alliant

2027



Your 2027 Benefit Guide

Your medical, dental, vision, retirement, protection, and well-being benefits, and how to make the most of them.

Plan year January 1 to December 31, 2027

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Federal and state law require alliant to give plan participants certain disclosures and annual notices each year. alliant distributes all required notices separately.



Welcome to Your 2027 Benefits

Your benefits are an important part of what you earn at alliant. Together they protect your health, your family, and your future. This guide explains what is available for 2027 and how each plan works. Please read it carefully, along with any materials you receive.

WHAT ALLIANT PROVIDES

MEDICAL
2 plans
A PPO and an HDHP with a Health Savings Account, both on the BCBS National network.

HDHP FOR YOU ONLY
$0.00
A paycheck for employee-only coverage on the HDHP.

DENTAL FOR YOU ONLY
$0.00
A paycheck for employee-only dental coverage.

BASIC LIFE AND AD&D
$100,000
Paid by alliant, at no cost to you.

EMPLOYEE ASSISTANCE
24/7
Confidential support through ComPsych GuidanceResources.

401(K) MATCH
50¢ per $1
On your contributions up to 6% of pay.

DISABILITY PLANS
$0
Short- and long-term disability, available and paid by alliant at no cost to you.

VOLUNTARY BENEFITS
Your choice
alliant offers a variety of voluntary benefits: supplemental life, accident, hospital, legal, and pet.

PERKS & DISCOUNTS
Working Advantage
alliant has partnered with Working Advantage to provide you with perks and discounts.

MORE ONLINE

Plan details, tools, and how to enroll are at alliantgroupbenefits.com. Questions? Email People Experience at peopleexperience@alliantgroup.com.

Eligibility and Enrollment

You are eligible for benefits if you work 30 or more hours a week. You may also enroll your eligible family members in the plans you choose for yourself.

WHO YOU CAN COVER

- Your spouse or domestic partner
- Your children: biological children, stepchildren, adopted children, or children in your legal custody, to age 26
- Disabled children age 26 or older who meet certain criteria may stay on your health coverage

WHEN COVERAGE STARTS

New hires. Enroll within 30 days of your date of hire. For many benefits, coverage starts on the first of the month after your date of hire. If you do not enroll on time, you will not have benefits coverage, except company-paid benefits.

When you enroll, you will enter a Social Security number for every dependent you cover. The Affordable Care Act requires alliant to report coverage to the IRS each year; the information is submitted securely and kept confidential.

CHANGING YOUR BENEFITS DURING THE YEAR

IRS rules mean your elections stay in place for the whole plan year, unless you have a qualified life event, such as:

- Marriage or divorce
- Birth or adoption of a child
- A child reaching the age limit
- Death of a spouse or child
- Losing coverage under your spouse's plan
- Losing Medicaid or CHIP coverage, or becoming eligible for state premium assistance (60 days)

YOU HAVE 30 DAYS

Contact People Experience within 30 days of the event (60 days for the Medicaid or CHIP events), including a new baby, with documents such as a marriage license, birth certificate, or divorce decree. If you miss the window, you wait until the next annual enrollment period.

ENROLL ONLINE

Visit alliantgroupbenefits.com for instructions on enrolling and details on every plan.

Before You Enroll

A checklist to help you choose with confidence.

1. **Read this guide.** Start with the medical plans and what each costs per paycheck.
2. **Think about how you use care.** Count your usual doctor visits and prescriptions, and any care you expect next year.
3. **Compare the PPO and the HDHP.** Use the side-by-side page. If you choose the HDHP, plan how much to save in your HSA.
4. **Gather what you need.** Social Security numbers for everyone you cover.
5. **Re-enroll in your FSA.** Flexible spending accounts do not carry over; you must enroll each year.
6. **Check your beneficiaries.** Make sure your life insurance beneficiaries in Workday are up to date. Make sure your 401(k) beneficiaries are up to date at Empower.
7. **Enroll on time.** Your elections take effect January 1, 2027. After that, you can change them only with a qualified life event.



Key Benefit Terms

The words that matter most when you compare plans, in plain language.

Premium (contribution)

What you pay from each paycheck for coverage, whether or not you use care.

Deductible

What you pay each year for covered care before the plan starts to share the cost.

