INTEGRITY | RESPECT | EXCELLENCE

2026 OPEN ENROLLMENT

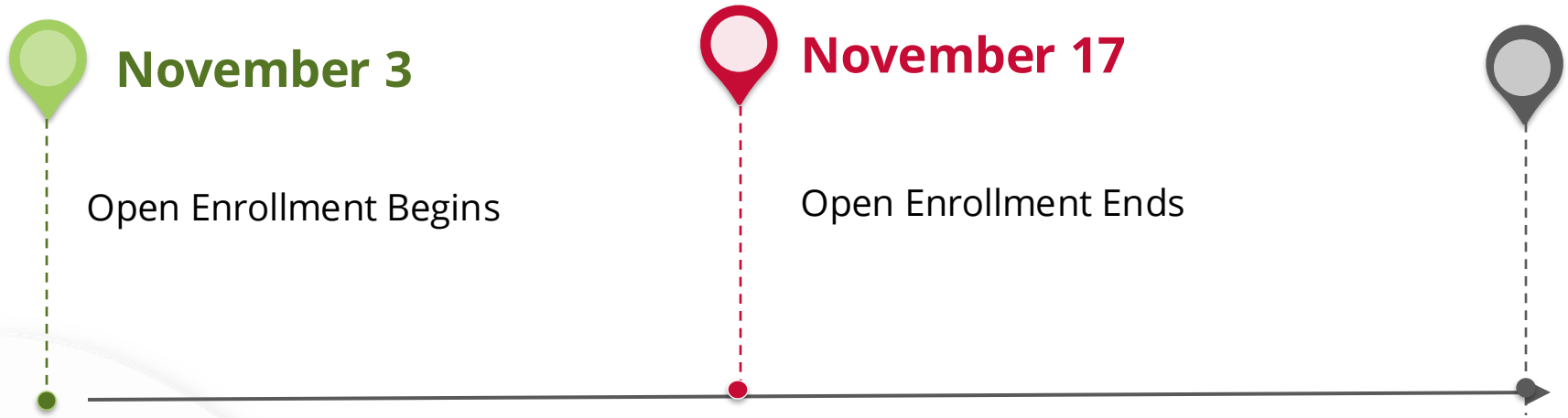
LENNOX

It's in the Air

WELCOME TO OPEN ENROLLMENT 2026!

This is your annual opportunity to review and select your benefits for the upcoming year.

TIMELINE



November 3

Open Enrollment Begins

- Employees may enroll in benefits for 2026 in BenefitSource
- Most elections will carry over EXCEPT:
  - Tobacco Use Confirmation
  - Working Spouse Confirmation
  - Flexible Spending Account (FSA) Elections

November 17

Open Enrollment Ends

- Last day to elect the benefits you need for 2026
- Upload dependent verification within 60 days of enrolling new dependents

January 1

2026 Benefits Effective Date

- 2026 benefits take effect
- Access to healthcare Flexible Spending Account (FSA) funds

QUALIFYING LIFE EVENT

If you experience a qualifying life event during the year, such as:

- Marriage
- Divorce or legal separation
- Adoption
- Loss of coverage
- Death of a covered dependent

You may be eligible to update your coverage before the next Open Enrollment period.

- **You must request the change within 31 days of the event within BenefitSource** and provide supporting documentation.
- **No changes are allowed outside of Open Enrollment** unless a qualifying life event is reported within the 31-day window.

WHO CAN YOU COVER?

Eligible Family Members	Dependent Verification
Legal Spouse Includes common law spouses where legal under state law	• Marriage certificate • Federal tax return • State tax return • Common law affidavit
Dependent children (< age 26) • Biological children • Legally adopted children • Children covered under a medical support court order	• Birth certificate • Adoption certificate • Official hospital record • Document of legal custody/guardianship
• Stepchildren	• Marriage certificate • Birth certificate
Adult child (age 26+) Incapable of self-support due to a mental or physical disability	• Official Hospital Record • Medical records

You have 60 days post-enrollment to provide verification documents.

HOW TO ENROLL/MAKE CHANGES

Option 1: Enroll Online

- Visit BenefitSource at Lennox.bswift.com
- Log in with your employee credentials
- **Username:** Your Employee ID Number found on your paycheck minus the leading zeros
- **Temporary password:** The last four digits of your Social Security Number
- Follow the step-by-step instructions to select or update your benefits
- Review, submit your elections and print/save your confirmation Statement

Option 2: Enroll by Phone

- Call the BenefitSource Enrollment Line: (800) 284 -4549
  Monday- Friday
  7:00 am- 7:00pm CST
- Speak with a representative to complete your enrollment or make changes
- Have your personal information and any dependent details ready

BENEFIT SURCHARGES

You **MUST** answer the surcharge questions in BenefitSource.

