Life@

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220 Emerald Avenue
Fort Pierce, FL 34945

Benefits Elections as of: 2/23/2026

Your 2026 Confirmation Statement

Please review your confirmation statement carefully. This statement confirms your current benefit elections and per pay period costs, dependent information, and beneficiary information. Please keep this statement for your records. If you have any questions, visit the Life@ Enrollment Site and chat with a Life@ Service Center Representative by typing “Live Chat” in the chat window or call 1-877-777-0349, Mon-Fri, 5am-7pm Pacific time.

ID Cards: You can access your ID Cards electronically within 3 - 5 business days through most carrier websites. Details about how to register for each carrier site can be found on the People Portal under Medical, Dental, and Vision.

HEALTH

Benefit	Coverage	Pre-tax Cost	Post-tax Cost	Meta Cost	Imputed Income
Medical	HDHP (In and Out of Network) + HSA, Employee & Family	$155.08	$0.00	$1266.48	$0.00
Dental	Delta Dental Plan 2000, Employee & Family	$18.92	$0.00	$44.46	$0.00
Vision	VSP Vision 300, Employee & Family	$20.63	$0.00	$29.65	$0.00
Lyra Mental Health	Enrolled	$0.00	$0.00	$23.02	$0.00

PRE-TAX ACCOUNTS

Benefit	Coverage	Pre-tax Cost	Post-tax Cost	Meta Cost	Imputed Income
Health Savings Account Meta HSA Contribution: $1500.00	Enrolled, Annual Amount: $7,250	$278.84	$0.00	$0.00	$0.00
Limited Purpose Flexible Spending Account (LPFSA)	Not Enrolled	$0.00	$0.00	$0.00	$0.00
Dependent Care Flexible Spending Account (DCFSA)	Enrolled, Annual Amount: $7,500	$288.46	$0.00	$0.00	$0.00

INCOME PROTECTION

Benefit	Coverage	Pre-tax Cost	Post-tax Cost	Meta Cost	Imputed Income
Family Assistance Benefit	Enrolled - $35,000	$0.00	$0.00	$0.00	$0.00
Survivor Income Benefit	Enrolled	$0.00	$0.00	$8.26	$0.00
Basic Accidental Death & Dismemberment (AD&D)	3x Salary - $623,000	$0.00	$0.00	$3.45	$0.00
Basic Life Insurance	3x Salary - $623,000	$0.00	$0.00	$6.61	$23.80
Supplemental Life Insurance	Not Enrolled	$0.00	$0.00	$0.00	$0.00
Supplemental Spouse/Domestic Partner Life Insurance	Not Enrolled	$0.00	$0.00	$0.00	$0.00

Supplemental Child Life Insurance	Not Enrolled	$0.00	$0.00	$0.00	$0.00
Long-Term Disability (LTD)	Employee Pays Taxes on Benefit	$0.00	$0.00	$15.72	$0.00
Short Term Disability	Enrolled	$0.00	$0.00	$0.00	$0.00

FINANCIAL SUPPORT

Benefit	Coverage	Pre-tax Cost	Post-tax Cost	Meta Cost	Imputed Income
Legal Plans	Enhanced Legal Plus Parents	$0.00	$10.22	$0.00	$0.00

Total Pending Cost Per Pay Period	**$761.93**	**$10.22**	**$1397.65**	**$23.80**

Dependent Summary

Review the dependent(s) on file for you. Please make sure this information is correct. If you need to make changes, visit the Life@ Enrollment Site. If you need additional help, chat with a Life@ Service Center Representative by typing "Live Chat" in the chat window or call 1-877-777-0349. Phone and chat agents are available Monday – Friday from 5am – 7pm Pacific time.

Name	Relationship	Birth Date	2026 Coverage		
			Medical	Dental	Vision
ALICIA REYNA	Spouse	12/27/1983	Y	Y	Y
ELIAS REYNA	Child	4/12/2018	Y	Y	Y
GRACE REYNA	Child	6/30/2021	Y	Y	Y

Beneficiary Summary

Review the beneficiaries on file for you. Please make sure this information is correct. If you need to make changes, visit the Life@ Enrollment Site. If you need additional help, chat with a Life@ Service Center Representative by typing "Live Chat" in the chat window or call 1-877-777-0349. Phone and chat agents are available Monday – Friday from 5am – 7pm Pacific time.

If you choose to select a minor child as a beneficiary, the plan won't pay funds directly to minors and benefits will instead be paid to the minor's financial guardian. If you haven't created a trust or financial guardian arrangements, this may result in potential delays and additional costs. For further information, please contact an estate attorney or utilize the Estate Planning benefit, if enrolled.

The Basic Life Insurance beneficiary designations will also be used for any unvested Restricted Stock Units (RSUs).

Beneficiary Name Relationship	Basic Life & AD&D		Supplemental Life		Family Assistance		Survivor Income	
	P	C	P	C	P	C	P	C
ALICIA REYNA Spouse	100%				100%		100%	
ELIAS REYNA Child		50%				100%		50%
GRACE REYNA Child		50%						50%

Important Information

Please note the Imputed Income column is the value of any benefit or service that should be considered income for the purposes of calculating your income taxes. Please visit the Taxable Benefits page on the People Portal to view which benefits may be considered taxable income.

If your address is incorrect, please update it in Workday. It can take up to 24 hours for updates to be reflected.