

2026

EMPLOYEE BENEFITS

WORKING AT NASSAU

Our employees work hard every day to support the goals of our organization, drive growth, and develop professionally. In return, we offer competitive compensation and benefits designed to help our team members and their families stay healthy, meet their financial goals, and thrive in and beyond work.

Health & Welfare Benefits

Our benefits are available to full-time and part-time employees who regularly work 20 hours or more per week. Nassau offers medical, dental, vision, and dependent life insurance benefits to employees' spouses and dependent children. Benefit coverage begins on the date of hire (retroactively) and payroll deductions begin within 1 to 2 payperiods after benefit enrollment.

MEDICAL: Nassau offers three medical plan options - the Aetna Buy-Down Plan, the Aetna Core Plan, and the Aetna Buy-Up Plan. All options offer prescription coverage through CVS Caremark. For those enrolled in the Aetna Buy-Down Plan or Aetna Core Plan, Nassau contributes \$500 for individuals and \$1,000 for couple/family coverage into all participant's Health Savings Accounts (HSA) annually. The Nassau HSA contribution is funded equally per pay period. It is also prorated for anyone joining the plan mid-year.

DENTAL: Nassau offers a Cigna Dental PPO plan covering preventive, basic, and major restorative services, and orthodontia.

VISION: Our EyeMed Vision Care program covers routine eye exams every 12 months, frames every 24 months, and a pair of eyeglasses or contact lenses every 12 months.

SHORT-TERM DISABILITY: Nassau provides up to 26 weeks of short-term disability. The first 8 weeks are paid at 100% of base salary and the remainder is paid at 60%.

LONG-TERM DISABILITY: Nassau offers employer-paid long-term disability coverage, providing employees with partial income protection if they experience a serious illness or injury that leaves them unable to work for more than six months. This benefit will cover 50% of your earnings up to \$10,000.



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Medical Benefits

The following chart provides a side-by-side comparison of the plans and how the most common services are covered, to help you decide which plan is right for you.

Plan Feature	Aetna Buy-Up PPO Plan		Aetna Core HSA Plan		Aetna Buy-Down HSA Plan	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Plan Deductible (Per calendar year)						
■ Individual	\$1,000	\$2,000	\$2,000	\$4,000	\$3,000	\$6,000
■ Family	\$2,500	\$5,000	\$4,000	\$8,000	\$6,000	\$12,000
HSA Employer Contribution ¹						
■ Individual	N/A	N/A		\$500		\$500
■ Family				\$1,000		\$1,000
Coinsurance Limit (out of pocket max) ²						
■ Individual	\$3,250	\$6,500	\$4,000	\$8,000	(\$6,000)	(\$12,000)
■ Family	\$6,500	\$13,000	\$8,000	\$16,000	\$12,000	\$24,000
Lifetime Maximum	Unlimited, except where otherwise indicated.		Unlimited, except where otherwise indicated.		Unlimited, except where otherwise indicated.	
Physician Services						
PCP/Specialist Office Visits	\$25 / \$50 copay, deductible waived	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible
Routine Physicals/Immunizations ³	\$0	50% after deductible ⁴	\$0	50% after deductible ⁴	\$0	50% after deductible

1. Please note that HSA employer contributions are prorated based on date of hire. Please see Nassau Benefits Guide for more information.

2. Includes deductible, coinsurance and medical copays. Once family coinsurance limit is met, all family members will be considered as having met their coinsurance for the remainder of the calendar year. Except for the Buy Down plan, the individual out of pocket max is capped for each member within the family maximum.

3. Children to age 18: 7 exams in the 1st 12 months of life, 3 exams in the 2nd 12 months of life, 3 exams in the 3rd 12 months of life, 1 exam per 12 months thereafter.
Children age 18+ and adults: 1 exam every 12 months, includes immunizations. Excludes immunizations related to travel or work.
Copay waived for immunization when an office visit charge is not made.

