

2025 Benefits Enrollment Guide

SOAK

up your benefits.

Fiercely good people deserve fiercely good benefits.



BLUETRITON™

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This document is an overview of the benefits offered. It provides a summary of recent changes to benefits and is treated as a summary of material modifications under the Employee Retirement Income Security Act (ERISA). In many cases, more details about what's covered by the Company's plans are provided by plan documents, summary plan descriptions (SPDs), and Summaries of Benefits and Coverage (SBCs), which take precedence over the summary versions provided in this guide. The SPDs and SBCs can be found on the benefits enrollment website. In addition, you may have a hard copy mailed to an address of your choosing free of charge by calling the Benefits Service Center at 1-855-BTB-BLUE, Option 2.

Every effort has been made to ensure that the information in this guide is accurate. If, however, there is any discrepancy between this guide and the SPDs, plan documents, and/or any company policy, the applicable SPD, plan document, or company policy shall govern.

The provision of benefits does not guarantee continued employment. The Company reserves the right to change, amend, or discontinue benefits at any time.

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Ready to Get Started?

When you choose a career at the Company, you join our collaborative culture—and we reward what you contribute and celebrate all you achieve here. You get benefits that optimize how you plan and pay for health care and retirement plans to help plan for your future.

You'll enroll in medical, dental, and vision benefits through the Aon Benefit Experience (BenX). Just choose your coverage level, the price you want to pay, and the insurance carrier you want to work with.

You also have the opportunity to participate in the Company 401(k) Savings Plan after a brief eligibility window. It's a great way to save, and the Company contributes to your account!

To learn more about these benefits, log on to the SuccessFactors home page at **associate.btbsuccessfactors.com** and click the **My Benefits** tile. Or, from outside of the Company's network, go to **digital.alight.com/bluetritonbrands**.

What You Need to Know and Do

You must take action.

You must enroll within 30 days of your hire date, with coverage and associated premiums being retroactive to day one of your employment. If you do not enroll within 30 days, you will not have the following benefits through the Company in 2025:

- Medical/prescription drug, dental, or vision coverage
- Critical illness insurance, hospital indemnity insurance, or accident insurance
- Legal services or identity theft protection

And, to contribute to a Health Savings Account (HSA) (if eligible) or to a flexible spending account, **you must make an active election during your enrollment period.**

Remember, if you don't enroll when you are newly hired, you may only enroll during our annual benefits enrollment period each fall, or if you experience a qualifying life event.

Check This Out!

You will receive an Employer Contribution from the Company toward the cost of your medical, dental, and vision coverage. You'll be able to see the Employer Contribution amount, as well as your pricing by option, when you enroll. Please note that to qualify for the Employer Contribution, you're required to have a minimum payroll deduction for the cost of your coverage.

To Enroll...

First, you must activate your new account. Log on to the SuccessFactors home page at associate.btbsuccessfactors.com and follow the prompts for activation. Then, once your account is active, log on to the SuccessFactors home page at associate.btbsuccessfactors.com and click the **My Benefits** tile (or, from outside of the Company's network, go to digital.alight.com/bluetritonbrands) to make your elections during your enrollment period. Use the **Help Me Choose** tool that's available on the site to get personalized plan recommendations based on the preferences, providers, and prescriptions you enter. For more information about your options and enrolling, please refer to the FAQs posted at bluetriton.makeityoursource.com.

Check Out These Resources

Before you enroll

Visit the Make It Yours website at bluetriton.makeityoursource.com (available year-round) to find:

- Information about your available options, things to consider, and practical tips to get the most out of your benefits.
- Frequently asked questions.
- Links to insurance carrier "preview" websites to help you get up to speed on each carrier's provider networks, prescription drug information, and other programs as you consider carriers.

While you enroll

Log on to the enrollment website from the SuccessFactors home page at associate.btbsuccessfactors.com (click the **My Benefits** tile):

- Use the **Help Me Choose** tool for personalized coverage suggestions that meet your needs and budget.
- Enroll for 2025 benefits.

You can call the Benefits Service Center at **1-855-282-2583 (1-855-BTB-BLUE), option 2**, Monday through Friday, from 8:00 a.m. to 8:00 p.m. ET. You can also schedule an appointment through the **My Benefits** tile on the SuccessFactors home page.

After you enroll

All of the above resources are available to you ongoing. For additional support:

- You can call **1-888-286-8014** to speak with a Health Pro, who can answer questions about your benefits and resolve more complex issues, such as billings. And, bill negotiation representatives can help review and negotiate out-of-network medical bills.
- Once your coverage begins, set up online access on your carrier's member website to take advantage of their programs and resources, as well as track your claims, deductibles, and out-of-pocket totals. If you need your new ID card(s) before your benefits begin, you can go to your carrier's website, register online, and print a temporary card.

Eligibility

Who's eligible for benefits?

Salaried and Hourly employees scheduled to work 30 or more hours per week are eligible for coverage through the Company.

Who can you cover?

- Your legal spouse or domestic partner* with a completed affidavit
 - You will pay an Alternative Coverage Fee (\$90/month) if you cover a working spouse/domestic partner who has access to alternative group medical coverage through their employer. This fee does not apply if you are both employees of the Company.
- Your children, including children of a domestic partner*
 - Dependent children under age 26.
 - Any age if unmarried, physically or mentally incapable of self-support and became dependent on you for support before age 26. You must submit proof of disability satisfactory to the insurance carrier within 31 days of their 26th birthday to qualify for continued coverage.
 - Your children who are covered by a Qualified Medical Child Support Order (QMCSO).

