

2026



BENEFITS GUIDE

CHOICES TO FIT YOUR LIFE

Your company benefits are designed to meet you where you are – through all of life’s stages. We’ve got you and your family covered with benefits that support your health, finances, and overall wellness.

This guide details the wide range of 2026 benefits, designed to meet your individual needs. Take time to review this information so you can find the benefits options that are right for you and your family.

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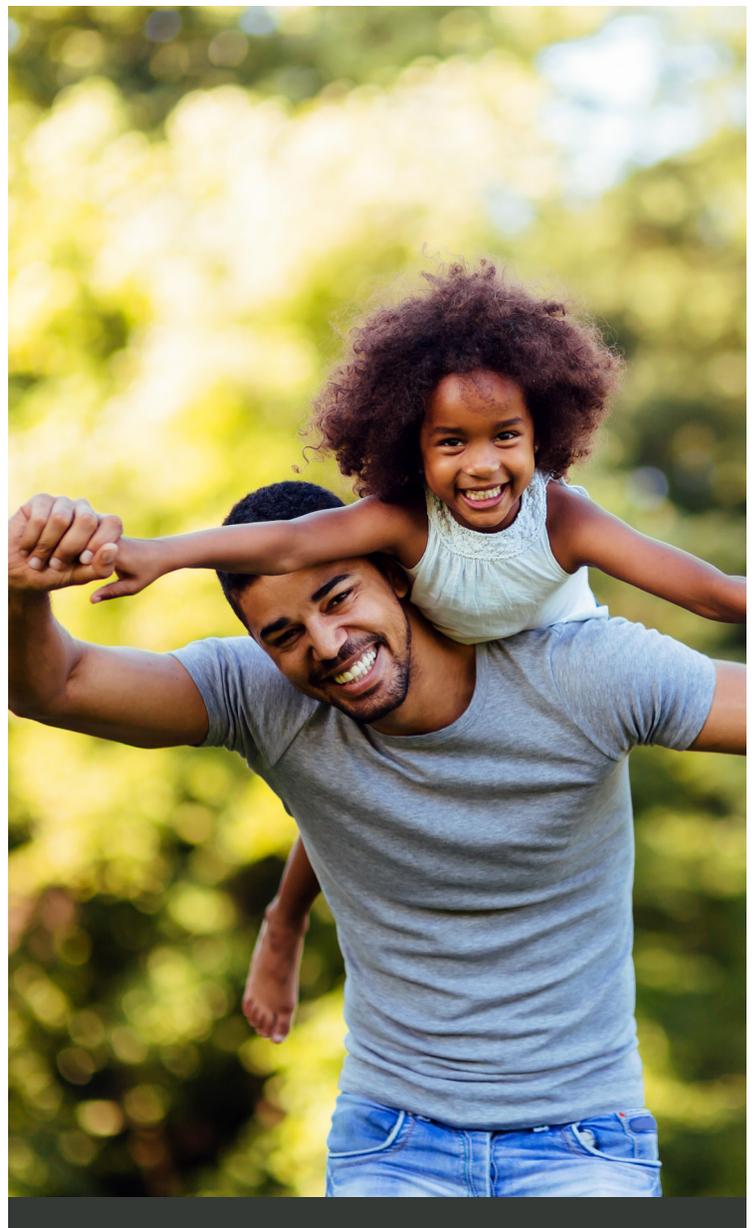
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SCAN ME



YOUR BENEFITS, JUST A CLICK AWAY!

YOUR BENEFITS WEBSITE:
[OWNYOURBENEFITS.MYBENEFITPORT.COM](https://ownyourbenefits.mybenefitport.com)

Your benefits website gives you an access point for all your benefits information in one place. So, no matter how busy life gets, the information you need will always only be one click away.

You or anyone in your family can access the information you need by using the password: **My2026benefits**. Visit throughout the year to learn what's new and how you can make the most of your benefits.

It's all there when you need it – no matter where you are in your journey.

IMPORTANT NOTE!

Enrollment is completed through **Workday HR**. You can access the website link directly from the company's intranet. If you need assistance signing in, contact the OneIT Service Desk.

Call: **(804) 533-5556**.

The IT Support Team is available seven days a week, 24 hours a day.

NEED BENEFITS HELP?

Contact a Benefits Solutions Counselor for help with your new hire benefits enrollment or Qualified Life Event, issues accessing your benefits coverage, or any other general benefits questions.

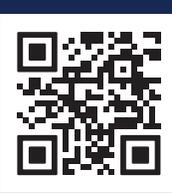
Call: **(800) 463-3819** Monday – Friday from 8:00 a.m. to 7:00 p.m. ET. You may also schedule an appointment between 7:00 p.m. and 10:00 p.m. ET.

Schedule an appointment at
calendly.com/ownyourbenefits.

Appointments are recommended for languages other than English or Spanish.

Email: **ownyourbenefits@bpaenroll.com**

SCAN ME



ELIGIBILITY

As a member of the team, you're eligible for benefits if you work 30 hours or more per week.

ELIGIBLE DEPENDENTS

During enrollment, you'll be asked to verify your dependents meet the eligibility requirements for coverage.

Your spouse.

The term "spouse" means the individual you're lawfully married to.

Your domestic partner.

Domestic partners must be 18 years of age or older and unmarried; not related by blood in any manner that would prohibit legal marriage; have assumed mutual obligations for the welfare and support of each other; share a common residence and live together as a couple in the same household; and be each other's sole domestic partner.

IMPORTANT NOTE

Spouses or domestic partners who have access to other employer insurance cannot be enrolled for coverage under the company medical or prescription plans.

Your qualified children under the age of 26.

This can be your biological son or daughter, stepson or stepdaughter, a legally adopted individual, your domestic partner's children, an individual who is lawfully placed with you for legal adoption, and/or eligible foster children.

Your unmarried child who is disabled, living with you, dependent on you for support, and unable to support themselves due to a mental or physical disability.

DEPENDENT ELIGIBILITY VERIFICATION

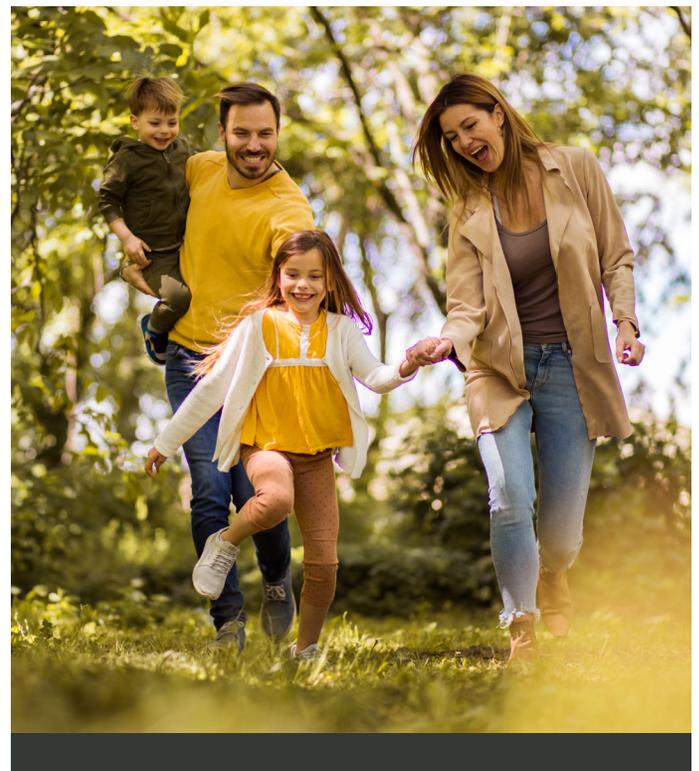
Domestic partners.

