The Aaon Group

2027 Benefits Guide

Remote





WELCOME

We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

**The following persons are not considered eligible dependents: your life partner, legally separated or divorced spouses or children of legally separated or divorced spouses, parents, grandparents, nieces, nephews, grandchildren, siblings, boyfriend or girlfriend, roommate, domestic partner (note this list is not intended to be all-inclusive).*

Coverage Begins

- **New Hires:** You must complete enrollment within 30 days of your date of hire. If you enroll on time, coverage begins 1st of the month following your date of hire. If you do not enroll or opt-out, you will automatically be enrolled in Employee Only medical coverage and premium will be applied to payroll deductions.

- **Open Enrollment:** Changes made during Open Enrollment are effective January 1, 2027.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- Experienced an involuntary loss of coverage under another plan
- You gain access to state coverage under Medicaid or The Children's Health Insurance Program

Making Changes

To change your benefit elections, you must contact Human Resources within 31 days of the qualifying life event (loss of Medicaid is 60 days). Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to change your elections.

INSIDE

Medical
Dental
Vision
Health Savings Account (HSA)
Life and AD&D
Disability
Employee Assistance Program (EAP)
Voluntary Benefits
Valuable Extras
Cost of Benefits
Contact information

ENROLLMENT

Use the Workday app to enroll in benefits. There you will find detailed information about the plans available to you and instructions for enrolling.

Required Information—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

WELCOME!

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits.

Remember, Open Enrollment is an opportunity to make changes to your benefits without a qualifying life event. During this time, you can:

- Add, cancel or change your coverage
- Add or remove eligible family members
- Elect your 2027 HSA contributions

Benefits At-a-Glance

Coverage	Carrier	Plan/Benefit
Medical	90 Degree Benefits	• HDHP with HSA • Cigna Network
HSA	Fidelity	• The Aaon Group matches 175% of EE contribution
Dental	90 Degree Benefits	• No dental network
Vision	90 Degree Benefits	• Vision benefit through medical plan
Voluntary Vision	VSP	• No physical ID card
Life & AD&D	UNUM	• Employer Paid • Class 1 – 2X annual base salary up to a max of $180,000 • Class 2 – 3X annual base salary up to a max of $700,000
Voluntary Life & AD&D	UNUM	• Employee Paid
Short-Term Disability (STD) **Long-Term Disability (LTD)**	UNUM	• Employer Paid
Accident **Critical Illness with Cancer** **Hospital Indemnity**	UNUM	• Employee Paid
Employee Assistance Program (EAP)	UNUM	• Employer Paid
Identity Theft	Experian	• Employer Paid
401K	Bank of Oklahoma	• The Aaon Group offers company match of 175% on the first 6% of your regular contributions



HEALTH

MEDICAL COVERAGE

HDHP + HSA

The HDHP + HSA (High-Deductible Health Plan + Health Savings Account), provided through 90 Degree Benefits and HSA provided through Fidelity; is an insurance plan that typically offers lower premiums and higher deductibles. The highlight of this plan is that it allows you to open an HSA, which is a tax-advantaged personal savings account that lets you save pre-tax dollars to pay for any qualified health-related expenses (state taxation rules may apply). This includes most medical care and services, prescriptions, dental, vision and expenses related to meeting the plan's deductible. For a complete list of qualified health-related expenses, visit Publication 502.

For more information on the HSA, see page 11 in this benefit guide.

Individuals with HDHPs normally pay a lower amount each month but pay more on their yearly medical expenses before their insurance policy begins paying. You can visit any doctor, hospital or other health care provider you want, with greater cost savings in-network.

How You Pay for Services

You pay the full cost of non-preventive health care services and prescription drugs until you meet the annual deductible. The deductible is waived for in-network routine preventive care services and medications on the preventive drug list.

Once you meet the annual deductible, you pay a percentage of your health care expenses (coinsurance), and the plan pays the rest.

Once your deductible and coinsurance add up to the out-of-pocket maximum, this plan pays the full cost of all qualified health care services for the rest of the year.

What is Preventive Care?

Regular preventive care can help you stay well, catch problems early on and may be potentially lifesaving. The ACA requires that certain preventive care services are provided for no cost, copayment or coinsurance. All medical plans cover preventive care services like screenings, immunizations and exams. When you visit in-network providers, you don't have to worry about any out-of-pocket costs for preventive care services. If you use an out-of-network provider, a deductible and out-of-network expenses may apply.

Preventive vs. Diagnostic Care

Preventive care is generally precautionary. For example, if your doctor recommends having a colonoscopy because of your age or family history, this would be considered preventive care. But if your doctor recommends a colonoscopy to investigate symptoms you're having, this would be considered diagnostic care, and your plan cost share will apply.



MEDICAL COVERAGE

Following is a high-level overview of your medical plan options. For complete coverage details, please refer to the Summary Plan Description (SPD). **Note:** The deductibles and out-of-pocket maximums are per calendar year.

