Guardian

Summary of Benefits

Dental Benefit Summary

Group ID:	00057098	Dependent Coverage Type:	Contributory
Group Name:	ALLTRAILS, LLC - COBRA	Class:	0001 ALL OTHER ELIGIBLE EMPLOYEES
Waiting Period:		As of Date:	04/14/2026

Plan Information

Your dental networks is: Dental - DentalGuard Pref - Northern California

Coverage Information

	Dental - DentalGuard Pref - Northern California	
What's the most cost-effective way to use dental insurance?	With your PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.	
	In Network	Out of Network
Calendar year deductible	$50, Once the annual deductible is met by each of three family members, no further deductibles apply.	$50, Once the annual deductible is met by each of three family members, no further deductibles apply.
Preventive	Waived	Waived
Basic	Not Waived	Not Waived
Major	Not Waived	Not Waived
Calendar Year Maximum Benefit	The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services.	$2,000
Maximum rollover	Yes	Yes
Monthly Switch	Not Available	Not Available
	How much does the plan pay?	How much does the plan pay?(as a percentage of fee schedule.)

	Dental - DentalGuard Pref - Northern California	
What's the most cost-effective way to use dental insurance?	With your PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.	
	In Network	Out of Network
Office Visit Co-pay (one office visit may cover multiple services)	None	None
Preventive Care:	100%	100%
Bitewing X-Rays	100%	100%
Full Mouth X-Rays	100%	100%
Cleaning	100%	100%
Oral Exams	100%	100%
Sealants (per tooth)	100%	100%
Basic Care:	90%	90%
Fillings (one surface)	90%	90%
General Anesthesia[1]	90%	90%
Scaling & Root Planing (per quadrant)	90%	90%
Simple Extractions	90%	90%
Major Care:	60%	60%
Dentures	60%	60%
Single Crowns	60%	60%
Orthodontia	Not Available	Not Available

General Exclusions

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans:

This policy provides dental insurance only. Coverage is limited to charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury.

Deductibles apply.

The plan does not pay for:

- Oral hygiene services (except as covered under preventive services),
- Orthodontia (unless expressly provided for),
- Cosmetic or experimental treatments (unless they are expressly provided for).
- Any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment.

The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DEN -16 et al.

1 Restrictions apply and may be subject to medical necessity.

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Summary of Benefits

Vision Benefit Summary

Group ID:	00057098	Coverage Type:	Contributory
Group Name:	ALLTRAILS, LLC - COBRA	Class:	0001 ALL OTHER ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 1 day(s)	As of Date:	04/14/2026

Plan Information

Your network is the VSP - Choice Full Feature

Coverage Information

	VSP - Choice Full Feature	
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.	
	In-Network	**Out-Of-Network**
Co-Pay		
First service provided	Not applicable	
Exams	Exams $10.00	
Materials	Materials (waived for conventional and planned replacement contact lenses) $25.00	
How often can I obtain service?	**Exams:** Once a year. **Lenses:** Once a year. **Frames:** Once every other year. **Materials:** Once a year.	
	In-Network	**Out-Of-Network**
Eye exams	Copay applies	Amount over: $39.00

	VSP - Choice Full Feature	
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.	
	In-Network	**Out-Of-Network**
Lenses		
Single vision lenses	Copay applies	Amount over: $23.00
Lined bifocal lenses	Copay applies	Amount over: $37.00
Lined trifocal lenses	Copay applies	Amount over: $49.00
Lenticular lenses	Copay applies	Amount over: $64.00
Contact Lenses		
Conventional	Amount over: $130.00	Amount over: $100.00
Planned replacement	Amount over $130.00	$120 Max (copay waived)
Medically necessary	Copay Applies	Amount over: $210.00
Evaluation and fitting	15% off professional fee	Included in Contact Lens allowance
Frames	$130.00, 20% discount on amount over $130.00.	Amount over: $46.00
Lens & Frame Allowance	No discounts	No discounts
Cosmetic Extras	Discounted at an average of 20%-25% off providers UCR.	No discounts
Laser correction surgery	Average 15% discount off usual price or 5% off promotional price.	No discounts
Hearing	No discounts	No discounts

Vision and General Exclusions

Important information

This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for:

- Orthoptics or vision training and any associated supplemental testing;
- Medical or surgical treatment of the eye;
- Eye examination or corrective eyewear required by an employer as a condition of employment;
- Replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals

when services are otherwise available or a warranty exists).

