— ANNUAL ENROLLMENT —

ELG BENEFITS

2027

OCTOBER 19

—

NOVEMBER 1

2026

ELG BENEFITS

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Dear Colleagues,

At Exemplar Luxury Group, our people are the heartbeat of our organization, and we are committed to delivering a benefits program that is comprehensive and inclusive.

Looking ahead to 2027, our focus is on offering strong, reliable benefits packages that remain affordable for everyone. We've taken thoughtful steps to protect the quality of your coverage and keep your out-of-pocket costs as low as possible.

Inside this guide, you'll find important details about our benefits programs and how to prepare for enrollment—including details on medical, dental and vision benefits and other enhanced offerings.

We encourage you to take the time to review your options carefully and make the selections that feel right for you. It is also important to update your attestations every year to ensure your choices are accurately reflected.

Your health and well-being matters to us and we are committed to continuing to enhance our benefits offerings with programs and partners that provide value to you and your loved ones.

Warmly,

Gretchen Koback Pursel

CHIEF PEOPLE OFFICER, EXEMPLAR LUXURY GROUP

Guide Notice

This guide provides an overview of the benefits available to you at Exemplar Luxury Group. You can also refer to the plan's benefit summaries and summary plan descriptions for additional details. These documents are available on the Benefits Enrollment Portal. This enrollment guide is not intended to be, nor shall it be construed as, a contract of any type. It highlights features of Exemplar Luxury Group's Health & Welfare Plan. It is not intended to cover the programs in detail. Every effort has been made to ensure the accuracy of the information presented.

However, in the event of any discrepancies, your actual coverage will be determined by the legal plan documents that govern this plan. Exemplar Luxury Group reserves the right to change or end any of the benefit plans, at any time and for any reason, to the extent allowed by the law. If you have questions, please contact the Exemplar Luxury Group Benefits Service Center.

YOUR 2027 EXEMPLAR LUXURY GROUP BENEFITS:

Designed to support what matters most

This year's 2027 Annual Enrollment is **October 19 through November 1, 2026**. Most of your current benefit elections will carry over automatically; however, there are certain required actions you need to take annually.

During Annual Enrollment, we encourage you to take this opportunity to:

- **Review** your current coverage.
- **Reevaluate** your needs to ensure your coverage continues to fit your lifestyle, health and family circumstances.
- **Explore** all the options designed to support your physical, emotional and financial well-being, including newly expanded mental health benefits and services.

2027 Medical Plan Rates Update:

While Exemplar Luxury Group has taken significant steps to hold all other medical plan rates completely flat for 2027, PPO medical plan rates are increasing, making Annual Enrollment a great time to explore the value of our Consumer Driven Health Plans (CDHPs) and the savings opportunities that come with a Health Savings Account (HSA). A CDHP offers lower paycheck premiums and pairs with an HSA that lets you save tax-advantaged dollars to pay for eligible healthcare expenses. Exemplar Luxury Group also helps you save by contributing to your HSA - **$250** for Employee Only coverage or **$500** for Employees with Dependent coverage.

2027 rate updates also include a slight increase on dental rates and the discontinuation of GLP-1 coverage for weight loss.

Your Exemplar Luxury Group Benefits Annual Enrollment is October 19 - November 1 2026

Important Actions to Take During Annual Enrollment:

- **Re-elect your HSA or FSA contributions for 2027** – if you want to contribute next year, you must make a new election during Annual Enrollment as these elections do not automatically carry over.
- **Complete the required attestations** – beginning in 2027, there is **a working spouse surcharge of $200 a month** if an employee chooses to cover a spouse or partner that has access to medical coverage through their own employer; and **a tobacco surcharge of $80 a month** if an employee or their spouse/partner uses tobacco or other nicotine products. If you do not complete these required attestations, the applicable surcharge will be automatically applied to your medical premiums.
- **Submit verification for new dependents** – if you will be adding new dependents for the first time during Annual Enrollment, you must submit/upload the required documentation to the Benefits Enrollment Portal by December 31, 2026.

Take time to explore what's available, consider what matters most to you and your loved ones, and make the most of your 2027 benefits. A few thoughtful choices today can help ensure your coverage is ready to support you throughout the year ahead.

YOUR ENROLLMENT, YOUR WAY:

3 Ways to Get Started When Annual Enrollment Kicks Off

1. The Benefit Enrollment Portal

New User: How to Access

a. Go to: **benefits.exemplarluxurygroup.com** and click **LOGIN NOW** in the middle banner.

b. Click Register and enter your First Name, Last Name, Date of Birth, and Social Security Number.

c. Click Next and create your User ID (your email address, for example) and a new Password (a minimum of 8 characters, with a least one letter, one number, and one symbol).

d. Set a security question and answer in case you forget your password and click Next.

e. Read the terms of use and click 'I Agree' at the bottom of the page.

Returning User:

Go to: **benefits.exemplarluxurygroup.com** and click **LOGIN NOW** in the middle banner. Then log in using the User ID and Password you created when you first registered for the Benefits Enrollment Portal. If you've forgotten your login information, simply select the User ID or Password assistance links on the login page and follow the prompts to regain access to your account.

