

Employee Benefit Guide 2023



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Leadership Message



To our newest Elevate team members -

Welcome to the team. We continue to be impressed by the people, brands and products that make up our company. Our brands are strong and our teams are some of the most experienced, skilled and respected in the industry. We would like to take this opportunity to not only welcome you, but to thank you in advance for your contributions. It is truly the dedication of our employees that helps us navigate these challenging times as a united company.



We are focused on many areas of opportunity and continuous improvement. We want to stand out as a top employer in our communities and one for which you are proud to work. As part of our commitment to you, Elevate takes pride in the benefits we offer to employees. We work to ensure that our policies and plans provide quality coverage that is simple, flexible, affordable and comprehensive in order to meet the diverse needs of you and your family.

We are pleased to provide matching funds to assist you with building your 401(k) Retirement Plan account, and we encourage everyone's participation in this plan. We are also excited to provide certain benefits to you at no cost. The company will provide employees basic life, basic short term disability and long term disability coverage at no cost. For those who participate in the high deductible, HSA-eligible medical plan, Elevate will contribute to your Health Savings Account (HSA) to assist in offsetting out-of-pocket medical expenses. Along with the HSA-eligible plan, you'll also get coverage under the hospital indemnity program that helps to offset your expenses in the case of hospitalization. In addition, the company provides all employees access to our Employee Assistance Program (EAP) and offers eligible employees paid vacation and holiday benefits.

As you consider your choices regarding Elevate's benefit plans, please carefully read the information in this guide in order to make the best selections for you and your family.

Once again, welcome to the team. Our brands and operations have amazing legacies, and we look forward to leading beside you as we explore new opportunities and drive strategies to grow.

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Sim Skinner President & CEO

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Kristen Hughes Chief Legal Officer & Chief Human Resources Officer

Benefit Basics



You have access to a variety of benefits to support the health needs and financial wellness of you and your family. Please read this guide to learn more about your benefits, and make sure to enroll within the first 30 days of employment



Be sure to look for this icon throughout guide so you can locate our clickable links!

Eligibility

Most employees are eligible for the benefits described in this guide. You are eligible for benefits if you are classified as a regular, full-time employee scheduled to work at least 30 hours per week. You may also enroll dependents in certain benefit plans such as medical, dental, and vision. The following dependents are eligible for coverage:

- Your spouse, under a legally valid, existing marriage
- You or your spouse's biological children, your step-children, legally adopted children, or foster children in your care

In general, children may be covered under your plan up to age 26. Coverage will terminate at the end of the month in which your dependent turns 26. Special rules apply to disabled children who are enrolled for coverage prior to turning 26. Certain other individuals may qualify as "children." Please refer to your Summary Plan Descriptions for all dependent eligibility information.

What if things change?

The benefits you elect as a new hire will take effect on your 61st day of employment. Remember that you may only change your coverage under pretax benefits if you experience a qualifying life event such as:

Qualifying Life Events

- Marriage
- Divorce or legal separation
- Birth of your child
- Adoption of or placement for adoption of your child
- Death of your spouse or dependent child
- Qualification by the Plan Administrator of a child support order for medical coverage
- New entitlement to Medicare or Medicaid
- Change in employment status of employee or eligible dependent
- Entitlement to enroll for coverage in a government-sponsored Health Insurance Exchange during a special or annual open enrollment period

You must notify Human Resources within 30 days (or in limited circumstances, within 60 days) of a qualifying life event. Depending on the type of event, you may need to provide proof of the event, such as a marriage license. Human Resources will let you know what documentation you should provide. If you do not contact Human Resources within 30 days of the qualified event, you will have to wait until the next open enrollment window to make changes (unless you experience another qualifying life event).

New Benefits for 2023

CirrusMD

We are excited to offer an effortless telehealth experience, available January 1, 2023! A few benefits include:

- No appointments or wait times
- Availability 24/7 from any location
- Ability to connect with a doctor in less than a minute
- Available to medical plan participants
- \$0 copay for medical plan participants

Watch this short video to find out more • about how CirrusMD works!



