conga

2027 US Benefits Guide

Your Benefits, Simplified.

Everything you need to know about your Conga benefits in one place.

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Your Benefits Essentials

Conga strives to create an environment where everyone can grow and thrive, that includes our approach to benefits.

Day 1
Coverage

Up to $1,000
HSA Contribution

$15,000
Fertility Benefit

What's Available?

Your Health:

- Medical, Dental, and Vision
- Health Savings Account (HSA)
- Flexible Spending Accounts (FSAs)
- Critical Illness
- Accident
- Hospital Indemnity
- Cancer Support
- Fertility Benefits

Your Finances:

- Short- and Long-Term Disability
- Basic Life and AD&D
- Supplemental Life and AD&D
- 401(k) Retirement Plan

Your Wellbeing:

- Identity Theft
- Legal Insurance
- Pet Insurance
- Flexible Time Off
- Employee Assistance Program (EAP)
- Wellbeing Programs

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Enrollment & Eligibility

Who's Eligible?

Employees who work 30 hours per week or more are eligible for the benefits described in this guide. Eligible dependents include:

- Your legal spouse or domestic partner
- Your children up to age 26
- Your children over age 26 who cannot support themselves due to physical or mental disability

Domestic Partner Coverage

- Domestic partners are eligible to enroll as dependents in the benefit plans. You and your partner must meet specific criteria to qualify for domestic partner coverage.
- A domestic partnership is different than a same-sex marriage. A same sex spouse is a federal tax dependent for group health plan purposes; whereas a domestic partner often is not.
- If you cover a domestic partner, a domestic partner's child or another person who is not considered an IRS tax dependent for group health plan purposes, Conga is required to report income for you that reflects the value of coverage for tax-reporting purposes by IRS. This is known as **imputed income**. You will receive a W-2 annually for the value of coverage for any dependent who is not an IRS tax dependent.

When can I enroll?

New Hires: As a new hire, you have 30 days from your date of hire to enroll in coverage for the remainder of the plan year.

Life Events: If you experience a Qualified Life Event, you have 30 days from the event date to make changes to your coverage. Qualified events include changes to your marital status, a new child, and changes to your or your dependents' coverage outside of Conga.

Open Enrollment: Every fall you will have the opportunity to elect coverage for the upcoming plan year. Dates will be communicated by the Conga Benefits Team.

Enroll in your Benefits through **Workday.**

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Medical Benefits

Conga offers multiple medical benefit options, so you can choose the coverage level best suited to you. **Already have other coverage?** Conga offers a $50 medical waiver credit per paycheck.

	Cigna PPO		Cigna HDHP		Kaiser HMO
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK**
Annual Deductible *Individual / Individual within a Family (HDHP-only) / Family*	$1,500 / $2,000	$3,000 / $4,000	$2,000 / $3,500 / $4,000	$4,000/$6,800 / $8,000	$0
Out-of-Pocket Max	$3,500 / $7,000	$7,000 / $14,000	$3,600 / $3,600 / $7,200	$7,000 / $7,000 / $14,000	$2,000 / $4,000
Coinsurance *After Deductible*	20%*	40%*	20%*	40%*	-
Preventive Care	$0	40%	$0	40%	$0
Office Visit	$20	40%	$20*	40%*	$20
Specialist Visit	$20	40%	$20*	40%*	$35
Telemedicine	No Cost	Not Covered	No Cost	Not Covered	No Cost
Chiro & Acupuncture	$20 (limit 30 days chiro / 20 days acupuncture)	40%* (limit 30 days chiro / 20 days acupuncture)	$20* (unlimited days chiro / 20 days acupuncture)	40%* (unlimited days chiro / 20 days acupuncture)	$20 (limit 20 visits)
Lab & X-Ray Services	20%*	40%*	20%*	40%*	$10
Inpatient Hospital	20%*	40%*	20%*	40%*	$250 / admit
Outpatient Hospital	20%*	40%*	20%*	40%*	$125 / admit
Emergency Room	$250 + 20%*	$250 + 20%*	20%*	20%*	$200 - $250 / admit
Urgent Care	$20	40%*	$20*	40%*	$20 - $30
Rx Coverage					
Generic	$5	20%*	$10*	20%*	$10
Preferred	$25		$30*		$30
Non-Preferred	$40		$50*		$60
Specialty	$45		$50*		20% up to $250
Semi-Monthly Paycheck Deductions					
Employee	$111.00		$54.50		$73.50
Employee + Spouse	$286.00		$156.50		$202.50
Employee + Child(ren)	$236.00		$115.50		$155.50
Family	$383.00		$200.00		$271.50

*After deductible | ***Kaiser Service Areas: CA, CO, GA, WA, MD, VA, OR, & D.C.*

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Rightway Advocacy

As an employee, you have access to your own “Personal Health Advocate.” This program aids in finding the best doctors and hospitals, scheduling timely appointments (especially with specialist physicians), and they can even assist in obtaining services for your elderly parents.

The program also offers assistance when faced with serious illness or injury, as well as claims and billing issues.

Find more information, visit here or call 1-305-851-7310.

Telemedicine

Coverage provided by Cigna and Kaiser

When you need medical advice, but don’t have the time or want the cost associated with a trip to the doctor’s office, video visits are available through Cigna and Kaiser. These can be done in just minutes with no travel time. It’s quick, convenient, and saves you money.

Doctors are available to treat many common medical conditions at times that are convenient for you.

Members enrolled in the Cigna HDHP and PPO plans can access virtual care coverage through MD-Live at no cost before meeting the deductible. Log into your member portal to learn more.

