

THE
MAHONEY
GROUP®

2026

EMPLOYEE
BENEFITS GUIDE

Plan Year: 1/1/26 to 12/31/26

— FRONTIER —
WASTE SOLUTIONS



FRONTIER WASTE SOLUTIONS

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Frontier Waste Solutions BENEFITS

At Frontier Waste Solutions, we know our dedicated employees—YOU—are key to our overall success as an organization. We recognize that offering a quality, comprehensive benefit program is an important way to show you how valuable you are to the organization. We understand that navigating the world of employee benefits is challenging and no two employees are alike, which is why we offer this benefits guide to explain the multiple benefit options to improve your physical, financial and mental well-being.

This booklet provides a summary of plan highlights. Please consult the United Healthcare contract for complete information on covered changes, limitations, and exclusions. This is not a binding contract. In the event of any discrepancy, the carrier's contract will prevail. If you have further questions, please contact the insurance United Healthcare or Human Resources.

ELIGIBILITY

If you are a full-time employee (working 30+ hours a week), you are eligible to enroll in our medical, dental and vision benefits and you will be automatically enrolled in our Life and Accidental Death and Dismemberment (AD&D) plan. As a new hire, benefits are effective on the first of the month following 60 days of consecutive employment. You must enroll by the date before your benefits eligibility date. If you do not meet this deadline, you will need to wait until the next open enrollment period to enroll.

COVERING YOUR FAMILY MEMBERS

Many of the plans offer coverage for your eligible family members, including:

- Your legal spouse or legally registered domestic partner
- Your dependent children, including your stepchildren, legally adopted children, children placed with you for adoption or for court ordered legal guardianship
- Dependent children are eligible for medical, dental, and vision up to the end of the month in which they turn age 26 (regardless of student or marital status)
- Unmarried children of any age if totally disabled and claimed as a dependent on your federal income tax return (documentation of handicapped status must be provided)

CHANGING YOUR BENEFITS DURING THE YEAR

Most benefit deductions are withheld from your paycheck on a pre-tax basis (i.e. medical, dental, vision) and therefore your ability to make changes to these benefits is restricted by the IRS. Once enrolled, most pre-tax benefit elections cannot be changed until the next annual Open Enrollment period, unless you have a qualifying life status change (sometimes called a “Qualifying Event” or “Life Event”).

The most common qualifying life events are:

- Marriage, legal separation or divorce
- Birth, adoption or change in legal custody of eligible child(ren)
- Change in you or your spouse’s work status that affects your benefits or an eligible dependent’s benefits
- Change in health coverage due to your spouse’s open enrollment period
- Change in eligibility for you or a dependent for Medicaid or Medicare
- Receipt of a Qualified Medical Child Support Order

To make benefit changes as a result of a Qualifying Event as allowed under Section 125 of the IRS Code, you must:

- Notify Human Resources within **31 days** of the date of the qualifying event
- Provide proof of your life status event

COVERAGE STARTS	QUALIFYING EVENT EFFECTIVE DATES	COVERAGE ENDS
<ul style="list-style-type: none">• If you enroll during open enrollment, your coverage is effective January 1, 2026.• As a new hire, coverage is effective first of the month following 60 days of consecutive employment.	<ul style="list-style-type: none">• Coverage changes from a qualifying event will be effective first of the month following the event date unless in the case of a new child, your change in coverage will be effective on the date of birth or adoption.	<ul style="list-style-type: none">• If your employment with Frontier Waste Solution terminates (voluntarily or otherwise), your benefits will end at the end of the month (aside from life insurance benefits, which end on the date of your termination).



BENEFITS ENROLLMENT

Open enrollment is the only time during the year that you can change your benefits without experiencing a qualifying life event. During the open enrollment period, you have the opportunity to newly enroll in coverage and/or make changes to your current coverage, including adding or removing dependents. Any changes you make for open enrollment become effective January 1.

FLEXIBLE SPENDING ACCOUNTS

If you wish to contribute pre-tax dollars to a flexible spending account, you must make a new election during open enrollment. FSA elections do not carry over from year to year.

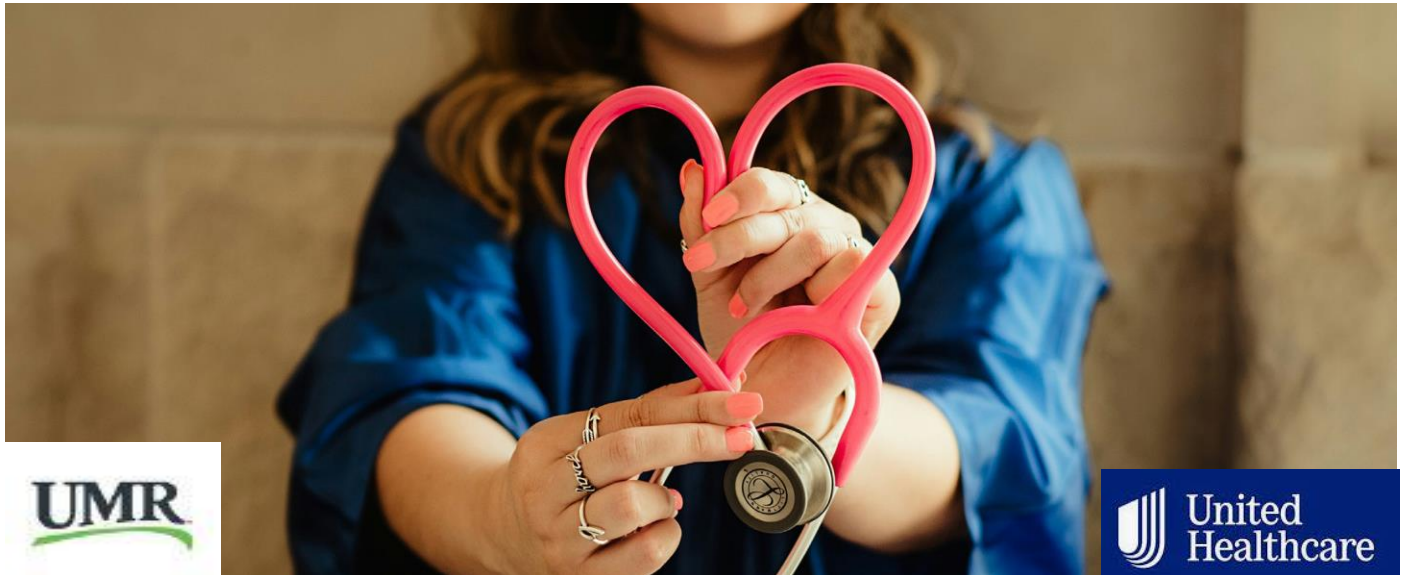
Any changes you make during open enrollment become effective January 1.

