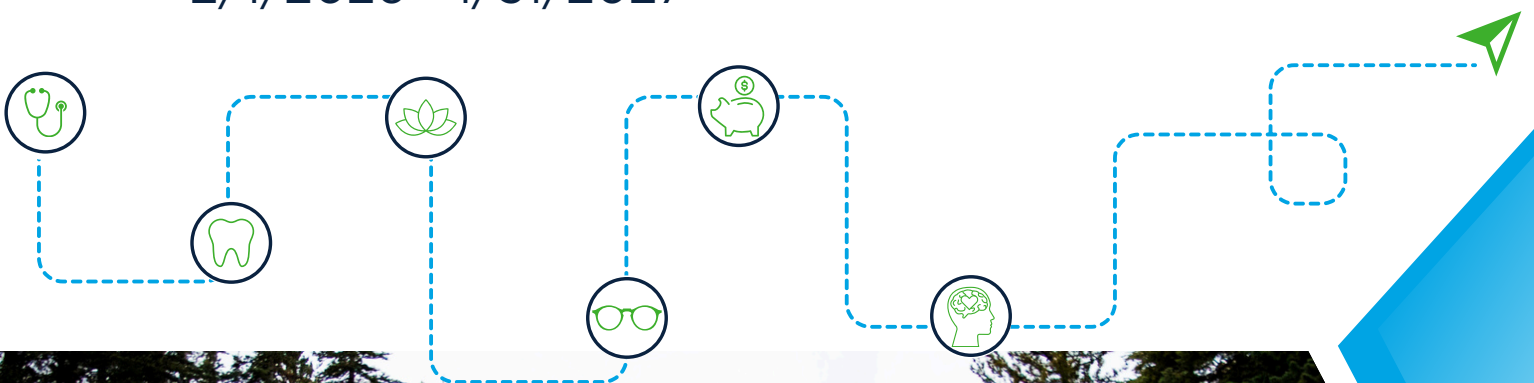


Benefits Roadmap

Navigate your benefits with confidence

2/1/2026 - 1/31/2027



➤ YOUR BENEFIT ADVOCATE

Meet Nadine

You have an insurance advocate at Intrepid to help you get the most from your insurance plans.

Call whenever you or a member of your family:

- Need help solving a benefit related problem
- Have a question about a benefit
- Have questions regarding a bill
- Need further clarification on an insurance matter
- Believe that your claim has not been paid properly
- Need a new ID card



303-209-5237



advocate@intrepidbenefits.com



➤ Introduction

Welcome!

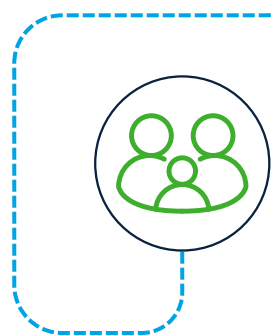
This booklet provides an overview of the benefits offered to you. We partner with Intrepid to administer our comprehensive benefits package. We believe we are providing a program that offers not only quality and value, but one that also meets the diverse needs of our workforce.

This booklet is just a summary of your benefit plans. Refer to your SBC, SPD and Plan Document for plan details. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents prevail. This booklet and plan summaries do not constitute a contract of employment.



Eligible Employee

Eligible employees are those who are not in a temporary status and who are regularly scheduled to work at least **thirty (30)** hours per week.



Eligible Dependent

You also have the option to enroll your eligible dependents which include:

- Your legal spouse, civil union partner* or domestic partner*
- Your children up to age 26
- Your disabled children over age 26 who are primarily dependent on you for support

*If adding a civil union partner or domestic partner, note that benefits will be deducted on a post-tax basis and any employer spousal contribution will be considered taxable income to you, unless your partner meets the definition of a tax dependent under Section 152 of the IRS code.



➤ Enrollment



New Employee

You become eligible for benefits on the **first day of the month following 30 days of your date of hire**. You must enroll yourself and any dependents within 30 days.

Open Enrollment

Our policy period runs from **February 1 to January 31**. The annual open enrollment window is your once-a-year opportunity to enroll, waive coverage, or make changes unless you experience a Qualified Life Event (QLE).

