

Ritz USA

Benefit Enrollment Guide April 1, 2026 - December 31, 2026



**Summary of Material Modification (SMM)
for Plans Subject to ERISA**

Annual Legislative Notices

We Appreciate you!

Dear Employees,

We appreciate our Employees and the valuable contributions they make to our success. One way this appreciation is expressed is through a comprehensive and competitive company sponsored benefit program.

We consider the benefits package to be an extension of the compensation program as it provides you financial security through medical, dental, vision, life insurance, short-term and long-term disability programs. We also provide our employees the opportunity to participate in a Health Care Flexible Spending Account. You should refer to the complete benefit booklets for detailed information regarding all benefits, as this guide is a summary of those benefits that we offer. Our program provides you with a broad range of plan options and is carefully reviewed and designed annually to meet the needs of our workforce.

With choice comes responsibility and planning. In order to maximize your benefits and minimize your costs, please take the time to:

- Enroll or make changes on time
- Read and understand each benefit offering
- Ensure that you and your family are educated consumers of healthcare services
- Plan thoughtfully regarding the level of coverage necessary for you and your family for the benefit year

Thank you for your commitment!

Click below for a short video that goes over Key Benefit



2026 Open Enrollment Period
Monday, March 2, 2026
through
Friday, March 13, 2026

PLEASE NOTE:
Benefits described in this guide are effective
April 1, 2026 to December 31, 2026

Eligibility & IRS Change In Status Rules

Am I Eligible?

To determine the benefits for which you may be eligible, please refer to the chart below. You are eligible to participate in these plans upon meeting each plan's eligibility requirements. You may also have the option to enroll your eligible dependents in certain benefits.

Eligible dependents may include:

- Your legal spouse
- Your dependent children to age 26, regardless of full-time student status or marital status
- Your unmarried children of any age who, prior to age 26, are incapable of self-support due to a mental or physical disability and who are totally dependent upon you for support.

Note: Additional information on the eligibility requirements is available in the Summary Plan Description (SPD) or Certificate of Coverage for each benefit.

Change in Status

Once you have made your elections and your enrollment opportunity has closed, you cannot make changes until the next annual open enrollment period unless you experience a qualified change in status, such as:

- A change in your legal marital status (such as marriage, divorce or death of a spouse)
- A change in the number of dependents (such as birth, adoption of a child, or death of a dependent)
- A change in your spouse's employment status (including commencement or termination of employment, a change from full-time to part-time status or vice versa)
- Your dependent satisfying or ceasing to satisfy an eligibility requirement for coverage as a dependent
- You or your dependent becomes eligible for Medicare or Medicaid

IMPORTANT: You have **30 days** from the date of the qualifying event to notify Human Resources and provide appropriate documentation to change your benefits. Requests received after **30 days** will not be accepted.

Click below to view a short video on Qualifying Events:



Benefit Plan	Employment Status	New Hire Waiting Period
Medical & Prescription	Full-Time ≥ 30 hours per week	30 days, benefits effective on the 31st day of employment
Dental & Vision		
Health Reimbursement Account (HRA)		
Healthcare Flexible Spending Account (FSA)		
Life and AD&D		
Short & Long Term Disability		
Critical Illness Insurance		
Armadillo Home Warranty	All Employees	Subscription can start immediately Employees must contact company directly to subscribe to this benefit
Retirement Savings	All Employees	Employees can enter the plan on the 1st of the month following their 6 month hire date

Annual Open Enrollment - Access Information

Open enrollment for the 2026 plan year will be from
March 2, 2026 – March 13, 2026.

Open Enrollment is ACTIVE

What does Active Open Enrollment mean?

- It means **ACTION IS REQUIRED** - All employees MUST go on UKG Ready and make elections for the new plan year. The **ONLY** exception is the **Health Flexible Spending Account (FSA)** as that plan's Open Enrollment happens in December for a January effective date. No changes can be made unless there is a qualifying event after FSA enrollment is completed.
- If you do not make any changes to your enrollments, your current benefit elections will END on 3/31/2026 and you will only have the employer paid benefits on 4/1/2026. Please **DO NOT WAIT TILL THE LAST MINUTE** to complete your elections.

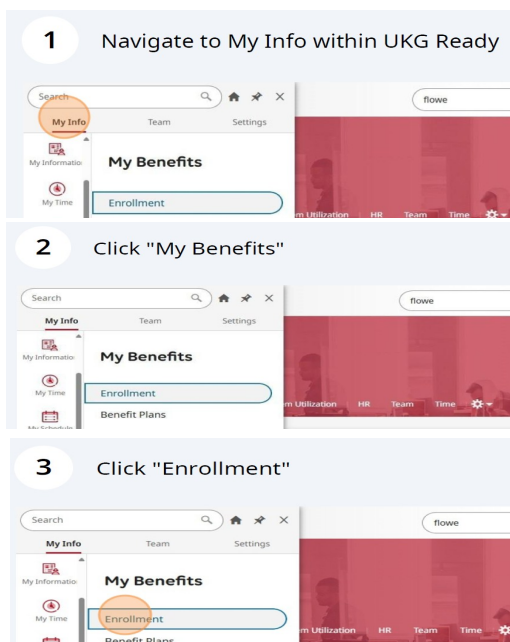
What can you do during Open Enrollment?

- Elect **NEW** benefits for yourself and eligible dependents or Remove **EXISTING** benefits
- Add or Remove Dependents

REMEMBER: After Open Enrollment ends, you will not be able to make any elections or changes, unless you have a qualifying life event.

Where do you make open enrollment changes?

- Access **UKG Ready** using this link: [Log In—Ritz Instrument Transformers](#)
- Navigate to **My Info** within UKG Ready



- Click on "My Benefits"
- Click on "Enrollment"

- If using the **UKG Ready App** the **Company Code** is: **6206829**
- For further login assistance, please contact **Human Resources**

2026 Benefit Highlights

Ritz USA recognizes that the cost of health insurance for employees and their families has grown over the last few years. Our employer portions of premiums have also increased. Every year, we canvas the market with the assistance of our health care brokers to find the most competitive rates for our employees. We did not receive any competitive proposals from any other health insurance carrier this year. In order to go back to the market for medical plan alternatives, our plan year will end on 12/31/2026 this year.

Aetna will remain our Medical Plan provider for our plan effective 4/1/2026. There will be a slight increase to the payroll deductions for our medical plan. The amount company pays also increased. In order to keep our healthcare costs down, several changes were made to our medical and prescription drugs plan. We were able to negotiate decreasing the amounts for the copays for office visits for Primary Care Doctor, Specialists and Urgent Care centers. However, visits to the Emergency Room will now be subject the annual deductible prior to the per visit Emergency Room copay.

PLEASE review the Medical and Prescription Drug pages on this guide for all the new plan design details.

The new payroll deduction amounts will be listed in the medical plans page of this guide as well as in UKG Ready.

Admin America will remain as the administrator of our Health Reimbursement Account (HRA). Through this benefit, if you participate in our Medical Plan, Ritz USA will reimburse you up to \$4,000 of the NEW Medical plan's individual annual deductible of \$5,000, and a total of \$8,000 of the \$10,000 annual family deductible, if you have dependents on your medical plan. **We have increased the amount Ritz will reimburse to ensure your annual deductible remains at \$1,000 if you don't cover any dependent or \$2,000 if you have one or more dependents covered.** Please review the information on how to request reimbursement of deductible expenses for you and your dependents. You can submit claims as you incur the deductible expense (s), or wait until the end of the year. **The deadline to submit claims for reimbursement is March 31st (90 days after the calendar year ends). Don't miss out on receiving this benefit!**

Principal will remain as the provider of our Dental, Vision, Employer Paid Life/AD&D, Voluntary Life/AD&D, Voluntary Short Term Disability (VSTD) and Employer paid Long Term Disability (LTD) and Critical Illness plans. We are excited to announce that effective 4/1/2026, the Voluntary STD plan will have a **TRUE Open Enrollment**. This means, ANYONE who elects this coverage at Open Enrollment will NOT have to answer any medical questions (also known as an Evidence of Insurability (EOI) process). No one will need to go through EOI to obtain this benefit. New hires can elect when first eligible for benefits, or at the next Open Enrollment. After your initial eligibility period, you will only be able to elect Short Term Disability at Open Enrollment. Both the STD and LTD plans will continue to have a Pre-Existing Condition clause, which means, any condition that was pre-existing in the 3 months prior to your effective date, will not be covered for the first 12 months of coverage. After you are covered for 12 months, the Pre-Existing condition is no longer excluded.

Additional 2026 Plan Year News:

We are adding a **NEW** benefit available effective 4/1/2026 — **Armadillo Home Warranty**. As a Ritz employee, you will enjoy the benefit of reduced monthly rates. However, **this benefit is 100% paid by you**. If you are interested in this new benefit, you will need to contact the company directly to sign up and set up the method of payment for the monthly rate. The cost of this benefit will NOT be set up as a payroll deduction. You will be able to take advantage of this benefit ANYTIME and your subscription can be stopped anytime.

- **Armadillo Home Warranty** - Armadillo is a plan for when major appliances and systems break down in your home. From kitchen and laundry appliances to heating/cooling, plumbing, and electric, Armadillo covers the cost of repairs or replacements, coordinates service appointments (or use your own pro), and ensures it's all done swiftly and hassle-free. **Please refer to pages 34 & 35 for all the details and contact information.** You must contact them directly to take advantage of this new benefit.

