



# Craft Your Coverage

2026 Open Enrollment





# We're Here For You

[benefits@badgerliquor.com](mailto:benefits@badgerliquor.com)



*Choose. Enroll. Cheers.*

# Badger Liquor's Commitment to Employee Wellbeing

## **Your Health and Wellbeing Matter**

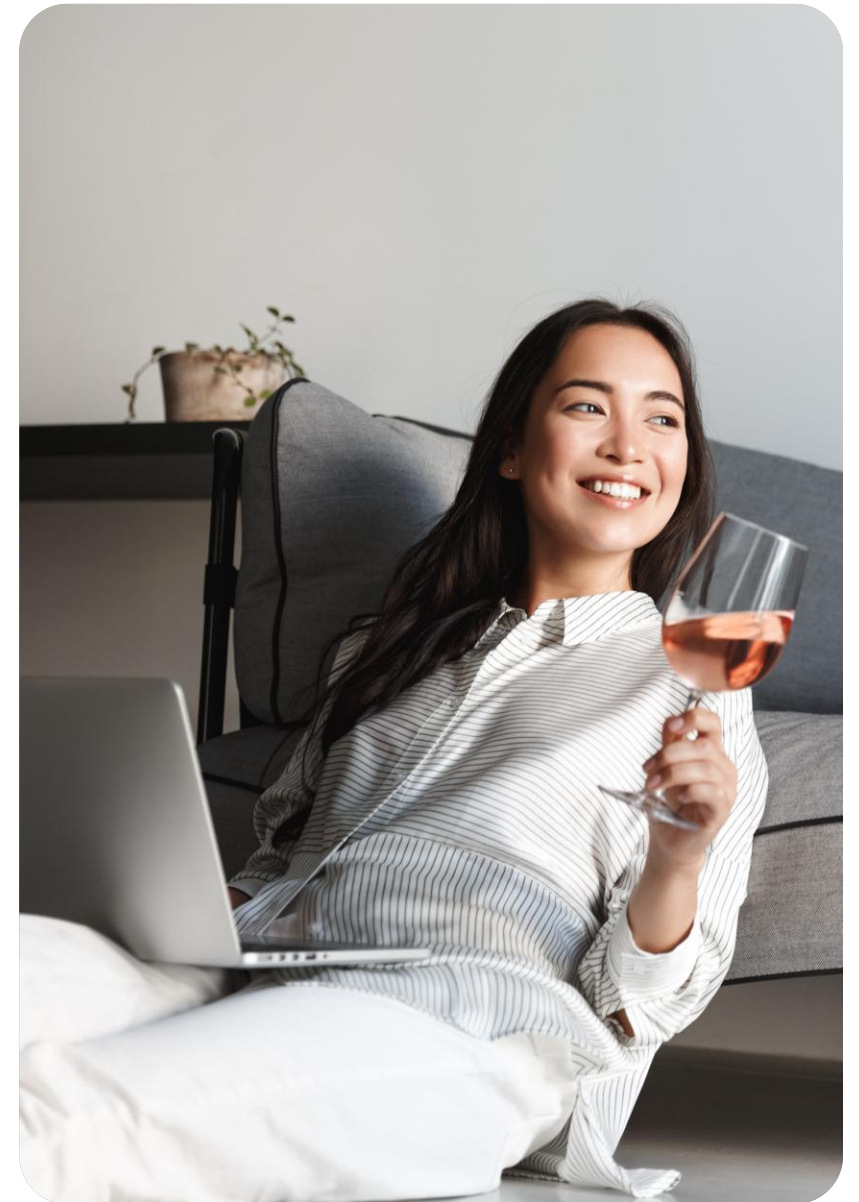
We're committed to supporting both your physical and mental health with benefits designed to help you feel your best—at work and beyond.

## **Benefits That Fit Your Life**

Our benefits are built to meet a wide range of needs, so you can choose what works best for you and your family.

## **Balance That Works for You**

We know life doesn't stop when the workday starts. That's why we put a strong focus on helping you find balance and peace of mind.

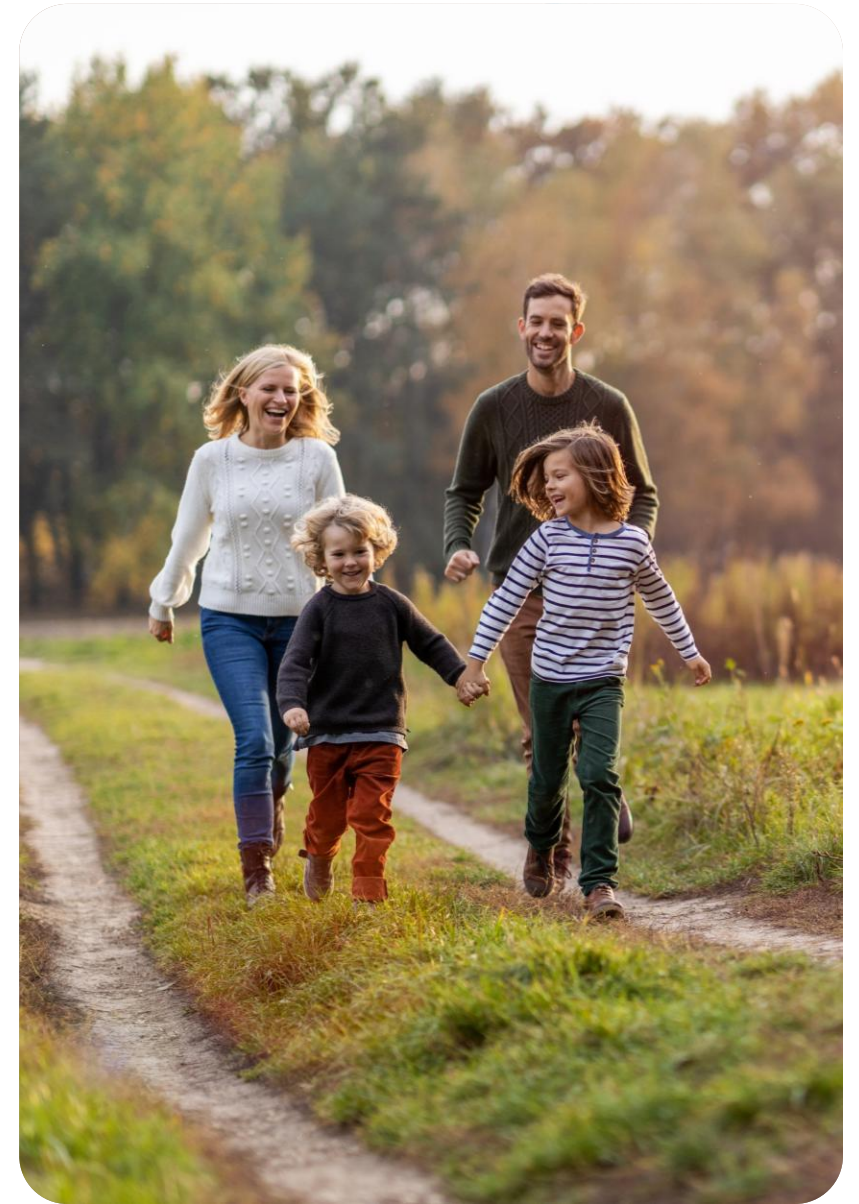


# Why is Open Enrollment Important?

- It's your **chance to make changes** – after this period, you can only update benefits if you have a major life event (marriage, new baby, etc.).
- **Plans may change** – costs, coverage, or new options may be available.
- **Life changes** – your health or family needs may be different this year.
- It **affects your paycheck** – the benefits you choose can save money and give you peace of mind.