Making Changes Mid-Year

Choose your benefit elections carefully. Medical, dental, and vision deductions are made on a pre-tax basis. Therefore, under IRS rules, changes to benefit elections cannot be made unless you experience a Qualified Life Event (QLE).

Qualified life events include, but are not limited to:

- Marriage or divorce
- Birth or adoption of a child
- Loss of coverage or change in dependent status (e.g., a child turning 26)
- Death of a dependent or spouse
- Change in residence affecting plan eligibility
- Gaining or losing eligibility for Medicaid, CHIP, or Medicare

You must notify HR within 30 days of the event (60 days for Medicaid/CHIP eligibility changes). Supporting documentation may be required.



➤ How to Enroll

01 Log In or Register

Go to www.employeenavigator.com

- Click on **Employee Navigator** in the top right
- Click on **Login** underneath Employee Navigator

Existing Users:

Log in with your username and password

If you forgot your login credentials, click **Forgot Username/Password**

New Users:

Click **Register as a New User** and enter the following:

- Legal first name and last name
- Company Identifier:
 - **AGPG**
- Last four digits of your social security number
- Birth date
- Create a username
- Create a password (must include):
 - At least 6 characters
 - A Number
 - A symbol

02 Begin Enrollment

Once logged in:

- Click **Start**
- Select **Get Started**
- Review and update your personal information

Have this info ready:

- Social Security numbers for all enrolling dependents and beneficiaries
- Dates of birth for all enrolling family members

03 Make Your Elections

The system will walk you through all coverage options.

For each benefit:

- Click **Select** to choose a plan
- Click **Don't want this benefit** if opting out
- Click **Save & Continue** to move to the next benefit (You can stop and return later)

04 Finalize your Enrollment

After completing all elections:

- Click **Click to Sign** to finalize
- Enrollment is **not complete** until you click to sign
- You'll receive a confirmation email once enrollment is submitted



➤ Medical Plan Information

UHC PPO medical plan network

With a PPO medical plan you receive a higher level of benefit when you visit providers who participate in the United Healthcare Choice or Choice Plus network. You may also visit providers outside the network but benefits are lower. To view a list of providers you can visit myuhc.com and select the Choice or Choice Plus network.

UnitedHealthcare® mobile app & myuhc.com

Your health plan, anytime, anywhere:

- Find in-network care
- Talk to a doctor 24/7 by video
- View your digital ID card and claims
- Refill prescriptions and check balances
- Estimate costs and track spending

Key Terms to Remember

Plan Year

Refers to timeframe of **February 1 through January 31**

Calendar Year

Refers to timeframe of January 1 through December 31

Annual Deductible

The amount you must pay each year before your plan begins covering most services. Some services (like copays) don't count toward it.

Copays & Coinsurance

Your share of covered costs:

- Copays: Fixed amount paid at the time of care
- Coinsurance: Percentage you pay after meeting the deductible

Out-of-Pocket Maximum

The most you'll pay in a calendar year. After you hit this limit, the plan covers 100% of covered in-network services.

Note: Some UnitedHealthcare plans and features may not be available in the app.



Manage your benefits at myuhc.com
or with the UnitedHealthcare app



➤ Preventive Care Services

What is it?

Preventive care services are those that are linked to routine wellness exams and screenings. Non-preventive services are those that are considered diagnostic or treatment services for an illness, injury, or other medical condition.

How is it covered?

Preventive care is covered at 100% in-network. The U.S. Preventive Services Task Force maintains a list of preventive services that all Health Care Reform compliant plans should cover at 100% for in-network providers. Preventive services vary based on age, gender, and health history. Be sure to verify coverage and benefits first.



Tip: Preventive services are covered at 100% with an in-network provider when performed as routine screenings without symptoms or prior health concerns. If the same test is done to diagnose or monitor a condition, it's considered diagnostic and subject to your plan's normal cost-sharing (deductible, copay, or coinsurance).

