Employee Benefits Guide

2026

WHAT'S INSIDE

This Benefits Guide summarizes the benefits available to eligible employees of Veeco Instruments Inc. ("Veeco"). Complete details are in the Summary Plan Descriptions (SPDs), legal plan documents, and insurance contracts that officially govern each plan. In case of a conflict between any information in this Benefits Guide and the official plan documents, the official plan documents will always govern. Veeco reserves the right to amend, revise, modify, or terminate the benefits described in this guide at any time without prior notice. This Benefits Guide does not create an express or implied contract of employment or obligation.

BENEFITS OVERVIEW

As a U.S. employee of Veeco, you can participate in one of the most comprehensive benefits programs available in the industry today. This Benefits Guide summarizes the information you need to understand your options, make informed choices, and enroll in the program. For specific plan details, refer to the Summary Plan Descriptions (SPDs) on Veeco's intranet.

HOW TO ENROLL

To make your benefit elections, log on to **ADP, Workforce Now (WFN),** at **www.workforcenow.ADP.com**. First-time users will be required to register before accessing the system. Use the Personal Registration Code (PRC) that was provided to you and your personal demographics to create your account. You can then create a Username and Password. Existing users will log in with their username and password.

ELIGIBILITY

All regular full-time employees working at least 30 hours per week are eligible for health and welfare benefits*. You may elect Medical, Dental, Vision, Flexible Spending (Health, Dependent and Limited Flexible Spending, Commuter and Transit), and Supplemental Life and AD&D Insurance coverage for your qualified dependents, provided you also elect coverage for yourself. Qualified dependents include:

- your eligible partner, who is your legally married spouse, common-law spouse (if recognized by the state in which you reside), or domestic partner (same or opposite sex)**.
- your, or your eligible partner's, dependent children up to age 26 or of any age if the child is physically or mentally handicapped**.

Children include natural, pre-adopted, or legally adopted children, stepchildren, and children for whom you are the legal guardian.

* The Employee must be an Employee classified and treated for federal income tax purposes by the Company as a regular full-time or part-time Employee (as opposed to a temporary or seasonal Employee, an independent contractor or consultant, an agency worker, or a leased Employee). Interns and co-ops are not eligible.
** Supporting documentation is required.

COVERAGE EFFECTIVE DATES

Open Enrollment

During the annual open enrollment period, your coverage will generally be effective January 1 (annual enrollment is typically held in October or November for a January 1 effective date).

New Hire Enrollment

New hire benefits coverage is effective on the first of the month following your date of hire. Elections must be made within 30 days of your new hire date.

Mid-year Changes

You may make mid-year benefit changes if you experience a qualifying event. Coverage will be effective on the day of your qualifying event.

MID-YEAR CHANGES

The IRS requires that benefits paid with pre-tax employee contributions – medical, dental, and vision coverage and Flexible Spending Account (FSA) elections – stay in effect for the entire plan year. You can make mid-year changes only if you experience a qualifying event. A qualifying event generally includes the following:

- a change in your marital status
- the birth or adoption of a child
- a dependent's loss of eligibility (because they reach the age limit for coverage)
- death of a dependent
- a change in your eligible partner's eligibility for coverage (due to a change in employment, for example)

Your change in coverage must be consistent with the qualifying event, which may include changing your Flexible Spending Account contribution amount for the year. To record a change, log on to **ADP's WFN** at www.workforcenow.ADP.com. **Your change must be recorded no more than 30 days from the qualifying event date; otherwise, you must wait until the next annual open enrollment period.**

VACATION TIME

We believe that taking time off to rejuvenate is important for you and for Veeco. It helps reduce stress, improve job effectiveness, and promote good health and a positive outlook. We offer paid time off programs —including vacation, sick time, and holidays—when you need time away from work.

Vacation

Veeco encourages all employees to take vacation time to recharge and pursue personal interests. Our paid vacation is one of the many ways we reward employees for their loyalty, dedication, and continued service.

You are eligible for paid vacation if you are a regular full- time or part-time employee who works at least 20 hours per week.

Vacation Accrual Schedule

Vacation time accrues beginning your first day of employment. Vacation is accrued bi-weekly on a calendar year basis (January 1 through December 31). The amount of vacation time you will accrue each year is determined by your length of service, as shown below. Vacation time must be pre-approved by your manager.

Years of Service	Number of Regularly Scheduled Work Hours Per Week								
	40 hours			Between 30 and 40 hours			Between 20 and 30 hours		
	Bi-Weekly Accrual (hours)	Annual Accrual (days)	Maximum Accrual (days)	Bi-Weekly Accrual (hours)	Annual Accrual (days)	Maximum Accrual (days)	Bi-Weekly Accrual (hours)	Annual Accrual (days)	Maximum Accrual (days)
Less than 7	4.62	15	15	3.47	11.25	11.25	2.31	7.5	7.5
7 but less than 10	5.54	18	18	3.93	12.75	12.75	2.54	8.25	8.25
10 or more	6.16	20	20	4.62	15	15	3.08	10	10

You may carry over your maximum accrual amount of unused vacation time from one year to the next, according to the chart above. Contact your local HR Business Partner for information about your current carryover amount.

If your vacation balance reaches the maximum accrual amount, you will not accrue any more time unless you take time to reduce your vacation balance (below the maximum accrual).

Employees who have accrued vacation hours will not be able to take time off without pay. Additionally, employees cannot take vacations in advance of their accrual.

Inactive employees on leave of absence will not accrue vacation time.

HOLIDAY AND SICK TIME

All Employees

Sick time is granted on an "as needed"* basis for an employee's own illness. A doctor's note will be required if the sick period is 3 days or more.

You may take up to 48 hours to care for a family member or other designated person as required by law (Sick Family Time). Documentation for the time out may be requested.

Sick time may be taken for the following reasons:

- To obtain preventative medical care for the employee or the employee's family member;
- To care for or treat the employee's mental or physical illness, injury, or condition;
- To care for a family member with a mental or physical illness, injury, or condition;
- The absence from work is necessary due to domestic violence, sexual assault, or stalking committed against the employee or the employee's family member and the leave is being used: (1) to obtain medical or mental health attention; (2) to obtain services from a victim services organization; (3) for legal services or proceedings; or (4) because the employee has temporarily relocated as a result of the domestic violence, sexual assault, or stalking.

