



2025 BENEFITS GUIDE

SFA Corporate & Stores



SFA STATE OF WELL

Welcome to the SFA Benefits Program! SFA acknowledges that your benefits should be ever evolving and changing with the times. Your well-being can no longer be considered as just your physical health. It's your physical, emotional, and financial health and wellbeing. It's your state of well.

Your benefits are an important part of your overall total rewards at SFA. We show our commitment to the health and well-being of our employees by offering programs that address different areas of work and personal life. You have the choice and flexibility to select the plans that are right for you and your family. This booklet provides an overview of the 2025 benefit offerings.

Learn more about SFA's commitment to your overall well-being throughout this guide or by reviewing our SFA Benefits site at www.mysfabenefits.com. The site has detailed benefit and program information to cover your 'state of well', including any additional resources or forms you may need.

ABOUT THIS GUIDE

This guide provides an overview of the benefits available to you at SFA. You can also refer to the plan's benefit summaries and summary plan descriptions for additional details. These documents are available from the Benefits Team. This enrollment guide is not intended to be nor shall it be construed as, a contract of any type. It highlights features of SFA Health & Welfare Plan. It is not intended to cover the programs in detail. Every effort has been made to ensure the accuracy of the information presented. However, in the event of any discrepancies, your actual coverage will be determined by the legal plan documents that govern this plan. SFA reserves the right to change or end any of the benefit plans, at any time and for any reason, to the extent allowed by the law. If you have questions, please contact the Benefits Team.

ELIGIBILITY & ENROLLMENT



ELIGIBILITY

For you: You are eligible for the full scope of health and welfare benefits if you are a full-time employee regularly scheduled to work at least 30 hours per week. Part-time associates are eligible for dental, vision and our voluntary & supplemental benefits. Benefits become effective the first of the month following 60 days from your date of hire for store associates or the first of the month following 30 days from your date of hire for corporate associates.*

For your dependents: Your dependents become eligible for coverage on the same date you do.

Eligible dependents are your:

- Legal spouse
- Domestic partner
- Children up to age 26, including stepchildren, foster children and adopted children (for medical, dental and vision)
- Disabled child of any age (with documentation) who is dependent on you for support due to a mental or physical handicap that occurs before reaching age 26

ENROLLING IN BENEFITS

If you are a new hire, you will need to complete your benefits enrollment online within 31 days of your date of hire. In order to enroll, visit www.mysfabenefits.com and click 'Enroll Here'. This will redirect you to our online enrollment platform so that you can make your elections.

For 401K**, you enroll directly through the Merrill Lynch website. You can make changes to your elections at anytime.

If you have any questions about when you can enroll or what you need to do, please contact the Benefits Team.

Important: If you do not enroll when first eligible, during the annual enrollment period or within 31 days of a qualifying life event, you must wait for the next annual open enrollment period.

*Eligibility for Short Term and Long Term Disability eligibility begins 1st of the month following 6 months of continuous service for Stores & DC.

**401K eligibility begins first of the month following 3 months of service

MAKING CHANGES MID YEAR

The IRS requires that benefit elections paid for on a before-tax (pre-tax) basis remain in effect for the full plan year. However, the IRS permits mid-year changes within 30 days of a qualifying life event. Examples of qualifying life events are:

- Your marriage, divorce, legal separation or annulment
- The birth of your baby, or adoption or placement of a child with you for adoption, or another change in the number of your dependents
- The death of a dependent
- Your dependent's eligibility or ineligibility for coverage (for example, he or she reaches the plan's eligibility age limit)
- A change in coverage of your spouse or your dependent under another plan
- Your qualification for a special enrollment under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- A court order received by the plan, such as a Qualified Medical Child Support Order (QMCSO)
- You, your spouse or your dependent's qualification for Medicare or Medicaid.

If you need to make an election change during the year or have questions about what constitutes a life status change, contact the Benefits Team at SFA_Benefits@hbc.com



MEDICAL BENEFITS

ADMINISTERED BY CIGNA

SFA offers you three medical plan options— a Preferred Provider Organization (PPO), and 2 different High Deductible Health Plan (HDHP) with a Health Savings Account. All plans are offered through Cigna.

1

HIGH DEDUCTIBLE HEALTH PLAN

A High Deductible Health Plan (HDHP) is a medical plan designed to lower health care costs by encouraging its members to focus on preventive care, therefore making insurance premiums more affordable and gives members control over their healthcare spending.

This plan has higher deductibles that must be met before the plan begins to pay benefits. It is designed to pay for basic preventive care; you pay for all other care until the deductible is reached. The HDHP is offered in tandem with a Health Savings Account (HSA). See [page 9](#) for more information on the HSA.

HOW DOES THE HIGH DEDUCTIBLE HEALTH PLAN WORK?

The plan works much like any other plan with in-network only benefits. In general, preventive care services are covered at 100% (no deductible). Other services are covered at a percentage once you meet the plan-year deductible. Prescription drug coverage is also subject to the plan-year deductible. The plan does not require you to select a primary care physician (PCP) or obtain referrals to see a specialist

2

PPO

The PPO plan gives you the flexibility to go to any doctor or hospital you wish. It does not require you to select a primary care physician (PCP) or obtain referrals to see a specialist. A PPO plan also gives you the freedom to go outside the network for care. However, you'll pay more for your care if you use an out-of-network provider.

The following information further explains the differences between in-network and out-of-network coverage in a PPO plan.

IN NETWORK

- You can see any network provider without a referral from a PCP.
- You pay lower out-of-pocket costs.
- There are no claim forms and no surprises with usual, customary and reasonable (UCR) limits.
- The plan pays 100% for most office visits after you pay a modest copay for services; no deductible applies.
- Preventive care services are covered at 100%.

OUT OF NETWORK

- You pay a higher percentage of the cost of services.
- The cost of out-of-network services may exceed the usual, customary and reasonable (UCR) limits, which means you are responsible for paying the full cost of charges not covered by the plan.
- You must pay the full cost at the time of service
- Preventive care services are subject to the out-of-network deductible and coinsurance.