*If you cover a domestic partner (or their child[ren]), special tax rules apply. The contributions the Company pays for coverage for your domestic partner and/or your domestic partner's dependent child(ren) are considered taxable (imputed) income, and you will pay income tax on the Company's contributions toward the cost of coverage for these dependents.



Add or Confirm Your Email Address

Add or verify your preferred email address to make sure you're getting important benefits information throughout the year. To do so, log on to the SuccessFactors home page at associate.btbsuccessfactors.com and click the **My Benefits** tile. Click the person icon in the upper right-hand corner, and under **My Profile** select **Personal Information**. You can also add your mobile number and opt into text messaging alerts.

Dependent Verification

All eligible dependents that you wish to cover for 2025 must be entered during your enrollment window in order to have benefits coverage. Social Security numbers are required for each dependent over the age of three months. You will be prompted for this information during your enrollment process.

You will need to provide proof of the dependent relationship. Documentation may include marriage certificate, birth certificate, joint tax return, or other documents as described in the verification request.

If the Benefits Service Center does not receive the requested verification documents from you by the deadline stated in your verification notice, your dependent(s) will be removed from coverage retroactively.

Medical Coverage

Don't let the names of the coverage levels fool you.

One option isn't better than another. The best coverage level for you depends on your tastes and your needs.

The Company will help you pay for 2025 medical coverage through an Employer Contribution, the amount of which you will see online when you enroll. The Company subsidizes the majority of premium costs for medical insurance through this Employer Contribution. The portion of premiums that the Company subsidizes is higher than most other employers in a similar industry.

Choose Your Coverage Level

You have several coverage levels to choose from, including:

- **Bronze:** A high-deductible option with prescription drug coinsurance that makes you eligible for a Health Savings Account (HSA)*
- **Silver:** A high-deductible option with prescription drug coinsurance that makes you eligible for an HSA*
- **Gold:** A preferred provider organization (PPO)/PPO option with prescription drug copays
- **Platinum:** A PPO option with prescription drug copays that covers in-network care and offers limited benefits for out-of-network care (or, for some insurance carriers in CA, CO, DC, GA, MD, OR, and VA, an HMO option with prescription drug copays that covers in-network care only)

*For more information about HSAs, refer to the HSA User's Guide on the Make It Yours website at bluetriton.makeityoursource.com/documents/hsa-users-guide.pdf.

Choose Your Carrier

Each coverage level is available from different insurance carriers at different costs. Several carriers are competing for your business, and your specific options are based on where you live. **This means that if you move to a different ZIP code, your benefit coverage could be impacted.** You'll be able to see the carrier options available to you when you enroll.

Do You Live Outside the Service Area?

Your specific options are based on your home zip code. If you live outside the service areas of all the insurance carriers, you can choose an out-of-area option at the Silver coverage level. Aetna will be the insurance carrier.

Important: The Silver option available to out-of-area individuals is different from the Silver option described in this guide. Refer to the **My Benefits** tile on the SuccessFactors home page for details.

Do You Live in California?

Your options will be different, depending on the insurance carrier you choose. See [page 8](#) for details.

Paying for Coverage

You can choose the coverage level you want from the insurance carrier offering the best value for your needs and budget. There are several factors that impact how much you pay, including the Employer Contribution amount from the Company, whom you cover, and your preferences, such as paying less from your paycheck and more when you receive care or vice versa.

You'll be able to see your price options for coverage when you enroll through the **My Benefits** tile on the SuccessFactors home page at associate.btbsuccessfactors.com.

Surcharges

If you or your covered spouse/domestic partner use tobacco (including e-cigarettes), a surcharge of \$50 per month per tobacco user will be added to your cost of medical coverage. If a tobacco user successfully completes an approved tobacco cessation program, their surcharge will be refunded back to them as soon as administratively possible. Refer to the Summary Plan Description for more details.

If you cover a spouse/domestic partner who has access to group medical coverage with their employer, a fee of \$90 per month will be added to your medical contributions. (This fee does not apply if you both work at the Company.)

Annual Deductible

The deductible is what you pay out of your own pocket before your insurance begins to pay a share of your costs. It doesn't include copays or amounts taken out of your paycheck for health coverage.

If you cover family members, how the deductible works depends on the coverage level you choose:

True family deductible: This means that the entire family deductible must be met before your insurance will pay benefits for any covered family member. There is no "individual deductible" when you have family coverage.

Traditional deductible: Once a covered family member meets the **individual** deductible, your insurance will begin paying benefits for that family member. Charges for all other covered family members will continue to count toward the family deductible. Once the family deductible is met, your insurance will pay benefits for all covered family members.

	BRONZE	SILVER	GOLD	PLATINUM
Annual Deductible (individual/family)	In-network: \$3,300/\$6,600	In-network: \$1,700/\$3,400	In-network: \$800/\$1,600	In-network: N/A
	Out-of-network: \$3,300/\$6,600	Out-of-network: \$1,700/\$3,400	Out-of-network: \$1,600/\$3,200	Out-of-network: \$5,000/\$10,000
Traditional or True Family?	Traditional	True family	Traditional	Traditional

The charts within this guide may not take into account how each coverage level covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the plan. If you have questions about a specific benefit, contact the insurance carrier for additional information.

Going Out of Network?

Keep in mind:

- Out-of-network charges will **not** count toward your in-network annual deductible or out-of-pocket maximum. The same goes for in-network charges—they will **not** count toward your out-of-network annual deductible or out-of-pocket maximum.
- Some insurance carriers in CA, CO, DC, GA, MD, OR, and VA do **not** cover out-of-network benefits at all.

Questions About Coverage?

Start by contacting the insurance carrier directly. They know their coverage rules best. Go to bluetriton.makeityoursource.com/your-carrier-connection.

