LAKESIDE INDUSTRIES

2027 BENEFITS GUIDE

January 1 – December 31

Welcome!

At Lakeside Industries we recognize our ultimate success depends on our talented and dedicated employees. Our goal is to provide a comprehensive benefits program that meets the needs of you and your family. It is one of the many ways we recognize the value of your contributions. This guide is designed to help you understand the various benefits available so that you can select the coverage that best meets your needs.

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Important Contacts

Benefit/Plan	Carrier/Provider	Contact Information
Your Personal HealthAdvocate	HealthAdvocate	1-866-799-2691 Member portal: healthadvocate.com/members
Medical	Healthcare Management Administrators (HMA)	Member portal: accesshma.com To search the network go to: accesshma.com/find-a-provider In WA, OR, ID, and UT: Blue Shield Network In other states: PHCS National Network
Prescription Drug	MedImpact	1-844-401-2050 Member portal: medimpact.com/members
24/7 Virtual Care	MDLive (through HMA)	Access MDLive through the HMA member portal at accesshma.com
Employee Assistance Program (EAP)	HealthAdvocate	Contact HealthAdvocate
Digital Cognitive Behavioral Therapy (dCBT)	HealthAdvocate	Contact HealthAdvocate
Health Savings Account (HSA) Flexible Spending Account (FSA)	HSA Bank	Member portal: hsabank.com
Wellness Program	HealthAdvocate	Contact HealthAdvocate
Dental	Delta Dental of Washington	Member portal: deltadentalwa.com
Vision Reimbursement Plan	Lakeside Industries	Contact HealthAdvocate or HR
Life Insurance Long Term Disability Insurance	The Standard	Contact HealthAdvocate or HR

Disclosure
This benefit guide contains an overview of the Lakeside Industries benefit program. If there is any discrepancy between this guide and the official plan documents, the official plan documents will govern in all cases. Although we intend to continue this program, Lakeside Industries reserves the right to change and/or terminate any portion of the benefits program at any time for any reason.

Eligibility

Who is eligible for benefits?

Medical/Prescription Drug, Dental, Vision, FSA

All non-union salaried or hourly Lakeside Industries, Inc. employees who are regularly scheduled to work at least 20 hours per week are eligible for coverage on the first day of the month coinciding with or following date of hire.

If you are eligible, you may also cover your lawful spouse, state registered domestic partner, and dependent children up to age 26 (including your state registered domestic partner's children). State registered domestic partners must meet the definition of state registered domestic partners in Lakeside's Domestic Partner Coverage Overview and sign the Declaration of Domestic Partnership. Refer to the Dependent Eligibility Verification Form for a full description of the dependent eligibility requirements. Due to IRS tax rules, expenses of state registered domestic partners and their children are not eligible for reimbursement under the Healthcare Flexible Spending Account, the Day Care Flexible Spending Account, or a Health Savings Account (unless they qualify as tax dependents).

HealthAdvocate (Personal HealthAdvocate, Virtual Care, Wellness)

All Lakeside Industries, Inc. employees, spouses, state registered domestic partners, and children who are enrolled in the Lakeside medical plan are eligible.

Employee Assistance Program (EAP)

All Lakeside Industries, Inc. employees are eligible for coverage on the first day of the month coinciding with or following date of hire.

Life and Disability Insurance

All non-union full-time Lakeside Industries, Inc. employees who are regularly scheduled to work at least 30 hours per week are eligible for coverage on the first day of the month coinciding with or following date of hire.

Can I make mid-year changes?

If you enroll in health benefits you may not drop or change your elections during the year, unless you and/or your eligible dependents experience a permitted mid-year change event. Any change in coverage must be consistent with the change in family status. Permitted change events include, but are not limited to:

- Birth, adoption or placement for adoption
- Death
- Gain or loss of dependent status
- Change in legal marital status or state registered domestic partnership status
- Gain or loss of coverage under this plan by you or your spouse
- Your spouse's annual enrollment period
- A court order requiring coverage to be provided for a dependent child
- Loss of coverage or eligibility for premium assistance under a state Medicaid or CHIP program by you, your spouse, or dependents
- Change in employment status that results in gain or loss of eligibility for coverage by you, your spouse, or another dependent

If you experience a change in your life that affects your benefits, please notify Human Resources. The change must be reported within 30 days of the permitted event (60 days for gain or loss of Medicaid and CHIP coverage). Failure to request changes within the required time frame, means you will have to wait until the next open enrollment period to make changes.