Get Care for:

- Cold, flu, & sinus infections
- Nausea & vomiting
- Asthma, allergies, & rashes
- Urinary tract infections
- Headaches & migraines
- Stress & anxiety
- Trauma & grief counseling
- Insomnia & depression

To learn more, visit mycigna.com or kp.org. You can make an appointment today by downloading the Cigna or Kaiser app.

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Dental Benefits

Your dental health is an important part of your overall wellness. Choose from the following dental insurance plan(s) through Cigna.

	Dental PPO Base	Dental PPO Buy-Up
Annual Deductible *Individual / Family*	$50 / $150	$50 / $150
Annual Maximum	$1,750	$3,250
Preventive Services	No Charge	No Charge
Basic Services	10% After Deductible	10% After Deductible
Major Services	40% After Deductible	40% After Deductible
Orthodontia	Not Covered	$2,000 / lifetime
Semi-Monthly Paycheck Deductions		
Employee	$5.50	$10.00
Employee + Spouse	$11.00	$19.00
Employee + Child(ren)	$13.00	$23.00
Family	$18.50	$33.00

Out-of-Network Reimbursement - For services provided by a non-network dentist, Cigna dental will reimburse according to the Maximum Reimbursable Charge (MRC). The MRC is calculated at the 90th Usual & Customary percentile of provider charges in the geographic area. Your dentist may bill you for any fees above this amount.

What Does Preventive Dental Care Typically Cover?

Preventive care can save you money by limiting necessary procedures that are more urgent, complex, and costly.

Routine dental checkups & cleanings should be scheduled every six months. Your dentist may recommend more frequent or fewer visits, depending on your dental health history.

Professional fluoride treatments can be a key defense against cavities. Professional fluoride treatments have significantly more fluoride than tap water or toothpaste and take only minutes to apply.

X-ray images of your mouth may be taken to better evaluate your oral health. These images provide a more detailed look inside your teeth and gums.

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Vision Benefits

Conga offers vision coverage through VSP. Benefits include eye exams, affordable options for prescription glasses or contacts, and discounts for laser vision correction.

		In-Network	Out-of-Network
Exam		$10	Up to $45
Lenses		$20	Up to $70
Frames		$25 / $200 allowance	Up to $70
Contact Lenses	**Conventional**	$200 allowance	Up to $105
	Medically Necessary	Covered in full	Up to $210
Semi-Monthly Paycheck Deductions			
Employee		$0.77	
Employee + Spouse		$1.32	
Employee + Child(ren)		$1.35	
Family		$2.18	

5 Tips for a Lifetime of Healthy Vision

1. Schedule yearly eye exams. Visiting your eye doctor regularly helps you see your best, protects your sight, and even detects serious health conditions such as diabetes.
2. Protect your eyes against UV rays. No matter what the season, it is important to wear sunglasses. When selecting and purchasing sunglasses, be sure to confirm they offer 100% UVA/UVB protection.
3. Give your eyes a break from digital devices. Digital screens emit a specific type of blue and violet light which can negatively impact eye health and cause digital eye strain.
4. Quit smoking. Smoking increases your risk of developing macular degeneration, optic nerve damage, and cataracts.
5. Practice safe wear and care of contact lenses. Keep them clean and follow the recommendations for use and wear.

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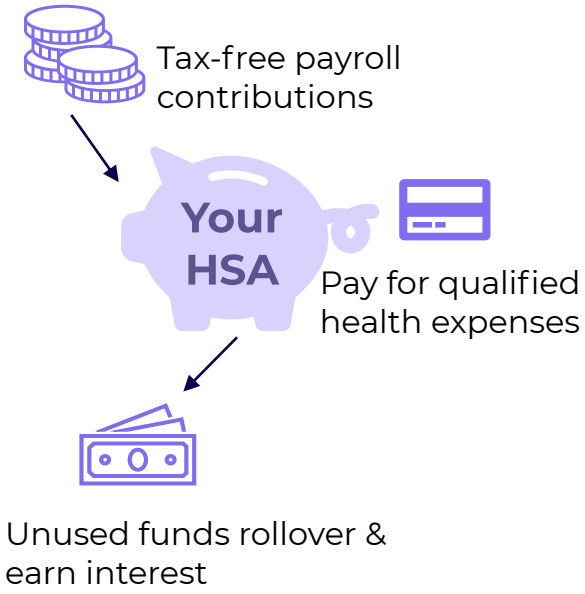
Health Savings Account

Administered by Inspira Financial

A Health Savings Account (HSA) lets you save for medical costs while reducing your tax bill and is available to High Deductible Health Plan (HDHP) participants. Over time, health care often becomes a household's largest expense, making an HSA a smart way to build long-term protection.

Contributions can be used anytime for qualified health care expenses; unused funds roll over year-to-year, earn interest, and enjoy triple tax advantages in most states.

Being enrolled in the HDHP does not automatically open an HSA. You must enroll in an HSA separately with Inspira Financial.



Triple Tax Savings

1. You don't pay federal income tax on the money you contribute.
2. You don't pay taxes on the interest you earn (excludes CA and NJ).
3. You don't pay taxes when you use the money for qualified services.

How much can you contribute annually?			
	IRS Limit	**Conga Contribution**	**Your Maximum**
Employee Only	$4,500	$500	**$4,000**
Family	$9,000	$1,000	**$8,000**

NOTE: If an individual reaches age 55 by the end of the calendar year, they can contribute an additional $1,000.

Flexible Spending Account

Administered by Inspira Financial

Flexible spending accounts (FSAs) let you set aside pre-tax dollars for health care, dependent day care, and transportation, reducing your taxable income while covering everyday expenses. Conga offers 3 types of accounts: a healthcare FSA, a Dependent Care FSA and a commuter FSA.

