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2026

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Benefits Guide

Benefit Plans Effective January 1–December 31, 2026



IMPORTANT NOTICE

This Benefits Guide includes a notice regarding how the plan’s prescription drug coverage compares to Medicare Part D. If you or a covered family member is also enrolled in Medicare Parts A or B, but not Part D, you should read the Medicare Part D notice carefully. It is titled, “Important Notice From ArmorWorks Enterprises, LLC About Your Prescription Drug Coverage and Medicare.”

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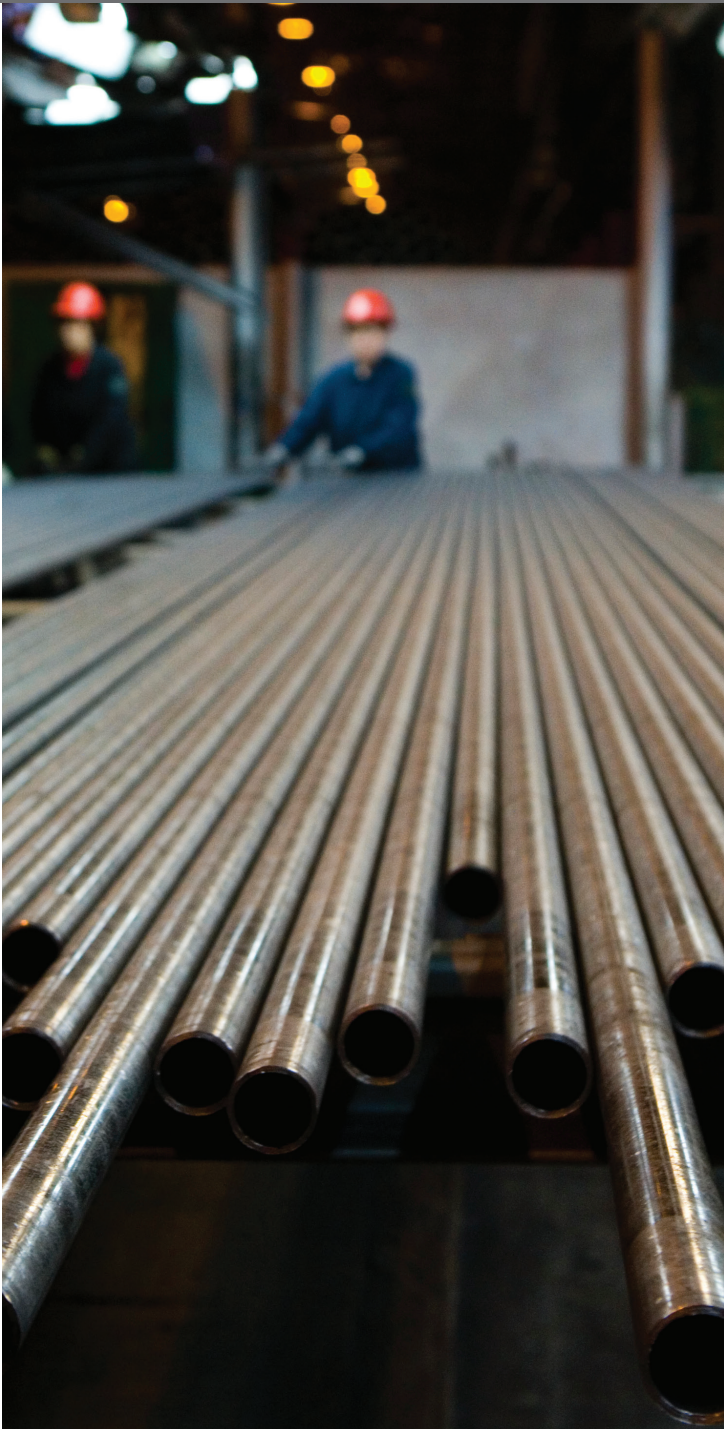
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Benefits for a Healthy Future

ArmorWorks/Fox Valley Metal Tech is a company who cares. We recognize that what makes us strong is our employees. That's why we've put together a benefits package that values your and your family's total health.

We have handpicked benefits we believe will strengthen your physical, emotional, and financial wellbeing. Carefully review the benefits offered and choose the plans that fit your personal situation.

Use this guide as a tool to help make the best benefits decisions for you and your family for the 2026 plan year (January 1–December 31, 2026). The information inside this guide can help you review your health coverage options, discover tax savings opportunities, and learn about voluntary benefit offerings.

Eligibility

If you are scheduled to work at least 30 hours per week, you are eligible for benefits on the first day of the month following your date of hire.

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

- **Your spouse:** This includes your legal spouse.
- **Your child(ren):** This includes your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian), as well as children of any age who are physically or mentally unable to care for themselves.

Enrollment

You can only sign up for benefits or change your benefits at the following times.

- Within 30 days of joining ArmorWorks/Fox Valley Metal Tech as a new employee.
- During the annual benefits enrollment period.
- Within 30 days of a qualifying life event.

The choices you make at this time will remain in place through December 31, 2026, unless you experience a qualifying life event as described on page 5. If you do not sign up for benefits during your initial eligibility period, you will not be able to elect coverage until the next open enrollment period.



How to Enroll



Self-enroll in your benefits.

Review the available plan options and log into the Paycom employee self service portal at paycomonline.com. Navigate to “My Benefits” and select “Enroll Now.”



Have important documentation ready.

You will be asked questions regarding you and your family, including birth dates, Social Security numbers, and phone numbers.



Compare your plan options and choose the best plan for you and your family.

Once you have finalized your selections, print your confirmation statement or send it to yourself via email and keep for your records.

If you have questions or need assistance enrolling, contact Erica Sichling on the Human Resources team at esichling@armorworks.com or 480-598-5734.

Changing Your Benefits

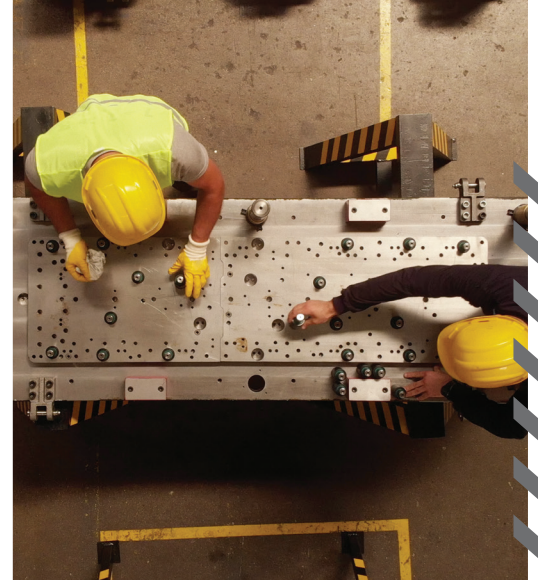
Due to IRS regulations, once you have made your elections for the 2026 plan year, you cannot change your benefits until the next annual open enrollment period.

The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

Qualifying life events include, but are not limited to:

- Birth or adoption of an eligible child.
- Marriage, divorce, or legal separation.
- Spouse's work status changed affecting their benefits.
- Death of your spouse or covered child.
- Child's eligibility for benefits changed.
- Qualified Medical Child Support Order.

To request a benefits change, notify Human Resources within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted. You may need to provide proof of the event, such as a marriage license or birth certificate.



Key Terms to Know

Take the first step to understanding your benefits by learning these four common terms.



Copay

A fixed dollar amount you may pay for certain covered services. Typically, your copay is due at the time of service.



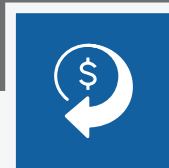
Deductible

The amount you must pay each year for certain covered health services before your insurance plan will begin to pay.



Coinsurance

After you meet your deductible, you may pay coinsurance, which is your share of the costs of a covered service.



Out-of-Pocket Maximum

This includes copays, deductibles, and coinsurance. Once you meet this amount, the plan pays 100% of covered services for the rest of the year.

Medical Benefits

Are You Covering Your Spouse and/or Children?

- **BCBSAZ \$3,000 HSA plan members:** If you elect employee + spouse, employee + child(ren), or family coverage, the individual deductible and out-of-pocket maximum DO NOT apply. The family deductible must be met, either by one individual, or by a combination of family members, before the plan begins to pay. The same rule applies to the out-of-pocket maximum.
- **BCBSAZ \$5,000 HSA plan members:** If you elect employee + spouse, employee + child(ren), or family coverage, the individual deductible and out-of-pocket maximum apply to each covered member of the family (capped at family amount).

How the Plans Work

ArmorWorks/Fox Valley Metal Tech offers three medical insurance plan options through Blue Cross Blue Shield of Arizona (BCBSAZ).

The medical plans that you are eligible for depend on your location—the BCBSAZ \$3,000 HSA plan is available nationwide, the BCBSAZ \$5,000 HSA Alliance plan is available to residents of Arizona in Maricopa and Pinal counties only, and the BCBSAZ \$5,000 HSA plan is available to residents of Wisconsin only.