MEDICAL PLAN COMPARISON

ADMINISTERED BY CIGNA

	Choice CDHP Plan		Choice Plus CDHP Plan		PPO Plan	
	Network Only	Network	Non-Network	Network	Non-Network	
Annual Deductible Individual	\$4,000	\$2,500	\$6,250	\$1,750	\$7,000	
Annual Deductible Individual with Family Coverage	\$6,550	\$5,000	\$12,500	\$2,000	\$8,000	
Annual Deductible All Family Combined	\$8,000	\$5,000	\$12,500	\$3,500	\$14,000	
Out of Pocket Individual	\$6,350	\$5,000	\$12,500	\$5,000	\$15,000	
Out of Pocket Individual with Family Coverage	\$6,550	\$6,550	\$20,000	\$6,000	\$16,000	
Out of Pocket All Family Combined	\$12,700	\$10,000	\$25,000	\$10,000	\$30,000	
Primary / Specialty Care Office Visits	30% after deductible	20% after deductible	40% after deductible	\$45 / \$90	40% after deductible	
Preventive Care	100%	100%	40% after deductible	100%	40% after deductible	
Inpatient Hospital	30% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
Outpatient Surgery	30% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	
Emergency	30% after deductible	20% after deductible		\$200 copay waived if admitted		
Urgent Care	30% after deductible	20% after deductible		\$90	40% after deductible	
Spending / Saving Account Employer Funding						
Automatic ER Seed (Individual / Family)	\$250 / \$500 (HSA)	\$250 / \$500 (HSA)		N/A		
Wellness Incentives (Individual / Family)	\$250 / \$500 (HSA)	\$250 / \$500 (HSA)		\$250 / \$500 (FSA)		
In Network Retail Prescriptions (Administered by CVS / Caremark)						
Deductible	Combined with Medical	Combined with Medical		Combined with Medical		
Generic	\$10 after deductible	\$10 after deductible		\$10 copay		
Brand Formulary	You pay 30% up to \$200 after deductible	You pay 30% up to \$200 after deductible		You pay 30% up to \$200		
Non-Formulary	You pay 50% up to \$400 after deductible	You pay 50% up to \$400 after deductible		You pay 50% up to \$400		

NEW! PHARMACY PROVIDER FOR 2025

CVS Pharmacy will be our new prescription drug provider. You will receive a new physical ID card as part of this change. Be prepared to update your insurance information with your preferred pharmacy.

2025 MEDICAL PLAN OPTIONS

SFA offers you three medical plan options— a Preferred Provider Organization (PPO), and 2 different High Deductible Health Plan (HDHP) with a Health Savings Account. All plans are offered through Cigna.

HOW DO I DETERMINE WHICH MEDICAL PLAN IS RIGHT FOR ME? THE FOLLOWING ARE QUESTIONS YOU SHOULD ASK YOURSELF.

- Do I want to spend more money up front in my employee contribution through payroll, OR do I want to spend money when I seek medical services?
- Are all of your provider's in-network? If yes, maybe consider enrolling in the lower cost Choice or Choice Plus option and save money in your paycheck.
- Consider the Medical expenses incurred by you or your family members over the past year or two. If your expenses are low and you do not foresee any large Medical expenses for 2025, consider enrolling in the Choice or Choice Plus plan. You pay lower contributions for this plan plus SFA will fund your HSA with \$250 for single coverage and \$500 for employee plus family coverage.
- If your Medical expenses are low because you are healthy, you get your annual physical exam each year and any other American Medical Association recommended screenings, maybe the Choice or Choice Plus plan is right for you.
- Do you anticipate surgeries or hospitalizations for you and your family? If so, perhaps the PPO plan makes sense for your family since you will meet the deductible quicker and insurance will start to cover you faster. As a note, this option means you will pay more through your paycheck.



MEDICAL PLAN TIPS

We encourage everyone to take an active role in managing your health and making well-informed health care decisions. Be sure to learn about the benefits available to you and how the plans work so you can take full advantage of your coverage.

- Get a routine physical exam and age-appropriate health screenings. These services are covered 100% when you receive preventive care through an in-network provider. Plus, seeing your doctor for an annual visit can help prevent a chronic condition or detect a disease early for an optimal outcome.
- Know when to visit your doctor, urgent care center or emergency room. If you or a family member needs sudden care, it's important to understand when you should seek care at your doctor's office or urgent care center versus an emergency room visit.
- Work with your doctor to determine the most effective, cost efficient prescription drug options. If you or a family member need a prescription drug, a generic medication may be the best option —they are just as effective as their brand-name counterparts and cost less.

MY CIGNA PORTAL

DIGITAL PLATFORM FOR CONVIENECE / EASY ACCESS

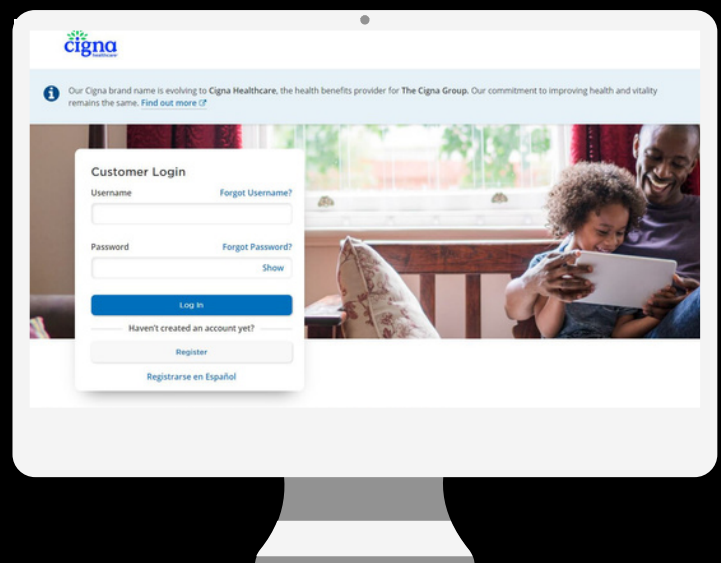


When it comes to managing your health plan, mycigna.com lets you see what's covered, manage costs and so much more. To help everyone get the most from their plan, it's important that each member age 18 and over create their own account. Then, use it to:

- Find a network doctor.
- View and pay claims.
- Check your account balances.
- Learn about preventive care.
- Find and estimate costs.
- Watch a personalized video about your plan's coverage and costs.
- See a breakdown of your claim, showing how much your plan covered, what you owe and remaining out-of-pocket balances.