The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-1-VSN-96-VIS et al.

Laser Correction Surgery

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

Your plan includes popular Retail Chain Providers such as: Costco Optical, Visionworks, Clarkson Eyecare, Shopko Eyecare Center, Visioncare Associates and Rxoptical. To see a complete list of participating providers in your area register at vsp.com. Benefits may vary at retail chain provider locations

Members will receive 20% off unlimited additional pairs of prescription glasses and non prescription sunglasses valid through any VSP doctor within 12 months of the last covered exam.

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Summary of Benefits

Basic Life Benefit Summary

Group ID:	00057098	Member Coverage Type:	Non Contributory
Group Name:	ALLTRAILS, LLC - COBRA	Dependent Coverage Type:	
Waiting Period:	1st of the month following 1 day(s)	Class:	0001 ALL OTHER ELIGIBLE EMPLOYEES
		As of Date:	04/14/2026

Coverage Information

Employee Volume Amount	Flat $50,000
Maximum Amount	$50,000
Cutbacks	50% at age 70

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	No
Can I take the policy with me if I leave the company?	You may be able to port this coverage to a group trust plan. Yes, you can convert this coverage to an individual policy if you terminate employment with the company or the policy ends. (Some restrictions apply; see certificate of benefits for more information.)

Basic Life and General Exclusions

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.
Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.

Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to policy booklet for full plan description.

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years.

If the age or any other relevant factor of the insured has been misstated, Guardian or its subsidiaries will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is unable to perform the normal activities of someone of like age and sex (may vary by state).

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Guardian

Summary of Benefits

Accidental Death and Dismemberment Benefit Summary

Group ID:	00057098	Member Coverage Type:	Non Contributory
Group Name:	ALLTRAILS, LLC - COBRA	Dependent Coverage Type:	
Waiting Period:	1st of the month following 1 day(s)	Class:	0001 ALL OTHER ELIGIBLE EMPLOYEES
		As of Date:	04/14/2026

Coverage Information

Volume Amount	Flat $50,000
Guaranteed Issue	Your Accidental Death and Dismemberment coverage is guaranteed based on your Basic Life coverage.
Maximum Amount	$50,000
Cutbacks	50% at age 70

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	No
Can I take the policy with me if I leave the company?	No

Accidental Death and Dismemberment and General Exclusions

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.
Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is home confined, or is unable to perform the normal activities of someone of like age and sex (may vary by state).

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years.

If the age or any other relevant factor of the insured has been misstated, Guardian or its subsidiaries will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is unable to perform the normal activities of someone of like age and sex (may vary by state).

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Guardian

Summary of Benefits

Voluntary Life Benefit Summary

Group ID:	00057098	Member Coverage Type:	Voluntary
Group Name:	ALLTRAILS, LLC - COBRA	Dependent Coverage Type:	
Waiting Period:	1st of the month following 1 day(s)	Class:	0001 ALL OTHER ELIGIBLE EMPLOYEES
		As of Date:	04/14/2026

Coverage Information

Employee Volume Amount

Increments of $10,000 to a Maximum of $300,000

$10,000	$110,000	$210,000
$20,000	$120,000	$220,000
$30,000	$130,000	$230,000
$40,000	$140,000	$240,000
$50,000	$150,000	$250,000
$60,000	$160,000	$260,000
$70,000	$170,000	$270,000
$80,000	$180,000	$280,000
$90,000	$190,000	$290,000
$100,000	$200,000	$300,000