How Flexible Spending Accounts (FSAs) Work

Healthcare FSA - You decide how much to set aside for healthcare expenses and contributions are deducted from your pay pre-tax in equal installments. The full annual balance is available at the start of the year and can be used by using your debit card at the point of service or by submitting a claim for reimbursement.

Dependent Care FSA - You decide how much to set aside child and elder care services and contributions are deducted from your pay pre-tax in equal installments. Only funds deposited can be used. You will pay out of-pocket and submit claims for reimbursement.

Commuter FSA - You decide how much to set aside for parking and/or transit expenses on a monthly basis to be deducted pre-tax in equal installments. You can change your contributions at any time. Only funds deposited can be used. You will pay out of-pocket and submit claims for reimbursement.

	Projected 2027 IRS Limit	Eligible Expenses
Healthcare	$3,500 Annually	Copays, deductibles, orthodontia, medication, etc.
Limited Purpose	$3,500 Annually	Dental and vision expenses
Carryover Limit	$700 Annually	Healthcare and Limited Purpose FSA
Dependent Care	$7,500 Annually	Day care, nursery school, elder care, etc.
Commuter	$350 Monthly	Parking, mass transit, etc.

NOTE: See IRS Publications 502 and 503 for a complete list of covered expenses

Use-it or Lose-it!

Be sure to calculate your FSA contributions carefully. Unused Healthcare/Limited Purpose FSA funds above the carryover limit and all unused Dependent Care FSA funds **do not roll over** from year-to-year, and you must actively enroll on a yearly basis.

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Cigna Accident Coverage

Major injuries are painful, but the financial impact of the medical treatment doesn't have to be. Accident Insurance pays benefits directly to you for covered injuries such as a fracture, burn, ligament damage, and more, regardless of other coverage.

The benefit amount is calculated based on the type of injury, its severity, and the medical services required in treatment and recovery.

NOTE: The policy/certificate of coverage or its provisions may vary or be unavailable in some states and it has exclusions and limitations which may affect any benefits payable.

Remember! When you see your primary care physician and get your annual physical, you are eligible to receive your $50 wellness credit through Cigna!

Claims Example: An employee falls down the stairs and breaks his leg (closed reduction); he spends three days in the hospital*.

	Claim Cost	Low Plan	High Plan
Ground Ambulance	$400	$400	$500
Hospital Admission	$3,500	$1,000	$2,000
3-day Hospital Confinement	-	$300	$600
Fracture (Leg, Non-surgical)	$6,000	$750	$1,125
Emergency Room Visit	$1,000	$125	$250
X-Ray	$170	$50	$75
Physician Follow-up Visit (2)	$200	$100	$200
Physical Therapy Visit (4)	$400	$100	$100
MRI Diagnostic Exam	$1,500	$100	$150
Appliance (Crutches)	$50	$125	$250
Medication	$50	$10	$10
Total Paid to Insured	**$13,270**	**$3,060**	**$5,260**

*These claim examples are hypothetical claim scenarios to be used for benefit payment illustration purposes only. Other details of the claim may be needed in order to make a claim determination as well as determine the appropriate benefits to be paid.

Semi-Monthly Deductions	Low Plan	High Plan
Employee	$2.00	$2.92
Employee + Spouse	$3.99	$5.83
Employee + Child(ren)	$4.19	$6.18
Family	$6.18	$9.04

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Cigna Hospital Indemnity

Receive payments to help cover the cost of a hospital stay. If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to add up.

Hospital Indemnity Insurance pays cash benefits directly to you upon hospital admission, including childbirth, regardless of other coverage. You receive an admission benefit plus a daily benefit for each day you are confined to the hospital, with higher payouts for ICU or inpatient rehabilitation stays.

NOTE: The policy/certificate of coverage or its provisions may vary or be unavailable in some states and it has exclusions and limitations which, may affect any benefits payable.

Remember! When you see your primary care physician and get your annual physical, you are eligible to receive your $50 wellness credit through Cigna!

Claims Example: Carly is admitted to the hospital to give birth. She stays in the hospital two days, and her healthy newborn is admitted into the nursery.

	Example Benefit
Hospital Admission	$1,000
Hospital Confinement (2)	$400
Newborn Nursery Care Admission	$250
Total Paid to Insured	**$1,650**

*This scenario does not reflect the benefits of a specific Hospital Indemnity Insurance plan schedule. The benefits are generic benefits for the purpose of this example to show you how the benefit total of a Hospital Indemnity plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule offered to you.

Semi-Monthly Deductions	
Employee	$6.93
Employee + Spouse	$17.67
Employee + Child(ren)	$13.47
Family	$24.20



Cigna Critical Illness

You can protect yourself from the unexpected costs of a serious illness. Critical Illness Insurance pays a full lump sum benefit directly to you if you are diagnosed with a covered illness that meets the plan criteria, regardless of any other insurance coverage you may have.

Remember! When you see your primary care physician and get your annual physical, you are eligible to receive your $50 wellness credit through Cigna!

Covered Illnesses include:

- Heart attack
- Stroke
- Cancer
- Paralysis
- End Stage Renal Failure
- Coronary Artery Bypass Surgery
- Major Organ Transplant

See plan summaries for coverage details. The cost of the benefit will vary depending upon factors such as your age, benefit amount and the dependent coverage you choose.