The company provides certain benefits to your domestic partner and their eligible children under the company Welfare Benefits Plan, provided you and your domestic partner complete and sign the Declaration of Domestic Partnership (the "Declaration").

You must sign the Declaration and upload it along with appropriate documentation to Workday HR within 31 days of hire/Qualified Life Event or by the end of the Open Enrollment period. For a list of acceptable documentation, refer to the Declaration of Domestic Partnership located in the Documents Library of our benefits website.

All other dependents.

The company reserves the right to audit dependent eligibility. Be sure to keep proof of your dependents' eligibility in case you are audited. For a list of acceptable supporting documentation, refer to the Documents Library of our benefits website.



ENROLLING OR CHANGING YOUR BENEFITS

OPEN ENROLLMENT

Open Enrollment is a period each fall when you can enroll, adjust, or cancel your benefits elections. Changes take effect January 1. Be sure to review your current coverage, reflect on what might have changed over the past year, and think about changes you may need to make in the year ahead. After the Open Enrollment period ends, you may not change your benefits elections during 2026 unless you experience a Qualified Life Event.

NEW HIRE

You must enroll in 2026 benefits within 31 days of your hire date. Coverage for most benefits begins day 1 of employment. After the enrollment period ends, you may not change your benefits elections during 2026 unless you experience a Qualified Life Event.

QUALIFIED LIFE EVENTS

If you experience any of the following events, you can make changes to your 2026 benefits:

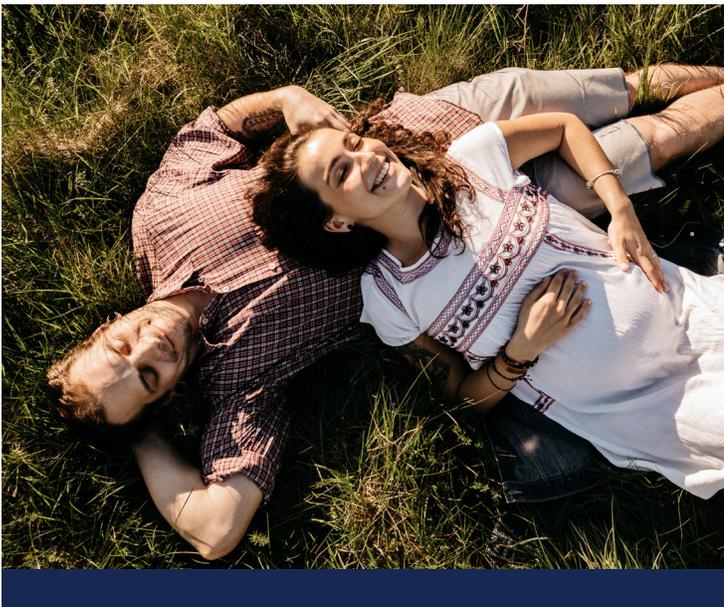
- Marriage
- Divorce or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your work status that affects your benefits
- Loss/gain of coverage elsewhere
- Change in residence that affects your eligibility for coverage
- Gain/loss of Medicare, Medicaid, or CHIP coverage
- Change in adult dependent or childcare costs (Dependent Care Flexible Spending Account (DCFSA) only)

DEADLINE FOR MAKING BENEFITS CHANGES

Benefits changes must be made within 31 days of your Qualified Life Event. You are required to provide documentation confirming your life event eligibility. This documentation will also need to be provided within 31 days of the life event.

MEDICARE, MEDICAID, AND CHIP – DEADLINE FOR MAKING BENEFITS CHANGES

If you have gained or lost Medicare, Medicaid, or Children's Health Insurance Program (CHIP) coverage, you have 60 days to submit your Qualified Life Event and provide all required documentation.



TOBACCO SURCHARGE

The company cares about your health and well-being. In an effort to promote and support the health and wellness of our teammates, the company imposes a premium surcharge for tobacco users. Teammates and their spouses/domestic partners who are non-tobacco users will be eligible for the reward of reduced (non-tobacco) premiums.

Enrolled teammates may be charged a monthly premium surcharge if either the enrolled teammate, spouse, or domestic partner has used a tobacco product in the previous six months.

A tobacco user is defined as anyone who has used any tobacco product, including cigarettes, cigars, chewing tobacco, snuff, or pipe tobacco, at least four times per week for the last six months.

This information is self-reported in Workday HR during enrollment.

TOBACCO CESSATION PROGRAMS

The company provides multiple tobacco cessation programs to help you lead a healthier life. While staying healthy and taking care of yourself is its own reward, it can also help you lower your out-of-pocket medical costs. If you are unable to meet the standard of being tobacco-free, you can earn the reward of reduced (non-tobacco) premiums by completing a tobacco cessation program.



Below is the contact information for the tobacco cessation programs available through the company medical plans:

UNITEDHEALTHCARE

Quit For Life[®] is designed to give you the confidence you need to quit tobacco for good. Get a personalized quit plan and 1:1 access to coaches via phone, chat, or text. Plus, get group video sessions and more, all at no additional cost. Receive a Quit Kit that includes Nicotine Replacement Therapy like gum or patches to help conquer cravings.

Get started at quitnow.net or call **(866) 784-8454** TTY 711.

KAISER

Kaiser offers multiple tobacco cessation programs, which combine counseling, behavior modification, and medication support. To make treatment more accessible, classes and telephone support are usually offered at no cost to members, and the online tobacco cessation program is free. Members can also get prescribed over-the-counter Nicotine Replacement Therapy at a discount (may require participation in designated behavioral modification programs) or other medically necessary smoking cessation medications for the usual copay, depending on the member's pharmacy benefits (also may require participation in designated behavioral modification programs). Your Kaiser Permanente physician will determine medical necessity and prescribe smoking cessation medications.

To engage in one of Kaiser's Healthy Lifestyle Programs, including tobacco cessation, you will need to first take the Total Health Assessment at kp.org/tha. In addition, members can contact their KP medical center/PCP or their Member Services phone number on their ID cards for information and guidance.

TOBACCO CESSATION PROGRAM ALTERNATIVES

Your health plan is committed to helping you achieve your best health. If you think you might be unable to meet the tobacco-free standard through these programs, you might qualify for an opportunity to earn the reward of reduced (non-tobacco) premiums by alternative means. Contact a Benefits Solutions Counselor at ownyourbenefits@bpaenroll.com to work with a benefits team member (and, if you wish, your doctor) to find a reasonable alternative that is right for you in light of your health status.

