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WELCOME TO OPEN ENROLLMENT

We're all in, especially when it comes to your health. That's why we take a holistic approach to wellness, recognizing that for people to be healthy, their minds, bodies, careers, and lives need to thrive.

Open enrollment is your opportunity to review and change your benefits. It runs August 13 through
August 27 for the benefits plan year of October 1, 2025 through
December 31, 2025.

Following our combination with Baker Tilly, benefit offerings will change in January 2026. There will be another open enrollment period for the combined firm in November 2025 to enroll in new plans.

What's Changing

Following our combination with Baker Tilly, we're in the process of transitioning our benefit plan to a calendar year approach, with the next full plan year for the combined firm running January 1, 2026–December 31, 2026.

The previous plan year for heritage Moss Adams employees ran from October 1, 2024–September 30, 2025. For this interim period, we're holding a short plan year open enrollment for heritage Moss Adams employees, where you'll elect benefits for October 1, 2025–December 31, 2025.

ALL AETNA MEDICAL PLANS: DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM (OOPM)

If you're currently enrolled in one of our Aetna medical plans and continue to enroll in Aetna, the amount you've paid toward your deductible and OOPM during the October 1, 2024–September 30, 2025 plan year will carry forward into the new short plan year from October 1–December 31, 2025.

AETNA HSA I AND HSA II PLANS: DEDUCTIBLE INCREASES

Due to IRS requirements that establish a minimum deductible threshold for high-deductible health plans (HDHPs), we will need to increase the deductible on the HSA I and HSA II medical plans. It will increase by \$100 for individual coverage and \$200 for family coverage during the short plan year, bringing the deductible to \$2,100 for individual coverage and \$4,200 for family coverage.

KAISER HMO MEDICAL PLAN DEDUCTIBLE AND OOPM

Deductibles and OOPM will reset on October 1, 2025. Individuals who remain enrolled in the Baker Tilly Kaiser medical plan starting in January 2026 will get accumulator credit for the amount they spent from October 1–December 31, 2025.

FLEXBILE SPENDING ACCOUNT (FSA) GRACE PERIOD

There won't be a grace period to incur or submit for reimbursement, or a carry-over for this short plan year.

During Open Enrollment

- 1 REVIEW this guide and your current elections. If you want to make a change, now is the time.
- 2 DECIDE what works best for you and your family.
- 3 ENROLL via MA Connect > Myself > MA Benefits by August 27.

NEED HELP?

Contact TRI-AD, our benefits administrator.

EMAIL: MAbenefits@tri-ad.com >

PHONE: (844) 292-1793

weekdays from 5:00 a.m. to

6:00 p.m. PT

MEDICAL BENEFITS

We offer great coverage and choices that allow you to turn positive health choices into future financial savings.

All plans take effect October 1, 2025

IN THIS SECTION:

- ▶ Medical Plan Highlights
- ▶ Additional Programs From Our Plans
- ▶ Plan Comparisons
- ▶ Health Savings Accounts
- ▶ Flexible Savings Accounts

REMINDER:

DEDUCTIBLE AND OOPM FOR OUR MEDICAL PLANS

If you're currently enrolled in one of our Aetna Medical plans and continue to enroll in Aetna, the amount you've paid toward your deductible and OOPM during the October 1, 2024–September 30, 2025 plan year will carry forward into the new short plan year from October 1–December 31, 2025.

Deductibles and OOPM will reset on October 1, 2025 for the Kaiser medical plan. Individuals who remain enrolled in Baker Tilly Kaiser medical plan starting in January 2026 will get accumulator credit for the amount they spent from October 1-December 31, 2025.

Starting on January 1, 2026, the deductible and OOPM will reset for all medical plans.

Aetna HSA I and HSA II Plans

You benefit from negotiated rates when seeing an in-network provider. Preventive care services and preventive care prescription drugs are completely covered from day one, but other medical expenses aren't covered until you meet your deductible.

The HSA I has the lowest premiums with coinsurance at 20% for in-network providers; while the HSA II has a 10% coinsurance for in-network providers once the deductible is met. If you were on the HSA II and have an existing balance in your health savings account, take a closer look at the HSA I and take advantage of the lower premiums.

