



| BENEFIT   | ELIGIBILITY  | BENEFIT INFORMATION  |               |        |                                   |          |             |          |                 |          |        |          |
|---|--|--|---------------|--------|-----------------------------------|----------|-------------|----------|-----------------|----------|--------|----------|
| <b>Plan 1 HDHP/HSA Health Insurance: BlueCross BlueShield</b> | <p>Eligible first of the month following 60 days of employment. Associates may choose from 2 plans from BCBS</p> <p>Blue S Network<br/>\$6,000/yr. single deductible \$12,000/yr. family deductible<br/>\$6,000/yr. single Max OOP, \$12,000/yr. family Max OOP<br/>Office Visit: 100% after deductible Specialist: 100% after deductible<br/>ER: 100% after deductible<br/>Preventive RX co pay: \$3/\$25/\$50 copay, All Others 100% after deductible</p>  | <table><tr><th>Coverage Type</th><th>Weekly</th></tr><tr><td>Employee Only</td><td>\$ 35.18</td></tr><tr><td>EE &amp; Spouse</td><td>\$112.56</td></tr><tr><td>EE &amp; Child(ren)</td><td>\$ 93.56</td></tr><tr><td>Family</td><td>\$178.34</td></tr></table> <p><i>Premiums are deducted on pre-taxed basis.</i></p> | Coverage Type | Weekly | Employee Only                     | \$ 35.18 | EE & Spouse | \$112.56 | EE & Child(ren) | \$ 93.56 | Family | \$178.34 |
| Coverage Type   | Weekly   |  |               |        |                                   |          |             |          |                 |          |        |          |
| Employee Only   | \$ 35.18   |  |               |        |                                   |          |             |          |                 |          |        |          |
| EE & Spouse   | \$112.56   |  |               |        |                                   |          |             |          |                 |          |        |          |
| EE & Child(ren)   | \$ 93.56   |  |               |        |                                   |          |             |          |                 |          |        |          |
| Family  | \$178.34   |  |               |        |                                   |          |             |          |                 |          |        |          |
| <b>Plan 2 PPO Health Insurance: BlueCross BlueShield</b>      | <p>Eligible first of the month following 60 days of employment. Associates may choose from 3 plans from BCBS</p> <p>Blue S Network<br/>\$4,000/yr. single deductible \$8,000/yr. family deductible<br/>\$5,000/yr. single Max OOP, \$10,00/yr. family Max OOP<br/>Office Visit: \$50 copay Specialist: \$100 copay<br/>ER: 100% after deductible<br/>RX co pay: \$10/\$35/\$50 copay, Specialty RX co pay: \$100</p>   | <table><tr><th>Coverage Type</th><th>Weekly</th></tr><tr><td>Employee Only</td><td>\$ 62.94</td></tr><tr><td>EE &amp; Spouse</td><td>\$170.87</td></tr><tr><td>EE &amp; Child(ren)</td><td>\$144.38</td></tr><tr><td>Family</td><td>\$262.61</td></tr></table> <p><i>Premiums are deducted on pre-taxed basis.</i></p> | Coverage Type | Weekly | Employee Only                     | \$ 62.94 | EE & Spouse | \$170.87 | EE & Child(ren) | \$144.38 | Family | \$262.61 |
| Coverage Type   | Weekly   |  |               |        |                                   |          |             |          |                 |          |        |          |
| Employee Only   | \$ 62.94   |  |               |        |                                   |          |             |          |                 |          |        |          |
| EE & Spouse   | \$170.87   |  |               |        |                                   |          |             |          |                 |          |        |          |
| EE & Child(ren)   | \$144.38   |  |               |        |                                   |          |             |          |                 |          |        |          |
| Family  | \$262.61   |  |               |        |                                   |          |             |          |                 |          |        |          |
| <b>Telehealth Insurance: Healthiest You</b>                   | <p>Associate pays cost for Telehealth. You must be enrolled in Medical, to be able to elect Telehealth with Healthiest You.</p> <ul style="list-style-type: none"><li>• 24/7/365 access to the largest telehealth network in the country (available in all states but Idaho and Arkansas)</li><li>• Prescription Drug finder - shop multiple PBMs to find the lowest cash price on prescriptions. Our engine beats the average copay 70% of the time</li><li>• Check Insurance** - View plan deductibles, and deductible balance real-time.</li><li>• Radar** - View a virtual map based on your location to find anything from an in-network Urgent Care to a Veterinarian (and much more).</li><li>• Circles - Use Circles to save your preferred providers, prescriptions, urgent care facilities, pharmacies, and much more. Easily access your healthcare ecosystem and avoid needing to visit multiple websites.</li><li>• Top Providers** - Find top providers that are in your network in your area based on patient ratings.</li><li>• Shop Procedures - Determine the average cost of a procedure in your area - cash or based on your insurance plan.</li><li>• Wellness content - Wellness articles and videos available via smartphone app.</li></ul> | <table><tr><th>Coverage Type</th><th>Weekly</th></tr><tr><td>Employee Plus Spouse &amp; Dependents</td><td>\$3.00</td></tr></table>  | Coverage Type | Weekly | Employee Plus Spouse & Dependents | \$3.00   |             |          |                 |          |        |          |
