2027

Ancestry Employee Benefits



ancestry®

TABLE OF CONTENTS

Who Can You Cover?	4
Medical	5
Getting Care When You Need It Now	8
Health Savings Account (HSA)	9
Flexible Spending Account (FSA)	10
Dental	11
Vision	12
Life Insurance	13
Disability Insurance	14
Mental Well-Being	15
Other Programs	16
Cost of Coverage	20
Plan Contacts	22
Words You Need to Know	24
Look-Back Measurement Method	25
Important Plan Notices and Documents	26

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 Annual Notices on our website for more details.

Benefits For You And Your Family



Ancestry understands the importance of both your personal and family story. That's why Ancestry's benefits programs are built with you and your family in mind. We're here to provide you with the tools and resources to support your physical health, mental well-being, and financial future, so that you and your loved ones can thrive together.

A list of benefit plan contacts is included at the back of this guide.

The benefits in this summary are effective:

January 1, 2027 - December 31, 2027

Who Can You Cover?



WHO IS ELIGIBLE?

In general, full-time employees working 30 or more hours per week are eligible for the benefits outlined in this overview.

You can enroll the following family members in our medical, dental and vision plans.

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse.)
- Your domestic partner provided you:
    - Have executed a domestic partner affidavit, establishing that you and your partner are domestic partners for purposes of the policy, or
    - Have registered as domestic partners with a government agency or office where such registration is available and can provide proof of such registration.
- Your children (including your domestic partner's children):
    - Under age 26 are eligible to enroll in medical coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
    - Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
    - Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

Please refer to the Summary Plan Description for complete details on how benefits eligibility is determined.

WHO IS NOT ELIGIBLE?

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.
- Employees who work fewer than 30 hours per week, temporary employees, contract employees, or employees residing outside the United States.

ENROLLMENT PERIODS

Coverage for new full-time employees begins date of hire.

After that, Open Enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying life event.

If you have a qualifying life event and need to add or drop dependents outside of Open Enrollment, you can submit your coverage changes in Workday. Life events include (but are not limited to):

- Birth or adoption of a baby or child
- Loss of other healthcare coverage
- Eligibility for new healthcare coverage
- Marriage or divorce

Medical

	UHC PPO Plan A	
	In-Network	**Out-Of-Network**
Annual Deductible	$750 per individual, up to $1,500 per family	$2,000 per individual, up to $4,000 per family
Annual Out-of-Pocket Max	$3,000 per individual, up to $6,000 per family	$4,000 per individual, up to $8,000 per family
Office Visit		
Primary Provider	$20 copay*	40% coinsurance
Specialist	$40 copay*	40% coinsurance
Preventive Services	No charge*	40% coinsurance
Inpatient Hospitalization	20% coinsurance	40% coinsurance
Outpatient Surgery	20% coinsurance	40% coinsurance
Urgent Care	$50 copay per visit*	40% coinsurance
Emergency Room	$250 copay per visit (waived if admitted)*	$250 copay per visit (waived if admitted)*
Fertility Benefits	Up to $20,000 lifetime maximum for fertility benefits including egg freezing and storing of eggs	
Pharmacy		
Generic	$10 copay*	Not covered
Preferred Brand	$30 copay*	Not covered
Non-preferred Brand	$60 copay*	Not covered
Supply Limit	31 day supply	N/A
Mail Order		
Generic	$25 copay*	Not covered
Preferred Brand	$75 copay*	Not covered
Non-preferred Brand	$150 copay*	Not covered
Supply Limit	90 day supply	N/A

* Deductible does not apply

Medical, continued

Medical coverage provides you with benefits that help keep you healthy, like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition. For more information on your UHC medical plan options please visit: whyuhc.com/ancestry

	UHC HDHP Plan B		UHC HDHP Plan C	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Annual Deductible	$2,000 per individual; $4,000 per family	$3,400 per individual; $6,800 per family	$3,000 per individual; $6,000 per family	$4,500 per individual; $9,000 per family
Annual Out-of-Pocket Max	$4,000 per individual; $8,000 per family	$6,800 per individual; $13,600 per family	$6,000 per individual; $12,000 per family	$9,000 per individual; $13,700 per family
Office Visit				
Primary Provider	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance
Specialist	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance
Preventive Services	No charge*	40% coinsurance	No charge*	50% coinsurance
Inpatient Hospitalization	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance
Outpatient Surgery	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance
Urgent Care	20% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance
Emergency Room	20% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance
Fertility Benefits	Up to $20,000 lifetime maximum for fertility benefits including egg freezing and storing of eggs		Up to $20,000 lifetime maximum for fertility benefits including egg freezing and storing of eggs	
Pharmacy				
Generic	20% coinsurance	Not covered	30% coinsurance	Not covered
Preferred Brand	20% coinsurance	Not covered	30% coinsurance	Not covered
Non-preferred Brand	20% coinsurance	Not covered	30% coinsurance	Not covered
Supply Limit	31 day supply	N/A	31 day supply	N/A
Mail Order				
Generic	20% coinsurance	Not covered	30% coinsurance	Not covered
Preferred Brand	20% coinsurance	Not covered	30% coinsurance	Not covered
Non-pref. Brand	20% coinsurance	Not covered	30% coinsurance	Not covered
Supply Limit	90 day supply	N/A	90 day supply	N/A

