

2026 **BENEFITS GUIDE**

JANUARY 1 - DECEMBER 31, 2026

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your registered domestic partner (RDP) and/or his/her children, where applicable by state law
- ▶ Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month.
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2026.

Required Information—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

Inside

Medical

Voluntary Benefits

Dental

Vision

Life and AD&D

Employee Assistance Program (EAP)

Valuable Extras

Cost of Benefits

Contact Information

Medical

We are proud to offer you a choice among three medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

PPO

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Blue Cross and Blue Shield of Illinois network. The calendar-year deductible must be met before certain services are covered.

HSA

A High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Blue Cross and Blue Shield of Illinois network. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars¹ to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Here's how the plan works:

- ▶ **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses.
- ▶ **Coinurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- ▶ **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year. NOTE: If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100 percent for any one individual.
- ▶ **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. If you choose to open a health savings account, you may do so through HSA Bank or through a bank of your choice. **To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs.** See the plan documents for full details.



Important: Your contributions may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2026
Employee Only	\$4,400
Family (employee + 1 or more)	\$8,750
Catch-up (age 55+)	\$1,000

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans², retire or leave the company. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

¹ Tax free under federal tax law; state taxation rules may apply

² You must be enrolled in a qualified health plan to contribute to an HSA.

Medical (Continued)

The following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Gold - PPO		Silver - HSA		Bronze - HSA	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)						
Individual / Family	\$3,000 / \$6,000	\$6,000 / \$12,000	\$4,500 / \$9,000	\$9,000 / \$18,000	\$8,050 / \$16,100	\$16,100 / \$32,200
Out-of-Pocket Maximum (per calendar year)						
Individual / Family	\$5,000 / \$10,000	\$10,000 / \$20,000	\$8,000 / \$16,000	\$16,000 / \$32,000	\$8,050 / \$16,100	\$16,100 / \$32,200
Covered Services						
Office Visits (physician/specialist)	\$40 copay / \$80 copay	40%*	30%* / 30%*	40%*	No charge*	
Routine Preventive Care	No charge	40%*	No charge	40%*	No charge	
Outpatient Diagnostic (lab/X-ray)	30%*	40%*	30%*	40%*	No charge*	
Complex Imaging	30%*	40%*	30%*	40%*	No charge*	
Chiropractic	30%*	40%*	30%*	40%*	No charge*	
Ambulance	30%*		30%*		No charge*	
Emergency Room	30%*		30%*		No charge*	
Urgent Care Facility	30%*	40%*	30%*	40%*	No charge*	
Inpatient Hospital Stay	30%*	40%*	30%*	40%*	No charge*	
Outpatient Surgery	30%*	40%*	30%*	40%*	No charge*	
Prescription Drugs 30%*						
Retail Pharmacy (30-day supply)	30%*	40%*	30%*	40%*	No charge*	
Mail Order (90-day supply)	30%*	40%*	30%*	40%*	No charge*	

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

Benefits with an asterisk () require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

How to Find a Provider

1. Go to bcbsil.com and log in to your secure member account
2. Select Find Care and use the Provider Finder tool
3. Use search filters and review your results

Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through SunLife are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: You visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But in reality, treating a broken leg can cost up to \$7,500¹. And it's not only broken limbs—an average non-fatal injury could cost you \$6,620 in medical bills². When your medical bill arrives, you'll be relieved you have accident insurance on your side.

Critical Illness

Most of us don't have an extra \$7,000 ready to spend—and even if we do, we don't want to spend it on medical expenses. Unfortunately, the average cost to treat a critical illness is just that: \$7,000³. But with critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition. You can use this benefit however you like, including to help pay for: treatments, prescriptions, travel, increased living expenses and more.

Hospital Indemnity Insurance

When you or a dependent need to be hospitalized, your family deserves to focus on their well-being, not the stress of the average three-day hospital stay, which can cost you \$30,000¹. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered hospitalization.

1. Why health insurance is important: Protection from high medical costs. HealthCare.gov
2. Average medical cost of fatal and non-fatal injuries by type in the USA, December 2019. National Library of Medicine.
3. MetLife Accident and Critical Illness Impact Study.