- **ID CARDS**

⇒ **Medical** — Aetna WILL be issuing new ID Cards to all members. Please confirm your mailing address is correct in the UKG Ready system.

⇒ **Dental & Vision** — Principal will only send new cards to NEW members. If you need to a replacement card, please contact Principal. Contact information is on page 40 of this guide.

Preventive Care Services

The following services are covered without a co-pay, co-insurance or deductible when the services are provided by an in-network provider. The services listed may also be subject to age, gender and frequency guidelines.

Services*	Adults		Special Populations	
	Men	Women	Pregnant Women	Children
Immunizations				
Hepatitis A	X	X		X
Hepatitis B	X	X		X
Herpes Zoster	X	X		
Human Papillomavirus	X	X		X
Hemophilic Influenza Type b				X
Influenza (flu shot)	X	X		X
Inactive Poliovirus				X
Mumps, Measles & Rubella	X	X		X
Meningococcal	X	X		X
Pneumococcal	X	X		X
Rotavirus				X
Tetanus, Diphtheria, Pertussis	X	X		X
Varicella	X	X		X
Prevention & Preventive Medications				
Aspirin for the Prevention of Cardiovascular Disease	X	X		
Breast Cancer, medications		X		
Folic Acid Supplementation		X		
Gonococcal Ophthalmic Neonatorum, Medication				X
Iron Deficiency Anemia, Prevention				X
Tobacco Use in Children and Adolescents, Primary Care Interventions				X
Counseling				
Alcohol Misuse Screening & Behavioral Counseling	X	X	X	
Breastfeeding, Counseling		X	X	
Falls in Older Adults, Counseling & Medication	X	X		
Sexually Transmitted Infections, Counseling	X	X		X
Skin Cancer, Counseling	X	X	X	X
Tobacco Use in Adults, Counseling and Interventions	X	X		

Note: *Source - USPSTF A and B Recommendations and www.healthcare.gov/preventive-care-benefits/

Preventive Care Services

Services*	Adults		Special Populations	
	Men	Women	Pregnant Women	Children
Screenings				
Abdominal Aortic Aneurysm	X			
Bacteriuria			X	
BRCA-Related Cancer in Women		X		
Breast Cancer		X		
Cervical Cancer		X		
Chlamydial Infection		X	X	
Colorectal Cancer	X	X		
Congenital Hypothyroidism				X
Depression in Adults	X	X		
Diabetes Mellitus	X	X		
Gestational Diabetes Mellitus			X	
Gonorrhea		X	X	
Hearing Loss in Newborn				X
Hepatitis B Virus in Pregnant Women			X	
Hepatitis C Virus Infection in Adults	X	X		
High Blood Pressure in Adults	X	X		
HIV Infection	X	X	X	X
Intimate Partner Violence and Elderly Abuse		X		
Iron Deficiency Anemia			X	
Lipid Disorders in Adults	X	X		
Lung Cancer	X	X		
Major Depressive Disorder in Children & Adolescents				X
Obesity in Adults	X	X		
Obesity in Children and Adolescents				X
Osteoporosis		X		
Phenylketonuria (PKU)				X
Sickle Cell Disease in Newborns				X
Syphilis Infection (Pregnant Women)			X	
Visual Impairment in Children Ages 1 to 5				X

Note: *Source - USPSTF A and B Recommendations and www.healthcare.gov/preventive-care-benefits/

Healthy Lifestyle

We want to encourage our employees to live a healthy lifestyle. Through our relationship with **Aetna**, all employees (and covered dependents) that participate in our medical plan have access to a number of programs provided by **Aetna** designed to help you achieve your individual health goals.

The **Aetna Health Your Way™** program helps you achieve your best health in a whole new way. You get personalized resources, coaching and challenges to help you earn rewards. This way, you can stay on track and reach your goals.

Here's a snapshot of **Aetna Health Your Way™**

Getting Started

- Just sign in at **Aetna.com** and select "Well-being Resources" or download the ActiveHealth® mobile app
- Take your well-being assessment to start earning **rewards**
- Review your personalized health report and recommended Health Actions
- Connect your activity tracker or smart device to monitor your progress and/or get involved in individual and peer challenges

Earning Rewards

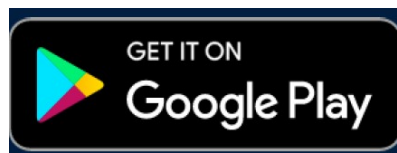
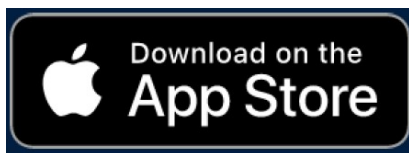
- Earn up to \$100 per year by completing well-being activities¹
- Review your progress and redeem gift cards in the Reward Center

Exploring Additional Resources

- Complete a mental health check-in to receive recommended activities and personalized content²
- Call the 24-Hour Nurse Line to help answer questions³
- Participate in telephonic or video coaching sessions to improve health and/or manage conditions
- Start a self-guided digital health coaching program
- Explore additional resources and recorded webinars

Ready to explore Aetna Health Your Way™ today?

Sign in at **Aetna.com** and select "Member Support" then "All health resources" or get the Active Health® app:



¹ Completion of identified health activities enable members to earn rewards in the form of electronic gift cards. Adult members can each earn up to \$100/year.

²This content is not intended to be a substitute or professional advice, diagnosis, or treatment. Always seek the advice of a mental health professional.

³While only your doctor can diagnose, prescribe or give medical advice, the 24-HourNurse Line nurses can provide information on a variety of health topics.,

Healthy Living

One of the critical keys to Healthy Living is not only having information but also having support. All employees who participate in our **Aetna** medical plan have access to both through their **24-Hour Nurse Line**.

Here are some of the many ways Aetna's 24-Hour Nurse Line can help:

Talk to a registered nurse anytime

- With the 24-Hour Nurse Line, you can speak to a registered nurse about health issues — whenever you need to.*
Plus — It's toll-free.
- You can call as many times as you need — at no extra cost.
- Your covered family members can use it, too.

More reasons to use the 24-Hour Nurse Line

You can:

- Get information on a wide range of health and wellness topics
- Make better health care decisions
- Find out more about a medical test or procedure
- Get help preparing for a visit to your doctor
- Receive emails with links to videos that relate to your question or topic

Your online source for health information

Prefer to go online for health information?

- Check out the 24-Hour Nurse Line page on your member website.

Here's what you can do:

- Send Aetna an email.
- Use Aetna's symptom checker.
- Learn about treatment options and health risks.
- Research a medicine, and more.

It explains things in terms that are easy to understand. And it's easy to get to — once you're a member, just go to [Aetna.com](https://www.aetna.com) and log in.

You could save time, money and a trip to the doctor

- The 24-Hour Nurse Line can provide helpful information and possibly prevent an unneeded trip to the doctor's office.
- That can be a money-saver. Plus, you'll be able to make smarter health decisions.
- You'll have reliable information you can trust — and it's only a phone call or click away.

Get the information you need

Aetna asked members what they liked about the 24-Hour Nurse Line.

Here's what they said:

- 93 percent felt it helped them better manage their health.
- 96 percent said this program was an important part of their health plan benefits.

Two ways to get health information fast

- Call a registered nurse anytime toll-free.
- Go to [Aetna.com](https://www.aetna.com) and log in.

Get health information — when and where you need it.

Just call **1-800-556-1555 (TTY: 711)*** or go to [Aetna.com](https://www.aetna.com) to log in.

*While only your doctor can diagnose, prescribe or give medical advice, the 24-Hour Nurse Line nurses can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs.

Stay on Top of Your Health Goals

Aetna-covered well-being services available at MinuteClinic[®]

All about you

Whether you want to quit smoking, understand health screening numbers or learn more about high cholesterol, Aetna[®] well-being services can help you get the care you need.

Walk into MinuteClinic at select CVS Pharmacy[®] and Target[®] locations.* You can work one-on-one with providers. With their help, you can create personalized health plans and get the support you need for a healthier you.



Go to **MinuteClinic.com** to find the closest location, make appointments or view wait times.

Choose from:

Wellness services**

- Smoking cessation
- Weight management
- Tests based on individual need***

Monitoring services***

- Diabetes monitoring
- High cholesterol monitoring
- High blood pressure evaluation

If you'd like, a summary of your visit can be shared with your primary care doctor.

Everyday care that works for you

Seven days a week, including evenings and weekends — our flexible hours work with your schedule. And there's no appointment necessary — just come in.

Achieve better health, right in your neighborhood, by:

- Signing in at a clinic kiosk
- Choosing your service
- Showing your Aetna ID card

* For a complete list of other participating providers, log in to your member site at **Aetna.com** and use our provider search tool.

** Your Aetna medical plan's preventive benefits may cover these wellness services. If you have questions about your coverage, call the toll-free number on your Aetna member ID card.

*** Please note that additional charges apply for any labs and tests. View the **MinuteClinic price list** for these fees. Monitoring and wellness services are available for screenings conducted at MinuteClinic inside select CVS Pharmacy and Target locations.



