

**2026
Employee
Benefits
Guide**



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WE APPRECIATE YOU!

Thank You for Making Our Company Successful!

Dear Employees,

At Cooper Electrical Construction (Cooper), we appreciate our employees and the valuable contributions they make to our success. One way this appreciation is expressed is through a comprehensive and competitive company sponsored benefit program.

We consider the benefits package to be an extension of the compensation program as it provides you financial security through medical, dental, vision, death benefits, short-term and long-term disability programs. You should refer to the complete benefit booklets for detailed information regarding all benefits, as this guide is intended to be a brief summary of benefits offered. Our program offers a broad range of plan options and has been carefully designed to meet the needs of our diverse workforce.

With choice comes responsibility and planning. In order to maximize your benefits and minimize your costs, please take the time to:

- Enroll on time
- Read and understand each benefit offering
- Ensure that you and your family are educated consumers of healthcare services
- Plan thoughtfully regarding the level of health coverage necessary for you and your family.
- Refer to the Employee Handbook for details on other benefit offerings—paid holidays & vacations.

Benefits are effective January 1, 2026 through December 31, 2026



Open Enrollment Period
Monday, November 10, 2025
through
Friday, November 14, 2025

ELIGIBILITY

Am I Eligible?

To determine the benefits for which you may be eligible, please refer to the chart below. You are eligible to participate in these plans upon meeting each plan's eligibility requirements. You also have the option to enroll your eligible dependents.

Eligible dependents may include:

- Your legal spouse
- Dependent children to age 26, regardless of full time student status or marital status. This provision will only apply with respect to dependent children not eligible for coverage under another employer's health plan.
- Your unmarried children of any age who are incapable of self-support due to a mental or physical disability and who are totally dependent on you.

Additional information on the eligibility requirements is available in the Summary Plan Description.

Change in Status

Once you have made your elections and your enrollment is closed, you cannot make changes until the next open enrollment period unless you experience a qualified change in status such as:

- A change in your legal marital status (such as marriage, divorce or death of a spouse).
- A change in the number of dependents (such as birth or adoption of a child, or death of a dependent).
- A change in your spouse's employment status (including commencement or termination of employment, a change from full-time to part-time status or vice versa).
- Your dependent satisfying or ceasing to satisfy an eligibility requirement for coverage as a dependent.

You have **30 days** from the date of the qualifying event to notify Human Resources and provide appropriate documentation to change your benefits. Requests received after **30 days** will not be accepted.

Please note: Not every change in status permits a change in benefit plan elections. A change in election is permitted only when it is determined that the change in status affects eligibility for coverage of the employee, a spouse or a dependent under a benefit plan

Plan	Employment Status	New Hire Waiting Period
Medical, Prescription, Vision & Dental	Full-Time ≥ 30 hours per week	First of the month following 60 days
Basic & Voluntary Life		
Flexible Spending Accounts (FSA)		
Short & Long Term Disability		
Other Benefits		
Retirement Savings(401k)	Age 18 and Fulltime and/or Attained ≥ 1000 work hours	

Benefit Highlights

What is changing and what is not changing ?

Vendors

- There is no change to our Medical/Rx, Flexible Spending Account (FSA)
- Dental, vision, Life, Disability, Critical Illness, and Accident are moving to Guardian

Employee Contributions

- Slight rate increase to the Medical/Rx.
- Slight rate increase to the Dental or Vision.
- No change to Voluntary Life, Short Term Disability or Voluntary Long Term Disability.

Benefit Plan Designs

- Medical Plan Deductibles and Out of Pocket Maximums remain the same.
- No changes to Dental or Vision plan designs.
- Healthcare Flexible Spending Account IRS Maximum is increasing to \$3,400.

Healthy Living—Wellness

- No changes to the amount of surcharges for tobacco use.



Employee Navigator Enrollment Platform for 2026

We will use the Employee Navigator Enrollment Platform for open enrollment. You will note that is mobile ready—that means you can make your benefit elections on your smart phone, tablet or computer. You can also toggle your entire experience between English and Spanish by the click of a button!

The Employee Navigator enrollment platform is user friendly with modern features and tools to help you better manage your family’s health and well-being. You can view plan details, coverage amounts and the cost of coverage. In one convenient place, you can update your family’s information (names, dates of birth, social security numbers, your home address, emails and phone numbers).

Getting Started!

- 1) You will receive an email with a **“Log In”** link that you will use to register and access Employee Navigator.
- 2) Once you click on the link, you will be brought to a **“reset password”** page.
- 3) Choose a password that you can remember and be sure the your password is at least eight characters long and includes at least one each of: an upper case letter, lower case letter, a number, and one special character (examples: !, # or @, \$).
- 4) Click the Green **“Sign Up”** button to continue.
- 5) Enter your email and/or a user name and your new password.
- 6) Click **“Log In”**.
- 7) After you have logged in, click on the green button to get started. You will see links to the Document Library, Manage Benefits, and View Profile. The Document Library contains HR and benefit related information. Manage Benefits is a summary of your current benefit enrollment. View Profile is all of your demographic information (names, dates of birth, social security numbers, your home address, emails and phone numbers).
- 8) Employee Navigator will “walk you through” the process of enrolling in your benefits. You will be prompted to click the drop down menu for each benefit and select **“Enroll”** or **“Waive”** for you and any dependents. You will also be able to add eligible dependents.
- 9) Once you have made elections on all benefits and any missing data has been entered/collected, you will be prompted to review and electronically sign off on your enrollment choices. Click **“Continue”** and you will see a Benefit Summary. Click **“Next”**
- 10) **LAST Step—Click “Finish” so your elections are saved and recorded.** Print a copy for your records.

Annual Open Enrollment

November 10, 2025 through November 14, 2025 All 2026 Benefit Elections Must Be Submitted During This Period

All employees are required to make elections for 2026 regardless of your current enrollment status, even if you previously waived coverage under Cooper's benefit plan.

Making Benefit Elections

- Attend a Benefit meeting. (In person or Virtual)
- Take your materials home and review the benefits with your family (if applicable).
- Make thoughtful decisions on your benefit choices.
- Log into Employee Navigator no later than **November 14, 2025**
- When adding a dependent to medical coverage a social security number is required.
- Call any member of the HR Department if you have questions.

Medical, Dental & Vision:

- You may enroll in or change coverage.
- You may cancel coverage.
- You may drop dependents from coverage.
- You may add dependents with evidence of their eligibility (birth certificate, marriage license, etc.).

Flexible Spending Accounts (FSA):

- You **must** enroll every year if you wish to participate in the healthcare and/or dependent care spending account.

Life/AD&D Insurance:

- Review and update your beneficiary designations as appropriate.

Disability Income Protection:

- You can add or drop disability coverage at any time during the year. However, you may need to complete an Evidence of Insurability form. Coverage is subject to approval by the carrier and you may be denied for coverage.

Worksite Voluntary Benefits

- You can elect Group Accident and/or Critical Illness through Guardian—see pages 29-321 for details.
- You have the opportunity to elect a Legal assistance plan through LegalShield—see page 32 for details.

ID cards

- You will receive new BCBS NC ID cards at your home address..

Reminder: After open enrollment ends, you **cannot** make benefit changes until the next annual open enrollment, unless you experience a qualifying status change.

Cooper Wellness Program

WE CARE ABOUT THE HEALTH OF OUR EMPLOYEES!

At Cooper, we want to encourage our employees to live a healthy lifestyle. A few steps you can take to live a healthier lifestyle are being tobacco free, staying physically active, and having regular preventative exams to identify risk factors before they lead to a chronic illness. Those are our three pillars for our 2026 wellbeing program at Cooper Electric. Through our wellness initiatives we hope you will be encouraged to make healthier choices to be in the best health you can be.



