Open Enrollment is open from Monday, November 9 – Friday, November 20, 2026



BGDC DISTRIBUTION

2027 BENEFITS GUIDE



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Welcome

At BGDC, we understand that our Associates are the foundation of our success. Our goal is to provide comprehensive and competitive benefits to support the needs of our Associates and their family members. This benefit guide is designed to provide you with the information needed to select the benefits that best suit you.

We will be holding an active enrollment this year, which means you must take action to elect your benefits for 2027 – your current elections will not carry over. If you want to elect the FSA, you will need to do that as it does not roll over. You must make these changes prior to **November 20, 2026** by calling the Enrollment Call Center. Open enrollment is your annual opportunity to make benefit elections. Outside of this period, you will only be able to make changes if you have a qualifying life event.

What's New for 2027?

- Medical coverage will now be provided by Anthem
- The Basic PPO is no longer being offered
- The Standard Plan and Enhanced Plan deductibles and the Enhanced Plan out-of-pocket maximum have increased slightly
- The High Deductible Health Plan deductibles, and out-of-pocket maximum have decreased
- BGDC is increasing the annual employer HSA contribution
- FSA and HSA annual maximum contribution limits have increased, per IRS regulations
- 3 new CHUBB programs are being offered: Advantage DNA, Personal Disaster Recovery Plan, and Travel 365+

Please review this benefit guide in its entirety and reach out to the Human Resources Team with any additional questions.

Thank you,
Human Resources Team

Benefit Basics

Your Benefit Choices

BGDC is pleased to give you the opportunity to select your benefits and enroll in the plans of your choice. We strive to offer you high quality benefits, flexibility, and freedom of choice at affordable costs. A primary strength of the program is the ability to customize a benefit plan to your personal and family needs.

Important Benefits Plan Information

Core Benefits: There are three medical plan options and two dental plan options available to provide you with choice in selecting a plan that best meets the needs of you and your family. Benefits are unbundled – you may enroll in just medical, just dental, or both programs. A BGDC-paid vision plan is available for your vision needs. All options provide out-of-network benefits, but you will best control your expenses by having services rendered with in-network providers.

Preventative care: This is your annual check-up. When seeing an in-network provider, this care is covered at 100% on all three medical plans. No deductible or copays.

Prescription drug plan: When you enroll in any of our medical options, you automatically have prescription coverage as well. When possible, and after discussing it with your healthcare provider, use generic medications that are subject to a fixed copay. Brand name medications are subject to coinsurance.

Maintenance prescription program: TrueScripts services help make it easier for you to save on medications and keep track of them. Order a 3-month supply through TrueScripts and you may pay less for the medications. You will also receive standard shipping at no cost and save on trips to the pharmacy.

Some benefits in this booklet are provided automatically with no cost to you, while others require Associate contributions. Keep in mind that you are contributing towards your health care with pre-tax dollars. Pre-tax contributions provide additional savings by reducing your taxable income.

Additional information about your benefits package is available from your local Human Resources team.

Benefit	Who Pays	Tax Treatment
Medical and Prescription	BGDC and you	Pre-Tax
Dental	BGDC and you	Pre-Tax
Vision	BGDC	N/A
Basic Life and AD&D	BGDC	N/A
Supplemental Term Life and AD&D	You	After-Tax
Business Travel Accident Insurance	BGDC	N/A
Legal and Identity Theft Protection	You	After-Tax
Short-Term Disability (STD)	BGDC	N/A
Long-Term Disability (LTD)	BGDC	N/A
Health Savings Account (HSA)	BGDC and you	Pre-Tax
Flexible Spending Accounts (FSA)	You	Pre-Tax
Whole Life Insurance	You	After-Tax
Critical Illness Insurance	You	After-Tax
Accident Insurance	You	After-Tax
Hospital Indemnity Plan	You	After-Tax
Auto/Homeowners/ Pet Insurance	You	After-Tax
401(k) Retirement Plan	BGDC and you	Tax Deferred
Employee Assistance Program (EAP)	BGDC	N/A
Wellworks	BGDC	N/A

Collective Bargaining Agreement (CBA) Associates:

This booklet outlines the benefits offered to all eligible BGDC Associates. If you are an eligible Associate who is covered by a Collective Bargaining Agreement, please review your CBA and the plan documents and summaries that pertain to your plan, which may include different features and provisions than what is identified and summarized above and in this document.

Eligibility

Eligible Associates

You may enroll in the BGDC Associate Benefits Program if you are a full-time Associate working at least 30 hours per week.

As a new hire, unless covered by a Union Collective Bargaining Agreement, benefits will be effective the first day of the month following 30 days of employment.

Eligible Dependents

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse, domestic partner, and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, step-children, and children obtained through court-appointed legal guardianship, as well as children of same sex domestic partners. Please be aware proof of dependent eligibility may be required.

Reminder: Please make sure your dependents enrolled on the plan are eligible. There will be a dependent eligibility audit this year.

Working Spouse Attestation

All Associates and their covered spouse/domestic partner in our medical plan are required to complete the Working Spouse Attestation form every year. If your spouse/domestic partner is employed and offered medical coverage by their employer, they should enroll in their employer's health plan. If medical coverage is offered through their employer but they would prefer to enroll in BGDC's medical insurance plan, they can do so but you will pay an assessment of $125 per month, in addition to your contributions.

The spousal surcharge would not apply if your spouse/domestic partner is:

- Currently employed by BGDC
- Not employed
- Eligible for Medicare (but not another employer-sponsored medical plan)
- Not offered/eligible for medical coverage through their employer

Domestic Partner

If you are insuring a domestic partner, your costs will be on a Before and After-Tax basis under federal tax law. The portion of insurance premium that your employer pays for your coverage is not taxed as income. Federal law treats benefits for spouses, children, and certain dependents the same way. However, a domestic partner is not considered a spouse under federal law. As a result, if you elect to have your domestic partner covered under your plan, you will pay income tax and Social Security payroll tax on the portion of the insurance premium that your employer contributes to insure your domestic partner.

Qualified Life Events

A qualified life event is a change in your life that may impact your or dependents' eligibility for benefits. Generally, you may only change your benefits during the annual open enrollment period. However, you can change benefit elections during the year if you have a qualified life event. Examples include:

- Change of legal marital status
  - (i.e., marriage, divorce, death of spouse)
- Change in number of dependents
  - (i.e., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status
  - (i.e., spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in you having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.

When Coverage Begins

The effective date for your benefits is January 1, 2027.

All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a qualified life event.









How to Enroll in Your Benefits

Making Your Elections Through a Benefits Counselor

To enroll in the programs offered by BGDC, or to make any changes, you can call the Enrollment Call Center Benefits Counselors at **888-260-8082** Monday through Friday from 9am-6pm ET and 10am-2pm Saturday, between Monday, November 9th through Friday, November 20th. You do not need to make an appointment.

They will be able to walk you through all the benefit options you have and answer any questions relating to what the plans cover, what the costs are, and other important features you may need to know about.

If you want to learn more about the High Deductible Health Plan offering that can be paired with a Health Savings Account, which BGDC will contribute to, please call the Enrollment Call Center so they can help you understand the differences in this plan.

Household Needs Assessment

BGDC is committed to providing a comprehensive and affordable health plan for our associates but also recognizes that some associates may have more affordable insurance options available to them based on their unique situations but may not fully understand what the best option is for them.

The Enrollment Call Center specializes in education-driven risk management through their proprietary Benefit Resource Genie™ and database to develop custom solutions at the associate household level to ensure the best possible outcome for their situation. Engaging the Enrollment Call Center is not only a valuable resource for our benefit-eligible associates, but it can also improve BGDC's overall medical spend, which will help keep the plan as affordable as possible going forward.

They will also ask you some questions regarding your household income and other health coverage you may have available. They will be doing this to see if you qualify for any other programs that might be more affordable for you or your family members, including options for alternative funding for expensive medications, based on who you're covering and what your healthcare needs are.



