



2026 | Employee Benefits

Major Medical Insurance

Option 1: PPO—Traditional Plan
Carrier: BlueCross BlueShield of Illinois
Effective: 01/01/2026 through 12/31/2026
Website: www.bcbuil.com
Phone: 800.828.3116



Preferred Provider Organization (PPO)

You have the flexibility to see any doctor or visit any hospital of your choice, however, you will pay significantly less money out of your pocket if you use a doctor or hospital that is in the network. For most doctor visits and specialist visits, you simply pay a copayment at the time of service. You have a great deal of flexibility and choice with a PPO, and can manage your out-of-pocket costs by remaining in network.

Important Information Regarding Spouse Coverage:

If your spouse has access to insurance through his or her own employer, Coilcraft wishes you to enroll your spouse at their own workplace for medical and dental coverage. If you elect to enroll your spouse in Coilcraft medical or dental coverage, the Coilcraft plan will pay as secondary only for your spouse. Your spouse would need to be enrolled under their own employer plans to qualify for secondary coverage under Coilcraft's plans.

Option 2: High Deductible Health Plan (HDHP)/Health Savings Account (HSA)
Administrator: Employee Benefits Corporation
Effective: 01/1/2026 through 12/31/2026
Website: www.ebcflex.com
Phone: 800.346.2126
Mobile App: EBC Mobile App



High Deductible/Health Savings Plan (HDHP/HSA)

The HSA is a bank account paired with your BCBS Major Medical coverage that allows you to save money on a tax-free basis to pay your deductible and other out-of-pocket medical expenses. Qualified medical expenses that can be paid using this account include doctor visits, prescription drugs, chiropractic treatment, acupuncture, adult braces, and dental and vision expenses. You own the money in your HSA account and it is yours to keep – even when you change plans or retire. The funds can roll over from year to year and you do not pay tax on withdrawals used for qualified medical expenses.

Employees who currently participate in the HSA plan must re-enroll in order to continue participating in the upcoming plan year.

Coilcraft funds your HSA as detailed below:

Coilcraft will contribute on an annual, pro-rated basis, based on the chart below, but you can also choose to contribute to your account. For 2026, a total (Employee AND Employer contributions) of \$4,400 for Employee only coverage and a total (Employee AND Employer contributions) of \$8,750 for Employee + Dependent(s) coverage can be contributed to your account. Those 55 and older can contribute an additional \$1,000 as a catch-up contribution.

HSA Contribution Schedule	Annual
Employee	\$750
Employee + Dependents	\$1,500

*Please note that HSA funds contributed by Coilcraft are pro-rated for new hires.

Plan Details	Option 1—PPO	Option 2—HDHP
Network	PPO	HDHP/HSA
Deductible		
In-Network (Individual / Family)	\$1,000 / \$3,000	\$2,500 / \$5,000
Out-of-Network (Individual / Family)	\$2,000 / \$6,000	\$5,000 / \$10,000
Coinsurance		
In-Network / Out-of-Network	90% / 70%	90% / 70%
Out-of-Pocket Max (includes deductible)		
In-Network (Individual / Family)	\$3,000 / \$9,000	\$5,000 / \$9,200
Out-of-Network (Individual / Family)	\$6,000 / \$18,000	\$10,000 / \$20,000
Physician Services (In-Network)		
Well Adult / Well Child	100%	100%
Physician Office Visit	\$20 copay	Ded then 90%/70%
Specialist Office Visit	\$30 copay	Ded then 90%/70%
X-Rays / Lab Diagnostics	Deductible then 90%	Ded then 90%/70%
Inpatient Hospital Deductible (per admission)		
In-Network / Out-of-Network	\$0 / \$300	Ded then 90%/70%
Emergency Room	\$250 copay, then 90% coinsurance	Ded then 90%/70%
Prescription Drugs (In-Network)		
Generic / Preferred / Non-Preferred / Specialty	Copays: \$10 / \$30 / \$50 / \$150	Ded then 90%/75%
Mail Order Prescription Drugs (In-Network)		
Generic / Preferred / Non-Preferred / Specialty	Copays: \$20 / \$60 / \$100 / N/A	Ded then 90%/75% Specialty N/A
Rx Out-of-Pocket Max (Individual / Family)	\$1,000 / \$3,000	N/A
Lifetime Maximum	Unlimited	Unlimited

Coverage Level	PPO Weekly Deduction (You Pay)	HDHP Weekly Deduction (You Pay)
Employee Only	\$35.50	\$27.50
Employee & Child(ren)	\$83.00	\$61.00
Employee & Spouse	\$89.00	\$65.00
Family	\$130.00	\$95.00

MD Live/Virtual Visits

Carrier: MDLive
Effective: 01/01/2026 through 12/31/2026
Website: www.mdlive.com/bcbuil
Phone: 888.676.4204
Text BCBSIL to 635-483
Download the MDLIVE app

MDLIVE

Getting sick is never convenient and finding time to get to the doctor can be hard. MDLIVE's telehealth program provides you and your covered dependents access to care for non-emergency medical and behavioral health needs. Whether you're in the city, a rural area or you're on a weekend camping trip, access to a board-certified MDLIVE doctor is available 24 hours a day/ seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Telehealth can also be a better alternative than going to the emergency room or urgent care.* MDLIVE doctors can help treat the following conditions and much more.