Additional tobacco cessation resources can be found on our benefits website. This information does not apply to teammates in Hawaii.

Removal and Refund of Tobacco Surcharge

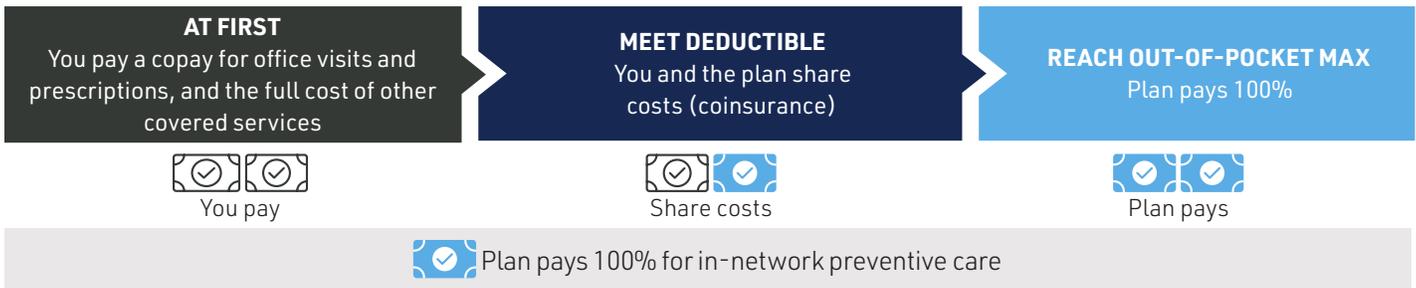
The premium surcharge may be removed by completing the tobacco cessation program offered by the company or by completing an approved reasonable alternative within six months of the 2026 benefits effective date associated with the first time you or your spouse/domestic partner first identified as a tobacco user. Once you have completed a tobacco cessation program or approved reasonable alternative and provided proof of completion, the premium surcharge will be removed, and a retroactive refund of the premium surcharge for that year will be issued as soon as administratively possible. Your proof of completion must be submitted to the Benefits Solutions Team at ownyourbenefits@bpaenroll.com within 10 days of receipt.



MEDICAL AND PRESCRIPTION

You have a choice of medical plans with a range of coverage levels and costs, so you have the flexibility to select the option that's best for you. You have two plan options through UnitedHealthcare, providing both in- and out-of-network coverage (you pay less when you stay in network). Both plans include prescription drug coverage through OptumRx and are available in all states except Hawaii.

1. UnitedHealthcare PPO Core: This is a Preferred Provider Organization (PPO) Plan. You pay a copay for office visits or urgent care from an in-network provider. You also pay a copay for most covered prescription drugs. For other covered services, you pay the deductible plus coinsurance. When you reach your annual out-of-pocket maximum, the plan pays 100% for the rest of the year. If you enroll in this option, you can enroll in the Health Care Flexible Spending Account.



2. UnitedHealthcare High-Deductible Health Plan w/Optional HSA: This option has a higher deductible compared to the other UnitedHealthcare plan, but lower premiums. You pay 100% of medical and prescription costs until you meet your deductible. Then the plan pays 60% of covered costs. If you reach your out-of-pocket maximum, the plan pays 100% until year-end. This HDHP is paired with a tax-advantaged Health Savings Account (HSA) to help you pay out-of-pocket expenses. The company matches your contributions up to a certain amount each year, depending on your coverage.



DON'T FORGET!

In-network preventive care is covered at 100% under both of our medical plans.



MEDICAL AND PRESCRIPTION COVERAGE AT A GLANCE

	UnitedHealthcare PPO Core	UnitedHealthcare HDHP with Optional HSA
HSA eligible	No	Yes
Company-matching contribution to HSA	N/A	<ul style="list-style-type: none"> • \$300 (teammate only) • \$425 (teammate + spouse/domestic partner/child(ren)) • \$600 (teammate + family) • See page 16 for details. You must contribute to your HSA in order to receive the company match.
In-network care: your costs		
Preventive care	\$0; plan pays 100%	\$0; plan pays 100%
Individual/family deductible	\$3,000/\$6,000	\$4,500/\$9,000
Individual/family out-of-pocket maximum (includes deductible)	\$9,000/\$18,000	\$8,500/\$17,000
Your coinsurance	30% after deductible	40% after deductible
Office visit (primary care/specialist)	\$30 copay/\$60 copay	40% after deductible
Telemedicine visit	\$30	40% after deductible
Emergency room visit	30% after deductible	40% after deductible
Prescriptions: your costs		
Retail: 30-day supply	Deductible does not apply:	40% after deductible*
Generic	Tier 1 – \$15	
Formulary	Tier 2 – \$60	
Non-formulary	Tier 3 – \$75	
Specialty	Tier 4 – 50%	
	Coinsurance up to \$125 max*	
Mail order: 90-day supply	Deductible does not apply:	
Generic	Tier 1 – \$38	Tier 1 – 40% after deductible
Formulary	Tier 2 – \$125	Tier 2 – 40% after deductible
Non-formulary	Tier 3 – \$188	Tier 3 – 40% after deductible
Specialty	Tier 4 – N/A	Tier 4 – N/A
Preventive maintenance drugs are covered at 100% on both plans.		

*Specialty must be filled through Optum Specialty Pharmacy (mail order only).

LEARN MORE

For more information, visit the UnitedHealthcare website at: [whyuhc.com/ownyourbenefits](https://www.whyuhc.com/ownyourbenefits).



REGIONAL MEDICAL PLAN OPTIONS

Depending on where you live, you may also be eligible to select Kaiser Medical Plan for your medical care coverage.

KAISER MEDICAL

Kaiser offers comprehensive coverage and the convenience of coordinated care among Kaiser providers. We offer a High-Deductible Health Plan (HDHP) option for teammates in **California, Colorado, Georgia, Washington**, and in the Northwest (**Oregon** and Southern **Washington**), and Mid-Atlantic (**District of Columbia, Maryland, and Virginia**). If you choose this plan, you can enroll in a Health Savings Account (HSA).

Hawaii teammates have the option of enrolling in the Point of Service (POS) 405 Plan. This plan is compatible with the Health Care Flexible Spending Account.

