

A Guide to Your 2026 Union Benefits

Enroll through
Your Benefits Resources

January 1 – December 31, 2026

make it yours



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Welcome



We are pleased to share this overview of our 2026 benefits program with you. Whether you're a new hire or a tenured employee, you have multiple options for making health care decisions that meet your specific and diverse needs.

- **Enrollment Information:** Your plan year is from January 1 through December 31, 2026. New hires must enroll within 30 days of their hire date. All enrollments are through the Your Benefits Resources™ (YBR) website.
- **Annual Enrollment:** Typically occurs in November. It is encouraged to actively enroll annually to ensure you have the coverage for medical, dental, vision and prescription benefits, as well as contributions to Flexible Spending Accounts (FSAs) or a Health Savings Account (HSA).
- **Qualifying Life Events:** Changes to coverage due to events such as marriage, divorce, birth/adoption or loss/gain of other coverage must be made within 31 days on the YBR website. Please allow one to two weeks for administrative processing of these changes.
- **Assistance:** For questions or enrollment support, contact **Your Benefits Resources** at **855-564-6155**, Monday through Friday, from 8:00 a.m. to 8:00 p.m. ET or visit myhranywhere.com/benefits.

Table of Contents

 Welcome.....	2	 Additional Wellbeing Programs.....	12
 Who Qualifies for the Benefits Program	3	 401(k) Retirement Savings Plan	16
 Enrolling in Your Health and Welfare Benefits	4	 Benefits Contacts.....	18
 Your Medical, Dental and Vision Plan Options.....	5	 General Notices	20



Who Qualifies for the Benefits Program

Be sure to review the information below **before** you enroll in coverage. You are eligible to participate in your company's benefits program if you are a full-time U.S.-based union employee of GAF or SGI. Coverage is effective on your date of hire, but please keep in mind that time is needed for administrative processing. Once you are able to register on the [Your Benefits Resources](#) website, the carrier(s) will update your eligibility and coverage starting on your effective date.

Your **eligible dependents** include:

- Your legally married spouse (see working spouse/domestic partner information on this page);
- Your or your spouse's child or children who are under age 26, including natural children, stepchildren, legally adopted children, children placed for adoption or children for whom you or your spouse are the legal guardian; keep in mind, dependent children can be covered up to the end of the month of their 26th birthday;
- Unmarried children aged 26 or over who are or become disabled and dependent on you;
- Your common-law spouse under the laws of the state in which you were married. State eligibility may change; and
- A domestic partner (same or opposite gender). See below for eligibility criteria and tax implications.

Domestic Partner Imputed Income: The value of health coverage for a domestic partner is considered federally taxable imputed income unless the partner is a tax dependent as defined by the IRS (employee provides over 50% of the domestic partner's financial support and the employee claims the domestic partner as a dependent on tax forms). Annual certification of tax-dependent status is required to waive imputed income.

Domestic Partner Eligibility Criteria: Must not be married/partnered to another, not related by blood in a prohibitive degree, share joint responsibilities and financial obligations. Must be at least 18 years old, share the same permanent residence for 12 months prior to enrollment, be mentally competent and be financially interdependent.

Working Spouse/Domestic Partner Surcharge: A \$100 per month surcharge applies if a spouse/domestic partner has access to their own employer-sponsored group medical coverage and is covered under a company medical plan. This surcharge does not apply if both individuals work at your company or if the spouse/domestic partner does not have access to group medical coverage. It does not apply to dental or vision coverage.

Dependent Verification: To maintain cost efficiency and ensure proper allocation of benefits, your company utilizes Alight Solutions for dependent eligibility audits. If a dependent is added, documentation will be requested by the Alight Solutions Dependent Verification Center. Failure to submit required documentation by the deadline (typically 45 calendar days) will result in the dependent's removal from coverage and ineligibility for COBRA.



Tip

You will be able to submit documents to the Dependent Verification Center online, via fax or USPS mail. For fastest results, upload your documents to the [Your Benefits Resources](#) website.

If you plan to submit documents through the mail, be sure to only send copies—never provide original documents. All paper documents submitted will be destroyed once the dependent verification process is complete. Remember to keep copies of what you submit as well.

Please be advised this guide is for reference purposes only. Full benefits eligibility can be found in your union's specific Collective Bargaining Agreement (CBA).



Enrolling in Your Health and Welfare Benefits

Annual Enrollment

Annual Enrollment typically takes place in November. Enroll through the Your Benefits Resources website at myhranywhere.com/benefits (accessible via [single sign-on](#) on the company network) or the Alight Mobile app. You can also call Your Benefits Resources at 855-564-6155. Be sure to actively enroll to secure the coverage you need for medical, dental, vision or prescription drugs each year. It's wise to review your choices annually, even if you plan to maintain your current plan enrollment. Remember, if you're eligible for a Flexible Spending Account (FSA) or Health Savings Account (HSA), you must elect contributions annually. If you need assistance during enrollment, consider using the "Help Me Choose" tool for personalized coverage recommendations.

Choices made during Annual Enrollment are effective from January 1 to December 31 of each plan year. Any benefit changes made in November 2025 will take effect on January 1, 2026. You can't change coverage until the next Annual Enrollment unless you have a qualifying life event.

