

2026-2027
Employee Benefits Guide

azul

We've Got You Covered

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This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.



GETTING STARTED

Azul 2026-2027 BENEFITS OVERVIEW

November 1, 2026, through
October 31, 2027.

MEDICARE PART D NOTICE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the *Important Notices* section on page 51 for more details.

No matter where you are in your career, Azul supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

This guide provides an overview of your healthcare coverage, as well as life, disability, retirement, and more benefits.

You'll find tips to help you understand your medical coverage, save time and money on healthcare, reduce taxes, and balance your work and home life. Take a look at what's available to make the most of your benefits package.

Call Alliant Medicare Solutions at (877) 888-0165 for education and support in navigating Medicare for you or a dependent's eligibility.

WHO'S ELIGIBLE FOR BENEFITS?



Employees

You are eligible if you are a full-time regular employee or part-time regular employee working 24 hours or more hours per week.

Employees with variable hours and seasonal schedules may be considered eligible for benefits. Refer to "Determining Eligibility" on page 51 for details.

Eligible dependents

- Legally married spouse or domestic partner
- Natural, adopted or stepchildren up to age 26
- Children over age 26 who are disabled and depend on you for support
- Children named in a qualified medical child support order (QMCSO)

For additional coverage information, please refer to the benefit booklets for each benefit. Dependents must meet eligibility requirements. Please see "Determining Eligibility" for important information on termination of coverage for ineligible dependents.

When you can enroll

New employees are eligible to enroll effective the first of the month following their date of hire or coinciding with the 1st if hired on the 1st. You must enroll within **30** days of becoming eligible. Existing employees can enroll during the annual open enrollment period or within 30 days of experiencing a Qualifying Life Event, as described on page 5.

If you miss the enrollment deadline, you'll need to wait until the next open enrollment.

CHANGING YOUR BENEFITS



LIFE HAPPENS

A change in your life may allow you to update your benefit choices. If you experience a qualifying life event (QLE) during the year, you have 30 days to submit your changes to your benefits after the event.

Log on to
adp.workforcenow.com to
initiate the QLE benefit change.

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a big change in your life, including the following life event changes:

- Change in legal marital status
- Birth or adoption
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in your or a dependent's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

You must submit any changes through ADP Workforce Now or contact HR to assist with updating benefit changes within **30 days** after the event.

ENROLLING FOR BENEFITS



DO I NEED TO ENROLL?

If you do not have any changes to make to your 2026-2027 benefits and you do not want to enroll in a 2026-2027 Flexible Spending Account or contribute to a Health Savings Account (HSA), **no action is required.**

ADP Workforce Now

ADP is an online system that enables you to make all your health benefit decisions in one place. If you don't have access to a computer, you can access ADP from a tablet or smartphone, or enroll by downloading the [ADP Mobile Solutions App](#).

Before you enroll

- Know the date of birth, social security number, and address for each dependent you will cover.
- Review your enrollment materials to understand your benefit options and costs for the coming benefit plan year.

Getting started

- LOG IN to ADP:

workforcenow.adp.com

Username: Your last saved username and password . If this is your first time logging in, create a new username and password

Password: Your last saved password or create a new password by clicking forgot your password.

On ADP's homepage dashboard or under Myself > Benefits > Enrollments, you will be able to:

- ADD your personal and dependent information.
- SELECT your benefit plans for the coming year.
- REVIEW your choices and costs before finalizing.

THE EASY WAY TO GET BENEFITS INFO



ACCESS YOUR BENEFIT INFORMATION

On the web:
azul.mybenefits.life

MyBenefits.Life® gives you all your
benefits information in one place

You can do just about anything online these days. Why should accessing your benefits information be any different? MyBenefits.Life® is a website that gives you access to the benefits information you need, when you need it.

Here’s what you’ll find on MyBenefits.Life®

Benefits	See benefit details and costs for all plans you’re eligible for, including healthcare, disability, life insurance, and more.
Documents	Read important benefit plan notices (“the fine print”)
Contacts	Find HR, benefits, and carrier contacts
Get Help	Need help? Reach helpful resources



HEALTHCARE

MAKE TIME FOR HEALTH

OUR COMMITMENT

We believe our employees should have access to healthcare coverage that promotes preventive care and helps cover the cost of illness.

Eligible employees and their eligible dependents can enroll in medical, dental, and vision coverage through the Azul benefits program.

Medical

Depending on your work location, we offer up to 4 medical plans so you can choose the best fit for your health concerns and budget.

Dental

Regular checkups and cleanings are fully covered. If you do need more care, insurance helps cover the cost for fillings, gum disease, orthodontia, and more.

Vision

Our vision plan help cover the cost of eye exams, eyeglasses, and contact lenses to ensure you're seeing and feeling your best.



MEDICAL

OUR PLANS

Kaiser HMO - CA *Employees Only*

Cigna OAP IN - In-network coverage only

Cigna OAP HDHP w/ HSA

Cigna OAP (PPO)

Opt Out - Azul also offers Medical (Opt-Out) credit of \$500 per month if you enrolled in other healthcare coverage and waive Azul's medical plans in the plan year. Contact HR if you have further questions.

Which Plan Is Right For You?

That depends on your preferred doctors, healthcare needs, and budget. Think about these factors when choosing your medical plan:

Do you like your doctors?

Check whether they are in the plan's network. If they are not, but you are comfortable paying a bit more, consider a plan with out-of-network coverage.

What are your healthcare needs?

Compare how each plan covers the services you need most often, such as office visits, specialists, or prescriptions.

What's your budget?

What will you pay for coverage? Is there a deductible? What is your share of the cost for office visits and prescriptions? All of these factors together affect your total cost for healthcare.



MEDICAL

WORDS TO KNOW

Can you beat the Healthcare Lingo game? Learn the words that will help you understand how your plan works.

- **DEDUCTIBLE:** The amount of healthcare costs you have to pay for with your own money before your plan will start to pay anything.
- **OUT-OF-POCKET MAXIMUM:** Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most eligible expenses for the rest of the plan year.
- **COINSURANCE:** After the deductible (if applicable), you and the plan share the cost. For example, if the plan pays 80%, your coinsurance share of the cost is 20%. You are billed for your coinsurance after your visit.
- **COPAY:** A set fee you pay instead of coinsurance for some healthcare services, for example, a doctor's office visit. You pay the copay at the time you receive care.
- **IN-NETWORK / OUT-OF-NETWORK:** In-network services will always be the lowest cost option. Out-of-network services will cost more or may not be covered. Check your plan's website to find doctors, hospitals, labs, and pharmacies that belong to the network.

WHICH PLAN IS RIGHT FOR YOU?



Alliant Individual Health Solutions

Partnering with AIHS can help you provide health coverage for:

- Employees and dependents not eligible for company benefits
- Dependents of eligible employees where employer coverage is not affordable
- Dependents 26+
- Spouses under 65 (not Medicare-eligible)

Call (877) 328-1195 to speak with a licensed insurance agent.

What is an Open Access Plus (OAP) plan?

Open Access Plus (OAP) plans make it easy to get quality, in-network care with access to a large national network of providers. Plus, you have the option to choose a primary care provider to coordinate your care and do not need specialist referrals.

Consider an HMO (health maintenance organization) or an in-network only plan) if:

- You want lower, predictable out-of-pocket costs.
- You like having one doctor to manage your care.
- You are happy with the selection of network providers.
- You don't see any doctors that are out-of-network.
- You have convenient access to providers/facilities that are in-network.