Fresh Produce Deliveries

Enjoy fresh produce without having to work in the garden or take a trip to the grocery store! In support of your wellbeing, Elevate has partnered with North Carolina based company, "The Produce Box" to provide tasty fruits and vegetables for you and your family. If you work at one of our North or South Carolina manufacturing or distribution locations, you will enjoy deliveries of fresh, locally sourced fruits and vegetables in 2023. Deliveries will be distributed at your work location.

Here are a few of your fellow employees enjoying a delivery during our pilot program in Greenville, SC, during the summer.





Below are the basic provisions of your medical plan choices offered through Blue Cross and Blue Shield of North Carolina (BCBSNC).

IN-NETWORK PLAN PROVISIONS	HIGH DEDUCTIBLE HSA-ELIGIBLE PLAN	BASIC PPO PLAN	PLUS PPO PLAN
Annual In-Network Deductible (Individual/Family)	\$3,000/\$6,000	\$2,000/\$6,000	\$1,000/\$3,000
Out-of-Pocket Maximum (Individual/Family)	\$6,750/\$13,500	\$6,800/\$13,600	\$5,800/\$11,600
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Preventive Care	100%	100%	100%
Primary Physician Office Visit	70%*	\$35 copay	\$25 copay
Specialist Office Visit	70%*	\$60 copay	\$50 copay
Inpatient Hospital Services	70%*	70%*	80%*
Outpatient Hospital Services	70%*	70%*	80%*
Urgent Care	70%*	\$65 copay	\$50 copay
Emergency Room Care	70%*	\$200 copay for initial visit, then 70%*	\$200 copay for initial visit, then 80%*

Pharmacy Benefits



Below are the highlights of your prescription drug coverage under each plan. Pharmacy benefits are offered through Express Scripts. Go to <u>express-scripts.com/Elevate</u> for more details about prescription drug benefits specific to each of the medical plans including the Patient Assurance Program, plan formularies, and exclusion lists.

IN-NETWORK PLAN PROVISIONS	HIGH DEDUCTIBLE HSA-ELIGIBLE PLAN	BASIC PPO PLAN	PLUS PPO PLAN
Retail Prescription Drugs (30-day supply) Generic Brand Preferred Brand Non-preferred	70%* 70%* 70%*	\$10 copay \$40 copay \$70 copay	\$10 copay \$30 copay \$50 copay
Mail Order Prescription Drugs (90-day supply) Generic Brand Preferred Brand Non-preferred	70%* 70%* 70%*	\$25 copay \$100 copay \$175 copay	\$25 copay \$75 copay \$125 copay

PHARMACY PLAN REMINDERS

- If you purchase a brand name medication at mail or retail and a comparable generic medication is available, you'll be charged the generic copay plus the difference in cost between the brand name and the generic medication.
- After the third time you have a prescription for certain long-term (maintenance) drugs filled at a retail pharmacy, you will be charged 100% of the cost of the drug. By ordering your maintenance medications through the mail order program, you get the convenience of home delivery in addition to receiving a 90-day supply at lower cost than you would pay at retail.

SAVEONSP

SaveonSP is an Express Scripts program designed to help medical plan participants save money on certain speciality medications. This program connects plan members with prescription drug manufacturers' copay assistance programs, resulting in \$0 out-of-pocket cost on certain medications for participants. Prescriptions that qualify for SaveonSP will still be filled through Express Scripts' speciality pharmacy, Accredo. If you are prescribed a medication that is on the SaveonSP drug list, you will be contacted directly about what you need to do to participate. <u>Click here</u> for the current list of eligible medications.

PATIENT ASSURANCE PROGRAM

The Patient Assurance program allows members to pay less for certain diabetes and cardiovascular medications by capping out-of-pocket copays. Members using participating medications will pay no more than \$25 per 30-day supply or \$75 per 90-day supply whenever they fill their prescription at either the Express Scripts Pharmacy[™] or any in-network retail pharmacy. Covered prescriptions are still subject to the mandatory mail order rules.

Health Savings Account (HSA) Plan Features



Here are some important things to consider when enrolling in the High Deductible HSA-eligible plan.