If you are a new hire, you have 30 days from your hire date to enroll in benefits for the rest of the calendar year. The only time you can make changes after your first 30 days is during Annual Enrollment (for coverage effective January 1 of next year) or when you experience a qualifying life event (birth, adoption, marriage, loss of other coverage, etc.).

Qualifying Life Events— Midyear Changes

You must make changes to your coverage within 31 days of a qualifying life event. To update your coverage, visit the [Your Benefits Resources](#) website. The following are examples of events that allow you to make changes to your current benefits during the plan year:

- Marriage
- Divorce or legal separation
- Childbirth or adoption/placement of a child

- Death of your spouse or dependent child
- Loss or gain of coverage
- Change in employment status of employee, spouse or dependent child
- Qualification by the plan administrator of a child support order for medical coverage

Please note that administrative time for carriers and payroll to catch up and process event can take a week to two weeks.

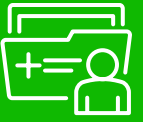
Benefits Enrollment Confirmation Statement

Once your enrollment is complete, you can print your confirmation. You'll also receive a confirmation statement by mail after enrollment closes. Please compare it to your printed copy, and contact Your Benefits Resources by December 31 with any questions or concerns.

ID Card Issuance

When applicable, physical ID cards will be mailed to an enrolled member's home address (with the exceptions of Cigna and Anthem BCBS) on file and digital ID cards will be available via the carrier's online member portal and/or the carrier's mobile app.

Certain benefit plan documents and other disclosures, including claims determinations, may be provided electronically. Contact the specific carrier or vendor if you want to change your preferred email address or opt out of electronic disclosures. When applicable, physical cards will be mailed to an enrolled member's home address on file and digital cards will be available via the carrier's online member portal and/or the carrier's mobile app. Visit [Your Benefits Resources](#) to see if your carrier will be releasing a new ID card.



Your Medical, Dental and Vision Plan Options



Medical Plan Options 6

Review your medical plan options including information on prescription drugs, voluntary medical supplements and more.



Pre-Tax Saving/Spending Accounts 9

Learn about your Health Savings Account, Flexible Spending Accounts and Commuter Benefits.



Dental Plan Options 10

Check out the different dental options available to you.



Vision Plan Coverage 11

Find the right vision coverage that meets your needs.



Medical Plan Options



You can choose from four medical coverage plan designs, offered by national health insurance carriers (Aetna, Anthem BCBS, Cigna and UnitedHealthcare) and regional health insurance carriers (Health Net, Dean / Prevea360, Kaiser Permanente, UPMC Health Plan, Medical Mutual and Priority Health), if available in your area. The carriers available to you are based on your ZIP code. Learn about each of the carriers on the [Make It Yours](#) website.

Each plan design features different coverage levels, so you can choose the option that best suits your needs. The plan designs differ in paycheck contributions (premiums) and out-of-pocket costs for services. Each level of coverage (Bronze, Bronze Plus, etc.) is consistent across carriers (e.g., Aetna Bronze is the same as Cigna Bronze).

Medical Benefits Comparison

	BRONZE	BRONZE PLUS	SILVER	GOLD
Option type	High-deductible option with HSA	PPO	High-deductible option with HSA	PPO
Paycheck contributions	\$	\$\$	\$\$	\$\$\$
Annual Deductible – You Pay				
In-network (individual / family)	\$3,400 / \$6,800	\$2,300 / \$4,600	\$1,700 / \$3,400	\$800 / \$1,600
Out-of-network (individual / family)	\$3,400 / \$6,800	\$4,600 / \$9,200	\$1,700 / \$3,400	\$1,600 / \$3,200
Traditional or true family?	Traditional	Traditional	True family	Traditional
Annual Out-of-Pocket Maximum – You Pay				
In-network (individual / family)	\$6,400 / \$12,800	\$6,700 / \$13,400	\$4,250 / \$8,500	\$3,600 / \$7,200
Out-of-network (individual / family)	\$12,800 / \$25,600	\$13,400 / \$26,800	\$8,000 / \$16,000	\$7,200 / \$14,400
Traditional or true family?	Traditional	Traditional	True family	Traditional
In-Network Benefits – You Pay				
Preventive care	\$0 Covered 100%, no deductible	\$0 Covered 100%, no deductible	\$0 Covered 100%, no deductible	\$0 Covered 100%, no deductible
Doctor's office visit	25% after deductible	\$30 for PCP visit and \$50 for specialist visit, no deductible	25% after deductible	\$25 for PCP visit and \$40 for specialist visit, no deductible
Emergency room	25% after deductible	\$150, then 30% after deductible	25% after deductible	You pay \$150, then 20% after deductible
Urgent care	25% after deductible	You pay \$50	25% after deductible	You pay \$40
Inpatient care	25% after deductible	30% after deductible	25% after deductible	20% after deductible
Outpatient care	25% after deductible	30% after deductible, if not an office visit	25% after deductible	20% after deductible, if not an office visit

For a more detailed look at these plans and additional coverages, visit [Your Benefits Resources](#).



Medical Plan Deductible Types

Traditional Deductible (Bronze, Bronze Plus, Gold):

Once an individual meets their deductible, insurance benefits begin for that individual. Charges for all other covered family members will continue to count toward the family deductible. Once the family deductible is met, your insurance will pay benefits for all covered family members.