4. Up to age 6 only. No coverage out-of-network for routine care for adults or children over age 6.



Comparing Medical Plans, cont'd

Plan Feature	Aetna Buy-Up PPO Plan		Aetna Core HSA Plan		Aetna Buy-Down HSA Plan	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Routine Gynecological Care Exams ¹	\$0	No coverage	\$0	No coverage	\$0	No coverage
Routine Mammography ²	\$0	50% after deductible	\$0	50% after deductible	\$0	50% after deductible
Routine Eye Exam						
■ 1 exam per 24 months	\$0	No coverage	\$0	No coverage	\$0	No coverage
Telemedicine	\$0 copay, deductible waived	N/A	Teladoc: \$0 after deductible	N/A	Teladoc: \$0 after deductible	N/A
■ General Medical						
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible
Physician Hospital Services	20% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible
Allergy Serum, Allergy Injections & Injectable Drugs	\$0					
■ Allergy Serum	\$25 copay if treated at a PCP/\$50 copay if treated at a specialist	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible
■ Allergy Treatment and Injections						
Diagnostic X-Ray & Laboratory	20% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible

1. 1 OB/GYN exam per calendar year, includes charts for 1 Pap smear and related lab fees

2. 1 baseline mammogram between ages 35 and 39
1 mammogram per calendar year for covered females age 40 and above

Comparing Medical Plans, cont'd

Plan Feature	Aetna Buy-Up PPO Plan		Aetna Core HSA Plan		Aetna Buy-Down HSA Plan	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Inpatient Services	20% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible
Outpatient Hospital Expenses (non-surgical)	20% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible
Hospital Emergency Room	\$250 Emergency Room copay (waived if confined). No deductible. ¹		20% after deductible		30% after deductible	
Urgent Care	\$50 copay, deductible waived ²	50% after deductible ²	20% after deductible	50% after deductible	30% after deductible	50% after deductible
Convalescent Facility ³	20% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible
Home Health Care ⁴	20% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible
Hospice Care						
- Inpatient and/or outpatient coverages - No annual or lifetime maximum	\$0 after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible
Short-Term Rehab ⁵						
Coverages included are as follows:	\$50 copay, deductible waived	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible
- Physical therapy - Occupational therapy - Speech therapy"						

1. Non-emergency use of the emergency room not covered.

2. Non-urgent use of urgent care facility not covered.

3. Day limits are combined in- and out-of-network, to a maximum of 120 per year

4. Visit limits are combined in- and out-of-network, to a maximum of 50 per year

5. Visit limits are combined for all 3 therapies, combined in- and out-of network, to a maximum of 60 per year

Comparing Medical Plans, cont'd

Plan Feature	Aetna Buy-Up PPO Plan		Aetna Core HSA Plan		Aetna Buy-Down HSA Plan	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Chiropractic ¹	\$50 copay, deductible waived	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible
Ambulance	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible
Durable Medical Equipment	20% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	50% after deductible
Urgent Care	\$50 copay, deductible waived ²	50% after deductible ²	20% after deductible	50% after deductible	30% after deductible	50% after deductible
Contraceptive Drugs & Devices	\$0 no member cost share	50% after deductible	\$0 no member cost share	50% after deductible	\$0 no member cost share	50% after deductible
Basic Infertility Services ²	Payable as any other covered expense	50% after deductible	Payable as any other covered expense	50% after deductible	Payable as any other covered expense	50% after deductible
Artificial Insemination, Ovulation Induction, and Advances Reproductive Technologies (ART)	\$10,000	\$10,000	\$10,000	\$10,000	10,000	10,000
Lifetime Maximum						

1. Visits are combined in- and out-of network, to a maximum of 20 per year

2. Provides coverage for the diagnosis and treatment of the underlying cause of infertility only



Pharmacy Benefits

	Aetna Buy-Up PPO Plan	Aetna Core HSA Plan	Aetna Buy-Down HSA Plan
Deductible	\$150 individual/ \$450 family	Included in plan deductible	Included in plan deductible
Retail – 30-Day Supply			
■ Generic	25%	20%	30%
■ Brand Preferred	35%	20%	30%
■ Brand Non Preferred	45%	20%	30%
■ Out-of Network	50%	20%	30%
Mail Order – 90-Day Supply			
■ Generic	25%	20%	30%
■ Brand Preferred	35%	20%	30%
■ Brand Non-Preferred	45%	20%	30%
■ Out-of-Network	Not covered	Not covered	Not covered
Annual Prescription Drug Out of pocket Maximum (Including Deductible)	\$2,000 individual/ \$4,000 family	Included in plan deductible	Included in plan deductible
Annual Maximum Plan Benefit	Unlimited	Unlimited	Unlimited