Key Benefits	HDHP + HSA Cigna Network	
	In-Network	Out-of-Network
Deductible (Individual/Family)	$1,750 / $3,500	$10,000 / $20,000
Out-of-Pocket Max (Individual/Family)	$6,500 / $12,000	$10,000 / $20,000
In-Network Includes a $7,500 Embedded Maximum Out-Of-Pocket Per Individual Member Covered		
Company HSA Match	175% for contributions deferred through payroll	
Office Visits (physician/specialist)	Deductible + 20%	Deductible
Routine Preventive Care	No Charge	Deductible
Diagnostics (lab/X-ray)	Deductible + 20%	Deductible
Complex Imaging (CT, PET Scans and MRI)	Deductible + 20%	Deductible
Emergency Room (in-network deductible applies)	Deductible + 20%	Deductible + 20%
Urgent Care Facility	Deductible + 20%	Deductible
Inpatient Hospital Stay	Deductible + 20%	Deductible
Outpatient Surgery	Deductible + 20%	Deductible

Vision Benefit (Included in the HDHP)

- One eye exam and one pair of glasses or contacts paid at 100%, limited to $200 max payout per calendar year.
- $200 limit does not apply to dependent children under the age of 19.
- No network, you may use any provider.
- You can utilize any vision provider, when they ask for your insurance, say you have 90Degree Benefits. Their contact information can be found on your medical card.

COST OF MEDICAL PLAN

Benefit Tier	Employee	Employee & Children	Employee & Spouse	Family
Monthly Cost	**$120**	**$240**	**$391**	**$556**

PRESCRIPTION COVERAGE

Retail Pharmacy

When you fill a prescription at a participating retail pharmacy, you may purchase up to a 30-day supply. At the participating pharmacy, you will need to present your ID card and an applicable payment. Most major pharmacies are in our plan's pharmacy network. To find a participating pharmacy near you, visit express-scripts.com or call 1-800-334-8134.

Save Money on Medications

Ask for Generic Drugs

You can save money by asking for generic drugs. The FDA requires that generic drugs have the same high quality, strength, purity and stability as brand-name drugs. The next time you need a prescription, ask your doctor to prescribe a generic drug if it is available and appropriate.

Use Mail Order

If you require regular medication for a long-term or chronic condition, such as arthritis or diabetes, you can save money by using your plan's mail-order service.

Key Benefits	HDHP + HSA
	In-Network
Retail Pharmacy	
Generic	**Safe Harbor:** 20%; **All Other:** Deductible + 20%
Preferred Brand	Deductible + 20%
Non-Preferred Brand	Deductible + 20%
Specialty	Deductible + 30%

* A list of safe harbor medications can be found on page 29

DENTAL COVERAGE

PPO

The dental Preferred Provider Organization (PPO) plan, provided through 90 Degree Benefits, offers you the freedom and flexibility to use the dentist of your choice. You can go to any dentist of your choice; our plan does not utilize a dental network.

Following is a high-level overview of your dental plan options. For complete coverage details, please refer to the Summary Plan Description (SPD). **Note:** The deductibles and annual benefit maximums are per calendar year

Key Benefits	PPO
	In-Network
Deductible (per covered member)	$25
Annual Benefit Maximum (per person)	$2,000
Preventive Services	100% - Two exams, cleanings and x-rays per year – you pay 0%
Basic Services	80% - Fillings and simple extractions – you pay 20%
Major Services	50% - Oral surgery, root canal & crowns – you pay 50%
Orthodontic Services	$25 deductible + 50%; $3,800 Lifetime maximum per participant

Please see your plan document for frequency limitations, age limitations and exclusions

COST OF DENTAL PLAN

Benefit Tier	Employee	Employee & Children	Employee & Spouse	Family
Monthly Cost	**$8**	**$25**	**$22**	**$45**

VISION COVERAGE

Vision Plan

Your eyesight is an integral part of your overall health and a key component of safety. This plan, provided through VSP, gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the **VSP Choice network**. If you decide to use an out-of-network provider, you will pay the provider in full at the time of your appointment and submit a claim form for reimbursement up to the amount allowed by the plan.

Receiving benefits from a network provider is as easy as making an appointment with the provider of your choice from the list of providers. The provider will coordinate all necessary authorizations you supply in your membership information.

Special discounts are offered on non-covered services, such as an additional pair of glasses, special lens options and LASIK.