Where and When to Get Healthcare

Virtual Visits – Average Wait Time: 5-20 minutes

- **\$0 copay (Teladoc and CVS Virtual Care Only)**
- Basic care from a board certified healthcare professional from our mobile phone, laptop or tablet
- Available 24/7, even on weekends and holidays
- Refer to the Registering for Virtual Visits page for details on how to register **before** you need care

Primary Care Physician – Scheduled Visits

- **\$30 copay**
- Helps you prevent disease and stay healthy
- Diagnose and treat a full range of health issues
- Refer you to the right care when you need a specialist
- Help with the healthcare needs of your whole family
- Costs less than the emergency room or urgent care centers

Retail Health Clinics – Average Wait Time: 15-20 minutes

- **\$0 copay at CVS Minute Clinics Only**
\$30 copay at any other In-Network Retail Clinic
- Basic care from a healthcare provider on a walk-in basis with extended hours
- Used for minor health concerns that need care quickly:
 - ◊ sore throats, ear infections, pink eye, skin rashes, bladder infections and last minute sports physicals

Find the nearest Retail Health Clinic locations at:

www.cvs.com/minuteclinic/clinic-locator

www.walgreens.com/findcare

Urgent Care Clinics – Average Wait Time: 15 - 45 minutes

- **\$75 copay**
- When your doctor is unavailable, get immediate quality care from a doctor on a walk-in basis with extended hours
- For immediate attention for minor to moderate issues: sports injuries, migraines, vomiting, sprains, back pain

Emergency Room – Average Wait Time: 4 hours

- **\$500 Copay (AFTER your annual deductible)**
- Care available 24/7 for severe emergencies from trained clinicians
 - ◊ If you are facing an issue that threatens your life, never hesitate to go straight to the emergency room

THINGS TO THINK CONSIDER

- Non-emergency care delivered in the ER costs 5 times more than in a doctor's office or clinic.
- Research studies indicate that between 8-27% of ER visits are inappropriate and should have been treated in a less expensive care setting.
- ER doctors rarely have relationships with the patients they see, nor do they typically have your full medical history, so they must order expensive tests to determine a diagnosis and course of treatment.
- When possible, patients should be treated by their primary care physician for non-emergency conditions in order to promote preventive and consistent quality care.

Click on video for information on the benefits of receiving care at the right place ►



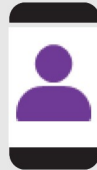
Registering for Virtual PCP Visits & More

Register for Aetna Virtual Primary Care™ powered by Teladoc Health. Sign up and select your provider today.

Just scan the code below to get started. Or go to [Aet.na/VPCSignUp](https://Aetna.com/VPCSignUp) today.



Scan QR Code and tap banner



Register account



Select a PCP



Schedule appointment

Get care your way

Built around you

- Get a dedicated team who will get to know your health needs and goals.
- Build a relationship with your virtual care provider at each video visit.

At your fingertips

- Call or message your care team anytime — you'll get a response within 24 hours.
- Easily access centralized medical records with consent through your care team.

Convenient and flexible

- Choose virtual or in-person visits.
- Pay \$0 for virtual care provider visits and covered in-person care at MinuteClinic® and CVS® HealthHUB™ locations.*
- Enjoy little wait time — see a doctor within 5 days or sooner, and get a 45- to 60-minute initial visit.
- You also have access to your existing virtual care offerings through Teladoc Health, such as general medical 24/7 urgent care, mental health counseling and dermatology services.

Virtual Visits can handle many non-emergency health problems, such as:

Acne	Insect bites	Constipation
Cough, cold, flu	Rash	Fever
Headache	Asthma	Nausea & Vomiting
Pink eye	Ear problems	Sore throat
Allergies	Joint aches & pains	Urinary problems
Diarrhea	Sinus problems	

Click on video below about the benefits of Telehealth



PLEASE NOTE: Your in-network Primary Care Physician and Specialist may offer virtual visits. The cost for those visits is the same as in-person visits. The only virtual visits covered at 100% are those set up using Teladoc or CVS Virtual care.

What is Virtual Primary Care?

Aetna Virtual Primary Care™ powered by Teladoc Health is a new benefit that comes with your Aetna plan and makes taking care of your health convenient and affordable. It is designed to help you build a long-term relationship with your health care provider. You can see a provider virtually or in-person whenever and wherever you need care. You'll also have access to a personal care team led by nurses and clinical staff to support and assist you in your everyday health and wellness. Aetna Virtual Primary Care members nationwide continue to have access to lab services through their Aetna Virtual Primary Care physicians writing orders for local lab patient service centers. **So, how do you use it?** Complete three simple steps to activate your virtual primary care benefit:

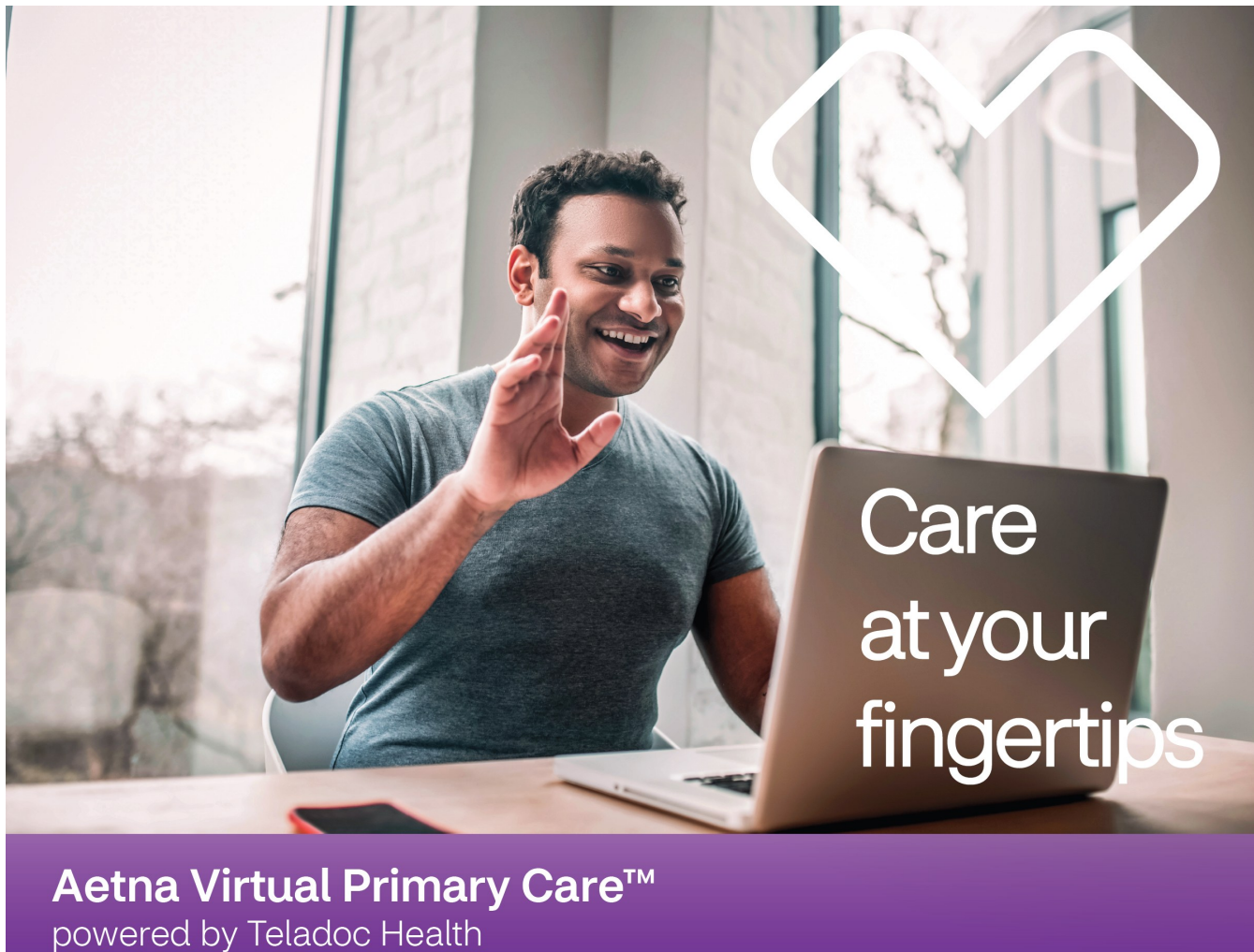
Register at [Teladoc.com/Primary360-Aetna](https://www.teladoc.com/Primary360-Aetna)

Select a virtual primary care provider.

Schedule a virtual primary care visit as soon as 5 days.

That's it!

Once you're set up, you can enjoy the convenience of receiving primary care virtually. And, when you schedule your first virtual appointment, you'll get a **free blood pressure monitor** so you can take your own vitals prior to your visit.



