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DIRECTV

Summary of Tentative Agreement

08/25/2026

This Tentative Agreement must be ratified by September 25, 2026, for the following improvements to take effect on the date(s) indicated.

GENERAL WAGE INCREASE

Employees will receive negotiated wage increases over the term of the Agreement. The General Wage Increase will be applied at the top step of each wage table on the dates shown below, while Step 1 will remain unchanged and the remaining steps will increase exponentially. **These guaranteed wage increases compound to approximately 13.95% over the term of the Agreement, before any additional COLA increases.**

EFFECTIVE DATE	TOP STEP	BOTTOM STEP	CUMALITIVE
02/21/2027	**3.00%**	No Change	**3.00%**
08/22/2027	**1.00%***	No Change	**4.03%***
02/20/2028	**3.00%**	No Change	**7.15%**
02/18/2029	**3.25%**	No Change	**10.63%**
02/17/2030	**3.00%**	No Change	**13.95%**

*The additional 1.00% increase is conditioned upon the Company receiving official notice of ratification on or before September 25, 2026.

COST OF LIVING ADJUSTMENT (COLA)

Effective February 20, 2028, an adjustment will be made in basic weekly rates in each wage schedule. The amount of the adjustment shall be 0.5 times the increase above three and one-half percent (3.5%) in the U.S. Department of Labor Statistics "CPI-W" (1982-84=100) for December 2027 over December 2026. The adjustment will be added to the 2028 General Wage Increase and applied exponentially with no change to the starting wages. However, in no event shall the wage increase for 2028 exceed 5% in total.

Effective February 18, 2029, an adjustment will be made in basic weekly rates in each wage schedule. The amount of the adjustment shall be 0.5 times the increase above three and one-half percent (3.5%) in CPI-W for December 2028 over December 2027. The adjustment will be added to the 2029 General Wage Increase and applied exponentially with no change to starting wages. However, in no event shall the wage increase for 2029 exceed 5% in total.

Effective February 17, 2030, an adjustment will be made in basic weekly rates in each wage schedule. The amount of the adjustment shall be 0.5 times the increase

above three and one-half percent (3.5%) in CPI-W for December 2029 over December 2028. The adjustment will be added to the 2030 General Wage Increase and applied exponentially with no change to starting wages. However, in no event shall the wage increase for 2030 exceed 5% in total.

CONVERSION OF DH/FH DAYS TO EWP DAYS

Beginning with the 2028 vacation year, the two Floating Holidays and one Designated Holiday will be converted to three additional EWP days. With the four EWP days employees already receive, eligible employees will have seven EWP days in a calendar year. Employees may carry over four EWP days and take them through March of the following calendar year. For the 2027 vacation year, employees will continue to receive two (2) Floating Holidays, one Designated Holiday, and four EWP days.

ELIMINATION OF ILLNESS PAY WAIT DAY

Effective February 21, 2027, one illness-pay waiting day will be eliminated. Employees with one to less than five years of Net Credited Service will have their waiting period reduced from two days to one day. Employees with five to less than eight years will no longer have a waiting period. Employees with eight or more years already have no waiting period.

The number of paid illness days does not change. Employees hired on or before January 1, 2019 remain eligible for ten paid illness days, and employees hired after January 1, 2019 remain eligible for five paid illness days.

Employees Hired On/Before 1/1/2019 with Net Credited Service of	To be Paid After Waiting Periods of Consecutive Scheduled Working Days	Maximum Paid Days in a Calendar Year
1 year but less than 5	**1 day**	10 paid days
5 years but less than 8	**No waiting period**	10 paid days
8 years and over	**No waiting period**	10 paid days

Employees Hired After 1/1/2019 with Net Credited Service of	To be Paid After Waiting Periods of Consecutive Scheduled Working Days	Maximum Paid Days in a Calendar Year
1 year but less than 5	**1 day**	5 paid days
5 years but less than 8	**No waiting period**	5 paid days
8 years and over	**No waiting period**	5 paid days

FORCED ADJUSTMENT PAYOUT

The maximum severance payout for employees affected by a surplus/layoff will increase from $20,000 to $21,000.

Employees who are laid off as a result of a surplus will continue to receive $700 or one week's wages, whichever is greater, based on completed service as provided in the Agreement, with the maximum payout increased to **$21,000.**

DEATH OF FAMILY MEMBER

Currently, employees may request one additional unpaid day for the death of an immediate family member other than a wife, husband, daughter, son, mother, father, or legally recognized partner. **Under the new Agreement, if the funeral or memorial service for that family member is more than 200 miles from the employee's home, the employee may request one additional unpaid day, increasing the available unpaid time from one day to two days for travel over 200 miles.**

ADDITIONAL REP FOR GRIEVANCE

When the grievant attends a grievance meeting, the number of Union participants who may attend on paid time will increase from two to three.