Surcharges

- We provide incentives for physical activity, participation in challenges. See the next page for more details.
- We will continue to charge employees who use tobacco products a \$10/week surcharge on medical premiums.
- If you fail to submit a tobacco affidavit you will still be subjected to the \$10/week surcharge. Please contact human resources for the appropriate form.

2026	Surcharge Per Week	Surcharge Per Year
Tobacco User	\$10	\$520

What if I am unable to meet a standard to avoid a surcharge under this wellness program?

Cooper Electric is committed to helping you achieve your best health. If you think you might be unable to meet a standard for the lower medical premium, you might qualify for an opportunity to earn the lower premium in a different way. Contact Human Resources at 336-275-8439 to get more information about the alternative programs available to you.

Healthy Lifestyle

At **Cooper**, we want to encourage our employees to live a healthy lifestyle. There are many variables in our lives and in our world that we can't control. But we make choices everyday about things we can control: what we eat, how much we move, and whether we use tobacco products. These choices directly impact our health. While sometimes it's hard to see the correlation, over time the evidence is clear: health and quality of life is improved when we put the right food in our bodies, when we move the way we're supposed to move, and when we steer clear of tobacco products – essentially when we take care of ourselves and treat our bodies well. Although that may sound easy, we know leading a healthy lifestyle can be anything but easy.

Through our wellness initiatives like the fitness and nutrition challenges, wellness education, and onsite events, we hope you will be encouraged to make healthier choices to be in the best health you can be.

A first step in making better choices is “Knowing Your Numbers.” The chart below gives you key biometric measures, a national standard and a place to track *your* numbers. Once you know your numbers, you can begin to work with your healthcare provider on improving your health.

Know Your Numbers		
Biometric Measure	National Standards	What Are Your Numbers?
Tobacco Use	None	
Cholesterol Ratio	< 4.0 or 200 mg/dl	
HDL	> 40 men > 50 women	
Blood Pressure	120 / 80 mm HG	
Blood Glucose Fasting	< 100 mg/dl	
Waist Circumference	< 40 inches men < 35 inches women	
Body Mass Index (BMI)		
Underweight	< 18.5	
Healthy Weight	= 18.5 – 24.9	
Overweight	= 25.0 to 29.9	
Obese	> 30	



Healthy Lifestyle

Regular exercise is a key step in improving your numbers! Whether that's walking, taking the stairs, or joining a gym. To help our employees become more active we encourage participation in our "Couch Potato to 5K" exercise plans. There is a plan for everyone regardless of your starting point! There are walking, jogging and running plans. Each exercise plan is 10-12 weeks long, but at end of 12 weeks you'll be ready complete a 5K (3.1 miles) event. If you are interested in learning more, contact Human Resources at 336-275-8439.

Also, you can visit with a registered dietician in the BCBSNC network for **FREE** to get support in your weight loss efforts.



Not using Tobacco is another key to your health, but quitting can be very challenging even for the best of us.

If you are a tobacco user, there are resources to help you quit.

BCBS will pay for tobacco cessation products, and there is a tobacco cessation program available through www.bluecrossnc.com.

You can also access the Smokefree.gov website at smokefree.gov/quit-smoking which has information you need on the best ways to quit smoking and the tools to make it happen. You can build a "quit plan," read articles, take quizzes and get quick links to other resources like:

- Smokefree TXT is a text message program that provides daily encouragement, advice and tips to quit smoking successfully.
- The QuitGuide is a free smartphone app that teaches you the steps to quit and the skills you need to become and stay Smokefree. The app gives you extra support when you need it most. You can track your progress, cravings, triggers, and tag the times and places that make it hard for you to stay Smokefree.

EEOC Wellness Plan Notice

*The EEOC requires that this notice be distributed if an employer has any type of **medical inquiry** as part of their wellness program. This includes biometric screenings, preventive medical visits, and health risk assessments. This notice needs to be distributed annually prior to the plan year starting. It can be distributed via the benefit guide but can also be sent separately via email, posted online, sent via their 3rd party vendor or via home mailer.*

Notice for Employer-Sponsored Wellness Programs

New rules published on May 17, 2016, under the Americans with Disabilities Act (ADA) require employers that offer wellness programs that collect employee health information to provide a notice to employees informing them what information will be collected, how it will be used, who will receive it, and what will be done to keep it confidential. The EEOC has published the sample notice below to help employers comply with the ADA:

NOTICE REGARDING WELLNESS PROGRAM

Cooper's wellness plan is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). If you are unable to participate in any of the health-related activities required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources.

The information from your HRA will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, including any services offered through BCBS NC. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Cooper may use aggregate information it collects to design a program based on identified health risks in the workplace, Cooper will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Cooper's Human Resource team; 336-275-8439.

Medical Plan—Core PPO

Cooper's medical and prescription insurance is administered by Blue Cross of North Carolina (BCBSNC/BCNC). Cooper offers two plan choices. The chart below provides a brief overview of the Core Plan benefits.

Provider

BCBSNC

Cost Share

Employer & Employee Paid

Website

bluecrossnc.com

Services	Core Plan	
	In-Network (You Pay)	Out-of-Network (You Pay)
Lifetime Maximum	Unlimited	
Plan Year Deductible		
-Individual	\$3,500	\$7,000
-Family	\$7,000	\$14,000
Out-of-Pocket Maximum (includes deductibles, coinsurance & copays)		
-Individual	\$6,650	\$13,300
-Family	\$13,300	\$26,600
Preventive Services* (for most updated list services visit, www.healthcare.gov/coverage/preventive-care-benefits/)	Covered at 100%	Deductible, then 40% (some services not covered out-of-network)
Office Visit		
-Telehealth (TelaDoc)	\$10 Copay	N/A
-Retail Clinics	\$15 Copay	Deductible, then 60%
-Primary Care	\$35 Copay	Deductible, then 60%
Specialist Office Visit	\$70 Copay	Deductible, then 60%
Urgent Care Center	\$70 Copay	
Emergency Room	\$150 Copay 1st Visit, then \$500 Copay for additional visits	
Hospitalization		
-Inpatient & Outpatient	Deductible, then 40%	Deductible, then 60%

*When both preventive and diagnostic or therapeutic services occur at the same visit, members will pay a cost share for the diagnostic or therapeutic services. Additionally, when a preventive service turns into a diagnostic or therapeutic service in the same visit, the appropriate cost sharing will apply.

Core Plan	Deductions Per Weekly Pay Period
Employee Only	\$55.25
Employee + Spouse	\$248.92
Employee + Child(ren)	\$133.10
Family	\$319.22



Medical Plan—Buy Up PPO

Provider

BCBSNC

Cost Share

Employer
&
Employee
Paid

Website

bluecrossnc
.com

The chart below provides a brief overview of the Buy Up Plan benefits.

Services	Buy Up Plan	
	In-Network (You Pay)	Out-of-Network (You Pay)
Lifetime Maximum	Unlimited	
Plan Year Deductible		
-Individual	\$2,000	\$4,000
-Family	\$4,000	\$8,000
Out-of-Pocket Maximum (includes deductibles, coinsurance & copays)		
-Individual	\$6,000	\$12,000
-Family	\$12,000	\$24,000
Preventive Services* (for most updated list services visit, www.healthcare.gov/coverage/preventive-care-benefits/)	Covered at 100%	Deductible, then 50% (some services not covered out-of-network)
Office Visit		
-Telehealth (TelaDoc)	\$10 Copay	N/A
-Retail Clinics	\$15 Copay	Deductible, then 50%
-Primary Care	\$25 Copay	Deductible, then 50%
Specialist Office Visit	\$50 Copay	Deductible, then 50%
Urgent Care Center	\$60 Copay	
Emergency Room	\$300 Copay	
Hospitalization		
-Inpatient & Outpatient	Deductible, then 30%	Deductible, then 50%

*When both preventive and diagnostic or therapeutic services occur at the same visit, members will pay a cost share for the diagnostic or therapeutic services. Additionally, when a preventive service turns into a diagnostic or therapeutic service in the same visit, the appropriate cost sharing will apply.