If you want to make any changes to your benefits for 2027, you must contact the Enrollment Call Center by Friday, November 20, 2026.

You can reach them at **888-260-8082** Monday through Friday from 9am-6pm ET and Saturday from 10am-2pm ET from Monday, November 9th through Friday, November 20th. You do not need to make an appointment.

Medical

BGDC will be offering three medical plan options in 2027: the Standard PPO Plan, the Enhanced PPO Plan, and a High Deductible Health Plan. The coverage will now be administered by Anthem and includes prescription drug coverage through TrueScripts. The network of providers will be the Anthem Blue Access national network.

All three plans give you the choice of going to see any physician or hospital you choose, but you receive the maximum level of benefits if you receive care from in-network providers. While the plans allow you to receive services in- and out-of-network, it remains your responsibility to make sure you are using in-network providers in order to receive the benefits of the plan's in-network benefit schedule. If your out-of-network provider charges more than the "Maximum Allowable Amount", as determined by Anthem, you may be subject to balance billing and higher deductibles and out of pocket maximums.

Please refer to the summary plan description for complete plan details. Find an in-network provider and review cost estimates at anthem.com.

Standard PPO Plan

The Standard PPO Plan is provided at a lower Associate premium contribution than the Enhanced Plan, but total out-of-pocket costs are higher. The Standard Plan has a copay for Primary Care Provider (PCP) office visits, and your preventive care services are covered at 100% when you use an in-network provider. The plan pays 70% in-network and 50% out-of-network after your deductible is met.

Enhanced PPO Plan

The Enhanced PPO Plan has the highest Associate premium contribution, but the lower out-of-pocket costs compared to the Standard Plan. The Enhanced Plan has a copay for Primary Care Provider (PCP) office visits, and your preventive care services are covered at 100% when you use an in-network provider. The plan pays 80% in-network and 50% out-of-network after your deductible is met.



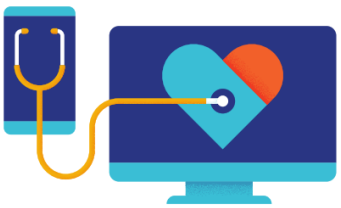
High Deductible Health (HDHP) Plan with HSA

The HDHP Plan has some of the highest deductible and out-of-pocket costs but has the lowest Associate premium contribution of all the medical plan options. On the HDHP Plan your preventive care services are covered at 100% when you use an in-network provider but due to IRS guidelines for having a Health Savings Account (HSA), all other services including prescription drugs will not be paid by the plan until the deductible is met. The plan will pay 80% in-network and 60% out-of-network after your deductible is met.

Anthem Online Resources

Once the plan year starts you can log on to your individual Anthem account at anthem.com by clicking "Login", then "Register Now" and following the step-by-step instructions.
The Anthem website offers many features and allows you to:

- Locate an in-network Anthem provider
- Request a new ID card
- View and manage your benefits and health
- Review and print an Explanation of Benefits (EOB)



High Deductible Health Plan with Health Savings Account

Many BGDC associates pay a lot of money out of their paychecks to have their health insurance, but because they don't use many medical services during the year they don't really get much for it. A high deductible health plan (HDHP) is a plan specifically allowed by the IRS to be paired with a Health Savings Account, which offers triple tax advantages.

A high deductible plan is not allowed to have copays. You will have to meet the deductible before the plan will start paying for all services (including prescription drugs) other than preventive care. The benefit of having a high deductible health plan is that it can be paired with a Health Savings Account, which BGDC will contribute to on your behalf, and which you can contribute your own pre-tax dollars as well. If you don't spend your HSA dollars each year, they roll over indefinitely, and there is no "use it or lose it" provision like the Flexible Spending Account has. You can even invest your HSA dollars so that they grow as quickly as possible. You own your HSA account and all funds in it, even if you leave BGDC. Please read more about the benefits of the HSA on pages 15-16 to determine if it may be a good fit for you.

	Anthem High Deductible Health Plan	
	In-Network	Out-of-Network
Annual Deductible		
Individual	$4,000	$10,000
Family	$8,000	$20,000
Maximum Out-of-Pocket (includes deductibles)		
Individual	$6,000	$15,000
Family	$10,000	$30,000
Coinsurance		
Coinsurance (Plan pays after deductible is met)	80%	60%
Preventive Care		
Well Adult and Well Child Visits	Covered in Full	40% after deductible
All Other Medical Services		
Primary Care / Specialty Care	20% after deductible	40% after deductible
Urgent Care / Emergency Room	20% after deductible	40% after deductible
X-ray and Lab Tests	20% after deductible	40% after deductible
Inpatient Facility	20% after deductible	40% after deductible
Outpatient Facility / Surgical	20% after deductible	40% after deductible
Retail Pharmacy (30 Day Supply)	**Pharmacy Accumulates to Your Deductible & Medical Out-of-Pocket Maximum**	
All Tiers of Prescriptions	20% after deductible	40% after deductible
Mail Order Pharmacy (90 Day Supply) (90 Day at Retail is available as well)		
All Tiers of Prescriptions	20% after deductible	40% after deductible

Prescription Drug Coverage

Regardless of the medical plan you select, you will receive prescription drug coverage administered by TrueScripts. The plan covers both generic and brand-name medications. TrueScripts offers a nationwide network of participating pharmacies and mail order services. Your prescription expenses will accumulate towards the medical out-of-pocket maximum.



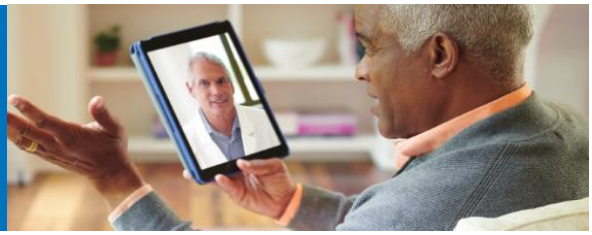
PPO Medical Plan Overview

	Anthem Standard Plan		Anthem Enhanced Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible				
Individual	$3,500	$6,900	$2,000	$3,675
Family	$7,000	$13,800	$4,000	$7,350
Maximum Out-of-Pocket (includes deductibles)				
Individual	$5,000	$13,800	$3,000	$7,350
Family	$10,000	$27,600	$6,000	$14,700
Coinsurance				
Coinsurance (Plan pays after deductible is met)	70%	50%	80%	50%
Preventive Care				
Well Adult and Well Child Visits	Covered in Full	50% after deductible	Covered in Full	50% after deductible
All Other Medical Services				
Primary Care	$40 copay	50% after deductible	$30 copay	50% after deductible
Specialty Care	$50 copay	50% after deductible	$40 copay	50% after deductible
X-ray and Lab Tests	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Urgent Care	$50 copay	50% after deductible	$50 copay	50% after deductible
Emergency Room	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Inpatient Facility	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Facility / Surgical	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Inpatient	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Retail Pharmacy (30 Day Supply)	**Pharmacy Accumulates to Your Medical Out-of-Pocket Maximum**			
Generic (Tier 1)	$10 copay	Not covered	$10 copay	Not covered
Preferred (Tier 2)	30%, $150 max	Not covered	30%, $150 max	Not covered
Non-Preferred (Tier 3)	40%, $200 max	Not covered	40%, $200 max	Not covered
Preferred Specialty (Tier 4)	30%	Not covered	30%	Not covered
Mail Order Pharmacy (90 Day Supply) (90 Day at Retail is available as well)				
Generic (Tier 1)	$25 copay	Not covered	$25 copay	Not covered
Preferred (Tier 2)	30%, $275 max	Not covered	30%, $275 max	Not covered
Non-Preferred (Tier 3)	40%, $500 max	Not covered	40%, $500 max	Not covered
Preferred Specialty (Tier 4)	30%	Not covered	30%	Not covered

Virtual Visits and Mobile App

Anthem

With Virtual Visits, associates can conveniently connect to a doctor by phone or video for free through **anthem.com** or the Sydney Health mobile app.



