CNIC
★ FLEET ★ FIGHTER ★ FAMILY

A GUIDE TO YOUR *Benefits*

January 1 - December 31, 2027



2027





CLICK TO EXPLORE YOUR BENEFIT OPTIONS

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer our NAF U.S. employees a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you are a regular employee and work 20 or more hours per week (35 hours or more per week for LTD). You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

Relationship Documentation Requirement

Spouse

- Copy of Marriage Certificate or copy of presently valid affidavit or declaration of Common Law Marriage

AND

- A copy of the first page of the latest federal tax Form 1040 that indicates "married filing jointly; or copy of the first page of the latest federal tax Form 1040 that indicates "married filing separately" (spouse's name must appear on the line provided after the "married filing separately" status).

Biological Child

- Copy of Birth Certificate.
- Proof of name if your adult child's last name is different from the name on his or her birth certificate. Examples of proof documents are marriage certificates and court documents.

Step-Child

- Copy of Birth Certificate and copy of Marriage Certificate showing the union of employee and natural parent.
- Proof of name if your adult child's last name is different from the name on his or her birth certificate. Examples of proof documents are marriage certificates and court documents.
- Foster, adopted, or children under your legal guardianship
- Copy of Birth Certificate and Court Order recognizing Guardianship/Placement with the employee.
- Proof of name if your adult child's last name is different from the name on his or her birth certificate. Examples of proof documents are marriage certificates and court documents.

Disabled Child age 26+

- Copy of Birth Certificate and Handicap Forms provided by the carrier for completion by you and the child's treating physician

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 31 days of your date of hire. If you enroll on time, coverage is effective on the date of hire or date application is signed.
- If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2027.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns*). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

*Other proof of birth may be submitted if birth certificate is not received within 31 days.

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Enrollment

Please fill out and return enrollment forms to Human Resources.

Required Information—*When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.*

Medical

We are proud to offer you a choice among two different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Aetna Choice POS II and High Deductible Health Plan (HDHP)

These plans give you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Aetna network. The calendar-year deductible must be met before certain services are covered.

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD) at **www.nafhealthplans.com**.

Health Maintenance Organizations (HMOs) may also be available to you, depending on where you live. Ask your Human Resources representative about HMOs in your area or check Alex, our benefit counselor, at https://start.myalex.com/cnic.



Medical

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD) at **www.nafhealthplans.com**.

Key Medical Benefits	Choice POS II - PPO		High Deductible Health Plan - PPO	
	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]
Deductible (per calendar year)				
Individual / Family	$700 / $2,100	$2,100 / $6,300	$2,000 / $6,000	$6,000 / $12,000
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	$6,000 / $12,000	$12,000 / $24,000	$7,000 / $14,000	$14,000 / $18,500
Company Contribution to Your Health Savings Account (HSA) (per calendar year; prorated for new hires/newly eligible)				
Individual / Family	N/A		$500 / $1,000	
Covered Services				
Office Visits (physician/specialist)	$45 / $70 copay	60%*	70%*	60%*
Routine Preventive Care	100%	Not covered	100%	Not covered
Outpatient Diagnostic (lab/X-ray)	$45 / $70 copay	60%*	70%*	60%*
Complex Imaging	80%*	60%*	70%*	60%*
Chiropractic	$70 copay	60%*	70%*	60%*
Ambulance	80% after $500 copay	80%* after $500 copay [2]	70%*	
Emergency Room	80% after $500 copay	80%* after $500 copay	70%*	
Urgent Care Facility	$45 copay	60%*	70%*	60%*
Inpatient Hospital Stay	80%* + $200 per confinement	60%* + $400 copay [3]	70%*	60%*
Outpatient Surgery	80%*	60%*	70%*	60%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4)				
Retail Pharmacy (30-day supply)	$10 / 25% min $45; max $70 / 35% min $75; max $200 / 40% min $60; max $125	Not covered	0%*/ 35%* $75 max / 50% max $125 I Specialty drugs: 50% max $125	Not covered
Mail Order (90-day supply)	$20 / 25% min $90; max $140 / 35% min $150; max $400	Not covered	0%*/ 35%* $150 max / 50% max $250	Not covered

Coinsurance percentages shown in the above chart represent what the plan is responsible for paying.

***Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.**

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. When treated in an emergency room.
3. Copay must be paid per confinement.

Dental

PPO

The Aetna dental plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Aetna network.

Following is a high-level overview of the coverage available.

Key Dental Benefits	PPO	
	In-Network	Out-of-Network[1]
Deductible (per calendar year)		
Individual / Family	$100 / Family of 2: $200 (2 times individual) / Family of 3: $300 (3 times individual)	$100 / $300
Benefit Maximum (per calendar year; preventive, basic, and major services combined)		
Per Individual	$2,500	
Covered Services		
Preventive Services	100%	
Basic Services	80%*	
Major Services	50%*	
Orthodontia (Child & Adult)	50%: $2,000 per individual per lifetime	

Coinsurance percentages shown in the above chart represent what the plan is responsible for paying.

***Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.**

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

If a Health Maintenance Organization (HMOs) is available to you, depending on where you live, other Dental plans may be available as well. Ask your Human Resources representative about other Dental options in your area or check Alex, our benefit counselor, at https://start.mygalex.com/cnic.

Vision

We are proud to offer you a vision plan.

The Aetna vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Aetna network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Routine Eye Exam and/or Contact Lenses Fitting (one each per person per calendar year)	100%	Not covered
Lenses Single Vision Bifocal Trifocal	100%	100%
Frames	100%	
Contact Lenses	100%, Maximum benefit of $150	
Maximum Benefit for Prescription Eyewear; Lenses, Frames and Contacts	$150 maximum benefit per person per calendar year	



Flexible Spending Accounts (FSAs)

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through Inspira Financial. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2027, you may contribute up to $3,400 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions
- Dental treatment
- Orthodontia
- Eye exams/ eyeglasses
- Lasik eye surgery

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Dependent Care FSA

For 2027, you may contribute up to $7,500 (per family) to cover eligible dependent care expenses ($3,750 if you and your spouse file separate tax returns). Some eligible expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health Care FSA: Unused funds of up to $680 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over $680 will **NOT** be returned to you or carried over to the following year.

Dependent Care FSA: Unused funds will **NOT** be returned to you or carried over to the following year.

You can incur expenses through December 31, 2027, and must file claims by March 31, 2028.

Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.

Health Savings Account (HSA)

Want to reduce your taxable income and increase your take-home pay? Enroll in an HSA today and start saving money for eligible health care expenses for you, your spouse and your tax dependents.

To enroll in an Health Savings Account (HSA), you must be enrolled in a qualified high-deductible health plan (HDHP). In addition, you cannot have:

- Other health coverage that pays for out-of-pocket health care expenses before you meet your plan deductible such as Medicare, Tricare or VA medical benefits than have been used in the last three months (except in cases where services were used for a service-connected disability).
- A general-purpose health care flexible spending account (FSA) or health reimbursement arrangement (HRA) in the same year (and neither can your spouse)
- Someone claim you as a "dependent" on their tax return.

Go to **nafhealthplans.com** for more information

Life and AD&D Insurance

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D

This benefit is provided to you through MetLife. CNIC pays 1/3 of the Basic Life/AD&D coverage, members are responsible for the remainder.

