



2025 Open Enrollment Benefits Guide

FLIGHT ATTENDANTS

Austin
THE NORTHERN
MOCKINGBIRD



For benefit plans effective January 1, 2025 through December 31, 2025

TABLE OF CONTENTS

Frontier Airlines offers a comprehensive benefits package consisting of:

- UnitedHealthcare Medical Insurance with RX
- Optum Bank Health Savings Account (HSA)
- Delta Dental Insurance
- VSP Vision Insurance
- HSA Bank Flexible Spending Accounts (FSA)
- The Hartford Basic Life & AD&D Insurance
- The Hartford Voluntary Life Insurance
- The Hartford Short-Term Disability (STD) Insurance
- The Hartford Long-Term Disability (LTD) Insurance
- Employee Assistance Program
- Charles Schwab 401(k) Retirement Plan
- VOYA Accident Insurance
- The Hartford Hospital Indemnity Insurance
- VOYA Critical Illness Insurance
- VOYA Whole Life Insurance
- Nationwide Pet Insurance

IMPORTANT CONTACT INFORMATION	3
ACCESSING THE EMPYREAN BENEFITS PORTAL	4
WHAT'S NEW FOR 2025	5
BENEFITS OVERVIEW	7
UHC MEDICAL INSURANCE	8
OPTUM BANK HEALTH SAVINGS ACCOUNT (HSA)	13
WELLNESS PROGRAM	14
DELTA DENTAL INSURANCE	16
VSP VISION INSURANCE	17
HSA BANK FLEXIBLE SPENDING ACCOUNTS (FSA)	19
THE HARTFORD COMPANY-PAID BASIC LIFE & AD&D	21
THE HARTFORD VOLUNTARY LIFE	21
COLORADO FAMILY & MEDICAL LEAVE INSURANCE	22
THE HARTFORD SHORT-TERM DISABILITY (STD)	23
THE HARTFORD LONG-TERM DISABILITY (LTD)	23
EMPLOYEE ASSISTANCE PROGRAM	25
THE HOPE LEAGUE	25
CHARLES SCHWAB 401(K) RETIREMENT PLAN	26
VOYA ACCIDENT INSURANCE	28
THE HARTFORD HOSPITAL INDEMNITY INSURANCE	28
VOYA CRITICAL ILLNESS INSURANCE	29
VOYA WHOLE LIFE & LONG-TERM CARE INSURANCE	30
NATIONWIDE PET INSURANCE	31
MEDICAL & DENTAL PREMIUMS	32
BENEFITS & EMPLOYMENT SEPARATION	33
GLOSSARY	34

IMPORTANT CONTACT INFORMATION

The Benefits Resource Center partners with Language Line Services to provide language interpretation for employees who are non-English speaking or speak English as their second language. Upon calling the Benefits Resource Center, simply indicate to the Representative your language needs and they will bring an interpreter on the line. There is no cost to utilizing this service.

USI Benefit Resource Center

Phone: 855-874-0742

Email: BRCMT@usi.com

Frontier Benefits Team

Phone: 720-689-2482, 720-259-6166

Email: F9Benefits@flyfrontier.com

BENEFIT PLAN	PHONE NUMBER	WEBSITE
Medical (<i>UnitedHealthcare</i>)	866-844-4864	www.myuhc.com policy number: 755730 Pre-Member Site: www.whyuhc.com/frontierairlines
Health Savings Account (<i>Optum Bank</i>)	800-791-9361	www.optumbank.com
Dental (<i>Delta Dental of Colorado</i>)	800-640-0201	www.deltadentalco.com
Vision (<i>VSP</i>)	800-877-7195	www.vsp.com policy number: 30044798
Flexible Spending Accounts (<i>HSA Bank</i>)	800-357-6246	www.hsabank.com
Life Insurance (<i>The Hartford</i>)	888-563-1124	www.thehartford.com/mybenefits
STD & LTD (<i>The Hartford</i>)	888-277-4767	www.thehartford.com/mybenefits
Employee Assistance Program (EAP) (<i>Ability Assist</i>)	800-964-3577	www.guidanceresources.com organization web ID: HLF902 company name: ABILI
Charles Schwab (<i>401k</i>)	800-724-7526	www.workplace.schwab.com
Accident & Critical Illness (<i>Voya</i>)	800-955-7736	presents.voya.com/EBRC/ FrontierAirlines
Hospital Indemnity (<i>The Hartford</i>)	866-547-4205	thehartford.com/benefits/myclaim
Whole Life (<i>Voya</i>)	800-537-5024	www.voya.com
Pet Insurance (<i>Nationwide</i>)	800-540-2016	www.petinsurance.com/flyfrontier

This summary of benefits is not intended to be a complete description of the terms and Frontier Airlines insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Frontier Airlines maintains its benefit plans on an ongoing basis, Frontier Airlines reserves the right to terminate or amend each plan, in its entirety or in any part at any time.

Images © 2018 Getty Images. All rights reserved.



ACCESSING THE EMPYREAN BENEFITS PORTAL

From a laptop or desktop computer:

1. Log into your UKG/UltiPro account.

NOTE: Your username is your Employee ID number.

Utilize the Forgot Your Password? function for password resets.

2. On the home page of your UKG/UltiPro account, click **BENEFITS ENROLLMENT** under the **BENEFITS CORNER**.
3. You will be prompted to complete a secondary authentication via Microsoft Authenticator for security purposes.
4. A new window will open to the Empyrean benefits portal. The Open Enrollment event will automatically prompt, or be available to access across the top of your home page.

*If you are accessing the benefits portal for the first time, you will be required to register as a new user to establish login credentials.

From the UKG Pro app (NEW in 2025):

1. Download the UKG Pro app and log in using **F9Mobile** as the company code.

NOTE: Your username is your Employee ID number.

Utilize the Forgot Your Password? function for password resets.

2. On the Home page, Click the **PENCIL ICON** to the Right of "My Shortcuts", Click **AVAILABLE SHORTCUTS**, and Add the **NEWS & INFORMATION** tab.
3. On the Home Page, Click **NEWS & INFORMATION**.
3. Scroll down to the **BENEFITS CORNER** and click **START THE BENEFITS PROCESS**.
4. You will be prompted to complete a secondary authentication via Microsoft Authenticator for security purposes.
5. You will be directed into the Empyrean benefits portal. The Open Enrollment event will automatically prompt, or be available to access across the top of your home page.

*If you are accessing the benefits portal for the first time, you will be required to register as a new user to establish login credentials.

From the UKG Pro app:

1. Download the UKG Pro app and log in using **F9Mobile** as the company code.

NOTE: Your username is your Employee ID number.

Utilize the Forgot Your Password? function for password resets.

2. Click the **NEWS & INFORMATION** thumbnail.
3. Scroll down to the **BENEFITS CORNER** and click **START THE BENEFITS PROCESS**.
4. You will be prompted to complete a secondary authentication via Microsoft Authenticator for security purposes.
5. You will be directed into the Empyrean benefits portal. The Open Enrollment event will automatically prompt, or be available to access across the top of your home page.

*If you are accessing the benefits portal for the first time, you will be required to register as a new user to establish login credentials.

*The UKG Classic Pro App will be changing to a different app later in 2025.

From the EmpyreanGO app:

1. Download the EmpyreanGO app and click **FIND YOUR EMPLOYER**. Enter **Frontier Airlines**.
2. Login using the credentials you established when first accessing the Empyrean Benefits portal
3. On the **WELCOME TO YOUR BENEFITS PORTAL ON-THE-GO** page, click **ACCESS FULL PORTAL**.

You can find benefit plan documents, summaries of benefits & coverage, benefit vendor contact information and other pertinent benefit plan information in your Empyrean benefits portal on the home page under **Additional Items to Explore**, **Frequently Used Resources** and under **Menu > Items to Explore**.

WHAT'S NEW FOR 2025

OPEN ENROLLMENT DATES: 10/28/2024 TO 11/15/2024 FOR COVERAGE EFFECTIVE 1/1/2025

Enrollment for 2025 benefits is a passive enrollment, meaning your current 2024 benefit plan elections will automatically carry over into the 2025 plan year if you take no action during open enrollment **EXCEPT IF YOU HAVE ELECTED THE FOLLOWING BENEFIT PLANS:**

Health Savings Account (HSA) - If you elected the HSA for 2024, your election will not automatically carry over into 2025 if you take no action during open enrollment. Contributions will stop as of 12/31/2024 if you do not re-elect. If you fail to re-elect the HSA during open enrollment, you will not have the ability to re-start contributions again until after the first payroll of 2025.

- **IMPORTANT:** You must make an election in your Open Enrollment Event to re-elect the HSA for 2025. Please do not use the Change in Health Savings Account event under the Change Your Current Benefits menu as that **only** modifies your current 2024 election.

Flexible Spending Accounts (FSA) - If you elected any of the FSAs for 2024, your election(s) will not automatically carry over into 2025 if you take no action during open enrollment. Contributions will stop as of 12/31/2024 if you do not re-elect.

- If you contributed to a **Flexible Spending Account** in 2024 and you do not want to contribute to the same **Flexible Spending Account** in 2025, you will have until 12/31/2024 to incur eligible expenses, and then you will have until the end of the plan's run-out period (3/31/25) to submit claims for any unreimbursed eligible expenses you incurred up to 12/31/24.
- **Up to \$640** in unused contributions remaining in a **Health FSA or a Limited Purpose FSA** at the end of the 2024 plan year are eligible to rollover into 2025. **Any amount remaining in excess of \$640 is forfeited.**
- All unused contributions remaining in **Parking FSA or Transit FSA** are eligible to rollover into 2025.
- The **Dependent Care FSA** does not allow rollover. If you have unused contributions remaining at the end of 2025, your unused contributions will be forfeited.
- The **Health FSA** is only compatible with the Traditional PPO and Legacy PPO plans. If you switch to the Value HDHP for 2025 and have unused contributions, you will forfeit **all** remaining contributions as of 1/1/25.
- The **Limited Purpose FSA** is only compatible with the Value HDHP. If you switch to either the Traditional PPO or Legacy PPO plan for 2025 and have unused contributions, you will forfeit **all** remaining contributions as of 1/1/25.

2025 PREMIUM CHANGES

- UHC medical premiums are slightly **decreasing**.
- Delta Dental premiums are slightly **increasing**.