	Kaiser HDHP with Optional HSA – CA	Kaiser HDHP with Optional HSA – CO	Kaiser HDHP with Optional HSA – GA
	In-Network	In-Network	In-Network
Annual Deductible			
Single	\$4,500	\$4,500	\$4,500
Family	\$9,000	\$9,000	\$9,000
Embedded or Aggregate	Embedded	Embedded	Embedded
Annual Out-of-Pocket Max			
Single	\$8,500	\$8,500	\$8,500
Family	\$17,000	\$17,000	\$17,000
Embedded	Yes	Yes	Yes
Office Visit	40% after deductible	40% after deductible	40% after deductible
Preventive Services	No charge	No charge	No charge
Chiropractic Care (May require medical necessity)	40% after deductible (up to 20 visits per year)	40% after deductible (up to 20 visits per year)	40% after deductible (up to 20 visits per year)
Lab & X-ray	40% after deductible	40% after deductible	40% after deductible
Inpatient Hospitalization	40% after deductible	40% after deductible	40% after deductible
Outpatient Surgery	40% after deductible	40% after deductible	40% after deductible
Urgent Care	40% after deductible	40% after deductible	40% after deductible
Emergency Room	40% after deductible	40% after deductible	40% after deductible
Prescription Drugs	Generic/Brand	Generic/Brand	Generic/Brand
Deductible (Single/Family)	Combined w/medical	Combined w/medical	Combined w/medical
Retail (30-day supply)	\$15/\$35 (after deductible)	\$15/\$35 (after deductible)	\$15/\$35 (after deductible)
Mail Order (90-day supply)	\$30/\$70 (after deductible)	\$30/\$70 (after deductible)	\$30/\$70 (after deductible)

LEARN MORE

Go to select.kaiserpermanente.org/owens-and-minor.com for plan details.



	Kaiser HDHP with Optional HSA – Mid-Atlantic States/WA	Kaiser HDHP with Optional HSA – Northwest
	In-Network	In-Network
Annual Deductible		
Single	\$4,500	\$4,500
Family	\$9,000	\$9,000
Embedded or Aggregate	Embedded	Embedded
Annual Out-of-Pocket Max		
Single	\$8,500	\$8,500
Family	\$17,000	\$17,000
Embedded	Yes	Yes
Office Visit	40% after deductible	40% after deductible*
Preventive Services	No charge	No charge
Chiropractic Care (May require medical necessity)	40% after deductible (up to 20 visits per year)	40% after deductible (up to 20 visits per year)
Lab & X-Ray	40% after deductible	40% after deductible
Inpatient Hospitalization	40% after deductible	40% after deductible
Outpatient Surgery	40% after deductible	40% after deductible
Urgent Care	40% after deductible	40% after deductible
Emergency Room	40% after deductible	40% after deductible
Prescription Drugs	Generic/Brand	Generic/Brand
Deductible (Single/Family)	Combined w/medical	Combined w/medical
Retail (30-day supply)	\$15/\$35 (after deductible)	\$15/\$35 (after deductible)
Mail Order (90-day supply)	\$30/\$70 (after deductible)	\$30/\$70 (after deductible)

*Per Senate Bill 1529: Primary care visit – \$5 copay (after plan deductible) for first three visits per year. First three visits are any combination of primary care non-specialty medical services, mental health outpatient services, naturopathic medicine visits, substance use disorder outpatient services, or telemedicine services.



Hawaii POS 405	
In-Network	
Annual Deductible	
Single	Not applicable
Family	Not applicable
Embedded or Aggregate	Not applicable
Annual Out-of-Pocket Max	
Single	\$2,000
Family	\$6,000
Embedded	Yes
Office Visit	\$15 copay
Preventive Services	No charge
Chiropractic Care (May require medical necessity)	Not covered
Lab & X-ray	10%
Inpatient Hospitalization	\$75 copay per day
Outpatient Surgery	\$15 copay
Urgent Care	\$15 copay per visit within service area; 20% of applicable charges outside service area
Emergency Room	\$75 copay per visit (waived if admitted)
Prescription Drugs	
Generic/Brand	
Deductible (Single/Family)	Not applicable
Retail (30-day supply)	\$15 copay/\$15 copay
Mail Order (90-day supply)	\$30 copay/\$30 copay



DENTAL

We offer dental coverage through Delta Dental of Virginia to help you maintain that healthy smile — no matter where you live in the U.S.

2026 DENTAL PLANS

- Basic Plan
- Buy-up Plan

Both plans provide:

- No cost in-network preventive and diagnostic care
- Affordable coverage
- In-network discounts

DENTAL NETWORKS

You always pay less for services when you see a dentist in Delta Dental's PPO or Premier network.

And you usually receive a bigger discount on services from a PPO network provider versus a Premier network provider.

Search for in-network providers at deltadentalva.com.

	Basic Plan		Buy-Up Plan	
	PPO	Premier	PPO	Premier
In-network				
Individual/family deductible	\$25/\$75	\$50/\$150	\$25/\$75	\$50/\$150
Annual maximum benefit	\$750	\$750	\$1,500	\$1,500
Services				
Preventive	You pay \$0	You pay \$0	You pay \$0	You pay \$0
Basic	You pay 20%, plan pays 80%	You pay 30%, plan pays 70%	You pay 10%, plan pays 90%	You pay 20%, plan pays 80%
Major	Not covered	Not covered	You pay 40%, plan pays 60%	You pay 50%, plan pays 50%
Orthodontia coinsurance/ lifetime maximum (dependent children up to age 26 only)	Not covered		50%/\$1,500	
Out of network: For coverage details, refer to the Documents Library within our benefits website.				

HEALTHY SMILE, HEALTHY YOU®

As part of your dental benefits, Healthy Smile, Healthy You provides extra care for teammates with certain health conditions, including:

- Pregnancy
- Diabetes
- High-risk cardiac conditions
- Cancer treatments
- Weakened immune system
- Kidney failure or dialysis

Eligible members will get an additional cleaning at no cost. Cancer patients will also be eligible for an additional fluoride application beyond the age limit specified by our group contract.

SPECIAL HEALTHCARE NEEDS BENEFIT

Your dental package includes extra services at no cost for members with qualifying special health care needs, such as:

- Extra exams to review treatment plans
- Up to four dental cleanings in a benefit year
- Treatment delivery modifications, such as anesthesia for patients with sensory sensitivities, behavioral challenges, severe anxiety, or other barriers to treatment



VISION

To help keep life in focus, you can enroll in UnitedHealthcare’s Vision Plan. The plan covers eye exams, eyeglasses, and contact lenses for you and your eligible dependents.

COVERAGE DETAILS

UnitedHealthcare Vision PPO Plan	
Exam	\$15 copay
Materials copay	None
Frequency	
Exam	12 months
Lenses	12 months
Frames	12 months
Frame retail allowance	\$130 allowance, then 30% off any remaining balance
Lenses	
Single vision lenses	\$0 copay, then covered in full
Bifocal lenses	\$0 copay, then covered in full
Trifocal lenses	\$0 copay, then covered in full
Lenticular lenses	\$0 copay, then covered in full
Standard progressive lenses	Tier 1 – \$55, applicable bifocal copay
Medically necessary contact lenses	100%
Elective contact lenses	\$130 allowance
Out of network: For coverage details, refer to the Documents Library within our benefits website.	

CHILDREN’S AND MATERNITY EYE CARE BENEFIT

Members up to age 19 and members pregnant or breastfeeding are eligible for a second exam 60 days after the initial exam. These members are also eligible for a replacement frame and lenses if they have a prescription change of 0.5 diopter or more. The second exam and replacement benefits are the same as the initial exam, frame, and lens benefits.

For more information about your options or to find a provider, visit [whyuhc.com/ownyourbenefits](https://www.whyuhc.com/ownyourbenefits).