What Happens if I Do Not Login?

Most of your current benefit elections will carry over automatically - but there are certain required actions you need to take annually. If you want to contribute to an HSA or FSA in 2027, you must make a new election during Annual Enrollment. These elections do not automatically carry over. You must complete the required attestations every year during Annual Enrollment. If you do not complete them, the applicable surcharges will be automatically added to your medical premium.

2. The Mobile App

Scan this QR Code to download the Exemplar Luxury Group Benefits mobile app. After downloading the app for the first time, click on **"New User? Register"** and follow the prompts to create your account. During the registration process, you'll be asked to create a username and password that you can use to access the app in the future.



3. Over the Phone

Call the Exemplar Luxury Group Benefits Service Center at

1-866-725-7005
Monday – Friday
8 AM – 8 PM ET

ELIGIBILITY

Supporting You and Your Family

At Exemplar Luxury Group, we are committed to offering benefits that support the well-being of our people and their loved ones. Eligibility for benefits is based on your employment status and regularly scheduled hours:

- **Full-Time Colleagues**
  Regular full-time employees who work 30 or more hours per week are eligible for the full scope of health and welfare benefits.
- **Part-Time Colleagues**
  Regular part-time employees who work 20 to 29 hours per week are eligible for:
  - Dental coverage
  - Vision coverage
  - Voluntary & Supplemental Benefits, including:
    - » Critical Illness Insurance
    - » Accident Insurance
    - » Hospital Indemnity Insurance
    - » Legal Insurance
    - » Identity Theft Protection
    - » Pet Insurance



This approach ensures all employees, whether full-time or part-time, have access to resources that protect their health, financial security, and overall wellbeing.

Your Dependents

- Your legal spouse
- Your domestic partner
- Your children up to age 26
- Disabled child of any age (with documentation) who is dependent on you for support.

Eligible Children Include

- Your biological children
- Your legally adopted children, including children placed in your custody pending adoption
- Your stepchildren

DOCUMENTATION FOR DEPENDENT VERIFICATION

If you will be adding new dependents or covering dependents for the first time, you must verify your dependent's relationship with you by uploading official documentation such as a marriage license or a birth certificate. Once you are finished enrolling in your 2027 benefits, you will see a notification pop up next to your "To Do" list.

You may upload your dependent eligibility verification documents including:

- Marriage certificate
- Affidavit of domestic partnership
- Birth certificate
- Official hospital records for newborns only*
- Adoption certificate
- Copies of official court documentation

* If you do not have an official state issued birth certificate by the eligibility deadline, you may submit a copy of the official hospital record used to file for the birth certificate. The document must have both parents' names, the child's name, and the date of birth. You should submit the official birth certificate once you receive it.

Important Note

If you do not provide acceptable documentation for each dependent that you enroll in benefits for the first time, the dependent will not be covered under your 2027 benefits.

Deadline for document submission/upload to the Benefits Enrollment Portal is December 31, 2026. If you have previously provided the required documentation, you will not need to do so again.

KNOW BEFORE YOU ENROLL: SURCHARGES & REQUIRED ATTESTATIONS

As you make your 2027 benefit elections, there are two important surcharges that may affect the cost of your medical coverage. To ensure your coverage and premiums are set up correctly, you'll be required to complete the **Working Spouse and Tobacco Attestations** in the Benefits Enrollment Platform.

Working Spouse Surcharge

If you enroll your spouse or partner in an ELG medical plan and they have access to medical coverage through their own employer, a **$200 monthly surcharge** will apply in addition to your regular medical premium.

Tobacco Surcharge

If you or your covered spouse/partner uses tobacco or other nicotine products, an **$80 monthly surcharge** will apply to your medical coverage.

Important: *If you do not complete a required attestation, the applicable surcharge will* ***automatically be added to your medical premium***.

NOTE: The Tobacco Attestation will also be used as part of your enrollment in Supplemental Health Benefits to help determine accurate premium rates based on tobacco use status.

UPDATING YOUR BENEFITS WHEN LIFE CHANGES

Making Mid-Year Changes – Qualifying Life Events (QLE)

Sometimes, life gives us unexpected challenges, and your current selection of benefits might not work for your family anymore. That's why we allow you to make changes outside of Annual Enrollment for certain qualifying life events (QLEs).

Qualifying Life Events and changes in status include:

- Marriage or divorce
- Death of your spouse or dependent
- Birth, adoption or placement of a child for adoption or custody
- Eligibility for Medicare, Medicaid or CHIP, or an Exchange Plan
- You or your dependent no longer qualify as an eligible dependent under another plan
- You experience a reduction in hours worked (less than 30 hours of service per week)

Please note that you have 30 days from the date of your QLE to make changes to your coverage. If you fail to meet this deadline, you will have to wait until the next Annual Enrollment or experience another QLE to make changes to your benefits.



CARING FOR YOUR HEALTH

HOW MEDICAL COVERAGE WORKS

Exemplar Luxury Group offers you a choice of four medical plans through our national carrier, Cigna, including traditional PPO options and Consumer Driven Health Plan (CDHP) options. In addition, Exemplar Luxury Group also offers several regional carriers, such as Geisinger, Kaiser and HMSA, dependent on your zip code. All plans include comprehensive medical coverage and prescription drug benefits. To choose the plan that best powers your health and fits your family's needs, compare the key differences in coverage, payroll deductions, and how each plan helps you manage costs throughout the year.

