

Employee Benefits

2026



FOUNDERS
GROUP INTERNATIONAL



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Working together is what makes Founders Group International a success, and this teamwork extends to your benefits. We provide options to support your family's overall wellbeing. This guide offers details on your 2026 benefits. Contact the Human Resources department with any questions.

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See page 39 for important information concerning Medicare Part D coverage.

In this Guide, we use the term company to refer to Founders Group International. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

Welcome

Dear Founders Group International employee,

You matter to us. So, the things that are important to you matter to us, too. That's why we offer comprehensive benefits options for you and your family, including medical, dental, vision, life and disability, and additional benefits coverage. We are committed to excellence in our work and in our offerings for 2026.

This guide includes:

- » An overview of your 2026 benefits options
- » Explanations of each offering to help you make the best decisions for you and your family
- » Contact information for all benefits vendors
- » Costs associated with your benefits

What's changing this year?

- » There is a slight increase in medical rates through UHC Surest. No cost increases on any other lines of coverage!
- » NEW! HealthiestYou is added for a low-cost telehealth option. Virtual health will be offered through HealthiestYou; it will no longer be offered through HealthJoy.
- » HealthJoy telemedicine and benefits wallet will no longer be offered beginning January 1, 2026.
- » NEW! Lifestyle Medicine Coaching through Aware Health for nutrition, stress management, sleep, etc. Employees enrolled in the medical plan are automatically eligible for Aware Health. The Aware Health musculoskeletal solution will still be available in 2026.
- » NEW! We have expanded our additional voluntary benefits to now include Pet Insurance. Further details can be found in this guide.

Any questions?

We're here to help. Contact Human Resources at HR@foundersgolf.com.



Eligibility and Enrollment



Founders Group International's benefits are designed to support your unique needs.

Eligibility

If you are a full-time employee of Founders Group International who is regularly scheduled to work a minimum of 30 hours per week, you are eligible to participate in medical, dental, vision, life and disability plans, and additional benefits.

Coverage Dates

Your elections are effective the first of the month following 60 days of full-time employment. Benefits cannot be changed until the next enrollment period unless you experience a Qualifying Life Event. Elections made during the enrollment period are effective on January 1 of the following year.

Dependents

Dependents eligible for coverage include:

- » Your legal spouse (or common-law spouse where recognized).
- » Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom you or your spouse have legal guardianship).
- » Dependent children 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required).

Verification of dependent eligibility may be required upon enrollment.

Passive Enrollment

This year we are conducting a “**Passive Enrollment.**” This means your benefits elections will automatically roll over to the next plan year. You do not need to take any action unless you:

- » Would like to change or decline your current benefits, including who from your family is covered.
- » Would like to purchase additional voluntary life insurance for yourself, spouse, and/or child.

Any new elections you make or those that roll over will remain in place until the following enrollment period unless you experience a Qualifying Life Event.

Note

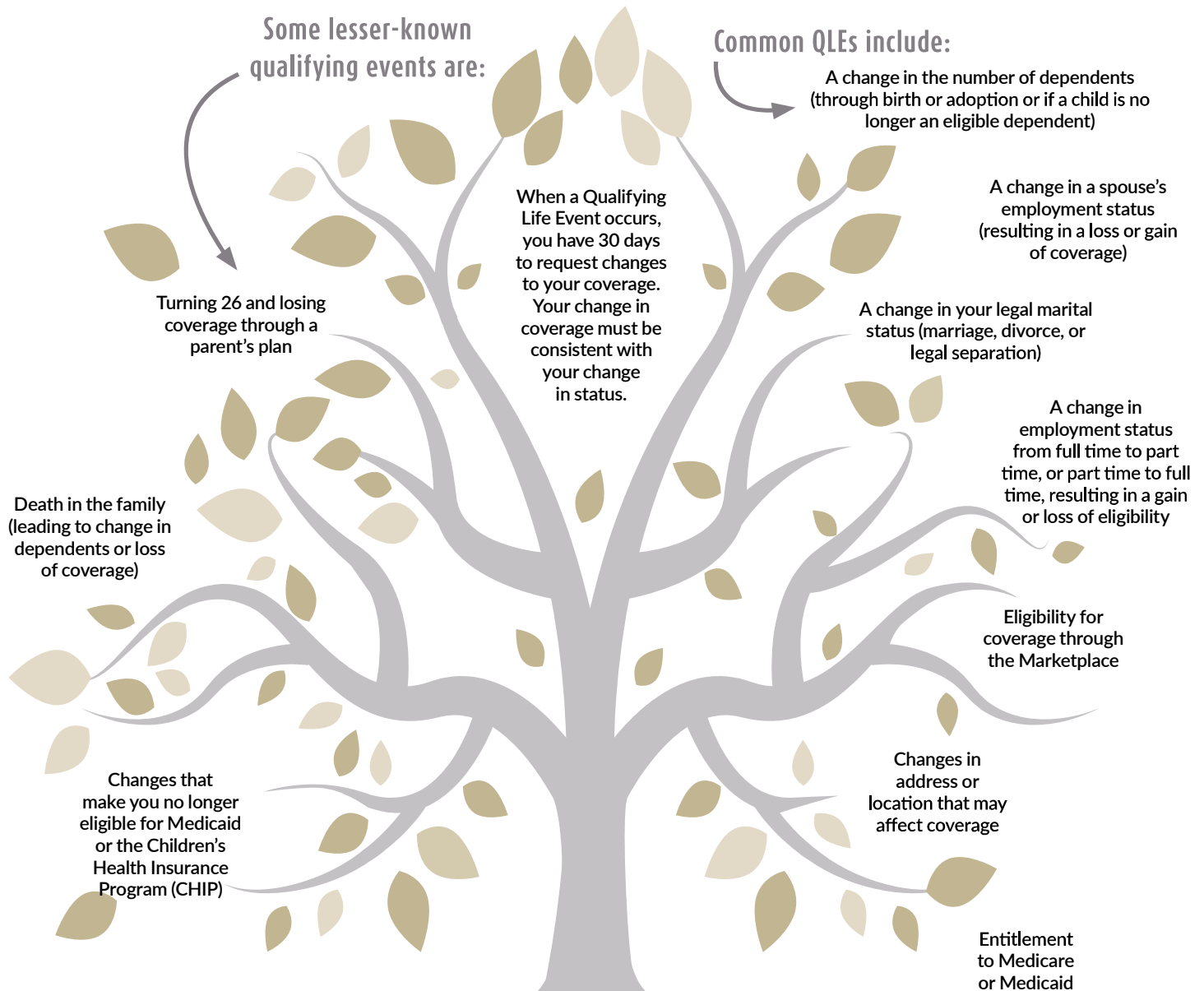
Open Enrollment is your annual chance to choose your benefits, unless you have a Qualifying Life Event, such as marriage or the birth/adoption of a child.



Now's the Time to Enroll!

What are **Qualifying Life Events**?

You can update your benefits when you start a new job or during Open Enrollment. But changes in your life called Qualifying Life Events (QLEs) determined by the IRS can allow you to enroll in health insurance or make changes outside of these times.



Reach out to Founders Group International's Human Resources with questions regarding specific life events and your ability to request changes. Don't miss out on a chance to update your benefits!



Ready for Open Enrollment?

Founders Group International covers a significant amount of your benefit costs. Your contributions for medical, dental, and vision benefits are deducted on a pre-tax basis, lessening your tax liability. Employee contributions vary depending on the level of coverage you select — typically, the more coverage you have, the higher your portion.

You can choose any combination of medical, dental, and/or vision coverage. You could select medical coverage for yourself and your entire family, but dental and vision coverage only for yourself. The only requirement is that as an eligible employee of Founders Group International, you must elect coverage for yourself in order to elect coverage for dependents.

Open Enrollment Action Items



Update your personal information.

If you've experienced any life changes since the last Open Enrollment period — such as the birth of a child or a move — you may need to change your elections or update your pertinent details.



Double-check covered medications.

If you make any changes to your plan, consider how it affects your prescriptions.



Check your networks.