Aetna Virtual Primary Care™
powered by Teladoc Health

Medical

We continue to offer quality Medical and Prescription Drug coverage administered by **Aetna**. The chart below provides a brief summary of the benefits. **Please review the full Schedule of Benefits.**

Services	Aetna	
	In-Network (You Pay)	Out-of-Network (You Pay)
Calendar Year Deductible Individual Family	\$5,000 \$10,000	\$10,000 \$20,000
Out-of-Pocket Maximum Individual Family	includes deductibles, coinsurance & copays	
	\$7,900 \$15,800	\$20,000 \$40,000
Preventive Services *	For the most updated list of services visit, www.healthcare.gov/coverage/preventive-care-benefits/	
	Covered at 100%	Deductible, then 30%
Office Visits -Virtual Visits -Retail Clinic -Primary Care -Specialist	Covered at 100% (Teladoc/CVS Virtual Care Only) \$0 Copay CVS Only — \$30 other \$30 Copay \$60 Copay	Deductible, then 30%
Urgent Care Center	\$75 Copay	Deductible, then 30%
Emergency Room	\$500 Copay per visit, after deductible	
Hospitalization -Inpatient	\$500 copay per stay, after deductible, then covered at 100%	Deductible, then 30%
- Outpatient	Deductible, then covered at 100%	Deductible, then 30%
- Outpatient Surgery	\$300 copay per surgery, after deductible then covered at 100%	
Coinsurance	Member Pays 0% (except copays) Plan Pays 100% (After deductible is met)	Member Pays 30% Plan Pays 70% (After deductible is met)

*When both preventive and diagnostic or therapeutic services occur at the same visit, members will pay a cost share for the diagnostic or therapeutic services. Additionally, when a preventive service turns into a diagnostic or therapeutic service in the same visit, the appropriate cost sharing will apply.

Medical Plan Employee Contributions		
	Weekly	Bi-Weekly
Employee	\$30.28	\$60.57
Employee/Spouse	\$95.70	\$191.40
Employee/(Child(ren))	\$87.38	\$174.76
Family	\$158.04	\$316.09

Prescription Drug Coverage

The cost of prescription drugs continues to be the fastest growing segment of healthcare. Our healthcare plan has several clinical programs and edits to help hold down the inflationary costs of prescriptions — see the next page for additional information. You can do your part by requesting the lowest cost drug when you visit your pharmacy.

Click on video below for information about how Prescription Drug Plans work



Aetna	Retail Up to a 30 day Supply	Mail Order Up to a 90 day Supply
Preventive Over the Counter (OTC)	No Charge	
Prescription Drug Deductible	Prescription drug expenses apply to your medical deductible and out of pocket maximum. Deductible does not apply to Generic Drugs	
Preferred Generic	\$15 copay, no deductible	\$37.50 copay, no deductible
Non-Preferred Generic	\$65 copay, no deductible	\$162.50 copay, no deductible
Preferred Brand Name	\$35 copay, after deductible	\$87.50 copay, after deductible
Non-Preferred Brand Name	\$65 copay, after deductible	\$162.50 copay, after deductible
Specialty Drugs Preferred	\$250 copay, after deductible	Not Applicable
Non-Preferred	\$500 copay, after deductible	
Additional Prescription Benefit Information		
Specialty Pharmacy	CVS Specialty	
Formulary / Preferred Drug List (PDL)	Advanced Control Formulary	
Pharmacy Network	Aetna National Network	
Dispense As Written Rule	If you or your provider request a brand name drug when a generic is available, you will pay the brand name and the cost difference between the brand and generic drug	

Save on your Prescription Drug Costs

- Use mail order for prescriptions of maintenance medications at a lower cost— Mail order copay is **2.5x** the cost of a 30 day retail fill, but for up to a 90 days supply. Maintenance drugs are those that are taken every day.
- Use Preferred Generic Drugs whenever possible. Generics are “copies” of brand name drugs whose patent protection has expired, are approved by the FDA and are typically less expensive to you.
- Discuss the preferred drug list (aka formulary) with your doctor. If a generic drug is not an option, using preferred brand name prescription drugs will save you money over non-preferred brand name drugs.

Additional Prescription Drug Plan Info

Pharmacy day supply and requirements

Retail

You can get up to a 30-day supply from Aetna National Network

For a 31-90 day supply you will be responsible for the Mail Order Drug copay (Max 2.5 x 30 day supply copay)

Mail Order

You can get a 31-90-day supply from CVS Caremark® Mail Service Pharmacy (Max 2.5 x 30 day supply copay)

Specialty

You can get up to a 30-day supply of specialty drugs

You must fill all specialty drugs through our preferred specialty pharmacy network

Advanced Control Formulary Aetna Insured List

Your prescription drug plan also includes:

- Diabetic supplies
- \$25 copay maximum per fill per 30 day supply for formulary insulin drugs
- A limited list of over-the-counter medications when filled with a prescription

Family planning

- Contraceptives covered up to a 12-month supply. Contraceptive copay strategy applies.

The following are covered 100% in-network:

- Oral chemotherapy drugs
- Seasonal vaccinations
- Preventive vaccinations
- Affordable Care Act (ACA) eligible preventive medications and contraceptives

Refer to [Aetna.com](https://www.aetna.com) for a complete list of eligible prescription drugs.

Precertification requirements

Some covered prescription drugs need approval from us before we will cover the drug.

Some covered prescription drugs require step therapy before we cover them. With step therapy, you must first try one or more drugs before we will pay for drugs that require step therapy.

To get the most up-to-date precertification requirements and a list of drugs that require step therapy, see your plan documents or go online to your member website.

Health Reimbursement Account

Ritz USA offers a pooled Health Reimbursement Account (HRA) administered by **Admin America, Inc.** When you are enrolled in the medical plan, an HRA assists with covering a portion of your medical plan deductible.

What is an HRA? A Health Reimbursement Account (HRA) is an employer funded account that helps you pay for qualified out-of-pocket medical expenses, such as your deductible.

How an HRA works: The covered member is responsible for the initial \$1,000 of the in-network deductible if you have Employee only coverage and the initial \$2,000 if you have any other coverage level under the medical plan.

The maximum reimbursement for Employee only coverage is \$4,000

The maximum reimbursement for any other coverage level is \$8,000

What if I am also enrolled in the Healthcare Flexible Spending Account (FSA)?

Admin America administers both accounts on your behalf.

Do HRA funds rollover year-to-year? No, the amount available for reimbursement does not rollover year-to-year. The funds designated for reimbursement are refreshed every year.

How do I file Claims? You will need to submit a claim form along with your Explanation of Benefit (EOB) to the Admin America Claims team either via email or regular US postal mail: Admin America, 1720 Windward Concourse, Suite 290, Alpharetta, GA 30009.

How are reimbursements issued? Reimbursements must be issued with a direct deposit to a bank account. There is no option for a check to be issued. You must log into the Admin America portal and upload your personal banking information. Go to:

www.adminAmerica.com > LOGIN > Participant and add your information under the banking/cards section of your profile.

How frequently are reimbursements processed? HRA claims are processed weekly, every Tuesday.

Who can I contact if I have any questions about submitting my claims?

The HRA support team is available Monday – Friday from 8:30 am to 5:00 pm EST. They can be reached directly by either calling them at 678-578-4642 or via email at HRA@adminamerica.com.

Click on video below for information on HRAs



Over the Counter Health Solutions Benefit

The **Aetna Over-the-Counter Health Solution (OTCHS)** is a benefit available to employees and the dependents who participate in the Ritz USA medical plan.

- The Aetna Over-the-Counter Health Solution (OTCHS) provides members with a \$25 quarterly allowance for selected over-the-counter items (e.g., pain relievers, first aid supplies, allergy relief, feminine care products).
- Each subscriber and dependent enrolled in the medical coverage will receive their own allowance. They need to register with their own email address (including minors under 18).
- The allowance can be used by:
 1. Visiting a CVS store location
 2. Ordering online at the dedicated OTCHS URL: cvs.com.otchs/myotc
 3. Calling the dedicated OTCHS toll-free line: 1-888-628-2770 (TTY: 711)

Create your OTC Health Solutions account in just 4 simple steps. Then, create one for each of your dependents (if applicable):

Step 1

1

Go to the OTCHS website and click on the Create an Account button

[Click to create an account](#)

Step 2

2

Enter an email address for the member you are registering

Don't forget: each eligible member needs to create their own account with a unique email address of their choice. First time users must create an account

Step 3: Enter your information

Enter your information

- Full name as it appears on your Aetna ID.
- Member ID
 - Each member must include the two-digit identifier at the end of their ID. Be sure to omit all spaces when entering ID

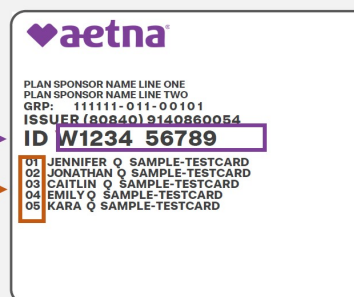
3

Example:

