\$41.03	\$56.42	\$74.36





Health Savings Account (HSA)

Whose Medical Expenses Can I Pay For Out Of My HSA?

Spouse and Dependents

In addition to your own medical expenses, you can use your HSA to pay the medical expenses of any family member who is reported as a dependent on your tax return, even if they're not covered by your health plan (however, their expenses won't be applied toward your health plan's deductible if they're not on your plan).

What Kinds Of Medical Expenses Will My HSA Pay For?

You can use HSA funds to pay for qualified medical, dental or vision expenses as defined by the IRS. A partial list is included on [page 48](#), as FSA and HSA expenses follow the same IRS guidelines.

Contributions Can Be Changed Monthly

With an HSA you have the added flexibility of changing your contributions throughout the year. You may increase or decrease your contributions at the beginning of each month. Additionally, if you wish to opt out of making contributions you can do so at any time. You can make these changes by logging into your benefits information system account.



Medical Benefits



	Traditional PPO Plan Regence \$1,100		Choice HSA Plan Regence \$1,700	
	BluePoint \$1,100 Ded, \$3,000 OOP, \$25 / \$35 Copays		HSA \$1,700 Ded, \$3,000 OOP	
Benefit:	In-network	Out-of-network*	In-network	Out-of-network*
Annual Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Deductible (Included in Out of Pocket Maximum)	\$1,100 Individual / 2,200 Family	\$2,000 Individual / \$4,000 Family	\$1,700 Individual / \$3,400 Family	\$3,000 Individual / \$6,000 Family
Out of Pocket Maximum	\$3,000 Individual / \$6,000 Family	\$6,000 Individual / \$12,000 Family	\$3,000 Individual / \$6,000 Family	\$6,000 Individual / \$12,000 Family
Office Visits	\$25 PCP / \$35 Specialist (deductible waived)	25%*	20%*	40%*
Coinsurance	20%*	40%*	20%*	40%*
Durable Medical Equipment	50% (deductible waived)	50% (deductible waived)	50%*	50%*
Emergency Room	\$100 Copay, 20%*	\$100 Copay, 20%*	20%*	20%*
Home Health (60 visits)	20%*	40%*	20%*	40%*
Hospital Services	20%*	40%*	20%*	40%*
Maternity	20%*	40%*	20%*	40%*
Mental Health / Chemical Dependency-Inpatient	20%*	40%*	20%*	40%*
Mental Health / Chemical Dependency-Outpatient	\$25 Copay (deductible waived), 20%*	25%*	20%*	40%*
Neurodevelopmental Therapy (40 visits)	20%*	40%*	20%*	40%*
Nutritional Counseling (3 visits)	20%*	40%*	20%*	40%*
Diabetic, Anorexia, Bulimia Counseling	20%*	40%*	20%*	40%*
Orthotics/Prosthesis	20%*	40%*	20%*	40%*
Preventive Services/ Immunizations	0% (deductible waived)	25% (deductible waived)	0% (deductible waived)	25%*
Major Radiology & Laboratory	20%*	40%*	20%*	40%*
Minor Radiology & Laboratory	0% (deductible waived)	40%*	20%*	40%*

Medical Benefits

	Traditional PPO Plan Regence \$1,100		Choice HSA Plan Regence \$1,700	
	BluePoint \$1,100 Ded, \$3,000 OOP, \$25 / \$35 Copays		HSA \$1,700 Ded, \$3,000 OOP	
Benefit:	In-network	Out-of-network*	In-network	Out-of-network*
Rehabilitation- Inpatient (15 days)	20%*	40%*	20%*	40%*
Rehabilitation- Outpatient (40 visits)	20%*	40%*	20%*	40%*
Skilled Nursing Facility (60 days)	20%*	40%*	20%*	40%*
Spinal Manipulations (limit of 10 visits)	20%*	40%*	20%*	40%*
TMJ	50%*	50%*	50%*	50%*
Transplants	20%*	40%*	20%*	40%*
Urgent Care	\$25 PCP / \$35 Specialist (deductible waived)	25%	20%*	40%*
PHARMACY				
Prescription	Retail	Mail Order	Retail	Mail Order
Deductible \$0	\$0	\$0	Shared with Medical	Shared with Medical
Out of Pocket Maximum	Shared with Medical	Shared with Medical	Shared with Medical	Shared with Medical
Tier 1	\$10	\$30	\$10*	\$30*
Tier 2	\$25	\$75	\$25*	\$75*
Tier 3	\$50	\$150	\$50*	\$150*

*These are the amounts you pay after your deductible is satisfied

PLEASE NOTE: To remain compliant with State and Federal regulations including the Affordable Care Act, these benefits are subject to change. Any errors are unintentional and non-binding. For final benefits, please refer to the group's Benefit Booklet. *Out-of-network payments are based on eligible charges, and are subject to balance billing.



Medical Benefits



	Balanced HSA Plan Regence \$2,600		Saver HSA Plan Regence \$5,000	
	HSA \$2,600 Ded, \$5,000 OOP		HSA \$5,000 Ded, \$8,050 OOP	
Benefit:	In-network	Out-of-network*	In-network	Out-of-network*
Annual Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Deductible (Included in Out of Pocket Maximum)	\$2,600 Individual / \$5,200 Family	\$5,000 Individual / \$10,000 Family	\$5,000 Individual / \$10,000 Family	\$7,500 Individual / \$15,000 Family
Out of Pocket Maximum	\$5,000 Individual / \$10,000 Family	\$10,000 Individual / \$20,000 Family	\$8,050 Individual / \$16,100 Family	\$16,100 Individual / \$32,200 Family
Office Visits	20%*	40%*	20%*	40%*
Coinsurance	20%*	40%*	20%*	40%*
Durable Medical Equipment	50%*	50%*	50%*	50%*
Emergency Room	20%*	20%*	20%*	20%*
Home Health (60 visits)	20%*	40%*	20%*	40%*
Hospital Services	20%*	40%*	20%*	40%*
Maternity	20%*	40%*	20%*	40%*
Mental Health / Chemical Dependency-Inpatient	20%*	40%*	20%*	40%*
Mental Health / Chemical Dependency-Outpatient	20%*	40%*	20%*	40%*
Neurodevelopmental Therapy (40 visits)	20%*	40%*	20%*	40%*
Nutritional Counseling (3 visits)	20%*	40%*	20%*	40%*
Diabetic, Anorexia, Bulimia Counseling	20%*	40%*	20%*	40%*
Orthotics/Prosthesis	20%*	40%*	20%*	40%*
Preventive Services/ Immunizations	0% (deductible waived)	25%*	0% (deductible waived)	25%*
Major Radiology & Laboratory	20%*	40%*	20%*	40%*
Minor Radiology & Laboratory	20%*	40%*	20%*	40%*

Medical Benefits

	Balanced HSA Plan Regence \$2,600		Saver HSA Plan Regence \$5,000	
	HSA \$2,600 Ded, \$5,000 OOP		HSA \$5,000 Ded, \$8,050 OOP	
Benefit:	In-network	Out-of-network*	In-network	Out-of-network*
Rehabilitation- Inpatient (15 days)	20%*	40%*	20%*	40%*
Rehabilitation- Outpatient (40 visits)	20%*	40%*	20%*	40%*
Skilled Nursing Facility (60 days)	20%*	40%*	20%*	40%*
Spinal Manipulations (limit of 20 visits)	20%*	40%*	20%*	40%*
TMJ	50%*	50%*	50%*	50%*
Transplants	20%*	40%*	20%*	40%*
Urgent Care	20%*	40%*	20%*	40%*
PHARMACY				
Prescription	Retail	Mail Order	Retail	Mail Order
Deductible \$0	Shared with Medical	Shared with Medical	Shared with Medical	Shared with Medical
Out of Pocket Maximum	Shared with Medical	Shared with Medical	\$10*	\$30*
Tier 1	\$10*	\$30*	\$25*	\$75*
Tier 2	\$25*	\$75*	\$50*	\$150*
Tier 3	\$50*	\$150*	\$50*	\$150*

*These are the amounts you pay after your deductible is satisfied

PLEASE NOTE: To remain compliant with State and Federal regulations including the Affordable Care Act, these benefits are subject to change. Any errors are unintentional and non-binding. For final benefits, please refer to the group's Benefit Booklet. *Out-of-network payments are based on eligible charges, and are subject to balance billing.