The firm will contribute the employer contribution of \$41.67 per paycheck until December 31, 2025 and you can use those dollars to pay for expenses toward your deductible or save and watch the dollars grow.

Aetna Premier Plan

This plan has the highest premiums with the lowest deductible and out-of-pocket maximum. Co-pays are available for eligible medical services and prescriptions.

Aetna Plans

aetna.com

(855) 521-6756

Network: Aetna Choice Pos II

Kaiser Permanente HMO Plan

(California only)

This plan requires you to receive care from in-network providers and is only available to individuals residing in California.

Kaiser

kp.org

(800) 464-4000

GET THE MOST FROM YOUR MEDICAL PLAN

Regardless of the plan you choose, your medical coverage offers a lot of value, but it's up to you to get the most from your plan. Here's how:

- Get regular preventive care. It's covered at 100% on all plans.
- Get prescriptions by mail.
 Pay 33% less with a 90-day supply.
- Obtain generic drugs.
 They cost less.

RETIRING?

You may be able to continue your group coverage if you meet eligibility requirements.

For more information, contact benefits@mossadams.com >

Additional Programs From Our Plans

Our medical plans offer additional programs with a variety of access options, including travel reimbursement.

Telemedicine

AETNA TELADOC AND VIRTUAL PRIMARY CARE

Teladoc gives Aetna members access to board-certified doctors through phone or video consultations, available 24/7/365. Teladoc is a lower cost, time-saving alternative to urgent care or the emergency room.

General medicine office visits are free for Aetna Premier plan members. Aetna HSA I and HSA II plan members will pay up to \$56 per visit, and the deductible and coinsurance will be applied to the total cost. Set up an account by visiting the Teladoc website. Dermatology and mental health visits are also available at an additional cost.

Aetna Teladoc teladoc.com/aetna (855) 835-2362

Aetna Virtual Primary Care™ powered by Teladoc Health gives you the convenience and flexibility of virtual visits with a dedicated virtual primary care provider whenever you need. Depending on your medical plan, costs may apply. Sign up for Aetna Virtual Primary Care today by visiting teladoc.com/primary360-aetna.

KAISER TELEHEALTH

Our Kaiser HMO Plan offers telehealth visits at no additional cost to you. You can connect with your Kaiser doctors through interactive video visits or a scheduled telephone appointment.

Kaiser

kp.org/mydoctor/videovisits

Travel Reimbursement Program

All our medical plans provide a travel reimbursement benefit to cover eligible travel expenses when you obtain necessary, covered medical services unavailable near you. You can be reimbursed up to \$4,000 annually for these eligible travel expenses, subject to IRS regulations.

For our Aetna plans, you're eligible for this benefit when you obtain care that's unavailable within a 100-mile radius from your home. For Kaiser, the radius is 50 miles and may be subject to different maximums. Per IRS regulation, the lodging reimbursement is limited to \$50 per night per patient, or up to \$100 total per night if the patient is traveling with a companion such as a spouse or partner.

Our medical carriers will determine eligibility of covered medical services. To utilize this reimbursement, contact Aetna or Kaiser for information on next steps and any pre-certification requirements. Note that the usual deductible rules apply to this benefit.

More Programs from Aetna

HINGE HEALTH

Virtual and digital exercise therapy programs for back and joint pain are available for Aetna members and their eligible family members at no additional cost.

TRANSFORM ONCOLOGY

This program provides access to personal navigators who can assist with prior authorizations, clinical trials, filing appeals, and finding other resources for cancer claims.

Plan Comparison

BENEFITS OVERVIEW

| Dian Costum | AETNA HSA I PLAN | | AETNA HSA II PLAN | | AETNA PREMIER PLAN | | KAISER HMO PLAN ² |
|--|------------------|---|---|--|---|--|---|
| Plan Feature | IN NETWORK | OUT OF NETWORK | IN NETWORK | OUT OF NETWORK | IN NETWORK | OUT OF NETWORK | IN NETWORK ONLY |
| Your annual deductible | employe | nrolled as an ee only or olled as a family | employe | nrolled as an ee only or olled as a family | \$1,000 per individual or \$2,000 per family | \$2,000 per individual or \$4,000 per family | \$1,000 per individual or \$2,000 per family |
| Annual firm HSA contribution ¹ | \$1, | 000 | \$1,000 | | NA | | NA |
| Coinsurance (your portion after deductible) | 20% | 40% | 10% | 40% | 20% | 40% | 20% |
| Out-of-pocket maximum | employe | nrolled as an ee only or olled as a family ³ | \$4,000 if enrolled as an employee only or \$8,000 if enrolled as a family ³ | | \$2,500 per individual or \$7,500 per family | \$5,000 per individual or \$15,000 per family | \$3,000 per individual or \$6,000 per family |