Member ID +
Member
Identifier

Jennifer Q:
W12345678901

Jonathan Q:
W12345678902



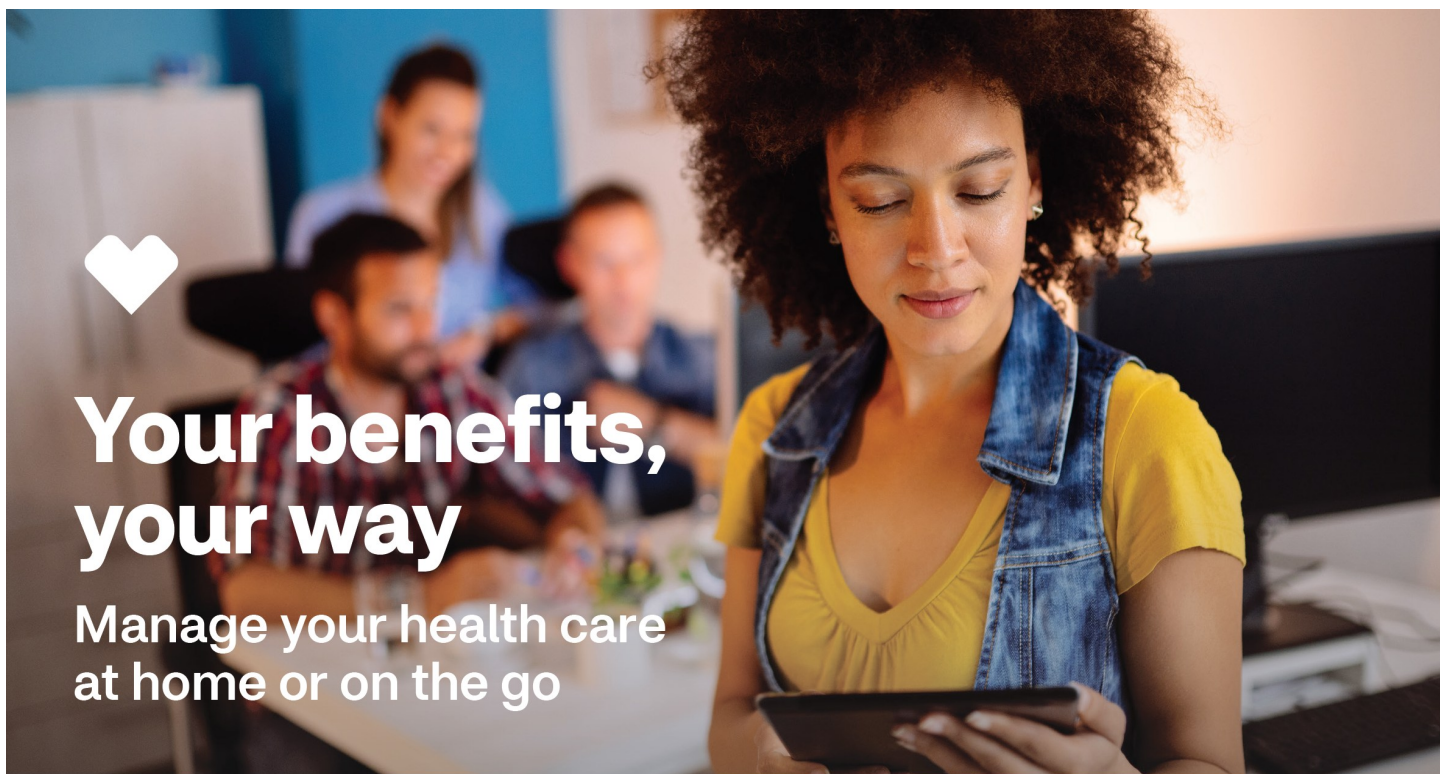
- Date of Birth
- Zip Code
- Cell phone number

Step 4

4

Create a password for your new account.

Manage Your Health Care



Your benefits, your way

Manage your health care
at home or on the go



Stay on top of your benefits

- Review your benefits and what's covered.
- Track your spending.
- View claims on your member website.
- See your ID card online.
- Get cost info before you get care.*

Connect to care

- Find in-network providers, including virtual care.
- Locate walk-in clinics and urgent care centers near you.
- See reviews of providers.



Get started today



Visit [MyAetnaWebsite.com](https://www.aetna.com) to register for your member website.



Get the **Aetna HealthSM app** by texting **"AETNA"** to **90156** to receive a download link. Message and data rates may apply.**

— OR —



Scan the **QR code** to download the **Aetna HealthSM app**.

*Estimated costs are not available in all markets or for all services. We provide an estimate for the amount you would owe for a particular service based on your plan at that very point in time. It is not a guarantee. Actual costs may differ from an estimate for various reasons including claims processing times for other services, providers joining or leaving our network or changes to your plan. Health maintenance organization (HMO) members can only get estimated costs for doctor and outpatient facility services.

**Terms and Conditions: [Aetna/Terms](https://www.aetna.com/terms). Privacy Policy: [Aetna.com/legal-notice/privacy.html](https://www.aetna.com/legal-notice/privacy.html). By texting 90156, you consent to receive a one-time marketing automated text message from Aetna[®] with a link to download the Aetna HealthSM app. Consent is not required to download the app. You can also download by going to the Apple[®] App Store[®] or Google Play.

Flexible Spending Account

We offer a Flexible Spending Account (FSA) administered through **Admin America**. You can **INCREASE** your take-home pay while paying for eligible medical, dental and vision expenses. A Healthcare FSA helps you save money by providing a way to pay for certain types of health care on a pre-tax basis.

PLEASE NOTE: Our Flexible Spending Account plan (Healthcare FSA) is from **January 1st to December 31st**. If you would like to participate in our Healthcare FSA, there is a separate Open Enrollment period for that benefit. **Human Resources will announce the FSA Open Enrollment date.**

How an FSA works: During the open enrollment period you decide how much money you want to contribute to your FSA account for the year - see below for limits. The amount you designate for the year is taken out of your paycheck in equal installments each pay period and placed into your FSA account, while the entire annual allocation is available on day one of the calendar year. The contributions you make to an FSA are deducted from your pay **BEFORE** your Federal, State, or Social Security taxes are calculated.

2026 Annual IRS Contribution Limits	Minimum	Maximum
Health Care FSA	\$100	\$3,400

Health Care FSA's may be used to pay for eligible expenses related to healthcare expenses that are not fully covered by your medical, dental or vision plan(s) for you or your eligible dependents. Use the worksheet on the next page to estimate your healthcare expenses for the coming year.

If you are enrolling for the first time in the healthcare FSA, you will receive an **FSA debit card**, which will allow you to pay for services directly out of your FSA account and not out of your pocket. Otherwise, your existing debit card is still valid. However, it is important to remember to keep your receipts - **Admin America** may request them to validate certain purchases in order to comply with IRS regulations. While the debit card reduces the majority of the "paperwork" required with health spending, it **does not eliminate** the paperwork completely.

Important Dates		
Flexible Spending Accounts	Expense Incurred	Submit Expenses for Reimbursement
Healthcare	January 1, 2026 – December 31, 2026	January 1, 2026 – March 31, 2027

Click below for short video on How to get the most from your Health Flexible Spending Account



Flexible Spending Worksheet

Use the worksheet below to estimate you and your family’s health care expenses for the coming year. **Remember, you can elect a Flexible Spending Account even if you have not elected to be covered under the medical plan.** You may use the FSA plan funds to pay for eligible healthcare.

Plan Carefully!

Our Health Flexible Spending Account Plan is USE IT or LOSE IT!

The plan year is January 1st to December 31st

Any funds not used by the end of the plan year (12/31) will be forfeited

The deadline for submission of claims for eligible expenses is 90 days after the end of our plan year (12/31/2026)

Health Care Expense Worksheet					
Medical/Rx		Vision		Dental	
Deductibles	\$	Exams	\$	Routine Exams	\$
Copays	\$	Eye Surgery	\$	Filling/ Crowns	\$
Prescriptions	\$	Lenses & Frames	\$	Orthodontia	\$
Other	\$	Contacts	\$	Other	\$
Total	\$	Total	\$	Total	\$
Health Care Total:					\$

Dental

Our dental plan is offered through **Principal**. You may seek treatment from the dentist of your choice. You may be balance billed when receiving services from an out-of-network dentist. The chart below provides a summary of your benefits.

Services	Dental PPO Plan	
	In-Network (You Pay)	Out-of-Network (You Pay)
Calendar Year Deductible Individual Family	\$50 \$150	
Calendar Year Maximum	\$1,500	
Preventive Services (Oral Exams, X-Rays, Basic Cleaning, Fluoride treatments - under age 14)	Covered at 100% Deductible waived	
Basic Services (Periodontal, Endodontic, Simple Extractions, Oral Surgery, Fillings)	80% after deductible	
Major Services (Implants, Bridges & Dentures, Crowns, Inlays, Onlays & Veneers)	50% after deductible	
Orthodontia Services (to age 19)	50%, No Deductible \$1,500 Lifetime Maximum	
Maximum Accumulation	If your dental benefits paid are less than 50% of your annual maximum, you can roll over 25% and accumulate up to 1x your annual maximum. The amount accumulated is added to your annual maximum for the next year.	

Dental Employee Contributions		
	Weekly	Bi-Weekly
Employee	\$2.17	\$4.34
Employee/Spouse	\$4.56	\$9.11
Employee/(Child(ren))	\$5.44	\$10.88
Family	\$10.14	\$20.28



Vision

Vision insurance is offered through **Principal** and **VSP Vision Care**. It provides choice, flexibility and savings through a VSP doctor. The chart below provides a brief summary of benefits.