The following is a list of common services that are included:

- Routine physical exam
- Well baby and child care
- Immunizations
- Bone density tests
- Cholesterol screenings
- Mammograms
- Pap smears/pelvic exams
- Colonoscopies
- Prostate exam
- Lab procedures
- Screenings for HIV, HPV, & domestic violence
- Breastfeeding supplies
- Contraceptive drugs and devices



➤ Medical Plan Benefits



	HSA Base Plan (EN5U)
	United Healthcare Choice Plus Network
Calendar Year Deductible	Individual: \$7,400 Family: \$14,800
Coinsurance	You pay 0% after deductible
Out of Pocket Maximum (includes deductible)	Individual: \$7,850 Family: \$15,700
Office Visit Copay	You pay 0% after deductible
Preventive Visit Copay	100% covered
Mental Health Outpatient (Office Visit)	\$XX copay
Inpatient Hospital	You pay 0% after deductible
Outpatient Services	You pay 0% after deductible
Outpatient Laboratory & X-ray	You pay 0% after deductible
Major Imaging/MRI/CT/PET	You pay 0% after deductible
Emergency Room	You pay 0% after deductible
Urgent Care	You pay 0% after deductible
Prescription Drug Copays Retail Pharmacy Mail Order	Medical Deductible then: \$0/\$15/\$55/\$135/\$400 \$0/\$37.50/\$137.50/\$337.50/\$1,000
Out of Network Benefits	Reduced Level of Benefits

- Office visits, urgent care and emergency room: If procedures are performed during a visit, additional charges may apply.
- The HDHP plan is considered creditable health insurance coverage under Massachusetts Law.”



➤ Medical Plan Benefits



	Mid-Plan (EN45)	Buy Up Plan (EN6R)
	United Healthcare Choice Plus Network	United Healthcare Choice Network
Calendar Year Deductible	Individual: \$9,000 Family: \$18,000	Individual: \$1,000 Family: \$2,000
Coinsurance	You pay 50% after deductible	You pay 10% after deductible
Out of Pocket Maximum (includes deductible)	Individual: \$9,550 Family: \$19,100	Individual: \$7,350 Family: \$14,700
Office Visit Copay	\$85 Primary Care Physician \$170 Specialist	\$30 Primary Care Physician \$60 Specialist
Preventive Visit Copay	100% covered	100% covered
Mental Health Outpatient (Office Visit)	\$85 Copay	\$30 Copay
Inpatient Hospital	You pay 50% after deductible	You pay 10% after a \$500 copay & deductible
Outpatient Services	You pay 50% after deductible	You pay 10% after deductible
Outpatient Laboratory & X-ray	You pay 50% after deductible	You pay 10% after a \$250 copay & deductible
Major Imaging/MRI/CT/PET	You pay 50% after deductible	You pay 10% after a \$500 copay & deductible
Emergency Room	You pay 50% after deductible	You pay 10% after deductible
Urgent Care	\$85 copay	\$50 copay
Prescription Drug Copays Retail Pharmacy Mail Order	\$0/\$25/\$85/\$175/\$500 \$0/\$62.50/\$212.50/\$437.50/ \$1,250	\$0/\$15/\$65/\$135/\$400 \$0/\$37.50/\$162.50/\$337.50/ \$1,000
Out of Network Benefits	Reduced Level of Benefits	No Out of Network Benefits

- Office visits, Urgent Care and Emergency room: If procedures are performed during a visit, additional charges may apply.
- The HDHP plan is considered creditable health insurance coverage under Massachusetts Law."



➤ Health Savings Account (HSA)

If you're enrolled in a High Deductible Health Plan (HDHP), you can open and contribute to a Health Savings Account (HSA) to set aside pre-tax money for future medical expenses.

