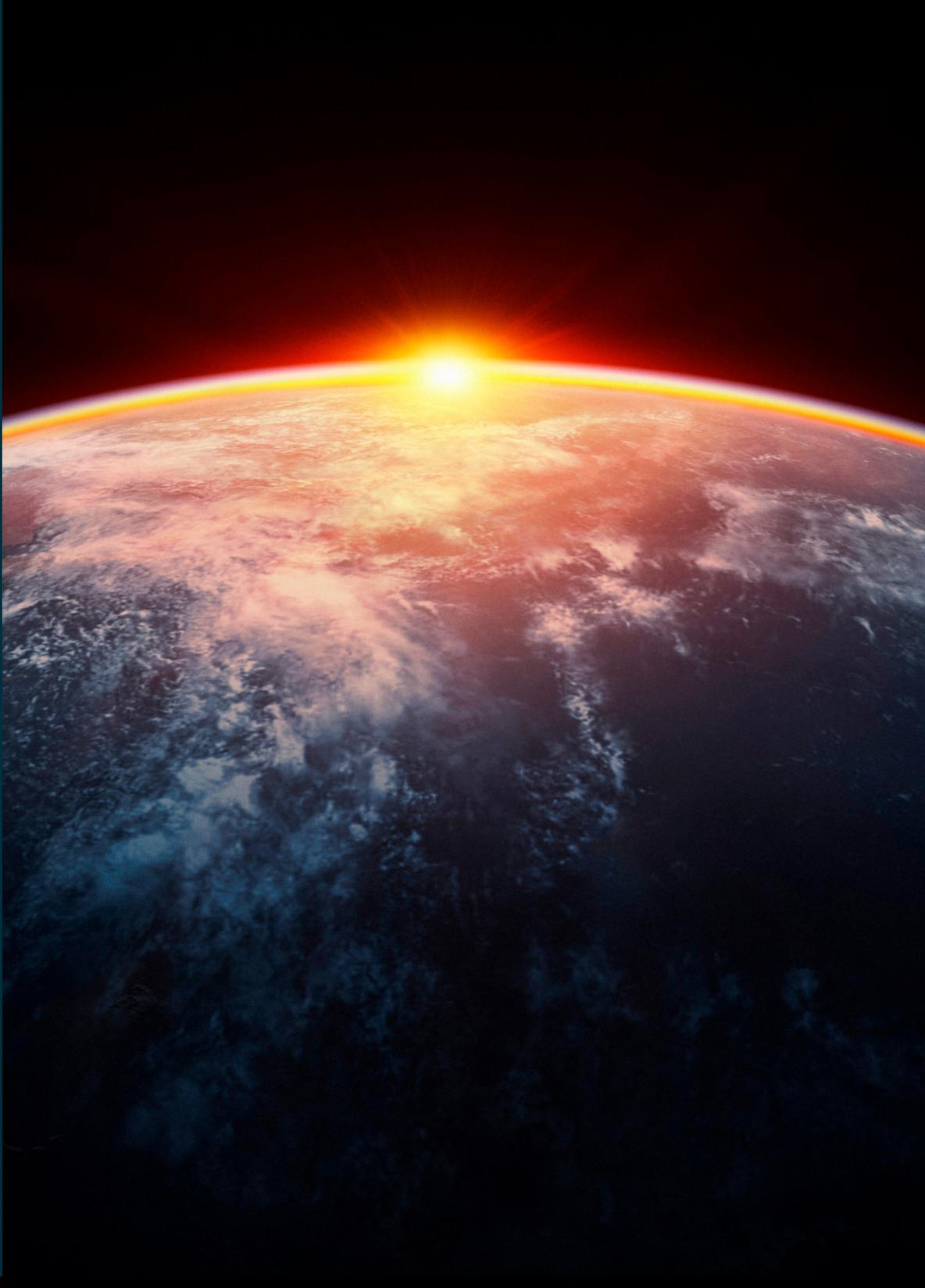


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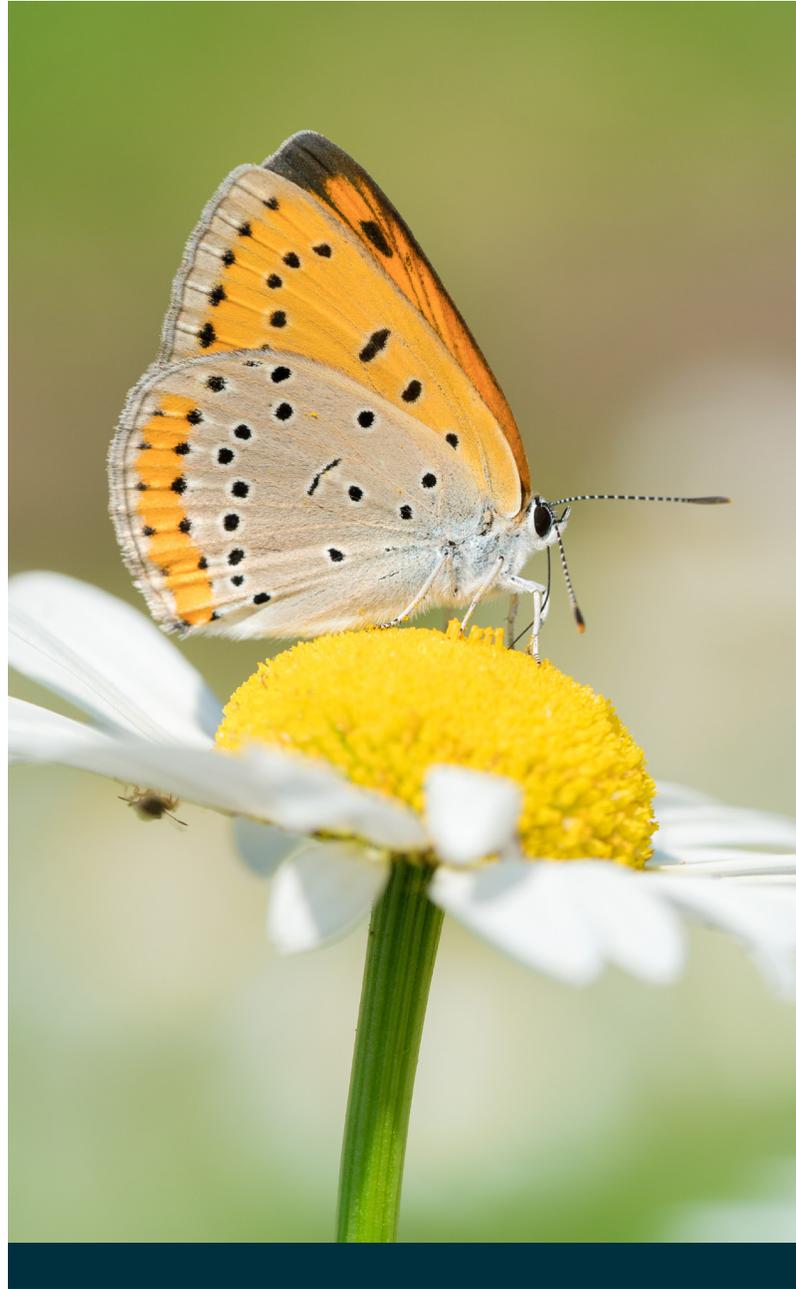
Employee Benefits

**ambipar<sup>®</sup>**

# 2 Table of Contents

Working together is what makes Ambipar a success, and this teamwork extends to your benefits. We provide options to support your family's overall well-being. This guide offers details on your 2026 benefits. Contact the Benefits Department with any questions.

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See **page 34** for important information concerning Medicare Part D coverage.

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

# 3 Welcome

You matter to us. So, the things that are important to you matter to us too. That's why we offer comprehensive benefits options for you and your family, including medical, dental, vision, life, disability, and more.

This guide includes:

- » An overview of your 2026 benefit options
- » Explanations of each offering to help you make the best decision for you and your family
- » Contact information for all benefit vendors

This guide is designed to assist you and your family in making the best choices for your needs. When it comes to your benefits, you call the shots!

## Any Questions?

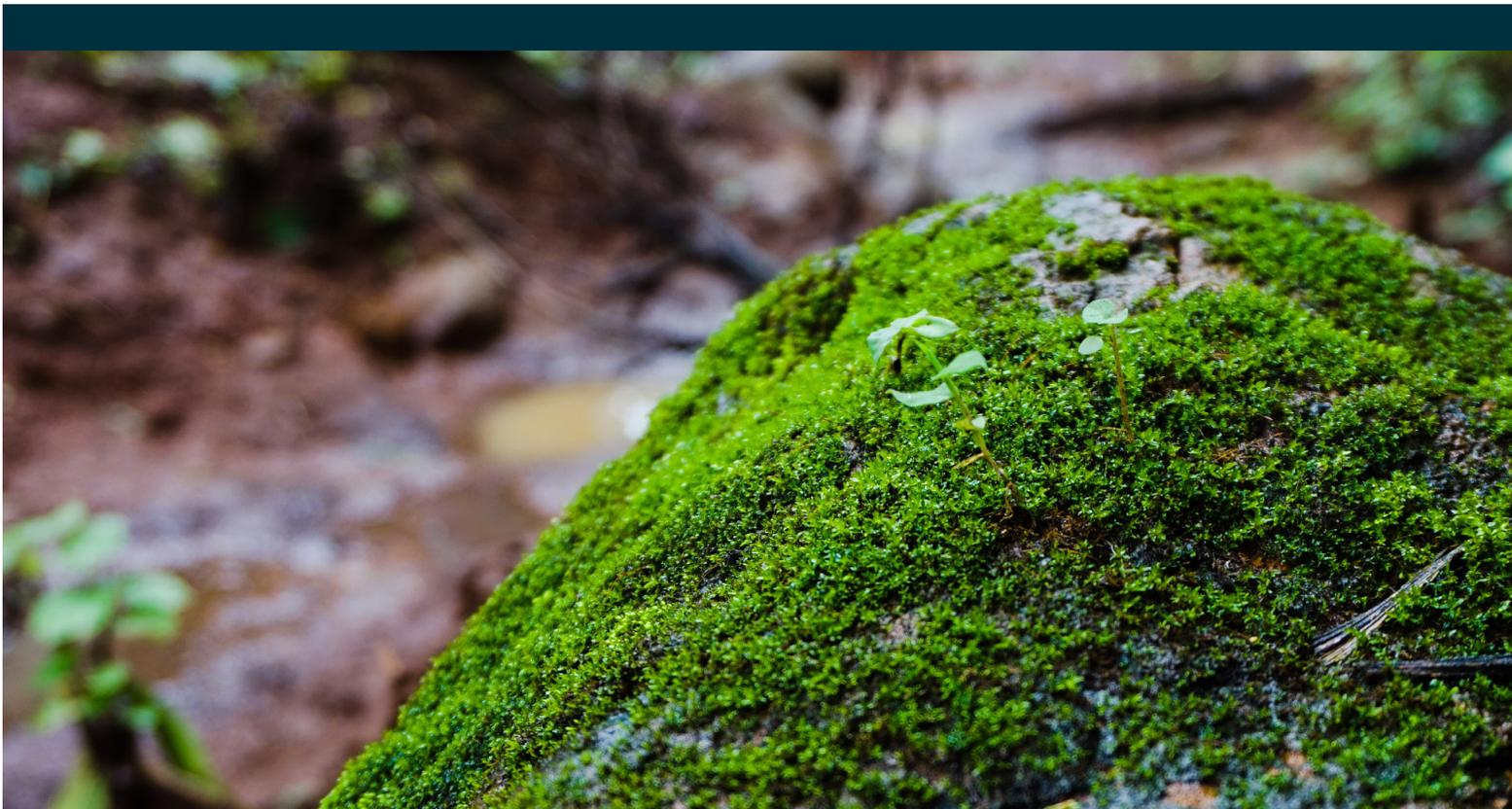
We're here to help. Contact Human Resources at [Benefits@Ambipar.com](mailto:Benefits@Ambipar.com).

