



**HUMAN
RESOURCES**

2026 BENEFITS GUIDE



Build your **HEALTH with GATES®**



IMPORTANT CONTACTS

If you have any questions about your benefits, we are here to help. For general questions, please contact Gates Benefits or the specific vendor referenced below.

Gates Resource Reference	Contact	Gates Resource Reference	Contact
Gates Human Resources/ Benefits	1-833-2help4u (833-243-5748) BenefitsSupport@Gates.com	Gates Payroll	Payroll@Gates.com
Gates Pension/Retirement Service Center	855-409-6689	Gates IT Service Desk	303-744-4440 ITServiceDesk@Gates.com
Gates Legal Ethics & Compliance Hotline	844-490-5805 gatescorp.ethicspoint.com	Crisis Hotline	800-327-7451 or text "support" to 78137

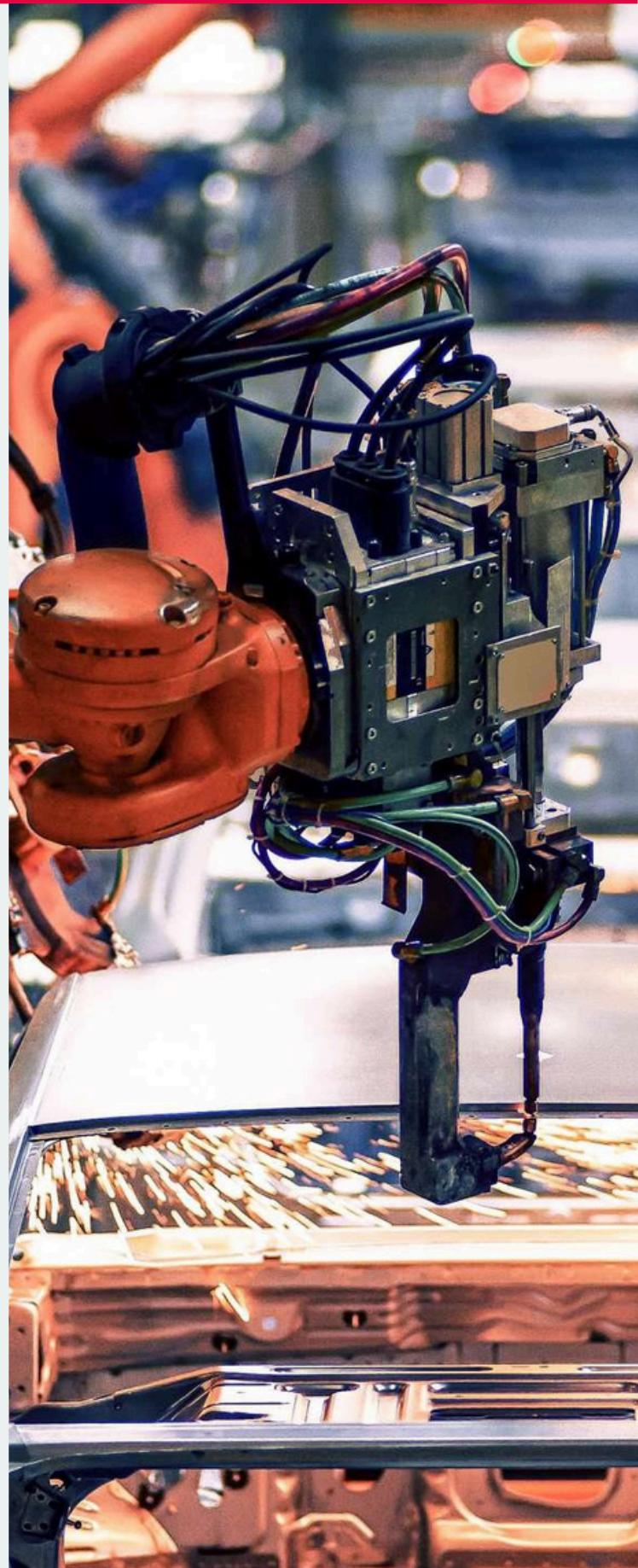
Benefit	Vendor	Website	Phone number
Medical	UnitedHealthcare (UHC) UHC Concierge Team Group# 0742857	www.myuhc.com	866-787-6864
Prescription Drugs	OptumRx	www.optumrx.com	844-720-0029
Health Savings Account (HSA) Flexible Spending Accounts	Optum Health/UHC HSA: Group#742857 FSA: Group# 782509	www.optumbank.com www.myuhc.com	866-234-8913 866-787-6864
Dental Critical Illness Insurance Accident Insurance Hospital Indemnity Identity Protection Plan	MetLife Group# 300277	www.metlife.com	800-438-6388
Legal Plan	MetLife Legal Plans Access code: 4360010	www.legalplans.com	800-821-6400
Vision	Vision Service Plan Group# 12157714	www.vsp.com	800-877-7195
Life and AD&D Insurance	The Hartford Group# 805413	www.mytomorrow.thehartfordtools.com/gates-corporation/GatesCorp	888-563-1124
Disability Insurance	The Hartford Group# 805413	www.mytomorrow.thehartfordtools.com/gates-corporation/GatesCorp	866-269-6249
401(k) Retirement Savings Plan	Charles Schwab	www.gateshealth.com/retirement	800-724-7526
Virtual Primary & Urgent Care Platform	Amaze Health	www.amazehealth.com/support/	720-577-5251
Proof of Employment Income	Thomas and Company Gates Employer Code: GATES	www.thomas-and-company.com	615-620-0569
Dependent Verifications	iVerifyPro	www.iverifypro.com	866-224-7042

Information and policies for time off including Sick, Vacation, Holidays, and all leaves of absence can be found on the Gates HR SharePoint page collab.gatesint.com/HRNS/Policy/_layouts/15/start.aspx#/SitePages/Home.aspx You may also contact your local human resources representative with any questions or to request printed copies of this information.

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This document is an outline of the coverage proposed by the carrier(s), based on information provided by Gates. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to the Gates Human Resources/Benefits Department.

WELCOME

This guide is designed to help you make informed decisions about the benefits available to you and your family. Inside, you'll find information about medical, dental, vision, and voluntary benefits—along with key updates, enrollment steps, and helpful resources.

Important Enrollment Deadlines:

■ **New Hires:**

Enroll in your benefits within **30 calendar days of your hire date**. Coverage begins on the first day of the month following your hire date.

■ **Qualifying Life Event:**

If you experience a qualifying life event (such as marriage, birth, or loss of coverage), you must submit changes within **30 calendar days of the event**.

■ **Dependent Verification:**

If you're adding dependent(s), be prepared to complete a verification process through **iVerifyPro**. **Failure to complete this process may result in the loss of dependent coverage.**

■ **Annual Open Enrollment:**

Takes place in **November**. Changes made during Annual Open Enrollment go into effect January 1 of the following year.

Don't Forget About:

■ **Supporting Your Well-Being:**

You have access to resources designed to support your health, including the Employee Assistance Program and exclusive Gates Savings and Programs that support your mental, emotional, and financial needs.

WHAT'S CHANGING IN 2026

New Virtual Care with Amaze Health:

We are launching our new healthcare partner, Amaze Health, on January 1—an all-in-one platform offering 24/7 access to virtual care, including urgent and primary care, mental health support, and patient advocacy.

Consova is Now iVerifyPro:

You may see the new iVerifyPro name and logo in future communications. There are no changes to existing verification processes.

Increase to Plan Deductibles:

We are updating the CDHP1 in-network deductibles to align with the government's annual adjustment. The updated deductible amounts will take effect January 1.

Gates Benefits Team

(833-243-5748)

BenefitsSupport@Gates.com

ELIGIBILITY & DEPENDENT VERIFICATION

Benefits are available to full-time employees working 30 hours or more per week and to their eligible dependents:

■ Your Spouse

Includes a legally married spouse or common-law spouse (if recognized by your state)

Eligible if their employer's employee-only coverage costs more than \$160 per month.

■ Your Children

Includes biological, adopted, stepchildren, foster children, or children under legal guardianship, or covered by a QMCSO



How to Verify Your Dependents

All dependents added to your benefits must be verified through Gates' secure third-party provider, [iVerifyPro](#).

iVerifyPro will contact you directly by email (if you have one on file in Oracle) or by mail if no email address is provided, with instructions on how to access their secure online portal and submit the required documentation for your enrolled dependents.

Important: Submit all required documents by the deadline listed in your iVerifyPro notification to avoid losing dependent coverage. If you cannot provide the required documents, contact iVerifyPro immediately.

Required Documents to Verify Dependent

Dependent Relationship	Required Verification Document (Copy of the following)
Spouse¹	Marriage Certificate + Page 1 of Tax Return + Verification Form
Child (biological or adopted)	Birth Certificate or Signed Court Order
Stepchild	Birth Certificate + Marriage Certificate + Page 1 of Tax Return
Legal Guardianship / Foster Child	Signed Court Order or Social Services Letter + Page 1 of Tax Return
Qualified Medical Child Support Order (QMCSO)	Signed Court Order + Page 1 of Tax Return

Please Note: For your security, black out the first five digits of any Social Security numbers and any IRS Identity Protection PINs before submitting documents.

iVerifyPro

866-224-7042

Need Help?

Scan or click for a complete list of acceptable documents



¹ Spouse includes your common-law spouse if common-law marriage is recognized in your state of legal residency.

WHEN AND HOW TO ENROLL

Benefit plans are effective from January 1 through December 31. Benefit choices are generally made during the following times:

Annual Open Enrollment: Choices made during Annual Open Enrollment remain in effect through December 31 of the upcoming plan year.

Newly Eligible Employees: You must enroll **within 30 calendar days** of your hire date. Your benefits will begin on the first day of the month following your hire date and remain active through the remainder of the year.

Qualifying Life Event (QLE): Certain events allow you to make changes to your benefit plan.

QLEs include:

- Marriage or divorce
- Birth or adoption
- Death of a spouse or dependent
- Loss or gain of coverage

You have 30 calendar days from the date of the event to submit your request, along with supporting documentation.

