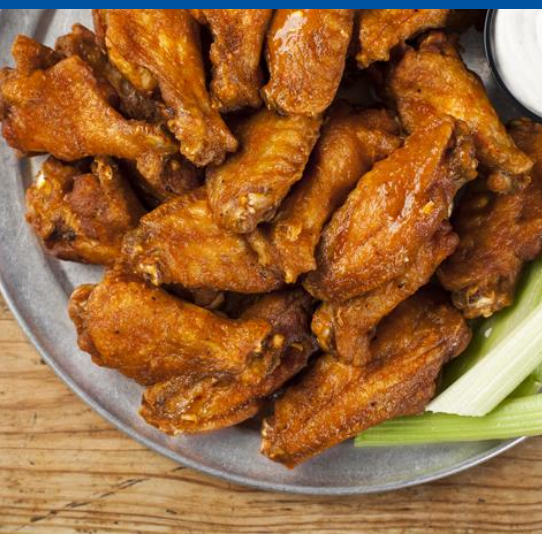




2025-26 BENEFITS GUIDE



Your Health & Wellness
Restaurant Staff

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The information in this Enrollment Guide is intended for illustrative and informational purposes only. The information contained herein was taken from various summary plan descriptions, certificates of coverage, and benefit information. While every effort was taken to accurately report your benefits, discrepancies and errors are always possible. It is not intended to alter or expand rights or liabilities set forth in the official plan documents or contracts. It is not an offer to contract nor are there any expressed or implied guarantees. In case of a discrepancy between this information and the actual plan documents, the actual plan documents will prevail. If you have any questions about this summary, please contact The Benefits Team. © 2025 Marsh & McLennan Agency, LLC. All rights reserved.



WELCOME TO YOUR 2025-26 BENEFITS!

Pluckers Team,

Thank you for being a part of the Pluckers Family! As a company, we value every member of our team and understand that we would not be successful without each of you. It is our goal to always place the highest value on our employees.

We know that benefits are important to you at Pluckers and always work to offer the highest quality and value benefits available. We scrutinize our offerings every year to ensure we can have best in class offerings as our family grows. Our team works to add to these offerings every year and values your feedback along the way.

The HR & Benefits team is available to answer any questions you may have about the current plans, and we hope that you continue to provide your feedback along the way.

Mark, Dave, & Sean



ELIGIBILITY

If you meet six consecutive months of full-time* service criteria, you are eligible for the Pluckers MEC plan and other voluntary benefits. You may also enroll your eligible dependents for coverage. Eligible dependents include:

- Your legal spouse;
- Children under the age of 26, regardless of student, dependency or marital status;
- Children past the age of 26 who are fully dependent on you for support due to a mental or physical disability (and are indicated as such on your federal tax return).

For details on eligibility and when your benefits begin and end, refer to your summary plan documents.

*An employee that works 30+ hours per week or more on average is considered Full-Time.

Benefits End

Your MEC benefits end the last day of the month in which your employment ends.

Changing Benefits After Enrollment

During the year, you cannot make changes to your elections unless you experience a Qualifying Life Event, such as marriage or the birth of a child. If you experience a Qualifying Life Event (examples below), you should contact The Benefits Team, by emailing benefits@pluckers.net within 30 days of the event, or you will have to wait until the next annual open enrollment period to make changes (unless you experience another Qualifying Life Event).

Qualifying Life Event	Possible Documentation Needed
Loss of Spouse/Parent coverage	Copy of coverage ending document with date of loss
Change in marital status	
Marriage	Copy of marriage certificate
Divorce/Legal Separation	Copy of divorce decree
Death	Copy of death certificate
Change in number of dependents	
Birth or adoption	Copy of birth certificate or copy of legal adoption papers
Stepchild	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
Death	Copy of death certificate
Change in employment	
Change in your eligibility status (i.e., full-time to part-time)	Notification of increase or reduction of hours that changes coverage status
Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage



HOW TO ENROLL

If you qualify for benefits, you will be notified and must make elections within the designated timeframe. You must complete your enrollment to receive new benefits or change benefit coverage for the plan year. Current elections will roll over automatically.

Before You Enroll

- Carefully review the benefits listed in this guide and determine coverage that's best for you and your family.
- Ensure family members meet the eligibility requirements.
- Understand the cost of the plans you selected.
- Be sure to consider a beneficiary for life insurance.