The following is a high-level overview of your vision plan options. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Benefits	Vision Plan
	In-Network
Exam (once every 12 months)	$10
Materials Copay	$25
Frames (once every 12 months)	$170 frame allowance + 20% off any amount above the allowance $190 frame allowance on featured frames
Lenses (once every 12 months)	Included in prescription glasses
Contact Lenses (in lieu of glasses; once every 12 months)	$170 allowance
VSP LightCare	$170 allowance towards non-prescription sunglasses or non-prescription blue light glasses instead of prescription glasses

*No ID Card will be provided for vision coverage.
*To find an In-Network doctor go to www.vsp.com

COST OF VISION PLAN

Benefit Tier	Employee	Employee & Children	Employee & Spouse	Family
Monthly Cost	**$5.91**	**$12.99**	**$12.28**	**$20.77**



WEALTH

HEALTH SAVINGS ACCOUNT

The HDHP features an HSA provided through Fidelity. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

How the HSA Works

You contribute pre-tax dollars through automatic payroll deductions or make after-tax contributions that are deductible when you file your taxes.

The Company contributes the following amounts annually to your HSA account to help it grow:

- The Aaon Group matches 175% of your contribution

You can withdraw HSA funds tax free to pay for current qualified health care expenses, or save them for the future, also tax free. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

Contribution Limits

Coverage Tier	2027
Individual	$4,500
Family	$9,000
Catch-up Contributions	$1,000

*Your contributions in addition to The Aaon Group's match cannot exceed the above limits.

Scan this code to watch a video about how an HSA works.

Key Features of the HSA

Triple-Tax Advantage

- You contribute funds pre-tax through convenient payroll deductions. This means the money comes out of your paycheck before income tax is calculated. So, you get to keep a bigger portion of your paycheck.
- HSA funds grow tax free, and unused funds roll over year to year. So, the more you save, the more your account will grow—just like a bank savings account. If you need to use your HSA funds, you can withdraw them tax free to pay for qualified health care expenses now and in the future—even in retirement.

Investment Opportunities

Once you reach and maintain a minimum threshold, you can make investments to help your money grow tax free.

Savings Potential

Your HSA is like a "health care 401(k)." There is no "use it or lose it" rule. Your account grows over time as you continue to roll over unused dollars from year to year.

Preventive Medications List

If you are enrolled in an HSA-compatible medical plan, you can access the list of no cost preventive drugs that starts on page 25 of this guide.

Qualified Health Care Expenses

- Qualified medical, dental and vision expenses not covered by the plans, as defined by the IRS in Publication 502 (https://www.irs.gov/forms-pubs/about-publication-502).
- COBRA premiums
- Qualified long-term care insurance and expenses
- Health insurance premiums when receiving unemployment compensation
- Medicare and retiree health insurance premiums (not Medicare Supplement premiums)

Important Notes

- You must meet certain eligibility requirements to have an HSA: You a) must be at least 18 years old, b) must be covered under a qualified HDHP, c) must not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, please refer to IRS Publication 969 (https://www.irs.gov/forms-pubs/about-publication-969).
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

1. You must be enrolled in an IRS-qualified high-deductible health plan to contribute to an HSA.

401(K) RETIREMENT SAVINGS ACCOUNT

BANK OF OKLAHOMA

Planning for your future starts now—and our 401(k) plan makes it easy to build long-term financial security. This plan allows you to defer a portion of your compensation into a variety of investment options tailored to your goals.

Eligibility & Enrollment

Employees who are 18 years or older are automatically enrolled upon hire with a pre-tax contribution of 6%. You can adjust your contribution rate at any time, choose post-tax (Roth) or after-tax options, or opt out be setting your rate to 0%. You can also change your contribution rate at any time.

How Contributions Work

Your contributions are deducted from your paycheck and deposited into your individual 401k account through Bank of Oklahoma (BOK). Unless you choose otherwise, your funds will be invested in a Target Date Fund based on your birth year and an expected retirement age of 65. You also have access to a wide range of investment options to help meet your investment goal.

Company Match

The Aaon Group offers a generous 175% on the first 6% of your regular contributions. While you cannot invest directly in The Aaon Group Stock, all company-matched funds are initially invested there. You may reallocate those funds to other investment at any time

Contribution Limits

The IRS set annual contribution limits:

- 2027 Employee Limit: $25,500
- Catch-Up Contribution (Age 50+): $8,500 (Total: $32,500)
- "Super" Catch-Up (Ages 60-63): $11,750 (Total: $36,000)

Combined Employee + Employer Limit: $75,000.

Note: Starting in 2027, employees earning over $150,000 in the prior year must make catch-up contributions as Roth (after-tax) per IRS regulations.

Vesting & Distributions

- You are always 100% vested immediately in your own contributions and any earnings.
- Company-matched funds follow a vesting schedule, with full vesting after 6 years of service.
- Distributions are available only in the event of reaching age 59 ½, retirement, disability, death, or termination of employment.

The plan does offer "hardship" distributions which require necessary documentation if deemed applicable.

Years of Services	% Vested
O to 2 Years	0%
2 Years	20%
3 Years	40%
4 Years	60%
5 Years	80%
6 or more Years	100%

LIFE INSURANCE

Life insurance, provided through UNUM, provides your named beneficiaries with a benefit following your death, while accidental death and dismemberment (AD&D) insurance provides a benefit to you following a covered accident that leads to dismemberment (such as the loss of a hand, foot or eye). Should your death occur due to a covered accident, both the life benefit and the AD&D benefit would be payable.