True Family Deductible (Silver): The entire family deductible must be met before insurance benefits begin for any covered family member.

Looking to Save More Money?

Cost Savings Considerations: Review the “Why Should I Consider the Lowest Cost Carrier?” PDF on [Make It Yours](#) to understand regional carrier pricing and potential savings.

Learn which carriers cost you the least per paycheck in your area and whether it’s a good idea for you to switch to a lower-cost carrier. Since one carrier may offer more competitive pricing in an area than others, it will be the lowest cost carrier in that region, while a different carrier will be the lowest cost carrier in another region.

The lowest cost carrier in your area can change from year to year. Find out if you and your family’s providers are in the new lowest cost carrier’s network. If they aren’t, you’ll need to choose between keeping the same providers or paying less in pre-tax paycheck deductions.

Care Navigation: The “Where to Go for Care” PDF on [Make It Yours](#) provides guidance on appropriate care settings (PCP, ER, urgent care, telehealth) to optimize cost and time.

Using the ER for non-emergent issues can cost you more money and time. People with injuries or illnesses often go to the wrong facility. For example, if you have an upset stomach, the ER may provide the most thorough care, but it’s more expensive than getting care through telehealth or a visit to your PCP or urgent care center. **Where to Go for Care** explains where to go depending on the injury or illness you have.

Expert Second Opinions With 2nd.MD

All company medical plans include complimentary virtual second opinions from nationally recognized doctors for serious medical conditions and/or recommended surgeries at no additional cost if you’re enrolled in a company medical plan. To get started, visit [2nd.MD/gaf](#) or call 866-887-0712.

Kindbody Family-Building Benefits

There is no one way to define a family—they come in all shapes and sizes. To recognize and support the many paths to grow your family, your company proudly offers best-in-class fertility services through Kindbody, a leader in the family-planning industry.

Fertility Path KindCycles

Kindbody’s fertility and family planning services are available to you and your spouse or domestic partner enrolled in the company’s medical plan.¹ The extensive services include a lifetime limit of up to two service packages, called KindCycles, based on your medical option.

The applicable deductible, coinsurance and/or copayment are based on the company’s medical plan you elect. If you are covered under a high-deductible health plan (HDHP), you must satisfy a \$1,700 deductible for employee only coverage (or \$3,400 for family coverage), which is separate from your medical plan deductible, as mandated by the IRS.

Fertility services are covered in-network only at Kindbody Signature Clinics or Kindbody’s Centers of Excellence network of partner clinics.

Regardless of which path you choose, Kindbody is ready to support you through your family-building journey. You will have access to a dedicated Care Navigation Team who will coordinate the full spectrum of benefits available to you and your covered spouse/domestic partner to give you peace of mind, every step of the way.

Menopause Assistance

Menopause can be very trying for women. Kindbody offers comprehensive support addressing both physical and psychological symptoms. Benefits include gynecological, nutrition, fitness, mental, emotional, holistic and sexual health programs, with eight holistic health sessions per user. Access to care navigators, medical professionals and at-home hormone testing and therapy is also provided. All medical plan enrollees automatically receive Kindbody menopause support.

Looking for more information?

Visit the [Make It Yours](#) website or contact Kindbody at employeebenefits@kindbody.com or 855-747-1630.

¹ An infertility diagnosis is not required.

Prescription Benefits Comparison

Medical plan enrollment includes prescription drug coverage. Coverage depends on your chosen medical plan and carrier. Research your medications’ coverage with each carrier before enrolling.

- If you enroll with a national carrier such as Aetna, Anthem BCBS, Cigna or UnitedHealthcare, your pharmacy benefits will be managed by OptumRx.

Make sure you register on the OptumRx website at optumrx.com to price medications, manage your mail-order prescriptions, compare medications and more.

- If you enroll in a plan managed by a carrier other than those mentioned previously, your pharmacy benefits will be managed by that carrier.

	BRONZE	BRONZE PLUS	SILVER	GOLD
Preventive drugs	\$0*	\$0*	\$0*	\$0*
30-Day Retail Supply – You Pay				
Tier 1 (generally brand name drugs & lowest cost options)	100% until you’ve met the deductible, then you pay 25%	\$12	100% until you’ve met the deductible, then you pay 25%	\$10
Tier 2 (generally brand name drugs & medium cost options)	100% until you’ve met the deductible, then you pay 25%	\$60	100% until you’ve met the deductible, then you pay 25%	\$40
Tier 3 (generally brand name drugs & highest cost options)	100% until you’ve met the deductible, then you pay 25%	\$80	100% until you’ve met the deductible, then you pay 25%	\$60
90-Day Mail-Order Supply – You Pay				
Tier 1 (generally brand name drugs & lowest cost options)	100% until you’ve met the deductible, then you pay 25%	\$30	100% until you’ve met the deductible, then you pay 25%	\$25
Tier 2 (generally brand name drugs & medium cost options)	100% until you’ve met the deductible, then you pay 25%	\$150	100% until you’ve met the deductible, then you pay 25%	\$100
Tier 3 (generally brand name drugs & highest cost options)	100% until you’ve met the deductible, then you pay 25%	\$200	100% until you’ve met the deductible, then you pay 25%	\$150

*Preventive drugs are determined by OptumRx or the regional insurance carrier. You must have a doctor’s prescription for the medication—even for products sold over the counter (OTC)—and you must use an in-network retail pharmacy or mail-order service.