OPEN ENROLLMENT 2026

Benefits enrollment is completed online through the ADP website.

Open Enrollment dates: 10/20/2025–11/7/2025

- We are excited to announce our new partnership with HealthJoy, a concierge and navigation app that can assist with benefits, locating an in-network hospital or provider, appointment scheduling, bill review, and more.
- There will be no change to our medical TPA, UMR, however we will be changing our Pharmacy Benefit Manager (PBM) effective 1/1/26. A PBM is an “umbrella” of which retail pharmacies fall under. Current prescription data, prior authorizations, and specialty Rx details will be transferred to the new PBM to ensure a smooth transition. Because pharmacy details appear on your UMR ID card, you will be receiving a new medical ID card of which you will need to present to your pharmacist on your first visit of 2026.
- The member cost to visit an Emergency Room will increase to a \$500 copay plus applicable deductible and coinsurance. If needed services are not a true emergency, please consider visiting an Urgent Care facility where you will pay a \$25 copay. Teladoc services are also available for a \$10 copay.



MEDICAL INSURANCE

FRONTIER WASTE SOLUTIONS will remain with our medical TPA (Third Party Administrator) , **UMR** with access to the to the **United Healthcare Network** for 2026. Please review the features and differences of each plan so that you choose the coverage that is best for you and your family.

Locate an in-network provider at www.umar.com and select the **UnitedHealthcare Choice Plus Network**.

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

*A surcharge of \$250/month will be added to your medical deduction to cover a spouse who has access to their own employer’s health insurance.

	Base Plan	Buy-Up Plan
Deductible (individual/family)	\$5,000/\$10,000	\$1,500/\$3,000
Out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$3,000/\$6,000
Coinsurance	30%	20%
Preventive care	\$0	\$0
Office visits (primary care/ specialist)	\$10/\$40	\$10/\$40
Emergency Room	\$500 Copay + Deductible/Coinsurance	\$500 Copay + Deductible/Coinsurance
Urgent Care	\$25	\$25
Lab/x-ray	30% after Deductible	20% after Deductible
Inpatient hospital	30% after Deductible	20% after Deductible
Outpatient hospital	30% after Deductible	20% after Deductible
Rx (preventative/generic/preferred/brand)	\$0/\$10/\$30/\$50	\$0/\$10/\$30/\$50

SAVVOS HEALTH

FRONTIER WASTE SOLUTIONS partners with Savvos Health to offer **\$0 cost services** such as MRIs, general surgery and much more. Reach out to the Savvos team before scheduling a service to determine if the program meets your needs.



SAVVOS

A BETTER HEALTHCARE EXPERIENCE

A smarter way to find a great price, schedule care, and simplify payment.

FREE SURGERY, IMAGING, & MORE

GET THE BEST PRICE

THE SAVVOS TEAM MAKES IT EASY FOR EMPLOYEES TO GET CONNECTED WITH AFFORDABLE CASH PAY PROVIDERS. SAVVOS HAS BUILT THE NATION'S LARGEST CASH PAY MARKETPLACE THAT YOUR COMPANY CAN NOW ACCESS.

A BETTER EXPERIENCE

SAVVOS WILL HELP YOU NAVIGATE THE COMPLEX WORLD OF HEALTHCARE. OUR TEAM WILL GUIDE YOU THROUGH THE ENTIRE PROCESS BY HELPING YOU CONNECT WITH AFFORDABLE PROVIDERS AND MAKE SURE YOUR CARE GETS SCHEDULED. SAVVOS WILL ALSO HANDLE ALL OF THE PAYMENT SO YOU DON'T HAVE TO WORRY ABOUT A THING.

NO COST TO YOU

ALL OUTPATIENT PROCEDURES RUN THROUGH SAVVOS ARE AT **NO COST TO YOU**. THIS MEANS **\$0 SURGERIES, IMAGING, AND MORE**

*HDHP-HSA PLANS MAY REQUIRE A FEDERAL MINIMUM DEDUCTIBLE TO BE SATISFIED PRIOR TO THIS BEING A \$0 COST BENEFIT.

HOW TO GET STARTED

REGISTER AT [WWW.SAVVOS.COM/FRONTIER/SEARCH](https://www.savvos.com/frontier/search) TO GET STARTED TODAY (SCAN THE QR CODE BELOW). YOU CAN ALSO CALL OR EMAIL US USING THE CONTACT INFO LISTED BELOW TO CONNECT WITH A SAVVOS TEAM MEMBER.