HSA-Eligible High Deductible Plan

- All care you receive from in-network doctors and hospitals will be covered at 70% after you meet your deductible.
- If you elect to participate in the HSA-eligible plan, the Company will contribute funds to your HSA account. See below for more information.
- Under the HSA plan, certain preventive medications are covered at 70% without having to pay deductible first. Go
- to <u>express-scripts.com/Elevate</u> for more information.

If you elect coverage under the HSA-eligible medical plan, the Company will contribute to your HSA account to help pay for health care. Employer contributions to the HSA are pro-rated per paycheck. Contributions begin the 1st of the month following medical plan enrollment unless medical plan coverage begins on the first day of the month.

- Employee only \$750
- Employee + Spouse \$1,000
- Employee + Child(ren) \$1,000
- Family \$1,500

Hospital Indemnity Insurance

The HSA-Eligible High Deductible Plan comes with a Hospital Indemnity plan that is separate coverage through Aetna, at no cost to you. Hospital Indemnity Insurance pays a lump sum if you or a covered dependent are admitted or confined to a hospital, whether for planned or unplanned reasons. If you have a covered hospital stay, you will need to file a claim to receive payment. Please see your local HR Representative for forms and questions.

Inpatient Stay	Payable Benefit
Hospital Admission (ICU or Non-ICU)	\$1,000 (once per plan year)
Hospital Stay – ICU (daily after initial day)	\$200/day (up to 30 days per plan year)
Hospital Stay – Non-ICU (daily after initial day)	\$100/day (up to 30 days per plan year)
Newborn Routine Care	\$100 per birth of newborn
Observation Unit	\$100/day (1 benefit per plan year
Other Inpatient Stays*	\$100/day (up to 30 days per plan year)

*Restrictions may apply. See policy booklet for details

HSA Accounts



The Health Savings Account (HSA) is an individual account that will be set up for you if you elect the HSA-eligible medical plan option. The Company will add funds to this account to help pay for medical expenses that you would otherwise pay out of your pocket. You can also make optional before-tax contributions up to an annual maximum determined by the IRS. For 2023, including company contributions you can contribute up to:

- \$3,850 (individual coverage)
- \$7,750 (family coverage)
- You can contribute an additional \$1,000 per year if you are 55 or over

Your HSA account is yours forever-you can take it with you if you leave the Company for any reason. Any money you have not used during the year rolls over into the following year. You can even use it when you reach retirement age for any eligible out-of-pocket expenses. The funds in your account earn nontaxable interest and investment returns over the account life.

You are eligible for an HSA account if you:

- Enroll in the HSA High Deductible Medical Plan
- Are not enrolled in Medicare or Tricare
- Are not a dependent on another person's tax return

Tax Advantages

The HSA medical plan is less taxing on you! The main advantages are:

- Money isn't taxed when you contribute to your account.
- Money isn't taxed as your account grows (you can invest it once you have \$2,000 in your account!).
- Money isn't taxed when you spend it for eligible health care expenses.

All in all, you can pay a lower medical plan contribution and owe less in taxes. HSA account owners must file Form 8889 with individual tax returns. The form and instructions are posted on the IRS website at www.irs.gov. Consult with your tax advisor to determine eligibility requirements and tax advantages for participating in an HSA.

Your HSA Account

Health Equity administers the HSA account and participants will receive a debit card to use for eligible expenses. When you have a qualified expense, you can make a tax-free withdrawal from your account to cover the costs. Click here for a video explaining the benefits of an HSA and more information about how they work.

You can use the HSA to offset a portion of your costs under the medical plan and pay for gualified expenses not covered by the Plan, such as over-the-counter medications. A list of qualified HSA expenses can be found at www.irs.gov (see Publication 502).

	HEALTH CARE FSA	HSA
Eligibility	Must not have an HSA	Must elect a high deductible health plan
Who contributes to your account?	You	Company and you
What happens to your unused funds at the end of the year?	You forfeit money that is left in your account (estimate contributions conservatively)	You own your HSA account and funds are never forfeited.
How much you can contribute?	\$3,050 (for 2023)	\$3,850 individual \$7,750 family \$1,000 additional if age 55+

FSAs vs HSAs

Flexible Spending Accounts (FSA)



A Flexible Spending Account (FSA) allows you to pay for health care and dependent care costs using tax free dollars. Your FSA Plan is administered by Flores. <u>Click here</u> to visit the Flores & Associates resources page for eligible expenses, calculators, and more! **Reminder:** You must make a new election every year to participate in FSA.