Understanding How Your Plan Works

Your Deductible

You pay out-of-pocket for most medical and pharmacy expenses, except those with a copay, until you reach the deductible.

Your Coverage

Once your deductible is met, you and the plan share the cost of covered medical and pharmacy expenses. The plan will pay a percentage of each eligible expense, and you will pay the rest.

Your Out-of-Pocket Maximum

When you reach your out-of-pocket maximum, the plan pays 100% of covered medical and pharmacy expenses for the rest of the plan year. Your deductible and coinsurance apply toward the out-of-pocket maximum.

Choosing Between a PPO and a CDHP with HSA

A PPO (Preferred Provider Organization) offers flexibility and predictable costs.

Copays for doctor visits
You'll pay a set amount (copay) when you see a doctor or specialist.

Lower deductibles
You pay less upfront before your plan begins sharing costs.

Higher premiums
Monthly paycheck deductions are higher than an CDHP.

FSA Option
A PPO can be complemented with a Flexible Spending Account (FSA).

This plan may be a good fit if you prefer consistent copays, expect frequent medical visits, or want lower out-of-pocket costs when you need care.

A CDHP (Consumer Driven Health Plan) offers lower paycheck costs and a tax-advantaged way to save.

Lower premiums
Less is deducted from your paycheck each pay period.

Higher deductible
You pay more upfront before the plan begins to share costs.

HSA (Health Savings Account)
A CDHP can be paired with an HSA that is funded by your contributions and Exemplar Luxury Group.

HSA Triple tax advantages
Contributions are tax-free, funds grow tax-free, and withdrawals for qualified expenses are tax-free.

HSA Funds roll over
Money in your HSA stays with you year to year and even if you leave the company.

This plan may be a good fit if you want lower premiums, like to save for future health expenses, or want the flexibility of a portable account that builds over time.

Key Differences at a Glance

PPO = Higher premiums, lower deductible, predictable copays, use of an FSA.

CDHP + HSA = Lower premiums, higher deductible, HSA savings with tax advantages, more potential long-term value.

MEDICAL PLAN TIPS

At Exemplar Luxury Group, we encourage you to be proactive in caring for your health and making confident, well-informed decisions about your coverage. Understanding how your benefits work helps you get the most from your plan and supports your overall well-being.

Prioritize preventive care. Routine physicals and age-appropriate screenings are covered at 100% when you use in-network providers. An annual check-up not only helps you stay on track, it can also prevent chronic conditions or detect health issues early—when treatment is most effective.

Choose the right level of care. For sudden health concerns, knowing whether to visit your doctor, an urgent care center, or the emergency room can save you time and money. Whenever possible, start with your primary care provider or urgent care for non-emergency needs.

Be smart with prescriptions. Talk with your doctor about cost-effective medication options. Generic drugs work the same way as their brand-name counterparts and usually cost less—helping you and your family manage both your health and your budget.

By staying informed and engaged, you'll make the most of your benefits and ensure your coverage works hard for you.

When you enroll in a Cigna medical plan, your prescription drug coverage is provided through OptumRx, giving you access to a wide pharmacy network, cost-saving tools, and personalized medication support. Watch this quick video about OptumRx Digital Tools and visit the OptumRx website to register your account, review covered medications, compare costs, find pharmacies, and access helpful resources to manage your prescriptions with confidence.

Member Resources | Optum Rx
Get all the tools to manage your account, learn what medications are covered, understand your medications and update your prescriber details.

	2027 NATIONAL MEDICAL PLANS			
PLAN NAME	**EPO CDHP**	**Choice CDHP**	**PPO**	**PPO Plus**
PLAN DEDUCTIBLE (INCLUDING RX)	$5,000 / $10,000	$2,500 / $5,000	$4,000 / $8,000	$1,500 / $3,000
COINSURANCE	30%	20%	25%	20%
OUT-OF-POCKET MAX	$6,350 / $12,700	$5,000 / $10,000	$6,350 / $12,700	$4,000 / $8,000
PRIMARY CARE / SPECIALIST	30%	20%	$35 / $65	$35 / $65
EMERGENCY ROOM	30%	20%	25%	$200
URGENT CARE	30%	20%	25%	$50
RETAIL RX (GENERIC/BRAND/NON-BRAND)	After Deductible $10 / 30% / 50%	After Deductible $10 / 20% /30%	$10 / 30% / 50%	$10 / $35 / $70
MAIL ORDER 90-DAY RX (GENERIC/BRAND/NON-BRAND)	After Deductible $20 / 30% / 50%	After Deductible $20 / 20% / 30%	$20 / 30% / 50%	$20 / $70 / $140
HSA EMPLOYER FUNDING (INDIVIDUAL / FAMILY)	$250 / $500	$250 / $500	N/A	N/A

The information shown in this chart applies to in-network services only. Please note that the EPO plan does not include an out-of-network benefit. For more information, visit Benefits.exemplarluxurygroup.com.