Going in-network often saves you money. Check for any plan changes to make sure your go-to providers and pharmacy are still your best bet.

Wellness



It's never too late to better your wellness. Founders Group International is here to help with Living Well with Founders Group International. This health-management benefit is included for all benefits-eligible employees and is completely confidential.

Wellness Discount/Incentive

Preventive care is essential to your health. To encourage this, Founders Group International requires biometric screening or PCP visit with lab work annually and a wellness visit with Aware Health for employees to be eligible for the premium discount incentive. The screening consists of measurements for blood pressure, blood lipids (total cholesterol, HDL cholesterol), glucose, height, weight, body mass index, and waist circumference. Your individual results are confidential; Founders Group International does not have access to this private health information.

Get your screening directly through your physician and provide us with any necessary paperwork to get the discount.

A biometric screening helps uncover your overall health to help make better long-term decisions.

Contact Human Resources at HR@foundersgolf.com for more details on the premium discount program.

Privacy Reminder: Founders Group International does not have access to individual health information. The Founders Group International statistics referenced in this communication are aggregate. Personal health information is always treated privately.

Tobacco User Surcharge

Quitting is more than an ending — it's a fresh start! We want to support your quitting journey and save you money. Founders Group International has a tobacco user surcharge to help control employee medical premium costs. This surcharge applies to any employee enrolled in the medical plan who attests to being a tobacco user. If you do not fill out the Tobacco Affidavit, you will automatically receive the tobacco user surcharge. You can find the surcharge rates in the Medical section of this guide.

If you currently don't meet the tobacco-free requirement but you're trying to quit, you may be eligible to avoid the surcharge. Contact Human Resources at HR@foundersgolf.com to submit confirmation of being under a physician's care for tobacco or nicotine use.

Note

Quitting smoking improves your health and quality of life and can even add as much as 10 years to your life expectancy! (Source: CDC)

2027 PREMIUM DISCOUNT PROGRAM

Earn a \$30 Monthly Premium Discount! All health plan members can qualify by completing the two steps below.



HOW TO QUALIFY FOR THE DISCOUNT IN 2027:



STEP ONE: HOLD A WELLNESS VISIT WITH AWARE HEALTH

Hold at least one health and wellness visit with Aware Health. Schedule at founders.awarehealth.io and complete this visit before 12/15/2026.



STEP 2: PCP VISIT WITH ANNUAL BLOODWORK

Complete a PCP visit with general bloodwork and have your doctors office submit the verification form by December 15th or submit your EOB from this appointment to getwell@awarehealth.io.

WE CARE ABOUT YOUR HEALTH

- If you have any questions about your premium discount status please reach out to the email below to confirm if you met the requirement for the 2027 calendar year.
- You may also submit your EOB (Explanation of Benefits) from your PCP visit to the email address below in lieu of the PCP verification form.



+1 (415) 295-6123



getwell@awarehealth.io

Notice Regarding Wellness Program

The Premium Discount Program 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 participant 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. You may also be asked to complete a biometric screening or annual preventive exam, which may include a blood test for total cholesterol, HDL, LDL, triglycerides, glucose, and cotinine screening. Your blood pressure, height, weight, and waist circumference may also be measured. You are not required to participate in the blood test or other medical examinations.

However, individuals who choose to participate in the wellness program may qualify for the \$30 Bi-weekly discount by earning program credit by participating in a Biometric Screening or PCP visit with lab work and wellness coaching session with Aware Health. Individuals who choose to avoid the \$50 Bi-weekly tobacco surcharge may complete a Tobacco Affidavit. See medical rates for details.

Although you are not required to participate in the blood test or other medical examinations, only participants who do so may qualify for the \$30 Bi-weekly discount.

Additional incentives may be available for participants who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes 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 843-282-2869.

The information from your blood test or other medical examinations may 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, such as wellness programming and content. 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 Founders Golf International may use aggregate information it collects to design a program based on identified health risks in the workplace, Aware Health 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 order to provide you with services under the wellness program, your personally identifiable health information may be shared with one or more of the following: Lockton Companies, .

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 843-282-2869.

Mental Health



You visit your doctor when you're feeling sick, and you exercise and eat healthy to keep your body strong. But your mental health is just as important. What do you do to stay healthy mentally? Do you know where you can go when you need help? Whether you need assistance with work-life balance or anxiety, there are resources available to help you out.

Mental Health and Your Medical Plan

You have access to no-cost virtual mental health visits for you and your eligible dependents through Mutual of Omaha. You have access to three face-to-face mental health visits through the EAP (Employee Assistance Program). When your covered EAP (Employee Assistance Program) services run out, the medical plan covers in-network behavioral and mental health services, check your Surest UHC site for copay amounts for various providers.

An important aspect of your overall wellbeing is emotional wellness — the ability to successfully adapt to changes and challenges as they arrive and handle life's stresses. These five actions have been shown to improve emotional wellness.

The Big Five of Emotional Wellness



Other Mental Health Resources

No matter your problem, whether you're a manager or entry-level employee, don't be afraid to ask for help. There are resources available 24/7.



988 Suicide & Crisis Lifeline Dial 988 to be connected with 24/7/365 emotional support. Free, confidential crisis counseling, including appropriate follow-up services, is available no matter where you live in the United States.



Crisis Text Line Text “HOME” to 741741 Send a text 24/7 to the Crisis Text Line to speak with a crisis counselor who can provide support and information. Standard text messaging rates may apply.



War Vet Call Center Veterans and their families call 877-WAR-VETS (877-927-8387) to talk about their military experience and/or readjustment to civilian life.

Call 911 if you or someone you know is in immediate danger or go to the nearest emergency room.



Note

According to the American Psychological Association, 61% of adults say they could have used more emotional support in 2020.

Employee Assistance Program

Employee Assistance Program

We're here for you when you need help. Our Employee Assistance Program (EAP) helps manage your and your family's total health, including mental, emotional, and physical. And there's no cost to you — whether or not you're enrolled in a company-sponsored medical plan.

Through the EAP, you have access to mental health assistance and legal and financial help from professionals. You also have 24-hour access to helpful resources by phone, and the EAP benefit includes three face-to-face visits per issue with a licensed professional. All services provided are confidential and will not be shared with Founders Group International. You may access information, benefits, educational materials, and more by phone at 800-316-2796 or online at www.mutualofomaha.com/eap.

The Program provides referrals to help with:

- » Emotional health and wellbeing
- » Alcohol or drug dependency
- » Marriage or family problems
- » Job pressures
- » Stress, anxiety, depression
- » Grief and loss
- » Financial or legal advice



Medical Benefits



Medical benefits are provided through UHC Surest. Consider the physician networks, premiums, and out-of-pocket costs when choosing for you and your family. Keep in mind your choice is effective for the entire 2026 plan year unless you have a Qualifying Life Event.

Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your biweekly contributions.

SUREST D6500 PLAN

BIWEEKLY CONTRIBUTIONS		
	NON-WELLNESS RATES	WELLNESS RATES
EMPLOYEE ONLY	\$54.10	\$34.10
EMPLOYEE + SPOUSE	\$282.80	\$262.80
EMPLOYEE + CHILD(REN)	\$205.51	\$185.51
EMPLOYEE + FAMILY	\$366.67	\$346.67



Tobacco Surcharge

You will be charged an additional \$50 biweekly for tobacco usage. To be considered tobacco-free, you must not have used tobacco products within the last six months, or you must complete the tobacco cessation plan.

How to Find a Provider

Visit Benefits.Surest.com or call Customer Care at 866-683-6440 for a list of UHC Surest network providers, and the copay you will pay to see each specific provider.

Note

Preventive care offered by an in-network physician, such as an annual physical, is often covered at 100%.