Is a Primary Care Physician Required?

You may need to designate a primary care physician to coordinate your care if you choose Kaiser Permanente or Health Net as your insurance carrier.

Annual Out-of-Pocket Maximum

The out-of-pocket maximum is the most you and your covered family members would have to pay in a year for health care costs.

If you cover family members, how the annual out-of-pocket maximum works depends on the coverage level you choose:

True family out-of-pocket maximum: This means that the entire family out-of-pocket maximum must be met before your insurance will pay the full cost of covered charges for any covered family member. There is no “individual out-of-pocket maximum” when you have family coverage.

Traditional out-of-pocket maximum: Once a covered family member meets the individual out-of-pocket maximum, your insurance will pay the full cost of covered charges for that family member. Charges for all covered family members will continue to count toward the family out-of-pocket maximum. Once the family out-of-pocket maximum is met, your insurance will pay the full cost of covered charges for all covered family members.

	BRONZE	SILVER	GOLD	PLATINUM
Annual Out-of-Pocket Maximum (individual/family)	In-network: \$6,400/\$12,800	In-network: \$4,250/\$8,500	In-network: \$3,600/\$7,200	In-network: \$1,600/\$3,200
	Out-of-network: \$12,800/\$25,600	Out-of-network: \$8,500/\$17,000	Out-of-network: \$7,200/\$14,400	Out-of-network: \$11,500/\$23,000
Traditional or True Family?	Traditional	True family	Traditional	Traditional

The charts within this guide may not take into account how each coverage level covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the plan. If you have questions about a specific benefit, contact the insurance carrier for additional information.

What's Included?

The annual out-of-pocket maximum **includes** amounts paid toward your deductible.

It **doesn't include** monthly contributions for health coverage. Also, if you choose coverage under Kaiser Permanente, copays from certain medical benefits may not apply toward the annual out-of-pocket maximum under the Gold and Platinum coverage levels.

Get the Most out of Your Benefits

Being a smart health care consumer is about more than just choosing a medical plan. It's about making smart health care decisions every day and using your plans wisely. Here are some tips:

- Be sure to get preventive care (physicals, vaccinations, screening tests, etc.). Remember, there's no cost to you for preventive care if you use an in-network provider. Preventive care pays off.
- Always use in-network providers and be smart about where you go for care. For example, rather than going to the ER for a non-life-threatening issue, consider a walk-in or urgent care clinic or even telemedicine.
- Use an FSA or an HSA (if you enroll in the Bronze or Silver coverage level) to save on eligible expenses.

In-Network Benefits

	BRONZE	SILVER	GOLD	PLATINUM
Preventive Care	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%
Doctor's Office Visit	You pay 25% after deductible	You pay 25% after deductible	<ul style="list-style-type: none"> You pay \$25 for PCP visit with no deductible You pay \$40 for specialist visit with no deductible 	<ul style="list-style-type: none"> You pay \$25 for PCP visit You pay \$40 for specialist visit
Emergency Room	You pay 25% after deductible	You pay 25% after deductible	You pay \$150, then 20% after deductible	You pay \$200
Urgent Care	You pay 25% after deductible	You pay 25% after deductible	You pay \$40	You pay \$25
Inpatient Care	You pay 25% after deductible	You pay 25% after deductible	You pay 20% after deductible	You pay \$350
Outpatient Care	You pay 25% after deductible	You pay 25% after deductible	If not an office visit, you pay 20% after deductible	If not an office visit, covered 100% ¹

¹There is a \$100 copay for outpatient surgery at a hospital or free-standing facility.

The chart above is a high-level listing of commonly covered benefits across carriers and coverage levels for the Aon Benefit Experience. This chart is intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by BenX. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

The **My Benefits** tile on the SuccessFactors home page gives a more detailed look at these and additional coverages—and does account for some carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Summaries of Benefits and Coverage on the **My Benefits** tile on the SuccessFactors home page. See below for detailed instructions.

Summary of Benefits and Coverage Availability

Choosing health care coverage is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC). During enrollment, you can view the SBC from the **My Benefits** tile on the SuccessFactors home page.

A paper copy is also available, free of charge, by calling the Benefits Service Center at **1-855-282-2583 (1-855-BTB-BLUE), option 2**.

Just for Californians!

Your options will be different, depending on the medical insurance carrier you choose.

For starters, each insurance carrier in California can choose to offer each coverage level either as an option that offers in- and out-of-network benefits (e.g., a PPO) **or** an option that offers in-network benefits only (e.g., an HMO).

Review the table below to see which insurance carriers offer out-of-network benefits for the coverage levels you're considering:



	BRONZE, SILVER	GOLD	GOLD II	PLATINUM
Aetna	In- and out-of-network	In- and out-of-network	N/A	In- and out-of-network
Anthem	In- and out-of-network	In- and out-of-network	N/A	In- and out-of-network
Cigna	In- and out-of-network	In- and out-of-network	N/A	In- and out-of-network
Health Net	In- and out-of-network	N/A	In-network only	In-network only
Kaiser Permanente	In-network only	N/A	In-network only	In-network only
UnitedHealthcare	In- and out-of-network	In- and out-of-network	N/A	In- and out-of-network

Gold or Gold II?

Insurance carriers can choose to **offer either the standard Gold option or a Gold II option—not both.** The Gold II option **only** offers in-network benefits.

The Gold option is offered by Aetna, Anthem, Cigna, and UnitedHealthcare. The Gold II option is offered by Health Net and Kaiser Permanente.