Certify Working Spouse Status

- A $100 monthly surcharge will apply if you enroll a spouse who is covered under another medical plan.
- If this does not apply and you wish to avoid the surcharge, you must answer "No" on the **Working Spouse Status** question in BenefitSource during Open Enrollment **every year**.
- If your status changes during the year, please submit a Working Spouse Status affidavit.

Confirm Tobacco Use

- A $150 per person monthly surcharge will apply if you and/or your covered spouse use tobacco and enroll in a Lennox medical plan.
- If this does not apply and you wish to avoid the surcharge, you must answer "No" on the **Tobacco Use** question in BenefitSource during Open Enrollment **every year**.
- If you or your covered spouse's status changes during the year, please submit a Tobacco Use affidavit.

Surcharges apply to medical premiums only

WHAT'S NEW IN 2026?

Medical Plan

- Increase to medical premiums

Pharmacy

- VIVIO will be replaced by Optum Rx for specialty medication services

All other benefit offerings and costs will remain the same

PRESCRIPTION DRUG BENEFITS

Optum Rx®

Prescription management including in-network, local pharmacy filling, home delivery, drug option comparison.

Quantum HEALTH

Personalized health management, including **free prescription drugs**, for some chronic conditions:

- Diabetes
- Coronary Artery Disease (CAD)
- Congestive Heart Failure (CHF)
- Asthma
- COPD

Save on medications with prescription coverage included in both medical plans.

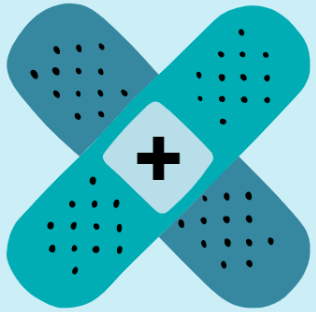
PRESCRIPTION DRUG BENEFIT DETAILS

Plan Feature	Retail Pharmacy * (31-day supply)	Home Delivery * (90-day supply)
Deductible	$250/person	
What You Pay After the Deductible		
Generic	10% ($10 min, $20 max)	10% ($25 min, $50 max)
Preferred Brand Name (Formulary)	30% ($50 min, $100 max)	30% ($125 min, $250 max)
Non-Preferred Brand Name (Non-Formulary)	50% ($75 min, $150 max)	50% ($187.50 min, $375 max)

**In-network coverage only. If you fill prescriptions at an out-of-network pharmacy, you'll pay the full cost.*

MEDICAL INSURANCE PLAN OPTIONS

Which plan is right for you?

2026 Healthcare Plans	
Green Plan	**Blue Plan**
Best for those who expect less doctors' visits.	Best suited for those who expect more doctors' visits.
	
Identical plans, except for deductible, out of pocket maximum, and payroll deductions.	

QUANTUM HEALTH: SIMPLIFY YOUR HEALTHCARE

One-stop shop in choosing the right medical plan and options to make the most of your benefits.

Find in-network providers

Compare costs

Resolve billing issue

Personalized support programs

$0 copay prescription drugs

877-220-2279 • Monday – Friday • 7:30am-9pm CST

Integrity | Respect | Excellence

MEDICAL INSURANCE PLAN DETAILS

PLAN FEATURES*	GREEN PLAN*		BLUE PLAN*	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible				
Individual	$1,500	$3,000	$850	$1,700
Family	$4,500	$9,000	$2,550	$5,100
Annual Out-of-Pocket Maximum				
Individual	$8,375	$16,750	$7,825	$15,650
Family	$16,750	$33,500	$15,650	$31,300
What You Pay After the Annual Deductible Is Met				
Physician Office Visit	20%	40%	20%	40%
Urgent Care				
Hospital Services				
ER Services	$300 + 20% (copay waived if admitted within 24 hours)		$300 + 20% (copay waived if admitted within 24 hours)	

- UnitedHealthcare network of doctors
- Free preventive care
- Free x-rays & lab work
- Unlimited $0 virtual care visits
- $300 copay + deductible/coinsurance for ER visits

Quantum Health can assist with electing the best plan for your family

Surgery Support

Waives all costs for eligible non-emergent surgeries, including:
orthopedic, joint, spine, cardiac, gynecological, gastrointestinal, ear, nose, and throat procedures.

