

2026

Benefits at a Glance



Welcome to the TTI Family of Specialists

At TTI, we value every employee and their contributions to our success. Because you work hard to make sure our Family of Specialists exceeds customer expectations, our benefits package is designed with your health and well-being in mind.

We know our employees are diverse, with varying needs, which is why TTI, Inc. offers an array of benefits for employees to choose from. Employees working 30 hours or more per week are considered full-time and are benefits eligible.

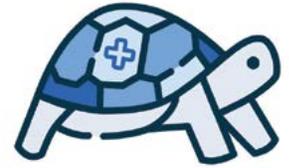
This brochure gives an overview of the benefit choices that can meet your needs in 2026. Review these options carefully and discuss with your family to ensure you choose the right coverages for you.

We have provided a detailed list of contacts in the Human Resources department. Please reach out to them with any questions.



Medical Benefits

- Medical coverage is administered by Blue Cross Blue Shield of Texas (BCBSTX).
- You can choose between the Blue Choice HSA, the Blue HPN HSA or the Blue Choice PPO plan.
- For the Blue Choice HSA plan and Blue Choice PPO plan, all out-of-network services are subject to reasonable and customary (R&C) limitations.
- There is no out-of-network coverage for the Blue HPN HSA plan.
- All medical plan options are available to all eligible employees in the United States, but some ZIP code areas will not be considered in-network for the Blue HPN HSA plan.
- With the Blue Choice HSA and Blue HPN HSA plans, you are eligible for a health savings account (HSA). With the Blue Choice PPO plan, you are eligible for the healthcare flexible spending account (FSA).



	Blue Choice HSA		Blue HPN HSA	Blue Choice PPO	
	In-Network	Out-of-Network	In-Network Only	In-Network	Out-of-Network
Network	Blue Choice		Blue HPN	Blue Choice	
Calendar Year Deductible	\$1,700 individual \$3,400 family	\$3,400 individual \$6,800 family	\$1,700 individual \$3,400 family	\$2,500 individual \$5,000 family	\$5,000 individual \$10,000 family
Calendar Year Out-of-Pocket Maximum (Includes Deductible)	\$5,800 individual \$8,750 family	\$10,000 individual \$20,000 family	\$5,800 individual \$8,750 family	\$7,000 individual \$14,000 family	\$14,000 individual \$28,000 family
Coinsurance	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 25% after deductible	You pay 50% after deductible
Preventive Care Visit	100% covered	Not covered	100% covered	100% covered	Not covered
Primary Care Visit	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	\$25 copay	You pay 50% after deductible
Specialist Visit	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	\$50 copay	You pay 50% after deductible
Outpatient/Inpatient Services	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 25% after deductible	You pay 50% after deductible
Urgent Care	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	\$50 copay	You pay 50% after deductible
Emergency Room	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	\$500 copay (waived if admitted) + 25% after deductible	
Hospital MRI and CT Scan	You pay 40% after deductible	You pay 40% after deductible	You pay 40% after deductible	You pay 50% after deductible	You pay 50% after deductible
Free-Standing Facility MRI and CT	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 25% after deductible	You pay 50% after deductible

2026 Biweekly Medical Premium Contributions

Your pretax biweekly premium contributions* are based on the plan you elect and your previous year's annual earnings. If you and your covered spouse completed an annual physical between October 1, 2025, and September 30, 2026, you are eligible for a premium discount in 2027. As a new hire or new enrollee, you will pay the "Premium Discount" rates for 2026. New hires and new enrollees in 2026 will need to complete the preventive physical with lab work by September 30, 2026 to receive the premium discount in 2027.

Blue Choice HSA			
	Premium Discount: Employee and Covered Spouse Completed Annual Physical	Partial Premium Discount: Employee or Covered Spouse Completed Annual Physical	No Premium Discount: Employee and Covered Spouse Did Not Complete Annual Physical
Earnings Under \$55,000			
Employee Only	\$69.30	\$69.30	\$94.30
Employee + Spouse	\$149.10	\$174.10	\$199.10
Employee + Child(ren)	\$129.15	\$129.15	\$154.15
Employee + Family	\$193.20	\$218.20	\$243.20
Earnings \$55,000 to \$104,999			
Employee Only	\$102.90	\$102.90	\$127.90
Employee + Spouse	\$224.70	\$249.70	\$274.70
Employee + Child(ren)	\$194.25	\$194.25	\$219.25
Employee + Family	\$316.05	\$341.05	\$366.05
Earnings \$105,000+			
Employee Only	\$110.25	\$110.25	\$135.25
Employee + Spouse	\$238.35	\$263.35	\$288.35
Employee + Child(ren)	\$200.55	\$200.55	\$225.55
Employee + Family	\$331.80	\$356.80	\$381.80

***Tobacco Surcharge:** An additional \$23.08 per paycheck will be applied to the above premium contributions if the employee or spouse is a tobacco/nicotine user or fails to certify tobacco status during open enrollment.