- 1. The listed HSA contribution is prorated throughout the year.
- 2. The Kaiser plan is only available to California residents.
- 3. Individuals enrolled in family coverage will be capped at \$6,850.

BENEFITS FOR COMMON SERVICES¹

| | | AETNA H | SAIPLAN | AETNA HS | SA II PLAN | AETNA PRE | MIER PLAN | KAISER HMO PLAN ² |
|--|------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------------------|---|---|
| Plan Featu | ıre | IN NETWORK | OUT OF NETWORK | IN NETWORK | OUT OF NETWORK | IN NETWORK | OUT OF NETWORK | IN NETWORK ONLY |
| Preventive car | re | | ed in full st share) | | ed in full st share) | | ed in full t share) | Covered in full (no cost share) |
| Office visit (nonpreventive) | | 20% after deductible | 40% after deductible | 10% after deductible | 40% after deductible | \$20 co-pay, deductible waived | 40% after deductible | \$20 co-pay, deductible waived |
| Outpatient lab radiology serv (nonpreventive s | rices | 20% after deductible | 40% after deductible | 10% after deductible | 40% after deductible | 20% after deductible | 40% after deductible | \$10 co-pay (most X-rays and lab tests) 20% co-insurance up to \$50 (MRI, most CT and PET scans) |
| Hospital visit | INPATIENT | 20% after deductible | 40% after deductible | 10% after deductible | 40% after deductible | 20% after deductible | 40% after deductible | 20% after deductible |
| | OUTPATIENT | 20% after deductible | 40% after deductible | 10% after deductible | 40% after deductible | 20% after deductible | 40% after deductible | 20% after deductible |
| Emergency room | | 20% after | 20% after deductible | | 10% after deductible | | co-pay, deductible d if admitted) | 20% after deductible |

| Prescription drugs ³ |
|---------------------------------|
| - Generic |
| - Brand name, formulary |
| - Brand name, nonformulary |
| - Specialty |
| |

| RETAIL (30-day supply) | MAIL ORDER (90-day supply) | |
|---------------------------|-------------------------------|--|
| 10% after | deductible | |
| 20% after deductible | | |
| 30% after deductible | | |
| | - | |

| RETAIL (30-day supply) | MAIL ORDER (90-day supply) |
|---------------------------|-------------------------------|
| 10% after | deductible |
| | - |

| RETAIL (30-day supply) | MAIL ORDER (90-day supply) |
|---------------------------|-------------------------------|
| \$15 co-pay | \$30 co-pay |
| \$30 co-pay | \$60 co-pay |
| \$50 co-pay | \$100 co-pay |
| \$75 co-pay | - |

| RETAIL (30-day supply) | MAIL ORDER (90-day supply) | |
|---------------------------|-------------------------------|--|
| \$10 co-pay | \$20 co-pay | |
| \$30 co-pay | \$60 co-pay | |
| - | - | |
| 20% coinsurance | | |

^{1.} This chart isn't intended to be comprehensive. Benefit summaries are available on Marvin.

 $^{{\}bf 2. \ The \ Kaiser \ plan \ is \ only \ available \ to \ California \ residents.}$

^{3.} The HSA deductible is waived for certain preventive medications. A list of these drugs can be found at aetna.com.

Health Savings Accounts

A health savings account (HSA) is a way to lower your share of health care costs while saving for future medical expenses.

What's an HSA?

An HSA is a tax-advantaged medical savings account available to individuals enrolled in a high-deductible health plan.

Why Enroll in an HSA?

An HSA is a great way to take control of your health care expenses and needs.

