Kopernik

Global Investors, LLC

BENEFITS GUIDE

January 1, 2026 - December 31, 2026

WELCOME TO YOUR BENEFITS

Our most important asset is our people. That's why Kopernik Global Investors LLC offers a comprehensive benefits program to meet all your needs. Review this guide to learn about everything provided to you and to determine which benefits are best for you and your family. You will find many resources outlined in this guide available during enrollment and throughout the year to help you make the most of your benefits plans and answer your questions.

The health care coverage you elect begins with your initial eligibility date and continues through the end of the enrollment year. Kopernik Global Investors LLC's health care benefit year begins January 1st and ends December 31st. You may also enroll or change your benefits during the annual Open Enrollment period.

In This Guide:

CONTACTS & RESOURCES

Find more details about the benefits offered to you by contacting your insurance carrier and/or logging in to **Employee Navigator** to review plan summaries. Register with the insurance carrier websites to access plan information, including your ID cards, coverages, claims, network providers, and more. Search for the carrier apps on Google Play™ or the App Store® to access your benefits information anytime, anywhere from your mobile device.

If you have questions about or need assistance with enrolling, you may contact Human Resources or our partners at McGriff:

CLIENT

Glorivi Almanzar

galmanzar@kopernikglobal.com

Phone: 813-314-6100 ext 6160

McGriff, MMA Insurance

Lindsey Baskind

Lindsey.Baskind@MarshMMA.com

813-250-2005

Insurance Carrier Websites & Apps

Registering with the carrier gives you instant access to valuable resources. In most cases, you can access the following:

- Specific plan details
- ID cards
- In-network provider search
- Your claims history
- Other tools and resources

Benefit	Carrier	Phone	Website
Medical	Imagine 360 Group: H880391	844-761-1696	IMAGINE360.com
Telemedicine	Recuro	844-979-0313	RecuroHealth.com
Dental	Mutual of Omaha Group: G000C35C	800- 898-2155	MutualofOmaha.com/Dental
Vision	Mutual of Omaha Group: G000C35C	833-279-4358	MutualofOmaha.com/Vision
Voluntary Life and AD&D	Mutual of Omaha Group: G000C35C	800-877-5176	MutualofOmaha.com
Long-Term Disability	Mutual of Omaha Group: G000C35C	800-877-5176	MutualofOmaha.com
Worksite Benefits	Mutual of Omaha Group: G000C35C	800-877-5176	MutualofOmaha.com
EAP	Mutual of Omaha Group: GLT oC35C	800-316-2796	MutualofOmaha.com/eap

ELIGIBILITY & ENROLLMENT

All regular full-time employees working at least 40 hours per week are eligible for benefits. As a new hire, you are eligible on the first day of the month following 30 days of employment. Additionally, you may enroll during the annual Open Enrollment period for a January 1st effective date.

Who Can Enroll

You may enroll the following dependents in our group benefit plans:

- Your legal spouse or domestic partner
- Your natural, adopted, or stepchildren living with you, or any other children whom you have legal guardianship, up to age 26
- Unmarried children of any age if disabled and claimed as a dependent on your federal income taxes

When You Can Enroll

You can enroll in benefits:

- During your initial new hire eligibility period
- During the annual Open Enrollment (OE) period for a January 1st effective date

If you fail to enroll within the timeframe given, you will not be able to elect benefits again until the next OE period, and you will not have coverage. Please make your elections on time, or you may experience a delay in using your benefits.

Termination of Coverage

Benefits coverage will be terminated:

