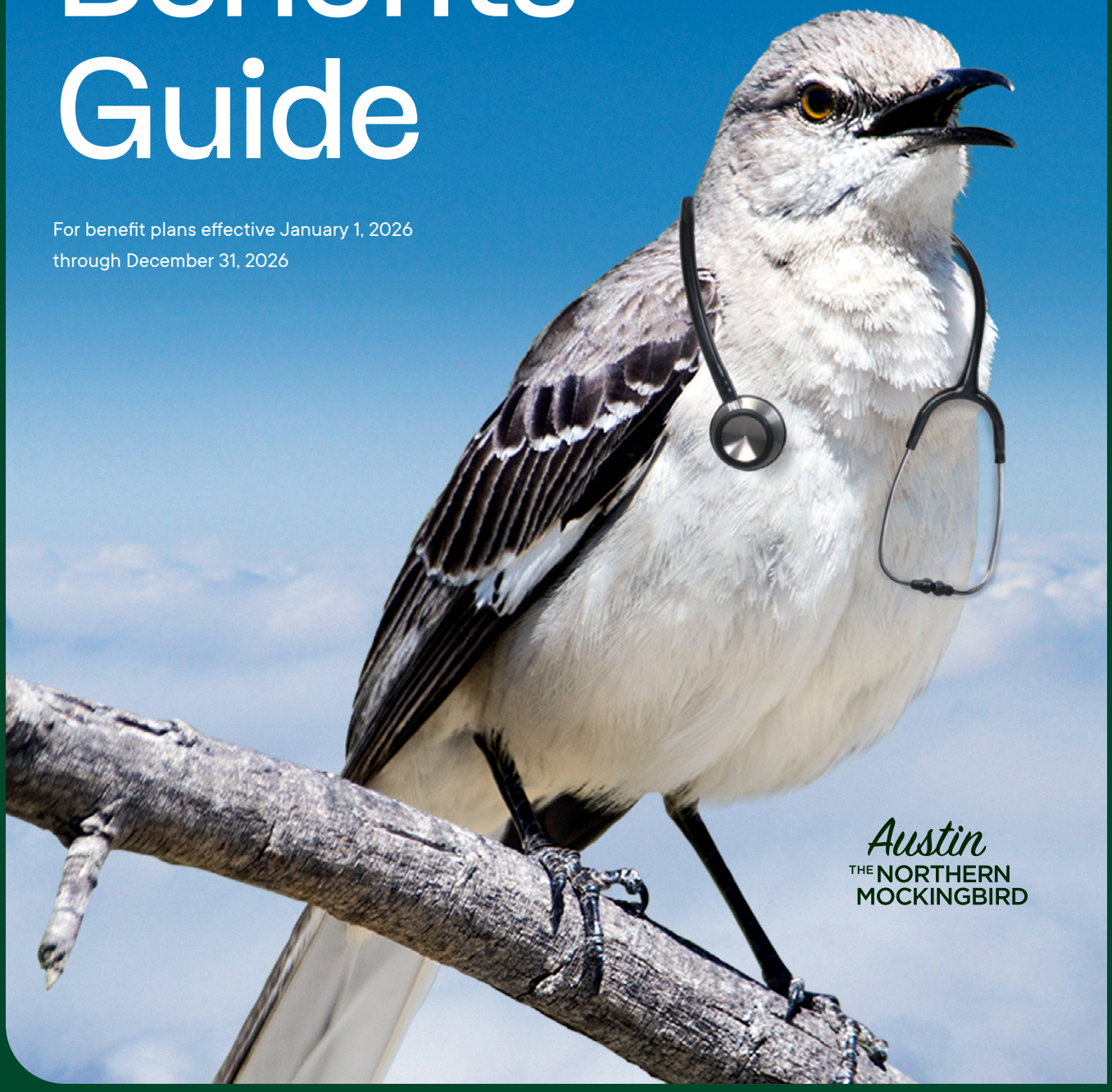
FRONTIER

Open Enrollment Benefits Guide

For benefit plans effective January 1, 2026
through December 31, 2026



Flight Attendants

2026

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Important Contact Information

The Benefit Resource Center has licensed benefit specialists available Monday through Friday 8 a.m. to 5 PM (Mountain Time) to answer Frontier benefit questions. If you need help with an escalated issue, the BRC team will take your information, research with the appropriate team or external vendor and follow up with the Team member with resolution or next steps. The BRC also partners with Language Line Services to provide interpretation for employees who are non-English speaking. If assistance is needed, simply indicate to the BRC Representative your language needs and they will bring an interpreter on the line at no cost.