Working Spouse Surcharge: An additional \$23.08 per paycheck will be applied to the above premium contributions if you cover a spouse who has access to medical coverage through his/her employer.

Tobacco Surcharge

Employees and covered spouses who are regular tobacco/nicotine users will pay \$23.08 per paycheck or \$600 per year, per tobacco user – \$1,200 per year if both are tobacco/nicotine users. A tobacco surcharge applies to any employee and/or spouse who consumes any type of tobacco or nicotine products on a regular basis, including dipping or chewing tobacco and vapes. To avoid the surcharge, you must certify that you are not a tobacco user when you enroll or complete a tobacco cessation program and submit your certificate to the Company.

Get an Annual Physical for a Premium Discount in 2027

If you and your covered spouse complete an annual physical between October 1, 2025 and September 30, 2026, you will be eligible for a premium discount in 2027! If you are hired or elect medical coverage after October 2026, you will not need to complete your physical until 2027.

2026 Biweekly Medical Premium Contributions

Blue HPN HSA			
	Premium Discount: Employee and Covered Spouse Completed Annual Physical	Partial Premium Discount: Employee or Covered Spouse Completed Annual Physical	No Premium Discount: Employee and Covered Spouse Did Not Complete Annual Physical
Earnings Under \$55,000			
Employee Only	\$50.40	\$50.40	\$75.40
Employee + Spouse	\$112.35	\$137.35	\$162.35
Employee + Child(ren)	\$96.60	\$96.90	\$121.60
Employee + Family	\$145.95	\$170.95	\$195.95
Earnings \$55,000 to \$104,999			
Employee Only	\$77.70	\$77.70	\$102.70
Employee + Spouse	\$172.20	\$197.20	\$222.20
Employee + Child(ren)	\$145.95	\$145.95	\$170.95
Employee + Family	\$240.45	\$265.45	\$290.45
Earnings \$105,000+			
Employee Only	\$82.95	\$82.95	\$107.95
Employee + Spouse	\$181.65	\$206.65	\$231.65
Employee + Child(ren)	\$154.35	\$154.35	\$179.35
Employee + Family	\$254.10	\$279.10	\$304.10

Blue Choice PPO			
	Premium Discount: Employee and Covered Spouse Completed Annual Physical	Partial Premium Discount: Employee or Covered Spouse Completed Annual Physical	No Premium Discount: Employee and Covered Spouse Did Not Complete Annual Physical
Earnings Under \$55,000			
Employee Only	\$50.40	\$50.40	\$75.40
Employee + Spouse	\$112.35	\$137.35	\$162.35
Employee + Child(ren)	\$96.60	\$96.90	\$121.60
Employee + Family	\$145.95	\$170.95	\$195.95
Earnings \$55,000 to \$104,999			
Employee Only	\$77.70	\$77.40	\$102.70
Employee + Spouse	\$172.20	\$197.20	\$222.20
Employee + Child(ren)	\$145.95	\$145.95	\$170.95
Employee + Family	\$240.45	\$265.45	\$290.45
Earnings \$105,000+			
Employee Only	\$82.95	\$82.95	\$107.95
Employee + Spouse	\$181.65	\$206.65	\$231.65
Employee + Child(ren)	\$154.35	\$154.35	\$179.35
Employee + Family	\$254.10	\$279.10	\$304.10

Blue Choice HSA Versus Blue HPN HSA

The Blue Choice Plan offers in-network and out-of-network benefits providing you a broad network of doctors and hospitals. The Blue HPN gives you access to a select group of doctors and hospitals in more than 65 major U.S. cities. You don't have to choose a primary care provider (PCP) and you won't need a referral to see a specialist.

Pharmacy Benefits

The Prescription Drug Program is administered by Express Scripts. The cost of this coverage is included in the biweekly premium you pay for medical coverage.