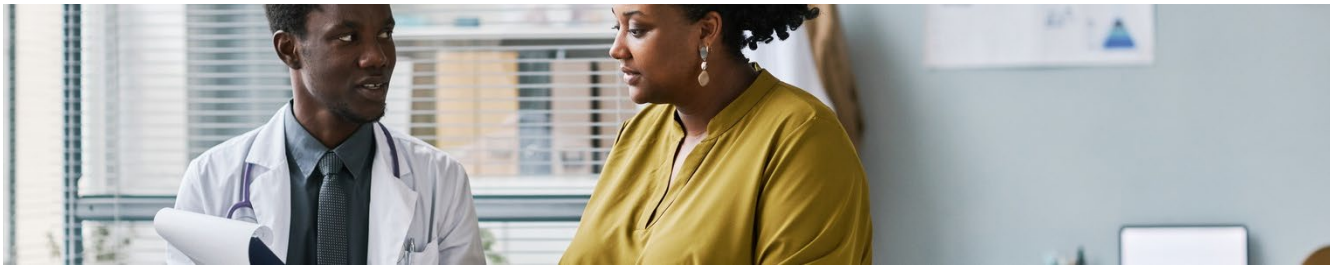
* Deductible does not apply

Medical, continued

	Kaiser HMO (California Residents Only)
	In-Network
Annual Deductible	$500 per individual, up to $1,000 per family
Annual Out-of-Pocket Max	$3,000 per individual, up to $6,000 per family
Office Visit	
Primary Provider	$20 per visit*
Specialist	$20 per visit*
Preventive Services	No charge*
Inpatient Hospitalization	10% coinsurance
Outpatient Surgery	10% coinsurance
Urgent Care	$20 per visit*
Emergency Room	10% coinsurance (waived if admitted)
Fertility Benefits	Coverage for diagnosis and treatment of infertility included, but some exclusion apply (e.g., egg freezing)
Pharmacy	
Generic	$10 copay
Preferred Brand	$30 copay
Non-preferred Brand	$30 copay
Supply Limit	30 day supply
Mail Order	
Generic	$20 copay
Preferred Brand	$60 copay
Non-preferred Brand	$60 copay
Supply Limit	100 day supply

* Deductible does not apply

Know Your Options



WHEN TO USE THE EMERGENCY ROOM

The emergency room shouldn't be your first choice unless there's a true emergency—a serious or life-threatening condition that requires immediate attention or treatment that is only available at a hospital.

WHEN TO USE URGENT CARE

Urgent care is for serious symptoms, pain, or conditions that require immediate medical attention but are not severe or life-threatening and do not require use of a hospital or ER. Urgent care conditions include, but are not limited to: earache, sore throat, rashes, sprains, flu, and fever up to 104°.

WHEN YOU NEED CARE NOW

What do you do when you need care right away, but it’s not an emergency?

UHC Medical Plan Participants

- Call UHC’s 24/7 NurseLine at 877-365-7949
- Find an urgent care center by visiting myuhc.com

Kaiser Medical Plan Participants

- Call Kaiser's 24/7 NurseLine at 866-454-8855
- Find an urgent care center by visiting kp.org

PREVENTIVE OR DIAGNOSTIC?

Preventive care is intended to prevent or detect illness before you notice any symptoms. Diagnostic care treats or diagnoses a problem after you have had symptoms.

Be sure to ask your doctor why a test or service is ordered. Many preventive services are covered at no out- of-pocket cost to you. The same test or service can be preventive, diagnostic, or routine care for a chronic health condition. Depending on why it's done, your share of the cost may change.

Whatever the reason, it's important to keep up with recommended health screenings to avoid more serious and costly health problems down the road.

VIRTUAL MEDICINE

Talk to a doctor conveniently through a mobile device or computer.