Each pay period, you decide how much money you would like to contribute to one or both accounts. Your contribution is deducted from your paycheck on a pretax basis and is put into the Health Care FSA, the Dependent Care FSA, or both. When you incur expenses, you can access the funds in your account to pay for eligible health care or dependent care expenses.

The chart below shows eligible expenses, how much you can contribute and how you can benefit by using each type of FSA. You may only claim current year expenses against your FSA account for each plan year that you participate in the FSA.

You should keep all your receipts when using your FSA account. Flores (your FSA administrator) may ask you to substantiate your FSA charges to ensure the account is only being used for FSA-allowable expenses.

IMPORTANT INFORMATION ABOUT FSAs:

Your FSA elections are effective from January 1 through December 31. FSA funds are subject to what is referred to as the "use it or lose it" rule as governed by IRS regulations. Any remaining funds in your account at the end of the year may be forfeited according to the following guidelines.

Under the Health Care FSA, you'll be able to carry over up to \$570 of unused funds from your current year's election for the entire next plan year. Amounts remaining in your account in excess of \$570 will be forfeited as of December 31.

For the Dependent Care FSA, you have a "grace period" through March 15 of the following year to use any remaining funds. After the grace period, any remaining funds are forfeited.

ACCOUNT TYPE AND ELIGIBLE EXPENSES	ANNUAL CONTRIBUTION LIMITS	BENEFIT	OVERVIEW VIDEO
HEALTH CARE FSA Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses, and doctor-prescribed over the counter medications)	Maximum contribution is IRS annual limit (\$3,050 for 2023)	Reduces your taxable income	Click here
DEPENDENT CARE FSA Dependent care expenses (such as day care, after school programs, or elder care programs) so you and your spouse can work or attend school full-time	Maximum contribution is \$5,000 per year (\$2,500 if married and filing separate tax returns)	Reduces your taxable income	Click here



Your Cigna dental plan provides 100% coverage for routine exams and cleanings and pays for a portion of other services. You have a choice of two dental plans. The chart below shows what the plans pay.

IN-NETWORK PLAN PROVISIONS	BASIC PLAN	PLUS PLAN
Annual deductible Individual/Family	\$50/\$150	\$50/\$150
Annual Maximum per person	\$1,000	\$2,000
Diagnostic and Preventive, to include cleanings, fluo- ride treatments, sealants and x-rays	100%	100%
Basic Services to include fillings, periodontics, scaling and root planing, oral surgery	50%*	80%*
Major Services to include crowns, bridges, implants, full and partial dentures	50%*	50%*
Orthodontia	Not covered	50%, No deductible
Orthodontia Lifetime Maximum *After deductible is met.	N/A	\$2,000

It's important to have regular dental exams and cleanings so problems are detected before they become painful and expensive. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease, and is an important part of maintaining your medical health.

Vision Plan

The Company provides a choice of two vision plans—both of which are offered through Ameritas using the EyeMed network of providers. The Basic Plan provides coverage for contact lenses and glasses only, while the Deluxe Plan also offers coverage for your annual eye exam.

Note that routine eye exams (but not contact fitting exams) are covered at 100% under your BCBSNC medical plans, so you will want to consider that as you choose your vision plan. If you have elected to participate in one of the BCBSNC medical plans, be sure to show your vision provider your BCBSNC ID card when you check in. As a vision plan participant, you don't need a member ID card. Just let your provider know that you have vision coverage through the EyeMed network.