- You own all the money. You can take the money with you if your employment ends or you retire. It's that simple.
- The premiums are lower on the Aetna HSA I and HSA II medical plans.
- Unused balances roll over. If you end the year with money in your HSA, it will still be there the following year.
- Savings can add up. You can use your HSA as a savings vehicle for future medical costs, not drawing on your funds until after you retire.
- You can change your HSA contributions at any time.
- You will receive the firm's HSA contribution until December 31, 2025.

Who's Eligible?

You're eligible if you meet the following criteria:

- You select either the Aetna HSA I or HSA II plan as your medical coverage.
- · You aren't enrolled in Medicare.
- You aren't claimed as a dependent on someone else's tax return.

Please note you aren't eligible to participate in an HSA if your spouse is enrolled in a health care flexible spending account (FSA) or if you're covered by a medical plan that doesn't have a high deductible.

Who Can Contribute?

You, your eligible dependents, and the firm can contribute to your account, up to the IRS limit.

2025 HSA CONTRIBUTION LIMITS SET BY IRS:

- Self-only coverage: \$4,300
- Family coverage: \$8,550
- Catch-up contributions (age 55 and older): an additional \$1,000

Using Your HSA

An HSA offers you flexibility in deciding how to spend or save your health care dollars.

PAY ELIGIBLE MEDICAL EXPENSES

To be eligible, expenses must be incurred on or after the date you opened your HSA. Be sure to keep all your receipts in case you need to show proof that an expense was an eligible medical expense.

HSA funds are portable, just like a 401(k). Any unused balances remain in the account until spent; they don't expire at the end of the plan year.

GROW YOUR MONEY TAX FREE

If your HSA balance reaches \$1,000, you'll have the option to transfer those funds into an investment account, where you can choose from a variety of mutual funds. Here, your money will grow tax free.

Flexible Spending Accounts

A flexible spending account (FSA) enables you to reduce your taxes by paying for certain qualified expenses with pretax dollars.

Due to the short benefits plan year, the contribution limits have been adjusted for the October 1, 2025-December 31, 2025 time period.

You will have the opportunity to enroll in FSAs for the 2026 calendar year during the next open enrollment in November.

HCFSA Health Care FSA

For eligible out-of-pocket medical, dental, and vision expenses (available only if you, your spouse, or employers aren't actively contributing to an HSA)

\$825 limit

EXAMPLES:

- Medical expenses (co-pay and coinsurance)
- Dental expenses (noncosmetic)
- · Prescription drugs
- · Eyeglasses
- Psychiatric care

LFSA

Limited-Purpose Health Care FSA

For reimbursement of out-ofpocket vision and dental expenses

DCFSA

Dependent Care FSA

For eligible day-care expenses for children under the age of 13 or dependent elders

\$825 limit

EXAMPLES:

- Eyeglasses
- Contact lenses
- Out-of-pocket expenses for Lasik
- Dental expenses
- Out-of-pocket expenses for braces

\$1,250 limit

EXAMPLES:

- Preschool expenses
- Nursery school expenses
- Childcare provided in your home
- · Senior day-care facility needs
- · Licensed home childcare

For a complete list of eligible expenses, visit irs.gov and review publications 502 and 503.

There won't be a grace period to incur or submit for reimbursement, or a carryover for this short plan year, so pay careful attention to only elect how much you will spend between October 1, 2025-December 31, 2025.

VISION & DENTAL BENEFITS

Even if you waive medical coverage, you can enroll in vision or dental—either individually or for your whole family—separately.

Dental and vision benefit maximums will reset on October 1, 2025 and again on January 1, 2026.

Vision Coverage

VSP offers a broad network of doctors and laser vision providers that offer complimentary screenings to help you determine if laser vision surgery is the right type of treatment for you. You can also receive a discounted rate on your care at a VSP-contracted laser center.

VSP

vsp.com

(800) 877-7195

Network: VSP Choice

Dental Coverage

Delta Dental provides access to its national Delta PPO network and the Delta Premier network.

For more information or to find a provider, please visit Delta Dental online.

Delta Dental of Washington deltadental.com

(800) 238-3107

Full details for these plans can be found on the Marvin Dental & Vision page.