Services	In-Network (You Pay)	Out-of-Network (Reimbursement)
Exam	\$10 Copay	Up to \$45 Allowance
Frames	\$25 Copay, then \$150 allowance, and 20% off balance Costco, Walmart and Sam's Club: \$25 Copay then \$80 allowance	Up to \$70 Allowance
Lenses <ul style="list-style-type: none"> • Single • Bifocal • Trifocal • Lenticular • Polycarbonate lenses for dependent children under age 18 	\$25 Copay	Up to \$30 Allowance Up to \$50 Allowance Up to \$60 Allowance Up to \$100 Allowance N/A
Lens Enhancements	Standard progressive lenses covered once every 12 months with a \$0 copay—Most other enhancements allowed with specific copay.	N/A
Contact Lenses Fitting & Evaluation	Up to \$60 Copay	N/A (included in total allowance for contacts)
Contacts Elective Medically Necessary*	Up to \$150 Allowance \$25 Copay	Up to \$105 Allowance Up to \$210 Allowance
Frequencies Eye Exams Contact Lenses Lenses for Glasses Frames		12 months 12 months 12 months 24 months

* Medically Necessary Contacts—Vision can not be corrected with glasses due to extreme vision problems.



Vision Employee Contributions		
	Weekly	Bi-Weekly
Employee	\$1.83	\$3.66
Employee/Spouse	\$3.66	\$7.31
Employee/(Child(ren))	\$4.02	\$8.04
Family	\$5.85	\$11.70

Short-Term Disability Income Protection

Ritz USA provides full-time employees with the option to elect Short-Term Disability benefits. This plan is provided by **Principal**. You pay the full cost for this coverage through weekly or bi-weekly payroll deductions. In the event you become disabled from a non work-related injury or sickness, disability income benefits are there to help provide a source of income. Below is a summary of this benefit:

Short Term Disability	
Benefit Plan Summary	
Elimination Period (Accident or Illness)	14 days
Maximum Duration (Inclusive of the elimination period)	13 weeks
Benefit Percentage	60%
Maximum Weekly Benefit	\$1,000
Pre-Existing Condition Exclusion*	3/12

CURRENT EMPLOYEES: If you did not elect voluntary coverage when you first became eligible for benefits with Ritz USA and would like to elect this benefit at Open Enrollment, you **will NOT** need to complete an Evidence of Insurability (EOI) form. The STD plan has a Pre-existing condition clause that always applies (see below for explanation of the clause)

NEW HIRES (eligible for benefits after 4/1/2026): You may elect our Short Term Disability benefit as a new hire. If you do not elect it when first eligible, you will be able to elect it at the next Open Enrollment period without providing EOI. The plan's pre-existing condition clause always applies.

***Pre-existing Condition Exclusion —** A Pre-existing condition is a sickness or injury for which you received treatment within the three (3) months prior to your effective date of coverage. This plan will cover your disability if it is caused by, contributed to by, or results from a preexisting condition and your disability begins after you have been insured for twelve (12) consecutive months after the effective date of your coverage.

Voluntary Short-Term Disability Sample Premium Calculation (Employee, age 30, \$30,000 annual salary)	
Voluntary STD Rate	\$0.25
Yearly Salary	\$30,000
Weekly Income (\$30,000 / 52 weeks)	\$576.92
Weekly Benefit Amount (\$576.92 x 60%)	\$346.15
Monthly Premium (\$346.15 x \$0.25/\$10 of benefit) ...	\$8.65
Bi-Weekly Premium (\$8.65 x 12 months / 26 weeks)..	\$3.99
Weekly Premium (8.65 x 12 months / 52 weeks)	\$2.00

Monthly STD Rate (per \$10 of weekly benefit)	
Age Range	Monthly Rate
Under age 25	\$0.55
25-29	\$0.23
30-34	\$0.25
35-39	\$0.46
40-44	\$0.37
45-49	\$0.32
50-54	\$0.48
55-59	\$0.61
60-64	\$0.68
65-69	\$0.75
70 and over	\$0.84

Long-Term Disability Income Protection

We also provide income protection with a Long-Term Disability benefit through **Principal**. Long Term Disability benefits provide you with income protection when your disability or illness lasts longer than 11 weeks, exhausting Short Term Disability benefits (if you have elected STD), and you are still unable to perform your regular job duties.

Benefit Detail	Long Term Disability Income
Elimination Period	90 days
Max Benefit Duration	Social Security Normal Retirement Age (SSNRA)
Benefit Percent	60% of your earnings up to \$5,000
Definition of Disability	See Certificate of Coverage
Definition of Earnings	Base Wage, with 12 month average of bonus & commission
Maximum Benefit	Up to \$5,000 monthly
Minimum Benefit	\$100 Per Month after offsets
Pre-Existing Conditions (3/12)	Disabilities occurring in the first 12 months of coverage, where treatment and/or diagnosis took place in the 3 months prior to coverage are considered pre-existing and not covered.
Additional Information	Due to the company paying the full cost of this coverage, benefit payments must be taxed.
Survivor Benefits	3 months
Limitations/Exclusions	There are other limitations to your coverage, a complete list is included in the carrier's Certificate of Coverage.

Basic Group Term Life and AD&D

We provide all eligible full-time employees with Basic Group Term Life through **Principal** and matching Accidental Death & Dismemberment Insurance in amounts as shown in the below chart. You also have the option to add on a dependent life package at a reasonable price, see below. Be sure Human Resources has your most current beneficiary designation on file. You should review and update those designations annually or whenever you experience a life event.

Benefit Detail	Basic Life & AD&D
Basic Life Amount	\$50,000
Basic AD&D Amount	\$50,000
Age Reduction Schedule	65% age 65, 50% age 70
Accelerated Life Benefit	A lump sum benefit payable if diagnosed with a terminal condition, as defined by the plan. You may receive up to 75% of death benefit. Minimum \$5,000.
Waiver of Premium	Total Disability prior to age 60 for 9 months. Waiver to age 65 if qualified, or no longer disabled.
Portability/Conversion	Both included. Must contact Principal within 31 days after your group coverage ends.

Supplemental Voluntary Life

We provide eligible employees with the opportunity to purchase additional life coverage on themselves, their spouse and dependent children through **Principal**, via payroll deductions. The cost of this coverage is based on the age of the employee.

Benefit Detail	Voluntary Life
Life Amount—EE	\$10,000 increments, \$20,000 minimum to \$500,000
Life Amount—Spouse¹	\$5,000 increments, \$150,000 maximum
Life Amount—Child²	\$2,000 or \$5,000 or \$10,000
Guarantee Issue³ Employee Spouse Child	\$100,000 if under 70, \$10,000 if over 70 \$30,000 if under 70, \$10,000 if over 70
Age Reduction Schedule⁴	65% age 70, 45% age 75
Accelerated Death Benefit	A lump sum benefit payable if diagnosed with a terminal condition, as defined by the plan. 75% of death benefit. Minimum \$5,000.
Waiver of Premium	Total Disability prior to age 60 for 9 months. Waiver to age 65 if qualified, or no longer disabled.
Conversion / Portability	Both included. Must contact Principal within 31 days after your group coverage ends.

Evidence of Insurability (EOI) Rules - EOI is a process involving answering health questions. Principal will review your answers and they may or may not approve coverage.

At Open Enrollment:

- You may be able to enroll for or increase your benefit and your dependents benefit two increments per year without providing health information.
- Any application for amounts exceeding guarantee issue limits requires EOI. If coverage is approved, we will begin payroll deductions based on Principal's approval date. Until then, you will be deducted for amounts up to the guaranteed amounts only.
- **The employee cost for this benefit is based on employee's age and the cost for spouse coverage is based on the spouses age. Your individual payroll deduction information is available in UKG Ready.**

1. Spouse coverage may not exceed 50% of your benefit election.
2. Dependent children under 14 days old receive a \$1,000 benefit.
3. Amount of coverage you may buy within 31 days of initial eligibility for coverage without providing health information.
4. As you get older, your life insurance benefit amount decreases.

Critical Illness Insurance

Ritz USA provides eligible employees with the opportunity to purchase additional coverage on themselves, their spouse and dependent children through **Principal**, via payroll deductions. The cost for this benefit is based on your age. If you elect coverage for your spouse, the cost for your spouse will be based on his or her age. The cost will be calculated by the UKG Ready portal. Employees must elect coverage for him/herself to be able to elect spouse coverage.

Life doesn't always go as expected and serious illnesses happen. While medical insurance and disability insurance cover the cost of expenses it doesn't always cover everything. Critical illness coverage can help cover the gap. Critical Illness insurance **pays you** a lump sum based on your election if you are diagnosed with one of the covered illness. You can use this money to cover bills while you are out of work, or to cover your out of pocket expenses associated with care for your illness. You decide!

Critical illness insurance covers many conditions to include (but not limited to), Alzheimer's, ALS, benign brain tumor, Coma, Coronary Heart Disease, Heart Attack, Stroke, Major Organ Failure, Multiple Sclerosis, and Loss of speech, sight, and/or hearing. The benefit also covered some infectious diseases, a few mental health conditions and certain childhood conditions. Please refer to the certificate of coverage for coverage, exclusions and limitations.

There is a wellness benefit of **\$50** for each covered member who has an eligible health screening test performed, once per calendar year.

Benefit	Purchase in Increments	Minimum Amount	Maximum Amount	Guaranteed Issue ¹
Employee	\$5,000	\$5,000	\$50,000	\$10,000
Spouse	\$2,500	\$2,500	\$25,000 Up to 50% of employees benefit	\$5,000
Child(ren)	Automatically covered at 25% of the employee benefit			

Note 1—The amount of coverage that you can elect without a health questionnaire

Employee Assistance Program (EAP)



Group benefits

Emotional health support line available for your benefit

Life can be unpredictable. And it's not always easy. So it's a big deal to know there's help available when you need it.