## Bottom line:

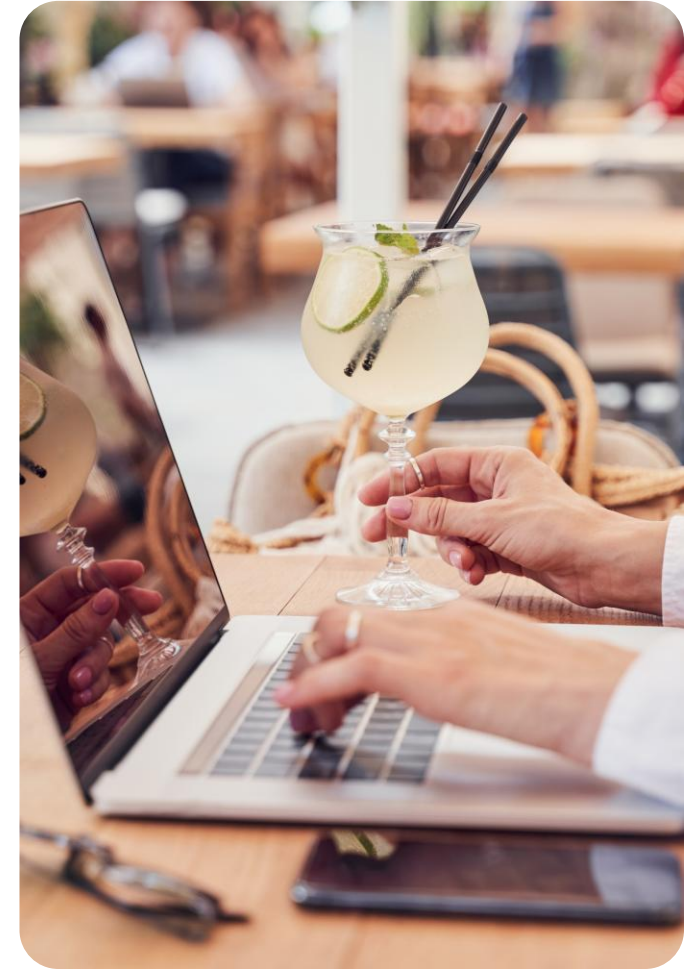
**Open Enrollment is your once-a-year opportunity to make sure your benefits fit your life.**





# Enrollment Information

- Annual Enrollment October 15-31, 2025  
**ALL EMPLOYEES MUST COMPLETE**
- Elections Effective January 1-December 31, 2026
- Consider your options before making your selection
- Check out your current benefits through UKG, including on the app.



**OPEN ENROLLMENT · OCTOBER 15-31**

# Impact of Life Events on Benefits

You have 31 days from the qualified event to notify HR. Depending on the type of event, you may need to provide proof, such as a marriage license.

If you do not contact HR within 31 days of the qualified event, you will have to wait until the next annual enrollment period to make changes (unless you experience another qualifying life event).

## **Qualifying Life Events Can Include:**

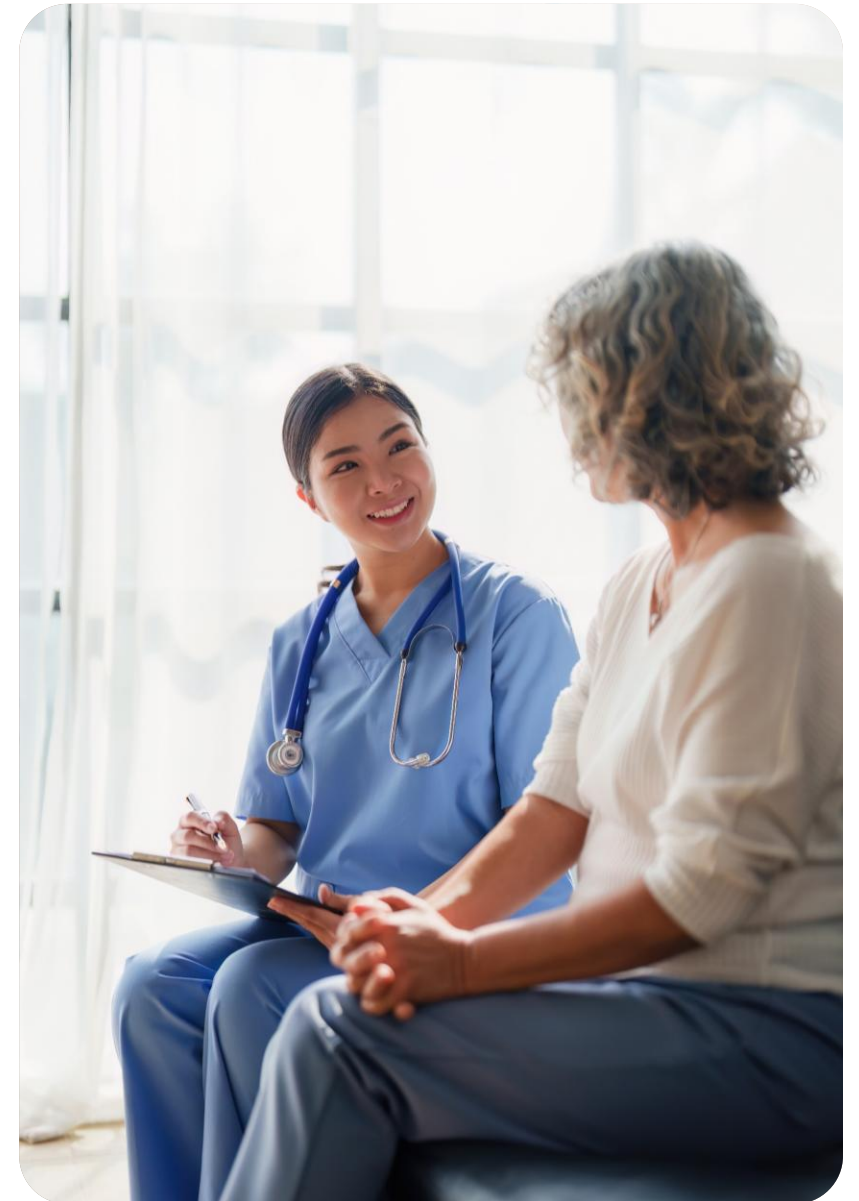
- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption
- Change in employment status of employee, spouse, or dependent child
- Entitlement to Medicare or Medicaid

# B Well Days

## How it works:

- **Extra PTO**  
You receive additional PTO specifically for your health-related appointments.
- **Flexible Usage**  
Use it in increments as small as 15 minutes, so you can fit in those appointments without disrupting your day.
- **Preventative Care**  
We encourage you to take advantage of this time for preventative screenings and care—because your wellbeing matters to us.