Spouse Volume Amount

Minimum Amount of $10,000 and Increments of $5,000 to a max imum of $250,000

Child Volume Amount

Ages 14 Days to 6 Months Flat $5,000
Ages 6 Months to 26 Years Flat $5,000
Ages 14 Days to 6 Months Flat $10,000
Ages 6 Months to 26 Years Flat $10,000

Member Guaranteed Issue

Ages 15-64 $200,000
Ages 65-69 $50,000
Ages 70 and up $10,000

Spouse Guaranteed Issue

Spouse's Age 15-64 $25,000
Spouse's Age 65 and up $10,000

Child Guaranteed Issue

There is no guaranteed issue. All amounts are approved.

Cutbacks

35% at age 65

60% at age 70
75% at age 75
85% at age 80

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	If you decide to purchase more than the amount guaranteed by Guardian or enroll after the open enrollment period, you must answer some medical questions to help us assess your insurability. Answering "yes" to any of the questions will not necessarily prevent you from obtaining coverage.
Can I take the policy with me if I leave the company?	You may be able to port this coverage to a group trust plan. Yes, you can convert this coverage to an individual policy if you terminate employment with the company or the policy ends. (Some restrictions apply; see certificate of benefits for more information.)

Voluntary Life and General Exclusions

Spouse coverage is based on employee age and terminates at age 70.

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.
Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.

Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to policy booklet for full plan description.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is home confined, or is unable to perform the normal activities of someone of like age and sex. (may vary by state).

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law.

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years. If the age or any other relevant factor of the insured has been misstated, GIAC will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.

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Guardian

Summary of Benefits

Voluntary Accidental Death and Dismemberment Benefit Summary

Group ID:	00057098	Member Coverage Type:	Voluntary
Group Name:	ALLTRAILS, LLC - COBRA	Dependent Coverage Type:	
Waiting Period:	1st of the month following 1 day(s)	Class:	0001 ALL OTHER ELIGIBLE EMPLOYEES
		As of Date:	04/14/2026

Coverage Information

Employee Volume Amount

Minimum Amount of $10,000 and Increments of $10,000 to a maximum of $300,000

$10,000	$110,000	$210,000
$20,000	$120,000	$220,000
$30,000	$130,000	$230,000
$40,000	$140,000	$240,000
$50,000	$150,000	$250,000
$60,000	$160,000	$260,000
$70,000	$170,000	$270,000
$80,000	$180,000	$280,000
$90,000	$190,000	$290,000
$100,000	$200,000	$300,000

Spouse Volume Amount

Minimum Amount of $10,000 and Increments of $5,000 to a maximum of $250,000

$10,000	$60,000	$110,000	$160,000	$210,000
$15,000	$65,000	$115,000	$165,000	$215,000
$20,000	$70,000	$120,000	$170,000	$220,000
$25,000	$75,000	$125,000	$175,000	$225,000
$30,000	$80,000	$130,000	$180,000	$230,000
$35,000	$85,000	$135,000	$185,000	$235,000
$40,000	$90,000	$140,000	$190,000	$240,000
$45,000	$95,000	$145,000	$195,000	$245,000
$50,000	$100,000	$150,000	$200,000	$250,000
$55,000	$105,000	$155,000	$205,000	

Child Volume Amount	Flat $5,000 Flat $10,000
Member Guaranteed Issue	Your Voluntary Accidental Death and Dismemberment coverage is guaranteed based on your Voluntary Life coverage.
Cutbacks	35% at age 65 60% at age 70 75% at age 75 85% at age 80

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	If you enroll after the open enrollment period, you must answer some medical questions to help us assess your insurability. Answering "yes" to any of the questions will not necessarily prevent you from obtaining coverage.
Can I take the policy with me if I leave the company?	No

