



Paradies Lagardère
TRAVEL RETAIL

2026

BENEFITS GUIDE

A WORLD OF
BENEFITS

ALL LOCATIONS



CHECK-IN

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Our Medical Plan offerings meet all ACA minimum coverage level and affordability requirements. You may still go to the Healthcare Marketplace/Exchange to get coverage, but due to the extremely low level of premium costs of the Basic Medical Plan, a full-time associate would not be eligible for a subsidy in the Marketplace Exchange.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the legal notices in the back of this guide for more details.



WELCOME TO PARADIES LAGARDÈRE'S BENEFITS GUIDE

What's New For 2026 Benefits

Paradies Lagardère is pleased to announce that we are changing our carrier for medical and prescription from Cigna and OptumRx to Anthem and CarelonRx.

Important Reminders

Now is your best chance to change or elect your benefits for 2026

Please take this time to review your elections.. You **MUST** make new elections for all benefits including Medical and Prescription, Dental, Vision, Health Care FSA, Dependent Care FSA, Basic Life, Voluntary Life, Short-Term Disability, Long-Term Disability, Critical Illness, Accident Insurance, and Hospital Indemnity benefits for 2026, as these will **NOT** rollover.

Medical Wellness Rates

To qualify for the medical wellness rates in 2026, you will need to complete your preventative physical by no later than December 1st (see page 8). Check your first pay stub in January to confirm that the wellness credit has been applied.

This year you will receive your bi-weekly wellness credit directly in your paystubs.

You must notify the Benefits Department no later than 90 days after enrollment if your deduction is incorrect.

ID Cards

- **Anthem:** Anthem will be issuing both digital and physical ID cards to employees. You can expect to receive a paper card by mail, and a digital version will also be available for convenient access online or through Sydney HealthSM Anthem's mobile app.
- **EyeMed:** If you enroll in vision for the first time, you will receive an ID card in the mail. However, if you are already enrolled, then your current ID card will continue to work in 2026. You can access your ID card through the EyeMed mobile app or by registering at www.EyeMed.com.
- **FSA or HSA:** If you currently have an FSA or HSA, your current debit card will continue to work in 2026. You can request a new or additional card by calling Wex or through your account at www.wexinc.com. Your debit card is a combination card for your HSA, Health Care FSA and/or Dependent Care FSA. If you already have one account and add another, it will be added to your current debit card.

Update Beneficiaries (It is your responsibility to keep your beneficiary designations up to date)

- **Life Insurance:** Keep your beneficiaries up to date so that your loved ones will receive your benefit.
- **Health Savings Account (HSA):** You must designate a separate beneficiary for your HSA at www.wexinc.com. Your HSA is an individually owned account, similar to a checking account or your 401k, that requires you to designate a beneficiary.
- **401k:** You must designate a beneficiary for your 401k.

Voluntary (Employee-Paid) Life Insurance

You **MUST** elect voluntary (employee paid) life insurance during this open enrollment period for coverage to be effective 1/1/26. You may elect, or increase, up to the guaranteed issue amount without proof of good health. For new or increased election, you must be actively working on 1/1/26 (other than schedule holiday or PTO). Dependents cannot be hospitalized, or home confined under a physician's care.

Employee Assistance Program (EAP)

Remember, the EAP is available to ALL associates and household members, regardless of whether or not you are enrolled in any other benefits.



ENROLLMENT



Who Can Enroll In Paradies Lagardère Benefits?

Associates

- All full-time, hourly and salaried associates* who work an average of 30 hours or more per week, and their eligible dependents, may participate in the Paradies Lagardère Benefits Program.
- All salaried associates* are eligible for benefits on their date of hire
- All hourly associates* are eligible for benefits on the first day of the month following 60 days of employment
- If you are a member of a union, refer to your CBA for eligibility.

Dependents

You may cover your legal spouse or domestic partner. If your spouse or domestic partner has medical coverage through their employer, they may not enroll in the Paradies Lagardère medical program. Eligibility is subject to verification.

Dependent children up to age 26 may also take part, regardless of student status. Dependent children include:

- Biological children
- Legally adopted children and foster children
- Children for whom an associate has legal guardianship, including step-children
- Dependent children who are mentally or physically handicapped and totally dependent for support

Domestic Partner Benefits

Paradies Lagardère offers domestic partner benefits. As required by the IRS, the payroll deductions for the domestic partner portion of the benefits will be after-tax. Also, the company-paid portion of the domestic partner benefits will be treated as imputed (taxable) income to you.

If an eligible associate and domestic partner meet eligibility criteria during the year, that is considered a qualifying event.

What's considered a domestic partnership?

A domestic partner, as defined by the Paradies Lagardère benefit plan, is a relationship that can affirm ALL of the following items:

- You are each other's sole domestic partner with the intent to remain so indefinitely
- Neither are married to, or legally separated from anyone else nor had any other domestic partner within the prior twelve months
- Both are at least eighteen (18) years of age and mentally competent to enter into a legal contract
- You are not related by blood to a degree of closeness that would prohibit legal marriage in the state in which you legally reside
- You cohabit and reside together in the same residence and have done so for at least six months, with the intent to do so indefinitely
- You are not in the relationship solely for the purpose of providing benefits coverage
- You are engaged in a committed relationship of mutual caring and support and jointly responsible for common welfare and living expenses, such as the sharing of property, bank accounts and vehicles
- Verification of domestic partnership is required



ENROLLMENT

When Can I Enroll?

1. **Open Enrollment:** During the Open Enrollment period, **October 27 - November 9**, all associates should review their options and elect or waive each benefit offering. These elections will be effective January 1, 2026.
2. **New Hire Enrollment:** Salaried and Hourly associates must complete elections within 30 days from date of hire.
2. **Mid-Year Life Event:** Outside of a new hire and open enrollment, you may only change your benefits if you experience a **qualifying life event** (QLE). You have 30 days from a QLE to change your coverage. QLEs include:
 - Loss or gain of other coverage
 - Loss of eligibility of a covered dependent
 - Death of your covered dependent
 - Marriage, divorce or dissolution of domestic partnership
 - Qualified Medical Child Support or other Court Order
 - Change in eligibility status from part-time to full-time

How Do I Enroll?

- **Log into UltiPro at e42.ultipro.com/login to make your 2026 enrollment elections.** If you have not previously registered in UltiPro, your username is your 6-digit employee ID number, and your password is your date of birth (MMDDYYYY).
- **Click on Myself ► Manage My Benefits.**
- **Confirm your personal information and begin the benefits selection process.** Utilize the links on each benefit page to learn more.

Helpful Hints

- You must elect or decline each benefit before you can check out and confirm your selections
- Be sure you receive and save a copy of your benefits confirmation enrollment summary, as this will confirm that you have enrolled in 2026 benefits
- If you experience issues logging into UKG, email hr.help@paradies-na.com. If you have questions regarding benefits, please reach out to benefits@paradies-na.com.



What happens if I don't take action during open enrollment?

The 2026 benefits enrollment is active. If you take no action, none of your benefits will rollover to 2026. To make sure you're covered, you **MUST** choose **ALL** your benefits during this enrollment period, as these will **NOT** rollover.

At the end of this year's open enrollment, your elections are locked in through December 31, 2026. Once open enrollment closes, you won't be able to change your 2026 elections unless you have an eligible life status change. See mid-year life events listed on this page.

EMPLOYEE BENEFITS BY LOCATION

Please refer to the following chart for a breakdown of benefits by location/population.

Benefit	Location/Population		
	All Other Locations	San Diego	San Francisco
Basic Medical Plan	■	■	
Consumer HSA-Eligible Medical Plan	■	■	
Traditional Medical Plan	■	■	■
Tobacco Surcharge and Cessation Program	■		
Wellness Savings	■		
Employee Assistance	■	■	■
Supplemental Benefits	■	■	■
Health Savings Account	■	■	
Flexible Spending Accounts	■	■	■
Dental	■	■	■
Vision	■	■	■
Disability	■	■	■
Life Insurance	■	■	■
My Benefit Advisor	■	■	■
LFG TravelConnect	■	■	■
Anthem Community Resources	■	■	■
LifeKeys	■	■	■
401(k) Savings Plan	■	■	■
Additional Benefits	■	■	■
USI Benefit Resource Center (BRC)	■	■	■



TOBACCO SURCHARGE & CESSATION PROGRAM



Click here for eligibility of benefit by location or refer to page 6.

Breathe Healthy, Live Happy

At Paradies Lagardère, we are only as strong and healthy as our associates. You are our most valuable resource, and we want you to live your best life. That's why we design benefits focused on your health and well-being.

It is no secret that tobacco use is an expensive and unhealthy habit — not only for tobacco users, but also for Paradies Lagardère. According to the American Lung Association, smoking-related illnesses in the U.S. cost more than \$300 billion per year. Cigarette smoking is also the leading cause of preventable disease and death in the U.S., accounting for more than 480,000 deaths every year, or about 1 in 5 deaths.

Tobacco Surcharge

To help avoid preventable costs, and more importantly you and your loved ones live healthy and fulfilled lives, Paradies Lagardère is implementing a Tobacco Surcharge program.

Associates are required to report tobacco use annually during open enrollment. You are considered a tobacco user if you have used tobacco products — including cigarettes, cigars, chewing tobacco, snuff, pipes, hookah, or e-cigarettes — within the past six months, regardless of frequency or location (this includes daily, occasionally, socially, at home only, etc.).

Associates who use tobacco and enroll in any of the Paradies Lagardère medical plans will pay an additional \$600 per year, equally deducted from each pay period.

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all associates. If you think you might be unable to meet a standard for a reward under this program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources and we will work with you (an, if you wish, your doctor) to find a program with the same reward this is right for you in light of your health status.



LiveHealth Online

Tobacco Free Program combines the latest in telehealth technology, behavioral science to provide your employees with a personalized behavior change experience to help them quit nicotine. Employees will work with a health coach who can create a personalized plan to help them reach their tobacco free goals.

What makes Tobacco Free different than other wellness programs?

- Integrated with LiveHealth Online. Tobacco Free is integrated into the LiveHealth Online application so your employees don't have to utilize multiple applications to access care.
- Continuity of care. Employees are able to receive unmatched continuity of care where a consumer can move from health coach to a doctor to a therapist without leaving the comfort of their home or work.
- Free nicotine replacement therapy: Health coaches can send nicotine replacement therapy such as gum, lozenges and patches that will be sent directly to employee's home.