Buy Up Plan	Deductions Per Weekly Pay Period
Employee Only	\$80.48
Employee + Spouse	\$276.45
Employee + Child(ren)	\$200.92
Family	\$364.93



Prescription Drug Coverage

	Core Plan	Buy Up Plan
Retail: Up to a 30 day Supply		
Preventative Over-the-Counter	No Charge Visit bluecrossnc.com/preventive or call 1-877-258-3334, for guidelines on what Over-The-Counter (OTC) medications are covered	
Tier 1—Mostly Generic	\$10 Copay	\$10 Copay
Tier 2—Mostly Preferred Brand	100% (Max of \$100)	50% (Max of \$100)
Tier 3—Preferred and Non-Preferred Brand	100% (Max of \$100)	50% (Max of \$100)
Tier 4—Specialty	100% (Max of \$100)	50% (Max of \$100)
Retail or Mail Order: 31-60 Supply		
Tier 1 - Mostly Generic	\$20 Copay	\$20 Copay
Tier 2—Mostly Preferred Brand	100% (Max of \$200)	50% (Max of \$200)
Tier 3—Preferred and Non-Preferred Brand	100% (Max of \$200)	50% (Max of \$200)
Retail or Mail Order: 61-90 Day Supply		
Tier 1—Mostly Generic	\$30 Copay	\$30 Copay
Tier 2—Mostly Preferred Brand	100% (Max of \$300)	50% (Max of \$300)
Tier 3—Preferred and Non-Preferred Brand	100% (Max of \$300)	50% (Max of \$300)
Prescription Information		
Formulary /Preferred Drug List	Enhanced 4-Tier Commercial	
Network	Broad Plus	
Dispense As Written (DAW) Rule	Brand Penalty is applied when a generic equivalent is available and provider does not require the brand to be dispensed. Penalty does not count towards OOP Limit	

How To Save on Your Drug Costs ?

- Use a pharmacy that is in-network. Most major pharmacies are in the network. Use your local pharmacy for a 30 day supply or less. Simply show your ID card at the pharmacy.
- Use Tier 1 and generic whenever possible. Generics are “copies” of brand drugs whose patent protection has expired and are approved by the FDA.
- Discuss the preferred drug list (formulary) with your doctor. If a Tier 1 or generic drug is not an option, using formulary drugs will save you money over non-formulary brand drugs.



Prescription Drug Programs

Drug Utilization Review (DUR) Drug Utilization Review is a program to assist your healthcare provider and pharmacist in identifying inappropriate prescribing, dispensing and drug consumption that could cause a potential risk to your health. The following are examples of DUR edits:

- Taking two or more drugs that when taken together can cause undesirable side effects.
- Taking medications that may worsen your medical condition(s).
- Age edits are designed to ensure that medications are used for appropriate age groups, e.g., not for use by infants or the elderly.
- Receiving controlled substance prescriptions from more than two healthcare providers or pharmacies.

Prior Authorization (PA) Certain drugs require additional information from your healthcare provider before your prescription can be filled. This process is called Prior Authorization. If you receive a prescription for a medication that requires a Prior Authorization, your healthcare provider will need to provide information to BCBSNC/Prime Therapeutics Prior Authorization Dept. before your prescription can be filled and covered under the prescription drug plan. **IMPORTANT:** Each drug has a different length of time that it is authorized. Generally, a PA is authorized for 12 months.

Step Therapy Step Therapy helps you choose the most cost effective and appropriate medicine for certain medical conditions. A First-line therapy is usually a generic drug in the same therapy class. If the first-line therapy does not work, the next step is to try a second-Line therapy, and then perhaps a third-line therapy. You may be subject to Step Therapy guidelines if you are filling a prescription used to treat one of the following conditions: High Blood Pressure, High Cholesterol, GI Acid-Peptic disorders.

Other ways to Save on Prescriptions

Generics Outside of Cooper’s health plan, Wal-Mart, Sam’s Club, Target, and Walgreens are pharmacies where you can get generics that are on their “**approved**” list for a lower cost than your drug copay with BCBSNC. Some offer \$4.00 per prescription, per month. For information about which drugs may be offered at this very low cost, visit their websites (Walmart.com, Samsclub.com, Target.com, Walgreens.com).

Mobile Apps for Prescription Savings There are free mobile apps for your iPhone, Android, or Windows phone. These apps will compare prescription drug costs in your area. You provide the drug name and quantity and it compares the costs at various pharmacies in your area. Rx Saver and Good Rx are just two of the available mobile apps.

Patient Assistance Programs are programs set up by drug companies that offer savings cards or coupons that reduce the cost of expensive brand medications. Each drug company has their own program rules around who is eligible. While the programs can significantly reduce your cost, they can end at any time without warning. One website that may be helpful in navigating coupons and savings cards is www.rxpharmacycoupons.com.

Many times there is a lower cost drug alternative—so check with your provider first!

Registering for Virtual Visits / Telehealth

You never know when you'll need a doctor

Prepare for the “what ifs” by activating your TelaDoc account today!
For convenient care that's ready to use when you need it most.

Sunburn at the beach? Stomach bug on Thanksgiving? In a rural area with no doctors close by?
Think you have the flu but don't feel up to driving to your doctor's office?

These are just a few of the reasons people use Virtual visits. And you can too!

Your Cooper health plan with **BCBSNC** includes telehealth services from **TeleDoc**. You will pay **\$0** when using telehealth, so the time saving extra convenience doesn't mean extra cost!

Skip the waiting room and the germs! Telehealth offers these time-saving benefits:

- Video consults available 24 hours a day, seven days a week (even holidays)
- Takes just minutes to get connected with a board certified TelaDoc physician
- No appointment needed—though you can make one with a specific doctor
- Pediatricians are available, if your covered child gets sick
- If you need a prescription the TelaDoc doctor can electronically send your scrip to the pharmacy closest to you
- Whether you are on the couch, at work or traveling—you can use TelaDoc anywhere in the USA

Telehealth can handle many acute/ non-emergent conditions:

Acne	Cough, cold, flu	Headache
Allergies	Diarrhea	Insect bites
Asthma	Ear problems	Joint aches & pains
Constipation	Fever	Nausea & Vomiting

Behavioral Health:

Addictions, Anxiety,
Depression, Grief & loss,
Relationship issues, and
more

Getting Started—Don't Wait until your Sick—Sign up Today

There are *three* ways to activate your telehealth account: mobile app, online, by phone or text. Once your account is set-up you can see a board certified doctor via a secure online video from your mobile device or computer.



Download the **Teladoc**
mobile app
(iOS- / Android-supported)



Go to **Teladoc.com** and
click “**Log in/Register**”



Call **1-800-835-2362**
(1-800-TELADOC)

Primary360: Frequently Asked Questions



What is a Primary360?

With Primary360, you start meet with a Primary360 provider and care team by phone or video instead of going in person.

You will have access to 24/7 virtual care for things like colds, UTIs, and more, from wherever you choose to meet. This benefit also gives you ongoing care for things like nutrition, dermatology, mental health, and chronic conditions. You can even get prescriptions and lab orders. Scheduling a virtual visit is easy and can be done within minutes.