Network Options



Employees in Utah will have the ability to select their network of participating providers. The table below shows the three network options and eligibility.

More Providers		
<p>Focal Point (FP)</p> <ul style="list-style-type: none"> Includes University of Utah Hospital and Primary Children's Hospital, and other MountainStar hospitals. Ideal for: Members who want cost savings and only access to high quality providers 	<p>ValueCare (PVC)</p> <ul style="list-style-type: none"> Includes all Focal Point Providers and CommonSpirit Hospitals Ideal for: Members with one or more doctors in the network 	<p>Participating (PAR)</p> <ul style="list-style-type: none"> Includes all Focal Point and ValueCare hospitals and Intermountain hospitals Ideal for: Members willing to pay extra for access to every major hospital in Utah.
More Savings		

Network Options - Utah

HOSPITAL	PAR	PVC	FP
Alta View Hospital - Intermountain	X		
American Fork Hospital - Intermountain	X		
Ashley Regional Medical Center	X	X	X
Bear River Valley Hospital - Intermountain	X	X	
Beaver Valley Hospital	X	X	X
Blue Mountain Hospital	X	X	X
Brigham City Community Hospital - MountainStar	X	X	X
Cache Valley Hospital - MountainStar	X	X	X
Castleview Hospital	X	X	X
Cedar City Hospital - Intermountain	X	X	
Central Valley Medical Center	X	X	X
CommonSpirit Holy Cross Hospital - Davis	X	X	
CommonSpirit Holy Cross Hospital - Jordan Valley	X	X	
CommonSpirit Holy Cross Hospital - Jordan Valley West	X	X	
CommonSpirit Holy Cross Hospital - Mountain Point	X	X	
CommonSpirit Holy Cross Hospital - Salt Lake	X	X	
Delta Community Hospital - Intermountain	X	X	
Fillmore Community Hospital - Intermountain	X	X	
Garfield Memorial Hospital - Intermountain	X	X	
Gunnison Memorial Hospital	X	X	X
Heber Valley Hospital - Intermountain	X	X	
Huntsman Cancer Institute - U of U	X	X	X
Huntsman Mental Health Institute - U of U	X	X	X
Intermountain Medical Center - Intermountain	X		
Kane County Hospital	X	X	X
Lakeview Hospital - MountainStar	X	X	X
Layton Hospital - Intermountain	X		

Network Options - Utah

HOSPITAL	PAR	PVC	FP
LDS Hospital - Intermountain	X		
Logan Regional Hospital - Intermountain	X	X	
Lone Peak Hospital - MountainStar	X	X	X
McKay-Dee Hospital - Intermountain	X		
Milford Memorial Hospital	X	X	X
Moab Regional Hospital	X	X	X
Moran Eye Center	X	X	X
Mountain View Hospital - MountainStar	X	X	X
Mountain West Medical Center	X	X	X
Ogden Regional Medical Center - MountainStar	X	X	X
Orem Community Hospital - Intermountain	X		
Park City Hospital - Intermountain	X	X	
Primary Children's Hospital	X	X	X
Primary Children's Hospital - Lehi	X	X	X
Riverton Children's Unit	X	X	X
Riverton Hospital - Intermountain	X		
San Juan County Hospital	X	X	X
Sanpete Valley Hospital - Intermountain	X	X	
Sevier Valley Hospital - Intermountain	X	X	
Shriners Hospital	X	X	X
Spanish Fork Hospital - Intermountain	X		
St. George Regional Hospital - Intermountain	X	X	
St. Mark's Hospital - MountainStar	X	X	X
Timpanogos Regional Hospital - Mountain Star	X	X	X
Uintah Basin Medical Center	X	X	X
University of Utah Hospital	X	X	X
University of Utah Neuropsychiatric	X	X	X
University of Utah Ortho Center	X	X	X
Utah Valley Hospital - Intermountain	X		

Non-Utah

How to search for an in-network provider

Knowing your network can save you money, and we want you to get the most value out of your coverage.

That's why we've made it easy to search for in-network doctors, specialists, clinics and pharmacies with our Find a Doctor tool. Here's how to use it:

Step 1: Sign In to [regence.com](https://www.regence.com).



Step 2: Click Find a Doctor, then select the type of care you're looking for.



Step 3: Choose a search category (such as Doctors by name, Doctors by specialty, Places by name, etc.).

Type In your search term, then hit Enter or click the magnifying glass.



Step 4: Choose a filter to narrow the results, including distance, gender, languages spoken and more.



Step 5: Select a provider or location name to review comments from other patients and see more details about the provider.



Find doctors and costs on the Regence mobile app

Tap Into your health-anywhere, anytime- with the Regence app for iPhone and Android. With features like Find a Doctor and Cost Estimator, you can easily manage your benefits and make quick health care decisions on the go.

Step 1: Sign Into the Regence mobile app. Your username and password are stored after the first use, so you can use biometric sign-in (such as face recognition or thumbprint ID) for faster access.

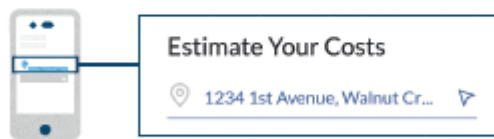
Step 2: Tap the Find a Doctor icon on the Member Dashboard, then select the type of care you're looking for.



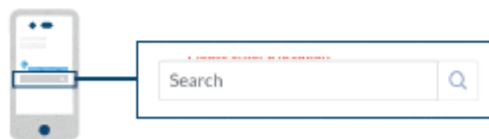
Step 3: Choose your search category, including Estimate your costs if you're looking for cost results.



Step 4: Make sure the right search location is selected (home, work or somewhere else) and more.



Step 5: Type In your search term and click the blue magnifying glass to view your results.



Step 6: Filter your results and review provider/location information.



Prevention, Diabetes & Hypertension



OMADA Health

Clyde Companies has partnered with Omada Health to provide you with a virtual care program that gives you a personalized support to get to a healthier you.

A Health Program Built Just For You

NO-COST WELCOME KIT:

Receive easy-to-use smart devices shipped to your door, yours to keep and use with the Omada app. All at no cost to you.

ONE-ON-ONE HEALTH COACHING AND SUPPORT:

Get personalized guidance from your personal health coach and clinical specialist around nutrition, exercise, sleep and stress.

PERSONALIZED CARE PLAN:

Make small and steady health choices that can add up to big change with a care plan designed just for you and your health goals.

