



# rti 2026 Benefits at a glance

## MEDICAL – BlueCross BlueShield of Illinois

|  | PPO   |  | HMO   | HSA                                 |  |
|---|---|--|---|-------------------------------------|--|
|   | Participating Provider Organization   |  | Blue Advantage HMO  | Participating Provider Organization |  |
|   | In-Network  | Out-of-Network                                       | In-Network  | In-Network                          | Out-of-Network   |
| <b>Annual Deductible</b><br>Individual / Family                                   | \$500/\$1,500   | \$1,000/<br>\$3,000                                  | \$0/\$0   | \$5,000/<br>\$10,000                | \$10,000/<br>\$20,000                                  |
| <b>Annual Out-of-Pocket Maximum</b><br>Individual / Family                        | \$2,500/\$7,500   | \$5,000/<br>\$15,000                                 | \$1,500/\$3,000   | \$5,000/<br>\$10,000                | \$10,000/<br>\$20,000                                  |
| <b>Preventive Care</b>  | Plan pays 100%  | Plan pays 60%*                                       | Plan pays 100%  | Plan pays 100%                      | Plan pays 100%*  |
| <b>Office Visit (OV)</b><br>Primary Care Physician /<br>Specialist                | \$20 / 40 copay<br>then plan pays<br>100%   | Plan pays 60%*                                       | \$20 / 40 copay<br>then plan pays<br>100%                                 | Plan pays<br>100%*                  | Plan pays<br>100%*                                     |
| <b>Lab and X-ray</b>  | Complex<br>Imaging: 20%*<br>All Other: \$20<br>PCP/\$40 SPC<br>copay then<br>plan pays 100% | Plan pays 60%*                                       | Plan pays 100%  | Plan pays<br>100%*                  | Plan pays<br>100%*                                     |
| <b>Emergency Room</b>   | \$150 Copay then plan pays 100%<br>(Waived if admitted)                                     |  | \$150 Copay<br>then plan pays<br>100%<br>(Waived if<br>admitted)          | Plan pays 100%*                     |  |
| <b>Urgent Care</b>  | Plan pays 80%*<br>(applicable<br>copay may<br>apply)  | Plan pays 60%*<br>(applicable<br>copay may<br>apply) | Plan pays 100%<br>(applicable<br>copay may<br>apply) Referral<br>Required | Plan pays 100%*                     |  |
| <b>Inpatient Hospitalization</b>  | Plan pays 80%*  | \$300<br>admission<br>copay then<br>plan pays 60%*   | Plan pays 100%  | Plan pays<br>100%*                  | \$300<br>admission<br>copay then<br>plan pays<br>100%* |
| <b>Outpatient Surgery</b>   | Plan pays 80%*  | Plan pays 60%*                                       | Plan pays 100%  | Plan pays 100%*                     |  |


• After deductible  
 • Please see Benefits Guide for HSA Contributions

## PHARMACY PROGRAM – BCBSIL


|        | PPO  |   | HMO  | HSA  |   |
|---|--|---|--|--|---|
|   | Participating Provider Organization  |   | Blue Advantage HMO   | Participating Provider Organization            |   |
|   | In-Network   | Out-of-Network  | In-Network   | In-Network                                     | Out-of-Network  |
| <b>Annual Prescription Out-of-Pocket Limit</b>  | Separate from Medical<br>\$1,000/individual<br>\$3,000/family                |   | Separate from<br>Medical<br>\$1,000/individual<br>\$3,000/family | Included with Medical Out-of-Pocket<br>Maximum |   |
| <b>Retail   30-Day Supply</b><br>(Generic / Preferred Brand / Non-Preferred<br>Brand)     | \$10/\$15 copay<br>\$40/\$50 copay<br>\$60/\$70 copay<br>then plan pays 100% | \$15/\$50/\$70 copay<br>(covered at 50% of<br>contracted<br>pharmacy amount<br>after copay) | \$10/\$40/\$60 copay<br>(then plan pays<br>100%)                 | Plan pays 100% after<br>deductible             | Plan pays 100% after<br>deductible (covered<br>at 50% of<br>contracted<br>pharmacy amount<br>after copay) |
| <b>Mail Order   90-Day Supply</b><br>(Generic / Preferred Brand / Non-Preferred<br>Brand) | \$20/\$80/\$120 copay<br>(then plan pays<br>100%)                            | Not Covered   | \$20/\$80/\$120 copay<br>(then plan pays<br>100%)                | Plan pays 100% after<br>deductible             | Not Covered   |