Benefit Resource Center

Phone: (855) 874-0742
Email: brcmt@usi.com

Frontier Benefits Team

Phone: (720) 259-6166, (719) 785-1684
Email: f9benefits@flyfrontier.com

Benefit Plan*	Phone Number	WEBSITE
Medical with Rx (Cigna)	(800) 361-2160	https://mycigna.com
Health Savings Account (Optum Bank)	(800) 791-9361	https://optumbank.com
Dental (Delta Dental of Colorado)	(800) 640-0201	https://deltadentalco.com
Vision (VSP)	(800) 877-7195	https://vsp.com policy number: 30044798
Flexible Spending Accounts (HSA Bank)	(800) 357-6246	https://hsabank.com
Life and AD&D Insurance (The Hartford)	(888) 563-1124	https://thehartford.com/mybenefits
STD and LTD (The Hartford)	(888) 277-4967	https://thehartford.com/mybenefits
SupportLinc	(888) 881-5462	https://supportlinc.com code: frontierairlines
Charles Schwab (401k)	(800) 724-7526	https://workplace.schwab.com
Accident / Critical Illness / Hospital Indemnity (The Hartford)	(866) 547-4205	https://thehartford.com/benefits/myclaim
Whole Life (Voya)	(800) 537-5024	https://voya.com
Pet Insurance (Nationwide)	(800) 540-2016	https://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.

We speak insurance.

Call the Benefit Resource Center (BRC). We're here to help!

"Services denied?"

"Why won't they pay my claim?"

"How can my claim still be in process? It's been two months!"

"I called my insurance carrier, but now I'm just more confused."

"Do I have mail-order prescription benefits?"

Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims

Benefits Resource Center

BRCMT@usi.com | Toll Free: 855-874-0742 | Monday – Friday • 8am – 5pm MST & CST

What's New for 2026

Open Enrollment Dates: 10/27/2025 to 11/14/2025 for coverage effective 1/1/2026

Enrollment for the 2026 benefits will be an ACTIVE open enrollment. Team members must actively select all the coverage you wish to have for yourself and eligible dependents, or waive coverage, if needed. If no action is taken you will not have coverage in 2026.

Health Savings Account (HSA)

Optum will continue to provide HSA banking for Frontier Airlines account holders. You will need to access your account at https://optum.com or by using the Optum mobile app. Debit cards linked to you account will remain active and unchanged. Should your card expire, a new card till be mailed to your home address. The $3.00 monthly fee will be waived and investing opportunities will begin once you have more than $1,000 of funds.

Dependent Care Spending

Annual limit for employee and spouse coverage of $5,000 will **increase** to $7,500 and those filing as single the annual limit of $2,500 will **increase** to $3,750

2026 Premium Changes

Cigna medical premiums will **increase**

2026 Benefit Vendor Change

- The three medical and pharmacy plans (two PPO and one HDHP) will **move to Cigna**.
- The Hartford will now manage voluntary accident and critical illness coverage options which were **previously** managed through Voya.
- Offering of Voluntary Accidental Death and Dismemberment Coverage that is tied to the voluntary life and AD&D coverage.
- Voluntary Life and AD&D will have a true open enrollment for 2026. If you have waived this coverage in the past or are currently enrolled and have elected coverage below the guaranteed issue limits of the policy, you can enroll now or increase your elections up the guaranteed issue limit with no questions asked. The guaranteed issue limits are Employee = $200,000 and Spouse = $50,000. Elected amounts over the GI will be subject to Evidence of Insurability or (EOI).

2026 Wellness Program Update

The Cigna Wellness Experience – If you or your spouse are enrolled in one of the Cigna medical plans up to $100 can be earned, which is taxable. The reward program allows members and/or spouses enrolled in a Cigna Medical plan, to earn up to $100 for completing certain wellness activities such as completing an annual exam, biometric screening, getting an annual flu shot, tracking physical activity and much more. Visit https://mycigna.com or the mycigna app to enroll in the experience today.

2026 Life Insurance Update

The Hartford will **begin offering** voluntary AD&D coverage that will be added to your current supplement life insurance elections. Accidental Death and Dismemberment coverage will double the life insurance amount if a death is the result of an accident. Please refer to the full plan summary for additional details. With the additional of the AD&D coverage your premiums will increase.