**Take the time you need to prioritize your wellbeing with B Well Days. It's all about keeping you at your best!**

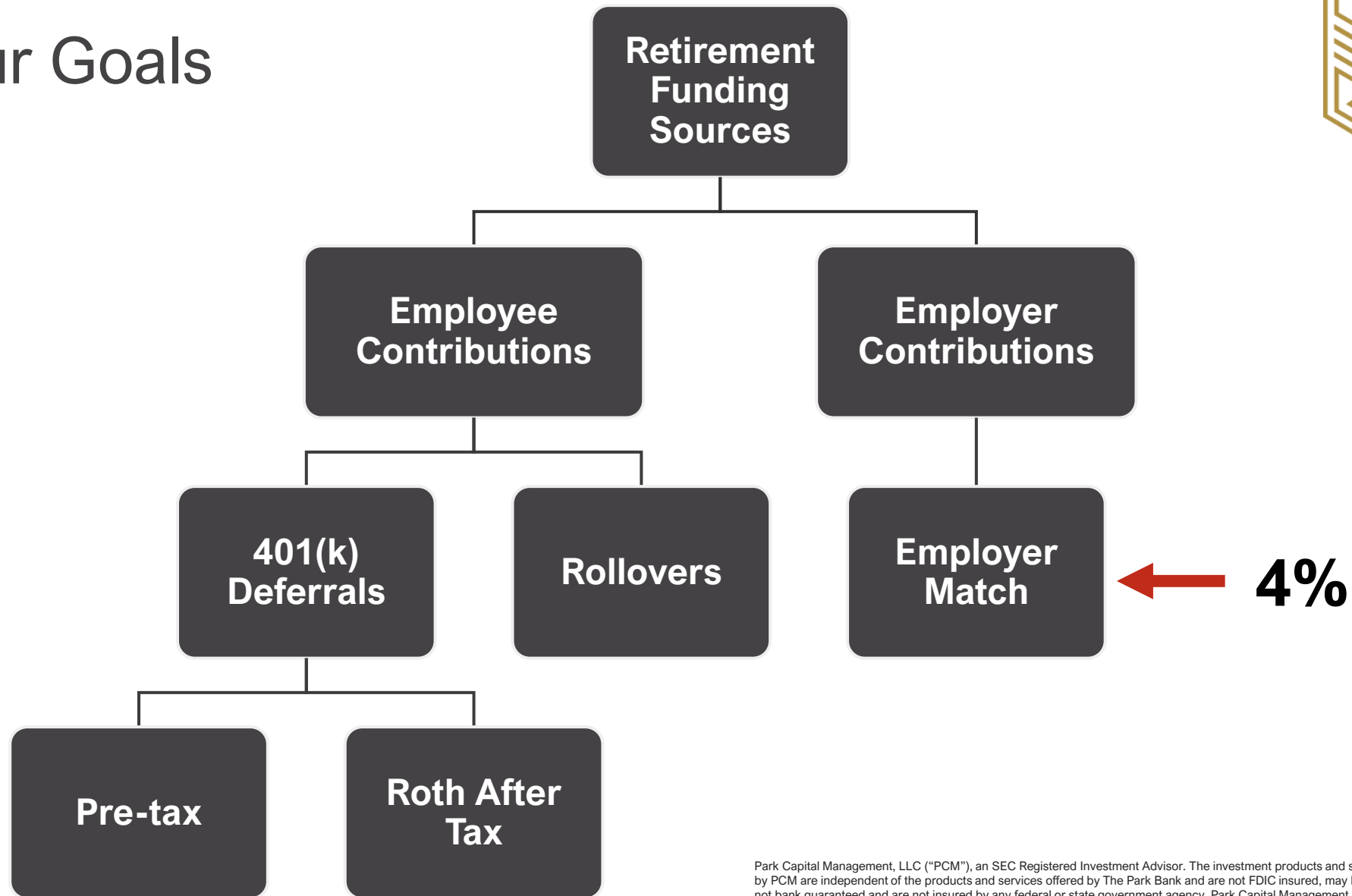




# 401(k) Plan



# Funding Your Goals



Park Capital Management, LLC ("PCM"), an SEC Registered Investment Advisor. The investment products and services offered by PCM are independent of the products and services offered by The Park Bank and are not FDIC insured, may lose value, are not bank guaranteed and are not insured by any federal or state government agency. Park Capital Management, LLC ("PCM") is affiliated with The Park Bank.



**BADGER**liquor  
wine and spirits

X



**PARK  
CAPITAL**  
MANAGEMENT



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# 2026 Benefits

**Key Rate & Plan Information**

# 2026 Updates



## Providing Short-Term Disability Insurance

Badger Liquor now covers 100% of your STD premium for ALL employees with 1+ year of service



## Expanding Garner Health

Expanded support and incentives to connect with the best quality healthcare providers in your area



## Adding ATI Physical Therapy Benefit

Access to and financial support for physical therapy to recover from injury, manage pain, and enhance mobility



## Increasing Medical Plan Rates

Increasing medical and prescription costs, along with high-cost claims, have contributed to a rise in our premiums



## Continuing B Well PTO Days

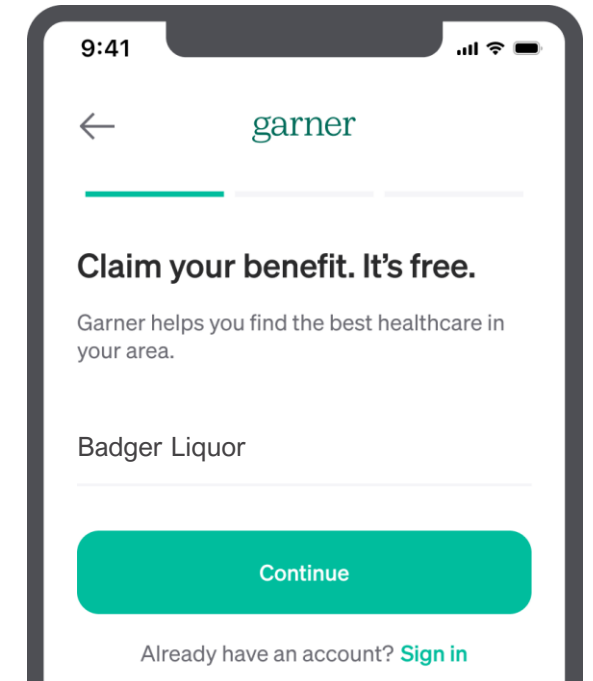
Receive extra PTO specifically for your health-related appointments and wellbeing



Garner connects you to the best medical providers with a quick search via app, website or phone call

If you utilize a Top Provider, you will be reimbursed for eligible out-of-pocket expenses:

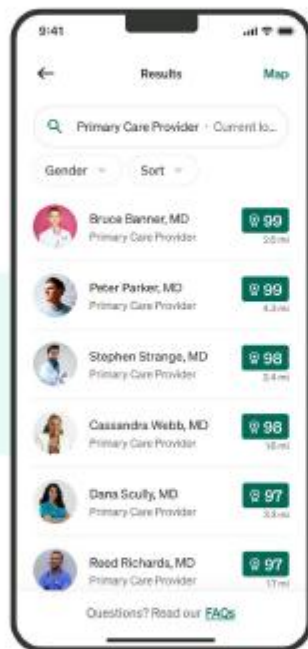
- **PPO: Reimbursement of up to \$1,500 for individuals or \$3,000 for families** (*increased; \$1,000 / \$2,000 in 2025*)
- **HDHP: Reimbursement of up to \$2,000 for individuals or \$4,000 for families** (*increased; \$1,000 / \$2,000 in 2025*)



**Garner will reimburse your qualifying out-of-pocket medical costs when using an identified Top Provider.**

# How to use Garner

Costs from Top Providers **qualify for reimbursement.**



1.

**Find a Top Provider**



2.

**Visit a Top Provider**



3.

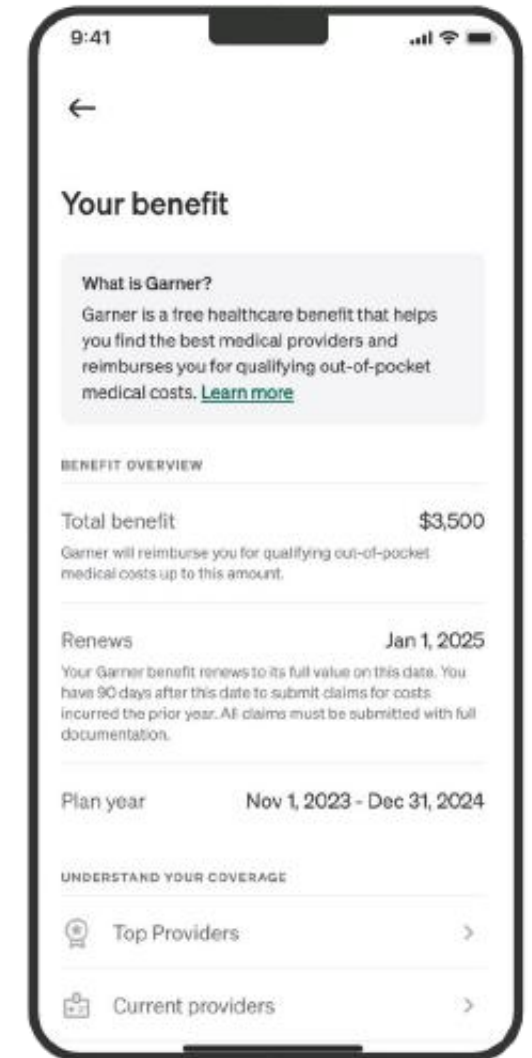
**Get reimbursed**



# To qualify for reimbursement:

1. Create a Garner Account.
2. Search for a Top Provider **before seeing them** to add them to your list of Approved Providers.
3. Verify which costs are covered under your Garner plan.

If you have an HSA, your costs must exceed the minimum deductible of \$1,700 for individuals and \$3,400 for families.