Before you enroll in medical coverage, take some time to understand how each plan works. The table below summarizes the key features of the medical plan options. **See page 7 for an overview of the plan benefits.**

Overview of Benefits	BCBSAZ \$5,000 HSA Alliance Plan Arizona Only	BCBSAZ \$5,000 HSA Plan Wisconsin Only	BCBSAZ \$3,000 HSA Plan
Network	Alliance PPO/EPO Features doctors and hospitals affiliated with Banner Health and HonorHealth	Statewide/National PPO Affiliated with hospital systems statewide including Mayo Clinic	Statewide/National PPO Affiliated with hospital systems statewide including Mayo Clinic
In- and Out-of-Network Benefits	In- and out-of-network benefits	In- and out-of-network benefits	In- and out-of-network benefits
Location Availability	Narrow network, available to Arizona residents in Maricopa and Pinal counties only or dependents outside of Arizona, example: child(ren) at college, spouse working elsewhere, etc.	Nationwide, available to all Wisconsin residents	Nationwide, available to all Arizona/national residents
How You Pay for Care	You pay the full discounted rate for all services, including office visits, hospital services, and prescription drugs until you meet your annual deductible, then you pay coinsurance	You pay the full discounted rate for all services, including office visits, hospital services, and prescription drugs until you meet your annual deductible, then you pay coinsurance	You pay the full discounted rate for all services, including office visits, hospital services, and prescription drugs until you meet your annual deductible, then you pay coinsurance
Pay for Health Care with Pre-Tax Dollars	Fund a health savings account and/or limited purpose flexible spending account	Fund a health savings account and/or limited purpose flexible spending account	Fund a health savings account and/or limited purpose flexible spending account

azblue.com Mobile Access

Manage your health plan on the go at azblue.com using your existing member portal login.

- Access your digital ID cards
- View your claims, deductibles, and balances
- Search for doctors, hospitals, and labs
- Explore care options and estimate costs

For quick access, add azblue.com to your mobile device's home screen through your browser.

Medical Benefits

The medical plans offer in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose an in-network provider.

The table below summarizes the benefits of each medical plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	BCBSAZ \$5,000 HSA Alliance Plan Arizona Only		BCBSAZ \$5,000 HSA Plan Wisconsin Only		BCBSAZ \$3,000 HSA Plan	
	In Network	Out of Network ¹	In Network	Out of Network ¹	In Network	Out of Network ¹
Calendar Year Deductible						
Individual/Family	\$5,000/\$10,000	\$10,000/\$20,000	\$5,000/\$10,000	\$10,000/\$20,000	\$3,000/\$6,000	\$6,000/\$12,000
ArmorWorks/Fox Valley Metal Tech HSA Contribution						
Employee Only	\$800 per year		\$800 per year		\$800 per year	
All Other Coverage Levels	\$1,200 per year		\$1,200 per year		\$1,200 per year	
Out-of-Pocket Maximum	Includes deductible, copays, and coinsurance					
Individual/Family	\$8,500/\$17,000	\$20,000/\$40,000	\$8,500/\$17,000	\$20,000/\$40,000	\$6,000/\$12,000	\$12,000/\$24,000
Preventive Care	Plan pays 100%	50% after ded.	Plan pays 100%	50% after ded.	Plan pays 100%	50% after ded.
Physician Services						
Primary Care Physician	20% after ded.	50% after ded.	20% after ded.	50% after ded.	20% after ded.	50% after ded.
Specialist	20% after ded.	50% after ded.	20% after ded.	50% after ded.	20% after ded.	50% after ded.
Telehealth	Covered 100%	Not covered	Covered 100%	Not covered	Covered 100%	Not covered
Urgent Care	20% after ded.	50% after ded.	20% after ded.	50% after ded.	20% after ded.	50% after ded.
Lab/X-Ray						
Diagnostic Lab/X-Ray	20% after ded.	50% after ded.	20% after ded.	50% after ded.	20% after ded.	50% after ded.
High-Tech Services (MRI, CT, PET)	20% after ded.	50% after ded.	20% after ded.	50% after ded.	20% after ded.	50% after ded.
Hospital Services						
Inpatient	20% after ded.	50% after ded.	20% after ded.	50% after ded.	20% after ded.	50% after ded.
Outpatient	20% after ded.	50% after ded.	20% after ded.	50% after ded.	20% after ded.	50% after ded.
Emergency Room	20% after ded.		20% after ded.		20% after ded.	
Chiropractic Care	20% after ded.	50% after ded.	20% after ded.	50% after ded.	20% after ded.	50% after ded.
Occupational, Speech, and Physical Therapies	20% after ded.	50% after ded.	20% after ded.	50% after ded.	20% after ded.	50% after ded.
Behavioral Health	20% after ded.	50% after ded.	20% after ded.	50% after ded.	20% after ded.	50% after ded.
Prescription Drugs						
Generic (Tier A)	Ded., then \$20 copay	Ded., then \$20 copay	Ded., then \$20 copay	Ded., then \$20 copay	Ded., then \$10 copay	Ded., then \$10 copay
Preferred Brand (Tier B)	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$25 copay	\$25 copay
Non-Preferred Brand (Tier C)	\$70 copay	\$70 copay	\$70 copay	\$70 copay	\$40 copay	\$40 copay
Specialty	\$60–\$210 copay	\$60–\$210 copay	\$60–\$210 copay	\$60–\$210 copay	\$60–\$210 copay	\$60–\$210 copay
Mail Order (Up to a 90-day supply)	2x retail copay	Not covered	2x retail copay	Not covered	2x retail copay	Not covered

(1) You will be responsible for amounts billed by out-of-network providers in excess of eligible medical expense amount (balance-billing). Note: Some benefits require pre-authorization and/or certain limitations apply. For a complete description of benefits, limitations, and exclusions, consult your benefits summary available from People Ops or visit azblue.com.

Check the [HDHP HSA Preventive Drug List](#) and [Covered Drug Formulary](#) for covered prescriptions.

Medical Benefits

Blue Cross Blue Shield of Arizona | [azblue.com](https://www.azblue.com) | 877-318-4693

Medical Costs

Listed below are the per pay period costs for medical insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

Level of Coverage	BCBSAZ \$5,000 HSA Alliance Plan Arizona Only	BCBSAZ \$5,000 HSA Plan Wisconsin Only	BCBSAZ \$3,000 HSA Plan	
			Arizona Rates	Wisconsin Rates
Employee Only	\$12.42	\$24.04	\$34.86	\$34.86
Employee + Spouse	\$207.98	\$172.87	\$250.56	\$195.08
Employee + Child(ren)	\$166.81	\$145.36	\$204.08	\$167.82
Employee + Family	\$330.40	\$212.95	\$386.12	\$250.63

Preventive Care

In-network preventive care is 100% free for medical plan members. You won't have to pay anything out of your pocket when you receive in-network preventive care. Practice preventive care and reap the rewards of a healthier future.



Preventive care helps keep you healthier long-term.

An annual preventive exam can help **IDENTIFY FUTURE HEALTH RISKS** and treat issues early when care is more manageable and potentially more effective.



Preventive care helps keep your costs low.

With a preventive care exam each year, you can **TARGET HEALTH ISSUES EARLY** when they are less expensive to treat. You can also effectively manage chronic conditions for better long-term health.



Preventive care keeps your health up to date.

Yearly check-ins with your doctor keeps your health on track with **AGE- AND GENDER-SPECIFIC EXAMS, VACCINATIONS, AND SCREENINGS** that could save your life.

Some services are generally not considered preventive if you get them as part of a visit to diagnose, monitor, or treat an illness or injury. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam based on your plan design.

Learn more about preventive care at [azblue.com](https://www.azblue.com).

Find a Doctor Near You

Check to see if a doctor, facility, or hospital is in-network with BCBSAZ, so you know you are always getting the best care at the best price. Visit [azblue.com/find-a-doctor](https://www.azblue.com/find-a-doctor), follow the prompts and select the **Alliance PPO/EPO** or the **High Deductible Health Plan** option.



Medical Benefits

Telemedicine—BlueCare Anywhere

You have access to virtual care through BlueCare Anywhere. Get the care you need when and wherever you need it. Whether you're on the go, at home, or at the office, care comes to you in the form of virtual care.



Get care for non-emergency conditions.

Virtual care can connect you to a doctor from your phone, computer, or tablet. Receive care for common health issues like allergies, asthma, sore throat, fever, headache, and much more.



Receive mental health support and counseling.

Licensed counselors and psychiatrists can help diagnose, treat, and even prescribe medication when needed for depression and anxiety, substance abuse and panic disorders, PTSD, grief and loss, and more.



