

2026 Employee Benefits Summary



Working together is what makes SFI a success, and this teamwork extends to your benefits. We provide options to support your family's overall wellbeing. This summary offers information on your 2026 benefits. Contact the SFI Benefit Center at 855-BEN-SFI1 (855-236-7341) with any questions.

Medical and Pharmacy Benefits

Medical coverage is provided by Blue Cross Blue Shield of Texas.

	HEALTH SELECT		HEALTH CHOICE		HEALTH ADVANTAGE	
MONTHLY CONTRIBUTIONS						
EE ONLY	\$0.00		\$79.39		\$456.74	
EE + SPOUSE	\$334.92		\$587.06		\$1,159.85	
EE + CHILD(REN)	\$182.99		\$389.06		\$844.26	
EE + FAMILY	\$429.81		\$781.58		\$1,560.27	
	IN- NETWORK	OUT-OF- NETWORK	IN- NETWORK	OUT-OF- NETWORK	IN- NETWORK	OUT-OF- NETWORK
CALENDAR YEAR DEDUCTIBLE						
INDIVIDUAL	\$3,400	\$10,000	\$2,000	\$10,000	\$1,000	\$10,000
FAMILY	\$6,000	\$20,000	\$4,000	\$20,000	\$2,000	\$20,000
COINSURANCE (Member Pays)	20%	50%	20%	50%	10%	50%
OUT-OF-POCKET MAXIMUM (DEDUCTIBLE INCLUDED)						
INDIVIDUAL	\$6,550	\$20,000	\$5,000	\$20,000	\$3,000	\$20,000
FAMILY	\$13,100	\$40,000	\$10,000	\$40,000	\$6,000	\$40,000
COPAYS/COINSURANCE						
PREVENTIVE CARE	100%, No charge	50%*	100%, No charge	50%*	100%, No charge	50%*
PHYSICIAN OFFICE	20%*	50%*	\$30 copay	50%*	\$20 copay	50%*
SPECIALIST OFFICE	20%*	50%*	\$50 copay	50%*	\$30 copay	50%*
TELADOC HEALTH – TELEMEDICINE	20%*	Not covered	100%, No charge	Not covered	100%, No charge	Not covered
X-RAY/LAB DIAGNOSTICS	20%*	50%*	20%*	50%*	10%*	50%*
INPATIENT HOSPITAL	20%*	50%*	20%*	50%*	10%*	50%*
MENTAL HEALTH – OUTPATIENT	20%*	50%*	20%*	50%*	10%*	50%*
EMERGENCY ROOM	20%*	20%*	20%*	20%*	10%*	10%*
	IN-NETWORK ONLY		IN-NETWORK ONLY		IN-NETWORK ONLY	
SEPARATE RX DEDUCTIBLE						
DEDUCTIBLE	Included with Medical		\$150 (Brand only)		None	
RETAIL (30-DAY SUPPLY)						
GENERIC	\$10*		\$10		\$10	
PREFERRED	20%*		\$60		\$30	
NON PREFERRED	20%*		\$125		\$50	
SPECIALTY	20%*		\$200		\$100	
MAIL ORDER (90-DAY SUPPLY)						
GENERIC	\$30*		\$30		\$30	
PREFERRED	20%*		\$180		\$90	
NON PREFERRED	20%*		\$375		\$150	
SPECIALTY	Not covered		Not covered		Not covered	

*After deductible

Supplemental Health Benefits

SFI offers Accident Coverage, Hospital Indemnity Coverage, and Critical Illness Coverage available through Voya. These benefits are available on a voluntary basis.

Health Savings Account

With a Health Savings Account (HSA), contributions and withdrawals for qualified medical expenses are tax-free. Your HSA can be used for qualified expenses for you, your spouse and/or tax dependent(s), even if they are not covered by your plan. If you are not enrolled in a CDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified medical expenses. The SFI HSA is through Optum Bank.

2026 ANNUAL HSA CONTRIBUTIONS

	IRS MAXIMUM CONTRIBUTIONS
INDIVIDUAL	\$4,400
FAMILY	\$8,750
CATCH-UP CONTRIBUTION (AGES 55 AND OLDER)	\$1,000

Flexible Spending Accounts

SFI offers Flexible Spendings Accounts through Benefitexpress, a WEX company.

Healthcare Flexible Spending Account

You can contribute up to \$3,400 annually for qualified medical expenses (deductibles, copays and coinsurance, menstrual products, PPE, over-the-counter medications, etc.) with pre-tax dollars, reducing the amount of your taxable income and increasing your take-home pay.

