



2026 BENEFITS AT A GLANCE

At Fortera, we are committed to supporting the health, well-being, and financial security of our employees and their families. As part of our dedication to providing a comprehensive benefits package, we are proud to offer robust health insurance coverage. Fortera pays 100% of employee health premiums and 80% of dependent premiums, ensuring that you and your loved ones have access to quality healthcare while minimizing out-of-pocket costs. This benefits summary outlines the details of our health insurance offerings and other valuable programs designed to enhance your experience with us.

MEDICAL PLAN OPTIONS (IN-NETWORK COSTS)

Plan	Deductible (Ind/Fam)	Out-of-Pocket Maximum (Ind/Fam)	PCP Office Visit Copay	Emergency Room Copay	Prescription Drugs (Tier 1 / Tier 2)
Blue Shield Gold PPO 500/30	\$500 / \$1,000 RX - \$200 / \$400	\$7,900 / \$15,800	\$30	\$250 + 20% (waived if admitted)	\$25 / \$50*
Blue Shield Silver Full PPO Savings 2300/30% (HSA Plan)	\$2,300 ind. only \$3,400 ind. w/ family \$4,600 family	\$8,500 / \$17,000	30%*	30%*	\$25* / \$75*
Blue Shield Platinum 90 PPO 0/10	\$0 / \$0	\$4,700 / \$9,400	\$10	\$150 + 10% (waived if admitted)	\$10 / \$35
Kaiser Gold 80 HMO 0/35	\$0 / \$0	\$8,500 / \$17,000	\$40	\$350 (waived if admitted)	\$15 / \$50

* after deductible

PRINCIPAL DENTAL PPO

	In-network	Out-of-network
Annual deductible	\$50 per Individual / \$150 per family	\$50 per Individual / \$150 per family
Annual plan maximum	\$1,500	\$1,500
Diagnostic and preventive	No charge 2xs per year	No charge 2xs per year
Basic services	20% after deductible	20% after deductible
Major services	50% after deductible	50% after deductible
Orthodontia services		
Orthodontia	50% coinsurance	50% coinsurance
Lifetime maximum	\$1,500	\$1,500



PRINCIPAL VISION

	In-network	Out-of-network
Benefit		
Examination (every 12 months)	\$10 copay	Reimbursed up to \$45
Materials (every 12 months)	\$10 copay	Reimbursed up to schedule
Frames (every 24 months)	\$150 allowance, 20% off over allowance	Reimbursed up to \$70
Lens (every 12 months)		
Single vision, bifocal, trifocal lenses	Included in materials copay	Reimbursed up to \$30-\$100
Contacts (elective, instead of glasses)	\$150 allowance	Reimbursed up to \$105

PRINCIPAL LIFE/AD&D

Plan	Coverage	Maximum / Minimum
Life/AD&D	100% of annual salary up to \$250,000	\$250,000 / \$10,000

PRINCIPAL SHORT-TERM DISABILITY

Plan	Coverage	Duration
Short-Term Disability	60% of your earnings up to \$3,500 weekly, benefits after 8 th day	Up to 12 weeks

PRINCIPAL LONG-TERM DISABILITY

Plan	Coverage	Duration
Long-Term Disability	60% of your earnings up to \$10,000 monthly, benefits after 90 days	Varies based on age when you become disabled, see schedule

FLEXIBLE SPENDING ACCOUNT (FSA)

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars by payroll deduction to pay for eligible expenses. Each year, you must elect the amount you want to contribute to each account. Please note, the “use it or lose it” rule applies for the healthcare and dependent care accounts, so it’s important to plan your contributions carefully. At the end of the plan year a maximum of \$680 of unused funds may roll into the new plan year. Any unused funds above \$680 will be forfeited.

Plan	Coverage	Maximum Contribution
Health Care FSA	Pay for eligible health care expenses such as copays, deductibles, and coinsurance for medical, dental, and vision care.	\$3,400/year
Limited Health Care FSA	For those enrolled in the HSA Plan for non-medical expenses such as dental and vision.	\$3,400/year
Dependent Care FSA	Pay for daycare expenses for children age 12 and under, or for elder dependents unable to care for themselves. The care must be necessary for you and your spouse to remain employed. Care may be provided through live-in care, babysitters, and licensed daycare centers.	\$7,500/year



HEALTH SAVINGS ACCOUNT (HSA)

Health Care Savings Account (HSA) allows you to set aside pre-tax dollars by payroll deduction to pay for eligible expenses if you are enrolled on Blue Shield of CA Silver HSA medical plan. All employees who elect the Blue Shield of CA Silver HSA plan option will receive an annual contribution of \$1500 into their HSA account by Fortera. Each year, you must elect the amount you want to contribute by completing your enrollment in BSwift. Please note, the HSA is NOT a “use it or lose it” benefit as unused funds continue forward each year until retirement age.

Plan	Coverage	Maximum Contribution
Health Care HSA	Pay for eligible health care expenses such as copays, deductibles, and coinsurance for medical, dental, and vision care.	\$4,400/year – individual \$8,750/year – family

STOCK OPTIONS

All employees are granted tax favorable incentive stock options.

VOYA FINANCIAL 401(K)

You may defer up to \$24,500 (2026 IRS maximum) of compensation for retirement planning. Individuals 50 years and over and those turning 50 in the current year may defer an additional \$8,000 catchup amount. Fortera will match up to \$4,000 per year.

ADDITIONAL PERKS

- ❖ Collaborative, respectful work environment with emphasis on work-life balance
- ❖ 12 paid Holidays & unlimited vacation time (*All active full-time non-exempt employees are eligible for vacation accrual*)
- ❖ Career Development Program
- ❖ Fully subsidized license for LinkedIn Learning, an on-line training platform with a variety of topics to help with personal & professional development
- ❖ Snacks & drinks on the house
- ❖ On-site fitness center (to work off those free snacks) 😊
- ❖ On-site game room
- ❖ EV charging stations
- ❖ Bay Area Commuter Benefit Program
- ❖ Employee Assistance Program
- ❖ Employee Resource Groups
- ❖ On-site family room