Copay

A flat amount you pay for a service, such as $25 for a primary care visit on the PPO.

Coinsurance

Your share of a cost after the deductible, as a percentage, such as 20%.

Out-of-pocket maximum

The most you pay in a year for covered in-network care; after that, the plan pays 100%. The PPO has a separate prescription limit, and out-of-network care has its own, higher maximum.

Embedded deductible

Each family member has their own deductible inside the family amount (the PPO).

Aggregate deductible

The whole family deductible must be met before the plan pays for anyone (the HDHP).

In network

Providers who contract with the plan for lower prices. You pay the least when you use them.

Allowed amount

The most the plan pays for a service. Out of network, you may owe anything above it.

HSA

A Health Savings Account: tax-free savings for health care, available with the HDHP. The money is yours to keep.

FSA

A Flexible Spending Account: pre-tax money for health or dependent care costs. Use it each year or lose it.

Evidence of Insurability (EOI)

Health questions the life insurer may ask before approving larger amounts of coverage.

01

Medical

Two Blue Cross and Blue Shield of Texas plans, prescription coverage, and tax-free savings with an HSA or FSA.



Your Medical Options

MEDICAL PLANS

BlueCross BlueShield of Texas

alliant offers two medical plans through Blue Cross and Blue Shield of Texas. Both include prescription coverage and use the BCBS National network, and both cover in-network preventive care in full.

PPO

Copays for everyday care. Office visits, urgent care, and prescriptions have set copays that do not wait for the deductible.

- Higher paycheck contributions
- Lower deductible: $2,000 for one person
- Each person meets their own deductible within the family amount

HDHP + HSA

Lower contributions, and an HSA. You pay the full cost of non-preventive care until you meet the deductible; then the plan pays 100% in network.

- $0 a paycheck for employee-only coverage
- Higher deductible: $4,000 for one person
- Pairs with a tax-free Health Savings Account

HOW A YEAR OF CARE WORKS

1 · PREVENTIVE

Annual checkups and screenings: no cost in network on both plans.

2 · DEDUCTIBLE

For most other care, you pay until you reach your deductible (on the PPO, copays and some services skip it).

3 · COINSURANCE

Then you share costs: 20% in network on the PPO, 0% on the HDHP.

4 · MAXIMUM

At your out-of-pocket maximum, the plan pays 100% for the rest of the year.

Also covered: bariatric surgery, chiropractic care (35 visits a year), and hearing aids (one per ear every 36 months). Not covered includes: acupuncture, cosmetic surgery, adult dental care, infertility treatment (see Progyny), long-term care, non-emergency care when traveling outside the U.S., private-duty nursing, routine foot care, and weight-loss programs.

BENEFIT VALUE ADVISORS

Benefit Value Advisors (BVA) answer questions about your benefits 24 hours a day and help you use your plan; the number is on the back of your medical ID card.

FIND AN IN-NETWORK PROVIDER

Search the BCBS National network at bcbstx.com or 1-800-810-2583.

The Medical Plans Side by Side

MEDICAL PLANS

BlueCross BlueShield of Texas

What you pay for covered care, per calendar year.

You pay	PPO		HDHP + HSA	
	In network	Out of network	In network	Out of network
THE BASICS				
Deductible Individual / family, per year	**$2,000 / $4,000**	$4,000 / $8,000	**$4,000 / $8,000**	$8,000 / $16,000
Out-of-pocket maximum Individual / family, per year	**$4,000 / $8,000**	$8,000 / $16,000	**$4,000 / $8,000**	$8,000 / $16,000
How the family deductible works	**Embedded: each person meets their own**	Embedded	**Aggregate: the family amount first**	Aggregate
EVERYDAY CARE				
Preventive care	**No charge**	40%*	**No charge**	50%*
Primary care visit	**$25 copay**	40%*	**No charge***	50%*
Specialist visit	**$50 copay**	40%*	**No charge***	50%*
Virtual visit (MDLIVE)	**$25 copay**	Not covered	**No charge***	Not covered
TESTS AND IMAGING				
Lab and X-ray	**No charge**	40%*	**No charge***	50%*
Complex imaging (CT, MRI, PET)	**20%***	40%*	**No charge***	50%*
URGENT AND EMERGENCY CARE				
Urgent care	**$75 copay**	40%*	**No charge***	50%*
Emergency room	**$200 copay + 20%**	$200 copay + 20%	**No charge***	No charge*
Ambulance	**20%***	20%*	**No charge***	No charge*
HOSPITAL AND OTHER CARE				
Inpatient hospital stay	**20%***	40%*	**No charge***	50%*
Outpatient surgery	**20%***	40%*	**No charge***	50%*
Chiropractic and therapy Physical and occupational; 35 visits a year combined	**$50 copay per visit**	40%*	**No charge***	50%*