ZIP CODE DEPENDENT MEDICAL COVERAGE OPTIONS

	HMSA PPO Plan	Kaiser Permanente HMO Plans			Geisinger HMO Plans	
PLAN HIGHLIGHTS	**HMSA**	**High**	**Medium**	**Low**	**$1,500 Plan**	**$4,000 Plan**
ANNUAL DEDUCTIBLE	$0	$1,000/ $2,000	$2,500/ $5,000	$3,000/ $6,000	$1,500/ $3,000	$4,000/ $8,000
ANNUAL OUT-OF-POCKET MAX	$2,500/ $7,500	$4,000/ $8,000	$6,350/ $12,700	$4,500/ $9,000	$8,550/ $17,100	
COINSURANCE (YOU PAY)	20%	20%	20%	25%	20%	30%
PRIMARY CARE / SPECIALIST	$12	$25 / $40	$30 / $60	25%	$30 / $60	
EMERGENCY ROOM	20%	20%	20%	25%	$200	
URGENT CARE	$12	$25	20%	25%	$30	
RETAIL RX						
GENERIC	$7	$10	$10	$10	$0	
BRAND	$30	$30	20%	30%	$20	
NON-BRAND	$75	$60	30%	50%	$50	
MAIL ORDER 90-DAY RX						
GENERIC	$11	$20	$20	$20	$0	
BRAND	$65	$60	20%	30%	$40	
NON-BRAND	$200	$120	30%	50%	$100	

NOTE: Each medical plan carrier provides their own prescription drug coverage benefits as part of their medical plan designs.



SPENDING & SAVINGS ACCOUNTS

Make the Most of Your Healthcare Dollars

Flexible Spending Accounts (FSAs) and Health Savings Accounts (HSAs) are smart, tax-advantaged ways to manage your out-of-pocket health expenses, while keeping more of your paycheck. Exemplar Luxury Group partners with HealthEquity to offer these benefits.

Cover today's costs with an FSA. Use pre-tax dollars to pay for everyday expenses like copays, prescriptions, and dependent care.

Plan for the future with an HSA. Build long-term savings for medical needs down the road, with funds that roll over year after year.

Both accounts give you flexibility and control, helping you spend wisely and protect your budget - all while supporting your health and wellbeing.



FLEXIBLE SPENDING ACCOUNTS (FSA)

A **Flexible Spending Account (FSA)** lets you set aside money tax-free to pay for eligible healthcare or dependent care expenses—helping your dollars go further. FSAs are a great way to plan ahead for things like doctor visits, prescriptions, daycare, and more.

Each type of FSA has its own rules for how funds can be used, as well as annual minimum and maximum contribution limits. The key? You decide how much to contribute, and the savings start right away. **FSAs are "use it or lose it".** Any unused funds will have a **60-day run out period** and **carryover (available for HCFSA and LPFSA) up to the IRS maximum of $680**. Once the 60 days are up, any remaining balance is forfeited.

HEALTH CARE FSA (HCFSA)

Available if enrolled in a PPO Medical Plan Option**

The HCFSA funds are used to pay for qualified out-of-pocket medical expenses for you and your eligible dependents. That includes things like doctor visits, prescriptions, copays, and even over-the-counter medications.

You choose how much to contribute each year—within IRS limits—and those funds are available to use right away at the start of the plan year. It's a smart way to lower your taxable income and save on the care you already plan to use.

The Maximum Annual HCFSA Contribution Limits for 2026*	
MAXIMUM ANNUAL CONTRIBUTION	$3,400

**At the time of publication, the IRS had not yet announced the 2027 FSA maximum contribution limits. Updated limits will be communicated once available.*

***HCFSA is also available if you are not enrolled in medical coverage through Exemplar Luxury Group.*

LIMITED PURPOSE FSA (LPFSA)

Available When Enrolled in a CDHP Medical Plan Option with HSA

If you enroll in one of the CDHP medical plans with an HSA, you can also enroll in a Limited Purpose Flexible Spending Account (LPFSA). Funds from the LPFSA can only be used to pay for ***eligible dental and vision expenses.****

The Maximum Annual LPFSA Contribution Limits for 2026*	
MAXIMUM ANNUAL CONTRIBUTION	$3,400

**At the time of publication, the IRS had not yet announced the 2027 FSA maximum contribution limits. Updated limits will be communicated once available.*

DEPENDENT CARE FSA (DCFSA)

Support for Working Families and Available to Eligible Colleagues Regardless of Medical Plan Enrollment.

A **Dependent Care Flexible Spending Account (DCFSA)** lets you set aside money tax-free to pay for eligible expenses like daycare, pre-school, after-school programs, or elder care for dependents while you work. Eligible dependents who may qualify are children under the age of 13, disabled dependents or an older parent in eldercare (not a nursing home or long-term care).

You may contribute up to $7,500 each year when married filing jointly or $3,750 each year when married filing separately.* It's a great way to reduce your taxable income while covering the costs of care you rely on every day.