Plans To Consider

- **Kaiser HMO - CA Only**
- **Cigna OAP IN - In Network only**

Consider a PPO (preferred provider organization) if:

- You want to be able to see any provider, even a specialist, without a referral.
- You want coverage for out-of-network providers (at a higher cost).
- PCP Designation not required

Plans To Consider

- **Cigna OAP (PPO)**

Consider a High-Deductible health plan (HDHP) if:

- You want to be able to see any provider, even a specialist, without a referral.
- You want coverage for out-of-network providers (at a higher cost).
- You want tax-free savings on your healthcare costs .
- You want to build a savings account for future healthcare costs for you and your eligible family members.
- You want an extra way to add to your retirement savings.

Plans To Consider

- **Cigna OAP HDHP w/ HSA**

Member ID Cards are virtual, please visit your member portal for a copy of your plan ID.

Kaiser HMO

The Kaiser HMO plan offers the convenience of Kaiser's comprehensive care model. You must receive care within the Kaiser network and coordinate all specialty care with your primary care provider (PCP). If you receive non-emergency care outside of the Kaiser Network, you are responsible for the entire cost of care. **The Kaiser plan is only available to team members in California.**

	Kaiser Network
Annual Deductible <i>(Calendar Year)</i> Individual Family	\$0 \$0
Annual Out-of-Pocket Maximum <i>(Calendar Year)</i> Individual Family	\$2,500 \$5,000
Office Visit Preventive Care Primary Care Specialty Urgent Care	\$0 \$20 copay \$20 copay \$20 copay
Chiropractic	Not Covered
Lab and X-ray	10% coinsurance
Emergency Room <i>(Copay waived if admitted)</i>	\$100 copay
Outpatient Surgery In-Office Surgical Center	\$20 copay \$150 copay
Hospitalization	\$300 per day
Infertility Treatment	Not Covered
Retail Pharmacy	
Supply	up to 30-days
Generic	\$10 copay
Brand Name	\$30 copay
Non-Preferred Brand Name	\$30 copay
Mail Order Pharmacy	
Supply	up to 100-days
Generic	\$20 copay
Brand Name	\$60 copay
Non-Preferred Brand Name	\$60 copay

CIGNA OAP

The Cigna OAP plans allows you the freedom to see any in-network provider you prefer, without a referral. While you have coverage outside of the Cigna Network, you will always receive the highest level of benefit when seeing in-network providers.

	In-Network	Out-of-Network
Calendar Year Deductible Individual Family	\$500 \$1,000	\$1,000 \$2,000
Calendar Year Out-of-Pocket Maximum Individual Family	\$4,000 \$8,000	\$8,000 \$16,000
Office Visit Preventive Care Primary Care Specialty Urgent Care	\$0 \$20 copay \$40 after deductible \$50 copay	40% after deductible 40% after deductible 40% after deductible 40% after deductible
Chiropractic (up to 12 visits per year)	20% after deductible	40% after deductible
Lab & X-ray (Freestanding Lab)	\$0 copay	40% after deductible
Advanced Radiology (PET, CT, MRI)	20% after deductible	40% after deductible
Emergency Room (Copay waived if admitted)	\$100 after deductible	
Outpatient Surgery	20% after deductible	40% after deductible
Hospitalization	\$250 + 20% coinsurance	\$750 + 40% coinsurance
Infertility Treatment	Varies by Service Type Lifetime Maximum: \$10,000	
Travel Benefit	The Cigna travel benefit program can help assist with transportation and lodging expenses when access to provider is limited.	
Retail Pharmacy		
Supply	up to 30-days	up to 30-days
Generic	\$10 copay	50% coinsurance
Brand Name	\$25 copay	50% coinsurance
Non-Preferred Brand Name	\$40 copay	50% coinsurance
Mail Order Pharmacy		
Supply	up to 90-days	Not Covered
Generic	\$20 copay	Not Covered
Brand Name	\$50 copay	Not Covered
Non-Preferred Brand Name	\$80 copay	Not Covered

Cigna OAPIN

On the Cigna OAPIN plan, you must receive care within the Cigna Network and coordinate all specialty care with your primary care provider (PCP). If you receive non-emergency care outside of the assigned Cigna Network, you are responsible for the entire cost of care.

	In-Network
Calendar Year Deductible Individual Family	\$0 \$0
Calendar Year Out-of-Pocket Maximum Individual Family	\$1,500 \$3,000
Office Visit Preventive Care Primary Care Specialty Urgent Care	\$0 copay \$20 copay \$20 copay \$40 copay
Chiropractic (<i>up to 12 visits per year</i>)	\$20 copay
Lab & X-ray (<i>Freestanding Lab</i>)	\$0 copay
Advanced Radiology (<i>PET, CT, MRI</i>)	\$100 copay
Emergency Room (<i>Copay waived if admitted</i>)	\$100 copay
Outpatient Surgery	\$0 copay
Hospitalization	\$0 copay
Infertility Treatment	Varies by Service Type Lifetime Maximum: \$10,000
Travel Benefit	The Cigna travel benefit program can help assist with transportation and lodging expenses when access to provider is limited.
Retail Pharmacy	
Supply	up to 30-days
Generic	\$10 copay
Brand Name	\$25 copay
Non-Preferred Brand Name	\$40 copay
Mail Order Pharmacy	
Supply	up to 90-days
Generic	\$20 copay
Brand Name	\$50 copay
Non-Preferred Brand Name	\$80 copay

CIGNA HDHP

On the High-Deductible Plan, you meet the full deductible before the plan will begin to pay toward your care. You will always pay the deductible and copayment amounts; this is where your Health Savings Account (HSA) comes in!

	In-Network	Out-of-Network
Calendar Year Deductible Individual Family	\$2,000 \$4,000	\$4,000 \$8,000
Calendar Year Out-of-Pocket Maximum Individual Family	\$4,000 \$8,000	\$8,000 \$16,000
Office Visit Preventive Care Primary Care Specialty Urgent Care	\$0 copay 10% after deductible 10% after deductible 10% after deductible	30% after deductible 30% after deductible 30% after deductible 30% after deductible
Chiropractic (<i>up to 12 visits per year</i>)	10% after deductible	30% after deductible
Lab & X-ray (<i>Freestanding Lab</i>)	10% after deductible	30% after deductible
Advanced Radiology (<i>PET, CT, MRI</i>)	10% after deductible	30% after deductible
Emergency Room (<i>Copay waived if admitted</i>)	10% after deductible	10% after deductible
Outpatient Surgery	10% after deductible	30% after deductible
Hospitalization	10% after deductible	30% after deductible
Infertility Treatment	Varies by Service Type Lifetime Maximum: \$10,000	Varies by Service Type Lifetime Maximum: \$10,000
Travel Benefit	The Cigna travel benefit program can help assist with transportation and lodging expenses when access to provider is limited.	
Retail Pharmacy		
Deductible	Plan Deductible Applies	Not Covered
Supply	up to 30-days	Not Covered
Generic	\$10 after deductible	Not Covered
Brand Name	\$30 after deductible	Not Covered
Non-Preferred Brand Name	\$50 after deductible	Not Covered
Mail Order Pharmacy		
Supply	up to 90-days	Not Covered
Generic	\$20 after deductible	Not Covered
Brand Name	\$60 after deductible	Not Covered
Non-Preferred Brand Name	\$100 after deductible	Not Covered



ENGAGE

Maximize Your Healthcare

Knowing how to best use your healthcare coverage can help you improve your health and reduce your expenses. In this section you'll find tips on:

- Finding the right care at the right cost
- Alternatives to hospital care
- Understanding preventive care benefits
- Saving money on prescription drugs

KNOW WHERE TO GO

Where you get medical care can significantly influence the cost. Here's a quick guide to help you know where to go, based on your condition, budget, and time.