Benefit Amount	1 times your base annual earnings plus $2,000

Supplemental Life/AD&D (Employee-paid)

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

Benefit Option		Guaranteed Issue*
Employee	1 to 6 times your base annual earnings to a maximum of $750,000 combined with Basic Life	Lesser of 4 times your base annual earnings or $500,000 combined with basic life
Spouse	$10,000; $25,000 or $50,000	$25,000
Child(ren)**	$5,000 and $10,000	$10,000

*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

**Up to age 26 regardless of student status.

Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Long-Term Disability	
Provided through MetLife.	
Benefit Percentage	60%
Monthly Benefit Maximum	$6,000
When Benefits Begin	The later of 60 days or expiration of your sick leave
Maximum Benefit Duration	Age 65 or Social Security Retirement Age
Mental or Nervous Disorders or Diseases, Neuromuscular, Musculoskeletal or Soft Tissue Disorder, Chronic Fatigue Syndrome and related conditions	If you are Disabled due to one or more of these conditions, your Disability benefits are limited to a lifetime maximum equal to the lesser of: • 24 months; or • the Maximum Benefit Period

Employee Assistance Program

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at NO COST to you through AllOne Health.

The EAP can help with the following issues, among others:

- Mental health
- Relationships or marital conflicts
- Child and eldercare
- Substance abuse
- Grief and loss
- Legal or financial issues

EAP Benefits

- Assistance for you and your household members
- Up to four (4) in-person sessions with a counselor per issue, per year, per individual
- Unlimited toll-free phone access and online resources



Retirement Plans

To help you save for retirement, CNIC offers two plan options.

The CNIC Retirement Plan (Pension Plan)
If you are a regular full-time or part time employee, you will be automatically enrolled in the CNIC Retirement Plan.

You are vested in the plan after five years of regular service. You can start receiving full benefits at age 62 (or 52, in a reduced amount). Survivor benefits are also available.

Benefits are increased by cost-of-living adjustments. The cost of the plan is 1% of your pensionable earnings bi-weekly.

The CNIC 401(k) Plan
You may enter the plan after you have received your first paycheck and have attained the age of 18 years or older.

How much can I contribute to the plan? NOTE: The amounts shown below may increase for 2027, once announced by the IRS:

- Combined Pretax and Posttax (Roth) 401(k) contributions are permitted from 1% - 90% of your salary.
- Contributions are subject to the plan and IRS contribution limits - $24,500 in 2026.
- If you are age 50 or older by December 31, you may qualify to make additional pretax, "catch-up" contributions - $8,000 in 2026 (combined annual limit is $32,500 in 2026).
- If you are ages 60–63 you may qualify to make additional pretax, "special catch up" contributions - $11,250 in 2026 (combined annual limit is $35,750 in 2026).
- Roth Catch Up: if you are eligible to make catch up contributions and your prior year FICA earnings exceed $150,000, all catch up contributions can only be deducted as Posttax (Roth) contributions.

Does CNIC make any contributions?

- For every dollar you put in the plan, CNIC will match your savings up to a maximum of 3%.

What does vesting mean?

- Vesting refers to your "ownership" of a benefit from your plan.

You will be vested in the CNIC NAF 401(k) Savings Plan according to the following schedule:

- You are always 100% vested in the money you contribute to the plan and the earnings on that money.
- You will be vested in the employer contribution after 1 year of service.

You can enroll in the plan, access your account, and make changes two easy ways:

Online: www.principal.com
By phone: 800-547-7754

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Aetna	1-800-367-6276	www.aetna.com
Flexible Spending Accounts (FSAs)	Inspira Financial	1-844-729-3539	www.inspirafinancial.com
Health Savings Accounts (HSAs)	Inspira Financial	1-844-729-3539	www.inspirafinancial.com
Dental	Aetna	1-800-367-6276	www.aetna.com
Vision	Aetna	1-800-367-6276	www.aetna.com
Life/AD&D	MetLife	Contact your local HR for questions or concerns.	www.metlife.com
Disability	MetLife	Contact your local HR for questions or concerns.	www.metlife.com
Employee Assistance Program (EAP)	AllOne Health	1-800-932-0034	Please visit the ServiceNow portal at: https://cnic.mylifeexpert.com/
401(k)	Principal	1-800-547-7754	www.principal.com



Questions?

If you have additional questions, you may also contact:

CNIC HR - Headquarters at 1-855-271-4616 |
https://cnicffr.servicenowservices.com/ffrhub/, which requires account creation

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.
Annual Notices: Various federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

HUB