Medical Plan Summary

This chart summarizes the 2026 medical coverage provided by UHC Surest. All covered services are subject to medical necessity as determined by the plan. Please note that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

SUREST D6500 PLAN

	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE		
INDIVIDUAL/FAMILY	\$0	\$0
OUT-OF-POCKET MAXIMUM		
INDIVIDUAL	\$6,500	\$13,000
FAMILY	\$13,000	\$26,000
PHYSICIAN OFFICE VISITS		
PRIMARY CARE/SPECIALIST	\$20 – \$125	\$375
URGENT CARE		
URGENT CARE	\$60	\$180
WELLNESS/PREVENTIVE		
WELLNESS/PREVENTIVE	No Charge	\$190
LAB SERVICES		
PHYSICIAN OFFICE	\$0	\$0
X-RAY/RADIOLOGY SERVICES		
PHYSICIAN OFFICE	\$0	\$0
MRI'S, PET SCANS, CAT SCANS		
MRI'S, PET SCANS, CAT SCANS	\$125 – \$1,400	\$2,325 – \$2,700
HOSPITAL SERVICES		
INPATIENT	\$300 – \$3,500	Up to \$10,000
OUTPATIENT	\$50 – \$3,500	Up to \$10,000
EMERGENCY ROOM	\$500 Copay	
PRESCRIPTION DRUGS		
	RETAIL	
TIER 1	\$10 Copay	Not Covered
TIER 2	\$60 Copay	Not Covered
TIER 3	\$90 Copay	Not Covered
	MAIL ORDER	
TIER 1	\$25 Copay	Not Covered
TIER 2	\$150 Copay	Not Covered
TIER 3	\$225 Copay	Not Covered
	SPECIALTY RX	
TIER 1	\$10 Copay	Not Covered
TIER 2	\$150 Copay	Not Covered
TIER 3	\$300 Copay	Not Covered

The individual out-of-pocket amount must be met by each member enrolled under your medical coverage. If you have several covered dependents, all charges used to apply toward a “per individual” out-of-pocket amount will also be applied toward the “per family” out-of-pocket amount. When the family out-of-pocket amount is reached, no further individual out-of-pockets will have to be met for the remainder of that plan year. No member may contribute more than the individual out-of-pocket amount to the “per family” out-of-pocket amount.

Our Plans are Self-Funded

Our medical and pharmacy plans are self-funded. What does that mean? Rather than paying premiums to an insurance carrier as with fully insured plans, the Company pays fixed costs to use the carrier’s network and variable costs for members’ claims. Self-funded plans allow for more freedom in plan design. Together, the Company and employees share the cost of healthcare.

Your Surest digital ID card in the palm of your hand.

Did you know you can access your digital ID card right now — from the Surest app or website?

You'll also receive a physical ID card for your wallet. But in the meantime, you can access your digital ID card — and info about your Surest medical and pharmacy coverage — within your cell phone.

To get to your digital card, download the Surest app or visit our website to set up your member account.

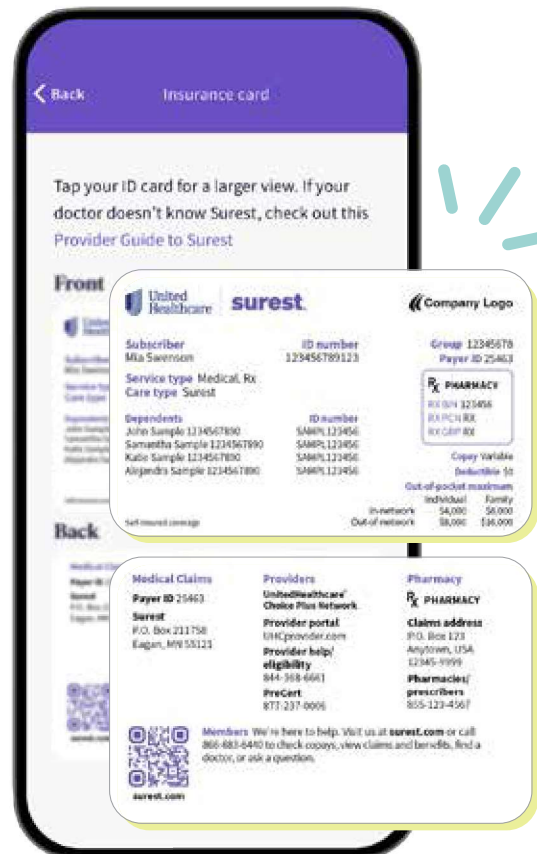
To create your account, you'll just need:

1. Username/email and password
2. Last name
3. Date of birth
4. Zip code (shared on enrollment file)
5. Your social security number (no need to wait until you have your member ID)



Jump right in.

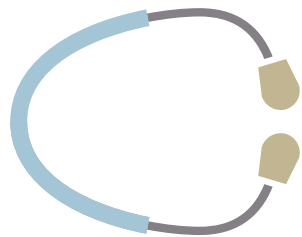
Scan the QR code to get started.



Illustrative example only. Cost and coverage may vary.

Insurance coverage for fully insured plans is provided by All Savers Insurance Company (for FL, GA, OH, UT and VA), by UnitedHealthcare Insurance Company of IL (for IL), by United Healthcare of Kentucky, Ltd. (for KY), or by UnitedHealthcare Insurance Company (for AL, AR, AZ, CO, DC, DE, GA, IA, ID, IN, KS, LA, MI, MN, MO, MS, MT, NC, NE, NH, NV, OK, PA, SC, SD, TN, TX, UT, VA, WV and WY). These policies have exclusions, limitations, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company. Administrative services for insurance products underwritten by All Savers Insurance Company and UnitedHealthcare Insurance Company, and for self-funded plans, are provided by Bind Benefits, Inc. d/b/a Surest, its affiliate United HealthCare Services, Inc., or by Bind Benefits, Inc. d/b/a Surest Administrators Services, in CA. © Bind Benefits, Inc., d/b/a Surest. All rights reserved. B2C_23-AI-677447_1223

Preventive Care



Routine checkups and screenings are considered preventive, so they're often paid at 100% by your insurance.

Keep up to date with your primary care physician to stay on top of your overall health. Under the U.S. Patient Protection and Affordable Care Act (PPACA), some common covered services include:



Wellness visits, physicals, and standard immunizations



Screenings for blood pressure, cancer, cholesterol, depression, obesity, and diabetes



Pediatric screenings for hearing, vision, obesity, and developmental disorders



Anemia screenings, breastfeeding support, and pumps for pregnant and nursing women



Iron supplements (for children ages 6 to 12 months at risk for anemia)

Don't miss out on these covered services. But remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. So, if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. Read over your benefit summary to see what specific preventive services are provided to you.



What about the COVID-19 vaccine? The COVID-19 vaccine itself is considered preventive. For the vast majority of individuals who have insurance through an employer, the vaccine will be at no cost.

Virtual options may help you feel better, faster — all from the comfort of home.

In the right situation, virtual care can be a lifesaver.

And now there are even more options for virtual care coverage as part of your Surest health plan. Simply [download the app](#), then search “virtual visits.” Related virtual options will appear. It’s part of the search experience.

See a board-certified doctor or other medical professional from broad, national UnitedHealthcare networks for the following needs:

Virtual acute care:

Sinus infections • UTIs • rashes • headaches • common cold and flu symptoms • and more

Virtual primary care:

Chronic conditions • wellness visits • ongoing needs

Virtual mental health:

Online therapy, counseling

Virtual intensive outpatient therapy:

For teens and young adults most at risk for a mental health crisis

Virtual exercise therapy:

Relieve back, neck, and shoulder pain in less than 15 minutes a day.

Virtual serious mental illness:

Meet with a health connector, therapist, or psychiatrist for obsessive compulsive disorder, post-traumatic stress disorder, bipolar disorder, or schizophrenia.

Virtual substance use support:

Addiction treatment and support

Virtual eating disorder support:

Virtual, evidence-based eating disorder care

May be geographical limitations regarding virtual provider availability.

Virtual gastroenterology:

Personalized care to diagnose and treat the main causes of digestive conditions

Virtual speech therapy:

Partner with a licensed therapist for one-on-one care.

Virtual migraine care:

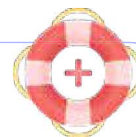
Develop a personalized care plan to help manage your pain.

