Larkfield Instruments, Inc.

Total Rewards · Benefits Service Center · 900 Halvorsen Parkway, Weatherstone, ST 47110
1-888-555-0164 (Mon–Fri, 7:00 a.m.–7:00 p.m. Central) · benefits@larkfield.example
Enroll at larkfield.example/benefits

OPEN ENROLLMENT COMPARISON

Plan year
January 1 – December 31, 2028
Open enrollment
October 18 – November 5, 2027
Elections close
November 5, 2027 at 11:59 p.m. Central
Guide
LI-OE-2028, published October 4, 2027

Compare Plans Before You Enroll

Three medical plans, contributions for 24 semi-monthly pay periods, and the election steps

THIS IS AN ACTIVE ENROLLMENT YEAR

If you make no election by November 5, 2027 at 11:59 p.m. Central, your medical, dental, and vision coverage continues at your current plan and tier — but your health FSA and HSA payroll elections do not carry over and will be set to zero for 2028.

PLANS OFFERED **Core PPO 2000 · Value HDHP 3200 · Select EPO 1000**	PAY PERIODS **24 semi-monthly pay periods**	CONTRIBUTIONS **Pre-tax under the cafeteria plan**	COVERAGE EFFECTIVE **January 1, 2028**
DEPENDENT VERIFICATION **Due within 30 days of adding a dependent**	SPD REFERENCE **Sections 6 and 7 of LI-SPD-2028**	BENEFITS FAIRS **October 20 and October 27, 2027, Building C atrium**	QUESTIONS **1-888-555-0164**

1. PLAN DESIGN SIDE BY SIDE

FEATURE	CORE PPO 2000	VALUE HDHP 3200	SELECT EPO 1000
Plan type	Preferred provider organization	High deductible health plan, HSA-qualified	Exclusive provider organization
Network	Meridian Open Access, national	Meridian Open Access, national	Weatherstone Select, regional
Out-of-network coverage	Yes, at 40% coinsurance after a separate deductible	Yes, at 40% coinsurance after a separate deductible	Emergency care only
Annual deductible, individual	$2,000	$3,200	$1,000
Annual deductible, family	$4,000	$6,400 (aggregate)	$2,000
Coinsurance after deductible	You pay 20%	You pay 10%	You pay 20%
Out-of-pocket maximum, individual	$6,500	$6,400	$4,500
Out-of-pocket maximum, family	$13,000	$12,800	$9,000
Preventive care, in network	Covered at 100%	Covered at 100%	Covered at 100%
Primary care visit	$30 copay	Deductible, then 10%	$20 copay
Specialist visit	$60 copay	Deductible, then 10%	$45 copay
Urgent care	$75 copay	Deductible, then 10%	$60 copay
Emergency room	$400 copay, then 20%	Deductible, then 10%	$350 copay, then 20%
Inpatient hospital	Deductible, then 20%	Deductible, then 10%	Deductible, then 20%
Prescription, tier 1 / 2 / 3	$10 / $40 / $75	Deductible, then 10% for all tiers	$8 / $35 / $65
Prescription, specialty	25% to $250 per fill	Deductible, then 10%	25% to $200 per fill
Referral required to see a specialist	No	No	Yes, from the designated primary care provider
HSA eligible	No	Yes	No
Health FSA allowed	Yes	No — limited-purpose FSA only	Yes
Employer account contribution	None	$750.00 self-only / $1,500.00 family	None

All amounts are in-network unless stated otherwise. The Value HDHP 3200 family deductible is aggregate, which means the full family deductible must be met before the plan pays coinsurance for any covered family member. The Core PPO 2000 and Select EPO 1000 family deductibles are embedded, with an individual limit of half the family amount.

2. WHAT YOU AND LARKFIELD PAY EACH PAY PERIOD

PLAN	COVERAGE TIER	YOUR COST PER PAY PERIOD	YOUR COST PER YEAR	LARKFIELD PAYS PER PAY PERIOD	LARKFIELD PAYS PER YEAR
Core PPO 2000	Employee only	$68.50	$1,644.00	$236.00	$5,664.00
Core PPO 2000	Employee + spouse	$154.00	$3,696.00	$402.50	$9,660.00
Core PPO 2000	Employee + child(ren)	$138.25	$3,318.00	$369.75	$8,874.00
Core PPO 2000	Family	$226.75	$5,442.00	$588.25	$14,118.00
Value HDHP 3200	Employee only	$31.25	$750.00	$248.00	$5,952.00
Value HDHP 3200	Employee + spouse	$82.50	$1,980.00	$424.00	$10,176.00
Value HDHP 3200	Employee + child(ren)	$74.00	$1,776.00	$389.50	$9,348.00
Value HDHP 3200	Family	$128.40	$3,081.60	$620.10	$14,882.40
Select EPO 1000	Employee only	$112.75	$2,706.00	$212.25	$5,094.00
Select EPO 1000	Employee + spouse	$248.50	$5,964.00	$361.00	$8,664.00
Select EPO 1000	Employee + child(ren)	$223.00	$5,352.00	$332.00	$7,968.00
Select EPO 1000	Family	$366.25	$8,790.00	$528.75	$12,690.00

Contributions are deducted over 24 semi-monthly pay periods beginning with the pay date of January 15, 2028. Annual figures are the per-pay-period amount multiplied by 24. Dental and vision contributions are separate and are shown on the enrollment screen. A mid-year tier change recalculates the remaining pay periods only; it is not retroactive to January.