If you do not notify Gates Benefits or your local HR Business Partner **within 30 calendar days** of the QLE, you must wait until the next Annual Open Enrollment period to make changes.

For a complete listing of QLEs, contact BenefitsSupport@Gates.com or visit gateshealth.com.



Enroll through the Oracle System

Access Oracle enrollment through Employee Tools found in the Gateway Portal

1. Login using your Oracle ID and password.
2. Try to log in within the first week of your enrollment period.
3. Contact the Gates Benefits Team or IT Help desk if you experience technical issues.

Important: DO NOT WAIT UNTIL THE LAST DAY OF YOUR ENROLLMENT WINDOW TO LOG IN.



If you do not remember your Oracle login credentials, click on the “Login Assistance” button or contact the IT Service Desk for additional assistance.

BENEFITS ENROLLMENT OVERVIEW

ENROLLMENT ACTION STEPS:

- Check your eligibility
- Review your benefit options in the Benefits Guide and Gateshealth.com
- Make your election in Oracle **within 30 days** of your hire date or QLE
- Verify your dependents in iVerifyPro and upload required documents
- Register your account on the benefit provider's website for the benefits you selected

Terms to Know:

Open Enrollment:

The designated annual period when you can enroll in or make changes to your benefits for the upcoming year.

Qualifying Life Event:

A personal event that allows you to make changes to your benefits outside of Open Enrollment (e.g., marriage, divorce, birth, adoption, or loss/gain of other coverage).

Dependent Verification:

The process used to confirm that individuals listed as your dependents meet the eligibility requirements for coverage.

Frequently Asked Questions:

Q: When do my benefits begin as a new hire?

A: Benefits begin on the first day of the month following your hire date and remain effective through the end of the calendar year.

Q: What if I don't complete enrollment within 30 calendar days?

A: If you do not complete your enrollment within 30 calendar days, you must wait until the next Annual Open Enrollment to sign up for benefits, unless you experience a Qualifying Life Event.

Q: How do I complete dependent verification?

A: After enrolling dependents, iVerifyPro will contact you by email (if you have one on file in Oracle) or by mail if no email address is provided, with instructions.

You will need to:

1. Create an iVerifyPro account using the provided PIN.
2. Upload required documents (e.g., birth certificates for each dependent, marriage certificates or tax returns).
3. Track your verification status via the iVerifyPro portal.

MEDICAL

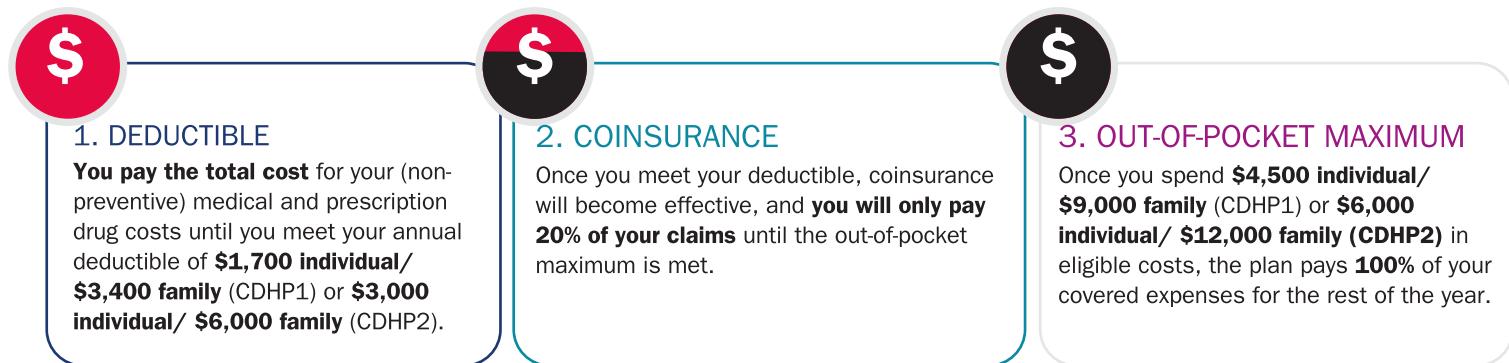
Gates offers three medical plan options through UnitedHealthcare: two Consumer-Directed Health Plans (CDHP1 and CDHP2) and a Preferred Provider Organization (PPO) plan.

How the Medical Plans Work

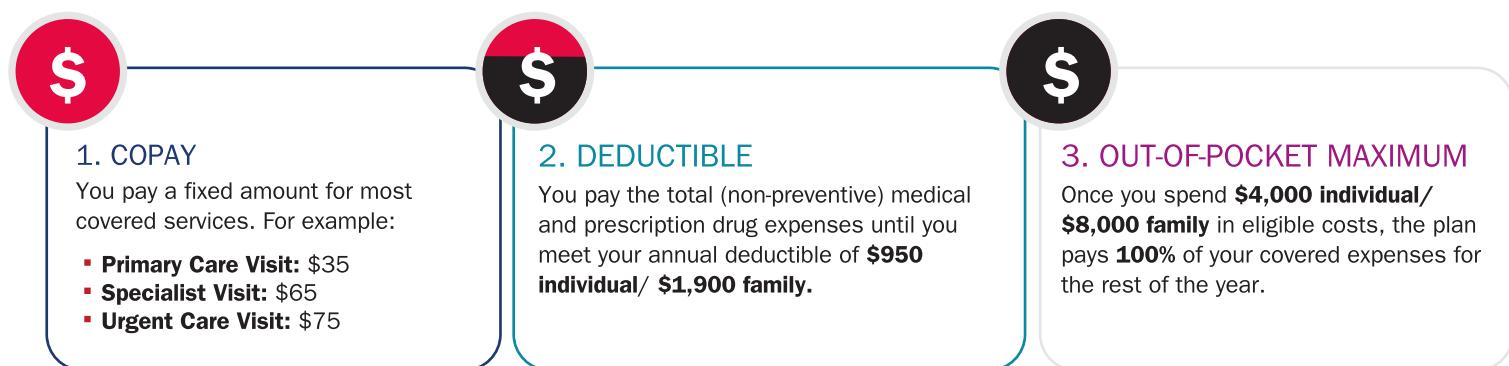
All plans offer the same coverage but differ in how you pay—through your paycheck premiums and the costs you pay when you get care.

Key difference: The PPO has set copays for most services, while the CDHP requires you to pay the full cost until you meet your deductible. CDHP is also HSA-eligible, allowing you to save pre-tax dollars for qualified medical expenses.

CDHP



PPO



UHC CONCIERGE TEAM

Healthcare can be confusing, so we've engaged UHC's Concierge service to give you personalized, one-on-one support. The team can help you:

- Find in-network providers
- Resolve claims or billing issues
- Connect with care resources for specific medical conditions
- Access or replace your ID cards
- Get nurse advocacy and guidance



Scan or click the QR code to watch a short video about the UHC Concierge Team.

Access Your Plan Information Anywhere, Anytime

Register or sign in to www.myuhc.com, download the UHC app to manage your plan on the go, or call **866-787-6864**

How the Medical Plans Compare

Use this chart to compare the three medical plan options side-by-side and see how costs and coverage differ for individual and family coverage.

Coverage Summary						
	CDHP1		CDHP2		PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual deductible (calendar year)						
Employee Only	\$1,700	\$3,000	\$3,000	\$6,000	\$950	\$1,500
Employee +Family	\$3,400	\$6,000	\$6,000	\$12,000	\$1,900	\$3,000
Annual out-of-pocket maximum (medical and pharmacy cost-sharing combined)						
Employee Only	\$4,500	\$12,000	\$6,000	\$12,000	\$4,000	\$12,000
Employee +Family	\$9,000	\$24,000	\$12,000	\$24,000	\$8,000	\$24,000
Medical service costs (what you pay)						
Preventive Care	No charge	Deductible + 40% of allowable charges ¹	No charge	Deductible + 50% of allowable charges ¹	No charge	Deductible + 40% of allowable charges ¹
Primary Care Office Visit	Deductible + 20%	Deductible + 40% of allowable charges ¹	Deductible + 20%	Deductible + 50% of allowable charges ¹	\$35 copay	Deductible + 40% of allowable charges ¹
Specialist Office Visit	Deductible + 20%	Deductible + 40% of allowable charges ¹	Deductible + 20%	Deductible + 50% of allowable charges ¹	\$65 copay	Deductible + 40% of allowable charges ¹
Inpatient Hospitalization	Deductible + 20%	Deductible + 40% of allowable charges ¹	Deductible + 20%	Deductible + 50% of allowable charges ¹	Deductible + 20%	Deductible + 40% of allowable charges ¹
Outpatient Services	Deductible + 20%	Deductible + 40% of allowable charges ¹	Deductible + 20%	Deductible + 50% of allowable charges ¹	Deductible + 20%	Deductible + 40% of allowable charges ¹
Urgent Care Visit	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 20%	\$75 copay	Deductible + 40% of allowable charges ¹
Emergency Room Visit	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 20%
X-Ray, Lab, and Chiropractic, Office Visits	Deductible + 20%	Deductible + 40% of allowable charges ¹	Deductible + 20%	Deductible + 50% of allowable charges ¹	Deductible + 20%	Deductible + 40% of allowable charges ¹
Complex Imaging (MRI/CT/PET)	Deductible + 20%	Deductible + 40% of allowable charges ¹	Deductible + 20%	Deductible + 50% of allowable charges ¹	\$200 at freestanding centers; Deductible + 20% everywhere else	Deductible + 40% of allowable charges ¹

¹ Allowable charges refer to the maximum reimbursement for out-of-network services, as calculated based on a percentage of Medicare reimbursement for the same services.

2026 BI-WEEKLY MEDICAL PREMIUMS

This chart shows how much will be deducted from your paycheck every pay period based on the plan and coverage level you select.