	BASIC PLAN		DELUXE PLAN	
PLAN PROVISIONS	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Eye Exam	NA	NA	Covered in full	Up to \$35
Lenses (per pair) Single vision Bifocal Trifocal Lenticular	Covered in full Covered in full Covered in full 20% discount	Up to \$25 Up to \$40 Up to \$55 No benefit	Covered in full Covered in full Covered in full 20% discount	Up to \$25 Up to \$40 Up to \$55 No benefit
Frames	\$150	Up to \$75	\$180	Up to \$65
Frequencies Exams/Lenses/Frames	NA/12/24 Based on date of service	NA/12/24 Based on date of service	12/12/24 Based on date of service	12/12/24 Based on date of service
Deductibles	\$20 eye glass lenses	No deductible	\$5 exam \$10 eye glass lenses	No deductible
Calendar Year Maximum	None	None	None	None
Contact Lenses Fit & Follow Up Exams Standard Lenses Premium Lenses Lenses Elective Medically Necessary	NA NA Up to \$150 Covered in full	NA NA Up to \$120 Up to \$200	Member cost up to \$55 10% off retail Up to \$180 Covered in full	No benefit No benefit Up to \$104 Up to \$200
Lens Options Progressive Lenses Standard Lenses Premium Lenses Standard Polycarbonate Scratch Resistant Coating Anti-Reflective Coating Ultraviolet Coating LASIK or PRK	\$65 + lens deductible Lens cost -20% discount - \$120 allowance + Stan- dard progressive cost \$40 \$15 \$45 \$15 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit No benefit No benefit No benefit No benefit No benefit No benefit	\$65 + lens deductible Lens cost - 20% discount - \$120 allowance + Stan- dard progressive cost \$40 \$15 \$45 \$15 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit No benefit No benefit No benefit No benefit No benefit No benefit
ADDITIONAL IN-NETWORK FEATURES				
	15% discount on the remai	ining balance in excess of	the conventional contact le	ns allowance. 20%

Discounts

15% discount on the remaining balance in excess of the conventional contact lens allowance. 20% discount on the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses.

Life Insurance



Basic Life Insurance

The Company provides group term life insurance to all eligible regular, full-time employees <u>at no cost</u> through Lincoln Financial Group. Coverage automatically begins after you have satisfied the 60 day waiting period. What would your family do if you were not there to take care of them? The Company provides you life insurance options for better financial security.

Supplemental Life Insurance

When employees first join the Company as new hires, they have the option of electing supplemental life insurance. During open enrollment, you have the option to add or increase coverage. Review details below for plan rules and limitations.

COVERED INDIVIDUAL	BASIC LIFE BENEFIT – HOURLY (COMPANY PAID)	VOLUNTARY LIFE BENEFIT (EMPLOYEE PAID)
Employee*	1 X the amount of your annualized salary or hourly rate rounded up to the next thousand	\$5,000 increments up to a maximum of 5 times annual earnings or \$500,000, whichever is lower
Spouse*	\$2,000	\$5,000 increments up to \$250,000. Your spouse's coverage amount cannot be greater than your coverage amount.
Dependent Children (up to age 26)	\$2,000	\$5,000, \$10,000, or \$20,000 options

*Coverage amounts are reduced to 65% at age 70 and to 50% at age 75.

Reminder: You cannot have coverage on a spouse or dependent without covering yourself. Spouse coverage amounts cannot exceed your coverage amount, and your coverage amount cannot exceed 5 times annual earnings.

As a new hire, you are eligible to add coverage up to the guaranteed issue amounts shown above without having to complete Evidence of Insurability (EOI). If you choose to add coverage later, you may be subject to EOI provisions, and coverage could be denied.

Life Insurance coverage will only be effective if you are actively at work when the coverage is set to take effect. If you are out of work on a leave of absence, coverage will become effective when you return to full active duty. In addition, to be eligible for new coverage, a spouse, or dependent child cannot be confined to a health care facility or be unable to perform the typical activities of a healthy person of the same age and gender.

Disability Plans

How do you plan for unexpected illness or injury? The Company offers disability insurance options that can provide you peace of mind and coverage when you need it.

Hourly Short-Term Disability Insurance

Disability insurance provides income replacement should you become disabled and unable to work due to an illness or injury. Coverage for the employer-paid portion of your Short-Term Disability benefits is automatic so you do not need to enroll. If you do not currently have supplemental Short-Term Disability, and you would like to add it during open enrollment, you will be required to complete the evidence of insurability process before coverage can begin.