629 EAST QUALITY DRIVE, STE 102
AMERICAN FORK, UT 84003

CALL: (801) 375-0664
EMAIL: SUPPORT@SAVVOS.COM

CUSTOMER SERVICE/CONCIERGE

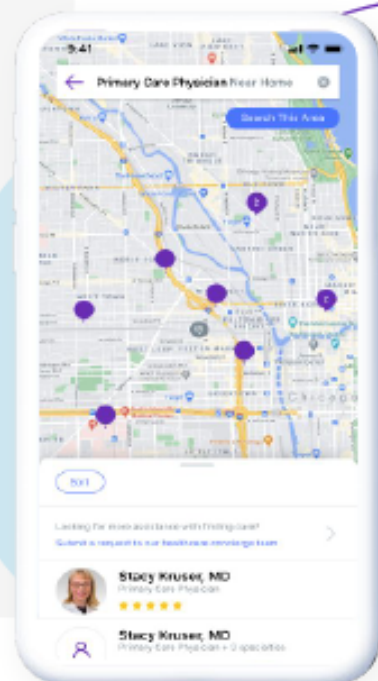


HealthJoy Makes it Easier to be Healthy and Well.

HealthJoy is the virtual access point for all your healthcare navigation and employee benefits needs. We're provided free by your employer to help you understand and make the most of your benefits. We connect you and your dependents with the right benefits at the right moment in your care journey, saving you time, money, and frustration.

Help For Your Healthcare Journey.

With 24/7 access to our dedicated healthcare concierge team and care navigation tools, you never have to walk alone. HealthJoy helps you locate in-network doctors, find extra savings on your prescriptions, and 24/7 access to our virtual AI-assistant, JOY. Our mobile app and dedicated member support team are always on hand to help make it easier to stay healthy and well.



Read on for a description of all the features and services you get with HealthJoy.



**PERSONALIZED
BENEFITS
WALLET**



**HEALTHCARE
CONCIERGE TEAM**



**PRESCRIPTION
SAVINGS REVIEW**



**APPOINTMENT
BOOKING**



**PROVIDER & FACILITY
RECOMMENDATIONS**



It saved me the time I would have spent Googling results, calling specialists, and searching for an appointment. Instead, I just put in the request, and HealthJoy did the work. The app is like my little assistant!

Veronica, AZ

**Chat with us by logging into the
HealthJoy app or call (877) 500-3212.**



TELEMEDICINE

VIRTUAL HEALTHCARE

FRONTIER WASTE SOLUTIONS is committed to your physical and mental well-being, offering several program options with you in mind. Virtual doctor's visits allow you to see and speak to a doctor or licensed therapist online, anytime, with just a \$10 copay!



General Health

- Cold and flu symptoms
- Allergies
- Pink Eye
- Urinary tract infections
- Rash
- Sinus problems
- Quick assessment for severity Stomach aches

Specialty Care

- Dermatology (Skin Conditions)
- Behavioral health therapy

To get a consult:
Visit [Teladoc.com](https://www.teladoc.com) or call
1-800-Teladoc (835-2362)

Be sure to enter your member ID and group number from your insurance card!



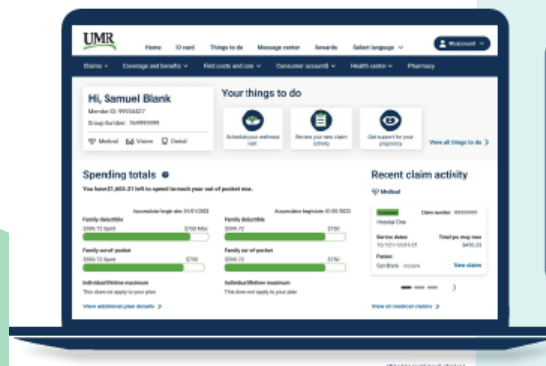
Get all your answers quick
and easy at umr.com

UMR MOBILE APP & MEMBER PORTAL

Make umr.com your first stop

You want managing your health care to be fast and easy, right? You got it. At **umr.com**, you'll find everything you want to know – and need to do – as soon as you sign in.

No hassles. No waiting. Just the answers you're looking for anytime, night or day!



The UMR app is another way we're reimagining health care to work for you.

We have a smarter, simpler, faster way to manage your health care benefits, right from the palm of your hand.



Download the UMR app today!

Scan the QR code to the left or visit your app store to get started.



Sign in now to:

- View **Things to do**, your personalized benefits to-do list
- Check your benefits and see what's covered
- Look up what you owe and how much you've paid
- Find a doctor in your network
- Learn about medical conditions and your treatment options
- Access tools and trusted resources to help you live a healthier life

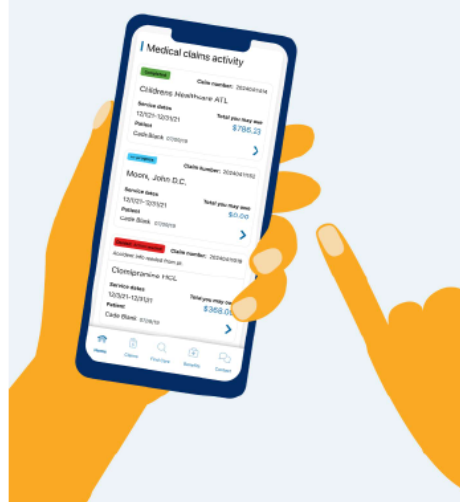
With just a tap, you can:

- Access your digital ID card
- View your plan details on-demand – anytime, anywhere
- Find out if there is a copay for your upcoming appointment
- Chat, call or message UMR's member support team

Note: The images shown reflect available features within our desktop site. These features may or may not be available to all users, depending on your individual and/or company benefits.

Welcome to a
smarter, simpler, faster
way to manage your health care benefits,
right from the palm of your hand.

UMR on the go!



Download the UMR app today!

Simply scan the QR code or visit your app store to get started.

The UMR app has a smart fresh look, simple navigation, and faster access to your health care benefits information. View your plan details on demand – anytime, anywhere.