2026 Medical Plan Rates

	<\$50k		\$50k-\$100k		\$100k-\$150k		>\$150k	
	Employee cost	Employer cost						
CDHP1								
Employee Only	\$43.21	\$323.02	\$61.16	\$305.07	\$80.16	\$286.07	\$94.40	\$271.83
Employee + Spouse	\$136.16	\$617.47	\$142.84	\$610.79	\$187.25	\$566.38	\$220.54	\$533.09
Employee + Child(ren)	\$122.89	\$557.23	\$128.91	\$551.19	\$168.98	\$511.12	\$199.01	\$481.11
Employee + Family	\$195.27	\$885.54	\$204.85	\$875.96	\$268.53	\$812.28	\$316.25	\$764.56
CDHP2								
Employee Only	\$24.71	\$312.35	\$37.50	\$299.56	\$47.33	\$289.72	\$55.74	\$281.31
Employee + Spouse	\$89.97	\$601.01	\$94.38	\$596.60	\$119.09	\$571.89	\$140.26	\$550.72
Employee + Child(ren)	\$81.18	\$542.38	\$85.17	\$538.39	\$107.46	\$516.10	\$126.59	\$496.97
Employee + Family	\$129.01	\$861.96	\$135.36	\$855.61	\$170.80	\$820.17	\$201.16	\$789.81
PPO								
Employee Only	\$67.91	\$337.51	\$80.27	\$325.15	\$129.87	\$275.55	\$154.30	\$251.12
Employee + Spouse	\$203.75	\$627.35	\$248.01	\$583.09	\$306.09	\$525.01	\$363.17	\$467.93
Employee + Child(ren)	\$191.39	\$558.63	\$222.36	\$527.66	\$274.67	\$475.35	\$326.18	\$423.84
Employee + Family	\$246.96	\$944.96	\$296.36	\$895.56	\$437.91	\$754.01	\$519.77	\$672.15



HELPFUL REMINDER:

Your medical plan premiums are deducted from your paycheck on a pre-tax basis, which lowers your taxable income. Premiums vary by coverage level and plan type.

To compare costs and estimate your care expenses, use the cost estimator at myuhc.com or contact the UHC Concierge Team.

PRESCRIPTION DRUG COVERAGE

Your medical plan automatically enrolls you in prescription drug coverage with OptumRx.

All medical plans cover prescriptions the same way. The chart below outlines your cost based on drug type and where you fill your prescription.

Coverage Summary

	In-Network Retail (30 Day) ¹	Out-of-Network Retail (30 Day)	Home Delivery (90 Day)
Generic	\$5 copay after deductible	\$5 copay + cost difference from OptumRx's discounted price	\$12.50 copay after deductible
Brand formulary	20% after deductible (\$30 min./\$60 max.)	20% (\$30 min./\$60 max.) + cost difference from OptumRx's discounted price	20% after deductible (\$80 min./\$160 max.)
Brand non-formulary	20% after deductible (\$60 min./\$120 max.)	20% (\$60 min./\$120 max.) + cost difference from OptumRx's discounted price	20% after deductible (\$150 min./\$300 max.)

Please Note: Most prescription costs apply to your medical plan deductible before coinsurance or copays, unless otherwise noted.

Keeping Prescription Costs Down

Employees can save money by:

- Choosing generics when possible.** Generic drugs are non-brand-name, FDA-approved versions of brand-name drugs. They contain the same active ingredients but at a fraction of the price.
- Use OptumRx Home Delivery.** Home delivery lets you receive a 90-day supply of your regular medications delivered directly to your doorstep, saving you time and money.
- Deciding on which medical plan to select?** Use the link to see prescription costs for each plan type: welcome.optumrx.com/gatescorp/landing

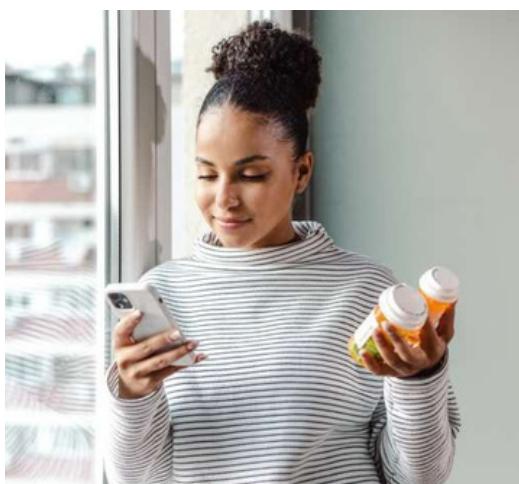


STEP THERAPY

Some medications require Step Therapy. This means you'll need to try a safe, proven, lower-cost drug before coverage is provided for certain higher-cost prescriptions.

BENEFITS OF STEP THERAPY:

- Cost Savings:** Encourages the use of lower-cost medications, helping you save on prescription costs
- Safety and Effectiveness:** Ensures you receive safe, effective treatment while reducing the risk of unnecessary side effects



CONSIDERATIONS:

- Patient Advocacy:** If the preferred drug isn't effective for you and your doctor deems another medication medically necessary, you can work with your healthcare provider to appeal.
- Communication:** Stay informed about your plan's Step Therapy requirements and discuss any concerns with your healthcare provider

OptumRx

www.optumrx.com • 844-720-0029

¹ The deductible is waived for certain preventive medications and PPO plans.

HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) allows you to set aside money on a pre-tax basis to pay for qualified medical expenses. If you are enrolled in the Gates CDHP1 or CDHP2 plan, you are eligible to open an HSA through Optum Bank.

2026 Contribution Limits¹

All contributions are tax-free, and any interest or earnings remain untaxed as well. The funds are yours to keep, even if you leave Gates. You can contribute up to the IRS maximum each year, which includes both Gates' contributions and your own payroll deductions.

Gates Annual Contribution (if you qualify for full year):				
Coverage Level	<\$50k	\$50k– \$100k	\$100k– \$150k	\$150k>
Employee Only	\$750	\$500	\$350	\$250
Employee + Family	\$1,250	\$1,000	\$700	\$500
Optional Employee Contribution:				
Coverage Level	<\$50k	\$50k– \$100k	\$100k– \$150k	\$150k>
Employee Only	\$3650	\$3,900	\$4,050	\$4,150
Employee + Family	\$7,500	\$7,750	\$8,050	\$8,250

These limits are set by the IRS and include both employer and employee contributions.

Total Annual Contribution Limit	
Coverage Level	Combined Limit
Employee Only	\$4,400
Employee + Family	\$8,750

Using Your HSA Savings

Your HSA can be used to pay for qualified medical expenses for yourself, your spouse, and your tax dependents. For a full list of eligible expenses, see IRS Publication 502 at www.irs.gov.

You can also grow your HSA as a long-term savings tool. Once your balance reaches **\$2,000**, you can invest in mutual funds, stocks, bonds, and other options to help save for future healthcare needs or retirement.

Tax-Savings Example

HSA contributions are made on a pre-tax basis, which reduces your taxable income. For example, if you contribute \$1,000 to your HSA, you avoid paying income tax on that amount (typically 20% or more), and the full \$1,000 goes into your account. This allows you to save money and use those funds for eligible healthcare expenses.

HSA Funding

If you are enrolled in a Gates CDHP medical plan, you may be eligible for Gates' bi-annual HSA contributions.

The amount you will receive is based on the coverage level and salary, and will be prorated for the year.

To receive the bi-annual funding, you must:

- Be enrolled in a Gates CDHP medical plan
- Be an active employee on the payroll funding date
- Have an active, verified HSA account by the bi-annual deadline

Bi-Annual Deadlines	Funding Timing
January 31, 2026	February 7, 2026
August 1, 2026	August 8, 2026

- Bi-annual funding will be processed as soon as administratively feasible by payroll the month following each bi-annual deadline date.
- If you are not enrolled in a Gates medical plan, there is a monthly maintenance fee of **\$3** for accounts under **\$5,000**.



Make the Most of Your HSA



Scan or click the QR Code to learn more about how your HSA works.

Optum Bank

www.optumbank.com • 866-234-8913

¹ If you are age 55 or older, you are eligible to contribute an additional \$1,000 as a 'catch-up' contribution.

FLEXIBLE SPENDING ACCOUNT (FSA)

A Flexible Spending Account (FSA) lets you set aside pre-tax dollars to pay for eligible medical, dependent care, or other qualified expenses. You decide how much to contribute for the year, and a portion is deducted from each paycheck.

Coverage Summary

Health Care FSA	Limited Purpose FSA	Dependent Care FSA	Parking FSA
What can it be used for?			
<ul style="list-style-type: none">Medical, pharmacy, dental, and vision expenses.Changes only allowed with Qualifying Life Event.Roll-over up to IRS limit of unused funds into the next plan year	<ul style="list-style-type: none">Dental and vision expenses only.Changes only allowed with Qualifying Life Event.	<ul style="list-style-type: none">Child or elder care expenses.Unused funds are forfeited at year-end.Changes only allowed with a Qualifying Life Event.	<ul style="list-style-type: none">Parking and transit expensesManaged on a monthly basis, you can start, stop, or change your contributions monthly. Unused funds can roll over into the next plan year.
Who can participate?			
Employees enrolled in the Gates PPO plan Not available if you are enrolled in CDHP1 or CDHP2.	Employees enrolled in CDHP1 or CDHP2. Not available for PPO participants.	Anyone can participate in this benefit.	Denver employees only.

2026 Contribution Limits

You decide how much to contribute to your FSA each year, up to the limits below. All contributions are tax-free. You may carry over up to **\$680** from a Health Care FSA and **\$680** from a Limited Purpose FSA into 2026. Any amount above these limits will be forfeited. Funds cannot be transferred between FSAs. Your annual election will be divided evenly across pay periods for consistent deductions. FSA funds will be forfeited if you leave Gates.

Maximum Total Annual Contributions

Health Care FSA	\$3,400
Limited Purpose FSA	\$3,400
Dependent Care FSA	\$7,500/\$3,750 per spouse if married and filing separately
Parking FSA	\$340/monthly (up to \$4,080 annually)

Tax-Savings Example

Your FSA contributions are made on a pre-tax basis. If you contribute \$1,000, you avoid paying income tax (typically 20% or more), and the full \$1,000 is available in your account. This saves you money that can be used to pay for eligible health expenses.