General Health

- Allergies
- Asthma
- Joint aches
- Sinus infections

Pediatric Care

- Cold/flu
- Ear infections
- Pink eye

Behavioral Health

- Online counseling
- Child behavior / learning issues
- Stress management

There are no co-pays for this service. Employees are encouraged to sign up for this service in advance.

Livongo - Diabetes Management

Coilcraft will continue the diabetes management program: Livongo. This benefit will empower people with diabetes to better control their blood sugar through an interactive meter and coaching service. The cost of this voluntary program will be 100% paid for by Coilcraft.

Vision Insurance

Carrier: VSP
Effective: 01/01/2026 through 12/31/2026
Website: www.vsp.com
Phone: 800.877.7195
Mobile App: VSP Vision Care On the Go



The vision insurance plan provides reimbursement for vision related services (eye exams, glasses, contact lenses, etc.), however, you can manage your out-of-pocket costs by utilizing in-network vision providers.

TruHearing benefits are available through VSP for additional savings on digital hearing aids and replacement batteries.

Coverage Level	Weekly Payroll Contribution (You Pay)
Employee Only	\$1.63
Employee & Child(ren)	\$2.67
Employee & Spouse	\$2.61
Family	\$4.30

Coverage:	Frequency	In-Network	Out-of-Network
Eye Exam	Every 12 months	\$10 copayment	\$45 max allowance
Materials	Every 12 months	\$25 copayment	Allowance varies
Frames	Every 24 months	\$130 allowance	\$70 max allowance
Elective Contacts	Every 12 months	\$130 allowance	\$105 max allowance

Basic Life/AD&D Insurance

Carrier: UNUM
Effective: 01/01/2026 through 12/31/2026
Website: www.unum.com
Phone: 866.679.3054



Your designated beneficiary will receive a benefit to help ease their financial burden if you die from a covered accident or illness. Accidental Death and Dismemberment (AD&D) provides an additional benefit if you die or become dismembered due to a specifically covered accident.

Plan details:

- All full-time and part-time employees (working 20+ hours/week) are eligible for Basic Life/AD&D insurance
- Basic Group Term Life Insurance equal to your annual salary, up to \$200,000
- Basic AD&D Insurance benefit amount is up to 100% of the life amount
- Spouse Life Insurance equal to \$2,000
- Child Life Insurance (6 months to 25 years) equal to \$1,000
- No insurance premium cost to employees

Voluntary Life/AD&D Insurance

Carrier: UNUM
Effective: 01/01/2026 through 12/31/2026
Website: www.unum.com
Phone: 866.679.3054



Employees electing to newly enroll and/or change their Voluntary Life/AD&D elections above the guaranteed issue amounts will need to complete an on-line Evidence of Insurability form through UNUM.

Plan details*:

- Employees working 30+ hours per week are eligible for this benefit.
- Employee coverage in \$10,000 increments; Maximum is the lesser of 5 times basic annual earnings or \$500,000; \$180,000 Guarantee Issue
- Spousal coverage in \$5,000 increments; Maximum is the lesser of 100% of the Employee Life amount of \$250,000; \$25,000 Guarantee Issue
- Coverage for child(ren) available; \$2,000 increments up to \$10,000; \$10,000 Guarantee Issue
- Employees pay 100% of the premium; **rates auto-adjust based on age band.**

*Consult your Certificate of Coverage for details

Dental Insurance

Carrier: Delta Dental PPO Plus Premier
Effective: 01/01/2026 through 12/31/2026
Website: www.deltadental.com
Phone: 800.323.1743
Mobile App: Delta Dental Mobile App



Delta Dental of Illinois is committed to your health and takes a proactive approach to protect more than just your teeth. Delta Dental provides additional benefits that include secure access to online resources and support tools such as a cost estimator, discount programs, risk assessment tool and oral health tips.

Coverage Level	Weekly Payroll Contribution (You Pay)
Employee Only	\$4.00
Employee & Child(ren)	\$9.50
Employee & Spouse	\$10.00
Family	\$15.00

Coverage:	PPO
Individual Deductible (Family = 3x)	\$50
Office Visit Copay	None
Preventive Coinsurance	100%
Basic Coinsurance	80%
Major Coinsurance	80%
Annual Plan Maximum	\$2,000
Orthodontia Coinsurance	50%
Orthodontia Lifetime Maximum (Dependent Children to age 19)	\$1,500

Short Term and Long Term Disability Insurance

Carrier: UNUM
Effective: 01/01/2026 through 12/31/2026
Website: www.unum.com
Phone: 866.679.3054



Short Term—A company insured benefit that replaces a portion of your earnings if you are unable to work due to a qualified non-work related illness or injury for a period of time.