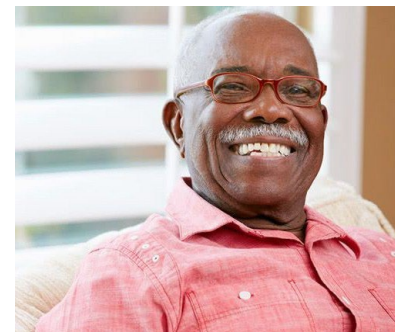
- **What services are available to me?** Primary360 lets you manage every bit of your health, both body and mind, from home or on the go. With Primary360, you have access to:
 - Virtual Primary Care: meet with a primary care provider of your choice and a dedicated care team of nurses and medical assistants for annual checkups, support managing ongoing health conditions, and to build a personalized care plan so you can meet your health goals with ease.
 - Acute Care (General Medical): Treat coughs, colds, UTIs and more with access by phone or video 24 hours a day, 7 days a week
 - Nutrition: Eat healthier, get meal plans and more
 - Dermatology: Upload photos to get treatment for skin conditions like acne, eczema and more.
 - Mental Health: Talk to a licensed therapist about challenges you are facing or if you need medication support
 - Ongoing Conditions Support: Get help with conditions like diabetes, hypertension, or weight management
- **Do I need referrals for specialty care like dermatology or mental health therapy?** You do not need referrals to other Teladoc Health services like mental health therapy, nutrition counseling, or support for chronic conditions. You'll get dedicated time with a Primary360 provider to get answers to your health questions, talk through any concerns and discuss any necessary next steps to achieve your health goals. A personalized Care Plan will be given to you which could include recommendations for services, or referrals to in-person and in-network specialists if needed.
- **What happens if I need in-person care or a prescription?** We know that referrals are often required for in-person and specialty care. You can save money by getting a referral from your Primary360 provider first, before going in person. You can also get prescriptions and lab orders as needed for local pick-up or at-home delivery.
- **How much does this cost?** All services may be offered as low as \$0 or 0% after the deductible has been met.* Please check with your benefits administrator or log into your Teladoc Health account to view fees.

Speak with your benefits administrator or check your benefit booklet online at [BlueCrossNC.com](https://www.bluecrossnc.com) for details

Where & When to Get Healthcare

Primary Care Physician – Scheduled Visits

- **\$35 copay Core plan and \$25 copay Buy Up Plan**
- Helps you prevent disease and stay healthy
- Diagnose and treat a full range of health issues
- Refer you to the right care when you need a specialist
- Help with the healthcare needs of your whole family
- Costs less than the emergency room or urgent care centers



Virtual Visits

- **\$0 copay for either plan**
- Basic care from a board certified physician from your mobile phone, laptop, or tablet
- Available 24/7, evens weekends and holidays

Retail Health Clinics – Average Wait Time: 15 minutes

- **\$25 copay for Core plan and \$32 copay for Buy Up plan**
- Basic care from a nurse practitioner on a walk-in basis with extended hours
- Used for minor health concerns that need care quickly:
 - ◇ Sore throats, ear infections, pink eye, skin rashes, bladder infections and those last minute sports physicals.

Find the nearest Retail Health Clinic locations at:

www.ccaclinics.org/membership/clinic-locations

www.cvs.com/minuteclinic/clinic-locator

www.walgreens.com/pharmacy/healthcare-clinic/locations

www.riteaid.com/shop/info/pharmacy/services/reditclinic

Urgent Care Clinics – Average Wait Time: 15 - 45 minutes

- **\$70 copay Core plan and \$60 copay Buy Up Plan**
- When your doctor is unavailable, get immediate quality care from a healthcare provider on a walk-in basis with extended hours.
- For immediate attention for minor to moderate issues: sports injuries, migraines, vomiting, sprains, back pain.

Emergency Room – Average Wait Time: 4 hours

- **\$150 copay 1st visit, then \$500 copay thereafter for Core plan and \$300 copay Buy Up Plan**
- Care available 24/7 for severe emergencies from trained clinicians.
 - ◇ Never hesitate to go straight to the emergency room, if you are facing an issue that threatens your life.

Things to think about

- Non-emergency care delivered in the ER costs 5 times more than in a doctor's office or clinic. Research studies indicate that between 8-27% of ER visits are inappropriate and should have been treated in a less expensive care setting.
- ER doctors rarely have relationships with the patients they see, nor do they typically have your full medical history, so they must order expensive tests to determine a diagnosis and course of treatment.
- Patients, when possible, should be treated by their primary care physician for non-emergency conditions in order to promote preventive, consistent quality care.

Preventive Care Services

The following services are covered without a co-pay, co-insurance or deductible when the services are provided by an in-network provider. The services listed may also be subject to age, gender and frequency guidelines.

Services*	Adults		Special Populations	
	Men	Women	Pregnant Women	Children
Immunizations				
Hepatitis A	X	X		X
Hepatitis B	X	X		X
Herpes Zoster	X	X		
Human Papillomavirus	X	X		X
Haemophilus Influenza Type b				X
Influenza (flu shot)	X	X		X
Inactive Poliovirus				X
Mumps, Measles & Rubella	X	X		X
Meningococcal	X	X		X
Pneumococcal	X	X		X
Rotavirus				X
Tetanus, Diphtheria, Pertussis	X	X		X
Varicella	X	X		X
Prevention & Preventive Medications				
Aspirin for the Prevention of Cardiovascular Disease	X	X		
Breast Cancer, medications		X		
Folic Acid Supplementation		X		
Gonococcal Ophthalmia Neonatorum, Medication				X
Iron Deficiency Anemia, Prevention				X
Tobacco Use in Children and Adolescents, Primary Care Interventions				X
Counseling				
Alcohol Misuse Screening & Behavioral Counseling	X	X	X	
Breastfeeding, Counseling		X	X	
Falls in Older Adults, Counseling & Medication	X	X		
Sexually Transmitted Infections, Counseling	X	X		X
Skin Cancer, Counseling	X	X	X	X
Tobacco Use in Adults, Counseling and Interventions	X	X		

Preventive Care Services

Services*	Adults		Special Populations	
	Men	Women	Pregnant Women	Children
Screenings				
Abdominal Aortic Aneurysm	X			
Bacteriuria			X	
BRCA-Related Cancer in Women		X		
Breast Cancer		X		
Cervical Cancer		X		
Chlamydial Infection		X	X	
Colorectal Cancer	X	X		
Congenital Hypothyroidism				X
Depression in Adults	X	X		
Diabetes Mellitus	X	X		
Gestational Diabetes Mellitus			X	
Gonorrhea		X	X	
Hearing Loss in Newborn				X
Hepatitis B Virus in Pregnant Women			X	
Hepatitis C Virus Infection in Adults	X	X		
High Blood Pressure in Adults	X	X		
HIV Infection	X	X	X	X
Intimate Partner Violence and Elderly Abuse		X		
Iron Deficiency Anemia			X	
Lipid Disorders in Adults	X	X		
Lung Cancer	X	X		
Major Depressive Disorder in Children & Adolescents				X
Obesity in Adults	X	X		
Obesity in Children and Adolescents				X
Osteoporosis		X		
Phenylketonuria (PKU)				X
Sickle Cell Disease in Newborns				X
Syphilis Infection (Pregnant Women)			X	
Visual Impairment in Children Ages 1 to 5				X

Note: *Source - USPSTF A and B Recommendations and www.healthcare.gov/preventive-care-benefits/

Dental

Cooper's dental plan is administered through Guardian. The chart below provides a brief summary of the benefits.

Provider
Guardian

Cost Share
Employee Paid

Website
Guardianlife.com

Services	Dental	
	In-Network (You Pay)	Out-of-Network (You Pay)
Calendar Year Deductible*		
Individual	\$50	
Family	\$150	
Calendar Year Maximum	\$1,500	
Type A: Preventive Services (Oral Exams, X-Rays, Basic Cleaning)	Covered at 100% - Deductible waived	
Type B: Basic Services (Oral Surgery, Extractions, Filling)	20%	
Type C: Major Services (Crowns, Bridgework, Dentures)	50%	
Type D: Orthodontic Services Dependent child up to age 19	50% up to \$1,000 Lifetime Maximum	
Late Entrant Waiting Periods	No Waiting Period	
Reimbursement Rate	Based on Negotiated Rate	90th percentile of R&C

Note: * Calendar year deductible applies to basic and major services. Waived for preventive.

