



Team Member Benefits Enrollment Guide

PLAN YEAR: 01/01/2026 – 12/31/2026

Welcome to your **BENEFITS** **ENROLLMENT**



If applying as a new hire, the elections you make during your enrollment will become effective as of date of hire. Current employees making elections during open enrollment will have their enrollment changes become effective 01/01/2026.

LifeGift Organ Donation Center offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.



Who is Eligible

Full-time employee (working 30 or more hours per week) are eligible to enroll in the benefits described in this guide. If you have questions about the eligibility of your dependent, please contact Human Resources for plan specific definitions of an eligible dependent.

How to Enroll

All benefit enrollments and changes can be completed via the MyPay Employee Self Service portal. You will receive an alert when your enrollment portal is open and ready for you to enter your benefit elections.

When to Enroll

New Hires – You must enroll within 30 days of your date of hire.

If you miss this window, you will need to wait until the next open enrollment period or the occurrence of a qualifying event (enrollment qualify events listed in next section).

How to Make Changes

Unless you have a qualified change in status, you cannot enroll yourself or dependents into the benefits until the next open enrollment period. Qualified changes in status which will allow you to enroll yourself and/or dependents include, for example: loss of other coverage, marriage, birth or adoption of a child, and the loss of eligibility to Medicaid/CHIP. You must make this change within 30 days of the qualified change in status (excluding loss of eligibility in Medicaid/CHIP which you must enroll within 60 days).

What's available for 2026?



- Medical
- Health Savings Account
- Health Flexible Spending Account
- Dependent Care Account
- Dental
- Vision
- Short Term Disability
- Long Term Disability
- Basic Life/AD&D
- Voluntary Life
- Voluntary Accident
- Employee Assistance Program
- 401(a) Retirement Savings
- 403(b) Retirement Annuity Plan



Medical and Prescription Drugs

LifeGift offers 3 medical plan options to choose from through BlueCross BlueShield. The Buy-Up and HSA plans options utilize the BlueChoice PPO Network. The HMO plan utilizes the Blue Essentials HMO Network. Please see a summary of the options below.

Option 1: Copay PPO Plan

Plan Features	In-Network	Out-of-Network
Deductible	Single - \$2,000 Family - \$6,000	Single - \$4,000 Family - \$12,000
Coinsurance	20%	40%
Out of Pocket Maximum (Includes Ded., Coins., and Copays)	Single - \$5,000 Family - \$14,700	Single - Unlimited Family - Unlimited
Office Visit (PCP / Specialist)	\$30 / \$60 copay	Deductible, 40%
Virtual Visits (MD Live)	\$30 copay	N/A
Routine Lab / X-Ray	Cover under copay	Deductible, 40%
Preventive Care	Covered at 100%	Deductible, 40%
Emergency Services	\$500 copay, Deductible, 20% coinsurance	
Urgent Care	\$75 copay	Deductible, 40%
In-Patient Hospitalization	Deductible, 20%	Deductible, 40%
Outpatient Surgery	Deductible, 20%	Deductible, 40%
Specialized Imaging (CAT Scan, MRI, etc.)	Deductible, 20%	Deductible, 40%
Prescription Drug Coverage* (Preferred / Non-Preferred)	Tier 1: \$0 / \$10 copay Tier 2: \$10 / \$20 copay Tier 3: \$50 / \$70 copay Tier 4: \$100 / \$120 copay Pref. Spec.: \$150 copay NP Spec.: \$250 copay	See Benefit Summary

*Preferred Pharmacies include: Walgreens, Walmart, Sam's Club, HEB, Albertsons (including Randall's, Tom Thumb, etc), Brookshires, and Health Mart Atlas. CVS is out-of-network.



Medical and Prescription Drugs

Employees that elects to participate in Option 2: HMO Plan will need to designate a Primary Care Physician (PCP) to oversee care. This PCP must refer members when seeing a specialist within the network. There are no out-of-network benefits on the HMO plan. This plan is only for Texas based employees.