A family member includes a spouse, child, parent, grandparent, grandchild, or sibling.

If you are out of work for more than 5 business days due to your illness or injury, you are required to submit a Short-Term Disability (STD) claim.

Contact your Business Partner for additional information.

Holidays

The company recognizes 12 paid holidays per year (10 Company-designated and 2 floating holidays):

- New Year's Day
- Martin Luther King Jr. Day
- President's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Day after Thanksgiving (Company-designated)
- Christmas Day
- One (1) additional Company-designated holiday, scheduled annually
- Two (2) floating holidays – up to a maximum of 16 hours – scheduled by you (with your supervisor's approval). Floating holidays must be used in the calendar year in which they are earned and may not be carried over into the next calendar year, subject to state regulations.

New employees earn two (2) floating holidays if hired before July 1st and one (1) floating holiday if hired between July 1 and October 31. If you work a part-time schedule of 30-39 hours per week, your holiday time will be prorated to 6 hours per day. If you work 20-29 hours per week, your holiday time will be prorated to 4 hours per day.

Floating holidays are not considered accrued time and do not carry over into the next calendar year. No payment will be made for unused floating holiday time upon termination of employment.

* Or defined by State or local regulations

HEALTH CARE BENEFITS SUMMARY

Veeco's benefits program offers three Cigna medical plan options, two Cigna dental plans, and Ameritas vision coverage. You and Veeco share the cost of your medical, dental, and vision coverage. You pay your portion of the cost through pre-tax payroll deductions.

Plan Option	Description
HDHP w/ HSA	• You can receive care from any provider you choose, but the Plan pays higher benefits when you use a participating in-network provider. • Use Pre-tax Health Savings Account (HSA) contributions to pay for medical expenses. • HSA provides triple tax savings: funds go in tax-free, grow tax-free, and come out tax-free. HSAs are individually owned and go with you if you ever leave Veeco. • Preventive care (annual physical) is covered at 100%. • In-network services are covered at 80% after you meet a $3,000 annual individual deductible ($6,000 family deductible). • Out-of-network care is generally covered at 60% of reasonable and customary (R&C) charges, subject to a $5,000 annual individual deductible ($10,000 family deductible).
Open Access Plus 2.0 (OAP2)	• You can receive care from any provider you choose, but the Plan pays higher benefits when you use a participating network provider. • Preventive care (annual physical) is covered at 100% In-network. Out-of-network is subject to deductible and coinsurance. • You pay a $30 per visit copay for a Primary Care Physician and $40 for a Specialist doctor's office visit. • Other in-network services are covered at 80% after you meet a $2,000 annual individual deductible ($4,000 family deductible). • Out-of-network care is generally covered at 60% of reasonable and customary (R&C) charges, subject to a $5,000 annual individual deductible ($10,000 family deductible).
Open Access Plus In-network (OAPIN)	• Must receive care from an In-network Cigna provider. • Out-of-network benefits are provided for emergency care only. • You pay a $30 per visit copay for a Primary Care Physician and $40 for a Specialist doctor's office visit. • Other In-network care is generally covered at 80% after you meet a $750 annual individual deductible ($2,000 family deductible).

Finding a Participating Provider

To find a participating provider in your area or to see if your doctor participates in the CIGNA Healthcare network or Cigna's LocalPlus network (CA residents) – visit **www.cigna.com** and select "Find a Doctor," or call Cigna's member services at **1-800-Cigna24 or 1-800-244-6224**.

MEDICAL PLAN COMPARISON

Plan Provision	Medical Plan Options				
	HDHP w/ HSA		Open Access Plus 2.0 (OAP2)		Open Access Plus In-network (OAPIN)
	In-network	Out-of-network	In-network	Out-of-network	In-network Only
Annual Deductible (single/family)	$3,000/$6,000* (**Collectively**)	$5,000/$10,000* (**Collectively**)	$2,000/$4,000	$5,000/$10,000	$750/$2,000
Out-of-pocket Maximum (single/family)	$6,000/$10,000	$10,000/$20,000	$4,000/$8,000	$10,000/$20,000	$3,500/$7,000
Lifetime Benefit Max.	No lifetime limit				
Doctors' Services					
■ Office visits ■ Specialist	20% coinsurance after deductible	40% coinsurance after deductible	$30 copay $40 copay	40% coinsurance after deductible	$30 copay $40 copay
■ Routine physical exams (including well baby/childcare)	No copay plan pays 100%	40 % coinsurance after deductible	No copay plan pays 100%	40% coinsurance after deductible	No copay plan pays 100%
■ OB/GYN exam (including Pap test) Preventative	No copay plan pays 100%	40% coinsurance after deductible	No copay plan pays 100%	40% coinsurance after deductible	No copay plan pays 100%
Hospital					
■ Inpatient (semi-private room rate)	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible
■ Surgeon and anesthesiologist services	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible
■ Primary Physician hospital services	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible
Outpatient Surgery Facility	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance After deductible
Maternity					
■ Hospital services (semi-private room & board)	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible
■ Physician services (Initial visit to confirm pregnancy)	20% coinsurance after deductible	40% coinsurance after deductible	$30 or $40 copay	40% coinsurance after deductible	$30 or $40 copay

Reference Summary Plan Descriptions (SPDs) for plan details. Employee cost-share is noted.

*All eligible family members contribute towards the family deductible. Once the family deductible has been met, the Plan will pay each eligible family member's covered expenses at the Plan's specified coinsurance level.

