

EMPLOYEE BENEFITS



MEDICAL BENEFITS

	SUREST PLAN		HRA* & HSA PLAN		CHOICE PLUS PLAN	
	IN NETWORK	OUT-OF-NETWORK	IN NETWORK	OUT-OF-NETWORK	IN NETWORK	OUT-OF-NETWORK
Annual Deductible	\$0		\$1,650 Single \$3,300 Family	\$3,300 Single \$6,600 Family	\$400 Single \$800 Family	\$800 Single \$1,600 Family
Wellness Incentives*	Not Applicable		Maximum \$650 Single Maximum \$1,550 Family		Not Applicable	
Out of Pocket Maximum	\$3,200 Single \$6,400 Family	\$8,000 Single \$16,000 Family	\$3,300 Single \$6,600 Family	\$6,600 Single \$13,200 Family	\$1,750 Single \$3,000 Family	\$2,000 Single \$4,000 Family
Coinsurance	100% Plan paid after copay		20% after deductible	40% after deductible	20% after deductible	40% after deductible
Office Visits	\$5 to \$40 copay/visit	\$120 copay/visit	20% after deductible	40% after deductible	\$25 PCP copay \$35 specialists	40% after deductible
Virtual Care	\$0	No coverage	\$54 (after deductible met: \$10.80)		\$25 copay	\$25 copay

*All Endeavor employees & spouses enrolled in the HRA or HSA Plan have wellness incentives to complete in order to qualify for the company contributions

^The HRA Plan will no longer be offered after 12/31/25



DENTAL BENEFITS

	LEVEL ONE	LEVEL TWO
Annual Deductible	\$75 Single / \$150 Family	\$25 Single / \$50 Family
Annual Maximum per member	\$2,100	\$2,100
Preventative Care (Oral Exams, X-Rays, Sealants)	Covered 100%, no deductible <i>Not included in Annual Maximum</i>	Covered 100%, no deductible <i>Not included in Annual Maximum</i>
Basic Care (Fillings, Oral Surgery, Periodontics)	30% after deductible	20% after deductible
Major Care & Prosthodontics	50% after deductible	50% after deductible
Orthodontia Care	No Orthodontia Benefits	50%, no deductible <i>(\$1,500 lifetime max., Available for dependent children and adults)</i>

OTHER BENEFITS

- Employee Assistance Program
- Company-paid Basic Life and AD&D
- Company-paid Short-term Disability
- Extended Sick Leave (Pilots)
- Long-Term Disability
- Flexible Savings Account
- Supplemental Term Life
- Critical Illness & Cancer Benefits
- Voluntary Accident
- Commuter Expense Reimbursement Account
- Pet Insurance
- Quarterly Operational Performance Payouts
- Other Perks & Discounts

2025 BENEFITS - MONTHLY EMPLOYEE CONTRIBUTION INFORMATION

Coverage	Medical - Surest	Medical - HSA Plan	Medical - HRA Plan	Medical - Choice Plus	Level One Dental	Level Two Dental	Vision
Employee Only	\$156.00	\$145.91	\$155.50	\$430.08	\$8.21	\$10.88	\$7.28
Employee + Spouse	\$343.17	\$321.01	\$342.10	\$946.19	\$17.51	\$23.06	\$13.83
Employee + Child(ren)	\$311.95	\$291.83	\$311.01	\$860.19	\$15.76	\$20.76	\$14.56
Employee + Family	\$499.18	\$466.93	\$497.61	\$1,376.28	\$21.93	\$35.33	\$20.20



VISION BENEFITS

	IN NETWORK	OUT OF NETWORK
Exam: Covered once every 12 mos.	\$10 Copay	Reimbursement up to \$45
Glasses: <ul style="list-style-type: none">Lenses covered once every 12 monthsFrames covered once every 12 months	Lenses: \$10 copay Frames: \$180 retail allowance	Lens Reimbursement up to: Single Vision - \$32 Bifocals - \$55 Trifocals - \$65 Frame Reimbursement up to: \$126
Contact Lenses (in lieu of lenses/frames) Covered once every 12 mos.	Elective: \$130 retail allowance Therapeutic: Covered in full	Elective: \$100 reimbursement Therapeutic: \$100 reimbursement



401(K) PLAN

Employees are eligible to participate immediately upon employment and will automatically be enrolled unless they opt-out or make changes through Fidelity Investments. **Company matching contributions begin on Day 1.**

Years of Service	Extent of Vested Interests	Years of Service	Company Match	Maximum Contribution
Less than 2	0%	Less than 5	100%	3% of eligible earnings
2 but less than 3	25%	5 but less than 10	100%	5% of eligible earnings
3 but less than 4	50%	10 but less than 15	100%	8% of eligible earnings
4 but less than 5	75%	15 but less than 20	100%	10% of eligible earnings
5 or more	100%	20 or more	100%	12.5% of eligible earnings

ELIGIBILITY & ENROLLMENT

- Full-time employees are eligible to enroll, as well as their legal spouse and dependent child(ren) under the age of 26
- Coverage begins on the 1st of the month following 30 days of employment
- Benefit year is January 1 - December 31