Dental	Deductions Per Weekly Pay Period
Employee Only	\$7.06
Employee + Spouse	\$14.13
Employee + Child(ren)	\$17.00
Family	\$24.62



Vision

Cooper's vision plan is administered by Guardian. The chart below provides a brief summary of the benefits. Guardian uses the VSP network of Vision Providers.

Provider
Guardian

Cost Share
Employee
Paid

Website
Guardianlife.com

Services	Vision	
	In Network You Pay	Out of Network Reimbursement
Frequencies	1 per 12 months: Exam, Lenses, Frames & Contacts	
Eye Exam	\$20 Copay	Up to \$39
Retinal Imaging	Up to \$39 copay	Applied to exam allowance
Standard Corrective Lenses	\$20 copay	Up to \$23
Single		Up to \$37
Bifocal, lined		Up to \$49
Trifocal, lined		Up to \$64
Lenticular		
Frame Allowance	\$150 retail max + 20% off balance	Up to \$46
Contact Lens Allowance *	\$150	Up to \$100
Elective	Covered in full after eyewear copay	Up to \$210
Medically Necessary		
Contact Lenses Fitting	Covered in full with a maximum copay of \$60	Applied to contact lens allowance
Lens Enhancements		
Ultraviolet coating	Covered in full	Applied to lens allowance
Polycarbonate – child 18	Covered in full	Applied to lens allowance
Polycarbonate— adult	\$31—\$35 copay	Applied to lens allowance
Progressive Standard	Up to \$55 copay	Up to \$50
Progressive Premium	Up to \$95—\$175 copay	Up to \$50
Scratch resistant	Up to \$17—\$33 copay	Applied to lens allowance
Anti-reflective	Up to \$41—\$85 copay	Applied to lens allowance
Photochromic	Up to \$47—\$82 copay	Applied to lens allowance
Tints	Up to \$17—\$44 copay	Applied to lens allowance
Additional Savings	20% off the cost for additional pairs of prescription glasses, non-prescription sunglasses, including lens enhancements.	
Laser vision correction	Average savings of 15% off the regular price or 5% off a promotional offer for laser surgery: PRK or LASIK.	

Vision	Deductions Per Weekly Pay Period
Employee Only	\$1.53
Employee + Spouse	\$3.07
Employee + Child(ren)	\$2.61
Family	\$4.31

Note: * Contacts are in lieu of glasses.



Flexible Spending Accounts

Provider

Flores
&
Associates

Cost Share

Employee
Contributions

Website

Flores247.com

Mobile App

Flores
e-Receipt

Cooper offers Flexible Spending Accounts (FSAs) administered by Flores & Associates. Flexible Spending Accounts help you save money by providing a way to pay for health care and dependent care on a pre-tax basis. There are two types of Flexible Spending Accounts: Health Care and Dependent Care. You do not have to be enrolled in Cooper’s medical plan to participate in an FSA account.

You can INCREASE your take-home pay while paying for eligible medical, dental, vision and/or dependent day care expenses. The contributions you make to an FSA are deducted from your pay **BEFORE** your federal, state, or Social Security taxes are calculated. You do not need to be enrolled in the Cooper Electrical Construction medical plan to take advantage of an FSA account. You may enroll in either account or both - you decide!

How an FSA Works: During your initial new hire period or during open enrollment you decide how much money you want to contribute to each FSA account for the year—see IRS limits below. The amount you designate for the year is taken out of your paycheck in equal installments each pay period and placed in the appropriate FSA account type.

IRS Annual Contribution Limits	Minimum	Maximum
Health Care FSA	\$100	\$3,400
Dependent Care FSA	\$100	\$7,500 \$3,750 if married and filing separately

Health Care FSAs may be used to pay for eligible medical, prescription, dental or vision expenses for you and your tax dependents.



All healthcare FSA participants will receive a **debit card** that can be used to purchase eligible items with a card swipe that accesses their available funds. In many cases the claim will be completed at the point of purchase; in others, participants will receive a request for a receipt after the claim has been paid. You can submit those on-line or through Flores mobile app.

Your Healthcare FSA has a **Rollover** provision, which allows money left in your account at year end to “rollover” into the next plan year, up to a maximum of \$660. However, you must elect to contribute to the Healthcare FSA in the next year, in order to be able to use those funds. Any money left in your account over \$660 are forfeited once the time period for submitting expenses has passed.

Dependent Care FSAs may be used to pay for eligible expenses related to the care and supervision of your child (to age 13) or adult dependent who are claimed as exemptions on your federal income tax return.

Flexible Spending Accounts

Please see the chart below for important dates about when eligible expenses may be incurred and the time period for submitting those expenses.

Important Dates		
Flexible Spending Accounts	Expense Incurred	Submitting Expenses for Reimbursement
Health Care FSA	January 1, 2026 - December 31, 2026	January 1, 2026 - March 31, 2027
Dependent Care FSA	January 1, 2026 - December 31, 2026	January 1, 2026 - March 31, 2027

Use the worksheets below to assist you to estimate you and your families health care and dependent care expenses for the coming year.

Plan Carefully! The IRS has a “Use it or Lose it Rule.”

Health Care Expense Worksheet					
Medical/Rx		Vision		Dental	
Deductibles	\$	Deductibles	\$	Deductibles	\$
Copays	\$	Copays	\$	Copays	\$
Prescriptions	\$	Prescriptions	\$	Prescriptions	\$
Other	\$	Other	\$	Other	\$
Total	\$	Total	\$	Total	\$
ESTIMATE CAREFULLY - \$660 ROLLOVER				Health Care Total:	\$

Dependent Day Care Expense Worksheet				
	Dependent 1	Dependent 2	Dependent 3	Total
Child Care Centers	\$	\$	\$	\$
Before/After School Care/Day Camps	\$	\$	\$	\$
Adult Daycare	\$	\$	\$	\$
Other	\$	\$	\$	\$
Estimate Carefully	Dependent Care Total:			\$

Income Protection: Short Term Disability

Provider

Guardian

Cost Share

Employer
&
Employee
Paid

Website

guardianlife.com

Cooper provides all full-time employees the opportunity to purchase short-term disability income benefits. In the event that you become disabled due to a qualified *non-work* related injury or illness, disability income benefits are provided as a source of supplemental income. Limitations and restrictions apply.

Benefit Detail	Short Term Disability
Elimination Period	Benefits begin on the 15th day for accident, and on the 15th day for sickness.
Benefit Duration	Up to 24 weeks after the elimination period is satisfied
Percent of Income Replaced	60% of your pre-disability earnings
Maximum Benefit	Up to \$500 per week
Definition of Earnings	Standard, excluding bonus & commission
Own Job Definition	Loss of duties and earnings
Other Limitations	There are additional limitations to your coverage. A complete list is included in the Guardian Certificate.

Note: You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

Premium Calculation



STD Rate: \$0.44 per each \$10 of your weekly benefit

Step 1: Hourly Pay Rate x 40 = Weekly Salary

Step 2: Weekly Salary x 60% = Weekly Benefit Amount

Step 3: (Weekly Benefit Amount* / \$10) x \$0.44 = Weekly Premium

Step 4: Weekly Premium / 50% = Employee Cost

Notes: **1)** Cooper pays 50% of the cost of this STD coverage, and **2)** If your weekly benefit amount is great than \$500, then use \$500 as the maximum.

