

BENEFITS SUMMARY: SALARIED & HOURLY EMPLOYEES



MEDICAL BENEFITS

	SUREST PLAN		HSA PLAN		CHOICE PLUS PLAN	
	IN NETWORK	OUT-OF-NETWORK	IN NETWORK	OUT-OF-NETWORK	IN NETWORK	OUT-OF-NETWORK
Annual Deductible	\$0		\$1,700 Single \$3,400 Family	\$3,400 Single \$6,800 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	\$5,000 Single \$10,000 Family	\$10,000 Single \$20,000 Family	\$5,100 Single \$10,200 Family	\$10,200 Single \$20,400 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
Urgent Care	\$15 copay	\$45 copay	20% after deductible	40% after deductible	\$40 copay	\$40 copay
Emergency Room	\$450 copay	\$450 copay	20% after deductible	40% after deductible	\$100 copay, waived if admitted	
Virtual Care	\$0	No coverage	\$54 (after deductible met: \$10.80)		\$25 copay	\$25 copay
Inpatient Hospital Stay	\$2,000 copay	\$3,000 copay	20% after deductible	40% after deductible	\$250 copay, 20% after deductible	\$250 copay, 40% after deductible
Prescription* 30-day supply	Tier 1: \$5 Tier 2: \$40 Tier 3: \$60	No coverage	20% after deductible	No coverage	Tier 1: \$10 Tier 2: \$35 Tier 3: \$60	No coverage
Mail Order Prescription* 90-day supply	Tier 1: \$15 Tier 2: \$100 Tier 3: \$150	No coverage	20% after deductible	No coverage	Tier 1: \$20 Tier 2: \$70 Tier 3: \$120	No coverage

HRA/HSA WELLNESS INCENTIVES					
All Endeavor employees & spouses enrolled in the HSA Plan must complete wellness incentives to qualify for the company contributions					
	Annual Physical	Preventative Exam*	Health Assessment	Auto-Fund (Children)	Total
Employee Only	\$250	\$250	\$150	-	\$650
Employee + Spouse	\$500	\$500	\$300	-	\$1,300
Employee + Child(ren)	\$250	\$250	\$150	\$250	\$900
Employee + Family	\$500	\$500	\$300	\$250	\$1,550

(*Including dental screening, dermatology screening, colonoscopy, mammogram, pap smear)

2026 BENEFITS - MONTHLY EMPLOYEE CONTRIBUTION INFORMATION						
Coverage	Medical - Surest	Medical - HSA Plan	Medical - Choice Plus	Level One Dental	Level Two Dental	Vision
Employee Only	\$163.44	\$154.10	\$473.57	\$8.47	\$11.22	\$7.28
Employee + Spouse	\$359.55	\$339.02	\$1,041.86	\$18.06	\$23.78	\$13.83
Employee + Child(ren)	\$326.84	\$308.21	\$947.16	\$16.25	\$21.40	\$14.56
Employee + Family	\$523.00	\$493.13	\$1,515.44	\$22.61	\$36.43	\$20.20

DENTAL BENEFITS

	LEVEL ONE	LEVEL TWO
Annual Deductible	\$75 Single / \$150 Family	
Annual Maximum per member	\$2,100	
Preventative Care (Oral Exams, X-Rays, Sealants)	Covered 100%, no deductible Not included in Annual Maximum	Covered 100%, no deductible Not included in Annual Maximum
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	\$1,500 (Available for dependent children and adults)

VISION BENEFITS

	IN NETWORK	OUT OF NETWORK
Exam: Covered once every 12 mos.	\$10 Copay	Reimbursement up to \$45
Glasses: • Lenses covered once every 12 months • Frames covered once every 12 months	Lenses: \$10 copay Frames: \$180 retail allowance, plus 20% savings off any remaining frame balance	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 & Therapeutic: \$130 retail allowance, plus 15% savings off any balance over the conventional contact lens allowance	Elective: \$100 reimbursement Therapeutic: \$100 reimbursement



OTHER BENEFITS

Employee Assistance Program (EAP)

These services are free to all employees and dependents and are confidential. In addition to telephone support, employees have up to 5 visits at no cost, face-to-face sessions per family member, per issue, per calendar year.