2025 BENEFIT VENDOR CHANGE

- **Moving from Rally to UHC Rewards** - This move will allow up to an extra \$90 for completing certain wellness incentives for all employees and spouses enrolled in UHC Rewards.
- **Moving from AbleTo to Calm Health** - Self-care coverage within Calm Health will allow you access to the most popular features at no additional cost to you if you are enrolled in Medical coverage. All programs, courses and tools are designed to strengthen the connection between your body and mind. They offer mental health guidance and support for a wide range of health and wellbeing goals. Go to myuhc.com or download the United HealthCare App, Click "My Coverage & Benefits", Click "Mental Health", and Follow the link to enroll in Calm Health.

2025 WELLNESS PROGRAM UPDATE

Moving from Rally to UHC Rewards - If you or your spouse are enrolled in one of the UHC medical plans up to \$90 can be earned, which is **taxable**, for completing wellness incentives like getting an annual check-up, receiving a bio-metric screening, having a virtual visit with a health care provider, obtaining a flu shot, or conducting tracker-based activities. The \$90 can be in the form of a Digital VISA Gift Card, a credit applied toward your UHC One-Pass Select Membership or for Devices such as an Apple Watch, Garmin or Fitbit. To learn more or get started visit myuhc.com in January 2025.

WHAT'S NEW FOR 2025 (CONT'D)

2025 LIFE INSURANCE UPDATE

- **Adding New Voluntary Employee Child Life Coverage options through the Hartford of \$15,000 or \$20,000.**
- Please note, if both you and your Spouse are employed at Frontier Airlines and you and your spouse are enrolled under Frontier Benefits, only you or your spouse individually may elect Voluntary Employee Child Coverage (You may not both elect Voluntary Employee Child Life Coverage).

2025 UHC MEDICAL COVERAGE & PROGRAM UPDATES

- **Glucose monitors (CMG's) for adults** with type 1 diabetes, will be offered at no charge to the adult member enrolled in one of their medical plans.
- **Adding UHC Rewards** - Allows members and/or spouses enrolled in a United Healthcare Frontier Medical plan, to earn up to \$90 for completing certain wellness activities such as completing an annual exam, getting a cost estimate, getting an annual flu shot, tracking 5k steps per day, tracking sleep for 14 days, connecting a tracker, and more. Each activity in the UHC Rewards platform reflects how many dollars can be earned. The \$90 comes in the form of a Digital VISA Gift Card, apply the credit earned toward your UHC OnePass Select Membership or Devices such as an Apple Watch, Garmin or Fitbit. Please know, any rewards earned are **Taxable**. To activate UHC Rewards, sign in to the UnitedHealthcare® app or myuhc.com, Select UHC Rewards, and Activate UHC Rewards.

MAVEN FERTILITY SOLUTIONS PROGRAM

- **Adding a fertility enhancement coverage of a \$5,000 lifetime maximum towards fertility services & adoption** - If you are enrolled in Frontier Airlines Medical Insurance plan, you may access the Maven Fertility platform through UHC that helps Employees with Fertility & Adoption (once the adoption is finalized).
- Starting January 1, 2025, Frontier Airlines employees and dependents enrolled in the Frontier Airlines UnitedHealthcare plans have access to Maven Family Building & Fertility Solutions Plus. Maven provides 24/7 support for those navigating trying to conceive, fertility treatments—including egg freezing, IVF, and IUI—adoption, surrogacy. Your Maven membership includes extended family building support from Fertility Solutions Plus for those navigating fertility including 24/7 personalized support, virtual appointments, and on-demand classes and articles. Maven's family building support also includes financial support through Maven Wallet, an expense management tool. Frontier Airlines employees enrolled in the UnitedHealthcare plan can receive reimbursement for eligible adoption expenses once the adoption is finalized, starting 1/1/2025. Specific details can be found on the Frontier Airlines Maven Wallet Program Overview on the Maven app after 1/1/2025.

SCHWAB FINANCIAL WELLNESS PROGRAM UPDATES

- **Adding 401(k) Catch-up contributions offering** - Employees will not need to contact our team to start catch-up contributions (The system will automatically calculate your age to calculate the correct catch-up contribution).
- **Extra Catch-up contribution** - Starting in 2025, people between 60 and 63 years old will be eligible for a special catch-up contribution of either \$10,000 or 150% of what the standard catch-up limit is for that year - whichever is greater. If the Extra Catch-up component was in place for 2024 the max would be \$11,250.00

WHAT'S NEW FOR LATER IN 2025

- **The Employee Assistance Program (EAP) through the Hartford will be changing to an alternative provider.**
- **The UKG App will be changing from the Classic UKG App to the UKG Pro App.**

2026 WELLNESS PROGRAM UPDATE

- **Starting in 2025, The three requirements to receive your wellness discount for 2026 will change. Employees must receive an annual exam and complete two preventative age & gender exams by November 30, 2025 to receive the 2026 discount.**
- The requirement to "Confirm That You're Tobacco Free" will be removed. In place of the "Confirm That You're Tobacco Free" requirement, Employees must complete a second age & gender preventative exam to receive the wellness discount. Employees must receive an annual exam and complete two preventative age & gender exams. The requirement to receive your Dental Wellness Discount in 2026 will remain the same.

BENEFITS OVERVIEW

Benefits are an integral part of your overall compensation package provided by Frontier Airlines. It is Frontier's objective to offer comprehensive and affordable health insurance plans that meet your needs. Within the Benefits Guide, you will find important information about health and welfare benefits available to you for the 2025 plan year (January 1, 2025 through December 31, 2025). You can also find health and welfare benefit information in your Empyrean benefits portal under **Main Menu > Items to Explore**.

BENEFITS ELIGIBILITY

Full-Time team members are eligible for the following benefits:

- Medical, Dental, Vision, Health Savings Account (HSA), Flexible Spending Account(s) (FSA), Short-Term Disability, Company-Paid Long-Term Disability, Company-Paid Life & AD&D, Voluntary Life Insurance, Critical Illness, Accident, Hospital Indemnity, Whole Life, and Pet Insurance.

DEPENDENT ELIGIBILITY

Frontier benefit plans offer coverage for your eligible dependents which include:

- Your Spouse
- Your Common Law Spouse (if residing in a state where common-law marriage is recognized).
- Your Domestic Partner and Domestic Partner's Child(ren), up to age 26.
- Your Dependent Children, up to age 26, regardless of student, marital, or tax-dependent status - (including step-child(ren), legally adopted child(ren), child(ren) placed with you for adoption, or child(ren) for whom you are the legal guardian of).
- Your Dependent Children of any age who are physically or mentally unable to care for themselves.

If you are newly enrolling an eligible dependent onto your medical, dental and/or vision benefits, dependent verification documentation is required for enrollment. Documentation includes, but is not limited to: birth certificates, marriage certificate, affidavit of common-law marriage or affidavit of domestic partnership.

ENROLLMENT

You are eligible to make changes to your benefit elections:

- Within 31 days of your date of hire.
- During the annual open enrollment period.
- Within 31 days of experiencing an IRS qualifying life event.

If you do not make election changes during the annual open enrollment period, then you will not be allowed to make election changes until the following plan year's open enrollment period, or if you experience an IRS qualifying life event.

QUALIFYING LIFE EVENTS

Due to IRS rules and regulations governing Frontier's benefit plans, once you have made elections for the plan year during the annual open enrollment period, you cannot change your benefit elections until the next annual open enrollment period. The only exception to this rule is if you experience an IRS qualifying life event.

If you experience a qualifying life event, you have no later than 31 days from the date of the life event to make election changes. Benefit election changes must be consistent with the qualifying life event. Election changes, as well as documentation verifying the life event occurred, must be submitted in the Empyrean Benefits Portal via the Change Your Current Benefits link **within 31 days of the qualifying life event date**. Election changes and documentation are subject to approval by the Frontier Benefits Team. For questions about a qualifying life event, please contact **F9Benefits@FlyFrontier.com**.

QUALIFYING LIFE EVENTS

INCLUDE, BUT ARE NOT LIMITED TO:

- Marriage
- Birth of a child
- Adoption of a child
- Death of your covered spouse or covered dependent child
- Change in work status for your spouse or child which affects their eligibility for health insurance
- Divorce/Legal Separation
- Qualified medical support order

UHC MEDICAL INSURANCE

Frontier offers three UnitedHealthcare medical plans, which include two PPO plans and one High-Deductible Health plan (HDHP). All plans offer in-network benefits with a Choice Plus provider and out-of-network benefits.

UNITEDHEALTHCARE PREMIUM PROVIDERS

The Value High-Deductible Health Plan (HDHP) and the Traditional PPO medical plans are tiered benefit plans. These two plans help you pay less when you receive services from a Tier 1 premium primary care provider or a specialist. Tier 1 providers are evaluated in 25 different medical specialties and meet national quality standards and local benchmarks for cost efficiency. Tier 1 providers are reviewed annually and are subject to change.

WHAT IS A HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)?

A high-deductible health plan (HDHP) is a medical plan with a sizable deductible and the option to contribute to a Health Savings Account (HSA). A deductible is the amount a member pays for healthcare services out of pocket before the plan begins to pay the shared cost (co-insurance) for covered services, with the exception of routine preventative care which is fully covered before the deductible is met.

If you are enrolled on the Value High-Deductible Health plan (HDHP) with employee only coverage, the individual deductible is the amount you must pay each plan year before the plan begins to pay the shared cost for covered services. If you elect to cover at least one dependent on the Value High-Deductible Health plan, the individual deductible **no longer applies** and the family deductible must be met, either by one family member or by a combination of family members, before the plan begins to pay the shared cost (co-insurance) for covered services. This same rule also applies to the out-of-pocket maximum, which is the most that you will pay out-of-pocket in a plan year for covered services before the plan pays 100% of expenses for the remainder of the plan year.