Here's how to access the program through Sydney Health or Anthem.com:

Download **Sydney Health app**.

1. Register (if you haven't yet) and log in.
2. Once you register, your username and password are the same for our app and anthem.com.
3. On the Sydney home page select CARE and then select Virtual Care, then Live Health Online. You can also find Tobacco Free in the featured programs as well.

Visit **anthem.com**.

1. From the Care tab, select Virtual Care in the drop down menu. Then, click Video Visit Options. Then Live Health Online to find Tobacco Free and other resources. You can also select Dashboard, then Featured Programs for Tobacco Free and Much More!





Click here for eligibility of benefit by location or refer to page 6.



Reduce your annual medical premium by \$650

WELLNESS SAVINGS

Paradies Lagardère cares about your health and well-being. If you received a preventive exam in 2025, then you earned medical premium reductions for 2026 — \$25 per bi-weekly paycheck or \$12.50 per weekly paycheck (up to \$650).

To qualify for medical premium reductions in 2026, you must receive your preventive exam no later than December 1st, 2025.

Preventive screenings detect medical conditions early when treatments are most effective, or preventive measures can be taken. Early detection can save your life and reduce your personal health insurance expenses.

Each year, our medical benefits cover one annual preventive visit with a primary care provider at no cost to you when delivered by an in-network provider! To find an in-network doctor in your area to schedule a preventive exam, register at www.anthem.com and select “Find Care” For the highest quality and lowest cost in the Anthem network.

Make sure your physician classifies your exam as a Wellness Preventive Care Visit. If you discuss other non- wellness issues, your visit may be coded incorrectly delaying your premium reduction.

If you are a new hire, you may be eligible to provide a copy of your 2025 Explanation of Benefits (EOB) showing you’ve completed your annual preventive visit with your previous carrier to satisfy this requirement for the 2026 wellness credit.

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all associates. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at benefits@paradies-na.com and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

SYDNEY MOBILE APP

The Sydney Health mobile app makes healthcare easier

Use SydneySM Health to keep track of your health and benefits — all in one place. With a few taps, you can quickly access your plan details, Family Advocate (proactively assigned), virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.

- **View and use your Anthem digital ID card**
- **Check Claims**
- **View your benefits**
- **Check your plan progress**
- **Fill prescriptions**

Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you, such as gender, languages spoken, or location. You'll be matched with the best results based on your personal needs.

Check claims

View your Plan

My Health Dashboard

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals. It also offers a customized experience just for you, such as syncing your fitness tracker and scanning and tracking your meals.

Chat - Family and Clinical Advocate

If you have questions about your benefits or need information, Sydney Health can help you quickly find what you're looking for and connect you to your Family Advocate or Anthem representative. You also have a many other programs and resources at your fingertips!

Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly, talk to a doctor via video session. Urgent Care Alternative (24/7), schedule appointments with a Psychologist or Therapist. As needed, even a Psychiatrist.

Non-Anthem Resources

Access other benefits your employer provides, such as dental or vision.

Community Resources

This resource center helps you connect with organizations offering no-cost and reduced-cost programs to help with challenges such as food, transportation, and childcare.

My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.

MyHealth Check-in

By taking a short health assessment, you will receive personalized health tips and resources to support your needs. We will offer details on programs that can help you lower health risks, reach your personal goals, and prevent future health problems.

Next Best Steps

We provide you with a confidential healthy messages that includes reminders for checkups, tests, and exams; lists of claims and prescriptions; and general health tips.

Download the Sydney Health app today!



Set up an account at www.anthem.com/register to access most of the same features from your computer.

TIP: Anthem's member onboarding journey: Be on the lookout for an email from Anthem Subject Line: Register online to access your health plan. This email will provide a link that will allow you to easily register with Anthem.

MEDICAL



Click here for eligibility of benefit by location or refer to page 6.

Benefit / Feature	Basic		Consumer HSA-Eligible		Traditional	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible						
Associate Only	\$5,000	\$10,000	\$3,400	\$6,600	\$2,000	\$4,000
Family	\$10,000	\$20,000	\$6,800	\$13,200	\$4,000	\$8,000
Maximum Annual Out-of-Pocket						
	Includes Deductible & Copay		Includes Deductible		Includes Deductible & Copay	
Associate Only	\$7,500	\$15,000	\$5,500	\$11,000	\$6,000	\$12,000
Family	\$15,000	\$30,000	\$11,000	\$22,000	\$12,000	\$24,000
Annual Company Contribution to HSA						
Associate Only	N/A		\$300		N/A	
Associate + Spouse			\$550			
Associate + Child(ren)			\$550			
Family			\$750			
Services						
Preventive Care	Covered 100%	Deductible + 50%	Covered 100%	Deductible + 50%	Covered 100%	Deductible + 50%
Primary Care Physician	\$30 copay	Deductible + 50%	Deductible + 20%	Deductible + 50%	\$30 copay	Deductible + 50%
Specialist	\$50 copay	Deductible + 50%	Deductible + 20%	Deductible + 50%	\$50 copay	Deductible + 50%
Inpatient Surgery	Deductible + 20%	Deductible + 50%	Deductible + 20%	Deductible + 50%	Deductible + 20%	Deductible + 50%
Outpatient Surgery	Deductible + 20%	Deductible + 50%	Deductible + 20%	Deductible + 50%	Deductible + 20%	Deductible + 50%
Emergency Room	\$500 copay		Deductible + 20%		\$350 copay	
Urgent Care	\$60 copay	\$60 copay	Deductible + 20%	Deductible + 20%	\$60 copay	\$60 copay

Attention Residents Of Massachusetts: Residents of MA are required to maintain minimum creditable coverage (MCC), as required by 956 Mass. Code Regs. 5, or face a potential state tax penalty. The Consumer HSA medical plan meets MCC requirements. If you enroll in the Basic plan and in order to meet MA MCC, the in-network single deductible will be \$3,200 and the family deductible will be \$6,400. You may find additional information at www.mass.gov/doi.

Reduce Expenses by Using the Anthem Network

To locate an in-network medical provider in your area:

- First time users, register at anthem.com or download the Sydney Health mobile app. You must be enrolled in the plan prior to registering and can register on or after the effective date of your coverage

- Click on "Find Care"
- Search Doctor by specialty, Doctor by Name, Procedure or Location. To help you find care providers who would be a good fit for you, Anthem sorts your search results and provide the top three matches using Personalized Match.
- Call your Dedicated Family Advocate to get support.

The benefits outlined in this guide are only a summary and are not intended to be controlling. Visit the enrollment portal to view rates. For a detailed description, see the complete contract.





PHARMACY



Click here for eligibility of benefit by location or refer to page 6.

The Paradies Lagardère pharmacy benefits will be administered through CarelonRx when you elect a Paradies Lagardère medical plan.

Benefit / Feature	Basic	Consumer HSA-Eligible	Traditional
	In-Network	In-Network	In-Network
Retail Pharmacy – 30-Day Supply			
Generic	\$10 copay	Medical Plan Deductible + 20% Certain preventive generic drugs and insulin covered prior to the deductible	\$10 copay
Preferred Brand	\$75 copay	Medical Plan Deductible + 20%	\$75 copay
Non-Preferred Brand	\$125 copay	Medical Plan Deductible + 20%	\$125 copay
Specialty	20% up to \$350 max/script	Medical Plan Deductible + 20%	20% up to \$350 max/script
Mail Order Pharmacy – 90-Day Supply			
Generic	\$20 copay	Medical Plan Deductible + 20% Certain preventive generic drugs and insulin covered prior to the deductible	\$20 copay
Preferred Brand	\$150 copay	Medical Plan Deductible + 20%	\$150 copay
Non-Preferred Brand	\$250 copay	Medical Plan Deductible + 20%	\$250 copay
Specialty	20% up to \$350 max/script	Medical Plan Deductible + 20%	20% up to \$350 max/script

Prescriptions for controlled substances, such as opioids, can only be ordered by ePrescribe. Electronic prescriptions for controlled substances does not apply to providers in Alaska, Guam, Puerto Rico or the U.S. Virgin Islands.



PHARMACY

CarelonRx

Get the lowest available cost on prescriptions with your CarelonRx pharmacy benefits

CarelonRx is included as part of your Anthem Health benefits. CarelonRx has programs in place that automatically compare discount cards in-network to ensure you're getting the lowest available cost on your medications. You can use the Price a Medication tool in the **Sydney Health app** or go online to:

- Find discounts on hundreds of covered and non-covered drugs.
- Find the best in-network prices for your medications.
- Compare the costs of generic vs. brand name drugs.
- Save money on your maintenance medications with CarelonRx Pharmacy home delivery.

Home Delivery

You can skip the trip to the local drug store with CarelonRx Pharmacy, a home delivery service. CarelonRx Pharmacy is safe, secure, and reliable. All orders are checked by a licensed pharmacist before shipping. Packaging is discreet, tamperproof, weatherproof, and temperature controlled.

CarelonRx Pharmacy also has health and cost advantages. Regular delivery of medications on time and on schedule can help you stay on track with your medications.

How Optional Home Delivery works

You can choose to use CarelonRx Pharmacy (a voluntary program) to fill prescriptions for maintenance medicines.

- You can choose between CarelonRx Pharmacy or any in-network retail pharmacy to fill your maintenance medicines.
- You can make your choice on [anthem.com](https://www.anthem.com), through the **Sydney Health app**, or by calling your Family Advocate.

Putting the Benefits Back into Pharmacy



Accessibility

- 24/7 text or chat directly with a pharmacist
- Safe and secure maintenance medications delivered directly to your door
- 90-day supply of medicine
- Status updates from prescription order to delivery

Affordability

- Cost-saving opportunities
- Recommendations on lower-cost alternatives
- Clear understanding of medicines' costs, benefits, and insurance coverage before the prescription fill

Simplicity and personalization

- Refill reminders, automatic refills, and drug interaction alerts
- User-friendly, self-serve digital tools and updates to help you make informed decisions about your health



MEDICAL

Virtual Care

Find complete care support, on your time, through the Sydney Health app.

Care that fits your schedule

- Getting the care you need when you need it is important. With the Sydney Health mobile app, you can connect with a doctor at your convenience.
- Virtual care is available through the Sydney Health app, and costs may vary depending on your health plan. For HSA plans, services may apply to your deductible and coinsurance.