- An asterisk (*) means the deductible applies first. On the HDHP, once you meet the deductible the plan pays 100% in network.
- PPO emergency room: the facility charge is a $200 copay plus 20%, with no deductible, and the $200 copay is waived if you are admitted; ER doctor charges are 20% after the deductible. PPO therapy: $50 per office visit; therapy performed in the office or an outpatient setting is 20% after the deductible. Emergency care and ambulance are paid the same in or out of network.
- Out of network, you also pay any amount above the allowed amount (balance billing).

Prescription Drug Coverage

PHARMACY BENEFIT

BlueCross BlueShield of Texas

Both medical plans include prescription coverage through Blue Cross and Blue Shield of Texas.

You pay	PPO	HDHP + HSA
Retail, 30-day supply Generic / preferred / non-preferred	**$10 / $40 / $60** No deductible	**No charge after the deductible**
Mail order, 90-day supply Generic / preferred / non-preferred	**$25 / $75 / $125**	**No charge after the deductible**
Specialty	**$10 / $40 / $60**	**No charge after the deductible**
Out-of-network pharmacy	Your copay plus 40%; you file the claim	No charge after the deductible; you file the claim
Prescription out-of-pocket limit Individual / family	**$1,000 / $2,000**	No separate limit

WAYS TO SAVE

- Ask your doctor whether a lower-cost generic is right for you.
- For a medicine you take every day, mail order fills 90 days at a time.
- Covered insulin costs no more than $25 for a 30-day supply.

GOOD TO KNOW

- Retail covers a 30-day supply (up to 90 days with an appropriate prescription); mail order covers 90 days. Out-of-network mail order is not covered.
- Specialty drugs must come from an in-network specialty pharmacy and are limited to a 30-day supply.
- Some drugs need approval before they are covered. Check your drug list at bcbstx.com.

Where to Go for Care

VIRTUAL CARE
MD Live

The right place for care can save you time and money. Amounts are what you pay in network.

Where	When to go	PPO	HDHP
Preventive care	Checkups, screenings, and immunizations to stay well.	**No charge**	**No charge**
Virtual visit (MDLIVE)	A visit with a doctor by virtual visit, from home.	**$25 copay**	**No charge after the deductible**
Primary care doctor	Everyday illness and injury, and ongoing care. Start here.	**$25 copay**	**No charge after the deductible**
Urgent care	Care you need today that is not an emergency, such as a sprain or a fever.	**$75 copay**	**No charge after the deductible**
Emergency room	Serious or life-threatening conditions, such as chest pain or severe bleeding. Call 911.	**$200 copay + 20%**	**No charge after the deductible**

START VIRTUAL
Both medical plans include virtual visits through MDLIVE. Visit mdlive.com or call the number on your medical ID card.

IN AN EMERGENCY
Go to the nearest emergency room or call 911. On the PPO, the emergency room facility cost is the same in or out of network, and the $200 copay is waived if you are admitted.

NOT SURE WHERE TO GO?
Call Benefit Value Advisors, 24 hours a day, at the number on the back of your medical ID card.

What Medical Coverage Costs

Your 2027 share of the cost, by plan and coverage level. Contributions come out of your pay before taxes, twice a month (24 paychecks a year).

PPO

Coverage	Per paycheck	Per month	Per year
Employee only	**$60.00**	$120.00	$1,440.00
Employee + spouse/DP	**$337.00**	$674.00	$8,088.00
Employee + child(ren)	**$300.00**	$600.00	$7,200.00
Employee + family	**$492.00**	$984.00	$11,808.00

HDHP + HSA

Coverage	Per paycheck	Per month	Per year
Employee only	**$0.00**	$0.00	$0.00
Employee + spouse/DP	**$189.00**	$378.00	$4,536.00
Employee + child(ren)	**$168.00**	$336.00	$4,032.00
Employee + family	**$276.00**	$552.00	$6,624.00

Per month is the per-paycheck amount times two; per year is times 24.