Dental

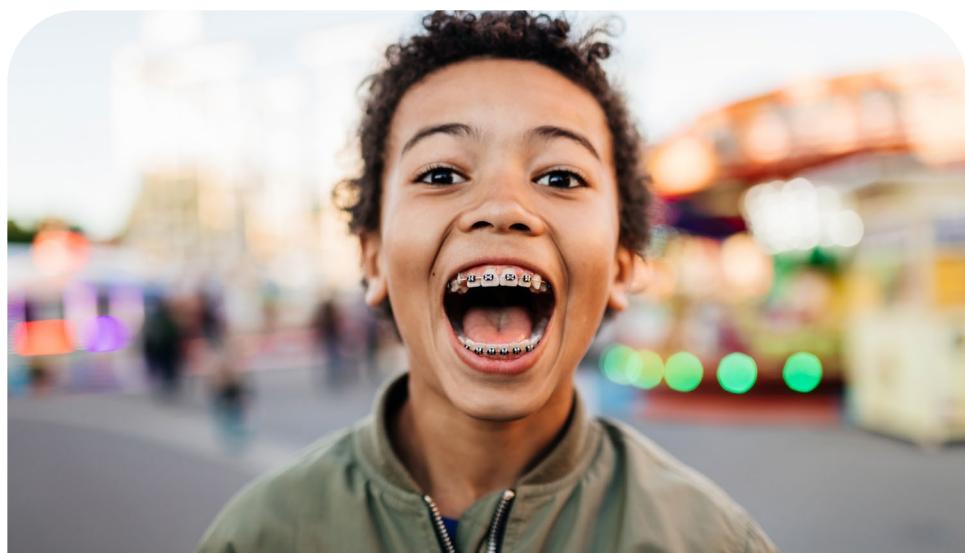
DPPO: This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the SunLife network.

Following is a high-level overview of the coverage available.

Key Dental Benefits	SunLife DPPO	
	In-Network	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family		\$50 / \$150
Benefit Maximum (per calendar year; preventive, basic, and major services combined)		
Per Individual		\$1,500 per member
Covered Services		
Preventive Services		100%
Basic Services	80%	70%
Major Services	50%	40%
Orthodontia (Child Only)		50% (to a lifetime maximum of \$1,000)

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.



Vision

We are proud to offer you a vision plan.

VSP

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the VSP network.

The following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10	Up to \$45
Materials Copay	\$25	N/A
Lenses (once every 12 months)		
Single Vision		Up to \$30
Bifocal	No charge after materials copay	Up to \$50
Trifocal		Up to \$65
Frames (once every 24 months)	Covered up to \$130 + 20% of the balance	Up to \$70
Contact Lenses (once every 12 months; in lieu of glasses)	Elective: Covered up to Contact Lens Allowance; Necessary: Covered after copay	Elective: Up to \$105; Necessary: Up to \$210



Life and AD&D

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death. You must enroll in one of the medical plans to receive the life insurance coverage.

Accidental Death and Dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at NO COST to you through SunLife.

Coverage	Benefit Amount
Employee	\$20,000
Optional Basic Life	
Spouse	\$5,000
Child(ren)	15 days-6 months: \$100 6 months-age 19 or 26: \$2,000

Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through SunLife for yourself and your eligible family members.

	Benefit Option	Guaranteed Issue*
Employee	5 times your basic earnings, up to a \$500,000 maximum	\$100,000
Spouse/RDP	The lesser of \$150,000 or 100% of your elected benefit	\$25,000
Child(ren)	\$10,000	\$10,000

*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Employee Assistance Program Valuable Extras

Life is full of challenges, and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The EAP is provided at NO COST to you through SunLife.

The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Substance abuse
- ▶ Relationships or marital conflicts
- ▶ Grief and loss
- ▶ Child and eldercare
- ▶ Legal or financial issues

EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to 3 in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

We also offer the following additional benefits:

- ▶ Pet Insurance: You want the best for your pet. While it's hard to anticipate accidents and illnesses, Pet Insurance makes it a little easier to be prepared for them. As an employee of Sterling Engineering, Inc., you're eligible for a discount on Pet Insurance. Premiums vary based on the age of your pet, species, size (as an adult), plan type, deductible and state of residence.
- ▶ Hinge Health
- ▶ Livongo
- ▶ Wondr



Cost of Benefits

January 1 - December 31, 2026

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Medical

Coverage Tier	Gold Plan	Silver Plan	Bronze Plan
Employee Contribution (Weekly) - MAKING LESS THAN \$30,000			
Employee Only	\$85	\$67	\$35
Employee + Spouse/RDP	\$177	\$143	\$108
Employee + Child(ren)	\$160	\$131	\$97
Family	\$206	\$171	\$126
Employee Contribution (Weekly) - MAKING \$30,000 - \$60,000 ANNUALLY			
Employee Only	\$99	\$82	\$49
Employee + Spouse/RDP	\$217	\$177	\$131
Employee + Child(ren)	\$211	\$171	\$126
Family	\$222	\$182	\$137
Employee Contribution (Weekly) - MAKING \$60,000+ ANNUALLY			
Employee Only	\$111	\$92	\$73
Employee + Spouse/RDP	\$245	\$206	\$148
Employee + Child(ren)	\$240	\$200	\$143
Family	\$251	\$211	\$155

Dental

Coverage Tier	Employee Contribution (Weekly)
Employee Only	\$8.32
Employee + Spouse/RDP	\$17.67
Employee + Child(ren)	\$18.86
Family	\$27.88

Vision

Coverage Tier	Employee Contribution (Weekly)
Employee Only	\$1.43
Employee + Spouse/RDP	\$2.32
Employee + Child(ren)	\$2.37
Family	\$3.81

Registered Domestic Partner (RDP)

Contributions: Your contributions to cover an RDP are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your RDP's or RDP's children's (if they are not federal tax dependents) healthcare coverage will be taxable to you as imputed income. This value is determined by the amount that The Company pays in premium for RDP coverage. This amount raises your taxable gross income. Also, the payroll deductions to cover an RDP must be taken on an after-tax basis.