# Example: Single Coverage Level



| Annual Care Needs                  | PPO Plan<br><i>Using Garner</i>                      | PPO Plan<br><i><u>Not</u> Using Garner</i>           | High Deductible Health Plan<br><i>Using Garner</i>                | High Deductible Health Plan<br><i><u>Not</u> Using Garner</i> |
|------------------------------------|--|--|---|---|
| Preventive Annual Exam             | Covered at 100%                                      | Covered at 100%                                      | Covered at 100%   | Covered at 100%   |
| Specialist Doctor Visits           | \$382 towards deductible                             | \$382 towards deductible                             | \$382 towards deductible  | \$382 towards deductible                                      |
| Garner HRA reimbursement           | -\$382 reimbursed to you                             | N/A  | N/A   | N/A   |
| Surgery                            | \$1,504 towards deductible and out-of-pocket maximum | \$1,504 towards deductible and out-of-pocket maximum | \$4,218 towards deductible and out-of-pocket maximum              | \$4,218 towards deductible and out-of-pocket maximum          |
| Garner HRA reimbursement           | -\$1,118 reimbursed to you                           | N/A  | -\$2,000 reimbursed to you (after your responsibility of \$1,700) | N/A   |
| Total Out of Pocket Responsibility | \$386  | \$1,886  | \$2,600   | \$4,600   |



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## Look up in-network health care providers

The providers that are available to you through this application may not reflect all the available contracted providers or certain specialties within your network.

Not all providers at listed facilities (hospitals, surgical centers, etc.) are in-network providers. To verify if the providers are in-network, contact the provider directly or call the toll-free number located on your health plan ID card.

Information included in the provider directory is accurate and has been updated to the best of our knowledge.

**Important:** Please verify the provider is still in the network prior to your next

## Sign in to enhance your search

By signing in, you will be able to search providers specifically within your network.

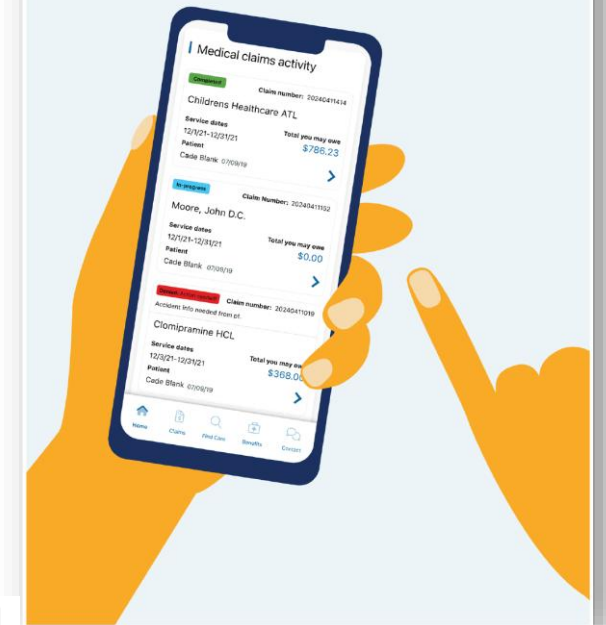
### Member sign in

[Sign in](#) →

Need to register? [Create HealthSafe ID](#) >

Welcome to a  
**smarter, simpler, faster**  
way to manage your health care benefits,  
right from the palm of your hand.

## UMR on the go!



Download the UMR  
app today!



# Medical Benefits – PPO



| PPO PLAN   | IN-NETWORK   | IN-NETWORK WITH<br>GARNER*                 | OUT OF NETWORK   |
|--|--|--|--|
| <b>Deductible</b><br>Single / Family   | \$1,000 / \$2,000  | \$0 / \$0                                  | \$1,275 / \$2,550  |
| <b>Coinsurance</b> (Plan / Member)   | 80% / 20%  |  | 60% / 40%  |
| <b>Out-of-Pocket Maximum</b><br>Employee / EE+SP, EE+CH, Family  | (Includes Deductible)<br>\$3,000 / \$6,000   | (Includes Deductible)<br>\$1,500 / \$3,000 | (Includes Deductible)<br>\$3,875 / \$7,750               |
| <b>Preventative Care</b>   | Covered in Full  |  | Not Covered  |
| <b>Primary Care Physician</b>  | Deductible / Coinsurance   |  | Deductible / Coinsurance                                 |
| <b>Specialist Care Physician</b>   | Deductible / Coinsurance   |  | Deductible / Coinsurance                                 |
| <b>Urgent Care</b>   | Deductible / Coinsurance   |  | Deductible / Coinsurance                                 |
| <b>Emergency Room</b>  | \$175 Co-pay   |  | \$175 Co-pay   |
| <b>Prescription Drug Coverage</b><br>Generic<br>Preferred Brand Name<br>Non-Preferred Brand Name<br>Mail Order | \$10 Co-pay<br>20% Coinsurance<br>30% Coinsurance<br>3 months prescription for the cost of 2 |  | Not Covered<br>Not Covered<br>Not Covered<br>Not Covered |
| <b>Pharmacy Out-of-Pocket Maximum</b><br>Individual / Family   | \$5,500 / \$11,000   |  |  |

# Medical Benefits – HDHP



| HDHP PLAN   | IN-NETWORK                                  | IN-NETWORK WITH<br>GARNER*                  | OUT OF NETWORK                               |
|---|---|---|--|
| <b>Deductible</b><br>Single / Family                            | \$3,500 / \$7,000                           | \$1,800* / \$3,600*                         | \$7,000 / \$14,000                           |
| <b>Coinsurance</b> (Plan / Member)                              |   | 80% / 20%                                   | 70% / 30%                                    |
| <b>Out-of-Pocket Maximum</b><br>Employee / EE+SP, EE+CH, Family | (Includes Deductible)<br>\$7,000 / \$14,000 | (Includes Deductible)<br>\$5,000 / \$10,000 | (Includes Deductible)<br>\$14,000 / \$28,000 |
| <b>Preventative Care</b>  | Covered in Full                             |   | Not Covered                                  |
| <b>Primary Care Physician</b>                                   | Deductible / Coinsurance                    |   | Deductible / Coinsurance                     |
| <b>Specialist Care Physician</b>                                | Deductible / Coinsurance                    |   | Deductible / Coinsurance                     |
| <b>Urgent Care</b>  | Deductible / Coinsurance                    |   | Deductible / Coinsurance                     |
| <b>Emergency Room</b>   | Deductible / Coinsurance                    |   | Deductible / Coinsurance                     |
| <b>Prescription Drug Coverage</b>                               |   |   |  |
| Generic   |   | Deductible                                  | Not Covered                                  |
| Preferred Brand Name  |   | Deductible                                  | Not Covered                                  |
| Non-Preferred Brand Name  |   | Deductible                                  | Not Covered                                  |
| Mail Order  | 3 months prescription for the cost of 2     |   | Not Covered                                  |

\*Garner benefits kick-in after \$1,700/\$3,400 in spend. In order to meet IRS rules on High-Deductible Health Plans:  
 Single plans, you must pay the first \$1,700 before eligible for Garner reimbursements  
 Family plans, you must pay the first \$3,400 before eligible for Garner reimbursements

# Comparison of PPO and HDHP Features

| Feature                 | PPO  | HDHP  |
|-------------------------|--|---|
| Monthly Premiums        | Higher   | Lower   |
| Deductible              | Lower  | Higher  |
| Network Flexibility     | High (in- and out-of-network coverage)   | Variable (often includes in-network and out-of-network options)                                       |
| Referrals Needed        | Not required   | Not required  |
| Medical Savings Account | Flexible Spending Account (FSA) eligible   | Health Savings Account (HSA) eligible   |
| Best For                | People with frequent doctor visits, chronic conditions, or who value flexibility | Generally healthy people, low healthcare users, or those who want to save for future medical expenses |
| Preventive Care         | Covered 100%   | Covered 100%  |