Summary of Covered Benefits	VALUE HDHP		
	Premium Provider	In Network	Out of Network
Annual Deductible Individual/Family	\$2,000/\$4,000 ¹		\$4,000/\$8,000 ¹
Annual Out-of-Pocket Maximum Individual/Family	Includes deductible and coinsurance \$3,250/\$6,500 ¹		
Preventive Care	Plan pay 100%		50% after ded.
Physician Services Primary Care Physician Virtual Visit Specialist Urgent Care	20% after ded. N/A 20% after ded. 20% after ded.	30% after ded. 20% after ded. 30% after ded. 20% after ded.	50% after ded. N/A 50% after ded. 50% after ded.
Lab/X-Ray Diagnostic Lab/X-Ray High-Tech Services (MRI, CT, PET)	20% after ded. 20% after ded.	30% after ded. 30% after ded.	50% after ded. 50% after ded.
Therapies (Speech, Physical, Occupational)	20% after ded.	20% after ded.	50% after ded.
Hospital Services (Inpatient and Outpatient) Physician Facility	20% after ded. 20% after ded.	30% after ded. 20% after ded.	50% after ded. 50% after ded.
Emergency Room	20% after ded.		
Chiropractic Care	50% after ded.	50% after ded.	50% after ded.
Prescription Drugs (up to a 34-day supply) Tier 1 Tier 2 Tier 3 Mail Order (up to a 90-day supply)	20% after ded. 20% after ded. 20% after ded. 20% after ded.		50% after ded. 50% after ded. 50% after ded. Not covered

(1) For individual HDHP coverage, the individual deductible is the amount the member must pay each plan year before the plan begins paying toward covered services. If electing dependent coverage, the individual deductible does not apply. The family deductible must be met, either by one individual or by a combination of family members, before the plan begins to pay. The same rule applies to the out-of-pocket maximum.

Summary of Covered Benefits	TRADITIONAL PPO			LEGACY PPO	
	Premium Provider	In Network	Out of Network	In Network	Out of Network
Annual Deductible Individual/Family	\$500/\$1,000		\$1,500/\$3,000	\$250/\$750	\$1,000/\$1,500
Annual Out-of-Pocket Maximum Individual/Family	<i>Includes deductible and coinsurance</i> \$3,000/\$6,000		\$6,000/\$12,000	<i>Includes deductible and coinsurance</i> \$1,500/\$4,500	\$3,000/\$9,000
Preventive Care	Plan pays 100%		50% after ded.	Plan pays 100%	35% after ded.
Physician Services Primary Care Physician Virtual Visit Specialist Urgent Care	\$25 copay N/A \$55 copay \$75 copay	\$45 copay \$10 copay \$75 copay \$75 copay	50% after ded. N/A 50% after ded. \$75 copay+20%	\$20 copay \$10 copay \$30 copay \$50 copay	35% after ded. N/A 35% after ded. \$50 copay+15%
Lab/X-Ray Diagnostic Lab/X-Ray High-Tech Services (MRI, CT, PET)	20% after ded. 20% after ded.	30% after ded. \$250 copay, 30% after ded.	50% after ded. \$250 copay, 50% after ded.	15% after ded. 15% after ded.	35% after ded. 35% after ded.
Therapies (Speech, Physical, Occupational)	20% after ded.	20% after ded.	50% after ded.	15% after ded.	35% after ded.
Hospital Services Inpatient Outpatient	20% after ded. 20% after ded.	30% after ded. 30% after ded.	\$500 copay, 50% after ded. 50% after ded.	15% after ded. 15% after ded.	35% after ded. 35% after ded.
Emergency Room	\$100 copay + 20%			15% after ded.	
Chiropractic Care	50% after ded.		50% after ded.	50% after ded.	50% after ded.
Prescription Drugs (up to a 34-day supply) Tier 1 Tier 2 Tier 3 Mail Order (up to a 90-day supply)	\$10 copay \$30 copay \$50 copay 2x retail copay		Applicable copay + 50% Not covered	\$5 copay \$10 copay \$10 copay 2x retail copay	Applicable copay + 50% Not covered

UHC PROGRAMS & RESOURCES

UHC REWARDS

Allows members and/or spouses enrolled in a United Healthcare Frontier Medical plan, to earn up to \$90 for completing certain wellness activities such as completing an annual exam, getting a cost estimate, getting an annual flu shot, tracking 5k steps per day, tracking sleep for 14 days, connecting a tracker, and more. Each activity in the UHC Rewards platform reflects how many dollars can be earned. The \$90 comes in the form of a Digital VISA Gift Card, apply the credit earned toward your UHC OnePass Select Membership or Devices such as an Apple Watch, Garmin or Fitbit. Please know, any rewards earned from UHC are **Taxable**. To activate UHC Rewards, sign in to the UnitedHealthcare® app or myuhc.com, Select UHC Rewards, and Activate UHC Rewards.

VIRTUAL VISITS

Virtual visits allow you to meet with a doctor from the comfort of your own home or office when you are unable to meet in-person. Most virtual visits take 10-15 minutes and allow providers to send prescriptions to your local pharmacy. Members may utilize a virtual visit for non-emergency medical conditions such as allergies, cough, cold, sore throat, sinus issues, migraines, etc. Virtual primary care visits allow members (ages 18 years and older) to connect with a primary care provider for guidance and on-going care needs. Members may utilize virtual primary care for routine check-ups, chronic illnesses, minor ailments, etc. Virtual behavioral health visits are available for conditions such as ADD & ADHD, addiction, anxiety, depression and other mental health conditions. Download the UHC app, or login to your online www.myuhc.com account, to connect to a virtual care provider.

TALKSPACE

With Talkspace online therapy, you can regularly communicate with a licensed therapist from your phone or computer, no appointments necessary. You can find a therapist using the online matching tool and start therapy within hours of choosing your therapist. Talkspace allows you to choose real-time face-to-face video visits by appointment and live video sessions with a psychiatrist trained in mental health care and prescription management. Talkspace is covered in accordance with your plan's behavioral health coverage. To get started, go to www.talkspace.com/connect.

ORTHOPEDIC HEALTH SUPPORT

Orthopedic Health Support provides members with

access to specialized nurses and quality providers to help meet their needs, such as early intervention, pre and post surgical counseling, behavior change coaching, guidance to Centers of Excellence (COEs), and long-term support. Through a single point of contact, members can get assistance navigating the health system, assessing their care options to find the right provider. For more information about this program, please contact UnitedHealthcare at 888-788-9689.

LIVING WITH DIABETES MANAGEMENT PROGRAM

A high-touch digital diabetes engagement platform to help members create healthy habits. This program features eight weeks of live video sessions facilitated by a registered nurse, self-guided education, digital tools and member-driven goal tracking. For more information about the Living With Diabetes management program, please contact UnitedHealthcare at 888-788-9689.

REAL APPEAL

From group coaching sessions with certified health coaches to on-demand motivational resources, Real Appeal offers an approach to health and wellness that is personalized to your needs. Real Appeal is available at no additional cost to employees & dependents age 18 years and older covered on a UHC medical plan with a BMI of 23 or greater, subject to eligibility.

TOBACCO CESSATION PROGRAM

If you or your spouse or domestic partner smokes and are interested in quitting, you can still qualify for the wellness discount by completing UnitedHealthcare's tobacco cessation program before the 11/30/24 deadline. Enroll in the program online at www.quitnow.net or by texting START to 31491.

MAVEN FERTILITY SOLUTIONS

Starting January 1, 2025, If you are enrolled in Frontier Airlines Medical Insurance plan, you may access the Maven Fertility platform through UHC that helps Employees with Fertility & Adoption (once finalized) for a fertility enhancement coverage of a \$5,000 lifetime maximum towards fertility services & adoption.

Frontier Airlines employees and dependents enrolled in the Frontier Airlines UnitedHealthcare plans have access to Maven Family Building & Fertility Solutions Plus. Maven provides 24/7 support for those navigating trying to conceive, fertility treatments—including egg freezing, IVF, and IUI—adoption (once finalized), surrogacy. Your Maven membership includes extended

family building support from Fertility Solutions Plus for those navigating fertility including 24/7 personalized support, virtual appointments, and on-demand classes and articles. Maven's family building support also includes financial support through Maven Wallet, an expense management tool. Frontier Airlines employees enrolled in the UnitedHealthcare plan can receive reimbursement for eligible adoption expenses once the adoption is finalized, starting 1/1/2025. Specific details can be found on the Frontier Airlines Maven Wallet Program Overview on the Maven app after 1/1/2025.

INSULIN PUMPS & GLUCOSE MONITORS

Members have access to purchase insulin pumps through Tandem Diabetes Care and Medtronic.

Beginning 1/1/2025, continuous glucose monitors for adults and children up to age 18 with Type 1 diabetes will be covered 100% on UHC medical plans.

2ND. MD

Are you in need of a second medical opinion? 2nd.MD is a free virtual expert medical consultation service. 2nd.MD connects you with board-certified specialists for a virtual medical consultation from the comfort of your home. Health Advocates are available to discuss a new diagnosis or an ongoing, chronic condition, medications, and treatment plans. Visit www.2nd.md/activate/step1/f9 or call 866-269-3534.

SELF-CARE FROM CALM HEALTH

Self-care coverage within Calm Health allows you access to the most popular features at no additional cost to you if you are enrolled in Frontier Medical coverage. All programs, courses and tools are designed to strengthen the connection between your body and mind. They offer mental health guidance and support for a wide range of health and wellbeing goals. To start using Calm, you will download the Calm Health app, enter your member ID, name and date of birth.

- If you or someone you know is seeking emotional support, the 988 hotline offers free 24/7 confidential and emotional support to anyone in the United States who is suicidal or experiencing a mental health crisis. There is also a Spanish language line at 1-888-628-9454, and crisis centers can use the Tele-Interpreters service, which supports more than 150 languages.

CANCER RESOURCE SERVICES

The Cancer Resource Services program is designed to deliver better outcomes at reduced costs by providing access to a national network of quality cancer centers for rare and complex cancers where practice variability and expenses tend to be high. The benefits of cancer treatment at a Center of Excellence (COE) include fewer complications, expanded treatment options, higher survival rates, shorter hospital stays, and

planned and coordinated care provided by a team of experts who specialize in many types of cancer. For more information about this program, please call UnitedHealthcare at 888-788-9689.

ONE PASS SELECT

A subscription-based fitness program which includes physical and digital fitness options and grocery delivery subscriptions. The program offers lower cost gym options with no long-term contracts or annual gym registration fees, grocery delivery subscription, flexible fitness choices with the ability to change tiers monthly through a network of more than 16,000 gyms and a convenient digital experience with easy access to browse participating gyms. To access One Pass Select, visit www.onepassselect.com or call 877-515-9364 (closed weekends).