Income Protection: Long Term Disability

Provider

Guardian

Cost Share

Employee
Paid

Website

guardianlife.com

Cooper provides all full-time employees with opportunity to purchase long-term disability income benefits. You pay the full cost of the premium. In the event you become disabled from a qualified non-work related injury or sickness, disability income benefits are provided as a source of income.

Benefit Detail	Voluntary Long Term Disability Income
Elimination Period	180 days, or end of STD period
Max Benefit Duration	Up to Age 60, then subject to a Reduced Benefit Duration (RBD) up to Social Security Normal Retirement Age (SSNRA)
Percent of Income Replaced	60% of your pre-disability earnings
Definition of Earnings	Standard, excluding bonus & commission
Maximum Benefit	Up to \$5,000 per month
Minimum Benefit	\$100 per month
Occupation	First 24 months Own Occupation (any occupation thereafter)
Survivor Benefit	Included
Other Limitations	There are additional limitations to your coverage. A complete list is included in the Guardian Certificate.

NOTE: Rates are calculated based on the employees current age on the effective date of the plan and are adjusted each year on the plan anniversary date for employees advancing into the next age band.

Premium Calculation



LTD Rate: See chart to the right for your age bracket rate.
Rate is per each \$100 of your monthly payroll amount.

Step 1: Hourly Pay Rate x 40 = Weekly Salary

Step 2: Weekly Salary x 52 / 12 = Monthly Payroll Amount

Step 3: (Monthly Payroll / \$100) x **age rate** = Monthly Premium

Step 4: Monthly Premium x 12 / 52 = Weekly Premium

Note: If your monthly payroll amount is greater than \$5,000, then use \$5,000 as the maximum.

Monthly Rates per \$100 of covered payroll

Age	Rates
under age 20	\$0.09
20-24	\$0.09
25-29	\$0.16
30-34	\$0.23
35-39	\$0.33
40-44	\$0.55
45-49	\$0.89
50-54	\$1.51
55-59	\$1.97
60+	\$2.07+

Basic Group Term Life and AD&D

Provider

Guardian

Cost Share

Basic Life:
Employer
Paid

Dependent Life
Employee Paid

Website

guardianlife.com

Cooper provides full-time employees with \$10,000 basic group life, and accidental death and dismemberment (AD&D) insurance, and pays the full cost of this benefit. In addition, when you are first eligible for benefits, employees have the option to purchase a life insurance benefit on your spouse and dependent children through payroll deduction.

The Dependent Life policy provides a \$10,000 benefit on an employee’s spouse and a \$5,000 policy on each dependent child, 14 days or older. **This policy has a weekly cost of \$1.12 per unit (all dependents bundled).**

Benefit Detail	Basic Life & AD&D
Basic Life Amount	\$10,000
Basic Spouse Amount	\$10,000
Child Benefit Amount	\$5,000
Waiver of Premium	If disabled, insurance will continue until age 65 or no longer disabled
Age Reduction Schedule	Reduced by 35% at age 65, then reduced to 50% age 70
Portability & Conversion*	When the employee terminates employment, reduces hours or retires from the employer, the insured can decide to convert or port their coverage. Porting coverage maintains the group rates. Conversion converts your coverage to an individual policy. Covered children are not eligible for portable coverage, unless the employee elects portable coverage.

***Please note:** In order to convert or port coverage, you must contact the carrier within 31 days after your coverage ends.

Voluntary Group Term Life

Cooper provides all full-time employees the opportunity to buy supplemental life Insurance through Guardian Life.

Provider
Guardian
Cost Share
Employee Paid
Website
guardianlife.com

Benefit Details	Voluntary Life
Employee Amount	Increments of \$10,000
Employee Maximum	\$200,000
Guarantee Issue Amount*	\$200,000 – Employee \$50,000 – Spouse \$10,000 - Child
Age Reduction Schedule	Reduced by 35% at age 65, then reduced to 50% age 70
Portability & Conversion **	When the employee terminates employment, reduces hours or retires from the employer, the insured can decide to convert or port their coverage. Porting coverage maintains the group rates. Conversion converts your coverage to an individual policy. Covered children are not eligible for portable coverage, unless the employee elects portable coverage.

*Statement of Health / Evidence of Insurability: SOH is required if you elected over the guaranteed issue amount.

**Please note: In order to convert or port coverage, you must contact the carrier within 31 days after your coverage ends.

Voluntary Life—Rates per \$1,000

	Employee	Employee AD&D	Child AD&D	Child	Spouse AD&D
Under 30	\$0.09	\$0.03	\$0.03	\$0.18	\$0.03
30-34	\$0.11				
35-39	\$0.15				
40-44	\$0.20				
45-49	\$0.31				
50-54	\$0.49				
55-59	\$0.89				
60-64	\$1.21				
65-69	\$2.08				
70 +	\$2.73				

Group Accident Coverage, Guardian

Provider

Guardian

Cost Share

Employee Paid

Website

guardianlife.com

Cooper provides full-time employees with the opportunity to buy group accident coverage. Group Accident coverage is designed to help covered employees meet the out-of-pocket expenses and extra bills that can follow a non-work related accidental injury, whether minor or catastrophic. Benefits are paid directly to the employee in a lump sum based on the amount of coverage in effect and as listed in the schedule of benefits. See below for a highlight of benefits. **The chart is not all inclusive:**

Benefit Detail	Group Accident
Ambulance	Ground \$300 Air \$1,000
Appliance	Schedule up to \$600
Blood/Plasma/ Platelets	\$300
Emergency Room Treatment	\$150
Hospitalization	Admission \$1,000 ICU \$2,000
Physician Follow Up	\$75 up to 6 treatments
Rehabilitation	\$100 /Day up to 15 days,
Therapy—Physical	\$35 / day up to 10 days
Head injury	Coma \$10,000 Concussion \$250
Fractures Closed & Open	Schedule up to \$4,000
Dislocations Closed & Open	Schedule up to \$8,000
Lacerations	Schedule up to \$400
Burns & Skin Grafts	50% of burn benefit
Annual Wellness Benefit	\$50

Coverage Level	Weekly Rate
Employee only	\$2.08
Employee & Spouse	\$3.69
Employee Child(ren)	\$4.15
Family	\$5.77

Critical Illness, Guardian

Cooper provides full-time employees with the opportunity to buy Critical Illness coverage. Critical Illness is designed to help covered employees offset the financial effects of a catastrophic illness when the insured is diagnosed with a covered specific disease. Benefits are paid directly to the employee in a lump sum based on the amount of coverage listed in the schedule of benefits. See below for a highlight of benefits.

Provider

Guardian

Cost Share

Employee

Paid

Website

guardianlife.com

Benefit Detail	Critical Illness with Cancer
Coverage Amount	
Employee	\$10,000, \$20,000 or \$30,000
Spouse	\$5,000, \$10,000 or \$15,000
Child(ren)	25% of the Employee coverage amount
Guaranteed Issue	
Employee	\$30,000
Spouse	\$15,000
Benefit Reduction	No benefit reductions apply
Annual Wellness Benefit	\$50 per covered person

Disease	Percent Covered	Max Percent by Category
Coronary Artery Bypass	50%	100%
Heart Attack	100%	
Stroke	100%	
Benign Brain Tumor	100%	100%
End Stage Renal Failure	100%	
Major Organ Failure	100%	
Coma	100%	100%
Permanent Paralysis	100%	
Carcinoma In Situ	30%	100%
Cancer	100%	
Additional Covered Conditions	Cerebral palsy, Cleft lip or palate, Cystic fibrosis, Down Syndrome, Spina Bifida, ALS, Parkinson's, Alzheimer's, MS, MD and others	