With a single tap, you can:

- Access your digital ID card
- See a personalized list of **Things to do** to stay on top of your health and keep your benefits up to date.
- Look up in-network health care providers
- Find out if there's a co-pay for your upcoming appointment
- View your recent medical and dental claims
- Chat, call or message UMR's member support team



MEDICAL OVERVIEW

FRONTIER WASTE SOLUTIONS utilizes a medical TPA (Third Party Administrator), UMR, with access to the United Healthcare Choice Plus Network.

Please visit www.umar.com to use the provider search tool to locate in-network hospitals, facilities, and providers.

A new UMR ID card will be mailed to each member enrolled in the medical plan to be used on or after January 1, 2026.

UMR Healthcare – TPA (Third Party Administrator), they manage eligibility and pay medical and dental claims.

United Healthcare Choice Plus – Network

SAVVOS – \$0 cost services such as MRIs, general surgery, imaging and more.

Teladoc – Virtual telemedicine with a \$10 copay, doctors are available 24/7, 365 days a year.

UMR Healthcare:

800-826-9781

www.umar.com

SAVVOS:

www.SAVVOS.com/Frontier/SERACH

Teladoc:

800-835-2362

Teladoc.com

FLEXIBLE SPENDING ACCOUNT

FRONTIER WASTE SOLUTIONS offers flexible spending account (FSA) options through Progressive Benefit Solutions. The money that you put into an FSA is collected from your paycheck before taxes are withheld, which means you don't pay taxes on those dollars. It is like using a 25% off coupon for your health care and dependent care expenses! Please read this page carefully before you make your FSA elections.

HEALTH CARE FSA

- Health care FSA dollars can be used to pay for eligible out-of-pocket expenses such as deductibles, copays, and other health-related expenses that are not reimbursed by the medical, dental, or vision plans
- Use dollars to pay for over-the-counter (OTC) medications
- You may contribute up to \$3,400 to a Medical care FSA for the 2026 calendar year. The entire amount you elect is available to you on January 1st or your benefits effective date. You can roll over up to \$680 to the following plan year. Anything above this amount is forfeited. For the 2026 plan year you have until March 15, 2027 to use your roll over FSA dollars.

For a complete list of eligible expenses, visit: www.irs.gov

FSA RULES

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

- FSA dollars must be used by the end of the year.
- At the end of the 2025 plan year, you can roll over \$660 from your health care FSA to use in future years.
- A grace period applies to the health care FSAs. You have until March 15, 2026 to use your 2025 health care FSA dollars.
- FSA elections must be made every year during open enrollment. Your current year election WILL NOT carry over to next year
- A full list of eligible expenses is available at www.irs.gov

DEPENDENT CARE FSA

- Dependent Care FSA dollars allow you to pay for eligible dependent care expenses. This is primarily for childcare (daycare), but you can reference the IRS dependent care eligible expenses link in the "FSA Rules" box above for a complete list of eligible expenses.
- When you incur an eligible expense, you can submit your claims with receipts to Progressive Benefit Services for reimbursement to receive your money back tax-free, or you can use your FSA debit card at the point of purchase.
- You may contribute up to \$7,500 for family coverage and \$3,750 for single coverage, to a dependent care spending account for the 2026 calendar year however you can only be reimbursed for what you have contributed. **All unused funds will be forfeited at the end of the calendar year.**



Progressive Benefit Solutions, LLC

DENTAL INSURANCE

Our dental plan will remain with **UMR** and includes in- and out-of-network benefits, which means you can choose any dentist that you would like. However, you will pay less out of your pocket when you choose an in-network dentist. Locate an in-network dentist at www.umar.com and select the **United Healthcare Choice Plus Network**.

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



DO I NEED TO SEE A DENTIST?

A visit to the dentist is about more than just a teeth cleaning. By looking in your mouth, your dentist can tell a lot about your overall health. In fact, he or she may be able to identify early signs of disease, such as diabetes, heart disease, kidney disease, and even some forms of cancer, before you even notice symptoms.



	Dental
Deductible (individual/family)	\$50/\$150
Annual Benefit Maximum	\$1,500
Preventive Services Exams, Cleanings, X-Rays	100%
Basic Services Fillings, Extractions, Root Canals	80%
Major Services Crowns, Bridges, Dentures	50%
Child Orthodontia-Lifetime Maximum Up to age 18	50% to \$1,000
Out of Network Reimbursement	U&C

VISION INSURANCE

Our Vision plan will remain with United Healthcare. This plan allows you to choose any eye care provider. However, you will maximize the plan benefits when you choose a network provider. Locate an in-network provider at www.myuhcvision.com.

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

	Vision
Frequency of Exam/Lenses/Frames/Contacts	12/12/12/12
Exam Copay	\$0
Materials Copay	\$10
Annual Allowance	\$275
Laser Correction Discount	Up to 35% off
Network	Spectera



DO I NEED AN ANNUAL EYE EXAM IF I HAVE PERFECT VISION?

Your eyes are your windows to the world. They are also your eye doctor's windows into your body. Just by looking in your eyes, a doctor can find warning signs of serious diseases and conditions like high blood pressure, high cholesterol, thyroid diseases, and certain types of cancer. In fact, eye doctors are frequently the first to detect signs of abnormal health conditions.

BASIC LIFE AD&D & SUPPLEMENTAL INSURANCE

Life and accidental death and dismemberment (AD&D) insurance provides financial protection for those who depend on you for financial support. Upon your death, your designated beneficiary will receive the life benefit. If you die as the result of an accident, your beneficiary will receive both the life and AD&D benefits.

FRONTIER WASTE SOLUTIONS provides all FT employees with basic life and AD&D insurance at **no cost to you**.

Benefit Amount

Employee

\$25,000



DESIGNATE A BENEFICIARY

In the event of your death, your beneficiary would receive your Life and/or AD&D proceeds. Designate your beneficiary for your Basic Life and AD&D insurance. You may change this designation at any time. You are automatically the beneficiary on your Spouse and/or Child Life policy.

