

APPENDIX C
BENEFIT ELIGIBILITY GRID
January 1, 2026

Group ID	FT Hour Req.	Waiting Period	Medical Plans	Dental	Vision	Ancillary	Basic Life Amount
445	30	first of the month following 30	Reliance MEC and Basic Advantage and H	Base Dental	Vision Plan	EE paid MOO	x
492	30	first of the month following 30	Reliance MEC and Basic Advantage and H	Base Dental	Vision Plan	EE paid MOO	x
510	30	First of the month following 60	C, H	Plan A	Vision Plan and Plus	x	x
006	30	first of the month following 60	x	Base Dental	Vision Plan	EE paid MoO	\$15,000
532	30	first of the month following 60	C, D, E and H	Dental A, B, and C	Vision Plan and Plus	EE paid MoO	\$15,000
010	25	first of the month following 30	A, B, C, D, H and E	Dental A and B	Vision Plan and Plus	ER Paid Disability	\$15,000
327	25	1st after DOH	x	Base Dental	Vision Plan	EE paid MoO	\$30,000
025	30	first of the month following 30	C, E and H	Base Dental	Vision Plan	EE paid MoO	\$15,000
018	30	first of the month following 30	C, D and H	Base Dental	Vision Plan	EE paid MoO	\$15,000
096	30	first of the month following 60	x	x	x	EE paid MoO / CO PD DIS	\$15,000
505	30	first of the month following 60	C, D, E and H	Dental A, B, and C	Vision Plan and Plus	EE paid MoO	\$50,000
355	30	first of the month following 60	B, E and H	A and B	Vision Plan and Plus	EE paid MoO	\$15,000
441	30	first of the month following 30	Reliance MEC and Basic Advantage and H	UMR	EyeMed	EE paid MoO	x

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358	30	DOH	x	x	x	EE paid MoO	x
032	30	DOH	x	Base Dental	Vision Plan	EE paid MoO	\$15,000
444	30	first of the month following 30	x	Base Dental	Vision Plan	EE paid MoO	\$15,000
451	30	1st after DOH	C, H, I and K	Plan A and C	Vision Plus Plan	EE paid MoO	\$15,000
528	30	first of the month following 60	B, E, and H	Dental A	Vision Plus Plan	EE paid MoO	\$15,000
531	30	1st of the month following 60 days	x	Base Dental	Vision Plan	EE Paid MoO	x
350	30	1st after DOH	B, H, and I	Base Dental	Vision Plan	EE paid MoO	\$15,000
541	30	DOH	E	x	Vision Plan and Plus	x	x
446	30	first of the month following 30	Reliance MEC and Basic Advantage and H	Base Dental	Vision Plan	EE paid MoO	\$15,000
100	30	first of the month following 30	B, E, and H	Dental A and B	Vision and Plus Plan	EE pd MoO ER paid S/LTD	\$20,000
314	25	1st Following DOH	x	Dental A and B	Vision Plan	EE paid MoO	\$15,000
499	30	1st Following DOH	C, E and H	Dental B and C	Vision Plan	Co pd disability. NO Vol products	1x annual / GTL
508	30	first of the month following 30	H	Dental Base	Vision	EE paid MoO	x
363		first of the month following 60	E and H	Base Dental	x	ER pd STD/LTD through Moo	2x annual salary / GTL
506	30	first of the month following 60	C, D, E and H	Dental A, B, and C	Vision Plan and Plus	EE paid MoO	x