PART-TIME LANGUAGE CHANGE

Part-time language in multiple Articles will be updated to simplify how EWP, vacation, sick pay, and benefits are calculated for part-time employees.

SAFETY FOOTWEAR ALLOWANCE

Effective February 21, 2027, Distribution Center Coordinator employees will receive a $150 annual Safety Footwear Allowance. The allowance will be paid in the first quarter of each year and is intended for purchasing safety footwear that meets

Company requirements. Employees who are on leave or disability will receive the allowance when they return to active duty.

AFTER CALL WORK (ACW)

Effective February 21, 2027, After Call Work (ACW) will be set at 20 seconds for VSS and VSS WFH employees in all work groups. ACW may be reduced to 15 seconds only during an Article 12 temporary work schedule, after notice to the Local, and only while that temporary schedule remains in place.

UNPLANNED TIME OFF

Employees will have one opportunity every six months (January to June and July to December) to use available EWP for an unplanned same-day or next-day absence. Requests must be submitted to Workforce Management and are subject to availability: one employee per work group per day for groups with fewer than 50 employees, or one employee per 50 employees for larger work groups. The time off may be less than a full shift, but it will count as the employee's one unplanned time-off event for that six-month period. This option cannot be used on a Company Recognized Holiday, during a holiday week, or during an Article 12 temporary work schedule, and may be used only Monday through Saturday, except the Saturday before a Company Recognized Holiday.

HEALTHCARE BENEFITS

The current Southeast Care medical plan remains in effect through December 31, 2027. The negotiated benefit changes begin January 1, 2028. Beginning in 2028, employees will choose between two medical options instead of three, as Option 3 will be eliminated. Under both Option 1 and Option 2, eligible medical, mental health/substance use, and prescription drug expenses will count toward the applicable deductible and out-of-pocket maximum, subject to the plan's stated exceptions.

Monthly Premium

Current Employees and 2017 New Hires

Option 1:

COVERAGE	2028	2029	2030	2031
Individual	**$206**	**$244**	**$284**	**$307**

Individual + Spouse	**$558**	**$655**	**$710**	**$768**
Individual + Child(ren)	**$444**	**$524**	**$568**	**$614**
Family	**$696**	**$786**	**$852**	**$921**

Option 2:

COVERAGE	2028	2029	2030	2031
Individual	**$125**	**$135**	**$147**	**$158**
Individual + Spouse	**$313**	**$338**	**$368**	**$395**
Individual + Child(ren)	**$250**	**$270**	**$294**	**$316**
Family	**$375**	**$405**	**$441**	**$474**

2024 New Hires

Option 1:

COVERAGE	2028	2029	2030	2031
Individual	**$294**	**$320**	**$348**	**$378**
Individual + Spouse	**$735**	**$800**	**$870**	**$945**
Individual + Child(ren)	**$588**	**$640**	**$696**	**$756**
Family	**$882**	**$960**	**$1,044**	**$1,134**

Option 2:

COVERAGE	2028	2029	2030	2031
Individual	**$175**	**$190**	**$208**	**$226**

Individual + Spouse	**$438**	**$475**	**$520**	**$565**
Individual + Child(ren)	**$350**	**$380**	**$416**	**$452**
Family	**$525**	**$570**	**$624**	**$678**

Working Spouse Contribution

2028	2029	2030	2031
$170	**$180**	**$190**	**$200**

Tobacco Use Contribution

2028	2029	2030	2031
$100	**$105**	**$110**	**$115**

Coinsurance

Current Employees, 2017 New Hires, and 2024 New Hires

	2028-2031	2028-2031
Option 1	**Network/ONA**	**Non-Network**
Preventive	0% Ded waived	No Benefit
Sickness/Illness	20% After Ded	50% After Ded
Emergency Room Facility/Professional Services (Emergencies)	20% After Ded	20% After Ded

Option 2:

	2028-2031	2028-2031
Option 2:	**Network/ONA**	**Non-Network**
Preventive	0% Ded waived	No Benefit

Sickness/Illness	30% After Ded	50% After Ded
Emergency Room Facility/Professional Services (Emergencies)	30% After Ded	30% After Ded

Examples of Coinsurance Provisions:

*Coinsurance is the percentage of an eligible covered expense an employee pays **after** the applicable Network/ONA or Non-Network deductible has been met.*

- ➔ Coinsurance applies to covered health services, including mental health/substance use benefits, as provided under the plan.
- ➔ Applies to all covered health services benefits, including mental health/substance **and prescription drugs** benefits under the program, with the exceptions below:
  - ◆ Coinsurance does not apply to Network/ONA preventive services.
- ➔ Coinsurance is calculated using the eligible/allowable amount of the covered expense, not necessarily the amount the provider charges.
- ➔ Amounts paid as coinsurance count toward the applicable Network/ONA or Non-Network Out-of-Pocket Maximum.