CONTRIBUTIONS PLUS THE OUT-OF-POCKET MAXIMUM, IN NETWORK

Coverage	PPO	HDHP + HSA
Employee only	**$5,440**	**$4,000**
Employee + spouse/DP	**$16,088**	**$12,536**
Employee + child(ren)	**$15,200**	**$12,032**
Employee + family	**$19,808**	**$14,624**

A year of contributions plus the in-network out-of-pocket maximum (the family maximum for any coverage beyond you alone), before alliant's HSA contribution. The PPO also has a prescription out-of-pocket limit of $1,000 / $2,000.

Health Savings Account

ADMINISTERED BY hsabank

With the HDHP, you can save in a Health Savings Account through HSA Bank: pre-tax money for your deductible and other qualified health care costs, now or in retirement.

2027 LIMIT · SELF-ONLY
$4,500
All contributions combined, including alliant's.

2027 LIMIT · FAMILY
$9,000
All contributions combined, including alliant's.

CATCH-UP · AGE 55+
$1,000
Extra, on top of the limit.

Limits set by the IRS (IRS Rev. Proc. 2026-24).

ALLIANT CONTRIBUTES

Up to $750 for self-only coverage

Up to $1,500 for family coverage

Deposited quarterly. You must be employed and enrolled in the HDHP on each quarterly deposit date.

THE TRIPLE TAX ADVANTAGE

- **In, tax-free.** Payroll contributions come out before income tax.
- **Grows tax-free.** Interest and investment earnings are not taxed.
- **Out, tax-free.** Withdrawals for qualified health care costs are not taxed.
- Unused money rolls over every year and is yours to keep, even if you change plans or leave alliant.

WHO CAN CONTRIBUTE

- Enrolled in the HDHP
- Not enrolled in Medicare
- Not claimed as a dependent on someone else's tax return
- No other health coverage that is not an HDHP, such as a spouse's general-purpose health FSA
- At least 18 years old

An adult child's expenses qualify only if they are your tax dependent. See IRS Publications 969 and 502.

Flexible Spending Accounts

ADMINISTERED BY hsabank

Set aside pre-tax money for health care and dependent care costs through HSA Bank. Because that money is not taxed, you pay less in income, Social Security, and Medicare taxes.

HEALTH CARE FSA

$3,400

2026 IRS limit; the IRS will announce the 2027 limit.

- Deductibles, copays, and coinsurance
- Prescriptions
- Dental care and orthodontia
- Eye exams, glasses, and LASIK

Full list: IRS Publication 502.

DEPENDENT CARE FSA

$7,500

A year per family ($3,750 each if married filing separately).

- Care for a child under 13: daycare, preschool, or a babysitter
- Care for a household member who cannot care for themselves and is your tax dependent

Full list: IRS Publication 503.

THE RULES

ENROLL EVERY YEAR
FSA elections do not carry over. Choose an amount during enrollment.

USE IT OR LOSE IT
Money you do not use for the plan year is forfeited, so plan carefully when you enroll.

NOT WITH AN HSA
A general health care FSA cannot be paired with an HSA.

02

Dental and Vision

Dental and vision coverage through Blue Cross and Blue Shield of Texas, for you and your family.



Dental

DENTAL PLAN

BlueCross BlueShield of Texas

The BlueCare Freedom Dental PPO lets you see any dentist. You pay less with a dentist in the BCBSTX network.

DEDUCTIBLE
$50 / $150
Individual / family, per year.

YEARLY MAXIMUM
$1,500
Per person; orthodontia has its own lifetime maximum.

ORTHODONTIA
50%
For children and adults, to $1,500 lifetime.

Service	Examples	Plan pays	Deductible first?
Diagnostic and preventive	Exams, cleanings, X-rays	**100%**	No
Restorative and general	Fillings and other basic services	**80%**	Yes
Endodontics and periodontics	Root canals, gum treatment	**50%**	Yes
Oral surgery	Extractions and other surgery	**50%**	Yes
Crowns, inlays, onlays		**50%**	Yes
Prosthodontics and implants	Bridges, dentures, implants	**50%**	Yes
Orthodontia	Children and adults	**50%, to $1,500 lifetime**	No

Preventive care is paid at 100% of the allowed amount with no deductible, in or out of network, and counts toward the yearly maximum. The deductible applies to the other categories except orthodontia. Out of network, benefits are based on the plan's allowable amount, and a non-contracting dentist may bill you for more.