There are numerous benefits to virtual care.

Surest members use virtual visits 7 times more than the national average.¹

Why?

- It can save you time. According to a recent report, the typical patient waited 26 days to get an appointment with a provider.² With virtual care, there are often same-day appointments.
- It may help you save money. Virtual care is often low or no-cost. Check prices in advance in the Surest app.
- It’s designed to be easy to use, as part of your Surest plan.



Still have questions about virtual coverage?

Surest Member Services is available through chat, secure web form, or by calling 866-683-6440 M – F from 6 am to 9 pm CT.

Virtual care options may differ by employers. 1. Surest 2022 book of business vs. DoD book of business 2022. 2. “Average appointment wait time is 26 days in 2022,” Patient Engagement Hit, Xtelligent Healthcare Media. Insurance coverage for fully insured plans is provided by All Savers Insurance Company (for FL, GA, OH, UT and VA), by UnitedHealthcare Insurance Company of IL (for IL), by United Healthcare of Kentucky, Ltd. (for KY), or by UnitedHealthcare Insurance Company (for AL, AR, AZ, CO, DC, DE, GA, IA, ID, IN, KS, LA, MI, MN, MO, MS, MT, NC, NE, NH, NV, OK, PA, RI, SC, SD, TN, TX, UT, VA, WV and WY). These policies have exclusions, limitations, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company. Administrative services for insurance products underwritten by All Savers Insurance Company and UnitedHealthcare Insurance Company, and for self-funded plans, are provided by Bind Benefits, Inc. d/b/a Surest, its affiliate United HealthCare Services, Inc., or by Bind Benefits, Inc. d/b/a Surest Administrators Services, in CA. © Bind Benefits, Inc., d/b/a Surest. All rights reserved. B2C_24-AI-686298_0124



Simplify your life.

Access doctors and therapists by phone, video or app.



Take control of your health with HealthiestYou.

Download the app to access general medical care, confidential counseling, relief from skin issues and more.

Employees will be responsible for the monthly cost of \$13.



Talk to a doctor 24/7

For conditions like the flu, bronchitis, allergies, sore throats and more.



Confidential counseling 7 days a week

If you're feeling stressed, overwhelmed, down or not like yourself.



Relief from skin issues

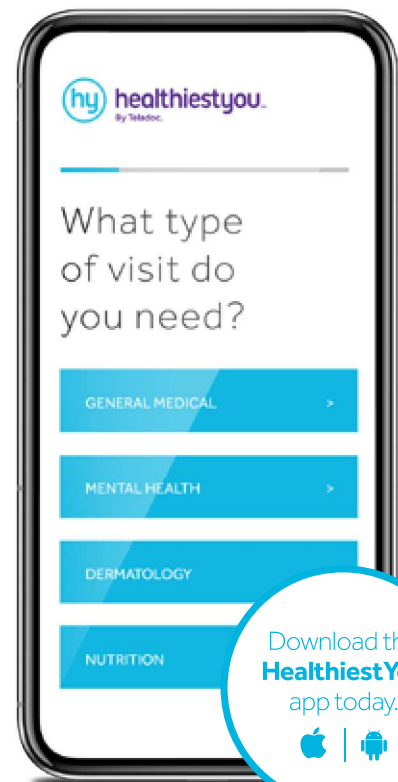
For acne, eczema, rashes, psoriasis and much more by uploading images on the app.



Nutrition by phone or video

Talk to a registered dietitian for diet planning or managing a health condition like diabetes.

Download the app and set up your account to see what services are available to you and how much they cost.



Download the app for access to healthcare on the go

Visit [HealthiestYou.com](https://www.healthiestyou.com)

Call 866-904-0910 | Download the app  

HealthiestYou is now part of Teladoc Health, the global leader in virtual care. Teladoc Health, Inc., on its own behalf and on behalf of its affiliates and/or wholly owned subsidiaries including but not limited to Best Doctors, Inc.; HealthiestYou, Inc.; Teladoc Physicians, P.A.; and Teladoc Behavioral Health, P.A. (collectively referred to as "Teladoc Health," "we," "us," or "our"), owns and operates the websites located at www.teladoc.com, www.bestdoctors.com, www.askbestdoctor.com, members.bestdoctors.com, www.healthiestyou.com and various mobile applications (collectively, the "site" or "sites"). Through these sites we operate various online services that enable eligible individuals ("members") to receive various types of healthcare information and telehealth services ("services"). The sites also have public portions that allow anyone to educate themselves on the services available from Teladoc Health.

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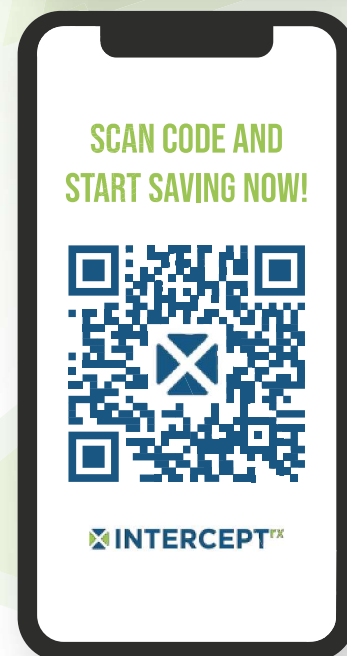
PROGRAM OVERVIEW

STOP PAYING COPAYS FOR YOUR HIGH-COST MEDICATIONS!

WHO ARE WE

Founded to battle rising healthcare costs, our prescription savings program saves you money on many high-cost medications.

With immediate savings to employees, participating members receive a white glove treatment solution coordinated by our Member Advocate Team.



HOW OUR PROGRAM WORKS

VISIT WEBSITE

Visit our website intercept.health/rx to find a list of all high-cost **eligible medications** offered to you by our program.

SCHEDULE A CALL

Schedule a call with a member advocate to voluntarily enroll. Eligible claims and **savings opportunities** will be identified for you.

RECEIVE

Member advocate facilitates fulfillment of employee's eligible prescriptions, and **medications are delivered at no cost to you.**

INTERCEPT rx BENEFITS



No copay for members on eligible medications



Easy employee sign-up with **live assistance**



Convenient, free delivery to you

*Benefits available to all members including employees and dependants.

CURRENT MEMBER EXPERIENCE

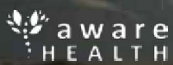


Before **INTERCEPT rx**, employee was spending **over \$4,000** on out-of-pocket copay and deductible on pharmacy costs annually.



\$3,500 annual member out-of-pocket savings





Don't cover up your pain — get to its root causes.

Tailored musculoskeletal care from anywhere, always no cost to you.



Our practice is rooted in mind body connection.

Our clinical algorithms and clinical intake process allow us to diagnose 97% of conditions virtually, without the expense or time involved in getting an MRI or X-ray.



Prevention

Proactively care for your body by improving strength, balance, mobility, sleep health and more.



Chronic Pain

Tackle chronic pain holistically. We treat the underlying causes of your pain to help you reduce pain and live more.



Acute Pain

Get a diagnosis and treatment plan for sudden injuries before the expense of an xRay, MRI or surgery.



Second Opinions

Avoid added costs and risks. Get a second opinion on elective orthopedic images and surgeries.



Pre & Post Surgery

When surgery is needed, get unlimited pre and post op physical therapy appointments from the comfort of your home.

PHYSICAL THERAPY

Therapeutic intervention to improve mobility, treat pain, and enhance overall physical function. Always try PT before surgery.

- Chronic Aches and Pain
- Upper Body Pain in the shoulders, wrists and neck
- Lower Body Pain in your back, hips, knees, and feet
- Pelvic Floor Incontinence
- Headaches and jaw pain
- And more



SECOND OPINION

Told you need surgery or think you need imaging? Our orthopedic experts can ensure you receive the most accurate diagnosis and treatment plan for your needs.

- Assess for potential tears, sprains, fractures or joint replacements;
- Discover alternatives to expensive injections and steroids
- Alternative strategies tailored to degenerative conditions, ensuring informed decisions beyond conventional treatments



"My experience was outstanding, both in itself and compared to any other experiences over the years! the doctor was very informative, caring, and skilled - not only with musculoskeletal details, but also with a holistic approach to aid recovery."