SUPPLEMENTAL INSURANCE

Supplemental insurance provides an additional layer of financial protection for you and your family. These benefits will help cover extra out-of-pocket expenses if you suffer an unexpected, serious illness, or qualifying accident.

ACCIDENT INSURANCE

Accident insurance through Cigna helps protect you from unexpected financial stress if you or a covered family member has an accident. It supplements your primary medical plan by providing cash benefits for accidental injury. You can use this money to pay medical expenses not covered by your medical plan, like copays or even everyday living expenses.

Benefits are paid directly to you, unless otherwise assigned. And they're in addition to other coverage like your primary medical plan or Accidental Death and Dismemberment (AD&D) plan.

Covered injuries:

- Dislocation or fracture
- Initial hospital confinement
- Intensive care
- Ambulance
- Medical expenses
- Outpatient physician's treatment

Benefit amounts depend on the type of injury and medical services received.

CRITICAL ILLNESS INSURANCE

When a serious illness strikes, critical illness insurance through Cigna can provide financial support to help you through a difficult time. It protects against the financial impact of certain illnesses, such as a heart attack, cancer, or stroke.

You receive a lump-sum benefit to cover out-of-pocket medical expenses, coinsurance, or living expenses. And it's paid directly to you unless otherwise assigned.

Choose from two options:

- \$10,000
- \$20,000

HOSPITAL INDEMNITY INSURANCE

A trip to the hospital can be stressful, and so can the bills. Even if you're covered by a company medical plan, you still may be responsible for copays, deductibles, and other out-of-pocket costs. The hospital indemnity plan through Cigna can offset your share of the costs associated with hospital stays.

The plan pays benefits in addition to any other insurance.

Choose from two benefit plan options:

Hospitalization Benefits	Plan 1	Plan 2
Hospital Admission No Elimination Period. Limited to 1 day, 1 benefit every 90 days.	\$500 per day	\$1,000 per day
Hospital Chronic Condition Admission No Elimination Period. Limited to 1 day, 1 benefit every 90 days.	\$50 per day	\$100 per day
Hospital Stay No Elimination Period. Limited to 30 days, 1 benefit every 90 days.	\$100 per day	\$200 per day
Hospital Intensive Care Unit (ICU) Stay Day 1 (Additional ICU Admission + Per Day) Day 2 – 30 (Per Day).	\$700 one time \$200 per day	\$1,400 one time \$400 per day
Hospital Observation Stay 24-hour Elimination Period. Limited to 72 hours.	\$100 per 24-hour period	\$200 per 24-hour period

Keep in mind, on their own, these plans don't provide comprehensive medical coverage for your day-to-day healthcare needs. Rather, they are intended to supplement the coverage provided by your primary medical plan.

For Supplemental insurance information, visit our benefits website.



WEALTH

SAVINGS AND SPENDING ACCOUNTS

Through HealthEquity, we offer a Health Savings Account (HSA) and Flexible Spending Accounts (FSAs) to help you save money on out-of-pocket expenses that you and your family incur during the calendar year.

There are several types of accounts that help reduce your taxable income when paying for eligible expenses for yourself, your spouse, and eligible dependents.

HEALTH SAVINGS ACCOUNT

If you are enrolled in the High-Deductible Health Plan, you're eligible to open and contribute money to a tax-free Health Savings Account (HSA) through our plan administrator, HealthEquity. Contribute to an HSA and offset your out-of-pocket expenses with pre-tax dollars.

HOW AN HSA WORKS



Make pre-tax contributions through payroll deductions (up to IRS annual limits). You may change your contribution amount at any time.



Pay eligible medical, dental, and vision expenses using your HSA debit card (up to the available balance in your account). For a list of eligible expenses, visit irs.gov/publications/p502/index.html.



Carry over unused funds. All the money in your HSA is yours to keep, year after year.

HSA MAXIMUM CONTRIBUTION LIMITS (INCLUDES COMPANY MATCH)

- \$4,400 for teammate-only coverage
- \$8,750 for family coverage
- \$1,000 catch-up for ages 55 and older



Triple Tax Savings with HSA

1

Your money goes in tax-free



2

Earns interest tax-free



3

Comes out tax-free as long as you spend it on eligible expenses



COMPANY CONTRIBUTIONS

As an added bonus, the company will match your HSA contributions up to the following threshold amounts:

- Teammate only: \$300
- Teammate + Spouse/Domestic Partner/Child(ren): \$425
- Family: \$600

Company contributions will be determined by multiple factors, including HSA plan tier, enrollment type (Open Enrollment, Qualified Life Event, etc.), and time of year. The match amount will be spread over the number of pay periods per year and will be prorated upon hire.

HSA RESTRICTIONS

- You may not open an HSA if you or your spouse is enrolled in a Health Care FSA.
- State taxes apply to contributions by residents of California, Alabama, and New Jersey.
- You can't have coverage through another non-HDHP, such as Medicare or a spouse's plan.
- The penalty for using your HSA for ineligible expenses is 20% of the reimbursed amount.
- You can't contribute to your HSA if you're no longer enrolled in an HDHP.
- Funds may not be used to reimburse the expenses of your domestic partner or their children.



FLEXIBLE SPENDING ACCOUNTS

The Flexible Spending Accounts (FSA) are an easy way for you to keep more of your take-home pay by using “pre-tax” dollars for eligible expenses. It’s like getting a discount on everyday health and/or dependent care expenses.

Choose your annual contribution amount for your FSAs during enrollment. Your contribution will be divided into equal deductions from each paycheck.

IMPORTANT: You can’t change your contribution amount outside enrollment unless you experience a Qualified Life Event (see page 5).

HEALTH CARE FSA

This account is available to all teammates who do not enroll in an HSA or do not elect company medical coverage.

- You can contribute up to \$3,400 annually through pre-tax payroll deductions to help cover your eligible medical, dental, and vision expenses.
- Even though you won’t have contributed the annual total until year-end, you have access to the entire amount at the start of the plan year.
- For a list of eligible expenses, visit irs.gov/publications/p502/index.html.

Up to \$680 of your unused contributions may be carried over into 2027. Amounts above \$680 will be forfeited, so be sure to estimate your contribution carefully.

LIMITED PURPOSE FSA

Available only to teammates who enroll in an HSA.

- If you’re enrolled in an HSA, you can save even more in taxes by setting up a Limited Purpose FSA.
- You can contribute up to \$3,400 annually through pre-tax payroll deductions to help pay for dental and vision expenses.
- For a list of eligible expenses, visit irs.gov/publications/p502/index.html.

Like the Health Care FSA, you have access to the entire annual contribution amount at the beginning of the plan year and may carry over up to \$680 of your unused funds into 2027.

DEPENDENT CARE FSA

Available to all teammates.

As a company teammate, you can contribute up to \$7,500 annually through pre-tax payroll deductions to help cover your eligible dependent care expenses.

You can use your FSA dollars to pay for the following for dependents from **birth to age 12**:

- Childcare center fees
- Babysitter
- Nanny
- Summer day camp
- Before- or after-school care

In addition, you can use your FSA dollars to pay for care for a disabled dependent, spouse care, or elder care.