Option 2: Copay HMO Plan

Plan Features	In-Network	Out-of-Network
Deductible	Single - \$5,000 Family - \$15,000	Not Covered
Coinsurance	0%	Not Covered
Out of Pocket Maximum Includes Deductible	Single - \$8,150 Family - \$16,300	Not Covered
Office Visit (PCP/Specialist)	\$45 / \$90 copay	Not Covered
Virtual Visits (MD Live)	\$45 copay	Not Covered
Routine Lab / X-Ray	Deductible	Not Covered
Preventive Care	Covered at 100%	Not Covered
Emergency Services	\$500 Copay, Deductible	
Urgent Care	\$75 copay	Not Covered
In-Patient Hospitalization	Deductible	Not Covered
Outpatient Surgery	Deductible	Not Covered
Specialized Imaging (CAT Scan, MRI, etc.)	Deductible	Not Covered
Prescription Drug Coverage* (Preferred / Non-Preferred)	Tier 1: \$0 / \$10 copay Tier 2: \$10 / \$20 copay Tier 3: \$50 / \$70 copay Tier 4: \$100 / \$120 copay Pref. Spec.: \$150 copay NP Spec.: \$250 copay	Not Covered

*Preferred Pharmacies include: Walgreens, Walmart, Sam's Club, HEB, Albertsons (including Randall's, Tom Thumb, etc), Brookshires, and Health Mart Atlas. CVS is out-of-network.



Medical and Prescription Drugs

If an employee elects to participate in Option 3: HDHP / HSA Plan, they will be eligible to open an HSA account with HSA Bank. LifeGift will make monthly contributions into the account on their behalf. The schedule of LifeGift contribution amounts can be found on the following page.

Option 3: HDHP / HSA PPO Plan

Plan Features	In-Network	Out-of-Network
Deductible	Single - \$5,000 Family - \$10,000	Single - \$10,000 Family - \$20,000
Coinsurance	0%	30%
Out of Pocket Maximum Includes Deductible	Single - \$5,000 Family - \$10,000	Single - Unlimited Family - Unlimited
Office Visit	Deductible	Deductible, 30%
Virtual Visits (MD Live)	\$48	N/A
Routine Lab / X-Ray	Deductible	Deductible, 30%
Preventive Care	Covered at 100%	Deductible, 30%
Emergency Services	Deductible	
Urgent Care	Deductible	Deductible, 30%
In-Patient Hospitalization	Deductible	Deductible, 30%
Outpatient Surgery	Deductible	Deductible, 30%
Specialized Imaging (CAT Scan, MRI, etc.)	Deductible	Deductible, 30%
Prescription Drug Coverage*	Deductible	See Benefit Summary

*CVS is out-of-network.

Your Cost in 2026



BlueCross BlueShield

Semi-Monthly payroll deductions will be as follows.

Employee Semi-Monthly Deductions				
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Copay PPO	\$198.54	\$436.78	\$367.30	\$816.84
Copay HMO	\$32.08	\$167.63	\$140.96	\$320.82
HDHP/HSA PPO	\$64.18	\$235.34	\$197.90	\$410.78

Employer Contributions to HSA

If an employee enrolls in Option 3: HDHP/HSA PPO Plan, LifeGift Organ Donation Center will contribute the following amounts monthly into an HSA account at HSA Bank

Employer Monthly HSA Contributions				
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
HSA	\$58.27	\$107.63	\$92.50	\$150.89

*New enrollees will get 4 months of contribution deposited upon enrollment. Monthly contributions will resume from the 5th month going forward. Current enrollees will continue to get monthly contributions.



A photograph of a man and a young boy sitting at a wooden desk. The man is pointing at a white calculator on the desk, and the boy is looking at it with a focused expression. The background is slightly blurred, showing other people in a classroom or office setting. The text 'Health Savings Accounts (HSA)' is overlaid in white on the top left of the image.