Semi-Monthly Payroll Deductions												
	$10,000				$20,000				$30,000			
AGE	EE Only	EE + SP	EE + CH	FAMILY	EE Only	EE + SP	EE + CH	FAMILY	EE Only	EE + SP	EE + CH	FAMILY
0-24	$0.81	$2.12	$0.81	$2.12	$1.62	$4.23	$1.62	$4.23	$2.43	$6.35	$2.43	$6.35
25-29	$1.06	$2.61	$1.06	$2.61	$2.11	$5.21	$2.11	$5.21	$3.17	$7.82	$3.17	$7.82
30-34	$1.51	$3.51	$1.51	$3.51	$3.02	$7.02	$3.02	$7.02	$4.53	$10.53	$4.53	$10.53
35-39	$2.19	$4.87	$2.19	$4.87	$4.38	$9.74	$4.38	$9.74	$6.57	$14.61	$6.57	$14.61
40-44	$3.30	$7.09	$3.30	$7.09	$6.59	$14.17	$6.59	$14.17	$9.89	$21.26	$9.89	$21.26
45-49	$4.56	$9.62	$4.56	$9.62	$9.12	$19.23	$9.12	$19.23	$13.68	$28.85	$13.68	$28.85
50-54	$6.79	$14.10	$6.79	$14.10	$13.57	$28.19	$13.57	$28.19	$20.36	$42.29	$20.36	$42.29
55-59	$9.76	$20.06	$9.76	$20.06	$19.52	$40.11	$19.52	$40.11	$29.28	$60.17	$29.28	$60.17
60-64	$14.36	$29.28	$14.36	$29.28	$28.71	$58.55	$28.71	$58.55	$43.07	$87.83	$43.07	$87.83
65-69	$19.68	$39.95	$19.68	$39.95	$39.36	$79.89	$39.36	$79.89	$59.04	$119.84	$59.04	$119.84
70-74	$27.56	$55.73	$27.56	$55.73	$55.12	$111.45	$55.12	$111.45	$82.68	$167.18	$82.68	$167.18
75-79	$27.56	$69.20	$27.56	$69.20	$55.12	$138.40	$55.12	$138.40	$82.68	$207.60	$82.68	$207.60
80-84	$27.56	$69.20	$27.56	$69.20	$55.12	$138.40	$55.12	$138.40	$82.68	$207.60	$82.68	$207.60
85+	$27.56	$69.20	$27.56	$69.20	$55.12	$138.40	$55.12	$138.40	$82.68	$207.60	$82.68	$207.60

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Cancer Advocate Plus

Cancer Advocate Plus, provided by Chubb, goes beyond traditional cancer coverage. It combines proactive genetic screening to assess your cancer risk with access to cancer care resources and a cash benefit paid directly to you if you're ever diagnosed.

	Never Had Cancer	Existing Diagnosis	Diagnosed After Enrolling
Hereditary Cancer Risk Assessment	X	X	X
Genetic Counselor Nurse oncologists explain results and empower you to take control of your health if elevated risk is detected.	X		
Pharmacogenomic Test (PGx): PGx indicates how you will respond to medications and identifies optimal dosages to avoid adverse reactions and medical trial and error.	X	X	X
Oncology Nurse Advocate: Explain diagnosis, advocate on your behalf, and partner with your doctors to act on genetic information.		X	X
Financial Benefit			X
Recurrence Monitoring			X
Clinical Trial Search and Enrollment			X
Genetic Tumor Testing: Molecular diagnostic tests are used to define personalized medicines.			X

Semi-Monthly Payroll Deductions				
	Non-Tobacco		Tobacco	
AGE	EE Only	EE + SP	EE Only	EE + SP
18-25	$13.00	$26.00	$23.27	$46.41
26-30	$13.65	$27.04	$24.31	$48.23
31-35	$15.08	$29.77	$26.78	$53.17
36-40	$16.77	$33.28	$30.03	$59.54
41-45	$19.89	$39.13	$35.49	$69.81
46-50	$22.75	$44.46	$40.04	$78.65
51-55	$27.69	$53.69	$49.14	$95.81
56-60	$32.76	$63.57	$58.50	$113.62
61-65	$40.30	$76.83	$71.11	$136.37
66-70	$46.15	$87.23	$79.95	$152.36
71-75	$50.18	$94.51	$91.00	$171.08
76-80	$61.62	$112.45	$108.29	$198.51
81+	$67.60	$121.94	$119.73	$216.71

Legal Insurance

Life's biggest moments like buying a home, getting married, or becoming a caregiver often come with legal complexity. MetLife legal insurance gives you access to professional legal support, helping you navigate these situations with confidence and without the added stress of high legal costs.

What's Covered		
Money Matters	• Debt Collection Defense • Identity Restoration • Identity Theft Defense • Creditor Negotiation	• Personal Bankruptcy • Promissory Notes • Tax Audit Representation • Tax Collection Defense
Home & Real Estate	• Boundary & Title Disputes • Deeds • Eviction Defense • Foreclosure • Mortgages • Zoning Applications	• Property Tax Assessments • Refinancing Home & Equity Loans • Sale or Purchase of Home • Security Deposit Assistance • Tenant Negotiations
Estate Planning	• Codicils • Complex Wills • Healthcare Proxies • Living Wills	• Powers of Attorney • Revocable & Irrevocable Trusts • Simple Wills
Family & Personal	• Adoption • Affidavits • Conservatorship • Demand Letters • Divorce (20 hours) • Garnishment Defense • Guardianship • Immigration Assistance • School Hearings	• Juvenile Court Defense • Name Change • Parental Responsibility Matters • Personal Property Issues • Prenuptial Agreement • Protection from Domestic Violence • Review of any personal legal document
Civil Lawsuits	• Administrative Hearings • Civil Litigation Defense • Disputes Over Consumer Goods & Services	• Incompetency Defense • Pet Liabilities • Small Claims Assistance
Elder-Care	Consultation & Document Review for Issues Related to Your Parents: • Deeds • Leases	• Medicaid • Medicare • Nursing Home Agreements • Powers of Attorney • Prescription Plans • Wills
Traffic & Other Matters	• Defense of Traffic Tickets • Driving Privileges Restoration	• Habeas Corpus • Repossession