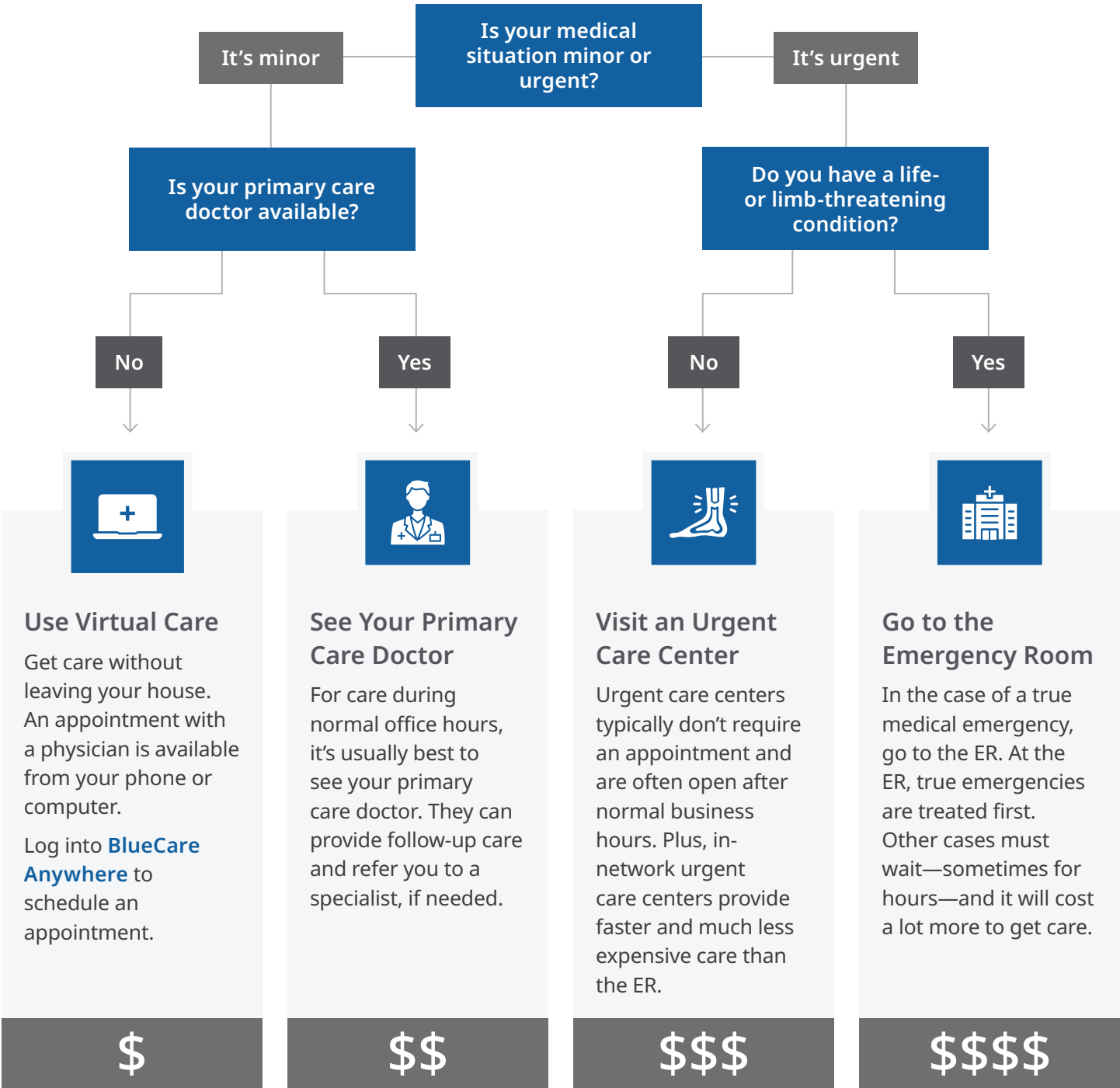
Talk with a doctor by phone or video, 24/7.

Use virtual care to prioritize your health by getting the care you need when you need it. Visit bluecareanywhereaz.com or download the BlueCare Anywhere mobile app to get started.

Medical Benefits

Know where to go for care.

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. Use the chart below to help you choose where to go for care.



Wellness Program

Our company's strength and success depends on you, so your health is important to us.

The everyday choices we make can help us live healthier, happier, and more fulfilling lives—both at work and at home. That's why we offer you an opportunity to participate in the Sharecare wellness program.

Sharecare

As part of your medical plan, you have access to Sharecare, a digital health solution that offers personalized insights, challenges, daily tracking, and one-of-a-kind tools to help you live healthier, no matter where you are in your health journey.

Start by taking the RealAge health assessment to calculate your body's true age based on your current health habits and how you feel. The Sharecare RealAge program will keep you on track toward your health goals with fun reminders and tools that keep you engaged.

REALAGE PROGRAM FEATURES:

- **Goal:** Choose the recommended goal that is provided, or enter your own personal goal.
- **Barriers:** Identify the current barriers to achieving your goal.
- **Action steps:** Choose actions to help you meet your goal.
- **Trackers:** Track your progress for your selected focus area (nutrition, sleep, activity, or stress).
- **Health content:** Access tips, videos, and articles and see your tracker progress from the timeline on the home page.

GET STARTED:

- Register at azblue.sharecare.com then download the Sharecare app or call 877-292-1359.
- Take the RealAge test to get a scientific assessment of your body's true age. The four lifestyle areas in the RealAge Program will be color-coded red, yellow, or green, based on your RealAge test results.
- Upon completion of the RealAge test, you'll see a button that says "Lower My RealAge." Simply click it to enroll in the RealAge program.
- You'll see your color-coded risk level for each of the four lifestyle categories. Choose the category you want to enroll in. Then complete a four-question assessment to personalize the program.
- If you want to revisit your RealAge program, go to the "You" section, click on "Your RealAge," and select "Program."



azblue.com Mobile Access

Manage your health plan on the go at azblue.com using your existing member portal login.

- Access your digital ID cards
- Search for doctors, hospitals, and labs
- View your claims, deductibles, and balances
- Explore care options and estimate costs

For quick access, add azblue.com to your mobile device's home screen through your browser.

Dental Benefits

Blue Cross Blue Shield of Arizona | azblue.com | 877-318-4693

ArmorWorks/Fox Valley Metal Tech offers two dental insurance plan options through BCBSAZ.

The plans offer in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a BlueDental PPO network provider.

If you choose to see an out-of-network dentist, you will incur additional out-of-pocket expenses, and you will be billed the total amount the dentist charges (called balance-billing).

The table below summarizes key features of the dental plans. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	BCBSAZ Base Dental		BCBSAZ Buy-Up Dental	
	In Network	Out of Network ¹	In Network	Out of Network ¹
Calendar Year Deductible Individual/Family	\$75/\$225	\$75/\$225	\$25/\$75	\$25/\$75
Calendar Year Benefit Maximum	\$1,000		\$2,000	
Preventive Care (Oral exams, cleanings, x-rays)	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Basic Services (Periodontal services, endodontic services, oral surgery, fillings)	20% after ded.	20% after ded.	10% after ded.	20% after ded.
Major Services (Bridges, crowns [inlays/onlays], dentures [full/partial])	50% after ded.	50% after ded.	40% after ded.	50% after ded.
Orthodontia Services (Child and adult)	Not covered		50%	
Orthodontia Lifetime Maximum			\$1,500	

(1) You will be responsible for amounts billed by out-of-network providers in excess of eligible medical expense amount (balance-billing).

Note: Some benefits require pre-authorization and/or certain limitations apply. For a complete description of benefits, limitations, and exclusions, consult your benefits summary available from People Ops or visit azblue.com.

Find A Provider

Locate a BCBSAZ dental provider at azblue.com and select the Blue Dental PPO (BluePreferred Dental) network option.

Dental Costs

Listed below are the per pay period costs for dental insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

Level of Coverage	BCBSAZ Base Dental	BCBSAZ Buy-Up Dental
Employee Only	\$5.26	\$14.35
Employee + Spouse	\$17.80	\$39.96
Employee + Child(ren)	\$19.43	\$45.80
Employee + Family	\$19.43	\$54.07

Vision Benefits

VSP | vsp.com | 800-877-7195

ArmorWorks/Fox Valley Metal Tech offers a vision insurance plan through VSP.

The VSP vision plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a VSP network provider.

The table below summarizes key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	VSP Vision	
	In Network	Out of Network
Eye Exam (Every 12 months)	\$10 copay	Reimbursement up to \$45
Standard Plastic Lenses (Every 12 months) Single/Bifocal/Trifocal	\$10 copay	Reimbursement up to \$30/\$50/\$65
Frames (Every 12 months)	\$120 allowance + 20% off balance	Reimbursement up to \$70
Contact Lenses (Every 12 months in lieu of standard plastic lenses) Fitting and Evaluation Elective Medically Necessary	Up to \$60 copay \$100 allowance Plan pays 100%	Included with reimbursement Reimbursement up to \$85 Reimbursement up to \$210

Find A Provider

Check to see if a vision provider is in-network with VSP, so you know you are always getting the best care at the best price. Call 833-393-5433 or visit vsp.com/eye-doctor.