Nationwide Pet Insurance

My Pet Protection will be **discontinued** and will transition anyone currently enrolled to their new plan Pet Protection Choice at renewal.

Accessing the Empyrean Benefits Portal

From a Laptop or Desktop Computer:

1. Log into your UKG/UltiPro account[1].
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.[2]

From the UKG Pro App:

1. Download the UKG Pro app and log in using **F9Mobile** as the company code[1].
2. On the home page, click the **pencil icon** to the right of **"My Shortcuts"**, click **"Available Shortcuts"**, and add the **"News"** and **"Information"** tab.
3. On the home page, click **"News"** and **"Information"**.
4. Scroll down to the **benefits corner** and click **"start the benefits process"**.
5. You will be prompted to complete a secondary authentication via Microsoft Authenticator for security purposes.
6. 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.[2]

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[2]
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 and 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**.

1 Your username is your Employee ID number. Utilize the "Forgot Your Password?" function for password resets.

2 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.

FRONTIER AIRLINES

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 2026 plan year (January 1, 2026 through December 31, 2026). You can also find health and welfare benefit information in your Empyrean benefits portal under **Main Menu > Items to Explore**.

Frontier Airlines offers a comprehensive benefits package consisting of*:

- Cigna 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 and AD&D Insurance
- The Hartford Voluntary Life and AD&D
- The Hartford Short-Term Disability (STD) Insurance
- The Hartford Long-Term Disability (LTD) Insurance
- Employee Assistance Program
- Charles Schwab 401(k) Retirement Plan
- The Hartford Accident Insurance
- The Hartford Hospital Indemnity Insurance
- The Hartford Critical Illness Insurance
- Voya Whole Life Insurance
- Nationwide Pet Insurance

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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 and AD&D
- Voluntary Life and AD&D Insurance, Critical Illness
- Accident
- Hospital Indemnity
- Whole Life
- 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.

These events include, but are not limited to:

1. Marriage
2. Birth of a child
3. Adoption of a child
4. Death of your covered spouse or covered dependent child
5. Change in work status for your spouse or child which affects their eligibility for health insurance
6. Divorce/Legal Separation
7. Qualified medical support order

CIGNA

Medical Insurance

Cigna Tier 1 In-Network 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 21 different medical specialties and meet national quality standards and local benchmarks for cost efficiency. Tier 1 providers are clearly indicated in the online provider directories as “Tier 1 Providers”. Employees can even compare costs and quality information from one provider to the next. When employees choose a Tier 1 provider, you will see up to a 15.7% savings on health care costs. Search for a “Tier 1 Provider at https://mycigna.com.

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.

Cigna One Guide

During the enrollment period, you can call the Cigna One Guide team at 800–361–2160 for help with plans and coverage. Make getting and staying health as easy as possible with Cigna One Guide. Our personal guides can help give you health and money saving tips. This personalized support comes with your medical plan. One Guide will continue to offer ongoing support after enrollment. If you need help with locating a provider or need to check on a medication, Cigna One Guide can help you out.

Visit https://mycigna.com or the mycigna app to enroll in the experience today. Scan here to download the app.

CIGNA

Value HDHP Coverage Breakdown

	Tier 1 Provider	In Network	Out of Network
Annual Deductible* Individual/Family	$2,000/$4,000	$2,000/$4,000	$4,000/$8,000
Annual Out-of-Pocket Maximum* (Includes deductible and coinsurance) Individual/Family	$3,250/$6,500	$3,250/$6,500	$10,000/$20,000
Preventive Care	Plan pays 100%	Plan pays 100%	50% after ded.
Physician Services			
Primary Care Physician	20% after ded.	30% after ded.	50% after ded.
Virtual Visit	N/A	20% after ded.	N/A
Specialist	20% after ded.	30% after ded.	50% after ded.
Urgent Care	20% after ded.	20% after ded.	50% after ded.
Lab/X-Ray			
Diagnostic Lab/X-Ray	20% after ded.	30% after ded.	50% after ded.
High-Tech Services (MRI, CT, PET)	20% after ded.	30% after ded.	50% after ded.
Therapies (Speech, Physical, Occupational)	20% after ded.	20% after ded.	50% after ded.
Hospital Services (Inpatient and Outpatient)			
Physician	20% after ded.	30% after ded.	50% after ded.
Facility	20% after ded.	20% after ded.	50% after ded.
Emergency Room	20% after ded.	20% after ded.	20% after ded.
Chiropractic Care	50% after ded.	50% after ded.	50% after ded.
Prescription Drugs (up to a 34-day supply)			
Tier 1	20% after ded.	20% after ded.	50% after ded.
Tier 2	20% after ded.	20% after ded.	50% after ded.
Tier 3	20% after ded.	20% after ded.	50% after ded.
Mail Order (up to a 90-day supply)	20% after ded.	20% after ded.	Not Covered

* 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.