Connecting associates with 24/7 care, from virtually anywhere

Doctors can treat a wide range of health conditions, from flu and pinkeye to migraines and more, and can even prescribe medication as needed. Virtual Visits may treat many of the same conditions as in-person urgent care, so it may be a good alternative option for associates – particularly in times when their primary care provider isn't available. No appointments are necessary, and 98% of needs are resolved. **Virtual visits are $0 on the PPO medical plans!**

Activate your Anthem.com account

Get the most out of your benefits

Your personalized website, myuhc.com, features tools designed to help you:

- **Find, price and save on care** – you can save with Virtual Visits and other tools. You can save an average of 36% when you compare costs for providers and services
- **Get care from anywhere** with Virtual Visits. A doctor can diagnose common conditions by phone or video 24/7.
- **Understand your benefits** and the financial impact of care decisions.
- **Find tailored recommendations** regarding providers, products and services. You can even generate an out-of-pocket estimate based on your specific health plan status.
- **Access claim details**, plan balances and your health plan ID quickly
- **Follow through on clinical recommendations** and access wellness programs
- **Check your plan balances**, access financial accounts and more

Activation is quick

1. Go to anthem**.com** > **Register Now**
2. Fill out the required fields and create your username/password
3. Enter your contact information and security questions
4. Agree to the website's policies and be sure to opt-in for email updates. We promise you'll only see our name in your inbox with relevant news and wellness updates.

TrueScripts Prescriptions

TrueScripts Amazing Care



TrueScripts Members, follow these instructions to register:

- Enter the URL above into your web browser or click "Get Started" if viewing this document electronically. You can also scan the QR code from your mobile device to begin the registration process.
Note: You will not be able to register until on or after your effective date with TrueScripts.

- On the Member Portal landing page, choose 'Register' from the top navigation bar.



- Enter your personal information to complete the registration process.
**Note that you will need to have your Member ID card readily available*

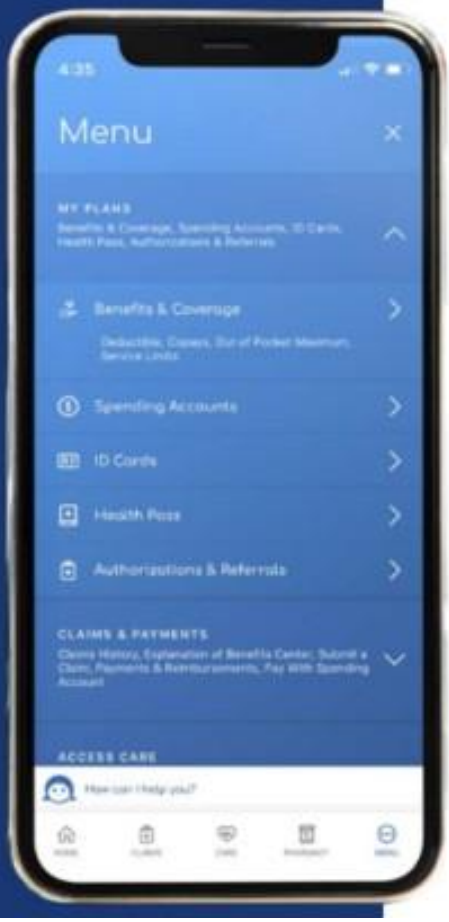
- Check your email to verify and complete your account set-up.

- Once inside the portal, quickly access important information and helpful resources from your Member Dashboard. *Pro Tip: The Drug Price Lookup tool will help you find the best price for your medications!*



Sydney Health Mobile App





Sydney℠ Health helps manage your health and benefits anywhere. Scan the QR code on this flyer to download the app. Then from *Menu*, access these highlights:

My Plans

Benefits & Coverage

Select your plan for details like your deductible, out-of-pocket maximum, and coinsurance (your percentage of the costs).

ID Cards

Access your digital member ID card.

Download the Sydney Health app

sydney™

Scan the QR code to download the Sydney Health app.

You can also sign up at anthem.com/register to access most of the same features from your computer.

Dental

BGDC offers two dental plans through Guardian. With their PPO plans, benefits provided are a variety of covered services/procedures that allow you the flexibility to choose any licensed provider, in or out of network. Our plan uses their DentalGuard Preferred network.

Many people think they do not need dental coverage because their teeth are fine. However, if you want to keep your teeth healthy, getting regular check-ups is the way to go. The BGDC dental plans through Guardian provide coverage options for four main types of expenses:



1. Preventive and Diagnostic: Routine exams and cleanings, fluoride treatments, sealants, and x-rays.
2. Basic: fillings and extractions
3. Major: treatment such as crowns and dentures
4. Orthodontia (Enhanced Plan only)

All plans allow you to:

- Save on out-of-pocket expenses when you visit an in-network dental office
- Visit any dentist of your choice – select a different dentist for each member of your family
- Go to dental specialist of your choice

The plans provide the maximum benefit when you visit an in-network dentist. Guardian provides an extensive provider network with flexibility to see any dentist, in or out of network.

Dental Comparison

	Guardian Standard Dental Plan	Guardian Enhanced Dental Plan
	In and Out-of-Network Benefits*	In and Out-of-Network Benefits*
Annual Deductible		
Individual	$50	$50
Family	$150	$150
Annual Maximum		
Annual Max Per Person	$1,500	$2,000
Services		
Preventive	Covered in Full	Covered in Full
Basic	20% after deductible	20% after deductible
Major	50% after deductible	50% after deductible
Orthodontia (adults and children up to age 26)		
Benefit Percentage	Not covered	50% up to $2,000 Lifetime Max

*Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. Benefits are paid on "Reasonable and Customary" (R&C) rates for a given area, and providers can balance bill you for amounts over the R&C rate. R&C charges are based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by Guardian.

Download the mobile app or login online

iPhone

Android

Online

Want to find a dentist near you? Go to www.guardianlife.com/find-a-provider and select the PPO: DentalGuard Preferred plan.

Vision

BGDC offers a vision plan through Guardian using Davis Vision's network. This network provides access to one of the largest networks of eye care professionals. You will enjoy low out-of-pocket costs, and access to top retailers including Costco Optical, Walmart, Sam's Club and Visionworks. Plans include the option to buy glasses using in-network benefits through online stores and a discount on LASIK, and additional savings on lens enhancements and certain other vision purchases.



Vision Comparison

	Guardian Vision (Davis Vision Network)	
	In-Network Benefits	Out-of-Network Benefits
Exams		
Routine Exams (once per 12 months)	$20 copay	Up to $50 allowance
Retinal Imaging	Up to $39 copay	Applied to the exam allowance
Vision Materials		
Lenses (once per 12 months) • Single Vision • Bifocal • Trifocal • Lenticular	$20 copay	Up to $48 allowance Up to $67 allowance Up to $86 allowance Up to $126 allowance
Lens Enhancements Add below enhancements at no cost when obtaining covered eyewear Transition Lenses Standard Polycarbonate Factory Scratch Coating	Allowances vary depending on options	Applied to the allowance
Contacts (in lieu of glasses benefit) (once per 12 months) Elective Conventional Lenses Elective Disposable Lenses Medically Necessary Lenses	$120 allowance, then 15% off balance $120 allowance then 15% off balance Covered in full	Up to $105 allowance Up to $105 allowance Up to $210 alllowance
Frames (once per 12 months)	$120 allowance, 20% off balance	$48 allowance

Download the mobile app or login online

iPhone

Android

Online

Want to find a vision provider near you? Go to www.guardianananytime.com/fpapp/vision and select the Davis Vision network.