## Be Prepared!

Open Enrollment is your annual opportunity to review and make changes to your medical, dental, and life insurance benefits.

Now is the time to review your benefit elections, covered dependents, named beneficiaries, and contact information. If your current selections are to remain the same, you do not need to make changes.

However, if you would like to make any changes, log in to your designated Employee Self-Service portal.



# 4

## Eligibility and Enrollment

Ambipar's benefits are designed to support your unique needs.

### Eligibility

As an employee, you are eligible to participate in Ambipar's health and group benefits if you are scheduled to work at least 30 hours per week.

### Coverage Dates

Eligibility begins the first day of the month after 30 days of employment. Example: A person hired 2/20 would be eligible on 4/1. Benefits cannot be changed until the next enrollment period unless you experience a Qualifying Life Event.

### Dependents

Dependents eligible for coverage include:

- » Your legal spouse or domestic partner\*.
- » Children under the age of 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom you or your spouse have legal guardianship).
- » Dependent children 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required).

Verification of dependent eligibility is required upon enrollment.

### New Hires

If you don't elect benefits within 30 days of your hire date, you will automatically be enrolled in company-paid Basic Life/Accidental Death & Dismemberment (AD&D), Short-Term Disability, Long-Term Disability, and Employee Assistance Program for the remainder of the year.

You won't be able to enroll in the other benefits or make changes in coverage until the next annual Open Enrollment period or until you experience a Qualifying Life Event.

### Open Enrollment

Open Enrollment is your annual chance to make changes, or choose your benefits, unless you have a Qualifying Life Event, such as marriage or the birth/adoption of a child.



\*To enroll a Domestic Partner in our Benefit Plans, you will be required to complete an Affidavit of Domestic Partnership.

# Now's the Time to Enroll!

## What Are Qualifying Life Events?

You can update your benefits when you start a new job or during Open Enrollment each year. But changes in your life called Qualifying Life Events (QLEs) determined by the IRS can allow you to enroll in health insurance or make changes outside of these times.

When a Qualifying Life Event occurs, you have 30 days to request changes to your coverage. Your change in coverage must be consistent with your change in status.



A change in the number of dependents (through birth or adoption or if a child is no longer an eligible dependent)



A change in a spouse's employment status (resulting in a loss or gain of coverage)



A change in employment status from full time to part time, or part time to full time, resulting in a gain or loss of eligibility



Entitlement to Medicare or Medicaid



Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)



Death in the family (leading to change in dependents or loss of coverage)



Turning 26 and losing coverage through a parent's plan



Changes in address or location that may affect coverage



Eligibility for coverage through the Marketplace ([Healthcare.gov](https://www.healthcare.gov))



A change in your legal marital status (marriage, divorce, or legal separation)

Reach out to [Benefits@Ambipar.com](mailto:Benefits@Ambipar.com) with questions regarding specific life events and your ability to request changes. Don't miss out on a chance to update your benefits!

## Open Enrollment Action Items



### **Update your personal information.**

Confirm your mailing address and phone number are up to date.



### **Double-check covered medications.**

If you make any changes to your plan, consider how it affects your prescriptions (i.e., will their costs go up or down?).



### **Review available plans' deductibles.**

Think you may have more medical needs than usual this year? You might want a lower deductible. If not, you could switch to a higher deductible plan and enjoy lower premiums.



### **Check your networks.**

Receiving care by in-network providers often saves you money. Check for any plan changes to make sure your go-to providers and pharmacy are still your best bet.



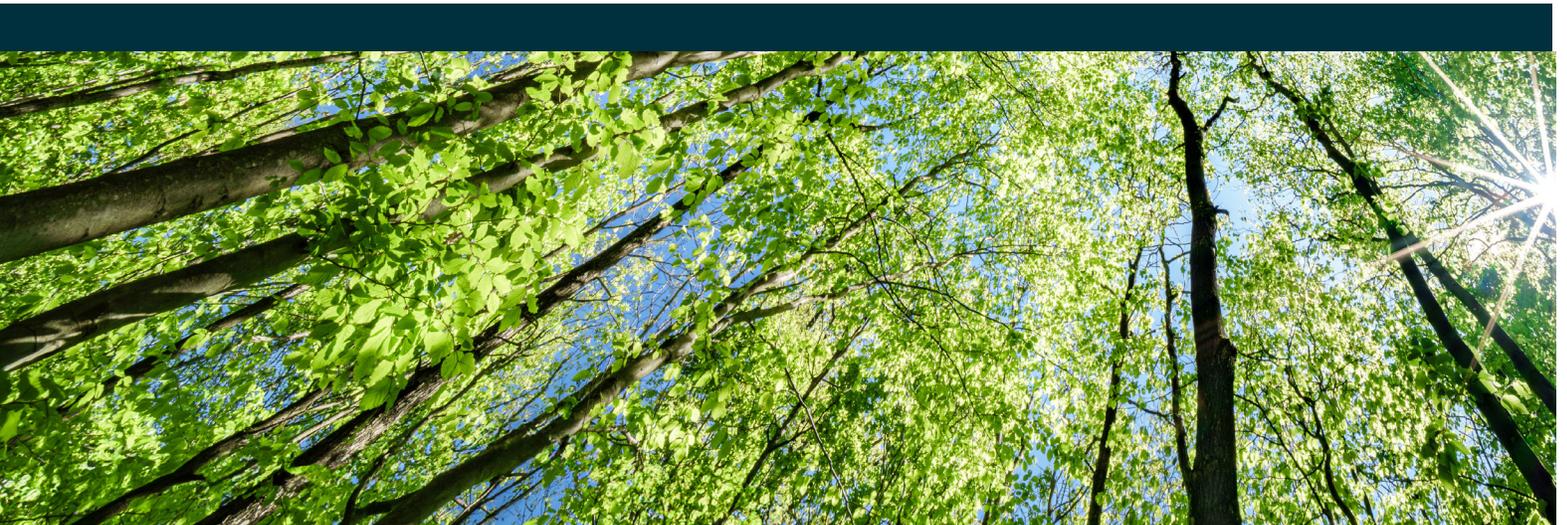
### **Consider your HSA or FSA.**

An HSA or FSA can help cover healthcare costs, including dental and vision services and prescriptions. Adding one of these accounts to your benefits can help with your long-term financial goals.



### **Designate beneficiary.**

Add a beneficiary for your Life insurance. Beneficiary designations can be updated at anytime during the year.



You visit your doctor when you're feeling sick, and you exercise and eat healthy to keep your body strong. But your mental health is just as important. What do you do to stay healthy mentally? Do you know where you can go when you need help? Whether you need assistance with work-life balance or anxiety, there are resources available to help you out.

## Employee Assistance Program

We're here for you when you need help. Our Employee Assistance Program (EAP) helps you and your family manage your total health, including mental, emotional, and physical. And there's no cost to you – whether or not you're enrolled in a company-sponsored medical plan.

Through the EAP, you have access to mental health assistance and legal and financial help from professionals. You also have 24-hour access to helpful resources by phone and a designated number of face-to-face visits per issue with a licensed professional. All services provided are confidential and will not be shared with Ambipar. You may access information, benefits, educational materials, and more by phone at 800-311-4327 or online at [guidanceresources.com](http://guidanceresources.com).

The Program provides referrals to help with:

- » Emotional health and wellbeing
- » Alcohol or drug dependency
- » Marriage or family problems
- » Job pressures
- » Stress, anxiety, depression
- » Grief and loss
- » Financial or legal advice

## Mental Health and Your Medical Plan

As a member of Blue Cross and Blue Shield of Texas, your health insurance plan includes behavioral health benefits. These benefits include mental health services, substance use treatment, and more. If you have questions about your benefits or want more information, simply call us or visit [www.bcbstx.com](http://www.bcbstx.com) or call 800-521-2227 .

## The Big Five of Emotional Wellness

An important aspect of your overall wellbeing is emotional wellness – the ability to successfully adapt to changes and challenges as they arrive and handle life's stresses. These five actions have been shown to improve emotional wellness.



### Practice mindfulness.

Practice deep breathing, take a walk, enjoy nature, and stay present in each moment.



### Strengthen social connections.

Reach out to a friend or family member daily – even if it's just a call or text.



### Get quality sleep.

Keep a consistent sleep schedule and limit electronic use before bed.



### Improve your outlook.

Treat people with kindness, including yourself.



### Deal with your stress in healthy ways.

Think positively, exercise regularly, and set priorities.

## Other Mental Health Resources

No matter your problem, whether you're a manager or entry-level employee, don't be afraid to ask for help. There are resources available 24/7.



### 988 Suicide & Crisis Lifeline

Dial 988 to be connected with 24/7/365 emotional support.