Semi-Monthly Payroll Deduction
$9.75

Additional Features

- Unlimited telephone advice, office consultations, demand letters, and document review for personal legal matters
- 4 additional hours of network attorney services per year for non-covered, non-excluded issues
- Reduced fees for personal injury, probate, and estate administration with network attorneys
- Digital estate planning tools for wills, living wills, POA, and trusts
- Access to 1,700+ self-help legal documents online

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Additional Benefits

We offer a variety of additional benefits that give you options beyond health care and income protection.

Identity Theft

Digital thieves constantly discover new ways to extract your personal information, open credit accounts in your name, sell your sensitive data on the dark web, and take over your financial accounts. We offer comprehensive identity theft insurance through Allstate that monitors multiple gateways to your identity and credit and also alerts you of fraudulent activity.

Protection Services
• Monitoring of credit reports, credit applications, court records and more • Bank account takeover monitoring • Sex offender monitoring • Criminal bookings monitoring • Real time authorization notifications • Change of address monitoring • Child Social Security number monitoring • Full-service identity restoration services • Social Security number trace • Cyber Protection for up to 10 personal devices: ○ Antivirus and malware, webcam and microphone protection, VPN with antitracking, and more

Semi-Monthly Payroll Deduction	
EE Only	$3.25
Family	$6.25

Pet Insurance

Get coverage for every member of the family. With **Pets Best** Pet Insurance, you'll have peace of mind knowing you can get help with some of your pet's medical bills, including treatments, surgeries, lab fees, X-rays, prescriptions, and more.

For cost of coverage and to enroll call 1-888-984-8700 or visit www.petsbest.com/CONGAPET

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Disability

Your ability to bring home a paycheck is a valuable asset. We help you protect it with Disability Income Protection coverage through Lincoln Financial. Disability insurance provides income protection, paying a portion of your salary that you can use to offset out-of-pocket expenses and make up for lost wages.

Short-Term Disability (STD)

STD insurance replaces a portion of your income if an injury or illness forces you out of work for an extended period of time. Conga provides basic STD coverage at no cost to you and enrollment is automatic. After you are out of work for seven days and declared disabled, you will receive 60% of your base earnings for up to a maximum of $2,500 per week.

Long-Term Disability (LTD)

LTD insurance helps protect your finances when your disability continues beyond the period covered by the STD plan. This benefit is also fully paid for by the company and enrollment is automatic. The benefit is equal to 60% of your base monthly earnings to a maximum of $15,000 per month. If approved, benefits begin after 180 days of disability.

Taxable Vs. Non-Taxable

While enrollment in disability coverage is automatic, you do have a choice to make on whether you want taxable or non-taxable coverage. If you do not actively make an election, you will be defaulted into the taxable benefit option.

- **Non-taxable**: you will pay the imputed income only (tax on the value of the premium) now and any benefits you receive would be free of taxes.
- **Taxable**: there will be no cost to you now but, any benefits you receive would be taxable.

What is imputed income?

The IRS requires the cost of the actual premium (not the value of the benefit) to be taxed; this taxable amount is called imputed income. The cost of coverage is included in your taxable wages and reported on your W-2. Imputed income is subject to Social Security and withholding taxes.

When you get paid, ADP adds the amount of premium to your income, applies taxes based on your withholding election, and then backs out the premium so it doesn't change your actual pay. Employees can be covered by employer paid life insurance up to $50,000 on a tax-free basis and do not have to report the premium payment as income.

However, coverage in excess of $50,000 will trigger taxable income for the "economic value" of the coverage provided to you. This is reflected on your paycheck as imputed income.

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Life and AD&D

Always be there financially for your loved ones. Your family depends on your income for a comfortable lifestyle and for the resources necessary to make their dreams a reality. Life Insurance ensures that your family's future is financially secure if you're no longer there to provide for them.

Life and AD&D Benefits are offered through Lincoln Financial Group.

Basic Life and Accidental Death & Dismemberment (AD&D)

Conga provides eligible employees with basic term life and AD&D coverage at no cost to you and enrollment is automatic.

- **Basic Term Life**: The benefit is equal to 2 times your base annual earnings to a maximum of $600,000 or a flat $50,000.
- **AD&D**: The benefit is equal to 2 times your base annual earnings to a maximum of $600,000.

NOTE: New hires will be defaulted into 2x your base annual salary, rounded to the next highest $1,000, unless you elect the flat $50,000 option.

Be sure to name a beneficiary and always keep your beneficiary selection up to date. Life Insurance benefits are paid to the designated person on file.

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Supplemental Life and AD&D

You may also choose to purchase supplemental life insurance coverage in addition to the company-paid benefit. You pay the total cost of this benefit through convenient payroll deductions.

- **Employee:** Increments of $10,000 up to $750,000
  - **Guarantee Issue:** $300,000
- **Spouse / Domestic Partner:** Increments of $5,000 up to $250,000 or 50% of employee coverage
  - **Guarantee Issue:** $25,000
- **Child:** $10,000 or up to 50% of employee coverage
  - **Guarantee Issue:** $10,000

NOTE: Coverage reduces to 50% of original coverage when you reach age 70.