Health Savings Account (HSA)

Health Savings Account Overview

A Health Savings Account (HSA) is a tax-sheltered bank account that you own to pay for eligible health care expenses for you and/or your eligible dependents for current or future healthcare expenses with pre-tax dollars. The Health Savings Account (HSA) and any funds in it are yours to keep, even if you change jobs or medical plans. There is no "use it or lose it" rule; while there is an annual maximum contribution limit as noted below, there is no overall balance limit. If you don't spend your dollars in a particular year your balance carries over year to year.

Plus, you get extra tax advantages with an HSA because:

- Money you deposit into an HSA is exempt from federal income taxes
- Interest in your account grows tax free
- You don't pay income taxes on withdrawals used to pay for eligible health expenses. (If you withdraw funds for non-eligible expenses, taxes and penalties apply).
- You also have a choice of investment options which earn competitive interest rates, so your unused funds grow over time.

Are you eligible to open a Health Savings Account (HSA)?
Although everyone can enroll in the Qualified High Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.



- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP)
- You must not be covered by another non-QHDHP health plan, such as a spouse's PPO plan.
- You are not enrolled in Medicare.
- You are not in the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You are not claimed as a dependent on another person's tax return.
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse's FSA. (Enrollment in a limited purpose health care FSA is allowed).

2027 HSA Contributions
You can contribute to your Health Savings Account on a pre-tax basis through payroll deductions up to the IRS statutory maximums. The IRS has established the following maximum HSA contributions for the 2027 tax year:



- $4,500 Individual / $9,000 Family
- If you are age 55 and over, you may contribute an extra $1,000 catch up contribution
- **BGDC will make the following annual contributions for 2027 to your HSA:**
  - **$1,500 for Employee Only**
  - **$3,000 for Employee and Spouse**
  - **$3,000 for Employee and Child(ren)**
  - **$3,000 for Family**
- Employer contributions will be deposited on the following timeline: 50% on January 1 and 50% as a dollar-for-dollar match per pay based on your contributions
- **The combination of employee and employer contributions cannot exceed the annual IRS maximum amounts listed above**

How do I get reimbursed for my eligible expenses?
The easiest way to use your HSA dollars is by using your HSA Debit Card at the time you incur an eligible expense (see link below). Or you can pay your physician or yourself back through the online portal or mobile app. There's no need to turn in receipts (but keep them for your records). You must be able to prove that you were reimbursing yourself for an eligible expense if you are audited. If you use your HSA funds for non-eligible expenses, you will be charged a 20% penalty tax (if under age 65) as well as federal income taxes. For additional assistance, please go online or call Chard Snyder directly.

Keep Your Money
Unlike an FSA, the money in your HSA is always yours to keep and can be rolled over from year to year. You can take your unused balance with you when you retire or leave BGDC Distribution.

Invest In Your HSA Savings
Investing your HSA now allows you to be better prepared for future healthcare and retirement expenses. Your invested HSA funds grow tax free and remain tax free when you use them to pay for eligible healthcare expenses. You can also use your HSA as a long-term retirement investment option. After the age of 65, your HSA funds can be used for any non-healthcare expenses.



Your HSA Advantage account offers self-directed mutual fund investments to help you grow your healthcare savings for future needs. Easily manage your account from the Chard Snyder Mobile App or your online account.

Health Savings Brokerage Account
Along with your Chard Snyder HSA account, there is an opportunity for more targeted, strategic investment of your HSA dollars for retirement savings with Charles Schwab.

- Easy online enrollment into a Charles Schwab individual brokerage account through partnership with Healthcare Bank through Chard Snyder
- Investment choices from HSA-eligible mutual funds stocks, bonds, exchange-traded funds, fixed-income investments and money market funds
- Integrated online portal for 24/7 account management
- Ability to view balance and transaction details and personally manage HSA investments, including transfers, trading, and portfolio allocation monitoring
- Monthly account statements, trade confirmations, and regulatory materials sent via email or online paperless option
- Learn more about the investment options at the Chard Snyder Health Savings Account Brokerage page

Never pay taxes
Contributions are made on a before-tax basis, and your withdrawals will never be subject to federal income taxes when used for eligible expenses. Any interest or earnings on your HSA balance build tax-free, too.*

You can learn more at Chard Snyder's HSA page.

*Money in an HSA grows tax-free and can be withdrawn tax-free if it is used to pay for qualified healthcare expenses (for a list of eligible expenses, see IRS Publication 502, available at www.irs.gov). If money is used for ineligible expenses, you will pay ordinary income tax on the amount withdrawn plus a 20% penalty tax if you withdraw the money for ineligible expenses before age 65. After age 65, withdrawals for ineligible expenses are only subject to ordinary income tax. Please review your state regulations as you may have to pay state taxes depending on your residency.

Looking for more information?
Click on the video icon to watch the attached educational video or go to:
https://fast.wistia.net/embed/iframe/narmv3kr4s?seo=false

Flexible Spending Account (FSA)

A Flexible Spending Account is a special type of account you and your employer put money into to pay for certain out-of-pocket health care expenses. Your contributions to this account are not taxed so you will save the amount that would have been paid in taxes on this money.

BGDC provides both a Healthcare and Dependent Daycare FSA through Chard Snyder, a division of Ascensus. Chard Snyder offers you several ways to use the money in your FSA. For both healthcare and dependent care expenses, you can pay your provider directly online using the Chard Snyder Mobile App or your online account. For healthcare expenses, you can use the debit card to pay providers at the point of service.



Am I eligible?

Full-time associates are eligible for the flexible spending accounts. Associates enrolled in the HDHP plan who are contributing to the Health Savings Account are eligible for the limited purpose healthcare FSA as outlined below.

What Are Flexible Spending Accounts?

Flexible spending accounts, or FSAs, allow you to set aside pre-tax money and use it to reimburse yourself for certain types of expenses. Since the money you set aside in an FSA reduces the income tax you pay each year, it's like getting a discount on those expenses. There are three types of FSAs:

1. The **Healthcare FSA** lets you set aside up to $3,500 per year for eligible medical, prescription, dental and vision expenses not paid by your insurance plans, like copayments, coinsurance and deductibles.
2. The **Dependent Care FSA** lets you set aside up to $7,500* per year (on a pre-tax basis) for reimbursement of eligible dependent care expenses. (If you are married and file a separate income tax return, the limit you can contribute is $3,750 per year).
3. The **Limited Purpose Healthcare FSA** only reimburses you for **eligible dental and vision expenses.** You may contribute up to $3,500 per year to this account.

You may want to consult your tax advisor to see if these accounts make sense for your situation.

How Do I Use the Healthcare FSA?

Below are examples of eligible medical expenses you can pay with the health care FSA:

- Copayments or deductibles under the medical plan (or similar expenses from your spouse's medical plan if you are covered under your spouse's plan)
- Non-covered vision plan expenses (co-pays and other out-of-pocket expenses)
- Non-covered dental plan expenses (co-pays, deductibles and other out-of-pocket expenses)
- Out-of-pocket costs for prescription drugs
- Other expenses which would qualify as a medical deduction on your tax return
- Certain over-the-counter medicines with a prescription from your doctor

Eligible Expenses

Healthcare FSA	Dependent Daycare FSA
• Most out-of-pocket medical expenses	• Day care
• Prescription/over-the-counter medications	• After-school Programs
• Dental/vision expenses	• Elder Care
• Fertility treatment	• Nanny/babysitter expenses
• Maternity Charges	• Preschool/nursery school
• And more	• And more

To see a complete list of eligible expenses, please visit the Chard Snyder resource library.

The account cannot be used to reimburse some types of expenses, such as:

- Non-medically supervised programs to help you lose weight
- Non-medically necessary cosmetic surgery
- Non-prescription sunglasses
- Teeth bleaching
- Funeral expenses
- Any expense not considered "medically necessary" by the IRS

What if I Don't Use All the Money in my FSA?

You should plan carefully before deciding how much money to put into an FSA so that you don't lose any unused funds at the end of the calendar year.