Basic Life and AD&D (employer-paid)

Employee Class	Benefit Amount
Class 1 Base Salary Under 90K	2x Annual Base Salary Up to a max of $180,000
Class 2 Base Salary Over 90K	3x Annual Base Salary Up to a maximum of $700,000

Age reductions apply; see summary for specifics

Supplemental Life and AD&D (employee-paid, Post Tax)

If you determine you need more than the basic coverage, you may purchase additional insurance for yourself and your eligible family members.

Coverage Tier	Benefit Amount	Guaranteed Issue Amount
Employee	5 x annual earnings up to $500,000	$150,000
Spouse	Can not exceed 100% of employees' benefit up to $250,000. Any amount over GI will require Evidence of Insurability	$50,000
Child(ren)	0 – 6 months: $1,000 6 months – age 26: 100% of employees benefit up to $10,000	$10,000

AD&D is for EE only. Age reductions apply; see summary for specifics

Note: During your new hire eligibility period, you can secure coverage up to the Guaranteed Issue limits without the need for Evidence of Insurability (EOI, or information about your health). Please note that coverage amounts requiring EOI will only go into effect once the insurance carrier approves them.

If you missed your initial eligibility window and now want to sign up for voluntary life coverage, you will need to fill out at Evidence of Insurability form. UNUM will then review your health information and must approve you before your coverage can start.

Scan this code to watch a video about how life insurance works.

DISABILITY INSURANCE

Disability insurance, provided through UNUM provides benefits that replace part of your lost income when you cannot work due to a covered illness or injury. There are no pre-existing condition limitations on the STD plan.

Short-Term Disability

Provided at NO COST to you (All Employee's)	
Benefit	60% of base salary
Maximum weekly benefit	$1,750
When benefit begins	After 7th day of disability
When benefit ends	Up to 16 weeks

Long-Term Disability

Provided at NO COST to you (All Employee's)	
Benefit	60% of base salary
Maximum monthly benefit	$6,000
When benefit begins	After 120 days of disability
Maximum Benefit Duration	*5 years
Disability Plus	20% of employees' monthly earnings up to $2,000
Pre-Existing Condition	3/12

Integrated Disability Plan

Provided at NO COST to employees who make a base salary $120K and above	
Benefit	60% of base salary
Maximum monthly benefit	$10,000 per month plus the group LTD of $6,000 per month
When benefit begins	120 Days
Maximum Benefit Duration	*Age 65
Pre-existing Condition	3/12

*Please refer to duration of benefits if you become disabled after age 65

Scan this code to watch a video about how disability insurance works.





VOLUNTARY BENEFITS

Accident Insurance

Accident insurance, provided through UNUM, can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: you visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But treating a broken leg can cost thousands of dollars. When your medical bill arrives, you'll be relieved you have accident insurance on your side.

Accident insurance pays a fixed cash benefit directly to you when you have a covered accident-related injury, like a sprain or bone fracture. Examples of covered expenses include:

- Doctor's office visits
- Diagnostic exams
- Broken leg rehab treatment
- Physical therapy sessions

More details, cost and brochures are located on Workday.

Accident Insurance in Practice	
Situation	Joe broke his leg in a bike accident.
Covered Benefits	• Doctor's office visits • Diagnostic exams • Broken leg rehab treatment • Physical therapy sessions

- Hospital Confinement-$1,500 per confinement and $200 per day for up to one year. $2,000 for ICU confinement plus $400 a day
- Ambulance $400 ground/$1,500 air
- Dislocations and fractures $150 - $4,500
- Lacerations $50 - $1,500
- Up to $10,000 for 2nd & 3rd degree burns
- Accidental Death $12,500 - $50,000
- Annual Wellness Benefit of $50 per insured

Scan this code to watch a video about how an accident plan works.



VOLUNTARY BENEFITS

Critical Illness with Cancer Coverage

About half of U.S. adults report being unable to pay an unexpected medical bill of $500 without going into debt.[1] With critical illness insurance provided through UNUM, you won't have to. This benefit provides a fixed, lump-sum cash benefit directly to you when you are diagnosed with a covered health condition such as a heart attack or stroke. You can use this benefit however you like, including to help pay for:

- Increased living expenses
- Prescriptions
- Travel expenses
- Treatments
- $10,000-$30,000 Lump Sum Coverage for Cancer, Heart Attack, Stroke, Kidney Failure, plus many others as well as additional covered benefits for dependent children such as Cerebral Palsy, Cleft Lip or Palate, Cystic Fibrosis, Down Syndrome and Spina Bifida.
- Annual Wellness Benefit of $50 - $100
- Includes 50% coverage for child dependents for no additional cost

Critical Illness Insurance in Practice	
Situation	Britta had a heart attack while raking leaves.
Covered Benefits	Heart attack diagnosis
Total Benefit Paid Directly to Employee	$15,000