EVIDENCE OF INSURABILITY

If you purchase Life and AD&D insurance for yourself or your spouse and/or children when you are first eligible to enroll, you may purchase up to the guaranteed issue amounts without completing a statement of health (evidence of insurability). If you do not enroll when first eligible and choose to enroll during a future open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by **UNUM**.

SUPPLEMENTAL LIFE/AD&D (EMPLOYEE-PAID)

If you determine you need more than the basic coverage, you may purchase additional coverage through New York Life for yourself and your eligible family members.

Benefit Option		Guaranteed Issue ¹
Employee	\$10,000 increments up to 5x annual salary or a maximum of \$500,000	\$150,000
Spouse/DP	\$5,000 increments up to \$500,000, not to exceed 50% of employee's benefit amount	\$25,000
Child(ren)	Flat \$10,000	\$10,000

DISABILITY INSURANCE

FRONTIER WASTE SOLUTIONS offers you the opportunity to purchase short- and long-term disability insurance through **UNUM**. The amount you pay for these plans is deducted from your paycheck on a post-tax basis. This ensures that any benefit payments you receive are not taxed. See per pay period costs in Paycor.



SHORT-TERM DISABILITY INSURANCE

Short-term disability (STD) insurance allows you to continue earning a portion of your salary if you are unable to work due to an illness or injury.

Voluntary Short-Term Disability -Option 1	
Eligible Members	<ul style="list-style-type: none">♦ All active, full time employees who work at least 30 hours per week♦ Coverage is non-occupational
Weekly Benefit	♦ 60% of your pre-disability earnings up to \$2,000
Elimination Period	♦ Benefits begin on the 15th day of injury or sickness
Maximum Duration of Benefits	♦ 11 weeks
Pre-Existing Conditions	♦ 3 months prior/12 months insured

Voluntary Short-Term Disability -Option 2	
Eligible Members	<ul style="list-style-type: none">♦ All active, full time employees who work at least 30 hours per week♦ Coverage is non-occupational
Weekly Benefit	♦ 60% of your pre-disability earnings up to \$2,000
Elimination Period	♦ Benefits begin on the 15th day of injury or sickness
Maximum Duration of Benefits	♦ 22 weeks
Pre-Existing Conditions	♦ 3 months prior/12 months insured

LONG-TERM DISABILITY INSURANCE

If you are not able to return to work after the short-term disability benefit period ends, you may be eligible for long-term disability, which provides additional salary continuation.

Voluntary Long-Term Disability	
Eligible Members	♦ All active, full time employees who work at least 30 hours per week
Monthly Benefit	♦ 60% of your pre-disability earnings up to \$9,000
Elimination Period	♦ 90 days
Maximum Duration of Benefits	♦ Social Security Normal Retirement Age
Pre-Existing Conditions	♦ 3 months prior/12 months insured

SUPPLEMENTAL VOLUNTARY BENEFITS

FRONTIER WASTE SOLUTIONS provides you with the option to purchase accident insurance and/or critical illness insurance and/or hospital insurance through Unum. The amount you pay for these plans is deducted from your paycheck on a post-tax basis. This ensures that any payments you receive are not taxed. Learn more about the accident, critical illness and hospital plans at www.unum.com

ACCIDENT INSURANCE

Accident insurance is a policy that can help you pay expenses that may follow an accident, including out-of-pocket health care costs. This plan pays benefits if you are injured in an accident, regardless of whether or not you are at work.

CRITICAL ILLNESS INSURANCE

Critical illness insurance is a policy that provides a lump-sum, cash benefit if you are diagnosed with a covered illness (e.g., heart attack, stroke, cancer). These diagnoses can cause significant financial burden, especially if you are unable to work while receiving treatment. You can use the money you receive however you would like, including to help you pay your mortgage, pay your deductible, seek experimental treatment, or for any other expenses. The benefit amount you receive is based on the level of coverage you purchase. You may also purchase coverage for your spouse and/or dependent children.

Coverage Options:

- Employee: **\$15,000 or \$30,000;** **guarantee issue: \$30,000.**
- Spouse: **50% of employee's election;** **guarantee issue: 50% of employee's election.**
- Dependent children to age 26: **\$5,000;** **guarantee issue: \$5,000.**

KEY FEATURES OF THE ACCIDENT, ILLNESS, and HOSPITAL INSURANCE PLANS:

- You are paid cash quickly
- The amount you receive is based on your injuries, services provided, and treatment
- You can use the money for whatever you would like
- Benefits are not taxed
- It does not matter what medical plan you have

HOSPITAL INSURANCE

Hospital insurance helps you and your family members cope with the financial impacts of a hospitalization.

You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.

Other benefits available include daily confinement, ICU confinement, emergency room and others.

Lump-sum benefit can be used to pay for the direct and indirect cost of a covered hospitalization, such as:

- Deductibles and co-pays
- Transportation
- Child Care



MEDICAL, DENTAL, AND VISION PREMIUM RATES

MEDICAL COST PER WEEKLY PAY PERIOD

	BASE PLAN	BUY-UP PLAN
Employee Only	\$16.80	\$65.86
Employee + Spouse	\$70.54*	\$138.27*
Employee + Child(ren)	\$63.83	\$125.12
Employee + Family	\$100.79*	\$197.54*

DENTAL/VISION COST PER WEEKLY PAY PERIOD

	DENTAL	VISION
Employee Only	\$1.97	\$1.17
Employee + Spouse	\$3.93	\$2.20
Employee + Child(ren)	\$4.32	\$2.46
Employee + Family	\$5.94	\$3.38

Frontier Waste Solutions sponsors a Section 125 Premium Only Plan. This means your premiums will be deducted on a before-tax basis, saving you payroll taxes which slightly increases your take-home pay. If you wish to pay your premiums on an after-tax basis, please ask HR for a waiver form.

Premiums for domestic partners will be deducted on a post-tax basis.