- Aware Health Member

Start living your best life with:

Lifestyle Medicine Coaching



Meg Adelman, RN, MPH, NBC-HWC
Lifestyle Medicine Coach

Your FREE new health benefit from the Founders Group

When you're stressed, struggling to find time for yourself or juggling too many priorities at once, getting healthy can feel impossible. But you don't have to do it alone!

The Lifestyle Medicine Coaching Program is rooted in six pillars of evidenced based strategies to reduce your risk of chronic disease and designed to give you the tools and support you need for sustainable life changes.

OUR PILLARS OF CARE



Stress Management

Equip yourself with tools to soothe the nervous system.



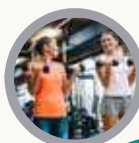
Social Support

Build bonds, boost health! Connection is medicine.



Nutrition

Whole foods, whole you. A simplified approach to nourishment for everyone.



Move More

Movement drives energy, productivity, and long-term well-being.



Substance Avoidance

Freedom from substances fuels clarity and long-term health.



Sleep

Better sleep unlocks better health. Get the tools for deeper, more restful nights.

HOW IT WORKS



Meet with Meg one-on-one for 8-10 visits

We'll co-create a vision of yourself that places health and longevity at the center of your life



Set personalized and achievable goals

Identify what changes you want to make and create a plan for how you'll get there



Track your progress

Create accountability, address barriers and challenges to adopting change, and celebrate successes

READY TO START FEELING LIKE YOURSELF AGAIN?

Scan below to book your appointment



Contact us to learn more:

925 444-0561

support@awarehealth.io

founders.awarehealth.io

Supplemental Health Benefits



Founders Group International offers several ways to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and offered at discounted group rates.

Accident Coverage

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact. Accident coverage, available through Mutual of Omaha, provides benefits for you and your covered family members if you have expenses related to an accident that occurs on or off the job. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help you pay deductibles, copays, and even typical day-to-day expenses, such as a mortgage or car payment. Benefits under this plan are payable to you, to use as you wish.



ACCIDENT COVERAGE

SUMMARY OF BENEFITS*	
INITIAL CARE (ER / UC / PCP)	\$300 / \$225 / \$100
HOSPITAL ADMISSION / CONFINEMENT	\$1,500 + \$300/day
ICU ADMISSION / CONFINEMENT	\$1,500 + \$600/day
OPEN FRACTURES	Up to \$12,000
OPEN DISLOCATIONS	Up to \$12,000
AMBULANCE (AIR / GROUND)	\$1,500 / \$300
BURNS	Up to \$25,000
COMA	50% of principal sum
BRAIN INJURY DIAGNOSIS	\$300
MAJOR DIAGNOSTIC EXAM	\$300
MEDICAL DEVICES	Up to \$300
THERAPY SERVICES	\$75
PHYSICIAN FOLLOW-UP OFFICE VISIT	\$150
TENDON / LIGAMENT SURGICAL REPAIR	\$1,000
X-RAY	\$75
WELLNESS BENEFIT (payable for each covered family member who completes certain wellness screenings, such as a pap test, cholesterol test, mammogram, colonoscopy, or stress test)	\$50

*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits. Benefit amounts may vary based on type and severity of accident.

MONTHLY CONTRIBUTIONS	
EMPLOYEE ONLY	\$13.50
EMPLOYEE + SPOUSE	\$21.50
EMPLOYEE + CHILD(REN)	\$24.15
EMPLOYEE + FAMILY	\$37.70

Critical Illness Coverage

Critical Illness coverage through Mutual of Omaha pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like. Examples include helping pay for expenses not covered by your medical plan, lost wages, childcare, travel, home healthcare costs, or any of your regular household expenses.

Plan Highlights

- » Guaranteed issue coverage (no medical questions)
- » Pre-existing condition limitation — Benefits are not payable for any critical illness caused by, attributable to, or resulting from a pre-existing condition until 12 months after an insured person is continuously insured. A pre-existing condition includes any critical illness for which an insured person received treatment in the 12 months prior to the date the person became insured.

GUARANTEE ISSUE BENEFIT OPTIONS

EMPLOYEE	\$5,000 / \$10,000 / \$15,000 / \$20,000
SPOUSE	50% of Employee Amount (up to \$10,000)
CHILD(REN)	50% of Employee Amount (up to \$5,000)

COVERED SERVICES

ADVANCED ALZHEIMER'S	100%
BENIGN BRAIN TUMOR	25%
CANCER (INVASIVE)	100%
CANCER (NON-INVASIVE)	25%
CHILDHOOD CONDITIONS	100%
CORONARY ARTERY BYPASS	25%
HEART ATTACK	100%
LOU GEHRIG'S DISEASE/ALS	100%
MAJOR ORGAN TRANSPLANT	100%
ADVANCED PARKINSON'S	100%
STROKE	100%
WELLNESS BENEFIT (payable for each covered family member who completes certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy or stress test)	\$50

Note: This list is a summary. Please refer to plan documents for a comprehensive list of covered benefits.

BASE PLAN \$15,000 COVERAGE

MONTHLY EMPLOYEE CONTRIBUTION PER \$1,000 OF COVERAGE

AGE	EMPLOYEE		SPOUSE	
	NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO
Under 20	\$0.350	\$0.360	\$0.350	\$0.360
20-24	\$0.350	\$0.360	\$0.350	\$0.360
25-29	\$0.350	\$0.360	\$0.350	\$0.360
30-34	\$0.480	\$0.510	\$0.480	\$0.510
35-39	\$0.480	\$0.510	\$0.480	\$0.510
40-44	\$0.790	\$0.970	\$0.790	\$0.970
45-49	\$0.790	\$0.970	\$0.790	\$0.970
50-54	\$1.380	\$2.390	\$1.380	\$2.390
55-59	\$1.380	\$2.390	\$1.380	\$2.390
60-64	\$2.700	\$6.180	\$2.700	\$6.180
65-69	\$2.700	\$6.180	\$2.700	\$6.180
70-74	\$4.100	\$9.560	\$4.100	\$9.560
75-79	\$4.780	\$9.720	\$4.780	\$9.720
80-99	\$5.100	\$9.500	\$5.100	\$9.500

Note: Child insurance is automatic with employee election, a separate premium is not required.



Dental Benefits



Like brushing and flossing, visiting your dentist is an essential part of your oral health. Founders Group International offers affordable plan options from Delta Dental of South Carolina for routine care and beyond.

Stay In-Network

If your dentist doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit Delta Dental SC at <https://deltadentalsc.com/Members>.

Dental Premiums

Dental premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your biweekly premium.

Dental Plan Summary

This chart summarizes the dental coverage provided by Delta Dental SC for 2026.

DENTAL PPO		
BIWEEKLY CONTRIBUTIONS		
EMPLOYEE ONLY		\$14.52
EMPLOYEE + SPOUSE		\$29.03
EMPLOYEE + CHILD(REN)		\$29.03
EMPLOYEE + FAMILY		\$54.41
	PPO NETWORK	PREMIER NETWORK / OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE		
INDIVIDUAL	Does Not Apply	\$50
FAMILY	Does Not Apply	\$150
CALENDAR YEAR MAXIMUM		
PER PERSON		\$1,500
COVERED SERVICES		
PREVENTIVE SERVICES Exams/Cleanings, X-rays, Fluoride, Sealants	100% (do not apply to annual max)	100%*
BASIC SERVICES Fillings/Periodontics, Endodontics, Simple Extractions, Root Canal	80%*	80%*
MAJOR SERVICES Crowns, Dentures, Bridges, Inlays, Onlays	50%*	50%*
ORTHODONTICS Under age 19	100%	50%
ORTHODONTIC LIFETIME MAXIMUM	\$1,500 per dependent	

*After deductible
Note: Balanced billing is possible for out-of-network services.