Employees and their covered dependents on maintenance medications have a 90-day supply requirement to fill 90-day prescriptions at Walgreens, CVS or through Express Scripts mail order through the Smart90 Program. All 30-day prescriptions may continue to be filled at all other network pharmacies. Maintenance medication as defined by the U.S. Preventive Services Task Force will be covered at 100%, with no deductible.

	Blue Choice HSA and Blue HPN HSA ¹		Blue Choice PPO	
Retail: 30-day supply	In-Network	Out-of-Network	In-Network	Out-of-Network
Tier 1 – Generic	\$5	Not Covered	\$5	Not Covered
Tier 2 – Preferred Brand Name	20% up to \$50	Not Covered	\$20	Not Covered
Tier 3 – Non-Preferred Brand	20% up to \$100	Not Covered	\$40	Not Covered
Tier 4 – Specialty²	20% up to \$200	Not Covered	\$100	Not Covered
Maintenance: 90-day supply filled at Walgreens, CVS or through Express Scripts Mail Order³				
Tier 1 – Generic	\$10	Not Covered	\$10	Not Covered
Tier 2 – Preferred Brand Name	20% up to \$100	Not Covered	\$40	Not Covered
Tier 3 – Non-Preferred Brand	20% up to \$200	Not Covered	\$80	Not Covered
Tier 4 – Specialty²	N/A	Not Covered	N/A	Not Covered

¹ All prescriptions (except for maintenance medications as noted above), in the Blue Choice HSA and Blue HPN HSA plans will be subject to the medical deductible. Copays and coinsurance will not apply until 100% of the deductible has been met for the plan year. You will pay the full cost of the medication until the deductible has been met.

² You may fill a prescription for a specialty drug up to two times at any network retail pharmacy. After that, you will be directed to a designated pharmacy. If you choose not to obtain your specialty drug from that designated pharmacy, no benefits will be paid, and you will be responsible for the full cost. Coverage for Tier 4 medications is only available for a 30-day supply.

³ You must select CVS or Walgreens for your maintenance medications. If no selection is made, you will default to Walgreens.



Wellness

Making healthier lifestyle choices saves you time and money in the long run. TTI, Inc. offers company-paid targeted health management programs such as the **Teladoc Health Diabetes Program**, the **Teladoc Health Hypertension Program** and **Wondr Health**. These programs are available to employees and their dependents who must meet certain criteria to participate. If you and your covered spouse complete an annual physical between October 1, 2025 and September 30, 2026, you will be eligible for a premium discount in 2027. If you are hired or elect medical coverage after October 2026, you will not need to complete your physical until 2027.

Hinge Health

If you are enrolled in a TTI Medical Plan, and meet certain criteria, you get access to an innovative digital exercise program for chronic back, knee, hip, shoulder, pelvic, and neck pain at no cost to you through our medical plans. The program provides a 12-week intensive program, followed by an ongoing program that builds on learned behaviors with wearable sensors and access to a physical therapist.

Employee Assistance Program (EAP)

TTI, Inc. offers a company paid Employee Assistance Program through Guidance Resources to all employees and their dependents. EAP is a service that connects you with nurses and counselors through a variety of resources including, but not limited to mental health, marriage and family, legal assistance, and financial assistance. Employees and dependents are eligible for five counseling sessions at no charge.

Virtual Medical Visits with MDLIVE

MDLIVE is available to employees and covered dependents who are enrolled in a TTI, Inc. medical plan. MDLIVE gives you 24/7 access to U.S. board-certified doctors who can treat non-emergency medical issues by phone or video. The per appointment fee is \$48 – Blue HSA or Blue HPN members are responsible for the encounter fee before the deductible is met; after meeting the deductible, you pay 20% of the cost. The fee will be applied to the annual medical deductible and out-of-pocket maximum.

Health Savings Account (HSA)

TTI, Inc. offers an HSA through HSA Bank and will contribute an annual amount on your behalf if you are eligible and participating in the Blue Choice HSA or Blue HPN Medical Plans. For 2026, TTI will contribute up to an annual amount of \$500 for Employee Only coverage and \$1,000 for Family coverage. If you are a new hire or you have a qualifying life event during the year, your company contribution amount will be prorated based on the date your coverage takes effect. The 2026 contribution limits for the HSA (which include any employer contributions) are \$4,400 for Employee Only coverage and \$8,750 for Family coverage. There is a \$1,000 catch-up contribution for employees age 55 and over.