Type	Examples
Nurse line (24/7–\$0) Quick answers from a trained nurse	Identifying if immediate care is needed Home treatment options and advice
Online visit (24/7–\$) Many nonemergency health issues	Cold, flu, allergies, headache, migraine Skin conditions, rashes Minor injuries Mental health concerns
Office visit (\$\$) Routine medical care and management	Preventive care Illnesses, injuries Managing existing conditions
Urgent care (\$\$\$) Non-life-threatening conditions requiring prompt attention	Stitches, sprains Animal bites High fever, respiratory infections
Emergency room (24/7–\$\$\$\$) Life-threatening conditions needing immediate care	Suspected heart attack or stroke Major bone breaks Excessive bleeding Severe pain Difficulty breathing

ALTERNATIVE FACILITIES

If you have time to evaluate your options for nonemergency health treatments, these alternative facilities can provide the same results as a hospital at a fraction of the cost.

Need	Alternative	Features	Savings
SURGERY	Ambulatory Surgery Center (ASC)	• Specializes in same-day surgeries • Cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery and more • Held to same safety standards as hospitals	Up to 50% over hospital stay*
PHYSICAL THERAPY	Outpatient physical therapy facility	• Important part of the recovery process after an injury or surgery	40 to 60% over a hospital setting*
SLEEP STUDY	Home testing	• Diagnoses sleep apnea and other conditions • Cost is often covered by insurance if considered medically necessary	Approx. \$4,500*
INFUSION THERAPY	Home or outpatient infusion therapy	• For drugs that must be delivered by intravenous injections, or epidurals • Delivered by licensed infusion therapy provider • Maintain normal lifestyle and comfort of home or outpatient center	Up to 90% over hospital stay* *in-network

How to find an alternative treatment facility

Ask your doctor if your treatment must be delivered in the hospital. You can also search for surgical centers, physical therapy, and similar services on your plan's website, or call member services for assistance. Online tools such as [healthcarebluebook.com](https://www.healthcarebluebook.com) and [healthgrades.com](https://www.healthgrades.com) help you compare costs and doctor ratings.

Some alternative services include a facility fee to cover overhead costs. To avoid a surprise on your bill, ask about facility fees before you schedule your appointment.

PREVENTIVE CARE



TYPICAL SCREENINGS FOR ADULTS

- Blood pressure
- Cholesterol
- Diabetes
- Colorectal cancer screening
- Depression
- Mammograms
- OB/GYN screenings
- Prostate cancer screening
- Testicular exam

You take your car in for maintenance; why not do the same for yourself?

Annual preventive checkups can help you and your doctor identify your baseline level of health and detect issues before they become serious.

Health plans are required to cover a set of preventive services at no cost to you, even if you haven't met your deductible. The preventive care services you'll need to stay healthy vary by age, sex, and medical history.

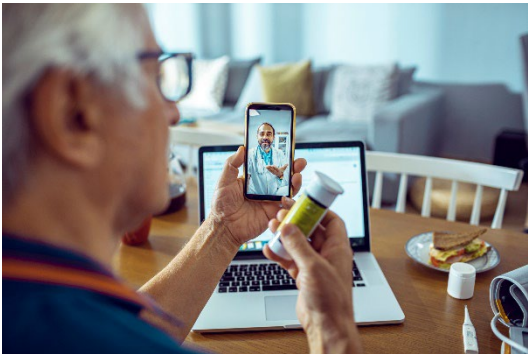
Be aware: Not all exams and tests are considered preventive care

Certain screenings may be considered diagnostic, rather than preventive, based on your current medical condition. You may be responsible for paying all or a share of the cost for those services.

In addition, exams performed by specialists are generally not considered preventive care and may not be covered at 100%.

If you have a question about whether a service will be covered as preventive care, contact your medical plan.

PRESCRIPTIONS BREAKING YOUR BUDGET?



THE FORMULARY DRUG TIERS DETERMINE YOUR COST

\$	Generic Drug
\$\$	Brand Name Drug
\$\$\$	Specialty Drug

Understanding the formulary can save you money

If your doctor prescribes medicine, especially for an ongoing condition, don't forget to check your health plan's drug formulary. It's a powerful tool that can help you make informed decisions about your medication options and identify the lowest cost selection.

What is a formulary?

A drug formulary is a list of prescription drugs covered by your medical plan. Most prescription drug formularies separate the medications they cover into four or five drug categories, or "tiers." These groupings range from least expensive to most expensive cost to you. "Preferred" drugs generally cost you less than "non-preferred" drugs.

Get the most from your coverage

To get the most out of your prescription drug coverage, note where your prescriptions fall within your plan's drug formulary tiers and ask your doctor for advice. Generic drugs are usually the lowest cost option. Generics are required by the Food and Drug Administration (FDA) to be as effective as brand-name drug equivalents.

To find out if a drug is on your plan's formulary, visit the plan's website or call the customer service number on your ID card.

Please refer to plan summaries (on [ADP](#)) or visit our Benefits website, [azul.mybenefits.life](#) for additional information or for details on mail order prescriptions.

HEALTH SAVINGS ACCOUNT (HSA)



ARE YOU ELIGIBLE?

The HSA is not for everyone. You're only eligible if you are:

1. Enrolled in the Cigna OAP HDHP w/ HSA medical plan.
2. Not enrolled in other non-HDHP medical coverage, including Medicare, Medicaid, or Tricare.
3. Not a tax dependent.
4. Not enrolled in a healthcare Flexible Spending Account (FSA), unless it's a "limited purpose" FSA for dental and vision expenses.

Please note: Each state has their own rules when it comes to state income taxes for HSA tax laws. Please refer to your payroll or tax advisor for specifics.

Find out more

- [Naviabenefits.com](https://naviabenefits.com)
- [Eligible and Ineligible Expenses](#)

A personal savings account for healthcare

A Health Savings Account (HSA) is an easy way to pay for healthcare expenses that you have today and save for expenses you may have in the future.

How the Navia HSA works

Your HSA account is set up automatically with Navia after you enroll. To help you get started, Azul makes annual contributions to your HSA:

Employee Only: \$1,200

Employee + Spouse: \$2,400

Employee + Children: \$2,400

Employee + Family: \$3,600

The above annual amounts are pro-rated for new-hires.

You can contribute up to the limit set by the IRS.

- **2026 HSA Contribution Limits**

Individual: \$4,400

Family: \$8,750

- **2027 HSA Contribution Limits**

Individual: \$4,500

Family: \$9,000

Are you age 55+? You can contribute an additional \$1,000 per year

You can use your HSA debit card to pay for eligible expenses like office visits, lab tests, prescriptions, dental and vision care, and even some drugstore items.

Four reasons to love an HSA

- 1. Tax-free.** No federal tax on contributions, or state tax in most states. Withdrawals are also tax-free as long as they're for eligible healthcare expenses.
- 2. No "use it or lose it."** Your balance rolls over from year to year. You own the account and can continue to use it even if you change medical plans or leave the company.
- 3. Use it now or later.** Use your HSA for healthcare expenses you have today or save the money to use in the future.
- 4. Boosts retirement savings.** After you retire, you can use your HSA for healthcare expenses tax-free. You can also use it for regular living expenses, which will be taxable but without penalties.