Supplemental Life/AD&D

Deductions for supplemental Life/AD&D are taken from your paycheck after taxes. Rates are available during enrollment.

Contact Information

Coverage	Carrier	Phone #	Website / E-mail
Medical/Pharmacy	Blue Cross and Blue Shield of Illinois	800-828-3116	www.bcbs.com
Health Savings Account (HSA)	HSA Bank	800-357-6246	www.hsabank.com
Critical Illness and Accident Coverage	SunLife	877-820-5306	slfworksitoclaims@disabilityrms.com
Dental	SunLife	800-442-7742	sunlife.com/us
Vision	VSP	800-877-7195	www.vsp.com/contact-us
Life/AD&D	SunLife	800-247-6875	www.sunlife.com
Employee Assistance Program (EAP)	SunLife	800-460-4374	www.guidanceresources.com
Benefit Administration	ADP	N/A	https://workforcenow.adp.com/workforcenow/login.html

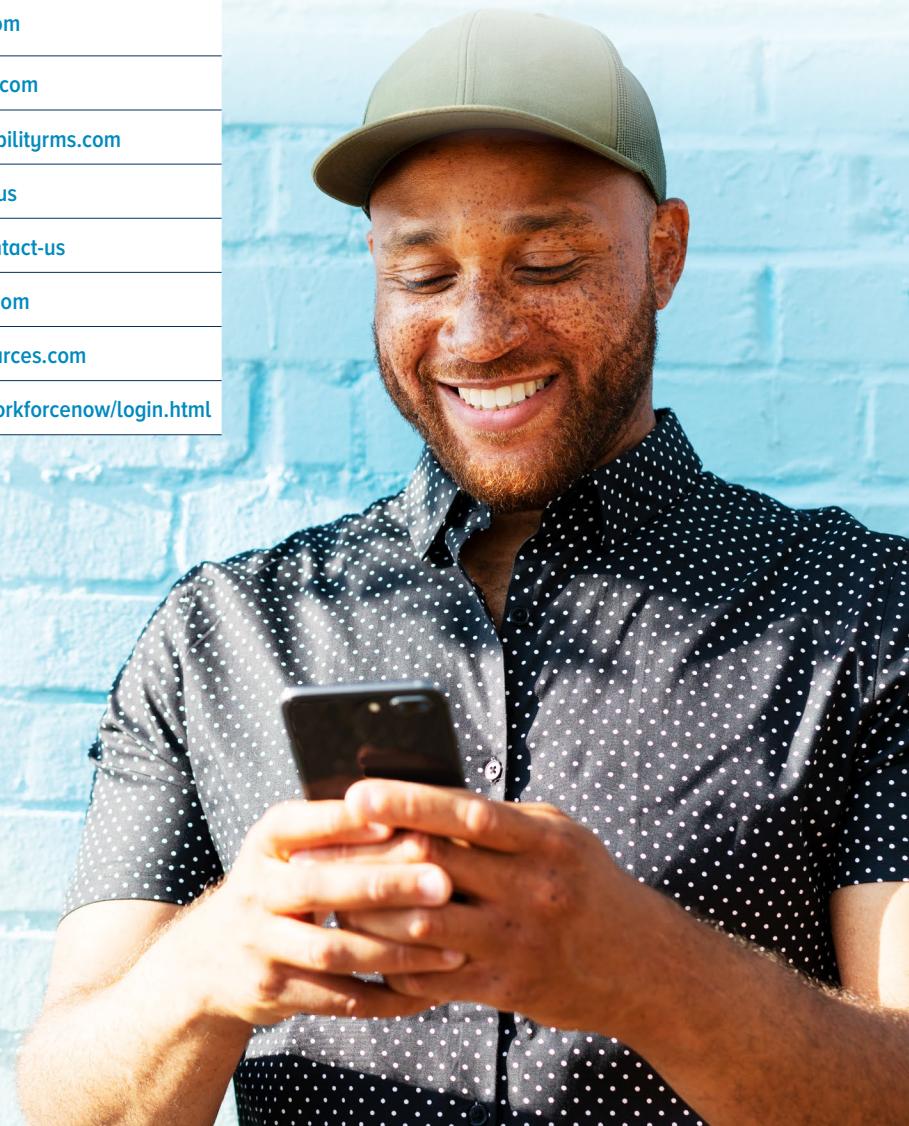
Questions?

If you have additional questions, you may also contact our Benefits Coordinator:

Kajal Patel
224-254-5498
benefits@sterling-engineering.com

Annual Notices

[Click here for annual notices.](#)



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.
Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