Enrollment Assistance

SMBO Call Center

Need help making decisions? No problem! You can now contact SMBO between 7 AM and 5 PM, Monday through Friday. They'll walk you through your options — and even take your enrollment over the phone. That's right, no need to log in to the bSwift portal if you don't want to.

Just call 888-598-2040 to get started.

bSwift Enrollment Instructions

To enroll, simply follow these steps:

- Log on at <https://pluckers.bswift.com>
- Username: first name initial + your last name
- Password: Last four digits of your SSN

bswift

STAYING CONNECTED YEAR-ROUND

Member Support Center

Marsh McLennan Agency's Member Support Center is here for you — to answer your questions, including insurance claim questions, by phone and email. The representatives are licensed agents, are familiar with your benefits package and can assist with the following:

- Central point of contact for benefits questions and coverage inquiries
- Assist with ID Card request
- Assist employees with entering enrollment elections (New Hires/Life Events)
- Claims Inquiries
- Assist with finding in-network providers/facilities
- Assist with determining covered services

Contact them via email at pluckers@marshmma.com or via telephone at 855-550-9885, PIN 2158.

Representatives are available Monday through Friday, from 8 a.m. – 6 p.m. Central. Spanish speaking representatives are available.



MEC PLAN

Pluckers' Minimum Essential Coverage (MEC) plan, offered through Key Benefit Administrators, provides you and your family coverage for preventive care services only.

How MEC Plans Work

- MEC plans are a limited medical benefit plan and does not cover catastrophic or most illnesses.
- MEC plans are designed to offer coverage for limited basic medical services, specifically wellness visits, flu shots, and discounts on prescription drugs.
- MEC plans ONLY cover treatment from providers in the Open Access Solution network.

Preventive / Wellness Benefits

The MEC benefits cover 100% of the cost of certain preventive health services when delivered by a doctor or provider in your plan's network.

Visit www.healthcare.gov/center/regulations/prevention.html for the most current listing of covered services.

The table below summarizes the key features of the MEC plan coverage. **The MEC plan is not considered major medical insurance. The plan offers limited benefits that meet the definition of minimum essential coverage.** Please refer to the official plan documents for additional information on coverage and exclusions.

	MEC Plan
	Open Access Solution Network
	In-Network ONLY
Calendar Year Deductible	
Individual	\$0
Family	\$0
Calendar Year Out-of-Pocket Maximum (Includes Deductible)	
Individual	\$0
Family	\$0
	You pay
Coinsurance	0%
Preventive Care	\$0 of the 84 listed Preventive and Wellness Benefits
Emergency Room Services	Not Covered
Inpatient Hospital Services	Not Covered
Primary Care Visit to Treat an injury or illness	Not Covered
Specialist Visit	Not Covered
Mental/Behavioral Health and Substance Abuse Disorder Services	Not Covered
Advanced Imaging (CT, PET Scans, MRIs)	Not Covered
Outpatient Facility Fee	Not Covered
Outpatient Surgery Physician/Surgical Services	Not Covered
Life AD&D Benefit	Not Covered
Medical Monthly Payroll Deductions	
*This cost is split between the first two paychecks of each calendar month	
Employee Only	\$16.58
Employee + Spouse	\$51.44
Employee + Child(ren)	\$107.50
Employee + Family	\$142.34



VOLUNTARY LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

Voluntary life and AD&D insurance allows you to tailor coverage for your individual needs and provide financial protection for your beneficiaries in the event of your death or accidental serious injury. Voluntary life insurance for you and your dependents, administered by Aflac, can help protect your family during difficult times.

Voluntary Life / AD&D Insurance - For You and Your Dependents

	Employee	Spouse	Child(ren) up to age 26
Coverage Amount	Increments of \$25,000 up to \$100,000	Increments of \$12,500 up to \$50,000 – not to exceed 50% of Employee coverage	\$25,000
Guaranteed Issue (GI)	\$100,000	\$50,000	\$25,000
Evidence of Insurability (EOI) / Proof of Good Health	Not required	Not required	Not required

Before You Enroll

Consider this:

1. Typically, the right amount of coverage will depend on your age, your family situation, and any personal savings you may have.
2. Think about who you want to designate as beneficiaries and make sure to name them as beneficiaries on your policy.