Note

Oral health is linked to your overall health — keeping your mouth healthy can protect you from cardiovascular disease, pregnancy complications, and pneumonia.

Vision Benefits



Getting your eyes checked regularly is important even if you don't wear glasses or contacts. We provide quality vision care for you and your family through Delta Dental of South Carolina.

Vision Premiums

Vision premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your biweekly premium.

Vision Plan Summary

This chart summarizes the vision coverage provided by Delta Dental SC for 2026.

VISION

BIWEEKLY CONTRIBUTIONS			
EMPLOYEE ONLY	\$2.22		
EMPLOYEE + SPOUSE	\$4.16		
EMPLOYEE + CHILD(REN)	\$4.72		
EMPLOYEE + FAMILY	\$6.88		
	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
EXAMS			
COPAY	\$10	Up to \$40	Once every 12 months
LENSES			
SINGLE VISION	\$25 Copay	Up to \$20	Once every 12 months
BIFOCAL	\$25 Copay	Up to \$40	
TRIFOCAL	\$25 Copay	Up to \$60	
LENTICULAR	\$25 Copay	Up to \$100	
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
FITTING AND EVALUATION*	\$40 allowance	Not Covered	Once every 12 months
ELECTIVE	\$25 Copay; 15% off balance over \$150 allowance	Up to \$90	
MEDICALLY NECESSARY	\$25 Copay; \$250 allowance	Up to \$250	
FRAMES			
COPAY	\$0 Copay; 20% off balance over allowance	Up to \$60	Once every 24 months
ALLOWANCE	\$150	\$60	
OTHER SERVICES			
DISCOUNT	Discounts on hearing aids and Lasik at participating providers	Not Covered	Not Applicable

*Fitting and Evaluation fee applied to contact lens allowance.

Note

Early detection of vision conditions like diabetic retinopathy leads to more effective treatment and cost savings.

Survivor Benefits



It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection in the event of an unexpected event.

Basic Life and Accidental Death & Dismemberment Insurance

Founders Group International provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through Mutual of Omaha, which guarantees that your spouse or other designated survivor(s) continue to receive benefits after death.

Your Basic Life and AD&D insurance benefit is \$10,000. If you are a full-time employee, you automatically receive Life and AD&D insurance even if you waive other coverage.

Basic Life coverage for your spouse is also provided as part of your Basic Life coverage in the amount of \$5,000. Basic Life for your child(ren) 14 days and older is provided in the amount of \$5,000.

Naming a Beneficiary

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life. You receive the benefit payment for a dependent's death under the Mutual of Omaha insurance.

Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. Contact Human Resources or your own legal counsel with any questions.



Voluntary Life and AD&D Insurance

You may wish for extra coverage for more peace of mind. Eligible employees may purchase additional Voluntary Life and AD&D insurance. Premiums are paid through payroll deductions.

BASIC EMPLOYEE LIFE/AD&D	
COVERAGE AMOUNT	\$10,000
WHO PAYS	Founders Group International
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No
BASIC DEPENDENT LIFE/AD&D	
COVERAGE AMOUNT	Spouse: \$5,000; Child(ren) 14 days and older: \$5,000
WHO PAYS	Founders Group International
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No
VOLUNTARY EMPLOYEE LIFE/AD&D	
COVERAGE AMOUNT	\$10,000 to \$300,000 in \$5,000 increments
WHO PAYS	Employee
MAXIMUM BENEFIT	\$300,000 or 5x annual earnings, whichever is less
EVIDENCE OF INSURABILITY (EOI) REQUIRED	EOI is required for amounts over \$100,000
VOLUNTARY SPOUSE LIFE/AD&D	
COVERAGE AMOUNT	\$5,000 increments
WHO PAYS	Employee
MAXIMUM BENEFIT	\$150,000 or 50% of employee coverage, whichever is less
EVIDENCE OF INSURABILITY (EOI) REQUIRED	EOI is required for amounts over \$25,000
VOLUNTARY CHILD LIFE/AD&D	
COVERAGE AMOUNT	\$2,500 increments
WHO PAYS	Employee
MAXIMUM BENEFIT	\$10,000 or 50% of employee coverage, whichever is less
EVIDENCE OF INSURABILITY (EOI) REQUIRED	EOI is required for amounts over 100% of employee benefit

Note

- » **Initial Enrollment:** When you are first offered voluntary life coverage, you can choose a coverage amount up to \$100,000 (employee) / \$25,000 (spouse) without providing evidence of insurability. If you decline this coverage and wish to enroll later during the annual open enrollment, evidence of insurability may be required.
- » **Annual Open Enrollment:** If you are a currently enrolled in voluntary life coverage you can increase your coverage amount by one increment (\$5,000) without providing evidence of insurability. If you submitted evidence of insurability in the past and were declined or withdrawn, you may be required to submit evidence of insurability.

Benefit Reductions:

- » 33% reduction at age 70, an additional 50% reduction of the original amount at age 75.

FOUNDERS GROUP INTERNATIONAL VOLUNTARY TERM LIFE/AD&D* FINANCIAL SUMMARY

MUTUAL OF OMAHA VOLUNTARY LIFE - RATES/\$1,000 (MONTHLY)

EMPLOYEE AGE (AS OF JANUARY 1, 2026)	EMPLOYEE	SPOUSE AGE (AS OF JANUARY 1, 2026)	SPOUSE
Under 20	\$0.080	Under 20	\$0.060
20-24	\$0.080	20-24	\$0.060
25-29	\$0.090	25-29	\$0.070
30-34	\$0.110	30-34	\$0.090
35-39	\$0.130	35-39	\$0.090
40-44	\$0.140	40-44	\$0.100
45-49	\$0.190	45-49	\$0.140
50-54	\$0.290	50-54	\$0.210
55-59	\$0.530	55-59	\$0.390
60-64	\$0.810	60-64	\$0.580
65-69	\$1.540	65-69	\$1.100
70-74	\$2.490	70-74	\$1.100
75-79	\$2.490	75-79	\$1.100
80-84	\$2.490	80-84	\$1.100
85-89	\$2.490	85-89	\$1.100
90+	\$2.490	90+	\$1.100

*The AD&D rate of \$.02 is added to the Voluntary Life rate.

VOLUNTARY CHILD LIFE/AD&D* INSURANCE

PREMIUM RATES - \$1,000 (MONTHLY)

\$0.236

*The AD&D rate of \$.02 is added to the Voluntary Life rate.

TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE COVERAGE WILL COST:

\$	÷ 1,000 =	\$	x Age Based Rate =	\$	
Benefit Elected				Monthly Premium	

Income Protection



You and your loved ones depend on your regular income. That’s why Founders Group International offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury or illness. A portion of your income is protected until you can return to work or you reach retirement age.

Voluntary Short Term Disability (STD) Insurance

Short Term Disability (STD) benefits are available for purchase on a voluntary basis. This insurance replaces 60% of your income if you become partially or totally disabled for a short time. Certain exclusions, along with preexisting condition limitations, may apply. See your plan documents or Human Resources for details.

WEEKLY MAXIMUM BENEFIT	60% of income up to \$750
ELIMINATION PERIOD	7 days
MAXIMUM BENEFIT PERIOD	25 weeks

The pre-existing condition is 3/6, which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 6 months of coverage would not be covered.

Voluntary Long Term Disability (LTD) Insurance

Long Term Disability (LTD) benefits are available for purchase on a voluntary basis. This insurance replaces 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with preexisting condition limitations, may apply. See your plan documents or Human Resources for details.

MONTHLY MAXIMUM BENEFIT	60% of income up to \$4,000
ELIMINATION PERIOD	180 days
MAXIMUM BENEFIT PERIOD	5 Years, or up to age 70

The pre-existing condition is 12/12, which means any condition that you receive medical attention for in the 12 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage would not be covered.