WHAT IT COSTS YOU

Coverage	Per paycheck	Per month	Per year
Employee only	**$0.00**	$0.00	$0.00
Employee + spouse/DP	**$18.00**	$36.00	$432.00
Employee + child(ren)	**$21.25**	$42.50	$510.00
Employee + family	**$32.50**	$65.00	$780.00

GOOD TO KNOW

A three-month deductible carryover applies. For treatment expected to cost more than $300, ask for a predetermination (a pre-treatment estimate). Ask your dentist for an estimate before major work.

Vision

VISION PLAN

BlueCross BlueShield of Texas

BCBSTX Vision gives you a yearly eye exam and new glasses or contacts, using the EyeMed network.

Benefit	In network: you pay	Out of network: reimbursed
Eye exam Once every 12 months	**$10 copay**	Up to $30
Retinal imaging	**$39**	Not covered
Lenses: single vision Once every 12 months	**$10 copay**	Up to $25
Lenses: bifocal / trifocal	**$10 copay**	Up to $40 / $55
Frames Once every 24 months	**$130 allowance, 20% off the balance**	Up to $65
Contact lenses, instead of glasses Once every 12 months	**$130 allowance**	Up to $104
Contacts, medically necessary	**Paid in full**	Up to $210

WHAT IT COSTS YOU

Coverage	Per paycheck	Per year
Employee only	**$3.49**	$83.76
Employee + spouse/DP	**$6.63**	$159.12
Employee + child(ren)	**$6.98**	$167.52
Employee + family	**$10.27**	$246.48

EXTRA SAVINGS IN NETWORK

- 40% off a complete extra pair of glasses
- 20% off non-prescription sunglasses
- 15% off LASIK (5% off promotional prices)
- 40% off hearing exams through Amplifon

FIND AN EYEMED PROVIDER

member.eyemedvisioncare.com/bcbstx
or call 855-556-8796

03

Retirement and Protection

Your 401(k), plus life, disability, and voluntary coverage to protect your family and your income.





Saving for Retirement

ADMINISTERED BY EMPOWER

alliant helps you save for the future with a 401(k) and a matching contribution.

ALLIANT MATCH
50¢ per $1
On contributions up to 6% of your pay.

YOU CAN SAVE
Up to 90%
Of eligible pay, up to the IRS limit.

VESTING
3 years
The match is yours on your third anniversary.

HOW IT WORKS

- You can contribute on the first of the month after 30 days of employment.
- Contribute 6% of your pay to receive the full match.
- Your own contributions are always 100% yours. alliant's match vests on your third anniversary.
- Make sure your 401(k) beneficiaries are up to date at Empower.

EMPOWER
empowerretirement.com/participant
(800) 388-4015

IRS LIMITS

Your contribution limit	**$24,500**
Catch-up, age 50 and older	**$8,000**
Catch-up, turning 60 to 63 in the year	**$11,250 (instead of $8,000)**

2026 limits shown (IRS). The IRS will announce the 2027 limits in late 2026.

Life and AD&D Insurance

INSURED BY

BlueCross BlueShield of Texas

Life insurance pays your beneficiaries if you die. Accidental death and dismemberment (AD&D) pays after a covered accident that causes death or a serious injury, such as the loss of a hand, foot, or eye.

BASIC LIFE AND AD&D · ALLIANT PAYS

$100,000

For every benefits-eligible employee, at no cost to you. Life and AD&D benefits reduce by 35% at age 65 and further reduce by 50% of the original amount at age 70.

SUPPLEMENTAL LIFE AND AD&D · YOU PAY

Up to $500,000

More coverage for you, your spouse or domestic partner, and your children, after taxes.