PPO Coverage Breakdown

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

CIGNA

Programs and Resources

Cigna Wellness Experience

Allows members and/or spouses enrolled in a Cigna Medical plan, to earn up to $100 for completing certain wellness activities such as completing an annual exam, biometric screening, getting an annual flu shot, tracking physical activity and much more. Please know, any rewards earned from Cigna are Taxable.

Visit https://mycigna.com or the mycigna app to enroll in the experience today.
Scan here to download the app.

MDlive

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 and ADHD, addiction, anxiety, depression and other mental health conditions. Download the Cigna app, or login to your online https://mycigna.com account, to connect to a virtual care provider.

Talkspace

TalkSpace is your digital space for private and convenient mental health support. With TalkSpace, you can receive counseling, therapy, and medication services from the convenience of your device (iOS, Android, and web). All care is led by a behavioral health clinician or medical professional. Talk space's network features thousands of licensed, insured, and verified therapists and specialized prescribers who can support a variety of needs—including, but not limited to: Stress, Anxiety, depression and much more. Ready to get started? Visit https://talkspace.com/covered.

Cigna Pathwell Bone & Joint

Bone and joint pain can affect everything, including how you're feeling emotionally. Whether the pain just started or you're ready to find care, Cigna Pathwell Bone & Joint®1 and our dedicated care team can help guide you to the right care at the right time for your spine, knee, hip and shoulder pain. By combining designated providers, clinical expertise, coordinated support and digital tools, we empower you to take charge of your health. As a Cigna Healthcare℠ covered member, this program is included in your medical plan at no additional cost. Ready to put an end to joint pain? Visit https://cignapathwellboneandjoint.com or call (877) 505-5875 to learn more about Cigna Pathwell Bone & Joint.

Insulin Pumps And Glucose Monitors

Members have access to purchase insulin pumps from many contract providers such as Edgepark, US Med and AdaptHealth. Search for additional contracted providers at https://cigna.com. Continuous glucose monitors for adults and children up to age 18 with Type 1 diabetes will be covered 100% on Cigna medical plans.

Edgepark

https://www.edgepark.com
(800) 321-0591

US Med

https://www.usmed.com
(877) 840-8218

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 Cigna at (800) 361-2160.

Cigna Lifestyle Management Program

Learn to live at a healthier weight. Find the support you need to take that first step Diet, fitness and exercise. The latest tips are featured in every magazine and on every talk show. And yet, even with so much attention on healthier lifestyles, more than 70% of Americans are overweight or obese. These alarming statistics can be attributed to more sedentary lifestyles and our increased access to more highly processed foods. But regardless of the cause, weight gain is a growing concern – and one that can affect more than just your scale. Reduce the weight, reduce the risk Being overweight or obese has been associated with increased risk for several conditions. And, while being overweight may not be the cause, it does make managing them more difficult.

- High blood pressure
- Cardiovascular disease, including coronary artery disease and stroke
- Type 2 diabetes
- Gallbladder disease
- Sleep apnea and respiratory problems
- Some forms of cancer, including colon, breast and prostate

The good news is that losing weight and improving your health is achievable – losing even 5% of your body weight can lower your health risks for weight-related disease.[2] To enroll in the program, or if you have questions, call (800) 361-2160.

Maven Fertility Solutions

If you are enrolled in one of Frontier Airlines medical plans, you may access the Maven fertility program through Cigna. This program helps employees with Fertility and Adoption and will cover up to a lifetime maximum benefit of $5,000 payable toward fertility services and adoption (Once finalized), surrogacy. The Maven program provides 24/7 personalized support to you and your partner for virtual appointments and messaging with providers spanning 35+ specialties. Sign up for free today https://mavenclinic.com or download the Maven Clinic app.