Note

Around 30% of Americans ages 35-65 will suffer a disability lasting at least 90 days during their careers. (Source: Million Dollar Round Table)

VOLUNTARY STD/LTD		
AGE (AS OF JANUARY 1, 2026)		
AGE RANGE	STD (PER \$10 OF WEEKLY BENEFIT)	LTD (PER \$100 OF MONTHLY COVERED PAYROLL)
Under 24	\$0.290	\$0.190
25-29	\$0.330	\$0.180
30-34	\$0.350	\$0.210
35-39	\$0.540	\$0.300
40-44	\$0.480	\$0.420
45-49	\$0.670	\$0.480
50-54	\$0.680	\$0.640
55-59	\$0.900	\$0.930
60-64	\$1.180	\$1.820
65-69	\$0.870	\$3.820
70-99	\$0.330	\$3.260

TO CALCULATE HOW MUCH YOUR STD COVERAGE WILL COST:

\$	÷ 52 =	\$	x 60%	\$	x Rate	\$	÷ \$10	\$
Annual Salary		Weekly Income		Weekly Benefit		Amount		Monthly Premium

TO CALCULATE HOW MUCH YOUR LTD COVERAGE WILL COST:

\$	÷ 12 =	\$	x Rate	\$	÷ \$100	\$
Annual Salary		Monthly Covered Payroll		Amount		Monthly Premium

Retirement Planning



No matter what point of your career you're in, it's never a bad time to think about your future and save for retirement.

Contributing to a 401(k) account now can help keep you financially secure later in life. The Founders Group International 401(k) plan provides you with the tools you need to prepare.

PLAN AT A GLANCE		VESTING SCHEDULE	
PLAN NAME	Founders Group International 401(k) Plan	YEARS OF SERVICE	PERCENTAGE VESTED
RECORDKEEPER	Lincoln	Less than 1 year	0%
WEBSITE	www.lincolnfinancial.com	1-2 years	33%
ELIGIBILITY	The 1st of the quarter after completion of 90 days of service	2-3 years	66%
COMPANY MATCH	FGI will match 3%	3+ years	100%

All About 401(k)

This employer-sponsored retirement account can help your future self by saving money — tax free — from your paycheck. The sooner you participate in a 401(k), the more time your assets have to grow.

Eligible employees can invest for retirement while receiving tax advantages. We offer discretionary matches that are not guaranteed or mandatory. This can be done at the end of the year if applicable. Administrative services are provided by Lincoln. You may start making pre-tax contributions into the plan the 1st of the quarter after completion of 90 days of service. You must be at least 21 years of age to be eligible.

Pre-tax vs. Roth 401(k): What's the difference? If you contribute to your 401(k) pre-tax, your contributions are taken out before taxes each pay period, which will lower your annual taxable income. Pre-tax contributions grow on a tax-deferred basis and you won't pay taxes on these dollars until a distribution is taken at retirement. If you choose the available Roth 401(k), contributions are deducted from your paycheck after taxes — so although you are paying taxes on those dollars now, you won't pay taxes when you withdraw during retirement.

Contributing to the Plan

As a participant in the 401(k) Plan, you are able to save for retirement to help you achieve your retirement goals. The IRS limits the amount you can save annually, but if you are over age 50, you can contribute even more to the plan through catch-up contributions. Starting in 2026, there is even a special catch-up period for people turning 60 to 63.

The annual IRS limit for 2026 is \$23,500, and the standard catch-up contribution limit for individuals ages 50 and older is \$7,500. **Note: Should the IRS set different limitations for the 2026 year, HR will distribute the new rates for 2026.**



Not sure if you're getting close to the annual contribution limit? Our payroll system tracks how much you've contributed. If you started at the company mid-year, let the Payroll Department know how much you contributed at your previous employer so that can be factored in and you won't be subject to penalties for over contributing.

How Much Should I Save?

Industry standards suggest saving at least 12% to 15% of your income, including Founders Group International's matching contribution of 1%. This can be done at the end of the year if applicable.

Changing or Stopping Your Contributions

You may change the amount of your contributions any time. Changes are effective as soon as administratively feasible and remain in effect until you modify them. You may also discontinue your contributions and start them again at any time.

Consolidating Your Retirement Savings

If you have an existing qualified retirement plan (pre-tax) with a previous employer, you may transfer that account into the plan any time. Contact Lincoln at 843-884-4545 for details.

Regardless of which retirement account you choose or how much you contribute, remember to think of it as a long-term strategy. Dipping into the account early will jeopardize the quality of your retirement and you may be subject to early withdrawal penalties from the IRS.

Investing in the Plan

It's up to you how to invest the assets. The Founders Group International 401(k) plan offers a selection of investment options for you to choose from. You may change your investment choices any time. For more details, visit www.lincolnfinancial.com.

Vesting

Vesting refers to how much of your 401(k) funds you can take with you if or when you leave Founders Group International. With our vesting schedule, each year you'll own a greater percentage of the company's matching contributions. When you're fully vested, you'll own 100% of the contributions. You always own and are fully vested in your own personal 401(k) contributions.

VESTING SCHEDULE	
YEARS OF SERVICE	PERCENTAGE VESTED
Less than 1 year	0%
1-2 years	33%
2-3 years	66%
3+ years	100%

Note

The average American starts saving for retirement at age 27. But it's never too late!
(Source: Annuity.org)



Additional Benefits



Founders Group International wants you to succeed in all aspects of life, so we offer a variety of additional benefits to make your day-to-day easier.

Paid Time Off

Ready for a family summer vacation? Or just need some time off to rest, relax, or get things done around the house? Founders Group International knows the importance of work/life balance. Our Paid Time Off (PTO) policy provides you with flexible time off that can be used for vacation, personal or family illness, doctor appointments, school, volunteerism, and other activities of your choice.

PTO Guidelines

Full-time employees working more than 90 days will accrue four hours of PTO per pay period up to a total of 48 hours per calendar year. Time must be used in one-hour increments and must be approved by a manager. Depending on the time of year or staffing needs, approvals are not always guaranteed.

Company Holidays

The following holidays are recognized by The Company as paid holidays:

- » New Year's Day
- » Memorial Day
- » July 4th
- » Labor Day
- » Thanksgiving Day
- » Christmas Eve
- » Christmas Day

We schedule all holidays on the day designated by common business practice.

To qualify for holiday pay, you must be a full-time employee, have completed your 90-day Introductory Period, and work the scheduled work day immediately before and after the holiday. Only excused absences will be considered exceptions to this policy. You are not eligible to receive holiday pay when you are on a leave of absence.

Vacation Pay

Full-time employees will receive paid vacation based on years of full-time employment measured from the employee's anniversary date as follows:

- » After year one: 1 week (40 hours)
- » Years two – five: 2 weeks (80 hours)
- » Five years and over: 3 weeks (120 hours)





America's Favorite Pet Insurance!

*Residents of TN are not eligible for the 10% employee discount

Help Get Peace Of Mind With Our Pet Coverage



Accidents

Spot plans help ensure your pet is covered from head-to-tail for unexpected accidents and injuries.



Illnesses

Spot plans cover exams for qualified illnesses and related treatment, including things like surgeries & medications.



Wellness

Spots optional Preventive Care plans focus on routine care and regular check-ups to help ensure their routine wellbeing.

Spot Plans Help Cover Vet Bills for:

- ✓ Vet Exam Fees
- ✓ Microchip Implantation
- ✓ Diagnostics
- ✓ Behavioral Issues
- ✓ Unexpected Emergencies
- ✓ X-rays & Tests
- ✓ Dental Illnesses
- ✓ Hereditary Conditions
- ✓ Cancer & Growths
- ✓ Surgery
- ✓ Prescription Medications
- ✓ And Much More...

Flexible Plans For Any Budget

Customize your annual limit, annual deductible and reimbursement rate to make your pet and wallet happy.

Simple & Easy Claims Process

- 1 Visit Any Vet in the U.S or Canada
- 2 Submit Your Claim Online
- 3 Get Cash Back for Covered Vet Bills!

Unleash More with Spot



spotperks[®]

Special discounts on pet products and services from your favorite brands.



24/7 Pet Telehealth Helpline

Get unlimited 24/7 virtual pet care from vet experts for your pet.