Hospital Indemnity Insurance

- When you or a dependent need to be hospitalized, your family deserves to focus on their well-being, not the stress of a stint at the hospital, which can cost an average of $3,025 per inpatient day.[1] Hospital indemnity, provided through UNUM, pays a fixed cash benefit directly to you when you experience:
- Hospital Admission $500 per insured per calendar year
- Daily Hospital Confinement $100 per day
- Hospital ICU Confinement $200 per day

Hospital Indemnity Insurance in Practice	
Situation	Craig was hospitalized following a car accident.
Covered Benefits	• Hospital admission • Hospital stay • Intensive care unit stay
Total Benefit Paid Directly to Employee	$2,250

1. Kaiser Family Foundation. "Expenses per Inpatient Day." Kaiser Family Foundation, kff.org/health-costs/state-indicator/expenses-per-inpatient-day.

Scan this code to watch a video about how a hospital indemnity plan works.

Scan this code to watch a video about how a critical illness plan works.



VOLUNTARY BENEFITS

Travel Assistance

Travel assistance services, provided through Assist America, is available to you and your dependents to help handle complex medical situations while traveling 100 miles or more from home. A team of multilingual specialists work across time zones and with different languages and currencies. These services are available 24/7 to help with:

- Emergency Medical Transport
- Medical Assistance
- Travel Assistance
- Security Assistance
- Help replacing lost prescriptions and passports
- Hospital Admissions Assistance
- Emergency Medical Evacuation

assist america®
Innovative Assistance Solutions

QUESTIONS?

To learn more, visit https://www.assistamerica.com/

For questions, contact Assist America at medservices@assistamerica.com.

Within the U.S 1-800-872-1414

Outside the U.S. (U.S. access code) +609-986-1234

Reference #: 01-AA-UN-762490

Identity Theft Protection Through Experian

Your identity is made up of more than your Social Security number and credit score. It includes the trail of data you leave behind from financial transactions, as well as what you share on social media. That's why we offer identity theft protection, provided through Experian for you and your family members.

Features

- $1 million ID theft insurance
- Dark web monitoring
- High-risk transaction monitoring
- Social media monitoring
- IP address monitoring
- Lost wallet protection
- Solicitation reduction
- Credit monitoring and alerts
- Data breach notifications
- Stolen 401(k) and HSA funds reimbursement

experian.

QUESTIONS?

To learn more, visit www.experian.com.

For questions, contact Experian at 855-797-0052 or Experian.myfinancialexpert.com/login.

IDENTITY THEFT PROTECTION

All full-time employees will be protected by Experian's **Identity Theft Protection** at NO additional cost to you. If you would like to protect your dependents as well, you have the option to add them for $6.00 per month.

My Financial Expert—**Premium Plan**

Provide robust identity protection, restoration, and financial wellness services along with device and data protection features

ID Protection & Restoration Benefits

- Authorization Alerts
- Inquiry Alerts
- Court Record Monitoring
- Sex Offender Monitoring
- Change of Address Monitoring
- Dark Web Monitoring
- Social Security Number Monitoring
- Alternative Loan Monitoring
- Smart Metrics
- Child Dark Web Monitoring[1]
- Child Full-Service Restoration[1]
- Child Social Network Monitoring[1]
- Child Social Security Number Monitoring[1]
- Full-Service Restoration + Lost Wallet
- Up to $1M Identity Theft Insurance[2] (Stolen Funds)

Financial Wellness Benefits

- Monthly Experian Credit Report
- Monthly VantageScore®[3]
- Monthly VantageScore[3] Tracker
- VantageScore[1] Simulator
- Experian Credit Monitoring
- Experian CreditLock
- Tri-Bureau Freeze & Lock Assistance (Adult/Child)[4]
- Credit Limit Utilization and Balance (C.L.U.B.) Alerts
- Positive & Dormant Activity Alerts
- Credit Education Center
- Mobile App[5]

1. Child monitoring includes up to 10 children under the age of 18. One-time Parent/Legal Guardian verification is required to receive alert details for children.
2. The Identity Theft Insurance is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company under group or blanket policy(ies). The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions. Click here to access Summary of Benefits
3. Calculated on the VantageScore® models. Your VantageScore 3.0 from Experian® indicates your credit risk level and is not used by all lenders, your lender may use a score that's different from your VantageScore 3.0. Click here to learn more.
4. Child credit freeze assistance via call center by legal parent or guardian.
5. Some plan features may not be available via mobile devices.

©2023 Experian Information Systems, Inc. All rights reserved.

Experian **External**



WELLBEING



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Life is full of challenges, and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The Employee Assistance Program (EAP) is provided at NO COST to you through UNUM.

The EAP can help with the following issues, among many others:

- Mental health
- Relationships
- Substance use
- Child and eldercare
- Grief and loss
- Legal or financial issues

Scan this code to watch a video about how an EAP works.