LANTERN

Virtual Physical Therapy

100% covered, personalized services to help relieve chronic pain and discomfort in the back, knee, and hip. Allows you to complete therapy anywhere, anytime.

Hinge Health

Diabetes Management

Personalized support for managing your diabetes. Receive free smart devices to monitor glucose levels

omada

virta

Hypertension Management

Lower high blood pressure with a free digital monitor and personalized 1-on-1 lifestyle change programs.

omada

Weight Management

Digital weight loss and diabetes prevention program. Connected scale to track weight, activity, and food.

omada

Virtual Digestive Care

Personalized care for gastrointestinal conditions. Offers virtual diagnosis, treatment, and prescriptions with 24/7 care support, reducing time to diagnosis and improving symptoms.

OSHI HEALTH

Doctor On Demand

Free 24/7 access to a board-certified doctor for Medical care, Mental health care, or Primary care

dr on demand by Included Health

Carrum

Cancer support – access top quality oncologists at no cost.

carrumhealth

Grail

Early detection blood test for multiple cancers for those who are 50+ or ages 40 – 49 who are higher risk.

GRAIL

100% covered when enrolled in medical insurance.

MEDICAL PREMIUMS (HOURLY)

Weekly Rates

Coverage Tier	Green Plan	Blue Plan
Employee Only	$18.00	$32.77
Employee + Spouse	$51.92	$81.92
Employee + Child(ren)	$48.46	$75.46
Employee + Family	$76.15	$125.08

MEDICAL PREMIUMS (SALARIED)

Semi-Monthly Rates

Coverage Tier	Green Plan	Blue Plan
Employee Only	$52.50	$92.00
Employee + Spouse	$140.00	$220.50
Employee + Child(ren)	$129.00	$205.50
Employee + Family	$200.50	$315.50

DENTAL INSURANCE

DELTA DENTAL®

PLAN FEATURES*	IN-NETWORK
Annual Deductible	$50 per person ($150 family)
Annual Maximum Benefit	$1,500 per person
Preventive Services	Covered at 100%, no deductible
Basic Services	20% after deductible
Major Services *(includes implants)*	50% after deductible
Orthodontics *(dependent children only)*	50% after a $50 deductible
Orthodontia Lifetime Maximum	$1,500 per person

Preventative dental care is covered at 100%.

DENTAL INSURANCE

Per Pay Period Rates

Coverage Tier	Hourly (Weekly Rates)	Salaried (Semi-Monthly Rates)
Employee Only	$6.74	$14.60
Employee + Spouse	$13.77	$29.84
Employee + Child(ren)	$14.12	$30.59
Employee + Family	$22.83	$49.46

VISION INSURANCE

PLAN FEATURES*	IN-NETWORK WHAT YOU PAY
Routine Eye Exam *Once per calendar year*	$5 copay
Eyeglass Lenses *(single vision)* *Once per calendar year*	$0
Eyeglass Frames *Every other calendar year*	Amount over $155
Contact Lenses *(instead of glasses)* *Once per calendar year*	Amount over $150

LensCrafters
OPTICAL
Ray-Ban
GLASSES.COM
contactsdirect

$0 copay for routine exams through PLUS providers.

VISION INSURANCE (HOURLY & SALARIED)

COVERAGE TIERS	HOURLY EMPLOYEES Per Pay Period Premium *(Weekly)*	SALARIED EMPLOYEES Per Pay Period Premium *(Semi-Monthly)*
Employee Only	$1.95	$4.23
Employee + Spouse	$2.83	$6.14
Employee + Child(ren)	$3.42	$7.42
Employee + Family	$5.15	$11.16

SUPPLEMENTAL COVERAGE

VOYA

Basic Life and AD&D

100% Company-paid Basic Life and AD&D coverage, both equal to **1x your annual earnings**, with a required beneficiary designation.

Dependent Life Insurance

Available for your spouse, children, or eligible dependents, with you automatically designated as the beneficiary.

Supplemental Life & AD&D

Elect additional Life and AD&D coverage, with costs based on your age and coverage amount, and coverage available in increments of **1x to 5x your annual earnings.**

Critical Illness Insurance

Enroll to receive coverage for extra expenses related to critical illnesses like cancer, Alzheimer's, ALS, and more for yourself or your dependents.

Accident Insurance

Cash benefit for covered injuries, helping with medical costs, transportation, rehab, lost income, and everyday expenses giving you financial support beyond your primary coverage.