VISION

| Services & Features |
|---------------------------|
| Well-vision exam |
| Glasses |
| Contacts and fitting exam |
| Lasik or PRK |

| VSP CHOICE | | | | |
|------------------|--|------------|--|--|
| BENEFIT | AMOUNT COVERED | CO-PAY | | |
| Annual | Full | \$10 | | |
| Annual choice of | \$175 plus 20% discount over allowance | \$25 | | |
| either option | \$175 | Up to \$60 | | |
| Lifetime | \$250 per eye | - | | |

DENTAL

| Services & Features |
|---------------------|
| Preventive care |
| Routine care |
| Major services |
| Deductible |
| Orthodontia |
| |

| PPU DENTIST | | | | | |
|-------------|--------|--|--|--|--|
| INDIVIDUAL | FAMILY | | | | |
| 0 | 0% | | | | |
| 20% | | | | | |
| 50% | | | | | |
| \$0 | | | | | |
| 50% | | | | | |
| | | | | | |

DDU DENTIST

| INDIVIDUAL | FAMILY | | | |
|------------|--------|--|--|--|
| 20% | | | | |
| 20% | | | | |
| 50% | | | | |
| \$50 \$100 | | | | |
| 50% | | | | |
| | | | | |

PREMIER DENTIST

| DENTIST | | | |
|-------------------|--|--|--|
| INDIVIDUAL FAMILY | | | |
| 20% of UCR¹ fee | | | |
| 20% of UCR¹ fee | | | |
| 50% of UCR¹ fee | | | |
| \$50 \$100 | | | |
| 50% of UCR¹ fee | | | |
| | | | |

NUNDARTICIDATING

| Maximums |
|------------------------------|
| Plan year benefit |
| Lifetime orthodontia benefit |

| PER PERSON | |
|------------|--|
| \$1,750 | |
| \$2,500 | |

| PER PERSON | |
|------------|--|
| \$1,750 | |
| \$2,500 | |

| PER PERSON |
|------------|
| \$1,750 |
| \$2,500 |

^{1.} UCR: Usual, customary, and reasonable

LIFE INSURANCE & DISABILITY BENEFITS

IN THIS SECTION:

- ▶ Life Insurance
- Accidental Death and Dismemberment
- ▶ Permanent Life Insurance
- ▶ Disability Benefits

Life Insurance

You're automatically insured for \$50,000 under the firm's basic life and accidental death and dismemberment (AD&D) plan at no cost to you.

Supplemental combined life insurance above \$50,000 is available through The Hartford. You may elect coverage in increments of \$10,000 to a maximum of \$1 million, and you'll be automatically enrolled for the same amount of AD&D insurance.

You may also purchase supplemental insurance for your spouse or domestic partner, up to a maximum of \$100,000. This can't exceed 100% of your own benefit amount. You may also purchase up to \$10,000 coverage for your child.

Rates are determined by your age and the amount of insurance requested. Increases in coverage above the guaranteed issue are subject to medical underwriting.

Stand Alone AD&D

We also offer separate AD&D insurance policies for you, your spouse or domestic partner, or your child.

Permanent Life Insurance

Increase your financial security with group universal life insurance coverage from Allstate. You can elect up to \$150,000 in coverage for you and your spouse and purchase up to \$20,000 in additional coverage for your children. The coverage is portable—you can take it with you if you leave the firm.

For more information, or to enroll in this benefit, contact Allstate.

Allstate

(866) 828-7699

allstateatwork.com

Disability Benefits

SHORT-TERM DISABILITY

After 180 days of employment in a benefits-eligible role, you're automatically covered. You must wait seven consecutive days before benefits can be paid. With appropriate medical documentation, you may receive benefits through the first six weeks of your disability at 100% of your base salary and the next six weeks at 66.6%.

LONG-TERM DISABILITY

The voluntary long-term disability plan provides a benefit of 60% of your monthly earnings, up to a maximum benefit of \$15,000 per month. Benefits begin after 90 days of a qualified disability. You pay the premiums with after-tax dollars through payroll deductions.

MEDICAL UNDERWRITING

If you newly enroll in LTD or enroll in or increase life insurance during open enrollment, you may be asked to complete evidence of insurability (EOI) for medical underwriting.