UHC Medical Plan Participants

- Register at myuhc.com and look for a designated virtual visit network provider group or view plan information

Kaiser Medical Plan Participants

- Register at kp.org/mydoctor/videovisits

Health Savings Account (HSA)



Do you want to save money on taxes? A Health Savings Account (HSA) is a tax-advantaged, portable (you own it!) savings account that is offered if you enroll in our UHC HSA compatible $2,000 (plan B) or $3,000 (plan C) Deductible Plan.

You (optional) and Ancestry contribute pre-tax money to your account to save for out-of-pocket healthcare expenses. Any money that you don't spend grows year after year and can be used in the future, even after you retire. Optum administers this account.

ACCOUNT CONTRIBUTIONS

	Company Contributes	You Can Contribute
Employee	Plan B: $2,000 Deductible Plan – **$850** Plan C: $3,000 Deductible Plan – **$1,250**	Plan B: $2,000 Deductible Plan - **$3,650** Plan C: $3,000 Deductible Plan – **$3,250**
Employee + Family	Plan B: $2,000 Deductible Plan – **$1,700** Plan C: $3,000 Deductible Plan – **$2,500**	Plan B: $2,000 Deductible Plan – **$7,300** Plan C: $3,000 Deductible Plan – **$6,500**
Catch Up Contributions		An additional $1,000 per year at age 55+

USING YOUR MONEY

You can use your account to pay for qualified medical expenses that are not paid for by your high deductible health plan (HDHP). In general, your HSA can be used for these expenses:

- Medically necessary expenses that are not covered by your health plan including deductibles and coinsurance
- Dental care services
- Vision care services
- Prescription drugs
- Over-the-counter (OTC) medications prescribed by your doctor
- Certain medical equipment

When possible, use your HSA debit card to pay for expenses. Make sure that you keep records of your receipts and any OTC prescriptions in case the IRS requests them.

ELIGIBILITY

You are not eligible to open or contribute to an HSA account if you are:

- Covered by a non-high deductible health plan
- Enrolled in a regular healthcare flexible spending account (you or your spouse count)
- Covered under Medicare, Medicaid or Tricare
- Someone else's tax dependent

Non-Qualified Expenses

If you use HSA funds for non-qualified expenses before age 65, you will owe a 20% penalty tax PLUS income tax on the withdrawal. After age 65, if you use HSA funds for non-qualified expenses, you will owe income tax only. Visit irs.gov/publications/p502 for details.

Flexible Spending Account (FSA)

A Flexible Spending Account (FSA) lets you set aside money—before it's taxed—through payroll deductions. The money can be used for eligible healthcare and dependent day care expenses you and your family expect to have over the next year. The main benefit of using an FSA is that you reduce your taxable income, which means you have more money to spend. And reimbursements from your FSA accounts are tax-free. The catch is that you must use the money in your account by the end of our plan year. Otherwise, that money is lost, so plan carefully. **You must re-enroll in this program each year**. Optum administers this program.

IMPORTANT CONSIDERATIONS

There's no "crossover" spending allowed between the healthcare and dependent care accounts.

Expenses must be incurred between 1/1/27 and 12/31/27 and submitted no later than 03/31/28.

Elections cannot be changed during the plan year, unless you have a qualified change in family status (and the election change must be consistent with the event).

Unused amounts will be lost at the end of the plan year, so it is very important that you plan carefully before making your election.

FSA funds can be used for eligible expenses incurred by you, your spouse, and your tax dependents only. Your spouse or tax-dependent children do not have to be covered on the Ancestry health plan.

You cannot obtain reimbursement for eligible expenses for a domestic partner or their children, unless they qualify as your tax dependents (Important: questions about the tax status of your dependents should be addressed with your tax advisor).

Keep your receipts as proof that your expenses were eligible for IRS purposes.

TAX-FREE HEALTHCARE FSA

Eligible expenses include medical, dental, and vision costs including plan deductibles, copays, coinsurance amounts, and other non-covered healthcare costs for you and your tax dependents. You may access your entire annual election from the first day of the plan year and you can set aside up to $3,400 for 2026*

*2027 rates pending

TAX-FREE LIMITED PURPOSE HEALTHCARE FSA

If you are enrolled in the UHC HSA compatible Plan B ($2,000) or Plan C ($3,000), you can participate in our Limited Purpose Healthcare FSA which covers out-of-pocket vision and dental expenses ONLY.

TAX-FREE DEPENDENT CARE FSA

Eligible expenses may include daycare centers, in-home child care, and before or after school care for your dependent children under age 13. Other individuals may qualify if they are your tax dependent and are incapable of self-care. It is important to note that you can access money only after it is placed into your dependent care FSA account.