For a more detailed look at these plans and additional coverages, visit [Your Benefits Resources](#).



A Closer Look

Medication coverage varies by carrier. Confirm coverage with OptumRx (for Aetna, Anthem BCBS, Cigna or UnitedHealthcare) or your medical insurance carrier. For specialty medications, contact your medical insurance carrier for their specific process.

Bronze Plus and Gold plan members using 90-day mail-in orders will benefit from lower copays with a lower out-of-pocket cost at time of purchase. For those enrolled in the Bronze or Silver plan, all of your prescription drug dollars will accumulate toward your deductible, helping you to reach that amount sooner.



Maintenance Medication

For employees who enroll under Aetna, Anthem BCBS, Cigna or UnitedHealthcare. The **OptumRx CVS90 Savers** program gives you the option to fill a three-month (90-day) supply of the medications you take regularly at Optum Home Delivery or a CVS pharmacy. Your time to enroll is limited. Your plan covers two one-month grace refills from a retail pharmacy. After the grace fills run out, you will pay the full price for your medication. For more information visit optumrx.com.



Pre-Tax Saving/Spending Accounts



Health Savings Account (HSA)

A Health Savings Account is a smart way to save for the future. When you set aside a few dollars from each paycheck now, you'll have funds to help cover qualified health care expenses that come up. Plus, it's tax-free, so your money works harder for you. Your company's HSA is administered by [WEX](#).

If you enroll in a Bronze or Silver coverage level, you'll be eligible to enroll in the HSA to set aside tax-free money to pay for expenses like medical, dental and vision copays, deductibles and insurance.²

2026 HSA Contribution Limits

Coverage Tier	2026 IRS Limit
Employee Only	\$4,400
Employee + Child	\$8,750
Employee + Spouse/ Domestic Partner	\$8,750
Employee + Family	\$8,750
Catch-Up Contributions (55 or older)	\$1,000

Your employee contribution is funded every pay period. If you're age 55 or older, you can contribute catch-up contributions up to \$1,000 each plan year.

There are additional benefits to the HSA: it's tax-free when it goes in, as it grows and when you spend it. It's always your money and you determine your deduction! Watch this [video](#) to learn more about the benefits of contributing to an HSA.

Need to submit a claim?

Annually, the deadline to submit a claim to [WEX](#) is December 31 for incurred expenses in the same calendar year.

Flexible Spending Accounts (FSAs)

Health Care FSA

Your company offers two tax-advantaged FSAs: Health Care FSA and Dependent Care FSA. Both are administered by [WEX](#).

The Health Care FSA allows you to set aside dollars from your paycheck on a pre-tax basis to reimburse yourself for qualified medical, dental and vision expenses. When you participate in an FSA, you contribute part of your pay, through the convenience of payroll deductions. The

maximum amount you can contribute is \$3,400. These contributions are before federal and Social Security taxes are deducted, so you pay less in taxes.

Changes can be made to your Health Care FSA for the following qualifying life events, including birth, Qualified Medical Child Support Orders (QMCSOs), marriage or divorce.

Dependent Care FSA

The Dependent Care FSA may be used to reimburse yourself for qualified child and dependent care expenses such as after-school care and adult day care. The Dependent Care FSA cannot be used to reimburse health care expenses. However, it can be used to cover expenses for a qualified dependent who is under 13 years old. You may use this account without being enrolled in medical coverage. The maximum annual amount you can contribute is \$7,500. Changes can be made to your Dependent Care FSA for the following qualifying life events, including changes in the cost of child care, or start or loss of a domestic partnership.

Important Note: Plan carefully! Unlike an HSA, money left in an FSA at the end of the year is not returned to you, so it's important that you carefully estimate your anticipated eligible expenses for the coming year. Watch this [video](#) for an overview of the FSA plans.

Need to submit a claim?

All FSA claims for expenses incurred for the current year must be submitted by March 31 in the following year through [WEX](#).

Commuter Benefits

The Commuter Benefits program, administered by [WEX](#), allows you to set aside pre-tax and post-tax dollars in a savings account to pay for expenses related to commuting to and from work for mass transit, vanpooling and work-related parking costs.

When you enroll in the Commuter Benefits program, you pay for your commuting costs with pre-tax money, up to the IRS tax limit of \$340 per month. Commuter Benefits plans operate on a month-to-month basis and changes can be made at any time. If you find you are spending more or less than expected at any point in the year, simply change your election amount. Commuter Benefits elections can be made or modified at any time throughout the year on [Your Benefits Resources](#).

² If participants choose to add funds coming from their pay to their HSA in the WEX portal, it could have negative consequences such as exceeding IRS limits.



Dental Plan Options



Keep your smile healthy! Choose the dental plan (Bronze, Silver or Gold) that best suits your needs and budget. Options vary by premiums, deductibles, coinsurance and copays. You can enroll yourself, your eligible spouse/domestic partner and your children. Each national carrier (Aetna, Cigna, Delta Dental, MetLife, UnitedHealthcare) has its own provider networks. Learn more on the [Make It Yours](#) website.