Evidence of insurability (EOI) is required if you choose coverage over the guaranteed issue amounts, when electing coverage after your initial enrollment period, for family status changes, or if you have previously been denied coverage.

Semi-Monthly Premium per $1,000	Supp. Life Employee & Spouse
0-24	$0.02
25-29	$0.02
30-34	$0.03
35-39	$0.04
40-44	$0.05
45-49	$0.08
50-54	$0.12
55-59	$0.21
60-64	$0.33
65-69	$0.55
70-74	$0.91
75+	$1.03

Sup. AD&D per $1,000	
Employee AD&D Rate	$0.02
Family AD&D Rate	$0.02
Child(ren) Supp. Life Rate $1,000	
Life Rate	$0.09

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401(k)

Building a healthy financial future is just as important as taking care of your health needs today. Putting money aside for your future is easy with the 401(k) plan, administered by Fidelity.

Plan Features

- Save from 1% to 90% of your pay on a pre-tax basis through convenient payroll deductions.
- Choose between pre-tax, roth, and after-tax contributions.
- Choose how to invest your contributions among the plan's multiple investment options.
- Conga matches 100% of your first 3% of contributions, up to $4,000 per year with immediate vesting.

Contact Fidelity at 800-354-7120 or www.netbenefits.com.

Eligibility	• Eligibility: Age 21 • Service Eligibility: Immediate
Automatic Enrollment	If you take no action, you'll automatically be enrolled in the 401(k) at a 4% contribution rate after a 30-day notice period, with contributions invested in an age-appropriate target date fund.
Deferral Types	• **Pre-tax Contributions:** The money goes into your account before taxes are deducted, you keep more of your take-home pay. Then, you'll owe taxes on both your contributions and any investment earnings when you withdraw your money in retirement (when you may be in a lower income tax bracket). • **Roth Contributions:** The money goes into your account after taxes are withheld. Roth contributions and any earnings grow tax-free. Upon withdrawal, you will not pay income tax on contributions or earnings, provided you have reached 59 1/2 and made your first Roth contribution at least five years prior to withdrawal. • **After-tax Contributions:** Allow you to save above and beyond the standard IRS limits inside the Conga 401(k) plan. Like Roth, contributions are made into your account post-tax. Contributions and earnings grow tax-free. You will not owe taxes on a withdrawal of traditional after-tax contributions. However, unlike Roth contributions, you will owe income taxes on any earnings at the time of your withdrawal.
Deferral Limits	The projected 2027 limit is $25,500, plus catch-up limit for ages 50+. Notify payroll of your YTD contributions with your prior employer. It is your responsibility to ensure you do not exceed the IRS limit.
Employer Match	The company will match 100% of employee contributions, up to 3% of eligible employee compensation (max $4,000).
Loans	50% of account balance, up to $50,000 maximum.

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Time Away From Work

Your time away from work matters. Conga offers a variety of time off programs to help you rest, recharge, and attend to life's important moments.

Flexible Time Off (FTO)

Under FTO, you can take off the time you need without needing to accrue hours. Time can be taken as needed with manager approval; all time must be recorded and approved in Workday.

Holidays

We also observe 14 paid holidays, you can view the current list of observed holidays on Conga Beat.

Bereavement

Grief is life-changing and requires a period of healing. We want to ensure you have the support you need to care for yourself and your loved ones during such a time.

Bereavement Leave for Immediate Family Members	
Spouses, domestic partner, child, parent, legal guardian, siblings, parents-in-law, grandchildren, grandparents, children-in-law, siblings-in-law & miscarriage.	Up to 10 paid business days
Bereavement Leave for Non-immediate Family	
Aunts, uncles, cousins, etc.	Up to 5 paid business days
Bereavement Leave for Non-family Members	
Friends, friends' parents, etc.	Up to 2 paid business days
Bereavement Leave for Pets	
The loss of a pet can be devastating, and we support time to mourn furry friends.	Up to 2 paid business days

Leaves of Absence

Conga recognizes that circumstances occur from time to time that may require you to take time away from work. A Leave of Absence (LOA) may be an option offered to eligible colleagues unable to work for 5 or more days due to a non-vacation event. If you need to take time away from work intermittently for a non-vacation reason, you may qualify for a leave. You can find more information about the types of leave available here.

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Carrot Fertility

Meet Carrot, your fertility and family forming benefit. Carrot makes it easy to access fertility care, from basic checkups to egg freezing and in-vitro fertilization (IVF) to adoption and gestational carriers. There's no need to have an infertility diagnosis to qualify, opening doors for individuals, LGBTQ+ couples, and anyone interested in building a family now or in the future.

- Through Carrot, Conga will reimburse 100% of fertility care (for you and your family) up to $15,000.
- All full-time employees are eligible for coverage, regardless of medical plan enrollment.
- For members enrolled in a high-deductible health plan (HDHP), there is a separate Carrot plan deductible to comply with IRS regulations. Carrot will track your out-of-pocket expenses to coordinate with the deductible and to ensure medically necessary services are not paid until the deductible is met. For 2027, the individual deductible is $1,750 and the annual family deductible is $3,500. The deductibles reset each year on January 1st.

Getting Started

1. Sign Up - Visit get-carrot.com/signup and enter your work email address. From there, you can activate your fertility benefits.
2. Chat with a Carrot expert - You'll have direct access to Carrot's fertility experts, whether you're looking for an exploratory conversation or mid-treatment support.
3. Find a clinic or agency - Carrot finds the best clinic or agency for you, with no need to ask if they're in-network. You'll get customized recommendations based on your location, transportation needs, and more.
4. Get reimbursed - Conga reimburses 100% up to $15,000 per lifetime, for employees who utilize a family forming service - and to protect your privacy, Carrot handles the reimbursement for you.