MEDICAL PLAN COMPARISON (continued)

Plan Provision	Medical Plan Options				
	HDHP w/ HSA		Open Access Plus 2.0 (OAP2)		Open Access Plus In-network (OAPIN)
	In-network	Out-of-network	In-network	Out-of-network	In-network Only
Emergency Care					
■ Ambulance (ground and air transportation)	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
■ Hospital ER	20% coinsurance after deductible	20% coinsurance after deductible	$300 copay (waived if admitted)	$300 copay (waived if admitted)	$150 copay (waived if admitted)
Lab Test/X-rays					
■ Lab Tests/X-rays (lab)	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible
Mental Health Care and Substance Abuse Treatment					
■ Inpatient	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible
■ Outpatient Physician	20% coinsurance after deductible	40% coinsurance after deductible	$30 copay	40% coinsurance after deductible	$30 copay
Outpatient Rehabilitation					
■ Physical, speech, occupational & pulmonary (90-day calendar year maximum for combined)	20% coinsurance after deductible	40% coinsurance after deductible	$30 or $40 copay	40% coinsurance after deductible	$30 or $40 copay
■ Cardiac (36-day calendar year maximum)	20% coinsurance after deductible	40% coinsurance after deductible	$30 or $40 copay	40% coinsurance after deductible	$30 or $40 copay

MEDICAL PLAN COMPARISON (continued)

Plan Provision	Medical Plan Options				
	HDHP w/ HSA		Open Access Plus 2.0 (OAP2)		Open Access Plus In-network (OAPIN)
	In-network	Out-of-network	In-network	Out-of-network	In-network Only
Other Professional Services					
■ Allergy Treatment/ Injections in a physician's office	20% coinsurance after deductible	40% coinsurance after deductible	$30 or $40 copay	40% coinsurance after deductible	$30 or $40 copay
■ Allergy Serum (Dispensed by physician in the office)	20% coinsurance after deductible	40% coinsurance after deductible	$30 or $40 Copay	40% coinsurance after deductible	$30 or $40 Copay
■ Durable medical equipment and supplies	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible
■ Home health care	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible
	60 days maximum per calendar year, in- and out-of-network *combined*		60 days maximum per calendar year, in- and out-of-network *combined*		60 days maximum per calendar year
■ Hospice care	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible
■ Skilled nursing facility	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible
	120 days maximum per calendar year, in and out-of-network c*ombined*		120 days maximum per calendar year, in and out of network c*ombined*		120 days maximum per calendar year
■ Spinal Treatment Chiropractic care (20 visits per year)	20% coinsurance after deductible	40% coinsurance after deductible	$30 or $40 copay	40% coinsurance after deductible	$30 or $40 copay

Cigna plan participants will also have the option to use Cigna's Telehealth feature, which offers private, online, live appointments via secure video or phone. Telehealth is for non–emergency services such as colds & flu, joint aches and pains, fever, and more. The cost for this service will be $20 lower than a Primary Care Physician copay. Cigna partners with MDLIVE for services that are available 24/7/365.

To contact an MDLIVE provider, go to **mycigna.com,** locate the "Talk to a doctor or nurse 24/7" callout, and click "Connect Now". You can also call MDLIVE 24/7 at **888-726-3171**.

MEDICAL PLAN COMPARISON (continued)

Plan Provision	Medical Plan Options				
	HDHP w/ HSA		Open Access Plus 2.0 (OAP2)		Open Access Plus In-network (OAPIN)
	In-network	Out-of-network	In-network	Out-of-network	In-network
Prescription Drugs					
Retail (30-day supply) ■ Generic ■ Preferred Brand ■ Non-Preferred Brand	20% coinsurance after deductible	40% coinsurance after deductible	$15 copay $35 copay Coinsurance ($100/$200 max retail/home delivery) deductible does not apply	Not covered	$15 copay $35 copay $55 copay
Mail order (90 days) ■ Generic ■ Preferred Brand ■ Non-Preferred Brand	20% coinsurance after deductible	Not covered	$30 copay $70 copay Coinsurance ($100/$200 max retail/home delivery) deductible does not apply	Not Covered	$30 copay $70 copay $110 copay

If You Need Medical Attention While You're Traveling

If you are traveling and require medical attention, contact Cigna as soon as possible to determine whether a participating provider exists in your area (use the member services phone number on your medical plan ID card).

Choosing the Right Plan for You

When determining which medical plan option is right for you, it is important to understand that your cost per paycheck is only one factor in determining your total "out-of-pocket" cost. You should also consider the amounts you pay toward meeting any annual deductibles, copays, and coinsurance. Factor in the type and frequency of services you typically need, and whether most of your doctors are network providers to get an idea of your total annual healthcare costs.

Need a Prescription?

Each of the Company-sponsored medical plan options also provides coverage for prescription drugs. You can fill prescriptions for short-term use (a 30-day supply or less) at a participating retail pharmacy. If there are medications you take on an ongoing basis to treat a chronic condition, your prescriptions must be submitted via Cigna's 90 Now program. Using Cigna 90 Now will save time and money. To find a Cigna 90 pharmacy that is approved to fill a 90-day supply, go to https://www.cigna.com/medicare/member-resources/pharmacy-networks.

Cigna classifies prescription drugs into three categories: Generic, Preferred Brand, and Non-Preferred Brand. Generic drugs have the lowest copay, Preferred Brand drugs have the middle copay option, and Non-Preferred Brand drugs have the highest copay. To determine how specific drugs are categorized, visit **www.mycigna.com**.

HIGH DEDUCTIBLE AND HEALTH SAVINGS ACCOUNT

The High Deductible Health Plan (HDHP) provides a comprehensive range of medical services with access to the Cigna provider network. The High Deductible Health Plan offers a voluntary Health Savings Account (HSA), allowing you the option to set money aside on a pre-tax basis for your healthcare expenses now or for future use. An HSA allows you the flexibility to take charge of your healthcare dollars.

Health Savings Account advantages:

- Veeco contributes annually to your Health Savings Account based on election: $500 for individual coverage and $1,000 for all other coverage levels.
- You can contribute an additional $3,900/$7,750 (individual/family). If you are 55 you can contribute an additional $1,000.
- Your Health Savings Account allows you to use pre-tax dollars to pay for current medical expenses and even save for medical care in retirement.
- Unused money rolls over from year to year and your Health Savings Account is yours to keep, even if you leave the Company.
- Your Health Savings Account earns interest and once a minimum balance is reached, you may invest in a variety of mutual funds.
- To participate in the HSA, you (and your covered spouse, if applicable) CANNOT: (1) be claimed as a dependent on another person's tax return, (2) be enrolled in Medicare (Part A, B, or D), or (3) participate in a traditional FSA (however, you can participate in a Limited Purpose FSA), and you must be enrolled in a qualified HDHP. However, you may participate in a Limited Purpose FSA. A Limited Purpose FSA provides HDHP participants another means of setting aside pre-tax dollars to be used for dental and vision care out-of-pocket expenses.