Annual Deductible and Out-of-Pocket Maximum (California Residents)

	BRONZE	SILVER	GOLD	GOLD II	PLATINUM
Annual Deductible (individual/ family)	In-network: \$3,300/\$6,600	In-network: \$1,700/\$3,400 ^{1,3}	In-network: \$800/\$1,600	In-network: N/A	In-network: N/A
	Out-of-network: \$3,300/\$6,600	Out-of-network: \$1,700/\$3,400 ^{1,3}	Out-of-network: \$1,600/\$3,200	Out-of-network: N/A	Out-of-network: \$5,000/\$10,000
Annual Out-of-Pocket Maximum (individual/ family)	In-network: \$6,400/\$12,800	In-network: \$4,250/\$8,500 ²	In-network: \$3,600/\$7,200	In-network: \$5,400/\$10,800	In-network: \$1,600/\$3,200
	Out-of-network: \$12,800/\$25,600	Out-of-network: \$8,500/\$17,000 ²	Out-of-network: \$7,200/\$14,400	Out-of-network: N/A	Out-of-network: \$11,500/\$23,000
Traditional or True Family?	Traditional	True family	Traditional	Traditional	Traditional

¹Under Health Net and Kaiser Permanente, the Silver coverage level features a **traditional** annual deductible. If you cover dependents under the Silver coverage level, no covered member pays more than \$3,300 toward the family deductible. See page 5 for more details.

²Under Health Net and Kaiser Permanente, the Silver coverage level features a **traditional** annual out-of-pocket maximum. See page 6 for more details.

³Under Health Net, if you cover dependents under the Silver coverage level, the family deductible is \$3,300.

Going Out-of-Network?

Out-of-network charges will **not** count toward your in-network annual deductible or out-of-pocket maximum. The same goes for in-network charges—they will **not** count toward your out-of-network annual deductible or out-of-pocket maximum.

In-Network Benefits (California Residents)

	BRONZE	SILVER	GOLD	GOLD II	PLATINUM
Preventive Care	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%	Covered 100%
Doctor's Office Visit	You pay 25% after deductible	You pay 25% after deductible	<ul style="list-style-type: none"> You pay \$25 for PCP visit with no deductible You pay \$40 for specialist visit with no deductible 	<ul style="list-style-type: none"> You pay \$25 for PCP visit You pay \$40 for specialist visit 	<ul style="list-style-type: none"> You pay \$25 for PCP visit You pay \$40 for specialist visit
Emergency Room	You pay 25% after deductible	You pay 25% after deductible	You pay \$150, then 20% after deductible	You pay \$150, then 30% after copay	You pay \$200
Urgent Care	You pay 25% after deductible	You pay 25% after deductible	You pay \$40	You pay \$40	You pay \$25
Inpatient Care	You pay 25% after deductible	You pay 25% after deductible	You pay 20% after deductible	You pay 30%	You pay \$350
Outpatient Care	You pay 25% after deductible	You pay 25% after deductible	If not an office visit, you pay 20% after deductible	If not an office visit, you pay 30%	If not an office visit, covered 100% ¹

¹There is a \$100 copay for outpatient surgery at a hospital or free-standing facility.

The chart above is a high-level listing of commonly covered benefits across carriers and coverage levels for the Aon Benefit Experience. This chart is intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by BenX. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

The **My Benefits** tile on the SuccessFactors home page gives a more detailed look at these and additional coverages—and does account for some carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Summaries of Benefits and Coverage through the **My Benefits** tile on the SuccessFactors home page. See below for detailed instructions.

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A paper copy is also available, free of charge, by calling the Benefits Service Center at **1-855-282-2583 (1-855-BTB-BLUE), option 2**.

Prescription Drug Coverage

Do you or a family member take medications? Your prescription drug coverage will be provided through your insurance carrier's pharmacy benefit manager (PBM).

What's a Pharmacy Benefit Manager?

Each medical carrier uses a PBM—which could be a separate prescription drug company—to handle its prescription drug coverage. Employees who enroll under Aetna, Anthem, Cigna, or UnitedHealthcare will have their pharmacy benefits managed by **CVS Caremark**. All other carriers will manage their own prescription drug coverage. Visit bluetriton.makeityoursource.com > **Your Carrier Connection** for more information.

Your prescription drug coverage depends on the medical coverage level you choose **and** your medical insurance carrier. Below is an overview of the in-network coverage for each coverage level.

	BRONZE	SILVER	GOLD, GOLD II	PLATINUM
Preventive Drugs (determined by the insurance carrier, as required by the Affordable Care Act)	You pay \$0 You must have a doctor's prescription for the medication—even for products sold over the counter (OTC)—and you must use an in-network retail pharmacy or mail-order service.			
30-day retail supply				
Tier 1: Generally lowest cost options	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$10	You pay \$8
Tier 2: Generally medium cost options	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$40	You pay \$30
Tier 3: Generally highest cost options	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$60	You pay \$50
90-day mail-order supply				
Tier 1: Generally lowest cost options	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$25	You pay \$20
Tier 2: Generally medium cost options	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$100	You pay \$75
Tier 3: Generally highest cost options	You pay 100% until you've met the deductible, then you pay 25%	You pay 100% until you've met the deductible, then you pay 25%	You pay \$150	You pay \$125

Did you know certain drugs can be prescribed to treat more than one medical condition? One example is GLP1 drugs such as Ozempic. Ozempic is prescribed to treat both diabetes and weight management. Although Ozempic shows as a covered drug, the Company will only cover it for the treatment of diabetes. Ozempic is not covered for weight management.

If you are enrolled in the Gold, Gold II, or Platinum option, certain specialty medications could qualify for copay assistance through PrudentRx. If applicable, PrudentRx will contact you directly once you start a qualifying therapy. Once enrolled, you will receive a copay card for your specialty medication and a \$0 out-of-pocket cost for the covered prescriptions.