1. Connect with a doctor 24/7 without an appointment

- > Live Health Online Virtual visits are available when you need non-emergency care right away. For on demand support for health concerns such as cough, sinus infections and much more! You can have a video visit with a doctor using your mobile device or computer, whether you are home, at the workplace, or on the go using Sydney Health app. Doctors are available 24/7 for advice, treatment, and **prescriptions, if needed**³. Login to Sydney, select CARE then Virtual Care. Urgent care support for health issues, such as allergies, a cold, or the flu.

2. Schedule a virtual primary care appointment

- > Convenient access to ongoing Routine and chronic condition care, including virtual annual preventive care (wellness) visits. The virtual primary care providers can diagnose and treat many health conditions, prescribe medications and refills, ^{1,2,3}
- > Personalized care plans for chronic conditions, such as asthma or diabetes.
- > Save money and time with virtual care. Sydney Health brings care to you anywhere, anytime. Virtual primary care visits and on-demand urgent care are available through the app.

3. Schedule a virtual licensed therapist or board-certified psychologist or psychiatrist appointment

If you're feeling anxious or depressed, or having trouble coping with problems at home or at work, you can connect to a licensed therapist or board-certified psychologist or psychiatrist through a virtual care video visit.^{2,4,5} Appointments can be scheduled within 1-2 weeks.^{4,5} Psychiatrists are available to help you manage your medications.³ They do not provide counseling or talk therapy.

When it's time for your appointment, use your smartphone, tablet, or computer with a camera to meet securely through our SydneySM Health app or anthem.com



You also can call 24/7 NurseLine or the Behavioral Health Resource Line anytime, day or night

Talk to a nurse about your health questions and receive guidance on where to go for care, if needed.

This service comes with your health plan at no additional cost. **For the 24/7 NurseLine call 800-700-9184. The Behavioral Health Resource Line & EAP call 866-621-0554** These numbers are also located on the back of your health plan ID card.

Here's how to access the program through virtual care:

Download our no-cost **Sydney Health app**.

1. Register (if you haven't yet) and log in.
2. Once you register, your username and password are the same for our app and anthem.com.
3. Select Care and then select Virtual Care.

Visit anthem.com.

1. Register (if you haven't yet) and log in.
2. Once you register, your username and password are the same for anthem.com and our Sydney Health app.
3. From the Care tab, select Virtual Care in the drop down menu. Then, click Video Visit Options.

¹Eligible employees are those who have not yet had a wellness visit during the plan year, either virtual or in person, and their organization has chosen to offer the virtual primary care experience without a limit or cap under your benefit plan. If an employer group has a cap on the number of preventive care (wellness) visits and the employee has exceeded the cap but would like to have another wellness visit, they may be responsible for copays and other out-of-pocket costs for the visit. Employees should consult their benefit plan and/or contact Member Services if they have any questions.

² HSA plans, deductible applies.

³ Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed through virtual care on the Sydney Health app or anthem.com. In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

⁴ Online counseling is not appropriate for all kinds of problems. If you are in crisis or having suicidal thoughts, it's important that you seek help immediately. Please call 800-273-8255 (National Suicide Prevention Lifeline) or 911 for help. If your issue is an emergency, call 911 or go to your nearest emergency room. Emergency services are not provided through virtual care on the [app name] app or [website].

⁵ Appointments subject to availability..

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.



MEDICAL

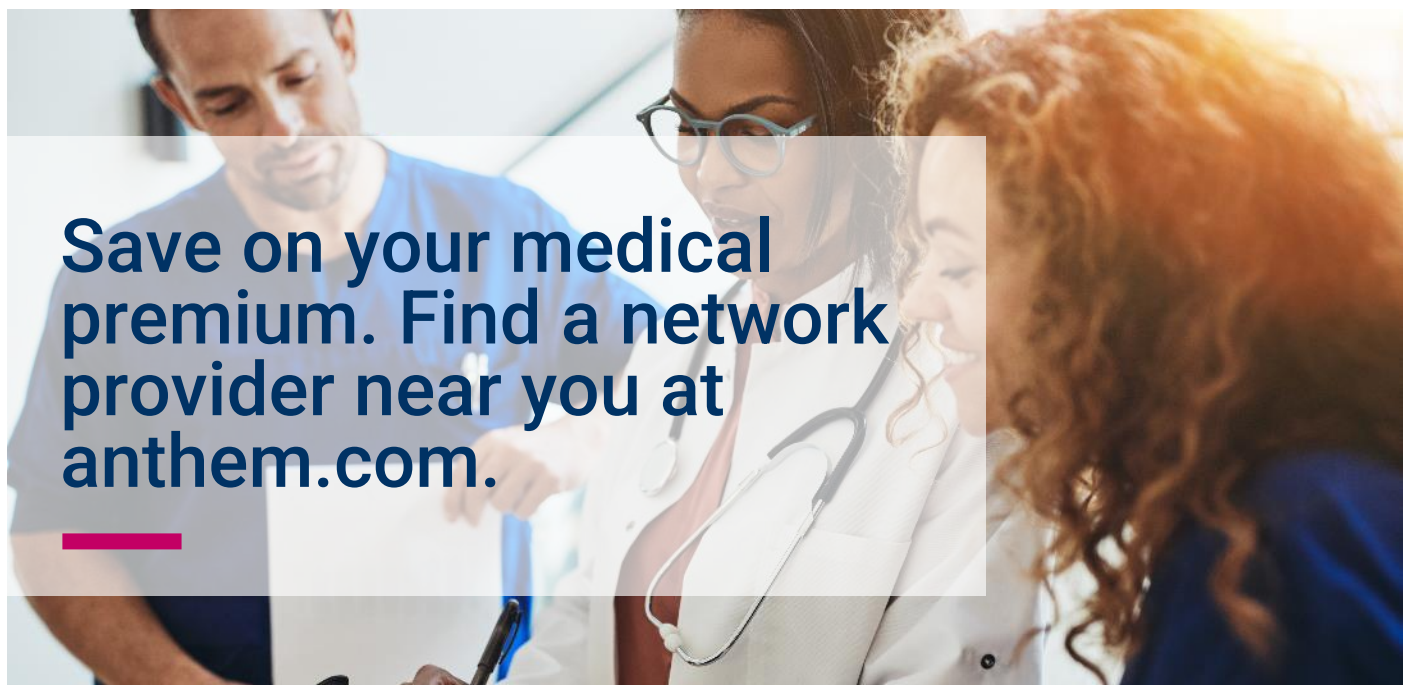
Bi-Weekly Rates* with Wellness Credits						
Tier	Basic		Consumer – HSA-Eligible		Traditional	
Bi-Weekly	Employer Cost	Employee Cost	Employer Cost	Employee Cost	Employer Cost	Employee Cost
Associate Only	\$276.33	\$40.75	\$225.10	\$87.41	\$153.90	\$192.55
Associate + Spouse	\$397.45	\$250.66	\$464.13	\$176.72	\$322.83	\$388.94
Associate + Child(ren)	\$361.47	\$226.46	\$420.67	\$160.48	\$292.11	\$353.24
Family	\$567.24	\$351.72	\$659.64	\$249.85	\$461.06	\$549.65

Bi-Weekly Rates* without Wellness Credits						
Tier	Basic		Consumer – HSA-Eligible		Traditional	
Bi-Weekly	Employer Cost	Employee Cost	Employer Cost	Employee Cost	Employer Cost	Employee Cost
Associate Only	\$251.08	\$66.00	\$199.85	\$112.66	\$128.65	\$217.80
Associate + Spouse	\$372.20	\$275.91	\$438.87	\$201.98	\$297.58	\$414.20
Associate + Child(ren)	\$336.22	\$251.71	\$395.42	\$185.73	\$266.85	\$378.50
Family	\$541.99	\$376.97	\$634.38	\$275.11	\$435.81	\$574.90

*The rates above are calculated based on 26 pay periods.

NOTE: Wellness credits will show up in the associate's paystub each pay period

*See the next page for San Francisco and San Diego Medical Benefit rates. Rates vary by location and plan.



MEDICAL

San Diego

Bi-Weekly Rates						
Tier	Basic		Consumer – HSA-Eligible		Traditional	
Bi-Weekly	Employer Cost	Employee Cost	Employer Cost	Employee Cost	Employer Cost	Employee Cost
Associate Only	\$257.65	\$59.43	\$200.97	\$111.54	\$151.34	\$195.11
Associate + Spouse	\$374.93	\$273.18	\$440.87	\$199.98	\$323.86	\$387.92
Associate + Child(ren)	\$348.16	\$239.77	\$398.75	\$182.40	\$311.07	\$334.28
Family	\$561.84	\$357.12	\$655.10	\$254.39	\$524.92	\$485.79

*The rates above are calculated based on 26 pay periods.



San Francisco

Bi-Weekly Rates		
Tier	Traditional Plan	
Bi-Weekly	Employer Cost	Employee Cost
Associate Only	\$346.45	\$0.00
Associate + Spouse	\$354.44	\$357.34
Associate + Child(ren)	\$337.40	\$307.95
Family	\$563.58	\$447.13

*The rates above are calculated based on 26 pay periods.



DIABETES PREVENTION

Lark Diabetes Prevention Coaching

Anthem has partnered with Lark to offer a diabetes prevention program that can help you determine if you're at risk for prediabetes and if needed, take steps to address it.

This program can help you:

- Lose weight
- Eat healthier
- Increase activity
- Sleep better
- Manage stress

Better health is within your reach

You can participate in this program at no extra cost as part of your health plan. Track your progress, check in with your coach, and learn more about prediabetes right in Lark's free mobile app. This program is flexible, convenient, and follows guidelines from the Centers for Disease Control and Prevention (CDC) to help you make small changes that can improve your health and decrease your risk over time.

Weight loss with Lark

Losing weight can make a big difference in lowering your risk for type 2 diabetes. Lark members lose an average of 4.2% of their body weight in 12 months on the diabetes prevention program. As part of the program, **you receive a wireless scale at no extra cost** to help you track your weight loss progress. Your scale also syncs with the Lark app so you can share updates with your coach.

24/7 coaching support

Losing weight and making lifestyle changes can feel intimidating even if you know it can lead to better health. Your coach can help you stay motivated. Send your coach a message anytime from anywhere and receive an immediate response and extra support when you need it most. During the course of the program, your coach will:

- Be available 24/7 through the Lark mobile app to provide
- personalized coaching.
- Customize your program based on your food preferences and lifestyle
- Provide educational information on prediabetes and preventing type 2 diabetes.
- Help you learn about how stress affects your health and how to cope with it.