Annual Deductible

Option 1: Current Employees, 2017 New Hires, and 2024 New Hires

	2028		2029		2030		2031	
	Network & ONA	Non-Network	Network & ONA	Non-Network	Network & ONA	Non-Network	Network & ONA	Non-Network
Individual	**$1,450**	**$4,825**	**$1,500**	**$5,125**	**$1,550**	**$5,425**	**$1,650**	**$5,775**
Ind & Spouse	**$2,800**	**$9,550**	**$2,900**	**$10,150**	**$3,100**	**$10,850**	**$3,300**	**$11,550**
Ind & Child(ren)	**$2,800**	**$9,550**	**$2,900**	**$10,150**	**$3,100**	**$10,850**	**$3,300**	**$11,550**
Family	**$2,800**	**$9,550**	**$2,900**	**$10,150**	**$3,100**	**$10,850**	**$3,300**	**$11,550**

Integrated with Medical, Prescription Drug (Rx), and Mental Health/Substance Use (MH/SA) Benefits.

Annual Deductible Provisions:

*The Annual Deductible applies to covered medical, mental health/substance use, **and prescription drug expenses** that are subject to the deductible.*

- ➔ The following costs **do not** count toward the Annual Deductible:
  - Network/ONA preventive care
  - **Preventive Therapy Medications**
  - Monthly healthcare contributions/premiums
  - Charges for services that are not covered by the plan
  - Penalties for not following plan requirements, such as required preauthorization or predetermination
  - Charges above the amount the plan considers an eligible expense
  - Charges for services that are specifically excluded under the plan
- ➔ Only the eligible/allowable amount of a covered expense counts toward the Annual Deductible. If a provider charges more than the amount the plan recognizes, the additional amount does not count toward the deductible.
- ➔ Network/ONA and Non-Network deductibles are separate. Expenses applied toward one deductible do not count toward the other.
- ➔ For employees enrolled in Individual + Child(ren), Individual + Spouse, or Family coverage, the applicable family deductible must be met before the plan begins paying benefits that are subject to the deductible. One family member or a combination of covered family members may meet the deductible.
- ➔ **The following costs paid by the participant apply toward the applicable Network/ONA or Non-Network Deductible amounts:**
  - **Network allowable charges for eligible expenses (for Network/ONA),**
  - **Non-Network allowable charges for eligible expenses (for Non-Network), Outpatient drug allowable charges for eligible expenses.**

Option 2: Current Employees, 2017 New Hires, and 2024 New Hires

No change from current program except as provided below.

	2028		2029		2030		2031	
	Network & ONA	Non-Network	Network & ONA	Non-Network	Network & ONA	Non-Network	Network & ONA	Non-Network
Individual	**$2,625**	**$7,875**	**$2,725**	**$8,175**	**$2,825**	**$8,475**	**$2,925**	**$8,775**
Ind & Spouse	**$5,250**	**$15,750**	**$5,450**	**$16,350**	**$5,650**	**$16,950**	**$5,850**	**$17,550**
Ind & Child(ren)	**$5,250**	**$15,750**	**$5,450**	**$16,350**	**$5,650**	**$16,950**	**$5,850**	**$17,550**
Family	**$5,250**	**$15,750**	**$5,450**	**$16,350**	**$5,650**	**$16,950**	**$5,850**	**$17,550**

Annual Out-of-Pocket Maximum

Option 1: Current Employees, 2017 New Hires, and 2024 New Hires

	2028		2029		2030		2031	
	Network & ONA	Non-Network	Network & ONA	Non-Network	Network & ONA	Non-Network	Network & ONA	Non-Network
Individual	**$6,000**	**$7,875**	**$2,725**	**$8,175**	**$2,825**	**$8,475**	**$2,925**	**$8,775**
Ind & Spouse	**$12,000**	**$15,750**	**$5,450**	**$16,350**	**$5,650**	**$16,950**	**$5,850**	**$17,550**
Ind & Child(ren)	**$12,000**	**$15,750**	**$5,450**	**$16,350**	**$5,650**	**$16,950**	**$5,850**	**$17,550**
Family	**$12,000**	**$15,750**	**$5,450**	**$16,350**	**$5,650**	**$16,950**	**$5,850**	**$17,550**

Option 2:

COVERAGE	2028	2029	2030	2031
Individual - Network	**$7,300**	**$7,400**	**$7,500**	**$7,600**
Family Tiers - Network	**$14,600**	**$14,800**	**$15,000**	**$15,200**
Individual - Non-Network	**$21,900**	**$22,200**	**$22,500**	**$22,800**
Family Tiers - Non-Network	**$43,800**	**$44,400**	**$45,000**	**$45,600**

Annual Out-of-Pocket Maximum Provisions:

- ➔ **Integrated with Medical, Prescription Drug (Rx), and Mental Health/Substance Use (MH/SA) Benefits**
- ➔ The Annual Out-of-Pocket Maximum is the most an employee will pay toward eligible covered expenses during the plan year before the plan begins paying 100% of additional eligible covered expenses, subject to the terms of the plan.
- ➔ The following employee costs count toward the applicable Network/ONA or Non-Network Out-of-Pocket Maximum:
  - ◆ Annual Deductibles
  - ◆ Coinsurance
  - ◆ Eligible outpatient prescription drug expenses

- ➔ The following costs do not count toward the Out-of-Pocket Maximum and will not be paid by the plan after the maximum is met:
  - ◆ Prescription drug copays
  - ◆ Monthly healthcare contributions/premiums
  - ◆ Charges for services that are not covered by the plan
  - ◆ Penalties for not following plan requirements, such as required preauthorization or predetermination
  - ◆ Charges above the amount the plan considers an eligible expense
  - ◆ Charges for services that are specifically excluded under the plan
- ➔ Network/ONA and Non-Network Out-of-Pocket Maximums are separate. Expenses applied toward one do not count toward the other.
- ➔ The Non-Network Annual Out-of-Pocket Maximum is three times the applicable Network Annual Out-of-Pocket Maximum.

Prescription Drug Benefits

Deductible & Out-of-Pocket Maximum

Options 1 & 2: Prescription drug benefits are integrated with medical and mental health/substance use benefits for purposes of the applicable deductible and Out-of-Pocket Maximum.

Preventive Therapy Medications used to treat congestive heart failure, coronary artery disease, diabetes, asthma, depression, and osteoporosis are not subject to the deductible. The applicable prescription drug copay will still apply.

Prescription Drug Copays – Options 1 & 2

DRUG TYPE	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER	LIMITATIONS
Generic Drugs	Retail: $10 Copay/Rx (2028-2031) Mail Order: $20 Copay/Rx (2028-2031) Copay does not apply to Preventive Drugs	Pay full price, then file a claim for reimbursement; 50% of discounted price is covered.	Retail: Up to a 30-day supply; maintenance prescriptions are limited to two fills at retail, then Mail Order is required. Mail Order: Up to a 90-day supply, subject to Specialty Rx provisions.
Preferred Brand Drugs	Retail: $72 / $75 / $78 / $81 Copay/Rx (2028-2031)	Pay full price, then file a claim for reimbursement; 50% of	

	Mail Order: $144 / $150 / $156 / $162 Copay/Rx (2028-2031) Copay does not apply to Preventive Care Drugs	discounted price is covered.	
Non-Preferred Brand Drugs	Retail: $174 / $180 / $186 / $192 Copay/Rx (2028-2031) Mail Order: $348 / $360 / $372 / $384 Copay/Rx (2028-2031) Copay does not apply to Preventive Care Drugs	Pay full price, then file a claim for reimbursement; 50% of discounted price is covered.	
Specialty Drugs	Covered; refer to copays above.	Covered; refer to copays above.	Must be filled through the Rx Benefits Administrator's Specialty Pharmacy after the first fill at retail.

Part-Time Medical Contributions

Beginning with the 2028 plan year, part-time employees scheduled to work at least 17 but less than 25 hours per week will pay 50% of the full cost of medical coverage. Employees scheduled below the applicable eligibility threshold will pay 100% of the cost of coverage, with no Company subsidy.

Dental Benefits

COVERAGE	2028	2029	2030	2031
Individual	**$12**	**$13**	**$14**	**$15**
Individual + 1	**$22**	**$23**	**$24**	**$25**
Family	**$32**	**$33**	**$34**	**$35**

Vision Benefits

COVERAGE	2028	2029	2030	2031
Individual	**$7**	**$8**	**$9**	**$10**
Individual + 1	**$14**	**$16**	**$18**	**$20**
Family	**$19**	**$21**	**$23**	**$25**

Duration of Agreement

The new DIRECTV Southeast Care Labor Agreement will be effective February 22, 2027, through February 15, 2031. Individual provisions and benefit changes will take effect on the specific dates stated in this Tentative Agreement.