Questions? Your dedicated Carrot Care Team is here to answer your questions, help get you started, and support you along your personal path to parenthood. Get in touch at support@get-carrot.com for help.

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Wellbeing

Your wellbeing extends beyond medical coverage. The company offers a range of programs to support you across all pillars of wellness, from financial benefits and mental health resources to access to a digital fitness platform and more.

Employee Assistance Program (EAP)

Balancing the demands of work, family, and personal needs can be challenging, especially during uncertain times. Conga knows how important it is to have support when you need it most. Our EAP is available at no cost to you and your family members and provides confidential counseling and resources to help you with concerns such as:

- Anxiety and depression
- Grief and loss
- Substance abuse
- Financial and legal concerns
- Relationship and family matters and more

To access the EAP, call 1-866-248-4096 or visit liveandworkwell.com
Access code: conga

Wellness Coach

Wellness Coach is an all-encompassing digital wellness platform that provides real coaching and tools for mental, physical, social and financial wellbeing.

To get started, visit wellnesscoach.live and use your company email.

BenefitHub

BenefitHub is a discount marketplace where you can find deals on a diverse range of products, experiences, and services.

To start saving visit congaperks.benefithub.com
Access Code: OLIR3K

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Contact	Support Area	Group Number / Access Code	Phone Number / E-mail
Cigna	• Medical • Dental • Critical Illness • Accident • Hospital Indemnity	3345887	1-800-244-6224
Kaiser S. California	Medical	604468	1-800-464-4000
Kaiser N. California	Medical	237209	1-800-464-4000
Kaiser Colorado	Medical	47104	1-800-632-9700
Kaiser Georgia	Medical	10818	1-800-611-1811
Kaiser Mid-Atlantic	Medical	35291	1-800-777-7904
Kaiser Northwest	Medical	28984	1-800-813-2000
VSP	Vision	30087587	1-800-877-7195
Rightway	Benefit Advocacy		1-305-851-7310
Inspira Financial	• FSA • HSA COBRA		1-844-729-3539
Lincoln Financial	• Leave Requests • Disability Claims • Life Claims	**Group #:** 09-LF0584 **Access Code**: CONGA	1-888-408-7300
Chubb	• Cancer Benefit		1-866-445-8874
MetLife	Legal Insurance		1-800-821-6400
Fidelity	401(k)	13513	1-800-354-7120
Allstate	ID Theft		1-800-789-2720
Pets Best	Pet Insurance	CONGAPET	
Optum	EAP	conga	
Carrot	Fertility		support@get-carrot.com

Internal Contacts	
Conga Benefits	benefits@conga.com
Conga HR	hr@conga.com
Conga Payroll	pr@conga.com
Conga Expenses	Conga_Travel_Expenses_Team@conga.com

ABOUT THIS GUIDE: This guide highlights all employee benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual summary plan description (SPD), plan document, or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

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About This Guide

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual summary plan descriptions (SPDs), plan document, or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail. Conga reserves the right to make changes at any time to the benefits, costs, and other provisions relative to benefits.

Reminder of Availability of Privacy Notice

This is to remind plan participants and beneficiaries of the Conga Health and Welfare Plan (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and discloses protected health information (PHI). To the extent protected by law, participants' substance use disorder treatment records held by the Plan(s) cannot be used to investigate or prosecute the patient without written patient consent or a court order after you are presented with notice and an opportunity to be heard as provided for in 42 C.F.R. Part 2. You can provide a single consent for all future uses and disclosures of such records for purposes of treatment, payment, and health care operations that does not permit use for civil, criminal, administrative, or legislative proceedings. You can obtain a copy of the Conga Health and Welfare Plan Privacy Notice upon your written request to the Human Resources Department, at the following address. If you have any questions, please contact the Conga Human Resources team at (303) 465-1616.

Conga, Human Resources
3200 Kirby Dr., Suite 500
Houston, TX 77098

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. If you would like more information on WHCRA benefits, call your plan administrator, (303) 465-1616.

Newborns' and Mothers' Health Protection Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted, and you will continue to pay the same amount as if you were not absent. If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may

also have the opportunity to elect COBRA coverage. Contact benefits@conga.com for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service connected illnesses or injuries, as applicable.

MEDICARE PART D NOTICE OF CREDITABLE COVERAGE

Your Options

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Conga 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. Conga has determined that the prescription drug coverage offered by the Conga Medical Plan through Cigna and Kaiser 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 through 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 Conga coverage will not be affected. 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 Conga and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage:

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Conga 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 for personalized help, See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number, 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: 1-800-772-1213 (TTY: 1-800-325-0778) **Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**
Date: October 2026
Name of Entity/Sender: Conga, Human Resources 3200 Kirby Dr., Suite 500 Houston, TX 77098, (303) 465-1616.

YOUR ERISA RIGHTS

As a participant in the Conga benefit plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended. ERISA provides that all plan participants shall be entitled to receive information about their plan and benefits, continue group health plan coverage, and enforce their rights. ERISA also requires that plan fiduciaries act in a prudent manner.

Receive Information About Your Plan and Benefits You are entitled to:

- Examine, without charge, at the plan administrator's office, all plan documents—including pertinent insurance contracts, trust agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration;
- Obtain, upon written request to the plan's administrator, copies of documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series), and updated summary plan description. The administrator may make a reasonable charge for the copies.
- Receive a summary report of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this Summary Annual Report.