Prevention

Reduce risk of diabetes onset by providing guidance and a plan backed by science.

- Connected Scale
- Supportive Health Coach
- Peer Network Program
- Interactive Lessons

Diabetes

Take control of your diabetes with proactive support and data-driven intervention.

- Connected Devices
- Certified Diabetes Care and Education Specialists (CDCES)
- Supportive Health Coach
- Diabetes-specific Peer Groups

Hypertension

Reduce your risk of heart disease.

- Connected Devices
- Hypertension Specialist
- Supportive Health Coach
- Hypertension-specific Peer Groups



Physical Therapy



ACTIVATE YOUR SWORD HEALTH BENEFITS



Scan to get started
with DIGITAL
PHYSICAL THERAPY



Scan to get started
with BLOOM



Scan to get started
with DEDICATED
MOVEMENT EXPERT

No Cost Benefits From Sword Health

Sword Health is available at no cost, as part of your Clyde benefits.

1. **Digital Physical Therapy** is a program to treat back, joint, and muscle pain, pairing you with physical therapists for clinically proven at-home treatment. The easy-to-use technology can reduce your pain by up to 70% and may help you avoid unnecessary surgery in the future.
2. **Bloom** is a digital pelvic health program for women, addressing issues such as urinary leaking, bowel disorders, and chronic pelvic pain. Guided by clinical experts, it covers all life stages including pregnancy, postpartum, and menopause.
3. **Move** is designed to understand and treat minor aches and pains, prevent future pain and injury before it worsens, and maintain recovery by improving balance, mobility and strength across your whole body with the support of a Certified Movement Expert.

What You Will Get

- **Expert Guidance:** Customized guidance from a Doctor of Physical Therapy
- **Digital Kit:** You'll receive a kit (either the Digital Physical Therapy kit with a tablet, the Bloom kit with the pod, or a free wrist wearable (or pair your own device) to guide you and provide real-time feedback during your exercise sessions
- **Accessible Anytime, Anywhere:** You'll complete your sessions wherever and whenever it is convenient for you

Eligibility

- Digital Physical Therapy is available to employees, spouses, and dependents (13+) at no cost to those enrolled in a Clyde Companies medical plan
- Bloom is available to employees, spouses, and dependents who are age 18+ at no cost to those enrolled in a Clyde Companies medical plan
- Move is available to employees, spouses, and dependents (18+) at no cost to those enrolled in a Clyde Companies medical plan

CARROT

Fertility And Family Forming



Use Your Benefit For:

- Understanding fertility health (e.g., at-home fertility testing, ovulation tracking)
- Preservation (egg, sperm, embryo freezing)
- Assisted reproduction (e.g., in vitro fertilization)
- Adoption
- Donor Assistance
- Pregnancy and postpartum (including funds for doula support and milk shipping)
- Newborn care and parent support, including returning to work

Use Your Carrot Benefit To:

- Pay for eligible care and services with your \$15,000 lifetime maximum funds
- Get a free, personalized Carrot Plan created by a Carrot Expert that provides actionable next steps to help you make the most of your benefit
- Connect with Carrot's diverse team of medical experts and specialists as often as needed for guidance navigating options, costs, and other questions – 99% of members rate these conversations 4.9 out of 5
- Use funds to hire a doula for delivery and postpartum support, including overnight care, and talk virtually with Carrot OB/GYN's and midwives
- Navigate newborn care and parenting with unlimited virtual access to certified new parent educators, infant sleep experts, nutritionists, and more, all from the comfort of home and at no additional cost
- Find a Carrot-approved clinic, provider, attorney, or agency
- Receive exclusive discounts and expedited appointments at Carrot partner providers and agencies



CLAIM YOUR BENEFIT TODAY

Visit get-carrot.com/start or scan the QR code to claim your benefit and explore the resources available, including the funds we've provided to help pay for care.

GET STARTED

Visit get-carrot.com/start to claim your benefit and explore the resources available, including the funds we've provided to help pay for care.

Telehealth



You can't plan when you'll get sick, but you can take a doctor with you and get the care that you need anywhere in the United States. There are board-certified doctors waiting to provide exceptional care and prescribe medication when medically necessary 24/7/365. Consultations are convenient, private and secure.

Virtual Primary Care can see you for annual check-up and follow-up visits, with at home lab testing kits. Video and telephone-based visits are available.



Benefits

- **\$0 Medical Consults:** Unlimited virtual visits with U.S. board-certified doctors who can diagnose and prescribe real time for \$0 for the whole family.
- **Available Anywhere:** Access through mobile app, online, or by phone 24/7. Virtual Visits are available on-demand and rated among the best in wait times

Cost

A free benefit to those enrolled in a Clyde Companies medical plan.



"More than 70% of all ER, urgent care, and doctor office visits can be safely handled over the phone."

—Wellness Council of America

Skip A Visit To The Emergency Room

Recuro Health physicians can diagnose and treat more than 80 common conditions, including:

- Allergies
- Cold / Flu
- Constipation
- Cough
- Diarrhea
- Ear Problems
- Fever
- Headache
- Nausea / Vomiting
- Pink Eye
- Rash
- Respiratory Issues
- Sinus Infections
- Sore Throat
- Urinary Tract Infection
- And more



Vision Benefit



CO-PAYS (In-Network)	
Exam (1 every calendar year)	\$10
Lenses and Frames (1 every calendar year)	\$25
Contact Lens Fitting (1 every calendar year)	\$30

BENEFITS THROUGH VSP		
Vision Benefit	In-network	Out-of-network
Exam (Ophthalmologist)	\$10 co-pay	Up to \$45 retail
Exam (Optometrist)	\$10 co-pay	Up to \$39 retail
Frames		Up to \$63 retail
Lenses (standard)		
Single Vision	\$150 retail allowance	Up to \$30 retail
Bifocal		Up to \$50 retail
Trifocal		Up to \$65 retail
Contact Lens Fitting (standard)	\$30 copay	Not covered
Contact Lens Fitting (specialty)	\$50 retail allowance	Not covered
Contact Lenses (in lieu of eyeglass lenses and frames)	\$150 retail allowance	Up to \$105 retail
Essential Medical Eye Care (supplemental medical coverage for specialty eyecare services and conditions, pink eye, and other urgent eyecare needs)	\$20 exam co-pay	



Vision Benefit



Other Vision Benefits

You are entitled to receive a 20% discount toward the purchase of non-covered materials from any VSP Doctor when a complete pair of glasses is dispensed. You are also entitled to receive a 15% discount off of contact lens examination services from any VSP Doctor beyond the covered examination. Professional judgment will be applied when evaluating prescriptions written by an Out-of-Network provider. VSP Doctors may request an additional examination at a discount.

Discount of 15% to 20% or 5% off a promotion offer for laser surgery.

Discounts are applied to the VSP Doctor's usual and customary fees for such services and are unlimited for 12 months on or following the date of the patient's last eye examination. **These additional valuable services are a complement to this vision plan, but are not insurance.** Please refer to your benefits booklet or Summary Plan Description for complete details.

Limitations

- Discounts do not apply to vision care benefits obtained from Out-of-Network providers;
- 20% discount applies only when a complete pair of glasses is dispensed; and
- Discounts do not apply to sundry items, for example, contact lens solutions, cases, cleaning products or repairs of spectacle lenses or frame.