	Employee Only	Employee + Dependent(s)
Annual Calendar Year Maximum Contribution 2026	Up to \$4,400	Up to \$8,750
	Includes both employee & employer contributions	
What Expenses Are Allowed? <i>Visit irs.gov for the full list of eligible expenses</i>	• Medical (including copays, coinsurance), dental (fillings, ortho), and vision expenses (glasses, contacts, LASIK) • Prescription medications (incl. prescribed over-the-counter drugs) • COBRA and long-term care premiums • Acupuncture and chiropractor expenses • Labs and x-rays	
Advantages	• HSA funds used for eligible expenses are tax-free • Contributions are tax-deductible and earnings grow tax-free • HSA funds roll over from year to year and yours to keep, regardless of your employer or insurance carrier • If you're 55 or older, you can add a \$1,000 catch-up contribution • You don't need a QLE to change your HSA contributions — you can adjust them anytime	
HSA Eligibility	• Not eligible to contribute if you are covered by another health plan (including Medicare, Medicaid, TRICARE, or a spouse's plan), claimed as a dependent on someone else's tax return, or covered under your own or a spouse's medical spending FSA.	
Things to Consider	• HDHPs may have higher deductibles than other plans • With an HDHP, most services are subject to the deductible before the plan starts to pay, so it's important to budget upfront • Save receipts for tax purposes	
HSA Instructions	If you enroll on the HSA plan you are eligible to open an HSA account with HSA Bank. An account will be automatically opened up for you once you elect pre tax contributions in Employee Navigator. You will receive a welcome letter in the mail within 2-3 weeks once you finish your enrollment in Employee Navigator with instructions on how to register your account and your debit card.	



➤ UHC Virtual Visits

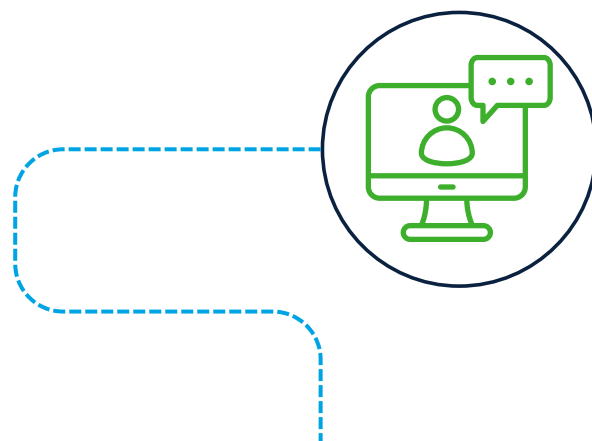
Care Anytime, Anywhere

Virtual visits offer 24/7 access, 365 days a year, to licensed medical professionals who can diagnose, treat, and prescribe for a variety of common, non-urgent conditions — providing quality care from virtually any location, at any time.

Convenient Virtual Care

2 easy ways to access care:

- **UnitedHealthcare Mobile App** – Download the *UnitedHealthcare* app, sign in, and select *Virtual Visit*
- **Online** – Visit myuhc.com, log in, and choose *Virtual Visit* to start or schedule an appointment



Common Conditions for Virtual Care

- Allergies
- Cold and flu symptoms
- Sinus infections
- Earaches
- Sore throat
- Pink eye (conjunctivitis)
- Strep throat
- Urinary tract infections (UTIs)
- Skin conditions (rashes, insect bites, minor irritations)
- Headaches and migraines
- Minor digestive issues (nausea, diarrhea, constipation, etc.)
- and more...



➤ DispatchHealth

DispatchHealth provides on-demand healthcare in the convenience of your home and helps you to avoid unnecessary trips to the ER.

Request Care

The DispatchHealth team provides care from 7am to 10pm, 365 days a year, including holidays. Get care wherever you are within DispatchHealth's service area.

2 easy ways to request care:

1. Call 303-500-1518
2. Go to the website dispatchhealth.com

Explain Symptoms

Their providers will triage symptoms over the phone to understand what's wrong and get the right care enroute.

Receive Care In The Home

On average, their mobile teams arrive within an hour.

Rest Easy

They will call in prescriptions, update the family doctor, and handle billing with health insurance.