Dental Benefits Comparison

	BRONZE	SILVER	GOLD
Annual Deductible and Plan Limits			
Annual deductible (individual / family)	\$100 / \$300	\$100 / \$300	\$50 / \$150
Annual maximum (individual / family)	\$1,000 per person	\$1,500 per person	\$2,500 per person
Orthodontia lifetime maximum*	Not covered	\$1,500 per child	\$2,000 per person
In-Network Benefits – You Pay			
Preventive care	\$0 100% covered, no deductible	\$0 100% covered, no deductible	\$0 100% covered, no deductible
Minor restorative care (e.g., fillings, root canal treatment, gum disease treatment and oral surgery)	20% after deductible	20% after deductible	20% after deductible
Major restorative care (e.g., implants, dentures)	100%; not covered	40% after deductible	20% after deductible
Orthodontia	100%; not covered	50%, no deductible; children up to age 19 only	50%, no deductible; for children and adults

*If you switch insurance carriers, any orthodontic expenses you’ve already incurred under your current carrier will count toward your new carrier’s orthodontia lifetime maximum.

For a more detailed look at these plans and additional coverages, visit [Your Benefits Resources](#).



Vision Plan Options



Choose from three vision coverage levels (Bronze, Silver, Gold) offered by national and regional carriers like EyeMed, MetLife, UnitedHealthcare and VSP Vision Care. These options range from exams only to full coverage for lenses, frames and contacts. Before choosing, verify your current eye doctor or retail store is in the network. Visit the [Make It Yours](#) website to learn more about each of the carriers.

Vision Benefits Comparison

	BRONZE	SILVER	GOLD
In-Network Benefits – You Pay			
Routine vision exam (one per plan year)	\$0; covered 100%	\$10	Covered 100%
Frames (one per plan year)	Discount may apply	All costs above \$150 allowance*	All costs above \$200 allowance*
Lenses (once per plan year; premium lenses may cost more) – You Pay			
Single vision	Discount may apply	\$20	\$10
Bifocal	Discount may apply	\$20	\$10
Trifocal	Discount may apply	\$20	\$10
Standard progressive**	Discount may apply	\$20	\$10
Lenticular	Discount may apply	\$20	\$10
Lens Enhancements – You Pay			
UV treatment	Discount may apply	Varies by carrier	Varies by carrier
Tint – solid and gradient	Discount may apply	Varies by carrier	Varies by carrier
Standard plastic scratch-resistant coating	Discount may apply	Varies by carrier	Varies by carrier
Standard anti-reflective coating	Discount may apply	Varies by carrier	Varies by carrier
Standard polycarbonate – adults	Discount may apply	Varies by carrier	Varies by carrier
Standard polycarbonate – children	Discount may apply	\$0	\$0
Other add-ons	Discount may apply	Discount only	Discount only
Contact Lenses – You Pay			
Medically necessary	100%; not covered	\$20	\$10
Elective	100%; not covered	All costs above \$150 allowance*	All costs above \$200 allowance*
Fit and evaluation	Discount may apply	\$20	\$10
Laser Surgery – You Pay			
Elective	15% off regular price or 5%	Elective	15% off regular price or 5%

*A vision benefit allowance is a set dollar amount that your vision insurance plan covers for specific items. If your chosen item costs more than the allowance, you'll pay the difference. You can use FSA/HSA (WEX debit card) to help pay for items like eyeglass frames or contact lenses, but not for both.

**Vision benefits are for standard progressives. Enhanced progressives may cost more and will vary by insurance carrier.

For a more detailed look at these plans and additional coverages, visit [Your Benefits Resources](#).





Additional Wellbeing Programs



Protect Your Income..... 13

Learn all about your life insurance, accident and sickness benefits.



Your Total Wellbeing Benefits 14

Find information on your Employee Assistance Program and financial wealth partner.



Other Benefits..... 15

Review all your available benefits to assist with family support and pet care, mortgage services and so much more.





Life Insurance

Your company automatically provides basic life insurance coverage through Securian Financial at no cost to you. If eligible, consider electing optional life insurance coverage for yourself and your covered dependents to protect your family's income against the unexpected. For a more detailed look at your life insurance benefits, visit [Your Benefits Resources](#).

Accident and Sickness Benefits

Short-term disability (STD) benefits replace a portion of your income if you're unable to work due to a pregnancy, illness or non-work-related injury. Your company automatically provides STD coverage at no cost to you. Benefits may be paid up to 26 weeks in the event of disability provided you are under a doctor's care. Human Resources can provide details regarding eligibility and coverage amounts.

Age Reduction

From age 65 until age 70, your life benefit is reduced to 67%. From age 70 and after, the benefit is reduced to 50%. This reduction in benefit (at ages 65 and 70) does not apply to supplemental coverage you elect for your spouse.

Beneficiary Designation

Be sure to designate someone to be your beneficiary. If you do not designate a beneficiary, life insurance benefits may not go to your loved ones. To set up a beneficiary, log on to your account at [Your Benefits Resources](#).





Employee Assistance Program

All benefits-eligible employees can access the EAP at no cost, even without health coverage. The EAP offers confidential counseling and referrals for emotional issues. It also provides resources for financial and legal questions, caregiving, parenting, education options, home/work relationships, addiction, substance abuse and mental health.

Services include eight free face-to-face or virtual visits per issue, per year. Confidential support is available 24/7 by phone or online. Contact Optum at 888-224-5672 or visit liveandworkwell.com, access code GAF.