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Guardian

Summary of Benefits

Dental Benefit Summary

Group ID:	00057098	Dependent Coverage Type:	Contributory
Group Name:	ALLTRAILS, LLC - COBRA	Class:	0002 ALL ELIGIBLE TEXAS EMPLOYEES
Waiting Period:		As of Date:	04/14/2026

Plan Information

Your dental networks is: Dental - DentalGuard Pref - Texas

Coverage Information

	Dental - DentalGuard Pref - Texas	
What's the most cost-effective way to use dental insurance?	With your PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.	
	In Network	Out of Network
Calendar year deductible	$50, Once the annual deductible is met by each of three family members, no further deductibles apply.	$50, Once the annual deductible is met by each of three family members, no further deductibles apply.
Preventive	Waived	Waived
Basic	Not Waived	Not Waived
Major	Not Waived	Not Waived
Calendar Year Maximum Benefit	The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services.	$2,000
Maximum rollover	Yes	Yes
Monthly Switch	Not Available	Not Available
	How much does the plan pay?	How much does the plan pay?(as a percentage of fee schedule.)

	Dental - DentalGuard Pref - Texas	
What's the most cost-effective way to use dental insurance?	With your PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.	
	In Network	Out of Network
Office Visit Co-pay (one office visit may cover multiple services)	None	None
Preventive Care:	100%	100%
Bitewing X-Rays	100%	100%
Full Mouth X-Rays	100%	100%
Cleaning	100%	100%
Oral Exams	100%	100%
Sealants (per tooth)	100%	100%
Basic Care:	90%	90%
Fillings (one surface)	90%	90%
General Anesthesia[1]	90%	90%
Scaling & Root Planing (per quadrant)	90%	90%
Simple Extractions	90%	90%
Major Care:	60%	60%
Dentures	60%	60%
Single Crowns	60%	60%
Orthodontia	Not Available	Not Available

General Exclusions

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans:

This policy provides dental insurance only. Coverage is limited to charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury.

Deductibles apply.

The plan does not pay for:

- Oral hygiene services (except as covered under preventive services),
- Orthodontia (unless expressly provided for),
- Cosmetic or experimental treatments (unless they are expressly provided for).
- Any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment.

The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DEN -16 et al.

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Guardian

Summary of Benefits

Vision Benefit Summary

Group ID:	00057098	Coverage Type:	Contributory
Group Name:	ALLTRAILS, LLC - COBRA	Class:	0002 ALL ELIGIBLE TEXAS EMPLOYEES
Waiting Period:	1st of the month following 1 day(s)	As of Date:	04/14/2026

Plan Information

Your network is the VSP - Choice Full Feature

Coverage Information

	VSP - Choice Full Feature	
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.	
	In-Network	**Out-Of-Network**
Co-Pay		
First service provided	Not applicable	
Exams	Exams $10.00	
Materials	Materials (waived for conventional and planned replacement contact lenses) $25.00	
How often can I obtain service?	**Exams:** Once a year. **Lenses:** Once a year. **Frames:** Once every other year. **Materials:** Once a year.	
	In-Network	**Out-Of-Network**
Eye exams	Copay applies	Amount over: $39.00

	VSP - Choice Full Feature	
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.	
	In-Network	**Out-Of-Network**
Lenses		
Single vision lenses	Copay applies	Amount over: $23.00
Lined bifocal lenses	Copay applies	Amount over: $37.00
Lined trifocal lenses	Copay applies	Amount over: $49.00
Lenticular lenses	Copay applies	Amount over: $64.00
Contact Lenses		
Conventional	Amount over: $130.00	Amount over: $100.00
Planned replacement	Amount over $130.00	$120 Max (copay waived)
Medically necessary	Copay Applies	Amount over: $210.00
Evaluation and fitting	15% off professional fee	Included in Contact Lens allowance
Frames	$130.00, 20% discount on amount over $130.00.	Amount over: $46.00
Lens & Frame Allowance	No discounts	No discounts
Cosmetic Extras	Discounted at an average of 20%-25% off providers UCR.	No discounts
Laser correction surgery	Average 15% discount off usual price or 5% off promotional price.	No discounts
Hearing	No discounts	No discounts

Vision and General Exclusions

Important information

This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for:

- Orthoptics or vision training and any associated supplemental testing;
- Medical or surgical treatment of the eye;
- Eye examination or corrective eyewear required by an employer as a condition of employment;
- Replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals

when services are otherwise available or a warranty exists).