- You can roll over up to $700 in unused money from either the health care FSA or the limited purpose FSA from one calendar year to the next.
- Any additional unused money is forfeited.
- **You cannot roll over any unused money from the dependent care FSA at the end of the calendar year. It's strictly a "use it or lose it" account.**

Chard Snyder Benefit Card

If you enroll in the Healthcare or Limited Purpose Healthcare FSA, you will receive a debit card to use when paying for services you receive, if you choose. It works just like a typical debit card, except that it should only be used for qualifying expenses such as those listed above.

The Chard Snyder Benefit Card provides an easy, convenient way to use your FSA funds to pay for eligible items and services. You will receive a debit card to use when paying for services you receive. It works just like a typical debit card, except that it should only be used for qualifying expenses such as those listed above. **The Chard Snyder Benefit Card is only to be used for your Healthcare FSA not your Dependent Care FSA.**

If you select the full or limited Healthcare FSA for the first time, you will receive a new debit card good for 5 years.



If you enroll in the HSA for 2027 and have funds left in your Healthcare FSA as of December 31, 2026, that money will automatically be rolled over into the Limited Purpose FSA (dental and vision expenses only) according to IRS rules.

Not Sure How to Spend Your FSA Money?

Visit the Chard Snyder FSA Store for the largest selection of FSA-eligible products



Chard Snyder Mobile App and Web Portal

You can log on to the Chard Snyder participant portal to access a variety of features related to your FSA accounts.

Participant Portal

- Sign up for direct deposit
- Monitor balances
- And many others

chard.lh1ondemand.com/Login





You can also download the Chard Snyder mobile app and access most of the same features.

Mobile App Features:

- Submit claims with receipt images using your phone's camera
- View account balances and transaction details
- Enable Face ID or Touch ID for easy, secure access
- Catalog past and current receipts using your phone's camera
- Scan any product for eligibility using your phone's camera

Available on the App Store

GET IT ON Google Play

Things to Remember

- While the Healthcare FSA allows you to roll over up to $680 for the next plan year, the Dependent Daycare FSA is a use it or lose it benefit, therefore, no rollover is permitted.
- While calculating how much to contribute, estimate carefully and conservatively.
- You must re-enroll every year during open enrollment
- The IRS allows for various tax credits for healthcare and dependent care expenses.
- You may not participate in an FSA if you are taking medical expense deductions on your annual tax return.

You must enroll in your FSA each year if you want those dollars available. Your election in 2026 does not carry over into 2027!



Company Paid Benefits

BGDC provides the below benefits to eligible Associates through Guardian. These benefits are provided at no cost to you.

Basic Term Life and AD&D

We know life insurance is an important part of your financial well-being and security, especially if you have others that depend on you. Even if you are single, your beneficiary can use your life insurance to pay off any outstanding debts and other expenses you may leave behind. AD&D insurance provides you and or your beneficiary with coverage in the event of accidental death or dismemberment.

Age reductions apply for the Associate (35% reduction at age 65, 60% reduction at age 70, and 75% at age 75).

Coverage	Full Time Benefit
Basic Life and AD&D	1 times base pay up to $1,000,000

Coverage	Full Time Union Benefit
Basic Life	Flat $15,000
Basic AD&D	Flat $20,000

Short-Term (STD) and Long Term (LTD) Disability

BGDC wants to protect you and your family against unexpected risks like a loss of income due to disability. That is why we will automatically enroll you in Short and Long-Term Disability coverage to help replace your paycheck if you are unable to work.

Coverage	Benefit
Short-Term Disability	Covers 60% of weekly base pay up to $1,000 per week for 90 days, beginning on the 8th day of injury or sickness
Long-Term Disability	Covers 50% of monthly base pay up to $10,000 max benefit, beginning after 90 days of disability



Voluntary Benefits

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional Supplemental Life insurance and other benefits to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc.

Supplemental Term Life and AD&D Insurance

You may purchase additional life insurance with Guardian if you want more coverage. You may purchase coverage for yourself, your spouse, and any dependents. You must purchase coverage for yourself if you are going to purchase coverage for your spouse or dependents. Your contributions will depend on your age and the amount of coverage you elect. Age reductions apply for the Associate but not for the spouse.

The Supplemental AD&D benefit pays you benefits if you suffer a covered accident that results in paralysis or the loss of a limb, speech, hearing or sight, third degree burn, brain damage or coma. If you suffer a covered fatal accident, benefits will be paid to your beneficiary. Your Supplemental AD&D amount will be equal to the Supplemental Term Life amount you elect.

Coverage	Benefit
Associate	From $20,000 to $1,000,000 in $10,000 increments (not to exceed 5x base pay) $300,000 guaranteed issue when first eligible as a new hire
Spouse (based on Associate age)	From $5,000 to $250,000 in $5,000 increments (up to 100% of the Associate amount) $50,000 guarantee issue when first eligible as a new hire
Dependent children	From $2,000 to $10,000 in $2,000 increments (election and rate covers all family children from 14 days to 26 years) $10,000 guarantee issue when first eligible as a new hire



Voluntary Benefits (continued)

CHUBB®

BGDC has partnered with Chubb Insurance for the Critical Illness, Accident and Hospital Indemnity plans. If you currently have these coverages, they will move over automatically unless you communicate to the Enrollment Call Center team that you wish to terminate or change them.

Hospital Indemnity Plan



An unexpected hospital stay can be expensive as you meet your deductible and out-of-pocket obligations under the medical plan. That is why we are offering a Hospital Indemnity Plan that works in conjunction with your medical plan to provide financial protection by paying you a direct benefit due to a hospitalization. This plan includes:

Coverage	Benefit
Admission Benefit	• $1,500 for up to 4 admissions per calendar year • $1,500 additional ICU Supplemental Admission (paid concurrently with the Admission benefit when a covered person is admitted to the ICU)
Confinement Benefit	• $100 per day for up to 30 days per calendar year • $200 per day additional ICU Supplemental Confinement (paid concurrently with the admission benefit when a covered person is admitted to the ICU)
Confinement Benefit for Newborn Nursery Care	• $75 per day for up to 2 days per routine delivery and 4 days for caesarean delivery for Newborn Nursery Care
Maternity Follow-up Benefit	• $50 for up to 3 maternity follow-up visits per childbirth

- Children are eligible for coverage up to age 26.
- There are no pre-existing condition limitations on this plan.
- Childbirth is considered a covered sickness.

Accident Insurance



As you are aware, accidents happen. Even though our medical plan provides coverage when you seek medical assistance due to an accident, there will likely be some out-of-pocket expenses. This benefit provides coverage option for you, your spouse, and your dependent children that is designed to help you pay for high, out-of-pocket costs that can accumulate as a result of an accident that occurs off the job. Coverage provides a direct cash benefit that supplements your medical insurance. Below is a partial list of reimbursements for specific accident-related expenses.

Coverage	Benefit
Fracture Benefit	Up to $10,000 depending on the fracture and type of repair
Concussion Benefit	$500
Coma Benefit	$10,000
Broken Tooth Benefit	Crown: $300 / Extraction: $150 / Dentures: $300 / Implants: $300
Ambulance Benefit	Ground: $400 / Air: $1,250
Emergency Care Benefit	$100 to $200 depending on location of care
Emergency Physician Follow-up Visit Benefit	$100 (3 per year)
Surgical Repair Benefit	$200 to $2,000 depending on the type of surgery
Therapy Benefit	$50 per visit up to 10 visits per accident
Hospital Admission Benefit	$1,500 for the day of admission / $3,000 for ICU admission
Accidental Death Benefit	$50,000 for Associate, $25,000 for spouse and $10,000 for children
Sporting Activity Injuries Benefit	This rider increases the amount payable by 25% for injuries resulting from an accident that occurs while participating as a player in an organized sports activity. $1,000 per person per year limit. Please review the rider language for terms, conditions and limitations.

- Children are eligible for coverage up to age 26.
- There are no pre-existing condition limitations on this plan.