# 2026 Medical Plan Rates

| Medical – Option 1: PPO – Traditional Plan |                            |                              |
|--|----------------------------|------------------------------|
| Coverage Level                             | Badger Pays<br>(Bi-Weekly) | Employee Pays<br>(Bi-Weekly) |
| Single                                     | \$271.54                   | \$130.69                     |
| Employee + Spouse                          | \$570.25                   | \$274.45                     |
| Employee + Child(ren)                      | \$461.63                   | \$222.18                     |
| Family                                     | \$794.95                   | \$382.60                     |

| Medical – Option 2: High Deductible Health Plan (HDHP)<br><small>*Amounts do NOT include annual HSA contribution</small> |                            |                              |
|--|----------------------------|------------------------------|
| Coverage Level   | Badger Pays<br>(Bi-Weekly) | Employee Pays<br>(Bi-Weekly) |
| Single   | \$249.20                   | \$92.52                      |
| Employee + Spouse  | \$523.30                   | \$194.29                     |
| Employee + Child(ren)  | \$423.63                   | \$157.28                     |
| Family   | \$729.50                   | \$270.85                     |

*Spousal surcharge – \$150 per month*

# Prescription (Rx) Plans

## How to Save Money

- Review your plan and deductible
  - PPO vs. HDHP
  - Max Out-of-Pocket
  - 30 Day Retail vs. 90 Day Retail vs. Mail
- Check medication costs and find ways to save
- Use a network pharmacy or start delivery by mail
- Order mail service refills and track shipments
- No-cost vaccinations: flu, pneumonia (over age 65)
- PrudentRx works with manufacturers to get copay assistance for your medications

## The Affordable Care Act (ACA) Preventive Services Drug List

Even if you haven't met your deductible, these medications bypass your deductible and are covered from day one of the plan year.

**Certain medications**, supplements or products to:

- ✓ Prevent certain health conditions
- ✓ Help you quit smoking or using tobacco
- ✓ Prepare for certain health screenings in adults

**Vaccines and immunizations** to prevent certain illnesses in infants, children and adults

**Contraceptives for women**

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**Find the full list at [Caremark.com](https://www.caremark.com)**

# ATI – Physical Therapy



- Employees and dependents who are enrolled in Badger Liquor's 2026 medical plan are covered at a \$20 co-pay per visit.
- Physical therapy can be in-person, virtual, or hybrid.
- No referral is needed.



**[www.atipt.com/Badger-Liquor](http://www.atipt.com/Badger-Liquor)**

## ATI Locations

|             |                |
|-------------|----------------|
| Appleton    | Muskego        |
| Bellevue    | New Berlin     |
| Beloit      | Oak Creek      |
| Fond du Lac | Oshkosh        |
| Grafton     | Racine         |
| Green Bay   | Sheboygan      |
| Greenfield  | Waukesha       |
| Janesville  | Wauwatosa      |
| Kenosha     | West Allis     |
| Manitowoc   | West Bend      |
| Mequon      | West Milwaukee |
|             | Whitefish Bay  |



# ATI – Physical Therapy

## ***What conditions will they treat?***

- Acute & chronic pain
- Strains & sprains
- Joint injury or trauma
- Sciatica
- Headaches
- TMJ dysfunction / jaw pain
- Vestibular dysfunction / Vertigo / Dizziness
- Women's Health / Pelvic Pain
- Concussions
- Balance Disorders & Fall Prevention
- Difficulty Walking / Gait Dysfunction
- Overuse Injuries
- Joint Replacement Pre & Post-Surgical Conditions
- Hand Pain or Injury
- Sports-Related Injury
- Neurological Conditions

# Giving the Peace of Mind to Heal

“

“You are our guardian angel.... We are now not on edge, not stressed. Now we can focus on medical care and actually enjoy time with our daughter instead of stressing about the financial piece... **Thank you, thank you, thank you.**”

- Participant

”

## How it Works



If you have a serious medical condition with high-cost treatment, electronically submit a confidential Medical Insurance Release form.



A Samaritan Fund Program Representative reaches out to explain the program, answer questions, and gather your information.



If approved, a personalized Samaritan Fund Program offer is issued.



If you wish to accept, you will sign and submit your offer letter.



Your account is set up and we issue your debit card for medical expenses.



Enjoy the Peace of Mind to Heal and submit your feedback on your Samaritan Fund Program experience.



# How FSAs and HSAs Support Your Medical Plan Choices

- FSAs help manage predictable healthcare expenses in PPO plans.
- HSAs encourage saving for high deductibles in HDHPs with tax advantages.
- Both accounts reduce out-of-pocket costs and provide financial flexibility.
- Choosing a medical plan involves considering eligibility for FSAs or HSAs.
- Understanding these accounts enhances your ability to optimize healthcare dollars.





# Flexible Spending Accounts (FSAs)

During your enrollment period, you will decide how much to put into your FSA for the year, but it is important to note that this account resets annually, so ***if you don't use it, you lose it.***

|                            | MEDICAL FSA   | LIMITED PURPOSE FSA  | DEPENDENT CARE FSA   |
|----------------------------|---|--|--|
| Eligibility:               | Available to <b>PPO enrollees ONLY</b>  | Available to <b>HDHP enrollees ONLY</b>  | Available to <b>ALL</b> full-time employees  |
| Use it to pay for:         | Eligible health care expenses that are not fully covered by your medical, dental and vision plans | Eligible health care expenses that are not fully covered by your dental and vision plans | Eligible child or elder care expenses to enable you and your spouse to work or attend school |
| Annual Contribution Limit: | \$3,300   | \$3,300  | \$7,500<br>(\$3,750 if married filing separately)  |
| Eligible Expenses*:        | Deductibles, Copays, Coinsurance, Prescriptions, Dental Expenses, Eyeglasses, etc.                | Dental & Vision Deductibles, Copays, Coinsurance, Dental Expenses, Eyeglasses, etc.      | Day care, after school programs, summer camps, elder care programs, etc.                     |

\*Refer to IRS publications 502 and 503 available at [www.irs.gov](http://www.irs.gov) for a full list of eligible expenses.

# Health Savings Account (HSA)

| 2026 HSA Contribution Limits                | Employee Contribution Limit | Badger Liquor Contribution Match | Maximum Annual Contribution |
|---|-----------------------------|----------------------------------|-----------------------------|
| Single Coverage                             | \$2,900                     | \$1,500                          | \$4,400                     |
| Family Coverage                             | \$5,750                     | \$3,000                          | \$8,750                     |
| Single Coverage Catch Up Contribution (55+) | \$3,900                     | \$1,500                          | \$5,400                     |
| Family Coverage Catch Up Contribution (55+) | \$6,750                     | \$3,000                          | \$9,750                     |

- Must be enrolled in a High-Deductible Health Plan (HDHP)
- Not entitled to Medicare, Medicaid or Tricare benefits
- Not eligible to be claimed on another person's tax return
- Not covered by a full purpose FSA, including through a spouse

## QUALIFIED EXPENSES

Qualifying medical-related expenses that may be paid from your HSA include:

- Deductibles
- Prescription drug costs
- Vision expenses
- Long-term care premiums
- Physician and hospital out-of-pocket expenses
- Chiropractor
- Physical Therapy
- Dental expenses
- When over 65, Medicare premiums
- COBRA premiums

For a full list of what you can use your HSA funds for, visit [www.irs.gov](https://www.irs.gov) and review publications 502 and 969.

| HSA vs. FSA  | Health Savings Account (HSA)   | Flexible Spending Account (FSA)  |
|--|--|--|
| Fund Ownership   | Employee   | Employer   |
| Rollover   | All funds carry over to the next plan year   | \$640 Carry Over   |
| Portable   | Yes  | No   |
| Funding  | Employee AND Employer Funded; Employer contributes \$1,500 for single coverage / \$3,000 for family coverage | Employee Funded  |
| Contribution Limits  | \$4,400 – Single<br>\$8,750 – Family   | \$3,300 – Medical or Limited-Purpose<br>\$7,500 – Dependent Care                           |
| Contribution Changes   | Monthly  | Annually   |
| Health Plan Eligibility  | <b>Must be enrolled in a High-Deductible Health Plan (HDHP)</b>  | Must be offered a group health plan by employer  |
| Fund Availability  | As they're contributed   | Medical FSAs: On the first day of plan year<br>Dependent Care FSAs: As they're contributed |
| Tax Savings  | Distributions for eligible expenses, investment returns and contributions are tax-free                       | Distributions for eligible expenses and contributions are tax-free                         |
| Investment Capability  | Yes  | No   |
| <b>Reminder:</b> If you enroll in a HDHP/HSA, your Health Care Flexible Spending Account is limited to dental and vision only! |  |  |