Critical Illness Monthly Rates, Guardian

Monthly Premium – Employee

Benefit Amount	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +
\$10,000	\$7.60	\$8.20	\$9.10	\$10.40	\$12.70	\$16.30	\$20.90	\$28.30	\$37.10	\$50.60	\$65.40
\$20,000	\$15.20	\$16.40	\$18.20	\$20.80	\$25.40	\$32.60	\$41.80	\$56.80	\$74.20	\$101.20	\$130.80
\$30,000	\$22.80	\$24.60	\$27.30	\$31.20	\$38.10	\$48.90	\$62.70	\$84.90	\$111.30	\$151.80	\$196.20

* Child cost is included with employee election

Monthly Premium – Spouse

Benefit Amount	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +
\$5,000	\$3.80	\$4.10	\$4.55	\$5.20	\$6.35	\$8.15	\$10.45	\$14.15	\$18.55	\$25.30	\$32.70
\$10,000	\$7.60	\$8.20	\$9.10	\$10.40	\$12.70	\$16.30	\$20.90	\$28.30	\$37.10	\$50.60	\$65.40
\$15,000	\$11.40	\$12.30	\$13.65	\$15.60	\$19.05	\$24.45	\$31.35	\$42.45	\$55.65	\$75.90	\$98.10

LegalShield

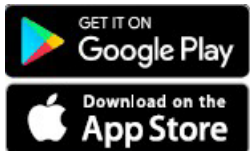
Cooper provides full-time employees with the opportunity to buy legal resources through a partnership with LegalShield. LegalShield provides a comprehensive and affordable legal solution to everyday (and not so everyday) legal problems that arise. LegalShield maintains a nationwide network of provider law firms in all 50 states and 4 Canadian provinces with an average of 20+ years of experience. Covered members have direct access to attorneys who respond to calls within 4 hours or less. Members can expect document review completed or letters or phone calls to resolve a complaint completed within 3 business days.

Provider
LegalShield

Cost Share
Employee
Paid

Website
[benefits.legalshield.com/
cooper](https://benefits.legalshield.com/cooper)

Area of Law	Subjects Covered
General	Office Consultation, Telephone Advice, Document Review, 24/7 Legal Access, Mobile App
Auto	Driver's License Restoration, Traffic Violations, Traffic Tickets, Property Damage Claims
Family	Adoption, Conservatorship, Domestic Violence Protection, Guardianship, Juvenile Court Proceedings, Name Change, Prenuptial Agreements, Administrative Hearings
Financial	Affidavits, Bankruptcy, Consumer Protection, Contracts, Financial Disputes, Debt Collection, IRS Audit Protection, Rental Agreements, Medicare & Medicaid Disputes, Promissory Notes, Social Security Disputes, Veterans Benefits Disputes
Home	Contractor Disputes, Deeds, Landlord/Tenant Issues, Foreclosure, Neighbor Disputes & Easements, Refinancing, Purchase/Sale of Home, Real Estate Contracts & Financial Disputes, Small Claims Assistance, Zoning Variances, Mortgages
Estate Planning	Living Wills, Power of Attorney, Probate, Living Trusts, Codicils



Weekly Rate	
The Plan covers the employee, spouse and dependent children to Age 26	\$3.63

Other Benefits Provided through Guardian—EAP

Provider

Guardian

Cost Share

Employer

Paid

Website

Guardianlife.co
m

Cooper partners with Guardian to provide an Employee Assistance Program (EAP) to our employees and their eligible dependents.

We all face difficulties in our life. During those times, having outside help can make the difference between solving a problem and continuing to struggle through periods of confusion, indecision and personal crisis.

The reasons people seek assistance include, but are not limited to, marital or relationship issues, parenting, stress, financial worries, legal issues, depression, grief, substance abuse (drug & alcohol), elder care and crisis events — essentially anything that interferes with your happiness and well-being.

Please note that confidentiality is an important part of any Employee Assistance Program (EAP) and Cooper will not know of your accessing these services without your consent.

Expert advice for work, life, and your well-being

The program's experienced counselors provided can talk to you about any thing going on in your life, including:

- **Family:** Going through a divorce, caring for an elderly family member, returning to work after having a baby
- **Work:** Job relocation and reorganization, building relationships with co-workers and managers
- **Money:** Budgeting, financial guidance, retirement planning, buying or selling a home, tax issues
- **Legal Services:** Issues of civil, personal and family law, financial matters, real estate, estate planning
- **Identity Theft Recovery:** ID theft prevention tips and help from a financial counselor if you are victimized
- **Health:** Coping with anxiety, depression, proper amounts of sleep, how to kick a bad habit like smoking
- **Everyday Life:** Moving, new community, loss of a loved one, grieving, military family matters, new pets

Convenient and confidential help when you want it, how you want it

Your program includes up to 3 in person, phone or video consultations with licensed counselors for you and your eligible household members, per issue, per calendar year.

Call your Guardian sales consultant or client manager today for more information or visit www.guardianlife.com

If you're simply looking for information, the program offers easy to use educational tools and resources, online and through a mobile app. There is a chat feature so you can talk with a consultant to guide you to the information you are looking for or help you schedule an appointment with a counselor.

Log on to www.guardianlife.com

Other Benefits Provided through Guardian

Provider

Guardian,
Assist
America,
and Osara
Health

Cost Share

Employer
Paid

Website

Guardianlife.co
m

Cooper partners with Guardian to also provide Global Emergency Assistance services with Assist America, Cancer Support Services, and GuardianAnytime. These services are available to you at no additional cost.

Global Emergency Assistance Services – Assist America

To compliment your Guardian insurance coverage, you have access to the Global Emergency Assistance Services provided by Assist America. This service connects you to qualified healthcare providers, hospitals, pharmacies and other services if you were to experience an emergency while traveling more than 100 miles away from, home, or outside the country, for up to 90 days. This can include:

- Medical emergency assistance
- Medical consultation, evaluation, and referrals
- Medical monitoring
- Emergency medical evacuation
- Foreign hospital admission assistance
- Medical repatriation
- Prescription assistance
- Travel emergency assistance

Cancer Support Services

The Guardian + Osara Health cancer support offering helps connect you to a more personalized care experience through human connection, expertise, and empathy. Supported by the latest clinical research, the cancer coach program by Osara Health helps individuals diagnosed with cancer develop positive behavior change to help promote better outcomes. This new service aims to inspire holistic well-being and can ultimately increase an employees' likelihood of returning to a fulfilling lifestyle.

Key features include:

- Dedicated health coach for holistic support, education, and guidance with scheduled calls over 6 to 12 weeks
- Weekly digital education modules covering the key areas of cancer self-management
- Motivational articles to help participants make positive behavior change
- Access to the Osara health app to track symptoms and help participants take back control of their diagnosis

GuardianAnytime

GuardianAnytime is Guardian's secure website for group benefit plans, offers comprehensive self-service capabilities for you as employees

Helpful benefits information available 24/7:

- Review benefits and update information
- Check the status of a claim
- View and print ID cards
- Submit a short-term claim
- Receive emails when a claim has been processed
- Use the Find-A-Provider app to locate a provider anytime

Visit www.guardiananytime.com

TelaChap

Cooper partners with **I Am Corporate Chaplains of America** to provide a confidential care program in the following areas:

- Premarital counseling
- Marriage counseling
- Mental health
- Planning and execution of funeral services
- Depression, stress and anxiety
- Addictions (drugs, alcohol, etc.)
- Available 24/7/365 by calling +1-888-322-2427



When life is hard:

- Anxiety
- Family issues
- Finances
- Grief
- Addictions

Get confidential help today



Reach out to a certified chaplain through Telachap

Our chaplains are always ready to help.
Connect with a chaplain today through:



Scan to view "What is Telachap?"