SUPPLEMENTAL LIFE AND AD&D

Who	Coverage you can buy	Guaranteed issue
You	$10,000 to $500,000, in $10,000 steps	**$150,000**
Spouse or domestic partner	$5,000 to $250,000, in $5,000 steps, up to 50% of your amount	**$50,000**
Children	$10,000, birth to age 26; $1.12 a paycheck covers all your children	**$10,000**

Guaranteed issue applies to new hires: when you are first eligible, you can buy up to these amounts without answering health questions. There is no guaranteed-issue at open enrollment, so new or increased coverage needs Evidence of Insurability (EOI) approved by the carrier. Your spouse can have coverage only if you elect supplemental employee coverage.

ALSO INCLUDED

- Accelerated death benefit: up to 75% (maximum $250,000) if terminally ill with 24 months or less to live
- Conversion if you leave (basic and supplemental); portability for supplemental life (you and your spouse)
- Beneficiary and travel resource services

NAME YOUR BENEFICIARY

Life insurance pays whoever is named on your beneficiary designation. Update it in Workday whenever your life changes.

What Supplemental Life Costs

INSURED BY
BlueCross BlueShield of Texas

You pay for supplemental life and AD&D after taxes. The cost depends on the amount and the age band.

Age	Monthly rate per $1,000	Per paycheck for $100,000
Under 25	$0.064	**$3.20**
25–29	$0.064	**$3.20**
30–34	$0.075	**$3.75**
35–39	$0.092	**$4.60**
40–44	$0.109	**$5.45**
45–49	$0.152	**$7.60**
50–54	$0.220	**$11.00**
55–59	$0.390	**$19.50**
60–64	$0.574	**$28.70**
65–69	$0.905	**$45.25**
70–74	$1.497	**$74.85**

The same rates apply to spouse coverage. Coverage reduces at ages 65 and 70.

WORK OUT YOUR COST

1. Choose an amount, in $10,000 steps for you or $5,000 steps for a spouse.
2. Find the monthly rate for the age band.
3. Multiply the rate by the number of $1,000s, then divide by 2 for each paycheck.

EXAMPLE · AGE 40, $100,000

$5.45

a paycheck: $0.109 × 100 ÷ 2.

CHILD COVERAGE

$1.12

a paycheck for $10,000 of coverage, however many children you cover.

CHOOSING AN AMOUNT

Think about what your family would need to cover the mortgage, childcare, education, and debts.

Disability Insurance

INSURED BY Principal℠

Disability insurance replaces part of your income if a covered illness or injury keeps you from working. alliant pays for both plans, at no cost to you. Disability insurance commences 6 months after your hire date.

SHORT-TERM DISABILITY

Benefit	Up to 60% of weekly pay
Weekly maximum	$1,500
Benefits begin	After the 7th day of disability
Benefits last	Up to 12 weeks

LONG-TERM DISABILITY

Benefit	Up to 60% of monthly pay
Monthly maximum	$6,000
Benefits begin	After 90 days
Benefits last	To Social Security retirement age

WEEK 1
The first 7 days of a disability: short-term disability has not started yet.

FROM DAY 8
Short-term disability pays up to 60% of your weekly pay, to $1,500 a week, for up to 12 weeks.

AFTER 90 DAYS
Long-term disability pays up to 60% of your monthly pay, to $6,000 a month.

HOW THEY WORK TOGETHER
Short-term disability covers the first weeks of a disability. If you are still unable to work, long-term disability begins after 90 days and can continue while you remain disabled.

APPROVAL COMES FROM THE CARRIER
Disability claims are reviewed and approved by the insurance carrier, Principal, not by alliant.

Accident and Hospital Indemnity

INSURED BY VOYA FINANCIAL

Voluntary plans that pay cash directly to you, to use for anything: deductibles, bills, or everyday costs. They are not health insurance, and they work alongside your medical plan.

ACCIDENT INSURANCE

Pays you a set amount after a covered accident, for injuries and treatment such as an ER visit, a fracture, or a hospital stay. Coverage is always guaranteed issue, and you can keep it if you leave.

Examples of what it pays	Benefit
Emergency room treatment	$325
Initial doctor visit	$125
Ground ambulance	$550
Hospital admission	$1,750
Leg fracture (non-surgical / surgical)	$2,700 / $5,400
Concussion	$350

Plus a wellness benefit: $50 a year for each covered person who completes a health screening, such as a mammogram or a routine eye or dental exam.