POLYPHARMACY VALUE MANAGEMENT PROGRAM

The Polypharmacy Value Management Program identifies members at a higher risk of medication overload (5+ medications). If a member is identified, outreach is made to encourage them to participate in a voluntary prescription checkup with a clinical pharmacist. If a member consents to this checkup, a Pharmacist will evaluate a member's current medications and coordinate decision-making between the member and their provider to optimize treatment - whether to stop, adjust or change a medication.

NON-UHC SUPPORT TOOLS & RESOURCES

HERITAGE BIOLOGICS

Heritage Biologics provides comprehensive specialty pharmacy management services for blood disorder patients. Each Heritage Biologics patient is assigned a Patient Experience Navigator to provide support and serve as a resource for the patient's needs. All medications are required to be purchased through Heritage Biologics.

For more information, please contact Heritage Biologics at (855) 937-7273.

CANCER EXPERT NOW

Connects employees to leading medical experts in oncology. The Cancer Expert Now mobile app can help you or a dependent fully understand a diagnosis, prognosis and available treatment options. This service is designed to be complementary to appointments with your treating oncologists and intended to further discussions about treatment plans.

OPTUM BANK HEALTH SAVINGS ACCOUNT

REMINDER: Update your beneficiaries on your HSA Account. To add your beneficiaries, Log into your account at www.optumbank.com. Select “Settings” on the upper right-hand corner of the homepage, choose “Beneficiaries”, and Click “Add a New HSA Beneficiary”. Once your beneficiaries are added, you can designate Primary and Contingent percentage allocations which may be edited at any time.

2025 HSA Contribution Maximums	
Coverage level	2025
Employee Only	\$4,300
All Other Tiers	\$8,550

Frontier Team Members enrolled in the Value High-Deductible Health Plan (HDHP) are eligible to contribute to a **Health Savings Account (HSA)**. A **Health Savings Account** is a personal savings account which allows you to contribute pre-tax dollars to pay for eligible health care expenses for yourself, your spouse, and/or your dependent child(ren). You own the contributions in your **Health Savings Account**, even if you separate from employment or switch to a different medical plan. There are no vesting requirements or forfeiture provisions. Eligible **HSA** expenses include deductibles, copays, over-the-counter medications, dental expenses, vision expenses, etc. Visit www.optumbank.com for a complete list of **HSA** eligible expenses.

If you elect the **Health Savings Account**, Frontier will contribute to your **HSA** on a per paycheck basis. Team Members enrolled on the Value HDHP with employee only coverage would receive a \$75 per month contribution from Frontier. All other coverage tiers would receive a \$150 per month contribution from Frontier. Contributions into a **HSA** (including Frontier’s contribution) cannot exceed the annual IRS contribution maximums, as shown above. Frontier Team Members who will turn age 55 or older by December 31, 2025 may contribute an additional \$1,000 into their **HSA** for the 2025 plan year. You can elect to receive Frontier’s contribution **only** by electing \$0.00 as your annual election.

If you are enrolled on the Value HDHP and cover your domestic partner, you and your domestic partner can make contributions into separate **HSAs** up to the family contribution limit. Your domestic partner would have to enroll separately into their own **HSA** directly through Optum Bank. Because domestic partners are not married and are viewed as separate tax entities, you are not allowed to pay for your domestic partner’s eligible expenses, or your domestic partner’s child(ren)’s eligible expenses, with your **HSA** contributions. Your domestic partner would not be allowed to pay for your eligible expenses with their **HSA** contributions. To learn more, please contact Optum Bank at 800-791-9361.

HSA ELIGIBILITY

- You **can** contribute to a HSA if enrolled in the Value HDHP medical plan.
- You **cannot** contribute to a HSA if you are covered by a non-HSA plan, enrolled in a Health Care (Medical) FSA, or enrolled in a Health Reimbursement Arrangement (HRA).
- You **can** contribute to a HSA if you are not claimed as a dependent on someone else’s tax return.
- You **cannot** contribute to a HSA if you are enrolled in a Medicare, TRICARE, or TRICARE for Life plan.
- You **cannot** contribute to a HSA if you received veteran benefits in the last three months—unless care is military service related.
- You **must** have a valid street address as your primary address in UKG/UltiPro. **A P.O. Box address is not allowed.**

MAXIMIZE YOUR TAX SAVINGS

- Contributions into a HSA are tax free and can be made through payroll deductions on a pre-tax basis.
- The money in your HSA (including interest and

investment earnings) grows tax free.

- If you use the funds to pay for qualified medical expenses, the money is spent tax free.
- The HSA allows you to save and rollover your full balance from year to year.
- Keep all your receipts for tax documentation purposes.

ACCESSING YOUR HSA FUNDS

- Debit card - If newly enrolled in the Health Savings Account, you will receive a debit card from Optum Bank. **The debit card must be activated immediately upon receiving.** Use your HSA debit card to directly pay for your eligible expenses. Like a regular bank account, you must have a balance in your HSA to cover expenses.
- Online Bill Pay - Schedule payments directly from your HSA.
- Checkbook - Pay for eligible expenses with a check or use to reimburse yourself for eligible expenses you paid for without your HSA debit card.

WELLNESS PROGRAM

Frontier's wellness program helps to support and improve the health and well-being of you and your family, while providing education to make healthcare decisions that positively impact your health. In partnership with our benefit vendors, you can complete specific activities to earn discounts on your medical and dental premiums, saving you money in your paycheck and increasing your awareness of your overall health.



By completing wellness requirements, team members covered on a Frontier UHC medical plan can save \$58 per month on their 2025 medical premium, and \$10 per month on their 2025 dental premium. This adds up to a potential savings of \$700 annually on your 2025 medical premium and \$120 annually on your 2025 dental premium. Your spouse or domestic partner covered on your UHC medical plan are also eligible to participate in the wellness program to help you earn an additional savings on your medical premium. If your spouse or domestic partner also completes medical wellness requirements, you can earn an additional savings of \$15 month on your 2025 medical premium. This is an **extra** annual savings of \$180 on your 2025 medical premium.

REMINDER: When completing the requirements to visit your primary care provider for your annual exam and receive an age & gender screening, make sure to **tell your provider, during your visit that you would like to confirm the exam will be coded as preventative.** UnitedHealthcare processes claims based on what the in-network provider bills to UnitedHealthcare. A screening only qualifies for Frontier's wellness program if it is performed for preventative purposes. It is covered 100% by our plans if the in-network provider billing reflects as preventative. If the services at that visit were outside of the preventative care scope, then your provider would bill the visit to UHC as such, there would be a co-pay, and the exam would not meet the requirement for the discount.

You may earn an extra \$90 for completing certain wellness incentives for employees and spouses enrolled in one of the UHC medical plans through UHC Rewards. The \$90 comes in the form of a Digital VISA Gift Card, A subscription to UHC OnePass Select Membership or Devices such as an Apple Watch, Garmin or Fitbit. The \$90 Incentive will be matched with specific tasks within the UHC Reward program. Please know, any rewards earned from UHC is **Taxable.**

WELLNESS PROGRAM (CONT'D)

2025 MEDICAL WELLNESS REQUIREMENTS TO EARN THE WELLNESS DISCOUNT FOR 2026 COMPLETE BY 11/30/2025

1. VISIT YOUR PRIMARY CARE PROVIDER FOR YOUR ANNUAL PREVENTATIVE CARE EXAM.

Schedule a preventative care exam with your PCP and present your UHC ID card at the time of service. Preventative care services are covered 100% if using an in-network with no out of pocket expense on Frontier’s UHC medical plans. Preventative care includes wellness exams, screenings, labs and immunizations intended to prevent or avoid illness or other health problems. Preventative care **does not** include services intended to treat or diagnose a condition. To learn more about preventative care, visit <https://www.uhc.com/health-and-wellness/preventive-care>.

2. RECEIVE TWO SEPARATE AGE & GENDER SPECIFIC SCREENINGS.

Consult with your primary care provider to determine which age/gender specific screenings below you are eligible for. If your provider tells you that you are not currently eligible for an age & gender screening, then you can utilize your VSP Vision insurance to have a vision exam and have one of the below screenings. The screenings below, except the VSP Vision exam, are covered 100% on UHC medical plans with no out of pocket cost, if billed by your provider as preventative care. The VSP Vision Exam is a \$10 Co-pay.

Breast Cancer Screening	Bone Density Test
Cervical Cancer Screening	Fecal Occult Blood Test
Skin Cancer Screening	Prostate Specific Antigen Test
Prostate Cancer Screening	Cardiac Stress Test
Colonoscopy*	VSP Vision Exam

The above list is only a small sample of eligible preventative exams, visit the above link to learn more.*A polyp removal is considered an integral part of colonoscopy preventative procedure, meaning you should not be charged. If you are charged for this procedure, you should immediately bring this to the attention of your treating physician’s office.

2025 DENTAL WELLNESS REQUIREMENTS TO EARN THE DENTAL DISCOUNT FOR 2026 COMPLETE BY 11/30/2025

1. VISIT YOUR DENTIST FOR A ROUTINE DENTAL CLEANING.

A routine dental cleaning and exam is considered preventative care and is 100% covered by Frontier Delta Dental

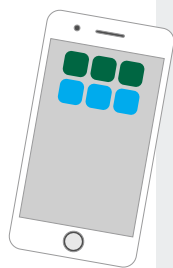
DELTA DENTAL INSURANCE

Frontier offers two dental plans through Delta Dental of Colorado. Each plan offers in-network and out-of-network benefits and you will pay less out of pocket if using a Delta Dental PPO in-network provider. Each dental plan is a prevention first plan, meaning diagnostic and preventive services do not count towards your annual benefit maximum if receiving services from a network provider. Services such as a routine six-month cleaning and fluoride treatments (adult and child) are covered 100% under our dental plans.

Create an online member account at www.deltadentalco.com to search for in-network providers, view your benefit coverage, print an ID card and view claims.

Summary of Covered Benefits	STANDARD PLAN			PREMIUM PLAN		
	PPO	Premier	Out of Network	PPO	Premier	Out of Network
Annual Deductible Individual/Family	\$50/\$150			\$50/\$150		
Annual Benefit Maximum	\$1,000			\$2,000		
Basic Services Periodontal services, endodontic services, oral surgery, fillings	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.
Major Services Bridges, crowns (<i>inlays/onlays</i>), dentures (<i>full/partial</i>)	50% after ded.	50% after ded.	50% after ded.	50% after ded.	50% after ded.	50% after ded.
Orthodontia Lifetime Maximum	N/A			\$2,000		

Please refer to the official plan documents for additional information about coverage and exclusions.