Free, confidential crisis counseling, including appropriate follow-up services, is available no matter where you live in the United States.



### Crisis Text Line

Text "HOME" to 741741.

Send a text 24/7 to the Crisis Text Line to speak with a crisis counselor who can provide support and information. Standard text messaging rates may apply.



### War Vet Call Center

Veterans and their families can call 877-WAR-VETS (877-927-8387) to talk about their military experience and/or readjustment to civilian life.

**Call 911 if you or someone you know is in immediate danger or go to the nearest emergency room.**



## Note

According to the National Institute of Mental Health, it is estimated that more than one in five U.S. adults live with a mental illness.

# 9

# Medical Benefits

## Medical Plan Summary

You have a choice between 3 different medical plans provided through BlueCross BlueShield of TX so that you can pick the option that best works for you and your family:

- » PPO 750 – lower overall deductible for individual and family, but higher payroll deductions
- » CDHP 2000 – includes access to a Health Savings Account (HSA)
- » PPO 4,000 – higher out-of-pocket costs, but lower payroll deductions than the PPO750

Preventive Care is covered 100% no matter which plan you choose!

With the CDHP 2,000 (Consumer Driven Health Plan), you will pay the full cost of services for non-preventive care until the deductible is met. Once the deductible is satisfied, services will be covered at the coinsurance listed below. You will have access to a Health Savings Account (HSA) that can help cover out-of-pocket expenses.

	PPO 750 <sup>1</sup>	CDHP 2,000 <sup>2</sup>	PPO 4,000 <sup>1</sup>
	IN-NETWORK	IN-NETWORK	IN-NETWORK
<b>CALENDAR YEAR DEDUCTIBLE</b>			
DEDUCTIBLE TYPE	Embedded	Aggregate	Embedded
INDIVIDUAL	\$750	\$2,000	\$4,000
FAMILY	\$2,250	\$4,000	\$8,000
COINSURANCE (PLAN PAYS)	80%*	80%*	80%*
HSA CONTRIBUTION (INDIVIDUAL/FAMILY)	N/A	\$500/\$1,000	N/A
<b>CALENDAR YEAR OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)</b>			
INDIVIDUAL	\$2,500	\$4,000	\$6,000
FAMILY	\$7,500	\$8,000	\$12,000
<b>COPAYS/COINSURANCE</b>			
PREVENTIVE CARE	Covered at 100%	Covered at 100%	Covered at 100%
VIRTUAL VISIT	\$30 copay	80%*	\$30 copay
OFFICE VISIT: PCP/SPECIALIST	\$30/\$50 copay	80%*	\$30/\$60 copay
MENTAL HEALTH INPATIENT SERVICES	80%*	80%*	80%*
MENTAL HEALTH OUTPATIENT SERVICES	80%* or subject to office visit copay	80%*	80%* or subject to office visit copay
URGENT CARE	\$40 copay	80%*	\$75 copay
EMERGENCY ROOM	\$300 copay then 80%	80%*	\$500 copay then 80%
INPATIENT HOSPITAL SERVICES	80%*	80%*	80%*
OUTPATIENT SURGERY	80%*	80%*	80%*

\*After deductible

<sup>1</sup>PPO – All copayments apply toward your out-of-pocket maximum, but not toward your deductible.

<sup>2</sup>CDHP – All pharmacy spend applies toward your deductible and out-of-pocket maximum.

### Aggregate Deductible

Each covered individual is not required to meet the individual deductible. The CDHP has an aggregate deductible, meaning the family deductible amount will include all combined eligible expenses that you and your covered dependents incur. The family deductible amount may be satisfied by one member or a combination of two or more members covered under your medical plan.

### Embedded Deductible

The individual deductible amount must be met by each member enrolled under your medical coverage. If you have several covered dependents, all charges used to apply toward a “per individual” deductible amount will also be applied toward the “per family” deductible amount. When the family deductible amount is reached, no further individual deductibles will have to be met for the remainder of that plan year. No member may contribute more than the individual deductible amount to the “per family” deductible amount.

## Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your contributions.

	PPO 750		CDHP 2,000		PPO 4,000	
PAYROLL DEDUCTIONS						
	MONTHLY	WEEKLY	MONTHLY	WEEKLY	MONTHLY	WEEKLY
EMPLOYEE ONLY	\$164.11	\$37.87	\$101.67	\$23.46	\$85.68	\$19.77
EMPLOYEE + SPOUSE	\$506.53	\$116.89	\$371.26	\$85.68	\$341.84	\$78.89
EMPLOYEE + CHILD(REN)	\$367.77	\$84.87	\$249.39	\$57.55	\$215.81	\$49.80
EMPLOYEE + FAMILY	\$722.91	\$166.82	\$470.40	\$108.55	\$469.90	\$108.44

## How to Find a Provider

Visit [www.bcbstx.com](http://www.bcbstx.com) or call Customer Care at 800-521-2227 for a list of BlueCross BlueShield of TX network providers.



### Note

Preventive care offered by an in-network physician, such as an annual physical, is covered at 100% – that means \$0 cost to you.

# 11 Pharmacy Benefits

## Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through BlueCross BlueShield of TX. That means you will only have one ID card for both medical care and prescriptions. Information on your benefits coverage and a list of network pharmacies is available online at [www.bcbstx.com](http://www.bcbstx.com) or by calling the Customer Care at 800-521-2227. Your cost is determined by the tier assigned to the prescription drug product.

	PPO 750 <sup>1</sup>	CDHP 2,000 <sup>2</sup>	PPO 4,000 <sup>1</sup>
	IN-NETWORK	IN-NETWORK	IN-NETWORK
<b>RETAIL RX (30-DAY SUPPLY)</b>			
GENERIC	\$15 copay	80%*	\$20 copay
PREFERRED BRAND	\$35 copay	80%*	\$40 copay
NON-PREFERRED BRAND	\$55 copay	80%*	\$60 copay
SPECIALTY	\$15/\$35/\$50 copay	80%*	\$100 copay
<b>MAIL ORDER RX (30-DAY SUPPLY)</b>			
GENERIC	\$30 copay	80%*	\$40 copay
PREFERRED BRAND	\$70 copay	80%*	\$80 copay
NON-PREFERRED BRAND	\$110 copay	80%*	\$120 copay
SPECIALTY	N/A	80%*	N/A

\*After deductible  
<sup>1</sup>PPO – All copayments apply toward your out-of-pocket maximum, but not toward your deductible.  
<sup>2</sup>CDHP – All pharmacy spend applies toward your deductible and out-of-pocket maximum.

## Note

Apps and prescription discount programs such as GoodRx, Amazon Prime Rx Savings, Optum Perks, and Cost Plus Drug Company let you compare prices of prescription drugs and find possible discounts.





## Generic Drugs

Want to save money on meds? Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety, and strength. Because they are the same medicine, generic drugs are just as effective as the brand names, and they are held to the same rigid FDA standards. But generic versions cost 80% to 85% less on average than the brand-name equivalent. To find out if there is a generic equivalent for your brand-name drug, visit [www.fda.gov](http://www.fda.gov).

## Lowering Medication Costs

How do prescription discount programs work? These discounts can't be combined with your benefit plan's coverage, so make sure to check the price against the cost of using your insurance's prescription drug benefit. Something else to consider: If you choose to use a discount card and are therefore not tapping into your insurance's prescription drug benefit, the cash amount you pay for the prescription may not count toward your deductible or out-of-pocket maximum under the benefit plan.

**GoodRx** is a web- and app-based platform that allows you to search for prescription drug coupons and compare pharmacy prices. The company claims a savings of up to 80% on generics. **Optum Perks** also provides coupons for medications and a searchable database for drug cost comparison at participating pharmacies near you. The Optum Perks member card, which can be used at more than 64,000 pharmacies, is free to use and requires no personal data. Another discount option is the **Amazon Prime Rx Savings** discount card, which is included with an Amazon Prime membership and is administered by Inside Rx. It provides discounts of up to 80% for generics and up to 40% for brand-name medication at participating pharmacies. **Cost Plus Drug Company** is a web-based pharmacy that claims to keep costs low by buying directly from the manufacturer. It currently only offers a certain selection of medications and accepts a handful of prescription insurance providers, but it may be worth checking the price difference between Cost Plus and your regular pharmacy.

# 13 Out-of-Pocket Costs

These are the types of payments you're responsible for:

## Copay

The fixed amount you pay for healthcare services at the time you receive them.

## Coinsurance

Your percentage of the cost of a covered service. If your office visit is \$100 and your coinsurance is 20% (and you've met your deductible but not your out-of-pocket maximum), your payment would be \$20.

## Deductible

The amount you must pay for covered services before your insurance begins paying its portion/coinsurance.

## Out-of-Pocket Maximum

The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount.

# 14 Preventive Care

Routine checkups and screenings are considered preventive, so they're often paid at 100% by your insurance. Some common covered services include:



**Wellness visits, physicals, and standard immunizations**



**Screenings for blood pressure, cancer, cholesterol, depression, obesity, and diabetes**



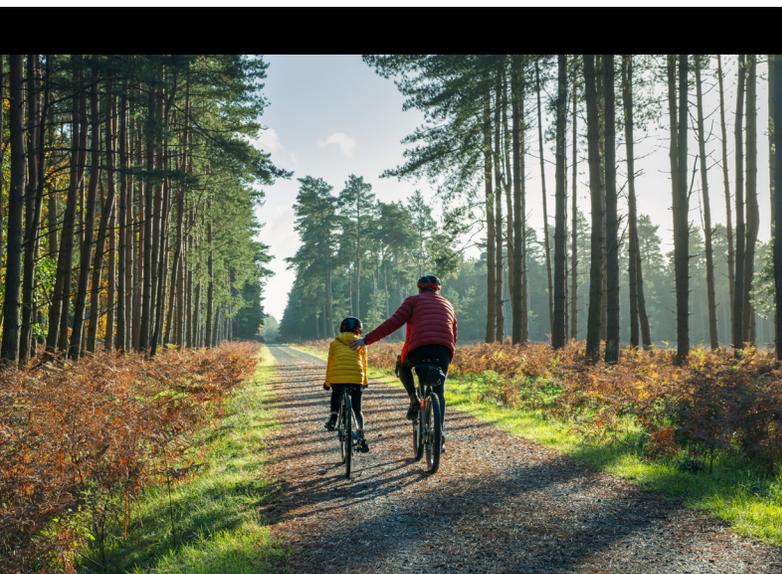
**Pediatric screenings for hearing, vision, obesity, and developmental disorders**



**Anemia screenings, breastfeeding support, and pumps for pregnant and nursing women**



**Iron supplements (for infants at risk for anemia)**



It's important to take advantage of these covered services. But remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. So, if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. Read over your benefit summary to see what specific preventive services are provided to you.