DISABILITY LEAVE OF ABSENCE BENEFITS

Short Term Disability

If you are unable to work due to a serious health condition or injury, this **company-paid** benefit provides partial income replacement for up to **26 weeks**.

Long Term Disability

Purchase coverage during Open Enrollment to receive tax-free benefits that replace pre-disability earnings (up to $10,000/month) after 26 weeks of injury or illness.

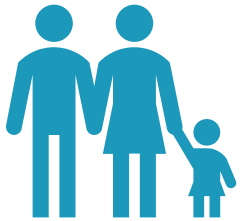
HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

navia benefit solutions

Contribute up to $3,400 and access the full amount January 1st for eligible healthcare expenses.

Save Money

Set aside pre-tax money for eligible healthcare expenses.



Cover Family

Funds can be used for the whole family.

Easy Payment

Easy payment through your FSA card.

Roll Over

Roll over $680 at the end of the year.

Dependent Care Flexible Spending Account

Set aside pre-tax money,
min of **$250** up to a max of **$7,500**
to be used toward:

- Nursery school
- Licensed day care centers
- In-home day care providers
- Before and after school care
- Summer day camp

Funds unused at the end of the year will be forfeited.

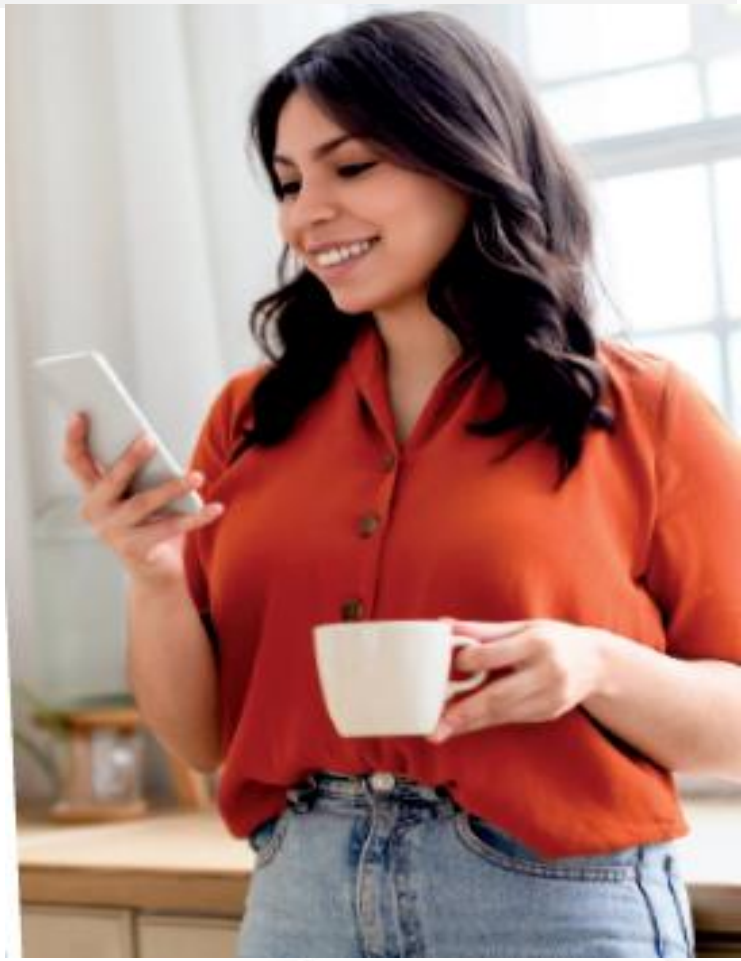
navia benefit solutions

YOUR GO-TO BENEFITS RESOURCES

Where can I learn more about benefits?	Which health plan should I choose?	How do I enroll?
 Visit LIIBenefits.com	 Call (877) 220 - 2279	Call (800) 284 – 4549 or Visit Lennox.bswift.com
Benefits Website	Quantum Health	BenefitSource

FINAL REMINDERS!

- Open Enrollment is **November 3 - 17**
- Enrollment via BenefitSource
  - Lennox.bswift.com
  - (800) 284 - 4549
- Passive enrollment – most elections will carry over **EXCEPT**:
  - Tobacco Use Confirmation
  - Working Spouse Certification
  - Flexible Spending Account (FSA) Elections
- No changes allowed outside of Open Enrollment (without a qualifying life event submitted within 31 days of event)
- **No exceptions if Open Enrollment is missed**



QUESTIONS?

- HR Team
- Quantum Health's Care Coordinators
  - (877) 220 – 2279
  - LIIQuantum.com