CREATE AN ONLINE MEMBER ACCOUNT AT

WWW.DELTADENTALCO.COM TO:

- Find an in-network dentist
- View your benefits
- Print an ID card
- Check claims status
- Assess your oral health risk
- View wellness resources
- And much more

Download the Delta Dental mobile app to access your dental benefits on the go!

VSP VISION INSURANCE

Frontier offers one vision plan through VSP Vision. The vision plan offers in-network benefits and out-of-network partial reimbursement. You will pay less out-of-pocket when choosing a VSP Choice Network provider. If you choose an out-of-network provider, you will be responsible for the full cost of the service, but can submit a claim to VSP for partial reimbursement.

Create an online member account at www.vsp.com to view your benefits, search in-network VSP Choice network providers, and submit out-of-network claims.

VSP PROGRAMS

KIDS CARE

The Kids Care program is designed to meet the eyecare and eyewear needs of active and growing children. Children up to age 18 can use their benefit to purchase ready-made non-prescriptions blue light filtering glasses or ready-made non-prescription sunglasses.

LIGHT CARE

With VSP Light Care, members can use their frame and lenses benefit to get non-prescription eyewear from your VSP network doctor, including sunglasses or blue light filtering glasses. Visit a VSP network provider or visit www.eyeconic.com to shop preferred online retailers and utilize your benefits.

LASER VISIONCARE

VSP members have access to rebates and special offers for laser surgery, including PRK, Lasik, Custom Lasik and IntraLase. Discounts average 15% off the regular price or 5% off the promotional price. Visit your VSP network doctor or a VSP laser vision correction surgeon to determine if you are a good candidate for laser vision surgery.

TRUHEARING PROGRAM

TruHearing makes hearing aids affordable by providing exclusive savings to all VSP members. You can save up to 60% on a pair of hearing aids with TruHearing. TruHearing provides you with:

- Access to a national network of more than 7,000 licensed hearing healthcare professionals
- Discounted pricing on a wide selection of brand name hearing aids
- 60-day trial
- One year of follow-up visits for fittings, adjustments and cleanings
- Three-year manufacturer warranty for repairs and one-time loss and damage replacement
- 80 free batteries per hearing aid for non-rechargeable models
- Batteries delivered to your door

Contact TruHearing at 877-396-7194 and mention VSP. TruHearing will schedule your hearing exam with a local provider.

Summary of Covered Benefits	VSP VISION PLAN	
	In Network	Out of Network
Eye <i>(every 12 months)</i>	100% after \$10 copay	Reimbursement up to \$45
Lenses <i>(every 12 months)</i> Single Bifocal Trifocal Lenticular Standard Progressives	100% after \$25 copay 100% after \$25 copay 100% after \$25 copay 100% after \$25 copay	Reimbursement up to \$30 Reimbursement up to \$50 Reimbursement up to \$65 Reimbursement up to \$100
Frames <i>(every 24 months)</i>	\$200 Retail Frame Allowance \$220 Featured Frame Allowance \$110 allowance for in-store Costco/Walmart/Sam's Club Optical frames	Reimbursement up to \$70 after \$25 copay
Contact Lens Exam <i>(every 12 months)</i>	100% after \$25 copay	Not covered
Elective Contact Lenses	\$130 retail allowance (no copay)	Reimbursement up to \$105
Necessary Contact Lenses	100% covered	Reimbursement up to \$210

Please refer to the official plan documents for additional information on coverage and exclusions.

HSA BANK FLEXIBLE SPENDING ACCOUNTS

Frontier offers five **Flexible Spending Account (FSA)** options through HSA Bank. **Flexible Spending Accounts** allow you to contribute tax-free money into a spending account which you can use to pay for eligible expenses. **Flexible Spending Accounts** are not portable, and if you separate from employment, you will forfeit your unused balance as of your date of separation. To view eligible **FSA** expenses, or to view your account online, visit www.hsabank.com.

HEALTHCARE (MEDICAL) FSA

A **Healthcare FSA** allows you to contribute pre-tax money from your paycheck to pay for eligible out-of-pocket expenses, such as deductibles, copays, over the counter medications and other health-related expenses for you, your spouse and your children, even if they are not enrolled on a Frontier medical plan. A debit card is issued by HSA Bank to use for your expenses.

The **Healthcare FSA** IRS contribution limit is **\$3,200** for the 2025 plan year. Your annual election will be front-loaded by Frontier and available for use on the first day of the plan year. Your annual election will be deducted in equal installments from your paycheck. At the end of the 2024 plan year, you are eligible to rollover **up to \$640** in unused contributions into the 2025 plan year. **At the time this Benefit Guide was published, 2025 FSA limits were not released and are subject to IRS guidelines.**

HEALTHCARE FSA LIMITATIONS

- You cannot use **Healthcare FSA** contributions for expenses incurred by your domestic partner or your domestic partner's child(ren) as they are not recognized by the IRS as dependents for tax purposes.
- You can only rollover unused funds up to the carryover limit at the end of the plan year.
- You must re-elect the **Healthcare FSA** during the annual open enrollment period to continue contributions in January, or to access your rollover balance.
- The **Healthcare FSA** is **not** compatible with high-deductible health plans. If you switch to the Value HDHP medical plan, you will forfeit all unused contributions as of the date the new plan takes effect.
- You can only change your **Healthcare FSA** election during the plan year if you experience an applicable IRS qualifying life event.

LIMITED PURPOSE FSA

A **Limited Purpose FSA** allows you to contribute tax-free money from your paycheck to pay for eligible dental and vision expenses for you, your spouse or your children, even if they are not enrolled on a Frontier dental or vision plan. A debit card is issued by HSA Bank to use for your expenses.

The **Limited Purpose FSA** contribution limit is **\$3,200** for the 2025 plan year. Frontier will frontload your annual election the annual election will be available for immediate use. Your annual election will be deducted in equal installments from your paycheck. At the end of the 2024 plan year, you are eligible to rollover **up to \$640** in unused contributions into the 2025 plan year. **At the time this Benefit Guide was published, 2025 FSA limits were not released and are subject to IRS guidelines.**

LIMITED PURPOSE FSA LIMITATIONS

- You **cannot** use **Limited Purpose FSA** contributions for expenses incurred by your domestic partner or your domestic partner's child(ren) as they are not recognized by the IRS as dependents for tax purposes.
- You can only rollover unused funds up to the carryover limit at the end of the plan year.
- You must re-elect the **Limited Purpose FSA** during the annual open enrollment period to continue contributions in January, or to access your rollover balance.
- The **Limited Purpose FSA** is only compatible with the Value HDHP. If you switch to either the Legacy PPO or Traditional PPO medical plan, you will forfeit all unused contributions as of the date the new plan takes effect.
- You can only change your **Limited Purpose FSA** election during the plan year if you experience an applicable IRS qualifying life event.

PARKING FSA

A **Parking FSA** allows you to contribute tax-free money from your paycheck to pay for eligible work-related parking expenses at or near your worksite, as well as parking expenses where you access transportation to commute to work, such as a train station. A debit card is issued to pay for eligible expenses.

You may contribute up to **\$325 projected** per month into a **Parking FSA** in the 2025 plan year. This account does allow you to start, stop or change your contribution on a monthly basis. Unused contributions remaining in a **Parking FSA** at the end of the plan year are eligible to rollover into the next plan year if you remain an active Frontier employee. **At the time this Benefit Guide was published, 2025 FSA limits were not released and are subject to IRS guidelines.**

PARKING FSA LIMITATIONS

- You **cannot** claim expenses which are more than 180 days old.
- The IRS does not allow you to be refunded for contributions that you do not use.
- The **Parking FSA** must be re-elected during the open enrollment period to continue making contributions in January, or to access your rollover balance.

TRANSIT FSA

A **Transit FSA** allows you to contribute tax-free money from your paycheck to pay for eligible work-related mass transit expenses associated with your commute to work, such as the price of tickets, vouchers, and passes to ride a subway, train or city bus. A debit card is issued to pay for eligible expenses.

You may contribute up to **\$325 projected** per month into a **Transit FSA** in the 2025 plan year. You can start, stop or change your contribution on a monthly basis. Unused contributions remaining in a **Transit FSA** at the end of the plan year will carry over into the following plan year if you are an active Frontier employee. **At the time this Benefit Guide was published, 2025 FSA limits were not released and are subject to IRS guidelines.**

TRANSIT FSA LIMITATIONS

- You **cannot** claim expenses which are more than 180 days old.
- You can **only** use your FSA debit card to claim eligible **Transit FSA** expenses. You cannot submit a manual claim to reimburse yourself if you do not use your FSA debit card at the point of service.
- The IRS does not allow you to be refunded for contributions that you do not use.
- Tolls, gas and Uber/Lyft are not eligible.
- The **Transit FSA** must be re-elected during the open enrollment period to continue making contributions in January, or to access your rollover balance.

DEPENDENT CARE FSA

The **Dependent Care FSA** allows you contribute tax-free money from your paycheck to pay for eligible dependent care expenses such as day care fees, before/after school care and in-home babysitting (income must be reported by care provider). Contributions can be used to pay for eligible expenses for your dependent child(ren) under 13 years old OR your child over 13 years old, your spouse, or a parent residing in your household who is physically or mentally unable to care for himself or herself.

The **Dependent Care FSA** IRS contribution limit is **\$5,000** for the 2025 plan year if you are a single taxpayer, or if you are married and file jointly. If you are married and file separate tax returns, the IRS contribution limit is **\$2,500** for the 2025 plan year. Your annual election is deducted from your paycheck in equal installments.

DEPENDENT CARE FSA LIMITATIONS

- You cannot use contributions for children you do not claim on your taxes.
- You will not receive a debit card. You will pay out of pocket and reimburse yourself with your contributions.
- This FSA does not allow rollover of unused contributions. Your annual election must reflect what you will spend on eligible expenses. You cannot reimburse yourself more than you have contributed at any time during the plan year.
- You can change your election during the plan year if you experience a change to cost or provider.