All caregivers must have a tax ID or Social Security number. This information must be included on your federal tax return. If you use the dependent care reimbursement account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses. Consult your tax advisor to determine whether you should enroll in this plan. You can set aside up to $7,500 per household for eligible dependent care expenses for the year.

Dental



Regular visits to your dentists can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease.

When you enroll in the Dental PPO you are provided with dental coverage through MetLife.

Dental PPO

	In-Network	Out-Of-Network
Calendar Year Deductible	$25 per individual, up to $75 per family	$25 per individual, up to $75 per family
Annual Plan Maximum	$2,500	$2,500
Diagnostic and Preventive	No charge*	No charge*
Basic Services		
Fillings	20% coinsurance	20% coinsurance
Root Canals	20% coinsurance	20% coinsurance
Periodontics	20% coinsurance	20% coinsurance
Major Services	50% coinsurance	50% coinsurance
Orthodontic Services		
Orthodontia	50% coinsurance	50% coinsurance
Lifetime Maximum	$2,000	$2,000
Covered	Adults and Children	Adults and Children

* Deductible does not apply

Vision



Routine vision exams can not only correct vision, but also detect more serious health conditions. We offer you a vision plan through VSP Vision.

	VSP Vision
	In-Network
Examination	
Benefit	$10 copay
Frequency	Once every calendar year
Materials	$10 copay
Eyeglass Lenses	
Single Vision Lens	No charge after materials copay
Bifocal Lens	No charge after materials copay
Trifocal Lens	No charge after materials copay
Frequency	Once every calendar year
Frames	
Benefit	Up to $175; 20% off any amount over allowance
Frequency	Once every calendar year
Contacts **(Elective – in lieu of lenses and frames)**	
Benefit	Reimbursed up to $175
Frequency	Once every calendar year

Your vision plan also includes EasyOptions which allows you to personalize your benefits. You may choose one of the following:

- Retail Frame Allowance of $250, or
- Elective Contacts Allowance of $250 (in lieu of glasses), or
- Anti-glare lenses covered in full, or
- Progressive lenses covered in full, or
- Light-reactive lenses covered in full

Life Insurance



LIFE AND DISABILITY

If you have loved ones who depend on your income for support, having life and accidental death insurance can help protect your family's financial security and pay for large expenses such as housing and education, as well as day-to-day living expenses.

Just a reminder, we highly encourage you to review and update your beneficiary information.

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident. The cost of coverage is paid in full by the company. Coverage is provided by The Standard.

Basic Life/ AD&D Amount	3 x annual salary up to a maximum of $1,000,000

SUPPLEMENTAL LIFE

Supplemental Life Insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is provided by The Standard.

Employee Supplemental Life Amount	Increments of $25,000 up to the lesser of 7 x annual pay or $1,000,000
Spouse* Supplemental Life Amount	Increments of $25,000 up to the lesser of 100% of employee benefit amount or $250,000
Child(ren) Supplemental Life Amount	$10,000

SUPPLEMENTAL AD&D

Supplemental AD&D Insurance allows you to purchase additional accidental death and dismemberment insurance to protect your family's financial security in case you suffer from loss of a limb, speech, sight or hearing or if you die in an accident. Coverage is provided by The Standard.

Employee Supplemental AD&D Amount	Increments of $25,000 up to the lesser of 7 x annual pay or $1,000,000

Disability Insurance



If you become disabled and cannot work, your financial security may be at risk. Protecting your income stream can provide you and your family with peace of mind.

SHORT-TERM DISABILITY INSURANCE

Short-Term Disability (STD) coverage pays you a benefit if you temporarily can't work because of an injury, illness, or maternity leave. Benefits may be reduced by income from other income sources such as paid time off. Your doctor and the insurance company will work together to determine how long benefits are payable, based on your condition. Coverage is provided by The Standard.

Weekly Benefit Amount	Plan pays 60% of weekly earnings
Maximum Weekly Benefit	$3,500
Benefits Begin After:	
Accident	0 days of disability
Sickness	7 days of disability
Maximum Payment Period*	13 weeks

*Maximum payment period is based on the first day you are disabled, not when benefits begin.

LONG-TERM DISABILITY INSURANCE

Long-Term Disability (LTD) coverage pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions over a long time. It's important to know that benefits are reduced by income from other benefits you might receive while disabled, like workers' compensation and Social Security.

If you qualify, long-term disability benefits begin after short-term disability benefits end. Coverage is provided by The Standard.