Calculate your FSA Costs



Scan or click the QR Code to access the UHC FSA Cost Calculator



UHC

www.myuhc.com • UHC app • 800-438-6388

DENTAL

Gates offers two dental plans: the Low Plan and the High Plan. Both cover basic, major, and orthodontic services. Each plan includes up to four free cleanings every year, plus two dental exams for preventative care.

Coverage Summary

	Low Plan (Dental Plan 1)	High Plan (Dental Plan 2)
Deductible	\$50/person, \$100 max/family	\$25/person, \$50 max/family
Annual Maximum Benefit	\$1,500/person	\$3,000/person

What's Covered:

Both plans cover the same categories of services. The difference is in the cost, coverage percentages and annual maximums, as outlined below.

Preventive Services

Exams, cleanings, X-rays, and fluoride (to age 19)

- **100%** covered under both plans

Major Services

Crowns, bridges, and dentures

- **Low Plan: 50%** covered after deductible
- **High Plan: 60%** covered after deductible

Basic Services

Fillings, root canals, and extractions

- **Low Plan: 80%** covered after deductible
- **High Plan: 90%** covered after deductible

Orthodontics

Braces (child up to age 19)

- **Low Plan: 50%** covered after deductible, **\$2,000** lifetime maximum
- **High Plan: 50%** covered after deductible, **\$2,500** lifetime maximum

The chart below shows what you and Gates pay each pay period for dental coverage, based on plan and salary, so you can choose the plan that best fits your family and budget.

Bi-Weekly Dental Rates

	Low Plan		High Plan <\$100k		High Plan >\$100k	
	Employee cost	Employer cost	Employee cost	Employer cost	Employee cost	Employer cost
Employee Only	\$8.89	\$7.16	\$10.52	\$9.76	\$12.16	\$8.11
Employee + Spouse	\$17.13	\$14.91	\$20.38	\$20.07	\$23.60	\$16.85
Employee + Child(ren)	\$19.39	\$17.43	\$23.34	\$23.15	\$27.03	\$19.46
Employee + Family	\$27.85	\$24.96	\$33.22	\$33.46	\$38.47	\$28.21



DOWNLOAD THE METLIFE MOBILE APP TO:



Access Detailed Coverage Information

Obtain Dental ID Cards

Find a Participating Dentist

View Your Copay and Coinsurance Amount

VISION

Gates offers a comprehensive vision plan through **Vision Services Plan (VSP)**, giving you and your family access to quality eye care, including annual exams, lenses, frames, and contact lenses at over 700 Visionworks and other participating locations nationwide.

Coverage Summary

	In - Network	Out - of- Network
Eye Exam	\$20 copay	Up to \$45 reimbursement
Lenses	\$25 copay	\$30 – \$105 reimbursement
Frames	\$25 copay + \$150 allowance	Up to \$70 reimbursement
Contact Lenses	\$150 allowance (in lieu of glasses)	Up to \$105 reimbursement

Services are available once per calendar year

Note:

- **Safety Frames:** Fully covered in-network up to the retail allowance when they meet current ANSI & OSHA standards
- **Frames:** Save **20% off** any cost over the **\$150** allowance at VSP providers
- **Contact Lenses:** Available instead of glasses, not in addition



The chart shows the cost per pay period of each coverage option:

Bi-Weekly Vision Rates

VSP Plan

Employee Only	\$3.87
Employee + Spouse	\$5.81
Employee + Child(ren)	\$6.12
Employee + Family	\$9.68

Did you know?

VSP members receive discounts on laser vision correction through participating providers. You can save **15% off** regular pricing or **5% off** promotional pricing.

Details available at www.vsp.com

CREATE YOUR VSP ACCOUNT:

1. Visit vsp.com
2. Click on “CREATE AN ACCOUNT” in the top-right corner of the site
3. Fill in all the required fields
4. Click on “CREATE AN ACCOUNT” to submit the form. You will receive a confirmation email shortly.

Not online?

Member service can help create an account
Call 800-877-7195

AMAZE HEALTH VIRTUAL CARE

Amaze Health is a no-cost, virtual care benefit that complements your UnitedHealthcare plan to provide 24/7 virtual medical and mental health support to you and your family.

You'll continue to receive in-person care for lab work, imaging, surgeries, emergency services, hospital visits, and prescriptions through UnitedHealthcare.

Services Available to You

- Virtual Primary & Urgent Care
- Prescriptions and Refills
- Order Imaging and Lab Tests
- Unlimited Mental Health Support
- Prenatal & Postnatal Support
- Medical Bill & EOB Support
- Chronic Care Management
- Orthopedics
- Dermatology
- Dentistry
- Patient Navigation
- Patient Advocacy



How it Works

- **Connect via message, voice call, or video.** Reach a licensed medical professional anytime, anywhere, through the Amaze Health app.
- **Most conditions can be treated virtually.** Get care for common illnesses and injuries without leaving home, including follow-up care when needed.
- **Advocates guide you to the right specialist, labs, or imaging when needed.** If in-person care is needed, Amaze Health will help coordinate next steps through your UnitedHealthcare plan.
- **Your copay is always \$0 per visit.** There are no surprise bills or hidden fees when using Amaze Health for virtual consultations.
- **Available 24/7.** Access care day or night, including weekends and holidays, for peace of mind when you need it most.

Getting Started



- 1 **DOWNLOAD THE AMAZE APP**
Search for "Amaze Health" in your app store.
- 2 **LOG IN TO THE AMAZE APP**
Use your Gates or personal email address as your username. The app will guide you to create a password during your first login.
For login assistance, call 720-577-5251.
- 3 **ADD FAMILY MEMBERS**
Click on the three lines in the upper right-hand corner of the app, then select "Add Family Members" to include your spouse and children under age 26 to your account.
- 4 **COMPLETE HEALTH SUMMARY**
At the bottom of the screen, select the "Health Summary" tab and enter your information.
- 5 **TOUR THE APP RESOURCES**
Use the "Resources" tab to access notes, tools, and the Education Center.

Mental Health Support

You will have access to immediate support from licensed professionals for counseling, medication management, and connections to additional resources

Amaze Can Assist You With:

▪ Depression	▪ ADHD
▪ Mood Disorders	▪ Insomnia
▪ Anxiety	▪ Grief Support

Amaze Health

www.amazehealth.com/support/ ·
720-577-5251

¹ Amaze is a virtual-only service and doesn't cover in-person care such as labs, imaging, procedures, or surgeries. You'll need separate coverage for emergencies, hospital visits, and prescriptions.

DISABILITY INSURANCE

You are covered from day one. Gates automatically enrolls eligible employees in Short-Term Disability (STD) and basic Long-Term Disability (LTD) coverage through The Hartford, at no cost to you. If you'd like more coverage, you can elect an optional LTD Buy-Up, subject to approval.

If illness, injury, or pregnancy keeps you from working, Disability Insurance replaces part of your income so you can focus on recovery instead of financial stress.

Short-Term Disability Insurance

Replaces a percentage of your weekly earnings for temporary conditions, including childbirth, illness, or injury. Only non-occupational injuries and non-occupational illnesses are covered.

Plan Features	
Elimination Period	Benefits begin on the 8th day of disability (illness, pregnancy-related condition, or injury). For childbirth, the elimination period is waived and benefits begin on the date of birth.
Schedule of Short-Term Disability Income Benefits	
Weekly Benefit	You will receive 66.66% of your average weekly pre-disability earnings if you are unable to work due to illness, pregnancy-related condition, or injury. For childbirth, you will receive 100% of your weekly pre-disability earnings .
Maximum Weekly Benefit (Combined total with all other income benefits)	\$2,600
Maximum Weekly Benefit Period	25 weeks or until you are no longer considered disabled under the plan's provisions.



Disability Information



Scan or click the QR Code to access additional resources from The Hartford.

Long-Term Disability Insurance

Provides a monthly benefit if you are unable to work for an extended period due to illness or injury while covered. Both work-related and non-work-related conditions are included, as well as certain pregnancy-related conditions. Payments are issued directly by The Hartford.

The company-provided LTD covers 50% of your monthly pre-disability earnings, up to \$5,000 per month

Long-Term Disability Buy-Up Option

You can choose to buy additional LTD coverage, increasing your benefit to **60%** of your monthly pre-disability earnings, up to **\$6,000** per month. This coverage is employee paid. If you did not elect the Buy-Up when first eligible (as a new hire or when moving to full-time status), you will need to complete Evidence of Insurability (EOI).

Long-Term Disability Buy-Up	
Rate per \$100 of covered monthly payroll (gross pay). The maximum covered monthly payroll is \$10,000.	\$0.373

Coverage Example

Short-Term Disability

After an injury, John is unable to work for several weeks. John earns \$60,000 annually (about \$2,308 per biweekly paycheck). During his recovery, Short-Term Disability benefits replace 66.66% of his pay, about \$1,540 per biweekly paycheck, to help cover his expenses.

Long-Term Disability

If John's recovery extends beyond the short-term period, Long-Term Disability (LTD) benefits begin. Because John earns \$60,000 annually (about \$5,000 per month), the company-provided LTD benefits pay 50% of his monthly earnings (\$2,500 per month). If John had elected the Buy-Up Option, his LTD coverage would increase to 60% (\$3,000 per month).

The Hartford

www.thehartford.com/learn/st-lt-disability-page

866-269-6249

LIFE AND AD&D INSURANCE

Life and Accidental Death & Dismemberment (AD&D) Insurance can help ease financial pressures on your family in the event of your death or a serious accidental injury. Gates provides **Basic Life** and **AD&D coverage** through The Hartford at no cost to eligible employees, and you may purchase additional **Supplemental Life and AD&D coverage** for yourself and your dependents.