You are in control of your health. Prevent diabetes and start improving your overall health and well-being today.



DIABETES PREVENTION

Frequently Asked Questions

Q: What does it mean to have prediabetes?

A: Having prediabetes means your blood sugar levels are higher than they should be. If you have prediabetes, you are at higher risk of heart attack, stroke, and developing type 2 diabetes. However, making small lifestyle changes can help you improve your health and prevent diabetes.

Q: How do I know if I am at risk for prediabetes?

A: Most people with prediabetes aren't aware they have it because they don't show symptoms and doctors don't routinely test for it. Key risk factors for prediabetes include your age, family history, weight, and activity level.¹ To determine your risk level and whether you are eligible for Lark's program, visit lark.com/anthem.

Q: What is a diabetes prevention program (DPP)?

A: A diabetes prevention program uses guidelines from the CDC to teach you about prediabetes and help you make small lifestyle changes that can significantly reduce your chance of developing type 2 diabetes or other health issues.

Q: What is included in the Lark DPP?

A: Lark's diabetes prevention program includes access to a digital coach. Your coach is available 24/7 to offer friendly, personalized, text message-based coaching through the Lark mobile app. There are no meetings to attend or phone calls to schedule in advance. You can check in whenever and wherever it is convenient for you, right from your smartphone. As part of the program, you will also receive a wireless scale that uploads your information to the app automatically so you can easily track your progress and share it with your coach. Lark will even send you a personal activity tracker, as long as you stay active in the program.

Q: Will Lark share my personal data with my employer?

A: No. Lark may share generalized data, such as the number of employees using the program or the average amount of weight lost by employees, but Lark does not share individually identifiable data with your employer.

Q: What topics can a Lark coach help me address?

A: Your Lark coach provides personalized support and guidance in several areas to help reduce your risk of developing type 2 diabetes, including:

- Weight loss and weight management
- Prediabetes-specific nutrition that doesn't involve counting calories
- Weekly prediabetes education, with daily check-ins to help you stay on track
- Stress management and identifying stress trigger
- Sleep and physical activity

Your coach also learns about you over time and customizes your coaching experience based on your goals and progress.

Q: How do I start my digital Lark coaching?

A: First, visit lark.com/anthem and take the one-minute Prediabetes Risk Test to determine if you are at risk for prediabetes. If the test indicates that you have prediabetes or are likely to have prediabetes, you'll be given a link to download Lark from the App Store® or Google Play™. You can begin interacting with your digital Lark coach immediately.

Q: How much does Lark's DPP cost?

A: Lark's DPP is included at no extra cost as part of your Anthem health benefits, and includes access to the mobile app. The wireless connected scale also comes at no extra cost.

Q: Do people see results with Lark?

A: Yes. There are tens of thousands of people improving their health with Lark. After one year on the program, 40% of Lark members lose 5% of their starting weight his weight loss has been shown to greatly reduce the risk of developing type 2 diabetes.

Q: If I'm not good with technology will Lark's digital program still work for me?

A: Yes, Lark is for everyone. If you can text, you can use Lark. In fact, Lark users over the age of 50 have slightly better results than younger Lark users.²

¹ Centers for Disease Control and Prevention website: Prediabetes – Your Chance to Prevent Type 2 Diabetes (accessed October 2020): [cdc.gov](https://www.cdc.gov/diabetes/prevention/).
² Lark internal data, Clinical outcomes from older adults in a digital diabetes prevention program.



EMPLOYEE ASSISTANCE

The Employee Assistance and Work/Life Support Program (EAP) is a Free, Confidential Resource to Help You Manage All Sorts Of Difficulties.

Your EAP is here to help you and your household through difficult times. The following resources are private, confidential, and available to you 24/7 at no extra cost.¹

Counseling and mental health

Get 3 free visits for in-person or virtual counseling per person in your household, per issue each year.²

Work-life resources

- Find information on career, parenting, and balancing work and family.
- Find high-quality child, elder, and pet care.
- Receive special discounts on a range of products and services, including food, travel, and clothing.

Identity theft support

Register to get help with identity monitoring and theft resolution to minimize or recover from the effects of identity theft.

Self-improvement resources

Log in to take self-assessments, access the Guidance to Care tool, and get a list of EAP resources specific to your needs.

Legal and financial resources

- Book a no-cost consultation and receive a discounted rate from participating local attorneys on continued legal services.³
- Explore an online library of legal resources, forms, and essential documents.
- Have unlimited phone consults with a financial professional and access online financial calculators and budgeting tools.

24/7 crisis support

- Get in-the-moment support when experiencing a personal crisis.
- Find help with navigating resources and getting support if you're impacted by a tragedy or natural disaster.



Get the help you need, 24/7

- Download or log-in to Sydney Health to access Anthem's EAP
- Visit anthem.com/EAP and log in with company name: **Paradies**
- Call your EAP at 866-621-0554 for help with questions.

¹ In accordance with federal and state law, and professional ethical standards.

² Appointments are subject to availability of a therapist. Online counseling is not appropriate for all kinds of problems. If you are in a crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 988 (National Suicide Prevention Lifeline) and ask for help. If your issue is an emergency, call 911 or go to the nearest emergency room.

³ Excludes business, benefits, or employment issues. The free half-hour consultations apply per legal issue, per year. You are eligible for a new consultation for each new issue yearly.



SUPPLEMENTAL BENEFITS

You can't predict life's unexpected events, but you can plan for them by choosing benefits that can help protect your financial future. For this reason, Paradies Lagardère is offering three supplemental benefits including Critical Illness, Accident Insurance and Hospital Indemnity.

- **These benefits do not replace your medical insurance** but can offer extra protection.
- Benefits payable directly to you
- Portable, so you can take your coverage with you

Critical Illness Insurance

Critical Illness insurance pays a cash benefit if you are faced with a covered critical illness, such as:

- Invasive cancer
- Carcinoma in situ
- Skin cancer
- Heart attack
- Stroke
- Coronary artery disease
- ALS (Lou Gehrig's disease)
- Blindness
- Paralysis
- Renal (kidney) failure
- Major organ failure
- Advanced Alzheimer's Disease
- Parkinson's Disease
- Multiple Sclerosis
- Benign Brain Tumor
- Coma

We know that everyone has different needs and ways of coping with a critical illness. That's why you can choose how to spend or save your cash benefit. You can use the benefit to pay for medical and miscellaneous expenses, including:

- Copays and deductibles
- Travel costs to see a specialist
- Childcare
- Prescription drug costs

You may purchase \$10,000, \$20,000 or \$30,000 of coverage for yourself. You may also purchase coverage for your spouse at 50% of your benefit amount and your children at 50% of your benefit amount. You can take your coverage with you if you retire or leave the company. To view the specific plans, download the plan summaries from the portal.



Example*

Carter, who is 40 years old, is enrolled in the \$20,000 Critical Illness plan. Carter is diagnosed as having a heart attack.

Critical Illness Plan	
Annual maximum out-of-pocket expenses after medical expenses are paid through his Anthem health insurance	\$6,850
Critical illness insurance benefit paid directly to Carter	\$20,000

The plan pays \$50 when you have a health screening benefit.

Examples include but are not limited to mammography, colonoscopy, pap smear, cholesterol test, prostate specific antigen and more. Your spouse and children, if covered, are eligible for this benefit.

This is an example used for illustrative purposes and not a guarantee of benefits. Example assumes associate has not met any of the deductible for the plan year.



SUPPLEMENTAL BENEFITS

Critical Illness (Continued)

Cost of Coverage		
Age	Associate monthly per \$1000	Spouse monthly per \$1000
Benefit Amount Options: \$10,000 / \$20,000 / \$30,000		
Under 24	\$0.260	\$0.340
25-29	\$0.300	\$0.385
30-34	\$0.406	\$0.741
35-39	\$0.586	\$0.642
40-44	\$0.756	\$0.829
45-49	\$1.083	\$1.199
50-54	\$1.480	\$1.747
55-59	\$1.985	\$2.472
60-64	\$2.450	\$3.151
65-69	\$2.967	\$3.747
70+	\$4.105	\$5.044
Child(ren) monthly rate per \$1000 of coverage \$0.194		

*The rates above are calculated based on 26 pay periods.



SUPPLEMENTAL BENEFITS

Accident

Accidental Insurance coverage provides a cash benefit payable to you for treatments or injuries resulting from an off-the-job covered accident. You may purchase coverage for yourself, your spouse up to age 70 and your children up to age 26. You can take your coverage with you if you retire or leave the company.

With accident insurance, you can use the benefit payout for whatever you need, whether that's medical bills, childcare, rehabilitation, rent, groceries, or other expenses. These benefits do not replace your medical insurance but can offer extra protection.

Covered injuries may include:

- Broken bones
- Burns
- Torn ligaments
- Concussions
- Eye injuries
- Ruptured discs
- Cuts requiring stitches

Two coverage levels (difference is monthly premiums and payout amounts):

- High Plan
- Low Plan

To see details of each plan, download the plan summary from the enrollment portal.

Benefits may be payable for:

- Initial treatment
- Emergency room visit
- Hospitalization
- Admission (per occurrence)
- Confinement (per day)
- Follow-up care



Example

Margie is enrolled in the High Accident Plan. She slips and falls suffering covered injuries.

Benefit Paid to Associate	
Emergency room visit	\$200
Dislocated knee (non-surgical)	\$3,000
Fractured wrist	\$800
Follow-up appointment	\$75
10 physical therapy benefits	\$500
Total paid to Margie	\$4,575

* This is an example used for illustrative purposes and not a guarantee of benefits.

Bi-Weekly* Accident Premium		
Feature	Low Plan	High Plan
Associate	\$1.99	\$3.29
Associate + Spouse	\$3.52	\$5.82
Associate + Child(ren)	\$4.47	\$7.50
Family	\$5.99	\$10.02

*The rates above are calculated based on 26 pay periods.

The plan pays \$50 when you have A health screening benefit.

Examples include but are not limited to chest x-ray, fasting glucose test, mammography, colonoscopy, pap smear, cholesterol test, prostate specific antigen and more. Your spouse and children, if covered, are eligible for this benefit.