*If you chose to cover your spouse or domestic partner under a Frontier Waste medical plan and they have access to medical coverage through their own employer, a \$250 monthly surcharge will apply in addition to your regular medical premium.



Effective **December 21, 2025**, we will transition from **Paycor** to **ADP Workforce Now**. Starting with the first pay-period for 2026, all employment-related activities — including pay, timecards/timesheets, personal information updates, benefits, and company communications — will be managed through ADP. Paycor will no longer be used after this date.

Open Enrollment Will Be Through ADP

- All employees **must** create an ADP account to enroll in 2026 benefits.
- We will **not** have passive enrollment — if you do not enroll by the deadline, you will not have coverage in 2026.

Important: After completing Open Enrollment, you will not need to use your ADP account again until we officially transition on December 21, 2025. Please continue to use Paycor for until that date.

To enroll in your 2026 benefits, you must first create your ADP account. You should have already received an email from ADP with instructions to set up your account.

Need help or more information?

- Contact us as soon as possible.
- Use the **ADP Employee Registration Quick Reference Card** if you haven't created your account yet.
- Follow the **How to Enroll Through ADP** guide for step-by-step instructions.

How to Complete my Enrollment with ADP

Log In to ADP

1. Access the Employee Self Service website.

Note: If this is your first time logging in, or you need help getting started, click the appropriate link for instructions and assistance.

2. Click **User Login**.

3. Enter your **User ID** and **Password**.

Note: To retrieve a lost User ID or Password, click the appropriate link for online Help.


4. Click **Log In**.

5. Click **Start Enrollment** on Enrollment Splash Page or navigate to Enrollment screen by clicking on:

Myself > Benefits > Enrollments



Workforce Now

**Open Enrollment - 2026**
23 days left to make changes (11/07/2025)

⚠ Not started


Start enrollment

Important Documents

If you are enrolling a spouse or domestic partner, you must upload a copy of your marriage license or domestic partner affidavit for your enrollment to be approved.

Please make sure to upload these documents and complete your Open Enrollment by the deadline to ensure your 2026 benefits are active. Missing documentation or incomplete enrollments may result in a delay or loss of coverage.

If you're having trouble uploading your document, or if HR already has your marriage license or affidavit on file, please contact HR right away for assistance to make sure your enrollment is processed correctly.

**All Benefits**
Review previous, current, and future benefits.

View benefits

Manage Personal Information
Review and update information such as physical or email addresses.

Manage info

Manage Dependents and Beneficiaries
Review and update information for dependents and beneficiaries.

Manage info

View Documents
View documents for your benefits.

View documents

EMPLOYEE ASSISTANCE PROGRAM



Frontier Waste Solutions provides you and your household family members with an Employee Assistance Program (EAP) at no cost to you. The EAP is a valuable resource that can help you identify and resolve many workplace, family, social, economic, and mental health issues.



Help, when you need it most

With your Employee Assistance Program and work-life balance services, confidential assistance is as close as your phone or computer.



Employee Assistance Program (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Anger, grief, loss
- Job stress, work conflicts
- Family, parenting problems
- And more



Work-life balance

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our work-life Specialists can answer your questions and help you find resources in your community.

Ask our work-life Specialists about:

- Child care
- Elder care
- Financial services, debt management, credit report issues
- Identity theft
- Legal questions**
- Even reducing your medical/dental bills
- And more

Who is covered?

EAP services are available to all eligible partners and employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver* — helps you save on medical bills

Help is easy to access:

Phone support: 1-800-854-1446

Online support: unum.com/lifebalance

In-person: You can get up to three visits available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

Better
benefits
at work.™

unum.com

*The counselors must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority.

**State mandated restrictions for legal services in WA apply.

Work-life balance employee assistance programs may not be available in New York. Other state-specific restrictions may apply based on the product offering.

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EN-2058-3 FOR EMPLOYEES (9-24)

The Unum Employee Assistance Program and Work/Life Balance services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.
Insurance products are underwritten by the subsidiaries of Unum Group.

EMPLOYEE EDUCATION OPPORTUNITIES

The Phocus Retirement education team offers Frontier Waste Solutions employees opportunities to learn more about their 401(k) plan and how to maximize their retirement savings. They are available to conduct a 30-minute meeting with current plan participants to review:

- Current 401(k) Plan allocation
 - Risk tolerance level
 - Investment options
- Planning for retirement
- Other financial options

Please contact Alex Rosen to schedule a meeting.

Alex Rosen

arosen@phocusretirement.com

P . 480-771-0068

F . 480-360-0755

PHOCUS RETIREMENT SERVICES

1921 S. ALMA SCHOOL RD.
SUITE 307
MESA, AZ 85210
P . 480-739-2065

RESOURCES AND CONTACT INFO

- **FAQS:** hr@frontierwaste.com
- **PHONE:** 214-624-6214
- **Access the ADP Employee Self-Service website**

PLAN	PHONE	WEBSITE
The Mahoney Group Jason Andrade-Benefit Consultant Stacey Hogan-Senior Client Manager Helga Heinz-Client Manager	480-214-2744 480-214-2780 480-214-2751	jandrade@mahoneygroup.com shogan@mahoneygroup.com hheinz@mahoneygroup.com
UMR Medical & Dental Provider Network-United HealthCare Choice Plus	800-826-9781	www.umar.com
United Healthcare Vision Provider Network-United Healthcare Vision Network	800-638-3120	www.myuhcvision.com
Progressive Benefit Solutions Flexible Spending Account Dependent Care Spending Account	888-333-3901	www.pbscard.com claims.support@pbscard.com
UNUM Life/AD&D, Disability Accident, Critical Illness, Hospital Indemnity	866-679-3054	www.unum.com
UNUM Employee Assistance Program	800-854-1446	www.unum.com/lifebalance
Phocus Retirement Services Alex Rosen-Financial Advisor	480-771-0068 800-584-6001	arosen@phocusretirement.com www.voyaretirementplans.com
Voya Financial		

SUMMARY ANNUAL NOTICES

PREMIUM ASSISTANCE UNDER MEDICAID AND CHIP

If you're eligible for Medicaid or CHIP and have employer-sponsored health coverage, your state may offer premium assistance to help with premiums.