The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-1-VSN-96-VIS et al.

Laser Correction Surgery

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

Your plan includes popular Retail Chain Providers such as: Costco Optical, Visionworks, Clarkson Eyecare, Shopko Eyecare Center, Visioncare Associates and Rxoptical. To see a complete list of participating providers in your area register at vsp.com. Benefits may vary at retail chain provider locations

Members will receive 20% off unlimited additional pairs of prescription glasses and non prescription sunglasses valid through any VSP doctor within 12 months of the last covered exam.

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Summary of Benefits

Basic Life Benefit Summary

Group ID:	00057098	Member Coverage Type:	Non Contributory
Group Name:	ALLTRAILS, LLC - COBRA	Dependent Coverage Type:	
Waiting Period:	1st of the month following 1 day(s)	Class:	0002 ALL ELIGIBLE TEXAS EMPLOYEES
		As of Date:	04/14/2026

Coverage Information

Employee Volume Amount	Flat $50,000
Maximum Amount	$50,000
Cutbacks	50% at age 70

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	No
Can I take the policy with me if I leave the company?	You may be able to port this coverage to a group trust plan. Yes, you can convert this coverage to an individual policy if you terminate employment with the company or the policy ends. (Some restrictions apply; see certificate of benefits for more information.)

Basic Life and General Exclusions

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.
Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.

Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to policy booklet for full plan description.

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If the age or any other relevant factor of the insured has been misstated, Guardian or its subsidiaries will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is unable to perform the normal activities of someone of like age and sex (may vary by state).

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Guardian

Summary of Benefits

Accidental Death and Dismemberment Benefit Summary

Group ID:	00057098	Member Coverage Type:	Non Contributory
Group Name:	ALLTRAILS, LLC - COBRA	Dependent Coverage Type:	
Waiting Period:	1st of the month following 1 day(s)	Class:	0002 ALL ELIGIBLE TEXAS EMPLOYEES
		As of Date:	04/14/2026

Coverage Information

Volume Amount	Flat $50,000
Guaranteed Issue	Your Accidental Death and Dismemberment coverage is guaranteed based on your Basic Life coverage.
Maximum Amount	$50,000
Cutbacks	50% at age 70

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	No
Can I take the policy with me if I leave the company?	No

Accidental Death and Dismemberment and General Exclusions

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.
Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is home confined, or is unable to perform the normal activities of someone of like age and sex (may vary by state).

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years.

If the age or any other relevant factor of the insured has been misstated, Guardian or its subsidiaries will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is unable to perform the normal activities of someone of like age and sex (may vary by state).

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Guardian

Summary of Benefits

Voluntary Life Benefit Summary

Group ID:	00057098	Member Coverage Type:	Voluntary
Group Name:	ALLTRAILS, LLC - COBRA	Dependent Coverage Type:	
Waiting Period:	1st of the month following 1 day(s)	Class:	0002 ALL ELIGIBLE TEXAS EMPLOYEES
		As of Date:	04/14/2026

Coverage Information

Employee Volume Amount

Increments of $10,000 to a Maximum of $300,000

$10,000	$110,000	$210,000
$20,000	$120,000	$220,000
$30,000	$130,000	$230,000
$40,000	$140,000	$240,000
$50,000	$150,000	$250,000
$60,000	$160,000	$260,000
$70,000	$170,000	$270,000
$80,000	$180,000	$280,000
$90,000	$190,000	$290,000
$100,000	$200,000	$300,000