Extra Savings for Vision Plan Members

Enjoy exclusive perks, including an extra \$20 on featured frame brands and up to 40% off lens enhancements. Plus, save more with over \$3,000 in offers from top industry brands. Explore all member benefits at vsp.com/offers.

Vision Costs

Listed below are the per pay period costs for vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

Level of Coverage	VSP Vision
Employee Only	\$3.08
Employee + Spouse	\$6.16
Employee + Child(ren)	\$6.00
Employee + Family	\$9.39

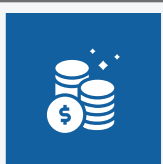


Health Savings Account

Inspira Financial | inspirafinancial.com | 800-284-4885

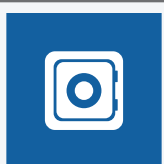
If you enroll in the BCBSAZ \$3,000 or \$5,000 HSA plan, you may be eligible to open and fund a health savings account (HSA) through Inspira Financial.

An HSA is a savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars.



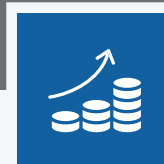
Spend

Pay for eligible expenses such as deductibles, dental and vision exams, menstrual care products, and prescriptions for you and your eligible dependents.



Save

Roll over funds every year to boost your long-term savings. Even if you switch health plans or jobs, the money is yours to keep.



Invest

Invest and grow HSA funds tax free—including interest and investment earnings. After age 65, spend HSA dollars on any expense penalty free.

Visit inspirafinancial.com/individual/health-benefits/hsa#eligible-expenses for a list of eligible expenses.

IMPORTANT NOTE: You may NOT have any other medical coverage to be eligible for the HSA benefits. This includes Medicare, TRICARE, etc. It is YOUR RESPONSIBILITY to monitor your eligible expenses.

ArmorWorks/Fox Valley Metal Tech Contribution

If you enroll in the BCBSAZ \$3,000 or \$5,000 HSA plan, ArmorWorks/Fox Valley Metal Tech will help you save by matching your contributions up to the following amounts.

- **Employee-only:** \$800 per year
- **All other coverage levels:** \$1,200 per year

2026 IRS HSA Contribution Maximums

Contributions to an HSA (including the ArmorWorks/Fox Valley Metal Tech contribution) cannot exceed the IRS annual maximums.

- **Individuals:** \$4,400
- **All other coverage levels:** \$8,750

2026 IRS Maximum Contribution

Total Contribution Max	Employer Contribution Max*	Employee Contribution Max*
Individual: \$4,400	Individual: \$800*	Individual: \$3,600
Family: \$8,750	Family: \$1,200*	Family: \$7,550

*If you are age 55+ by December 31, 2026, you may contribute an additional \$1,000.

HSA Eligibility

You are eligible to fund an HSA if:

- You are enrolled in the BCBSAZ \$3,000 or \$5,000 HSA plan.

You are NOT eligible to fund an HSA if:

- You are covered by a non-HSA eligible medical plan, health care FSA, or health reimbursement arrangement.
- You are eligible to be claimed as a dependent on someone else's tax return.
- You are enrolled in Medicare, TRICARE, or TRICARE for Life.

Refer to IRS Publication 969 for eligibility details. If you are over age 65, please contact Human Resources.

Flexible Spending Accounts

WEX | wexinc.com | 866-451-3399

ArmorWorks/Fox Valley Metal Tech offers two flexible spending account (FSA) options through WEX.

Limited Purpose Health Care FSA (Allowed if You Fund an HSA)

If you fund an HSA, you can also fund a limited purpose health care FSA. The limited purpose health care FSA can only be used for vision expenses and dental expenses for you, your spouse, and your children. You are able to fund a limited purpose health care FSA even if you don't fund an HSA.

The limited purpose health care FSA maximum contribution is \$3,400 for the 2026 calendar year.

Dependent Care FSA

The dependent care FSA allows you to pay for eligible dependent day care expenses with pre-tax dollars. Eligible dependents are children under 13 years of age, or spouse, a child over 13, or elderly parent residing in your home who is physically or mentally unable to care for him or herself.

You may contribute up to \$7,500 to the dependent care FSA for the 2026 calendar year if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect \$3,750 for the 2026 calendar year.

PLEASE NOTE: Participants have 90 days after the plan year ends or 90 days after the last day worked to submit claims that occurred during the plan year for reimbursement from their FSA account.

1

Contribute

Decide how much to contribute to your FSA on a calendar year basis up to the maximum allowable amounts. This amount will be evenly divided by the number of pay periods and deducted on a pre-tax basis from your paycheck.

2

Pay

Use your FSA debit card to pay for eligible expenses at time of service or submit a claim for reimbursement at wexinc.com. Keep all receipts in case WEX requires you to verify the eligibility of a purchase.

3

Use It or Lose It

Use your limited purpose health care FSA funds before the end of the year—any funds in excess of \$680 will be forfeited.

Dependent care FSA dollars do not roll over. However, an additional 90 days after the plan year to be reimbursed for expenses incurred during the prior plan year.

Life and AD&D Benefits

Lincoln Financial Group | lfg.com | 800-423-2765

ArmorWorks/Fox Valley Metal Tech comprehensive benefits package includes financial protection for you and your family in the event of an accident or death.

Basic Life and AD&D Insurance

ArmorWorks/Fox Valley Metal Tech automatically provides basic life and AD&D insurance through Lincoln Financial Group to all benefits-eligible employees **AT NO COST TO YOU**. If you die as a result of an accident, your beneficiary would receive both the life benefit and the AD&D benefit. Please be sure to keep your beneficiary designations up to date in your Paycom benefits portal.

- **Employee life benefit:** 1.5x annual earnings up to a maximum of \$300,000
- **Employee AD&D benefit:** 1.5x annual earnings up to a maximum of \$300,000

Supplemental Life and AD&D Insurance

ArmorWorks/Fox Valley Metal Tech provides you the option to purchase supplemental life and AD&D insurance for yourself, your spouse, and/or your dependent children through Lincoln Financial Group.

You must purchase supplemental coverage for yourself in order to purchase coverage for your spouse and/or dependents. Supplemental life rates are age-banded. Benefits will reduce by 35% at age 65 and reduce by another 15% at age 70.

- **Employee:** \$10,000 increments up to \$300,000 or 5x annual salary, whichever is less—guarantee issue: \$100,000
- **Spouse:** \$5,000 increments up to \$150,000 or 50% of the employee's election, whichever is less—guarantee issue: \$30,000
- **Dependent children:** Birth to 6 months: \$250; 6 months to age 19 (or 26 if full-time student): \$1,000, \$2,000, \$5,000, or \$10,000—guarantee issue: \$10,000

Please refer to the official plan documents on Paycom for additional plan details and rates.



Depending on your personal situation, basic life and AD&D insurance might not be enough coverage for your needs. To protect those who depend on you for financial security, you may want to purchase supplemental coverage.

Click here to use the calculator to find the right amount for you.

If you elect coverage when first eligible, you may purchase up to the guarantee issue amounts without completing an Evidence of Insurability (EOI) health questionnaire. If you decline coverage when first eligible and then decide to enroll later, any amount of coverage you elect will be subject to completing an EOI health questionnaire.

In addition, you will also have the opportunity to increase you or your spouses coverage by one or two increments, not to exceed the maximum amount, during future annual enrollment periods or qualifying life events without answering medical questions. Coverage will not take effect until approved by Lincoln Financial Group.

Log into mylincolnportal.com (register using company code ARMORWORKS2) to complete your EOI health questionnaire.

Disability Benefits

Lincoln Financial Group | lfg.com | 800-423-2765

Disability insurance keeps you and your family financially protected if you become unable to work due to an illness or injury.

You may use disability benefits to pay for your necessary expenses while you are unable to work, such as mortgage payments, medical expenses, childcare, and more.

Short-Term Disability Insurance

ArmorWorks/Fox Valley Metal Tech automatically provides short-term disability (STD) insurance through Lincoln to all benefits-eligible employees **AT NO COST**. STD insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury. Benefits will be reduced by other income, including state-mandated STD plans.

- **Benefit:** 60% of base pay up to \$3,500 per week
- **Elimination period:** 0 days accident; 7 days illness
- **Benefit duration:** Up to 13 weeks
- **Maternity leave benefit duration:** 6 weeks/8 weeks C-section
- **Pre-existing condition:** None

Long-Term Disability Insurance

ArmorWorks/Fox Valley Metal Tech automatically provides long-term disability (LTD) insurance through Lincoln to all benefits-eligible employees **AT NO COST**. LTD insurance is designed to help you meet your financial needs if your disability extends beyond the STD period.