Monthly Benefit Amount	Plan pays 60%
Maximum Monthly Benefit	$15,000
Benefits Begin After:	
Accident	90 days of disability
Sickness	90 days of disability
Maximum Payment Period*	Social Security Normal Retirement Age

*The age at which the disability begins may affect the duration of the benefits.

Mental Well-Being

MODERN HEALTH

Modern Health offers an app/web based comprehensive and flexible option to support your well-being goals. Mental and emotional health is unique to everyone, so Modern Health takes a personalized approach by matching you with a professional expert based on your situation and needs. Through the Modern Health platform, you'll receive free access to:

- Therapists: Match with an expert in evidence-based care with up to 12 covered visits from January 1 – December 31, 2027
- Coaching: Connect with a certified coach to support your holistic goals and guide you through the platform. You receive up to 12 visits from January 1 - December 31, 2027 and unlimited texting with your coach
- Self-Assessments & Digital Platforms: Improve your well-being score over time through online programs
- Audio Therapy: Listen to guided meditations that easily integrate into your daily routine Visit our dedicated benefits page, for FAQs and more details about Modern Health

EMPLOYEE ASSISTANCE PROGRAM

There may be times when you need a little help or advice and would like to speak with a live person. Our confidential Employee Assistance Program (EAP) through Modern Health can help provide you and your dependents with things like crisis support, stress, anxiety, depression, chemical dependency, relationship issues, child and eldercare support, legal issues, and financial counseling. Best of all, it's free.

Help is available 24/7, 365 days a year by telephone at 866-535-6463. Other resources are available through the Modern Health app through the App Store or Google Play and register by using the code "Ancestry".

In-person counseling may also be available, depending on the type of help you need. The program allows you and your family/household members up to 12 visits Face-to-Face or via phone per issue each year.

The benefit also includes unlimited group sessions, meditations and self-guided programs, plus a 24/7 counselor phone line and care navigation services to help you find additional support.

Other Programs

OTHER PERKS

Ancestry offers great perks for you! Go to www.ancestrybenefits.com and check out more specific program details.

- Wellness: earn incentives for biometric screenings, online health risk assessment and personalized health missions.
- Tuition Reimbursement: to support employees pursuing degrees through accredited education programs.
- Fitness Reimbursement Program: starting or staying with a fitness routine isn't always easy, but Ancestry is here to help with up to $30 per month for eligible fitness expenses.
- Employee Recognition: program to give your work colleagues a shout-out for a job well-done through Lattice
- Alliant Online Credit Union: is an online credit union that offers higher interest on savings/checking accounts and lower loan interest.
- Ancestry Subscriptions: Ancestry DNA Discounts: subscriptions available to employees for free as well as a discount code that can be shared with family and friends.
- ProGenealogists: extend your family tree with help from the pros. Employees can access ProGen's services at a significant discount.
- Service Awards: Ancestry says thank you for your hard work and contributions. You are eligible to receive a service award for certain milestones in your career.
- Cell Phone Savings Program: get access to cheaper pricing on mobile services on an unlimited mobile plan for T-Mobile through Previ.

Voluntary Programs

Voluntary Benefits
Life Insurance with Long-Term Care (LTC)

The voluntary life insurance plan with long-term care (LTC) through Chubb helps with your financial planning for long-term care needs.

Chubb's voluntary life insurance plan with long-term care (LTC) can help you plan for future care needs while providing permanent life insurance protection for your family. If you need eligible long-term care, you can receive a monthly cash benefit equal to 4% of your elected death benefit for up to 25 months, with an extension that may provide up to 25 additional months. For example, $150,000 in coverage could provide $6,000 per month for up to 50 months. If you use the full LTC benefits, your beneficiaries will receive 50% of your elected death benefit; if you don't use the LTC rider, they'll receive the full death benefit.

This year, eligible employees up to age 70 can apply for up to $150,000 in Guaranteed Issue coverage without answering health questions. Employees who were previously declined coverage are not eligible.

Guaranteed Issue coverage isn't offered at every enrollment and may not be available in the future. To enroll, complete the process outside of Workday using the link below. Refer to your certificate of insurance for details about benefits, exclusions and limitations.

Chubb LTC Microsite

ACCIDENT INSURANCE

If an accident occurs, you may be surprised at how the expenses can add up. Accident Insurance is designed to help you pay for unexpected costs that result from an accidental injury. Accident Insurance includes benefits for a wide range of common injuries such as fractures, dislocations, burns, emergency room or urgent care visit, and physical therapy.

If you or a covered family member suffers an accident, this plan will pay you a lump-sum, tax-free benefit. The amount of money you receive depends on the type and severity of your injury and can be used any way you choose. MetLife Inc. provides coverage for this program if you choose to elect.