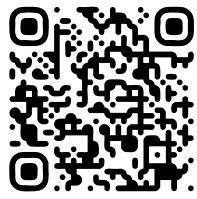
Calm App

Optum EAP also provides employees with free access to the Calm app. Calm can help you tackle stress, get a good night's sleep and feel more present in your life.

With the convenience of an app, you can use Calm whenever it fits your schedule to work on whatever's most important to you.

Ready to get started?

New users: To register and download the app scan the QR code. After you create your account, you will be asked to enter your company access code: GAF.



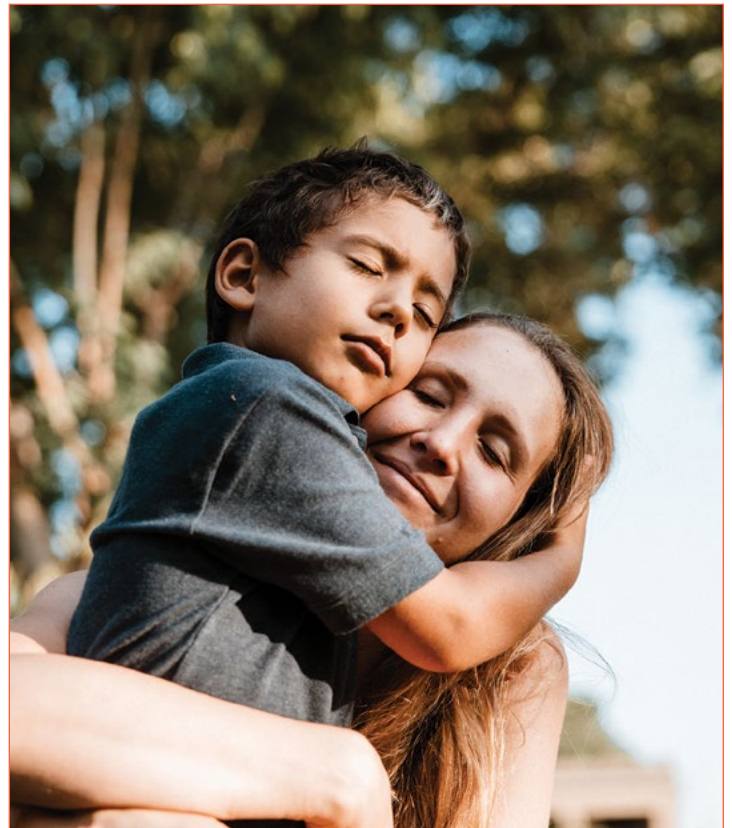
Existing users:

1. Open the Calm app
2. Go to: Profile > Settings > Link Organization Subscription
3. Enter organization code "Optum EWS"
4. In the "group code" field, enter your company access code GAF

Quotient Wealth Partners

Quotient Wealth Partners is a free financial advisory benefit for all employees to help maximize benefits and achieve financial goals. They offer comprehensive wealth management, retirement planning, tax optimization, smart distribution planning and estate planning.

There is no cost to you for using Quotient unless you choose to partner with them for financial investment management services. For more information call 888-895-4797 or email info@quotientwealth.com.





BenefitHub

Enjoy access to national and local discounts, rewards and perks on thousands of the brands you love in a variety of categories, such as travel, auto, beauty and spa, pet insurance, restaurants and more. To register, log on to gaf.benefithub.com and use referral code JXJVCC.

Inside Rx Pets

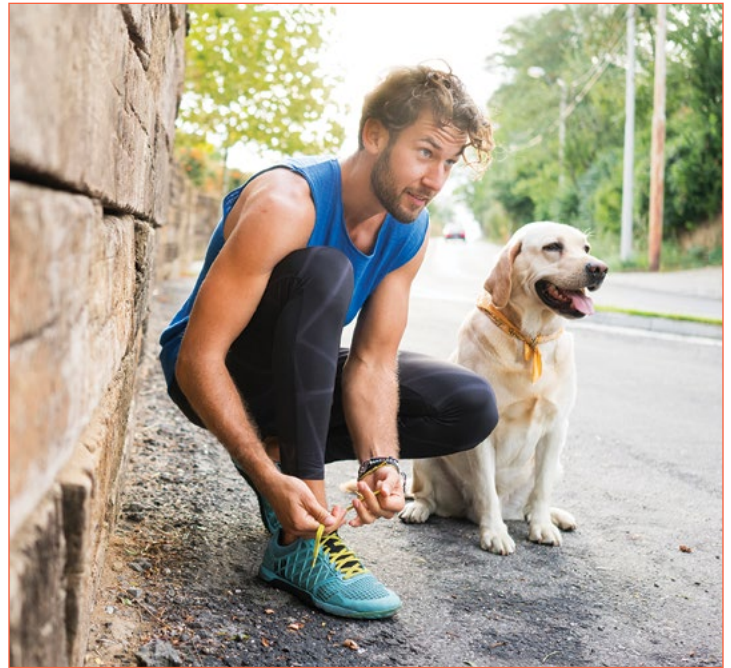
Inside Rx Pets offers a **free** prescription savings card that delivers savings on the human medications your pet needs, including those to treat conditions such as anxiety, arthritis, heart disease and diabetes. Log on to insiderxpets.com for more information and to access your Inside Rx Pets prescription savings card.