Things They Treat

They are ER trained and equipped to treat anything an Urgent Care facility can, plus more:

- Pains, strains, cuts, wounds
- Fever, flu, nausea
- Headaches, migraine
- Urinary tract infection
- Sore throat
- Sinus infection
- Nosebleed
- Ear infection
- Eye infection, pinkeye, object in the eye
- Vertigo, weakness
- Diarrhea, constipation, vomiting
- Stitches, splinting
- Blood testing
- Rashes, hives, allergic reactions
- Asthma attacks
- And more...



➤ Know Before You Go

Type	Appropriate for	Conditions Treated	Access	Cost
Virtual Visits 	See a doctor from anywhere, anytime. Connect with a board certified nurse or physician via video or phone.	- Identifying symptoms - Decide if immediate care is needed - Home treatment options and advice - Colds, flu, sore throat, fever, allergies - Headaches & stomachaches - Rashes or acne	24/7 365 Days	\$
Convenience Care 	For minor medical concerns. Staffed by nurse practitioners and physician assistants. Located in retail stores and pharmacies.	- Cold, flu, allergies - Headache, migraine - Skin conditions, rashes - Minor injuries - Mental health concerns	Office Hours Often Nights & Weekends	\$
Healthcare Provider Office Visit 	Routine medical care and overall health management. Care from the provider that may know you the best. PCP's and specialists. Some providers may also offer virtual visits.	- General health issues - Preventive care - Routines check-ups - Vaccinations, Screenings - Illnesses, injuries - Managing existing conditions	Office Hours	\$\$
Urgent Care, Walk-In Clinic 	Non-life threatening conditions requiring immediate attention. Staffed by nurses and doctors and usually have extended hours.	- Stitches - Minor cuts, sprains, burns, and rashes - Animal bites - Ear-nose-throat infections - Headaches - Joint pain - Minor respiratory symptoms - UTI's	Office Hours, or up to 24/7	\$\$\$
Emergency Room 	Life or limb-threatening conditions requiring immediate medical expertise.	- Suspected heart attack or stroke - Major bone breaks - Head injury, major trauma - Excessive bleeding - Severe pain - Difficulty breathing - Seizure or loss of consciousness	24/7	\$\$\$\$\$



Tip: Know where your nearest in-network providers — hospitals, urgent care centers, etc. — are located ahead of time, and make sure you have your carrier's app downloaded for quick access to virtual visits and ID cards.



➤ The Shift Card

Never overpay for prescriptions again! RX coupons made easy.

Just like booking flights through Kayak, you can use your Shift card to save on prescriptions. Shift sorts through not just GoodRx but 15 other cash card providers to show you the best cash price.

Accepted at 70,000+ pharmacies nationwide, including:

- CVS
- Rite Aid
- Walgreens
- Walmart
- Albertsons
- And many more



How it Works

Step 1:

Search your medications today at theshiftcard.com

Step 2:

Present your digital Shift coupon or your digital Shift Card to the pharmacist

Save up to 80% on your drug costs!

Step 3:

Call 855-442-9965 for questions



Tip: Shift is not part of your health insurance — it's used outside your plan, and the dollars you spend do not apply toward your deductible or out-of-pocket maximum on your medical insurance.



➤ Dental



We offer dental coverage through Delta Dental of Colorado. You'll receive the highest benefits when you use a PPO network dentist. To find providers, visit deltadentalco.com and select the PPO or Premier Network. Visit the website or download the app for your electronic ID card.

Features	PPO Dentist	Premier Dentist	Non-Participating Dentist
Calendar Year Deductible	\$50 individual / \$150 family		
Annual Maximum	\$1,500 per person*		
Preventive Services Oral exam, cleanings, x-rays, sealants for children, fluoride treatment	100% covered no deductible	Covered at 90% of MPA no deductible	Covered at 90% of MPA no deductible
Basic Services Fillings/extractions	You pay 20% after deductible	Covered at 80% of MPA after deductible	Covered at 80% of MPA after deductible
Major Services Crowns, inlays and onlays, bridgework, dentures, oral surgery, endodontics/periodontics	You pay 50% after deductible	Covered at 50% of MPA after deductible	Covered at 50% of MPA after deductible
Orthodontia	Not covered		

PPO Plus Premier Plans

PPO Provider – Payment is based on the PPO provider's allowable fee, or the actual fee charged, whichever is less.