Please note: The Preventive Care/Wellness Benefit is not available to associates residing in NH and ND.



SUPPLEMENTAL BENEFITS

Hospital Indemnity

The average inpatient hospital stay in the U.S. is \$2,271 per day and last 6 days. If you were hospitalized and would have a hard time paying your deductible and coinsurance, Lincoln Financial Group's hospital benefit can help. This benefit is paid directly to you for hospitalizations resulting from a covered injury or illness. To offset some of these expenses, Lincoln Financial Group's plan pays benefits directly to you for hospitalizations resulting from a covered injury or illness. Benefits aren't reduced because you receive a payment from any other coverage you have, such as medical, accidental injury or critical insurance. **These benefits do not replace your medical insurance but can offer extra protection.**



Example

Joan is 48 years old and is hospitalized due to a covered accident. She pays \$10.92 per paycheck for the Hospital Care benefit.

Benefit Paid to Associate (High Plan)

Hospital Admission	\$1,000
Hospital ICU Stay (1 night)	\$400
Hospital Stay (3 days)	\$600
Total paid to Joan	\$2,000

This is an example used for illustrative purposes and not a guarantee of benefits.

Extra care when you need it most

Supplemental benefits do not replace your medical insurance but can offer you some extra peace of mind – protecting you against some of life's most difficult and expensive health challenges.

The Plan Pays \$50 When You Have A Health Screening Benefit.

Examples include but are not limited to chest x-ray, fasting glucose test, mammography, colonoscopy, pap smear, cholesterol test, prostate specific antigen and more. Your spouse and children, if covered, are eligible for this benefit.

Refer to the Accidental Injury, Critical Illness and Hospital Care plan summaries and Certificates of Coverage for additional details and exclusions.

Please note: For residents of NC, preventive care/Wellness Benefit is excluded.

Hospital Indemnity Plans

Feature	Low Plan	High Plan
Hospital admission (one benefit every 365 days)	\$500 benefit	\$1,000 benefit
Hospital stay (limited to 30 days, One benefit every 90 days)	\$100 benefit	\$200 benefit
Hospital intensive care unit (ICU, stay limited to 30 days, one benefit)	\$200 benefit	\$400 benefit

Bi-Weekly* Hospital Indemnity Premiums

Associate	\$4.77	\$8.74
Associate + Spouse	\$9.53	\$17.65
Associate + Child(ren)	\$8.77	\$15.58
Family	\$13.54	\$24.49

***The rates above are calculated based on 26 pay periods.**



HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in the Consumer plan, you'll have access to an HSA administrated by WEX. Contributions, earnings and withdrawals that are used for qualifying expenses are tax free. Here's how the account works:

1. Make contributions*. Annually, Paradies Lagardère will contribute:

- Associate: \$300
 - Associate + Spouse: \$550
 - Associate + Child(ren): \$550
 - Associate + Family: \$750
- > Total account contributions including employer contributions may not exceed IRS limits: **\$4,400** for employee-only and **\$8,750** for all other coverage, plus a **\$1,000** annual catch up contribution for those over age 55.

*Amount will be prorated based on your eligibility date

- 2. Use your funds.** You can use your funds to pay for eligible medical, dental and vision costs at any time. View a full list of HSA eligible expenses [here](#). You can pay for eligible expenses out-of-pocket and reimburse yourself from your HSA savings at a later date or, you can pay with an HSA debit card.
- 3. Save your funds.** You can also use your account as a savings account. The account is always yours, even if you leave the company, and your funds will roll over each year accruing interest tax-free. When your account balance reaches \$1,000, you can invest your funds.
- 4. On or after January 1, register at WEX:** wexinc.com and download the mobile app to access additional resources and tools. Access the Wex HSA calculator [here](#).

Are You Eligible?

You are eligible to contribute to an HSA if:

- You are enrolled in the Consumer medical plan
- You are not covered by your spouse's health plan or FSA
- You are not eligible to be claimed as a dependent on someone else's tax return
- You are not enrolled in Medicare, TRICARE or TRICARE for life
- You have not received Veterans Administration Benefits

Do I have to do anything to open my HSA?

No, we will automatically open an HSA when you enroll in the Consumer HSA medical plan. However, customer identification is a federally mandated process used to verify the identity of individuals when opening an HSA or any other bank account in the United States. If Wex cannot verify your identity, they will notify you in writing of the documents needed to open your HSA. If you do not reply within 60 days, Wex will close your HSA and Paradies will not make any contributions. Any payroll deductions withheld will be returned to you.



FLEXIBLE SPENDING ACCOUNT (FSA)

Flexible spending accounts (FSAs), administered by WEX, enable you to set aside some of your pay, on a pre-tax basis, into an account to pay for eligible health or dependent care expenses.

There are two types of FSAs. The health care FSA, available to associates not enrolled in the Consumer HSA plan, covers copays, deductibles, coinsurance, prescriptions, over the counter medication, dental care, eye exams and other eligible health care expenses. The dependent care FSA, available to all associates regardless of medical plan enrollment, covers childcare expense while you are at work for children under age 13 or other dependents who are incapable of self-care.

- 1. Make contributions.** You set aside pre-tax money through payroll deductions up to IRS limits. For a health care FSA, you may contribute up to **\$3,400** in 2026. Health care FSA funds are available to use as of January 1, 2026. For a dependent care FSA, you may contribute up to **\$7,500**. Please note, if you are married and file a separate income tax return, the maximum you can contribute is **\$3,750**. Dependent care FSA funds are available after they've been deducted from your paycheck.
- 2. Use your funds.** You can pay for eligible expenses out-of-pocket and reimburse yourself from your FSA savings at a later date or, you can pay with a convenient FSA debit card. View a complete list of FSA eligible expenses [here](#).
- 3. Don't lose your funds.** The money you set aside must be used during the plan year – it will not roll over in your account. Any money left in the account will be forfeited. For 2026 contributions, you must incur eligible expenses by December 31, 2026, and file claims no later than March 31, 2026.
- 4. Register at wexinc.com** and download the mobile app to access additional resources and tools.

Important Considerations

- Your elections cannot be changed during the plan year, unless you experience an eligible life status change.
- Keep your receipts as proof that your expenses were eligible for IRS purposes. For medical FSAs, documentation should include date service was received, or purchase was made, description of service or item purchases, dollar amount and provider or store name. An Explanation of Benefits (EOB) typically contains the information required by the IRS.



Example

Sarah is making \$40,000 annually and expects to have \$2,000 of FSA eligible medical, dental and vision expenses for herself and her family.

Sarah saved \$1,492 in taxes! Plus, she has the convenience of paying for eligible FSA expenses with her debit card.

*Estimate – filing Single in 2021 living in Atlanta, GA

How the FSA Saves Sarah Money

Annual Salary	\$40,000	\$40,000
Annual FSA Contribution	\$2,000	No contribution
Taxable Income	\$38,000	\$40,000
Estimated Taxes	\$7,355	\$7,863



DENTAL BENEFITS

Getting the right preventive dental care can help keep your teeth sparkling and clean, but did you know that proper preventive dental care can save you 31% on future dental costs? That's money in your pocket! Getting routine dental exams could also detect signs of serious conditions such as diabetes, leukemia, heart disease and kidney disease.

Paradies Lagardère offers three dental plans through Cigna, and all plans cover two cleanings and applicable x-rays per year — at no cost to you! On all plans, you'll pay less when you use an in-network dentist. The Dental HMO is only available in certain areas depending on network access to dentists near you. If you elect the Dental HMO, you only get in-network benefits, and you must contact Cigna to assign a primary dental provider.

Cigna Dental			
Benefit / Feature	Basic Plan	Enhanced Plan	HMO Plan
	Total DPPPO Network	Total DPPPO Network	Dental Care Access Network
Annual Maximum Benefit	\$1,000 per covered individual	\$2,000 per covered individual	N/A
Deductible (individual / family)	\$0 / \$0	\$25 / \$75	\$0 / \$0
Preventive Services	\$0	\$0, no deductible	\$0, no deductible
Basic Services	20%	20% after deductible	Copays vary by service The Dental HMO schedule includes a complete list of covered services and their copays
Major Services	50%	50% after deductible	
Orthodontia <i>Covers adults and children</i> <i>Adult orthodontia</i>	50%; lifetime maximum of \$1,000 per covered individual	50%, lifetime maximum of \$1,500 per covered individual	

The amounts paid by Cigna for services obtained through an out-of-network provider will be substantially less than when services are obtained through an in-network provider. Out-of-network benefit amounts will be based on an "allowable charge." Always request a pre-treatment estimate before receiving services.

Bi-Weekly* Premium (No Rate Increase)						
Coverage Level	Basic Plan		Enhanced Plan		HMO Plan	
	Employer Cost	Employee Cost	Employer Cost	Employee Cost	Employer Cost	Employee Cost
Associate	\$7.26	\$7.12	\$7.28	\$9.66	\$4.24	\$4.16
Associate + Spouse	\$14.08	\$13.82	\$14.13	\$18.74	\$8.23	\$8.06
Associate + Child(ren)	\$13.49	\$13.23	\$13.54	\$17.94	\$7.87	\$7.73
Family	\$24.58	\$24.11	\$24.66	\$32.69	\$14.36	\$14.08

*The rates above are calculated based on 26 pay periods.

Before enrolling in the Dental HMO plan, check your [zip code](#) to see if Cigna has a DHMO provider in your area.



VISION BENEFIT

Paradies Lagardère offers vision benefits through EyeMed. Whether it's a routine eye exam, glasses or contact lenses, the vision plan has you covered. The vision plan includes a routine eye exam once every calendar year for \$10 when you see an in-network provider.

EyeMed Vision		
Coverage	In-Network	Out-of-Network
Exam Once every 12 months	\$10 copay – or \$0 copay with a PLUS provider**	Up to \$40
Frames Once every 12 months	\$0 copay with \$150 allowance – or \$200 allowance with a PLUS provider – and additional 20% of any remaining balance	Up to \$105
Lenses Once every 12 months in lieu of contact lenses	Single, bifocal, trifocal, lenticular: \$15 copay Standard progressive: \$70 copay Premium progressive: \$100 - \$190 copay	Single: Up to \$30 Bifocal: Up to \$50 Trifocal: Up to \$70 Lenticular: Up to \$70 Standard and premium progressive: Up to \$50
Contacts Once every 12 months in lieu of lenses*	Conventional and disposables: \$0 copay with \$150 allowance and additional 15% off remaining balance Medically necessary: \$0 copay, covered in full	Conventional and disposables: Up to \$120 Medically necessary: Up to \$300
Additional savings	40% off additional pairs of prescription glasses, 20% off any item not covered by benefits including non-prescription sunglasses, up to 15% off retail or 5% off promotional price of LASIK or PRK	Not available

*You can use the contact lens and frame allowance in the same plan year. **

PLUS, providers include LensCrafters, Target Optical, participating Pearl Vision and select independent providers. Retail stores available include LensCrafters, Pearl Vision, Target Optical, My Eye Dr, Glasses.com, For Eyes and more.