- **Benefit:** 60% of base pay up to \$20,000 per month
- **Elimination period:** 90 days
- **Benefit duration:** Social Security normal retirement age with Reducing Benefit Duration (RBD)
- **Definition of disability:** 24 months own occupation; then any occupation
- **Pre-existing condition restrictions:** Any condition diagnosed or treated 3 months prior to plan effective date, excluded for first 12 months plan is in effect



If you are enrolled and become unable to work due to an accident, illness, injury, or pregnancy, you must apply for benefits as soon as you are able after your event. Please notify Lincoln Financial Group as soon as possible to ensure you qualify for coverage and receive timely payouts.

Please refer to the official plan documents in your Paycom benefits dashboard for additional plan details and rates.

Voluntary Benefits

Lincoln Financial Group | lfg.com | 800-423-2765

ArmorWorks/Fox Valley Metal Tech provides you the option to purchase the following voluntary benefits through Lincoln Financial Group.

Accident Insurance

Accident insurance helps protect against the financial burden that accident-related costs can create. This means that you will have added financial resources to help with expenses incurred due to an injury, to help with ongoing living expenses, or to help with any purpose you choose. Claims payments are made in flat amounts based on services incurred during an accident.

How Accident Insurance Works

Accident insurance pays a benefit for each injury, treatment, or service included in the policy that occurs as the result of a covered accident.

For example*, Jeff's son, Jake, was playing soccer during recess at school. He was tripped and falls hard, injures his shoulder, and is transported by ambulance to the ER due to concerns of head trauma. The ER doctor orders a CT scan to check for any head injuries and a shoulder X-ray.

Jake was diagnosed with a concussion and a broken collarbone. His arm was set in a sling, and he was released to his pediatrician for follow-up care. Jake visits his pediatrician at two weeks and one month after the accident to make sure he's healing well.

In the meantime, Jeff starts receiving bills for the care Jake received. The ambulance bill alone was \$556. He's a pretty healthy kid, so a health insurance deductible of \$3,000 or \$4,000 had to be met before Jeff's health insurance would begin covering Jake's care, and after that, there's a 20% copay.

Accident benefits pay in addition to other insurance, and can be used to help cover gaps in health insurance or other expenses if the unexpected happens.

*The benefits shown in this example are for a sample design and may vary from the benefits that are available to you.

Benefits	Amount
Ambulance	\$200
ER Visit	\$200
CT Scan	\$250
Concussion	\$50
Broken Collarbone	\$1,200
Follow-Up Visit 1	\$200
Follow-Up Visit 2	\$200
Total Benefit	\$2,300

Cost for coverage is available in the Paycom benefit website.

Critical Illness Insurance

Critical illness insurance provides a financial, lump-sum benefit upon diagnosis of a covered illness such as cancer, stroke, heart attack, or coronary artery bypass surgery. These covered illnesses are typically very severe and likely to render the affected person incapable of working.

Because of the financial strain these illnesses can place on individuals and families, critical illness insurance is designed to help you pay your mortgage, seek experimental treatment, or handle unexpected medical expenses.

Benefits include:

- **Employee:** \$10,000 to \$30,000
- **Spouse:** \$5,000 up to 50% of employee's election
- **Dependent children:** \$10,000 not to exceed 25% of employee's election
- **Health screening benefit:** \$50 per calendar year, per insured individual for eligible screenings

Voluntary Benefits

Lincoln Financial Group | lfg.com | 800-423-2765

Hospital Indemnity Insurance

A hospital stay can happen at any time, and it can be costly. The hospital indemnity coverage can help you and your loved ones have additional financial protection. This insurance pays benefits for hospitalizations resulting from a covered injury or illness.

Benefits include:

- **Hospital/ICU admission:** \$1,000 (once per year)
- **Daily hospital/ICU confinement benefit:** \$100/\$200 per day (limit of 30 days per policy year)
- **Health screening benefit:** \$50 per calendar year, per insured individual for eligible screenings (up to 6 family members)

Cost for coverage is available in the Paycom benefit website.

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your state Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.


Your
Contribution

+


ArmorWorks/Fox Valley
Metal Tech Matching
Contribution

=


Your Total 401(k)
Retirement Plan
Contribution

Retirement Benefits

Fidelity | 401k.com | 800-835-5095

ArmorWorks/Fox Valley Metal Tech offers a 401(k) retirement savings plan, which is administered by Fidelity.

Eligibility

First of the month following 60 days of employment.

Automatic Enrollment

Employees are automatically enrolled with a contribution rate of 5% unless the opt out or choose a different deferral %. Funds will be invested into Target Date Plan dependent on Participant's current age, unless changed by the Participant

401k.com or 800-835-5095

Company Match

ArmorWorks/Fox Valley Metal Tech will match employee contributions dollar for dollar up to 3% and up to 50% of employee contributions if employee contributes between 3% and 5%.

Have Questions?

Please contact Human Resources.

Welcome to your NetBenefits®

The financial help you need—all in one place. NetBenefits® has evolved to provide more help beyond saving for retirement. From creating an emergency savings fund and managing your spending, to improving your investing know-how and growing your savings, NetBenefits® has the resources you need to help you achieve financial wellness, and feel confident about where you stand. Log in to 401k.com today to get started and see what's new.

Take NetBenefits® With you

Get instant access to balances, investments, educational resources, and more.



Download our mobile app today.



Employee Assistance Program

ERC

ERC | ercincorp.com | 800-222-8590

Everyone experiences challenges that can affect their mental health. To support you, ArmorWorks/Fox Valley Metal Tech offers an additional employee assistance program (EAP) through ERC.

Counselors & Consultants that can help you address mental health issues and create positive ripples in your life.

- The EAP provides short-term mental health counseling for you (employees), your spouse, your dependents, and those in your immediate household.
- There is no cost or copay to use the program, and the EAP is not tied to your insurance. ArmorWorks/Fox Valley Metal Tech sponsors this mental health benefit.
- EAP counseling is confidential and HIPAA protected. No identifying information is provided to your employer without your written consent.
- ERC has a team of licensed counselors as well as a proprietary network of counselors throughout the nation to assist you where you are located.

1

Recognize an Issue

The EAP can help you address relationship and family issues, stress, anxiety, depression, grief, alcohol abuse, and other mental health concerns.

2

Schedule an Appointment

Call 800-222-8590 to make an appointment with a counselor. Your free and confidential EAP benefit can include telephonic, video, or face-to-face counseling (where available).

3

Talk with a Counselor

During your counseling sessions, you and your counselor will talk about your concerns and develop an ongoing plan for meeting your mental health goals.

For in-the-moment mental health support, call the EAP anytime. For emergencies or imminent danger to yourself or others, please call 911, 988 for the national Suicide and Crisis Lifeline, or your local crisis center.

For assistance, visit ercincorp.com or call 800-222-8590, available 24/7/365. Appointment scheduling hours are Monday–Thursday, 8 a.m. to 5 p.m. CST, and Friday, 8 a.m. to 2 p.m. CST.



Additional Benefits

Travel Assistance

Travel Assistance provides assistance when traveling more than 100 miles away from home for 90 days or less. Services are available 24 hours a day, seven days a week. The program provides emergency medical assistance, assistance arranging travel if you or a dependent are injured and need emergency evacuation to a medical facility, pre-trip information, lost luggage and document assistance, and more.

Visit myoncallportal.com and enter Group ID LFGTravel123 to access plan documents, international calling instructions, and destination information.

LifeKeys

LifeKeys offers grief counseling, legal support, financial services, and help with everyday life to beneficiaries if you are enrolled in a Lincoln Financial Group life insurance plan.

For assistance, call 888-628-4824 or download the GuidanceNow mobile app.

First-time user? Enter web ID: LifeKeys

Funeral Concierge Services

If you are enrolled in a Lincoln Financial Group insurance plan, you and your beneficiaries have access to Funeral Planning and Concierge Services provided by Lincoln FuneralPrep. Get help understanding all of your options and put them into action while staying within your budget.

For assistance, visit lincolnfunealprep.com/gplife.

Online Will Prep

Through GuidanceResources, you have access to complimentary online will preparation services. Easily create a customized will to protect your assets and ensure your wishes are followed. The process is secure, convenient, and guides you step-by-step—giving you peace of mind for the future.

Identity Theft Protection

ArmorWorks/Fox Valley Metal Tech offers you the option to purchase identity and asset protection through LifeLock with Norton.

Safeguard your information with these extensive services:

- **Credit and asset monitoring:** 24/7 credit, identity, and asset monitoring keeps your information secure. Asset protection includes 401(k) and investment accounts, as well as loan and service monitoring to detect if someone tries to open an account in your name.
- **Privacy monitoring and recovery services:** LifeLock scans for your personal information on public file share, dark web, and data breach lists. If your identity is stolen, LifeLock supplies up to \$1 million in recovery services.
- **24/7 member support:** Connect to a U.S.-based identity restoration specialist and get notified immediately to your mobile device if your information is compromised.
- **Advanced device protection:** Secure your information on up to five devices with multi-layered advanced security for your cloud storage, web cam access, and online information.
- **Parental control:** You are in control of your child’s online presence. Get detailed reports of search terms and websites, set time limits for screen time, and block harmful sites from your parent portal.