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Group ID	FT Hour Req.	Waiting Period	Medical Plans	Dental	Vision	Ancillary	Basic Life Amount
388		30 days after DOH	x	x	x	EE paid MoO	x
537	30	first of the month following 30	C, D, E and H	Dental A, B, and C	Vision Plan and Plus	EE paid MoO	Co pd STD
509	30	first of the month following 30	on own	Base Dental	Vision and Plus Plan	EE paid MoO	\$15,000
316	30	first of the month following 30	A, B, E and H	Base Dental	Vision Plan	EE paid MoO	\$15,000
487	30	first of the month following 30	B, E and H	Dental A and B	Vision Plan	EE paid MoO/ LTD ER PAID	\$15,000
468	30	DOH	E and H	Base Dental	Vision Plan	EE paid MoO;	\$50,000
325	30	first of the month following 60	B, H and E	Base Dental	Vision Plan	EE paid MoO	\$15,000
421		eligible after 30 days of employment	x	x	x	VOL LIFE ONLY	-
407	30	first of the month following 60	B, H, and I	UMR Plan A	Vision Plus	EE paid MoO	\$15,000
402	30	first of the month following 60	A, B, C and H	Base Dental	Vision Plan	EE paid MoO	\$50,000
087	30	90th day of employment	E	Base Dental	Vision Plan	EE paid MoO	\$15,000
538	30	DOH	C and E	Dental A Plus	Vision Plan and Plus	EE paid MoO / NO STD	\$50,000
395	30	first of the month following 30	C, E, H and I	Base Dental	Vision Plan	Co pd STD through MOO	\$35,000
299	30	first of the month following 60	G, E and H	Base Dental	Vision Plan	EE paid MoO	EEs: \$15,000 Mgrs: \$35,000 Owner: \$50,000
543	30	DOH	B, H and I	Dental A Plus	Vision Plan and Plus	EE paid MoO/ LTD ER PAID	1x annual salary / GTL

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544	30	first of the month after DOH	C, E and H	Dental A Plus	Vision Plan	EE paid MoO/ LTD ER PAID	30,000
546	30	first of the month following 30	E and H	Dental B	Vision Plan	x	x
547	30	first of the month following 30	x	Dental Plan A	Vision Plan	x	x
548	30	first of the month following DOH	B, E	Dental A Plus	Vision Plan	EE paid MoO / NO STD/ Co Pd LTD	\$50,000
549	30	first of the month following 60	X	X	X	EE paid MoO	x
550	30	first of the month following 60	X	X	X	EE paid MoO	x
551	30	first of the month following 60	X	X	X	EE paid MoO	x
552	30	first of the month following DOH	C and I	Dental A and C	Vision Plan	EE paid MoO/ LTD ER PAID	x
553	30	first of the month following DOH	X	X	X	x	x
554	30	first of the month following DOH	C	Dental A Plus	Vision Plan	x	x
555	30	first of the month following 30	C, E and H	Dental B and C	Vision Plan	EE paid MoO	x
556	30	first of the month following DOH	x	Dental A and B	Vision Plan and Plus	EE paid MoO	x
557	30	x	x	x	x	x	x
558	30	first of the month following DOH	D, E and H	Dental B and C	Vision Plan and Plus	EE paid MoO	\$30,000
559	30	first of the month following 30	x	x	Vision Plan	EE paid MoO	\$15,000
560	30	first of the month following 30	C, H and I	Dental A	Vision Plus Plan	EE paid MoO	\$30,000

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Group ID	FT Hour Req.	Waiting Period	Medical Plans	Dental	Vision	Ancillary	Basic Life Amount
561	30	x	x	x	x	x	x
562	37.5	Date of Hire	x	Dental A, B, and C	Vision Plan and Plus	EE paid/ ER paid LTD	\$15,000
563	30	Date of Hire	C and E	Base Dental	Vision Plan	x	x
564	30	Date of Hire	E	Base Dental	Vision Plan	EE paid MoO	x
565	30	Date of Hire	C, E and H	Dental C	Vision Plan and Plus	EE paid/ ER paid disability	x
566	30	first of the month following 30	C and E	Dental B and C	Vision Plan	EE paid MoO	\$15,000
567	30	first of the month following DOH	A, B, C E and H	Dental A and D	Vision Plan and Plus	EE paid/ ER paid disability	1x annual up to \$500K
568	30	first of the month following 60	C and E	Dental B and C	x	EE paid/ ER paid STD	x
569	30	first of the month following DOH	D, E and H	Dental A and B	Vision Plus	EE paid/ ER paid disability	\$30,000
570	30	first of the month following DOH	B, E and H	Dental A and B	Vision Plan and Plus	EE paid MoO	x
571	30	first of the month following DOH	A, D H and I	Dental A	Vision Plus	EE paid MoO	1x annual up to \$80K + Dep life \$2K
573	30	first of the month following DOH	A & E	Dental A	x	EE paid/ ER paid disability	\$20,000

Appendix C and this spreadsheet are subject to modification without formal amendment of the Plan or further action by the Employer.