**Dependent Care FSAs are subject to IRS nondiscrimination testing. If testing requirements are not met, contributions for certain highly compensated employees (HCEs) may be limited or refunded to ensure the plan remains compliant.*

Important Things to Note About FSAs

- If you enroll in an FSA, you will receive a debit card from HealthEquity to pay for your eligible expenses. You may also submit manual reimbursement requests.
- Over-the-counter (OTC) medications generally require a prescription for reimbursement through FSAs.
- Do the math. Estimate your eligible expenses carefully before enrolling to avoid forfeiting unused funds that cannot be carried over.
- Don't forget to keep your receipts in case you need to verify an expense!

For a complete list of eligible expenses refer to IRS Publication 502 and IRS Publication 503.

https://www.irs.gov/forms-pubs/about-publication-502
https://www.irs.gov/forms-pubs/about-publication-503

**2027 limits have not yet released by the IRS as of time of printing.*

HEALTH SAVINGS ACCOUNT (HSA)

An **HSA** is a smart, tax-advantaged way to save for healthcare expenses today and in the future. It comes with triple tax advantages, and any unused funds roll over year to year, so you continue to grow your savings. Plus, the funds are always yours to keep – even if you change jobs or retire. It's flexible, future-focused, and a great choice when you want to make the most of your healthcare dollars.

Your HSA funds can be used to pay for qualified medical expenses such as dental, vision, prescription drugs, common over-the-counter medications, and medical expenses that are applied to your deductible.

HSA Contribution Limits & Employer Funding

Exemplar Luxury Group helps you save by contributing **$250 for Employee Only** coverage or **$500 for other tiers**, credited on a prorated basis each pay period. These employer contributions count toward your IRS annual HSA contribution limit, so they are included when determining the maximum amount you can elect.

This contribution, combined with your own, helps you build savings for today's expenses and future health needs.

The Maximum Annual HSA Contribution Limits for 2027	
MAXIMUM ANNUAL CONTRIBUTION FOR INDIVIDUAL	$4,500
MAXIMUM ANNUAL CONTRIBUTION FOR INDIVIDUAL + DEPENDENTS	$9,000
CATCH-UP CONTRIBUTIONS FOR THOSE 55 YEARS AND OVER	$1,000

Learn More With HealthEquity: Your Partner for FSAs and HSAs

Exemplar Luxury Group partners with HealthEquity, a trusted leader in health and financial wellness, to help you make the most of your Flexible Spending Accounts (FSAs) and Health Savings Accounts (HSAs). Through HealthEquity, you can easily manage your pre-tax health dollars, pay for eligible expenses, and track your account activity—all in one convenient place.

Visit **www.healthequity.com** to explore a variety of resources – from a library of helpful articles to available webinars – HealthEquity helps you maximize your savings and spending accounts. You can also reach out to member services at **877-223-5329**.

Check out this Member Guided Tour to walk through logging into your HealthEquity account for the first time.

With 24/7 access to your account, mobile tools, and expert support, HealthEquity makes it simple to plan, save, and spend smarter—helping you take control of your health and your financial well-being.



HSA Advantages

- Tax-deductible contributions
- Tax-free growth
- Tax-free withdrawals for medical expenses
- Funds roll over annually
- Can be invested for long-term growth
- Owned by you, not your employer
- Usable for a wide range of health expenses
- After age 65, usable for any purpose (taxed if non-medical)
- Helpful for retirement healthcare planning

CIGNA	Base	Buy-Up
DEDUCTIBLE (IND / FAM)	$50 / $150	$25 / $75
ANNUAL MAXIMUM	$1,500	$2,000
PREVENTIVE SERVICES	100%	100%
BASIC SERVICES	80%	90%
MAJOR SERVICES	50%	60%
ORTHODONTIA SERVICES	Excluded	50% CHILDREN & ADULTS
ORTHODONTIA LIFETIME MAXIMUM		$2,000 PER PERSON

DENTAL BENEFITS

Your smile is an important part of your overall well-being and Exemplar Luxury Group is here to help you keep it healthy. Through **Cigna Dental**, you have access to comprehensive coverage designed to make preventive care simple and affordable, while also supporting more complex dental needs when they arise.

Choose from two plan options—a **Base Plan** and a **Buy-Up Plan**—both offering access to Cigna's large nationwide network of dentists. Whether it's a routine cleaning, restorative treatment, or orthodontic care, you can count on Cigna to help you maintain your oral health and protect your confident smile.

	VSP	Base	Buy-Up
	EXAMS / LENSES	once every 12 months.	
	FRAMES	once every 24 months.	once every 12 months.
	VISION EXAMS	$10 copay	
	FRAMES	100% up to $150, *then 20% off*	100% up to $200, *then 20% off*
CONTACT LENSES	*ELECTIVE*	$10 copay, *then 100% up to $130*	$10 copay, *then 100% up to $200*
CONTACT LENSES	*MEDICALLY NECESSARY*	100%	
	LENSES	$10 copay	
	EASY OPTIONS (INCLUDES ONE OPTIONAL UPGRADE ONLY)	N/A	Frames: $250 Contacts: $200 *Anti-Reflective Coating, Progressive Lens, or Photochromic covered in full*

VISION BENEFITS

Clear vision helps you see every opportunity ahead and Exemplar Luxury Group's vision benefits make it easy to keep your eyes healthy and your focus sharp. Through **VSP Vision Care**, you have access to quality eye care and affordable eyewear options that make it easy to see and feel your best.