THE HARTFORD COMPANY-PAID BASIC LIFE & AD&D INSURANCE

Life insurance provides financial protection to your designated beneficiaries in the event of your death. Frontier provides all full-time benefit eligible employees Basic Life and AD&D insurance coverage through The Hartford at no cost. The Accidental Death and Dismemberment (AD&D) component of Basic Life insurance will pay double the Basic Life amount if your death is the result of an accident, and also pays a certain benefit amount if you lose a limb or certain vital functions as a result of an accident.

COMPANY PAID LIFE BENEFIT:

1x your base annual salary* up to a maximum of \$500,000

COMPANY PAID AD&D BENEFIT:

1x your base annual salary* up to a maximum of \$500,000

Base annual salary is not based upon actual earnings. To find your base annual salary, log into UKG and navigate to the Myself section, then click Compensation.

Basic Life coverage will reduce to 65% at age 70, 45% at age 75, 30% at age 80, and to 15% at age 85. Once coverage has been reduced, it cannot be increased.

It is important that you designate a beneficiary or beneficiaries to your life insurance coverage and review your beneficiary designations on a regular basis. Beneficiary designations can be updated in the Empyrean benefits portal at any time of the year.

Please be sure to keep your beneficiary designations up to date.

Life insurance benefits will reduce to 65% at age 70, 45% at age 75, 30% at age 80, and to 15% at age 85. Once coverage has been reduced, it cannot be increased.



THE HARTFORD VOLUNTARY LIFE INSURANCE

Voluntary Life insurance coverage through The Hartford is available to elect for yourself, your spouse or domestic partner, and your child(ren) up to age 26. Team members must elect Voluntary Life coverage for themselves to be eligible to elect Voluntary Life coverage for their spouse or domestic partner and children. The coverage amount you elect for your spouse or domestic partner cannot exceed the coverage amount that you elect for yourself.

VOLUNTARY EMPLOYEE LIFE: Coverage can be elected in \$10,000 increments, up to \$500,000 or 5x your base annual salary*, whichever is less; Guarantee issue is \$200,000.

- Evidence of Insurability (EOI) is required if you are not currently enrolled in Voluntary Employee Life coverage and elect any amount.
- You are currently enrolled in Voluntary Employee Life coverage at or below \$200,000 and elect to increase coverage above \$200,000.

*Base annual salary is not based upon actual earnings. To find your base annual salary, log into UltiPro, navigate to the Myself section, and then to Compensation.

VOLUNTARY SPOUSE LIFE: Coverage can be elected in \$5,000 increments, up to \$250,000 or 100% of the employee's election, whichever is less; Guarantee issue is \$50,000.

- Evidence of Insurability (EOI) will be required if you are not currently enrolled in Voluntary Spouse Life coverage and elect any amount.
- You are currently enrolled in Voluntary Spouse Life coverage at or below \$50,000 and elect to increase coverage above \$50,000.

VOLUNTARY CHILD LIFE (up to age 26): \$10,000, \$15,000 or \$20,000 coverage

- Child Life does not require Evidence of Insurability (EOI).

VOLUNTARY EMPLOYEE AND SPOUSE LIFE INSURANCE PREMIUMS

	Employee and Spouse Rate Per \$1,000 of coverage	Child Rate Per \$10,000, \$15,000 or \$20,000 of coverage	
Age		Coverage Option	Cost Option
<25	\$0.051	\$10,000	\$1.35
25-29	\$0.060		
30-34	\$0.080		
35-39	\$0.090		
40-44	\$0.125	\$15,000	\$2.25
45-49	\$0.209		
50-54	\$0.368		
55-59	\$0.602		
60-64	\$0.802	\$20,000	\$2.70
65-69	\$1.270		
70-74	\$2.220		
75+	\$3.679		

To calculate your premium:

1. Divide elected coverage amount by \$1,000.
2. Multiply that figure by the rate that corresponds to your age. This represents your monthly premium.
3. To calculate the per paycheck deduction, take your monthly premium and multiply it by 12 and then divide that number by 24 pay periods.

COLORADO FAMILY & MEDICAL LEAVE INSURANCE PROGRAM (FAMLI)

Paid family and medical leave benefits are available through the CO FAMLI program **for Frontier team members whose work location is in Colorado**. Team members must have a qualifying condition and must have earned over \$2,500 in the previous 12 months to be eligible for paid leave.

Qualifying conditions include:

- Care of a new child due to birth within the first year after birth, adoption, or foster care placement.
- Care of a family member with a serious health condition.
- Care of your own serious health condition.
- Planning for a family member's military deployment
- Obtaining safe housing, care and/or legal assistance in response to domestic violence, stalking, sexual assault or sexual abuse.

Covered team members are entitled to up to 12 weeks of paid leave per year. Team members with a serious health condition caused by pregnancy or childbirth complications are entitled to up to four additional weeks of paid leave per year. Leave may be taken on a continuous or intermittent basis. Benefits will be paid at a rate of up to 90% of your average weekly salary, based on a sliding scale. Unlike federal FMLA, you do not need to work for Frontier for a minimum amount of time to qualify for paid leave benefits.

THE HARTFORD SHORT-TERM DISABILITY INSURANCE

Short-Term Disability (STD) is designed to replace a portion of your pay if your own serious health condition prevents you from working for an extended period of time. Short-Term Disability is guarantee issue **only** if you elect during your new hire enrollment period, otherwise, you will be subject to complete Evidence of Insurability through The Hartford during annual open enrollment before you are enrolled into the coverage.

- **STD Weekly Benefit:** 50% of base weekly pay* up to \$510/week. Your weekly benefit may be reduced if paid sick or vacation time after your date of disability.
- **Benefit Start Date:** 8 days from date of disability.
- **STD Benefit Duration:** Up to 26 weeks.

*Weekly base salary is not based upon actual earnings. To find your base weekly salary, log into UKG, navigate to the Myself section and then to Compensation.

CALCULATING YOUR STD PREMIUM:

1. Divide your base annual salary by 52 to get your base weekly salary.
2. Multiply your base weekly salary by 50% to get your STD coverage amount. If your weekly salary is greater than \$510, use \$510 as your coverage amount.
3. Divide your coverage amount by \$10.
4. Multiply that number by \$0.682 to get your monthly premium.
5. Multiply the monthly premium by 12 and divide by 24 to calculate your per pay cost.

NEW JERSEY SHORT-TERM DISABILITY INSURANCE (NJ CREW ONLY)

If you are a New Jersey based employee, Frontier automatically enrolls you into company-paid short-term disability coverage through The Hartford in accordance with New Jersey's state disability program.

- **STD Weekly Benefit:** 85% of base weekly pay* up to \$1,025/week. (subject to change in accordance with State of NJ mandates)
- **Benefit Start Date:** 8 days from date of disability.
- **STD Benefit Duration:** Up to 26 weeks.

*Weekly base salary is not based upon actual earnings. To find your base weekly salary, log into UKG, navigate to the Myself section and then to Compensation.

THE HARTFORD COMPANY-PAID LONG-TERM DISABILITY INSURANCE

Long-Term Disability (LTD) insurance is designed to replace a portion of your pay if your own serious health condition prevents you from working for an extended period of time past the duration of Short-Term Disability (STD). Frontier Airlines automatically provides Long-Term Disability coverage at no cost to benefit-eligible full-time team members.

- **LTD Monthly Benefit:** 60% of monthly base pay* up to \$5,000/month
- **Benefit Start Date:** 26 weeks from date of disability
- **LTD Benefit Duration:** Up to 5 years

*Monthly base salary is not based upon actual earnings. To find your base weekly salary, log into UKG, navigate to the Myself section and then to Compensation.

If approved for STD or LTD benefits, you can create an account at abilityadvantage.thehartford.com.com. thehartford.com to review your claim details and schedule appointments with your claims analyst.

THE HARTFORD TRAVEL ASSISTANCE AND IDENTITY THEFT SUPPORT

Frontier Team Members covered under The Hartford Group Life & LTD plans are eligible to access travel assistance and identity support services through International Medical Group (IMG). These services are also available for your spouse and dependent children up to age 26. Utilizing IMG's extensive global network of medical care providers, the onsite 24/7/365 US-based call center is available day or night to arrange high-quality care. Identity Theft Support and Pre-Trip Services are available 24/7/365. Travel Emergency Transport Services and Travel Medical Assistance are only available when traveling more than 100 miles from home (or while in a foreign country) and while traveling for 90 consecutive days or less. In the event of a life-threatening emergency, call the local authorities first and then contact IMG.

Travel Emergency Transport Services: IMG will provide payment for transportation expenses associated with the services listed below for up to a \$1 million combined single limit per person. For services to be paid for by IMG, they must be contacted to approve and arrange all services in advance.

- Medical evacuation and repatriation
- Return of dependent children
- Return of travel companion
- Visit by a family member or friend

Travel Medical Assistance:

- Medical and dental referrals
- Medical monitoring
- Pre-transport patient assessments
- Arrange or facilitate filling prescriptions
- Emergency medical payments
- Replacement of medical devices and corrective lenses

Additional Travel Assistance:

- Pre-trip and cultural information
- Lost luggage assistance
- Lost document assistance
- Legal referrals
- Emergency cash
- Pet and vehicle return

Identity Theft Support Services:

- Education
- Credit bureau notification
- Credit information review
- Identity theft affidavit
- Card replacement
- Translation services

If travel assistance is needed, please contact IMG at 800-243-6408 (US only) or 202-828-5885 (Outside US). You can also email IMG at assist@imglobal.com.

EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (EAP) through The Hartford's Ability Assist provides services to manage everyday challenges before they adversely affect your health and your personal and professional life. This is a free, confidential service that is available to all Frontier team members and their immediate household family members. It includes unlimited telephonic counseling and up to three free in-person visits each year with a licensed counselor in the EAP network for the following situations and more:

- Anger management
- Communication issues
- Stress and anxiety
- Family and parenting issues
- Substance abuse
- Marital problems
- Emotional well-being
- Coworker conflict
- Legal questions
- Financial planning

Access EAP benefits 24/7 by calling 800-964-3577 or go online to www.guidanceresources.com (Organization Web ID: **HLF902**, Company Name: **ABILI**).

THE HOPE LEAGUE

Frontier team members needing financial support (excluding loan and credit card payment assistance) may apply for financial assistance through the Hope League. All other resources must be exhausted prior to applying for Hope League assistance. To download an application, visit www.myfrontier.org > **My Departments** > **Human Resources** > **Hope League**.