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)



ARE YOU ELIGIBLE?

You don't have to enroll in one of our medical plans to participate in the healthcare FSA. However, if you or your spouse are enrolled in a high-deductible health plan (like our Cigna OAP HSA, you can only participate in the **Limited Purpose FSA** for dental and vision expenses.

Find out more

- [Naviabenefits.com](https://naviabenefits.com)
- [Eligible and Ineligible Expenses](#)

Do you pay for ?

Look in the Financial Wellness section on page 38 for information on tax savings through the FSA.

Estimate carefully!

If you don't spend all the money in your account, you can roll over up to \$680 to use the following year. Any additional remaining balance will be forfeited.

Set aside healthcare dollars for the coming year

A healthcare FSA allows you to set aside tax-free money to pay for healthcare expenses you expect to have over the coming benefit plan year.

How the Navia FSA works

- You estimate what you and your dependents' out-of-pocket costs will be for the coming year. Think about what out-of-pocket costs you expect to have for eligible expenses such as office visits, surgery, dental and vision expenses, prescriptions, and even eligible drugstore items.

The following Health FSA Contributions are as follows:

- In 2026 you can contribute up to \$3,400* and carry over up to \$680.

*The annual limits are set by the IRS and subject to change. Contributions are deducted from your pay pre-tax, meaning no federal or state tax on that amount.

- During the year, you can use your FSA debit card to pay for services and products. Withdrawals are tax-free as long as they're for eligible healthcare expenses.
- Each state has their own rules when it comes to state income taxes for FSA tax laws. Please refer to your payroll or tax advisor for specifics.

FSA TAX SAVINGS EXAMPLE

\$60,000 Annual Pay, with \$1,500 FSA Contribution

\$330	\$115	\$445
22% Federal income tax	7.65% FICA tax	Annual FSA tax savings

\$120,000 Annual Pay, with \$2,850 FSA Contribution

\$684	\$219	\$903
24% Federal income tax	7.65% FICA tax	Annual FSA tax savings

Your tax savings may vary depending on tax filing status and other variables



DENTAL

OUR PLANS

- Cigna Dental PPO

Why sign up for dental coverage?

Brushing and flossing are great, but regular exams catch dental issues early. If there's a problem, our dental plan makes it easier and less expensive to get the care you need to maintain your smile.

Locate a Cigna Dental provider at www.cignadentalsavings.com/find-a-dentist.

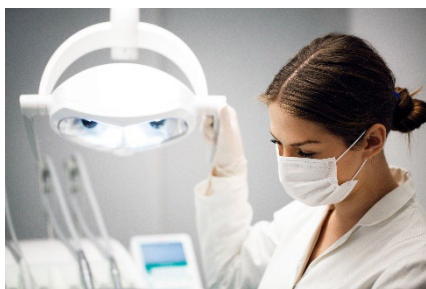
Your dental benefit does not require an ID cards. You will use your social security number and date of birth to look up benefit eligibility.

Cigna Dental DPPO

	DPPO Advantage	DPPO	Out-of-Network
Annual Deductible	Individual: \$50 / Family \$150		
Annual Plan Maximum	\$2,000		
Diagnostic & Preventive	No Charge	No Charge	No Charge
Basic Services	10% after deductible	20% after deductible	20% after deductible
Major Services	40% after deductible	50% after deductible	50% after deductible
Orthodontia	50% after deductible (Dependent children, up to age 19)		
Ortho Lifetime Max	\$2,000		

*For Texas employees, the dental product is referred to as the Cigna Dental Choice Plan, and this plan utilizes the national Cigna Dental PPO network (there is no advantage network available).

What you need to know about this plan



Type of Plan:

Cigna Dental DPPO

Features:

See any provider, but you'll pay more out of network

Am I restricted to in-network providers?

No

Do I have to select a primary dentist?

No

Can I use my HSA or FSA?

If you participate in a healthcare HSA or FSA, you can use your account to pay for dental expenses.

Where can I get more details?

Visit azul.mybenefits.life or use the Cigna website (mycigna.com) or Cigna mobile app



VISION

OUR PLANS

- The Standard Vision through VSP network

Why sign up for vision coverage?

Even if you have 20/20 vision, an annual eye exam checks the health of your eyes and can detect other health issues. If you do need glasses or contacts, vision coverage helps with the cost.

Visit the VSP website for extra savings on services like LASIK and PRK, and rebates on contact lenses.

Locate a VSP provider at www.standard.com/services

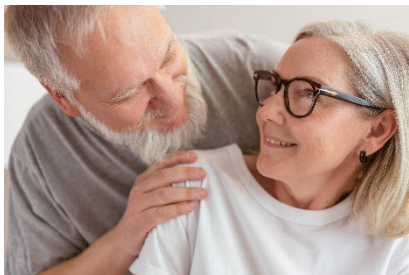
Your vision benefit does not require an ID cards. You will use your social security number and date of birth to look up benefit eligibility.

The Standard Vision

Your annual vision checkup is fully covered after your Exam copay. The plan also covers frames, lenses, and contacts after the applicable copay.

	In-Network	Out-of-Network
Copay	Exam: \$10 Materials: \$10	Exam: \$10 Materials: \$10
Frames	up to \$200 allowance	up to \$145 allowance
Single Vision Lenses	No Charge	up to \$30 allowance
Contacts (Elective)	up to \$200 allowance	up to \$70 allowance
Frequency	Exam: Every 12 months Frames: Every 12 months Lenses: Every 12 months Contacts (Elective): Every 12 months	

What you need to know about this plan



Features:

See any provider, but you'll pay more out of network

What other services are covered?

The plan can also help you save money on LASIK procedures, sunglasses, computer glasses, and even hearing aids.

Eyeglasses are expensive. Will I still be able to afford them, even with insurance?

Look for moderately priced frames and remember that your benefit is higher in-network. If you participate in an HSA or healthcare FSA, you can use your account to pay for vision care and eyewear with tax-free dollars.

Where can I get more details?

Visit azul.mybenefits.life or locate a VSP provider at www.standard.com/services



LIFE & DISABILITY

YOUR BENEFICIARY = WHO GETS PAID

If the worst happens, your beneficiary—the person (or people) on record with the life insurance carrier—receives the benefit. Make sure that you name at least one beneficiary for your life insurance benefit, and change your beneficiary as needed if your situation changes.

Is your family protected?

Life, AD&D and disability insurance can fill financial gaps due to a loss of income. Consider your day-to-day costs and bills during a pregnancy or illness-related disability leave, or how you would manage large expenses (housing, education, loans, credit cards, etc.) after the death of a spouse or partner.

If you need more

In addition to company-provided coverage, we offer voluntary coverage that you can purchase for yourself, your spouse, and your children. See the Voluntary Plans section on page 33 for more details.

COMPANY- PROVIDED LIFE AND AD&D INSURANCE



A NOTE ABOUT TAXES

Company-provided life insurance coverage over \$50,000 is considered a taxable benefit. The value of the benefit over \$50,000 will be reported as taxable income on your annual W-2 form.

Basic Life and AD&D

Basic life insurance pays your beneficiary a lump sum if you die. **AD&D** (accidental death & dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident.