You only have access to funds that are actually in your account, and unused money doesn't carry over at the end of the year. Be sure to estimate your contribution carefully.

For a full list of eligible expenses, visit irs.gov/publications/p503/index.html.

IMPORTANT CONSIDERATIONS FOR ALL FSA ACCOUNTS

- FSA funds can be used for you, your spouse, and your tax dependents only.
- FSA funds may not be used to reimburse the expenses of your domestic partner or their children.

IMPORTANT: Teammates defined as Highly Compensated (per the IRS) are not eligible to participate.





INCOME PROTECTION

COMPANY-PAID LIFE INSURANCE

It's important to plan for your family's financial security in case the unexpected happens. That's why the company provides you life insurance — at no cost to you.

This benefit is fully paid by the company, and you're automatically enrolled.

Your benefit is equal to \$10,000.

Company-paid life insurance reduces starting at age 65. Additional information can be found in the Certificate of Coverage.

AD&D AND SUPPLEMENTAL LIFE

During Open Enrollment, you can purchase AD&D insurance and/or additional life insurance for yourself and your family at full cost through payroll deductions.

If you want to purchase this coverage for your dependents, you must purchase it for yourself.

Teammate AD&D Insurance and Supplemental Teammate Life Insurance reduce beginning at age 65. Additional information can be found in the Certificate of Coverage.

EVIDENCE OF INSURABILITY

Supplemental Life Insurance may require Evidence of Insurability (EOI). After electing coverage, you will receive additional information from New York Life by mail if EOI is required.

What is EOI?

EOI is the process of providing information about your health — typically by answering medical questions and, in some cases, completing a physical exam — before New York Life approves your coverage.

Coverage Options

Teammate Plan Option	Coverage
Supplemental teammate life	Up to 6 times your salary/\$1,000,000 maximum. Purchase in \$50,000 increments.
Teammate AD&D insurance	Up to 6 times your salary/\$1,000,000 maximum. Purchase in \$50,000 increments.
Spouse life insurance	\$50,000 maximum (not to exceed your coverage amount). Purchase in \$10,000 increments.
Child life insurance*	\$10,000 maximum; purchase in \$2,500 increments.
Spouse AD&D (without child)	50% of your coverage amount.
Child(ren) AD&D* (without spouse)	15% of your coverage amount per child.
Spouse and children AD&D*	40% of your coverage amount for spouse; 10% of your coverage per child.

*Coverage ends at age 26.

BUSINESS TRAVEL ACCIDENT INSURANCE

When traveling for the company, you are protected under a company-paid business travel accident insurance policy. This policy provides coverage for certain injuries or death resulting from an accident during business travel.

You are automatically enrolled at no cost to you.

DESIGNATE YOUR BENEFICIARIES

You must designate a beneficiary to receive your life and AD&D insurance policy benefit. As personal circumstances change, be sure to keep your beneficiary information up to date.

DISABILITY

The loss of income due to illness or injury can cause serious financial hardship for you and your family. We offer Short-Term and Long-Term Disability Insurance through New York Life, available on a voluntary, **teammate-paid basis**, to replace a portion of your income to help you continue paying your bills and meeting your financial obligations during this difficult time.

Coverage becomes effective on the first of the month following 180 days of employment.

IMPORTANT: You will have 31 days to elect Short-Term and Long-Term Disability coverage upon reaching 180 days of employment. You may enroll through Workday HR or by calling a Benefits Solutions Counselor at **(800) 463-3819**.

SHORT-TERM DISABILITY

Short-Term Disability Plan Summary	
Weekly benefit amount	60%
Minimum weekly benefit	0
Maximum weekly benefit	\$5,000
Benefits begin after: Accident and sickness	7 days of disability*
Maximum benefit duration**	180 days during a consecutive 12-month period, measured from the date the disability began

*For detailed eligibility and waiting period information, please refer to your plan located on our benefits website.

**Maximum payment period is based on the first day benefits become payable not on the first day you are disabled.

LONG-TERM DISABILITY

Long-Term Disability Plan Summary	
Monthly benefit amount	60%
Minimum monthly benefit	\$100
Maximum monthly benefit	\$20,000
Benefits begin after: Accident and sickness	180 days of disability
Maximum benefit duration*	Age 62 or under: The teammate's 65th birthday or the date the 42nd monthly benefit is payable, if later

*Depending on your age at the time of disability, your benefits may be subject to a different schedule. Refer to the Maximum Benefit Period table, which can be found in your plan located on our benefits website.

Benefits may be reduced by other sources of income, such as state disability, sick pay, workers' compensation, Social Security, etc.

Your doctor and insurance company will work together to determine how long benefits are payable, based on your condition.

EVIDENCE OF INSURABILITY

Teammates who are newly eligible for Short-Term and Long-Term Disability may elect coverage without Evidence of Insurability (EOI). If coverage is not elected during the first offering, the teammate will be considered a late entrant, and EOI will be required. After electing coverage, you will receive additional information from New York Life by mail if EOI is required.

What is EOI? EOI is a process where you provide information about your health – usually by answering medical questions and, in some cases, completing a physical exam – before New York Life approves your coverage.



RETIREMENT

The company is committed to supporting your financial well-being — today and tomorrow. That's why we offer a 401 (k) Plan to help you prepare so you can enjoy a comfortable retirement.

401 (K) PLAN

The company 401 (k) Plan, administered by Fidelity, helps you prepare for retirement by offering an easy, tax-advantaged way to save for retirement. Setting aside as much as you can during your working years greatly improves your quality of life later.

Once eligible, we match on a dollar-for-dollar basis up to 3% of your eligible contributions. In addition, you are immediately vested in your contributions, as well as the company's match.

Eligibility and enrollment

You are eligible to enroll after 30 days of employment. After 60 days of service, you will be automatically enrolled in the plan with a 2% contribution rate. After one year of service, you are eligible for the company match.

Enroll online at 401k.com or call (800) 835-5095.

REASONS TO PARTICIPATE

- Your pre-tax contributions are deducted from your pay before income taxes. This decreases the amount of income tax you pay each pay period.
- You have multiple investment funds with risk ranging from conservative to aggressive.
- In addition, you can choose from retirement date-based Fidelity Freedom Funds. The Freedom Funds are generally designed for investors planning to retire around the year in the investment name. They're also a good option if you're uncomfortable making investment choices.
- Fidelity Portfolio Advisory Service at Work provides discretionary money management for a fee. You can delegate the day-to-day management of your 401 (k) account to professional investment managers.



DESIGNATE YOUR BENEFICIARIES

It's important to designate a beneficiary to receive the value of your 401 (k) in the event you die before beginning to receive your benefit. As personal circumstances change, be sure to keep your beneficiary information up to date. Visit 401k.com to add or change a beneficiary.

WELL-BEING AND ADDITIONAL BENEFITS

Well-being is a lifelong journey, and we are committed to supporting you with valuable resources to help you manage and maintain your mental and physical health — as well as programs to help balance life and work.