Choose between two membership levels—Premier or Premier Plus—based on your needs. Visit gendigital.com/us/en/partner/employee-benefits/premier-and-premier-plus or call 480-259-9391 for more information on LifeLock Norton identity and asset protection. Cost for coverage is available in your Paycom benefits website.

Employee Perks

BenefitHub | armorworks.benefithub.com | 866-664-4621

ArmorWorks/Fox Valley Metal Tech provides a wide variety of discounts through the BenefitHub discount marketplace.

Receive rewards, discounts, and perks on thousands of brands you love including AMC theater movie tickets, Target, Nike, Hertz car rentals, Disney Parks and Resorts, Apple products, Costco, and much more. These discounts are provided at the vendor’s discretion and can change without notice. Please contact the vendor directly to receive the most up to date discount information.

Receive deals and discounts on:

- | | | | |
|---------------------|-------------------|------------------------|------------------|
| • Hotels | • Sporting events | • Location attractions | • Home insurance |
| • Concert tickets | • Restaurants | • Movie tickets | • Auto insurance |
| • Vacation packages | • Cruises | • Theme park tickets | • And more! |

Visit armorworks.benefithub.com or download the BenefitHub mobile app and use the referral code C4HHC8 to register and access your exclusive discounts.

Questions?

Call 866-664-4621 or email customer care@benefithub.com.



Pet Protection

Pet Benefit Solutions | petbenefits.com/land/armorworks | customercare@petbenefits.com | 800-891-2565

The Company offers you the option to purchase pet protection through Pet Benefit Solutions.

Total Pet Plan Pet Care Bundle

- Comprehensive package offers savings on everything your pet needs
- No exclusions based on breed, age, or pre-existing health conditions
- Low cost, even if you have multiple pets
- Flat rates regardless of age, breed, or zip code—a family plan covers all the pets in your home
- Can be used alongside pet insurance

Total Pet Plan Coverage Details

- **Discounts On Products & Rx:** Receive member-only pricing (up to 40% off) on prescription medications, preventatives, food, toys, treats, and more. Shipping is always free and same-day pickup is available for human-grade medications.
- **Discounts on Veterinary Care:** Instantly save 25% on all in-house medical services at any network vet. All types of pets are eligible, even older pets and pets with pre-existing health conditions. No claims forms, deductibles, or waiting for reimbursements!
- **24/7 Pet Telehealth:** Access real-time vet support even when your vet's office is closed. Chat with a U.S.-based veterinarian 24/7 and enjoy unlimited support on your pet health, wellness behavior, and more.
- **Lost Pet Recovery Service:** Durable tag can be scanned from any smart phone to access your contact information your pet is lost. Instantly update contact information online, even after your pet goes missing. Available for any pet wearing a collar!
- **Exclusive Member Discounts:** Get members-only discounts on subscription boxes, high-end pet products, pet sitting, pet retailers, and more. Easy to access from your Pet Benefit Solutions member portal.

Total Pet Plan

Total Pet Plan premiums will be payroll deducted.

Level of Coverage	Total Pet Plan
Single Pet	\$11.75
Unlimited Pets	\$18.50

Wishbone–Pet Insurance

Wishbone offers two reimbursement plans: accident & illness and wellness care. Our simple enrollment process and easy-to-use member portal are designed for employees, including streamlined claims submission, fast processing times, and a 30-day free look period. Employees can enroll their cat or dog in accident & illness, wellness, or both!

Coverage Includes:

- Accidents & illnesses
- Exam fees
- Cancer
- Prescriptions
- Hereditary conditions*
- Hospitalizations and more!

*Pre-existing conditions are excluded. Waiting periods apply.

Wellness Coverage:

- Reimbursement on eligible veterinary care related to wellness visits.
- Two tiers of coverage; up to \$575 reimbursed.
- Pets with pre-existing conditions are eligible for full coverage.
- Coverage begins the day after the plan effective date.
- Does not require an accident and illness policy to enroll.
- View schedule of benefits at wishboneinsurance.com/wellness.

Get a Quote

For the Wishbone Insurance option, please visit petbenefits.com/land/armorworks to generate a quote.

Rates are based on age, breed and zip code:

- Exclusive group benefit pricing
- Additional 5% discount available when you enroll 2+ pets

If you enroll your pet into Wishbone, you will be billed directly for the premiums.

Visit petbenefits.com/land/armorworks to learn more about your plan options, the cost, and how to enroll.

Contacts

If you have any questions regarding your benefits or the material contained in this guide, please contact ArmorWorks/Fox Valley Metal Tech Human Resources.



Erica Sichling | Human Resources | 480-598-5734

Provider/Plan	Group Number	Phone Number	Website/Email
Medical Blue Cross Blue Shield of Arizona	42966	877-318-4693	azblue.com
Virtual Care BlueCare Anywhere	N/A	N/A	bluecareanywhereaz.com
Dental Blue Cross Blue Shield of Arizona	42966	877-318-4693	azblue.com
Vision VSP	40152979	800-877-7195	vsp.com
Health Savings Account Inspira Financial	N/A	800-284-4885	inspirafinancial.com
Flexible Spending Accounts WEX	43956	833-225-5935	wexinc.com
Life and AD&D Insurance Lincoln Financial Group	Basic: 10223626 Supplemental: 4000001000- 21981	800-423-2765	lfg.com
Disability Insurance Lincoln Financial Group	STD: 10223628 LTD: 10223627	800-423-2765	lfg.com
Accident, Critical Illness, and Hospital Indemnity Insurance Lincoln Financial Group	ACC: 0000874065 CI: 0000874063 HI: 0000874064	800-423-2765	lfg.com
401(k) Retirement Savings Plan Fidelity	N/A	800-835-5095	401k.com
Employee Assistance Program Lincoln Financial Group ERC	N/A N/A	855-327-4463 800-222-8590	guidanceresources.com ercincorp.com
Employee Perks BenefitHub	N/A	866-664-4621	armorworks.benefithub.com customercare@benefithub.com
Pet Protection Pet Benefit Solutions	N/A	800-891-2565	petbenefits.com customercare@petbenefits.com

This summary of benefits is not intended to be a complete description of the terms and ArmorWorks/Fox Valley Metal Tech insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although ArmorWorks/Fox Valley Metal Tech maintains its benefit plans on an ongoing basis, ArmorWorks/Fox Valley Metal Tech reserves the right to terminate or amend each plan, in its entirety or in any part at any time.

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Important Notices

ArmorWorks Enterprises, LLC HEALTH PLAN NOTICES

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6. Women's Health and Cancer Rights Notice
7. Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
8. Marketplace Notice

IMPORTANT NOTICE

This packet of notices related to our health care plan includes a notice regarding how the plan's prescription drug coverage compares to Medicare Part D. If you or a covered family member is also enrolled in Medicare Parts A or B, but not Part D, you should read the Medicare Part D notice carefully. It is titled, "Important Notice From ArmorWorks Enterprises, LLC About Your Prescription Drug Coverage and Medicare."

Important Notices

MEDICARE PART D NON-CREDITABLE COVERAGE NOTICE

Important Notice From ArmorWorks Enterprises, LLC About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with ArmorWorks Enterprises, LLC and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or your dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

1. 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.
2. ArmorWorks Enterprises, LLC has determined that the prescription drug coverage offered by the ArmorWorks Enterprises, LLC Employee Health Care Plan ("Plan") is, on average for all plan participants, **NOT** expected to pay out as much as standard Medicare prescription drug coverage pays, and is considered "non-creditable" coverage. This is important, because most likely, you will get more help with your drug costs if you join a Medicare drug plan than if you only have prescription drug coverage from the Plan. It's also important because if you delay your enrollment in a Medicare drug plan you may have to pay a late enrollment penalty later, when you *do* enroll in a Medicare drug plan. See the discussion below about late enrollment penalties that might apply when you move from "non-creditable" coverage to a Medicare drug plan after your first opportunity to do so.
3. You have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join. Read this notice carefully—it explains your options.

Consider joining a Medicare drug plan. You can keep your coverage from ArmorWorks Enterprises, LLC. You can keep the coverage regardless of whether it is "creditable" or "non-creditable," that is, regardless of whether it is as good as a Medicare drug plan. However, because your existing coverage is "non-creditable" coverage, meaning that on average it's ***NOT*** at least as good as standard Medicare prescription drug coverage, you may pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Enrolling in Medicare—General Rules

As some background, you can join a Medicare drug plan when you first become eligible for Medicare. If you qualify for Medicare due to age, you may enroll in a Medicare drug plan during a 7-month initial enrollment period. That period begins three months prior to your 65 birthday, includes the month you turn 65, and continues for the ensuing three months. If you qualify for Medicare due to disability or end-stage renal disease, your initial Medicare Part D enrollment period depends on the date your disability or

Important Notices

treatment began. For more information, you should contact Medicare at the telephone number or web address listed below.