CRITICAL ILLNESS INSURANCE

Critical Illness Insurance 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, tax-free benefit is immediately paid to you.

Benefits can be used to help cover out-of-pocket medical costs like your plan deductible, copays, or related expenses like transportation to and from the hospital, childcare, lost income from work or costs associated with adjusting to life following a covered critical illness.

You choose a benefit amount that fits your paycheck. You can cover yourself and your family members if needed. MetLife Inc. provides coverage for this program if you choose to elect.

HOSPITAL INDEMNITY

The hospital indemnity plan through MetLife gives you coverage when an accident or illness puts you in the hospital. You may use the supplemental payments to cover expenses your medical plan doesn’t cover for hospital stays.

LEGAL PROGRAM

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 through automatic payroll deduction. Whether you need assistance fighting a traffic ticket, creating a will, buying a house or navigating an IRS audit, Legal Insurance from MetLife Legal offers reputable attorney assistance for you and your family.

ID THEFT & FRAUD PROTECTION

MetLife Identity & Fraud Protection powered by Aura helps safeguard the things that matter to you most: your identity, money and assets, family, reputation, and privacy.

Aura offers robust protection by monitoring your personal info, credit, finances, and devices and alerting you of suspicious activity. It's proactive protection to help stop threats before they strike. If you are a victim of fraud, an experienced Resolution Specialist will help you navigate credit bureaus, help initiate credit freezes or a credit lock, and work with you to resolve your fraud incident.

PET INSURANCE

Metlife’s pet insurance plans for dogs and cats can help reimburse you for unexpected vet bills. It can provide insurance for pets of all ages — even seniors — and you can customize your deductible and reimbursement rates so they work best for your pet’s needs and your budget.

CARE GIVER SUPPORT SERVICES

Modern Health’s CareConnect EAP benefit can support Ancestry employees and families who are caregivers. Caregiver support in CareConnect is a work-life service that helps members navigate caring for children, older adults, or people with special needs. It can include confidential consultations and customized research or referrals for care providers, support groups, and community resources. Additionally, services support caregivers with stress, work-life balance, safety concerns, and unexpected care needs.

RETIREMENT SAVINGS PLAN

Our 401(k) Retirement Savings Plan through Empower helps you save for retirement. You can access your retirement savings as early as age 59 ½, without penalty. You will just pay normal income taxes when you withdraw the money.

All benefit eligible employees are eligible to join the 401(k) plan on the first day of employment. New employees are automatically enrolled in the 401(k) plan on their eligibility date with a 6% deferral amount. You may change your contribution at any time.

Maximum Annual Contributions*
$24,500 Catch up contribution of $8,000. Age 50 to 59; Age 64 or older. Catch up contribution of $11,250 Age 60 to 63
Employer Match**
100% of the first 3% of your base salary

* This amount is evaluated annually by the IRS and subject to change. 2027 amounts are pending, amounts shown above are for 2026.

** Vests at 25% each year. Must meet a minimum of 1,000 hours worked in a plan year to receive a year of service. See 401(k) Summary Plan Description for additional information.

You can access financial education, advice, and one-on-one support through CAPTRUST by contacting 800-338- 4015.

FLEXIBLE VACATION

Ancestry provides a flexible vacation policy for full-time, salaried employees so you can relax, recover from illness, and take care of personal business. Rather than getting a set number of vacation days per year, you and your manager will work together to allow you the time off you need while meeting your work and team obligations.

PAID TIME OFF

Ancestry created the below paid time off (PTO) policy for full-time, hourly employees. The policy was designed to provide flexibility to help with work life balance. This may be used for any reason such as relaxing, taking care of personal business, or illness. Full-time hourly employees begin accruing PTO on the first day of work and the number of days increase with each year you work at Ancestry. All time taken must be recorded in Workday. PTO should be arranged in advance except for emergency situations.

Paid Time Off Accrual

Year	Monthly Accrual	Days Per Year	Max Accrual
0-1	11.33 hours	17 days	17 days
1-2	13.33 hours	20 days	30 days
2-3	14.66 hours	22 days	33 days
3-4	15.33 hours	23 days	35 days
4+	16.66 hours	25 days	38 days

Sick time accrues at up to 2.89 hours per paycheck, with up to 80 hours of unused sick time carrying over into the next year.

Washington employees: There is no cap on how many sick hours you can accrue during the year. You may carry over up to 80 hours of unused sick time into the next year.

Contact HR with any questions about your sick time balance.