HealthAdvocate

Lakeside Industries partners with HealthAdvocate, Inc. to bring our employees and their family members a range of services and support. HealthAdvocate is the nation's leading healthcare advocacy and assistance company.

Your 1 point of contact for all benefits!

Benefit-eligible employees and their family have access to a single number (1-866-799-2691) to reach the entire Lakeside benefits package, 24/7, regardless of vendor. HealthAdvocate is your one-stop access point to get the information you need, quickly and easily. Simply call HealthAdvocate – you don't need to remember any other benefit contact information! A Personal HealthAdvocate will be able to assist you with any healthcare and insurance-related issues or will route you directly to the appropriate benefit contact.

Your Personal Health Advocate

HealthAdvocate's core health advocacy service is available to eligible employees, their spouses and dependent children, as well as their parents and parents-in-law. The Personal HealthAdvocates serve as a liaison between your healthcare providers, Lakeside's insurance carriers, and health-related community services. The advocacy team includes Registered Nurses, benefit experts, and trained clinical professionals supported by full-time Medical Directors. You will work with the same advocate until all of your issues are resolved and you'll be able to contact your advocate directly for any follow-up needs.

Here is how the Personal HealthAdvocates can help you:

- Find the right doctors, hospitals, and other healthcare providers
- Explain complex medical conditions, research and locate the latest treatments
- Coordinate care and schedule follow-up visits, facilitate second opinions, transfer X-rays and medical records
- Arrange specialized treatments and tests, answer questions about results, treatment options, and prescribed medications
- Clarify benefits
- Resolve claim issues and negotiate billing for out-of-network claims
- Help locate eldercare services including assisted living and adult day care, address other issues facing parents and parents-in-law
- Assist with Medicare questions

And much more!

We partner with HealthAdvocate to provide several other services and tools. Refer to the next few pages and visit lakesidebenefits.com for details.

- An Employee Assistance Program (EAP) providing 5 free counseling sessions, per person, per year
- Digital Cognitive Behavioral Therapy (dCBT), a self-paced online program focusing on stress management, depression, sleep management, anxiety, and more

Health Advocate℠

1-866-799-2691

www.healthadvocate.com

Medical Plan

Lakeside offers a high deductible health plan (HDHP) administered by Healthcare Management Administrators (HMA), a prescription drug plan with MedImpact, and in most cases, a company contribution to a Health Savings Account (HSA) with HSA Bank. All employees eligible for health benefits may enroll in the HDHP, but under strict IRS rules, not everyone is eligible for an HSA.

High Deductible Health Plan with HMA and ESI + **Health Savings Account with HSA Bank** = **Lakeside's Health Savings Plan**

	In-Network	Out-of-Network
Annual Deductible *In- and out-of-network cross accumulate*	$2,000 Individual $4,000 Family*	$4,000 Individual $8,000 Family
Annual Out-of-Pocket Maximum *Includes deductible* *In- and out-of-network cross accumulate*	$5,000 Individual $10,000 Family ($7,350 max/individual)**	$10,000 Individual $20,000 Family
Lakeside HSA Contribution *Dependent on wellness program participation*	$1,000 for Employee-only coverage $1,500 for Employee + 1 or more dependent coverage	
Services		
Preventive Care	The plan pays 100%, deductible waived	Not covered
MDLive Virtual Care	The plan pays 80%, you pay 20%, deductible waived	Not covered
Urgent Care & Emergency Room Visits	The plans pays 80% after deductible. You pay 20% of the allowed amount.	The plan pays 80% after deductible (out-of-network services are payable at 250% of the Medicare allowable rate). You pay 20% and the balance of billed charges.
Primary Care Visits *Includes naturopathic physician*	The plan pays 80% after deductible. You pay 20% of the allowed amount.	The plan pays 60% of the allowable charges after deductible. You pay 40% of the allowed amount and the balance of billed charges.
Diagnostic Lab And X-Ray		
Outpatient Surgery		
Inpatient Hospital		
Maternity Care Services		
Chiropractic Services *Limited to 20 visits per calendar year*		
Acupuncture Services *Limited to 20 visits per calendar year*		
Mental Health & Substance Use Disorder Services		
Prescription Drugs *with MedImpact* » *Specialty medications must be filled through MedImpact Direct Specialty.* » *Refer to the Prescription Drug FAQs for more information.*	The plan pays 80% after deductible. You pay 20% of the allowed amount. The plan pays 100% for certain FDA-approved contraceptives and preventive drugs.	The plan pays 60% of the allowable charges after deductible. You pay the balance of billed charges plus the difference in cost between the pharmacy's billed charge and the allowable charge.