Basic Life & AD&D is 100% employer covered.

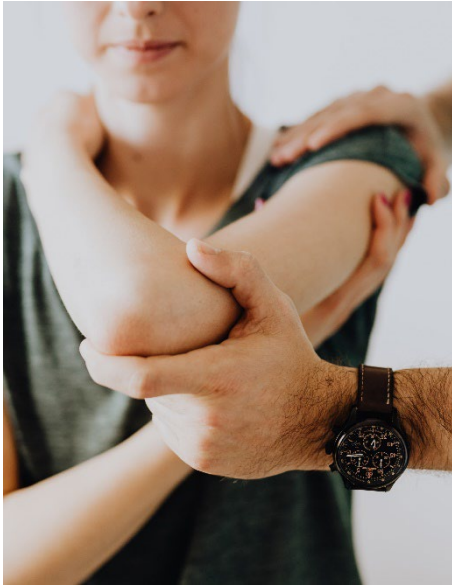
Mutual of Omaha Basic Life and AD&D Employee Coverage

2x your annual earnings up to \$500,000. Guaranteed issue of \$500,000.

The benefit amounts above will be reduced if you are age 70 or older. Refer to the plan document for details.

See page 33 for more details on voluntary life and AD&D plan offering.

SHORT-TERM DISABILITY INSURANCE



EXPECT THE UNEXPECTED

Most people underestimate the likelihood of being disabled at some point in their life. Disability insurance replaces part of your pay while you are unable to work so you have a continuing income for living expenses.

TAXES

You are taxed on the premium cost of the short-term disability plan, which allows for any benefit payments to be tax-free, in the event that you are out on a disability leave.

STD Benefits

Short-term disability (STD) insurance replaces part of your income for limited duration issues such as:

- Pregnancy issues and childbirth recovery
- Prolonged illness or injury
- Surgery and recovery time

STD payments may be reduced if you receive other benefits such as sick pay, workers' compensation, Social Security, or state disability. Azul pays the cost of the STD coverage, but Mutual of Omaha will provide benefit payments should you go on disability leave.

Mutual of Omaha STD

Weekly benefit amount

60% of weekly salary up to a maximum of \$3,462 per week.

Benefits begin

After 7 days of disability due to accident or sickness

Maximum payment period

Up to 12 weeks (based on first day you are disabled, not when benefits begin)

LONG-TERM DISABILITY INSURANCE



4 THINGS TO KNOW ABOUT LTD INSURANCE

1. It can protect you from having to tap into your retirement savings.
2. You can use LTD benefits however you need, for housing, food, medical bills, etc.
3. Benefits can last a long time—from weeks to even years—if you remain eligible.
4. You are taxed on the premium cost of the long-term disability plan, which allows for any benefit payments to be tax-free, in the event that you are out on a disability leave.

LTD benefits cushion the financial impact of a disability

Long-term disability (LTD) insurance replaces part of your income for longer term issues such as:

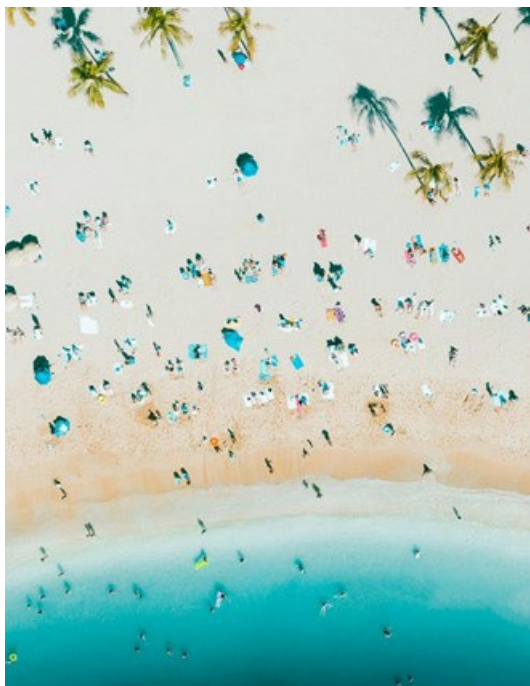
- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke
- Mental disorders

If you qualify, LTD benefits begin after short-term disability benefits end. Payments may be reduced by state, federal, or private disability benefits you receive while disabled. Azul pays the cost of the LTD coverage, but Mutual of Omaha will provide benefit payments should you go on disability leave.

Mutual of Omaha LTD

Monthly benefit amount	60% of monthly salary up to a maximum of \$15,000 per month
Benefits begin	After 90 days of disability
Maximum payment period	Up to Social Security Normal Retirement Age

CHUBB BUSINESS TRAVEL ACCIDENT



Extra Protection While Traveling for Business

Business travel insurance provides a variety of benefits to assist you while you're traveling for business. Benefits include assistance with returning to the US in the case of an emergency or help if you've lost your passport. It also would pay a benefit to your beneficiary in the event of your death while on company business.

Chubb Schedule of Covered Losses

Covered Loss	Benefit Amount
Life	100%
Two or More Members	100%
Quadriplegia	100%
One Member	50%
Hemiplegia	75%
Paraplegia	75%
Thumb and Index Finger of same hand	25%
Uniplegia	25%



VOLUNTARY PLANS

OUR VOLUNTARY PLANS

- Voluntary Life and AD&D
- Critical Illness Insurance
- Legal Shield Legal Insurance & Identity Theft protection
- MetLife Pet Insurance

You're unique—and so are your benefit needs

Voluntary benefits are optional coverages that help you customize your benefits package to your individual needs.

You pay the entire cost for these plans, but rates may be more affordable than individual coverage. And you get the added convenience of paying through payroll deductions or self-bill, if applicable.

Voluntary benefits are just that: voluntary. You have the freedom and flexibility to choose the benefits that make sense for you and your family. You can also choose not to sign up for voluntary benefits at all—it's up to you.

VOLUNTARY LIFE AND AD&D INSURANCE



GUARANTEED ISSUE

If you purchase life insurance coverage above a certain limit (the "guaranteed issue" amount) or after your initial eligibility period, you will need to submit *Evidence of Insurability* with additional information about your health in order for the insurance company (Mutual of Omaha) to determine your level of insurability and approve the amount of coverage.

Protecting those you leave behind

Voluntary life insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is available for your spouse and/or child(ren) if you purchase coverage for yourself.

Mutual of Omaha Voluntary Life and AD&D

Employee	Up to 5x your annual salary, up to \$500,000, in increments of \$10,000. Guaranteed issue of up to 5x annual salary, up to \$100,000.
Spouse	100% of employee's benefit up to \$250,000. Guaranteed issue of \$25,000.
Child(ren)	100% of employee's benefit up to \$10,000. Guaranteed issue of \$10,000.

You must be working a minimum of 24 hours per week to be eligible for coverage. In order for your spouse and/or children (children must be under age 26) to be eligible for coverage, you must elect coverage for yourself.

For more information on coverage and spouse or dependent voluntary benefits, please review the voluntary life benefit summary on azul.mybenefits.life for more information.

New EOI Process

- Employees will have a pop-up feature in ADP for EOI, with a real-time approval process. If approved, payroll deductions start automatically.
- Employees can opt out after you have submitted benefit elections.
- EOI submissions will pend for 60 days

VOLUNTARY CRITICAL ILLNESS INSURANCE



THINGS TO CONSIDER

Your medical plan helps cover the cost of illness, but a serious or long-lasting medical crisis often involves additional expenses and may affect your ability to bring home a full paycheck. This plan provides you with resources to help you get by while there are additional strains on your finances.