Bi-Weekly* Vision Premium	
Associate	\$2.38
Associate + Spouse	\$4.76
Associate + Child(ren)	\$4.80
Family	\$7.53

*The rates above are calculated based on 26 pay periods.

Virtual Benefit Fair – [click here](#)
Passcode: EJ62Y97L

Save by staying in-network

To locate a network vision provider in your area:

- First time users, register at www.EyeMed.com
- You must be enrolled in the plan prior to registering and can register on or after the effective date of your coverage
- Click on "Find an Eye Doctor"
- Choose the "Insight Network" and search for a provider, Download the EyeMed app
- Call 1-866-939-3633.



DISABILITY

Paradies Lagardère provides disability coverage plans through Lincoln Financial Group.

Company-Paid Short-Term Disability

STD coverage pays you a benefit if you temporarily can't work because of an injury, illness, or maternity leave. Benefits may be reduced by income from other income sources such as paid time off. Your doctor and the insurance company will work together to determine how long benefits are payable, based on your condition.

Executives, with less than one year of tenure, are automatically enrolled in the company paid short-term disability (STD) plan at no additional cost. If you are a salaried associate with more than one year of service, you are automatically eligible for Paradies Lagardère's Income Replacement Policy.

- **Weekly Benefit (Salaried):** 60 percent of weekly earnings up to \$1,000 per week
- **Benefits Begin:** after seven days of disability
- **Maximum Payment Period:** 12 weeks

Company-Paid Long-Term Disability

Executives are automatically enrolled in the company paid long-term disability (LTD) plan. LTD pays a monthly benefit for a covered injury or sickness resulting in your inability to perform your duties at work.

- **Monthly Benefit:** 40 percent of monthly earnings, up to \$5,000 per month
- **Benefits Begin:** After 90-day elimination period
- **Benefit Duration:** Social Security Normal Retirement Age

Buy-Up Long-Term Disability

Associates have the option to purchase additional LTD coverage. This buy-up LTD covers an additional 20 percent of monthly earnings, or 60 percent total. The buy-up rate is \$0.237 per \$100 of covered payroll.



LIFE INSURANCE

Paradies Lagardère provides life insurance plans through Lincoln Financial Group.

Basic Life and AD&D Insurance

Members of the Consumer and Traditional medical plans are automatically enrolled in the company paid basic life and accidental death and dismemberment (AD&D) policy at **no additional cost**. Life insurance provides benefits in the event of death to a designated beneficiary. AD&D provides benefits in the event of an accidental injury that results in the death or dismemberment of a covered person and is payable in addition to any life insurance.

The benefit amount is one times your annual compensation to a maximum of \$50,000.

Voluntary Life Insurance

Life Insurance provides financial protection to a beneficiary in the event of a death. This can help your family with future financial needs.

Regardless of whether or not you are enrolled in Basic Life/ AD&D, associates can elect additional life insurance for themselves, spouse and children. The guarantee issue amounts are available to you without having to answer medical questions if you enroll during your initial eligibility period. If you do not enroll when initially eligible, or if you elect amounts over the guarantee issue amount, evidence of insurability is required, and you could potentially be denied some or all coverage.

Voluntary Life Associate / Spouse	
<24	\$0.055
25-29	\$0.066
30-34	\$0.088
35-39	\$0.106
40-44	\$0.155
45-49	\$0.242
50-54	\$0.409
55-59	\$0.760
60-64	\$0.927
65-69	\$1.397
70+	\$2.266

Child(ren) monthly rate per \$1000 of coverage \$0.194

During this enrollment period, you may elect coverage up to the guarantee issue amount — no medical questions asked! Any amount over the guarantee issue amount requires proof of good health submitted to Lincoln Financial Group for approval.

Eligible Associates (Voluntary Life)

Associate Benefit	\$10,000 increments up to \$500,000
Associate Guarantee Issue Amount	\$250,000
Spouse Benefit	\$5,000 increments; not to exceed the lesser of associate amount up to \$250,000
Spouse Guarantee Issue Amount	\$25,000
Child(ren) Benefit	Increments of \$1,000 up to \$10,000 (Birth to 6 months: \$500); Guarantee issue does not apply

Steps To Calculate Voluntary Life Per Paycheck Premium

1. Divide amount of elected voluntary life by \$1,000
2. Multiply divided amount in step 1 by rate in chart to find your monthly premium
3. Multiply monthly premium times 12 to find your annual premium
4. Divide annual premium by 26 to find your premium per paycheck

Action Required: Add/Update Beneficiaries

You must name a beneficiary for your Basic and Voluntary Life coverage. If there is no beneficiary listed, death benefits will be paid to the first surviving class of the following living relatives in this order:

1. Spouse
2. Child(ren)
3. Mother or Father
4. Brothers or Sisters
5. Executors of Estate



TOTAL HEALTH CONNECTIONS

SydneySM Health

We want to support your whole health the best way possible. That's why your health plan includes Wellbeing Solutions, a suite of programs to help you with everyday health and your overall well-being.

Use the **SydneySM Health** mobile app and **anthem.com** anytime to access Total Health Connections programs and resources that meet your healthcare needs.

Explore Total Health Connections programs and more on the Sydney Health app.

Proactive support

Dedicated Family Advocate. Serves as your single point of contact for guiding you in making the most of your benefits so you can feel confident about taking care of your health. You can connect with your Family Advocate, through Sydney Health you can click to chat, call and even schedule a call back. There are many ways to find your Family Advocate within Sydney, select CARE then you will see your care team. If you are assigned a Clinical Advocate you will also see their information as well. You can also call your Family Advocate by calling the number on your Anthem ID.

Your Family Advocate can help you:

- Find quality doctors, specialists, and care facilities in your health plan
- Claims / billing
- Stay on top of preventive care and manage chronic conditions by connect you with clinical support, programs and other services.
- Navigate all of your benefits

They connect the dots across your unique benefits to ensure you have a simple guided, and personalized healthcare experience. Chat with your Family Advocate in the SydneySM Health App.

24/7 NurseLine. Talk to a trained, registered nurse without leaving your home. Convenient, 24/7 care means you can quickly get the answers to common health concerns. **Call the 24/7 NurseLine at 800-700-9184.**

Mental health resources

Behavioral Health Resources. 24/7 support for managing emotional health issues you and your family may face with access to case managers who are licensed mental health professionals, along with online resources center. Your case manager will work with you to understand your condition, develop personalized goals, connect you with the local and online resources, and help ensure you are getting all benefits available under your health plan. Live chat online or **call 866-621-0554**

Emotional Wellbeing Resources. Learn effective ways to develop resilience, reduce stress, and practice mindfulness through online programs and personalized coaching. Digital tools help you identify thoughts and behavior patterns that affect your emotional well-being. Be sure to create an account for your dependents 13+ who can not access Sydney until they are 18 years old

Autism Spectrum Disorder Program. Receive support for a covered family member with an autism spectrum disorder. Our licensed behavior analysts can help you navigate the healthcare system and address any unique family challenges. We focus on the whole family and work with all of you to help you understand services and access care.

Condition-based support

Clinical Advocate: If assigned, partners with you to help guide you through support and coordination of care. Their goal is to understand your needs from all angles and help you get the best care possible.

Your Dedicated Clinical Advocate Can help with:

- Manage conditions with one-on-one education and support.
- Work with your doctors on treatment plans and health goals
- If you're in the hospital or suddenly sick
- Help to remove mental, physical and emotional barriers to care.

Building Healthy Families. Whether you're planning for a family, are pregnant, or are postpartum, you can access digital tools and educational resources to support the needs of your growing family.

Lactation & Nutrition Consultation. Get breastfeeding support from the comfort of your home. You can speak with a lactation specialist or registered dietitian for guidance through your breastfeeding challenges.

Inclusive Care. Anthem's Inclusive Care program supports LGBTQ+ members by removing the barriers between you and an equitable, compassionate, and best-in-class healthcare needs of our LGBTQ+ members. There is not cost for plan members and their covered family. To get started contact your Family Advocate.

Diabetes Prevention Program. Is a no-cost lifestyle program to help prevent the onset of type 2 diabetes. The program helps to provide confidence in care through proactive support and coaching, take the one-minute survey to see if you qualify. This program comes with a free – Bluetooth digital scale and if you stay engaged in the program you can earn a free Fitbit.

Connect with Sydney Health



- Download, the Sydney Health mobile app.
- Go to homepage > Scroll down > Choose Personalize Your Care (for web and mobile).

COMPLIMENTARY BENEFITS

Paradies Lagardère provides complimentary benefits through Lincoln Financial Group, and My Benefit Advisor.

Turning 65? Understand Your Medicare Options

Deciding on a Medicare health plan is one of the most important decisions you'll make in retirement. Most people become eligible for Medicare at age 65. Did you know that you have a seven-month window to enroll, starting three months before you turn age 65 and ending three months after your birthday month?

Choosing a Medicare plan – and understanding how it can affect your employer-provided medical coverage – can be confusing. That's why we are offering resources to help you understand the different parts of Medicare, what is and isn't covered, and how to choose the best coverage for your situation.

My Benefit Advisor is a no cost service available to you, your family members, and friends nearing age 65, even if you are not enrolled in other benefits.

Call My Benefit Advisor at (856) 334-4356 to speak to a Licensed Insurance Agent. You can discuss with My Benefit Advisor your existing insurance coverage and which Medicare plans might work the best for you. Have My Benefit Advisor help you enroll immediately or have them email policy materials for you to review and enroll yourself at a later date. Find out more at mybenefitadvisor.com.