## **What Vaccines Are Covered 100% Under Preventive Care?**

Many vaccines are covered under preventive care when delivered by a doctor or provider in your plan's network. These include chickenpox, flu, shingles, and tetanus. For a full list, visit [www.healthcare.gov/preventive-care-adults](http://www.healthcare.gov/preventive-care-adults).

# 15 Where to Go for Care

You're feeling sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new prescription, but the pharmacy is closed. Or you're on vacation and are under the weather. Instead of rushing to the emergency room or relying on questionable information from the internet, consider all of your site-of-care options.



## Nurse Line

### When to Use

You need a quick answer to a health issue that does not require immediate medical treatment or a physician visit.

### Types of Care\*

Answers to questions regarding:

- » Symptoms
- » Self-care/home treatments
- » Medications and side effects
- » When to seek care

### Costs and Time

#### Considerations\*\*

- » Usually available 24 hours a day, 7 days a week
- » Typically free as part of your medical insurance



## Telemedicine (\$)

### When to Use

You need care for minor illnesses and ailments but would prefer not to leave home. These services are available by phone and online (via webcam).

### Types of Care\*

- » Cold & flu symptoms
- » Bronchitis
- » Urinary tract infection
- » Sinus problems

### Costs and Time Considerations\*\*

- » Usually a first-time consultation fee and a flat fee or copay for any visit thereafter
- » Typically immediate access to care
- » Prescriptions through telemedicine or virtual visits not allowed in all states



## Primary Care Center (\$)

### When to Use

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

### Types of Care\*

- » Routine checkups
- » Immunizations
- » Preventive services
- » Managing your general health

### Costs and Time

#### Considerations\*\*

- » Often requires a copay and/or coinsurance
- » Normally requires an appointment
- » Short wait time with scheduled appointment

\*This is a sample list of services and may not be all inclusive.

\*\*Costs and time information represent averages only and are not tied to a specific condition or treatment.



## Urgent Care Center (\$\$)

### When to Use

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

### Types of Care\*

- » Strains, sprains
- » Minor broken bones (e.g., finger)
- » Minor infections
- » Minor burns

### Costs and Time Considerations\*\*

- » Copay and/or coinsurance usually higher than an office visit
- » Walk-in patients welcome, but urgency determines order seen and wait time



## Emergency Room (\$\$\$)

### When to Use

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

### Types of Care\*

- » Heavy bleeding
- » Chest pain
- » Major burns
- » Severe head injury

### Costs and Time Considerations\*\*

- » Often requires a much higher copay and/or coinsurance
- » Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first
- » Ambulance charges, if applicable, will be separate and may not be in-network

\*This is a sample list of services and may not be all inclusive.

\*\*Costs and time information represent averages only and are not tied to a specific condition or treatment.

## Do Your Homework

What may seem like an urgent care center might actually be a standalone ER. These facilities come with a higher price tag, so ask for clarification if the word “emergency” appears in the company name.

# 17 Virtual Medicine

When you're under the weather, there's no place like home, and if you're busy with work and family, scheduling an in-person doctor's appointment can be a pain. Virtual medicine is a convenient and easy way to connect with a doctor on your time.

Ambipar provides a virtual medicine benefit through MDLIVE for you and your dependents. This Blue Cross Blue Shield of Texas benefit offers on-demand access to board-certified doctors through online video, telephone, or secure email.

MDLIVE doctors can share information with your primary care physician with your consent. Please note that some states do not allow physicians to prescribe medications via telemedicine. For more information, visit [MDLIVE.com/bcbstx](https://MDLIVE.com/bcbstx) or call 888-680-8646.

MDLIVE doctors can treat many medical conditions, including:

- » Cold & flu
- » Allergies
- » Bronchitis
- » Bladder infection/urinary tract infection
- » Respiratory infection
- » Pink eye
- » Sore throat
- » Stomachache
- » Sinus problems

## Access Virtual Visits

Visit [MDLIVE.com/bcbstx](https://MDLIVE.com/bcbstx) or call 888-680-8646 to request a virtual visit. After you register and request an appointment, you'll pay your portion of the service costs and enter a virtual waiting room. During your visit, you can talk to a doctor about your health concerns, symptoms, and treatment options.

## Note

A virtual visit directly with your primary care physician (vs. MDLIVE) might also be an option — and typically costs the same as an office visit.



# 18 Health Savings Account

Want funds handy to help cover out-of-pocket healthcare expenses? A Health Savings Account (HSA) is a personal healthcare bank account used to pay for qualified medical expenses. HSA contributions and withdrawals for qualified healthcare expenses are tax-free. You must be enrolled in the CDHP 2,000 plan to participate.

Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependent(s), even if they're not covered by your plan.

WEX Health will issue you a debit card with direct access to your account balance. Use your debit card to pay for qualified medical expenses – no need to submit receipts for reimbursement. Like a regular debit card, you must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, PPE, over-the-counter medications, and more. Visit IRS Publication 502 on [www.irs.gov](http://www.irs.gov) for a complete list.

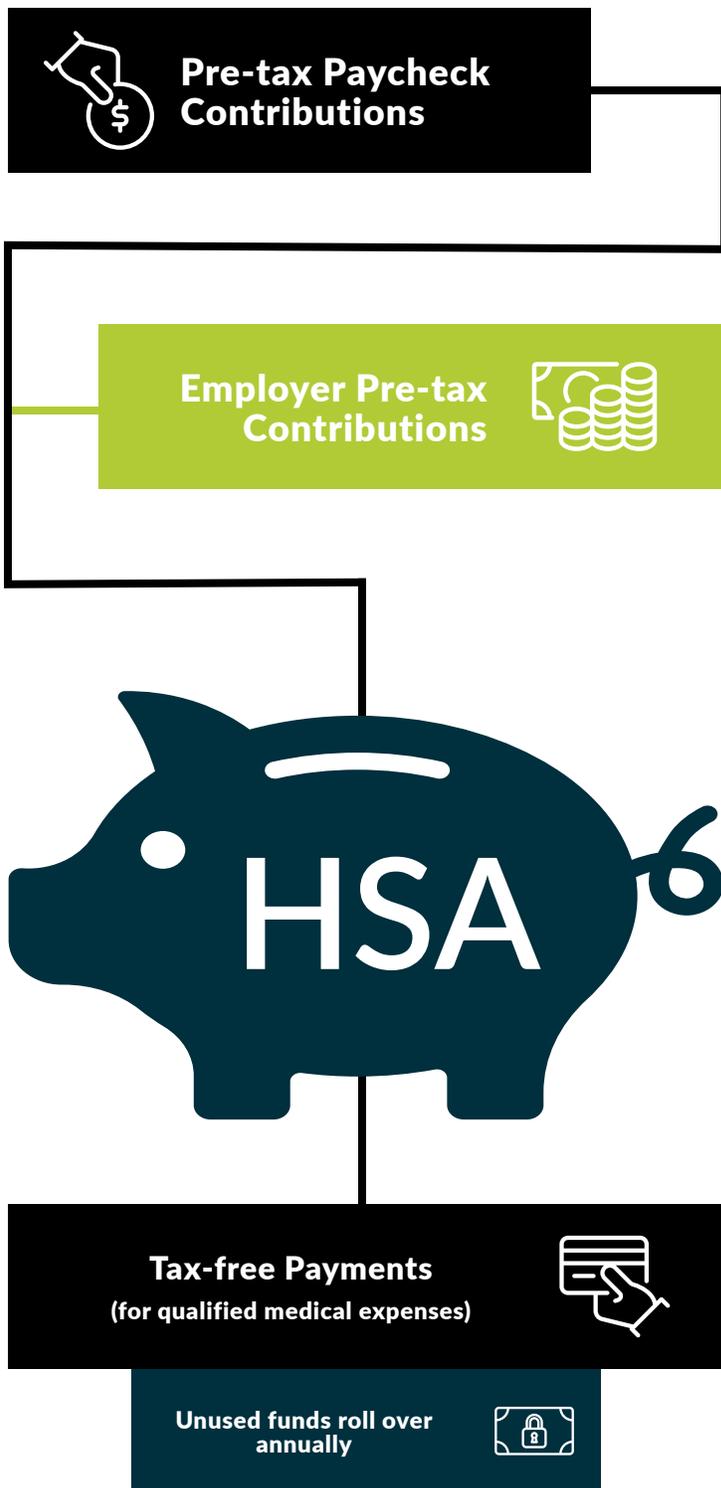
## Eligibility

You are eligible to contribute to an HSA if:

- » You are enrolled in the CDHP 2,000 Plan.
- » You do not or your spouse does not have a Healthcare Flexible Spending Account or Health Reimbursement Account.
- » You are not eligible to be claimed as a dependent on someone else's tax return.
- » You are not enrolled in Medicare or TRICARE.
- » You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)

## Note

Because HSA funds never expire, contributing your annual maximum to your HSA can help you save to pay for healthcare expenses tax-free after retirement.



## You Own Your HSA

Your HSA is a personal bank account that you own and manage. You decide how much you contribute, when to use the money for medical services and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year over year to use for eligible expenses in retirement. HSA funds are also portable if you change plans or jobs. There are no vesting requirements (you own all contributed HSA funds immediately) or forfeiture provisions (you keep all HSA funds whether you leave the company or retire).

## HSAs and Taxes

HSA contributions are made through payroll deduction on a pre-tax basis when you open an account with WEX Health. The money in your HSA (including interest and investment earnings, if any) grows tax-free. When the funds are used for qualified medical expenses, they are spent tax-free.\*

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax. This is why it's important to know what medical expenses qualify for HSA use and to keep track of where you spend your HSA funds.

## HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2026, contributions (which include any employer contribution) are limited to the following:

### 2026 ANNUAL HSA FUNDING LIMITS

EMPLOYEE	\$4,400
FAMILY	\$8,750
CATCH-UP CONTRIBUTION (AGES 55+)	\$1,000

Ambipar provides an HSA employer contribution that will be deposited on a per pay period basis.