Hourly Long-Term Disability Insurance

Hourly employees receive long-term disability coverage <u>at no cost to you</u>. You become eligible to apply for long-term disability benefits after you have been disabled for the maximum short-term disability period of 26 weeks.

COVERAGE AND BENEFITS

EMPLOYER-PAID SHORT-TERM DISABILITY

Up to 26 weeks/Up to 25% of pre-disability weekly earnings

EMPLOYEE-PAID SUPPLEMENTAL SHORT-TERM DISABILITY Up to 26 weeks/Up to 60% of pre-disability weekly earnings

EMPLOYER-PAID LONG-TERM DISABILITY Up to 5 years/Up to 60% of pre-disability weekly earnings

PAID PARENTAL LEAVE:

Elevate provides paid time off for eligible employees to bond with their child(ren) following birth, adoption, or placement for foster care. Effective January 1, 2023, the parental leave policy will be updated to include a one year waiting period for new employees, and the maximum leave period will be six weeks.

• Employees hired on or before December 31, 2022 who have a birth or adoption on or before September 30, 2023 are eligible for up to 13 weeks of paid parental leave.

• For employees hired on or after January 1, 2023 or births or adoptions accurring October 1, 2023 or later, the one year waiting period will apply and employees will be eligible for up to six weeks of paid parental leave.

See your local HR representative for questions or details.

Employee Assistance Health Advocacy

Understanding and navigating healthcare can be complicated. Elevate offers an Employee Assistance Program (EAP) and Advocacy services through Health Advocate, providing you and your family free, confidential, 24/7/365 access and support!

Advocates can help:

- Explain benefits, coverage, and out-of-pocket costs
- Locate in-network providers and arrange second opinions
- Facilitate the transfer of medical records
- Interpret tests, treatments, and medications
- Resolve eligibility problems, claim denials, and file appeals

Help with Non-Urgent Concerns

- Interpreting symptoms for you or your family members
- How to ease common problems or health issues
- Side effects of medications

Quick Online Resources

- Articles, tools, videos, webinars, and more
- Calculators for loans, debt consolidation
- Tax forms and other legal/financial resources



Visit the Apple app store or Google Play store to download the Health Advocate app for on-the-go help!



You and your family members have access to:

- **Licensed Professional Counselors** Up to five sessions in person or via phone
- Work/Life Specialists Find childcare, eldercare, and special needs programs
- **Certified Financial Specialists** Get help with debt, credit issues, budgeting and more

Independent Legal Attorneys

Receive a 25% discount on standard fees if retained

Call: 866-799-2728 E-mail: answers@healthadvocate.com Web: HealthAdvocate.com/members



401(k) Retirement Plan



The Company offers a 401(k) Retirement Plan through T. Rowe Price. We encourage smart saving and investing for your future through our robust plan. Check out T. Rowe Price resources below to get connected and educated on what works best for you and your family. Learn more about our plan through this short video. Click to watch it in English or in Spanish.

Plan Administrator

T. Rowe Price is the 401(k) Retirement Plan administrator. We encourage you to review your savings and investment options to be sure you are maximizing your available resources.

Contribution Options

Your plan offers both Traditional (pre-tax) and Roth (after-tax) contribution options. T. Rowe Price provides online tools to assist with retirement planning. Log on to rps.troweprice.com to learn more.

Connect with T. Rowe Price in a way that works for you to explore your options and check out tools that can help you make the most out of your 401(k).



Log on to <u>rps.troweprice.com</u> (Plan number is 106273) Visit <u>troweprice.com/mobilesolutions</u> to download the app for your device, or visit the mobile optimized website

 Call 1–800–922–9945 to speak with a T. Rowe Price associate Monday through Friday from 7:00 a.m. to 10:00 p.m. EST

Company Match

Don't leave money on the table! Company match begins with your first contribution to the plan.

The Company will match the first 3% you contribute at 100% (dollar for dollar) and the next 2% you contribute at 50% (\$.50 for every dollar). So if you contribute 5% of your pay, the Company will match those contributions with an amount equal to 4% of your pay. Company match dollars are added to your account each pay period based on your level of contribution.