FAMILY-FRIENDLY BENEFITS

Your family is important. Whether you're welcoming a child or need backup care for a loved one, these valuable benefits offer support during important times.

IN THIS SECTION:

- ▶ Paid Parental Leave
- ▶ Maven New Parent Support Program
- ▶ Adoption Assistance
- Bright Horizons Family Support Programs

Paid Parental Leave

The parental leave benefit offers new parents paid time off within the first 12 months of a birth, adoption, or foster child placement.

- Eligible employees receive 10 fully paid weeks
- Paid parental leave is offset by any state benefits you receive

Maven New Parent Support Program

Maven provides 24/7 on-demand maternity, postpartum, and return-to-work support for eligible employees and their partners. The benefit is fully covered by the firm and available to expectant parents throughout pregnancy and for 12 months postpartum. The program includes:

- On-demand access to more than 1,200 health specialists via video chat and messaging
- Personal concierge assistance for pregnancy, postpartum, pediatric, and return-to-work support
- Breast milk shipping within the United States and kits for milk storage during international travel
- Maven Clinic app available for iOS and Android devices

Maven Clinic

mavenclinic.com/join/mossadams1

support@mavenclinic.com

Adoption Assistance

We offer adoption assistance to eligible employees—up to \$5,000 per child for qualified expenses or up to \$6,000 for a child with special needs. Generally, qualified adoption expenses include the adoption fee, related legal expenses, and travel.

To view a complete list of covered adoption expenses, visit <u>irs.gov</u>.

Bright Horizons Family Support Programs BACKUP AND EMERGENCY CARE

The firm provides subsidized backup and emergency care for recipients of any age or need through Bright Horizons. Low-cost in-home or center-based coverage is provided for dependent children or adults. You must enroll with Bright Horizons before taking advantage of this benefit. Each employee receives access to 10 visits per calendar year. New parents can also access 10 additional backup care days within the first 12 months of birth or child placement.

Center-based care costs \$15 per child per visit or \$25 per family per visit. In-home care costs \$25 per day.

PET CARE

The Bright Horizons backup care benefit can also be used for walkers, sitters, and overnight boarding for pets. Pet care will count toward the annual allotment for child and elder backup care. Each Bright Horizons backup care day is worth a \$100 credit for services through Rover or for specific services through Wag.

COLLEGE COACH

Bright Horizons can also help navigate your child's path to college. Through its network of vetted professionals, you can:

- Receive one-on-one guidance from former admissions and financial aid officers
- Learn strategies to afford and apply to colleges
- Obtain feedback on college lists and application essays

Bright Horizons

backup.brighthorizons.com/CorpPasscode

USERNAME: MossAdams
PASSWORD: backup
(877) BH-CARES

OTHER BENEFITS

IN THIS SECTION:

- ▶ Mental Health Support
- ▶ Group Legal Benefit
- ▶ Pet Insurance
- ▶ Student Loan Refinancing
- ► Tobacco Cessation Program

Mental Health Support

Spring Health supports the mental health of our employees and eligible dependents.

BENEFITS INCLUDE:

- Up to 10 free therapy and 10 free coaching sessions per calendar year
- Dedicated support from a personal care navigator
- Legal, child care, and financial planning assistance

This service is free, and you don't need to be enrolled in medical coverage. It's 100% confidential and your information is never shared.

Mental Health Support mossadams.springhealth.com (240) 558-5796

Group Legal Benefit

Be proactive and get protection from MetLaw, our group legal benefit through MetLife. You have two plan options: a basic plan and a buy-up plan, which covers representation for many personal legal services for you and your eligible dependents.

The buy-up plan option covers additional services related to identity theft remediation, as well as 20 hours of divorce services. This plan also has options to cover legal services for your parents and parents-in-law.

For a list of services, visit Marvin or contact MetLaw.

MetLaw legalplans.com (800) 821-6400

Pet Insurance

Concerned about your furry friends? Through our group plan, you'll pay less than most individual policies and can have up to 70% reimbursement. Visit Marvin to learn more or petinsurance.com/mossadams to enroll.

Student Loan Refinancing

Got student loans? You're certainly not alone. We care about your financial wellness and offer a free service, through SoFi, to help you or your family members refinance student loan debt. You're eligible for an exclusive 0.25% rate discount for refinancing your student loans through SoFi. Learn more about the program by visiting Marvin or SoFi's website.