Dental Plan



Regence Expressions Base Plan

Benefit Summary

Deductible per calendar year	\$50 Per Member \$150 Per Family (3 times the member amount)
Maximum benefit per calendar year	\$1,500 Per Member

Covered Dental Services (Per Member)	Member Responsibility
<p>Preventive Dental Services</p> <ul style="list-style-type: none"> Bitewing x-rays: 2 per calendar year Complete intra-oral mouth x-rays: Once in a 3-year period Cleanings: 2 per calendar year (in lieu of periodontal maintenance) Oral examinations: 2 per calendar year Panoramic mouth x-rays: Once in a 3-year period Sealants (bicuspid & molars only): Under 18 years of age Space Maintainers: Under 12 years of age Topical fluoride application: Under 18 years of age, 2 treatments per year 	0% Deductible Waived
<p>Basic Dental Services</p> <ul style="list-style-type: none"> Endodontic services including root canal treatment, pulpotomy and apicoectomy Emergency treatment for pain relief Fillings consisting of composite and amalgam restorations General dental anesthesia or intravenous sedation (subject to necessity) Uncomplicated and complex oral surgery procedures Periodontal maintenance: 2 per calendar year (in lieu of preventive cleanings) Periodontal debridement: Once in a 3-year period Periodontal scaling and root planing: Once per quadrant in a 2-year period 	20%
<p>Major Dental Services</p> <ul style="list-style-type: none"> Bridges: Except no benefits are provided for replacement made fewer than 5-years after placement Crowns, inlays and onlays: Except no benefits are provided for replacement made fewer than 5-years after placement Dentures (full and partial): Except no benefits are provided for replacement made fewer than 5-years after placement Implants (endosteal): 4 per member lifetime 	50%
Orthodontia Services	Not Covered

Dental Plan



Regence Expressions Buyup Plan

Benefit Summary

Deductible per calendar year	\$50 Per Member \$150 Per Family (3 times the member amount)
Maximum benefit per calendar year	\$2,000 Per Member

Covered Dental Services (Per Member)

Member Responsibility

Preventive Dental Services

- Bitewing x-rays: 2 per calendar year
- Complete intra-oral mouth x-rays: Once in a 3-year period
- Cleanings: 2 per calendar year (in lieu of periodontal maintenance)
- Oral examinations: 2 per calendar year
- Panoramic mouth x-rays: Once in a 3-year period
- Sealants (bicuspid and molars only): Under 18 years of age
- Space Maintainers: Under 12 years of age
- Topical fluoride application: Under 18 years of age, 2 treatments per calendar year
- Adult Orthodontia – \$2,000 per member lifetime maximum benefit.

0% Deductible Waived



Employee Healthcare Costs

Medical & Rx – Per-Paycheck contributions



EMPLOYEE COST 52-WEEK SCHEDULE - UTAH



	Traditional PPO Plan \$1,100/\$2,200	Choice HSA Plan \$1,700/\$3,400	Balanced HSA Plan \$2,600/\$5,200	Saver HSA Plan \$5,000/\$10,000
Focal Point Network				
Employee only	\$29.19	\$21.44	\$15.03	\$7.79
Employee plus 1	\$61.29	\$48.18	\$36.18	\$16.52
Employee plus children	\$43.42	\$34.13	\$25.63	\$11.70
Family	\$77.55	\$60.96	\$45.78	\$20.90
Value Care Network				
Employee only	\$45.62	\$29.70	\$22.09	\$17.84
Employee plus 1	\$87.60	\$65.55	\$52.04	\$38.98
Employee plus child(ren)	\$62.06	\$46.44	\$36.87	\$27.62
Family	\$110.84	\$82.95	\$65.85	\$49.33
Participating Network				
Employee only	\$60.32	\$47.25	\$35.04	\$25.95
Employee plus 1	\$126.03	\$100.51	\$76.25	\$64.06
Employee plus child(ren)	\$89.28	\$71.20	\$54.02	\$45.38
Family	\$159.47	\$127.17	\$96.48	\$81.05

	Base Plan	Buyup Plan Covers Orthodontia
Dental		
Employee only	\$1.99	\$2.91
Employee plus 1	\$4.18	\$6.12
Employee plus children	\$4.33	\$6.37
Family	\$7.14	\$10.19

Vision • Clyde pays 100% of Vision benefit no cost to employee

Employee Healthcare Costs

Medical & Rx – Per-Paycheck contributions



EMPLOYEE COST 39-WEEK SCHEDULE - UTAH



	Traditional PPO Plan \$1,100/\$2,200	Choice HSA Plan \$1,700/\$3,400	Balanced HSA Plan \$2,600/\$5,200	Saver HSA Plan \$5,000/\$10,000
Focal Point Network				
Employee only	\$38.92	\$28.59	\$20.04	\$10.39
Employee plus 1	\$81.72	\$64.24	\$48.24	\$22.03
Employee plus children	\$57.89	\$45.91	\$34.17	\$15.60
Family	\$103.40	\$81.28	\$61.04	\$27.87
Value Care Network				
Employee only	\$60.83	\$39.60	\$29.45	\$23.79
Employee plus 1	\$116.80	\$87.40	\$69.39	\$51.97
Employee plus child(ren)	\$82.75	\$61.92	\$49.16	\$36.83
Family	\$147.79	\$110.60	\$87.80	\$65.77
Participating Network				
Employee only	\$80.43	\$63.00	\$46.72	\$34.60
Employee plus 1	\$168.04	\$134.01	\$101.67	\$85.41
Employee plus child(ren)	\$119.04	\$94.93	\$72.03	\$60.51
Family	\$212.63	\$169.56	\$128.64	\$108.07

	Base Plan	Buyup Plan Covers Orthodontia
Dental		
Employee only	\$2.65	\$3.87
Employee plus 1	\$5.57	\$8.15
Employee plus children	\$5.78	\$8.50
Family	\$9.51	\$13.59

Vision • Clyde pays 100% of Vision benefit no cost to employee

Provider Resources

Locate A Provider – Medical & Dental

To locate an in-network provider, call Regence at **866-240-9580** or go online to www.regence.com, login to your account and select “Find A Doctor.” Remember to select your specific network.

Locate a provider – Vision

To locate an in-network provider, call VSP at **800-877-7195** or go online to www.vsp.com.

Bluecard

BlueCross and BlueShield plans give you access to doctors and hospitals almost everywhere, giving you peace of mind that you’ll always find the care you need. Go online to www.bcbs.com to locate In-Network providers throughout the nation. Remember to enter the first 3 letters of your Member ID to use the correct network.

Regence

www.regence.com offers a complete source of health information. As a registered member you can view personal claims and benefit info, including:

- Review details about your coverage
- View claims and personal account information
- Compare costs and quality of hospitals, clinics, and providers
- Find a doctor and read patient reviews

Your **BlueCross/BlueShield benefits card** is used to obtain medical and dental services.



Clyde Wellness Program

Eligible employees and/or spouses who choose to participate in the Clyde Wellness program and complete the qualifying requirements, are eligible to receive \$728.00 or \$1,456.00 yearly. The incentive is \$14/18 per week for employee and/or \$14/18 per week for eligible spouses. Employees who provide coverage for children only (no covered spouse) will receive the full \$28/37 per week incentive.

- Incentive 52-week Schedule contribution: \$14 or \$28 per week
- Incentive 39-week schedule contribution: \$18 or \$37 per week

To Qualify for the Wellness Incentive:

Eligible employees and/or spouses enrolled in one of Clyde Companies medical plans, can qualify for the Wellness Incentive by completing the following steps each calendar year.