***Deductible for employees + at least 1 dependent.** Each family member's expenses accumulate toward the family deductible. The plan does not begin paying benefits for any family member until the entire family deductible is satisfied.

****In-network out-of-pocket (OOP) maximum for employee + at least 1 dependent.** Each family member will be considered to have met his or her in-network OOP maximum once his or her covered expenses reach $7,350. The plan does not begin paying 100% of expenses for the rest of the family until the entire in-network family OOP maximum is satisfied.

Health Savings Account (HSA)

What is an HSA?

An HSA is a tax-advantaged savings account used to pay for qualified health care expenses of the account beneficiary (you, as the employee) or the account beneficiary's spouse or dependents. It must be paired with a high deductible health plan (HDHP). Contributions, investment earnings and amounts distributed for qualified medical expenses are all exempt from federal income tax, FICA tax and most state taxes.[1]

Am I eligible to contribute to an HSA?

If you enroll in Lakeside's Health Savings Plan, you are generally eligible to make and receive HSA contributions. To be eligible, you must have no other disqualifying health coverage, and you cannot be claimed as a dependent on another person's tax return. Some examples of other health coverage that will disqualify you from contributing to an HSA include:

- Other non-HDHP medical coverage (e.g. traditional PPO with copays, HMO, etc.)
- A spouse's or parent's general-purpose health flexible spending account (FSA) or health reimbursement arrangement (HRA)
- Medicare, including Part A
- TRICARE or Veterans Administration (VA) health benefits received within the last three months, except for preventive care. If you are receiving treatment from the VA for a service-connected disability, this exclusion does not apply and you are not disqualified from making HSA contributions.

Please consult a tax professional or the IRS for specific tax dependent questions.

How much can I contribute to my HSA?

The amount you or any other person may contribute to your HSA depends on the type of HDHP coverage you have, your age, and your HSA eligibility date.

For 2027, if you have self-only HDHP coverage you may contribute up to $4,500. If you have family HDHP coverage (employee + one or more dependents), you may contribute up to $9,000. Individuals age 55 and older who are not enrolled in Medicare may contribute an additional $1,000 per year. Lakeside's contribution to your HSA counts towards the annual IRS limits.

How much will Lakeside contribute to my HSA?

Lakeside's HSA contribution will depend on your medical plan election, when you were hired, and your participation in the wellness program:

- Employees hired by 2/28/2026 and their spouses must have completed the online Personal Health Profile (PHP) through HealthAdvocate, biometric screening and tobacco free attestation (or tobacco cessation program) by 8/31/2026 to qualify for the 2027 HSA contribution.
- Employees hired between 3/1/2026 and 6/30/2026 and their spouses must have completed the online Personal Health Profile (PHP) through HealthAdvocate by 8/31/2026 to qualify for the 2027 HSA contribution.
- Employees hired between 7/1/2026 and 11/30/2027 and their spouses will automatically qualify for the 2027 HSA contribution.

Lakeside's 2027 HSA contribution will be made on a per pay period basis ($38.46/pay period for employee-only coverage, $57.69/pay period for employee + at least 1 dependent coverage).
*The contribution will be pro-rated on a quarterly basis for employees hired after 1/1/2027.