Dental Coverage

Dental benefits for your dental needs.

You should choose the option that's right for you. One option isn't better than another. The coverage levels are designed to give you choices.

Choose Your Coverage Level

You have several coverage levels to choose from, including:

- **Bronze:** A PPO option that covers in- and out-of-network care (remember, you'll receive a discounted rate with in-network providers), but does not cover major services or orthodontic expenses
- **Silver:** A buy-up to the Bronze option that covers in- and out-of-network care (remember, you'll receive a discounted rate with in-network providers), including coverage for major services and, for children up to age 19, orthodontic expenses
- **Gold:** An enhanced PPO option that covers in- and out-of-network care (remember, you'll receive a discounted rate with in-network providers), including coverage for major services and orthodontic expenses for children and adults

Choose Your Carrier

Your specific options for carriers are based on where you live. You'll be able to see the carrier options available to you when you enroll. With most carriers, knowing that your dentist is in the network is a simple way to get the best deal when you need care.

If you're considering **Delta Dental**, you need to take it one step further to get the same deal. There are actually two Delta Dental networks—**PPO** and **Premier**. Although the benefits are the same for both, you may have to pay more if your dentist is only a part of the **Premier** network. You can save more by seeing a Delta Dental dentist who participates in both the **PPO** and **Premier** networks, or by using any in-network dentist if you choose another insurance carrier on BenX.

For more information, visit the Make It Yours website at bluetriton.makeityoursource.com > **Your Carrier Connection** > **Dental**.

Paying for Coverage

Just like your medical coverage, you get to decide how much you want to pay for coverage through BenX. You can choose the coverage level you want from the insurance carrier offering it at the best price. You will see pricing, including the Employer Contribution, for each option available to you when you enroll through the **My Benefits** tile on the SuccessFactors home page during the enrollment period.

Is a Primary Care Dentist Required?

No, you do not need to designate a primary care dentist. Keep in mind that you'll receive the highest benefit by seeing a dentist who participates in your carrier's network.

Annual Deductible and Plan Limits

The deductible is what **you** pay out of pocket before your insurance starts paying its share of your costs. The annual maximum is the most the insurance carrier will pay in a year for dental costs. The orthodontia lifetime maximum is the total amount the insurance carrier will pay per person.

	BRONZE	SILVER	GOLD
Annual Deductible (individual/family)	\$100/\$300	\$100/\$300	\$50/\$150
Annual Maximum (excludes orthodontia)	\$1,000 per person	\$1,500 per person	\$2,500 per person
Orthodontia Lifetime Maximum¹	Not covered	\$1,500 per child up to age 19 only	\$2,000 per person

¹If you switch insurance carriers, any orthodontic expenses you've already incurred under your current carrier will count toward your new carrier's orthodontia lifetime maximum.

In-Network Benefits

	BRONZE	SILVER	GOLD
Preventive Care	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible
Minor Restorative Care (e.g., root canal, gum disease treatment, and oral surgery)	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible
Major Restorative Care (e.g., implants, dentures)	Not covered	You pay 40% after deductible	You pay 20% after deductible
Orthodontia	Not covered	You pay 50%, no deductible; children up to age 19 only	You pay 50%, no deductible; for children and adults

The charts above provide a high-level listing of commonly covered benefits across carriers and coverage levels for the Aon Benefit Experience. This is intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by BenX. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

The **My Benefits** tile on the SuccessFactors home page gives a more detailed look at these and additional coverages—and does account for some carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Benefit Summaries through the **My Benefits** tile on the SuccessFactors home page.

Vision Coverage

See how you can benefit from vision coverage.

You have several vision options available that offer a range of coverage—from exams only to coverage for lenses, frames, and contacts.

Choose Your Coverage Level

You have three coverage levels to choose from:

- **Bronze:** Exam-only option that provides in-network discounts for certain materials
- **Silver:** A PPO option that covers in- and out-of-network care
- **Gold:** An enhanced PPO option that covers in- and out-of-network care

Choose Your Insurance Carrier

Your specific options are based on where you live. You'll be able to see the carrier options available to you when you enroll. You may be able to choose from EyeMed, MetLife, UnitedHealthcare, or VSP.

For more information, visit the Make It Yours website at bluetriton.makeityoursource.com > **Your Carrier Connection > Vision.**

Paying for Coverage

Just like your medical and dental coverage, you get to decide how much you want to pay for coverage through BenX. You can choose the coverage level you want from the insurance carrier offering it at the best price.

In-Network Benefits

	BRONZE	SILVER	GOLD
Routine Vision Exam (once per plan year)	Covered 100%	You pay \$20	You pay \$10
Frames (once per plan year)	Discount may apply	\$130 allowance ¹	\$200 allowance ¹
Lenses (once per plan year; premium lenses may cost more)			
Single Vision	Discount may apply	You pay \$20	You pay \$10
Bifocal			
Trifocal			
Standard Progressive ²			
Lenticular			
Lens Enhancements			
UV Treatment	Discount may apply	Varies by carrier	Varies by carrier
Tint (solid and gradient)		Varies by carrier	Varies by carrier
Standard Plastic Scratch-Resistant Coating		Varies by carrier	Varies by carrier
Standard Anti-Reflective Coating		Varies by carrier	Varies by carrier
Standard Polycarbonate—Adults		Varies by carrier	Varies by carrier
Standard Polycarbonate—Children		You pay nothing	You pay nothing
Other Add-Ons		Discount only	Discount only
Contact Lenses			
Medically Necessary	Not covered	You pay \$20	You pay \$10
Elective	Not covered	\$130 allowance ¹	\$200 allowance ¹
Fit and Evaluation	Discount may apply	You pay \$20	You pay \$10
Laser Surgery			
Elective	15% off regular price or 5% off promotional price	15% off regular price or 5% off promotional price	15% off regular price or 5% off promotional price

¹Allowance can be used for frames or elective contact lenses, but not both.