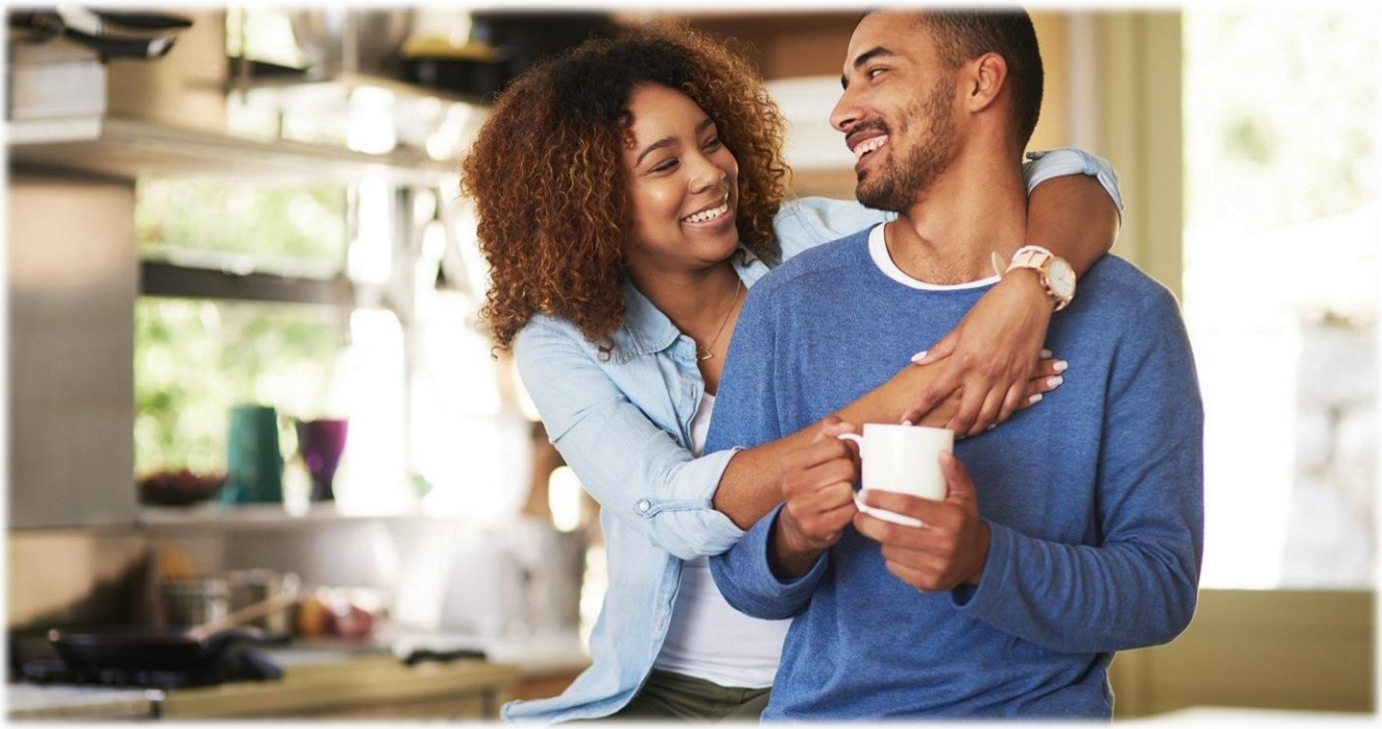
- On the last day of the month following the termination or resignation date if you leave your job.
- On the last day of the month following their date of birth when a covered dependent reaches age 26.

MAKING CHANGES TO YOUR BENEFITS

Outside of your initial new hire or the annual Open Enrollment period, changes to your benefits can only be made throughout the year within 30 days of a qualifying life event. Examples of the most common events include:

- Marriage or divorce
- Birth or adoption of an eligible child
- Death of a covered dependent
- Change in your or your spouse's work status that affects your benefits
- Change in residence that affects your eligibility for coverage
- Change in your child's eligibility for benefits
- Receipt of a Qualified Medical Child Support Order (QMCSO)

To see a complete list, or to report an event, contact Human Resources. Documentation may be required. If you fail to report a life event and supply the necessary documentation, you will be required to wait until the next annual enrollment period to make changes.



MEDICAL BENEFITS

Kopernik Global Investors LLC employees have the choice between two medical plans offered through **Imagine360**, a Direct Primary Care Plan (DPC) or an Open Access Plan (OA).

All plans offer preventive care visits covered at 100%, an out-of-pocket maximum to protect you should a catastrophic event occur, and out-of-network coverage if needed. Although out-of-network coverage is available, using in-network providers will save you money.