SET UP YOUR ACCOUNT TODAY

- Go to mycigna.com > Register Now.
 - If you're the subscriber you will need:
 - Your Social Security number
 - OR Cigna ID number
 - If you're the dependent:
 - The subscriber's Social Security number or your Cigna ID number
 - AND the subscriber's home ZIP code
- Or download the MyCigna App on the App Store or Google Play.



KNOW BEFORE YOU GO

VIRTUAL CARE. URGENT CARE. EMERGENCY ROOM.

LOWEST COST

HIGHEST COST

Virtual Care

For minor medical conditions. Connect with a board-certified doctor via video or phone when, where and how it works best for you. Visit myCigna.com, or call MDLIVE at 888.726.3171 to talk with a doctor 24/7.*

Colds and flu
Rashes
Sore throats
Headaches
Stomachaches
Fever
Allergies
Acne
Urinary tract infections (UTIs) and more

Costs the same or less than a visit with your primary care provider (PCP). Appointments typically in an hour or less. No need to leave home or work.

Urgent Care

For conditions that aren't life threatening. Staffed by nurses and doctors and usually have extended hours.

Fever and flu symptoms
Minor cuts, sprains,
Burns, rashes
Headaches
Lower back pain
Joint pain
Minor respiratory symptoms
UTIs and more

Costs lower than emergency room (ER). No appointment needed. Wait times vary

Emergency Room

For immediate treatment of critical injuries or illness. Open 24/7. If a situation seems life threatening, call 911 or go to the nearest ER.

"Freestanding" ER locations are becoming more common in many areas. Because these ERs are not inside hospitals, they may look like urgent care centers. When you receive care at an ER, you're billed at a much higher cost than at other health care facilities.

Sudden numbness, weakness
Uncontrolled bleeding
Seizure or loss of consciousness
Shortness of breath
Chest pain
Head injury/major trauma
Blurry or loss of vision
Severe cuts or burns
Overdose

Highest cost
No appointment needed
Wait times may be long

Cigna Health Information Line

A telephone service staffed by clinicians who help you understand and make informed decisions about health issues you are experiencing, at no extra cost. These clinicians can help you choose the right care in the right setting at the right time, whether it's reviewing home treatment options, following up on a PCP's appointment or finding the nearest in-network urgent care center. Just call the number on your Cigna ID card, go to myCigna.com or use the myCigna App. Open 24/7.

MEDICARE CONSULT

HEALTH COMPARE INSURANCE SERVICES

When the time comes to start considering Medicare, the options can be overwhelming. Should you continue SFA coverage or consider full Medicare benefits even if you choose to work? HealthCompare can help eligible employees navigate the health plans best for them – at no cost to you.

Medicare Options

- Medicare doesn't have to be confusing.
- Be informed about the many Medicare options that are available.
- Our Licensed Insurance Agents can provide specific details on Medicare Advantage plans, Medicare Part D drug plans and Medicare Supplement plans (Medigap) so you can make a well-informed decision.

Contact our licensed insurance agents who can help you navigate Medicare options.

A Licensed Insurance Agent from HealthCompare Insurance Services can help you evaluate Medicare Advantage plans, Medicare Part D drug plans and Medicare Supplement plans (Medigap) available in your area.

Visit walkthroughmedicare.com
or call 833-482-0148
Monday - Sunday 8am to 11pm ET



HEALTH SAVINGS ACCOUNT

To be eligible to contribute to a Health Savings Account (HSA), you must elect a High Deductible Health Plan (HDHP). Government regulations require that these savings accounts be tied to a high deductible health plan (like the HDHP). You cannot participate in the HSA if you're covered by outside health insurance or enrolled in Medicare. (Once your Medicare coverage begins, you must stop contributing to the HSA. However, you can still use your account to pay your eligible medical expenses tax-free, including Medicare premiums and other plan costs.)

HOW THE HSA WORKS

Once you elect the HDHP, you'll have the opportunity to establish an HSA. All you have to do is decide how much you want to contribute on a pre-tax basis and open your HSA with Optum Bank. If you choose to participate, you'll receive a debit card to access the money in your HSA. You can use your debit card to pay your medical bills directly, or you can pay qualified expenses out of your own pocket and reimburse yourself from the HSA with available funds. You can use your HSA to pay medical bills but only up to the amount that's currently in your account. Then, as additional deposits are made, you can access those funds.

Important! If you use your HSA to pay for ineligible medical expenses, you will be subject to ordinary income taxes and penalties.

If you prefer to think of your HSA as a long-term savings account, you may want to leave your funds alone and pay current expenses out of your regular income. Your account will continue to grow tax-free, including interest or investment earnings, for future use even after retirement. If you leave the Company, your HSA is portable; you can take it with you and access your account to pay for eligible medical expenses.

Note: If you establish an HSA, you can only contribute to the Limited Purpose Health Care FSA, which will reimburse you for out-of-pocket dental and vision care expenses only. You cannot elect the traditional Health Care FSA.

Pre-Tax Contributions: Like health care premiums, FSA and 401(k) contributions, your contributions to an HSA are also deducted from your pay on a pre-tax basis.



HOW MUCH CAN YOU SAVE?