BENEFITS THROUGH YOUR MEDICAL PLAN

We support your total well-being with tools and resources that go beyond medical coverage. Depending on the medical plan you enroll in, you may have access to programs that:

- Support your health and weight-loss goals
- Provide virtual behavioral coaching
- Connect you to nationwide gyms and fitness studios
- Offer maternity support
- Use personalized technology and coaching to help reverse type 2 diabetes



Visit our [benefits website](#) for details on these programs. Log in with the password: **My2026benefits**.

TEAMMATE ASSISTANCE PROGRAM (TAP)

Life's pressures can affect your physical, emotional, and mental health. TAP, with Live and Work Well through Optum, helps you find the resources you need to get back on track — at no extra cost. Turn to TAP for help:

- Meeting the demands of work and family
- Finding child and elder care
- Handling grief and loss
- Living within a realistic budget
- Addressing addiction and recovery
- Dealing with identity theft

To connect with a licensed behavioral health professional in your area, go to liveandworkwell.com or call **(866) 374-6061**. Our company code is **ownyourbenefits**.



AUTO AND HOME INSURANCE

Farmers GroupSelect gives you access to personal insurance policies, including home, auto, rental, condo, and recreational vehicle and boat coverage.

Save up to 15% when you purchase this coverage through the company. Contact Farmers GroupSelect for no-obligation quotes and cost comparisons by calling **(800) 438-6381**. The company code is **BVP**.

DISCOUNT PROGRAM

Never miss a deal! From travel to electronics, with PerkSpot, you can choose from over 25 different categories of perks and save money. Start by creating your account at ownyourbenefits.perkspot.com. Use access code: **ownyourbenefits**. Once you register, you can download the PerkSpot mobile app for deals anytime, anywhere.

ALLSUP: MEDICARE ADVISORY SERVICES

Teammates **enrolled in a company medical plan** and are nearing or over the age of 65 will get access to certified and licensed benefit specialists who will personally support and consult with you to share their expertise and insight. This is a personalized service to help you review coverage options, assess personal needs, assist with enrollment, and determine eligibility. To get started, visit allsup.help/healthinsurance and schedule an appointment to speak with a specialist.

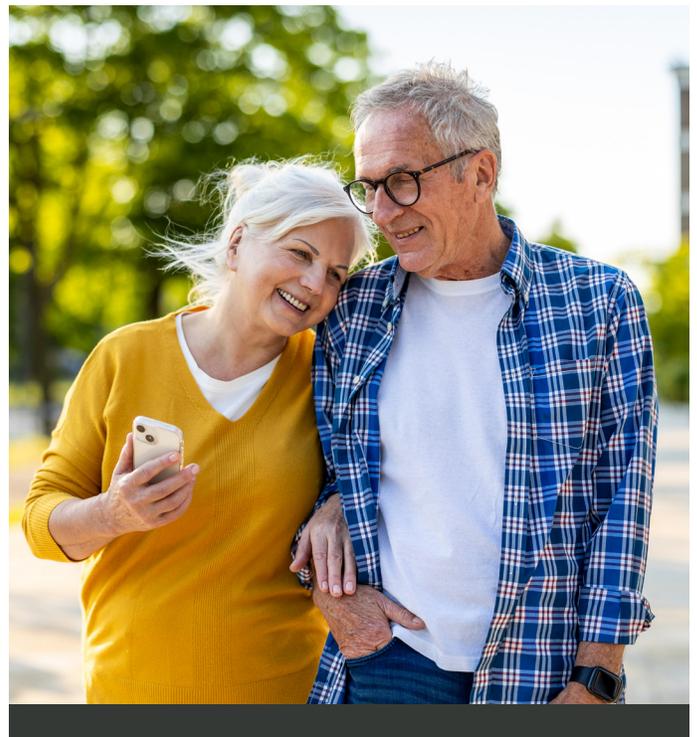
COMMUTER BENEFITS

Pay for the expense of commuting to work with pre-tax dollars and save on your taxes. You decide how much to contribute, and the money is deducted from your paycheck automatically.

You can contribute pre-tax dollars up to the IRS monthly limit of \$340 for transit and parking. Enroll by the 25th of each month, anytime during the year.

PET INSURANCE

MetLife provides coverage to protect your furry family members' health and your finances. This plan offers reimbursement up to 90% of covered expenses from any licensed veterinarian in the U.S. The MetLife mobile app allows quick claim submission and reimbursement along with many other benefits, such as retail discounts and access to vet telehealth 24/7. Call **(800) GET-MET8** to enroll.





PREMIUMS

YOUR COST FOR COVERAGE

Premiums are deducted in bi-weekly or weekly increments from your paycheck.

The amount you pay is determined by:

- Your plan choice
- Coverage tier*
- Tobacco use (medical only)**: There is a \$100 pre-tax monthly surcharge for teammates and/or spouses/domestic partners who indicate they are tobacco users. Refer to Workday HR for tobacco premiums.

*Refer to Workday HR for domestic partner and their child(ren) premium rates.

**The premium surcharge for tobacco does not apply to teammates in the state of Hawaii.

WEEKLY AND BI-WEEKLY RATES

To calculate weekly or bi-weekly medical, dental, and vision premium rates, use these formulas. You may also refer to Workday HR.

NON-TOBACCO

Weekly: $\text{Monthly rate} \times 12 / 52$

Bi-weekly: $\text{Monthly rate} \times 12 / 26$

TOBACCO (MEDICAL ONLY)

Weekly: $(\text{Monthly rate} + \$100) \times 12 / 52$

Bi-weekly: $(\text{Monthly rate} + \$100) \times 12 / 26$

TEAMMATE MEDICAL CONTRIBUTIONS (NON-TOBACCO)

Plan Options	Teammate Cost (Monthly)
UnitedHealthcare PPO Core	
Teammate Only	\$188.27
Teammate + Spouse	\$541.39
Teammate + Child(ren)	\$422.13
Teammate + Family	\$816.03
UnitedHealthcare HDHP w/ Optional HSA	
Teammate Only	\$116.07
Teammate + Spouse	\$338.32
Teammate + Child(ren)	\$217.74
Teammate + Family	\$441.93

Plan Options	Teammate Cost (Monthly)
Kaiser HDHP w/ Optional HSA – California	
Teammate Only	\$173.91
Teammate + Spouse	\$347.80
Teammate + Child(ren)	\$313.03
Teammate + Family	\$521.71
Kaiser HDHP w/ Optional HSA – Colorado	
Teammate Only	\$134.63
Teammate + Spouse	\$269.25
Teammate + Child(ren)	\$242.33
Teammate + Family	\$403.88
Kaiser HDHP w/ Optional HSA – Georgia	
Teammate Only	\$130.16
Teammate + Spouse	\$260.31
Teammate + Child(ren)	\$234.27
Teammate + Family	\$390.46



PREMIUMS

YOUR COST FOR COVERAGE (CONTINUED)

TEAMMATE MEDICAL CONTRIBUTIONS (NON-TOBACCO)

Plan Options	Teammate Cost (Monthly)
Kaiser HDHP w/ Optional HSA – Mid-Atlantic	
Teammate Only	\$111.39
Teammate + Spouse	\$222.79
Teammate + Child(ren)	\$200.50
Teammate + Family	\$334.18
Kaiser HDHP w/ Optional HSA – Washington	
Teammate Only	\$133.55
Teammate + Spouse	\$267.13
Teammate + Child(ren)	\$240.41
Teammate + Family	\$400.68

Plan Options	Teammate Cost (Monthly)
Kaiser HDHP w/ Optional HSA – Northwest	
Teammate Only	\$132.96
Teammate + Spouse	\$265.92
Teammate + Child(ren)	\$239.32
Teammate + Family	\$398.88
Kaiser Hawaii POS 405	
Teammate Only	\$34.50
Teammate + Spouse	\$231.47
Teammate + Child(ren)	\$208.32
Teammate + Family	\$347.20

Annual earnings includes deductions made for pre-tax contributions to a Section 125 plan or Flexible Spending Account, but does not include income received due to commissions, bonuses, overtime pay, or any other extra compensation.