1

Schedule and complete your annual preventative exam with your healthcare provider.

2

Log the date of your preventative exam in the WebMD – **Wellness at Your Side** app or at www.webmdhealth.com/clyde. Use Connection Code: **Clyde**.

3

Choose one additional screening from a list of eligible screenings. These screenings include, but are not limited to, annual bloodwork, mammogram, colonoscopy and flu shot. **Participating in preventative screenings can detect early disease and possibly save a life.**

4

Complete the Wellness Assessment in the WebMD – **Wellness at Your Side** app or at www.webmdhealth.com/clyde.



Clyde Wellness Program aims at helping employees live a healthier and productive life, at home and at work, with those that matter most. In addition to the tools and resources available through the program, eligible employees can also receive a Wellness Incentive, to offset the cost of medical premiums, by participating in qualified activities.

INCENTIVE 52-WEEK SCHEDULE \$14 OR \$28 PER WEEK.

INCENTIVE 39-WEEK SCHEDULE \$18 OR \$37 PER WEEK.

ADDED TO PAYCHECK

5

Log the dates of your preventative exam, additional screening and complete your wellness assessment in your WebMD app by the December 1st deadline of the calendar year to receive the incentive for the following year.



Mental Health Benefits



YOU DON'T NEED TO WAIT FOR A CRISIS TO PRIORITIZE YOUR MENTAL HEALTH. CLYDE COMPANIES PARTNERS WITH SPRING HEALTH TO PROVIDE PERSONALIZED CARE AND RESOURCES TO SUPPORT YOU THROUGH ANY OF LIFE'S CHALLENGES.

With Spring Health, you have personalized, convenient care and resources to support you through any of life's challenges. This benefit is available at no cost to Clyde Companies full-time employees and their benefit-eligible dependents, age 6 and older. ***Your care with Spring Health is private and confidential.***

Navigating mental healthcare on your own can be overwhelming. With Spring Health, you will be matched with a dedicated Care Navigator – a licensed clinician who serves as a personal guide to ensure you are connected to the best care for your needs. Your Care Navigator can:

- Provide emotional support
- Explain your assessment results and care plan
- Find the right provider for your needs
- Make referrals as needed
- Schedule appointments
- Assist in making provider changes
- Check in with you throughout care

Spring Health Can Support Your Mental Health With Easy Access To:

THERAPY AND COACHING	MEDICATION MANAGEMENT
Get support when it's convenient for you. Each member gets 8 free therapy sessions and 8 coaching sessions per year.	If needed, 2 of your covered therapy sessions can be used for a medication management consultation with a doctor.
PERSONALIZED CARE	WELLNESS EXERCISES
Take a short online assessment and get care recommendations to support your immediate needs and long-term goals.	Moments is a library of self-guided exercises that can help you manage stress, calm anxiety, beat burnout, improve sleep, and be more mindful.
DEDICATED GUIDANCE	SUBSTANCE USE SUPPORT
Your Care Navigator can walk you through your care plan, help you find the right therapist, and provide support whenever you need it.	Get connected with alcohol or substance use support programs that provide the right level of care for your lifestyle and budget.

Get Started Today clyde.springhealth.com Spring Health mobile app

Contact Spring Health springhealth.com/support 1-855-629-0554



Group Term Life

The company is committed to providing physical and financial stability and protection for employees. The Basic Life coverage provided by the company includes coverage for yourself, your spouse and your children at no cost to you.



Eligibility

All active, full-time Corporate Officers, exempt and non-exempt employees are eligible for participation in this program.

Coverage Amounts

Your Term Life and AD&D coverage options are:

Corporate Officers: One (1) times your annual earnings (rounded to the next higher \$1,000), to a maximum of \$100,000.

Exempt & Non-Exempt Employees: Increased coverage for all exempt and non-exempt employees – flat \$50,000 benefit.

AD&D Benefit Schedule: The full benefit amount is paid for loss of:

- Life
- Both hands or both feet
- Sight of both eyes
- One hand and one foot
- One hand and the sight of one eye
- One foot and the sight of one eye
- Quadriplegia

Other losses may be covered as well. Please see your Plan Administrator.

Cost

Clyde Companies pays 100% of the cost for this benefit. Coverage may not be increased after a reduction.

Portability/Conversion

If you retire, reduce your hours, or leave your employer, you can take this coverage with you according to the terms outlined in the contract. However, if you have a medical condition which has a material effect on life expectancy, you will be ineligible to port your coverage. You may also have the option to convert your Term Life coverage to an individual life insurance policy.

Dependent Benefit

Dependent Term Life Coverage options are:

- **Spouse:** \$5,000
- **Children:** \$5,000

Coverage Amounts Will Reduce According To The Following Schedule:	
Age	Insurance amount reduces to:
65	65% of original amount
70	45%
75	30%
80	20%

Voluntary Term Life



Voluntary Term Life insurance coverage purchased through your employer is affordable and requires no physical exam. Coverage can be purchased for yourself, your spouse, and dependent children.

Eligibility

All active, full-time exempt and non-exempt employees are eligible for participation in this program.

Coverage Amounts

Your Term Life coverage options are:

- **Employee:** Up to \$500,000 in increments of \$10,000.
- **Spouse:** Up to 100% of employee coverage amount in increments of \$5,000, not to exceed \$250,000.
- **Child:** \$10,000

Guarantee Issue

Employee guarantee issue amount of \$400,000.
Spouse guarantee issue amount of \$100,000.



Cost

Rates shown below are your monthly deduction:

MONTHLY COVERAGE RATES		
Age	Employee per \$10,000	Spouse per \$5,000
0-34	.68	.34
35-39	1.01	.51
40-44	1.62	.81
45-49	2.63	1.32
50-54	3.90	1.95
55-59	5.86	2.93
60-64	9.69	4.85
65-69	17.43	8.72
70-74	24.63	12.32
75+	53.19	26.60

Coverage for Children

\$2.68

Stepup Guarantee

If you purchase coverage during your initial new hire enrollment you can increase up to the employee or spouse Guarantee Issue amount at future annual enrollments without medical questions. Medical questions are not required to add children at open enrollment.

Coverage Amounts Will Reduce According To The Following Schedule:

Age	Insurance amount reduces to:
65	65% of original amount
70	45%
75	30%
80	20%



Accidental Death & Dismemberment

Accidental Death and Dismemberment (AD&D) insurance provides financial protection for your beneficiaries by paying a benefit in the event of your death or for you in the event of any other covered loss.

Eligibility

All active, full-time exempt and non-exempt employees are eligible for participation in this program.

