2027 | Employee Benefits

2027 Summary of Benefits

Coilcraft

MAJOR MEDICAL INSURANCE

Option 1: PPO—Traditional Plan
Carrier: BlueCross BlueShield of Illinois
Effective: 01/01/2027 through 12/31/2027
Website: www.bcbsil.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 /Health Savings Account
Admin: Employee Benefits Corporation
Effective: 01/1/2027 through 12/31/2027
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 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 2027, a total (Employee AND Employer contributions) of $4,500 for Employee only coverage and a total (Employee AND Employer contributions) of $9,000 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)	$5,000 / $9,200	$5,000 / $9,200
Out-of-Network (Individual / Family)	$10,000 / $20,000	$10,000 / $20,000
Physician Services (In- and Out-of-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 than 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	$38.50	$27.50
Employee & Child(ren)	$90.00	$61.00
Employee & Spouse	$96.00	$65.00
Family	$140.00	$95.00

LIVONG0 – 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.

MD LIVE/VIRTUAL VISITS

Carrier: MDLive
Effective: 01/01/2027 through 12/31/2027
Website: www.mdlive.com/bcbsil
Phone: 888.676.4204 Text BCBSIL to 635483 Download the MDLIVE app

Getting sick is never convenient and finding time to visit a doctor can be challenging. Through MDLIVE's telehealth program, you and your covered dependents have access to care for a wide range of non-emergency medical and behavioral health needs. Whether you're at home or traveling, you can connect with a board-certified MDLIVE doctor 24 hours a day, 7days a week. You may speak with a doctor immediately or schedule an appointment based on your availability. Telehealth can often be a convenient and cost-effective alternative to an emergency room or urgent care visit. MDLIVE doctors can help treat the following conditions and much more.

GENERAL HEALTH	PEDIATRIC CARE	BEHAVIORAL HEALTH
Allergies, Asthma, Sinus Infections, Joint Aches	Cold/Flu, Pink Eye, Ear Infections	Online counseling, stress mgmt., Child behavior/learning issues

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

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VISION INSURANCE

Carrier: VSP
Effective: 01/01/2027 through 12/31/2027
Website: www.vsp.com
Phone: 800.877.7195
Mobile App: VSP Vision Care On the Go

The vision plan provides coverage for eye exams, glasses, contact lenses, and other vision-related services. You can maximize your benefits and reduce out-of-pocket costs by using in-network providers. In addition, TruHearing, available through VSP, offers discounts 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: 01/01/2027 through 12/31/2027
Website: www.unum.com
Phone: 866.679.3054

Life insurance provides a benefit to your designated beneficiary in the event of your death from a covered accident or illness. AD&D coverage provides an additional benefit for a covered accidental death or dismemberment.

Plan Summary:

- All full-time and part-time employees working 20+ hours/week are eligible for this benefit.
- 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: 01/01/2027 through 12/31/2027
Website: www.unum.com
Phone: 866.679.3054

Employees who newly enroll in or increase their Voluntary Life/AD&D coverage above the guaranteed issue amount must complete an on-line Evidence of Insurability (EOI) form through UNUM.

Plan Summary: Consult the Certificate of Coverage for details

- Employees working 30+ hours per week are eligible for this benefit.
- Employee coverage in $10,000 increments, up to the lesser of 5 times annual earnings or $500,000. Guarantee Issue: $180,000.
- Spousal coverage in $5,000 increments, up to the lesser of 100% of the employee's coverage amount or $250,000. Guarantee Issue: $25,000.
- Child coverage is available in $2,000 increments, up to $10,000. Guarantee Issue: $10,000.
- Employees pay 100% of the premium. Rates automatically adjust based on age band.

DENTAL INSURANCE

Carrier: Blue Cross Blue Shield of Illinois
Effective: 01/01/2027 through 12/31/2027
Website: www.bcbsil.com
Phone: 800.828.3116
Mobile App: BCBSIL or text BCBSILAPP to 33633 for a direct link

Blue Cross Blue Shield of Illinois is committed to your health and takes a proactive approach to protect more than just your teeth. BCBSIL 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	$5.00
Employee & Child(ren)	$10.50
Employee & Spouse	$11.00
Family	$16.50

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

FLEXIBLE SPENDING ACCOUNT (FSA)

Carrier: Employee Benefits Corporation (EBC)
Effective: 01/01/2027 through 12/31/2027
Website: www.ebcflex.com
Phone: 800.346.2126
Mobile App: EBC Mobile

A Flexible Spending Account (FSA) allows you to set aside pre-tax dollars through payroll deductions to help pay for eligible healthcare and dependent care expenses. Because contributions are deducted before taxes, participating in an FSA can reduce your taxable income and increase your take-home pay.