Late Enrollment and the Late Enrollment Penalty

If you decide to *wait* to enroll in a Medicare drug plan you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7. But as a general rule, if you delay your enrollment in a Medicare drug plan after first becoming eligible to enroll, you may have to pay a higher premium when you later enroll in a Medicare drug plan.

If after your initial Medicare Part D enrollment period you go **63 continuous days or longer without "creditable" prescription drug coverage** (that is, prescription drug coverage that's at least as good as Medicare's prescription drug coverage), your monthly Part D premium may go up by at least 1% of the premium you would have paid had you enrolled timely, for every month that you did not have creditable coverage after your initial enrollment period.

For example, if you do not enroll in a Medicare drug plan during your Medicare Part D initial enrollment period, and you then go 19 months without "creditable" prescription drug coverage before enrolling in a Medicare drug plan, your Medicare drug plan premium may be at least 19 percent higher than the premium you otherwise would have paid. You may have to pay this higher premium for as long as you have Medicare prescription drug coverage.

Please note again that ArmorWorks Enterprises, LLC has determined the prescription drug coverage you currently have through its plan is NOT "creditable" coverage. This means that if you do not enroll in a Medicare drug plan during your initial enrollment period, and don't have or acquire "creditable" prescription drug coverage during the ensuing 63 days, you will pay a late enrollment penalty when you ultimately enroll in a Medicare drug plan.

Special Enrollment Periods and Exceptions to the Late Enrollment Penalty

There are "special enrollment periods" that allow you to enroll in a Medicare drug plan months or even years after you first became eligible to do so. Whether you will be required to pay a late enrollment penalty when you enroll in a Medicare drug plan during a special enrollment period depends on whether you are moving to a Medicare drug plan from creditable or non-creditable prescription drug coverage.

If after your Medicare Part D initial enrollment period you lose or decide to leave employer-sponsored or union-sponsored prescription drug coverage, you will be eligible to enroll in a Medicare drug plan during a 2-month special enrollment period. If your employer- or union-sponsored prescription drug coverage was "creditable" coverage, your enrollment in a Medicare drug plan will be *without penalty* (assuming you did not have a 63-consecutive-day or longer break in "creditable" coverage after your Medicare Part D initial enrollment period). On the other hand, if the coverage was "non-creditable" your enrollment in the Medicare drug plan will be subject to a late enrollment penalty unless you had non-creditable coverage for fewer than 63 consecutive days after your Medicare Part D initial enrollment period.

In addition, if through no fault of your own you otherwise lose creditable prescription drug coverage (e.g., your employer- or union-sponsored plan's coverage changes from creditable to non-creditable, or you lose creditable prescription drug coverage under an individual policy), you will be able to join a Medicare drug plan without penalty. This special enrollment period ends two months after the month in which your other coverage ends.

Important Notices

Please note again that ArmorWorks Enterprises, LLC has determined the prescription drug coverage you currently have through its plan is NOT “creditable” coverage. This means when you lose or decide to leave coverage under the ArmorWorks Enterprises, LLC health plan after your initial Medicare Part D enrollment period you will pay a late enrollment penalty when you ultimately enroll in a Medicare drug plan.

Compare Coverage

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. See the ArmorWorks Enterprises, LLC Plan’s summary plan description for a summary of its prescription drug coverage. If you don’t have a copy of the summary plan description, you can get one by contacting us at the telephone number or address listed below.

Coordinating Other Coverage With Medicare Part D

Generally speaking, if you decide to join a Medicare drug plan while covered under the ArmorWorks Enterprises, LLC Plan due to your employment (or someone else’s employment, such as a spouse or parent) your coverage under the ArmorWorks Enterprises, LLC Plan will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan’s summary plan description or contact Medicare at the telephone number or web address listed below.

If you do decide to join a Medicare drug plan and drop your ArmorWorks Enterprises, LLC prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage you would have to re-enroll in the Plan, pursuant to the Plan’s eligibility and enrollment rules. You should review the Plan’s summary plan description to determine if and when you are allowed to re-enroll or add coverage.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information, or call 480-598-5734. **NOTE:** You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through ArmorWorks Enterprises, LLC changes. You also may request a copy.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

Important Notices

FOR MORE INFORMATION ABOUT MEDICARE PRESCRIPTION DRUG COVERAGE:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date:	November 24, 2025
Name of Entity/Sender:	Erica Sichling
Contact—Position/Office:	Director HR/Security
Address:	6677 W Frye Rd Chandler, AZ 85226
Phone Number:	480-598-5734

Nothing in this notice gives you or your dependents a right to coverage under the Plan. Your (or your dependents’) right to coverage under the Plan is determined solely under the terms of the Plan.

Important Notices

HIPAA COMPREHENSIVE NOTICE OF PRIVACY POLICY AND PROCEDURES

ARMORWORKS ENTERPRISES, LLC IMPORTANT NOTICE COMPREHENSIVE NOTICE OF PRIVACY POLICY AND PROCEDURES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE
USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

This notice is provided to you on behalf of:

ArmorWorks Benefit Plan*

* This notice pertains only to healthcare coverage provided under the plan.

For the remainder of this notice, ArmorWorks Enterprises, LLC is referred to as Company.

Important Notices

1. Introduction: This Notice is being provided to all covered participants in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and is intended to apprise you of the legal duties and privacy practices of the Company's self-insured group health plans. If you are a participant in any fully insured group health plan of the Company, then the insurance carriers with respect to those plans is required to provide you with a separate privacy notice regarding its practices.

2. General Rule: A group health plan is required by HIPAA to maintain the privacy of protected health information, to provide individuals with notices of the plan's legal duties and privacy practices with respect to protected health information, and to notify affected individuals follow a breach of unsecured protected health information. In general, a group health plan may only disclose protected health information (i) for the purpose of carrying out treatment, payment and health care operations of the plan, (ii) pursuant to your written authorization; or (iii) for any other permitted purpose under the HIPAA regulations.

3. Protected Health Information: The term "protected health information" includes all individually identifiable health information transmitted or maintained by a group health plan, regardless of whether or not that information is maintained in an oral, written or electronic format. Protected health information does not include employment records or health information that has been stripped of all individually identifiable information and with respect to which there is no reasonable basis to believe that the health information can be used to identify any particular individual.

4. Use and Disclosure for Treatment, Payment and Health Care Operations: A group health plan may use protected health information without your authorization to carry out treatment, payment and health care operations of the group health plan.

- An example of a "treatment" activity includes consultation between the plan and your health care provider regarding your coverage under the plan.
- Examples of "payment" activities include billing, claims management, and medical necessity reviews.
- Examples of "health care operations" include disease management and case management activities.

The group health plan may also disclose protected health information to a designated group of employees of the Company, known as the HIPAA privacy team, for the purpose of carrying out plan administrative functions, including treatment, payment and health care operations.

5. Disclosure for Underwriting Purposes: A group health plan is generally prohibited from using or disclosing protected health information that is genetic information of an individual for purposes of underwriting.

6. Uses and Disclosures Requiring Written Authorization: Subject to certain exceptions described elsewhere in this Notice or set forth in regulations of the Department of Health and Human Services, a group health plan may not disclose protected health information for reasons unrelated to treatment, payment or health care operations without your authorization. Specifically, a group health plan may not use your protected health information for marketing purposes or sell your protected health information. Any use or disclosure not disclosed in this Notice will be made only with your written authorization. If you authorize a disclosure of protected health information, it will be disclosed solely for the purpose of your authorization and may be revoked at any time. Authorization forms are available from the Privacy Official identified in section 23.

7. Special Rule for Mental Health Information: Your written authorization generally will be obtained before a group health plan will use or disclose psychotherapy notes (if any) about you.

8. Uses and Disclosures for which Authorization or Opportunity to Object is not Required: A group health plan may use and disclose your protected health information without your authorization under the following circumstances:

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- When required by law;
- When permitted for purposes of public health activities;
- When authorized by law to report information about abuse, neglect or domestic violence to public authorities;
- When authorized by law to a public health oversight agency for oversight activities;
- When required for judicial or administrative proceedings;
- When required for law enforcement purposes;
- When required to be given to a coroner or medical examiner or funeral director;
- When disclosed to an organ procurement organization;
- When used for research, subject to certain conditions;
- When necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat; and
- When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

9. Minimum Necessary Standard: When using or disclosing protected health information or when requesting protected health information from another covered entity, a group health plan must make reasonable efforts not to use, disclose or request more than the minimum amount of protected health information necessary to accomplish the intended purpose of the use, disclosure or request. The minimum necessary standard will not apply to: disclosures to or requests by a health care provider for treatment; uses or disclosures made to the individual about his or her own protected health information, as permitted or required by HIPAA; disclosures made to the Department of Health and Human Services; or uses or disclosures that are required by law.

10. Disclosures of Summary Health Information: A group health plan may use or disclose summary health information to the Company for the purpose of obtaining premium bids or modifying, amending or terminating the group health plan. Summary health information summarizes the participant claims history and other information without identifying information specific to any one individual.