Health Savings Accounts (HSA)

If you participate in the high-deductible health plan, you can set aside money in a Health Savings Account (HSA) before taxes are deducted to pay for eligible medical, dental and vision expenses. An HSA is similar to a flexible spending account in that you are eligible to pay for health care expenses with pre-tax dollars. There are several advantages of an HSA. For instance, money in an HSA can be invested much like 403(b) funds are invested. Unused money in an HSA account is not forfeited at the end of the year and is carried forward. Also, your HSA account is yours to keep which means that you can take it with you if you change jobs or retire.

If you have any money remaining in your HSA after age 65, you may withdraw the money without penalty (maybe subject to income taxes).

The maximum amount that you can contribute to an HSA in 2026 is \$4,400 for individual coverage and \$8,750 for family coverage. Additionally, if you are age 55 or older, you may make an additional “catch-up” contribution of \$1,000.

Please reference IRS publication 502 for a full list of eligible and ineligible expenses for HSAs.

Health Care and Dependent Care Flexible Spending Accounts



LifeGift Organ Donation Center provides you the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through Flexible Spending Accounts. You must enroll / re-enroll in the plan to participate for the plan year Jan. 1 to Dec. 31, 2026. You can save approximately 25 percent of each dollar spent on these expenses when you participate in an FSA.

A health care FSA is used to reimburse out-of-pocket medical expenses incurred by you and your dependents. A dependent care FSA is used to reimburse expenses related to care of eligible dependents while you and your spouse work.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, Social Security taxes, or state and local income taxes on the portion of your paycheck you contribute to your FSA.

You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period. If you do not use the money you contributed, only up to \$680 can be carried forward to a future plan year. This is the use-it-or-lose-it rule.

If you participate in the HDHP/HSA Medical plan, and plan to elect the health care FSA, then your health care FSA will be limited to reimburse only dental and vision expenses.

The maximum that you can contribute to the Health Care Flexible Spending account is \$3,400. Only up to \$680 of unused Healthcare Flexible Spending Account funds maybe rolled over into the next plan year.

The maximum that you can contribute to the Dependent Care Flexible Spending Account is \$7,500 if you are a single employee or married filing jointly, or \$3,750 if you are married and filing separately. There is no rollover of unused Dependent Care FSA funds.

The following example shows how you can save money with a flexible spending account.

Bob and Jane's combined gross income is \$100,000. They have two children and file their income taxes jointly. Since Bob and Jane expect to spend \$2,000 in dental work and \$3,000 for day care next plan year, they decide to direct a total of \$5,000 into their FSAs.

	Without FSAs	With FSAs
Gross Income	\$100,000	\$100,000
FSA Contributions	\$0	- \$5,000
Gross Income	\$100,000	\$95,000
Estimated Taxes		
Federal	- \$12,744*	- \$11,844*
State	- \$0	- \$0
FICA	- \$5,668	- \$5,286.15
After-Tax Earnings	\$81,588	\$77,870
Eligible Out-of-Pocket		
Medical and Dependent Care Expenses	- \$5,000	\$0
Remaining Spendable Income	\$76,588	\$77,870
Spendable Income Increase	\$0	\$1,282

* Assuming 18% effective tax rate after \$31,500 standard deduction

Dental



BlueCross BlueShield

A PPO dental plan is available to you and your dependents through Blue Cross Blue Shield. Please see below summary of the benefits.

Type of Service	In-Network	Non-Network
Deductible (Single / Family)	\$50 / \$150	\$50 / \$150
Annual Maximum	\$1,500	
Preventive Services Routine Exam, Cleanings, X-rays, Fluoride treatment, Space Maintainers, Sealants	100%	100%
Basic Services Fillings, Endodontics (root canals), Periodontics (gum treatment), Simple extractions, Complex extractions	80% after deductible	80% after deductible
Major Service Crowns, Bridges, Dentures	50% after deductible	50% after deductible
Implant Services	50% after deductible	50% after deductible
Child Orthodontia to age 19	50%	50%
Orthodontia Lifetime Maximum	\$2,000	

Your Cost in 2026

Semi-Monthly payroll deductions will be as follows.