Basic Life and AD&D (Company-paid)

Salaried & Non-Union Hourly Employees

- 1x annual base salary rounded to the next higher \$1,000¹

Union Hourly Employees (Elizabethtown & Galesburg)

- Refer to your current union contract for the amounts allocated by date and year

Bi-weekly AD&D Insurance Rates

Voluntary	
Employee	\$0.010
Spouse	\$0.011
Child	\$0.013
Dependent Child(ren)	
Child	\$0.085

TO COMPLETE EVIDENCE OF INSURABILITY (EOI) MEDICAL UNDERWRITING

If EOI is required, The Hartford will contact you after enrollment with instructions to complete your online application.

Visit myhartfordbenefits.com/gatescorporation/Login

Supplemental Life and AD&D (Employee-paid)

You may purchase additional coverage through The Hartford:

Type	Options	When is EOI required? (Applies to life insurance only)
Employee	1x – 4x annual base salary, up \$1,250,000 ¹ (Basic + Supplemental)	Increased coverage by more than 1x annual earnings Coverage above the guaranteed issue amount \$500,000 First-time election outside your initial eligibility period
Spouse	Increments of \$10,000 up to \$100,000 or 100% of your Employee Supplemental Life/AD&D coverage	Increase by more than one \$10,000 increment outside initial eligibility period
Dependent	Increments of \$10,000 up to \$30,000	EOI is not required

Please Note: To enroll in Spouse or Dependent Life/AD&D coverage, you must be enrolled in Employee Supplemental Life/AD&D. Age-based reductions or termination of coverage may apply.

Bi-weekly Employee & Spouse Supplemental Life Insurance Rates

Age	Employee & Spouse Rate Non-Nicotine	Employee & Spouse Rate Nicotine
Under 25	\$0.014	\$0.023
25 - 29	\$0.017	\$0.028
30 - 34	\$0.023	\$0.037
35 - 39	\$0.025	\$0.042
40 - 44	\$0.035	\$0.059
45 - 49	\$0.056	\$0.096
50 - 54	\$0.085	\$0.148
55 - 59	\$0.152	\$0.249
60 - 64	\$0.207	\$0.346
65 - 69	\$0.355	\$0.586
70 +	\$0.654	\$1.056

The Hartford

mytomorrow.thehartfordtools.com/gatescorporation/GatesCorp • 888-563-1124

¹ Please refer to the policy for applicable maximums.

HEALTH & SUPPLEMENTAL BENEFITS OVERVIEW

ENROLLMENT ACTION STEPS:

- Review your current coverage for Medical, Dental, Vision, Life, Disability, and AD&D
- Update your beneficiaries for Life & AD&D Insurance
- Submit Evidence of Insurability (EOI) if required for increased coverage
- Review provider tools and resources available through medical and insurance carriers

Terms to Know:

Deductible:

The amount you pay for medical and prescription drug costs before your plan begins to share costs.

In-Network Provider:

A doctor, clinic, or hospital contracted with your plan to provide care at lower rates.

Basic Life Insurance:

Company-paid coverage that pays a lump sum to your beneficiary if you pass away.

Evidence of Insurability (EOI):

A health questionnaire required for certain increases in life insurance coverage or disability coverage.

Frequently Asked Questions:

Q: How do I choose between the different medical plans?

A: Compare the monthly premiums, deductibles, out-of-pocket maximums, and coverage levels in the Medical Plan Comparison Chart. Consider how often you use healthcare, whether you want an HSA, and your preferred balance between paycheck cost and out-of-pocket expenses.

Q: Where can I find in-network doctors and providers?

A: Search for in-network providers through your carrier's website or mobile app:

- Medical & Prescription Drug (UnitedHealthcare) - www.myuhc.com
- Dental (MetLife) - www.metlife.com
- Vision (VSP) - www.vsp.com

Q: Can I change my coverage later?

A: Yes, during annual Open Enrollment or after a Qualifying Life Event. Evidence of Insurability may be required.

Q: How do I update my beneficiaries?

A: Log into The Hartford benefits enrollment portal and update your beneficiary information anytime.

ACCIDENT INSURANCE

Administered by MetLife, accident insurance is an employee-paid benefit that works alongside your medical coverage to help with costs from injuries your health plan may not fully cover. When a covered event occurs, you receive a lump sum cash benefit that you can use however you choose, including medical bills or everyday expenses.

Coverage includes more than 150 events such as tests, medical services, treatment, or care, as well as hospitalization, accidental death, or dismemberment. You pay the full cost of coverage through MetLife on a post-tax basis.

Coverage Summary

Coverage	Accident Insurance pays out a lump sum if you incur an injury as a result of an accident
Options available	<ul style="list-style-type: none">▪ High and low plans available▪ High plan generally pays 2x low plan benefits▪ Details available on gateshealth.com
Who is covered?	Choose which plan is best for you: <ul style="list-style-type: none">▪ Employee Only▪ Employee & Spouse▪ Employee & Child(ren)▪ Employee & Family
Services covered	Over 150 covered events and services, such as fractures, dislocations, 2nd & 3rd-degree burns, and medical treatments or tests resulting from an accident. Please visit gateshealth.com for full list of covered services

Coverage Example

Kathy's daughter, Molly, plays soccer. During a recent game, she was knocked unconscious and taken to the local emergency room by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too. Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown. Depending on her health insurance, Kathy's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Accident Insurance payments can be used to help cover these unexpected costs.

Please Note: Amounts listed are for the High Plan (may vary for Low Plan).

Covered Event	Benefit Amount
Ambulance (ground)	\$300
Emergency Care Physician	\$200
Follow-Up (\$75 x 2)	\$150
Medical Testing	\$200
Concussion	\$400
Broken Tooth (repaired with a crown)	\$200
Benefits paid by MetLife Group Accident Insurance	\$1,450

Bi-Weekly Accident Rates

	Low Plan	High Plan
Employee Only	\$1.79	\$3.44
Employee + Spouse	\$3.17	\$6.08
Employee + Child(ren)	\$3.40	\$6.55
Employee + Family	\$4.29	\$8.25



Accident Information



Scan or click the QR Code to watch a quick video about Accident Insurance.

MetLife

www.metlife.com • 800-438-6388

¹ Accident Insurance benefits are generally not subject to federal income tax since premiums are paid with post-tax dollars.

CRITICAL ILLNESS INSURANCE

Critical Illness Insurance is an employee-paid⁵ benefit offered by MetLife that provides extra financial support when you or a covered family member is diagnosed with a serious illness. It pays a lump sum⁵ in addition to your medical plan that you can use for any purpose.

Coverage Summary

Eligible Individual	Initial Benefit	Requirements
Employee	\$10,000 or \$20,000	Coverage is guaranteed provided you are actively at work. ³
Spouse/Domestic Partner ¹	50% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the certificate.
Dependent Child(ren) ²		

Initial Benefit

Upon diagnosis of a covered illness (occurring after your coverage begins), you will receive a lump-sum payment of **\$10,000** or **\$20,000**. The total amount you can receive is up to five times your initial benefit amount, — **\$50,000** or **\$100,000** —if you or a covered family member experience more than one covered condition.

Payments are made directly to you and can be used for any purpose, including medical costs or everyday living expenses.

Health Screening Benefits

If you are enrolled in Critical Illness coverage, MetLife will pay \$50 each calendar year when you complete an eligible preventive screening. There are more than 50 eligible screenings, including:

- Routine health check-up
- Blood test for cholesterol
- Oral cancer screening

Recurrence Benefit⁴

If you are diagnosed with the same covered illness again, you may receive an additional payment equal to your initial benefit. A recurrence benefit is available only if an initial benefit has already been paid for that condition, and a benefit suspension period must pass between diagnoses.

The total amount you can receive from your Critical Illness Insurance is called the total benefit. This maximum is five times your initial benefit amount — **\$50,000** or **\$100,000** — and can be reached through a combination of initial and recurrence benefit payments.

Covered Conditions (38 total)

- Benign Brain Tumor
- Coma
- Coronary Artery Bypass Graft (CABG)
- Heart Attack
- Invasive & Non-Invasive Cancer
- Severe Burn
- Stroke

Visit www.gateshealth.com for the full list of covered conditions and screening benefits.

¹Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.

²Dependent Child coverage varies by state. Please contact MetLife for more information.

³For all states but CA: Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas. For CA sites: Coverage is guaranteed provided (1) the employee is performing all of the usual and customary duties of their job at the employer's place of business or at an alternate place approved by your employer (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.

⁴We will not pay a Recurrence Benefit for a covered condition that recurs during a benefit suspension period. We will not pay a recurrence benefit for either a full benefit cancer or a partial benefit cancer unless the covered person has not had symptoms of or been treated for the full benefit cancer or partial benefit cancer for which we paid an initial benefit during the benefit suspension period.

⁵Premiums are paid with post-tax dollars, so benefits are generally not subject to federal income tax.

CRITICAL ILLNESS BI-WEEKLY PREMIUMS

Use this chart to see your bi-weekly premiums, just match your age (as of January 1, 2026) with the coverage amount you want.

Critical Illness Rates

Attained Age	Employee Only		Employee + Spouse		Employee + Child(ren)		Employee + Spouse / Child(ren)	
	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000
<25	\$2.68	\$1.34	\$4.71	\$2.35	\$4.89	\$2.45	\$6.83	\$3.42
25–29	\$2.86	\$1.43	\$4.89	\$2.45	\$4.98	\$2.49	\$7.02	\$3.51
30–34	\$3.69	\$1.85	\$6.09	\$3.05	\$5.82	\$2.91	\$8.31	\$4.15
35–39	\$5.08	\$2.54	\$8.03	\$4.02	\$7.20	\$3.60	\$10.25	\$5.12
40–44	\$7.57	\$3.78	\$11.72	\$5.86	\$9.69	\$4.85	\$13.85	\$6.92
45–49	\$11.17	\$5.58	\$16.89	\$8.45	\$13.29	\$6.65	\$19.02	\$9.51
50–54	\$16.52	\$8.26	\$24.18	\$12.09	\$18.65	\$9.32	\$26.31	\$13.15
55–59	\$23.63	\$11.82	\$33.88	\$16.94	\$25.85	\$12.92	\$36.09	\$18.05
60–64	\$33.69	\$16.85	\$47.63	\$23.82	\$35.82	\$17.91	\$49.85	\$24.92
65–69	\$49.85	\$24.92	\$69.60	\$34.80	\$51.97	\$25.98	\$71.72	\$35.86
70+	\$69.42	\$34.71	\$97.85	\$48.92	\$71.63	\$35.82	\$99.97	\$49.98



Critical Illness Information



Scan or click the QR Code to watch a quick video about Critical Illness Insurance.