The Hope League also offers the opportunity to donate to other team members in need through payroll contributions. To start donating, please contact hopeleague@flyfrontier.com.

CHARLES SCHWAB 401(K) RETIREMENT PLAN

Frontier encourages team members to invest in their future by participating in the 401(k) Retirement Plan through Charles Schwab.

The 401k Plan offers a traditional Pre-Tax 401(k) and Roth 401(k) contribution option. Federal law limits the amount you can contribute to the 401(k) plan each calendar year. Your combined Pre-Tax and Roth 401(k) contributions cannot exceed the annual IRS limit. You are allowed to contribute up to 90% of your eligible compensation to your 401(k) plan each pay date. If you choose to make Roth 401(k) contributions, they will be made on a post-tax basis. With Roth 401(k) contributions, your earnings can potentially grow tax-free and you pay no taxes when you start taking withdrawals at retirement. You must have your Roth 401(k) established for five years and must be over the age of 59 1/2 for tax-free withdrawals. If you will be age 50 or older by the end of the calendar year, you are eligible to make additional catch-up contributions, up to the IRS limit.

If you have a qualified retirement plan from a previous employer, you may be eligible to rollover your prior retirement account into Frontier's 401(k) plan.

For more information about contribution limits, rollover or investments, please contact Schwab Participant Services at 800-724-7526 or log into your Schwab account online at www.workplace.schwab.com.

REGISTER AND ENROLL AT

[WORKPLACE.SCHWAB.COM](https://www.workplace.schwab.com)

Please use the **Register Now** link to establish your login ID and password. Once you have successfully created your login credentials, you will be able to log in to [workplace.schwab.com](https://www.workplace.schwab.com) or the Schwab Workplace Retirement App^{*} and follow the prompts to enroll.

Or call Participant Services at **800-724-7526**. Representatives are available to assist you Monday through Friday, from 7:00 a.m. to 9:00 p.m. CT.

*Requires a wireless signal or mobile connection. System availability and response times are subject to market conditions and your mobile limitations. Functionality may vary by operating system and/or device.

DON'T FORGET TO CHOOSE A BENEFICIARY

Naming a beneficiary for your Plan account helps ensure that, in the event of your death, your vested account balance will be paid according to your wishes. To designate your beneficiary:

- Log in to your account at [workplace.schwab.com](https://www.workplace.schwab.com).
- Select **My Profile**.
- Select **Beneficiaries**.
- Select **Add**.

Or call Participant Services at **800-724-7526**. Representatives are available to assist you Monday through Friday, from 7:00 a.m. to 9:00 p.m. CT.

CHARLES SCHWAB 401(K) RETIREMENT PLAN

WITHDRAWALS

As the 401(k) plan is primarily designed to help you save for retirement, there are IRS restrictions on when you can withdraw money from the plan. You may withdraw money when you retire, when you terminate employment or when you experience a qualified hardship which allows you to take a loan against your 401(k). The loan for which you are eligible is based on your vested balance and other determining factors. For more information about loans and other withdrawal options, call Schwab Participant Services at 800-724-7526. You should always consult with a licensed tax advisor concerning potential tax implications of any withdrawals from your 401(k).

SCHWAB FINANCIAL CONCIERGE

Because of Frontier's relationship with Schwab, you can take advantage of the Schwab Financial Concierge program. This program provides financial planning and guidance with a Schwab financial professional.

You can schedule an appointment with a Schwab financial professional through your online Schwab Participant account at www.workplace.schwab.com, or you can call 877-566-2027 between 8:30 a.m. and 8:00 p.m. EST to speak with a financial professional.

VAULT STUDENT LOAN ADVISOR

Schwab has partnered with Vault, a leading student loan and education benefits platform, to offer 401k plan participants a free resource to better understand and overcome the burden of student loan debt. This program allows you to model customized payoff plans based on your actual student loan debt.

Vault offers:

- A dashboard of all of your student loan debt
- Payment optimization tools to compare repayment options and explore the impact of lowering payments
- On-demand education and tools
- A refinancing marketplace
- Live 1:1 support sessions with a Vault expert

To access Vault, login to your online Schwab Participant account at www.workplace.schwab.com and find the Vault thumbnail within the Learning Center module.

LIVING AND WORKING IN PUERTO RICO

Please know that if you are based and live in Puerto Rico, there is now a new, separate 401(k) plan. The Roth 401(k) unfortunately is not an option to enroll if you are living and are based in Puerto Rico. There are different plan limits also. Please keep in mind, you are not able to transfer funds from your U.S. 401k plans to the Puerto Rico plan.

Once you enroll in your Charles Schwab 401(k) account for Puerto Rico through your online Schwab Participant account at www.workplace.schwab.com you will have the ability to toggle to your U.S. Plan then toggle to the Puerto Rico plan.

When you are logged into Charles Schwab, your deferral percentage under the U.S. plan will not transfer over to your Puerto Rico plan.

DON'T FORGET TO CHOOSE A BENEFICIARY

Naming a beneficiary for your account ensures that, in the event of your death, your Plan account will be paid according to your wishes.

- Log in to your account at www.workplace.schwab.com
- Choose "QuickLinks"
- Select Elect of "Update Beneficiary"
- Choose "New"



VOYA GROUP ACCIDENT INSURANCE

Accident insurance offers a lump sum benefit if you, your spouse, your domestic partner and/or your child(ren) experience an injury due to an accident. This includes emergency treatment, hospital stays, medical exams, as well as other expenses you may face such as transportation and lodging needs.

COVERED INJURIES INCLUDE:

- Broken bones
- Burns
- Torn ligaments
- Cuts repaired by stitches
- Eye injuries
- Coma due to a covered injury
- Ruptured discs
- Concussion

COVERED EXPENSES INCLUDE:

- Emergency room treatment
- Outpatient surgery facility
- Doctor office visit
- Hospitalization
- Prosthetics
- Ambulance
- Chiropractic visit
- Physical therapy

Accident insurance also provides a benefit for eligible wellness screenings. This benefit will pay \$100 per calendar year to the covered employee and/or covered spouse if an eligible wellness screening is performed, which includes: blood tests, stress tests, colonoscopies, mammograms, etc.

ACCIDENT PREMIUMS

Please refer to the table for **per paycheck** premiums for accident insurance.

Please refer to the official policy document for a full list of covered injuries, expenses and wellness screenings. To file a claim, please call VOYA at 800-955-7736 or go online to <https://claimscenter.voya.com>

Coverage Level	Semi-Monthly
Employee Only	\$4.27
Employee + Spouse	\$7.14
Employee + Child(ren)	\$9.62
Employee+ Family	\$12.49

THE HARTFORD HOSPITAL INDEMNITY INSURANCE

The added financial stress of being in the hospital can make recovery from an accident or serious illness more challenging. Even with medical insurance, out-of-pocket costs such as deductibles and copays can add up. Hospital Indemnity insurance provides a cash benefit for each day you, your spouse, your domestic partner and/or your child(ren) up to age 26 are admitted into the hospital or ICU for illness or injury. This benefit helps to safeguard against expenses that medical insurance may not cover.

Hospital Indemnity insurance also provides a \$50 wellness benefit for receiving a covered wellness screening. Please refer to the official plan documents for a full list of benefits.

HOSPITAL INDEMNITY PREMIUMS

Please refer to the table for **per paycheck** premiums for hospital indemnity insurance.

Please refer to the official policy document for benefits and covered wellness screenings. To file a claim, go to <https://www.thehartford.com/employee-benefits/claims>

Coverage Level	Semi-Monthly
Employee Only	\$5.30
Employee + Spouse	\$11.03
Employee + Child(ren)	\$9.78
Employee+ Family	\$15.51

VOYA GROUP CRITICAL ILLNESS INSURANCE

The Critical Illness plan provides a lump sum benefit for the diagnosis and treatment of a covered critical illness. Coverage is available for yourself, your spouse, your domestic partner and/or your child(ren) up to age 26. Critical Illness insurance is a limited benefit policy and does not replace your medical insurance. Please refer to the official plan document for a full list of benefits and covered conditions.

COVERED CONDITIONS:

- Heart attack
- Major organ failure
- Permanent paralysis
- End-stage renal (kidney) failure
- Benign brain tumor
- Stroke
- Cancer

COVERAGE OPTIONS:

- **Employee:** \$5,000 to \$30,000 in \$1,000 increments (Coverage will reduce to 50% at age 70)
- **Spouse** (enrolled prior to age 70): \$5,000 to \$15,000 in \$1,000 increments (Coverage will reduce to 50% at age 70)
- **Children** (under age 26): Choice of \$2,500, \$5,000, \$7,500, or \$10,000

To file a claim for benefits, please call VOYA at 800-955-7736 or go online to <https://claimscenter.voya.com>

CRITICAL ILLNESS PREMIUMS

Please refer to the table below for rates for Critical Illness coverage and how to calculate premium.

Age	TOBACCO USER Per \$1,000 of coverage		NON-TOBACCO USER Per \$1,000 of coverage		Child(ren) (monthly)
	Employee	Spouse	Employee	Spouse	
<30	\$0.39	\$0.31	\$0.23	\$0.19	\$0.25 for \$2,500 \$0.50 for \$5,000 \$0.75 for \$7,500 \$1.00 for \$10,000
30-39	\$0.54	\$0.51	\$0.32	\$0.30	
40-49	\$1.12	\$1.15	\$0.68	\$0.72	
50-59	\$2.09	\$2.11	\$1.27	\$1.10	
60-64	\$2.99	\$3.21	\$1.76	\$1.95	
65-69	\$2.99	\$3.21	\$1.76	\$1.95	
70+	\$5.14	\$5.11	\$3.11	\$3.10	

To calculate your critical illness premium:

- Divide the coverage amount elected by \$1,000.
- Multiply that figure by the rate that corresponds with your age (see table) and tobacco status to give you your monthly premium.
- To calculate your per pay cost, multiply your monthly premium by 12 and then divide by 24.

VOYA WHOLE LIFE & LONG-TERM CARE INSURANCE

Whole Life insurance is a portable form of life insurance that is designed to provide long-term insurance protection for employees during their working years and beyond. The coverage elected and policy premiums are guaranteed to be fixed for the life of the policy as long as premiums are paid. Frontier team members may elect Whole Life for themselves, as well as their spouse and their children. Coverage for an employee's spouse or child(ren) may only be elected if the employee is enrolled in the coverage.