If you choose to enroll in the High Deductible Health Plan (HDHP), an HSA bank account will be automatically opened for you. HSA Bank will assign you an account number and perform a Customer Identification Process (CIP). The CIP process is to verify your identity (a standard banking process). Once your account is opened you will be sent a Welcome Brochure and debit card(s).

You can use your debit card to pay for claims or have claims paid directly from your HSA account. Or, if you choose, you have the option to pay for claims directly and save your HSA money for future medical expenses; the choice is yours.

For additional information call Cigna directly at **1-800-244-6224**.

DENTAL CARE

Veeco offers employees the flexibility of two Cigna dental plan options designed to fit diverse needs: a Dental PPO (DPPO) and a Dental HMO (DHMO). The DHMO is a new option this year, designed for those who want predictable costs with no deductibles and no annual maximums.

	Cigna PPO Dental Plan		Dental HMO Plan *New for 2026*
Plan Provision	**In-network (DPPO Advantage)**	**Out-of-network**	**In-network only (Cigna Dental Care)**
Annual Deductible (individual/family)	$50/$150	$50/$150	No annual deductible
Annual Maximum Benefit (applies to preventative, basic, and major services	$1,750	$1,250	No annual maximum
Preventive and Diagnostic Care	The plan pays 100% of the discounted rate	The plan Pays 100% of reasonable and customary (R&C) charges	Most services covered at 100% when using an in-network provider
Basic Restorative Care (fillings, extractions, root canal)	20% of discounted rate after deductible	40% of R&C charges after deductible	Pre-negotiated costs based on Patient Charge Schedule
Major Restorative Care (crowns, dentures, bridge work, implants)	40% of discounted rate after deductible	60% of R&C charges after deductible	Pre-negotiated costs based on Patient Charge Schedule
Orthodontia (Dependents up to age 19)	50% of the discounted rate	60% of R&C charges	Pre-negotiated costs based on Patient Charge Schedule
Lifetime Orthodontia Maximum	$1,500 dependent child up to age 19	$1,000 dependent child up to age 19	No lifetime maximum
Specialty Appointments	No referral required	No referral required	Referral required

- **Cost** – Using a Cigna dentist in both networks saves you money. In addition to receiving enhanced network benefits, you will pay less when you use a Cigna dentist. DPPO dentists have agreed to accept discounted fees for their services, so your out-of-pocket dollars go further. Cigna's national average discount is 10% to 35% below average dental charges. (Your cost may be higher or lower based on the treatment you receive and the location of your dentist.) And with the DHMO, costs are pre-negotiated and predictable; you know the costs up front.
- **Quality of care** – Network providers are carefully screened to ensure they meet strict quality guidelines.
- **Choice** – Cigna offers one of the largest dental networks in the nation. In fact, nearly 80,000 dentists participate in their network. And Cigna is continually expanding its network, which means finding a dentist in your area gets easier all the time.

How Do You Find a Participating Cigna Dentist?

- Visit **www.cigna.com** and select "Find a doctor."

Call Cigna's Customer Service Center at **1-800-244-6224**.

VISION CARE

Vision coverage is provided by EyeMed. They offer an extensive network of private practice and retail optical providers, offering the most convenient hours and access to care – including evenings and weekends.
In-network benefits are generally higher than out-of-network benefits, and there are no claims to file when you use a network provider. If you receive services out-of-network, you must pay the provider in full and submit a claim for reimbursement.

Plan Provision	In-network	Out-of-network
Annual Eye Exam	Covered in full after a $10 copay	$35 allowance
Lenses[1] 12 months (based on the date of service)		
■ Single vision	Covered in full after a $20 copay	Up to $25
■ Bifocal	Covered in full after a $20 copay	Up to $40
■ Trifocal	Covered in full after a $20 copay	Up to $55
■ Lenticular	20% discount	No benefit
■ Progressive[1]	See lens options	Not Applicable
Frames 24 months (based on the date of service)	The plan pays up to $150	The plan pays up to $75
Contacts 12 months (based on the date of service)		
■ Medically necessary	Covered in full	Up to $200
■ Elective-Conventional	Up to $150	Up to $120
■ Fit & follow up exam Standard Premium (Allowance)	Standard: Member costs up to $55 Premium: 10% off retail	No benefit No benefit

[1] Reference Eye Care Highlight sheet or Summary Plan Description for additional information.

In addition, the vision plan offers participants discounts on laser eye surgery at various provider locations.

To locate an EyeMed provider, visit **www.eyemedvisioncare.com** (select "Access" network) or call EyeMed Customer Care at **1-866-289-0614**. When making an appointment for in-network vision care services, identify yourself as an EyeMed participant so your provider can verify your eligibility and obtain authorization before your visit.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

FSAs allow you to pay for eligible out-of-pocket expenses, such as medical, dental, vision, or dependent care, with pre-tax dollars, reducing your taxable income. Veeco offers three FSA options for several types of expenses. You choose how much to contribute to one or more accounts, and your contributions are deducted from your pay in equal installments throughout the year on a pre-tax basis. FSA coverage is administered by WEX Benefits.

Health Care FSA

Use this account to pay for many out-of-pocket health care expenses that are not fully covered by your medical, dental, or vision plans – for yourself or any dependent you claim on your federal income tax return. You may contribute up to $3,400 per calendar year to the Health Care FSA.

Limited Purpose Health Care FSA

The limited-purpose FSA is for employees enrolled in Cigna's High-Deductible Health Plan (HDHP) with HSA. The limited-purpose FSA can be used for dental and vision expenses. You may contribute up to $3,400 per calendar year to the Limited Purpose Health Care FSA.

Dependent Care FSA

Use this account to pay for care expenses for a dependent who lives with you for more than half the year and is either under 13, disabled, or elderly. Some examples of eligible dependent care expenses are daycare, nursery school, or summer day camp for children up to age 13. To be eligible for reimbursement, the care must enable you (and your spouse) to work, look for work, or attend school full-time.

You may contribute up to $7,500 per calendar year to the Dependent Care FSA. However, the following rules apply:

- If you are married and your spouse has a separate dependent care account through his or her employer, the combined total of your deposits cannot exceed $7,500 (if you file separate tax returns, you and your spouse can each contribute up to $3,750).
- You cannot deposit more than your income or your spouse's, whichever is lower.
- IRS regulations do not allow Dependent Care FSA funds to carry forward from one year to the next.