EAP Benefits

- Assistance for you and your household members
- Up to 3 in-person or virtual sessions with a counselor per event, per year, per individual
- Unlimited toll-free phone access and online resources

QUESTIONS?

To learn more, visit www.unum.com/lifebalance

For questions, contact UNUM at:

1-800-854-1446: English

1-877-858-2147: Spanish

1-800-999-3004: TTY/TDD

Toll-free, 24-hour access



PERKS

EMPLOYEE DISCOUNTS

BenefitHub

BenefitHub is an exclusive employee discount program that can help you save big on thousands of items daily such as travel, apparel, tickets, auto, electronics, insurance, education, restaurants and so much more!

To get started:

- Go to https://The Aaon Groupok.benefithub.com
- Click on "Any Offer"
- Complete the Sign-Up Form

Questions? Call 813-675-2210 or email customercare@benefithub.com

You can also scan the QR code shown below to direct you to the website.





RESOURCES

IMPORTANT CONTACTS

Benefit	Carrier	Phone Number	Website/Email
Medical, Dental & Vision Benefit	90 Degree Benefits	1-800-749-1422	portal.90degreebenefits.com Download the app at My90DB
Find a Provider			
Network	Cigna Healthcare	1-800-997-1654	www.cignahealthcare.com
RxBenefits/Express Scripts	RxBenefits	1-800-334-8134	express-scripts.com.com Email: RxHelp@rxbenefits.com
Life/AD&D & Disability	UNUM	1-800-442-0915	www.unum.com
UNUM Total Leave	UNUM	1-866-868-6737	https://portal.unum.com Leave specialists available 8am-8pm ET Mon-Fri
Employee Assistance Program (EAP)	UNUM	Toll-Free, 24-hour access 1-800-854-1466: English 1-877-858-2147: Spanish 1-800-999-3004: TTY/TDD	www.unum.com/lifebalance
HSA	Fidelity	1-800-544-3716	Netbenefits.com
Identity Theft	Experian	855-797-0052	Experian.myfinancialexpert.com
Voluntary Benefits			
Accident Coverage Critical Illness with Cancer Hospital Indemnity Insurance	UNUM	1-800-442-0915	www.unum.com
Voluntary Vision Plan	Vision Service Plan (VSP)	1-800-877-7195	www.vsp.com
401(K)	Bank of Oklahoma (BOK)	1-800-876-9557	Startright.bokf.com

How to Initiate a Workday Help Case

1. Open the **Workday** App
2. Select **Apps**, then tap **Help**
3. Click **Create** Case
4. Select the appropriate **Case Type**
5. Enter a detailed description of your question or request
6. Attach any supporting documentation, if applicable
7. Click **Submit**

Questions?

If you have additional questions, contact:
Benefits@groups.aaon.com

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

Free Under ACA and Preventive Prescription List

Drug List – Preventive Items and Services Offering - 2026

The Patient Protection and Affordable Care Act (PPACA) imposes a number of insurance reforms and mandates including a requirement to cover certain *preventive items and services* at 100 percent and ensure these items and services are not subject to deductibles or other cost-sharing limitations.

The following list of preventive medications should be used as a guide. It cannot be considered a comprehensive listing of medications available or covered without cost-sharing. Coverage of any of the listed medications (including over-the-counter (OTC) medications) requires a prescription from a licensed health care provider.

The availability or coverage of these medications without cost-sharing may be subject to criteria established by the terms of the health plan.

This list is subject to change as PPACA guidelines are updated or modified.

Please note: coverage of medications at $0 cost share is dependent on the list of medications covered by your drug formulary.