3. THREE FICTIONAL COST SCENARIOS FOR A SINGLE EMPLOYEE

SCENARIO FOR ONE COVERED EMPLOYEE, EMPLOYEE-ONLY TIER	CORE PPO 2000 · ANNUAL CONTRIBUTION + OUT OF POCKET	VALUE HDHP 3200 · ANNUAL CONTRIBUTION + OUT OF POCKET – EMPLOYER SEED	SELECT EPO 1000 · ANNUAL CONTRIBUTION + OUT OF POCKET
Low use: preventive visits only, 2 tier-1 prescriptions	$1,644 + $240 = $1,884	$750 – $750 employer seed = $0 net + $96 = $96	$2,706 + $192 = $2,898
Moderate use: 6 office visits, 1 imaging study, 4 tier-2 prescriptions	$1,644 + $1,214 = $2,858	$750 + $1,930 – $750 = $1,930	$2,706 + $918 = $3,624
High use: outpatient surgery and follow-up care, deductible and maximum reached	$1,644 + $6,500 = $8,144	$750 + $6,400 – $750 = $6,400	$2,706 + $4,500 = $7,206

These scenarios are arithmetic illustrations built from the figures in Sections 1 and 2 of this guide. They are not predictions, they exclude dental and vision, they ignore the tax effect of pre-tax contributions and HSA contributions, and they assume every service is in network. Your actual cost depends on the care you receive and on the governing plan documents.

4. QUESTIONS THAT CHANGE THE ANSWER

- Does everyone you cover use in-network providers? The Select EPO 1000 covers out-of-network care only in an emergency.
- Do you have a prescription that is not on the tier 1 or tier 2 list? Check the drug list before you choose.
- Can you fund the Value HDHP 3200 deductible from savings or from the HSA in January, before the account has built a balance?
- Is a spouse offered coverage elsewhere? Larkfield applies a $60.00 per pay period spousal surcharge when a spouse declines other available employer coverage.
- Are you enrolling a dependent for the first time? Verification documents are due within 30 days or the dependent is removed.
- Will you turn 55 during 2028? The HSA catch-up contribution of $1,000 becomes available to you.

5. WHAT IS NOT CHANGING FOR 2028

ITEM	2027	2028
Plans offered	Same three	Same three
Network for PPO and HDHP	Meridian Open Access	Meridian Open Access
Dental carrier	Copperline Dental	Copperline Dental
Vision carrier	Weatherstone Vision	Weatherstone Vision
Pay periods	24	24
Spousal surcharge	$60.00	$60.00
Tobacco surcharge	None	None

Contribution amounts and the Value HDHP 3200 deductible did change for 2028. Compare Section 2 against your current deduction before assuming your paycheck stays the same.

6. HOW TO ENROLL

1. Log in to larkfield.example/benefits with your network credentials and the one-time passcode sent to your phone on file
2. Review the pre-populated list of covered dependents and correct anything that is wrong before you elect
3. Elect a medical plan and a coverage tier, or actively waive medical coverage
4. Elect dental and vision, which are separate elections with their own contributions
5. Elect your account: an HSA contribution if you chose Value HDHP 3200, or a health FSA election if you chose Core PPO 2000 or Select EPO 1000
6. Review the per-pay-period total shown on the confirmation screen and compare it to Section 2 of this guide
7. Submit, then download and keep the confirmation statement with its confirmation number
8. Upload dependent verification documents within 30 days if you added a dependent

You may change your elections as many times as you like until November 5, 2027 at 11:59 p.m. Central. The last submitted confirmation is the election of record. After that moment, a change requires a qualifying life event under SPD Section 5.3.

Check your first paycheck: Keep your confirmation statement. If your January 15, 2028 paycheck does not match the confirmation, call the Benefits Service Center within 30 days at 1-888-555-0164. Payroll corrections after 30 days are limited by SPD Section 6.

Which document controls: This document is a plain-language aid. If anything in it — or in an enrollment screen, a cost modeling tool, a benefits fair handout, a recorded webinar, or a verbal statement by any employee — conflicts with the official plan document, the insurance contract, or the trust agreement for the Larkfield Instruments, Inc. Group Health and Welfare Plan, the official governing plan documents control in all cases. No statement here creates a right to a benefit that the governing plan documents do not provide.