Mortgage Services

American Federal Mortgage, one of the largest privately held mortgage bankers in the nation, has implemented a unique discount program, which is available to you. Whether you are thinking of buying a new home, refinancing your current home or just want to investigate financing options, American Federal is here to help. Visit [American Federal Mortgage](https://AmericanFederalMortgage.com) to learn more.

Candidly Student Loan Debt Management

Candidly is a **free**, comprehensive platform that provides tools and resources to help you manage your student debt. It assists you in discovering, comparing and applying for federal repayment plans based on your income, paying down student debt faster, comparing refinancing offers and much more. To learn more, log on to your account at ownyourfuture.vanguard.com, select **My Financial Wellness**, then **Explore My Financial Wellness**.



The Vanguard 529 Plan

The Vanguard 529 Plan offers a range of savings and investment options designed to help you plan and save effectively for your children's futures or for anyone you choose. What makes 529 plans unique is their ability to let you invest and use your money tax-free, as long as it's spent on education expenses. The Vanguard 529 Plan stands out by providing strategies that maximize the value of your education dollars.

To help you get started, Vanguard is waiving the \$1,000 minimum initial investment if you enroll through the special link for your company and set up automatic recurring contributions of just \$50 per month.

To learn more about the Vanguard 529 Plan and take advantage of this special offer, log on to your account at ownyourfuture.vanguard.com. Navigate to **My Financial Wellness**, then select **Explore My Financial Wellness**. Scroll down to **The Vanguard 529 Plan** and click on the **special offer**.





401(k) Retirement Savings Plan

Eligibility

Once you become eligible for the plan, you will receive a welcome package from Vanguard, our 401(k) plan administrator.

Employee Contributions

Once eligible, you can elect and make changes to your deferral contributions at any time throughout the year by logging on to your account at ownyourfuture.vanguard.com or by calling Vanguard at **800-523-1188**.

You can contribute to the plan with pre-tax, Roth and/or after-tax contributions for your regular eligible compensation. You may also elect to defer a percentage of your bonus earnings. These elections are made separately from your regular earnings elections. All deferral elections and changes take approximately one to two payroll cycles to take effect.

Employee Catch-Up Contributions (for Individuals Age 50 or Older)

Catch-up limits are separated based on age. Those aged 50 – 59 and 64 and older can contribute one amount and those aged 60 – 63 can contribute a higher amount (see accompanying chart). Employees who meet the age requirements for catch-up contributions will be automatically eligible for the additional catch-up contributions, and the contributions will be capped based on your age.



Company Contributions

The company provides matching contributions on your pre-tax and Roth contributions only, and you must have an active pre-tax and/or Roth deferral election (greater than 0%) to receive company matching contributions. The company does not match after-tax contributions. Please refer to your Collective Bargaining Agreement (CBA) for further details.

Vesting

Please refer to your CBA and/or Summary Plan Description (SPD) Booklet for more details. The SPD is located on your online account at ownyourfuture.vanguard.com. Under the “Explore” tab, choose “Plan Communication.” All appendixes and Summary of Material Modifications (updates to the SPD) can be requested from your local HR Business Partner or the HR Services Team.

Investment Options

Contributions are invested in the Vanguard Target Retirement Trust Funds, as a qualified default investment alternative (QDIA). You have the option to select different investment fund options at any time.

Rollovers

You may be eligible to roll over funds from another qualified plan into your 401(k) account under this plan. Moving money into your current 401(k) allows you to better manage and see all your funds in one place. To begin a rollover transfer, log on to your account at ownyourfuture.vanguard.com. As always, it is best to obtain financial advice to ensure that the funds being rolled over will not have unintended tax implications and penalties.

Beneficiary Designations

Make sure your hard-earned savings go to your loved ones! Log on to your account at ownyourfuture.vanguard.com to choose beneficiaries for your 401(k) plan. Note: If you are married, your spouse is automatically your primary beneficiary unless you obtain spousal consent.

401(k) Contribution Types and Limits		2026 Annual Contribution Limits
Employee Contributions		
Pre-Tax and Roth After-Tax	Choose from 0% to 75% for your regular pay and/or bonus pay	\$24,500
Catch-Up Contributions: Ages 50 – 59 and 64+*	Pre-tax and/or Roth after-tax	\$8,000
Catch-Up Contributions: Ages 60 – 63*	Pre-tax and/or Roth after-tax	\$11,250
After-Tax	Choose from 0% to 100% of your regular pay and/or bonus pay	\$22,300

*IRS defines your age for purposes of eligibility for catch-up contributions as your age as of December 31 of the same year (for 2026 plan year, your age as of December 31, 2026). For example, for the 2026 plan year, if you will be age 64 as of December 31, 2026, then your catch-up contribution limit will be the age 50 – 59 and 64+ limit. Further, new for 2026, employees with prior-year FICA wages over \$150,000 must designate catch-up contributions as Roth. This will take place automatically.



Changes to Your Deferral Elections, Investments and Beneficiary Designations

You must contact Vanguard to change your deferral election percentage(s); change funds to invest your deferrals and company contributions, if desired; opt out of or change the annual automatic increase; and designate your 401(k) plan beneficiary(ies). You can contact Vanguard at 800-523-1188 or visit ownyourfuture.vanguard.com to make these changes. Your plan numbers are 097379 (GAF) and 095764 (SGI).