Medicine Category and Who is Covered	Examples of Medicines Covered
Aspirin *Persons of any age*	Generic, single-entity aspirin 81 mg Includes copay exception review process
Breast Cancer – Primary Prevention Persons ≥ 35 years who meet criteria. *(Only one of the available options described is chosen for coverage by a prescription drug plan)*	**Preferred Option: Copay Exception Review only:** Brand and generic tamoxifen (tablet, liquid solution); and for post-menopausal persons: raloxifene, anastrozole, and exemestane **Non-Preferred Option**: Generic tamoxifen, raloxifene, anastrozole, exemestane, and brand Soltamox are all covered at POS for $0 member-share without review. For other products not covered at $0 cost-share at the point of service, a member- or prescriber-initiated copay exception review is available.
Contraceptive Methods Persons of any age capable of pregnancy *(Only one of the available options described is chosen for coverage by a prescription drug plan)*	*Brand name contraceptives with a generic equivalent are $0 cost share only when the prescriber indicates the brand product must be dispensed or generic is not available.* **Expanded Product Option*:** Covered products include all generic and single source brands within required categories, including: OTC contraceptive methods (condoms, spermicides, etc.), diaphragms, cervical cap, hormonal contraceptives (including emergency contraception), and contraceptive devices. *Quantity limit is applied to OTC Opill®.* Preferred Product with Step Therapy Option*: Covered products include select products within required categories. including: spermicide VCF® gel and legend diaphragms; Today® contraceptive sponge; condoms; Femcap®; generic oral, transdermal and intramuscular hormonal methods; contraceptive ring; generic, OTC emergency contraceptives; the intrauterine system Mirena®; the intrauterine system ParaGard T380A®; and the intradermal agent, Nexplanon®. *Step Therapy criteria are applied to select brand contraceptives. Quantity limit is applied to OTC Opill®.* Preferred Product Option*: Covered products include select products within required categories including: spermicide VCF® gel and legend diaphragms; Today® contraceptive sponge; condoms; Femcap®; generic oral, transdermal and intramuscular hormonal methods; contraceptive ring; generic, OTC emergency contraceptives; the intrauterine system Mirena®; the intrauterine system ParaGard T380A®; and the intradermal agent, Nexplanon®. *Quantity limit is applied to OTC Opill®.* All options include copay exception review process. *Coverage of medications at $0 cost share is dependent on the list of medications covered by the member's drug formulary.
Fluoride Persons 6 months through <17 years	Fluoride Chewable or Drops ≤ 1.0 MG generic Multivitamin/Fluoride (≤ 1.0 MG)Chewable/Drops/Suspension generic Includes copay exception review process
Folic Acid Persons of any age	Folic Acid Tablet 0.4 MG and 0.8 MG generic Multivitamin and Prenatal Vitamins with Folic Acid (0.4 MG and 0.8 MG) generic Includes copay exception review process
HIV Prep Persons of any age	Emtricitabine / tenofovir disoproxil fumarate (TDF) generic - 200 mg / 300 mg dose only Descovy (emtricitabine/ tenofovir alafenamide (TAF) 200 mg/25 mg) Apretude (cabotegravir extended-release injectable suspension) Yeztugo (lenacapavir tablet/subcutaneous injection)

Medicine Category and Who is Covered	Examples of Medicines Covered
	Includes copay exception review process
Immunizations The age for coverage varies based on the vaccine product prescribed and recommendations by the U.S. Centers for Disease Control and Prevention *(Only one of the available options described is chosen for coverage by a prescription drug plan)*	**Option 1:** Covered immunizations include those that are routine vaccines and non-routine immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention and that meet the US Food and Drug Administration approved indications for age limitations. **Option 2:** This option only includes routine vaccines as defined by the ACIP. Both options include copay exception review process.
Medications used to prepare for Colonoscopy Persons ≥ 45 and ≤ 75 years of age Limit of 2 prescriptions per year; Package size limitations may apply *(Only one of the available options described is chosen for coverage by a prescription drug plan)*	**Generic Only Option:** Covered products include legend and over-the-counter medicines such as: Bisacodyl; Magnesium Citrate; Milk of Magnesia; and PEG 3350 generic. **Generic Plus Brand Option:** Covered products include the above listed generics plus select brands. Both options include copay exception review process.
Statins Persons ≥ 40 years and ≤ 75 years *(Only one of the available options described is chosen for coverage by a prescription drug plan)*	Covered products may include generic low to moderate intensity statins such as: • Atorvastatin ≤ 20mg • Fluvastatin ≤ 80mg • Lovastatin ≤ 40 mg • Pitavastatin ≤ 4mg • Pravastatin ≤ 80mg • Rosuvastatin ≤ 10mg • Simvastatin ≤ 40mg **Standard Program Option 1:** generic low/moderate intensity statins **Trend Management Program Option 2:** generic low/moderate intensity statins only for members meeting CVD medical history and Rx risk factor requirements (using claims data). Both options include copay exception review process.
Tobacco Cessation Persons 18 and older *(Only one of the available options described is chosen for coverage by a prescription drug plan)*	Bupropion sustained release 150mg generic; Varenicline; and Nicotine **Smoking Cessation Option 1** All FDA approved products listed above are covered with no limitations. **Smoking Cessation Option 2** All FDA approved products listed above are covered for a maximum of 180 days therapy per 365 days after which, the member is responsible for a usual co-payment amount. **Smoking Cessation Option 3** All FDA approved products listed above are covered for a maximum of 180 days therapy per 365 days after which, the member is responsible for 100% of the prescription cost. **Smoking Cessation Option 4** All Generic FDA approved products listed above are covered for a maximum of 180 days therapy per 365 days after which, the member is responsible for a usual co-payment amount. All options include copay exception review process.

Deductible Waived On These Medications

The drugs listed below are considered safe harbor medications.

2026 Consumer Directed Healthcare (CDH) Preventive Medications - Standard Generics Only

This list provides examples of commonly prescribed preventive medications. It is not an all-inclusive list; however, many examples of the medications are listed in each category.

This list does not indicate coverage. Please check with your plan administrator and/or benefit information materials if you have questions on coverage. Your cost share will be determined by your plan's drug coverage and formulary plan.

Coverage prior to the deductible being met may not be provided for every strength or dosage form of a listed medication.