MetLife

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HOSPITAL INDEMNITY

Offered through MetLife, this is an employee-paid benefit that provides a lump sum payment if you or a covered family member is hospitalized. The money is yours to use for any purpose, helping cover costs your medical plan may not fully cover, such as deductibles, copays, or out-of-network charges.

Coverage Summary

Plan Feature	Benefit	Benefit Amount	Coverage
Admission Benefit	<ul style="list-style-type: none"> ▪ Admission¹ ▪ Intensive Care Unit (ICU) Supplemental Admission (Benefits paid concurrently with Admission Benefit when Covered Person is admitted to ICU) 	\$1,000 per hospital admission	Up to 4 times per calendar year
Confinement Benefit	<ul style="list-style-type: none"> ▪ Confinement² ▪ ICU Supplemental Confinement (Benefits paid concurrently with Confinement Benefit when Covered Person is confined in ICU) 	\$100 per day	Up to 31 days per calendar year. ICU Benefit will pay an additional benefit for 31 of those days
Newborn Confinement Benefit	<ul style="list-style-type: none"> ▪ Newborn Confinement for newborn nursery care³ 	\$100 per day	2 days per routine delivery 4 days per cesarean delivery
Inpatient Rehabilitation Unit Benefit	<ul style="list-style-type: none"> ▪ Inpatient Rehabilitation for injury or sickness⁴ 	\$100 per day	Up to 31 days per calendar year

Coverage Example

After having chest pains at home, Susan heads to her local hospital and requires immediate admission to the Intensive Care Unit (ICU) for treatment. After two days in the ICU, she moves to a standard room and spends two additional days recovering in the hospital. Susan is then released to her primary care physician for follow-up treatment. Depending on her health insurance, Susan's out-of-pocket costs could run into hundreds of dollars in insurance co-payments and deductibles. Hospital Indemnity payments can help cover these unexpected costs, or in any other way Susan sees fit.⁵

Bi-Weekly Hospital Indemnity Rates

Employee Only	\$4.99
Employee + Spouse	\$12.36
Employee + Child(ren)	\$8.51
Employee + Family	\$15.60

Covered Event	Benefit Amount
Regular Hospital Admission (1x) ICU	\$1,000
Supplemental Admission (1x) Regular Hospital	\$1,000
Confinement (3 total days) ICU Supplemental	\$300
Confinement (1 day)	\$100
Benefits paid by Hospital Indemnity Insurance	\$2,400

¹ The Admission Benefit for residents of CT and ID will be increased to \$825/\$1,650 for plan design(s) Low/High and \$850/\$1,725 for plan design(s) Low/High, respectively, because some benefits in this plan design are not available. See the Schedule of benefits in the CT and ID certificate. The Admission Benefit is not payable for Emergency Room treatment or outpatient treatment. The payment of the admission benefit requires a Confinement.

Hospital Confinement requires the assignment to a bed as a resident inpatient in a Hospital (including an Intensive Care Unit of a Hospital) on the advice of a Physician or confinement in an observation area within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician. Consult your certificate for details.

² When plan includes an Admission Benefit, the Confinement Benefit begins on Day 2. Confinement means being admitted as an inpatient to a hospital (including an Intensive Care Unit) under the care of a physician, not for outpatient or emergency room visits.

³ The Newborn Confinement Period begins immediately following the child's birth.

⁴ Benefit(s) that requires prior Admission or Confinement. Inpatient Rehabilitation Unit Benefit is standardly applied for covered Accidents only. It is available as an add-on for Sickness.

⁵ Hospital Indemnity benefits may be subject to federal and state income taxes, depending on whether your premiums are paid on pre-tax or post-tax basis.



Hospital Indemnity Information



Scan or click the QR Code to watch a quick video about Hospital Indemnity Insurance.

MetLife

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LEGAL & IDENTITY PROTECTION PLAN

Protect yourself and your family with two employee-paid benefits: legal services and digital identity protection. Both plans can be enrolled in separately and are provided through MetLife, powered by Aura.

Legal Plan

What's covered:

Access to a network of attorneys for legal advice and services with no waiting periods, deductibles, or claim forms for many common personal legal matters. If you enroll, you and your family can receive:

- Confidential consultations with an attorney in person or by phone
- Assistance with family matters, estate planning, debt issues, juvenile matters, traffic matters, consumer protection, and real estate matters
- Preparation and review of wills, living trusts, deeds, affidavits, notes, powers of attorney, and other personal legal documents

You pay the full cost of coverage through MetLife Legal Plans on a post-tax basis.

Please Note: these legal services cannot be used to take action against Gates.

Bi-Weekly Legal Rates

Employee	\$7.27
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Identity and Fraud Protection Plan

Plan features:

Gain comprehensive digital security tools with privacy and device protection, plus 24/7/365 customer support through MetLife.

- **Financial Fraud Protection:** Alerts for new credit inquiries, suspicious bank transactions, and changes to your home or car title
- **Identity Theft Protection:** Credit monitoring, fraud alerts, optional credit lock, and financial account monitoring.
- **Privacy & Device Protection:** Secure online activity with tools such as VPN/Wi-Fi security, safe browsing, password manager, and removal of your personal information from data broker lists.

Bi-Weekly Identity Protection Rates

Employee	\$3.90
Employee + Family	\$6.44

Plan options:

Protection Plus Plan: Comprehensive coverage for identity, finances, privacy, and unlimited devices per covered adult member.

- **Individual Coverage:** Protection for the employee only
- **Family Coverage:** Covers up to 10 additional adults and unlimited minors in the same household, even if they are not related to you. Added members are not required to live in the same household

Customer Service: 24/7/365 support for technical, billing or fraud issues, including white-glove case management services to victims of fraud

MetLife

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VOLUNTARY BENEFITS OVERVIEW

ENROLLMENT ACTION STEPS:

- Compare costs and benefits for voluntary plans such as Critical Illness, Accident, and Hospital Indemnity
- Determine which plans fit your needs and budget
- Enroll during Open Enrollment or within 30 days of a QLE
- Note:** Some benefits require post-tax contributions paid through payroll deductions

Terms to Know:

Critical Illness:

Pays a lump-sum benefit if you are diagnosed with a covered serious illness.

Accident Insurance:

Provides a cash benefit to help cover costs from covered accidents.

Hospital Indemnity:

Pays a benefit if you are hospitalized due to a covered illness or injury.

Legal Plan:

Gives you access to legal advice and document preparation from a network attorney.

Frequently Asked Questions:

Q: Can I enroll in these benefits at anytime?

A: No. You can only enroll during annual Open Enrollment or within 30 days of a QLE.

Q: Do these benefit providers pay me directly?

A: Most supplemental benefits pay a cash benefit directly to you, which you can use however you choose.

Q: Are my family members covered?

A: Coverage for family members depends on the specific plan. Review each plan's details for eligibility.

Q: How do I file a claim?

A: Claims for voluntary benefits are submitted directly to the insurance provider. Each provider offers its own claim forms and instructions, available on their websites or through their customer service teams

EXCLUSIVE GATES PERKS

As a Gates employee, you have year-round access to exclusive wellness reimbursements, financial perks, and recognition programs, all provided directly by Gates to support your personal and professional well-being.

Gates Employee Referral Award

Earn up to \$1,500 for referring qualified candidates who are hired into eligible positions and complete 90 days of employment in the United States.

How It Works

- Bonus amounts vary by position level (see chart below).
- Bonuses are paid in two parts: after hire and after 90 days.
- Awards are considered taxable income.

Level/Job Band	3 Months	6 Months	1 Year	Total Rewards
Non-coded (Production)	\$100	\$200	\$500	\$800
Coded (Professional Bands 10-17)	\$1,500			\$1,500

Referral Guidelines

- You must be a U.S. based employee at the time of payout.
- Formally applied through the “Gates Careers” page via www.Gates.com or at a Gates facility.
- Referral must be documented in the designated space on the application and submitted before the candidate applies.
- Hiring managers, HR staff, and interviewers are not eligible for referral bonuses on candidates they’re involved in hiring.

Submit Your Referral

1. Visit Gates Career Site Referrals.
2. Click on the Employee Referral Program section.
3. Fill out and submit the referral form.

Dress for Your Day

Enjoy flexibility in your work attire. Professional employees may wear jeans to work every day — not just on Fridays. When you’re not meeting with clients, we encourage you to dress comfortably, perform your best, and reflect your role.

At Gates, we want to celebrate everyone’s unique style, while still maintaining a positive and professional environment.

Matching Gifts Program

The Gates Industrial Corporation Foundation matches donations made by U.S. full-time employees to eligible nonprofit organizations and educational institutions.

- Donations are matched dollar-for-dollar, up to **\$50,000 per calendar year**.
- There is a **\$25 minimum** donation to qualify for matching.
- Eligible organizations must be IRS-qualified 501(c)(3) nonprofits.
- Political and religious organizations are not eligible for matching.

To participate, submit your request through GatesHealth.com

Supplemental Out-Of-Country Assistance Programs

When traveling outside the U.S. for work, Gates employees have access to a range of support services through AIG, such as:

- Medical Assistance
- Travel Insurance (e.g., lost/stolen baggage, ATM locator, roadside assistance)
- Concierge Assistance
- Security and Identity Theft Assistance

As part of Gates’ Business Travel Accident Program, employees are also covered by supplemental out-of-country accident and sickness medical coverage. This coverage provides benefits if you experience a covered injury or emergency illness requiring medical treatment while traveling outside your country of permanent residence.

AIG

aig.com/us/travelguardassistance
1-877-244-6871

ADDITIONAL GATES PERKS

EDUCATION PERKS

Tuition Reimbursement

At Gates, we support your continued learning and development.