Coverage Amounts

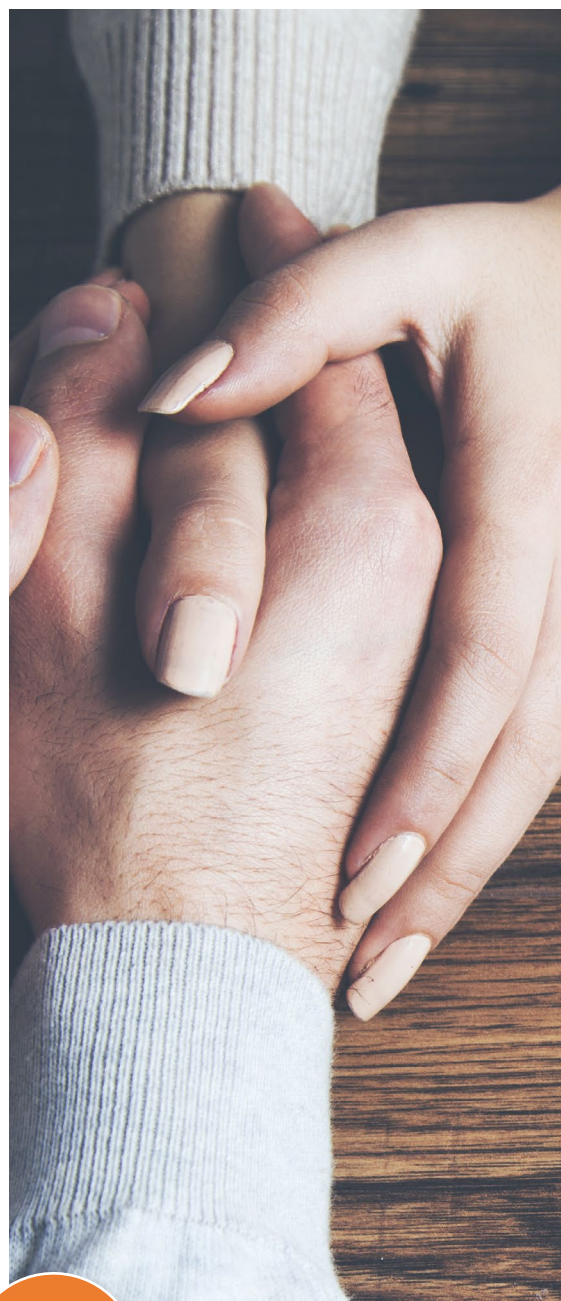
- **Employee:** Up to \$500,000 in increments of \$10,000
- **Spouse:** Up to 100% of employee coverage amount in increments of \$5,000, not to exceed \$250,000.
- **Child:** \$10,000

Coverage Amounts Will Reduce According To The Following Schedule:	
Age	Insurance amount reduces to:
65	65% of original amount
70	45%
75	30%
80	20%

Cost

Employee and Spouse coverage is \$0.40 per month for \$10,000 of coverage, regardless of age.

Children coverage is \$.10 per month for \$10,000 of coverage, regardless the number of children in the family.



Voluntary Short-Term Disability (STD) coverage provides benefits when you are unable to work for a short period of time due to a covered illness or injury. This valuable benefit is available to you through a post-tax payroll deduction.

Eligibility

You will have two options for disability coverage in 2026. If you meet the definition of disability, you would be eligible to receive a weekly benefit equal to 60% of your weekly earnings, up to a maximum of \$750 or \$1,500 per week, depending on what plan you choose.

Weekly Benefit Amount

If you meet the definition of disability, you would be eligible to receive a weekly benefit equal to:

Option 1 – 60% of weekly earnings to a maximum of \$750 per week

Option 2 – 60% of weekly earnings to a maximum of \$1,500 per week



Definition of Disability

You are considered disabled when Guardian determines that due to maternity, sickness, or injury:

- You are unable to perform all the material and substantial duties of your regular occupation
- And, you have a 20% or more loss in your monthly earnings

You must be under the appropriate care of a doctor to be considered disabled.

Elimination Period

The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits. If your disability is due to sickness or the result of an injury that occurs while you are covered under the plan, your Elimination Period is 14 days.

Benefit Duration

If you meet the definition of disability you may claim this benefit for up to 11 weeks.

Cost

Rates vary based on age and salary. Visit The benefits information system for your individual cost.

Group Long-Term Disability



Group Long-Term Disability (LTD) insurance provides you with a portion of your income if a covered injury or illness keeps you from working. It can provide benefits for events like an injury, surgery or long-term illness. Long-Term Disability coverage starts after a specific waiting period.

Eligibility

All active, full-time corporate officers, exempt and non-exempt employees are eligible for participation in this program.

Benefit Amount

Monthly LTD benefit:

Corporate Officers: 60% of your monthly earnings, to a maximum of \$10,000 per month.

Exempt & Non-exempt Employees: 60% of your monthly earnings, to a maximum of \$5,000 per month.

Definition of Disability

You are considered disabled when Guardian determines that due to sickness or injury:

- You are unable to perform all the material and substantial duties of your regular occupation
- And, you have a 20% or more loss in your monthly earnings

You must be under the appropriate care of a doctor to be considered disabled.

Elimination Period

The Elimination Period (90 days) is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits.

Benefit Duration

Your duration of benefits is based on your age when the disability occurs. Your LTD benefits are payable for the period during which you continue to meet the definition of disability for two (2) years. If your disability occurs at or after age 70, benefits would be paid for a reduced period of time.

Cost

Clyde Companies pays 100% of the cost for this benefit.



Voluntary Long-Term Disability



The Voluntary Long-Term Disability (LTD) BuyUp/Buy-Out insurance allows you to expand on the company provided LTD insurance. You have the option to add additional coverage and have that coverage for an extended amount of time.

Eligibility

All active, full-time corporate officers, exempt and non-exempt employees are eligible for participation in this program.

However, Voluntary Long-Term Disability has a pre-existing condition limitation which means if you were seen, treated or diagnosed and taking medication for the disability 3 months prior to your effective date there is a 12 month waiting period for coverage for that disability.

Benefit Amount

Monthly Voluntary LTD benefit:

- **Exempt & Non-exempt Employees:** 60% of your monthly earnings, increase up to \$15,000 per month.



Definition of Disability

You are considered disabled when Guardian determines that due to sickness or injury:

- You are unable to perform all the material and substantial duties of your regular occupation
- And, you have a 20% or more loss in your monthly earnings

You must be under the appropriate care of a doctor to be considered disabled.

Elimination Period

The Elimination Period (90 days) is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits.

Benefit Duration

The voluntary buy-out option will increase the length of LTD coverage from the current two (2) year benefit out to your eligible Social Security Retirement Age (SSRA).

If your disability occurs at or after age 69, benefits would be paid for a reduced period of time.

Cost

Voluntary LTD coverage is \$ 0.23 per month for each \$100 of covered payroll.

Supplemental Insurance



A serious illness or injury may not be just a physical setback. It can also disrupt your mental, social, and financial well-being. Supplemental Insurance provides personalized support to help you during your recovery – both body and mind.

- **No restrictions** on how the money can be used. Coverage continues after the first covered accident, helping provide additional protection for any future accidents.
- **Supplements your medical plan.** Benefits are separate from medical plan, do not coordinate, and are paid directly to you.
- **Benefits are portable.** You can keep your coverage in force if you change jobs or retire.



Group Accident Insurance

Nobody wants to think about accidents. But when something happens, you want to focus on getting better, and worry less about medical bills. Guardian's Accident insurance pays you for treatments or injuries resulting from a covered accident. It can help you pay for expenses while you're recovering from an accident such as rehabilitation, transportation, child care, travel or other out-of-pocket expenses that are not covered by your primary health insurance.

- **A payment is made directly** to the covered person for a broad range of injuries or treatments associated with a covered accident.

ISSUE AGE	EMPLOYEE ONLY	EMPLOYEE & SPOUSE
17-99	\$1.67	\$2.99

Group Hospital Indemnity Insurance

A hospital stay can be expensive, and it can happen at any time. With Guardian's Hospital Indemnity insurance, benefits are paid after a qualified hospitalization resulting from a covered injury or illness. You can use the money however you'd like. It can help you pay for expenses such as child care, travel, or other out-of-pocket expenses.