²Vision benefits are for standard progressives. Enhanced progressives may cost more and will vary by insurance carrier.

The chart above is a high-level listing of commonly covered benefits across carriers and coverage levels for the Aon Benefit Experience. This chart is intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by BenX. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

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Note: For additional comparison, you may find Benefit Summaries through the **My Benefits** tile on the SuccessFactors home page.

Other Benefits

Additional benefits are available to you should you wish to enroll in them.

During your enrollment process, you will be prompted to choose (or decline) the following benefits:

You can choose to supplement your medical coverage with the following coverages.

- **Critical illness insurance:** This pays a benefit if you are diagnosed with certain serious illnesses, such as cancer, heart attack, or stroke. You select the benefit coverage amount you wish to purchase based on your individual needs and budget. You may also cover family members. Insurance product issued by Securian Life Insurance Company.
- **Hospital indemnity insurance:** Provides a cash payment for expenses related to a hospital stay, admission and a routine childbirth stay. It's a cost-effective way to help with the expenses above and beyond what your medical insurance plan already covers, giving you the flexibility to spend the money on anything you wish. You may also cover family members. Insurance product issued by Securian Life Insurance Company.
- **Accident insurance:** Accidents happen, but you may not realize how much they can cost. This benefit provides a cash payment to you regardless of income or other insurance coverage for injuries and treatment because of a covered accident. This supplemental insurance pays a benefit in the event you or a family member covered under this plan is in an accident. Insurance product issued by Securian Life Insurance Company.

Important! The above benefits are not a replacement or substitute for medical coverage. They are intended as supplemental coverage in addition to your medical coverage.

Find more information about these benefits on the Make It Yours website at bluetriton.makeityoursource.com > Choose Benefits > Medical Supplement.

You can also choose to enroll in the following benefits during the enrollment period:

- **Legal services:** This legal insurance provides protection against the high cost of legal fees. It covers attorney fees for things like wills, real estate matters, and more!
- **Identity theft protection:** Living so much of our lives online makes us vulnerable to a variety of threats. This service monitors your personal information and takes steps to protect you from fraud!

At any time during the year, you can obtain discounted coverage for:

- **Auto and home insurance:** Offers you special group rates and policy discounts on auto and home insurance. Contact MetLife directly for details and to get a quote at farmers.com/landing/groupselect/getquote.
- **Pet Insurance:** Administered by MetLife, pet insurance is a voluntary benefit that you can add or drop at any time during the year. It helps pay veterinary expenses for your sick or injured dog or cat. Contact MetLife directly for details and to get a quote at metlife.com/getpetquote.
- **International vacation medical:** Covers any medical needs that arise during travel outside the United States.
- **Bill negotiation services:** Offers assistance reviewing out-of-network medical bills, negotiating medical bill costs with doctors and hospitals, and creating a payment plan for medical-related expenses.

Find more information about these benefits on the Make It Yours website at bluetriton.makeityoursource.com > Choose Benefits > More Options.

Additional Benefits, continued

While you are not required to enroll in Basic benefits, you have the opportunity to enroll in certain voluntary benefits during your enrollment period.

Basic and Supplemental Life Insurance

Issued by Securian Life Insurance Company, life insurance protects your family financially in the event of a death. The Company automatically provides Basic life insurance for you free of charge.* And, if you decide your family needs more protection, you can buy additional voluntary coverage for yourself and your dependents. Rates are based on salary and age. You will see the amount when you log on to the benefits site. During your enrollment period, you have a special opportunity to elect the following without answering health questions (evidence of insurability or EOI): Employee Supplemental Life: 1-4x salary, not to exceed 4x salary or \$500,000, whichever is less (basic and supplemental life combined), and Spouse Supplemental Life: \$25,000. Child Life and Voluntary AD&D never require health questions. Supplemental elections above the amounts listed here require EOI.

Accidental Death and Dismemberment (AD&D) Insurance

Also issued by Securian Life Insurance Company, AD&D benefits protect your family financially in the event of a tragic accident. The Company automatically provides Basic AD&D coverage for you free of charge. And, if you decide your family needs more protection, you can buy voluntary AD&D coverage.

Note: You are the beneficiary if you're seriously injured as the result of an accident. The benefit paid is based on a percentage of your AD&D coverage amount, depending on your type of loss.

Disability Benefits

Disability benefits are administered by New York Life. Disability benefits protect you and your family by replacing a portion of your income if illness, disease, or disability prevent you from working. To file a disability claim, contact the disability program administrator, New York Life, at **1-855-BTB-BLUE**, option 4.

Short-Term Disability (STD)

STD benefits replace a portion of your income if you're unable to work due to pregnancy, illness, or non-work-related injury. The Company automatically provides STD coverage for you free of charge.

Long-Term Disability (LTD)

- **LTD—Company-Paid:** If you are still disabled past the time covered by your STD coverage, this pays a continuation of up to 50% of your base pay up to a maximum monthly benefit of \$1,250 for a period of time.
- **Buy-up LTD—Employee-Paid:** You may increase your LTD coverage to 60% of your base pay by purchasing buy-up LTD coverage. Buy-up LTD pays a continuation of up to 60% of your base pay up to a maximum monthly benefit of \$15,000 for a period of time.

Pre-existing condition limitations may apply. Refer to the LTD policy found on The Spring.