	2027 HSA contribution from Lakeside by medical plan election*							
Medical Plan Coverage	**Employee only**	**Employee + spouse**		**Employee + child(ren)****		**Employee + family**		
Wellness Program Participant	*Employee*	*Employee*	*Spouse*	*Employee*	*Child(ren)*	*Employee*	*Spouse*	*Child(ren)*
➢ Biometric screening ➢ One preventive care exam	$1,000	$1,000	$500	$1,000	N/A	$1,000	$500	N/A
Maximum contribution	**$1,000**	**$1,500**		**$1,500**		**$1,500**		

* Lakeside's HSA contribution will be based on your medical plan election for 2027 (e.g. if you and your spouse participated in the wellness program in 2025-26 but you enroll in Employee-only coverage for 2027, Lakeside will only contribute to your HSA based on the wellness program components you completed (not you and your spouse).)

** If you are enrolled in employee + children coverage (no spouse), you will automatically qualify for a $500 HSA contribution.

[1] California and New Jersey do not fully conform to the federal tax treatment of HSAs. HSA contributions and earnings may be subject to state income tax. Please consult a tax advisor regarding your individual tax situation.

Virtual Care with MDLive

Employees and their family members enrolled in Lakeside's medical plan have access to virtual care with MDLive. You can consult with a board-certified doctor 24/7 by phone, secure video, E-Treatment or through the MDLIVE App.

You'll save time and money by seeing an MDLIVE doctor for non-emergency conditions. MDLIVE doctors can even send a prescription to your nearest pharmacy (if needed).

Common Conditions Include:

- Allergies
- Cold/Flu/Cough
- Constipation
- Diarrhea
- Pink Eye
- Sore Throat
- Sinus Infections
- Urinary Problems

Dermatology:

- Acne
- Rashes
- Cold Sores
- Dandruff
- Eczema
- Nail Concerns
- Rosacea/Psoriasis

Mental Health and Psychiatry:

- Addictions
- Anxiety
- Child and Adolescent Issues
- Depression
- Coping with Loss & Grief
- Parenting Counseling & Advice
- Panic Disorders

Virtual Primary Care:

- Annual Wellness Screenings
- Asthma
- Diabetes (Type 2)
- High Blood Pressure
- High Cholesterol
- Obesity
- Thyroid Conditions
- And more

Register for MDLive through the HMA member portal at accesshma.com.

Employee Assistance Program (HealthAdvocate)

All Lakeside employees and their family members have access to a HealthAdvocate's Employee Assistance Program (EAP). The EAP offers short-term counseling and support for a range of personal, financial, and work/life problems. You have access to five in-person sessions with a counselor per issue per year, at no cost. If meeting in-person doesn't work for you, access confidential video or text-based – counseling with a mental health counselor using your computer, tablet or smartphone. All you need is a webcam, microphone, and high speed internet.

Digital Cognitive Behavioral Therapy (HealthAdvocate)

Health Advocate's digital cognitive behavioral therapy (dCBT) program is available to all benefit-eligible employees and their family members at no cost. CBT is proven and effective for addressing emotional and behavioral issues by changing your thinking and habits. Digital CBT is a self-paced online program you can access anytime, anywhere, focused on:

- Anger management
- General depression
- Low self-esteem
- Panic
- Opioids and chronic pain
- Perfectionism
- Phobias
- Sleep management
- Social anxiety
- Stress management
- Trauma and abuse
- Worry

The modules guide you through steps to build skills to gain improved mental health using a variety of tools including worksheet guides, thought journals, mindfulness and breathing exercises.

Dental Plan

We offer a dental plan with Delta Dental of Washington. You may see any licensed provider, but you will pay less out-of-pocket when you see a PPO Premier Plus provider.

Members who get a Healthy Checkup can increase their annual benefit maximum by $100 the following year (capped at $2,500). A Healthy Checkup is any diagnostic and preventive service (i.e. preventive exam, cleaning, fluoride treatment, x-rays, and sealants). The increase is cumulative, so you can earn an extra $100 each year up to a maximum of $2,500. Each year you don't get a Healthy Checkup your benefit maximum decreases back to the previous year's level, but will not drop below $2,000.

