



FOCUS ON YOU



2025 PART-TIME BENEFITS GUIDE

MOOG



WELCOME TO MOOG!

As part of our commitment to making Moog a great place to work, we are proud to offer quality benefits and resources that are comprehensive, flexible, and competitive to help you and your loved ones maintain and improve your health and financial well-being.

Enroll via Workday

ONLINE: You can only enroll in Workday while connected to the Moog network at <https://wd5.myworkday.com/moog/login.html>.

Preparing for Your Enrollment

Review this enrollment guide. You will need the following information to enroll:

- The full names, dates of birth, and Social Security numbers of your dependents

Dependent Eligibility

Eligible dependents are a legal spouse or California state-certified domestic partner; natural or adopted children up to age 26; step-children up to age 26; persons over whom you have legal guardianship up to age 26; children over the age of 26 who are incapable of self-sustaining employment by reason of mental or physical disability, so long as the disability persists and began prior to reaching age 26.

Your 2025 Medical Plan	GOLD PPO
In-Network	
Annual Deductible (Individual/Family)	\$750/\$1,500 (does not apply to Rx)
Non-Rx Out-of-Pocket Maximum (Individual/Family)	\$2,250/\$4,500
Rx Out-of-Pocket Maximum (Individual/Family)	\$1,500/\$3,000
Preventive Care	Covered 100%
Primary Care Physician	\$20 copay
Specialist	\$40 copay
ER Visit	\$150 copay
Urgent Care Visit	\$40 copay ¹
Rx Retail (30-day Supply)	
Generic	\$5 copay
Formulary*	20% coinsurance, max \$70
Non-Formulary*	40% coinsurance, max \$135
Specialty**	\$0 per Rx if enrolled in PrudentRx; 30% coinsurance if not enrolled in PrudentRx (Specialty Rx administered by CVS Caremark Specialty Pharmacy)
Rx Retail and Mail (90-day Supply)	
Generic	Maximum \$15 copay
Formulary*	20% coinsurance, max \$210
Non-Formulary*	40% coinsurance, max \$405
Rates (Per Month)	
Employee	\$543.48
Employee + Spouse	\$1,246.89
Employee + Child(ren)	\$977.53
Family	\$1,682.72

* Rx coinsurance is not subject to medical deductible.

** See more details on Specialty Pharmacy on page 4.

¹Services with a mental health and/or substance abuse diagnosis may be billed at a reduced rate.

This chart serves as a summary and does not include all covered services. Visit the Benefits Guide & Documents section at www.benefitsgo.com/moog for complete plan details.

Medical deductibles and OOP maximums are embedded.

ACTION REQUIRED!

**You have 30 days from your start date to complete enrollment.
Benefits will be retroactive to your start date.**

VISION PLANS

Moog offers a vision benefit that is administered by VSP. You are able to choose between VSP's Base and Buy-Up plans. If you're enrolled in a Moog medical plan, the Base Plan is automatically included with your election, or you can choose to enroll in the Buy-Up Plan for an added cost. The Buy-Up Plan design, called **EasyOptions**, allows members to select one of five custom upgrades. Both plans are also available to those who are not enrolled in a Moog medical plan; and with either plan, you will get coverage that takes care of your eye care and eyewear needs.

With VSP's Vision benefit, you are free to see any eye care provider. However, you will experience greater savings and discounts when you use an eye care provider in VSP's network. To find a participating VSP eye care provider or check your benefit eligibility and review your plan coverage, visit www.vsp.com and set up a member account.

2025 VSP BASE PLAN			2025 VSP BUY-UP PLAN	
Benefit	Description	Copay	Description	Copay
Well Vision Exam	Every Calendar Year	\$20	Every Calendar Year	\$20
Prescription Glasses		\$20		\$20
Frames	<ul style="list-style-type: none"> • \$175 allowance for wide selection of frames • \$225 allowance for featured frame brands • 20% savings on the amount over allowance • \$95 Costco or Walmart frame allowance • Every other calendar year 	Included in Prescription Glasses	<ul style="list-style-type: none"> • \$220 allowance for wide selection of frames • \$270 allowance for featured frame brands • 20% savings on the amount over your allowance • \$120 Costco or Walmart frame allowance • Every calendar year 	Included in Prescription Glasses
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every calendar year 	Included in Prescription Glasses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every calendar year 	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> • UV Protection • Anti-Reflective Coatings • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 30% on other lens enhancements • Every calendar year 	Discounted Discounted Covered 100% \$95-\$105 \$150-\$175	<ul style="list-style-type: none"> • UV Protection • Anti-Reflective Coatings • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 30% on other lens enhancements • Every calendar year 	Covered 100% EasyOptions* Covered 100% EasyOptions* EasyOptions*
Contacts (Instead of Glasses)	<ul style="list-style-type: none"> • \$175 contacts allowance; copay does not apply • Contact lens exam (fitting and evaluation) • Every calendar year 	Up to \$60	<ul style="list-style-type: none"> • \$220 contacts allowance; copay does not apply • Contact lens exam (fitting and evaluation) • Every calendar year 	Up to \$60
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> • Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. • As needed 	\$20	<ul style="list-style-type: none"> • Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. • As needed 	\$20

* EasyOptions coverage: Each covered family member may select ONE of the following FIVE custom upgrades at the time of service: +\$75 Retail Frame Allowance or +\$75 Elective Contact Lens Allowance or Anti-Reflective Coatings covered in full or Photochromic Lenses covered in full or Premium Progressive Lenses covered in full.