Critical Illness Insurance

Critical illness insurance from Mutual of Omaha can help fill a financial gap if you experience a serious illness such as cancer, heart attack or stroke. Upon diagnosis of a covered illness, a lump-sum benefit is immediately paid to you. Use it to help cover medical costs, transportation, childcare, lost income, or any other need following a critical illness. You choose a benefit amount that fits your paycheck and can cover yourself and your family members if needed. You may even be eligible for a benefit if you receive a covered wellness screening such as blood tests, stress tests, or a chest X-ray. Refer to the Critical Illness benefit summary for full details of benefits covered and the amount covered.

Critical Illness Plan Costs

If you elect voluntary Critical Illness coverage, your monthly premium rate is calculated based on your age. Use the tables below to estimate the premium amount. Premiums shown below are monthly. Deductions will be based on your pay schedule.

Voluntary Critical Illness Insurance (monthly rate per \$1,000 of coverage)

Age	Employee	Spouse
<25	\$0.36	\$0.36
25-29	\$0.41	\$0.41
30-34	\$0.49	\$0.49
35-39	\$0.62	\$0.62
40-44	\$0.91	\$0.91
45-49	\$1.32	\$1.32
50-54	\$2.05	\$2.05
55-59	\$3.17	\$3.17
60-64	\$4.75	\$4.75

VOLUNTARY LEGAL AND IDENTITY THEFT INSURANCE



Identity Theft Protection through IDShield

Identity theft is serious. Victims can spend hundreds, even thousands of dollars, and weeks of their own time to repair the damage done to their good names and credit records. The longer identity fraud goes undetected, the more expensive and difficult it becomes to resolve. For an affordable monthly premium, identity theft protection from Legal Shield helps protect your personal information through proactive monitoring, identity restoration, and resolution. Our ID Theft coverage offers coverage for 3 bureau credit monitoring. You can enroll in this program during open enrollment.

Legal Program through LegalShield

Do you have an attorney on retainer? Most people don't, so our legal program offers you access to legal advice and even representation for an affordable monthly premium. Whether you need assistance reviewing a rental agreement, fighting a traffic ticket, creating a will, buying a house or navigating an IRS audit, legal coverage from Legal Shield offers reputable attorney assistance for you and your family. You can enroll in this program during open enrollment.

HOW DO I ENROLL?

Enrollment is completed by visiting www.shieldbenefits.com/azul
If you would like to cancel your membership, call (800) 654-7757

You can enroll or drop coverage in this program **only** during open enrollment.

This is a direct bill policy and is not funded through payroll deductions.

INDIVIDUAL PLAN	FAMILY PLAN
\$21.95 - LegalShield Plan	\$21.95 - LegalShield Plan
\$13.95 - IDShield Plan (3-credit bureau)	\$24.95 - IDShield Plan (3-credit bureau)
\$35.90 - Dual Plan (LegalShield + IDShield)	\$43.90 - Dual Plan LegalShield + IDShield)

VOLUNTARY PET INSURANCE



Protect your pet while protecting yourself from surprise veterinary costs. MetLife's pet insurance prevents you from needing to weigh your pet's health against your bank account. Rates will depend on the age and breed of your pet. You can choose from various levels of coverage and the option to add option wellness coverage. You may be able to cover up to 90% of covered veterinary expense from any licensed veterinarian, specialist or emergency clinic in the U.S.

What does it cover?

- Accidental injuries
- Illnesses
- Exam Fees
- Surgeries
- Medications
- Ultrasounds
- Hospital Stays
- X-rays & diagnostic test

MetLife offers an app that allows policyholders to conveniently manage their pet insurance coverage from mobile devices. With the app, you can submit and track claims, access your policy information, find veterinarians, and get reimbursement.

HOW DO I ENROLL AND OBTAIN A PET INSURANCE QUOTE?

Enrollment is completed by visiting www.metlife.com/getpetquote or you can call 1-800-GET-MET8 (1-800-438-6388)
Monday through Friday, 8:00 am - 9:00 pm EST
Saturday through Sunday, 10:00 am - 7:00 pm EST

You can enroll or drop coverage in this program during open enrollment or throughout the year if you decide to add a pet to your family.

This is a direct bill policy and is not funded through payroll deductions.



FINANCIAL WELLNESS

PLANS TO HELP YOU SAVE

- Flexible Spending Account (DCAP FSA)
- Transportation & Parking Benefits
- 401(k) Retirement Savings Plan

Is it time for a “financial wellness”
checkup?

Are you worried about money—making your paycheck last? Paying down debt? Making a big purchase like a car or home? What about retirement?

Ignoring your financial health can take a toll on your quality of life today and in the future. And worrying about money can make you stressed, even to the point of physical illness.

We offer benefits and resources to help you make the most of your money.

PAYING FOR DAYCARE? MAKE IT TAX-FREE!



EVERY OPPORTUNITY TO SAVE

The biggest deduction from your paycheck is likely federal income tax. Why not take a bite out of taxes while paying for necessary expenses with tax-free dollars? Please note: Each state has their own rules when it comes to state income taxes for FSA tax laws. Please refer to your payroll or tax advisor for specifics.

Dependent Care FSA – up to \$7,500 per year tax-free

A Flexible Spending Account (FSA) dependent care can help families save potentially hundreds of dollars per year on day care. This program is administered by Navia Benefit Solutions.

Here's how the Navia FSA works

You set aside money from your paycheck, before taxes, to pay for work-related day care expenses. Eligible expenses include not only childcare, but also before and after school care programs, preschool, and summer day camp for children younger than 13. The account can also be used for day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care.

You can set aside up to \$7,500 per household per year. You can pay your provider directly from your FSA account, or you can submit claims to get reimbursed for eligible expenses you pay out of pocket

The Dependent Care FSA (DCFSA) maximum annual contribution limit in 2026: \$7,500 per household or \$3,750 if married, filing separately



Estimate carefully! You can't change your FSA election amount mid-year unless you experience a qualifying event. Money contributed to a FSA must be used for expenses incurred during the same plan year. Unspent funds will be forfeited.

SAVE ON COMMUTE EXPENSES



Please note: Each state has their own rules when it comes to state income taxes for Commuter tax laws. Please refer to your payroll or tax advisor for specifics.

Transportation Savings Account—up to \$680 per month tax-free

Do you have out-of-pocket commuting expenses for public transportation, van pooling, or for worksite parking? If so, you can save on taxes by enrolling in our transportation savings account, administered by Navia Benefit Solutions.

The account lets you set aside money—before it's taxed—through payroll deduction. You may enroll in or stop this program at any time. Money in the account can be used in future months or plan years.

Set aside up to \$340 per month for work-related parking expenses and up to \$340 per month for work-related commute expenses per the IRS 2026 maximum limits. Contribution limits are subject to change per IRS regulations.

Commuter benefits roll over from month to month and year to year, as long as you remain eligible.

SAVE NOW, ENJOY LATER



WHAT ARE YOUR PLANS?

Many of us can't plan past the weekend, never mind thinking about a retirement nest egg. Our 401(k) retirement plan will help you set a retirement savings goal and stick to it.

The important thing is to start now and set aside what you can, even if you think it's too small an amount.

With compound interest, that "small amount" can grow over time. You'll be a retirement saver before you know it.