Employee – Voluntary Life / AD&D Monthly Rates

Age	\$25,000		\$50,000		\$75,000		\$100,000	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-25	\$11.69	\$15.21	\$23.38	\$30.42	\$35.06	\$45.63	\$46.75	\$60.83
26-30	\$13.58	\$18.31	\$27.17	\$36.63	\$40.75	\$54.94	\$54.33	\$73.25
31-35	\$16.06	\$23.04	\$32.13	\$46.08	\$48.19	\$69.13	\$64.25	\$92.17
36-40	\$20.13	\$29.02	\$40.25	\$58.04	\$60.38	\$87.06	\$80.50	\$116.08
41-45	\$25.98	\$37.23	\$51.96	\$74.46	\$77.94	\$111.69	\$103.92	\$148.92
46-50	\$33.88	\$49.29	\$67.75	\$98.58	\$101.63	\$147.88	\$135.50	\$197.17
51-55	\$46.85	\$67.17	\$93.71	\$134.33	\$140.56	\$201.50	\$187.42	\$268.67
56-60	\$68.96	\$99.60	\$137.92	\$199.21	\$206.88	\$298.81	\$275.83	\$398.42
61-65	\$89.02	\$139.44	\$178.04	\$278.88	\$267.06	\$418.31	\$356.08	\$557.75
66-70	\$136.50	\$207.23	\$273.00	\$414.46	\$409.50	\$621.69	\$546.00	\$828.92
Child Life rate (\$25,000)			\$10.42					

Spouse – Voluntary Life / AD&D Monthly Rates

Age	\$12,500		\$25,000		\$37,500		\$50,000	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-25	\$6.51	\$8.60	\$13.02	\$17.21	\$19.53	\$25.81	\$26.04	\$34.42
26-30	\$7.58	\$10.39	\$15.17	\$20.77	\$22.75	\$31.16	\$30.33	\$41.54
31-35	\$8.97	\$13.09	\$17.94	\$26.19	\$26.91	\$39.28	\$35.88	\$52.38
36-40	\$11.23	\$16.47	\$22.46	\$32.94	\$33.69	\$49.41	\$44.92	\$65.88
41-45	\$14.41	\$21.01	\$28.81	\$42.02	\$43.22	\$63.03	\$57.63	\$84.04
46-50	\$18.46	\$27.50	\$36.92	\$55.00	\$55.38	\$82.50	\$73.83	\$110.00
51-55	\$24.76	\$36.65	\$49.52	\$73.29	\$74.28	\$109.94	\$99.04	\$146.58
56-60	\$34.82	\$52.69	\$69.65	\$105.38	\$104.47	\$158.06	\$139.29	\$210.75
61-65	\$51.25	\$80.40	\$102.50	\$160.79	\$153.75	\$241.19	\$205.00	\$321.58
66-70	\$77.89	\$118.33	\$155.77	\$236.67	\$233.66	\$355.00	\$311.54	\$473.33
Child Life rate (\$25,000)			\$10.42					



SUPPLEMENTAL BENEFITS

Supplemental benefits plans can help you pay for costs you may incur after an accidental injury, illness or hospitalization. These plans are 100% voluntary and are not medical insurance. Coverage is available for your spouse and children with most plans.

Most plans pay benefits regardless of any other insurance and benefits are paid directly to you, unless you specify otherwise. Benefits can help pay for expenses other insurance may not cover, such as out-of-pocket expenses, lost income, childcare, travel to and from treatment, home health care costs or regular household expenses.

Before You Enroll







Consider this:

1. What would happen if you had an accident or became seriously ill and unable to work? Would you be covered financially?
2. These benefits provide a lump-sum payment that can help you cover unexpected medical expenses or make up for missed income.

Accident

Accident coverage, through Aflac, is designed to provide a cash benefit in the event of a covered accident or injury. The plan will pay a set amount based on the injury suffered and treatment received, regardless of any other insurance.

Sample of Eligible Expenses

	Emergency Room Visits		Hospital Stays
	Medical Exams – Including major diagnostic exams		Physical Therapy
	Fractures and Dislocations		Transportation and Lodging – if you are away from home when the accident happens

Contact Aflac for a full list of covered accidents.

Accident Monthly Rates

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$12.67	\$21.38	\$25.78	\$34.49



SUPPLEMENTAL BENEFITS







Hospital Indemnity Insurance

Hospital indemnity coverage, through Aflac, is designed to provide a cash benefit to the policyholder in the event of a hospitalization and can help pay for expenses not covered by your medical plan. The plan will pay regardless of any other insurance.

