Lumelight Prototype Health & Welfare
Wrap Plan and Summary Plan Description
Adoption Agreement

This Adoption Agreement, together with (1) the Lumelight Prototype Health & Welfare Wrap Plan and Summary Plan Description (the "Prototype Document"), and (2) the related summaries, certificates, contracts, agreements and insurance policies, constitute the official Plan Document and Summary Plan Description governing the Plan named below as required by ERISA. These documents are available for review during normal work hours. You may also request copies of these documents. If a summary differs from the underlying contract, agreement, or insurance policy, the underlying document will control. In addition, the Plan Administrator or other personnel cannot modify the terms of the Plan through written or oral statements.

This Adoption Agreement/Prototype Document describes the plan as in effect on the effective date listed below. Prior versions of the Plan may have been in effect prior to the effective date.

Effective Date for Current Plan Document: **July 1, 2026**

I—GENERAL PLAN INFORMATION

A. Official Plan Name:	T&D Moravits & Company, LLC Health & Welfare Plan
B. Name of Plan Sponsor:	T&D Moravits & Company, LLC
C. Address of Plan Sponsor:	10511 Shaenfield Road San Antonio, TX 78254
D. Phone Number of Plan Sponsor:	210-688-3482
E. Plan Sponsor's EIN:	74-2916787
F. Plan Number:	501
G. Type of Plan:	Welfare Benefit Plan
H. Plan Year:	July 1 - June 30
I. Plan Administrator:	T&D Moravits & Company, LLC 10511 Shaenfield Road San Antonio, TX 78254
J. Agent for Service of Legal Process:	T&D Moravits & Company, LLC 10511 Shaenfield Road San Antonio, TX 78254
K. The following related employers also participate in the Plan:	Not Applicable
L. COBRA Administrator:	Proficient Benefit Solutions 8502 Huebner Rd #300 San Antonio, TX 78240

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II—BENEFITS

The chart below identifies (1) the component benefits available under the Plan, (2) the insurer or third-party administrator responsible for the administration of the benefit, (3) any applicable policy or group number, and (4) the address for the administrator of the benefit.

The benefits listed with a "*" next to them may be paid for on a pre-tax basis through the Plan Sponsor's Cafeteria Plan.

Benefit Type	Insurer/Administrator	Policy/Group Number	Address
Medical*	Coastal Administrative Services, Inc.	T&D Moravits & Company, LLC Group Health Plan (self-funded) (Group Number: 22301291)	P.O. Box 3070 Bellingham, WA 98227
Dental*	The Guardian Life Insurance Company of America	Dental Insurance Plan Option A (Class 0001) (Group Number: 00083863) Dental Insurance Plan Option B (Class 0001) (Group Number: 00083863) Dental Insurance Plan Option C (Class 0002) (Group Number: 00083863) Dental Insurance Plan Option D (Class 0002) (Group Number: 00083863) Dental Insurance Plan Option E (Class 0003) (Group Number: 00083863) Dental Insurance Plan Option F (Class 0003) (Group Number: 00083863)	10 Hudson Yards New York, NY 10001
Vision*	Guardian Life Insurance Company of America (VSP)	Vision Insurance Plan (Class 0001) (Group Number: 00083863) Vision Insurance Plan (Class 0002) (Group Number: 00083863) Vision Insurance Plan (Class 0003) (Group Number: 00083863)	10 Hudson Yards New York, NY 10001

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Life/AD&D	The Guardian Life Insurance Company of America	Life and Accidental Death and Dismemberment Insurance Plan (Class 0001) (Group Number: 00083863) Life and Accidental Death and Dismemberment Insurance Plan (Class 0002) (Group Number: 00083863) Life and Accidental Death and Dismemberment Insurance Plan (Class 0003) (Group Number: 00083863)	10 Hudson Yards New York, NY 10001
Voluntary Life/AD&D	The Guardian Life Insurance Company of America	Voluntary Life and Accidental Death and Dismemberment Insurance Plan (Class 0001) (Group Number: 00083863) Voluntary Life and Accidental Death and Dismemberment Insurance Plan (Class 0002) (Group Number: 00083863) Voluntary Life and Accidental Death and Dismemberment Insurance Plan (Class 0003) (Group Number: 00083863)	10 Hudson Yards New York, NY 10001
Voluntary Short-Term Disability	The Guardian Life Insurance Company of America	Voluntary Short-Term Disability Insurance Plan (Class 0001) (Group Number: 00083863) Voluntary Short-Term Disability Insurance Plan (Class 0002) (Group Number: 00083863) Voluntary Short-Term Disability Insurance Plan (Class 0003) (Group Number: 00083863)	10 Hudson Yards New York, NY 10001
Voluntary Long-Term Disability	The Guardian Life Insurance Company of America	Voluntary Long-Term Disability Insurance Plan (Class 0001) (Group Number: 00083863) Voluntary Long-Term Disability Insurance Plan (Class 0002) (Group Number: 00083863) Voluntary Long-Term Disability Insurance Plan (Class 0003) (Group Number: 00083863)	10 Hudson Yards New York, NY 10001

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Accident	The Guardian Life Insurance Company of America	Accident Insurance Plan (Class 0001) (Group Number: 00083863) Accident Insurance Plan (Class 0002) (Group Number: 00083863) Accident Insurance Plan (Class 0003) (Group Number: 00083863)	10 Hudson Yards New York, NY 10001
Critical Illness	The Guardian Life Insurance Company of America	Critical Illness Insurance Plan (Class 0001) (Group Number: 00083863) Critical Illness Insurance Plan (Class 0002) (Group Number: 00083863) Critical Illness Insurance Plan (Class 0003) (Group Number: 00083863)	10 Hudson Yards New York, NY 10001
Cancer	The Guardian Life Insurance Company of America	Cancer Insurance Plan (Class 0001) (Group Number: 00083863) Cancer Insurance Plan (Class 0002) (Group Number: 00083863) Cancer Insurance Plan (Class 0003) (Group Number: 00083863)	10 Hudson Yards New York, NY 10001
Hospital Indemnity	The Guardian Life Insurance Company of America	Hospital Indemnity Insurance Plan (Class 0001) (Group Number: 00083863) Hospital Indemnity Insurance Plan (Class 0002) (Group Number: 00083863) Hospital Indemnity Insurance Plan (Class 0003) (Group Number: 00083863)	10 Hudson Yards New York, NY 10001

Each of the insurer(s)/administrator(s) listed above produces booklets/certificates describing the benefits available under the Plan. These supplementary materials are part of this Plan document. These materials describe the benefits available under the Plan in detail. If you have not received these materials, please contact the Plan Sponsor for a copy.

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III—ELIGIBILITY

The chart below identifies the general eligibility criteria and any waiting periods applicable to benefits offered under the Plan.

Benefit Type	Eligibility Criteria	Waiting Period
All	Full-time employees working 30 or more hours per week	First of the month after 60 days

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IV—CAFETERIA PLAN

The terms of the Cafeteria Plan in the Prototype Document **DO** apply to this Plan.

The terms of the Health Care Flexible Spending Arrangement in the Prototype Document **DO NOT** apply to this Plan.

The terms of the Dependent Care Flexible Spending Arrangement in the Prototype Document **DO NOT** apply to this Plan.

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The Plan Sponsor hereby adopts the Lumelight Prototype Health and Welfare Plan Document and Summary Plan Description and this Adoption Agreement effective as of the effective date above.

T&D MORAVITS & COMPANY, LLC

By: _____

Title: CEO

Date: 9/17/2026

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