### 2026 ANNUAL EMPLOYER HSA CONTRIBUTION

EMPLOYEE	\$500
FAMILY	\$1,000

HSA contributions over the IRS annual contribution limits (\$4,400 for individual coverage and \$8,750 for family coverage for 2026) are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, you have two options:

- » Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed but won't have to pay a penalty tax.
- » Leave the excess contributions in your HSA and pay 6% excise tax on them. Next year, consider contributing less than the annual limit to your HSA.

\*State income taxes are also waived on HSA contributions in almost all states.



# 20 Flexible Spending Accounts

Take control of your spending! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

## Healthcare Flexible Spending Account

With a Healthcare FSA, you can contribute up to \$3,400 annually for qualified medical expenses (deductibles, copays, coinsurance, over-the-counter medications, etc.) with pre-tax dollars, which reduces your taxable income and increases your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them – no waiting for reimbursement.

## Dependent Care Flexible Spending Account

You may opt to participate in the Dependent Care FSA – even if you don't elect any other benefits. Set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is currently deposited in your account.

- » With the Dependent Care FSA, you can set aside up to \$7,500 to pay for child or elder care expenses on a pre-tax basis.
- » Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the employee for more than half the year.
- » You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent daycare expenses that are necessary for you and your spouse to work or attend school full time. Eligible expenses include:

- » In-home babysitting services (not provided by a dependent)
- » Care of a preschool child by a licensed nursery or daycare provider
- » Before- and after-school care
- » Day camp
- » In-house dependent daycare

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

## Note

The Dependent Care FSA is not to be used for medical expenses, nor is it the same as electing medical coverage for dependents.



## Using the Account

Use your FSA debit card at doctor and dentist offices, pharmacies, and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you use the card at an ineligible location.

Submit a claim form along with the required documentation. Contact WEX Health with reimbursement questions. If you need to submit a receipt, WEX Health will notify you. Always save receipts for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges in case you need to prove an expense was eligible. Without proof an expense was valid, your card could be turned off and the expense deemed taxable.

## General Rules

The IRS has the following rules for Healthcare and Dependent Care FSAs:

- » Expenses must occur during the 2026 plan year.
- » Funds cannot be transferred between FSAs.
- » You cannot participate in a Dependent Care FSA and claim a dependent care tax deduction at the same time.
- » You must “use it or lose it” – any unused funds will be forfeited.
- » You cannot change your FSA election in the middle of the plan year without a Qualifying Life Event.

## Grace Period

- » You have 2½ months after the plan year ends on December 31, 2026, to incur additional expenses and submit them for reimbursement. Therefore, any remaining balance in the previous plan year that ended December 31, 2026, will be used to pay that grace period expense even though the service was provided in the NEW plan year.
- » The grace period applies to both the Dependent Care and Healthcare FSAs.



# 22 FSA vs HSA



## FLEXIBLE SPENDING ACCOUNTS



## HEALTH SAVINGS ACCOUNT

### OWNERSHIP

Your employer owns your FSA. If you leave your employer, you lose access to the account unless you have a COBRA right.

You own your HSA. It is a savings account in your name, and you always have access to the funds, even if you change jobs.

### ELIGIBILITY & ENROLLMENT

Anyone other than those enrolled in the CDHP 2000 Plan.

Those enrolled in the CDHP 2000 Plan. You cannot be covered by a spouse's non-High Deductible plan or a spouse's FSA or enrolled in Medicare or TRICARE. You can change your contribution at any time during the Plan Year.

### TAXATION

FSA contributions are tax-free via payroll deduction. Funds are spent tax-free when used for qualified expenses.

HSA contributions are tax-free; the account grows tax-free; and funds are spent tax-free on qualified expenses.

### CONTRIBUTIONS

You can contribute up to \$3,400 in 2026 to an FSA. This amount may be increased annually by the IRS.

Both you and your employer can contribute up to \$4,400 in 2026 (up to \$8,750 for families). Ages 55+ can make an annual \$1,000 "catch-up" HSA contribution.

### PAYMENT

Some plans include an FSA debit card to pay for eligible expenses. If not, you pay up front and submit receipts for reimbursement.

Many HSAs include a debit card to pay for qualified expenses directly. Alternatively, you can save funds for future expenses or retirement.

### ROLLOVER OR GRACE PERIOD

Any unclaimed funds at the end of the year are forfeited. Exceptions might include an additional 2.5-month grace period for expenses to be incurred and reimbursed, or an allowed rollover amount.

HSA funds roll over from year to year. The account is portable and may be used for future qualified expenses – even in retirement years.

### QUALIFIED EXPENSES

Physician services, hospital services, prescriptions, over-the-counter medications, dental care, and vision care. A full list is available at [www.irs.gov](http://www.irs.gov).

Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, vision care, Medicare Part D plans, COBRA premiums, and long-term care premiums. A full list is available at [www.irs.gov](http://www.irs.gov).

Please refer to your summary plan description or plan certificate for your plan's specific FSA or HSA benefits.

# 23 Supplemental Health Benefits

Ambipar offers several ways to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and offered at discounted group rates.

