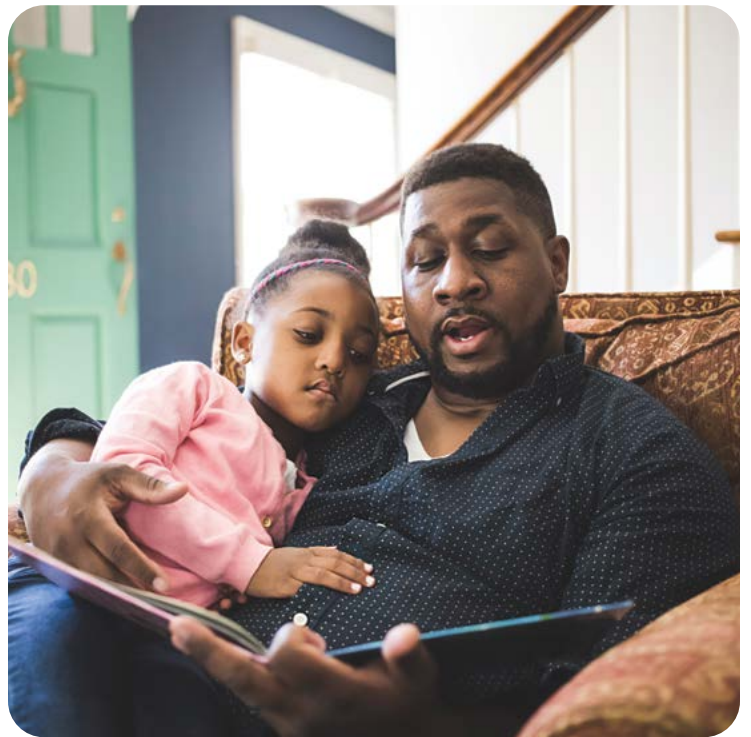


Aon Active Health Exchange™

2023 Benefits Enrollment Guide

For New Associates



Enroll Within 30 Days From Your Date of Hire.



Table of Contents



Ready to Get Started?

What You Need to Know and Do

1

2



Medical Coverage

Just for Californians!

Prescription Drug Coverage

3

7

10



Dental Coverage

11



Vision Coverage

13



Other Benefits

15



Save With the BlueTriton 401(k) Savings Plan

19



Make It Yours

Whom to Contact

20

20

If there is a discrepancy between the information displayed in this guide and the official plan documents, the official plan documents will govern. BlueTriton Brands reserves the right to amend, suspend, or terminate the plan(s) or program(s) at any time. This overview does not constitute a contract of employment. Please also note that the information provided in this guide is intended to be a summary of the most common plan designs offered across insurance carriers. It does not take into account how each insurance carrier covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the insurance carrier. If you have questions about a topic that isn't covered, please contact the insurance carrier for additional information.



Ready to Get Started?

When you choose a career at BlueTriton Brands, 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, wellness programs that promote total wellbeing, and retirement plans to help plan for your future.

You'll enroll in medical, dental, and vision benefits through the Aon Active Health Exchange. Just choose your coverage level, the price you want to pay, and the insurance carrier you want to work with. That's how you can make it yours.

You also have the opportunity to participate in the BlueTriton 401(k) Savings Plan as soon as you're hired. It's a great way to save, and BlueTriton contributes to your account!

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

What You Need to Know and Do

You must take action.

You must enroll within 30 days of your date of hire, with coverage being retroactive to day one of your employment. If you do not enroll within 30 days, you will not have the following benefits through BlueTriton Brands in 2023:

- Medical and prescription drug coverage
- 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.

Check This Out!

You will receive an Employer Contribution from BlueTriton 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 BlueTriton access account to be able to enroll. Log on to the SuccessFactors home page at <https://associate.btbsuccessfactors.com> and follow the prompts for activation. Then, once your account is active, log on to the SuccessFactors home page at <https://associate.btbsuccessfactors.com> and click the **My Benefits** tile (or, from outside of BlueTriton's network, go to <https://digital.alight.com/bluetritonbrands>) to make your elections during your enrollment period. You're encouraged to 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 Frequently Asked Questions (FAQs) posted at <https://bluetriton.makeityoursource.com>.

Check Out These Resources

Before you enroll

Make It Yours website at <https://bluetriton.makeityoursource.com> (available year-round):

- 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

The enrollment website from the SuccessFactors home page at <https://associate.btbsuccessfactors.com> (click the **My Benefits** tile):

- Log on to use the **Help Me Choose** tool for personalized coverage suggestions that meet your needs and budget.
- Enroll for 2023 benefits.
- The BlueTriton Brands 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.

After you enroll

All of the above resources are available to you ongoing.

- You can also call **1-855-282-2583 (1-855-BTB-BLUE), option 2**, to speak with a Health Pro, who can answer questions about your benefits and resolve more complex issues, such as billings.
- 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.

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.