Receiving a Hospital Indemnity benefit is easy – even if you are not admitted to the hospital. Your plan includes a health screening benefit for routine check-up exams and other screening tests. Once you've obtained a qualifying service, simply file a claim and receive a check.

Please refer to the benefit summary for a full list of covered expenses. Rates will be calculated in the enrollment system based on your age and level of coverage requested.

Sample of Eligible Expenses

 Hospital Admission	 Hospital Confinement
 Intensive Care	 Transportation and Lodging
 Surgical Care	 Diagnostic Testing and Imaging

Contact Aflac for a full list of covered reimbursements.

How Hospital Indemnity Insurance Works

1. Receive Care
2. Submit a Claim
3. Receive a Check

Hospital Indemnity Monthly Rates

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$25.20	\$48.44	\$39.26	\$62.50



ADDITIONAL BENEFITS

Working Advantage – Discount Program

We're here to support your personal and financial well-being through exclusive deals and limited-time offers on products, services and experiences you need and love. Visit

<https://pluckers.savings.workingadvantage.com> to get started!

Skechers Discount

The Perks of the Skechers Corporate shoe program:

- 30% off Skechers slip-resistant work shoes
- Free Shipping and returns
- 500+ Skechers retail stores
- Quarterly friends and family days

Shop online at www.skechers.com/direct/pluckers. No promo codes needed. Just shop and save!

Show this flyer when shopping at our SKECHERS retail store nationwide or mention RETAIL CODE: G9P

For more information, please contact Skechers Direct Customer Service at 855-759-7463 or email Info@skechersdirect.com.



IMPORTANT CONTACTS

Coverage	Administrator	Phone	Email / Website
The Benefits Team	-	512-236-9110	benefits@pluckers.net
SMBO Call Center	SMBO	888-598-2040	-
Member Support Center	Marsh McLennan Agency	855-550-9885 PIN 2158	pluckers@marshmma.com
MEC Plan	Key Benefit Administrators	888-342-7427	www.keyopenaccess.com
Voluntary Life and AD&D	Aflac	800-992-3522	www.aflac.com
Accident Insurance	Aflac	800-992-3522	www.aflac.com
Hospital Indemnity Insurance	Aflac	800-992-3522	www.aflac.com
Discount Program	Working Advantage	800-565-3712	customerservice@workingadvantage.com https://pluckers.savings.workingadvantage.com
Skechers Discount	Skechers	855-759-7463	Info@skechersdirect.com



GLOSSARY

Allowed Amount: Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference (see Balance Billing).

Annual Maximum Benefit: A cap on the benefits your insurance company will pay in a year while you’re enrolled in a particular benefit plan. After an annual limit is reached, you must pay all associated health care costs for the rest of the year.

Balance Billing: When a provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A provider who balance bills is typically known as an out-of-network provider. An in-network provider cannot balance bill you for covered services.

Coinsurance: The percentage of costs of a covered health care service you pay (20%, for example) after you’ve paid your deductible.

Copayment (copay): A fixed amount (\$20, for example) you pay for a covered health care service after you’ve paid your deductible. Copays can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.

Deductible: The amount you pay for covered health care services before your insurance plan starts to pay. With a \$2,000 deductible, for example, you pay the first \$2,000 of covered services yourself. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest.

Guarantee Issue Amount: The amount of coverage you can be automatically approved for. If you apply for more coverage than the guarantee issue amount you will have to complete an Evidence of Insurability form and be approved for your coverage amount. Usually only available at your first enrollment opportunity.

In-Network: Providers who contract with your insurance carrier. In-network coinsurance and copayments usually cost you less than out-of-network providers.

Out-of-Network: Providers who don’t contract with your insurance carrier. Out-of-network coinsurance and copayments usually costs you more than in-network coinsurance. In addition, you may be responsible for anything above the allowed amount (see Balance Billing).

Out-of-Pocket Maximum: The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your plan pays 100% of the costs of covered benefits. The out-of-pocket limit doesn’t include your monthly premiums. It also doesn’t include anything you may spend for services your plan doesn’t cover.

Prescription Drug Formulary: A list of prescription drugs covered by a prescription drug plan. Also called a drug list.

Prior Authorization: Approval from a health plan that may be required before you get a service or fill a prescription in order for the service or prescription to be covered by your plan.

Preventive Care: Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.



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