Benefits Contacts

If you have a question about...	Contact/Resource	Group/Policy #	Member Services Phone Number	Member Portal/Website
<ul style="list-style-type: none"> • Benefits enrollment and changes • Plan information • Coverage questions • Advocacy services 	Your Benefits Resources	n/a	855-564-6155 8:00 a.m. to 8:00 p.m. ET Monday through Friday	Access via single sign-on while on your company network. Outside of your company network, log on directly at: www.myhranywhere.com/benefits
<ul style="list-style-type: none"> • Health care options • FAQs • Side-by-side comparisons • Helpful videos and articles 	Make It Yours benefits microsite	n/a	n/a	https://gaf.makeityoursource.com
Medical second opinions	2nd.MD	n/a	866-841-2575	https://2nd.MD/gaf
Prescription drugs	OptumRx	RX GRP – RX7970	844-245-0452	https://optumrx.com
HSA, FSA, LSA and Commuter Benefits	WEX	n/a	866-451-3399	https://benefitslogin.wexhealth.com
Disability insurance	Lincoln Financial	PSA3-880-054466 Company code: Leave	888-408-7300	https://www.mylincolnportal.com
Life insurance	Securian Financial	70688	866-293-6047	https://www.securian.com
Employee assistance program (EAP)	Optum	Web access code: GAF	888-224-5672	https://www.liveandworkwell.com
Family-building benefits and menopause support	Kindbody	KINDFAMILY	855-747-1630	https://kindbody.com/activate-kindbody-benefit
Employee discounts	BenefitHub	JXJVCC	n/a	https://gaf.benefitHub.com



If you have a question about...	Contact/Resource	Group/Policy #	Member Services Phone Number	Member Portal/Website
Pet prescription discount program	Inside Rx Pets	Click on “Get Savings Card” to download discount card	n/a	https://insiderxpets.com
Mortgage services	American Federal Mortgage	Licensed in NY, NJ, CT, PA, MA, DE, MD, NC, SC, FL	862-259-3138 Ask for Carl Casperson	https://www.americanfedmortgage.com/corporateincentive-program Email: ccasperson@amfedmtg.com
Financial counseling	Quotient	n/a	888-895-4797	https://quotientwealth.com Email: info@quotientwealth.com
401(k)	Vanguard	Plan number: 091409 (GAF Union), 095764 (SGI ALL)	800-523-1188	https://ownyourfuture.vanguard.com



Still Need Assistance?

For questions or enrollment support, contact Your Benefits Resources at 855-564-6155 (Monday through Friday, 8:00 a.m. to 8:00 p.m. ET), visit the Your Benefits Resources website or use the Alight Mobile app. The “Help Me Choose” tool is available for personalized recommendations. For more complex coverage issues, contact our **Alight Advocacy Team** at AlightHealthPro@alight.com or call 866-300-6530 to connect with a Health Pro. Representatives can explain how benefits work, help find great doctors, resolve billing issues and so much more.

If you haven’t found the information you’re looking for through your benefit resources and contacts, or if you still need help, please reach out to **HR Services**. You can contact an HRXpert at 833-479-7378 (Prompt #5) from Monday through Friday, 8:00 a.m. to 5:00 p.m. ET. Alternatively, you can also open a ticket through [HRConnect](#).





General Notices

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for qualified surgeries and treatments.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under your health plan.

Notice of HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependent's other coverage). However, you must request enrollment 31 days after your or your dependent's other coverage ends (or after the employer stops contributing toward the other coverage).

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. However, you must request enrollment within 31 days (or any longer period that applies under the plan) after the marriage, birth, adoption or placement for adoption.

HIPAA Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Also, this is to remind plan participants and beneficiaries that the group health plans have issued a Health Plan Privacy Notice that describes how the group health plans use and disclose protected health information (PHI). Please read the full notice carefully, available on [Your Benefits Resources](#).

Important Notice From Standard Industries About Your Prescription Drug Coverage and Medicare

This notice has information about your current prescription drug coverage with Standard Industries (GAF) and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

GAF has determined that the prescription drug coverage offered by the GAF Health & Welfare Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

No Surprise Billing Disclosure

Your rights and protections against surprise medical bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you should not be charged more than your plan's copays, coinsurance and/or deductible. For more information visit [Your Benefits Resources](#).



General Notice of COBRA Continuation Coverage Rights

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the plan and under federal law, you should review the plan's Summary Plan Description or contact the plan administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse and your dependent children could become qualified beneficiaries if coverage under the plan is lost because of the qualifying event. For more information and to see a list of qualifying events for this notice visit Your Benefits Resources.

Transparency in Coverage Public Disclosure

Stay informed. Learn important information about allowed amounts, cost sharing, covered items and services, and out-of-network providers so there are no surprises. You can find out more about cost estimate and the amount you may ultimately be required to pay by viewing the Transparency in Coverage Notice at Your Benefits Resources.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from

their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your state Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply.

If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states found in the online [CHIP notice](#), you may be eligible for assistance paying your employer health plan premiums. Review the notice for a list of states that is current as of July 31, 2025. Contact your state for more information on eligibility.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The department notes that a federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