Automatic Enrollment

You will be automatically enrolled in the pretax option at 5% to immediately maximixe the company match. Investments will be defaulted into the appropriate target date fund based on your date of birth. To change your contribution level or investment strategy, call or log on to the T. Rowe Price website.

Explore all of T. Rowe Price's online tools at rps.troweprice.com. There you can:

- Use financial wellness tools to help you create a budget and analyze your spending
- Take important cybersecurity steps to help protect your account
- Analyze your savings to find out if you'll have enough money in retirement

For those who prefer Spanish, <u>rps.troweprice.com/espanol</u> is an educational portal with Spanish language resources that can help inform your retirement decision-making and saving.

Benefit Contributions



The chart below shows employee contributions for 2023.

MEDICAL CONTRIBUTIONS			
BENEFIT PLAN	BI-WEEKLY	WEEKLY	
Medical HSA-Eligible Employee Only Employee & Spouse Employee & Child(ren) Employee & Family	\$36.00 \$120.00 \$72.00 \$168.00	\$18.00 \$60.00 \$36.00 \$84.00	
Medical Basic Employee Only Employee & Spouse Employee & Child(ren) Employee & Family	\$48.00 \$144.00 \$96.00 \$192.00	\$24.00 \$72.00 \$48.00 \$96.00	
Medical Plus Employee Only Employee & Spouse Employee & Child(ren) Employee & Family	\$110.40 \$360.00 \$268.80 \$422.40	\$55.20 \$180.00 \$134.40 \$211.20	

DENTAL CONTRIBUTIONS			
BENEFIT PLAN	BI-WEEKLY	WEEKLY	
Dental Basic Employee Only Employee & Spouse Employee & Child(ren) Employee & Family	\$2.99 \$8.01 \$7.91 \$14.06	\$1.50 \$4.01 \$3.96 \$7.03	
Dental Plus Employee Only Employee & Spouse Employee & Child(ren) Employee & Family	\$8.80 \$24.64 \$25.79 \$39.92	\$4.40 \$12.32 \$12.89 \$19.96	

VISION CONTRIBUTIONS			
BENEFIT PLAN	BI-WEEKLY	WEEKLY	
Vision Basic Employee Only Employee & Spouse Employee & Child(ren) Employee & Family	\$2.09 \$4.10 \$3.80 \$5.82	\$1.04 \$2.05 \$1.90 \$2.91	
Vision Plus Employee Only Employee & Spouse Employee & Child(ren) Employee & Family	\$3.67 \$7.27 \$6.85 \$10.45	\$1.84 \$3.64 \$3.42 \$5.22	

Contacts



Any questions? Contact information for each benefit plan is listed below.



PLAN	PROVIDER	PHONE NUMBERS	WEBSITE
Health Advocacy EAP + Work/Life Program	Health Advocate	1-866-799-2728	healthadvocate.com/members
Medical	Blue Cross and Blue Shield of North Carolina	1-877-275-9787	bcbsnc.com
Prescription Drug	Express Scripts	1-800-903-4705	express-scripts.com
Hospital Indemnity Insurance	Aetna	1-800-607-3366	myaetnasupplemental.com
CirrusMD (Telehealth)	CirrusMD		mycirrusmd.com
Dental	Cigna	1-800-244-6224	mycigna.com
Vision	Ameritas EyeMed Network	1-866-289-0614	eyemedivisioncare.com ameritas.com
Flexible Spending Accounts (FSA)	Flores	1-800-532-3327	flores247.com
Health Savings Accounts (HSA)	Health Equity	1-866-346-5800	healthequity.com
Life and Disability	Lincoln Financial Group	1-800-423-2765	lincoln4benefits.com
401(k) Retirement Savings Plan	T. Rowe Price	1-800-922-9945	rps.troweprice.com (Plan Number 106273)

Your Benefits Contacts, On-the-Go

My Mobile Wallet Card is the easy way to find your benefits contact information, including group numbers, phone numbers, websites, plan documents, and more. Visit <u>mymobilewalletcard.com/elevatetextiles</u> to access and bookmark the site today!

About this Guide

This benefit summary provides selected highlights of the employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the Company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. The Company reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.







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