Dependent Care Flexible Spending Account

This account allows you to set aside pre-tax dollars for expenses associated with caring for elderly or child dependents. With the Dependent Care FSA, you are allowed to set aside up to \$7,500 to pay for these expenses on a pre-tax basis.

Dental Benefits

SFI offers dental coverage through MetLife Dental.

HIGH PLAN			LOW PLAN		
MONTHLY CONTRIBUTIONS					
EE ONLY		\$31.69	\$22.19		
EE + SPOUSE		\$64.86	\$45.48		
EE + CHILD(REN)		\$73.80	\$51.74		
EE + FAMILY		\$111.16	\$77.89		
		IN-NETWORK ONLY	IN-NETWORK ONLY		
CALENDAR YEAR DEDUCTIBLE					
INDIVIDUAL		\$25	\$50		
FAMILY		\$75	\$100		
CALENDAR YEAR MAXIMUM					
PER PERSON		\$2,000	\$1,000		
COVERED SERVICES					
PREVENTIVE SERVICES Oral Exams, Routine Cleanings, Bitewing X-rays, Fluoride Applications, Sealants, Space Maintainers, Panoramic X-rays		100 %	100 %		
BASIC SERVICES Fillings, Oral Surgery, Simple Extractions		80 %*	80 %*		
MAJOR SERVICES Complex Extractions, Denture Adjustments and Repairs, Root Canal Therapy, Periodontics, Crowns, Dentures, Bridges		50 %*	50 %*		
ORTHODONTICS Dependent Child(ren) Only¹		50 %*	Not covered		
ORTHODONTIC LIFETIME MAXIMUM		\$1,500	Not covered		
*After deductible ¹Up to 26 years of age					

*After deductible
¹Up to 26 years of age

Vision Benefits

SFI offers a comprehensive vision benefit provided by EyeMed Vision.

MONTHLY CONTRIBUTIONS			
EE ONLY	\$6.95		
EE + SPOUSE	\$13.69		
EE + CHILD(REN)	\$13.15		
EE + FAMILY	\$19.89		
	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
EXAMS			
COPAY	\$10	Reimbursement up to \$35	Every 12 months
LENSES			
SINGLE VISION	\$10	Reimbursement up to \$25	Every 12 months
BIFOCAL	\$10	Reimbursement up to \$40	
TRIFOCAL	\$10	Reimbursement up to \$55	
LENTICULAR	\$10	Reimbursement up to \$55	
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
ELECTIVE	\$150 allowance	Reimbursement up to \$120	Every 12 months
FRAMES			
ALLOWANCE	\$150 allowance	Reimbursement up to \$75	Every 24 months

Survivor Benefits

Basic Employee Life and Accidental Death and Dismemberment (AD&D) Insurance

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

Your Basic Life and AD&D insurance benefit is \$50,000. If you are a full-time employee, you automatically receive Life and AD&D insurance even if you waive other coverage.

Supplemental Life and AD&D Insurance

You also have access to Supplemental Life insurance for yourself, your eligible spouse, and child(ren). If elected, these voluntary coverages would be paid through payroll deductions.

Income Protection

SFI offers voluntary disability coverage to protect you financially in the event you cannot work due to a debilitating injury. A portion of your income is protected until you can return to work or you reach retirement age.

Short Term Disability (STD) Insurance

WEEKLY MAXIMUM BENEFIT	60% of your income, up to \$1,000
ELIMINATION PERIOD	Accident: 7 days / Sickness: 14 days
MAXIMUM BENEFIT PERIOD	26 weeks

Long Term Disability (LTD) Insurance

MONTHLY MAXIMUM BENEFIT	60% of your income, up to \$5,000
ELIMINATION PERIOD	180 days
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.

Employee Assistance Program (EAP)

SFI offers an EAP, through SupportLinc, to help manage your and your family's total health, including mental, emotional, and physical. The EAP benefit includes five face-to-face visits per issue with a licensed professional. The EAP is available at no cost to you.

Retirement Planning

The SFI 401(k) Plan provides you with the tools to prepare for a secure retirement via pre-tax payroll deductions.

PLAN AT A GLANCE	
PLAN NAME	SFI 401(k) Plan
RECORD KEEPER	Fidelity
WEBSITE	www.401k.com
ELIGIBILITY	After completing 6 months of service and attaining age 21. All enrollments are effective the first of the following quarter
COMPANY MATCH	SFI will match 100% for the first 3% you contribute and 50% for the next 2%. The maximum company matching contribution is 4% of your pay.

The deferred contribution limit, which is set annually by the IRS, is \$23,500 for 2026. Ages 50 to 65 may make an additional \$7,500 contribution.