Scan QR code
to connect with a chaplain or visit:
telachap.org/company/Cooper-electric

Cooper
Est. 1954
Electrical D/B • Instrumentation • Calibrations

401(k) Retirement Savings Plan

Provider

Spartan
Planning
Group

MVP Plan
Administrator

Cost Share

Employee
Contributions
&
Employer
Match

Website

mvp401k.com

Cooper sponsored 401(k) Retirement Savings plan represents one of the best opportunities available for building your retirement nest egg. The plan makes investing easy, convenient and flexible. Eligible employees are automatically enrolled at 2%, unless you choose a different percentage or to opt-out.

Employees make contributions on a pre-tax basis reducing current federal, state, and Social Security taxes. Taxes are deferred until you are ready to withdraw from the account. Or if you prefer, you may elect to contribute to the Roth 401(k) which is on a post-tax basis, eliminating taxing of qualified distributions in retirement. You may elect to contribute 1% to 75% of your pay.

Internal Revenue Service (IRS) regulations or the retirement plan may limit the annual amount of your salary deferral contributions. If you meet a salary deferral contribution limit, you may continue to defer up to the catch-up contribution limit if you are eligible

All About Withdrawals	
Traditional 401(k)	Roth 401(k)
Distributions in retirement are <i>taxed</i> like ordinary income	<i>No taxes on</i> qualified distributions in retirement
IRS Contribution Limits	2026
Contributions	\$24,500
Catch-Up (Age 50+)*	\$8,000

Benefit Detail	401(k) Retirement Plan
Enrollment	Automatic 2%, unless declination completed
Contributions	1% - 75% up to IRS Contribution Limits
Match	100% on the 1st 3% of deferrals 50% on the next 2% of deferrals Equivalent to a 4% match on a 5% deferral
Vesting Schedule Employee Contributions Employer Match	Immediately, 100% Immediately, 100%

*Beginning in 2026, individuals aged 50 or older who earn more than \$145,000 per year will be required to make catch-up contributions to their 401(k) on a Roth basis.

These contributions will be taxed upfront, but withdrawals during retirement will be tax-free.

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Legislative Notices

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from **October 15th to December 7th**. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Cooper Electrical Construction Company coverage will not be affected.

In addition, your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan. However, your prescription benefits will coordinate with the Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and drop your current Cooper Electrical Construction Company coverage, be aware that you any covered dependents will lose all medical/prescription coverage. You and your dependents will not be able to get this coverage back until open enrollment and/or if a qualifying event or HIPAA special enrollment event occurs.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Cooper Electrical Construction Company and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Cooper Electrical Construction Company changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage: Visit www.medicare.gov Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Legislative Notices

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: November 11, 2025

Contact: Human Resources

Address: 1706 E Wendover Ave, NC, 27405

Phone Number: 336-275-8439

Name of Entity/Sender: Cooper Electrical Construction Company

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

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 July 31, 2019.

Contact your State for more information on eligibility.

To see if other States have a premium assistance program since July 31, 2019, or for more information on special enrollment rights, you can contact either: U.S. Department of Labor, Employee Benefits Security Administration at www.dol.gov/ebsa or 1-866-444-EBSA (3272) or U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services at www.cms.hhs.gov or 1-877-267-2323, Menu Option 4, Ext. 61565.

State	Web address	Phone Number
North Carolina	https://dma.ncdhhs.gov	1-919-855-4100
South Carolina	http://www.scdhhs.gov	1-888-549-0820

Legislative Notices

HIPAA Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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 dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while on Medicaid coverage or covered under a state children's health insurance program, you may be able to enroll yourself and your dependents in this plan, if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact Human Resources.

Newborns' and Mothers' Health Protection Act

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).

Women's Health and Cancer Rights Act Annual and Enrollment 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 our plans. Therefore, the following deductibles and coinsurance that apply can be found on [pages 14-15](#) of this guide.

If you would like more information on WHCRA benefits, contact the Claims Administrator, BCBSNC.

Legislative Notices

Genetic Information Nondiscrimination Act “GINA”

On November 9, 2010, the Equal Employment Opportunity Commission (“EEOC”) issued the final rule implementing Title II of the Genetic Information Nondiscrimination Act (“GINA”), which applies to all employers with fifteen or more employees, as well as unions, employment agencies and labor management training programs. This final rule is effective January 10, 2011, and prohibits the use of genetic information in the employment context, restricts an employer’s deliberate acquisition of genetic information, requires employers to maintain employee genetic information as confidential, and strictly limits employers from disclosing genetic information.

Prohibition on Use of Genetic Information by Employers

According to GINA, an employer may not discriminate against an applicant, employee or former employee on the basis of genetic information in hiring, compensation, promotion or demotion, seniority, discipline, employment termination, or any other term, condition or privilege of employment. GINA also prohibits employers from limiting, segregating, or classifying employees based on genetic information and prohibits entities from causing an employer to discriminate based on genetic information.

What is Genetic Information?










- Genetic information is defined broadly to include:
- Genetic tests of an individual or a family member;
- The manifestation of a disease or disorder in an individual’s family medical history;
- An individual’s request or receipt of genetic services;
- Participation in genetic clinical research by an individual or a family member;
- The genetic information of a fetus carried by an individual or a pregnant family member using assisted reproductive technology. Information about the sex or age of an individual or a family member, however, is specifically excluded from the definition of genetic information.

The Practical Effects of GINA

The following guidelines are designed to help employers comply with GINA’s requirements:

1. Post the revised Equal Employment Opportunity (“EEO”) poster, which includes GINA information and can be found at <http://www1.eeoc.gov/employers/poster.cfm>.
2. Update medical requests, such as Family and Medical Leave Act (“FMLA”) and fitness-for duty forms, to include the new safe harbor language.
3. Review and revise employee handbooks or other EEO statements and antidiscrimination/ anti-retaliation policies to include genetic information in the list of protected traits.
4. Review and revise, as necessary, social media policies to prevent GINA liability for inadvertent acquisition of information from employee social media profiles.
5. Train managers about casual conversations/communications with employees concerning their health or the health of their family members.
6. Maintain all genetic information in a separate and confidential medical file. However, there is no need for a separate GINA section if a medical file already exists, as genetic information can be kept in an ADA file.
7. Confirm that all company-sponsored wellness programs are compliant with the final rule.
To learn more information regarding GINA please refer to the following website: designed to help employers comply with GINA’s requirements: <http://www.eeoc.gov/laws/statutes/gina.cfm>

Contact Information

<p>Human Resources Department Contacts</p> <p>Human Resources Phone: 336-275-8439 Linda Rodriguez, HR Manager Email: linda.rodriguez@cooperEIC.com Phone: 919-451-1305</p>	
<p>For questions regarding, Medical Benefits, call BCBSNC at: 877-258-3334 or go to www.bcbsnc.com</p>	 <p>BlueCross BlueShield of North Carolina</p>
<p>For questions regarding, Dental and Vision, call Guardian at: 800-541-7846 or go to www.guardianlife.com</p>	
<p>For questions regarding, Flexible Spending Account, call Flores & Associates at: 800-331-9610 or visit www.Flores247.com</p>	
<p>For questions regarding, Life and Disability, call Guardian at: 800-525-4542 or go to www.guardianlife.com</p>	
<p>For questions regarding, Group Accident or Critical Illness Visit Guardian www.guardianlife.com</p>	
<p>For questions regarding:</p> <ul style="list-style-type: none"> • EAP, call at • Emergency Services, call Assist America at • Cancer Support Services, call Osara Health at 	
<p>For questions regarding LegalShield, call Legal Shield at: 888-807-0407 or go to www.benefits.legalshield.com/cooper</p>	
<p>For questions regarding 401(k) Plan and Retirement Planning, call MVP Plan Administrator at: 866-687-6877 or go to www.mvp401k.com</p>	



The information in this Enrollment Guide is presented for illustrative purposes and was taken from various summary plan descriptions and benefit information. While every effort was made to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Enrollment Guide, contact Human Resources.