Flexible Spending Account (FSA)

TTI, Inc. offers an FSA through HSA Bank if you are enrolled in the Blue Choice PPO plan. You can contribute up to \$3,400 for qualified medical, dental, and vision expenses. You may roll over up to \$680 of unused FSA funds to 2027.

Retirement Planning

The TTI, Inc. 401(k) plan provides you with the tools and flexibility you need to retire comfortably and securely. Eligible employees can invest for retirement while receiving certain tax advantages. The Company will match 100% of the first 3% and 50% of the next 2% of your deferral contributions. The match will be contributed every pay period and is 100% immediately vested. Administrative and record-keeping services for this plan are provided by Fidelity Investments and the investment options are managed by Mercer.



Vision Benefits

TTI, Inc. full-time employees are eligible to enroll in the vision plan through VSP on the first of the month following one full month of employment.

	In-Network	Out-of-Network Reimbursement
Exams – once per plan year	\$10 copay	Up to \$40
Lenses – once per plan year	Covered at 100% after copay	Single vision: Up to \$40 Bifocal: Up to \$60 Trifocal: Up to \$80
Elective contacts instead of glasses – once per plan year	\$130 allowance with 15% discount off any amount over \$130 (standard contact lens fitting fee also applies)	Up to \$130
Medically necessary contacts	Covered (standard contact lens fitting fee applies)	Up to \$130
Frames – once every 24 months	\$20 copay for complete pair of glasses with \$140 allowance and 20% discount off any amount over \$140	See covered materials; up to \$45 reimbursement

*The Materials copay is a single payment that applies to the entire purchase of the eyeglasses (lenses and frames).

**A standard contact lens fitting fee applies to an existing contact lens user who wears disposable, daily wear, or extended wear lenses only.

***The insured is responsible for paying any charges in excess of this allowance.

Biweekly Vision Premium Contributions

Employee Only	\$2.76
Employee + Spouse	\$5.53
Employee + Child(ren)	\$5.93
Employee + Family	\$9.46

The plan covers services from all licensed eye care providers, but your costs will be lower if you use an in-network provider. **Visit www.vsp.com to find an in-network provider.** All out-of-network services are subject to reasonable and customary (R&C) limitations. In-network copayments are paid directly to the provider. Out-of-network services will be reimbursed up to the amounts shown in the chart.

Dental Coverage

TTI, Inc. full-time employees are eligible to enroll in one of the dental plans through Cigna on the first of the month following one full month of employment.

The Core and Buy-Up plans are **Dental Preferred Provider Organization (DPPO)** plans. They offer both in-network and out-of-network benefits. You have the flexibility to choose any general dentist or specialist at any time without a referral.

If your dentist doesn't participate in the DPPO network, your out-of-pocket costs will be higher, and you are responsible for any charges beyond reasonable and customary (R&C). **To find a DPPO network Provider, visit [cigna.com](https://www.cigna.com) and select Network Preferred Provider Program (PPO) as the network.**

New for 2026! The **DHMO is a Dental Health Maintenance Organization** plan, which covers services from in-network providers only. You must designate a DHMO dentist who will provide referrals to specialists if needed. You should choose a DHMO general dentist within 25 miles of your location to ensure adequate access. **To find a DHMO dentist, visit [cigna.com](https://www.cigna.com) and select CIGNA DENTAL CARE DHMO > Cigna Dental Care Access as the plan.**

	Core DPPO	Buy-Up DPPO	DHMO Plan
Calendar Year Deductible	\$100 individual \$300 family	\$75 individual \$225 family	None
Calendar Year Maximum	\$1,000 per person	\$2,000 per person	None
Preventive Services – exams, routine cleanings, bitewing X-rays	Covered at 100%	Covered at 100%	Patient charge schedule (PCS) applies; Cigna will mail the full schedule, your ID card, and other plan materials to your home when you enroll, or you can log in to myCigna.com to view your costs for services.
Basic Services – full mouth X-rays, fillings, oral surgery, simple extractions	You pay 20% after deductible	You pay 20% after deductible	
Major Services – oral surgery, complex extractions, dentures, root canals, periodontics, crowns, bridges	You pay 50% after deductible	You pay 50% after deductible	
Orthodontia for adults and dependent children	You pay 50% after deductible; \$1,000 lifetime maximum benefit	You pay 50% after deductible; \$2,000 lifetime maximum benefit	Maximum benefit of 24 months of treatment

Biweekly Dental Premium Contributions

	Core DPPO	Buy-Up DPPO	DHMO
Employee Only	\$6.52	\$10.07	\$2.81
Employee + Spouse	\$12.61	\$19.51	\$5.43
Employee + Child(ren)	\$14.94	\$23.16	\$6.44
Employee + Family	\$22.59	\$35.03	\$9.73

Income Protection Plans

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

Full-time employees are eligible for company paid Basic Life and AD&D through The Hartford following one full month of employment. Your Basic Life and AD&D benefit is 2x your base annual earnings up to \$750,000.