You must enroll each year

Participation in Flexible Spending Accounts requires a re-enrollment each year during Open Enrollment. Open enrollment is typically held in October or November for a January 1 effective date. Your elections do not carry over.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

	If you participate in the FSA's	If you don't participate in the FSA's
Annual Salary	$30,000	$30,000
FSA Annual Contribution	($3,400)	$0
Taxable Salary	$26,600	$30,000
Estimated Taxes	($6,025)	($6,795)
After-tax Expenses	$0	($3,400)
Take Home Salary	$20,575	$19,805
YOUR TAX SAVINGS	$770	$0

Estimated taxes are based on 15% federal tax and 7.65% Social Security and Medicare tax.

Use it or lose it!

It's important to plan your contributions to your Flexible Spending Accounts carefully. The IRS requires that any unused money in your Health Care or Dependent Care Flexible Spending Account be forfeited after the end of the policy year. However, you will be able to roll over up to $660 of unused Health Care FSA dollars into the following calendar year. You have until March 31 of the following calendar year to request reimbursement for expenses incurred during the previous plan year (January 1 – December 31). If you leave the company mid-year, you have 90 days from your termination date to submit FSA claims for reimbursement.

Account	Eligible Expenses	Ineligible Expenses
Health Care	■ Medical, dental, and vision plan copays, deductibles, and coinsurance, as well as expenses in excess of what the plans pay ■ Prescription drug copays ■ Weight reduction programs (with medical documentation) ■ Over-the-counter medications that include pain relief, cold and flu, allergy, and heartburn relief products ■ Menstrual products	■ Insurance premiums ■ Expenses reimbursed by other insurance plans ■ Cosmetic surgery ■ Bleaching of teeth ■ Athletic club expenses ■ Vitamins
Limited FSA (HDHP participants only)	■ Dental and vision plan copays, deductibles, and coinsurance. ■ Covered Medical Expenses once HDHP deductible has been met	■ Medical Expenses and care expenses prior to your HDHP deductible is met.
	■ Licensed daycare provider ■ Nursery school ■ Summer day camp ■ Before and after school programs	■ Care provided for non-work-related reasons ■ Private school (kindergarten and higher) ■ Overnight camp ■ Transportation or clothing costs
For children under age 13 or any individual you claim as a dependent on your federal tax return who is physically or mentally incapable of self-care, and spends at least eight (8) hours a day in your home.		

For a more detailed listing of eligible expenses go to **www.wexinc.com** or refer to IRS Publication 502 – "Medical and Dental Expenses" or IRS Publication 503 – "Child and Dependent Care Expenses." These publications are available online at **www.irs.gov** or by calling the IRS at **1-800-829-FORM (3676).**

LIFE INSURANCE AND AD&D

Veeco provides eligible employees with financial protection through Basic Life, Accidental Death and Dismemberment (AD&D), and Business Travel Insurance, automatically and at no cost to you. You can choose to add to your Company-provided coverage by purchasing Supplemental Life and AD&D Insurance coverage for yourself and your eligible dependents. You pay the full cost of any Supplemental coverage you elect through after-tax payroll deductions. These Company-paid and Supplemental benefits work together to protect your financial security.

This Benefit:	Provides this protection:
Basic Life Insurance	Two times your annual salary, up to a maximum benefit of $500,000 The Plan also pays a living benefit – up to a maximum benefit of 90% to $500,000 (Combined Basic Life and Optional Life – if you are diagnosed with a terminal illness (that is, your life expectancy is 12 months or less)
Basic AD&D Insurance	Two times your annual salary, up to a maximum benefit of $500,000, payable to your beneficiary in the event of your death (in addition to Basic Life Insurance); a portion of the death benefit is payable to you if you lose sight or limb because of an accident (on or off the job)
Supplemental Life Insurance	You may elect Supplemental Life Insurance in increments of $50,000 to a maximum of $600,000
Dependent Life Insurance	If you elect Supplemental Life Insurance for yourself, you may also purchase: ■ Coverage for your eligible partner (domestic partners are eligible for this benefit) in an amount from $5,000 to $125,000 (in $5,000 increments – cannot exceed 100% of the employee amount) *and/or* ■ Coverage for your dependent child(ren) between the ages of birth and less than 14 days $1,000 and over 14 days to 26 years (in increments of $2,000 up to $10,000) if they are not self-supporting.
Supplemental AD&D Insurance	You may purchase Supplemental AD&D Insurance in increments of $50,000 up to $600,000 (Not to exceed 10 times your basic salary) for yourself or:
Dependent AD&D Insurance	Or you may purchase Supplemental AD&D Insurance for yourself and your eligible dependent(s) in increments of $50,000 up to $600,000 (not to exceed 10 times your base salary): ■ Coverage for yourself, your spouse, or your eligible partner1 in an amount equal to 100% of your benefit. Coverage for your dependent child(ren) in an amount equal to 10% of your benefit up to a maximum of $25,000.
Business Travel Insurance	Five times your annual salary, up to a maximum benefit of $1 million in the event of your death (subject to specific plan provisions; see the Summary Plan Description for more information) The Plan also includes: ■ **Emergency medical assistance** – Medical referrals, evacuation assistance, medication replacement assistance and loans of up to $5,000 to cover on-site emergency expenses. ■ **Emergency personal services** – Legal assistance, emergency travel arrangements, interpretation, and translation assistance, and more

If you do not want to pay imputed income on insurance coverage above $50,000, you can choose to cap your basic life insurance benefit at $50,000. The IRS requires individuals to pay income taxes on the "value" of Company-provided basic life insurance of more than $50,000.

Annual Salary

To determine Life, AD&D, and Business Travel Accident benefits, your annual salary is your base salary.

EVIDENCE OF INSURABILITY

As a new employee, you may request up to $300,000 in Supplemental Life insurance without providing evidence of insurability. Any requested amount over $300,000 is subject to approval by our insurance provider.

During the annual open enrollment period, you may request an increment of $50,000 of insurance on a guaranteed issue basis without providing evidence of insurability up to the $300,000 limit.

Spouse

As a new employee, if you elect Supplemental Life Insurance for yourself, you may also elect coverage for your spouse or domestic partner up to $125,000. The amount of insurance for your spouse or Domestic Partner may not exceed 100% of your supplemental life benefit. Amounts requested above the guaranteed issue amount ($50,000); is subject to approval by our insurance provider.