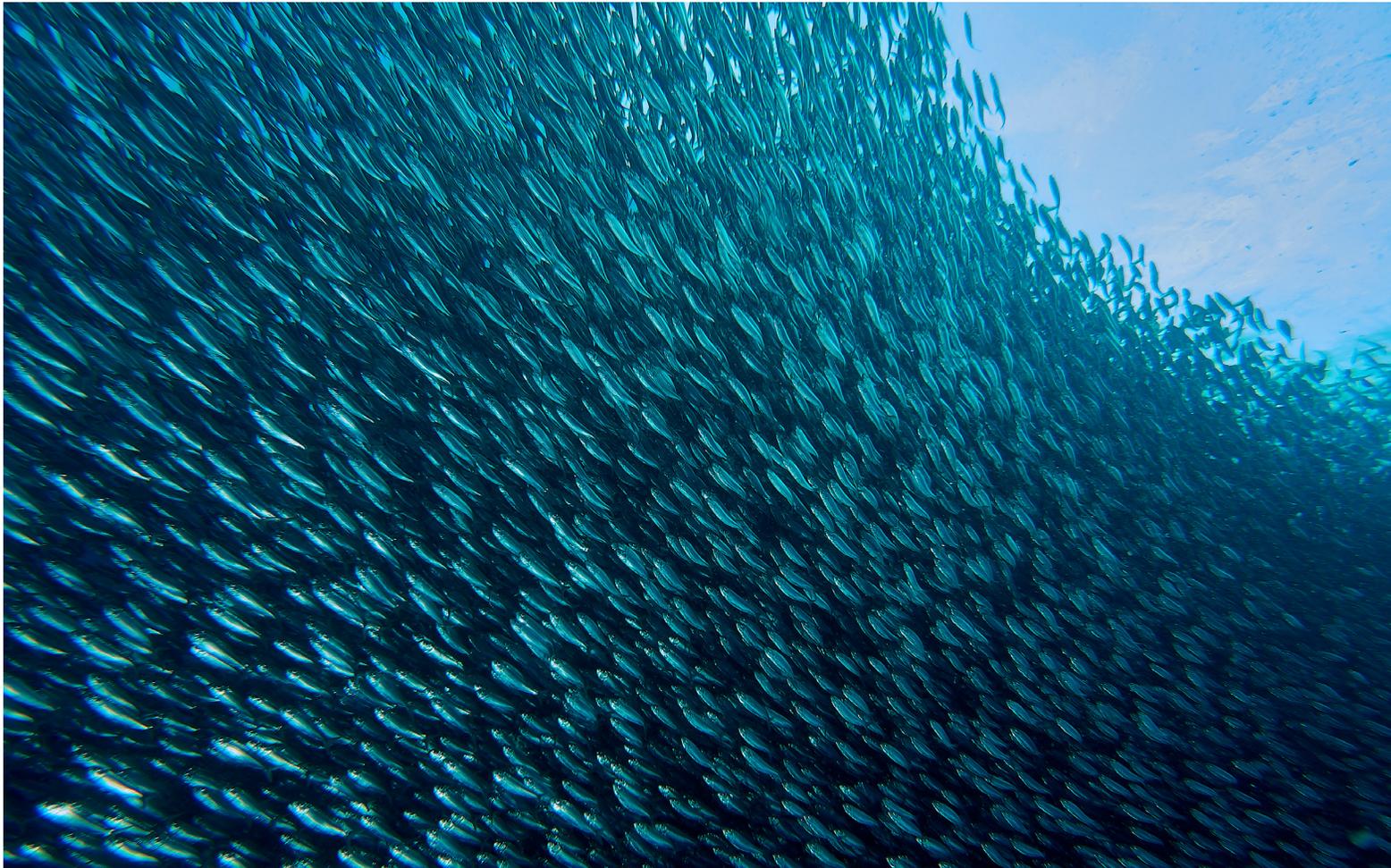
## Supplemental Accident Coverage

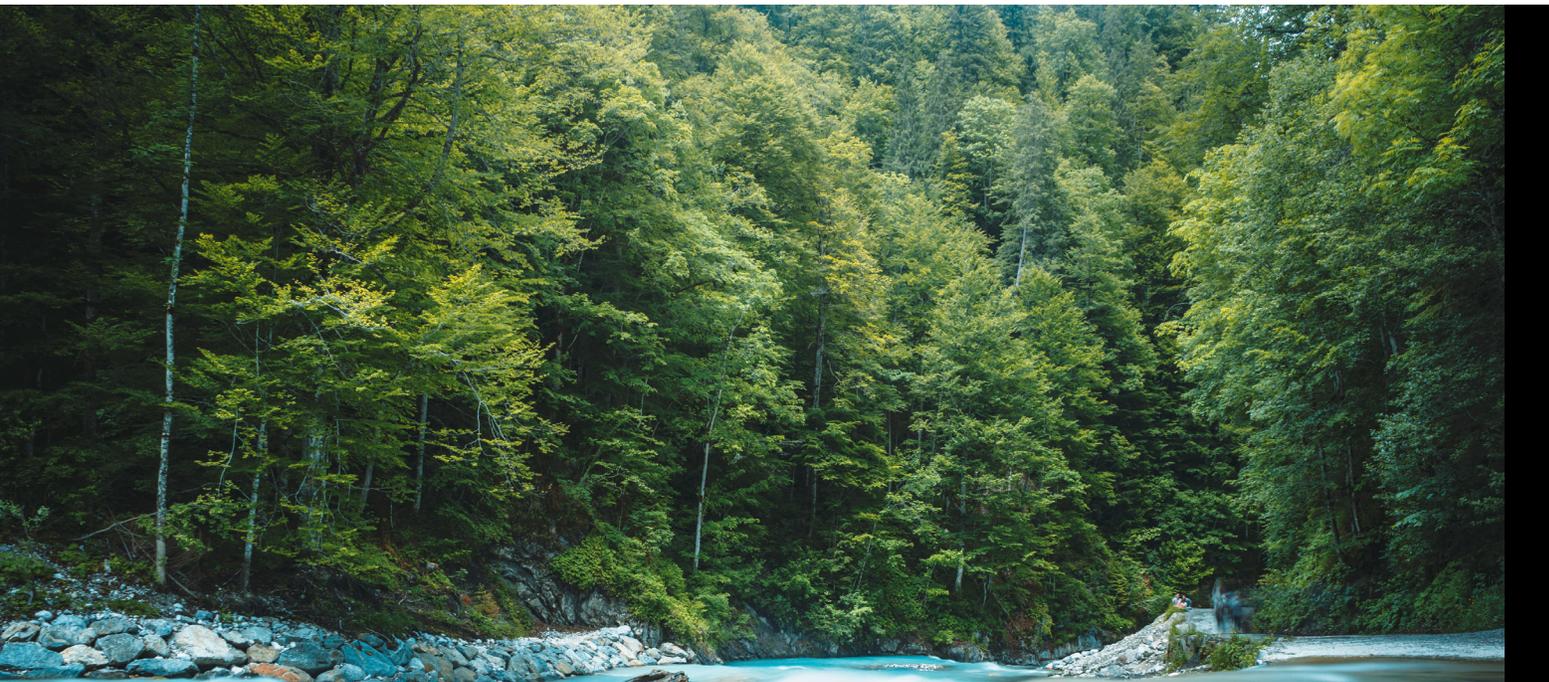
You can't always prevent accidents, but you can be prepared for them, including readying for any unexpected expenses. Accident coverage through Prudential provides financial protection by paying a cash benefit if you or an insured dependent are injured as a result of a covered accident. If you have kids in sports, this is a benefit that you might want to consider.

Please refer to plan documents for a comprehensive list of covered benefits.

Payments are made directly to you and can be used for any purpose.

MONTHLY PREMIUMS	
EMPLOYEE ONLY	\$7.68
EMPLOYEE + SPOUSE	\$13.00
EMPLOYEE + CHILD(REN)	\$14.42
EMPLOYEE + FAMILY	\$21.28





## Supplemental Critical Illness Coverage

Critical Illness coverage through Prudential pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like. Examples include helping pay for expenses not covered by your medical plan, lost wages, childcare, travel, home healthcare costs, or any of your regular household expenses.

### Plan Highlights

- » Guaranteed Issue amount:
  - Employee: \$30,000
  - Spouse: \$30,000
  - Child(ren): \$15,000

All amounts are Guaranteed Issue during initial eligibility, annual enrollment, and Qualified Life Events.

Enrollment at any time other than initial enrollment, annual enrollment or a Qualified Life Event is not permitted.

Please refer to plan documents for a comprehensive list of covered benefits.

## CRITICAL ILLNESS COVERAGE

	COVERAGE SUMMARY
EMPLOYEE	Any multiple of \$5,000, but not less than \$5,000 and not more than \$30,000.
SPOUSE	Any multiple of \$5,000, but not more than the lesser of \$30,000 or 100% of the employee amount.
CHILD(REN)	Any multiple of \$2,500, but not more than the lesser of \$15,000 or 50% of the employee amount.

## CRITICAL ILLNESS

(ATTAINED AGE UNI-SMOKER RATES)

AGE	MONTHLY RATE PER \$1,000 OF COVERAGE		
	EMPLOYEE	SPOUSE	CHILD(REN)
< 25	\$0.522	\$0.514	\$1.077
25-29	\$0.622	\$0.616	
30-34	\$0.749	\$0.752	
35-39	\$1.023	\$1.023	
40-44	\$1.384	\$1.390	
45-49	\$2.184	\$2.167	
50-54	\$3.079	\$3.006	
55-59	\$4.113	\$3.950	
60-64	\$5.259	\$5.007	
65-69	\$6.890	\$6.536	
70-74	\$8.793	\$8.361	
75-79	\$8.793	\$8.361	
80-84	\$8.793	\$8.361	
85+	\$8.793	\$8.361	

## Supplemental Hospital Indemnity Coverage

You already know the importance of living well and staying well. But life is unpredictable – expenses associated with a hospital stay can be financially difficult if you are not prepared. Hospital indemnity insurance through Prudential pays cash benefits directly to you if you have a covered stay in a hospital or critical care unit (ICU).

### Highlights

- » Hospital indemnity pays a cash benefit for hospital admissions due to a covered accident, illness, or pregnancy.
- » Popular with those planning to have children, who are older or have conditions that subject them to a higher risk of hospitalization, and/or are covered by a CDHP.

### HOSPITAL INDEMNITY COVERAGE

#### BRIEF SUMMARY OF BENEFITS\*

HOSPITAL ADMISSION	\$1,000
HOSPITAL CONFINEMENT	\$200
MAXIMUM DAYS PAYABLE	Up to 30 days
HOSPITAL ICU ADMISSION	\$2,000
HOSPITAL ICU CONFINEMENT	\$400
MAXIMUM DAYS PAYABLE	Up to 30 days
WELLNESS BENEFIT (Paid 1x per calendar year, per insured person if they take one of the eligible screening/preventive tests.)	\$50

\*This list is a summary. Please refer to plan documents for a comprehensive list of covered benefits.

### MONTHLY PREMIUMS

EMPLOYEE ONLY	\$22.98
EMPLOYEE + SPOUSE	\$47.06
EMPLOYEE + CHILD(REN)	\$48.83
EMPLOYEE + FAMILY	\$72.90



# 26 Dental Benefits

Like brushing and flossing, visiting your dentist is an essential part of your oral health. Ambipar offers affordable plan options from Cigna for routine care and beyond.

## Stay in Network

If your dentist doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit Cigna at [hcpdirectory.cigna.com](http://hcpdirectory.cigna.com).

## Dental Premiums

Dental premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your premium.

## Dental Plan Summary

This chart summarizes the dental coverage provided by Cigna for 2026.

### BASE PLAN

### BUY-UP PLAN

PAYROLL DEDUCTIONS				
	MONTHLY	WEEKLY	MONTHLY	WEEKLY
EMPLOYEE ONLY	\$13.30	\$3.07	\$15.61	\$3.60
EMPLOYEE + SPOUSE	\$26.99	\$6.23	\$31.69	\$7.31
EMPLOYEE + CHILD(REN)	\$32.91	\$7.60	\$41.08	\$9.48
EMPLOYEE + FAMILY	\$49.63	\$11.45	\$61.08	\$14.10
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE				
INDIVIDUAL	\$50	\$50	\$50	\$50
FAMILY	\$150	\$150	\$150	\$150
CALENDAR YEAR MAXIMUM				
PER PERSON	\$1,500	\$1,500	\$2,000	\$2,000
COVERED SERVICES				
PREVENTIVE SERVICES <small>Preventive care does not count towards the calendar maximum</small>	100%	100%	100%	100%
BASIC SERVICES	80%*	80%*	90%*	90%*
MAJOR SERVICES	50%*	50%*	60%*	60%*
ORTHODONTICS <small>Dependent age limit up to 26</small>	Not covered		50%	
ORTHODONTIC LIFETIME MAXIMUM	N/A		\$1,500	

\*After deductible

## Note

According to the CDC, untreated cavities can lead to abscess (a severe infection) under the gums which can spread to other parts of the body and have serious, and in rare cases fatal, results.

# 27 Vision Benefits

Getting your eyes checked regularly is important even if you don't wear glasses or contacts. We provide quality vision care for you and your family through VSP.

## Vision Premiums

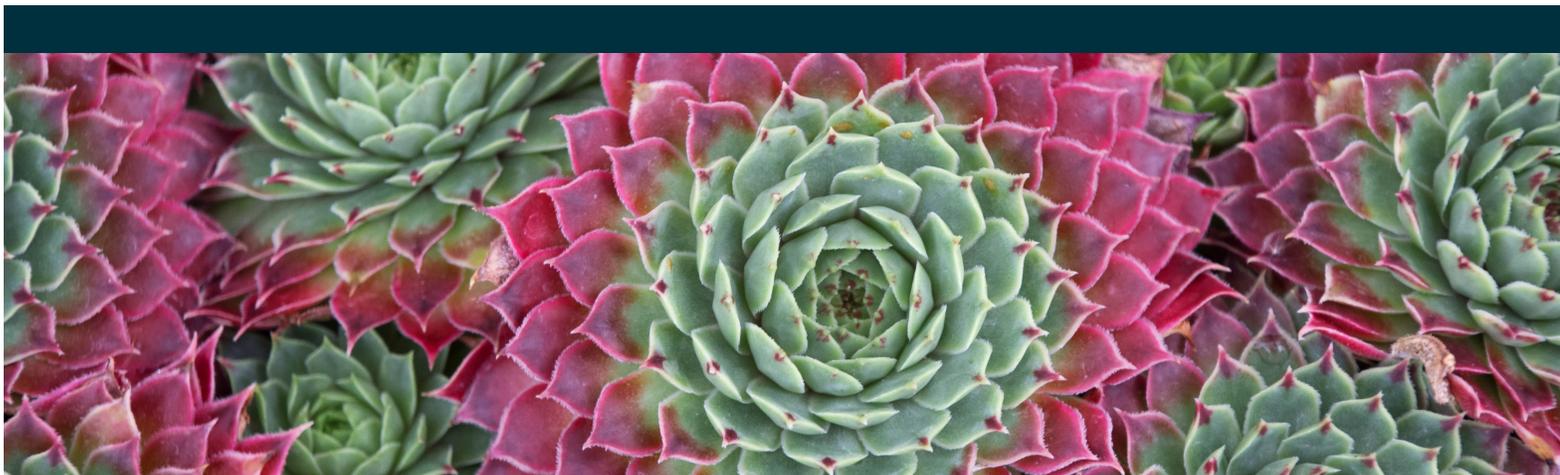
Vision premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your premium.