Cleveland Clinic For Second Opinion

Cigna's health benefits provides access to The Cleveland Clinic's virtual Second Opinion program. The program provides easy and secure access to high-quality medical experts from the comfort of your home. We encourage you to obtain a second option if you are diagnosed with a serious condition, making a decision related to a medical next step such as surgery. If you are considering a treatment that involves risk or has significant consequences. Or dealing with a chronic illness/condition that isn't improving. Follow the link below to learn more and register to get our virtual second opinion started. On the payment screen, enter coupon code: **FRONTIER**.

Scan the QR code to the left or follow the link below to learn more and register to get your virtual second opinion started.
https://cigna.virtual2ndopinionbycc.io

New! Pharmacy Home Delivery

Home delivery with Express Scripts® Pharmacy is a convenient choice when you take a medication regularly. It's easy, safe — and saves you trips to the pharmacy. By choosing home delivery, you can:

- Manage your medications from your phone or online, order, track, pay and more.
- Get Standard shipping at no extra cost.
- Fill up to a 90-day supply at one time.
- Get automatic refills, or refill reminders so you do not miss a dose.
- Use a payment plana to split your bill into three smaller monthly payments.

Please refer to your plan documents for additional information or exclusions.

Cigna Pathwell Specialty Program

Oncology Consult Service – a new clinical program that connects customers' community oncologists and National Cancer Institutes (NCI) during the prior authorization process to perform secondary reviews of diagnosis and drug treatment plans for complex cancer cases to help improve outcomes and lower costs. Personalized support from a Pathwell Specialty care manager If you have to move your treatment to a covered provider, our care managers can help. They're licensed registered nurse case managers who have a deep understanding of your medical condition, the specialty medication(s) you're using and your insurance benefits. They'll take care of everything for you, so you can focus on your health and well-being. They'll:

- Help you find a treatment location that works best for you. They'll work with your doctor to get orders and information to your new provider.
- Work with your doctor's office to make sure your medication and treatment(s), such as infusions and injections, are covered (precertification).
- Check in with you to make sure your treatment is going well (as needed).
- Arrange for counseling and/or other support by calling (877) 505-3681.

Cancer Institutes (NCI) during the prior authorization process to perform secondary reviews of diagnosis and drug treatment plans for complex cancer cases to help improve outcomes and lower costs.

Active & Fit Direct

Active & Fit Direct is available for Frontier employees and their spouses when enrolled in one of the Cigna medical plans. This program provided discounted and free gym membership options. You can create a free account to get over 14,000 standard and premium gyms as well as free digital at-home workout videos. Log into your myCigna account then click on "Perks & Programs" on the top left of the screen. Select Nutrition and Fitness, then "Learn more" on the Active&Fit tile.

If you are not enrolled in a Cigna medical plan you can also benefit from negotiated discounts by going to https://activeandfitnow.com.

Cigna Healthcare Enhanced Behavioral Health

Get the support you need, when you need it The path to better mental and emotional well-being isn't always easy to navigate. And the process of finding the right care at the right time can feel overwhelming. Cigna Healthcare℠ is here to help you meet these challenges.

- Behavioral care that meets you where you are.
- Unlimited real-time support 24/7/365.
- 100% follow up.
- A special Care Navigator to help and guide you. https://mycigna.com guided navigation for support and to help you along your journey quickly and easily.
- To learn more, visit https://mycigna.com and click the Wellness tab, then select Mental Health Support. Or call the toll-free number on your ID card.

NON-CIGNA

Support Tools and Resources

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.

Cigna Lifesource Transplant Network

Cigna LifeSOURCE Transplant Network®, one of the nation's leading transplant networks in the industry, has contracts with over 800 transplant programs at more than 170 independent transplant facilities. We provide access to solid organ and bone marrow/ stem cell transplantation while improving cost containment and reducing financial risk. The network is dedicated to managing and providing access to complex medical services, including transplantation, cellular therapies, and the associated medical and surgical services with the goal to reduce costs, reduce or eliminate unnecessary procedures, maintain or improve the quality of the transplant procedure, and improve the overall transplant experience for our customers and families. When you become a potential transplant recipient, you will receive an introductory letter and other information from your assigned transplant case manager. You can also call (800) 668-9682 to connect with your case manager.

OPTUM BANK

Health Savings Account

REMINDER: Update your beneficiaries on your HSA Account. To add your beneficiaries, Log into your account at https://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.