If you request more than $50,000 of coverage, have your spouse or Domestic Partner complete and submit an Evidence of Insurability (EOI) form to our insurance provider. EOI forms are available on myVeeco in the **Life Insurance Folder** or by contacting Kimberly Roslund in Benefits.

During subsequent annual open enrollment periods, you may request an increment of $5,000 of insurance on a guaranteed issue basis without providing evidence of insurability, up to the $50,000.

DISABILITY INSURANCE

Disability insurance helps protect your income in the event you are unable to work due to injury or illness. Short-term and Long-Term Disability Insurance is part of your company-paid benefits package. Any disability benefits you receive are considered taxable income.

This benefit:	Provides this protection:	If you are disabled:
Short-term Disability	Pays 66 2/3% of your weekly salary for up to 12 weeks. Benefits will be reduced by any state disability benefits to which you may be entitled.	For more than 7 days and: ■ are unable to perform the main duties of your job ■ lose at least 20% of your earnings because of your illness *and* ■ are under the regular care of a physician
Long-term Disability	Pays 66 2/3% of your monthly salary, up to a maximum monthly benefit of: $16,000. Benefits are paid for as long as you remain disabled until you reach Social Security retirement age and may be reduced by other disability income (for example, Social Security disability benefits).	For at least 90 days, which means: ■ during the first 24 months, you are unable to perform the duties of your regular occupation. ■ after 24 consecutive months, you are unable to perform the duties of any other occupation for which you are reasonably fit based on your education, training, and experience

If you are out of work for more than 5 business days due to your own illness or injury, you are required to notify your local Human Resource Business Partner to submit a claim for short-term disability.

Employees inactive due to a leave of absence, will not accrue vacation time.

Maternity/Parental Leave

Veeco offers up to 12 weeks of maternity leave at full pay (combined with disability and Paid Family Leave pay) as well as the opportunity to work a reduced work schedule (30 hours per week) at full pay for an additional 12 weeks.

A new dad or partner of a mom is eligible for up to four weeks of full pay (combined with Paid Family Leave pay) following the birth or adoption of a child or for new moms following the adoption of a child. One week can be taken at a time (or four weeks altogether). Parental Leave must be taken within 12 months of the child's birth or adoption.

Paid Family Leave

Paid Family Leave provides benefits to individuals who need to take time off work to care for a seriously ill child, parent, or parent-in-law or to care for a newborn or adopted child. Contact Kimberly Roslund for more information regarding state-paid leave options.

401(k) RETIREMENT PLAN

Veeco offers two 401(k) Retirement Plans: A traditional 401(k) providing the opportunity to set aside money for your future through pre-taxed payroll deductions and a Roth 401(k) allowing you to contribute a percentage of your salary on an after-tax basis. Both plans automatically add to your retirement account each pay period providing you with an effective way to save for your long-term financial needs. You are eligible to join either plan if you are age 21 or older and paid through Veeco's payroll. You can join the plan on the first day of the quarter following your date of hire. For example, if you are hired on May 15, you can join the plan on July 1.

You can save up to 60% of your earnings on a pre-tax basis and/or post-tax basis subject to IRS limits. For 2026, you may contribute up to $24,500. Employees aged 50 and older can make an additional catch-up contribution of $8,000 and employees aged 60-63 are eligible for an enhanced catch-up contribution of $12,000. Plus, when you participate in the Plan, you benefit from a generous company match.

Matching Contribution

Veeco pays the matching contribution to all plan participants, regardless of company performance. The company adds 50% of the first 6% you contribute to your account (combined if choosing both 401(k) Plans). Matching contributions will only be limited only by the Internal Revenue Code's limitation on compensation, currently $360,000. In addition, the Plan offers a "true-up" feature that will ensure you receive the maximum Company Match for the amount you contribute during the year – regardless of the timing of your contributions or when you reach the IRS maximum contribution. Following each calendar year, Veeco will "look back" at your full-year contributions and, if you qualify for any additional match.

You are always vested in your contributions to the 401(k) Retirement Plan, as well as any investment earnings on your contributions. You become vested in the Company matching contributions based on your years of service, as shown below.

Years of Service	Total % Vested[1]
Less than 2	0%
2	20%
3	50%
4	75%
5	100%

[1] Different vesting schedules may apply to employees who have joined the Plan as the result of an acquisition.

How to Enroll/Make Changes

You can enroll or change your contribution percentage quarterly during the Open Enrollment period (the last month of each quarter) with changes effective the first day of the following quarter. For example, if you make a change in March, it will take effect on April 1. Contributions can be stopped at any time.

To enroll or change your contribution elections, log on to **www.netbenefits.com**. You can obtain current balance or investment option information from Fidelity Investments (the plan administrator), online at **www.netbenefits.com** or by calling **1-800-835-5097**.

AFTER-TAX DEFERRALS (with Roth Conversion option)

In addition to the Traditional 401(k) and Roth 401(k), Veeco offers an After-Tax Deferral option and Roth Conversion feature.

After-Tax Deferral

The After-Tax Deferral feature provides a convenient way to save for retirement, especially if you expect to exceed the IRS annual limits for pre-tax and Roth contributions. This option allows you to defer up to an additional 20% of eligible compensation. After-tax contributions do not count toward the IRS annual pre-tax limit ($24,500 in 2026 or $32,500 if you are age 50 or older) and can be withdrawn at any time. As with pre-tax contributions, any earnings are subject to federal income tax when distributed. You can maximize the benefit of after-tax deferrals by combining them with the new In-Plan Roth Conversion feature (see below).

In-Plan Roth Conversion

The In-Plan Roth Conversion feature allows you to change the tax status of after-tax contributions into Roth contributions. Earnings from after-tax contributions are normally taxable on distribution; however, using the In-Plan Roth Conversion, you pay taxes only on earnings attributable to amounts converted and future qualifying distributions will be tax-free. You can sign up to have the after-tax converted to Roth the day the deposit is made – this prevents any taxable event from occuring.

Generally, In-Plan Roth Conversion can occur whenever and as often as you would like. For example, you can use the conversion feature immediately after each after-tax contribution (after each paycheck), to convert your after-tax contributions to Roth contributions. You will pay tax on any earnings on the after-tax amount but if you act quickly the earnings should be small and your after-tax contributions will convert to Roth making future qualifying distributions tax-free.