# Tracking Your FSA and HSA Spending – Go Online!



**Account management:** view your balance, see recent transactions, manage your debit card & more



**Track spending:** transactions appear in real-time as you spend



**Easy reimbursements:** upload photos of receipts and easily schedule a reimbursement



**Access deals:** search the market partners for qualified products and services you may need



# Dental Benefits – CarePlus



| OPTION 1: CAREPLUS DENTAL  |  | IN-NETWORK                              |
|--|--|---|
| <b>Deductible</b>  |  |   |
| Single   |  | \$0                                     |
| Family   |  | \$0                                     |
| <b>Annual Maximum</b>  |  | \$1,250                                 |
| <b>Diagnostic &amp; Preventative* (Deductible waived)</b>                  |  |   |
| Exams, Cleanings, Fluoride Treatments, X-Rays, Sealants, Space Maintainers |  | Plan pays 100%                          |
| <b>Basic Services (Deductible applies)</b>                                 |  | Plan pays 100%                          |
| Fillings   |  |   |
| <b>Major Services (Deductible applies)</b>                                 |  | Plan pays 75%                           |
| Extractions, Crowns, Onlays, Bridges                                       |  |   |
| Implants   |  |   |
| <b>Orthodontics (Deductible applies)</b>                                   |  | Plan pays 50%; \$1,250 Lifetime Maximum |
| Dependent Child to age 19  |  |   |

## CarePlus Dental Rates

| Coverage Level        | Bi-Weekly Rate |
|-----------------------|----------------|
| Single                | \$11.12        |
| Employee + Spouse     | \$22.68        |
| Employee + Child(ren) | \$27.58        |
| Family                | \$45.18        |

*Care Plus Dental Plans partners with Dental Associates and is only available at participating Dental Associates location. See plan documents for specific locations.*

# Dental Benefits – Delta Dental



| OPTION 2: DELTA DENTAL   | DELTA PPO DENTISTS                      | DELTA PREMIER OR ANY OTHER DENTIST |
|--|---|------------------------------------|
| <b>Deductible</b>  |   |                                    |
| Single   | \$50                                    | \$50                               |
| Family   | \$150                                   | \$150                              |
| <b>Annual Maximum</b>  | \$1,000                                 | \$1,000                            |
| <b>Diagnostic &amp; Preventative* (Deductible waived)</b>                  |   |                                    |
| Exams, Cleanings, Fluoride Treatments, X-Rays, Sealants, Space Maintainers | Plan pays 100%                          | Plan pays 80%                      |
| <b>Basic Services (Deductible applies)</b>                                 |   |                                    |
| Fillings**, Emergency Treatment  | Plan pays 80%                           | Plan pays 60%                      |
| <b>Major Services (Deductible applies)</b>                                 |   |                                    |
| Extractions, Crowns, Onlays, Bridges Implants                              | Plan pays 50%                           | Plan pays 50%                      |
| <b>Orthodontics (Deductible applies)</b>                                   |   |                                    |
| Child and Adult  | Plan pays 50%; \$1,000 lifetime maximum |                                    |

## Delta Dental Rates

| Coverage Level        | Bi-Weekly Rate |
|-----------------------|----------------|
| Single                | \$13.57        |
| Employee + Spouse     | \$27.68        |
| Employee + Child(ren) | \$33.44        |
| Family                | \$54.83        |

\*Plan covers two preventative / routine cleanings each year. Preventative / Diagnostic services do not count toward your Annual Maximum so the plan can cover more for needed care.

\*\*Silver or tooth-colored fillings? You decide. The plan covers both options for back teeth.

# Vision Benefit

| SUPERIOR VISION                     | IN-NETWORK                   | OUT-OF-NETWORK     |
|-------------------------------------|------------------------------|--------------------|
| <b>Deductible</b>                   |                              | \$0                |
| <b>Copay (Exam &amp; Materials)</b> |                              | \$0                |
| <b>Frequency</b>                    |                              |                    |
| Exam                                | Once per 12 months           |                    |
| Frames                              | Once per 12 months           |                    |
| Lenses                              | Once per 24 months           |                    |
| Contact                             | Once per 12 months           |                    |
| <b>Vision Exam</b>                  | Covered in Full              | Up to \$35 Retail  |
| <b>Frames</b>                       | Up to \$150 Retail Allowance | Up to \$75 Retail  |
| <b>Lenses</b>                       |                              |                    |
| Single                              | Covered in Full              | Up to \$25 Retail  |
| Bifocal                             | Covered in Full              | Up to \$40 Retail  |
| Trifocal                            | Covered in Full              | Up to \$45 Retail  |
| Progressive*                        | See Description*             |                    |
| <b>Contact Lenses</b>               |                              |                    |
| Medically Necessary                 | Covered in Full              | Up to \$150 Retail |
| In Lieu of Spectacle Lenses         | \$175 Retail Allowance       | Up to \$150 Retail |
| <b>Lasik Vision Correction***</b>   | \$200 Allowance              |                    |



| Vision Rates          |                |
|-----------------------|----------------|
| Coverage Level        | Bi-Weekly Rate |
| Single                | \$4.67         |
| Employee + Spouse     | \$7.94         |
| Employee + Child(ren) | \$8.41         |
| Family                | \$12.90        |

# Life and AD&D Insurance



**Badger Liquor offers voluntary Life and Accidental Death and Dismemberment (AD&D) insurance for you and your family members**

- **Employee Life and AD&D Benefit**

Maximum of \$500,000 (but cannot exceed 5x your annual earnings); guaranteed issue amount of \$200,000

- **Spousal Life and AD&D Benefit:**

Maximum of \$250,000; amount up to 50% of employee election; guaranteed issue limit of \$30,000

- **Child Life and AD&D Benefit:**

\$5,000 or \$10,000

*Note: Employee must enroll in Employee Life Insurance to enroll a Spouse or Child.*

## **How much life insurance do you need?**

Your benefits could help your family pay for:

- Outstanding debt
- Burial expenses
- Medical bills
- Your children's education
- Daily expenses

To estimate your insurance needs, use the online calculator:

**[www.standard.com/life/needs](http://www.standard.com/life/needs)**



# Accident Insurance



## Badger Liquor offers Accident Insurance through The Standard

- Pays a lump-sum cash benefit directly to you for an off-the-job accidental injury
- Payment may be used for out-of-pocket medical expenses, including copays or deductibles

## Covers more than 80 injuries and services

- Ambulance services
- Emergency room and urgent care
- Hospital admissions and stays
- Medical appliances
- Burns
- Concussion
- Fractures
- Dislocations
- Lacerations (cuts)
- Lodging, travel and childcare

### Accident Insurance Rates

| Coverage Level        | Bi-Weekly Rate |
|-----------------------|----------------|
| Single                | \$2.12         |
| Employee + Spouse     | \$3.05         |
| Employee + Child(ren) | \$3.39         |
| Family                | \$4.32         |

**Earn a \$50 Wellness Benefit for completing preventative screenings!**

See the plan policy for additional details and the complete list of tests covered.