Optional Life and AD&D Insurance

Optional Life is available through The Hartford. Coverage can be up to a maximum of 4.5x your prior year earnings or up to \$1,000,000. The guaranteed issue amount of \$350,000 is available if you elect coverage during the initial enrollment period.

Optional Dependent Life

You can elect Optional Life insurance for your spouse up to a maximum of \$100,000. The Hartford offers a guaranteed issue amount for your spouse of \$50,000 if you elect coverage during the initial enrollment. The premium for a spouse is based on the employee's age. You may also elect coverage for your child(ren) (up to age 26) up to a maximum of \$10,000. You must be enrolled in Optional Life as the employee to enroll your dependents in Optional Life.

	Basic Life and AD&D	Optional Employee Life	Optional Spouse Life	Optional Child Life
Benefit Amount	2x base annual earnings (rounded to the next \$1,000)	\$10,000 increments	\$5,000 increments	\$2,000 increments (Birth to age 26)
Benefit Maximum	\$750,000	Lesser of 4.5x your prior year earnings or \$1,000,000	\$100,000	\$10,000
Guaranteed Issue	N/A	\$350,000	\$50,000	N/A

Monthly Employee and Spouse Optional Life Premium Contributions (per \$1,000 of coverage)

Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$0.06	\$0.07	\$0.08	\$0.11	\$0.17	\$0.23	\$0.38	\$0.68	\$0.86	\$1.40	\$3.20

Monthly Child Optional Life Premium Contributions (per \$1,000 of coverage)

\$0.16

TO CALCULATE HOW MUCH YOUR OPTIONAL LIFE COVERAGE WILL COST:						
\$	÷ 1,000 =	\$	x Age Based Rate =	\$	x 12 / 26 =	\$
Elected Coverage Amount				Monthly Premium		Biweekly Premium



Income Protection

TTI, Inc. offers disability coverage to protect you when you are unable to perform the essential functions of your job. This insurance protects a portion of your income until you can return to work or until you reach retirement age. Full-time employees are eligible for disability coverage on the first of the month following one full month of employment.

Short-Term Disability (STD) Insurance

Short-Term Disability (STD) is a Company-paid benefit and is available to full-time employees at no cost. STD insurance replaces 67% of your income and is a taxable benefit. For birthing moms, it replaces 100% of your income for 6 or 8 weeks (recovery period based on delivery type). Certain exclusions may apply. Please refer to the plan document for details or contact the Benefits Team for specific benefit questions.

Long-Term Disability (LTD) Insurance

Long-Term Disability (LTD) is a Company-paid benefit and is available to full-time employees at no cost. LTD insurance replaces 60% of your income if you become partially or totally disabled for an extended period of time.

	STD	LTD
Benefit Amount	67% of weekly income or 100% of weekly income for birthing mothers (6 or 8 weeks)	60% of your monthly income
Benefit Maximum	\$2,000 per week	\$20,000 per month
Benefits Begin After	7 days for illness; 0 days for accident or injury	90 days
Maximum Benefit Period	13 weeks*	Until you can return to work or reach Social Security normal retirement age

*If a Short-Term Disability claim extends beyond the 13-week duration, the claim is transitioned to the The Hartford Long-Term Disability Team. A Long-Term Disability examiner will also reach out to you to discuss next steps and what additional information is needed or has been requested. If Long-Term Disability benefits are approved, benefits are issued and paid to you by The Hartford and are issued on a monthly schedule.

Voluntary Benefits

An unexpected health crisis can also include unexpected expenses and time away from work. We're pleased to offer benefits from The Hartford that will provide a financial cushion when you or an eligible family member has an accident, critical illness diagnosis, or hospital stay. The coverage supplements your medical insurance (but is not meant to replace of the medical plans offered through BCBSTX), and best of all, pays a cash benefit that you can use however you choose. (Benefits are not taxed when you receive them since premiums are paid with after-tax dollars.) The cost of the plan is based on the employee's age.