# **rti** 2026 Benefits at a glance

## DENTAL – Delta Dental

|  | PPO   |   |   | HMO  |
|---|---|---|---|--|
|   | PPO In - Network                                | Premiere In - Network                   | Out-of-Network                          |  |
| <b>Annual Deductible</b><br>Individual / Family                                   | \$50 / \$100                                    |   |   | \$0  |
| <b>Annual Maximum Benefit</b>   | \$2,000/ individual                             |   |   | \$0  |
| <b>Diagnostic &amp; Preventive Services</b>                                       | Plan pays 100% of reduced fee                   | Plan pays 100% of MPA                   | Plan pays 100% of MPA                   | Plan pays 100%   |
| <b>Basic Services</b>   | Plan pays 80% of reduced fee (after deductible) | Plan pays 80% of MPA (after deductible) | Plan pays 80% of MPA (after deductible) | Fillings (amalgam) \$24-\$54 (resin) \$32-\$55                                     |
| <b>Major Services</b>   | Plan pays 50% of reduced fee (after deductible) | Plan pays 50% of MPA (after deductible) | Plan pays 50% of MPA (after deductible) | Crowns \$313-\$397<br>Bridges \$394  |
| <b>Orthodontic Services</b>   | Plan pays 50%                                   |   |   | Children: \$2,560 copay for all services<br>Adults: \$3,055 copay for all services |
| <b>Lifetime Orthodontia Maximum</b>   | \$1,500 ( Adults and children up to age 19)     |   |   | -  |

## VISION – MetLife Vision


|         | Plan   |                                |
|---|--|--------------------------------|
|   | In-Network   | Out-of-Network (Max Allowance) |
| <b>Frequency of Services</b><br>Vision Exam<br>Lenses<br>Frames<br>Contact lenses         | Once every calendar year<br>Once every calendar year<br>Once every other calendar year<br>Once every calendar year |                                |
| <b>Materials</b>  | \$25 copay then plan pays 100%   | See schedule below             |
| <b>Vision Exam</b>  | \$10 copay then plan pays 100%   | Reimbursed up to \$45          |
| <b>Standard Plastic Lenses (per pair)</b><br>Single Vision<br><br>Bifocal<br><br>Trifocal | Plan pays 100% of basic lens (materials copay applies)   | Reimbursed up to \$30          |
|   |  | Reimbursed up to \$50          |
|   |  | Reimbursed up to \$65          |
| <b>Frames</b>   | Reimbursed up to \$130 plus an additional 20% discount applied to overage  | Reimbursed up to \$70          |
| <b>Contact Lenses</b>   | Reimbursed up to \$150   | Reimbursed up to \$105         |

*This document is intended to merely highlight or summarize certain aspects of the employer's benefit program(s). It is not a Summary Plan Description (SPD) or an official plan document. Your rights and obligations under the program(s) are set forth in the official plan documents. All statements in this summary are subject to the terms of the official plan documents, as interpreted by the appropriate plan fiduciary. In the case of an ambiguity or outright conflict between a provision in this summary and a provision in the plan documents, the terms of the plan documents control. The employer reserves the right to review, change, or terminate the plan, or any benefits under it, for any reason, at any time, and without advance notice to any person.*

# RTA 2026 Benefits at a glance


## LIFE AND DISABILITY – Mutual of Omaha

RTA provides Basic Life and Accidental Death and Dismemberment (AD&D) coverage through Mutual of Omaha at no cost to you.

|  | Benefit Coverage   |
|---|--|
| <b>Basic Life and AD&amp;D Insurance</b>  | Option 1: 2 x covered annual earnings up to a maximum of \$500,000 |
|   | Option 2: 2 x covered annual earnings up to a maximum of \$50,000  |


## DISABILITY – Mutual of Omaha

RTA provides Short-Term Disability (STD) and Long-Term Disability (LTD) coverage through Mutual of Omaha at no cost to you.

|  | Benefit Coverage  |
|--|---|
| <b>STD</b>   | The RTA provides Short-Term Disability ("STD") leave and benefits of up to 180 calendar days in a rolling 12-month period for approved absences resulting from the employee's non-work-related illness or injury at no cost to the employee. Employees must have completed 30 days of continuous service prior to the date of the illness or injury to be eligible under the Plan. STD benefits paid out under the Plan will be considered as taxable income to employees (see handbook for further details about STD). |
| <b>LTD</b>   | 60% of your monthly pre-disability earnings to a maximum of \$13,000 per month. Benefits begin after 180 calendar days of disability and is payable to the Social Security Retirement Age. See full benefits guide for maximum payment period.  |

## SUPPLEMENTAL LIFE – Mutual of Omaha

If you need additional protection beyond the Basic Life Insurance provided to you, you may purchase Supplemental Life Insurance for yourself and your eligible dependents.

|  | Coverage Amount   | Guarantee Issue  |
|---|---|--|
| <b>Employee *</b>   | Increments of \$10,000 up to the lesser of 5x base salary or \$500,000            | Up to the lesser of 5x base salary or \$200,000            |
| <b>Spouse / Domestic Partner</b>  | Increments of \$5,000 up to the lesser of 100% of employee's benefit or \$250,000 | Up to the lesser of 100% of employee's benefit or \$30,000 |
| <b>Children **</b>  | \$5,000 or \$10,000 (coverage may not exceed 100% of employee's coverage)         | Up to the lesser of 100% of employee's benefit or \$10,000 |

\* Coverage is subject to reduction beginning at age 70.  
 \*\* Children are eligible from 14 days old through 21 years of age or 25 if a student.

## Other Benefits Available (please see full benefits guide for more information):

- Health Savings Account
- Flexible Spending Account
- Onsite Gym Discount
- Mission Square Retirement 457
- Empower Roth 401K and 401K
- Pet Insurance Discount

**For a full outline of benefit offerings, please refer to your Benefit Guide, Policy Documents, or contact your Benefits team.**

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