Employee Semi-Monthly Deductions				
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Dental	\$9.35	\$18.64	\$21.29	\$33.98

Vision



BlueCross BlueShield

A PPO vision plan is available to you and your dependents through Blue Cross Blue Shield, which utilizes the EyeMed Network. Please see below summary of the benefits.

Coverage	In-Network	Non-Network
Exam	\$10 copay	Up to \$30
Standard Lenses	Lens options available at a discount	
Single Vision	\$25 copay	Up to \$25
Lined Bifocal	\$25 copay	Up to \$40
Lined Trifocal	\$25 copay	Up to \$55
Frames	\$130 allowance	Up to \$65
Contacts	\$130 allowance	Up to \$104
Frequency		
Examination	Once every 12 months	
Lenses or Contacts	Once every 12 months	
Frames	Once every 24 months	
Frequency Period Starts At Last Date Of Service		

Your Cost in 2026

Monthly payroll deductions will be as follows.

Employee Monthly Deductions				
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Vision	\$6.79	\$12.90	\$13.58	\$19.96

Disability Income Benefits

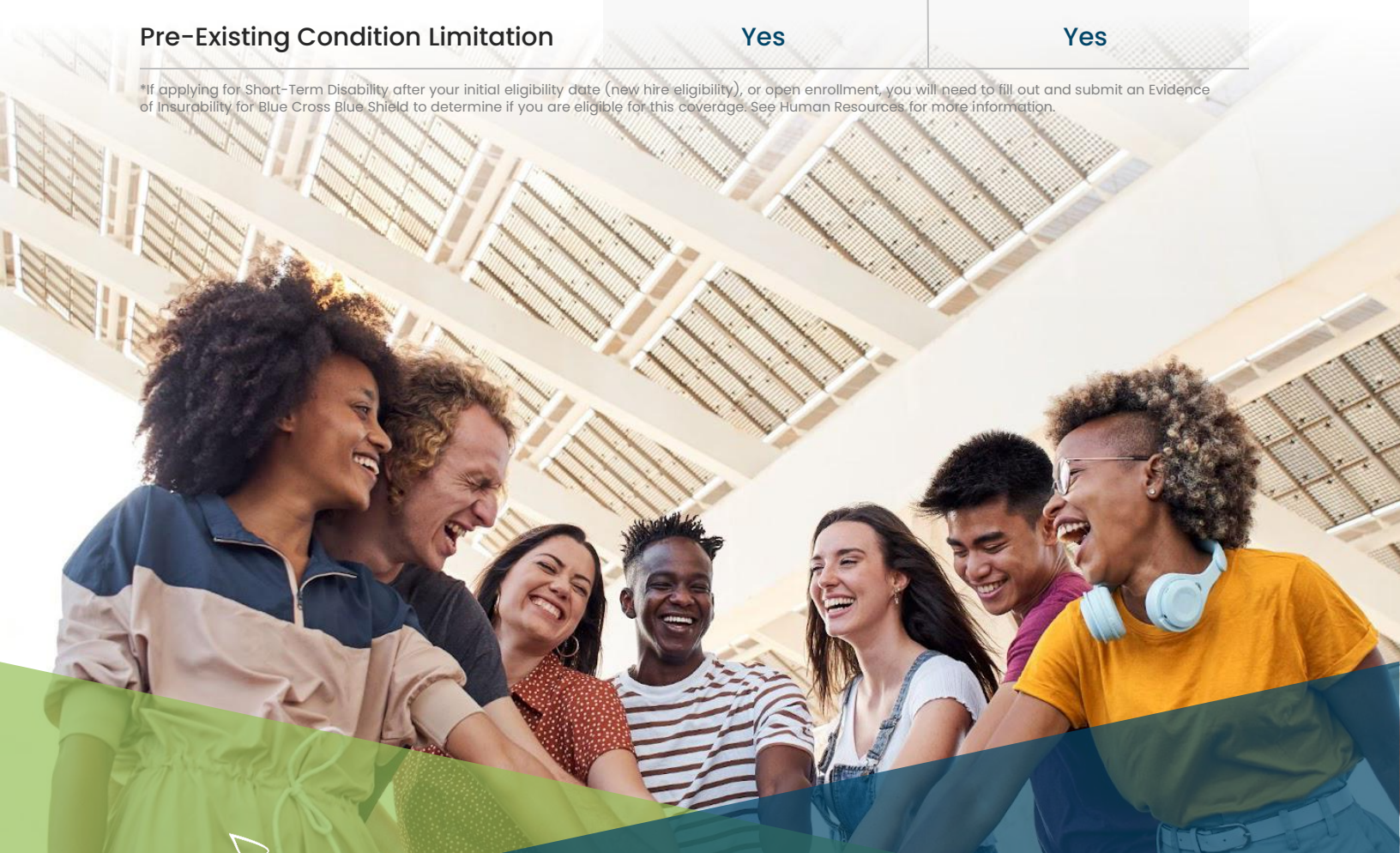


BlueCross BlueShield

LifeGift Organ Donation Center provides full-time employees with long-term disability income benefits and pays the full cost of this coverage. Employees have the option to purchase short-term disability and the premiums will be deducted from their paycheck. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits. Both these coverages are offered through Blue Cross Blue Shield.

	Short-Term Disability*	Long-Term Disability
Benefits Begin	15th day for accident / illness	91st day for accident / illness
Benefits Payable for up to	11 weeks	Social Security Normal Retirement Age
Percentage of Income Replaced	60% of covered weekly earnings	60% of covered monthly earnings
Maximum Benefit	\$1,500 per week	\$8,000 per month
Pre-Existing Condition Limitation	Yes	Yes

*If applying for Short-Term Disability after your initial eligibility date (new hire eligibility), or open enrollment, you will need to fill out and submit an Evidence of Insurability for Blue Cross Blue Shield to determine if you are eligible for this coverage. See Human Resources for more information.



Basic Life Insurance



BlueCross BlueShield

LifeGift Organ Donation Center provides full-time employees with group life and accidental death and dismemberment (AD&D) and pays the full cost of this benefit. This benefit is offered through Blue Cross Blue Shield.