Basic Life and AD&D

Endeavor pays 100% of the premium. 1X salary to a maximum of \$250,000. Benefits reduce at age 65.

Short Term Disability (STD)

Endeavor pays 100% of the premium. Benefit pays 60% of your weekly salary, not to exceed \$2,500.00 per week, for up to 76 days. 14 day elimination period (benefits are payable on the 15th day after the date of your covered disability).

Long Term Disability (LTD)

Endeavor pays 75% of the premium, the employee pays 25% of the cost. Benefits will pay 60% of your salary to a maximum of \$10,000. 90 day elimination period.

VOLUNTARY BENEFITS: EMPLOYEE PAYS 100% OF THE PREMIUM

FSA - Healthcare and Dependent Care

Employees can contribute up to \$3,400 for Health Care FSA and /or \$7,500 for Dependent Care FSA for individuals or couples filing jointly; \$3,750 for married persons filing separately.

Supplemental Term Life

- For Employees: Increments of \$10,000 up to \$500,000
- For Spouses: Increments of \$5,000 up to \$250,000 (not to exceed 50% of the employee amount)

Critical Illness & Cancer Benefits

- For Employees: Increments of \$5,000 up to \$50,000
- For Spouses: Increments of \$5,000 up to \$50,000
- For Child(ren): Up to 25% of the employee's amount

Voluntary Accident

An accident insurance plan provides benefits to help cover the costs associated with unexpected bills. Examples: ambulance rides, wheelchairs, crutches, casts, etc.

Commuter Benefits

Employees can contribute up to \$340/month for work-related parking expenses and/or public transit (i.e. bus, etc.) on a pre-tax basis.

Pet Insurance

Employees can purchase insurance coverage for their dog(s) and cat(s). Coverage includes wellness care, office visits, prescriptions, urgent care and emergency hospital care



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

Endeavor offers a retirement advice provider who can employees manage their 401(k) investment in two ways:

1. Online Advice – for someone who wants to do it themselves. Guidance is provided to make your own investment choices at no additional cost.
2. Professional Management – let the experts manage your investments, for a fee.

A free Retirement Evaluation is sent to you annually. Our retirement advice provider is independent and a fiduciary, which means they put your best interests first.



VACATION & SICK TIME

VACATION TIME

Years of Service (YOS)	Biweekly Accrual	Annual Accrual
New Hire	3.08 hours	2 weeks
5 Year Anniversary	4.62 hours	3 weeks
15 Year Anniversary	6.15 hours	4 weeks

SICK TIME

Accrue paid sick leave at a rate of 2.154 hours for each full pay period of active service, for a total of 56 hours (8 days) per year.



PASS TRAVEL

Employees are eligible on their date of hire to participate in the space available travel program through Delta Air Lines. This includes free and reduced rate travel privileges throughout the Delta worldwide system, as well as interline agreements with other airlines. International taxes apply for international travel. Employees are also eligible to purchase a confirmed seat through the Fly for Less and Fly for Even Less programs.

Eligible pass riders include:

- **Spouse/domestic partner, Primary and Secondary Travel Companion**
- *A Travel Companion is friend or family member who is otherwise ineligible for pass travel privileges and can be added in place of a spouse or domestic partner.*
- **Minor dependent children** under age 19
- **Dependent children age 19 until age 24** are eligible if they have never been married and are full time students. Minor stepchildren and minor dependent children of your domestic partner are also eligible.
- **Parents**
- **Non-dependent children** – These are identified as your children who were previously your dependent children who have either turned age 19 and are no longer full time students or have turned 24 or older.

NEW HIRE ELIGIBILITY & ENROLLMENT

Participation in the 401(k) plan, Employee Assistance Program, and Pass Travel program begins immediately on an employee's date of hire. All other health and wellness benefits require online enrollment.

- **Enrollment Window:** You must complete your online enrollment within 31 days of your eligibility date. If you fail to enroll within your 31-day window, you will be required to wait until the next open enrollment to enroll or make changes unless you have a qualifying event.
- **Coverage Effective Date:** Benefits begin on the 1st of the month following or coinciding with 30 days after date of hire. If you are a flight attendant, benefits begin on the 1st of the month following or coinciding with 30 days from your graduation date.