Designate Your Beneficiaries

While you're enrolling, you'll be prompted to designate your beneficiaries for applicable benefits, such as basic life and voluntary life insurance, as well as voluntary accidental death and dismemberment (AD&D), and buy-up long-term disability coverage. Have each beneficiary's Social Security number and birth date available to enter into record.

You will also have an opportunity to enter your 401(k) beneficiaries through Voya and your HSA beneficiaries through Optum.

* Federal tax law requires you to pay taxes on the cost of basic life insurance coverage over \$50,000. This is called "imputed income" and will be added to your gross taxable income. It will be included on your paychecks and on your Form W-2 each year. The amount of imputed income is based on your age and coverage amount.

Additional Benefits, continued

The Company also offers even more benefits to help you optimize your physical, financial, and emotional wellbeing.

Tax-advantaged accounts

Flexible spending accounts (FSAs)

Use the Health Care FSA or Limited Purpose Health Care FSA for eligible health care expenses.

If you are enrolled in a **Bronze** or **Silver** coverage level and contribute to a Health Savings Account (HSA) and an FSA, your FSA will be “limited purpose” and can only be used to pay for qualified dental and vision expenses. This plan is in addition to any money you contribute to an HSA, which can be used for qualified medical, dental, and vision expenses.

If you are enrolled in the **Gold**, **Gold II**, or **Platinum** coverage level, or you waive medical coverage through the Company, your Health Care FSA can be used to pay for medical, pharmacy, dental, vision, hearing, over-the-counter drugs, and menstrual products not covered by a health plan.

Use the Dependent Care FSA for eligible day care expenses, which include nursery schools, day care centers, and before- and after-school care.

Keep in mind that with the Health Care FSA, Limited Purpose Health Care FSA, and Dependent Care FSA, you lose any unused money at the end of the year, so it’s important that you carefully estimate your anticipated eligible expenses for the coming year. Claims incurred in the 2025 plan year must be submitted for reimbursement by March 31, 2026.

Health Savings Account (HSA)

Employees enrolled in a Bronze or Silver medical option can also contribute to an HSA that can be used for eligible health care expenses—or saved and invested tax-free for the future. With an HSA, unused dollars roll over from year to year. The funds are always yours to keep, even if you leave the Company or retire. For more information, review the HSA User’s Guide at bluetriton.makeityoursource.com/documents/hsa-users-guide.pdf.

Commute wisely

Commuter benefits are available at participating Company locations.

Time off

Eligible employees accrue vacation based on their years of service. In addition, you typically have 11 paid holidays each year.

TIME YOU’VE WORKED AT THE COMPANY	ANNUAL VACATION TIME EARNED
Up to 5 years	80 hours
5 to 9 years	120 hours
10 to 19 years	160 hours
20 years or more	200 hours

You accrue vacation on the 1st and 15th of every month, and you must be employed on the date the accrual is posted. With manager approval, you may be able to use your vacation time before it is accrued.

Sick time

Eligible employees, except for where state or local regulations require otherwise, are provided a bank of 48 hours as of January 1. Sick time provides benefits for when a minor illness or injury keeps you away from work for a few days. Sick time is pro-rated in your first year depending on your date of hire.

Note: The above information is a high-level overview of the paid time off benefits. For full details, refer to the policies on The Spring.

Additional Benefits, continued

Care for your family

Parental leave

The Company offers paid time off (and other resources) as your family grows. After 26 weeks of continuous service as a full-time employee, you may receive paid leave after you have a baby, adopt a child, or become a foster parent.

- Primary caregivers can take **up to 18 consecutive weeks** of company-paid leave.
- Non-primary caregivers can take **up to 4 consecutive weeks** of company-paid leave.

Balance work and life

Through our Employee Assistance Program (EAP) and WorkLife Services, you and your family have free, automatic 24/7 access to confidential counseling, educational materials, and referral services. You don't need to be enrolled in company medical coverage to use the EAP.

You'll find a variety of services that can help you with life's challenges, including:

- **Counseling:** Get up to 5 free, confidential sessions for you and family members who live with you.
- **Lifestyle coaching:** For help with personal improvement, healthy eating, weight loss, and more.
- **Digital emotional wellbeing program:** For help with anxiety, resilience, grief, stress, depression, chronic pain, pregnancy, aging, and more.
- **Financial wellness:** To take control of your finances.
- **Legal services:** To resolve legal issues such as estate planning and family law.
- **Identity theft resolution:** For help restoring credit.
- **Work-life services:** For personalized referrals for childcare, adult care, education, home improvement, consumer information, emergency preparedness, and more.
- **Member website:** To make it easy for you to explore services, find providers, and learn more about emotional health and wellness topics.

Call the EAP at **1-800-327-2914** to be connected with the right resource or professional, or visit Member.MagellanHealthcare.com to browse all the available services.

Go back to school

Need to enhance your job-related knowledge and skills? You may be eligible to receive financial assistance from the Company. This includes assistance for eligible expenses, such as tuition, books, and other required fees.

To learn more about these benefits, log on to the SuccessFactors home page at associate.btbsuccessfactors.com and click the **My Benefits** tile. Or, from outside of the Company's network, go to digital.alight.com/bluetritonbrands.

Perks at Work through NextJump

At perksatwork.com/login, you have access to exciting perks like exclusive associate pricing and free virtual classes. Find national and local discounts in over 20 categories ranging from electronics, home appliances, food and groceries, car buying, travel, fitness, and more. This is a resource designed to save you time and money by offering savings and rewards on the purchases you already make.

Save With the Company 401(k) Savings Plan

Take advantage of the Company 401(k) Savings Plan—with matching contributions from the Company.