BlueTriton will help you pay for 2023 medical coverage through an Employer Contribution, the amount of which you will see online during your enrollment process.

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, VA, and WA, 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 <https://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.

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 7 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 BlueTriton, 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 <https://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 is enrolled in an approved tobacco cessation program, his/her surcharge will be waived.

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

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 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 monthly contributions 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: \$1,500/\$3,000	In-network: \$800/\$1,600	In-network: N/A
	Out-of-network: \$3,300/\$6,600	Out-of-network: \$1,500/\$3,000	Out-of-network: \$1,600/\$3,200	Out-of-network: \$5,000/\$10,000
Traditional or True Family?	Traditional	True family	Traditional	N/A

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, VA, and WA do **not** cover out-of-network benefits at all.

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: \$3,800/\$7,600	In-network: \$3,600/\$7,200	In-network: \$1,600/\$3,200
	Out-of-network: \$12,800/\$25,600	Out-of-network: \$8,000/\$16,000	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 under the Bronze, Silver, and Gold options.

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.

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 25% after deductible	You pay \$200
Urgent Care	You pay 25% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay \$50
Inpatient Care	You pay 25% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay \$350
Outpatient Care	You pay 25% after deductible	You pay 25% after deductible	If not an office visit, you pay 25% 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 Active Health Exchange. 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 the Aon exchange. 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 as follows:

- Log on to the SuccessFactors home page, click the **My Benefits** tile, then click **Enroll**
- Once you're in the **Choose Your Medical** step, expand **View Plans**, then click **All Coverage Details**
- Under **Summary of Benefits and Coverage**, click the **SBC** link next to **Coverage Details**

A paper copy is also available, free of charge, by calling the BlueTriton Brands 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-network only	In-network only	N/A	In-network only
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: \$1,500/\$3,000	In-network: \$800/\$1,600	In-network: N/A	In-network: N/A
	Out-of-network: \$3,300/\$6,600	Out-of-network: \$1,500/\$3,000	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: \$3,800/\$7,600 ¹	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: \$8,000/\$16,000 ¹	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, these options feature a traditional annual out-of-pocket maximum. See page 5 for more details.

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 25% after deductible	You pay 30%	You pay \$200
Urgent Care	You pay 25% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay 30%	You pay \$50
Inpatient Care	You pay 25% after deductible	You pay 25% after deductible	You pay 25% 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 25% 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 Active Health Exchange. 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 the Aon exchange. 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.

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 as follows:

- Log on to the SuccessFactors home page, click the **My Benefits** tile, then click **Enroll**
- Once you're in the **Choose Your Medical** step, expand **View Plans**, then click **All Coverage Details**
- Under **Summary of Benefits and Coverage**, click the **SBC** link next to **Coverage Details**

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

Prescription Drug Coverage

Do you or a family member take medications?

Listen up! This could be a big deal for you. Your prescription drug coverage will be provided through your insurance carrier's pharmacy benefit manager.

What's a Pharmacy Benefit Manager?

In the exchange, each medical carrier uses a pharmacy benefit manager—which could be a separate prescription drug company—to handle its prescription drug coverage. Associates who enroll under Aetna, Anthem, Cigna, or UnitedHealthcare will have their pharmacy benefits managed by **CVS Caremark**, while the pharmacy benefits for those who enroll with other carriers will be managed by the carrier. Visit the Make It Yours website at <https://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

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

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 the exchange.

For more information, visit the Make It Yours website at <https://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 the exchange. 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 Maximum ¹	Not covered	\$1,500 per child	\$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 Active Health Exchange. 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 the Aon exchange. 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 <https://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 the exchange. 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	You pay \$15	You pay \$15
Tint (solid and gradient)		You pay \$15	You pay \$15
Standard Plastic Scratch-Resistant Coating		You pay \$15	You pay \$15
Standard Anti-Reflective Coating		You pay \$45	You pay \$45
Standard Polycarbonate—Adults		You pay \$40	You pay \$15
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			
	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 Active Health Exchange. 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 the Aon exchange. 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.

Other Benefits

Additional benefits are available to you through the Aon Active Health Exchange, should you wish to enroll in them. During your enrollment process online, you will be prompted to choose (or decline) the following benefits, as well.

You can choose to supplement your medical coverage with:

- **Critical illness insurance:** Pays a benefit if you or a covered family member is treated for a major medical event (such as a heart attack or stroke) or diagnosed with a critical illness (such as cancer or end-stage kidney disease)
- **Hospital indemnity insurance:** Pays a benefit in the event you or a family member covered under this plan is hospitalized
- **Accident insurance:** Pays a benefit in the event you or a family member covered under this plan is in an accident

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 <https://bluetriton.makeityoursource.com> > Choose Benefits > Medical Supplement.

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

- **Legal services:** Covers attorney fees for things like wills, real estate matters, and more
- **Identity theft protection:** Monitors your personal information and takes steps to protect you from fraud

In addition, 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
- **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 legal services, identity theft protection, auto and home insurance, international vacation medical, and bill negotiation services on the Make It Yours website at <https://bluetriton.makeityoursource.com> > Choose Benefits > More Options.