Prescription Drugs

When you enroll in a medical plan, you are automatically enrolled in prescription drug coverage. If you regularly take the same medications, a mail-order program may allow you to get a 90-day supply for a lower cost, saving you trips to the pharmacy and time waiting in line.

Check with your pharmacy to determine if any special programs are available. Discuss lower -cost alternatives with your physician and check the insurance company's website for a complete drug list at **www.Drexi.com.**

MEDICAL PLAN COMPARISON

imagine360

Plan Highlights	Direct Primary Care (DPC) *In-network you pay**	Open Access (OAP) *In-network you pay**
Deductible (first dollar cost for covered in-network services)		
Individual / Family	$1,000 / $2,000	$2,000 / $3,500
Coinsurance (after you reach your deductible)		
Plan pays/You pay	80%/20%	80%/20%
Out-of-Pocket Maximum (includes deductibles, copays, prescription costs, and coinsurance)		
Individual / Family	$3,000 / $6,000	$4,000 / $8.000
Plan Services		
Preventive Care	Covered in full	Covered in full
Primary Care Visits	$0 copay	$25 copay
Virtual Visits	$0 copay	$25 copay
Specialist Visits	20% Referral required	$50 copay
Urgent Care	$300 copay	$75 copay
Emergency Room	$300 copay then 20% after deductible	20% after deductible
Inpatient Hospital	20% after deductible**	20% after deductible
Outpatient Surgery	20% after deductible**	20% after deductible
Labs and X-rays	20% after deductible**	20% after deductible*
Prescription Benefits		
Rx Deductible	None	None
Retail *30-days* » Tiers 1 / 2 / 3	Generic: 10% ($10 - $100 Max) Preferred Brand: 20% ($150 Max) Specialty 25% Coinsurance	Generic: 20% - 50% ($10 - $100 Max) Preferred Brand: 50% ($200 Max) Specialty 25% Coinsurance
Mail Order *90-days*	Generic: 0-10% ($250 Max) Preferred Brand: 20% ($375 Max) Specialty 25% Coinsurance	Generic: 20% - 50% ($25 - $250 Max) Preferred Brand: 50% ($500 Max) Specialty 25% Coinsurance
Employee Contributions (per monthly payroll)		
Employee Only	$222.87	$272.16
Employee + Spouse	$471.15	$575.82
Employee + Child(ren)	$413.77	$505.72
Employee + Family	$721.57	$882.04

**In-network services only shown above. Refer to plan documents for the full plan description and out-of-network coverage details.*
*** Pre-certification is required by DPC email referral to lindsey.baskind@marshmma.com*