Whether it's stress at work, family challenges, or the ups and downs of daily life—you don't have to go through it alone. With the GuidanceResources program, you and your household members have free, around-the-clock access to licensed, caring professionals by phone.

You can access emotional support assistance to:

- Connect with a licensed mental health professional
- Find resources for a child struggling with difficult situations
- Gain access to tools to support healthy coping
- Locate resources for burnout, stress, grief/loss, or parenting

Call the emotional health support line at 866-379-0898 for situations like:



Alcohol or drug misuse



Stress, anxiety, and depression



Marital and family conflicts



Dealing with change



Job pressures



Grief and loss

 24/7 live assistance



ComPsych

Visit [Guidanceresources.com](https://www.guidanceresources.com) and when you create an account, enter PrincipalCore as the program name. Download the GuidanceNow app on [Apple](#) or [Google Play](#)

Will & Legal Documents Center

Consider preparing your simple legal documents online. These online resources and tools, provided by ARAG^{®3}, are easy-to-use. You and your spouse can prepare, print, and store essential legal documents — such as a will, living will, healthcare power of attorney, durable power of attorney, and medical treatment authorization for minors. Plus, you can access estate planning tools and resources, and a personal information organizer.

principal.araggroup.com

Enter your group policy number: 1062605

Be proactive in protecting one of your most important assets—your identity. If your identity is stolen, despite your best efforts, you'll get valuable tips on how to restore it.

principal.araggroup.com

Enter your group policy number: 1062605

Get help coping with the death of a loved one. Beneficiaries receive help coping with the emotions and financial decisions that surface when a loved one dies. Services include grief support from Magellan Healthcare and financial review from Principal[®]. Spouses and dependents receive three months of free online will preparation services provided by ARAG^{®3}

Information is provided after the loss of a loved one.

It's easy to get started

Follow these simple steps to start using these free resources today.

- 1 | Visit www.aragwills.com/principal.
- 2 | Register using your group policy number (your employer's account number with Principal). Find it by logging in on Principal.com, or ask your employer.
- 3 | You're in! Complete the forms or download the materials you need.



Need help with registration? Call ARAG Customer Care at **800.546.3718**.
Or, if you have questions about the services, call Principal at **866.539.1728**.

Travel Assistance Program

Near or far, you're eligible

No matter where you're going—on a cross-country flight, a short road trip, or a destination requiring a passport—consider AXA your trusted travel companion. This program helps address the challenges of travel like:

Lost or stolen items

We all hope it won't happen to us, but it could. Lost items are a travel reality. AXA can help you recover or replace lost or stolen items (including cash and credit cards) so you don't miss a beat.

Medical assistance

Getting sick or hurt while traveling is no picnic. AXA is there when you need it most to assist with finding medical and dental care when you're away from home.

Easily connect

Sometimes you need more than the phone book. And when you do, AXA is there to help with message delivery, overcoming language barriers, or legal concerns.

Traveling even farther away from home?

The more miles you're away from home, the more you may need to do additional planning. AXA helps you get ready to head out with pre-trip research, including travel requirements, cultural differences, and precautions you should be aware of.

Emergency medical transportation

Unfortunately, medical emergencies sometimes interrupt a trip, and you just need to get to a hospital—or get home. This service is per member or qualifying dependent per trip for emergency situations including:

- Emergency medical transportation to a different facility if medically necessary
- Medically supervised return to your home country (known as repatriation)
- Transportation for a family member to join you
- Transportation for a traveling companion to join you in a different hospital or treatment facility
- Transportation home for dependent child(ren)
- Return of vehicle
- Return of mortal remains

To be eligible for services under this program, your treatment must be authorized and arranged by designated staff from AXA. Claims for reimbursement won't be accepted. Please contact AXA for further benefit details.

Travel assistance program

Call us when you're traveling and need assistance.

888-647-2611 in the U.S.
630-766-7696 call collect outside the U.S.



Learn more and plan for your trip with our website.
principal.com/travelassistance

Name _____

Company _____ Contract number _____

The participant is entitled to AXA Assistance USA, Inc. medical and travel services. El portador de esta tarjeta es miembro de AXA Assistance USA, Inc. y tiene derecho a los servicios personales y de asistencia médica de AXA Assistance USA, Inc.

This program is not insurance. All services must be provided by AXA Assistance USA, Inc. No claims for reimbursement will be accepted. Travel assistance services will be provided as permitted under applicable law.

Retirement Savings Plan

Our company sponsored 401(k) Retirement Savings plan represents one of the best opportunities available for building your retirement nest egg. The plan makes investing easy, convenient and flexible. The plan is administered by **Employee Fiduciary**.

Employees make contributions on a pre-tax basis reducing current Federal, State, and Social Security taxes. Taxes are deferred until you are ready to withdraw from the account. You may elect to contribute 1% to 15% of your pay up to the IRS Contribution Limits. All available options will be made available after you have become eligible.

Internal Revenue Service (IRS) regulations limit the annual amount of your salary deferral contributions to **\$24,500 for 2026**. Employees who are age 50 or older by the end of the calendar year may defer an additional **\$8,000** in catch-up contributions.)

Benefit Detail	401(k) Retirement Plan
Enrollment	You may enroll and begin contributing after 6 months of employment.
Automatic Contribution	Employees are automatically enrolled at 3% and automatically increased by 1% each year until a max of 10% has been reached unless they opt-out or make their own elections.
Contributions	1% - 15% of your income up to IRS Contribution Limits
Employer Match	Ritz matches your contributions on the following schedule: \$1.00 for every dollar you contribute, up to 3% \$0.50 for every dollar you contribute on the next 2%
Vesting Schedule	
<ul style="list-style-type: none"> • Employee Contributions • Employer Match 	<p style="text-align: center;">Immediately, 100%</p> <p style="text-align: center;">After 2 years of service 100%</p>

Additional Benefits

Armadillo
Hassle-free homeownership

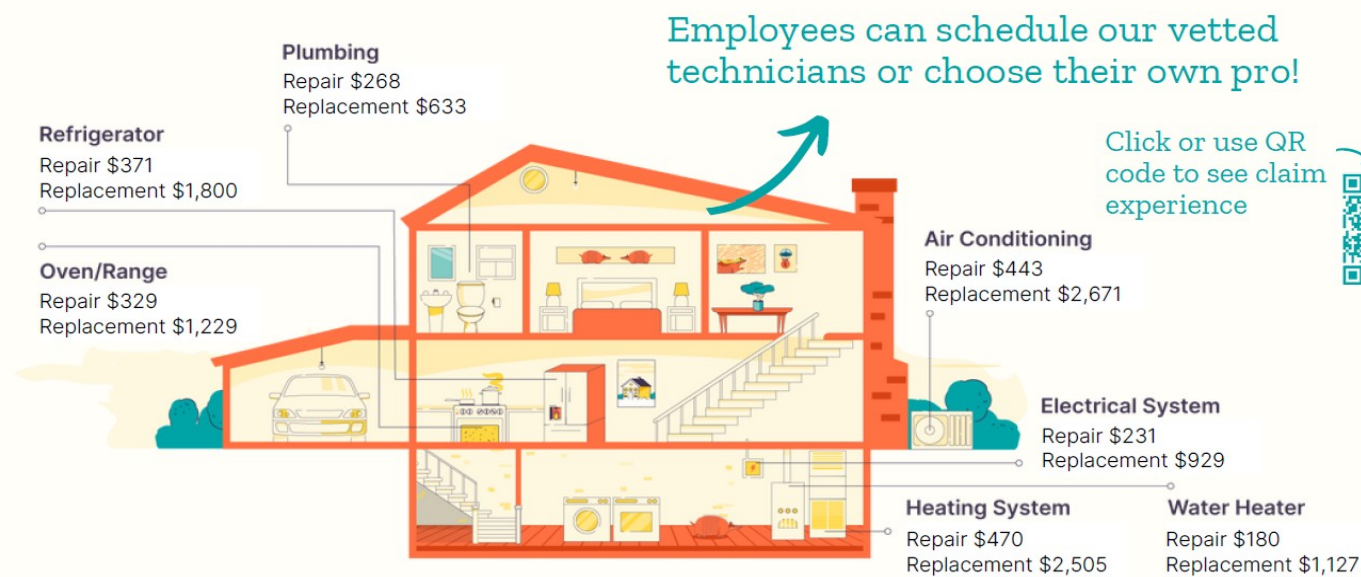
An employee benefit for:



Introducing a benefit for our most valuable asset - **our home!**

Armadillo is a plan for when major appliances and systems break down in your home. From kitchen and laundry appliances to heating/cooling, plumbing, and electric, Armadillo covers the cost of repairs or replacements, coordinates service appointments (or use your own pro), and ensures it's all done swiftly and hassle-free.

Home maintenance costs a fortune, every year



Something broke down, now what?

Submit a claim digitally in under 2 minutes!
We'll assign an Armadillo Home Pro to own the the claim until completion.

Coverage options
on next page

OR

To Learn More
(502) 977-5768
ritz@armadillo.one

Armadillo

armadillo.one



Additional Benefits

Armadillo
Hassle-free homeownership

Ritz US Employee
Plans and Pricing

Ritz employees
get **15% OFF**
all plans!