Company Contribution: SFA will fund your HSA for a total amount of \$250 (single) /or \$500 (family). The company contribution will be added at the start of the year or 1-2 pay periods after your benefits start date

In addition to the Company contributions, you may then contribute additional money up to the IRS annual limits. For 2025, the maximum annual amounts you may contribute to your HSA on a pretax basis are:

- Single: \$4,300
- Employee + Family: \$8,550

Please take into account the amount SFA will fund when determining your annual contribution. For example, an associate in employee only coverage cannot contribute more than \$4,050 since \$250 is being contributed by SFA. Keep in mind the additional \$250 you may be eligible for is you complete the wellness incentive.

Also, if you're nearing retirement, you can make "catchup" contributions to your HSA. At age 55 or older, you can put an additional \$1,000 in your account each year.

DENTAL BENEFITS

ADMINISTERED BY CIGNA

SFA offers three dental plan options through Cigna — two dental preferred provider organization with a high and low option and a dental health maintenance organization. If you do not want to enroll for dental benefits, you have the option to waive coverage

1 CIGNA DENTAL PREFERRED PROVIDER ORGANIZATION (DPPO)

The Premium DPPO gives you the freedom to choose any dentist you like, however, you pay less out-of-pocket when you see a participating provider. Dentists participating in the Cigna DPPO provider network, have agreed to negotiated fees and there is no balance billing.

When using out-of-network providers, claims will be reimbursed at Usual & Customary rates, which means you may be balance billed for any amounts over what is considered reasonable and customary for your geographic region.

Note: Preventive & Diagnostic Care is covered 100%; no deductible applies.

2 CIGNA DENTAL HEALTH MAINTENANCE ORGANIZATION (DHMO)

The Standard DHMO offers in-network only coverage and pays benefits based on a Patient Charge Schedule when you use a participating network dentist. The DHMO requires the assignment of a primary dentist. A primary dentist may be assigned to you at enrollment. If you wish to change a primary dentist, a transfer can be arranged by calling Cigna Dental at the toll free number listed on your ID Card. There is no coverage if you use a dentist that does not participate with Cigna. The chart below provides a brief comparison of the two dental plans available. Refer to Cigna's benefit summaries for coverage details.

	DHMO Dental Plan	Core Dental Plan		Buy Up Dental Plan	
	Network Only	Network	Non-Network	Network	Non-Network
Annual Deductible (Individual / Family)	None	\$50 / \$150	\$150 / \$450	\$25 / \$75	\$75 / \$225
Preventative (Deductible Waived)	Copay, coinsurance or fee schedule	100%	80%	100%	80%
Basic Services	Patient Charge Schedule	80%	60%	90%	70%
Major Services	Patient Charge Schedule	50%	50%	60%	50%
Bleaching and Whitening (max \$600 per year)	N/A	N/A	N/A	50%	50%
Calendar Year Max	None	\$1,500		\$2,000	
Orthodontia (Adult & Child)	50% up to 24 months	Excluded		50%; \$2,000 lifetime maximum	

VISION BENEFITS

ADMINISTERED BY VSP

To help you keep your vision strong and eyes healthy, vision coverage from SFA saves you money on eligible vision care expenses such as eye exams, glasses, and contact lenses.

	Core Vision Plan		Buy Up Vision Plan	
	Network	Non-Network	Network	Non-Network
Exam	\$10 copay	Up to \$40 allowance	\$10 copay	Up to \$40 allowance
Standard Glass or Plastic Lenses (Once every 12 months)				
Single Vision	\$10 copay	Up to \$30 allowance	\$10 copay	Up to \$30 allowance
Lined Bifocal	\$10 copay	Up to \$52 allowance	\$10 copay	Up to \$52 allowance
Lined Trifocal	\$10 copay	Up to \$65 allowance	\$10 copay	Up to \$65 allowance
Lens Options				
Standard Anti - Reflective	\$41	N/A	\$41	N/A
Standard Polycarbonate	\$31	N/A	\$31	N/A
Standard Scratch Resistant	\$17	N/A	\$17	N/A
Frames and Contacts				
Frames	\$10 copay up to \$150 allowance (once every 24 months)	Up to \$60 allowance	\$10 copay up to \$250 frame allowance (once every 12 months)	Up to \$60 allowance
Contact Lens Exam (fitting & evaluation)	\$10 copay	Up to \$130 combined allowance	\$10 copay	Up to \$130 combined allowance
Contact Lenses (once ever 12 months in lieu of frames or lenses)	Up to \$130 allowance		Up to \$130 allowance	
VSP Easy Options (choose from one of these covered enhancements)	N/A		\$250 frame allowance, or \$200 contact lens allowance, or anti-reflective lenses or photochromic lens, or progressive lens	



MAKE THE MOST OF YOUR VISION BENEFITS

- Create an account: Go to www.vsp.com to get personalized information about your coverage, find providers in network and exclusive member only offers.
- Shop online: Members can check out Eyeconic (eyeconic.com) and browse the frame brands you love. You can also connect to your VSP benefits, upload your prescription and order your glasses following any required vision exams

FLEXIBLE SPENDING ACCOUNTS

ADMINISTERED BY WEX

SFA offers you the opportunity to help pay for out-of-pocket medical, dental, vision, and dependent care expenses with pre-tax dollars through Flexible Spending Accounts (FSAs). This plan is administered through WEX, Inc.

HOW THE FSA WORKS

- A Health Care FSA is used to reimburse out-of-pocket medical, dental, and vision expenses that you and your dependents incur during the plan year.
- A Limited Purpose Health Care FSA is used to reimburse out-of-pocket dental and vision expenses only that you and your dependents incur during the plan year. You may only elect this FSA if you enroll in the Choice or Choice Plus Plan and establish an HSA, which is used to pay for out-of-pocket medical expenses.
- A Dependent Care FSA is used to reimburse expenses related to the care of eligible dependents while you and your spouse work.