As a new employee, you are eligible to begin participating on the first of the month following your completion of one month of service. You can proactively enroll at BlueTritonBrands.voya.com. If you do not proactively enroll or opt out of automatic enrollment, you'll be automatically enrolled into the plan approximately 60 days after you are hired at a 6% before-tax contribution rate.

The Company gives you options on how you can contribute to the plan with either before-tax, after-tax Roth, and/or traditional after-tax contributions, and you can make changes to your contribution rate(s) and type at any time and as often as you'd like. You don't need to wait for enrollment or a qualified life event.

Additionally, you have access to professional investment advice and financial planning support from Voya Retirement Advisors, LLC, powered by Financial Engines. This valuable program will help you evaluate your current savings, create a customized investment strategy, and then help you build a personalized retirement plan for your future.

You can enroll, make changes, and obtain forms or information about your plan account, 24 hours a day, 7 days a week, by clicking the **My 401k** tile on the SuccessFactors home page or by logging on to the plan website at BlueTritonBrands.voya.com.

Want More Information?

For complete plan details, please review the Summary Plan Document (SPD) by clicking the **My 401k** tile on the SuccessFactors home page and linking to **Plan Details** and then **Plan Highlights**. Additional information can be found on the Make It Yours website at bluetriton.makeityoursource.com > **Helpful Documents**; refer to the **401(k) Savings Plan Enrollment Guide** posted under **Benefits Information**.

Matching contributions

- **100% match** on the first 3% of eligible pay you contribute
- **50% match** on the next 2% of eligible pay you contribute

That means you can maximize the match **when you contribute at least 5%** so that **the Company contributes 4%**.

Note that matching contributions from the Company do not vest until you have worked at the Company for three full years or turn age 65, whichever comes first. See below for more info.

About vesting

To be “vested” means you have ownership of the Company’s matching contributions. It determines whether you keep the Company’s matching contributions if your employment with the Company ends.

You will be 100% vested in matching contributions after three years of service or when you reach age 65, whichever comes first. In other words, you do not own these contributions, plus related investment earnings, until you have been an employee of the Company for three full years.

You are always 100% vested in your own contributions, plus related investment earnings.

Getting started

Scan the code for a quick video for more on how to get started on your retirement journey.



Make It Yours

- ✓ You have done your research and you're feeling good. Now it's time to log on to the SuccessFactors home page at associate.btbsuccessfactors.com and click the **My Benefits** tile or to log on to the Alight Mobile app (available through the Apple App Store or Google Play) to enroll in your benefits for 2025.

Logging on for the first time: First, you must **activate your new account** to be able to enroll (see right). Once your account is active, from the **My Benefits** tile on the SuccessFactors home page, register as a new user and follow the prompts to provide requested information and set up your username and password.

- ✓ If you need additional help during enrollment, you can reach a customer service representative by web chat or by scheduling an appointment through the **My Benefits** tile on the SuccessFactors home page. You can also call the Benefits Service Center at **1-855-282-2583 (1-855-BTB-BLUE), option 2**, Monday through Friday, from 8:00 a.m. to 8:00 p.m. ET. If you don't connect with a representative right away, you will be given the option to save your place in line and be called back once a representative is available.

- ✓ Following your enrollment, you may still need to take action. If you do, the required follow-ups will appear on a confirmation page.

How to Activate Your New Access Account

If you're logging on for the first time, you must activate your account before enrollment. Your new account will allow you to access SuccessFactors (our HR portal), as well as to future Company applications.

Log on to the SuccessFactors home page at associate.btbsuccessfactors.com and follow the prompts for activation.

Whom to Contact

Benefits Service Center

- Questions about your benefits, enrollment, and the **Help Me Choose** tool
- Connect with a Health Pro for help with understanding benefits and resolving complex coverage issues
- Health Care Flexible Spending Account claims and questions
- Change HSA contributions

SuccessFactors home page at associate.btbsuccessfactors.com; click the **My Benefits** tile
Call **1-855-282-2583 (1-855-BTB-BLUE), option 2**, from 8:00 a.m. to 8:00 p.m. ET, Monday through Friday

Insurance Carriers

- Questions about a carrier's programs, services, provider networks, and coverage

bluetriton.makeityoursource.com
Click **Your Carrier Connection**

Pharmacy Benefit Managers

- Questions about how a prescription drug may be covered under a medical coverage option and how much you would pay

Employees who enroll under Aetna, Anthem, Cigna, or UnitedHealthcare, contact **CVS Caremark** at:
info.caremark.com/oe/bluetritonbrands
Call **1-844-758-0768**
Employees who enroll with other carriers, contact the insurance carrier (see above)

Health Savings Account

- HSA balance
- Change HSA contributions
- Get reimbursed or transfer money from your HSA
- Invest your HSA

optumbank.com
Call **1-866-234-8913** (available 24/7)
View the HSA User's Guide at bluetriton.makeityoursource.com/documents/hsa-users-guide.pdf

Legal Notices

The Company is required to provide you with the following disclosure documents regarding the Company's benefit programs in accordance with the Department of Labor and other federal agencies.

You can access this information by logging on to the SuccessFactors Home Page at associate.btbsuccessfactors.com and clicking the **My Benefits** tile (or, from outside of the Company's network, by going to digital.alight.com/bluetritonbrands). Under the **Legal & Compliance Notices** drop down, select the following:

- Creditable Coverage Notice
- BenX Notice
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
- HIPAA Privacy Notice
- HIPAA Special Enrollment Rights
- Annual Notifications
 - Availability of Summary Health Information
 - Newborns' and Mothers' Health Protection Act
 - Provider Rights Notice
 - Women's Health & Cancer Rights Act of 1998