IF YOU PLAN TO SEE A PROVIDER OTHER THAN A VSP NETWORK PROVIDER, VISIT WWW.VSP.COM FOR DETAILS.

Monthly Rates	2025 VSP BASE PLAN	2025 VSP BUY-UP PLAN	2025 VSP BUY-UP PLAN (FOR THOSE ENROLLED IN MEDICAL COVERAGE)
Employee Only	\$5.86	\$13.10	\$7.24
Employee + Spouse	\$9.33	\$20.85	\$11.52
Employee + Child(ren)	\$9.57	\$21.40	\$11.83
Family	\$15.41	\$34.42	\$19.01

ADDITIONAL BENEFIT OPTIONS

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Moog offers two types of Flexible Spending Accounts — a Health Care Flexible Spending Account and a Dependent Care Flexible Spending Account. These accounts allow you to set aside pre-tax dollars to pay for certain out-of-pocket health care or dependent care expenses.

Please note that these accounts are separate — you may choose to participate in one, both, or neither. You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

It is important to carefully estimate your health and dependent care expenses. The Health Care FSA plan allows you to roll over up to \$660 in FSA funds from one calendar year to the next. Under federal law, any unused FSA funds in excess of \$660 will be forfeited. For more information, visit naviabenefits.com.

PLAN	ANNUAL MAXIMUM CONTRIBUTION*	EXAMPLES OF COVERED EXPENSES
Health Care Flexible Spending Account	\$3,300	Copays, deductibles, orthodontia, over-the-counter medications, etc.**
Dependent Care Flexible Spending Account	\$5,000 (\$2,500 if married and filing separate tax returns)	Day care, nursery school, elder care expenses, etc.**

* Maximum contributions are subject to change per IRS guidelines.
** See IRS Publication 502 and 503 for a complete list of covered expenses.

Critical Illness Insurance*

Critical Illness Insurance pays the full lump-sum benefit directly to you if you are diagnosed with a covered illness and is paid in addition to any other insurance coverage you have. Covered illnesses include: *Heart Attack, Stroke, End Stage Renal (Kidney) Failure, Coronary Artery Bypass Surgery, Cancer, and Major Organ Transplant.*

Accident Insurance*

Accident Insurance pays you or your covered dependents benefits for specific injuries and events resulting from a covered accident, both on and off the job. The amounts paid depend on the type of injury and care received. Benefits may be available for things like: *surgery, physical therapy, lacerations, burns, dislocations, and fractures.*

**This plan is not a replacement for medical insurance.*
NOTE: This statement is intended to summarize the benefits you receive from Moog. The actual determination of your benefits is based solely on the plan documents provided by the carrier of each plan. These policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. This summary is not legally binding, is not a contract, and does not alter any original plan documents. For additional information, please contact your Human Resources Department.

Hospital Indemnity Insurance*

Hospital Indemnity Insurance pays a benefit directly to you if you or a family member receives hospital care. You receive a benefit for being admitted to the hospital, then for each day you're confined. Emergency room services are eligible.

Plan details and rates will be provided during your enrollment session.

Whole Life Insurance

Whole Life Insurance from Voya provides complete protection for you and your family with fixed rates and guaranteed acceptance.

Plan details and rates will be provided during your enrollment session.

Legal Insurance

Hyatt Legal Plan provides legal counsel for covered services. Enroll for \$17.50 per month through payroll deductions. For information, visit www.legalplans.com or call **1-800-821-6400**.

Auto and Home Insurance

Farmers GroupSelect offers you savings on your auto/home insurance. Call Farmers GroupSelect at **1-800-438-6381** and provide your discount code (CO3) for special savings.

Identity Theft Insurance

Identity Theft Protection, through Norton LifeLock, delivers peace of mind. Enroll for \$9.99 per month for yourself, and \$17.98 per month for family coverage. Visit www.nortonlifelock.com or call **1-800-607-9174**.

Pet Insurance

This plan through Nationwide covers a variety of pets at a discounted rate. Visit benefits.petinsurance.com/moog or call **1-888-899-4874** to enroll with a customer service representative. Enroll any time throughout the year.

Specialty Pharmacy

As part of your prescription plan with CVS/Caremark, Moog is introducing the **PrudentRx Copay Program**, which allows individuals to fill covered specialty prescriptions at no cost. PrudentRx will work with you and the drug manufacturers to get copay card assistance and will manage enrollment and renewals for those copay cards on your behalf. Applicable employees will receive communications from PrudentRx to enroll for the program.