COVERAGE OPTIONS:*

- **Employee (up to age 70):** Up to \$100,000 in increments of \$10,000.
- **Spouse (up to age 70):** Up to \$25,000 in increments of \$5,000. Not to exceed 50% of the employee's coverage.
- **Children (up to age 24):** \$5,000, \$10,000, \$15,000, and \$20,000.

ADDITIONAL RIDERS (AVAILABLE TO PURCHASE DURING ELECTION PROCESS):

- Children's Term Insurance
- Long-Term Care
- Long-Term Care with Restoration & Extension of Benefits
- Accelerated Death Benefit
- Waiver of Premium

NATIONWIDE PET INSURANCE

Pet insurance can help save you from unexpected costs in the event of an emergency. Pet Insurance is a health care policy for your pet that will provide reimbursement for specific health expenses that are covered by the policy.

Nationwide offers a choice of two plans, plus a \$500 wellness benefit option, so you can find coverage that best fits your budget. Both plans offer a \$250 annual deductible and a \$7,500 annual maximum benefit.

Coverage includes:

- Accidents
- Dental diseases
- Illnesses
- Behavioral treatments
- Hereditary and congenital conditions
- Rx therapeutic diets and supplements
- Cancer

Every MyPet Protection policy includes the following added benefits:

- Lost pet advertising and reward expense
- Loss due to theft
- Emergency boarding
- Mortality benefit

Every policy includes:

- Vet HelpLine – 24/7 access to veterinary experts
- Pet RX Express – Fill pet prescriptions at participating in-store retail pharmacies across the US

The policy premium is based on the plan selected as well as your pet's age, species, size (as an adult), and state of residence.

To enroll into a pet insurance policy, visit Nationwide online at <https://benefits.petinsurance.com/frontier-airlines-inc> or call 877-738-7874.

For questions regarding your existing pet insurance policy, please contact Nationwide directly at 800-540-2016.



MEDICAL & DENTAL PREMIUMS

The costs reflected below are deducted pre-tax from your paycheck. **Vision is 100% company-paid for all tiers.**
Working Spouse Surcharge - An additional \$261.25 per month is added to your medical premium if you cover your spouse or domestic partner on medical insurance and you attested that they are offered health insurance through their employer.

Child Surcharge - An additional \$75.00 per month per child is deducted if you cover three or more children on your medical insurance, starting with the third child.

MEDICAL — Wellness Participant

Coverage Level If employee meets medical wellness requirements	VALUE HDP	TRADITIONAL PPO	LEGACY PPO
	Semi-Monthly	Semi-Monthly	Semi-Monthly
Employee Only	\$65.26	\$98.18	\$257.02
Employee +Spouse*	\$160.77	\$235.45	\$380.56
Employee + Child(ren)	\$120.51	\$171.13	\$359.31
Family	\$199.89	\$291.72	\$478.96

Coverage Level If employee and covered spouse meet medical wellness requirements	VALUE HDP	TRADITIONAL PPO	LEGACY PPO
	Semi-Monthly	Semi-Monthly	Semi-Monthly
Employee +Spouse*	\$153.27	\$227.95	\$373.06
Family	\$192.39	\$284.22	\$471.46

MEDICAL — Non-Wellness Participant

Coverage Level If employee does not meet medical wellness requirements	VALUE HDP	TRADITIONAL PPO	LEGACY PPO
	Semi-Monthly	Semi-Monthly	Semi-Monthly
Employee Only	\$94.43	\$127.34	\$286.19
Employee +Spouse*	\$189.93	\$264.61	\$409.72
Employee + Child(ren)	\$149.67	\$200.30	\$388.47
Family	\$229.06	\$320.88	\$508.13

For tax purposes, the IRS does not view domestic partners as married. If you cover a domestic partner and/or domestic partner child(ren) on your medical, dental and/or vision plans, the portion of premium you pay that applies to your domestic partner and/or domestic partner's child(ren) is deducted post-tax. Imputed income will apply to the employer premium, meaning you are taxed on the value of Frontier's portion of premium.

DENTAL — Wellness Participant

Coverage Level If employee meets dental wellness requirement.	STANDARD DENTAL	PREMIUM DENTAL
	Semi-Monthly	Semi-Monthly
Employee Only	\$0.00	\$7.60
Employee + Spouse	\$24.97	\$39.67
Employee + Child(ren)	\$23.09	\$35.41
Family	\$32.91	\$53.14

DENTAL — Non-Wellness Participant

Coverage Level If employee does not meet dental wellness requirement.	STANDARD DENTAL	PREMIUM DENTAL
	Semi-Monthly	Semi-Monthly
Employee Only	\$5.00	\$12.60
Employee + Spouse	\$29.97	\$44.67
Employee + Child(ren)	\$28.09	\$40.41
Family	\$37.91	\$58.14

BENEFITS & EMPLOYMENT SEPARATION

WHAT HAPPENS TO MY BENEFITS IF I SEPARATE FROM EMPLOYMENT?

MEDICAL, DENTAL, VISION

Medical, dental and vision insurance will terminate at the end of the month in which you separate from employment. You can continue your current elected coverage through COBRA for up to 18 months. You will receive a COBRA letter in the mail and will have a 60-day window to elect COBRA continuation.

FLEXIBLE SPENDING ACCOUNTS (FSA)

You will have no later than your separation date to incur eligible FSA expenses. You will have until the end of the plan year's run-out period to claim any eligible out of pocket expenses incurred up to your separation date. Otherwise, unused contributions will be forfeited.

- The Medical FSA can be continued through COBRA if you have not spent more than you have contributed into your FSA account during the plan year.
- The Dependent Care FSA, Parking FSA, and Transit FSA cannot be continued.

PET INSURANCE

Pet insurance coverage will end on the date you separate from employment. You can port your coverage by contacting Nationwide at 800-540-2016 within 30 days of your separation date.

LIFE AND AD&D

Company-Paid Life & AD&D insurance and Voluntary Life insurance will terminate at the end of the month in which you leave employment with Frontier.

- You can port or convert your Company-Paid Life & AD&D and voluntary Life coverages by contacting The Hartford at 877-320-0484 within 31 days of your termination date.

SHORT-TERM DISABILITY (STD) AND LONG-TERM DISABILITY (LTD)

Short-Term and Long-Term Disability will terminate at the end of the month in which you separate from employment. You cannot continue these coverages.

OTHER VOLUNTARY BENEFITS

Accident, Hospital Indemnity, Critical Illness, and Whole Life insurance will terminate at the end of the month in which you leave employment with Frontier.

- VOYA Critical Illness Coverage can be ported within 31 days of your employment termination date by contacting VOYA at 800-955-7736.
- The Hartford Hospital Indemnity coverage be ported by contacting The Hartford at 866-547-4205.
- VOYA Whole Life coverage may be continued through direct bill.
- VOYA Accident coverage cannot be converted or ported.

401K RETIREMENT PLAN

401k contributions may remain in your account if your balance meets the minimum threshold or you can roll your vested balance over to another qualified retirement plan or IRA. Vested balances may also be cashed out, but you may be subject to a penalty and taxes.

Please contact Charles Schwab at 800-724-7526.

GLOSSARY

Accidental Death & Dismemberment (AD&D)

Insurance—AD&D insurance provides a benefit in the event of death resulting directly from accidental causes.

Beneficiary—A person named by the participant in an insurance policy or pension plan to receive any benefits provided by the plan if the participant dies.

- **Primary Beneficiary:** First person(s) named to receive policy benefits.
- **Contingent Beneficiary:** Person(s) named to receive policy benefits if the primary beneficiary is deceased.

Carrier—A commercial insurer that underwrites or administers programs that pay for health, life, or other insurance services.

Coinsurance—A policy provision, frequently found in major medical insurance, by which the insured person and the insurer share expenses in a specified ratio (e.g., 80%:20%) after the deductible is met. Coinsurance is a form of cost-sharing.

Common-Law Spouse—A legally recognized marriage between two people who have not purchased a marriage license or had their marriage solemnized by a ceremony. Common law marriage is allowed in a minority of States.

Contribution—The transfer of funds or property by either an employer or an employee to an employee benefit plan.

Copayment (Copay)—A specific dollar amount paid by a plan member for a specific service (e.g., office visit).

Deductible—The amount of out-of-pocket expenses that must be paid for health services by the member before becoming payable by the carrier.

Dependent—Generally, the spouse or child of a covered individual, as defined in a contract. Can be any person who relies on, or obtains coverage through a covered individual.

Domestic Partner – An unrelated or unmarried person who shares common living quarters with an employee and lives in a committed relationship that is not legally defined as marriage by the state in which partners reside.

Employee Assistance Program (EAP)—An employer-paid program designed to assist in the identification and resolution of a broad range of employee personal concerns that may affect job performance. These

programs deal with situations such as substance abuse, marital problems, family troubles, stress, and domestic violence, as well as health education and disease prevention.

Evidence of Insurability—Any statement or proof of a person's physical condition, occupation, or other factor affecting his or her acceptance for insurance.

Explanation of Benefits (EOB)—A statement from the insurer sent to a group member who files a claim giving specific details about how and why benefit payments were or were not made. It summarizes the charges submitted and processed, the amount allowed, the amount paid, and the member's balance, if any.

Flexible Spending Account (FSA)—A flexible spending account is a voluntary, employer-sponsored program for employees to save a portion of their income on a pre-tax basis to be used to pay for qualified medical, dependent care, dental, vision, parking, or transportation expenses incurred during the plan year.

Mail-Order Drug Program—A method of dispensing medication directly to the patient through the mail by means of a mail-order drug distribution company, and can offer reduced costs for prescriptions. Usually utilized for maintenance prescriptions.

Out-of-Pocket Maximum—The maximum amount of money a person will pay in addition to premium payments in a plan year (the out-of-pocket maximum is the sum of the deductible, copays, and coinsurance payments).

Preventive Care—Comprehensive care emphasizing priorities for prevention, early detection, and early treatment of conditions, generally including routine physical examinations, immunizations, and well-person care.

Primary Care Physician (PCP)—A physician who is responsible for coordinating all care for an individual patient, from providing direct care services to referring the patient to specialists and hospital care.

Reasonable and Customary (R&C) Charge—The amount the insurer determines is the normal range of payment for a specific service or procedure within a given geographical area.