MEDICAL PLAN RESOURCES

MEDICAL CARRIER Website

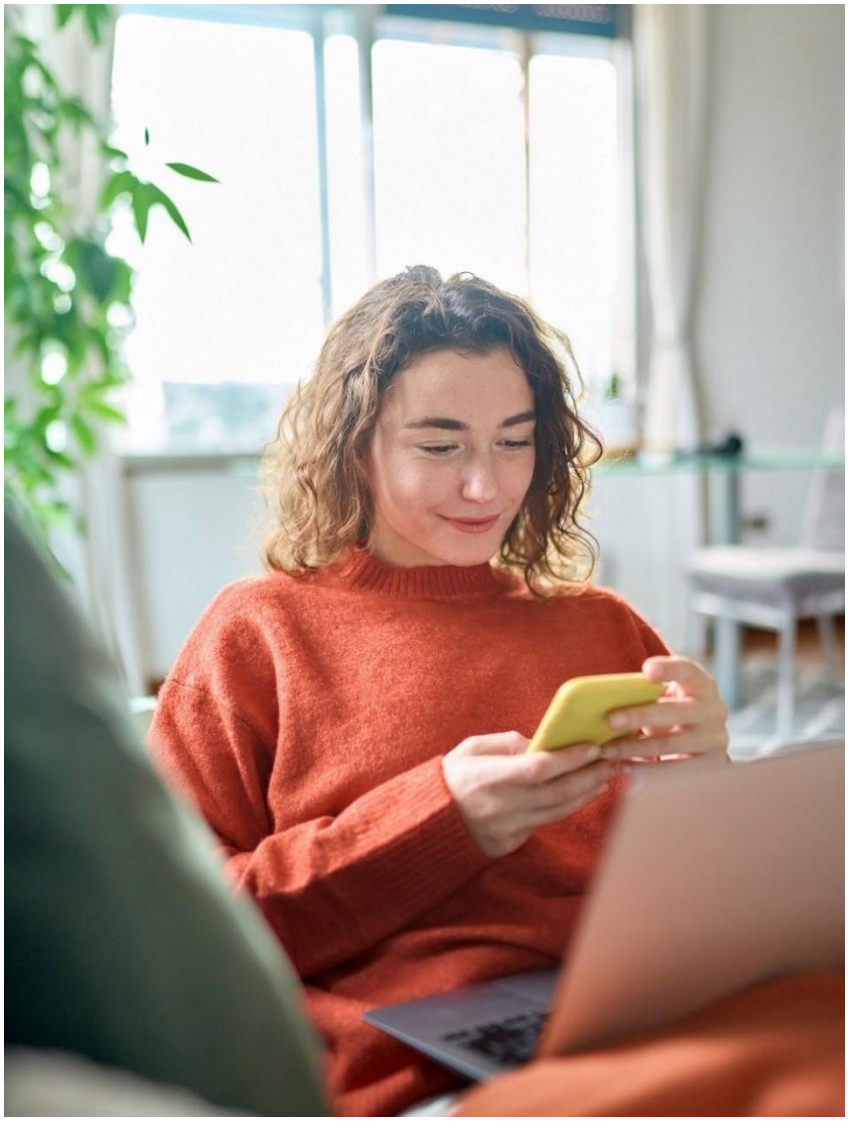
MiBenefits is the secure member website where you can check your coverages and claims, locate network providers, access health programs, manage your prescriptions, print or request an ID card, and more. To get started, log on to www.mibenefits.com with Imagine360 and complete the registration process.

MEDICAL CARRIER App

The **MiBenefits** mobile app can help you stay organized and in control of your health anytime, anywhere. Log in from your mobile device to access your account. Search your mobile device's app store to download.

TELEMEDICINE Visits

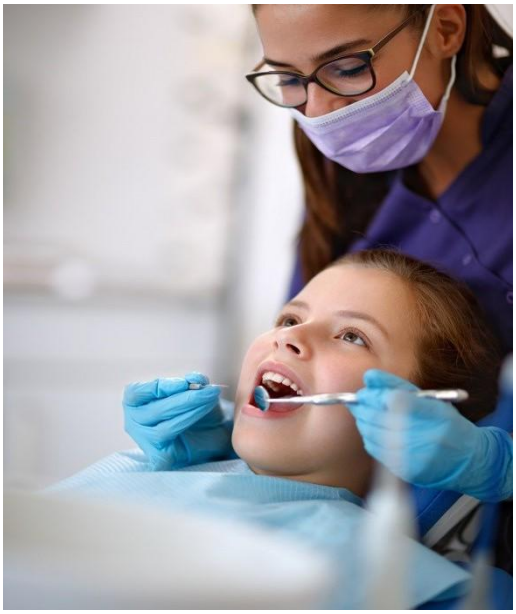
See and talk to a doctor from a mobile device or computer without an appointment, 24/7, with Recuro Health. Most visits take 10-15 minutes, and virtual visits are a part of your health benefits. Telemedicine doctors can diagnose and treat many non-emergency medical conditions and provide services such as writing a prescription if needed. Common conditions treated with virtual care include allergies, cough, fever, headaches, sinus problems, skin rashes, pink eye, bladder infections, and more. To get started, visit RecuroHealth.com or download the app.



DENTAL BENEFITS

Kopernik Global Investors LLC offers dental coverage through Mutual of Omaha. These plans allow you to use in-network or out-of-network benefits. However, you will be responsible for paying the difference between the allowed amount and what the dentist may charge, also known as "balance billing," when you visit an out- of-network provider.