2027 PAID HOLIDAYS

New Year's Day	January 1
Martin Luther King, Jr. Day	January 18
President's Day	February 15
Spring Break	March 26
Memorial Day	May 31
Juneteenth	June 18 (observed)
Independence Day	July 5 (Observed)
Labor Day	September 6
Veterans' Day	November 11
Thanksgiving	November 25
Day after Thanksgiving	November 26
Christmas Eve	December 23
Christmas Day	December 24
Company Shutdown	December 23 – December 31

Ancestry provides 13 paid holidays per year plus a company shutdown for all full- time, benefit eligible employees. Additional holidays may be designated at the company's discretion.

Cost of Coverage



Ancestry pays for the full cost of coverage for employee only coverage on the VSP vision plan as well as basic Life, AD&D, STD, LTD, Modern Health and Modern Health EAP coverage. You share in the cost of coverage for other plans and coverage levels.

In general, you pay for health coverage before federal, state, and social security taxes are withheld, so you pay less in taxes. 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 Ancestry if your domestic partner is your tax dependent.

Costs listed below are **monthly.**

UHC Medical PPO Plan A	Your Contribution	Ancestry Contribution
Employee Only	$296	$1,182
Employee + Spouse/Domestic Partner	$659	$2,636
Employee + Children	$630	$2,520
Employee + Family	$906	$3,625
UHC Medical HDHP Plan B	**Your Contribution**	**Ancestry Contribution**
Employee Only	$138	$982
Employee + Spouse/Domestic Partner	$299	$2,196
Employee + Children	$286	$2,099
Employee + Family	$412	$3,019
UHC Medical HDHP Plan C	**Your Contribution**	**Ancestry Contribution**
Employee Only	$100	$806
Employee + Spouse/Domestic Partner	$220	$1,778
Employee + Children	$210	$1,700
Employee + Family	$301	$2,438

Cost of Coverage, continued

Kaiser Medical HMO Plan	Your Contribution	Ancestry Contribution
Employee Only	$180	$720
Employee + Spouse/Domestic Partner	$405	$1,620
Employee + Children	$387	$1,548
Employee + Family	$558	$2,232
MetLife Dental	**Your Contribution**	**Ancestry Contribution**
Employee Only	$19	$39
Employee + Spouse/Domestic Partner	$35	$70
Employee + Children	$38	$79
Employee + Family	$66	$131
VSP Vision	**Your Contribution**	**Ancestry Contribution**
Employee Only	$0	$12
Employee + Spouse/Domestic Partner	$11	$11
Employee + Children	$15	$12
Employee + Family	$22	$12

Plan Contacts

If you need to reach our plan providers, here is their contact information:

Plan Type	Provider	Phone Number	Website	Policy/Group #
Medical	United Healthcare	(844)-333-8019	www.myuhc.com	743256
Medical	Kaiser Permanente	(800) 464-4000	www.kp.org	605266
Dental	MetLife	(800) 438-6388	www.metlife.com	315297
Vision	VSP	(800) 877-7195	www.vsp.com	30078835
Life and AD&D	The Standard	(800) 628-8600	www.standard.com	760883
Supplemental Life/ AD&D	The Standard	(800) 628-8600	www.standard.com	760883
Disability	The Standard	(800) 628-8600	www.standard.com	760883
HSA	Optum	(800) 791-9361	www.optumbank.com	743256
FSA	United Healthcare	(866) 755-2648	www.myuhc.com	UHC Members: 743256 Non UHC Members: 919019
Mental Health/EAP	Modern Health	(866) 535-6463	my.joinmodernhealth.com/login	Company Code: Ancestry
Accident and Critical Illness	MetLife	(800) 438-6388	www.metlife.com	158675
Legal	MetLife	(800) 821-6400	www.legalplans.com	GETLAW
ID Theft & Fraud Protection	MetLife/Aura	(844) 931-2872	my.aura.com/start	N/A
Pet Insurance	MetLife	(800) 438-6388	www.metlife.com/getpetquote	N/A
Fitness Reimbursement	Espresa	(844) 377-7372	www.espresa.com	N/A

YOUR BENEFITS PORTAL

Ancestry Benefits Portal gives you 24/7 access to benefits information and other resources to help you understand your benefits. To access the portal, go to: www.ancestrybenefits.com

Words You Need to Know

Health insurance seems to have its own language. You will get more out of your plans if you understand the most common terms, explained below in plain English.

MEDICAL

OUT-OF-POCKET COST - A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

DEDUCTIBLE - The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

COINSURANCE - After you meet the deductible amount, you and your health plan share the cost of covered expenses. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 70% coinsurance, you are responsible for paying your coinsurance share, 30% of the cost.