HOSPITAL INDEMNITY

Pays you a set amount when you or a covered family member is hospitalized, to use any way you choose. Coverage is guaranteed issue; pre-existing condition limits may apply.

Benefit	Pays	Limit
Hospital or critical care admission (day 1)	$1,000	Once per stay, up to 8 a year
Hospital stay, per day from day 2	$200	Up to 30 days per stay
Critical care, per day from day 2	$400	Up to 30 days per stay
Rehabilitation facility, per day from day 2	$200	Up to 30 days per stay
Observation unit stay	$250	Once a year

Only one admission or confinement benefit is paid per day, up to 92 days combined per stay.

ACCIDENT · WHAT IT COSTS

Coverage	Per paycheck	Per month	Per year
You only	$4.22	$8.44	$101.28
You + spouse/DP	$8.44	$16.88	$202.56
You + child(ren)	$9.08	$18.16	$217.92
You + family	$13.30	$26.60	$319.20

HOSPITAL · WHAT IT COSTS

Coverage	Per paycheck	Per month	Per year
You only	$7.73	$15.46	$185.52
You + spouse/DP	$17.01	$34.02	$408.24
You + child(ren)	$15.46	$30.92	$371.04
You + family	$24.74	$49.48	$593.76

IMPORTANT: This is a fixed indemnity policy, NOT health insurance. This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

04

Well-being and Extras

Support for your mind, your family, and your future.



Employee Assistance Program

PROVIDED BY ComPsych

Confidential support for you and your household members, 24/7, at no cost to you. Life is challenging; the EAP can help with challenges big or small.

COST TO YOU
$0
Provided by alliant.

FREE COUNSELING SESSIONS
Up to 8
Per issue. In California, up to 3 sessions in a six-month period.

AVAILABLE
24/7
By phone, online, or in the app.

CONFIDENTIAL COUNSELING
Anxiety, depression, and stress; grief and loss; relationship conflicts

WORK AND LIFESTYLE SUPPORT
Child, elder, and pet care; moving and relocation

LEGAL GUIDANCE
Family law, wills, and estate planning; a free 30-minute consultation and 25% off a local attorney's rates

FINANCIAL RESOURCES
Budgeting and debt, retirement and taxes, mortgages and insurance

WELL-BEING COACHING
One-on-one coaching for nutrition, sleep, exercise, and quitting smoking

DIGITAL TOOLS
Articles, videos, and self-care programs online and in the app

CALL
866-586-1347
TRS: dial 711

ONLINE
guidanceresources.com
Web ID: **alliant**

APP
GuidanceNow

The EAP is confidential: no personal information about your use of it is shared with alliant without your permission.

Fertility and Family Building

PROVIDED BY
Progyny

Progyny supports every path to parenthood, with comprehensive fertility treatment and medication coverage designed around your care, not costs. This benefit is available once you have reached your 2 year work anniversary.

SMART CYCLES
Services, tests, and medications for a treatment are bundled, so you won't run out of coverage mid-treatment.

YOUR OWN ADVOCATE
A dedicated Patient Care Advocate guides you through every step.

PREMIER NETWORK
Access to a network of leading fertility specialists.

GET STARTED
Call your Patient Care Advocate at 866-986-9261 or visit progyny.com.

Legal Services

PROVIDED BY ARAG

Help with personal legal matters, through ARAG.

ARAG helps shield your family and savings from unexpected personal legal issues, with access to a national network of experienced attorneys matched to your needs.

WHAT IT COSTS

$12.80

a paycheck, after taxes.

LEARN MORE

Visit araglegal.com/myinfo and enter access code **18751ag**, or call (800) 247-4184.

Pet Insurance

PROVIDED BY **Nationwide**

Help paying veterinary bills if your pet gets sick or injured, through Nationwide.

Even if you could cover a vet bill, pet insurance can save you thousands of dollars if your pet gets sick or injured, especially if you have more than one pet.

WHAT IT COSTS

Varies

by pet and plan, paid after taxes.

GET A QUOTE

Visit benefits.petinsurance.com/alliantgroup or call (877) 738-7874.