With Fidelity 401(k) set aside up to \$24,500 for 2026 towards your retirement savings
(+ additional \$7,500 after age 50)

Our 401(k) Retirement Savings Plan helps you save for retirement. The plan offers tax savings NOW through pre-tax contributions and/or tax savings AFTER you retire through a Roth after-tax option. All regular employees age 21 and over are eligible to join the plan as of the first day of their start date.

Visit the Fidelity website at netbenefits.com to enroll, manage your account, investments and contributions.

Fidelity offers a variety of quality investment options. You'll also have access to special services such as automatic account rebalancing and personal investment assistance from a licensed investment counselor.

Maximum annual contribution limit

With Fidelity 401(k) set aside up to \$24,500 for 2026 towards your retirement (plus an additional \$8,000 after age 50 or \$11,250 if you are between the ages of 60-63). If you're annual wages exceed \$145,000, you must make all catch-up contributions as designated Roth contributions. IRS limits are evaluated annually and may change.

Important differences of a Roth 401(k)

- You pay taxes when you contribute, at your current tax rate.
- Account interest and dividends are not taxed if you meet certain criteria.
- Like a traditional 401(k), you can withdraw money without penalties when you reach age 59½, but you must have held the account for at least 5 years.
- You are not forced to take distributions at age 70½. You can keep the money in your Roth account as long as you want.



WELLBEING & BALANCE

“The key to keeping your balance is knowing when you've lost it.”

A Happier, Healthier You

Creating a healthy balance between work and play is a major factor in leading a happy and productive lifestyle, but it's not always easy.

We offer programs to help you:

- Manage stress, substance use disorder, mental health and family issues.
- Maximize your physical well-being.
- Take time to spend with family and friends, take care of personal business, or just for yourself.

Taking care of yourself helps you be more effective in all areas of your life. Be sure to take advantage of these programs to stay at your best.

MENTAL HEALTH RESOURCES

Too often, stigma around mental health prevents people from getting the support they need. But challenges with mental health are very common—every year, 1 in 5 U.S. adults experiences a mental health issue. Regardless of age, ethnicity, background, or income, people from all walks of life can struggle with their mental health.

If you or any of your dependents are experiencing feelings of isolation, depression, or despair, please make use of the mental health services available to you through our medical plans. And through our telemedicine provider, you can connect to a mental health provider within minutes, from any location, at any time.

	In-Network Mental Health Services*	
	Outpatient	Inpatient
Kaiser HMO (CA Only)	\$20 copay/visit	\$300 per day
Cigna OAPIN	\$20 copay/visit	No charge/admission
Cigna OAP	\$40 copay/visit	\$250 copay + 20% coinsurance
Cigna OAP HSA	10% after deductible	10% after deductible

Mental Health Services through Virtual care.

Sometimes the hardest part about addressing a mental health issue is taking the first step. Telemedicine services from Cigna or Kaiser can make that step a bit easier. You can schedule an immediate video or phone consult with a provider anywhere, any time. To learn more and set up your account, visit [Virtual Care Services](#) (Cigna), or [Kaiser Telehealth Services](#) (Kaiser).

**If your preferred mental health provider is out-of-network, services may cost more, or may not be covered under certain plans. Refer to the complete medical plan tables earlier in this guide for more information on out-of-network coverage.*



The Mutual of Omaha EAP is here to help

If you're dealing with a little stress and anxiety or a lot; a relationship or substance abuse issue; financial worries; or the responsibility of caring for others; the Employee Assistance Program from Mutual of Omaha can help. See more information on the next page.

800-316-2796

mutualofomaha.com/eap

EMPLOYEE ASSISTANCE PROGRAM (EAP)



CONTACT THE MUTUAL OF OMAHA EMPLOYEE ASSISTANCE PROGRAM (EAP)

Phone

800-316-2796

Website

mutualofomaha.com/eap

Help for you and your household members

There are times when everyone needs a little help or advice, or assistance with a serious concern. The EAP through Mutual of Omaha can help you handle a wide variety of personal issues such as emotional health and substance use disorder; parenting and childcare needs; financial coaching; legal consultation; and eldercare resources.

Best of all, contacting the EAP is completely confidential, free and available to any member of your immediate household.

No cost EAP resources

The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited phone access 24/7
- In-person or video counseling for short-term issues; up to 3 visits per incident per year.
- Unlimited web access to helpful articles, resources, and self-assessment tools.

COUNSELING BENEFITS

- Difficulty with relationship
- Emotional distress
- Job stress
- Communication/conflict issues
- Alcohol or drug problems
- Loss and death

PARENTING & CHILDCARE

- Referrals to quality providers
- Family day care homes
- Infant centers and preschools
- Before/after school care
- 24-hour care

FINANCIAL COACHING

- Money management
- Debt management
- Identity theft resolution
- Tax issues

LEGAL CONSULTATION

- Referral to a local attorney
- Family issues (marital, child custody, adoption)
- Estate planning
- Landlord/tenant
- Immigration
- Personal Injury
- Consumer protection
- Real estate
- Bankruptcy

ELDERCARE RESOURCES

- Help with finding appropriate resources to care for an elderly or disabled relative

ONLINE RESOURCES

- Self-help tools to enhance resilience and well-being
- Useful information and links to various services and topics

TIME AWAY FROM WORK



Paid time off policies

There is no perfect, one-size-fits-all balance between work and home. We provide time off so you can take time to relax, recover from illness, take care of personal and family business, or whatever else you need. Our time off benefits include:

- Paid time off for vacation and illness
- Time off for jury duty and voting
- Bereavement leave

Refer to your employee handbook for information on eligibility and specific leave policies.

Paid Holidays

Azul provides 9 paid company-observed holidays per year for all full-time, benefit eligible employees. Alternate holidays may be designated at the company's discretion. US Azul's Mandatory Holiday Week Shutdown occurs between Christmas and New Year's each year and employees can use Paid Leave or Unpaid Leave. Azul's most common holidays are:

New Year's Day

MLK Day

Presidents' Day

Memorial Day

Independence Day

Labor Day

Thanksgiving

Day after Thanksgiving

Christmas

A person is seen from behind, sitting in a bright orange hammock. They are holding the edges of the hammock with both arms. The hammock is strung between two trees. In the background, there is a calm lake, green hills, and a cloudy sky. The overall scene is peaceful and scenic.

IMPORTANT PLAN INFORMATION

In this section, you'll find important plan information, including:

- Your medical, dental and vision benefit contributions for 2026-2027
- Contact information for our benefit carriers and vendors
- A summary of the health plan notices you are entitled to receive annually, and where to find them
- A Benefits Glossary to help you understand important insurance terms.

YOUR MONTHLY BENEFIT COSTS

The total amount that you pay for your benefits coverage depends on the plans you choose, how many dependents you cover, and for medical coverage, how much you earn. Your healthcare costs are deducted from your pay on a pre-tax basis—before federal, state, and social security taxes are calculated—so you pay less in taxes.