11. Disclosures of Enrollment Information: A group health plan may disclose to the Company information on whether an individual is enrolled in or has disenrolled in the plan.

12. Disclosure to the Department of Health and Human Services: A group health plan may use and disclose your protected health information to the Department of Health and Human Services to investigate or determine the group health plan's compliance with the privacy regulations.

13. Disclosures to Family Members, other Relations and Close Personal Friends: A group health plan may disclose protected health information to your family members, other relatives, close personal friends and anyone else you choose, if: (i) the information is directly relevant to the person's involvement with your care or payment for that care, and (ii) either you have agreed to the disclosure, you have been given an opportunity to object and have not objected, or it is reasonably inferred from the circumstances, based on the plan's common practice, that you would not object to the disclosure.

For example, if you are married, the plan will share your protected health information with your spouse if he or she reasonably demonstrates to the plan and its representatives that he or she is acting on your behalf and with your

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consent. Your spouse might choose to do so by providing the plan with your claim number or social security number. Similarly, the plan will normally share protected health information about a dependent child (whether or not emancipated) with the child's parents. The plan might also disclose your protected health information to your family members, other relatives, and close personal friends if you are unable to make health care decisions about yourself due to incapacity or an emergency.

14. Appointment of a Personal Representative: You may exercise your rights through a personal representative upon appropriate proof of authority (including, for example, a notarized power of attorney). The group health plan retains discretion to deny access to your protected health information to a personal representative.

15. Individual Right to Request Restrictions on Use or Disclosure of Protected Health Information: You may request the group health plan to restrict (1) uses and disclosures of your protected health information to carry out treatment, payment or health care operations, or (2) uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the group health plan is not required to and normally will not agree to your request in the absence of special circumstances. A covered entity (other than a group health plan) must agree to the request of an individual to restrict disclosure of protected health information about the individual to the group health plan, if (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and (b) the protected health information pertains solely to a health care item or service for which the individual (or person other than the health plan on behalf of the individual) has paid the covered entity in full.

16. Individual Right to Request Alternative Communications: The group health plan will accommodate reasonable written requests to receive communications of protected health information by alternative means or at alternative locations (such as an alternative telephone number or mailing address) if you represent that disclosure otherwise could endanger you. The plan will not normally accommodate a request to receive communications of protected health information by alternative means or at alternative locations for reasons other than your endangerment unless special circumstances warrant an exception.

17. Individual Right to Inspect and Copy Protected Health Information: You have a right to inspect and obtain a copy of your protected health information contained in a "designated record set," for as long as the group health plan maintains the protected health information. A "designated record set" includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan; or other information used in whole or in part by or for the group health plan to make decisions about individuals.

The requested information will be provided within 30 days. A single 30-day extension is allowed if the group health plan is unable to comply with the deadline, provided that you are given a written statement of the reasons for the delay and the date by which the group health plan will complete its action on the request. If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights and a description of how you may contact the Secretary of the U.S. Department of Health and Human Services.

18. Individual Right to Amend Protected Health Information: You have the right to request the group health plan to amend your protected health information for as long as the protected health information is maintained in the designated record set. The group health plan has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the group health plan is unable to comply with the deadline. If the request is denied in whole or part, the group health plan must provide you with a written denial that explains the basis for the denial. You may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your protected health information.

19. Right to Receive an Accounting of Protected Health Information Disclosures: You have the right to request an accounting of all disclosures of your protected health information by the group health plan during the six years prior to the date of your request. However, such accounting need not include disclosures made: (1) to

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carry out treatment, payment or health care operations; (2) to individuals about their own protected health information; (3) prior to the compliance date; or (4) pursuant to an individual's authorization.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided. If you request more than one accounting within a 12-month period, the group health plan may charge a reasonable fee for each subsequent accounting.

20. The Right to Receive a Paper Copy of This Notice Upon Request: If you are receiving this Notice in an electronic format, then you have the right to receive a written copy of this Notice free of charge by contacting the Privacy Official (see section 23).

21. Changes in the Privacy Practice. Each group health plan reserves the right to change its privacy practices from time to time by action of the Privacy Official. You will be provided with an advance notice of any material change in the plan's privacy practices.

22. Your Right to File a Complaint with the Group Health Plan or the Department of Health and Human Services: If you believe that your privacy rights have been violated, you may complain to the group health plan in care of the HIPAA Privacy Official (see section 23). You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201. The group health plan will not retaliate against you for filing a complaint.

23. Person to Contact at the Group Health Plan for More Information: If you have any questions regarding this Notice or the subjects addressed in it, you may contact the Privacy Official.

Privacy Official

The Plan's Privacy Official, the person responsible for ensuring compliance with this notice, is:

Erica Sichling
Director HR/Security
480-598-5734

Effective Date

The effective date of this notice is: November 24, 2025.

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NOTICE OF SPECIAL ENROLLMENT RIGHTS

ARMORWORKS ENTERPRISES, LLC EMPLOYEE HEALTH CARE PLAN

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 later 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 dependents' other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (e.g., divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of eligibility under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of eligibility under Medicaid or CHIP, you must request enrollment within **30 days** after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you may request enrollment under this plan within **60 days** of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy toward this plan, you may request enrollment under this plan within **60 days** after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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 **30 days** after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact:

Erica Sichling
Director HR/Security
480-598-5734

** This notice is relevant for healthcare coverages subject to the HIPAA portability rules.*

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GENERAL COBRA NOTICE

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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." Specific qualifying events are listed later in this notice. 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. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

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The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice in writing to the Plan Administrator. Any notice you provide must state the name of the plan or plans under which you lost or are losing coverage, the name and address of the employee covered under the plan, the name(s) and address(es) of the qualified beneficiary(ies), and the qualifying event and the date it happened. The Plan Administrator will direct you to provide the appropriate documentation to show proof of the event.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. If you believe you are eligible for this extension, contact the Plan Administrator.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

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Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes.

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information:

For additional information regarding your COBRA continuation coverage rights, please contact the Plan Administrator below:

Erica Sichling
Director HR/Security
6677 W Frye Rd
Chandler, AZ 85226
480-598-5734

¹ <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>

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NOTICE OF RIGHT TO DESIGNATE PRIMARY CARE PROVIDER AND OF NO OBLIGATION FOR PRE-AUTHORIZATION FOR OB/GYN CARE

ArmorWorks Enterprises, LLC Employee Health Care Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan administrator at 480-598-5734.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from ArmorWorks Enterprises, LLC Employee Health Care Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the ArmorWorks Enterprises, LLC Employee Health Care Plan at:

Erica Sichling
Director HR/Security
480-598-5734

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WOMEN’S HEALTH AND CANCER RIGHTS NOTICE

ArmorWorks Enterprises, LLC Employee Health Care Plan is required by law to provide you with the following notice:

The Women’s Health and Cancer Rights Act of 1998 (“WHCRA”) provides certain protections for individuals receiving mastectomy-related benefits. Coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

The ArmorWorks Enterprises, LLC Employee Health Care Plan provide(s) medical coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

BCBSAZ \$5,000 HSA Alliance Plan	In-Network	Out-of-Network
Individual Deductible	\$5,000	\$10,000
Family Deductible	\$10,000	\$20,000
Coinsurance	80%	50%
BCBSAZ \$5,000 HSA Plan	In-Network	Out-of-Network
Individual Deductible	\$5,000	\$10,000
Family Deductible	\$10,000	\$20,000
Coinsurance	80%	50%
BCBSAZ \$3,000 HSA Plan	In-Network	Out-of-Network
Individual Deductible	\$3,000	\$6,000
Family Deductible	\$6,000	\$12,000
Coinsurance	80%	50%

If you would like more information on WHCRA benefits, please refer to your Summary Plan Description or contact your Plan Administrator at:

Erica Sichling
Director HR/Security
480-598-5734

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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, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

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GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dftr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>

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MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

Important Notices

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

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 ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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

Important Notices



Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.¹²

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution - as well as your employee contribution to employment-based coverage - is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

Important Notices

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either - submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact Melissa Locklar / mlocklar@armorworks.com / 480-598-5700.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Important Notices

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name ArmorWorks Enterprises, LLC		4. Employer Identification Number (EIN) 86-1041179	
5. Employer address 6677 W. Frye Rd.		6. Employer phone number 480-598-5700	
7. City Chandler	8. State AZ	9. ZIP code 85226	
10. Who can we contact about employee health coverage at this job? Erica Sichling			
11. Phone number (if different from above)		12. Email address esichling@armorworks.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
All employees. Eligible employees are:



Full-time employees working 30+ hours per week.



Some employees. Eligible employees are:

- With respect to dependents:



We do offer coverage. Eligible dependents are:

Legal spouse, including same and opposite sex, domestic partners, including same and opposite sex, children to age 26, including stepchildren, foster children, legally adopted children, or legal guardianship children. Also, children over the age of 26 who are physically or mentally unable to care for themselves.



We do not offer coverage.



If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

- ** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