Dental Benefits

	Cigna DPPO
Deductible	
Yourself only	\$50
You and your family	\$150
Deductible	\$100
Is the deductible waived for preventive services?	Yes
Annual plan maximum (per individual)	\$2,000
Diagnostic and preventive	No Charge
Basic	
Oral surgery, fillings, endodontic treatment, periodontic treatment, repairs of dentures and crowns	20% after deductible
Major	
Crowns, jackets, dentures, bridge implants	50% after deductible
Orthodontia	
Adults and dependent children	50% after deductible
Lifetime orthodontia plan maximum (per individual)	\$2,000

Vision Benefits

EyeMed	In-network	Out-of-network
	These are your costs when you use a participating network provider	The following are the reimbursement levels when using a provider not in the Eyemed network
	Your Cost	Reimbursement Amount
Eye exam with dilation as necessary (once per 24 months)	No cost	Up to \$40
Frames (once per 24 months)	100% up to \$130, then 20% discount off balance over \$130	Up to \$91
Standard lenses (once per 12 months)		Plan pays up to:
Single vision	\$20	\$30
Bifocal	\$20	\$50
Trifocal	\$20	\$70
Contact lenses in lieu of glasses		
Medically necessary	\$	\$300
Conventional	100% up to \$130, then 15% discount off balance over \$130	\$91
Disposable	100% up to \$130	\$91



Plan Rates

Please note: Nassau has a salary band structure in place for medical contributions in an effort to support those earning less than \$60,000 per year. See the table below for more information.

Medical Rates - Full Time Employees*				
Medical Rates (per pay period)	You	You plus Spouse	You plus Child(ren)	You plus Family
Employees earning less than \$60k/year				
Aetna Buy-Up Plan (Aetna Network Plan)	\$157.17	\$352.03	\$275.05	\$528.07
Aetna Core Plan (Aetna HDHP Low Plan)	\$78.40	\$181.62	\$137.20	\$272.45
Aetna Buy-Down Plan (Aetna HDHP High Plan)	\$50.67	\$126.64	\$88.65	\$189.97
Employees earning more than \$60k/year				
Aetna Buy-Up Plan (Aetna Network Plan)	\$187.63	\$420.27	\$328.36	\$630.42
Aetna Core Plan (Aetna HDHP Low Plan)	\$93.59	\$216.81	\$163.78	\$325.26
Aetna Buy-Down Plan (Aetna HDHP High Plan)	\$60.49	\$151.20	\$105.84	\$226.80
Medical Rates - Part-Time Employees*				
Aetna Buy-Up Plan (Aetna Network Plan)	\$234.63	\$525.54	\$410.61	\$788.34
Aetna Core Plan (Aetna HDHP Low Plan)	\$117.03	\$271.13	\$204.80	\$406.74
Aetna Buy-Down Plan (Aetna HDHP High Plan)	\$75.63	\$189.07	\$132.35	\$283.62

- *Full-time Employees are defined as employees who work 30 or more hours per week
- *Part-time Employees are defined as employees who work between 20 and 29 hours per week.

Dental Full-Time Rates				
	You	You plus Spouse	You plus Child(ren)	You plus Family
Dental Rates (per pay period)				
Cigna DPPO	\$6.48	\$14.57	\$12.95	\$22.12
Dental Part-Time Rates				
Dental Rates (per pay period)				
Cigna DPPO	\$8.09	\$18.21	\$16.19	\$27.65
Vision Full- and Part-Time Rates				
Vision Care Rates (per pay period)	\$2.65	\$4.89	\$4.76	\$6.60

Before-Tax Contributions

Your contributions for some of the coverages are deducted from your pay before federal, most state and Social Security taxes are calculated. This reduces the amount of income upon which your taxes are based. This applies to your contributions for medical, dental, vision and FSAs.

Spousal Surcharge

When you enroll, you must verify that your spouse does not have access to any other medical insurance through another employer/business. If you elect to cover a spouse and do not complete this verification, you will incur a \$69.23 per-pay-period spousal surcharge that will be deducted from your paychecks.