LFG TravelConnect

Emergencies can happen while traveling but help is only a phone call away with Lincoln Financial Group *TravelConnect*. Customer service representatives are available 24 hours a day, 365 days a year wherever you are in the world. Program services are available when you travel over 100 miles from home and include replacement of lost or stolen travel documents, nurse help line available 24/7, emergency medical evacuations, evacuations for natural disasters and political emergencies, transportation of remains, return of children and pets to their home following a medical emergency. For a complete list of TravelConnect services, go to MyOnCallPortal.com and enter **Group ID: LFGTravel123**. You must be enrolled in the Life Insurance plan to receive this benefit.

LifeKeys

No matter how well you plan, unexpected challenges arise. When they do, help and support are nearby thanks to LifeKeys services from Lincoln.

LifeKeys services include:

Discounts on shopping and entertainment

GuidanceResources Online includes access to the Working Advantage discount network, available 24 hours a day, seven days a week. Save up to 60% on a variety of products and services, including electronics, health and fitness, Broadway shows, and much more. Discounts are also available in the GuidanceNow mobile app, available in the Apple and Google app stores.

Help with important life matters

You'll find support tools and advice on a wide range of topics, including legal, financial, family, and career, on GuidanceResources Online. Stay informed on matters that impact your personal and professional life.

Protection against identity theft

Identity theft is widespread, and everyone is vulnerable. LifeKeys includes online resources for information to help you recognize and prevent identity theft and restore your good name should your identity be compromised.

Online will preparation

Creating a will allows you to make vital decisions ahead of time, including naming a guardian for your children or designating who'll receive your property and assets after you pass away. Without a will, state officials will distribute your estate. EstateGuidance offers a secure, efficient way to create and execute a will so you can rest easy knowing you've planned ahead for your family.

Guidance and support for your beneficiaries

LifeKeys is a comprehensive program that offers resources to help your loved one's address a range of common concerns should they experience a loss. Services include grief counseling, financial and legal advice, and support when coping with the challenges of day-to-day life.

To access LifeKeys services

Visit GuidanceResources.com, download the GuidanceNow mobile app, or call 855-891-3684. First-time users enter **Web ID: LifeKeys**

401(K) RETIREMENT AND SAVINGS PLAN

Paradies Lagardère offers a 401(k) Savings and Retirement Plan to all associates who have completed at least 90-days of employment. The plan allows participants to save for retirement by contributing payroll dollars on a pre or post-tax basis. Associates may contribute as much as they wish up to the legal annual limit. Associates who are over the age of 50 may be eligible to participate in the “catch-up” contribution program.

Important Things To Know About 401(k)

Paradies Lagardère will match* \$.50 on each dollar up to first 6% of Associate’s contributions. The maximum amount you can receive in match is 3% per pay period. The amount you contribute per pay period will change based on the number of hours you work. Associate ownership of the matching contributions is based on the following.

Years of Service	Percentage
1	25%
2	50%
3	100%

Contributions Options

Tax Deferred (Pre-Tax) Contributions: Allows reduction of taxable income by the amount participants contribute on a pre-tax basis. Contributions and earnings are taxed at time of distributions

Roth (Post-Tax) Contributions: Allows participants to make after-tax contributions to the plan while taking those contributions and associated earnings completely tax-free at retirement as long as the withdrawal is one that is taken five tax years after the year of your first Roth contribution and after you have attained age 59½, become disabled or deceased. **Investment Options:** Participants have the option to personally choose and self-direct contributions to a range of diversified investment options or default to a pre-determined Target Date fund based on current age and anticipated year of retirement

- **Loan Option:** Participants may borrow up to 50% of their vested balance if certain guidelines are met and repay themselves through payroll deductions
- **In-Service Distribution:** Participants who are age 59 ½ or older may request. Taxes and penalties will apply
- **Hardship Distribution:** Participants may request a Hardship Distribution once in a twelve (12) month period for IRS acceptable reasons

How To Enroll

Enrollment in the 401(k) plan is easy! You may enroll in the plan during your new hire benefits enrollment life event or make midyear changes to your current elections at any time. Simply visit Talent Passport for instructions on how to enroll or make changes via a life event. Enrolling in the 401(k) is a separate enrollment step from enrolling in benefits.

To review/update your investment options or beneficiary information after you have enrolled in the 401(k), visit www.retirementfocus.com. The initial Retirement Focus login information is below:

- Default username: Social Security Number (no dashes)
- Default password: Date of Birth (MMDDYY)

Upon initial login, associates will be asked to create a new username and password for security purposes.

Contact **1-888-917-7107** to speak with a Retirement Focus customer service representative Monday through Friday, 8 a.m. to 8 p.m. EST for questions regarding the plan.

**Matching contributions are made at the sole discretion of company's leadership and is based on factors such as, but not limited to, the company's financial performance.*

***To earn a year of service, you must be credited with at least 1,000 hours of work during the plan year.*



ADDITIONAL BENEFITS

For more information regarding these programs, please review the employee handbook or see your Human Resources Manager.

Do You Commute To Work?

Transit and Parking Benefits through WEX offer a way to pay for qualified commuting expenses with pre-tax dollars. You may contribute up to \$300 per month to a Transit account and up to \$300 per month to a Parking account.

Are You Experiencing Hardship?

The Jim and Dan Paradies Emergency Assistance Fund was established to assist Paradies Lagardère associates who experience an unexpected and catastrophic event — such as losses related to natural disasters — that requires emergency financial assistance as determined by the Fund Review Committee. Eligible associates are eligible for assistance of up to \$1,000.

Do You Make Purchases At Paradies Lagardère Stores?

Paradies Lagardère is pleased to provide its associates with certain discounts in its retail and dining operations. Associates employed with the Company will receive a discount on merchandise purchased, though certain merchandise may be excluded. To be eligible for available discounts, you must present your associate identification number at the time of purchase and the discount will be applied directly to the transaction. Please refer to the Associate Discount Policy for more information.

Are You Getting Your Four-year Or Graduate Degree?

The Paradies Lagardère Education Award recognizes those associates who complete their four-year or graduate degree while employed with Paradies Lagardère. Full-time and part-time associates who have worked for Paradies Lagardère for twenty-four consecutive months may be eligible for a recognition bonus of \$2,000 (applicable taxes will apply).

In order to qualify for this Education Award, the associate must present proof of his or her degree to Paradies Lagardère support center's Human Resources department. The associate must be actively employed and in good standing at the time the award payment is issued.

Do You Donate To A Non-profit?

Paradies Lagardère supports associates who donate to non-profit organizations by matching associate's gifts through the Matching Gift Program. This program is designed to encourage associates to support those qualifying organizations that are important to them. All associates are eligible to request matching gifts of a minimum of \$25 and maximum of \$100 for any eligible donor per calendar year. Qualifying Organizations include Human Services, Cultural Organizations and Single Purpose Health Organizations as well as Educational Institutions that have IRS 501 (c)(3) status and provide a W-9.

How Are You Developing And Growing?

At Paradies Lagardère, we believe that continuous learning & development is important for personal and professional growth. This is why we provide you with access to a robust online learning tool, Talent Passport, as part of our benefit program offering.

Talent Passport is your gateway for accessing various training resources designed to help you strengthen your skills in many areas, including computers, customer service, management, leadership, personal development and much more. Login information: <https://paradies.csod.com>; Username: Your Employee Number (1st Password: P4ssw0rd) Note: 0= zero.



USI BENEFIT RESOURCE CENTER (BRC)

Insurance is Complicated. We Understand.

The Benefit Resource Center (BRC) is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

Benefits Specialists can help with:

- Deciding which plan is the best for you
- Medicare basics with your employer plan
- Benefit plan & policy questions
- Coordination of benefits
- Eligibility & claim problems with carriers
- Finding in-network providers
- Information about claim appeals & process

We respond. We act. We help.

The specialists in the Benefit Resource Center are available Monday through Friday 8:00 am to 5:00 pm Eastern & Central Standard Time via phone or email at **855-874-0835** or BRCSouth@usi.com.



CONTACTS

Benefit	Phone Number	Website/Email
Anthem / CarelonRx		
Medical, and Prescription Drug	(844) 614-3206	anthem.com
Pharmacy	(844) 614-3206	anthem.com
Virtual Care		Sydney Mobile App
Employee Assistance Program (EAP)	(866) 621-0554	Employer ID: Paradies Not enrolled in medical: After you enter your name and date of birth, click "I want to register for the Employee Assistance Program only".
Cigna		
Dental	833-740-7467 833-740-SHOP	mycigna.com
EyeMed		
Vision	866-939-3633	EyeMed.com
Lincoln Financial Group (LFG)		
Life/AD&D	800-423-2765	www.lincolffinancial.com
Critical Illness, Accident, and Hospital Indemnity	800-423-2765	www.lincolffinancial.com
Disability and FMLA	800-423-2765	www.lincolffinancial.com
Financial, Legal, and Estate Support	855-891-3684	guidanceresources.com Web ID: LifeKeys
WEX		
FSA, HSA, Commuter Benefits	866-451-3399	wexinc.com
My Benefit Advisor		
Medicare	856-334-4356	mybenefitadvisor.com
USI		
Benefits Resource Center (BRC)	855-874-0835	Email: BRCSouth@usi.com
Retirement Focus		
401(k)	888-917-7107	retirementfocus.com
Paradies Lagardère Associate Services	Visit UKG for information on how to enroll as well as detailed benefit communication materials including plan summaries and Leave of Absence forms. You may also contact your Human Resources Benefits Team at benefits@paradies-na.com .	



LEGAL NOTICES

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using

funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877- KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility.