Plan Options

Click or use QR code to
view plans and enroll



APPLIANCE

Refrigerator
Food Loss
Dishwasher
Clothes Washer
Range/Oven/Cooktop
Kitchen Exhaust Fan
and more...



WHOLE HOME

Combines ALL
APPLIANCE & SYSTEM
Products



SYSTEMS

Central Air
Central Home Heating
Interior Electrical
Interior Plumbing
Water Heater

How does billing work?

Direct payment on your card - plans will go effective after a 30 day wait period.

Can I take my Armadillo plan with me?

Yes the monthly subscription is applied to your card, and you can continue the same coverage at the same Ritz price, at least for a year.

Can I change my address or cancel my plan?

Yes, but it needs to be based on a life event (e.g. you purchased a home or you sold your home and are now renting).

Additional Questions?

Please email ritz@armadillo.one or call (520) 977-5768



Armadillo

| armadillo.one



Other Benefits

Christmas Savings Plan

We are pleased to offer a Christmas Savings plan. **There is no cost to you for the set up of this service for you.** We deduct the amount you choose from your check each week and put into an account to hold for you. We will cut you a check at the end of October for the amount that has been held in your account. You may elect to start a Christmas Savings Plan in December for a January effective date. You may also elect to start at a later date.

Please contact **Tammy Demchak** in Human Resources to sign up for this service.

The rules for using this service are:

- The deduction will be taken out of your check after taxes.
- The funds will not be able to be drawn out until end of October.
- If you want to sign up after January, you may do so; It will be considered a **Life Event** in UKG. Please note we do not allow deductions to restart if you stop them.
- Deduction requests to begin will only be allowed the first of each month.



Paid Holidays - We recognize the following paid holidays:

Holiday	Day	Date
Spring Holiday	Friday	4/3/2026
Memorial Day	Monday	5/25/2026
Independency Day	Friday	7/3/2026
Labor Day	Monday	9/7/2026
Thanksgiving Day	Thursday	11/26/2026
Day After Thanksgiving	Friday	11/27/2026
Christmas Eve	Thursday	12/24/2026
Christmas Day	Friday	12/25/2026
New Year's Day	Friday	1/1/2027

Competitive Pay

- FUTA & SUTA—Federal & State Unemployment payroll taxes
- FICA—In 2020 Social Security and Medicare
- Workers Compensation insurance
- Direct Deposit

Company Paid Uniforms

Ritz provides uniforms for weekly paid employees, offering **5 shirts every 6 months** at **no cost** to the employee.

Legislative Notices

Summary of Material Modification (SMM) for Benefit Plans that are subject to ERISA

This Benefit Enrollment Guide is your Summary of Material Modification (SMM). Please keep a copy of the SMM with your Summary Plan Description (SPD) for each plan, as these documents must be read together for a full understanding of your benefits. Printed or electronic copies are available upon request from the Human Resources/Benefits Department.

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).

State	Phone	Website
California	916-445-8322	http://dhcs.ca.gov/hipp
Georgia	678-564-1162 EXT 2131	https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
North Carolina	919-855-4100	https://medicaid.ncdhhs.gov/
South Carolina	1-888-549-0820	https://www.scdhhs.gov

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565.

Legislative Notices

HIPAA Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while on Medicaid coverage or covered under a state children's health insurance program, you may be able to enroll yourself and your dependents in this plan, if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact Human Resources.

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).

Women's Health and Cancer Rights Act Annual and Enrollment Notice

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
- 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 our plans. Therefore, the deductibles and coinsurance that apply can be found on pages 15 and 16 of this guide.

If you would like more information on WHCRA benefits, contact the Claims Administrator, **Aetna**.

Legislative Notices

Genetic Information Nondiscrimination Act "GINA"

On November 9, 2010, the Equal Employment Opportunity Commission ("EEOC") issued the final rule implementing Title II of the Genetic Information Nondiscrimination Act ("GINA"), which applies to all employers with fifteen or more employees, as well as unions, employment agencies and labor management training programs. This final rule is effective January 10, 2011, and prohibits the use of genetic information in the employment context, restricts an employer's deliberate acquisition of genetic information, requires employers to maintain employee genetic information as confidential, and strictly limits employers from disclosing genetic information.

Prohibition on Use of Genetic Information by Employers

According to GINA, an employer may not discriminate against an applicant, employee or former employee on the basis of genetic information in hiring, compensation, promotion or demotion, seniority, discipline, employment termination, or any other term, condition or privilege of employment. GINA also prohibits employers from limiting, segregating, or classifying employees based on genetic information and prohibits entities from causing an employer to discriminate based on genetic information.

What is Genetic Information?

- Genetic information is defined broadly to include:
- Genetic tests of an individual or a family member;
- The manifestation of a disease or disorder in an individual's family medical history;
- An individual's request or receipt of genetic services;
- Participation in genetic clinical research by an individual or a family member; and
- The genetic information of a fetus carried by an individual or a pregnant family member using assisted reproductive technology. Information about the sex or age of an individual or a family member, however, is specifically excluded from the definition of genetic information.

The Practical Effects of GINA

The following guidelines are designed to help employers comply with GINA's requirements:

- Post the revised Equal Employment Opportunity ("EEO") poster, which includes GINA information and can be found at <http://www1.eeoc.gov/employers/poster.cfm>.
- Update medical requests, such as Family and Medical Leave Act ("FMLA") and fitness for duty forms, to include the new safe harbor language.
- Review and revise employee handbooks or other EEO statements and antidiscrimination/anti-retaliation policies to include genetic information in the list of protected traits.
- Review and revise, as necessary, social media policies to prevent GINA liability for inadvertent acquisition of information from employee social media profiles.
- Train managers about casual conversations/communications with employees concerning their health or the health of their family members.
- Maintain all genetic information in a separate and confidential medical file. However, there is no need for a separate GINA section if a medical file already exists, as genetic information can be kept in an ADA file.
- Confirm that all company sponsored wellness programs are compliant with the final rule. To learn more information regarding GINA please refer to the following website: designed to help employers comply with GINA's requirements: <http://www.eeoc.gov/laws/statutes/>

Legislative Notices

Health Care Reform Requirements

Under the 2010 Patient Affordable Health Care Act, we are required to provide a Summary of Benefits and Coverage (SBC) to all Employees. As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a SBC, which summarizes important information about any health coverage option in a standard format, to help you compare across options. You are responsible for providing a copy of the notice to your dependents who are covered under the plan.

The SBC contains:

- Comparison of medical plans
- Glossary of terms
- Claim examples

A paper copy is available, free of charge, by calling Human Resources. Reviewing the SBC is an important part of selecting or renewing your health care choices.

Women's Preventive Services

Non-grandfathered plans and issuers are required to provide coverage without cost sharing consistent with these guidelines in the first plan year that begins on or after August 1, 2012.

- A. Gestational diabetes screenings for pregnant women
- B. Human Papilloma Virus (HPV) DNA testing for women >29 every three (3) years
- C. Counseling on Sexually Transmitted Infections (STIs) for sexually active women
- D. Annual HIV screening and counseling for sexually active women
- E. At least one (1) Wellness Preventive Care visit annual for adult women. More if needed to cover all preventive services.
- F. Annual screening/counseling for interpersonal/domestic violence for women
- G. Breastfeeding counseling for pregnant/post-partum women
- H. Certain breast pumps for pregnant/post-partum women
- I. Contraceptives/Sterilizations for women with reproductive capacity
- J. The following contraceptive methods (with a prescription) for women with reproductive capacity:

- Cervical caps
- Diaphragms
- Injections
- Implantable Rods
- IUDs
- Generic oral contraceptives
- Transdermal contraceptives
- NuvaRing ®
- Emergency contraception (aka "the Morning After pill")

Contact Information

Human Resources Department

Lavonia, GA

HR Manager - Tammy Demchak

Email: tammy.henson@ritzusa.com

Phone: 706-356-7180 EXT 7184

HR Generalist: Corie Crawford

Email: corie.crawford@ritzusa.com

Phone: 706-356-7180 EXT 7288

Waynesboro, GA

HR Manager - Holly Smith

Email: holly.smith@ritzusa.com

Phone: 706-356-710 EXT



For questions on Medical & Prescription Drugs, Mail Order Prescriptions

Call Aetna at: 888-266-5519 (TTY: 711) or Log on to www.aetna.com



For questions regarding Dental, Vision, Life Insurance or Disability Benefits

Call Principal at: 1-800-247-4695 or Log on to www.principal.com



For questions regarding HRA and Healthcare FSA

Call Admin America at 1-800-366-2961 Log on to www.adminamerica.com



For questions regarding Critical Illness

Call Principal at: 800-247-4695 or Log on to www.principal.com



To reach our EAP (Employee Assistance Program)

Call ComPsych at: 866-379-0898 Available 365 Days — 7 days a week — 24 Hours a Day Log on to www.guidanceresources.com use **PrincipalCore** as the program name to REGISTER



For questions regarding 401(k) Retirement Savings

Call **Employee Fiduciary** at 877-401-5100 EXT 3 or Log on to <https://www.myplanprovider.com/efc/>





The information in this Enrollment Guide is presented for illustrative purposes and was taken from various summary plan descriptions and benefit information. While every effort was made to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Enrollment Guide, contact Human Resources.