FOUNDERS
GROUP INTERNATIONAL

Get Up to 20% Off With Your Special Discount*

spotpet.link/foundersgroupinternational

*10% group discount available on every pet. Not available in TN. Plus an additional 10% multi-pet discount on 2nd+ pets. For all terms visit Subheading. Insurance plans are underwritten by either Independence American Insurance Company (NAIC #26581) or United States Fire Insurance Company (NAIC #21113), and are produced by Spot Pet Insurance Services, LLC. (NPN # 19246385, CA License #6000188). Premiums are based on and may increase or decrease due to the age of your pet, the species or breed of your pet, and your home address.

How to Get a Quote & Enroll: A Step-By-Step Guide

spot
pet insurance



Signing up for America's most-loved pet insurance is a walk in the park. Follow this easy guide to find the right plan for your BFF today!

1 Customize Your Pet's Plan

- ♥ Enter you and your pet's information
 - ♥ Input your pet's **name, age, gender, and breed.**
 - ♥ Your **zip code, email address, first & last name, and mobile number** (optional)
- ♥ After clicking "**Select your coverage,**" you will be presented with two different plan options (accompanied by an overview of what is covered under each):

Accident + Illness

OR

Accident Only

Recommended

- ♥ Once you choose your plan, customize it even more by adjusting the **annual limit, reimbursement rate, and annual deductible.**

Annual Limit				
\$4,000				
Reimbursement Rate				
70%	80%	90%		
Annual Deductible				
\$1000	\$750	\$500	\$250	\$100

- The total amount you can be reimbursed over one 12-month policy period.
- After the deductible, we will reimburse a percentage of covered expenses based on your selection.
- The amount you must satisfy for covered veterinary expenses before reimbursement, required once per 12-month policy period.

2 Explore Preventive Coverage Add-Ons

- ♥ Spot's **Gold** and **Platinum** Wellness Plans offer optional preventative care coverage, with Platinum providing the highest reimbursement and broader benefits – perfect for pet parents who want top-tier protection for routine exams, vaccines, and essential wellness services.



3 Choose a Payment Plan and Finalize

- ♥ Provide your payment details and billing information and choose between **monthly** or **annual** billing.
- ♥ Accept the policy and terms conditions, and click "**Complete Purchase**"

Additional Tips:

- ♥ Maximize your benefits with **Platinum Plan**, highly recommended for young pets.
- ♥ If you need further assistance, please contact us by calling **888.343.2340**
- ♥ Get convenient access to your policy details, claim status, and more by downloading the Spot Pet Insurance app on your smartphone.



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Purpose/Mission



The Founders Foundation was established to provide help and support to active FGI employees that have experienced financial hardship due to an emergency or unforeseen circumstance. The purpose of the foundation is not to wholly remedy the situation but to assist with immediate needs to help get them back on their feet.

Vision

We will be a light in the dark for our fellow coworkers by providing financial support in their time of need.

Guidelines

To be considered for financial support the applicant must meet one of the following guidelines:

- » Unforeseen, life-altering serious illness or injury to employee or immediate family member which has a significant impact on your financial situation.
- » Loss of primary residence due to a natural disaster or Act of God.
- » Death of an employee or immediate family member which causes a financial hardship. Immediate family members are defined as legal spouse, legal dependent child (minor or full-time student up to 23 years of age), parent or current in-law parent.
- » Victim of a crime (defined as a person to which a crime has been committed against) causing a financial hardship related to a necessity. This would include severe bodily injury, domestic violence, etc.

Criteria

To be considered for financial support the following criteria must be met:

- » Employee must be nominated by a manager or coworker who has reasonable knowledge of the employee's need.
- » Once nominated employee completes application request and provides supporting documentation to the committee. Examples of documentation include eviction/foreclosure notices, past due utilities, police/fire report, invoice of funeral expenses, statements from a healthcare provider or explanation of benefits from insurance company. The document must substantiate the amount of financial assistance being requested.
- » Employees cannot apply for the same financial hardship more than once.
- » Employees must be an active FGI employee at the time of application.

Financial Assistance

- » Requests will be reviewed by the Founders Foundation Committee within ten days of receiving the application.
- » Employee will be notified of the status of their application and any funding requests.
- » The maximum amount of assistance the fund provides is \$500.00 per occurrence. However, the committee does have the authority to increase this amount for a catastrophic loss if funds are available.

Completing the Application

- » Complete the entire application, providing as much detail regarding the circumstances as possible, and submit supporting documentation with your application. Applications without supporting documentation will not be considered.
- » If you are not capable of completing the application, you can ask for assistance from the committee or another coworker.

Methods to Donate

- » Biweekly payroll deduction.
- » One time donation.

Confidentiality

Committee Members of the Founders Foundation will not disclose confidential information belonging to or obtained through their affiliation with Founders Foundation to any person, including their relatives, friends and business and professional associates.

Glossary

Balance Billing – When you are billed by a provider for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$60, you may be billed by the provider for the remaining \$40.

Copay – The fixed amount you pay for healthcare services received, as determined by your insurance plan.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision.

Healthcare Cost Transparency – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

Network – A group of physicians, hospitals, and healthcare providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

- » **In-Network** – Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- » **Out-of-Network** – Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.

Open Enrollment – The period set by the employer during which employees and dependents may enroll for coverage.

Out-of-Pocket Maximum – The most you pay during the plan year before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary, or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.

Over-the-Counter (OTC) Medications – Medications available without a prescription.



Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred, or specialty.

- » **Generic Drugs** – Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- » **Preferred Drugs** – Brand-name drugs on your provider's approved list (available online).
- » **Non-Preferred Drugs** – Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- » **Specialty Drugs** – Prescription medications used to treat complex, chronic, and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered.
- » **Prior Authorization** – A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- » **Step Therapy** – The goal of a Step Therapy Program is to steer employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before "stepping up" to a non-preferred brand.

Reasonable and Customary Allowance (R&C) – The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary, and Reasonable) amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) – The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.



Required Notices

Important Notice From Founders Golf International About Your Prescription Drug Coverage and Medicare Under the UHC Surest D6500 Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Founders Golf International and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium
2. Founders Golf International has determined that the prescription drug coverage offered by the UHC Surest D6500 plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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 Founders Golf International coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

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 Founders Golf International 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 at the end of these notices 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 Founders Golf International 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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D 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:	January 1, 2026
Name of Entity/Sender:	Founders Golf International
Contact—Position/Office:	Human Resources
Address:	2000 World Tour Blvd Myrtle Beach SC 29579
Phone Number:	843-282-2869

Women's Health and Cancer Rights Act

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; and
- » Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 843-282-2869.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 843-282-2869.

HIPAA 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 later 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).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 843-282-2869.

Important Contacts

Medical/Pharmacy

UHC Surest
Medical: 866-683-6440
Benefits.Surest.com

Wellness Program

Aware Health
415-295-6123
getwell@awarehealth.io

Supplemental Health (Accident, Critical Illness)

Mutual of Omaha
800-769-7159
www.mutualofomaha.com

Virtual Care

HealthiestYou Teladoc
Download on the app store
on your mobile device
866-703-1259
<https://member.healthiestyou.com/login>

Dental

Delta Dental of SC
800-335-8266
<https://deltadentalsc.com/Members>

Vision

Delta Dental of SC
800-335-8266
<https://deltadentalsc.com/Members>

Life and AD&D

Mutual of Omaha
800-769-7159
www.mutualofomaha.com
Policy #: G000BPBQ

Disability

Mutual of Omaha
800-769-7159
www.mutualofomaha.com
Policy #: G000BPBQ

Retirement Plan

Lincoln Financial
www.lincolffinancial.com
843-884-4545

Employee Assistance Program

Mutual of Omaha
800-316-2796
www.mutualofomaha.com/eap
Policy #: G000BPBQ

Paid Time Off

Human Resources
HR@foundersgolf.com

Pet Insurance

Spot
<https://spotpet.com/employer/foundersgroupinternational>

Founders Group International Human Resources

2000 World Tour Blvd
Myrtle Beach, SC 29579
843-282-2869