Voluntary Benefits (continued)

CHUBB®

Group Critical Illness Insurance

The Critical Illness plan pays a lump sum benefit based on the amount of coverage in effect on the date of diagnosis or treatment if you or someone in your family develops a serious illness. While the medical plan covers many of the immediate costs you may encounter, this plan helps with additional expenses not covered by the plan. Children are covered automatically at 25% of the associate benefit. Some diagnoses include an additional benefit for Recurrence. Rates are age-banded based on the Associate age and depend on Tobacco Use status of the Associate.



Coverage	Initial Benefit
Benefit Amounts	Associate: $5,000 up to $30,000 Spouse/Domestic Partner: 50% of Associate amount Children: 25% of Associate benefit amount
Cancer	Cancer except skin cancer – 100% Benign Brain Tumor – 100% Breast Cancer Carcinoma In Situ – 100% Carcinoma In Situ – 25% Skin Cancer – $250 (once per covered member per year)
Cardiovascular Disease	Coronary Artery Bypass (CAB) – 50%
Childhood Disease	Autism Spectrum Disorder – 100% of dependent amount Cerebral Palsy – 100% of dependent amount Cleft Lip or Cleft Palate – 100% of dependent amount Congenital Birth Defects - 100% of dependent amount Cystic Fibrosis – 100% of dependent amount Diabetes (Type 1) – 100% of dependent amount Down Syndrome – 100% of dependent amount
Functional Loss	Coma – 100% Loss of ability to speak, hearing, or sight – 100% Paralysis of 2 or more limbs
Heart Attack	Full Heart Attack – 100% Sudden Cardiac Arrest – 50%
Infectious Disease	Bacterial Cerebrospinal Meningitis – 25% Diphtheria – 25% Legionnaire's Disease – 25% Malaria – 25% Necrotizing Fasciitis – 25% Osteomyelitis – 25% Rabies – 25% Tetanus – 25% Tuberculosis – 25%
Kidney Failure	Kidney Failure – 100%
Major Organ Transplant	100%
Progressive Disease	ALS – 100% Alzheimer's Disease – 100% Multiple Sclerosis – 100% Parkinson's Disease – 100% Systemic Lupus Erythematosus (SLE) – 100%
Severe Burn	Severe Burns – 100%
Stroke	Strokes – 100%
Health Screening Benefit	$75 one time per calendar year for each covered member (30 day waiting period)

- Children are eligible for coverage up to age 26.
- There are no pre-existing condition limitations on this plan.

Voluntary Benefits (continued)

Advantage DNA

Advantage DNA combines cancer insurance benefits with advanced genetic testing and precision cancer support services. Participants receive proactive health insights through hereditary cancer risk screening and pharmacogenomic (PGx) testing, which can help identify inherited cancer risks and determine which medications may be most effective based on their DNA. If diagnosed with a covered cancer, members gain access to specialized services including oncology nurse navigation, personalized treatment recommendations, genetic tumor testing, and clinical trial support. The plan also provides cash benefits that can be used for any purpose, including medical expenses, household bills, or lost income.

Coverage	Benefit
Cancer Diagnosis Benefit	$10,000 Employee / $10,000 Spouse
Cancer Recovery Benefit (6 Months)	$10,000
Cancer Recovery Benefit (12 Months)	$10,000
Total Potential Cash Benefit	$30,000
Skin Cancer Benefit	$250
Carcinoma In Situ Benefit	25% of Cancer Diagnosis Benefit
Day 1 Services	Hereditary Cancer Risk Test, PGx Medication Testing
Cancer Support Services	Oncology Nurse Navigator, Genetic Tumor Testing, Second Opinion Review, Personalized Treatment Recommendations, Clinical Trial Support, DNA-Based Recurrence Monitoring
Spouse Coverage	100% of Employee Benefit Amounts

Personal Disaster Recovery Plan (PDRP)

The Personal Disaster Recovery Plan provides supplemental financial protection when a covered disaster makes your home temporarily uninhabitable. While homeowners' insurance may help repair the damage, this coverage helps address other financial burdens such as ongoing mortgage payments, insurance deductibles, and unexpected expenses during displacement. Coverage applies to a variety of covered disasters, including fires, tornadoes, floods, hurricanes, earthquakes, gas leaks, and fallen trees. Benefits are paid directly to the insured to help provide financial stability while recovering from a disaster.

Coverage	Benefit
Monthly Mortgage Reimbursement	100% of monthly mortgage payment while displaced due to a covered disaster
Homeowners Deductible Reimbursement	Up to $1,000 annually
Emergency Cash Benefit	Up to $1,000 per month for up to 24 months
Permanent Displacement Benefit	Pays remaining mortgage balance up to $250,000 if the home cannot be rebuilt
Covered Events	Fire, Flood, Hurricane, Tornado, Earthquake, Gas Leak, Fallen Trees and other covered disasters
Employee Cost	As low as $15 per month*
*Premium varies by location, mortgage size, and other factors	

Voluntary Benefits (continued) CHUBB®

Travel 365+

Travel 365+ provides year-round travel protection for leisure trips taken 100 miles or more from home. Unlike trip-specific travel policies, one annual enrollment covers all eligible leisure travel throughout the year without requiring trip registration. Coverage can help when trips are canceled or interrupted, baggage is delayed, travel delays require additional accommodation, or a sickness or injury occurs while traveling. Members also have access to emergency travel assistance and medical evacuation benefits while traveling.

Coverage	Basics	Essentials	Choice
Medical Expense	$25,000	$50,000	$100,000
Trip Cancellation	$0	$2,500	$5,000
Baggage & Personal Effects	$1,500	$2,000	$2,500
Emergency Evacuation & Repatriation	$250,000	$500,000	$1,000,000

Legal Protection Program

LegalEASE

LegalEASE provides affordable access to legal assistance for a wide range of personal matters, including elder care, divorce and custody, estate planning, civil lawsuits, and financial issues.



Coverage extends to the associate and all eligible family members for one monthly rate. Members receive unlimited telephone and office consultations with network attorneys, plus up to four hours of attorney services annually for certain non-covered matters.

The LegalEASE network includes more than 21,500 attorneys nationwide, with the greatest value available through in-network providers.

Coverage	Partial List of Covered Services/Situations		
Family	• Child Custody • Child Support • Conservatorship • Contested Divorce	• Name Change • Post Divorce Proceedings • Domestic Violence • Immigration Assistance	• Juvenile Court & Scholl Admin. Proceedings • Prenuptial Agreements • Adoption
Home & Real Estate	• Purchase/Sale of Primary Residence • Home Equity Loan	• Tenant Dispute • Neighbor Dispute • Property Tax	• Zoning Application • Boundary or Title Dispute • Landlord Dispute
Estate Planning	• Simple Will • Complex Will	• Living Will • Living Trust	• Healthcare Power of Attorney • Probate of Small Estate
Financial Benefits	• Debt Collection Defense • Bankruptcy • Foreclosure	• Garnishment Defense • Tax Audit • Tax Defense	• Student Loan Refinancing • Student Loan Collection Defense • Repossession Defense
Civil Lawsuits	• Civil Litigation Defense	• Discounted Contingency Fees	• Incompetency Defense
Elder-Care Issues	• Elder Law Matters • Will Preparation	• Living Will or Advance Directive • Financial Power of Attorney	• Medical Power of Attorney
Traffic & Other Matters	• Traffic Ticket • Vehicle Repair & lemon Law	• Serious Traffic Matters Administration Proceedings	• DUI Defense

Voluntary Benefits (continued)