# Disability Insurance



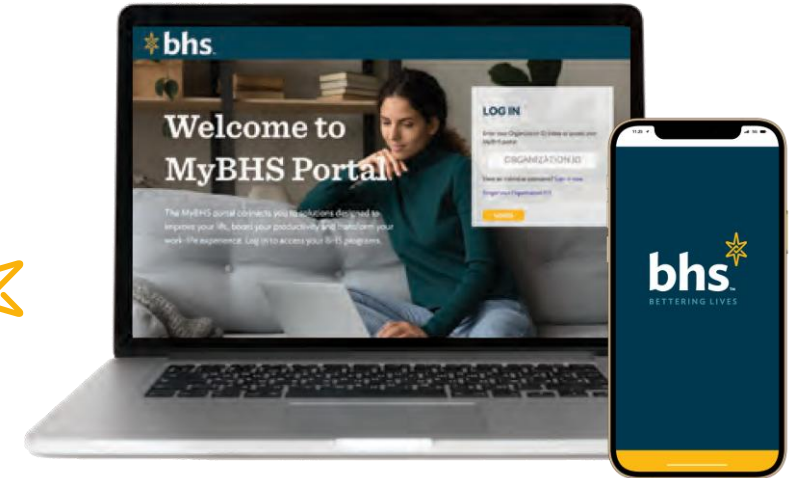
Protects your income if you're unable to work due to an illness, injury, or medical condition.

| Coverage              | Benefit  |
|-----------------------|--|
| Short-Term Disability | <b>Badger Liquor covering 100% of your STD premium</b> for all Hourly, Commission, and Salaried employees with 1 year of employment, working 30 hours or more per week.  |
| Long-Term Disability  | Covers 60% of your base annual salary up to a \$5,000 monthly maximum<br>Begins after short-term disability<br>Continues until you return to work, or you reach the maximum benefit period<br>Voluntary benefit for Hourly & Commission Employees; Badger Liquor provided benefit for Salaried Employees |

# Employee Assistance Program (EAP)

## Provides 8 Free Confidential Counseling Sessions for a wide-variety of needs:

- Marital and family conflicts
- Job-related difficulties
- Stress, anxiety and depression
- Parent and child relationships
- Legal and financial counseling
- Identity theft counseling
- Financial planning
- Other concerns



### Contact BHS

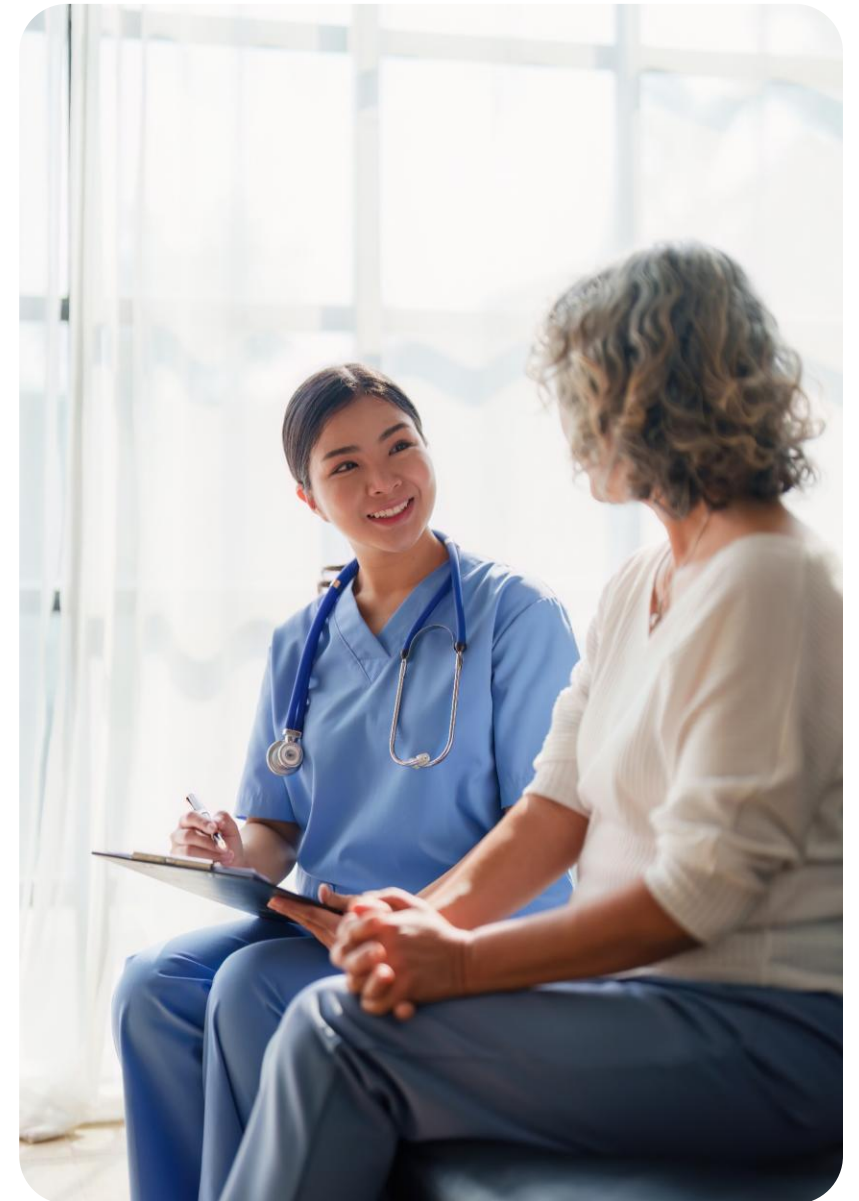
**Telephone: 1.800.327.2251**  
**(available 24/7)**

### Website:

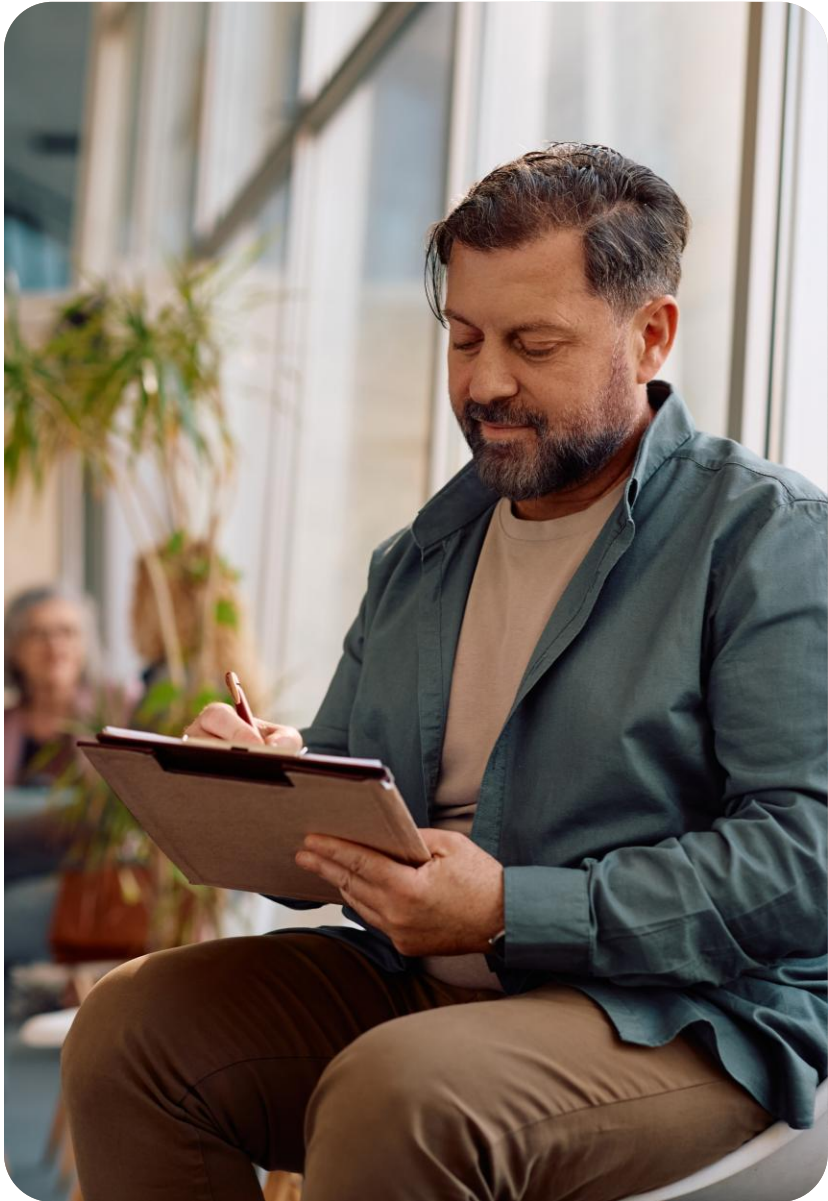
**<https://portal.bhsonline.com>**  
**ID: BADGERLIQUOR**

# Key Factors to Consider When Choosing Medical Coverage

- Compare **premiums** to understand your fixed healthcare costs.
- Evaluate **deductibles** and **out-of-pocket maximums** for potential expenses.
- Review **network coverage** including in-network and out-of-network providers.
- Understand **prescription drug** coverage and options.
- Check for **additional benefits** like preventive care and specialist access.
- Assess opportunities for **health accounts** such as FSAs and HSAs.