ASTHMA

budesonide oral inhalation

BONE DISEASE AND FRACTURES

alendronate
ibandronate oral
raloxifene
risedronate
risedronate dr
zoledronic acid 5mg

CAVITIES

periomed
sodium fluoride rinse, gel, cream, paste, tabs and drops

COLONOSCOPY PREPARATION*

gavilyte-c
gavilyte-g
gavilyte-n
PEG-3350/electrolytes
sodium, potassium and magnesium sulfates

DEPRESSION

citalopram
escitalopram
fluoxetine
fluoxetine dr
fluvoxamine
fluvoxamine er
paroxetine
paroxetine er
sertraline

DIABETES

acarbose
exenatide
glimepiride
glipizide
glipizide er and xl
glipizide/metformin
glyburide
glyburide/metformin
glyburide micronized
liraglutide
metformin
metformin er
metformin solution
miglitol
nateglinide
pioglitazone
pioglitazone/glimepiride
pioglitazone/metformin
repaglinide
saxagliptin
saxagliptin/metformin er

HEART DISEASE AND STROKE

BLOOD THINNERS

aspirin, 81 mg* & 325 mg
aspirin-dipyridamole er
clopidogrel
dabigatran
dipyridamole
jantoven
prasugrel
rivaroxaban
ticagrelor
warfarin

CHOLESTEROL LOWERING

HMG-COA REDUCTASE INHIBITORS*

atorvastatin
fluvastatin
fluvastatin er
lovastatin
pitavastatin
pravastatin
rosuvastatin
simvastatin

OTHER CHOLESTEROL LOWERING AGENTS

amlodipine/atorvastatin
cholestyramine
cholestyramine light
colesevelam
colestipol
ezetimibe
ezetimibe/simvastatin
fenofibrate
fenofibric acid
fenofibric acid dr
gemfibrozil
icosapent ethyl
niacin
niacin er
prevalite

2026 CDH Preventive Medications - Standard Generic

HIGH BLOOD PRESSURE (HBP)

ACE INHIBITORS

benazepril
captopril
enalapril
fosinopril
lisinopril
moexipril
perindopril
quinapril
ramipril
trandolapril

ACE INHIBITORS/DIURETIC COMBINATIONS

benazepril/hctz
captopril/hctz
enalapril/hctz
fosinopril/hctz
lisinopril/hctz
quinapril/hctz

ANGIOTENSIN II RECEPTOR ANTAGONISTS

candesartan
eprosartan
irbesartan
losartan
olmesartan
telmisartan
valsartan

ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS

candesartan/hctz
irbesartan/hctz
losartan/hctz
olmesartan/hctz
telmisartan/hctz
valsartan/hctz

BETA BLOCKERS

acebutolol
atenolol
betaxolol
bisoprolol
metoprolol succinate er
metoprolol tartrate
nadolol
nebivolol
pindolol
propranolol
propranolol er
timolol

BETA BLOCKER/ DIURETIC COMBINATIONS

atenolol/chlorthalidone
bisoprolol/hctz
metoprolol/hctz
propranolol/hctz

CALCIUM CHANNEL BLOCKERS

amlodipine
cartia xt
diltiazem
diltiazem cd
diltiazem er
felodipine er
isradipine
matzim la
nicardipine
nifedipine
nifedipine er
nisoldipine er
tiadylt er
verapamil
verapamil er
verapamil er pm
verapamil sr

DIURETICS

chlorthalidone
hydrochlorothiazide
indapamide
metolazone

OTHER HBP & COMBINATIONS

amlodipine/atorvastatin
amlodipine/benazepril
amlodipine/olmesartan
amlodipine/olmesartan/hctz
amlodipine/valsartan
amlodipine/valsartan/hctz
trandolapril/verapamil er

MALARIA

atovaquone/proguanil
chloroquine
mefloquine
primaquine

MISC ANTIVIRALS

emtricitabine/tenofovir disoproxil fumarate (TDF) 200mg/300mg*

OBESITY

benzphetamine
diethylpropion
diethylpropion er
phendimetrazine
phendimetrazine er
phentermine
phentermine/topiramate er

SMOKING-CESSATION*

bupropion sr 150mg
nicotine gum, lozenges and patches
varenicline

VITAMINS OR MINERALS

Folic acid*
generic prenatal vitamins
generic pediatric multivitamins with fluoride*

*Please note that some of these medications are also subject to the Affordable Care Act (ACA) and may be covered by your plan at 100%.

Express Scripts® Pharmacy Benefit Services manages your prescription benefit for your employer, plan sponsor, or health plan. For specific questions on coverage, please call the phone number on your member ID card or visit our website express-scripts.com.

© 2025 Evernorth Health Services. All Rights Reserved. All trademarks are the property of their respective owners.

DL_0017456C 272929

CRP1516902B DL2209_0017456C

The Aaon Group

OK | TX | MO | OR | TN