Steps to take:

- 1. Already Enrolled:** Contact your state Medicaid/CHIP office to inquire about premium assistance.
- 2. Not Enrolled:** Visit insurekidsnow.gov or contact your state Medicaid/CHIP office to apply and check eligibility.
- 3. Special Enrollment:** If you qualify for Medicaid or CHIP premium assistance, your employer must allow you to enroll in their health plan within 60 days of approval.
- 4. For Questions:** The U.S. Department of Labor can be reached at 1-866-444-EBSA (3272), or visit askebsa.dol.gov.

Note: Medicaid and CHIP premium assistance programs vary by state. For more specific details, please contact your state's Medicaid or CHIP office.

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT (FMLA)

FMLA provides eligible employees with up to 12 weeks of unpaid, job-protected leave per year for certain personal or family reasons.

Key Details:

- **Eligibility:** Employees must have worked for 12 months, 1,250 hours in the last 12 months, and be employed at a worksite with 50+ employees.
- **Leave Reasons:** Birth or adoption of a child, caring for a family member with a serious health condition, or the employee's own serious health condition.
- **Intermittent Leave:** Employees can take leave intermittently if medically necessary.
- **Job Protection:** Employees must be reinstated to the same or equivalent position after their leave.
- **Health Insurance:** Employers must continue health insurance during FMLA leave.
- **FMLA Request:** Employees must give 30 days' notice, or as much notice as possible if leave is unexpected.

For FMLA-related complaints, contact the **U.S. Department of Labor Wage and Hour Division** at 1-866-487-9243 (TTY: 1-877-889-5627) or visit www.dol.gov/whd.

GENETIC INFORMATION NONDISCRIMINATION ACT (GINA)

GINA prohibits discrimination based on genetic information.

Key Points:

- Employers cannot request or require genetic information, except in limited circumstances.
- Genetic information includes family medical history, genetic test results, and information about genetic services.
- Employees should avoid providing genetic information unless required by law.

For more information, visit the [EEOC's GINA](https://www.eeoc.gov/gina) page.

SUMMARY ANNUAL NOTICES

HEALTH INSURANCE MARKETPLACE NOTICE

Even if your employer offers health insurance, you may have other options through the Health Insurance Marketplace. This notice explains how Marketplace coverage interacts with your employer-provided plan.

What is the Marketplace?

The Marketplace is a resource where you can compare and purchase private health insurance. It's designed to help you find coverage that fits your needs and budget.

Can You Save Money in the Marketplace?

You may qualify for savings (like premium tax credits) if:

- Your employer does not offer coverage, or
- The coverage is not affordable (costs more than **9.96% of your income for 2026**), or
- It does not meet minimum value standards set by the ACA.

If your employer offers affordable, minimum value coverage, you likely won't be eligible for Marketplace savings.

Enrollment Periods:

- Open Enrollment runs each year (generally November 1 – December 15).
- You may qualify for a Special Enrollment Period if you experience a life event (e.g., marriage, birth, loss of coverage).
- A temporary Special Enrollment Period is available if you lose Medicaid or CHIP coverage generally run between March 31 – July 31.

Other Coverage Options:

You may be eligible to:

- Enroll in your employer's plan after losing Medicaid/CHIP.
- Apply for Medicaid or CHIP at any time at [HealthCare.gov](https://www.healthcare.gov).

Employer Coverage Overview

Your employer offers:

- Health insurance to all eligible employees
- **Coverage for spouse and children**
- **A plan that meets ACA affordability and minimum value standards; or**
- **A plan that meets minimum value standard. The affordability rule does not apply due to group size.**

Even with employer coverage, you may still qualify for Marketplace savings based on your household income.

Need Help?

Contact your HR department for plan details or visit [HealthCare.gov](https://www.healthcare.gov) for Marketplace information.

Medicare Part D Creditable Coverage Notice

Federal law requires employers to notify Medicare-eligible individuals whether their prescription drug coverage is creditable—meaning it is expected to pay, on average, as much as standard Medicare Part D prescription coverage.

Why This Matters:

If you're eligible for Medicare and do not have creditable drug coverage, you may face a late enrollment penalty if you delay enrolling in Medicare Part D and go without creditable coverage for 63 days or more.

SUMMARY ANNUAL NOTICES

What Is Creditable Coverage?

Prescription drug coverage is considered creditable if it is expected to pay, on average, as much as Medicare Part D. Coverage that pays less is non-creditable. **Both Frontier Waste Solution plans are deemed CREDITABLE.**

Important for Groups Offering Multiple Plans:

If your employer offers multiple health plans, some plans may be creditable, some non-creditable, or a mix. It is essential to review your specific plan's status each year and choose coverage that aligns with your Medicare needs if you're eligible or nearing eligibility. Below is a list of the plans available and Medicare Part D status:

What You Should Do:

If you are Medicare-eligible (or will be soon), review the notice provided for your specific plan. Keep the notice for your records — you may need to show proof of creditable coverage to avoid penalties. Contact HR or your benefits administrator if you're unsure which plan you're enrolled in or need help understanding the creditable status.

For more information about Medicare Part D, visit: <https://www.medicare.gov>

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT (MHPAEA)

MHPAEA mandates that mental health and substance use disorder benefits cannot have more restrictive limits than general medical/surgical benefits.

Key Points:

- Plans cannot apply higher co-pays, deductibles, or limits on visits for mental health/substance use or disorder treatments.
- For more details about coverage and medical necessity determinations, contact your plan administrator.