Contributions to your FSA are deducted from your paycheck before any taxes are taken out. This means that you don't pay federal income tax and Social Security tax. Your spendable income increases by the amount of your tax savings depending on your tax bracket. (For example, if you are in the 30% tax bracket, you save approximately \$300 in taxes for every \$1,000 you put into an FSA.)



USE IT OR LOSE IT RULE

You have until June 15, 2026 to submit reimbursement for eligible expenses incurred from January 1, 2025 to December 31, 2025. Any money remaining in your account after December 31, 2023 will be forfeited. This is the use-it-or-lose-it rule. You should carefully plan to contribute the amount of money you expect to pay out-of-pocket for eligible expenses for the plan period.

ELIGIBLE DEPENDENTS

Eligible dependents differ between a Health Care or Limited Purpose FSA and Dependent Care FSA. Eligible dependents include:

- Health Care or Limited Purpose FSA: Your children for whom you are a legal guardian and who depend on you for financial support and you claim as dependents on your income tax return; and your legal spouse.
- A Dependent Care FSA: Your children under age 13; Your spouse, if physically or mentally incapable of self-care; and any other person residing in your household and considered a dependent for tax purposes who is physically or mentally incapable of self-care, regardless of age.

ENHANCED VOLUNTARY BENEFITS

ADMINISTERED BY CIGNA

Voluntary benefits complement traditional insurance by offering employees enhanced coverage and peace of mind. Through Cigna, associates can access additional support in critical illness, accident, and hospital benefits, helping them manage unexpected health issues without financial stress.

CRITICAL ILLNESS

Critical Illness Insurance reduces the financial impact of a major illness. The policy pays a lump sum benefit directly to you once you or a covered family member is diagnosed with a covered condition. This coverage is portable, so you can take your policy with you if you change jobs or retire. You do not have to be terminally ill to receive benefits.

ACCIDENT

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact. Accident Insurance is designed to help cover the out-of-pocket medical expenses and extra bills you may incur as a result of an accident. The plan pays benefits directly to you — not a doctor or hospital — for injuries and accident-related expenses. You can use the money however you choose. Benefit amounts are based on the type of injury and treatment needed.

HOSPITAL INDEMNITY

The bills that result from a hospital stay can be overwhelming for anyone – even when you have health insurance. Hospital Indemnity Insurance can complement your health insurance to help you pay for the high costs associated with a hospital stay. This coverage pays a benefit to you when you are admitted to the hospital, and additional amounts for each day you are confined. The funds can be used to pay for out-of-pocket expenses, such as coinsurance and deductibles, and even for non-medical expenses like rent or mortgage payments, car payments, groceries, child care and more.



MYCIGNA

If you have Cigna medical, your voluntary benefits are integrated into the same great provider with Cigna. All your coverage information can be found in the MyCigna app or web portal. Cigna will also review medical claims data and reach out if a voluntary benefit payout is available. Same great benefits, but now an easier more enhanced experience.

WELLNESS DOLLARS

If you are enrolled in any Cigna offered voluntary benefits, you are eligible for additional wellness dollars by getting an annual physical. This means, in addition to the wellness dollars you receive from SFA, you will also earn additional dollars just by being enrolled in a voluntary benefit plan. These dollars will be sent to you via check versus input into your Health Savings Account.

CRITICAL ILLNESS

ADMINISTERED BY CIGNA

Critical Illness Insurance reduces the financial impact of a major illness. The policy pays a lump sum benefit directly to you once you or a covered family member is diagnosed with a covered condition. This coverage is portable, so you can take your policy with you if you change jobs or retire. You do not have to be terminally ill to receive benefits.

CRITICAL ILLNESS EXPENSES INCLUDE (BUT NOT LIMITED TO):

- Heart Attack
- End Stage Renal (Kidney) Failure
- Major Organ Transplant
- Coma
- Loss of Sight / Hearing / Speech
- Stroke
- Certain Cancers
- Severe Burn
- Coronary Artery Bypass Surgery

PLAN HIGHLIGHTS

- No cancer lookback for new diagnosis
- When you elect coverage for yourself, eligible children are automatically enrolled at 100% of the Associate amount elected. Additional family coverage is also available.
- Coverage is portable — you can take your policy with you if you change jobs or retire.
- You do not have to be terminally ill to receive benefits
- Hospital ICU Confinement - \$1,250



ACCIDENT INSURANCE

ADMINISTERED BY CIGNA

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact. Accident Insurance is designed to help cover the out-of-pocket medical expenses and extra bills you may incur as a result of an accident. The plan pays benefits directly to you — not a doctor or hospital — for injuries and accident-related expenses. You can use the money however you choose. Benefit amounts are based on the type of injury and treatment needed.

ACCIDENT-RELATED EXPENSES INCLUDE (BUT NOT LIMITED TO):

- Fractures
- Dislocations
- Hospitalization
- Death Benefit
- Physical Therapy
- Emergency Room Treatment
- Ambulance Rides
- Major Diagnostic Testing
- Surgery and anesthesia

PLAN HIGHLIGHTS

- You can elect coverage for your spouse and children
- There are no health questions or physical exams required to enroll.
- Ground ambulance payout - \$450
- Chiropractic Care - \$50 up to 10 visits
- Additional accidental death & dismemberment coverage included that will pay on top of your basic AD&D that is provided by SFA
- Hospital ICU Confinement - \$1,250



HOSPITAL INDEMNITY

ADMINISTERED BY CIGNA

The bills that result from a hospital stay can be overwhelming for anyone – even when you have health insurance. Hospital Indemnity Insurance can complement your health insurance to help you pay for the high costs associated with a hospital stay. This coverage pays a benefit to you when you are admitted to the hospital, and additional amounts for each day you are confined. The funds can be used to pay for out-of-pocket expenses, such as coinsurance and deductibles, and even for non-medical expenses like rent or mortgage payments, car payments, groceries, child care and more.

HOW CAN HOSPITAL INDEMNITY INSURANCE HELP?