	PPO Premier Plus Dentists	Non-participating Dentists
Annual Deductible	$50 individual / $150 Family	
Maximum Benefit *Per person per calendar year* *Class 1 services do not apply toward maximum*	Base: $2,000 Increase for Healthy Checkup: $100 Maximum: $2,500 Increases apply the following calendar year	
Class I: Diagnostic & Preventive *Oral exams, X-Rays, Fluoride, Sealants*	The plan pays 100%, deductible waived	Deductible waived The plan pays 100% of allowable charges. You pay the balance of billed charges.
Class II: Restorative *Fillings, root canal, periodontics, oral surgery*	The plan pays 80% after deductible. You pay 20% of the allowed amount.	The plan pays 80% of allowable charges after deductible. You pay 20% of the allowed amount and the balance of billed charges.
Class III: Major *Crowns, Dentures, Bridges, Implants*	The plan pays 50% after deductible. You pay 50% of the allowed amount.	The plan pays 50% of allowable charges after deductible. You pay 50% of the allowed amount and the balance of billed charges.

What's the difference between PPO Plus Premier and Non-participating dentists?

1. **Cost**: PPO Plus Premier dentists receive payment based on pre-approved, discounted fees from Delta Dental and cannot charge you more than those fees. Non-participating dentists will balance-bill you for charges above Delta Dental's maximum allowable fees. Delta Dental has no control over Non-Participating Dentists' charges.
2. **Claim Forms**: PPO Plus Premier dentists will submit claims for you and receive payment directly from Delta Dental. If you see a Non-Participating dentist you will be responsible for making sure the dentist completes a claim form and sends it to Delta Dental for processing.

Vision Reimbursement Program

We offer a $200 vision reimbursement benefit to eligible employees and their dependents. The benefit is per covered person and resets every calendar year (on January 1). Unused balances do not carry over to the next year. You can use the reimbursement benefit for your annual eye exam, prescription glasses, and/or prescription contact lenses. You can see any licensed provider. You will pay the provider directly and then submit the required paperwork to Lakeside for reimbursement.

Once you incur vision out-of-pocket costs, you can submit a reimbursement claim form with your receipt(s) to Human Resources. You must submit your claim within 90 days from the date you received the service to be eligible for reimbursement.

Life & Disability Insurance

Basic Life/AD&D

We provide a basic life insurance and accidental death and dismemberment (AD&D) insurance benefit to all eligible employees with The Standard. Enrollment is automatic and Lakeside pays the full cost of your coverage. Life insurance pays your beneficiary a benefit in the event of your death and AD&D insurance pays a benefit if your death results from an accident or if you are severely injured in an accident.

Basic Life/AD&D	
Benefit Amount	2 times your base annual earnings, rounded to the nearest $1,000
Maximum Benefit Amount	$750,000
Guarantee Issue Amount	$750,000
Benefit Reductions due to Age	Reduced to 65% at age 70, 50% at age 75, and 25% at age 80

Long Term Disability

We provide long term disability (LTD) insurance to all eligible employees with The Standard. Enrollment is automatic and Lakeside pays the full cost of your coverage. If you meet the definition of disability, the LTD plan will pay you a benefit for each month that you are unable to work due to a non-work-related disabling condition.

Long Term Disability	
Definition of Disability	Varies depending on your occupation
When Benefits Begin	After 90 days from your date of disability
Monthly Benefit	60% of monthly earnings, up to a maximum monthly benefit of $15,000
When Benefits End	Until you no longer meet the plan's definition of disability or you reach Social Security Normal Retirement Age
Pre-Existing Condition Limitation	12 month waiting period for a disabling condition for which you were diagnosed, treated or took prescribed drugs during the three months prior to enrolling on the LTD plan

Note: Important contract limitations may apply and benefits may be reduced based on other sources of income. Please refer to your summary plan description (SPD) for details.

Tax Free LTD Benefit

When LTD insurance is employer-paid, an employee's LTD benefits are taxable. Because of the financial hardship associated with disability, Lakeside offers a tax-free LTD benefit. This means that the premium we pay for your LTD insurance will be included in your taxable income and you will pay taxes on the premium now, rather than having to pay taxes on your LTD benefit if you become disabled. The taxes will be deducted from each paycheck.

The taxable premium amount depends on your salary and tax bracket, but to determine the premium subject to taxes you can use this equation: (Annual Salary / 100) x $0.336. No more than $300,000 annual salary is covered under the LTD plan.

Flexible Spending Accounts

An FSA allows you to save money on qualified out-of-pocket expenses by setting money aside on a pre-tax basis for health and dependent care expenses. We offer three types of FSAs administered by HSA Bank.