SoFi sofi.com/mossadams

Tobacco Cessation Program

To help you kick the habit, the firm offers the Quit for Life® Program.

BENEFITS INCLUDE:

- Talk or live chat with a coach for a personalized quit plan
- Receive Nicotine Replacement Therapy (NRT) recommendations
- 24/7 access to quitting resources

Quit for Life quitnow.net (866) 784-8454

Premiums

OCTOBER 1-DECEMBER 31, 2025

MEDICAL PREMIUMS

| Coverage |
|-------------------------------------|
| Selfonly |
| Self and spouse or domestic partner |
| Self and children |
| Self and family |

| AETNA HSA I PLAN | | |
|------------------|---------------------|--|
| MONTHLY COST | COST PER-PAY-PERIOD | |
| \$32 | \$16 | |
| \$148 | \$74 | |
| \$89 | \$44.50 | |
| \$222 | \$111 | |

| AETNA HSA II PLAN | |
|-------------------|---------------------|
| MONTHLY COST | COST PER-PAY-PERIOD |
| \$105 | \$52.50 |
| \$350 | \$175 |
| \$256 | \$128 |
| \$515 | \$257.50 |

| AETNA PREMIER PLAN | |
|--------------------|---------------------|
| MONTHLY COST | COST PER-PAY-PERIOD |
| \$264 | \$132 |
| \$712 | \$356 |
| \$538 | \$269 |
| \$1,001 | \$500.50 |

| KAISER HMO PLAN ¹ | |
|------------------------------|---------------------|
| MONTHLY COST | COST PER-PAY-PERIOD |
| \$264 | \$132 |
| \$712 | \$356 |
| \$538 | \$269 |
| \$1,001 | \$500.50 |

DENTAL PREMIUMS

| Coverage |
|-------------------------------------|
| Selfonly |
| Self and spouse or domestic partner |
| Self and children |
| Self and family |

| DELTA DENTAL¹ | | |
|---------------|---------------------|--|
| MONTHLY COST | COST PER-PAY-PERIOD | |
| \$10 | \$5 | |
| \$24 | \$12 | |
| \$28 | \$14 | |
| \$41 | \$20.50 | |

^{1.} Coverage for all states is provided through Delta Dental of Washington.

VISION PREMIUMS

| Coverage |
|-------------------------------------|
| Selfonly |
| Self and spouse or domestic partner |
| Self and children |
| Self and family |

| VSP VISION | | |
|------------|------------------------|--|
| MONTHLY CO | ST COST PER-PAY-PERIOD | |
| \$0 | \$0 | |
| \$0 | \$0 | |
| \$0 | \$0 | |
| \$0 | \$0 | |

Refer to Marvin for information regarding taxable imputed income when covering a domestic partner.

^{1.} The Kaiser plan is only available to California residents.

Life and AD&D Insurance

We provide \$50,000 of Basic Life and AD&D coverage and pays 100% of the cost.

BASIC LIFE AND AD&D INSURANCE

| Coverage | COVERAGE AMOUNT | YOUR MONTHLY COST |
|----------------|-----------------|----------------------|
| Employee basic | \$50,000 | \$0 (firm pays 100%) |

SHORT-TERM DISABILITY

| Coverage | COVERAGE AMOUNT | YOUR MONTHLY COST |
|----------------|--|----------------------|
| Employee basic | 100% of your predisability earnings for a maximum of six weeks and 66.6% of your predisability base income for an additional six weeks | \$0 (firm pays 100%) |

LONG-TERM DISABILITY

| Coverage | COVERAGE AMOUNT | YOUR MONTHLY COST ¹ |
|----------|--|---------------------------------------|
| Employee | 60% of your pre-disability earnings up to \$15,000 per month | Base salary x \$0.277 / \$100 / 12 |

For hourly employees, multiply your hourly rate by your annual hours worked to get your base salary.