YOUR COST FOR COVERAGE (CONTINUED)

TEAMMATE DENTAL CONTRIBUTIONS

Plan Options	Teammate Cost (Monthly)
Basic Plan	
Teammate Only	\$19.74
Teammate + Spouse	\$39.48
Teammate + Child(ren)	\$41.45
Teammate + Family	\$53.29
Buy-Up Plan	
Teammate Only	\$41.69
Teammate + Spouse	\$83.38
Teammate + Child(ren)	\$87.55
Teammate + Family	\$112.57

TEAMMATE VISION CONTRIBUTIONS

Plan Options	Teammate Cost (Monthly)
UnitedHealthcare Vision PPO Plan	
Teammate Only	\$5.05
Teammate + Spouse	\$10.13
Teammate + Child(ren)	\$10.21
Teammate + Family	\$16.09

AD&D COSTS

Coverage Level	AD&D Per \$1,000 of Coverage Per Month
Teammate Only	\$0.020
Family*	\$0.035

*Family includes spouse and child

LIFE INSURANCE COSTS

Supplemental Life Rates (Teammates & Spouses)	
Your Age	Supplemental Life Per \$1,000 of Coverage Per Month
<=24	\$0.050
25 - 29	\$0.060
30 - 34	\$0.080
35 - 39	\$0.090
40 - 44	\$0.115
45 - 49	\$0.172
50 - 54	\$0.264
55 - 59	\$0.470
60 - 64	\$0.660
65 - 69	\$1.270
70 - 74	\$2.060
75 - 79	\$2.060
>=80	\$2.060
Child life rate:	\$0.100

SHORT-TERM DISABILITY COST OF COVERAGE

Coverage Level	Short-Term Disability Per \$10 of Weekly Covered Benefit
Teammate Only	\$0.626

LONG-TERM DISABILITY COST OF COVERAGE

Age	Long-Term Disability Per \$100 of Coverage per Month
<25	\$0.073
25 - 29	\$0.094
30 - 34	\$0.177
35 - 39	\$0.270
40 - 44	\$0.405
45 - 49	\$0.551
50 - 54	\$0.759
55 - 59	\$0.800
60 - 64	\$0.842
65 - 69	\$0.883
70+	\$0.904



CONTACTS

Benefit	Carrier	Website	Phone Number	Group Number
Medical	UnitedHealthcare	Pre-Enrollment: whyuhc.com/ownyourbenefits Post-Enrollment: myuhc.com	(855) 396-4462	932303
Medical	Kaiser Permanente – CA	Pre-Enrollment: select.kaiserpermanente.org/owens-and-minor.com Post-Enrollment: kp.org	(800) 324-9208	100138/31908
Medical	Kaiser Permanente – CO		(800) 324-9208	28802
Medical	Kaiser Permanente – GA		(800) 324-9208	9838
Medical	Kaiser Permanente – MAS		(800) 324-9208	18803
Medical	Kaiser Permanente – Northwest		(800) 324-9208	15033
Medical	Kaiser Permanente – HI		(800) 324-9208	4551
Medical	Kaiser Permanente – WA		(800) 324-9208	20078
Prescription Drugs	OptumRx		optumrx.com	UnitedHealthcare: (855) 396-4462
Health Savings & Flexible Spending Accounts	HealthEquity	healthequity.com	(866) 346-5800	N/A
Supplemental Medical: Accident, Critical, & Hospital Indemnity Insurance	Cigna	cigna.com	(800) 754-3207	AI111284 CI111233 HC111012
Dental	Delta Dental of Virginia	deltadentalva.com	(800) 237-6060	5115
Vision	UnitedHealthcare	Pre-Enrollment: whyuhc.com/ownyourbenefits Post-Enrollment: myuhcvision.com	(800) 638-3120	932303
Life and AD&D Insurance	New York Life	mynylgbs.com	(888) 842-4462	FLX980485 OK980493
Short- & Long-Term Disability	New York Life	mynylgbs.com	(888) 842-4462	VDT980247 LK980375
Commuter Benefits	HealthEquity	healthequity.com/wageworks	(877) 924-3967	N/A
Auto and Home	Farmers GroupSelect	farmers.com/groupselect	(800) 438-6381	N/A
Pet Insurance	MetLife	metlife.com/getpetquote	(800) GET-MET8	N/A
24-Hour Virtual Visits	UnitedHealthcare	myuhc.com	(855) 396-4462	932303
Discount Program	PerkSpot	ownyourbenefits.perkspot.com (Access Code: ownyourbenefits)	(866) 606-6057	N/A

Benefit	Carrier	Website	Phone Number	Group Number
Teammate Assistance Program (Live and Work Well)	Optum	liveandworkwell.com (Access Code: ownyourbenefits)	(866) 374-6061	932303
Medicare Advisory Services	Allsup	allsup.help/healthinsurance	(888) 271-1173	N/A
COBRA	HealthEquity	N/A	(888) 678-4881	N/A
Fidelity 401(k)	Fidelity	401k.com	(800) 835-5095	93221
Fidelity TSPP	Fidelity	netbenefits.com	(800) 544-9354	N/A

SUMMARIES OF BENEFITS AND COVERAGE

You have access to a Summary of Benefits and Coverage (SBC) for each of your medical plan options. These documents provide detailed information about coverage and costs to help you compare plans and make informed decisions. Go to the Documents Library of our benefits website to access the SBCs.

IF YOU HAVE BENEFITS OR ENROLLMENT-RELATED QUESTIONS, CONTACT A BENEFITS SOLUTIONS COUNSELOR AT (800) 463-3819.





This document serves as a Summary of Materials and Modifications and provides a summary of the benefits available, but is not your Summary Plan Description. The company reserves the right to modify, amend, suspend, or terminate any plan at any time, and for any reason, without prior notification. The plans described in this document are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make the explanations of the plans in this document as accurate as possible. However, should there be a discrepancy between this document and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern.

In addition, you should not rely on any oral descriptions of these plans, since the written descriptions in the insurance contracts or plan documents will always govern.

There are several legally required notices that you should be aware of as they may apply to you. The company's legal notices are available on the Employee Benefits Webpage.