During your enrollment process through the **My Benefits** tile on the SuccessFactors home page, you can also elect spouse and child life insurance, supplemental life insurance, supplemental and dependent accidental death and dismemberment insurance, supplemental disability coverage, and pet insurance. See the next page for more information about these non-exchange benefits.

BlueTriton provides you with additional benefits and access to voluntary benefits that are not part of the exchange.

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

Administered by Securian, life insurance protects your family financially in the event of a death. BlueTriton 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.

Accidental Death and Dismemberment (AD&D) Insurance

Also administered by Securian, AD&D benefits protect your family financially in the event of a tragic accident. BlueTriton 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.

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. BlueTriton automatically provides STD coverage for you free of charge, and you have the option to purchase additional voluntary STD coverage.

Long-Term Disability (LTD)

BlueTriton automatically provides LTD coverage for you free of charge. LTD benefits pick up where your STD benefits end—providing you with a portion of your income from 26 weeks to 60 months. You also have the option to purchase additional voluntary LTD coverage.

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.

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.

* 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.

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

Care for your family

Parental leave

BlueTriton 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.

Tax-advantaged accounts

Set aside tax-free money from your paycheck and use it to reimburse yourself for eligible health care or day care expenses.

Flexible spending accounts (FSAs)

Use the Health Care or limited purpose Health Care FSA for eligible health care expenses. And use the Dependent Care FSA for eligible day care expenses, which include nursery schools, day care centers, and before- and after-school care.

Health Savings Account (HSA)

Employees enrolled in SureSAVER or HealthSAVER can also contribute to an HSA that can be used for eligible health care expenses—or saved and invested tax-free for the future.

Commute wisely

Commuter benefits are available at participating BlueTriton locations.

Balance work and life

Through our Employee Assistance Program (EAP) and WorkLife Services, you and your family have free, automatic access to confidential counseling, educational materials, and referral services.

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

- Adult care and aging
- Child care and parenting
- Daily living
- Education
- Moving
- Pet ownership
- Pregnancy and adoption
- Special needs

Go back to school

Need to enhance your job-related knowledge and skills? You may be eligible to receive financial assistance from BlueTriton. 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 <https://associate.btbsuccessfactors.com> and click the **My Benefits** tile. Or, from outside of BlueTriton's network, go to <https://digital.alight.com/bluetritonbrands>.

Save With the BlueTriton 401(k) Savings Plan

In the first month after you complete one month of service, you're eligible for the BlueTriton 401(k) Savings Plan—with matching contributions from BlueTriton.

As a new employee, you'll be automatically enrolled at a before-tax contribution rate of 6% of your eligible pay, unless you select a different rate or decline participation. You can choose to make before-tax and/or Roth contributions, and you can make changes to your contribution rate(s) and type (before-tax and/or Roth) at any time and as often as you'd like. You don't need to wait for enrollment or a qualified life event.

The BlueTriton 401(k) Savings Plan also makes it easy to keep saving with automatic contribution rate increases in 1% increments annually, or on the anniversary of your enrollment date, until you're contributing the maximum deferral percentage. You always have the option to increase contributions up to 75% of your eligible pay (certain limitations may apply), decrease contributions, or decline participation.

All BlueTriton contributions are yours to keep, or vested, after you work at BlueTriton for three years or when you reach age 65, whichever comes first. You choose how to invest the money in your BlueTriton 401(k) Savings Plan account from a diverse selection of investment options.

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 logging on to the plan website at [BlueTritonBrands.voya.com](https://bluetritonbrands.voya.com).

Want More Information?

For complete plan details, visit the Make It Yours website at <https://bluetriton.makeityoursource.com> > **Helpful Documents** and 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 **BlueTriton contributes 4%**.

Note that matching contributions from BlueTriton do not vest until you have worked at BlueTriton 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 BlueTriton's matching contributions. It determines whether you keep BlueTriton's matching contributions if your employment with BlueTriton 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 a BlueTriton employee for three full years.

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

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 <https://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 2023.

Logging on for the first time: First, you must **activate your new BlueTriton Brands access 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 BlueTriton Brands 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 BlueTriton account before enrollment. Your new account will allow you to access SuccessFactors (our HR portal), as well as to future BlueTriton applications.

Log on to the SuccessFactors home page at <https://associate.btbsuccessfactors.com> and follow the prompts for activation.

Whom to Contact

BlueTriton Brands 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

SuccessFactors home page at <https://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

<https://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

Associates who enroll under Aetna, Anthem, Cigna, or UnitedHealthcare, contact **CVS Caremark** at:

<https://info.caremark.com/oe/bluetritonbrands>

Call **1-844-758-0768**

Associates 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

www.optumbank.com

Call **1-866-234-8913** (available 24/7)