Choose between two plan options—a **Base Plan** and a **Buy-Up Plan**—both offering access to VSP's extensive national network of eye care providers. Whether you prefer glasses or contacts, you'll enjoy valuable savings on exams, lenses, and frames, plus additional discounts on lens enhancements and elective upgrades.

TOTAL HEALTH PROGRAMS

EMPLOYEE WELLNESS SOLUTION (EWS)

At Exemplar Luxury Group, we know that life doesn't stop at the workplace and sometimes, balancing personal, family, and professional responsibilities can feel overwhelming. That's why we provide access to the Employee Wellness Solution (EWS), a confidential resource designed to support your overall well-being.

What you need to know about about the Employee Wellness Solution (EWS):

No cost to you. These services are fully paid by Exemplar Luxury Group and automatically available to all benefit-eligible colleagues and no enrollment is required.

Support for your household. Coverage extends to everyone in your household, ensuring your loved ones have access to the same care and resources.

Comprehensive resources. From confidential counseling and referrals to help with work-life balance, mental health, and everyday challenges, the EWS connects you with trusted professionals and tools.

The EWS is here to help you and your family navigate life's challenges - whether big or small - so you can feel supported, focused, and ready to thrive.

ACCIDENT, CRITICAL ILLNESS, AND HOSPITAL INDEMNITY INSURANCE

Build a Stronger Financial Safety Net with Supplemental Health Benefits

Unexpected medical events can lead to significant out-of-pocket costs—even with a health plan. If you're looking for added financial protection, consider enrolling in Accident, Critical Illness and/or Hospital Indemnity Insurance coverage offered through Reliance. These plans pay cash benefits directly to you to help cover expenses if you or a covered family member experiences a serious illness, injury, or hospital stay. These plans are designed to complement your core coverage, giving you peace of mind and added protection when you need it most.

ACCIDENT INSURANCE

Coverage That Kicks in When Life Takes an Unexpected Turn

Whether it's a slip on the stairs, a child's sports injury, or a visit to the ER after a weekend mishap, this coverage pays cash benefits directly to you to help with out-of-pocket costs related to a covered accident.

How It Works

Accident Insurance pays you a fixed benefit amount based on the injury and treatment received. From emergency care to follow-up visits, this plan offers financial support for a wide range of services and scenarios—including hospital stays, surgeries, fractures, dislocations, and more.

The best part? The benefits are paid directly to you, so you can use them however you need—whether that's to cover copays and deductibles, keep up with bills, or simply take care of everyday expenses while you recover.

Why Consider Accident Insurance?

Accidents can lead to unexpected costs, even when you have medical insurance. This plan offers you added peace of mind by helping you:

- Offset medical expenses like deductibles and copays
- Supplement lost income during recovery
- Avoid dipping into savings for everyday bills

Whether you're an active weekend warrior, a parent of a daring toddler, or simply want added protection - Accident Insurance is a smart, affordable way to boost your financial safety net.

Accident Insurance Key Features

Guaranteed Issue Coverage
No medical questions required. Everyone eligible can enroll.

Portable Protection
Take your coverage with you if you leave Exemplar Luxury Group.

Family Coverage Available
Add your spouse or domestic partner and children, too.

Wellness Benefit
Earn $75 per person each year for completing a preventive health screening.

What's Covered?

Critical Illness Insurance offers a wide scope of protection, including but not limited to:

- Heart attack or stroke
- Invasive cancer and carcinoma
- Major organ transplant
- Severe burns
- ALS, MS, Parkinson's, Alzheimer's, and more.



CRITICAL ILLNESS INSURANCE

Financial Support When You Need It Most

A serious health diagnosis can turn life upside down - not just physically and emotionally, but financially too. Critical Illness Insurance provides a **lump-sum cash payment** if you or a covered dependent is diagnosed with a covered condition like cancer, heart attack, stroke, or major organ failure. This benefit helps cover out-of-pocket medical expenses, household bills, or anything else you need while focusing on recovery.

This coverage complements your medical insurance by filling in the financial gaps - so you can spend less time worrying about money and more time healing.

How It Works

If you're diagnosed with a covered critical illness, you'll receive a **cash payout** - up to your elected benefit amount. That money is yours to use however you need, whether it's for treatment, everyday expenses, or financial peace of mind.

Why Critical Illness Insurance Matters

Even with a solid medical plan, a critical diagnosis often leads to unexpected costs like copays, travel, childcare, time off work. This coverage provides a financial cushion when you need it most, so you can focus on getting better, not on making ends meet.

And there are extra benefits built in

- **Guaranteed Issue:** No medical questions—everyone is eligible
- **Wellness Benefit:** Receive **$50 per person per year** just for completing a health screening like a flu shot, mammogram, or dental exam.