Premier Provider – Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.

Non-Participating Provider – Payment is based on the non-participating Maximum Plan Allowance. Members are responsible for the difference between the nonparticipating MPA and the full fee charged by the provider (balance-billing). You will receive the best benefit by choosing a PPO provider.

PPO Plans

If you do not see a PPO provider, and your provider charges more than the PPO provider's Allowable Fee, you will be responsible for the excess charges. If you see a Premier provider, you will be responsible for the difference between the PPO provider's Allowable Fee and the fee from the Premier Maximum Plan Allowance (MPA). If you see a non-participating provider, you will be responsible for the difference between the PPO provider's Allowable Fee and the full charges you are billed.



➤ Vision



We offer vision coverage through EyeMed utilizing the EyeMed Insight network. You'll receive the best benefits when you use an in-network provider. To find one, visit eyemed.com. Visit the website or download the app for your electronic ID card.

Features	EyeMed Insight Network
Frequency: Exam Lenses or Contacts Frames	Once every 12 months Once every 12 months Once every 12 months
Exam Copay	\$10 (\$0 at a PLUS Provider) Contact lens exam, fitting and evaluation copay may be higher than the standard exam copay
Prescription Glasses Copay	\$25
Standard Lenses	Single vision: \$25 copay Lined bifocal: \$25 copay Lined trifocal: \$25 copay Lens enhancements, such as progressive, anti scratch and anti reflective may have higher copays
Frames	\$150 allowance (\$200 at PLUS Provider), 20% off amount over your allowance
Contacts (in lieu of glasses)	\$150 allowance Contact Lenses can be received in lieu of glasses and covered up to the allowance
Laser Vision Correction	Discount off the regular price



Tip: If you see an out-of-network provider, your costs may be higher. You'll need to submit a claim for partial reimbursement based on out-of-network benefits.



➤ Voluntary Pet Insurance

Liberty Mutual offers a variety of personal insurance coverages at a discounted rate for our employees. These coverages include **Home Insurance**, **Auto Insurance** and **Pet Insurance**.

Please note that you will receive discounted quotes as an employee of Agile Partnering, but all associated premiums with these lines are billed directly to you and cannot be deducted via payroll.

To get pricing for discounted personal lines insurance, please contact **Rebekah Wright** at (616) 350-3441 or via email at Rebekah.Wright@libertymutual.com.



➤ Intrepid Discount Marketplace



Enjoy discounts, rewards and perks!

- Travel
- Auto
- Electronics
- Apparel
- Local Deals
- Education
- Entertainment
- Restaurants
- Health and Wellness
- Beauty and Spa
- Tickets
- Sports & Outdoors
- And More!

It's easy to start saving:

Step 1: Visit intrepidco.benefithub.com

Step 2: Enter in referral code: RK34EK

Step 3: Enter your email address to create an account

Questions? Call 1-866-664-4621 or email customercare@benefithub.com





➤ Total Costs

Your contributions for Medical, Dental, and Vision coverage are deducted from each paycheck on a pre-tax basis. Premiums are calculated based on your pay schedule and will be deducted over **24, 26, or 52 pay periods**, depending on your position.

You can view detailed costs for your Medical, Dental, and Vision plans in your Employee Navigator account.



➤ Contacts

For questions about...	Contact...	Call...	Or Email/Visit...
Benefits and Enrollment	Intrepid Employee Benefit Advocate	303-209-5237 direct line	advocate@intrepidbenefits.com
Medical	UnitedHealthcare Group #1456375	800-585-6586	myuhc.com
Dental	Delta Dental of Colorado Group #DD000001807	800-233-0860	deltadentalco.com
Vision	EyeMed Group #1043914	866-804-0982	eyemed.com
Personal Lines	Rebekah Wright Liberty Mutual	(616) 350-3441	rebekah.wright@libertymutual.com
Human Resources	Agile HR Team	833-642-2123	hr@agilepartnering.com





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