To find an in-network provider, go to **MutualofOmaha.com/dental** and search the providers. The chart below provides a brief overview of the plan. Refer to the full plan description for detailed coverage information.



Plan Highlights	Dental Base Plan *In-network you pay:*	Dental Buy-Up Plan *In-network you pay:*
Calendar Year Deductible	$50 individual/$150 family max	$50 individual/$150 family max
Annual Plan Maximum	$2,000 per member	$2,000 per member
Orthodontia Lifetime Max	Not covered	$1,000 per member lifetime
Preventive Services Exams, fluoride, x-rays	Covered in full	Covered in full
Basic Services Simple extractions, fillings, periodontics	90% after deductible	90% after deductible
Major Services Crowns, bridges, dentures, root canals	60% after deductible	60% after deductible
Orthodontics Adults & Children to age 19 only	Not covered	50%
Employee Contributions (per monthly payroll)		
Employee Only	$10.48	$16.30
Employee + Spouse	$26.99	$39.36
Employee + Child(ren)	$28.24	$42.09
Employee + Family	$53.42	$76.26

**In-network services only shown above. Refer to plan documents for the full plan description and out-of-network coverage details.*

VISION BENEFITS

Kopernik Global Investors LLC offers vision coverage through Mutual of Omaha using the EyeMed Network. The vision plan allows you to use in-network or out-of-network providers. However, when using out-of-network providers, you will pay expenses at the time of service and file a claim for reimbursement.

To find in-network providers visit MutualofOmaha.com/vision and enter your search criteria. The chart below provides a brief overview of the plan. Refer to the full plan description for detailed coverage information.

Plan Highlights	**Vision Plan – EyeMed Network**	
	In-network you pay:	*Out-of-network reimbursement:*
Eye Exam	$10 copay	Up to $37
Materials Copay	$25 copay	Up to $210
Lenses » Single Vision » Bifocal » Trifocal	 $25 copay $25 copay $25 copay	 Up to $20 Up to $36 Up to $64
Frames	$150 allowance + 20% off balance	Up to $66
Contacts* » Elective (Conventional) » Medically Necessary	$150 allowance +15% off balance Covered in full	 Up - $102 Up - $210
Frequencies	Eye exam and eyeglass lenses OR contacts: every 12 months Frames: 24 months	
Employee Contributions (per monthly payroll)		
Employee Only	$8.18	
Employee + Spouse	$16.40	
Employee + Child(ren)	$13.88	
Employee + Family	$22.89	

**Contact lenses benefit is in lieu of eyeglass frames and lens benefit.*

VOLUNTARY LIFE AND AD&D INSURANCE

Voluntary Life

Kopernik Global Investors LLC employees can supplement their company-paid Basic Life insurance by purchasing additional coverage through Mutual of Omaha. In addition, you may purchase coverage for a spouse and child(ren) after electing coverage for yourself.

The Guarantee Issue (GI) amount is the highest amount of coverage that you or your dependents may elect without completing an Evidence of Insurability (EOI) form. If you elect an amount above the GI limit or wish to increase your benefit amount at a future date, the coverage amount over the GI level will not go into effect until your EOI has been reviewed and approved and payroll deductions have begun. For full details, refer to the Certificate of Coverage.

You may purchase the following amounts for yourself and your dependents. Refer to **Employee Navigator** to calculate your coverage cost.

Employee	Spouse	Child(ren)
Increments of $10,000 up to 5x base salary amount to $500,000 maximum. **Guarantee Issue**: $100,000	Increments of $5,000 up to $250,000 not to exceed 100% of employee amount. **Guarantee Issue**: $25,000	Birth-14 days: $500 14 days to 6 months: Increments of $1,000 **Guarantee Issue**: $10,000

DISABILITY INSURANCE

Long-Term Disability

Whether you are disabled and unable to work due to an accident or illness, Kopernik Global Investors LLC offers Long-Term Disability through Mutual of Omaha. Disability is insurance for your paycheck should you become disabled due to an off-the-job injury or illness. This coverage will provide a percentage of your salary once you satisfy the waiting period. Refer to the Plan Summaries for details.