HOSPITAL INDEMNITY INSURANCE

Support When You're Admitted for Care

A hospital stay can be stressful enough—without worrying about the bill. Hospital Indemnity Insurance provides a cash benefit to help you manage the unexpected costs that can come with a stay in a hospital, critical care unit, or rehabilitation facility. **This benefit pays you directly, regardless of your medical coverage,** and you can use the funds however you need—whether for medical expenses, household bills, or everyday essentials.

How It Works

If you're admitted to a covered facility, you'll receive a **lump-sum cash benefit** on the first day of confinement, plus a **daily benefit** for each additional day you remain hospitalized.

And there are additional perks

- **Guaranteed Issue:** no medical questions or underwriting required
- **$50 Wellness Benefit** for completing a preventive health screening (per covered person per year)

LIFE, AD&D, AND DISABILITY INSURANCE

Protecting What Matters Most

Exemplar Luxury Group's Life and Disability Insurance options provide valuable protection to support your income and your family if the unexpected happens. Whether it's ensuring financial security for your loved ones or replacing lost income due to illness or injury, these benefits are designed to offer peace of mind when it matters most.

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

Company Sponsored Benefit

Exemplar Luxury Group provides peace of mind by offering **Basic Life Insurance** and **Accidental Death and Dismemberment (AD&D) coverage** at no cost to you. Enrollment is automatic—there's nothing you need to do to receive this important protection.

These benefits are a cornerstone of your financial safety net—helping ensure that you and your family are supported during life's most difficult moments.

VOLUNTARY LIFE AND AD&D

Exemplar Luxury Group offers **Voluntary Life and AD&D Insurance** to give you and your loved ones an added layer of financial protection, providing peace of mind and security for the unexpected. You can purchase additional coverage for yourself, your spouse, and your children through convenient payroll deductions.

Voluntary Life and AD&D coverage allow you to extend financial security to those who matter most—helping protect your family's future should the unexpected happen.

Colleagues

- Choose coverage from **1 to 5x your annual base earnings**, up to a **maximum of $2,000,000**.
- Minimum election: **$10,000**, rounded to the nearest $1,000.
- **Guarantee Issue**: up to **$500,000** without evidence of insurability if elected when first eligible.

Spouses

- Choose **$10,000** or increments of **$25,000**, up to a **maximum of $250,000** (not to exceed 100% of the employee amount).
- **Guarantee Issue:** up to **$50,000** when first eligible.

Children

- Choose **$5,000** or **$10,000** in flat coverage amounts.

Basic Term Life Insurance

Your benefit equals **1X your base annual earnings, up to a maximum of $1,000,000** or you can opt to have a flat $50,000. This coverage helps protect your loved ones' financial security in the event of your passing.

Accidental Death and Dismemberment (AD&D)

If you experience a serious injury or lose your life in an accident, AD&D coverage provides an additional benefit **equal to your Basic Term Life coverage**. This protection extends beyond standard life insurance to give you and your family greater security in the face of the unexpected.

Beneficiary Designation

Choosing a beneficiary is an important step in making sure your life insurance benefits are directed according to your wishes. You will need to designate a beneficiary for both your **Basic Life Insurance** and any **Voluntary Life Insurance** you elect.

- If you name more than one beneficiary, be sure to assign a percentage to each person. Your total must equal **100%**.
- You can update or change your beneficiary at any time to reflect life changes such as marriage, divorce, or the birth of a child.

Tip: Review your beneficiary designation during each Annual Enrollment period to ensure your elections are current and reflect your intentions. Keeping this information up to date helps provide peace of mind for you and financial security for your loved ones.

Salaried Colleagues

After you are declared disabled, you will receive 100% of your weekly earnings for weeks 2-8, following an initial one-week elimination period, then 66.67% for weeks 9-26.

Hourly Colleagues

After you are declared disabled, you will receive 66.67% of your weekly earnings, for weeks 2-26, following an initial one-week elimination period.

Short-Term Disability coverage gives you peace of mind, helping you maintain financial stability while you take the time you need to heal.

Short-Term Disability (STD)

Your ability to earn a paycheck is one of your most valuable assets. Short-Term Disability (STD) Insurance helps protect that income if an illness or injury keeps you out of work for an extended period of time.

Exemplar Luxury Group provides this coverage automatically and at no cost to you—so you can focus on recovery without worrying about lost wages. If you are also eligible for a mandatory Short-Term Disability Insurance benefit under state law, Exemplar Luxury Group's salary continuation benefit will coordinate with that benefit.

Long-Term Disability (LTD)

Exemplar Luxury Group also provides salary continuation to protect your finances when your disability continues beyond the period covered by the Short-Term Disability Plan.

You can choose to enroll in Core or Buy-Up Long-Term Disability coverage. You will receive 40% of your monthly covered earnings under the base plan, or 60% of your monthly earnings under the Buy-Up plan ($12,500 per month maximum, $100 minimum or 10% of monthly benefit for both Base and Buy-Up). You pay the cost of these benefits through convenient payroll deductions. Rates are based on your age as of January 1 each year.