ALABAMA: Medicaid

myalhipp.com
855-692-5447

ALASKA: Medicaid

The AK Health Insurance Premium Payment Program:
myakhipp.com
866-251-4861
CustomerService@MyAKHIPP.com
Medicaid Eligibility:
<https://health.alaska.gov/dpa/>

ARKANSAS: Medicaid

myarhipp.com
855-MyARHIPP (855-692-7447)

CALIFORNIA: Medicaid

Health Insurance Premium Payment (HIPP) Program:
dhcs.ca.gov/hipp
916-445-8322
Fax: 916-440-5676
hipp@dhcs.ca.gov

COLORADO: Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado:
<https://www.healthfirstcolorado.com>
800-221-3943/ State Relay 711
CHP+:
<https://hcpf.colorado.gov/child-health-plan-plus>
800-359-1991, State Relay 711
Health Insurance Buy-In Program (HIBI):
<https://www.mycohibi.com>
855-692-6442

FLORIDA: Medicaid

<https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp>
877-357-3268

GEORGIA: Medicaid

GA HIPP:
<https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
678-564-1162, Press 1
GA CHIPRA:
<https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
678-564-1162, Press 2

INDIANA: Medicaid

Healthy Indiana Plan for low-income adults 19-64:
in.gov/fssa/hip
877-438-4479
All other Medicaid:
<https://www.in.gov/medicaid>
800-457-4584

IOWA: Medicaid and CHIP (Hawki)

Medicaid:
<https://dhs.iowa.gov/ime/members>
800-338-8366
Hawki: dhs.iowa.gov/Hawki
800-257-8563
HIPP: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
888-346-9562

KANSAS: Medicaid

<https://www.kancare.ks.gov>
800-792-4884
800-967-4660

KENTUCKY: Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP):
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
855-459-6328
KIHIP: KIHIP.PROGRAM@ky.gov
KCHIP: <https://kidshealth.ky.gov>
877-524-4718
Kentucky Medicaid:
<https://chfs.ky.gov>

LOUISIANA: Medicaid

Medicaid: medicaid.la.gov
888-342-6207
LaHIPP: ldh.la.gov/lahipp
855-618-5488

MAINE: Medicaid

<https://www.mymaineconnection.gov/benefits/s>
800-442-6003 (TTY: Maine relay 711) Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
800-977-6740 (TTY: Maine relay 711)

MASSACHUSETTS: Medicaid and CHIP

<https://www.mass.gov/masshealth/pa>
800-862-4840 (TTY: 617-886-8102)
masspremiumassistance@accenture.com

MINNESOTA: Medicaid

<https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
800-657-3739

MISSOURI: Medicaid

dss.mo.gov/mhd/participants/pages/hipp.htm
573-751-2005

MONTANA: Medicaid

dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
800-694-3084
HSHIPPProgram@mt.gov

NEBRASKA: Medicaid

ACCESSNebraska.ne.gov
855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA: Medicaid

dhcfp.nv.gov
800-992-0900



LEGAL NOTICES

NEW HAMPSHIRE: Medicaid

<https://www.dhhs.nh.gov/progr-ams-services/medicaid/health-insurance-premium-program>

603-271-5218

Toll free number for HIPP:

800-852-3345, ext 5218

NEW JERSEY: Medicaid and CHIP Medicaid:

state.nj.us/humanservices/dmahs/clients/Medicaid

609-631-2392

CHIP:

njfamilycare.org/index.html

800-701-0710

NEW YORK: Medicaid

https://www.health.ny.gov/health_care/Medicaid

800-541-2831

NORTH CAROLINA: Medicaid

<https://medicaid.ncdhhs.gov>

919-855-4100

NORTH DAKOTA: Medicaid

https://www.hhs.nd.gov/health_care

844-854-4825

OKLAHOMA: Medicaid and CHIP

insureoklahoma.org

888-365-3742

OREGON: Medicaid

healthcare.oregon.gov

800-699-9075

PENNSYLVANIA: Medicaid

<https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>

800-692-7462

CHIP:

<https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>

800-986-KIDS (5437)

RHODE ISLAND: Medicaid and CHIP

eohhs.ri.gov

855-697-4347, or 401-462-

0311 (Direct Rlte Share Line)

SOUTH CAROLINA: Medicaid

<https://www.scdhhs.gov>

888-549-0820

SOUTH DAKOTA: Medicaid

dss.sd.gov

888-828-0059

TEXAS: Medicaid

<https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>

800-440-0493

UTAH: Medicaid and CHIP Medicaid:

<https://medicaid.utah.gov>

CHIP: health.utah.gov/chip

877-543-7669

VERMONT: Medicaid

<https://dvha.vermont.gov/members/medicaid/hipp-program>

800-250-8427

VIRGINIA: Medicaid and CHIP

<https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>

<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>

<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>

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<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>

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<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>

<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>

<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>

WISCONSIN: Medicaid and CHIP

<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

800-362-3002

WYOMING: Medicaid

<https://health.wyo.gov/healthcare/medicaid/programs-and-eligibility>

800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact: **U.S. Department of Labor Employee Benefits Security Administration** dol.gov/agencies/ebsa 866-444-EBSA (3272)

OR

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services cms.hhs.gov

877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2026)



LEGAL NOTICES

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this Plan. For further details on WHCRA benefits, please refer to the Plan's Summary Plan Description.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in your employer's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in your employer's health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30-day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition,

you may enroll in your employer's health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment rights, you may add the dependent to your current coverage or change to another health plan.

HIPAA: Notice of Privacy Practices

We are required by applicable federal and state law to maintain the privacy of your protected health information. We are also required to give you this notice about our privacy practices, our legal duties and your rights concerning your medical information. This notice is available to you by contacting Human Resources.

Deadline for Filing Lawsuit Under ERISA After Exhaustion of All Claims Procedures

Any lawsuit must be filed within 36 months of the final decision on the claim. Exhaustion of all claims and appeals procedure is required prior to filing suit. Please refer to the WRAP Summary Plan Description for the plan specific statute of limitations.

What You Need to Know About the "No Surprises" Rules

The "No Surprises" rules protect you from surprise medical bills in situations where you can't easily choose a provider who's in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you're no longer in need of emergency care. These are called "post-stabilization services." You shouldn't get this notice and consent form if you're getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren't required to sign the form and shouldn't sign the form if you didn't have a choice of health care provider or facility before scheduling care. If you don't sign, you may have to reschedule your care with a provider or facility in your health plan's network.

[View a sample notice and consent form \(PDF\).](#)

This applies to you if you're a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.

ACA Disclaimer

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 9.12% in 2026 of your modified adjusted household income.



LEGAL NOTICES

Important Notice About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Paradies Lagardère has determined that the prescription drug coverage offered by the Basic Plan, Consumer HSA Plan and Traditional Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your Paradies Lagardère coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under Basic Plan, Consumer HSA Plan and Traditional Plan is creditable (e.g. as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Paradies Lagardère prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Paradies Lagardère and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least one percent of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19 percent higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage:

Contact Human Resources at benefits@paradies-na.com or call 404-494-3492. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Paradies Lagardère changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare Prescription Drug Coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

CMS Form 10182-CC Updated April 1, 2011 According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



LEGAL NOTICES

Illinois Consumer Coverage Disclosure Act

The Consumer Coverage Disclosure Act requires employers to notify Illinois employees which of the Essential Health Benefits listed below are and are not covered by their employer- provided group health insurance coverage. Refer to the Access to Care and Treatment Benchmark Plan and the Pediatric Dental Plan to reference the pages listed below.

Employer Name: HDS Retail North America LLC (dba Paradies Lagardère)

Employer State of Situs: Georgia

Name of Issuer: Anthem and EyeMedPlan

Marketing Name: Traditional Plan, Consumer HSA Plan, Basic Plan

Plan Year: 2023

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2022 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)

Item	EHB Benefit	EHB Category	Benchmark Page Number Reference	Employer Plan Covered Benefit?
1	Accidental Injury – Dental	Ambulatory	Pages 10 and 17	Yes
2	Allergy Injections and Testing	Ambulatory	Page 11	Yes
3	Bone anchored hearing aids	Ambulatory	Pages 17 and 35	Dep Children through age 18
4	Durable Medical Equipment	Ambulatory	Page 13	Yes
5	Hospice	Ambulatory	Page 28	Yes
6	Infertility (Fertility) Treatment	Ambulatory	Pages 23 – 24	No
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Page 21	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pages 15 – 16	Yes
9	Private-Duty Nursing	Ambulatory	Pages 17 and 34	Yes
10	Prosthetics/Orthotics	Ambulatory	Page 13	Yes
11	Sterilization (vasectomy men)	Ambulatory	Page 10	Yes
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pages 13 and 24	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Page 7	Yes
14	Emergency Transportation/ Ambulance	Emergency services	Pages 4 and 17	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	Page 21	No
16	Breast Reconstruction After Mastectomy	Hospitalization	Pages 24 – 25	Yes
17	Reconstructive Surgery	Hospitalization	Pages 25 – 26, 35	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Page 15	Yes
19	Skilled Nursing Facility	Hospitalization	Page 21	Yes
20	Transplants – Human Organ Transplants (Including transportation and lodging)	Hospitalization	Pages 18 and 31	Yes



LEGAL NOTICES

2020-2022 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				
Item	EHB Benefit	EHB Category	Benchmark Page Number Reference	Employer Plan Covered Benefit?
21	Diagnostic Services	Laboratory services	Pages 6 and 12	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Page 32	Yes/No
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pages 8 – 9, 21	Yes/No
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Page 21	Yes/No
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pages 9 and 21	Yes/No
26	Tele-Psychiatry	MH/SUD	Page 11	Yes/No
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Page 32	Yes/No
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	Yes - separate dental plan
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pages 26 – 27	Yes - separate vision plan
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pages 8 and 22	Yes/No
31	Outpatient Prescription Drugs	Prescription drugs	Pages 29 – 34	Yes/No
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pages 12 and 16	Yes/No
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pages 13 and 16	Yes/No
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pages 11 and 35	Yes/No
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pages 31 – 32	Yes/No
36	Mammography – Screening	Preventive and Wellness Services	Pages 12, 15, and 24	Yes/No
37	Osteoporosis – Bone Mass Measurement	Preventive and Wellness Services	Pages 12 and 16	Yes/No
38	Pap Tests/Prostate-Specific Antigen Tests/Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Page 16	Yes/No
39	Preventive Care Services	Preventive and Wellness Services	Page 18	Yes/No
40	Sterilization (women)	Preventive and Wellness Services	Pages 10 and 19	Yes/No
41	Chiropractic and Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pages 12 – 13	Yes/No
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pages 8, 9, 11, 12, 22, and 35	Yes/No

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.





The information provided in this guide represents a summary of the benefit programs offered to all eligible U.S. associates working an average of 30 hours or more per week. This guide is for informational purposes. In the event of unintentional conflict between the guide and plan documents, the plan documents will govern.

The benefits outlined in this guide are only a summary and are not intended to be controlling. For a detailed description, contact Human Resources at benefits@paradies-na.com for the complete contract.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the legal notices in the back of this guide for more details.

It is important to review this guide. As you review, please take notes and ask questions about your benefit options. Visit Talent Passport to review plan summaries and other educational material.