## Vision Plan Summary

This chart summarizes the vision coverage provided by VSP for 2026.

### VISION PLAN - VSP

PAYROLL DEDUCTIONS		
	MONTHLY	WEEKLY
EMPLOYEE ONLY	\$4.38	\$1.01
EMPLOYEE + SPOUSE	\$8.76	\$2.02
EMPLOYEE + CHILD(REN)	\$9.37	\$2.16
EMPLOYEE + FAMILY	\$14.98	\$3.46
	IN-NETWORK	FREQUENCY
EXAMS		
COPAY	\$0	Once every 12 months
LENSES		
SINGLE VISION	\$0 copay	Once every 12 months
BIFOCAL	\$0 copay	
TRIFOCAL	\$0 copay	
LENTICULAR	\$0 copay	
CONTACTS (IN LIEU OF LENSES AND FRAMES)		
ELECTIVE	\$200 allowance	Once every 12 months
FRAMES		
COPAY	\$0 copay	Once every 24 months
ALLOWANCE	80% of amount over \$200	



# 28 Survivor Benefits

It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection for your loved ones in the event of an unexpected event.

## Basic Life and Accidental Death & Dismemberment Insurance

Ambipar provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through Prudential, which guarantees that your spouse or other designated survivor(s) continue to receive benefits after death.

Your Basic Life and AD&D insurance benefit is 1 times your covered annual earnings to \$200,000. If you are a full-time employee, you automatically receive Life and AD&D insurance even if you waive other coverage.

## Naming a Beneficiary

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life. You receive the benefit payment for a dependent's death under the Prudential insurance.

Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. Contact [Benefits@Ambipar.com](mailto:Benefits@Ambipar.com) or your own legal counsel with any questions.





## Voluntary Life and AD&D Insurance

You may wish for extra coverage for more peace of mind. Eligible employees may purchase additional Voluntary Life and AD&D insurance. Premiums are paid through payroll deductions. In order to elect coverage for your spouse and/or children, you must purchase Voluntary Life Insurance for yourself.

BASIC EMPLOYEE LIFE/AD&D	
COVERAGE AMOUNT	1 times your covered annual earnings to \$200,000.
WHO PAYS	Ambipar
AGE REDUCTION	Coverage is reduced by 35% at age 65 and by 50% at age 70
MAXIMUM BENEFIT	\$200,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No
VOLUNTARY EMPLOYEE LIFE/AD&D	
COVERAGE AMOUNT	\$10,000 increments, up to \$500,000
WHO PAYS	Employee
GUARANTEE ISSUE	\$150,000
MAXIMUM BENEFIT	Up to \$500,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	For late entrants, all amounts will require a health application/evidence of insurability
VOLUNTARY SPOUSE LIFE/AD&D	
COVERAGE AMOUNT	\$5,000 increments, up to \$250,000
WHO PAYS	Employee
GUARANTEE ISSUE	\$50,000
MAXIMUM BENEFIT	Up to \$250,000, not to exceed 100% of employee's amount
EVIDENCE OF INSURABILITY (EOI) REQUIRED	For late entrants, all amounts will require a health application/evidence of insurability
VOLUNTARY CHILD LIFE/AD&D	
COVERAGE AMOUNT	\$10,000
WHO PAYS	Employee
GUARANTEE ISSUE	\$10,000
MAXIMUM BENEFIT	\$10,000, not to exceed 100% of employee's amount
EVIDENCE OF INSURABILITY (EOI) REQUIRED	For late entrants, all amounts will require a health application/evidence of insurability

You and your spouse's Life/AD&D benefits and guarantee issue amounts are subject to age reductions. Coverage is reduced by 35% at age 65 and by 50% at age 70. Spouse age is based on employee's age.

# 30 Income Protection

You and your loved ones depend on your regular income. That's why Ambipar offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury or illness. A portion of your income is protected until you can return to work or you reach retirement age.

## Basic Short-Term Disability (STD) Insurance

STD benefits are available at no cost. This insurance replaces 60% of your income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

WEEKLY MAXIMUM BENEFIT	\$1,500
ELIMINATION PERIOD	7 days
MAXIMUM BENEFIT PERIOD	26 weeks

## Basic Long-Term Disability (LTD) Insurance

LTD benefits are available at no cost. This insurance replaces 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

MONTHLY MAXIMUM BENEFIT	\$10,000
ELIMINATION PERIOD	180 days
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.



# 31 Additional Benefits

No matter what's going on in your life, GuidanceResources is here to help.

Personal problems, planning for life events, or simply managing daily life can affect your work, health, and family. GuidanceResources is a company-sponsored service that is available to you and your dependents, at no cost, to provide confidential support, resources, and information to get through life's challenges.

## Online Information, Tools, and Services

GuidanceResources Online is your one stop for expert information to assist you with the issues that matter to you, from personal or family concerns to legal and financial concerns. Create your own account by going to [www.guidanceresources.com](http://www.guidanceresources.com). Each time you return to the site, you will find personalized, relevant information based on your individual life needs. You can:

- » Review in-depth HelpSheets<sup>SM</sup> on topics you select
- » Get answers to specific questions
- » Search for services and referrals
- » Use helpful planning tools

## Financial Information, Resources, and Tools

Financial issues can arise at any time, from dealing with debt to saving for college. Our financial professionals are here to discuss your concerns and provide you with the tools and information you need to address your finances, including:

- » Saving for college
- » Tax questions
- » Getting out of debt
- » Estate planning
- » Retirement planning

### We Are Available to Help 24/7

Call: 800-311-4327

TDD: 800-697-0353

Online: [guidanceresources.com](http://guidanceresources.com)

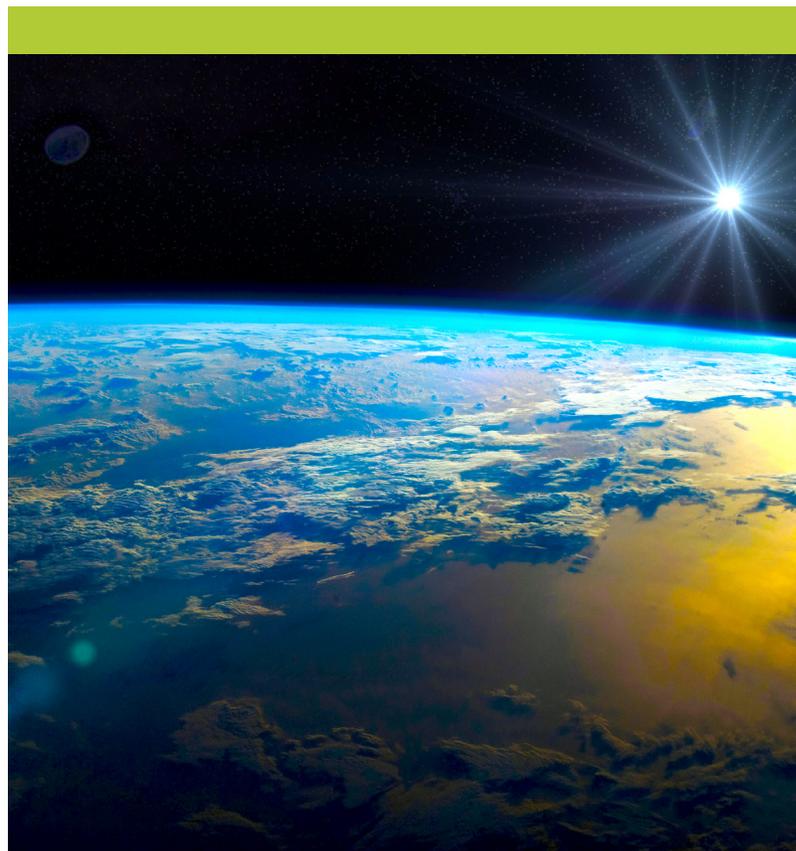
Your company Web ID: MGR311

## Beneficiary Financial Counseling

FinancialPoint provides no-cost financial planning assistance to beneficiaries with an approved life claim or employees with an approved Accelerated Benefit Option claim. Your beneficiary may call or go online to receive a welcome kit containing helpful information and a questionnaire, which may be completed via the form provided or electronically through GuidanceResources Online. Upon completion of the questionnaire, a personalized financial planning report will be prepared. The report can help with confusing issues such as budgeting, loss of income, creditors, planning for college, and more. In addition, your beneficiary will receive one year of access to financial professionals through a toll-free number.

## Online Will Preparation, Final Arrangements, and Answers to Other Legal Questions

You may complete a legally binding will or plan your final arrangements online through EstateGuidance at no cost to you. Also, when a legal issue arises, our attorneys are available to provide confidential support with practical, understandable information and assistance.



# 32 Glossary

**Balance Billing** – When you are billed by a provider for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$60, you may be billed by the provider for the remaining \$40.

**Coinsurance** – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

**Consumer-Driven Health Plan (CDHP)** – A plan option that provides choice, flexibility, and control over healthcare spending. Most preventive care is covered at 100% with in-network providers, and all qualified employee-paid medical expenses count toward your deductible and out-of-pocket maximum.

**Copay** – The fixed amount you pay for healthcare services received, as determined by your insurance plan.

**Deductible** – The amount you owe for healthcare services before your insurance begins to pay its portion. For example, if your deductible is \$1,000, your plan does not pay anything until you’ve paid \$1,000 for covered services. This deductible may not apply to all services, including preventive care.

**Explanation of Benefits (EOB)** – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer’s decision.

**Flexible Spending Accounts (FSAs)** – A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You’ll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are “use it or lose it,” so funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or rollover into the next plan year.

- » **Healthcare FSA** – A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren’t covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.

- » **Dependent Care FSA** – A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.

**Healthcare Cost Transparency** – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

**Health Savings Account (HSA)** – A personal healthcare bank account funded by your or your employer’s tax-free dollars to pay for qualified medical expenses. You must be enrolled in a CDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable if you change jobs.

**Minimum Essential Coverage Plan** – Covers 100% of the cost of certain preventive services, when delivered by a network provider. Helps cover the costs of certain medical expenses incurred due to an accident or sickness at a specified benefit amount for a limited number of days per year.