- **Receive up to \$5,250 per year.**
- **Eligibility:** U.S. non-union full-time employees and part-time employees with benefits who work at least 30 hours per week and have 12 months of continuous service.
- **Timing:** Amount is based on the reimbursement date.

Student Loan Refinancing

Pay down your student debt faster with reduced interest rates through Gates' partnership with national loan servicer SoFi.

Scholarship Program

The Gates Industrial Corporation Foundation awards annual scholarships to eligible, college-bound children of Gates employees.

- Students begin the process in their **junior year of high school.**
- Applications must be submitted by **March 31** of the student's junior year, following completion of the PSAT/NMSQT in the previous October.
- Successful applicants receive **\$4,000 per year** toward the college of their choice (renewable each year)

FITNESS PERKS

[YogaDownload.com](#)

Get unlimited access to 900+ online yoga classes you can do anytime, anywhere.

Gates employees enjoy an Elite Membership for just **\$29** (regularly \$90).

FINANCIAL PERKS

[Rocket Mortgage](#)

Save with exclusive mortgage deals through Rocket Mortgage's Insider Program:

- Personalized mortgage review
- VIP treatment from Home Loan Experts
- Ongoing deals and savings throughout the year

FOR MORE INFORMATION



The perks outlined in this guide provide high level summaries and are only a sampling of what is available to you.

Scan or click the QR code (or visit [gateshealth.com](#))

for more detailed information, including full perk descriptions, access instructions, and request forms.

DISCOUNTS THROUGH PARTNERS

LifeMart

Save on everyday essentials or major purchases through the LifeMart online discount center and mobile app.

Examples of Available Discounts:

- Car buying and services
- Child and elder care
- Clothing, flowers and gifts
- Financial and legal products
- Fitness centers and nutrition plans
- Furniture, appliances and electronics
- Theme park and movie tickets
- Travel, hotels and car rentals

Automobile Purchase Discounts

Access exclusive pricing on select vehicles from Ford, Subaru, GM, Nissan, Volvo and more through Gates' Partner Recognition Program.

WallyPark Airport Parking at DIA

Enjoy discounted parking at DIA when traveling by using WallyPark.

United Airlines

Get up to 10% on personal travel through Gates' partnership with United.

Priority Bicycles

Save 20% on Priority Bicycles equipped with Gates Carbon Drive belts. Use promo code: "Gates20" at checkout for bikes and accessories.

AT&T®

Lower your wireless cost with employee discounts on select plans and accessories.

LifeMart

www.care.com/lifemart/discount-program/ •
866-675-3751

Gallagher US

aig.com/GallagherMarketplace •
630-773-3800

Home & Auto Insurance

Save money year-round with Gallagher Marketplace, your one-stop shop for must-have insurance coverage.

What's Included

- Home and auto insurance
- Renters, boat, and RV insurance
- Extended vehicle warranties

Why choose Gallagher Marketplace

With Gallagher Marketplace, you can **enroll any time**, no need to wait for Open Enrollment. **Compare quotes** from multiple carriers side by side, choose from **flexible payment options** like Direct Bill, and enjoy potential **savings through bundling**.

HomeDay

Receive an average of **\$4,000 back at closing** with Home Days, a mortgage assistance program that provides pre-negotiating with key parties and an in-house mortgage brokerage.

Learn more about HomeDay at rewards.gethomeday.com/org/gates



WishBone Pet Health Insurance

Give your furry friend the best care with WishBone Pet Health Insurance, available to employees at exclusive benefit rates.

WishBone's pet insurance covers

- 90% reimbursement for accidents and illnesses
- A low **\$250 annual deductible**
- Fast claims processing and easy online access
- Coverage accepted at any licensed veterinarian

Plus, you can choose from two optional routine care add-ons to help save even more on pet care. All policies include 24/7 pet telehealth support and a durable pet ID tag with a lost pet recovery service.

Enrollment is available anytime with Direct Bill.

Visit wishboneinsurance.com/gates to get a personalized quote and enroll today.

GATES LEAVE POLICIES

All full-time and part-time employees with benefits are eligible for the leaves outlined below unless otherwise noted.

Some leaves may be paid, unpaid, or a combination, depending on the policy, applicable laws, and your available accrued time. For complete details and forms, visit [Gates Gateway](#).

Bereavement

Immediate Family (spouse, child, parent, parent-in-law, sibling)

- **Paid leave for up to 5 workdays** within a 7-day period to grieve and/or attend the funeral

Extended Family (daughter/son-in-law, sibling-in-law, grandparent, grandparent-in-law, great-grandparent, great-grandparent-in-law, grandchild, grandchild-in-law, great-grandchild, great-grandchild-in-law, or dependent as defined by IRS guidelines)

- **Paid leave for up to 3 workdays** within a 7-day period to grieve and/or attend the funeral

Jury Duty

Employees are allowed time off to serve on a jury or act as a court witness, as required by law.

- Notify your supervisor immediately upon receiving a jury summons or subpoena and provide a copy for verification.
- Supervisors will adjust schedules to accommodate service and record the leave in the time reporting system.
- If the absence creates a serious business conflict, you may be asked to request a postponement.
- Keep management informed about the expected length of service and report to work for the remainder of the day if released early by the court.

Pay during service:

- Non-exempt (hourly) employees are paid in accordance with state law.
- Exempt employees receive their regular salary for any day in which they perform work.

▪ Documentation of service may be required.

Personal Leave

Sometimes special circumstances require extended time away from work. This policy allows you to take an unpaid leave of absence for a set period to address personal matters that are not covered under other leave policies.

Military Leave

Gates supports employees serving in the U.S. Armed Forces, including the National Guard and Military Reserves. Military leave is provided in compliance with the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) and applicable state laws.

If USERRA requirements change, Gates will update this policy to reflect those changes. In cases where this policy differs from the law, employees will receive all rights and benefits required by law.



GATES LEAVE POLICIES

FAMLI (Colorado Employees Only)

Gates complies with Colorado's Family and Medical Leave Insurance Act (FMLA) for eligible employees.

You may take FAMLI leave to:

- Care for a new child during the first year after birth, adoption, or foster placement
- Care for a family member with serious health condition
- Care for your own serious health condition
- Arrange care for a family member's qualifying military exigency
- Obtain safe housing, care, or legal help for yourself or a family member related to domestic violence, sexual assault, abuse, or stalking

Eligible employees may take up to 12 weeks of paid FAMLI leave per year. Those with a serious health condition caused by pregnancy or childbirth complications may receive up to 4 additional weeks, for a maximum of 16 weeks per year.

Parental Leave

Gates recognizes that flexibility and family-friendly policies are essential to helping employees thrive at work and meet their family's needs. This policy provides additional flexibility and time to bond with a new child and adjust to your new family situation following birth, adoption, or foster placement.

For full policy details, please navigate to
<https://gates4.sharepoint.com/sites/Gateway/>

Family Medical Leave of Absence (FMLA)

Gates complies with the FMLA by providing up to **12 weeks of job-protected leave** in a 12-month period for eligible employees.

Qualifying reasons include:

- Pregnancy, pre-natal care, or childbirth recovery
- Caring for your child after birth, adoption, or foster placement (including certain pre-placement need)
- Caring for a spouse, child, or parent with a serious health condition
- Your own serious health condition that prevents you from performing your job

Leave under the FMLA is generally unpaid. However, depending on the circumstances, some or all of the time off may be paid at your regular rate or a reduced rate. You are required to use accrued sick pay for your own serious health condition and available vacation time for all other qualifying events.



401(K) RETIREMENT SAVINGS PLAN

Plan for a secure future with the Gates MatchMaker 401(k) Plan, offered through Charles Schwab®. Gates helps you save for retirement by contributing to your account and providing flexible investment options.

Eligibility & Automatic Enrollment

- Full-time employees become eligible to contribute after receiving their first paycheck.
- If you do not enroll, automatic enrollment begins after 30 days of receiving your first paycheck at a 3% pre-tax contribution rate.
- Temporary employees are eligible after one year of service and at least 1,000 hours worked in a 12-month period.
- Contributions will begin as soon as your enrollment is processed by payroll.

Automatic Savings Adjustment

Your pre-tax contribution rate increases by 1% each April until you reach 8% of eligible pay. No action is required on your part to make this happen.

You can change or stop this increase at any time online at gateshealth.com/retirement or by calling Schwab Participant Services at 800-401-5866 and opting out of participation.

Charles Schwab

www.workplace.schwab.com

800-724-7526

Company Contributions

Gates supports your long-term financial wellbeing by contributing to your 401(k) account each pay period, to help you meet your retirement goals.

Company Basic Contribution

- Gates contributes 3% of your eligible compensation each payroll period, even if you do not contribute.
- This base contribution is 100% vested immediately.

Match on Your Contributions

- Gates matches 100% of the first 3% of eligible compensation you contribute as pre-tax or Roth 401(k) contributions each payroll period.
- After-tax and catch-up contributions do not qualify for the match.
- Company contributions are made on a pre-tax basis and may be taxable when withdrawn.

Vesting

Vesting is the portion of your 401(k) account you keep if you leave Gates. You are 100% vested in your own contributions and any earnings on them. You are also immediately 100% vested in the company Basic Contribution.

Company match contributions vest based on your years of service, as shown in the chart.

Years of Service	Company Match
1 year	0%
2 years	0%
3 years	100%

Account balances are 100% vested if you reach age 65, become disabled or pass away while employed by Gates.



DON'T LEAVE FREE MONEY ON THE TABLE

Double the money Gates gives you by contributing at least 3% of your own money into the plan to gain an additional 3% company match.

3%
Company Basic Contribution

3%
Employee Contribution

3%
Company Match

= 9% TOTAL CONTRIBUTIONS

401(K) RETIREMENT SAVINGS PLAN

Your Contributions

You choose how much to contribute from each paycheck, up to IRS limits. The plan allows pre-tax, Roth 401(k), after-tax, and catch-up contributions for employees age 50 or older.