How to enroll and make changes

You can enroll in the After-Tax deferral option during an open enrollment period for an effective date of the first of the following quarter. For example, you can enroll or make a change at the end of March, your election will be effective on April 1. Contributions can be stopped at any time.

To enroll or change your elections, log on to **www.netbenefits.com**. or by calling **1-800-835-5097.**
Consult your tax or financial advisor before deciding if a Roth In-Plan conversion is right for you.

The following table illustrates the major features of each contribution type:

	Traditional Pre-Tax	Roth After-Tax	After-Tax
2026 IRS Contribution Limits	Combined amounts: $24,500 ($32,500 if you are 50 or older and enhanced catch-up of $12,000 if you are age 60-63)		No IRS Limit
	The limit on total contributions (Pre-tax, Roth, After-tax, and Company match) is $72,000[1] Contributions for "highly compensated employees" may also be limited by IRS rules.		
Plan Contribution Limits	60% of eligible compensation	60% of eligible compensation	20% of eligible compensation
Eligible for Company Matching Contributions	Yes	Yes	No
Subject to Federal Income Tax on Deferral	No	Yes	Yes
When eligible for Distribution	Not until Termination or Age 59½ or in the event of Hardship	Not until Termination or Age 59½ or in the event of Hardship	Can generally be distributed at any time
Principal subject to Federal Income Tax on withdrawal	Yes	No	No
Earnings subject to Federal Income Tax on withdrawal	Yes	No, if a qualifying distribution. Yes, if not a qualifying distribution	Yes

[1] Does not include additional eligible catch-up dollars.

TUITION ASSISTANCE PROGRAM

We recognize the value that continuing education has for you and the company. Veeco encourages and supports eligible employees who want to develop their career potential through education by providing financial assistance. You are eligible for the Tuition Assistance Program once you have completed 90 days of employment.

You are eligible for benefits if the courses you take are provided by an accredited institution that grants undergraduate degrees, or an accredited business school that offers skills training programs.

Non-degree related courses that are related to your current job responsibilities pre-approved by your Department Manager and your local HR Business Partner.

You can receive reimbursement for tuition and laboratory fees for two courses per semester. The maximum benefit is $7,500 per calendar year. The maximum dollar amount is based on the calendar year in which reimbursement is paid, not when the course is completed. The reimbursement percentage you receive depends on your grade for the course.

If you get this grade:	Your reimbursement percentage is:
A	100%
B	90%
C	50%
D or F	0%

Registration fees, costs of books, transportation and all other miscellaneous fees are not reimbursable. If you leave the company, you will be required to repay any tuition assistance benefits paid to you within the last 12 months of your employment.

For additional information regarding the Tuition Reimbursement Assistance Policy, please access the policy located on MyVeeco or speak to your local Business Partner.

COMMUTER BENEFITS

The Commuter Benefit Plan provides the opportunity for full-time employees who commute to work via public transportation, or a qualifying vanpool arrangement, can set aside, on a pre-tax payroll basis, up to $325/month to pay for qualifying commuting expenses and an additional $325/month (pre-tax) to pay for parking at or near your workplace or a park and ride facility. The following are examples of expenses eligible and ineligible for reimbursement under the Commuter Benefit Program.

Account	Eligible Expenses	Ineligible Expenses
Public Transportation	■ Train ■ Bus ■ Monorail ■ Streetcar ■ Subway ■ Ferry ■ Vanpools (the vehicle must seat at least 6 adults, excluding the driver.	■ Airline tickets ■ Taxi fares ■ Gasoline ■ Tolls ■ Bicycles ■ Bicycle maintenance ■ Bike-share programs
Parking	■ Parking area or parking meters at or near your place of employment ■ Fees at Park and Ride lots	■ Parking near your residence or at a temporary work location

For a more detailed listing of eligible expenses, refer to IRS Publication 15B – "Employer's Tax Guide to Fringe Benefits". This publication is available online at **www.irs.gov** or by calling the IRS at **1-800-829-FORM (3676).**

MYADVOCATE (PERSONAL HEALTH ASSISTANT BENEFIT)

Navigating the healthcare benefits world can be complex. MyAdvocate understands these challenges and will assign an experienced personal advocate to help you understand your benefit options and support you with your healthcare concerns and questions.
With MyAdvocate, you will have unlimited, confidential access to trained benefit and claims specialists who can help you with many of your healthcare questions:

- Benefits education and plan information
    - Plan comparisons and enrollment
    - Covered services, network providers and pre-authorizations
    - Benefits of FSA and HSA accounts
- Coordination of care
    - Referrals, appointment scheduling, and transportation
    - Estimating costs for procedures, equipment, and more
    - Assistance with in-home, skilled nursing, and hospice care
- Billing and claims assistance
    - Copays, deductibles, coinsurance, and out-of-pocket maximums
    - Coordinate resolution of billing errors, claim denials, and copay applications
    - Complaint and appeals processes and documentation
- Answer questions about Medicare, Medicaid, and Exchange enrollment processes.
- Obtain services for your elderly parents and parents-in-law

MyAdvocate is not a substitute for your current health insurance plan. Rather, MyAdvocate complements your basic health coverage by facilitating your interaction with healthcare providers and insurers.

One of the other unique features of MyAdvocate is that your family will be able to use their special services. Your spouse and dependents (including children, stepchildren, and siblings if they qualify as dependents). Parents and parents-in-law will be covered under this program. Call anytime, 24 Hours a day, to get started **833-968-1775**.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

At Veeco, we care about the health and well-being of our employees, both on and off the job. To help you balance your personal life and your time at work, we provide you with the ACI's Employee Assistance Program (EAP) - as part of your company-paid benefits package.

The goal of the EAP program is to help you maximize your health and effectiveness at home and at work. With one call, you can reach a trained professional who will consult with you and recommend the right counselor and/or support services to help you cope with a wide range of issues, such as:

- child and elder care
- communicating effectively
- conflicts at work
- depression and anxiety
- financial concerns
- finding a school
- grief and loss
- legal matters
- managing stress
- marital or relationship problems
- parenting
- pet care consultation

Benefits include unlimited access to expert consultants, research, and referral services at no cost to you. In addition, you can receive up to three (3) visits with an ACI Employee

Assistance Counselor to help you with a particular issue. To receive services, contact ACI at 855-775-4357.