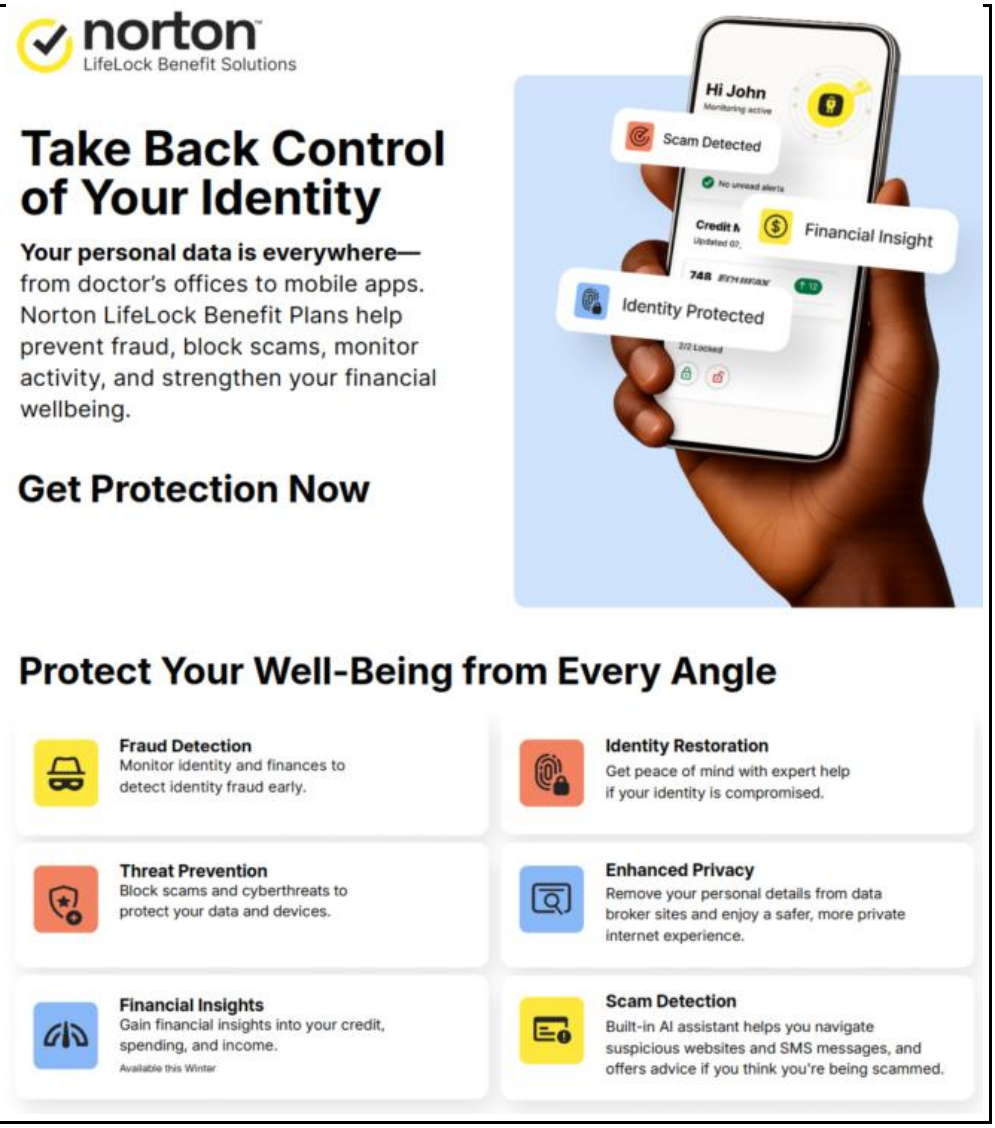
ID Theft Protection Program

We do more online than ever – from banking, shopping and even socializing – making personal information more vulnerable to cyber threats. Norton LifeLock helps protect your identity, finances, and privacy with powerful tools and support.

Whether you choose Essential, Premier, or Premier Plus, you'll gain peace of mind knowing your personal information is being monitored and protected. Norton LifeLock helps ensure your personal information is not anywhere it shouldn't be by protecting the things you care about most: identity, money and assets, family, and privacy.

Associates have three pricing options to select from:

Essential	Includes 1 Bureau monitoring, up to 3 protected devices, and 10 GB of PC Cloud backup	
	Individual Coverage	$7.49/month
	Family Coverage	$14.98/month
Premier	Includes 3 bureau monitoring, up to 5 protected devices, and 50 GB of PC Cloud backup	
	Individual Coverage	$9.99/month
	Family Coverage	$18.98/month
Premier Plus	Includes 3 bureau monitoring, up to 10 protected devices, and 500 GB of PC Cloud backup	
	Individual Coverage	$12.99/month
	Family Coverage	$21.98/month

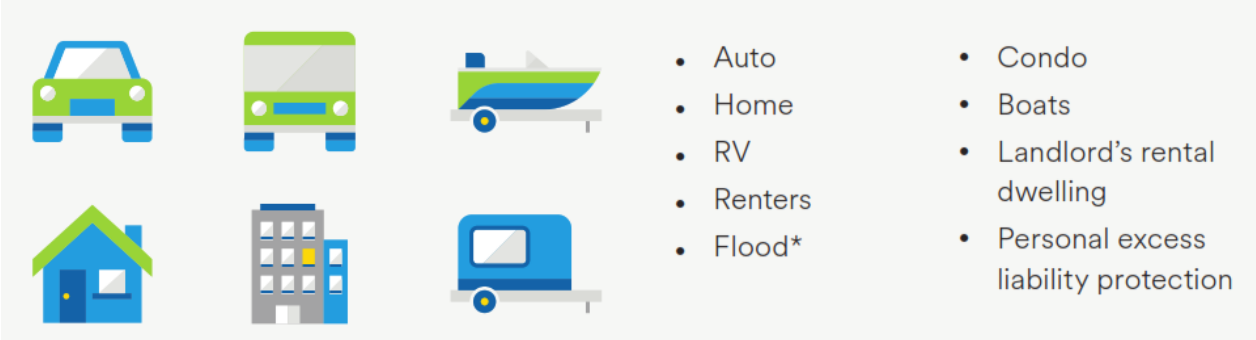


Voluntary Benefits (continued)

Auto/Homeowners

Just like medical, premiums and out-of-pocket expenses for auto and home insurance are going up. From auto accidents to natural disasters, there has been an increase in the severity and frequency of incidents. And without the right coverage, an accident or storm can be devastating to your financial wellbeing. With Farmers GroupSelect℠ Auto & Home, you can have access to the protection you need to stay prepared for the unexpected. And the support you need to get back on track. You can request a quote and enroll at 800-438-6381 or visit myautohome.farmers.com.

Associates save an average of $562 on auto insurance when you switch to Farmers Insurance because when you purchase your Auto/Homeowners coverages through this employer-sponsored program, you get access to valuable group discounts.



- Auto
- Home
- RV
- Renters
- Flood*
- Condo
- Boats
- Landlord's rental dwelling
- Personal excess liability protection

Pet Insurance

HealthyPaws Pet insurance helps to reimburse you for covered unexpected veterinary expenses for your furry family members. This will help to give you confidence that you can pay for treatment for your pets if they become sick or have an accidental injury. With HealthyPaws, you have the power of choice, and coverage can be customized to best meet your and your pets' needs. Once the policy is effective, accident coverage begins at midnight and illness coverage begins after 14 days. Every pet and pet parent is unique, so each pet's premium will be unique based on the species, breed, age, and ZIP code, as well as the coverage amount you select. You can call 844-260-7911 or visit the HealthyPaws website here at any time during the year to request a quote and enroll in Pet Insurance.

Flexible features

- Pet parents can select from a range of annual limits, deductibles and coinsurance levels.
- Various levels of coverage from $100 – $1,000. Also includes optional wellness coverage (preventive care).
- Straightforward pricing and options with customizable limits, no dog or cat breed exclusions, discounts and healthy pet incentive, and no upper age limits.
- New and innovative benefits, such as grief counseling for the loss of your furry family member, loss or theft coverage, automatic coverage limit increases annually and virtual vet concierge services.