Accident Insurance Biweekly Rates

Tier	Biweekly Rate
Employee Only	\$3.39
Employee + Spouse	\$5.40
Employee + Children	\$5.77
Employee + Family	\$9.06

Hospital Indemnity Biweekly Rates

Tier	Biweekly Rate
Employee Only	\$8.25
Employee + Spouse	\$17.79
Employee + Children	\$15.25
Employee + Family	\$25.95

Note: This policy is not a substitute for comprehensive health insurance. This fixed indemnity policy may pay you a limited dollar amount if you are sick or hospitalized. You're still responsible for paying the cost of your care.

Critical Illness

Attained Age Uni-smoker Rates			
Monthly Rate (Per \$1,000 of Coverage)			
Age	Employee	Spouse	Child(ren)
< 25	\$0.29	\$0.29	0.62
25-29	\$0.38	\$0.38	
30-34	\$0.50	\$0.50	
35-39	\$0.66	\$0.66	
40-44	\$0.93	\$0.93	
45-49	\$1.41	\$1.41	
50-54	\$1.93	\$1.93	
55-59	\$2.55	\$2.55	
60-64	\$3.51	\$3.51	
65-69	\$4.76	\$4.76	
70-74	\$6.25	\$6.25	
75-79	\$7.96	\$7.96	
80+	\$9.96	\$9.96	

Coverage Available: \$10,000, \$20,000 or \$30,000

TO CALCULATE HOW MUCH YOUR COVERAGE WILL COST:						
\$	÷ 1,000 =	\$	x Age Based Rate =	\$	x 12 / 26 =	\$
Elected Coverage Amount				Monthly Premium		Biweekly Premium

Additional Benefits

Vacation

TTI full-time and part-time employees are eligible for vacation on the first day of the calendar year. Newly hired employees will be eligible for vacation on the first of the month following one full month of employment. During the first year of employment, vacation is accrued at 3.08 hours per pay period for full-time hourly employees, 4.62 hours per pay period for salaried employees, and 1.54 hours per pay period for part-time employees. Employees are able to go negative and use time up to the annual allotment.

Full-Time Hourly		Full-Time Salaried		Part-Time	
Service Time	Vacation	Service Time	Vacation	Service Time	Vacation
1 Month	Prorated 3.08 Hours per pay period	1 Month	Prorated 10 Hours/Month	1 Month	Prorated 4.62 Hours per pay period
Years 1 – 4	10 Days/80 Hours	Years 1 – 4	15 Days/120 Hours	Years 1 – 4	8 Days/40 Hours
Years 5 – 9	15 Days/120 Hours	Years 5 – 9	20 Days/160 Hours	Years 5 – 9	12 Days/60 Hours
Years 10 – 15	20 Days/160 Hours	Years 10 – 15	22 Days/176 Hours	Years 10+	16 Days/80 Hours
Years 16 – 19	22 Days/176 Hours	Years 16 – 19	23 Days/184 Hours		
Years 20+	25 Days/200 Hours	Years 20+	25 Days/200 Hours		

We encourage employees to take their vacation; carryover is not allowed, except as required by state law.

Holidays

Full-time and part-time employees are eligible for Company-paid holidays on the first day of employment. These include New Year’s Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, day after Thanksgiving Day, and Christmas Day. If Christmas or New Year’s Day falls on a Tuesday or Thursday, the adjacent Monday or Friday will also be observed as a holiday.

Floating Holidays

Full-time employees will receive floating holidays based on hire date. See allocation at right.

Hire Date	Number of Floating Holidays
Hired on or before January 1	Three floating holidays
Hired January 2 to April 1	Two floating holidays
Hired April 2 to July 1	One floating holiday
Hired July 2 or after	Floating holidays allocated in January



PerkSpot Discount Program

PerkSpot is your online destination for exclusive discounts that help you save when you shop with many of your favorite merchants. It’s completely free to use and optimized for any device: desktops, tablets and phones so you can filter your search by category and distance.

Start saving by signing up or logging into your organization’s PerkSpot website. Access thousands of discounts in over 30 different categories that are updated daily, and watch for new featured discounts in PerkSpot’s weekly email. You have access to over 30,000 exclusive discounts with local, nationwide and global vendors. PerkSpot’s online portal lets you shop and find discounts in over 30 different categories, including electronics, travel, home goods, cars, health and more.