For more information please visit:

<https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/mhpaea>

MICHELLE'S LAW

Under Michelle's Law, a dependent child can remain covered by the health plan for up to one year while on a medically necessary leave of absence from a post-secondary institution due to illness or injury.

Key Requirements:

The dependent must provide written certification from a physician confirming that the leave is medically necessary.

For more information, please contact your health plan administrator.

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Newborns' and Mothers' Health Protection Act

Federal law prohibits group health plans from limiting hospital stays following childbirth to less than:

- 48 hours after a vaginal delivery
- 96 hours after a cesarean section

For more information please visit - [dol.gov/agencies/ebsa/laws-and-regulations/laws/nmhp](https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/nmhp)

Protection Against Surprise Medical Bills

Balance Billing (surprise billing) occurs when you receive care from an out-of-network provider at an in-network facility or in an emergency.

Key Protections:

- **Emergency Services:** You are only responsible for your in-network cost-sharing.
- **In-Network Facility Services:** Out-of-network providers at in-network hospitals cannot balance bill.
- **Written Consent:** You can waive these protections with written consent.

For help with surprise billing, contact the No Surprises Help Desk at 1-800-985-3059 or visit [cms.gov/nosurprises/consumers](https://www.cms.gov/nosurprises/consumers).

Notice of Patient Protections

You have the right to:

- **Primary Care Provider (PCP):** Choose any participating PCP in the network, including pediatricians for children.
- **Obstetric and Gynecological Care:** No prior authorization is needed for obstetrics or gynecology services from network providers.

For more information please visit - www.healthcare.gov

Notice of Privacy Practices

This notice outlines your rights regarding your medical information:

- **Access to Records:** You can request copies of your health and claims records.
- **Correct Records:** You can request corrections if records are inaccurate.
- **Confidential Communication:** You can request confidential ways to communicate with you.
- **Limit Sharing:** You can restrict sharing your information for treatment, payment, and operations.

For more details or to file a complaint please contact your health plan administrator.

USERRA Notice Summary

(Uniformed Services Employment and Reemployment Rights Act)

Under the Uniformed Services Employment and Reemployment Rights Act (USERRA), employees who leave their job to perform military service have the right to be reemployed in their civilian job and retain certain benefits upon their return.

Key Rights Under USERRA:

- **Reemployment Rights:** If you leave your job for military service, you are generally entitled to return to your job with the same seniority, status, and pay, provided:
 - ♦ You give advance notice of service (when possible)
 - ♦ Your cumulative military service is 5 years or less with the same employer
 - ♦ You return to work within the required time frame after completing service

SUMMARY ANNUAL NOTICES

Key Rights Under USERRA Con't

• **Health Insurance Protection:**

- ♦ You may elect to continue your employer-sponsored health coverage for up to 24 months while on military leave.
- ♦ If you choose not to continue coverage, your health plan coverage will be reinstated without waiting periods upon your return.

• **Pension and Retirement Plans:**

- ♦ Time spent on military duty is treated as service with the employer for vesting and benefit accrual purposes.

Questions or Claims?

If you believe your USERRA rights have been violated, contact:

U.S. Department of Labor, Veterans' Employment and Training Service (VETS)

1-866-4-USA-DOL (1-866-487-2365)

www.dol.gov/vets

Women's Health and Cancer Rights Act (WHCRA) Notice

Enrollment & Annual Notice

The Women's Health and Cancer Rights Act of 1998 (WHCRA) is a federal law that requires group health plans and insurance issuers that cover mastectomies to also provide reconstructive surgery and related benefits.

What the Law Requires:

If you or a covered dependent receive benefits for a mastectomy, your plan must also cover the following services, as requested by the patient and their physician:

- Reconstruction of the breast removed by mastectomy
- Surgery and reconstruction of the other breast for a symmetrical appearance
- Prostheses (artificial breast devices)
- Treatment of physical complications, including lymphedema

Important Notes:

- These benefits are subject to the same deductibles and coinsurance as other medical/surgical benefits under your plan.
- WHCRA applies to both women and men covered by the plan who undergo a mastectomy.

For more general information, visit the U.S. Department of Labor's WHCRA page:

dol.gov/agencies/ebsa/laws-and-regulations/laws/whcra

Grandfathered Health Plan Status

Under the Affordable Care Act (ACA), a grandfathered health plan is a group health plan or health insurance coverage that was in existence on March 23, 2010, when the ACA was enacted, and has not been significantly changed in ways that reduce benefits or increase costs to consumers.

What This Means for You:

- If your plan is grandfathered, it is not required to meet certain ACA requirements, such as covering preventive services without cost-sharing or providing new benefits introduced after 2010.
- Grandfathered plans must still comply with other ACA provisions, including:
 - ♦ Prohibiting discrimination based on pre-existing conditions
 - ♦ Allowing young adults to stay on their parents' plan until age 26
 - ♦ Providing appeals processes for coverage denials

How to Know if Your Plan is Grandfathered:

If you have questions about your plan's status or what it means, contact your Human Resources (HR) department.

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Reproductive Health Care Privacy Attestation:

Certain states require employers and health plans to provide a notice regarding privacy protections for reproductive health care information.

What This Means:

Your employer or health plan attests that it does not request, collect, or share your reproductive health care information unless required by law or necessary for providing your benefits.

You have privacy rights related to your reproductive health care under applicable state and federal laws. This attestation confirms the employer's commitment to maintaining the confidentiality of your reproductive health care information.

What You Should Know:

If you have concerns or questions about your reproductive health care privacy, you may contact your Human Resources (HR) department.

Disclaimer:

This summary is intended for informational purposes only and does not include all details of the applicable laws. If you would like a copy of the full legislation or need more detailed information about any of the notices summarized above, please contact your Human Resources (HR) department.

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