Kopernik Global Investors LLC Long-Term disability (LTD)plan pays 50% of your monthly pre-disability earnings to a maximum of $10,000 per month until you no longer meet the definition of disability or reach the Social Security Normal Retirement Age (SSNRA).

There is no cost to you for this coverage and automatic enrollment will take place after one year of employment.

WORKSITE BENEFITS

Kopernik Global Investors LLC offers employees the option to purchase supplemental worksite benefits voluntarily provided through Mutual of Omaha. In addition, you have the option to cover your spouse and child(ren) after electing coverage for yourself. Your cost for coverage can be calculated when making your benefit elections on Employee Navigator.

Voluntary Accident

Where most medical plans only pay a portion of the bills, Accident insurance can help pick up where other insurance leaves off. This policy provides a cash benefit to cover expenses if you or a covered dependent experience an eligible event off the job.

Employees can receive reimbursement for covered services, including:

- Emergency transportation and care
- Fractures, burns, lacerations, and more
- Accidental death benefit
- Hospital/ICU admission

Employee Contributions (per monthly payroll)	
Employee Only	$9.00
Employee + Spouse	$15.00
Employee + Child(ren)	$16.00
Employee + Family	$26.00

Voluntary Critical Illness

Critical Illness insurance pays a lump sum cash benefit when you or a covered family member is diagnosed with a serious illness, such as a heart attack, stroke, major organ failure, or cancer. You may use this benefit in any way you choose to pay for expenses that are not medical but have occurred due to the diagnosis, such as lost wages, family care, rehabilitation, or transportation. The plan offers a **$50 health screening benefit** per calendar year. Benefits are paid to you regardless of any additional coverage you may have. Refer to **Employee Navigator** to calculate your coverage cost.

- Employee Amount: $5,000 - $20,000 (elect in increments of $5,000)
- Spouse Amount: $5,000 – 100% of employee's election (elect in increments of $5,000)
- Child(ren) Amount: 25% of employee's election to $5,000

EMPLOYEE ASSISTANCE PROGRAM

All eligible employees are automatically provided access to Mutual of Omaha Employee Assistance Program (EAP)at no cost. The program is a confidential resource available 24/7/365 to help you deal with a variety of life stages and concerns, including:

- Depression, stress, and anxiety
- Relationship difficulties
- Financial and legal advice
- Family issues and parenting
- Child and elder care support
- Dealing with domestic violence
- Substance abuse and recovery
- Work-related issues
- Loss and grief
- Eating disorders

The program includes phone or video consultations 3 per household per calendar year with licensed counselors. Call 1-800-316-2796 or visit **MutualofOmaha.com/eap** for assistance or to learn more about the benefits offered to you. **Group Number GLTD oC35C**

HOW TO ENROLL

Our benefits portal, **Employee Navigator,** enables you to make your benefit elections whenever and wherever it is most convenient. This site will guide you, step-by-step, through the enrollment process. For each benefit, you will be able to review your choices, if applicable, select your coverage level, and include any dependents you want to cover for that benefit.

Follow the steps below to log in and make your benefit elections on Employee Navigator **KopernikGI**

- www.employeenavigator.com and click Login
- Click Start Enrollment
- Make Benefit Selections
- Review & Confirm Elections

Keep a copy of your elections for your files. Tip: if enrolling new dependents have date of birth and social security numbers handy.

TERMS TO KNOW

Deductible: The amount an employee pays out of pocket before the insurance company pays a percentage of the provider charges.

Coinsurance: The amount of payment split between the employee and the insurance company. Example: The insurance company pays 80%, and the employee pays 20% of the charges after you meet the deductible.

Out-of-Pocket Maximum: The maximum amount an employee is responsible for paying out of pocket in any calendar year before the insurance company pays the entire eligible amount for the remaining calendar year.

Network Providers: Doctors, hospitals, and other healthcare providers with an agreement/ contract with insurance companies agreeing to charge a discounted amount for services rendered.