COPAY - A set fee you pay whenever you use a particular healthcare service, for example, when you see your doctor or fill a prescription. After you pay the copay amount, your health plan pays the rest of the bill for that service.

IN-NETWORK / OUT-OF-NETWORK - Network providers (doctors, hospitals, labs, etc.) are contracted with your health plan and have agreed to charge lower fees to plan members, as negotiated in their contract with the health plan. Services from out-of-network providers can cost you more because the providers are under no obligation to limit their maximum fees. With some plans, such as HMOs and EPOs, services from out-of-network providers are not covered at all.

OUT-OF-POCKET MAXIMUM - The most you would pay from your own money for covered healthcare expenses in one year. Once you reach your plan's out-of- pocket maximum dollar amount (by paying your deductible, coinsurance and copays), the plan pays for all eligible expenses for the rest of the plan year.

PRESCRIPTION DRUG

BRAND NAME - A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine. You generally pay a higher copay for brand name drugs.

GENERIC DRUG - A drug that has the same active ingredients as a brand name drug but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor. You generally pay a lower copay for generic drugs.

PREFERRED DRUG - Each health plan has a list of prescription medicines that are preferred based on an evaluation of effectiveness and cost. Another name for this list is "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

DENTAL

BASIC SERVICES - Dental services such as fillings, routine extractions and some oral surgery procedures.

DIAGNOSTIC AND PREVENTIVE SERVICES - Generally include routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

MAJOR SERVICES - Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Look-Back Measurement Method

You and your dependents are eligible for the medical benefits under Ancestry's benefit 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 medical benefits eligibility but is not a guarantee of benefits eligibility. Ancestry uses the Look-Back Measurement Method to determine whether an employee meets this eligibility threshold.

NEW EMPLOYEES

New employees hired to work full-time

If you are hired as a new full-time employee (work on average 130 or more hours a month), you and your dependents are generally eligible for Ancestry's employee benefit plan coverage within 30 days of your date of hire.

New employees hired to work a variable hour or seasonal schedule

If you are hired into a part-time position, a position where your hours vary and Ancestry is unable to determine — as of your date of hire — whether you will be a full-time employee (work on average 130 or more hours a month), or you are hired as a seasonal employee who will work for six (6) consecutive months or less (regardless of monthly hours worked), you will be placed in an initial measurement period (IMP) of 12 months to determine whether you are a full-time employee.

Your 12-month IMP will begin on the first of the month following your date of hire and will last for 12 months. If, during your IMP, you average 30 or more hours a week over that 12-month period, you will be deemed to be full time and, if otherwise eligible for benefits, you will be offered coverage by the first of the second month after your IMP ends.

Your full-time status will remain in effect during an associated stability period that will last 12 months from the date that status is determined. If your employment is terminated during that stability period, and you were enrolled in benefits, you will be offered continuation coverage under COBRA.

EXISTING EMPLOYEES

Ancestry uses the Look-Back Measurement Method to determine Ancestry employee benefit plan eligibility for existing employees. An existing employee is an individual who has been employed for an entire standard measurement period. A standard measurement period is the 12-month period of time over which Ancestry counts employee hours to determine which employees work full-time.

An employee is deemed full-time if he or she averages 130 or more hours a month over the 12-month standard measurement period. Those employees who average 130 or more hours a month over the 12-month standard measurement period will be full-time and, if otherwise eligible for benefits, offered coverage as of the first day of the stability period associated with the standard measurement period. Full-time status will be in effect for a 12-month stability period.

If your employment is terminated during a stability period, and you were enrolled in benefits, you will be offered continuation coverage under COBRA.

Measurement Period: Time to determine if you work 130+ hours per month on average – used to establish if you are "full-time" or "part-time" for medical eligibility	November 1 – October 31
Stability Period: Time period during which you will be considered "full-time" or "part-time" for medical plan eligibility - based on hours worked during preceding Measurement Period	January 1 – December 31

Ancestry uses the standard measurement period and associated stability period annual cycle set forth above.

Important Plan Notices and Documents

CURRENT HEALTH PLAN NOTICES

Notices must be provided to plan participants on an annual basis and are available on our benefits website and include:

- 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 Choice of Providers
  Notifies you about the plan's requirement that you name a Primary Care Physician (PCP).
- 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.

CURRENT PLAN DOCUMENTS

This Benefit Guide is not intended to provide a complete plan description. If there is an actual or apparent conflict between this Benefit Guide or the Summary Plan Description (SPD) booklet and the official plan documents, the provisions of the official plan documents prevail. Important documents for our health plan and retirement plan are available on our benefits website.

Statement of Material Modifications

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the Ancestry.com Employee Benefit 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.

Notes