Continued Group Health Plan Coverage

You are entitled to:

- Continued health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this summary plan description governing the plan on the rules governing your COBRA continuation coverage rights.
- Reduce or eliminate exclusionary periods of coverage for pre-existing conditions under your group health plan, if you have creditable coverage from another plan. You should be provided a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when:
  - You lose coverage under the plan;
  - You become entitled to elect COBRA continuation coverage;
  - You request it up to 24 months after losing coverage.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plans. The people who operate your plans are called "fiduciaries," and they have a duty to act prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to:

- Know why this was done;
- Obtain copies of documents relating to the decision without charge; and
- Appeal any denial.

All of these actions must occur within certain time schedules. Under ERISA, there are steps you can take to enforce your rights. For instance, you may file suit in a federal court if:

- You request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator;
- You have followed all the procedures for filing and appealing a claim (as outlined earlier in this summary) and your claim for benefits is denied or ignored, in whole or in part. You may also file suit in a state court.
- You disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order; or
- The plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights. You may also seek assistance from the U.S. Department of Labor.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees. This should occur if the court finds your claim frivolous.

Assistance With Your Questions

If you have questions about how your plan works, contact the Human Resources Department. If you have any questions about this statement or your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office listed on EBSA's website: https://www.dol.gov/agencies/ebsa/aboutebsa/about-us/regional-offices, or you may write to the:
Division of Technical Assistance and Inquiries Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the Employee and Employer Hotline of the Employee Benefits Security Administration at: 1-866-444-3272. You may also visit the EBSA's website on the Internet at: https://www.dol.gov/agencies/ebsa.

CONTINUATION COVERAGE RIGHTS UNDER COBRA

Introduction You are receiving this notice because you have recently become covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace (www.healthcare.gov). By enrolling in coverage through the Marketplace, you may qualify for lower cost on your monthly premiums and lower out-of-pocket costs.

Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What Is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage. If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happen:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

When Is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility or coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Conga Human Resources or COBRA Administrator.

How Is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. Any qualified beneficiary who does not elect COBRA within the 60-day election period specified in the election notice will lose his or her right to elect COBRA.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a

total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

CONTINUATION COVERAGE RIGHTS UNDER COBRA

Disability Extension of 18-Month Period of Continuation Coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. The disability extension is available only if you notify the Plan Administrator in writing of the Social Security Administration's determination of disability within 60 days after the latest of the date of the Social Security Administration's disability determination; the date of the covered employee's termination of employment or reduction in hours; and the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination or reduction in hours. You must also provide this notice within 18 months after the covered employee's termination or reduction in hours in order to be entitled to this extension.

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Other Coverage Options

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of

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the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage. If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information visit https://www.medicare.gov/medicare-andyou.

If You Have Questions

Questions concerning your Plan, or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at https://www.dol.gov/agencies/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information visit https://www.medicare.gov/medicare-andyou. Keep Your Plan Informed of Address Changes In order to protect your family's rights, you should keep the Plan Administratorinformed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator. Plan Contact Information For further information regarding the plan and COBRA continuation, please contact: Conga, Human Resources, Address: 3200 Kirby Dr., Suite 500 Houston, TX 77098, (303) 465-1616.

Summaries of Benefits and Coverage (SBCs)

As required by the Affordable Care Act, Summaries of Benefits and Coverage (SBCs) are available on the Conga website at https://mybenefits.conga.com/. If you would like a paper copy of the SBCs (free of charge), you may also call Conga benefits department at (303) 465-1616. Conga is required to make SBCs available that summarize important information about health benefit plan options in a standard format, to help you compare across plans and make an informed choice. The health benefits available to you provide important protection for you and your family and choosing a health benefit option is an important decision.

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 enroll yourself and your dependents in the Conga group health plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). 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 the Conga benefits department at (303) 465-1616.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272)

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility.

1. ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447
2. ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
3. ARKANSAS – Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
4. CALIFORNIA – Medicaid Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
5. COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service:1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/HIBI Customer Service: 1-855-692-6442
6. FLORIDA – Medicaid Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplreco very.com/hipp/index.html
Phone: 1-877-357-3268
7. GEORGIA – Medicaid GA HIPP Website: https://medicaid.georgia.gov/healthinsurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: 678-564-1162, Press 2
8. INDIANA – Medicaid Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
9. IOWA – Medicaid and CHIP (Hawki) Medicaid Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid Phone: 1-800-338-8366
Hawki Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki
Hawki Phone: 1-800-257-8563
HIPP Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp
HIPP Phone: 1-888-346-9562
10. KANSAS – Medicaid Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660
11. KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.as px
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
12. LOUISIANA – Medicaid Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
13. MAINE – Medicaid Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?languag e=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740
TTY: Maine relay 711
14. MASSACHUSETTS – Medicaid and CHIP Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 711 Email: masspremassistance@accenture.com
15.MINNESOTA – Medicaid Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672
16. MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
17. MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov
18.NEBRASKA – Medicaid Website:
http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178
19. NEVADA – Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
20. NEW HAMPSHIRE – Medicaid Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
21. NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medi caid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)
22. NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
23. NORTH CAROLINA – Medicaid Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100
24. NORTH DAKOTA – Medicaid Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
25. OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742
26. OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
27. PENNSYLVANIA – Medicaid and CHIP Website: https://www.pa.gov/en/services/dhs/apply-formedicaid-health-insurance-premium-payment-program hipp.html Phone: 1-800-692-7462
CHIP Website: https://www.pa.gov/en/agencies/dhs/resources/chip.html CHIP Phone: 1-800-986-KIDS (5437)
28. RHODE ISLAND – Medicaid and CHIP Website: http://www.eohhs.ri.gov/