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 https://optumbank.com for a complete list of HSA eligible expenses.

To login, view balance, and update beneficiaries visit https://optumbank.com or scan the QR Code.

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 turn age 55 or older by December 31, 2026 may contribute an additional $1,000 into their HSA for the 2026 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

1. You **can** contribute to a HSA if enrolled in the Value HDHP medical plan.
2. 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).
3. You **can** contribute to a HSA if you are not claimed as a dependent on someone else's tax return.
4. You **cannot** contribute to a HSA if you are enrolled in a Medicare, TRICARE, or TRICARE for Life plan.
5. You **cannot** contribute to a HSA if you received veteran benefits in the last three months—unless care is military service related.
6. 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.
- $0.00 Per account participant per month fee
- New Investment threshold can begin with a minimum $1,000 balance.

2026 HSA Contribution Maximums

Coverage level	2026
Employee only	$4,400
All other tiers	$8,750

FRONTIER

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 Cigna medical plan can save $68 per month on their 2026 medical premium, which includes $10 per month on their 2026 dental premium. This adds up to a potential savings of $820 annually on your 2026 medical premium which will include $120 annually on your 2026 dental premium. Your spouse or domestic partner covered on your Cigna 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 2026 medical premium. This is an extra annual savings of $180 on your 2026 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**. Cigna processes claims based on what the in network provider bills to Cigna. 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 Cigna as such, there would be a co-pay, and the exam would not meet the requirement for the discount.

You may earn an extra $100 for completing certain wellness incentives for employees and spouses enrolled in one of the Cigna's medical plans through Cigna's Wellbeing Program. More details will be provided in future communications.

Check out this video to see a preview of your wellness experience

2026 medical wellness requirements to earn the wellness discount for 2027. Complete By 11/30/2026

1. Visit Your Primary Care Provider for Your Annual Preventative Care Exam.

Schedule a preventative care exam with your PCP and present your Cigna 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 Cigna 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://cigna.com/knowledge-center/preventive-care

2. Receive Two Separate Age and 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 and 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 Cigna 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
- VSP Vision Exam
- Colonoscopy*

The above list is only a small sample of eligible preventative exams, visit the above link to learn more.

2026 dental wellness requirements to earn the wellness discount for 2027. Complete by 11/30/2026

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 plans.

* 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.

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 https://deltadentalco.com to search for in-network providers, view your benefit coverage, print an ID card and view claims.

	Standard Plan			Premium Plan		
	PPO	Premiere	Out of Network	PPO	Premiere	Out of Network
Preventative Care Oral exams, cleanings, x-rays	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
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 (inlays/onlays), dentures (full/partial)	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 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.
https://deltadentalco.com

VSP VISION

Vision and Sound Programs

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 https://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 eye care 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 https://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.

VSP VISION

Plan Breakdown

	In Network	Out of Network
Eye (every 12 months)	100% after $10 copay	Reimbursement up to $45
Lenses (every 12 months)		
Single	100% after $25 copay	Reimbursement up to $30
Bifocal	100% after $25 copay	Reimbursement up to $50
Trifocal	100% after $25 copay	Reimbursement up to $65
Lenticular	100% after $25 copay	Reimbursement up to $100
Standard Progressives	100% after $25 copay	
Frames (every 24 months)	$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 (every 12 months)	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.

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, visit https://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 $3,300 for the 2026 plan year.** Your annual election will be frontloaded 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 2026 plan year, you are eligible to rollover **up to $660** in unused contributions into the 2027 plan year.

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 $3,300 for the 2026 plan year**. Your annual election will be frontloaded 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 2026 plan year, you are eligible to rollover **up to $660** in unused contributions into the 2027 plan year.

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 2026 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, 2026 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 2026 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, 2026 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.

Dependant 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 $7,500 for the 2026 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 $3,750 for the 2026 plan year**. Your annual election is deducted from your paycheck in equal installments.

Dependant 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 and 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**

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
- 15% at age 85

Once coverage has been reduced, it cannot be increased.

* 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.

THE HARTFORD COMPANY

Voluntary Life and AD&D Insurance

Voluntary Life and AD&D 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 and AD&D coverage for themselves to be eligible to elect Voluntary Life and AD&D 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. The voluntary AD&D (Accidental Death and Dismemberment) coverage will double your life insurance in the event of an accidental death. The Voluntary Life and AD&D are packaged together

Voluntary Life and AD&D

Coverage can be elected in $10,000 increments, up to $500,000 or 5x your base annual salary[1], whichever is less; Guarantee issue is $200,000.