Hospital Indemnity Insurance may be able to help you avoid dipping into savings or having to borrow to address out-of-pocket expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance. Benefits include the following:

- Hospital confinement benefit
- Hospital admissions benefit
- Hospital Intensive Care Benefit and more!

PLAN HIGHLIGHTS

- No pre-existing condition limitations
- Benefits do not reduce as you get older
- Hospital Admission - \$1,000 per confinement
- Hospital ICU Admission - \$1,000 in addition to hospital admission payment
- Hospital ICU - \$200 up to 180 days
- Newborn Nursery Care Admission - \$250
- Skilled Nursing Facility Care - \$50 up to 30 days
- Mental Illness and Nervous Disorder Facility - \$50 up to 30 days



COMMUTER BENEFITS

ADMINISTERED BY WEX

SFA offers a Commuter Benefit Plan. This plan allows you to set aside money on a pre-tax basis to pay for qualified workplace mass transit and parking expenses incurred when commuting to and from work.

ELIGIBLE TRANSPORTATION EXPENSES

Eligible expenses under this plan are those that provide transportation and/or parking in connection with travel between an employee's residence and place of employment, subject to the IRS guidelines.

These include:

- Transportation in a commuter highway vehicle
- Any transit pass
- Qualified parking

Transit Pass is any pass, token, farecard, voucher, or similar item entitling a person to transportation (or transportation at a reduced price) if such transportation is...

- On mass transit facilities (whether or not publicly owned), or
- Provided by any person in business of transporting persons for compensation or hire if such transportation is provided in a vehicle meeting the requirements of commuter highway vehicle.

CONTRIBUTION AMOUNT

Like FSA contributions, all commuter benefit contributions are deducted from your paycheck on a pre-tax basis up to the monthly IRS limits. This means your contributions are deducted from your paycheck before federal, Social Security and most states' income taxes are withheld, further lowering your income for tax purposes.

You may contribute up to the following monthly maximums determined by the IRS:

Transportation	Amount Per Month
Transit Expenses	\$325
Parking Expenses	\$325

HOW TO ENROLL

When you enroll in commuter or transit at WEX, you will receive a WEX commuter card, which will be funded with your monthly contributions. You will use this card to purchase your transit passes and/or pay for parking expenses. You may also change your monthly commuter amount by logging into the WEX portal.



LIFE AND AD&D INSURANCE

ADMINISTERED BY METLIFE

SFA offers offers you valuable financial protection for you and/or your family in the event of death or a serious accident. SFA pays the full cost for your basic life and accidental death and dismemberment insurance coverage. You then have the option of purchasing additional protection for yourself and your family. Life insurance coverage is offered through MetLife.

BASIC LIFE & ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

You receive 1x annual salary (up to a maximum of \$1,000,000) of basic life insurance coverage automatically at no cost to you. In addition to basic life insurance, you also receive basic accidental death and dismemberment (AD&D) insurance automatically at no cost to you. Your coverage is equal to your basic life insurance amount.

SUPPLEMENTAL LIFE INSURANCE

For Yourself: You may elect additional life insurance coverage up to 5x annual salary (up to a maximum of \$2,000,000). Newly eligible Associates can enroll in coverage up to \$500,000 Guaranteed Issue, without Evidence of Insurability.

For Your Dependents: In addition to your own life insurance coverage, you may also want protection from the financial burdens that could accompany the death of a spouse or a dependent child.

- Spouse: \$25,000 increments up to the employee amount or to a maximum of \$250,000
- Children: (Up to age 18) \$5,000 or \$10,000 life insurance options for children.

Your basic and supplemental life insurance will be reduced per the age reduction schedule noted in the Metlife Certificate of Coverage.

If you elect supplemental life insurance coverage over the guaranteed issue amount or elect it for the first time during an open enrollment period, you will need to provide Evidence of Insurability. For any voluntary coverage that is subject to Evidence of Insurability, your contributions will take effect once your application is received and approved by Metlife.

VOLUNTARY AD&D INSURANCE

You may also purchase additional AD&D insurance for you, your spouse and/or children regardless of whether you elect voluntary life insurance. Coverage amounts are the same as the voluntary life insurance coverage.

Note: In order to elect coverage for your dependents, you must elect voluntary coverage for yourself.

BENEFICIARY DESIGNATION

You will need to designate a beneficiary for any basic and employee voluntary life insurance coverage. If you name more than one beneficiary, be sure to indicate the percentage you wish each beneficiary to receive. The percentages must total 100%.

Note: It is important to keep your beneficiary designations up-to-date. Each year during the annual enrollment period, review your beneficiary designation elections and make any updates as necessary. You may make changes to your beneficiaries at any time.

ADDITIONAL LIFE SERVICES

ADMINISTERED BY METLIFE

Valuable services included with SFA's life insurance plan* to help you and your loved ones navigate what life may bring, at no additional cost to you. See below on ways to access these services in your time of need.

*May require enrollment in voluntary life benefits

BENEFICIARY GRIEF COUNSELING

Personalized counseling sessions to meet your beneficiary's needs. Any beneficiary who receives the life insurance proceeds is eligible for up to 5 counseling sessions. These sessions can be in-person or by phone with one of LifeWorks' network of counselors who provide professional, confidential support during difficult times

Call or visit:

LifeWorks 866-307-1405
metlifebene.lifeworks.com
Username: metlifebene
Password: support

ESTATE RESOLUTION SERVICES

Legal representation from a participating MetLife Legal plan attorney to settle an insured's estate, and provide advice and consultation for beneficiaries.

Call:

MetLife Legal Plans
1-800-821-6400
Enter Your Company Name (HBC)
Group Number 151333

WILL PREPARATION SERVICES

Having a will is an essential part of future estate planning. MetLife is here to make it easier by using one of their available options at no cost to you.

MetLife Legal Plan: Meet with an attorney to prepare or update a will, living will, and power of attorney for you and your spouse/domestic partner. Requires enrollment in voluntary life. Visit legalplans.com/estateplanning and register as a new user to learn more.