| Coverage Type   | Weekly   |  |               |        |                                   |          |             |          |                 |          |        |          |
| Employee Plus Spouse & Dependents                             | \$3.00   |  |               |        |                                   |          |             |          |                 |          |        |          |



| BENEFIT   | ELIGIBILITY   | BENEFIT INFORMATION  |      |                              |        |                        |        |                        |               |         |         |              |         |         |                 |         |         |        |         |         |
|---|---|--|------|------------------------------|--------|------------------------|--------|------------------------|---------------|---------|---------|--------------|---------|---------|-----------------|---------|---------|--------|---------|---------|
| <b>Voluntary Vision Insurance: BlueCross BlueShield</b> | Associate pays cost for Vision insurance.<br><u>Plan 1:</u> \$10 Co pay for Exam; \$25 Material Co pay; \$55 Fit and Follow up Co pay<br>Up to \$100 Annual Allowance for Contact Lenses<br>Up to \$100 Annual Allowance for Frames (Available Every Year)<br><br><u>Plan 2:</u> \$10 Co pay for Exam; \$25 Material Co pay; \$55 Fit and Follow up Co pay<br>Up to \$120 Annual Allowance for Contact Lenses<br>Up to \$120 Annual Allowance for Frames (Available Every Year) | <table><tr><td></td><td>Plan 1</td><td>Plan 2</td></tr><tr><td>Coverage Type</td><td>Weekly</td><td>Weekly</td></tr><tr><td>Employee Only</td><td>\$ 1.02</td><td>\$ 1.16</td></tr><tr><td>Employee + 1</td><td>\$ 2.05</td><td>\$ 2.32</td></tr><tr><td>Employee + 2</td><td>\$ 3.28</td><td>\$ 3.72</td></tr></table><br><i>Premiums may be deducted on pre-taxed or post-tax basis. Eligible first of the month following 60 days of employment.</i>  |      | Plan 1                       | Plan 2 | Coverage Type          | Weekly | Weekly                 | Employee Only | \$ 1.02 | \$ 1.16 | Employee + 1 | \$ 2.05 | \$ 2.32 | Employee + 2    | \$ 3.28 | \$ 3.72 |        |         |         |
|   | Plan 1  | Plan 2   |      |                              |        |                        |        |                        |               |         |         |              |         |         |                 |         |         |        |         |         |
| Coverage Type   | Weekly  | Weekly   |      |                              |        |                        |        |                        |               |         |         |              |         |         |                 |         |         |        |         |         |
| Employee Only   | \$ 1.02   | \$ 1.16  |      |                              |        |                        |        |                        |               |         |         |              |         |         |                 |         |         |        |         |         |
| Employee + 1  | \$ 2.05   | \$ 2.32  |      |                              |        |                        |        |                        |               |         |         |              |         |         |                 |         |         |        |         |         |
| Employee + 2  | \$ 3.28   | \$ 3.72  |      |                              |        |                        |        |                        |               |         |         |              |         |         |                 |         |         |        |         |         |
| <b>Voluntary Dental Insurance: BlueCross BlueShield</b> | Associate pays cost for Dental insurance.<br><u>Plan 1:</u> \$50 single deductible \$150/yr. family deductible \$1,000 Calendar Year Maximum<br>100% Preventive; 80% Basic; 50% Major<br>No Child Orthodontia<br><u>Plan 2:</u> \$50/yr. single deductible \$150/yr. family deductible \$1,000 Calendar Year Maximum<br>100% Preventive; 90% Basic; 60% Major<br>50% Child Orthodontia  | <table><tr><td></td><td>Plan 1</td><td>Plan 2</td></tr><tr><td>Coverage Type</td><td>Weekly</td><td>Weekly</td></tr><tr><td>Employee Only</td><td>\$ 5.28</td><td>\$ 6.70</td></tr><tr><td>EE &amp; Spouse</td><td>\$10.95</td><td>\$13.92</td></tr><tr><td>EE &amp; Child(ren)</td><td>\$11.15</td><td>\$16.14</td></tr><tr><td>Family</td><td>\$20.90</td><td>\$27.73</td></tr></table><br><i>Premiums are deducted on pre-taxed basis. Eligible first of the month following 60 days of employment.</i>   |      | Plan 1                       | Plan 2 | Coverage Type          | Weekly | Weekly                 | Employee Only | \$ 5.28 | \$ 6.70 | EE & Spouse  | \$10.95 | \$13.92 | EE & Child(ren) | \$11.15 | \$16.14 | Family | \$20.90 | \$27.73 |
|   | Plan 1  | Plan 2   |      |                              |        |                        |        |                        |               |         |         |              |         |         |                 |         |         |        |         |         |
| Coverage Type   | Weekly  | Weekly   |      |                              |        |                        |        |                        |               |         |         |              |         |         |                 |         |         |        |         |         |
| Employee Only   | \$ 5.28   | \$ 6.70  |      |                              |        |                        |        |                        |               |         |         |              |         |         |                 |         |         |        |         |         |