Perks & Discounts

PROVIDED BY **Working Advantage**

Real savings on everyday essentials and memorable experiences, all in one place.

alliant has partnered with Working Advantage to bring you exclusive discounts on the things you already buy every week, plus the fun stuff you've been putting off. Grabbing groceries? Grabbing dinner? Grabbing tickets to the movie everyone's talking about? Working Advantage has you covered, with real savings on everyday essentials and memorable experiences, all in one convenient place. It's completely free, always available, and built for real life.

VISIT WORKING ADVANTAGE OR DOWNLOAD THE APP

workingadvantage.com

Company code: **ALLIANTFUN**

SCAN TO VISIT

Cost of Benefits

Your 2027 contributions per paycheck. Benefits are deducted twice a month (24 paychecks a year), from January 1 to December 31, 2027.

Benefit	You only	You + spouse/DP	You + child(ren)	You + family
Medical · PPO Pre-tax	$60.00	$337.00	$300.00	$492.00
Medical · HDHP Pre-tax	$0.00	$189.00	$168.00	$276.00
Dental Pre-tax	$0.00	$18.00	$21.25	$32.50
Vision Pre-tax	$3.49	$6.63	$6.98	$10.27
Accident After-tax	$4.22	$8.44	$9.08	$13.30
Hospital indemnity After-tax	$7.73	$17.01	$15.46	$24.74

OTHER VOLUNTARY BENEFITS, PER PAYCHECK

Supplemental life and AD&D · you and your spouse After-tax	Varies by amount and age; see the rate table
Supplemental life · children After-tax	$1.12
Legal insurance (ARAG) After-tax	$12.80
Pet insurance (Nationwide) After-tax	Varies by pet

PRE-TAX
Medical, dental, and vision contributions come out of your pay before taxes.

AFTER-TAX
Supplemental life, accident, hospital indemnity, legal, and pet insurance are paid after taxes.

To see a monthly cost, double any per-paycheck amount; for a yearly cost, multiply by 24.

ALLIANT PAYS
Basic life and AD&D, short- and long-term disability, and the EAP, at no cost to you.

Questions? Start with People Experience

alliant's People Experience team helps with your benefits all year. For claims, providers, and how a plan pays, call the carrier.

PEOPLE EXPERIENCE

peopleexperience@alliantgroup.com

Enroll and make changes in Workday
Benefits website: alliantgroupbenefits.com

Email People Experience about enrolling or changing elections, eligibility and dependents, a life event, or payroll deductions.

MEDICAL

BlueCross BlueShield of Texas

(800) 521-2227
bcbstx.com

VIRTUAL VISITS

MD Live

Number on your ID card
mdlive.com

DENTAL

BlueCross BlueShield of Texas

(800) 521-2227
bcbstx.com

VISION

BlueCross BlueShield of Texas

855-556-8796
member.eyemedvisioncare.com/bcbstx

HSA AND FSAS

hsabank

(800) 357-6246
hsabank.com

LIFE AND AD&D

BlueCross BlueShield of Texas

(877) 442-4207
bcbstx.com/ancillary

ACCIDENT AND HOSPITAL

VOYA FINANCIAL

(800) 955-7736
Claims: (877) 236-7564 ·
presents.voya.com/EBRC/Alliantgroup

401(K)

EMPOWER

(800) 388-4015
empowerretirement.com/participant

DISABILITY

Principal

(800) 986-3343
principal.com

EMPLOYEE ASSISTANCE PROGRAM

ComPsych

866-586-1347
guidanceresources.com · Web ID: alliant

FERTILITY AND FAMILY BUILDING

Progyny

(866) 986-9261
progyny.com

LEGAL

ARAG

(800) 247-4184
araglegal.com/myinfo · code 18751ag

PET INSURANCE

Nationwide

(877) 738-7874
benefits.petinsurance.com/alliantgroup

PERKS AND DISCOUNTS

Working Advantage

Code: ALLIANTFUN
workingadvantage.com

Questions about your benefits?

Visit alliantgroupbenefits.com or email People Experience at peopleexperience@alliantgroup.com.

This guide is for informational purposes only and summarizes the benefits available to eligible employees of alliantgroup, LP for the 2027 plan year. It is not an offer of coverage, medical or legal advice, or a contract. Please refer to the Summary Plan Description for complete plan details. If anything here differs from the plan documents, the plan documents govern. Annual notices: ERISA and other federal and state laws require employers to provide disclosures and annual notices to plan participants; alliant distributes all required notices annually.