Personal Time Off (PTO)

Full-time hourly employees are eligible for PTO on the first of the month following one full month of employment. PTO can be used by employees if they are sick, their child is sick or for other personal emergencies. Newly hired employees receive an allocation of 4 hours each month up to a maximum of 40 hours. Depending on when the first 40 hours of PTO is reached, employees will earn either 40 hours on January 1 of the following year or a prorated amount for the remaining part of that calendar year. Any PTO hours remaining at the end of the year will be paid on the last paycheck of the year.

Note: This may be different in states with mandated sick leave laws.

Parental Leave

Full-time, benefits eligible employees are eligible to request Paid Parental Leave after the birth, adoption or placement of a child after one full month of employment. Eligible employees may take up to two (2) weeks of continuous paid parental leave during a rolling 12-month period.

Bereavement

Full-time and part-time employees are eligible to receive up to four days excused absence with pay in the event of a death in their immediate family (California employees can take up to five days with four being paid and one unpaid). Immediate family includes spouse, domestic partner (where required by law) mother, stepmother or father, stepfather of you or your spouse, children, grandchildren, brother or sister of you or your spouse, or grandparents of you or your spouse and other relationships as defined by state law.

Jury Duty

Full-time and part-time employees are eligible to receive base rate of pay during absences from work while performing jury duty — up to a maximum of 10 days per calendar year. You are eligible for this benefit on the first day of employment.

Benefits Department

TTI	Stephanie Ayala 817-740-1777 ext. 4622	Stephanie.Ayala@ttiinc.com
	Shari Kennedy 817-740-1777 ext. 4586	Shari.Kennedy@ttiinc.com
	Jada Shankleton 817-740-1777 ext. 8716	Jada.Shankleton@ttiinc.com
	Paige Seynaeve 817-740-1777 ext. 4797	Paige.Seynaeve@ttiinc.com
	Dannielle Dophied 817-740-1777 ext. 4249	Dannielle.Dophied@ttiinc.com

Important Contacts

Benefit/Topic	Contact	How to Reach Them
Medical Plans (Policy #212692)	Blue Cross Blue Shield of Texas (BCBSTX) and Health Advocates	855-649-9613 www.bcbstx.com Claims Address: Blue Cross Blue Shield of Texas P.O. Box 660044 Dallas, TX 75266-0044
Virtual Visits	MDLIVE	888-680-8646 www.MDLIVE.com/bcbstx
Pharmacy Benefits	Express Scripts	866-890-1453 www.express-scripts.com Claims Address: Express Scripts ATTN: Commercial Claims P.O. Box 14711 Lexington, KY 40512-4711
Weight Loss Support	Wondr Health	www.wondrhealth.com/tti
Diabetes or Hypertension Support	Teladoc Health	800-835-2362 www.teladochealth.com membersupport@teladochealth.com
Musculoskeletal Therapy Support	Hinge Health	855-902-2777 www.hingehealth.com
Dental Plans (Policy #3346991)	Cigna	800-244-6224 www.myCigna.com Claims Address: Cigna Dental P.O. Box 188037 Chattanooga, TN 37422-8037
Vision Plan (Policy #300144153)	VSP	800-877-7195 www.vsp.com Claims Address: Vision Service Plan Attention: Claims Services P.O. Box 385018 Birmingham, AL 35238 5018
Health Savings Account and Flexible Spending Account	HSA Bank	855-731-5220 www.hsabank.com
Employee Assistance Program (EAP) (Plan #149884)	ComPsych GuidanceResources	844-216-8672 www.guidanceresources.com
Leave Administration	The Hartford	800-523-2233 Claims: 888-301-5615 www.thehartford.com/mybenefits
Disability Coverage (Policy #073456)	The Hartford	800-523-2233 Claims: 888-301-5615 www.thehartford.com/mybenefits
Life and AD&D (Policy #715312)	The Hartford	800-523-2233 www.thehartford.com/mybenefits
Voluntary Accident, Critical Illness and Hospital Indemnity Plans (Policy #715312)	The Hartford	866-547-4245 thehartford.com/benefits/myclaim
Employee Perks Discount Program	PerkSpot	866-547-4245 pslogin.perkspot.com
Retirement (Plan #81577)	Fidelity	800-826-3245 netbenefits.com
Workplace Giving	Fidelity	800-826-3245 netbenefits.com

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