Chubb Lifetime Benefit Term Insurance

BGDC is partnering with Chubb to give you the option to buy Permanent Term Life Insurance at an affordable fixed premium. This product has premiums that are guaranteed to never increase, and a level death benefit to provide money to your family upon death, and while you are living too. It also provides money if you need home health care, assisted living, or nursing care, through a unique Long Term Care rider. This coverage is offered to all Associates ages 18-70 and is portable if you ever leave BGDC.

If you want to enroll in the Chubb Whole Life with Long Term Care product please call the Enrollment Call Center during open enrollment.

Employee Assistance Program (EAP)

Guardian

Guardian's EAP is available to you in addition to the benefits provided with your Guardian insurance coverage. This program provides you with easy-to-use services to help with the everyday challenges of life – at no additional cost.



The program offers counseling, legal and financial consultation, work-life assistance and crisis intervention services to you and your household family members. They can talk to you about anything going on in your life including:

- Family – going through a divorce, caring for an elderly family member, returning to work after having a baby
- Work – job relocation, building relationships with coworkers and managers, navigating through reorganization
- Money – budgeting, financial guidance, retirement planning, buying or selling a home, tax issues
- Legal Services – issues relating to civil, personal and family law, financial matters, real estate and estate planning
- Identity Theft Recovery – ID theft prevention tips and help from a financial counselor if you are victimized
- Health – coping with anxiety or depression, getting the proper amount of sleep, how to kick a bad habit like smoking
- Everyday Life – moving and adjusting to a new community, grieving over the loss of a loved one, military family matters, training a new pet

What happens when I call?

When you call, you will speak with a GuidanceConsultant℠, a master's- or PhD-level counselor who will collect some general information about you and will talk with you about your needs. The GuidanceConsultant℠ will provide the name of a counselor who can assist you. You can then set up an appointment to speak with the counselor over the phone or schedule a face-to-face visit.

What counseling services does the EAP provide?

3 face-to-face or virtual sessions per person, per issue, per year

The EAP provides free short-term counseling with counselors in your area who can help you with your emotional concerns.

If the counselor determines that your issues can be resolved with short-term counseling, you will receive counseling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counseling in the EAP and you will need longer-term treatment, you will be referred to a specialist early on and your insurance coverage will be activated.

Can my children use the EAP?

Yes. The EAP is a confidential benefit for employees and their household family members.

This program includes up to three (3) in person, phone or video consultations with licensed counselors for you and your eligible household members, per issue, per calendar year. You can call 855-239-0743 to speak with a counselor or schedule an appointment 24/7/365. When you call, a Guidance Consultant will collect general information about you and your needs. Then they will connect you with a counselor who can assist you.

If you do not need to speak to a counselor, and are just looking for information, the program offers easy to use educational tools and resources, online and through a mobile app. There is a chat feature so you can talk with a counselor to guide you to the information you are looking for or help you schedule an appointment.

Any personal information provided to a Guidance Consultant or counselor stays completely confidential based on HIPAA privacy laws.

Log on to guidanceresources.com or search "GuidanceNow" on iTunes Store or Google Play. Use the Web ID below to register for an account.

Web ID: Guardian

Life doesn't always go as planned. And while you can't always avoid the twists and turns, you can get help to keep moving forward.

Guidance Resources can help you and your family get professional support and guidance to make life a little easier. The EAP program provides you with easy-to-use services to help with the everyday challenges of life – at no additional cost to you.

Wellworks



BGDC DISTRIBUTION

EARN UP TO $600 IN REWARDS!

You will need to complete the Wellness Program activities to be eligible to redeem Wellness Dollars in the Wellworks For You Rewards Mall.

Log in to your portal today to learn more!

In the Rewards Mall, you may choose from a variety of reward cards including your favorite restaurant and retail stores! You may also choose to redeem your Wellness Dollars to make a donation to a designated charity of your choice.

ACTIVITY	INCENTIVE
Biometrics + the Know Your Number Assessment	$200
Annual Physical w/Doctor Signature	$200
Preventive Age/Gender Exam (1 per year)	$100
Dental Exam (1 per year)	$50
Vision Exam (1 per year)	$50

PORTAL LOGIN INSTRUCTIONS

Your Account Has Been Created for You!

1. Go to **www.wellworksforyoulogin.com**
2. Your username will be:
   BGDC + Employee ID
   Example: *BGDC123456*
3. Password: Your DOB in MMDDYYYY
4. Accept the terms of the Consent Form
5. Fill in the required information

Forgot Your Username or Password?

1. Go to **www.wellworksforyoulogin.com**
2. Click the link **Forgot Username** or **Forgot Password**
3. Follow the instructions to retrieve your username or reset your password
4. If issues persist, please contact Wellworks For You at **800.425.4657**

FOR ADDITIONAL SUPPORT, CHAT WITH US LIVE ON THE WELLNESS PORTAL

(not available on the mobile app)

Our "Chat Live" feature will give you access to chat with one of our helpful representatives during our regular business hours *(Monday to Friday 8:00am EST to 7:00pm EST)* to answer any questions and guide you on a path towards wellness.

Important Contacts

Have Questions? Need Help?

During open enrollment, the Benefit Counselors will be able to help answer all questions related to coverage options and pricing. You will need to contact Farmers Insurance directly for proposals on the Home & Auto, and you will need to call HealthyPaws directly for proposals for Pet Insurance.

Please note that if you are enrolling in any benefits for the first time, you will not be able to register for the carrier portals and mobile apps and view your individual information until January 1st. Until then the carriers will only be able to answer generic questions regarding providers and coverage.

	CARRIER	PHONE NUMBER	WEBSITE
Benefit Resource Center (BRC) for benefits questions	USI	855-874-0829	BRCMidwest@usi.com
Medical	Anthem	Call number on back of ID card or 833-952-2042	anthem.com
Pharmacy	TrueScripts	812-257-1955	Memberportal.truescripts.com
Dental	Guardian	800-541-7846	guardianlife.com
Vision	Guardian	877-393-7363	Davisvision.com
Basic Life and AD&D	Guardian	800-525-4542	guardianlife.com
Voluntary Life and AD&D	Guardian	800-525-4542	guardianlife.com
Short-Term Disability (STD)	Guardian	800-268-2525	guardianlife.com
Long-Term Disability (LTD)	Guardian	800-538-4583	guardianlife.com
Critical Illness	Chubb	833-896-2968	chubb.com/workplacebenefitsclaims
Hospital Indemnity	Chubb	833-896-2968	chubb.com/workplacebenefitsclaims
Accident	Chubb	833-896-2968	chubb.com/workplacebenefitsclaims
Flexible Spending Account (FSA)	Chard Snyder	800-982-7715	chard-snyder.com
Health Savings Account (HSA)	Chard Snyder	800-982-7715	chard-snyder.com
Auto/Homeowners	Farmers Insurance	Quotes: 800-438-6381 Service: 800-422-4272 24/7 Claims: 800-854-6011	Quotes: myautohome.farmers.com Service: farmers.com/autohomelogin
Pet Insurance	HealthyPaws	844-260-7911	www.healthypawspetinsurance.com/quote/step1
Legal Plan	LegalEase	1-800-248-9000	Legaleaseplan.com/lpgd
Identity Theft Protection	Norton LifeLock	800-607-9174	My.norton.com
Lifetime Benefit Term with Long Term Care	Chubb	855-241-9891	chubb.com
Employee Assistance Program (EAP)	Guardian	855-239-0743	guidanceresources.com
Advantage DNA	Chubb	844-646-6427	customerservice@kadance.com
Personal Disaster Recovery Plan	Chubb	800-234-7354	disasterprotection.chubb.com
Travel 365+	Chubb	844-825-2264	USTravelServices@SutherlandGlobal.com
Wellness Program	Wellworks For You	800-425-4657	wellworksforyou.com
Enrollment Support			
Enrollment Call Center		888-260-8082 Monday – Friday 9am-6pm ET	**If you want to make any benefit changes for 2027, please call the Enrollment Call Center by November 20, 2026.**