EMERGENCY TRAVEL ASSISTANCE

When traveling for business or pleasure, in a foreign country or 100 or more miles from home, you and your family can count on getting help in the event of a medical emergency.*

- medical provider search referrals to help find hospitals and doctors
- medical monitoring of treatment
- facilitation of medical payment
- coordination of medication
- emergency medical evacuations and medically necessary repatriation
- coordinate transportation to join a hospitalized family member
- care and transport of unattended minor children

To learn more about this benefit log on to **www.TravelAssistance.Chubb.com**

Emergency Travel Assistance services are provided by CHUBB. To receive services, call within the U.S. 1-855-327-1414. Outside the U.S. call collect 1-630-694-9764. Our Policy No is 6408-54-02.

*Eligible medical expenses such as prescription or physician, lab or medical facility fees should be submitted to the health insurance plan you and your family are covered by.

IDENTITY THEFT REMEDIATION SERVICES

As part of our Reliance insurance coverage, Veeco employees have access to identity protection and restoration services. Should you or anyone in your family fall victim to identity theft, InfoArmor® Identity Protection Experts will provide restoration services including:

- Dedicated InfoArmor Privacy Advocates® to act on your behalf
- Investigation and confirmation of fraudulent activity including known, unknown, and potentially complicated sources of identity theft
- ATM Cards
- Credit cards
- User IDs & Passwords
- Completing and providing copies of all documentation, correspondence, forms, and letters for recordkeeping
- Contacting, following up, and escalating issues with affected agencies and institutions
- Placing phone calls and preparing appropriate documentation on the victims' behalf
- Resolution of key issues by maintaining and explaining the victim's rights

WalletArmor®* provides encrypted vault secures and monitors:

For additional information call **1-855-246-7347** or log into https://www.reliancestandard.com/walletarmor/

* Participation in any of the ancillary programs such as EAP, Travel Assistance, InfoArmor is voluntary.

HEALTH CARE PLAN GLOSSARY

- **Coinsurance** – The percentage of the charges you are responsible for paying (i.e., the plan pays 90% and you pay 10%).
- **Copay** – A fee you pay to the provider at the time of service.
- **Deductible** – The amount you must pay towards eligible expenses each year before benefits begin. Deductibles are categorized as single or individual and family.
- **In-network** – Services performed by a group of physicians who have a contract or agreement with the health care provider (i.e., Cigna), to offer specific services for a specific fee.
- **Health Savings Account** – An individually owned interest-bearing account connected with a High Deductible Health Plan. The account offers a triple tax savings on contributions, interest earned, and distributions for qualified medical expenses.
- **Open Access Plus 2.0 (OAP 2.0)** – A type of health care program that offers flexibility to participants to receive care from any provider you choose, but the Plan pays a higher level of benefits when you use a participating network provider.
- **Open Access Plus In-network (OAPIN)** – A type of health care program where individual members must go to providers who are contracted with Cigna. Benefits will not be paid for services rendered by an out-of-network provider unless it is an emergency.
- **HDHP w/ HSA** – A type of health care program that offers flexibility to participants to receive care from any provider you choose, but the Plan pays a higher level of benefits when you use a participating network provider.
- **Out-of-network** – Services provided by a licensed physician who does not have a contract or agreement with a health care provider (i.e., Cigna) to offer services. Benefits may not be available or may be reduced, depending on the health plan option selected.
- **Out-of-pocket Maximum** – A cap on how much you have to pay for you and your family's covered medical expenses in a calendar year. After you reach the out-of-pocket maximum, the plan pays 100% of all remaining covered expenses for that year.
- **Payroll Contribution** – Regular deductions made from your pay to be used to pay benefit plan premiums.
- **Primary Care Physician (PCP)** – A physician that is employed by or contracts with a managed health care system (OAP and OAPIN) who coordinates all of the member's medical care. A PCP is usually a family practitioner. PCPs are also known as "gatekeepers" because they control a member's access to medical care within a health plan.
- **Reasonable and Customary (R&C)** – The usual, customary, and reasonable fee that is typically charged for a service by a similar provider in your geographic area.

IMPORTANT CONTACTS

For more information about:	Contact:
Cigna Open Access Plus Plan 2 (OAP 2) Group #3336412	1-800-244-6224, or log on to **www.cigna.com** (**www.mycigna.com** if you are already enrolled)
Cigna Open Access Plus Plan In-network (OAPIN) Group #3336412	1-800-244-6224, or log on to **www.cigna.com** (**www.mycigna.com** if you are already enrolled)
Cigna Choice Fund HSA Group #3336412	1-800-244-6224 or log on to **www.hsabank.com**
Cigna TeleHealth	1-888-726-3171, **MDLIVEforCigna.com**
Dental Plan Cigna Dental Advantage DPPO Group #3336412	1-800-244-6224, or log on to **www.cigna.com** (www.mycigna.com if you are already enrolled)
Vision Plan EyeMed Policy #026-301503-00001	1-866-289-0614, or log on to **www.eyemedvisioncare.com**
FSA's (Health Care, Limited FSA (HDHP plan participants) and Dependent Care) WEX - and Commuter Benefits Group # 33184	1-866-451-3399, or log on to **www.wexinc.com**
Life, Accident, and Disability Insurance First Reliance Group Insurance	Log on to **www.FirstRSL.com** 1-800-351-7500
Employee Assistance Program (EAP) All One Health	1-855-775-4357 or visit **allonehealth.com/reliance-matrix** Code: RSLI859
Emergency Travel Assistance Program Chubb Travel Assistance	Within the U.S. 1-855-327-1414- Outside the U.S. call 1-630-694-9764 or log onto **www.TravelAssistance.Chubb.com**
401(k) Retirement Plan Fidelity Investments – Group #42935	1-800-835-5097, or log on to **www.netbenefits.com**
Tuition Assistance, Emloyee Profit Sharing Plan, and Time Off	Your local HR Business Partner
MyAdvocate (Personal Health Assistant Benefit)	1-833-968-1775
Summary Plan Descriptions, Forms and Documents	Visit the Human Resource/Benefits section of **www.myveeco.com**
All other questions and inqueries	Kimberly Roslund, Sr Benefits Analyst