- **Pays a fixed benefit** to the covered person for hospital stays resulting from a covered injury or illness. The money can be used as the individual chooses. Benefits may be paid directly to the hospital upon assignment.

ISSUE AGE	EMPLOYEE ONLY	EMPLOYEE & SPOUSE
17-99	\$2.31	\$5.79

Fixed Indemnity Notice

IMPORTANT: THIS IS A FIXED INDEMNITY POLICY, NOT HEALTH INSURANCE

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking For Comprehensive Health Insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call **1-800-318-2596** (TTY: **1-855-889-4325**) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.



Questions About This Policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.



Supplemental Insurance



Group Critical Illness Insurance

Critical illness can be difficult – recovery doesn't have to be. Guardian's Critical Illness insurance can help provide you and your family with the additional financial protection you may need for expenses associated with an unexpected covered critical illness. Guardian Critical Illness insurance pays you, or whoever you designate, a lump-sum benefit for diagnosis of a covered critical illness or specified event such as a heart attack or stroke. It can help you pay for expenses such as travel, room and board, transportation, child care or treatment options not covered by primary insurance.

AT A GLANCE:

Pays a lump-sum to the covered person for diagnosis of a covered critical illness or specified disease condition.

EMPLOYEE ONLY AND EMPLOYEE + CHILD(REN)						
Employee benefit amount	16-29	30-39	40-49	50-59	60-69	70+
5,000	\$0.31	\$0.51	\$1.06	\$2.46	\$4.07	\$6.27
10,000	\$0.62	\$1.02	\$2.12	\$4.92	\$8.15	\$12.53
20,000	\$1.25	\$2.03	\$4.25	\$9.83	\$16.29	\$25.06
30,000	\$1.87	\$3.05	\$6.37	\$14.75	\$24.44	\$37.59

EMPLOYEE + SPOUSE AND EMPLOYEE + FAMILY						
Employee benefit amount	16-29	30-39	40-49	50-59	60-69	70+
5,000	\$0.47	\$0.76	\$1.59	\$3.69	\$6.11	\$9.40
10,000	\$0.93	\$1.52	\$3.18	\$7.37	\$12.22	\$18.80
20,000	\$1.87	\$3.05	\$6.37	\$14.75	\$24.44	\$37.59
30,000	\$2.80	\$4.57	\$9.55	\$22.12	\$36.66	\$56.39

Spouse benefit amount is 50% of elected employee amount. Child(ren) benefit amount is 25% of elected employee amount.

For coverage details, limitations, or exclusions, please speak with our service specialist or consult each plan's brochure available in your online enrollment system.

What Is a Flexible Spending Account (FSA)?

A flexible spending account (FSA) is a voluntary employer-sponsored program for employees to save a portion of their income to be used to pay for qualified medical, dental, vision or dependent care expenses incurred during their benefit plan year. All contributions to an FSA are tax-free

How It Works

Health and dependent care FSA plans give employees the opportunity to realize tax savings on medical and day care expenses through separate pre-tax accounts.

Health Care FSA

The money employees contribute to their health care FSA can be used to reimburse eligible, out-of-pocket health care expenses for themselves and/or covered dependents. Accounts are funded through payroll deductions. The plan year maximum is \$3,300 per eligible employee.

Dependent Care FSAs

Once enrolled, an employee can't change their annual contribution election until the following plan year unless they experience a qualified status change, such as marriage, divorce, birth or adoption of a child, death of a dependent, or a change in the employment status of their spouse.

Use It Or Lose It

A dependent care FSA is set up to reimburse an employee for their eligible, dependent care expenses. Eligible expenses include dependent care expenses for children under age 13, a disabled spouse, and/or a disabled relative or household member who depends on the account holder for at least half of his or her support. All guardians must be gainfully employed to qualify for incurred dependent care expenses. Accounts are funded through payroll deductions. The IRS limits dependent care maximums to \$5,000 per year or \$2,500 if the employee is married and filing separately.



Limited Dental/Vision FSA

For employees that elect one of the HSA medical plans and accompanying Health Saving Account, a limited dental/vision FSA is available. The money employees contribute to their limited dental/vision FSA can be used to reimburse themselves for eligible, out-of-pocket dental and vision care expenses made for themselves and/or covered dependents ONLY. Accounts are funded through payroll deductions. The plan year maximum is \$3,300 per eligible employee.

FSA Elections

When an employee enrolls in any of the FSA options, they need to elect the total amount of coverage they want for the plan year. This means they will have to decide up front how much money they want to have deducted from each of their paychecks to fund this account. These deductions are exempt from state, federal and FICA taxes.

Funds in a health care and/or dependent care FSA can only be used to pay for services provided throughout the plan year. For the 2027 plan year, the FSA plan will no longer have a Grace Period. Reimbursement will only be allowed for claims that occur prior to December 31, 2026. All claims for a plan year must be submitted for reimbursement by the end of the "Run out Period". The Run-out Period ends 90 days after the plan year ends. Unused funds will revert to the employer at the end of this period. Funds cannot be transferred from one account to another or rolled into the next plan year.

To receive a reimbursement from the FSA, employees must submit a completed reimbursement/claim form with an itemized receipt or bill that indicates the date, type of services, and the amount they are responsible for.



Flex Spending (Section 125 Plan)



FSA debit cards will be included at no additional cost to those enrolled in the Health Care FSA or the Limited Dental/Vision FSA to simplify the reimbursement process.

(Keep all itemized receipts and copies of prescriptions for over-the-counter medications in case of an IRS audit.)

Eligible Expenses

See the complete list of qualified and unqualified medical, dental and vision expenses in **IRS Publication 502—Medical and Dental Expenses**. The complete list of qualified dependent care expenses for a dependent care FSA can be found in **IRS Publication 503—Child and Dependent Care Expenses**. These IRS publications are available at www.clydebenefits.com.



QUESTIONS?

For questions regarding your FSA, including determination of eligible items for healthcare or dependent care FSAs, please contact PNC Bank at 844-356-9993.

A Sample Of Qualified Expenses:

- Acupuncture
- Alcoholism treatment
- Ambulance
- Artificial limbs/teeth
- Blood-pressure monitoring devices
- Birth-control pills/condoms
- Breast reconstruction surgery following mastectomy
- Chiropractor
- Copays, deductibles, coinsurance and prescriptions
- CPAP machine
- Dental and orthodontia procedures
- Dentures and denture adhesives
- Diabetic supplies (insulin, glucose monitoring equipment)
- Diaper rash ointments and creams
- Eye examinations, eyeglasses, contact lenses, equipment and materials
- First aid kits (bandages, gauze, ointments)
- Hearing aids/batteries
- Humidifier
- Immunizations and flu shots
- Incontinence supplies
- Infertility treatment
- Menstrual care products (pads, tampons, pain relievers, cup or sponge)
- Occupational, physical and speech therapy
- Optometrist
- Over the counter medicine (allergy, cold, fever-reducing, pain relievers)
- Pregnancy test kits and ovulation monitor
- Psychiatric care
- Reading and safety glasses
- Smoking-cessation (programs, medications, nicotine gum or patches)
- Walkers and Wheelchair
- X-ray fees



Identity Protection & Financial Wellness



As identity theft and fraud continue to increase, Clyde Companies has joined Experian to bring you an evolving suite of products to help you monitor any potential threats to your identity and alerts you if there are any areas of concern. You will also have access to proactive digital privacy tools that can help you keep passwords and other personal information private and secure while surfing the web.