WillCenter.com: Online will preparation document service for associates. Start today by going to www.willcenter.com and registering as a new user.



DISABILITY BENEFITS

ADMINISTERED BY MATRIX

SFA provides you with salary continuation and disability benefits in the event you are out of work for a period of time due to a non-work-related injury or illness. The Company follows all federal and state leave and family leave programs. Other state-mandated leave benefits may be available to you.

FAMILY & MEDICAL LEAVE (FMLA)

SFA provides medical leave and family care leave to eligible employees in accordance with FMLA. If you are eligible for FMLA leave, that leave runs concurrently with the periods of the Company's sick and disability leave and paid bonding leave. FMLA is job protected for up to 12 weeks.

SHORT TERM DISABILITY (STD)

STD coverage is offered through Matrix. STD provides a source of income if you are disabled and out of work beyond seven days up to a maximum of 26 weeks.

If your STD is approved, hourly associates will receive 60% of their weekly earnings (unless the disability is for birth which would allow for 100% earnings for 6 weeks). Salaried associates will receive 100% of your weekly earnings for up to eight weeks, 75% for up to the next 8 weeks and 50% of weekly earnings for up to the next 10 weeks.

LONG TERM DISABILITY (LTD)

Hourly Associates can choose to enroll in the core (40%) or buy-up LTD coverage (60%). You pay the cost of these benefits through convenient payroll deductions. Rates are based on your age as of January 1 each year.

Salaried Associates are provided with a core LTD benefit at no cost to you. Salaried Associates can also enroll in the buy-up LTD plan, which pays an additional 20% of your monthly earnings. You pay the cost difference of the buy-up benefit through convenient payroll deductions. Rates are based on your age as of January 1 each year.



MATRIX ABSENCE MANAGEMENT

Matrix is your one-stop leave administration resource. When caring for yourself or a loved one takes you away from work, you will need to contact Matrix to manage your leave whether it's for short-term/long-term disability, Family Medical Leave (FMLA) or parental leave.

Call 1-877-202-0055
or visit matrixabsence.com

ADDITIONAL BENEFITS

LEGAL BENEFITS

It can be hard to know where to turn to find an attorney you trust. When you enroll in MetLife's Legal Plan, you can have a team of top attorneys ready to help you take care of life's planned and unplanned legal events. MetLife Legal Plans, gives you access to the expert guidance and tools you need to handle a broad range of personal legal needs you might face throughout your life. This could be when you're buying or selling a home, starting a family, dealing with identity theft, or caring for aging parents.

IDENTITY THEFT

Identity Theft Protection helps protect you and your family from the fastest growing personal financial threat in the United States. Choose from PrivacyArmor or PrivacyArmory Plus to protect yourself from identity theft concerns. InfoArmor leads the identity protection industry with proactive monitoring services that alert you at the first sign of fraud. Both plans monitor and send alerts for credit alerts, data breaches, unusual account activity and more!

PERMANENT LIFE

Permanent Life Insurance never expires. You keep the policy as long as you make the payments, which means the premiums will not go up. Cost varies based on age, coverage level, and tobacco and nicotine use. As a new hire you can elect up to \$100,000 in \$10,000 increments. If you miss your opportunity as a new hire, you can enroll or increase your coverage by \$10,000 during Annual Enrollment .

PERKS AT WORK

With the Working Advantage discount program, you can experience savings on tickets, travel and shopping. In addition, you can earn points to be redeemed for movie tickets, gift cards, and more. This program is available at no cost to you.

Additional discounts available through Perks:

- Gym Memberships
- Pet Insurance
- Rental Cars
- Amusement Park Tickets
- Flower Delivery and more!

To register for your free account, go to workingadvantage.com and select the "Become a Member" button at the top of the page. Enter your personal information under "Sign up to become a Member" and sign up with the Company Code #912727289.

EMOTIONAL WELLBEING SUPPORT

Dealing with a challenging situation? Feeling more stressed than usual? Emotional Wellbeing Solutions is here to help. It's a modern, flexible, employee assistance program (EAP) that offers support for everyday life.

- Talk to an Emotional Wellbeing Specialist by phone any time. They'll listen to your needs and connect you to resources that can help.
- Get no-cost counseling visiting with an in-network therapist or psychologist.
- Take advantage of financial and legal support and get help with community resources.
- These confidential services are available to all members of your household and are provided by your employer at no cost.

Visit www.liveandworkwell.com and enter code "HBC" or call 1-866-248-4094 24/7.

PARENTAL PROGRAMS

SFA knows that not all paths to parenthood look the same, but nothing compares to the excitement of welcoming your newest family member home for the first time. SFA has several programs available to support your journey - no matter what that looks like.

MAVEN: FERTILITY, PREGNANCY AND BEYOND

SFA is partnered with Maven to offer on-demand fertility, maternity, post-partum, and return to work support. Maven is available to all full time benefit eligible associates, not just those medically enrolled. Upon signup you will receive access to on-demand and live classes, opportunities to talk to mental health experts, doulas, work coaches and more. Maven is also available to dads! Head to www.mysfabenefits.com to learn more about Maven's parental offering as well as their new Menopause offering!

ADOPTION, SURROGACY AND FERTILITY REIMBURSEMENT

Thinking about adoption, surrogacy or fertility treatments? The SFA Adoption, Surrogacy and Fertility Assistance Program provides financial assistance to you up to \$5,000. Visit www.mysfabenefits.com to find more information and to access the Adoption, Surrogacy and Fertility Assistance Claim Form. Reimbursement eligibility is based on review and approval.

PARENTAL LEAVE

SFA knows how important it is for both parents to have the ability to spend time with the newest member of the family which is why we offer 2 weeks bonding time paid at 100% to both birthing and non-birthing parents. This paid time is available in addition to any available disability leave benefits for birthing parents. In addition, this leave can be used for placement of an adopted child. You can learn more by visiting www.mysfabenefits.com or by calling our Leave Administrator, Matrix at 1-877-202-0055.