# Assessing Your Health and Financial Needs

## **Review Medical History**

Assess past medical conditions and treatments to determine necessary health coverage and benefits.

## **Evaluate Current Health**

Consider your present health status and possible future needs when selecting health plans.

## **Budget Consideration**

Analyze your financial situation to choose affordable insurance coverage that fits your budget.

# Keep Costs Low

 Be a Smart Healthcare Consumer

 Focus on Preventive Care

 Manage Prescriptions Wisely

 Adopt Healthy Lifestyle Habits

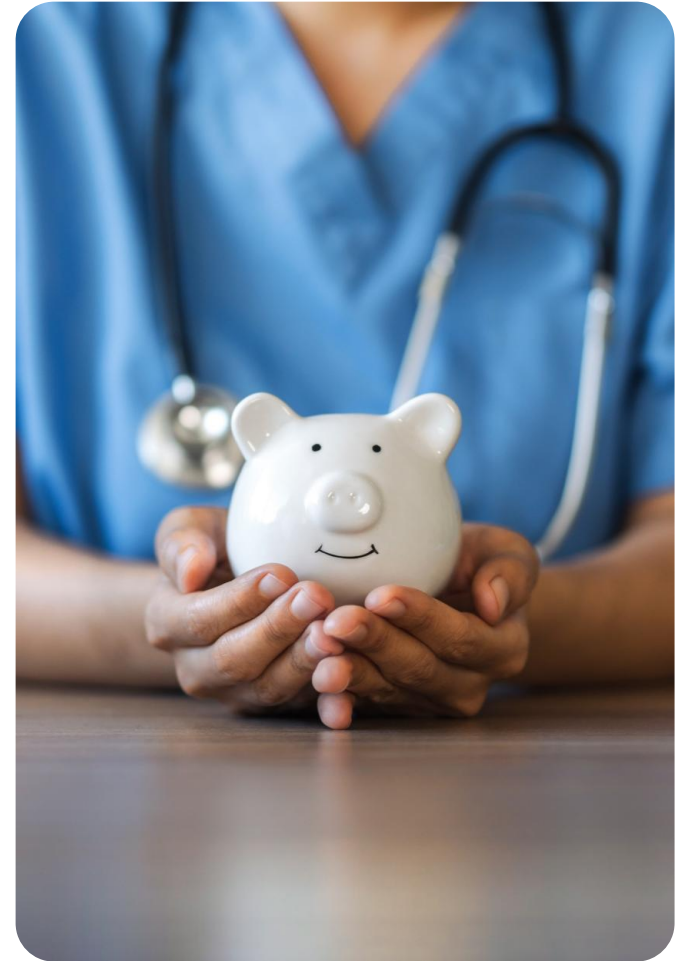
 Be Informed and Engaged

# Your Responsibility

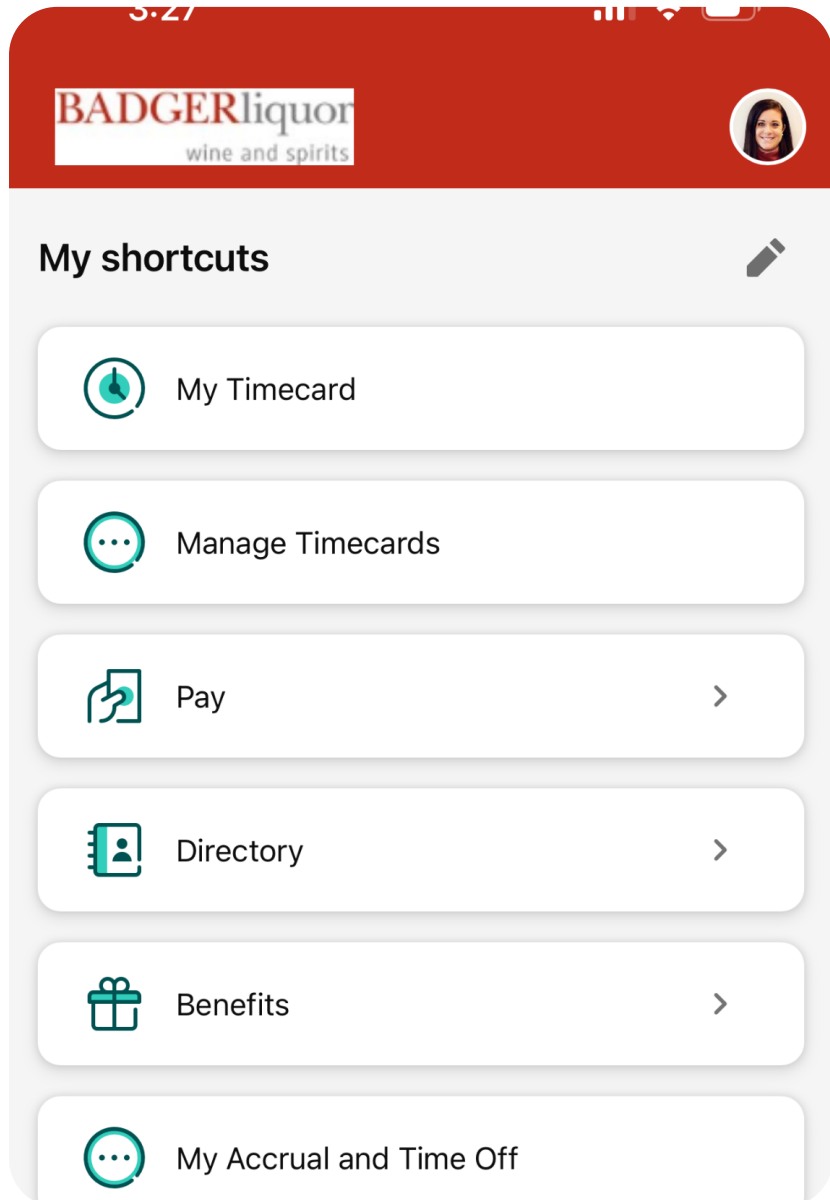
## Review 2026 Employee Benefits Guide

**Complete enrollment in UKG by October 31, 2025**  
**(only available on computer, not mobile device)**

- Add or remove coverage
- Add or remove dependents
- Flexible Spending Account
- Health Savings Account
- Receive Confirmation of Enrollment



**All employees must review and confirm their benefits, regardless of whether they make changes to their current enrollments or choose to waive their benefits.**



- ☐ Not sure about your current benefits? You can view them on the UKG app or online!
- ☐ Watch for the guiding steps and error messages that we have set up in UKG.
- ☐ For example, you won't be able to select the HSA plan if you have selected the PPO medical coverage.
- ☐ Be sure to have your dependent names, dates of birth, genders, and relationships available when you enroll.
- ☐ A summary page provides a preview at the end of enrollment, where you can compare it to your current benefits before you hit 'submit.'





# Drop-In Open Enrollment Assistance Sessions

Friday, October 17, 8-11 am, Schlitz Park

Wednesday, October 22, 3-5 pm, Fond du Lac

Tuesday, October 28, 3-5 pm, Fond du Lac

Wednesday, October 29, 3-5 pm, Fond du Lac



# Questions

[benefits@badgerliquor.com](mailto:benefits@badgerliquor.com)



This presentation provides selected highlights of the Badger Liquor employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the Company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between information provided through this summary and the actual terms of the policies, contracts and plan documents are governed by the terms of these policies, contracts and plan documents.

Badger Liquor reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The Plan Administrator has the authority to make these changes.

*Choose. Enroll. Cheers.*