If you are automatically enrolled, your contributions will be invested in a Target Retirement Date fund based on your date of birth until you make a new investment choice. Details about all investment options are available on the Schwab plan website

Pre-tax Contributions

You can contribute any whole percentage from **1% to 75%** of your eligible pay each payroll period, up to the annual IRS limit of \$23,500 in 2026. Pre-tax contributions are taken before taxes, reducing your taxable income now. Taxes are paid when you withdraw the money.

Roth 401(k) Contributions

You can contribute any whole percentage from **1% to 75%** of your eligible pay each payroll period, up to the annual IRS limit. Roth contributions are made after taxes. Both contributions and earnings can be withdrawn tax-free if they have been in the account for at least five years and you are age 59½ or older, become disabled, or pass away.

Contribution Limits

The combined total of pre-tax, Roth 401(k), and after-tax contributions cannot exceed 75 percent of your eligible pay or IRS limit of \$24,500 in 2026, or whichever is lower.

Catch-Up Contributions

If you are age 50 or older, you may contribute additional pre-tax or Roth 401(k) amounts each year, up to the annual IRS catch-up limit of \$8,000 in 2026.

You may also roll over funds from another qualified retirement plan, including Roth accounts, into your Gates 401(k).

Contribution limits are set by the IRS and may change annually. Visit gateshealth.com or the IRS website for the most current limits. You may change your contribution rate or stop contributions at any time, and changes will take effect as soon as they can be processed.



ACCESSING YOUR ACCOUNT

You may access your account and make changes to your information at any time in the following ways:



Go to gateshealth.com/retirement and select "Register Now" to create your account.



Download the Schwab Retirement Workplace App from your device's app store



Call 800-401-5866, Monday through Friday, 6 a.m. to 10 p.m. CT, to speak with a Schwab representative.

Once logged in, you can check your balance, change contributions, update investment choices, review transactions, and access educational resources.

ADDITIONAL FEATURES FROM SCHWAB

- Loans and In-Service Withdrawals
- Learning Center
- Retirement Modeling Tool
- Essentials Program

Managed Account and Advisory Services through Morningstar Investment Management LLC & Schwab Retirement Planner®

- High Yield Investor Checking and Savings Accounts



Scan or click the QR code to learn more.

RETIREMENT BENEFITS OVERVIEW

ENROLLMENT ACTION STEPS:

- Log in to your Charles Schwab account to review your contribution rate and investment choices.
- Decide how much to contribute: pre-tax, Roth (after tax), or a combination.
- Update your beneficiary designation account information.
- Contribute at least the minimum amount required to receive the full company match.

Terms to Know:

Pre-Tax Contributions:

Taken from your paycheck before taxes, reducing your taxable income.

Roth Contributions:

Taken after taxes. Withdrawals in retirement are tax-free if requirements are met.

Company Match:

Extra money Gates contributes to your account based on how much you contribute.

Vesting:

The length of time you must work at Gates before you fully own company contributions.

Frequently Asked Questions:

Q: When am I eligible to participate in the 401(k) Plan?

A: Full-time employees are eligible to contribute to the 401(k) after their first paycheck.

Q: Does Gates contribute even if I don't?

A: Yes. Gates provides a 3% basic contribution even if you do not contribute. You can also receive a match by contributing to the plan. If you contribute 3%, Gates will provide a 100% match of your 3% contribution.

Q: Can I change my contribution any time?

A: Yes. You can update your contribution amount and investment elections anytime through your Charles Schwab account.

Q: When do I become fully vested in company contributions?

A: You become 100% vested in company contributions after three years of service.

2026 IMPORTANT NOTICES

Federal laws require that Gates provide you with certain notices that inform you about your rights regarding eligibility, enrollment and coverage of healthcare plans. The following sections explain these rules. Please read them carefully and keep them where you can find them.

Medicare Creditable Coverage Notice

All Gates active employees received the Notice which was mailed on October 15, 2024 to their home address on file. If you did not receive a copy, please contact benefitsupport@Gates.com

Notice of Special Enrollment Rights for Medical Plan Coverage

As you know, if you have declined enrollment in Gates' health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next Open Enrollment period, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Gates will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP

For these enrollment opportunities, you will have 60 days - instead of 30 - from the date of the Medicaid/CHIP eligibility change to request enrollment in the Gates group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan option.

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

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your plan administrator at benefitsupport@Gates.com

Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, contact your plan administrator at benefitsupport@Gates.com

Health Insurance Portability and Accountability Act (HIPAA)

Gates has adopted a Health Insurance Portability and Accountability Act (HIPAA) Privacy Policy regarding the privacy of employees' personal health information. This notice describes how medical information about you may be used and disclosed. You may request a full copy of the HIPAA Privacy Notice by contacting your HR representative. The HIPAA Privacy Notice is also included in the Gates 2025 Summary Plan Description

Consolidated Omnibus Budget Reconciliation Act (COBRA)

If you're an employee with medical, dental or vision coverage through Gates, you have the right to choose continuation coverage if you lose your group health coverage due to reduction in your hours of employment or the termination of your employment for reasons other than gross misconduct. Your eligible dependents may also have the right to elect and pay for continuation of coverage for a temporary period in certain circumstances where coverage under the plan would otherwise end, such as divorce, or dependent children who no longer meet eligibility requirements.

Important note: This brief summary of the right you and your dependents have to continue insurance is not intended as the official notice of your rights required by federal and state law. We've included this brief summary to inform you that you have these rights. You'll receive a separate, detailed explanation of your right to continue health insurance coverage when applicable. Specific information is also available from your HR representative.

CHIP/Medicaid Notice

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877- KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 2024. Contact your State for more information on eligibility:

Alabama – Medicaid	Website: http://myalhipp.com/ Phone: 1-855-692-5447
Alaska – Medicaid	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
Arkansas – MCHIP	Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
California – Medical	Health Insurance Premium Payment (HIPP) Program: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov
Colorado – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/childhealth-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurancebuy-program HIBI Customer Service: 1-855-692-6442

Florida – Medicaid	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
Georgia – Medicaid	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
Indiana – Medicaid	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
Iowa – Medicaid and CHIP (Hawki)	Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562
Kansas – Medicaid	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884
Kentucky – Medicaid	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov
Louisiana – Medicaid	Website: www.medicaid.la.gov/orwww.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
Maine – Medicaid	Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711
Massachusetts – Medicaid and CHIP	Website: https://www.mass.gov/info-details/masshealthpremium-assistance-pa Phone: 1-800-862-4840
Minnesota – Medicaid	Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
Missouri – Medicaid	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
Montana – Medicaid	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
Nebraska – Medicaid	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
Nevada – Medicaid	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
New Hampshire – Medicaid	Website: https://www.dhhs.nh.gov/oi/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852- 3345, ext 5218

New Jersey –Medicaid and CHIP	Medicaid Website: http://www.state.nj.us/humanservices/dmajs/clients/medicaid/ Medicaid Phone: 609 - 631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1- 8 0 0 -701- 0710
New York –Medicaid	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
North Carolina –Medicaid	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
North Dakota –Medicaid	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
Oklahoma –Medicaid and CHIP	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
Oregon –Medicaid	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
Pennsylvania –Medicaid	Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/_HIPP-Program.aspx Phone: 1-800-692-7462
Rhode Island –Medicaid and CHIP	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
South Carolina –Medicaid	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
South Dakota –Medicaid	Website: http://dss.sd.gov Phone: 1-888-828-0059
Texas –Medicaid	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
Utah –Medicaid and CHIP	Medicaid Website: https://medicaid.utah.gov/CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
Vermont –Medicaid	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
Virginia –Medicaid and CHIP	Website: https://www.coverva.org/en/famis-select or https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
Washington –Medicaid	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
West Virginia –Medicaid	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
Wisconsin –Medicaid and CHIP	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
Wyoming –Medicaid	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since August 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medical Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email esba.opr@dol.gov and reference the OMB Control Number 1210-0137.

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law took effect in 2014, a new way to buy health insurance was introduced: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open Enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

¹An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Gates Corporation.

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

PART B: Information About Health Coverage Offered by Your Employer

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

<i>Employer Name</i> Gates	<i>Employer Identification Number (EIN)</i> 84-0857401	
<i>Employer Address</i> 114415th St., Suite 1400	<i>Employer Phone Number</i> 833-243-5748	
<i>City</i> Denver	<i>State</i> CO	<i>Zip Code</i> 80202
<i>Who can we contact about employee health coverage at this job?</i> Global Benefits Department		<i>Email Address</i> benefitssupport@gates.com

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

As your employer, we offer a health plan to:

All employees. Eligible employees are: Some employees. Eligible employees are:

With respect to dependents:

We do offer coverage. Eligible dependents are:

We do not offer coverage.

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

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

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

Notice Regarding Wellness Program

HIPAA Notice of Reasonable Alternative Standards (For Health-Contingent Wellness Programs)

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program, if any, are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at benefitssupport@Gates.com and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

EEOC Notice (for Wellness Plans that include Disability-Related Inquiries or Medical Examinations).

GINA Spousal Notice and Authorization for Wellness Program

(for Wellness Plans that allow Spouses or Domestic Partners to participate in Disability-Related Inquiries or Medical Examinations)

You are receiving this Notice and Authorization because Gates is making a voluntary wellness program available to you as the spouse or domestic partner of an employee. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve health or prevent disease, including the Americans with Disabilities Act of 1990 (ADA), the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as applicable, among others. Your spouse or domestic partner who is an employee (or former employee) of Gates will receive a separate Notice regarding the wellness program.

Federal law requires that you provide knowing, written, and voluntary authorization prior to Gates's wellness program collecting your genetic information, which includes information about your current or past health status. By reading this Notice and Authorization, you are agreeing that you have read and understood it and that you are knowingly and voluntarily providing information about the manifestation of your diseases and certain other conditions (as well as your family medical history) – considered genetic information – as part of the wellness program. You may also be asked to complete a medical examination (e.g., a biometric screening). If you are unable to participate in any of the health-related activities, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting benefitssupport@Gates.com