Id Protection And Restoration

- Identity Theft Insurance – Get help when things go bad. Generous Insurance is there to cover up to \$1M of fraud recovery expenses.
- Identity Restoration – Get back on track with help from a trained agent that can walk you through the process of reclaiming what's yours.
- Experian CreditLock – Block fraudsters from getting new credit with your info to help prevent ID theft. Unlock when applying for credit.
- Dark Web Monitoring – We'll alert you if we detect any threats on the millions of data points we scan, so you can protect your information.
- Digital Identity Monitor – Reclaim exposed info from people finder sites to help reduce your risk of ID theft and potential fraud.
- Secure VPN – Helps to prevent people and companies from collecting your personal information and data.
- Password Manager – Safely store and protect your logins and payment info in one place with airtight security features.
- Safe Browser – Get alerted when you visit unsafe websites, block ads and help prevent tracking of your personal data.

Digital Financial Manager

- Unlimited Account Link (Checking, Credit, 401k, etc.)
- Financial & Credit Improvement Insights
- Centralized Financial Dashboard
- Automated Budgets powered by Artificial Intelligence
- Digital Wallets (Apple Pay, PayPal, etc.)
- Transaction & Spending Categorization
- Spending Summaries & Insights
- Debt Management
- Cash Flow Management
- Financial Goal Planning & Tracking
- Net Worth & Investment Tracking
- Financial Health Analysis & Score
- Account Activity Alerts
- Transaction Alerts
- Payment Reminders





COST
EXPERIAN ELITE PLAN
EMPLOYEE
52-week Schedule Employee \$1.73
39-week Schedule Employee \$2.30
EMPLOYEE + FAMILY
52-week Schedule employee \$3.12
39-week Schedule Employee \$4.16

Identity Protection & Financial Wellness

Eligibility

Individual Plan – includes employee and children up to age 18. We cannot extend coverage past age 18 because at that time, the child is considered an adult, and would have control over their own credit.

Family Plan – includes Legal Spouse, domestic partner, dependent children (including adaptive children, foster children, and dependent children of your domestic partner) birth to age 26, regardless of student status, parents/in law, grandparents/in law even if living outside of the home.



401(K) Retirement Plan

Roth Catch-Up Contributions – What’s Changing in 2026

Starting January 1, 2026, employees aged 50 and older who earned more than \$145,000 in the prior year will be required to make catch-up contributions to your Schwab 401k retirement plan on a Roth (after-tax) basis. This change is part of the SECURE 2.0 Act and applies to 401(k), 403(b), and similar plans. Employees earning less than the threshold may continue to choose between pre-tax and Roth catch-up contributions.

Clyde Companies provides a 401(k) retirement plan for all eligible employees. The Company has adopted the 401(k) plan to provide you with the opportunity to save for retirement on a tax advantage basis. All eligible employees are encouraged to participate in the plan. For more detailed information, please access the Summary Plan Description (SPD) at workplace.schwab.com.

Eligibility

Participants 18 years of age and older will be automatically enrolled into the 401(k) plan on the first of the month following 2 months of employment. Participants are automatically enrolled to defer 6% of pay on a pre-tax basis with the contributions invested into an appropriate target date fund. Participants may opt out of the plan or change their salary contribution at the beginning of each month.

Employee Contribution Types

Limits may be applied according to the traditional pre-tax contributions or ROTH (k) after tax contributions or a combination of both up to the 2026 limit. Pre-tax grows tax-deferred and is taxed as income at retirement. ROTH (k) can be withdrawn tax free if taken after age 59 ½ and a 5 year contribution clock is completed.

Employer Match

Clyde Companies matches dollar for dollar up to 6% of adjusted compensation (ROTH (k) or Pre-tax). Company Contributions will always be pre-tax.

Vesting On Employer Match

100% after 2 years.

Profit Sharing

Employer Discretionary Contribution consists of up to a 6% salary match for all eligible employees, assuming subsidiary is profitable. Employees may be eligible after 2 months of employment, provided they have worked a minimum of 1000 hours in the calendar year.

Vesting On Profit Sharing

100% after 3 years.

Investment Changes

You may change your investments and allocations at any time by going to workplace.schwab.com.

Loans

Participants may apply for a 401(k) loan. The interest rate on the loan is prime +1%.

Distributions

Distributions can be approved for the following: hardship reasons, termination of employment, and retirement at age of 59 ½. Withdrawals are subject to income tax and early withdrawal penalties may apply.

Rollover

Participants may roll previous qualified 401(k) balances or IRAs into the Clyde Companies 401(k) Plan. Contact your previous 401(k) provider for distribution forms and/or instructions. Contact Soltis at **800-735-1601** for assistance.

Checklist



Review this **2026 Benefits Guide**.



Complete Benefits Enrollment by **November 15th, 2025**.



Submit 401(k) changes for a **January 1st, 2026** effective date.



Check your **January 3rd, 2026** paycheck to ensure your new deductions are correct for 2026.



The elections you make now stay in effect through **December 31, 2026**. You cannot make changes unless you have a change in employment status or a qualifying life event. Qualifying life events allow you to make changes to your benefits package, or to enroll if you previously waived coverage. Examples of life events are found on **page 7** of this guide. Qualifying changes must be reported to your Benefits Department within 30 days of a change.

Contact information

If you cannot find the answers you need after reviewing this summary of benefits, please contact your Benefits Department for common inquiries such as:

- Benefit Change forms
- Provider Directories
- Payroll Deductions
- Enrollment Questions
- General Carrier Info
- Questions About Specific Benefits
- Change in Status



Qualifying changes must be reported and the appropriate paperwork completed within 30 days of the event. Failure to do so may result in the loss of coverage or coverage restrictions until the next open enrollment period or a waiting period.

CLYDE COMPANIES BENEFITS ADMINISTRATION

Alejandra Pedraza (Asistencia en Español)	801-270-6721	apedraz@clydeinc.com
Tena Mo'unga	801-802-6952	tmounga@clydeinc.com
Lisa DeLange	801-270-6754	ldelange@clydeinc.com
Sarah Lee Master	801-270-6732	sleemaster@clydeinc.com



Directory

For questions regarding your elected coverage including deductible, co-pays, procedures, claims questions, prescriptions, or when requesting pre-authorization for procedures please call the carrier in question.



Plan / Program	Customer Service	Website
MEDICAL, DENTAL	866-240-9580	www.regence.com
VISION	800-877-7195	www.vsp.com
TELEHEALTH	855-673-2876	www.reкуроhealth.com
WELLNESS PROGRAM	800-865-9051	www.webmdhealth.com/clyde
EAP & Mental Health Support	855-629-0554	www.springhealth.com
LIFE, DISABILITY, SUPPLEMENTAL INSURANCE	800-268-2525	www.guardianlife.com
HSA & FSA ADMINISTRATOR	844-356-9993	www.pnc.com
TYPE II DIABETES PROGRAM	888-409-8687	www.omadahealth.com
IDENTITY THEFT	888-397-3742	www.experian.com
RETIREMENT ACCOUNTS	800-724-7526	workplace.schwab.com
RETIREMENT ADVISORS	800-735-1601	www.soltisadvisors.com




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