- Evidence of Insurability (EOI) is required if you are not enrolled 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.

Voluntary Spouse Life and AD&D

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 and AD&D coverage and elect any amount.
- You are currently enrolled in Voluntary Spouse Life and AD&D coverage at or below $50,000 and elect to increase coverage above $50,000.

Voluntary Child Life and AD&D (Up To Age 26)

$10,000, $15,000 or $20,000 coverage. Child Life and AD&D does not require Evidence of Insurability (EOI). Voluntary Employee and Spouse Life Insurance Premiums The voluntary AD&D coverage will pay double the voluntary life and AD&D amount if a death is the result of an accident. It also includes certain benefits if there is a loss of a limb or certain vital functions as a result of an accident. Elections are tied the vol life election amount. AD&D 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.

New for 2026: An additional 12 weeks of paid leave for a parent whose child is receiving inpatient care in a neonatal intensive care unit (NICU)

To Calculate Voluntary Employee and Spouse Life and AD&D Insurance Premiums:

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 26 pay periods.

Age Group	Employee and Spouse Rate Per $1,000 of coverage	Child Rate Per $10,000, $15,000 or $20,000 of coverage	
		Coverage Option	Cost Option
< 20	$0.076	$10,000	$1.60
20-24	$0.076		
25-29	$0.085		
30-34	$0.105		
35-39	$0.115		
40-44	$0.150	$15,000	$2.62
45-49	$0.234		
50-54	$0.393		
55-59	$0.627		
60-64	$0.827	$20,000	$3.20
65-69	$1.295		
70-74	$2.245		
75+	$3.704		

Life and ADD combined

* 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”.

(FAMLI)

Colorado Family and Medical Leave Insurance Program

Paid family and medical leave benefits are available through the Colorado Family and Medical Leave Insurance Program (FAMLI) **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.

New for 2026, an additional 12 weeks of paid leave for a parent whose child is receiving inpatient care in a neonatal intensive care unit (NICU)

THE HARTFORD COMPANY

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.

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 26 to calculate your per pay cost.

New Jersey Short-Term Disability Insurance (NJ Employees 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

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

* 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".

Travel Assistance and Identity Theft Support

Frontier Team Members covered under The Hartford Group Life and 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
- Replacement of medical devices and corrective lenses
- Emergency medical payments

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.

SUPPORTLINC

Employee Assistance Program

The Employee Assistance Program (EAP) through SupportLinc provides service to manage everyday challenges before they adversely affect your health and our personal and professional life. This is a free and confidential service that is available to all Frontier team members and their immediate household family members. It includes

What Supportlinc Offers:

- **No-cost Counseling Services**: 3 no-cost sessions to help resolve emotional concerns per event, per member (Virtual or in-person, available in 200+ languages).
- **Coaching**: Help with emotional fitness, healthy habits, and new routines.
- **Financial and Legal Assistance**: Free consultations with professionals.
- **Mobile App and Web Portal**: Create a profile, complete an assessment for personalized guidance, message a counselor, join a support group session, or access on-demand videos through Mindstream.
- **24/7 Support**: Access to speak with a licensed counselor, also known as a Care Advocate 24/7.
  Care Advocates are licensed and experienced counselors to understand your needs and interests, provide in-the-moment support and build a personalized care plan.

How To Access Supportlinc:

- **Website and Mobile App:**
  Visit https://supportlinc.com or download the app. Click on "Create Account" and use Frontier's group code: frontierairlines
- **Phone:** Call (800) 881-5462 to speak with a Care Advocate, 24/7/365.

Scan to download the app.
(888) 881-5462
https://supportlinc.com
Group Code: frontierairlines

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 https://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 https://workplace.schwab.com.

Register and Enroll at 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 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.

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 https://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 https://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 https://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 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
- 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.

THE HARTFORD COMPANY

Group Accident Insurance

To support your financial well-being, your company is offering. Accidental Injury Benefits for all eligible employees. This coverage is paid by you and is available for yourself and your eligible dependents. It offers cash payments for a range of accidental injuries and the services incurred as a result. Cash benefits put you in control. You must be actively at work with your employer on the day your coverage takes effect. Watch a short video to help you decide at https://thehartford.com/bia/accident.