	Basic Life / AD&D
Employer Pays	100%
Benefit Amount	Management - 2X salary to \$500k All Other Employees - 1X salary to \$500k
Age Reduction Schedule	Benefits will reduce to 75% at age 65, 50% at age 70



Voluntary Life Insurance



BlueCross BlueShield

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions. The employee must elect and be approved for coverage for the spouse and/or children to get coverage. This benefit is offered through Blue Cross Blue Shield.

See below chart for benefit details:

	Voluntary Life*		
	Employee	Spouse	Children
Increments of Coverage	\$10,000	\$5,000	Flat \$10,000
Maximum Coverage	\$500,000	\$250,000	\$10,000
Guarantee Issue Amount (only applies to new hires)	\$200,000	\$50,000	\$10,000
Age Reduction Schedule	65% at age 65, 50% at age 70		Terminates at age 26

* If applying as a new hire for amounts over the guaranteed issue, an Evidence of Insurability Form must be filled out and submitted for underwriting determination of eligibility. Also, if applying for coverage for the first time in the middle of the plan year and after your initial eligibility date (new hire eligibility), you will need to fill out and submit an Evidence of Insurability for any amount of coverage elected. For those with existing coverage, at open enrollment you can increase your coverage by 2 increments without Evidence of Insurability up to the Guarantee Issue Amount. See Human Resources for more information.



Voluntary Accident



BlueCross BlueShield

Employee can elect to participate in the Voluntary Accident coverage through Blue Cross Blue Shield for themselves and their dependents. Most major medical insurance plans only pay a portion of the bills. Accident coverage can help pick up where other insurance leaves off and provides cash to help cover the expenses that occur from an off-the-job accident.

Below is a chart of some sample benefits under the Voluntary Accident plan:

Injury	Benefit
Initial Hospital Admission	\$1,200
Concussion	\$150
Shoulder Dislocation	Up to \$2,000
Leg Fracture - Surgical	Up to \$3,000
Surgery with General Anesthesia	\$300
Ground Ambulance Transportation	\$200
Repair to Torn Rotator Cuffs	\$625

Your Cost in 2026

Monthly payroll deductions will be as follows.