Pre-Authorization: Certain procedures or hospitalizations may require that the provider receive authorization. The provider is typically the one to go through this process with the insurance company and obtain pre-authorization.

Explanation of Benefits (EOB): The EOB is mailed to the employee after the insurance company receives and processes a claim. The EOB describes how the claim was processed and outlines what portion of the charges have been applied to the deductible, what amount the employee is responsible for, and explains if there was a denial or error in processing the claim.

Appeal: If your health insurance company doesn't pay for a specific health care provider or service, you have the right to appeal the decision and have it reviewed by an independent third party.

Guarantee Issue: The maximum amount of voluntary life insurance you can choose when making your initial election that does not require the answering of medical questions.

Evidence of Insurability (EOI): The form containing medical questions you must answer if you decide to elect voluntary life insurance after you have previously declined coverage and wish to increase your current coverage later. The form may also be required if you add disability coverage after previously declined.

Kopernik Global Investors, LLC

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IMPORTANT NOTICES

A printed copy of the full versions of the below notices along with the plan summaries can be obtained from Human Resources or by logging in to <BENEFITS PORTAL>.

HIPAA PRIVACY AND SECURITY – NOTICE OF PRIVACY PRACTICES

HHS regulations require that participants be provided with a detailed explanation of their privacy rights, the plan's legal duties with respect to protected health information, the plan's uses and disclosures of protected health information, and how to obtain a copy of the Notice of Privacy Practices.

HIPAA PORTABILITY – NOTICE OF SPECIAL ENROLLMENT RIGHTS

This notice describes a group health plan's special enrollment rules including the right to special enroll within 30 days of the loss of other coverage or of marriage, birth of a child, adoption, or placement of a child for adoption, or within 60 days of a determination of eligibility for a premium assistance subsidy under Medicaid or CHIP.

COBRA – FIRST NOTICE OF COBRA RIGHTS

This notice advises covered employees, covered spouses, and covered dependents of the right to purchase a temporary extension of group health coverage when coverage is lost due to a qualifying event.

PRESCRIPTION DRUG COVERAGE AND MEDICARE

Entities that offer prescription drug coverage on a group basis to active and retired employees and to Medicare Part D eligible individuals – must provide, or arrange to provide, a notice of creditable or non-creditable prescription drug coverage to Medicare Part D eligible individuals who are covered by, or who apply for, prescription drug coverage under the entity's plan. This creditable coverage notice alerts the individuals as to whether or not their prescription drug coverage is at least as good as the Medicare Part D coverage.

MEDICAL PRE-TAX PREMIUMS PLAN

Enrollment in a pre-tax premium plan authorizes premiums for group health plan benefits to be payroll deducted on a pre-tax basis.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT NOTICE (CHIPRA)

This annual notice notifies employees of potential state opportunities for premium assistance to help pay for employer- sponsored health coverage.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE (WHCRA)

Participants and beneficiaries of group health plans who are receiving mastectomy-related benefits can choose to have breast reconstruction following a mastectomy.

HEALTH CARE REFORM NOTICE: NOTICE OF EXCHANGE/ MARKETPLACE

Employer must provide all employees with an Exchange Notice that includes a description of services provided by the Exchange. The notice must explain the premium tax credit available if a qualified health plan is purchased through the Exchange. The employee must also be informed that they may lose the employer contribution to any benefit plans offered by the employer if a health plan through the Exchange is elected.

WELLNESS PROGRAM DISCLOSURE

If it is unreasonably difficult due to a medical condition for you to achieve the standard for reward or if it is medially inadvisable for you to attempt to achieve the standard for reward under your employer's wellness program, please contact your employer's Human Resources representative to develop another way for you to qualify for the wellness program reward.

YOUR RIGHTS AGAINST SURPRISE MEDICAL BILLS

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

NOTES

Kopernik
Global Investors, LLC

McGriff
A Marsh & McLennan Agency LLC Company

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by your employer. The text contained in this Summary was taken from various summary plan descriptions and benefits information. While every effort was taken to report your benefits, discrepancies or errors are always possible. In case of a discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this Summary, contact Human Resources.