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 cash benefit for exams, tests, screenings and programs for preventive care. This benefit will pay $100 for each covered person under your plan for their own health screening. The file a Accident Prevention Claim by phone, call (866) 547-4205, or you can download a claim at https://myhealthhub.app/thehartford.

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 learn more about Accident Insurance, visit https://thehartford.com/employee-benefits/employees

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

Please review the complete plan summary for additional plan details and exclusions.

THE HARTFORD COMPANY

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://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

Please review the complete plan summary for additional plan details and exclusions.

THE HARTFORD COMPANY

Group Critical Illness Insurance

Facing a serious illness at any age can be challenging - physically, emotionally and financially. Primary health insurance may pick up some or most the cost, but it can still leave medical and other recovery expenses that add up quickly. Critical Illness Insurance can provide a lump-sum benefit upon diagnosis of a covered illness than can be used however you choose such as: Mortgage or Rent / Travel for Treatment / Out-of-Pocket Medical Costs, or everyday living expenses. To file a claim for benefits, please call The Hartford at (866) 547-4205 or go to https://thehartford.com/benefits/myclaim

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 $40,000 in $5,000 increments
- **Spouse:** 50% of the Employee's elected Coverage Amount
- **Children:** 25% of the Employee's elected Coverage Amount (per child)

Critical Illness Premiums

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

To Calculate Your Critical Illness Premium:

1. Divide the coverage amount elected by $1,000.
2. Multiply that figure by the rate that corresponds with your age (see table) and tobacco status to give you your monthly premium.
3. To calculate your per pay cost, multiply your monthly premium by 12 and then divide by 26.

Age	Non-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	

Please review the complete plan summary for additional plan details and exclusions.

VOYA

Whole Life and 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[1]:

- **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 or $10,000

Additional Riders (available to purchase during election process):

- Children's Term Insurance
- Long-Term Care
- Long-Term Care with Restoration and 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

Scan here for more information about Nationwide Pet Insurance.
Company Name: Frontier Airlines
https://petsnationwide.com

Every MyPet Protection Policy includes the following added benefits:

- Lost pet advertising and reward expense
- Loss due to theft
- Emergency boarding
- Mortality benefit
- Pet Protection Plus Kit

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 Premiums

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 Semi-Monthly	Traditional PPO Semi-Monthly	Legacy PPO Semi-Monthly
Employee Only	$76.62	$115.26	$301.74
Employee + Spouse*	$188.74	$276.41	$446.77
Employee + Child(ren)	$141.48	$200.91	$421.83
Family	$234.67	$342.48	$562.30

Medical — Wellness Participant with Spouse

Coverage Level If employee and covered spouse meet medical wellness requirements	Value HDP Semi-Monthly	Traditional PPO Semi-Monthly	Legacy PPO Semi-Monthly
Employee + Spouse*	$181.24	$268.91	$439.27
Family	$227.17	$334.98	$554.80

Medical — Non-Wellness Participant

Coverage Level If employee does not meet medical wellness requirements	Value HDP Semi-Monthly	Traditional PPO Semi-Monthly	Legacy PPO Semi-Monthly
Employee Only	$105.78	$144.42	$330.91
Employee +Spouse*	$217.91	$305.58	$475.94
Employee + Child(ren)	$170.64	$230.07	$450.99
Family	$263.84	$371.64	$591.47

* 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 childr(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 Premiums

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 childr(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 requirements	Standard Dental Semi-Monthly	Premium Dental 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 meets dental wellness requirements	Standard Dental Semi-Monthly	Premium Dental 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

Looking for Vision Plan Premiums?

Don't worry, it's 100% company paid for all tiers!

Benefits and Employment Separation

What happens to my benefits If I separate from employment?

Medical, Dental, and 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 and AD&D insurance and Voluntary life and AD&D 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 and AD&D and voluntary life and AD&D 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.

- The Hartford Critical Illness Coverage can be ported within 31 days of your employment termination date by contacting The Hartford at (866) 547-4205.
- 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.

401(k) 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 and 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.

FRONTIER

Open Enrollment Benefits Guide

For benefit plans effective January 1, 2026
through December 31, 2026

Flight Attendants

2026

Questions?

Benefit Resource Center
Phone: (855) 874-0742
Email: brcmt@usi.com

Frontier Benefits Team
Phone: (720) 259-6166, (719) 785-1684
Email: f9benefits@flyfrontier.com