- Employees working 30+ hours per week are eligible for this benefit.
- Coverage begins after first day of accident, seventh day of illness and continues for up to 13 weeks of a continuous disability once approved by carrier.
- The STD benefit amount is 60% of your weekly pre-disability earnings.

Long Term—An insurance that replaces a portion of your earnings if you are unable to work due to a qualified non-work related illness or injury for an extended period of time.

- Employees working 30+ hours per week are eligible for this benefit coverage.
- Begins after 13 weeks of continuous disability
- The LTD benefit amount is 60% of your pre-disability earnings up to a maximum of \$5,000 per month, less other income benefits.
- Payments continue as long as you meet the definition of disability as indicated in the Policy.
- Employees pay a portion of the premium.

Employee Assistance Program (EAP)



All U.S. Locations

Carrier: Carebridge
Website: www.carebridgenow.com
Phone: 800.437.0911
Available: 24/7, 7 days a week, including holidays

A free and confidential resource for you and your family members. EAP service offers caring and professional assistance for a broad range of concerns including stress management, depression and anxiety, relationship or family conflicts, workplace conflicts, legal or financial difficulties, and drug or alcohol abuse. Services are confidential - neither your employer nor co-workers have knowledge of your request for help. EAP services are available 24 hours a day, seven days a week for you and your eligible dependents. There is no cost, it's just there for you when you need it. Six free sessions per incident. Virtual or in-person options available.

Possible reasons to call :

- Mental Health counseling (e.g., anxiety, depression, grief, addiction, etc.)
- Work-Life counseling
- Personal Growth and Training
- Emotional Wellbeing (e.g., stress)
- Behavioral Health (e.g., substance abuse)
- Legal Guidance (e.g., estate planning)
- Financial Education (e.g., retirement, college planning, etc.)

Flexible Spending Account (FSA)

Carrier: Employee Benefits Corporation (EBC)
Website: www.ebcflex.com
Phone: 800.346.2126
Mobile App: EBC Mobile



A FSA allows you to have pre-tax money deducted from your paycheck to pay for certain expenses such as doctor's office visits, prescriptions drugs, dental services, and vision services. Since contributions are made through payroll deductions with pre-tax dollars, you decrease your taxable income and thereby increase your take-home pay.

There are two types of FSAs available:

- **Healthcare** – the 2026 contribution limit increased to \$3,400.
- **Dependent Care** - the 2026 contribution limit increased to \$7,500 (\$3,750 for married individuals filing separately).

The Flex Debit Card allows eligible health and dependent care expenses to be paid at the point of service instead of cash/credit/check. There is no need to complete a claim form.

Employees who currently participate in the FSA plan must re-enroll in order to continue participating in the upcoming plan year. Please access the Paycom online self-service portal if interested.

2026 Holiday Schedule

The office will be closed in observance of the following holidays in 2026:

Designated Paid Holidays	
New Year's Day	Thursday, January 1, 2026
Floating Holiday 2026	Friday, January 2, 2026
Memorial Day	Monday, May 25, 2026
Independence Day	Friday, July 3, 2026
Labor Day	Monday, September 7, 2026
Thanksgiving Day	Thursday, November 26, 2026
Day after Thanksgiving	Friday, November 27, 2026
Christmas Eve Day	Thursday, December 24, 2026
Christmas Day	Friday, December 25, 2026
New Year's Day 2027	Friday, January 1, 2027

Affordable Care Act (ACA)

As part of the ACA, the IRS requires employers with over 50 employees to provide an annual statements to the IRS describing the coverage offered to eligible employees. This statement is called the Form 1095-C.

If you are eligible for coverage from Coilcraft, a copy of Form 1095-C will be mailed to your home address by March 2, 2026. The forms are used to verify on your tax return that you and your dependents have at least minimum qualifying health insurance coverage as required by the ACA.

Please make sure all of your dependent information is accurate and up-to-date in Paycom. All names must be spelled correctly, completely and match social security cards.

401(k)

Carrier: Vanguard
Website: www.vanguard.com
Phone: 800.523.1188
Plan ID: #092252



Coilcraft offers the ability for employees to make both traditional before-tax and Roth after-tax deferrals into a retirement Plan sponsored by Vanguard. Contributions are deducted from your paychecks based on your elections. Coilcraft also provides for employer discretionary matching and profit sharing contributions to your account.

Employees are eligible to participate on the first quarterly plan entry date after attaining age 21 and completing six months of service requirements. Through payroll deductions you can contribute from 1% to 100% of your annual salary, up to the IRS 2026 projected annual limit of \$24,000. You also have the flexibility to change salary contribution percentages every pay period by contacting Vanguard directly.

If you turn age 50 to 59 or 64 or older in the 2026 calendar year, you are eligible to make an additional "catch-Up" projected contribution of \$8,000 (ages 60 to 63 is \$12,000). Employer matching contributions also apply to any catch-up contributions.



NOTE: This Benefits Summary is merely intended to provide a brief overview of the Company's employee benefit programs. Employees should review the Company's employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. The Company reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein. Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer. See a benefit counselor for your customized quote for any