**Network** – A group of physicians, hospitals, and healthcare providers that have agreed to provide medical services to a health insurance plan’s members at discounted costs.

- » **In-Network** – Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- » **Out-of-Network** – Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.
- » **Non-Participating** – Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out of pocket.

**Open Enrollment** – The period set by the employer during which employees and dependents may enroll for coverage.

**Out-of-Pocket Maximum** – The most you pay during the plan year before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary, or healthcare your plan doesn’t cover. Check with your carrier to confirm what applies to the maximum.

**Over-the-Counter (OTC) Medications** – Medications available without a prescription.

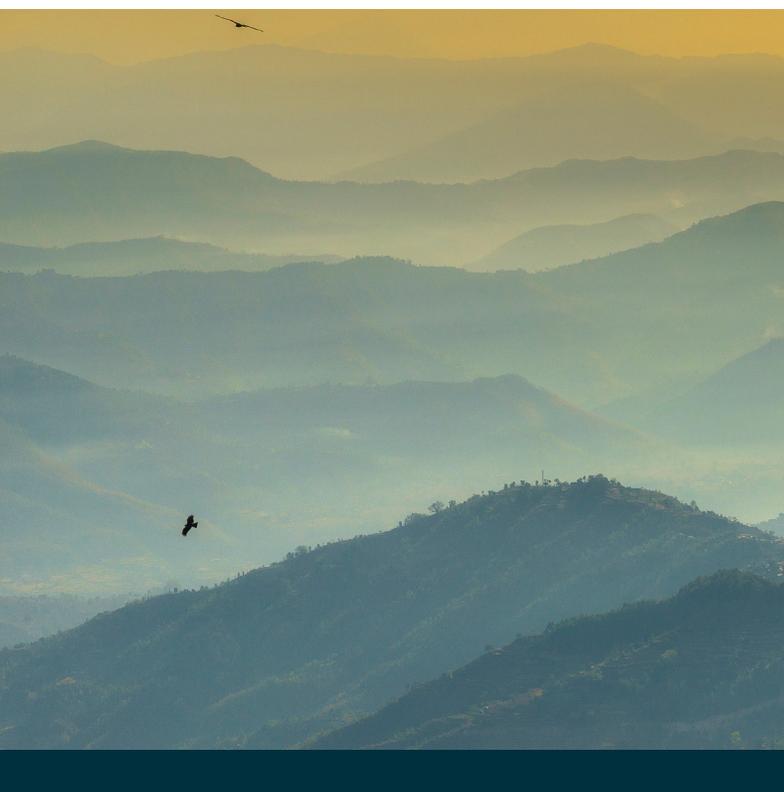
**Prescription Medications** – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred, or specialty.

- » **Generic Drugs** – Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- » **Preferred Drugs** – Brand-name drugs on your provider’s approved list (available online).
- » **Non-Preferred Drugs** – Brand-name drugs not on your provider’s list of approved drugs. These drugs are typically newer and have higher copayments.
- » **Specialty Drugs** – Prescription medications used to treat complex, chronic, and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered. These medications are usually required to be filled at a specific pharmacy.
- » **Prior Authorization** – A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- » **Step Therapy** – The goal of a Step Therapy Program is to guide employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before “stepping up” to a non-preferred brand.

**Reasonable and Customary Allowance (R&C)** – The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary, and Reasonable) amount.

**Summary of Benefits and Coverage (SBC)** – Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.

**Summary Plan Description (SPD)** – The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.



# Required Notices

## Important Notice From Ambipar Holdings, USA Inc. About Your Prescription Drug Coverage and Medicare Under the BlueCross BlueShield of TX Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Ambipar Holdings, USA Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Ambipar Holdings, USA Inc. has determined that the prescription drug coverage offered by the BlueCross BlueShield of TX plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Ambipar Holdings, USA Inc. coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

### When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Ambipar Holdings, USA Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed at the end of these notices for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Ambipar Holdings, USA Inc. changes. You also may request a copy of this notice at any time.

### For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- » Visit [www.medicare.gov](http://www.medicare.gov)
- » Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- » Call 1-800-MEDICARE (1-800-633-4227)  
TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

*Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).*

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Date:	January 1, 2026
Name of Entity/Sender:	Ambipar Holdings, USA Inc.
Contact—Position/Office:	Human Resources
Address:	818 Town and Country Blvd, #200 Houston TX 77024
Phone Number:	<a href="mailto:Benefits@Ambipar.com">Benefits@Ambipar.com</a>

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## Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- » All stages of reconstruction of the breast on which the mastectomy was performed;
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- » Prostheses; and
- » Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at [Benefits@Ambipar.com](mailto:Benefits@Ambipar.com).

## HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at [Benefits@Ambipar.com](mailto:Benefits@Ambipar.com).

## HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at [Benefits@Ambipar.com](mailto:Benefits@Ambipar.com).

# 36 Important Contacts

## Medical & Pharmacy

BlueCross BlueShield of TX  
800-521-2227  
[www.bcbstx.com](http://www.bcbstx.com)

## Supplemental Health (Accident, Critical Illness, Hospital Indemnity)

Prudential  
844-455-1002  
[www.prudential.com](http://www.prudential.com)

## Telemedicine

MDLIVE (BCBSTX)  
888-680-8646  
[MDLIVE.com/bcbstx](http://MDLIVE.com/bcbstx)

## Dental

Cigna  
800-244-6224  
[hcpdirectory.cigna.com](http://hcpdirectory.cigna.com)

## Vision

VSP  
800-877-7195  
[www.vsp.com](http://www.vsp.com)

## Health Savings Account

WEX Health  
886-451-3399  
[customerservice@wexhealth.com](mailto:customerservice@wexhealth.com)

## Flexible Spending Accounts

WEX Health  
886-451-3399  
[customerservice@wexhealth.com](mailto:customerservice@wexhealth.com)

## Life and AD&D

Prudential  
800-524-0542  
[www.prudential.com](http://www.prudential.com)

## Disability

Prudential  
800-842-1718  
[www.prudential.com](http://www.prudential.com)

## Employee Assistance Program

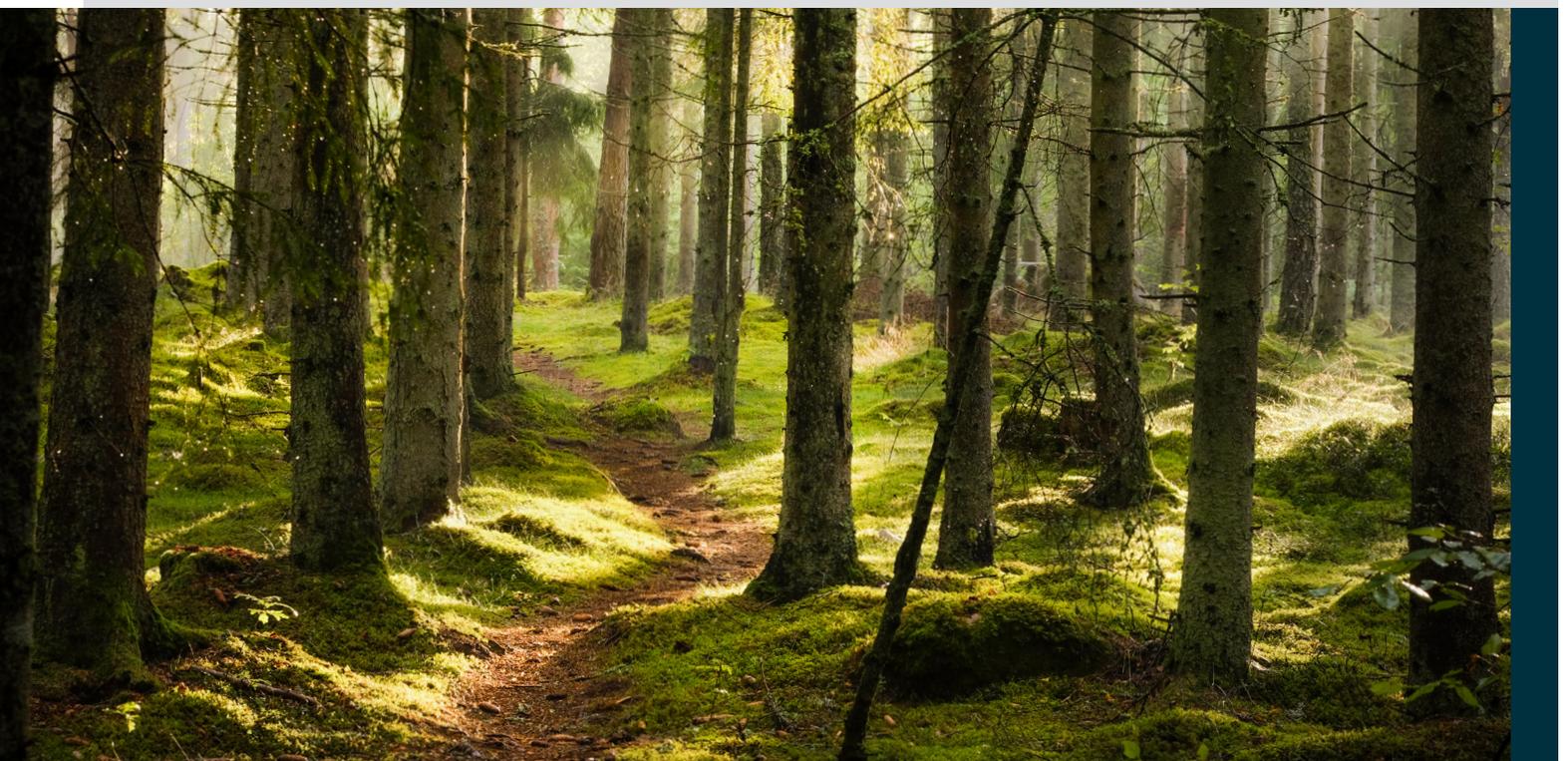
Prudential – GuidanceResources  
800-311-4327  
[guidanceresources.com](http://guidanceresources.com)  
Company Web ID: MGR311

## Additional Benefits

Prudential – GuidanceResources  
800-311-4327  
[guidanceresources.com](http://guidanceresources.com)  
Company Web ID: MGR311

## Ambipar Human Resources

818 Town and Country Blvd. #200  
Houston, TX 77024  
[Benefits@Ambipar.com](mailto:Benefits@Ambipar.com)







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