NEW PARENTS GUIDE

Starting the journey to expand your family can be an exciting time! In order to make the most out of your benefits with SFA we encourage you to utilize our New Parents Guide.

Resources in the guide:

- How to initiate a leave of absence
- How to use Maven resources on your fertility or pregnancy journey
- How to get a free breast pump, and more!

Visit the Parental Leave page under the Time Away From Work tab on www.mysfabenefits.com to download your guide today!



401(K) RETIREMENT PLAN

ADMINISTERED BY MERRILL

Saving for the future is important. SFA (in partnership with our parent company HBC) offers you a convenient way to save by providing you with a 401(k) Retirement Plan through Merrill Lynch. The earlier you begin contributing and the more you contribute. Your account will grow over time and ensure you have money set aside at retirement.

HBC 401(k) Retirement Plan	
Eligibility	Associates are eligible the first of the month after 3 months of service and must be at least 21 years of age. Newly hired Associates are automatically enrolled into the Plan at a 3% Pre-Tax contribution rate following three months of service. Your contributions will automatically increase by 1% each year, up to a maximum of 6%.
Enrollment or Contribution Changes	You may enroll or increase your contributions at any time
Employee Contributions (Pre-Tax & Roth)	<ul style="list-style-type: none"> Pre-Tax contributions allow eligible Associates to defer income on a Pre-Tax basis. This reduces taxable income as no income tax is taken out at the time of contribution, allowing the investment to grow on a tax-deferred basis. Contributions and earnings are taxed at the time of distribution. Roth contributions allow eligible Associates to defer income on an After-Tax basis. This means contributions will be taxed in the year they are contributed; however, those contributions and any earnings will grow and be distributed tax-free in the future <p>You may elect to contribute a minimum of 1% of pay up to the IRS annual maximum pre-tax (\$23,000 for 2023). If you are age 50 or older, you may make a catch-up contribution up to the IRS annual maximum (\$7,500 for 2025. Combined maximum contribution total of \$30,500).</p>
Employer Matching Contributions	All types of contributions are eligible for matching after you complete one year of service. A year of service is defined as a plan year (January 1 - December 31), during which you are credited with at least 1,000 hours of service. The HBC company match is discretionary and determined on an annual basis.
Vesting	You are always 100% vested in contributions you make to the 401(k) plan. You become 100% vested in Saks Fifth Avenue matching contributions after completing three years of service. A Year of Service is defined as a Plan Year during which you are credited with at least 1,000 hours of service.
Investment Options	The company offers a number of investment options from which to choose.
Access to Savings	The purpose of the 401(k) plan is to help you save for retirement and other long-term financial goals. That's why the IRS allows you to save on a pre-tax basis. Under limited circumstances, you may withdraw pretax contributions from the plan before retirement; however, you may be required to pay taxes on the amount you withdraw plus certain tax penalties.

MAKE THE MOST OUT OF YOUR 401(K) WITH MERRILL

Visit www.benefits.ml.com or call 888.335.8218

Go to www.benefits.ml.com to log in to your account. If you have not yet created a user ID or password, click on "New User" and follow the prompts. If you already have a Merrill account (from your prior employer or personal investments), you may use your existing ID and password to log on. If you have trouble logging in or if you would prefer to make your elections over the phone, call Merrill at 888.335.8218.

Creating an account with Merrill will allow you to manage your investments, change your allocations/ contributions and take advantage of retirement tools to help meet your retirement goals!



READY TO ENROLL?



When you are ready to enroll, you can do so two different ways:

- Online: visit www.mysfabenefits.com and choose 'Benefits Login' from the Enroll Here Header. This will direct you to the SFA Enrollment Portal which is available 24/7. You can log in and follow the prompts to complete your enrollment at your convenience.
- By Phone: Call the Enrollment Call Center to speak with a Benefits Counselor. They will help you with benefit decisions and record your elections. 1-800-498-8705, weekdays from 9 a.m. to 8 p.m. (ET)

All benefit contribution details are available on
www.mysfabenefits.com

CONTACTS



Benefit	Carrier	Phone Number	Website
Benefits & Enrollment	WEX	1-800-498-8705	www.mysfabenefits.com
Medical	Cigna	1-855-281-1206	www.mycigna.com
RX	CVS / Caremark	1-833-896-1967	www.caremark.com
Dental	Cigna	1-855-281-1206	www.mycigna.com
Vision	VSP	1-800-877-7195	www.vsp.com
Health Savings Account	Optum Bank	1-866-234-8913	www.optumbank.com
Flexible Spending Account	WEX	1-800-498-8705	www.mysfabenefits.com
Employee Wellbeing Solutions	Optum	1-866-248-4094	www.liveandworkwell.com Access Code: HBC
Report Disability or FMLA	Matrix Absence Management	1-877-202-0055	www.matrixabsence.com
Commuter Benefits	WEX	1-800-498-8705	www.mysfabenefits.com
Life and AD&D	MetLife	1-800-498-8705	www.mysfabenefits.com
Permanent Life Insurance	Aflac	1-800-433-3036	www.aflacgroupinsurance.com
Accident Insurance	Cigna	1-855-281-1206	www.mycigna.com
Critical Illness Insurance	Cigna	1-855-281-1206	www.mycigna.com
Hospital Indemnity Insurance	Cigna	1-855-281-1206	www.mycigna.com
Legal Benefits	MetLaw	1-800-821-6400	www.legalplans.com
ID Theft Protection	Allstate Identity Protection	1-800-789-2720	www.myaip.com
Retirement 401(k)	Bank of America Merrill	1-888-335-8218	www.benefits.ml.com
COBRA	WEX	1-800-498-8705	www.mysfabenefits.com

Required legal notices are available at www.mysfabenefits.com
Some locations will also have printed copies available