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Health and Welfare Benefits Continued

LIFE INSURANCE: Nassau provides employees with free basic life and accidental death and dismemberment insurance through The Hartford. The benefit equals the base salary, up to \$250,000, and employees may purchase additional coverage in the form of a group term policy. Employees can buy life and accidental death insurance for their eligible spouse and/or children on an after-tax basis.

FLEXIBLE SPENDING ACCOUNTS (FSAs): FSAs allow employees to save money by paying for eligible health care and dependent care expenses with pre-tax dollars. Limited Purpose Health Care FSAs are available to supplement HSAs by covering dental and vision expenses.

HEALTH SAVINGS ACCOUNT (HSA): HSAs allow employees to put funds in a pre-tax account to help pay for eligible healthcare expenses. The HSA is administered by WEX. Nassau will contribute to the HSA account based on your medical plan and tier.

VOLUNTARY BENEFITS: Nassau offers Critical Illness, Hospital Indemnity, and Accident Insurance through Aetna, and we offer Commuter Benefits through WEX.

Health and Welfare Benefits Continued

BASE SALARY AND INCENTIVE PAY: Salaries are competitive with increases based on individual performance. Eligible employees will receive annual incentive payments based on company and individual performance.

RETIREMENT SAVINGS; 401(K): Eligible employees are automatically enrolled in our 401(k) Plan at a pre-tax contribution level of 5%. Contributions are invested in a Fidelity Freedom Fund with a target retirement date based on your current age and assuming a retirement age of 65 years old. Nassau will match up to 5% of employees' contributions dollar-for-dollar for all eligible 401(k) earnings.

Time Off and Leave

PERSONAL TIME OFF (PTO): Nassau offers a generous paid time off allowance of 20 days per year. Employees begin earning PTO immediately as of their hire date.

HOLIDAYS: Nassau observes 10 paid holidays each year following the New York Stock Exchange schedule.

VOLUNTEER PTO: Nassau cares about the community and allows employees to take up to 40 hours of paid time off per year to support local non-profit organizations.

Additional Benefits

PET INSURANCE: Nassau employees receive discounted pet insurance through Pet Partners.

Work Life

FLEXIBLE WORK: Nassau offers a variety of flexible work arrangements, including daily flexible schedules, part-time schedules, and telecommuting.

ADOPTION ASSISTANCE: Employees are eligible for adoption assistance and up to three weeks of paid leave. Adoption assistance covers 80% of qualified adoption-related expenses up to \$9,000 or \$10,000 for a special needs or hard-to-place child.

TUITION ASSISTANCE: Nassau helps pay for approved courses of study, reimbursing up to \$3,500 per year for undergraduate programs and \$5,500 for graduate programs. Tuition assistance is pro-rated for part-time employees.

PROFESSIONAL DESIGNATIONS: Nassau provides up to \$2,000 per year to employees pursuing certification for many job-related professional designations.

PARENTAL LEAVE: New parents are eligible for 8 weeks of paid leave to be taken anytime in the first twelve months following birth, adoption, or foster placement of a child.

MATERNITY LEAVE: New mothers are eligible for up to four months of paid maternity leave including short-term disability benefits.

Resources

WELLNESS RESOURCES: Nassau helps employees balance work and life through resources and referral services, such as Cigna's Employee Assistance Program (EAP), free 24/7 access to a state-of-the-art gym, 1:1 wellness coaching, annual biometric screenings, and more. Employees can apply for \$300 reimbursement for approved fitness-related expenses.

EMPLOYEE RESOURCE GROUPS: In addition to two employee resource groups with employees at their helm, Nassau also supports several self-led walking groups and mentor pairings. Nassau's vibrant company culture focuses on our associates and our community.



This document is an overview of various plans and policies. If any difference between these descriptions and the actual plan or policy, the plan documents or policy documents shall prevail. Eligibility for any benefit is subject to the provisions of the plan document and administrative policies relating to that benefit. This document is not an offer of employment, nor does it, or any other policies, practices, or benefits create an expressed or implied contract between an individual and the Company. Nassau and its affiliates reserve the right to modify or terminate its plans, programs, policies, or benefits.

November 2024