Two types of FSAs are available:

- **Healthcare FSA** – Use funds for eligible healthcare expenses such as doctor visits, prescription medications, dental care and vision services. The projected 2027 annual contribution limit is $3,500.

- **Dependent Care** – Use funds for eligible dependent care expenses, such as daycare and eldercare. The projected 2027 contribution limit is $7,500 ($3,750 for married individuals filing separately).

The Flex Debit Card allows you to pay for eligible healthcare and dependent care expenses directly at the point of service, eliminating the need to pay out of pocket and submit claim forms for reimbursement.

Employees currently enrolled in a FSA plan must re-enroll during Open Enrollment each year to continue participation in the next plan year. To enroll or re-enroll, please visit the Paycom employee self-service benefit enrollment portal.

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SHORT-TERM AND LONG-TERM DISABILITY INSURANCE

Carrier: UNUM
Effective: 01/01/2027 through 12/31/2027
Website: www.unum.com
Phone: 866.679.3054

Short Term—A company-paid benefit that replaces a portion of your income if you are unable to work due to a qualified non-work related illness or injury.

- Employees working 30+ hours/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 the carrier.
- The STD benefit amount is 60% of your weekly pre-disability earnings.

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

- 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 Policy's definition of disability.
- Employees pay 100% of the premium. Rates automatically adjust based on age band.
- Includes access to a 24/7 Employee Assistance Program (EAP) with in-person or virtual visits (up to three at no additional cost) to assist with relationship issues, stress, anxiety, depression, elder care, financial and other work/life concerns.
- Includes access to a worldwide 24/7 emergency travel assistance app (Assist America) to connect with medical and other important services.

2027 HOLIDAY SCHEDULE

The office will be closed in observance of the following holidays in 2027:

Designated Paid Holidays	
New Year's Day	Friday, January 1, 2027
Memorial Day	Monday, May 31, 2027
Independence Day	Friday, July 2, 2027
Floating Holiday	Monday, July 5, 2027
Labor Day	Monday, September 6, 2027
Thanksgiving Day	Thursday, November 25, 2027
Day after Thanksgiving	Friday, November 26, 2027
Christmas Eve Day	Friday, December 24, 2027
Christmas Day	Monday, December 27, 2027
New Year's Day 2027	Friday, December 31, 2027

RETIREMENT 401(K)

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

Coilcraft offers employees the opportunity to save for retirement through the Company-sponsored Vanguard 401(k) Plan.

Employees may contribute through traditional pre-tax and/or Roth after-tax payroll deductions with contributions automatically deducted from each paycheck based on elected amounts. Coilcraft may also make discretionary matching and profit-sharing contributions to eligible participants' accounts.

Employees are eligible to participate on the first quarterly plan entry date following attainment of age 21 and completion of six months of service. You may contribute from 1% to 100% of eligible pay, up to the projected 2027 IRS annual contribution limit of $25,500. Contribution elections can be changed each pay period through Vanguard.

Employees who attain age 50 to 59 or age 64 and older during the 2027 calendar year, may make an additional projected catch-up contribution of $8,500. Employees who attain ages 60 to 63 during 2027 may make an enhanced projected catch-up contribution of $11,750. Employer matching contributions also apply to eligible catch-up contributions.

AFFORDABLE CARE ACT (ACA)

As required by the Affordable Care Act (ACA), employers with 50 or more employees must
annually report information to the IRS regarding the health coverage offered to eligible employees. This report is provided on Form 1095-C.

If you are eligible for health coverage through Coilcraft, an electronic copy of your Form 1095-C will be available through the Paycom self-service portal by March 2, 2027. This form provides information about the health coverage offered to you and may be needed when preparing your tax return.

Please review your dependent information in Paycom to ensure it is accurate and up to date. All dependent names are to be entered exactly as they appear on Social Security cards and Social Security numbers and other personal information should be verified for accuracy.

MARSH AGENCY

NOTE: This Benefits Summary is intended to provide a general overview of the Company's employee benefit programs and should not be considered a complete description of any benefit plan. Employees should refer to the applicable place documents, insurance certificates, summary plan descriptions, and the Company's Employee Guidelines for detailed information regarding eligibility, coverage, limitations, exclusions and other terms and conditions. In the event of any discrepancy or inconsistency between this Benefits Summary and the governing plan documents, insurance contracts, or Company policies, the governing documents shall control. The Company reserves the right, in its sole discretion, to interpret, modify, amend, suspend, replace, or terminate any benefit program, in whole or in part, at any time and with or without prior notice, subject to applicable law. Voluntary benefit plans are individual insurance policies and are not considered sponsored or endorsed plans by the Company. Employees should consult a benefit counselor for personalized quote information.