| EE & Spouse   | \$10.95   | \$13.92  |      |                              |        |                        |        |                        |               |         |         |              |         |         |                 |         |         |        |         |         |
| EE & Child(ren)   | \$11.15   | \$16.14  |      |                              |        |                        |        |                        |               |         |         |              |         |         |                 |         |         |        |         |         |
| Family  | \$20.90   | \$27.73  |      |                              |        |                        |        |                        |               |         |         |              |         |         |                 |         |         |        |         |         |
| <b>Basic Life Insurance: Unum</b>                       | Eligible first of the month following 60 days of employment.<br>Associate pays cost for Life insurance. Policy is portable.   | Your Term Life coverage options are:<br>Employee: Up to 5 time's salary in increments of \$10,000.<br><i>Not to exceed \$500,000.</i><br>Spouse: Up to 100% of employee amount in increments of \$5,000.<br><i>Not to exceed \$500,000.</i> Benefits will be paid to the employee.<br>Child: Up to 100% of employee coverage amount in increments of \$2,000.<br><i>Not to exceed \$10,000.</i><br><i>The maximum death benefit for a child between the ages of live birth and 6 months is \$1000.</i> Benefits will be paid to the employee.<br><i>To purchase Life coverage for your spouse and/or child, you must purchase Life coverage for yourself.</i><br><br>Coverage amount(s) will reduce according to the following schedule:<br><table><tr><td>Age:</td><td>Insurance Amount Reduces to:</td></tr><tr><td>70</td><td>65% of original amount</td></tr><tr><td>75</td><td>50% of original amount</td></tr></table> | Age: | Insurance Amount Reduces to: | 70     | 65% of original amount | 75     | 50% of original amount |               |         |         |              |         |         |                 |         |         |        |         |         |
| Age:  | Insurance Amount Reduces to:  |  |      |                              |        |                        |        |                        |               |         |         |              |         |         |                 |         |         |        |         |         |
| 70  | 65% of original amount  |  |      |                              |        |                        |        |                        |               |         |         |              |         |         |                 |         |         |        |         |         |
| 75  | 50% of original amount  |  |      |                              |        |                        |        |                        |               |         |         |              |         |         |                 |         |         |        |         |         |
| <b>Short Term Disability: Unum</b>                      | Eligible first of the month following 60 days of employment.<br>Associate pays cost for Short Term Disability.  | <b>Elimination Period:</b> Paid after 14 days of disability<br><b>Weekly Benefit:</b> 60% of Base Salary<br><b>Maximum Benefit:</b> \$500/week up to 13 weeks<br>Premium rates vary on age and benefit amount.   |      |                              |        |                        |        |                        |               |         |         |              |         |         |                 |         |         |        |         |         |
| <b>Long Term Disability: Unum</b>                       | Eligible first of the month following 60 days of employment.<br>Associate pays cost for Long Term Disability.   | <b>Elimination Period:</b> Paid after 90 days of disability<br><b>Monthly Benefit:</b> 60% of salary<br><b>Maximum:</b> \$5,000/month<br>Premium rates vary on age and benefit amount.   |      |                              |        |                        |        |                        |               |         |         |              |         |         |                 |         |         |        |         |         |
| <b>Accident Insurance: Guardian</b>                     | Eligible first of the month following 60 days of employment.<br>Associate pays pre-tax cost for Accident/Sickness insurance. Policy is portable without a rate change.  | Guarantee Issue Amount:<br>\$10,000 – Employee <70<br>\$5,000 – Spouse <70<br>Premium rates vary on age and benefit amounts.   |      |                              |        |                        |        |                        |               |         |         |              |         |         |                 |         |         |        |         |         |
| <b>Critical Illness w/ Rider Option: Guardian</b>       | Eligible first of the month following 60 days of employment.<br>Associate pays post-tax cost for Critical Illness insurance. Policy is portable without a rate change.  | Lump sum payment paid for specific critical illnesses, such as heart attack, stroke, cancer, major organ transplant, kidney failure, bypass surgery. \$5,000 - \$50,000 coverage. Rider includes an additional benefit of \$250 skin cancer and Cancer Vaccine Benefit   |      |                              |        |                        |        |                        |               |         |         |              |         |         |                 |         |         |        |         |         |