COMBINED LIFE AND AD&D INSURANCE

| Employee, spouse, or domestic partner age on October 1, 2025 | | |
|--|--|--|
| Under age 25 | | |
| 25-29 | | |
| 30-34 | | |
| 35-39 | | |
| 40-44 | | |
| 45-49 | | |
| 50-54 | | |
| 55-59 | | |
| 60-64 | | |
| 65-69 | | |
| 70-74 | | |
| 75+ | | |

| MONTHLY RATE PER \$1,000 | | |
|--------------------------|-------------------------------|--|
| EMPLOYEE | SPOUSE OR DOMESTIC Partner | |
| \$0.08 | \$0.09 | |
| \$0.09 | \$0.09 | |
| \$0.10 | \$0.09 | |
| \$0.11 | \$0.12 | |
| \$0.11 | \$0.19 | |
| \$0.115 | \$0.34 | |
| \$0.12 | \$0.56 | |
| \$0.12 | \$0.81 | |
| \$0.15 | \$1.32 | |
| \$0.18 | \$1.91 | |
| \$0.21 | \$2.72 | |
| \$0.28 | \$2.72 | |
| | | |

| Coverage |
|------------|
| Child Life |

| | COVERAGE AMOUNT | YOUR COST |
|--|---|--------------------|
| | Increments of \$2,500 up to \$10,000 | \$0.26 per \$2,500 |

STAND ALONE AD&D

| Coverage | COVERAGE AMOUNT | YOUR MONTHLY COST |
|----------------------------|---|---------------------|
| Employee | \$25,000-\$300,000 | \$0.75 per \$25,000 |
| Spouse or domestic partner | Increments of \$5,000 up to 100% of your coverage | \$0.75 per \$25,000 |
| Child | Increments of \$2,500 up to 10% of your coverage | \$1.00 per \$25,000 |

CONTACTS & RESOURCES

Aetna | Medical Plans

aetna.com

(855) 521-6756

Allstate | Permanent life insurance

(866) 828-7699

allstateatwork.com

Bright Horizons | Backup care

backup.brighthorizons.com/CorpPasscode

USERNAME: MossAdams PASSWORD: backup (877) BH-CARES

Delta Dental of Washington | Dental plan deltadental.com

(800) 238-3107

Hinge Health | Digital exercise therapy program

hingehealth.com

(855) 902-2777

Kaiser | Medical plan

kp.org

(800) 464-4000

Maven | New parent support program

mavenclinic.com/join/mossadams1

support@mavenclinic.com

MetLaw | Legal plan

legalplans.com

(800) 821-6400

Quit for Life | Tobacco cessation program

auitnow.net

(866) 784-8454

Spring Health | Mental health support

mossadams.springhealth.com

(240) 558-5796

careteam@springhealth.com

TRI-AD | HSA, FSA, and benefits administration

MAbenefits@tri-ad.com

(844) 292-1793

VSP | Vision plan

vsp.com

(800) 877-7195

BEFORE YOU ENROLL

Visit the Benefits page under PeopleMAtters on Marvin for more information.

HOW TO ENROLL

Once you're on the VPN, log in to MA Connect > Myself > MA Benefits, then click the enrollment button.

IF YOU DON'T ENROLL

If you don't enroll or actively waive coverage, plans will be assigned according to your current election.

Remember, you must reenroll in your FSAs each open enrollment.

STILL HAVE QUESTIONS?

Contact TRI-AD, our benefits administrator.

Email: MAbenefits@tri-ad.com

Phone: (844) 292-1793

Available weekdays 5 AM-6 PM PT

VOCABULARY REFERENCE

Premium: The rate you pay to cover the cost of benefits. This is what you contribute on a pretax basis.

Co-payment or co-pay: A flat amount paid per visit or prescription.

Deductible: The annual amount paid for services prior to receiving a coinsurance benefit.

Coinsurance: After the deductible is met, the shared cost on a defined percentage basis between you and the firm.

Out-of-pocket maximum: Once this amount is reached, any further eligible costs are covered 100%.

Network providers: Physicians and other health care providers that accept the negotiated rates for services from your provider.

Out-of-network providers: Those that don't have agreements with your provider. Services from these providers increase your out-of-pocket expenses.

Eligible child: This includes a legally adopted child, a stepchild who lives with you, and any child you may foster, under the age of 26 or disabled. If your domestic partner has a child who lives with you, that child can also be included as a dependent.