Each calendar year, you can designate an amount, up to the stated annual maximums for healthcare expenses, dependent care expenses or both. This amount will be evenly deducted from your paycheck on a pre-tax basis throughout the year. Once you incur a qualified expense, you can request reimbursement from your FSA or pay at the time of service using your FSA debit card. Make sure you keep your receipts and explanation of benefits statements in case HSA Bank requires it for reimbursement.

General Purpose Health Care FSA *not available if enrolling in the Health Savings Plan*

This plan allows you to pay for qualified out-of-pocket healthcare expenses with pre-tax dollars. Qualified expenses include medical, dental or vision costs such as deductibles, copays and coinsurance amounts and other non-covered healthcare costs for you and your tax dependents. You may access your entire annual election on your effective date. You cannot have a General Purpose Health Care FSA and an HSA.

General Purpose Health Care FSA	
Maximum Contribution for 2027	$3,400
Plan Year End Date	12/31/2027
Carry Over from 2027 into 2028	Up to $680
Deadline to submit claims	3/31/2028

Limited Purpose Health Care FSA

You can have an HSA and a limited purpose health care FSA. This plan allows you to pay for qualified out-of-pocket dental and vision expenses with pre-tax dollars. If you decide to open a limited purpose health care FSA in addition to your HSA, make sure you use your FSA funds before your HSA funds for dental and vision expenses because the FSA funds do not rollover like the HSA. You may access your entire annual election on your effective date.

Limited Purpose Health Care FSA	
Maximum Contribution for 2027	$3,400
Plan Year End Date	12/31/2027
Carry Over from 2027 into 2028	Up to $680
Deadline to submit claims	3/31/2028

Dependent Care FSA

This plan allows you to pay for qualified out-of-pocket dependent care expenses with pre-tax dollars. Qualified expenses may include day care centers, in-home child care and before or after school care for your dependent children under age 13 while both you and your spouse (if applicable) work or go to school full-time. Other individuals may qualify if they are considered your tax dependents and are incapable of self-care. You can only access dependent care FSA money once funds are placed into your FSA. You can have a Dependent Care FSA and an HSA.

All caregivers must have a Tax ID or Social Security Number. This information must be included on your federal tax return. If you use the dependent care reimbursement account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses. Consult your tax advisor to determine whether you should enroll in this plan.

Limited Purpose Health Care FSA	
Maximum Contribution for 2027	$7,500 if you are married and filing a joint return, or if you are a single parent. If you are married and filing separately, you may contribute up to $3,750 per year per parent
Plan Year End Date	12/31/2027
Deadline to submit claims	3/31/2028

If you choose to have dependent care expenses reimbursed by your Dependent Care FSA, those same expenses cannot be claimed for a dependent care tax credit on your federal income tax return. Consult a tax advisor for more information and to help you choose the best approach for your circumstances.

Unused amounts will be forfeited at the end of the plan year, so it is very important that you plan carefully before making your election.

Important FSA Considerations

- You cannot change your election during the plan year, unless you have a qualified change in family status
- FSA funds can be used for your tax dependents only
- You can obtain reimbursement for qualified expenses incurred by your spouse or tax dependent children, even if they are not covered on the Lakeside Industries health plans

401(k) Retirement Plan

Eligibility
All non-union salaried or hourly employees who work for Lakeside for 90 days and are 21 years of age are eligible to enroll in the Plan on the next quarterly entry date. (January 1, April 1, July 1, October 1)

Employer Matching Contribution
Lakeside will make a matching contribution equal to 100% of your first 3% of deferral contributions and 50% of the next 2% of your deferral contributions.

Profit Sharing

Eligibility
All non-union salaried or hourly employees who work for Lakeside at least one year, are 21 years of age, and worked 1,000 hours in the plan year are eligible on the next quarterly entry date. (January 1, April 1, July 1, October 1)

Employer Contribution
Lakeside will make a discretionary contribution equal to 11% of an employee's salary to their Principal account, provided the employee meets the eligibility and service requirements.

Questions? Contact Principal
Prinicipal.com/welcome
800-547-7754
Monday – Friday, 7am – 9pm CST

This benefit summary prepared by

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Insurance | Risk Management | Consulting

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