Spouse Volume Amount

Minimum Amount of $10,000 and Increments of $5,000 to a maximum of $250,000

Child Volume Amount

Ages 14 Days to 6 Months Flat $5,000
Ages 6 Months to 26 Years Flat $5,000
Ages 14 Days to 6 Months Flat $10,000
Ages 6 Months to 26 Years Flat $10,000

Member Guaranteed Issue

Ages 15-64 $200,000
Ages 65-69 $50,000
Ages 70 and up $10,000

Spouse Guaranteed Issue

Spouse's Age 15-64 $25,000
Spouse's Age 65 and up $10,000

Child Guaranteed Issue

There is no guaranteed issue. All amounts are approved.

Cutbacks

35% at age 65

60% at age 70
75% at age 75
85% at age 80

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	If you decide to purchase more than the amount guaranteed by Guardian or enroll after the open enrollment period, you must answer some medical questions to help us assess your insurability. Answering "yes" to any of the questions will not necessarily prevent you from obtaining coverage.
Can I take the policy with me if I leave the company?	You may be able to port this coverage to a group trust plan. Yes, you can convert this coverage to an individual policy if you terminate employment with the company or the policy ends. (Some restrictions apply; see certificate of benefits for more information.)

Voluntary Life and General Exclusions

Spouse coverage is based on employee age and terminates at age 70.

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.
Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.

Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to policy booklet for full plan description.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is home confined, or is unable to perform the normal activities of someone of like age and sex. (may vary by state).

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law.

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years. If the age or any other relevant factor of the insured has been misstated, GIAC will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.

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Guardian

Summary of Benefits

Voluntary Accidental Death and Dismemberment Benefit Summary

Group ID:	00057098	Member Coverage Type:	Voluntary
Group Name:	ALLTRAILS, LLC - COBRA	Dependent Coverage Type:	
Waiting Period:	1st of the month following 1 day(s)	Class:	0002 ALL ELIGIBLE TEXAS EMPLOYEES
		As of Date:	04/14/2026

Coverage Information

Employee Volume Amount

Minimum Amount of $10,000 and Increments of $10,000 to a maximum of $300,000

$10,000	$110,000	$210,000
$20,000	$120,000	$220,000
$30,000	$130,000	$230,000
$40,000	$140,000	$240,000
$50,000	$150,000	$250,000
$60,000	$160,000	$260,000
$70,000	$170,000	$270,000
$80,000	$180,000	$280,000
$90,000	$190,000	$290,000
$100,000	$200,000	$300,000

Spouse Volume Amount

Minimum Amount of $10,000 and Increments of $5,000 to a maximum of $250,000

$10,000	$60,000	$110,000	$160,000	$210,000
$15,000	$65,000	$115,000	$165,000	$215,000
$20,000	$70,000	$120,000	$170,000	$220,000
$25,000	$75,000	$125,000	$175,000	$225,000
$30,000	$80,000	$130,000	$180,000	$230,000
$35,000	$85,000	$135,000	$185,000	$235,000
$40,000	$90,000	$140,000	$190,000	$240,000
$45,000	$95,000	$145,000	$195,000	$245,000
$50,000	$100,000	$150,000	$200,000	$250,000
$55,000	$105,000	$155,000	$205,000	

Child Volume Amount	Flat $5,000 Flat $10,000
Member Guaranteed Issue	Your Voluntary Accidental Death and Dismemberment coverage is guaranteed based on your Voluntary Life coverage.
Cutbacks	35% at age 65 60% at age 70 75% at age 75 85% at age 80

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	If you enroll after the open enrollment period, you must answer some medical questions to help us assess your insurability. Answering "yes" to any of the questions will not necessarily prevent you from obtaining coverage.
Can I take the policy with me if I leave the company?	No

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