HEALTHCARE MONTHLY COSTS

	Cigna OAP	Cigna OAPIN	Cigna HDHP	Cigna Dental PPO	The Standard Vision
EMPLOYEE ONLY	\$333.00	\$382.00	\$278.00	\$14.00	\$0.00
EMPLOYEE + SPOUSE	\$728.00	\$836.00	\$612.00	\$27.00	\$0.00
EMPLOYEE + CHILDREN	\$600.00	\$686.00	\$500.00	\$36.00	\$0.00
EMPLOYEE + FAMILY	\$1,026.00	\$1,176.00	\$862.00	\$49.00	\$0.00

Kaiser HMO				
CA Only - age-based rates				
Age	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY
<30	\$118.80	\$332.00	\$326.40	\$462.00
30-39	\$131.40	\$356.80	\$335.80	\$510.60
40-49	\$169.40	\$389.80	\$321.80	\$514.40
50-54	\$220.40	\$458.20	\$363.60	\$585.60
55-59	\$278.60	\$585.00	\$416.40	\$672.80
60-64	\$343.60	\$652.60	\$459.60	\$761.80
65+	\$389.80	\$842.20	\$586.00	\$925.80

OPT OUT CREDIT: Azul offers an opt-out credit of \$500 per month for eligible employees enrolled in other healthcare coverage and has waived Azul's medical plan. Must meet all conditions to receive the credit.

Please note that unless your domestic partner is your tax dependent as defined by the IRS, contributions for domestic partner coverage must be made after-tax. Similarly, the company contribution toward coverage for your domestic partner and his/her dependents will be reported as taxable income on your W-2. Contact your tax advisor for more details on how this tax treatment applies to you. Notify Azul if your domestic partner is your tax dependent.

PLAN CONTACTS

HELPFUL RESOURCES

Benefits Portal

MyBenefits.Life®
azul.mybenefits.life

Enrollment Website ADP

workforcenow.adp.com

MEDICAL

Kaiser CA Medical

California Policy # 628139
kp.org
[Kaiser Permanente App](#)
[Find a Provider](#)
Member Services
(800) 464-4000

Cigna Medical

Policy # 623494
my.cigna.com
[Cigna App](#)
[Find a Provider](#)
Member Services
(800) 244-6224

DENTAL

Cigna Dental

Policy # 22222
my.cigna.com
[Cigna App](#)
[Find a Provider](#)
Member Services:
(800) 244-6224

VISION

The Standard Vision

Policy # 756980
standard.com
[Find a Provider](#)
Member Services
(877) 490-9991

HEALTH SAVINGS ACCOUNT

Navia Benefit Solutions

Company code: AZU
naviabenefits.com
[MyNavia Mobile App](#)
Member Services
(425) 452-3500

LIFE AND AD&D

Mutual of Omaha

Policy # G000BF2R
mutualofomaha.com
Member Services
(800) 775-8805

CRITICAL ILLNESS

Mutual of Omaha

Policy # G000BF2R
mutualofomaha.com
Member Services
(800) 775-8805

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Mutual of Omaha

mutualofomaha.com/eap
Member Services
(800) 316-2796

FLEXIBLE SPENDING ACCOUNTS /COMMUTER

Navia Benefits

Company code: AZU
naviabenefits.com
[MyNavia Mobile App](#)
Member Services
(425) 452-3500

COBRA

Navia Benefit Solutions

naviabenefits.com
[MyNavia Mobile App](#)
Member Services
(425) 452-3490

DISABILITY

Mutual of Omaha

Policy # G000BF2R
mutualofomaha.com
Member Services
(800) 877-5176

LEGAL/ID THEFT

Legal Shield

Policy # 83813
shieldbenefits.com/azul
Member Services
(800) 654-7757

PET INSURANCE

MetLife Pet Insurance

metlife.com/getpetquote
Member Services
(800) 438-6388

401(k) RETIREMENT

Fidelity

Policy # 19187
fidelity.com
(800) 835-5095

IMPORTANT PLAN INFORMATION

HEALTH PLAN NOTICES

These notices must be provided to plan participants on an annual basis and are available in the Annual Notices document, located on Azul.mybenefits.life.

- **Medicare Part D Notice:** Describes options to access prescription drug coverage for Medicare eligible individuals
- **Women's Health and Cancer Rights Act:** Describes benefits available to those that will or have undergone a mastectomy
- **Newborns' and Mothers' Health Protection Act:** Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery
- **HIPAA Notice of Special Enrollment Rights:** Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment
- **HIPAA Notice of Privacy Practices:** Describes how health information about you may be used and disclosed
- **Notice of Grandfathered Plan Status:** Notifies you that a plan is grandfathered and does not include all Affordable Care Act (ACA) provisions
- **Notice of Choice of Providers:** Notifies you that your plan requires you to name a Primary Care Physician (PCP) or provides for you to select one
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP):** Describes availability of premium assistance for Medicaid eligible dependents.

COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

DEADLINE FOR FILING LAWSUIT UNDER ERISA AFTER EXHAUSTION OF ALL CLAIMS PROCEDURES

Any lawsuit must be filed within 36 months of the final decision on the claim. Exhaustion of all claims and appeals procedure is required prior to filing suit. Please refer to the WRAP Summary Plan Description for the plan specific statute of limitations.

IMPORTANT PLAN INFORMATION

WHAT YOU NEED TO KNOW ABOUT THE “NO SURPRISES” RULES

The “No Surprises” rules protect you from surprise medical bills in situations where you can’t easily choose a provider who’s in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you’re no longer in need of emergency care. These are called “post-stabilization services.” You shouldn’t get this notice and consent form if you’re getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren’t required to sign the form and shouldn’t sign the form if you didn’t have a choice of health care provider or facility before scheduling care. If you don’t sign, you may have to reschedule your care with a provider or facility in your health plan’s network.

[View a sample notice and consent form](#) (PDF).

This applies to you if you’re a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.

PLAN DOCUMENTS

Important documents for our health plan and retirement plan are available on azul.mybenefits.life. Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact the Plan Administrator.

SUMMARY PLAN DESCRIPTIONS (SPD)

The legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries.

- Azul, Inc. Health and Welfare Plan

SUMMARY OF BENEFITS AND COVERAGE (SBC)

A document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. SBC documents are available on azul.mybenefits.life.

- Kaiser HMO - CA SBC
- Cigna OAPIN SBC
- Cigna OAP SBC
- Cigna OAP HDHP
- Cigna Dental DPPO SBC

STATEMENT OF MATERIAL MODIFICATIONS

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the Azul, Inc. Health and Welfare Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

DETERMINING ELIGIBILITY

EMPLOYEE ELIGIBILITY: MONTHLY MEASUREMENT METHOD

The information below explains how your eligibility for healthcare coverage is determined, in accordance with the rules of the Affordable Care Act (ACA).

You and your dependents are eligible for the plan if you are a full-time employee. A full-time employee is generally an employee who works on average 130 hours per month, as defined by the ACA. Hours that count toward full-time status include each hour for which an employee is paid or entitled to payment for the performance of duties for the employer, and each hour for which an employee is paid or entitled to payment for a period of time during which no duties are performed due to vacation, holiday, illness, incapacity (including disability), layoff, jury duty, military duty, or leave of absence.

ACA full-time status can affect or determine major medical benefits eligibility but is not a guarantee of benefits eligibility. Azul uses the monthly measurement method to determine whether an employee meets this eligibility threshold.

TERMINATION OF COVERAGE FOR INELIGIBLE DEPENDENTS

Knowingly enrolling an ineligible dependent or intentionally keeping a dependent on the plan when they have lost eligibility constitutes insurance fraud and is a material misrepresentation of fact. When the plan discovers any such ineligible dependent it will terminate coverage retroactively and reprocess any claims, making them payable by such an individual. The employer plan sponsor may also explore disciplinary action against an employee who engages in such misconduct up to and including termination of employment.

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