Employee Monthly Deductions				
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Accident	\$11.69	\$17.78	\$21.12	\$32.05

Employee Assistance Program



There are times in life when you might need a little help coping or figuring out what to do. Luckily, there is an Employee Assistance Program offered to all full-time employees through ComPsych. It is a completely confidential counseling program.

Employees and their dependents are able to receive referrals to professional counselors based on their needs.

Services for things like:

- Depression, grief, and loss
- Family, marital, and other relationship issues
- Life improvement and goal-setting
- Addictions such as alcohol and drug abuse
- Stress or anxiety with work or family
- Financial and legal concerns

This services provides up to three counseling sessions per issue. Subsequent visits may be scheduled at the cost to the employee.

In order to utilize this benefit, you can contact Disability Resource Services at the contact information listed below:

ComPsych:

Phone: 866-899-1363

Website:

www.guidanceresources.com

Company ID: DISRES

401(a) – Defined Contribution Plan

Each year, LifeGift makes a discretionary contribution, based on a percentage of annual compensation, to employees who have completed 1,000 hours of service and are actively employed on the last day of the Plan Year. Annual compensation includes base pay and call pay however does not include overtime, bonuses, severance and separation pay.

Employer contributions and earnings and losses vest based on their full years of active service with LifeGift and follow a five (5) year vesting schedule as follows:

Less than one year	One year	Two year	Three year	Four year	Five year and more
0%	20%	40%	60%	80%	100%

Retirement Savings

403(b) – Traditional & ROTH

As of your hire date, LifeGift offers all full-time, part-time, and per diem employees the opportunity to participate in the company's 403(b) plan. Each year, employees may contribute between 1% and 60% on a pretax basis (Traditional) or after-tax basis (ROTH) up to the annual IRS dollar limits. A ROTH contribution to your retirement savings plan allows you to make after-tax contributions and take any associated earnings completely tax free at retirement, as long as the distribution is a qualified one. The IRS contribution limit for 2026 is \$24,500. Employees who are age 50 or over at the end of the calendar year can also make catch-up contributions of \$8,000 in 2026 beyond the basic limit on elective deferrals.

LifeGift matches 50 percent of salary deferrals up to 6 percent of the employee's contribution who have completed 1,000 hours of service and are actively employed on the last day of the Plan year. You can change your election at any time during the year and all contributions are subject to the terms and conditions of the plan.

Employees are immediately vested with respect to their contributions and earnings and losses. Employer contributions and earnings and losses vest based on their full years of active service with LifeGift and follow a five (5) year vesting schedule as follows:

Less than one year	One year	Two year	Three year	Four year	Five year and more
0%	20%	40%	60%	80%	100%

Holidays / Vacation / Sick Leave

LifeGift observes the following annual holidays

- New Year's Day
- Martin Luther King, Jr. Day Observance
- Good Friday
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day
- Designated Holiday

Employees are eligible for holiday pay as of their date of hire. Holidays not taken due to business needs may be deferred and used within 90 calendar days of the holiday. Holiday pay is subject to LifeGift policy.

Employee Anniversary Holiday

In addition to scheduled paid holidays, eligible employees are given 8 hours of employee anniversary holiday during the month of their full-time hire to be used as personal time off. Employee anniversary holiday accrual must be used during their anniversary month or the day will be forfeited.

Vacation

Accrual of vacation leave for exempt and non-exempt regular full-time employees are as follows:

Grade 6 and Lower		
Completed Years of Service	Accrual / 80 hours (per pay period)	Maximum Accrual / Pay Pd.
1-2	3.08	80
3	3.08	120
4	4.62	120
5-10	4.62	160
10+	6.16	160
Grade 7 and Higher		
1	4.62	80
2-3	4.62	120
4+	6.16	160

Sick Leave

Employees accrue a maximum of twelve (12) days of sick leave annually. Sick leave may be requested when an employee or member of their household is sick and for medical/dental appointments.



LifeGift