BUILDING A STRONGER FINANCIAL FUTURE

Banking & Investment Solutions

BofA Rewards Program

Bank of America offers Exemplar Luxury Group employees special access to enroll in the BofA Rewards Program with Preferred Plus tier benefits, such as:

- A special bundle of no-fee banking services on qualified checking and savings accounts. To take advantage of this, all you have to do is set up a Bank of America account as your payroll direct deposit and then complete your enrollment into BofA Rewards either online or via mobile banking.
- A fixed fee reduction on a new mortgage with Bank of America.
- Rate discounts on auto loans and home equity lines of credit
- Fraud and identity monitoring features
- Rewards bonuses on purchases with an eligible Bank of America credit card.
- Help to achieve financial goals through free financial education, available online or in person.

Plus, you can take advantage of a full suite of investment solutions from Merrill, including access to the people, tools, and personalized advice and guidance you may need to put your investing ideas into action.

Need More Information? Visit the Banking and Investing Program webpage at **https://benefits.exemplarluxurygroup.com/article/banking-investment-solutions/** for more details.

401(k) Retirement Savings

Building a healthy financial future is just as important as taking care of your health needs today. Putting money aside for your future is easy with your organization's 401(k) Retirement Savings Plan.

- **Eligibility:** If you are actively employed and and at least age 21, you are immediately eligible to begin deferring to the plan.
- **Auto Enrollment:** If you do not actively enroll within 90 days of your date of hire, you will be automatically enrolled into the plan the first of the month following, at a 3% contribution rate.
- **Auto Increase:** For those that are auto enrolled into the plan, your contributions will automatically be increased by 1% on each anniversary of the enrollment (capped at 6%). You can also elect to have your contributions automatically increased in the amount and at the time that you choose.
- **Contributions:** You can choose between deferring on a Pre-tax, After-tax, and/or Roth basis.
  - » Pre-tax contributions allow eligible employees to defer income on a pre-tax basis. This reduces your taxable income, allowing your investments to grow on a tax- deferred basis. Any earnings are still considered taxable at the time of withdrawal.
  - » Roth contributions allow eligible employees to defer income on an after-tax basis. This does not reduce taxable income but allows for earnings to accrue on a tax-free basis provided that the assets remain in a Roth plan for at least 5 years.
  - » After-tax contributions allow you to defer on an after-tax basis. This does not reduce your taxable income and you pay taxes on the earnings when you withdraw the funds. Note: after-tax contributions are not eligible for the company match.
- **Catch-Up Contributions:** If you are 50 or older, you have the opportunity to save more in your retirement plan. Certain high-earner colleagues will be required to make all catch-up contributions to the plan on an after-tax Roth catch-up basis.
- **Company Match:** All contributions, except after-tax deferrals, are eligible for matching after you complete one year of service plus 1,000 hours and are at least age 21. The Company will match 100% on the first 1% and 50% on the next 5% of eligible compensation, up to a maximum of 6%. Match will be provided each pay period.
- **Vesting:** You are always 100% vested in contributions that you make to the 401(k) plan. You become 100% vested in the Exemplar Luxury Group company matching contributions after completing two years of service. A year of service is defined as a Plan year during which you are credited with at least 1,000 service hours.
  - » Contribution Limits*: $24,500 combined Pre-Tax and Roth. There is also a combined limit for employee and employer contributions (Pre-tax, Roth, After-tax, Company Match) of $72,000.
  - » $8,000 is the regular combined Pre-Tax and Roth Catch-Up for those between the age of 50-59 and over age 64.
  - » $11,250 is the higher Pre-Tax and Roth Catch-Up limit for those between the age of 60-63.

Changes to your contribution rates and/or investment selections can be made at any time throughout the year; however, Annual Enrollment is a good time to complete a full review of your benefits and contributions.

To enroll, make changes to your contribution rate and/or investments, contact **Bank of America Merrill** at **1-888-335-8218** or view your account online at **www.benefits.ml.com**.

Don't forget to review and update your 401(k) beneficiary information.

*Benefit limits are subject to IRS regulations. The limits above reflect 2026 limits, as the IRS had not yet announced the 2027 limits at the time of publication. Updated limits will be communicated once available.

COMPREHENSIVE FAMILY AND WOMEN'S HEALTH PROGRAMS

Maven: *Maternity, Family Building, Parenting, and Midlife Care.*

At Exemplar Luxury Group, we're proud to partner with **Maven**, an all-in-one digital health platform designed to support every stage of your personal and family well-being journey. From fertility and pregnancy to parenting and menopause, Maven offers personalized, 24/7 virtual care—helping you feel supported, informed, and empowered every step of the way.

All full-time colleagues and their spouses have access to Maven at no cost, and no medical plan enrollment is required. **This benefit can be elected at any time throughout the year.**

Comprehensive Support at Every Stage

Maven Family Building

Whether you're preparing to start or grow your family, Maven's Family Building programs offer expert guidance and compassionate support through every path to parenthood:

- Fertility & Fertility Preservation: Coaching and education around IVF, IUI, egg or sperm freezing, and overall reproductive wellness.
- Adoption & Surrogacy: Personalized guidance, community support, and expert navigation through every stage of the process.
- Access to 24/7 care advocacy, community forums, and negotiated discounts with Maven's clinic and pharmacy partners.

Adoption, Surrogacy, and Fertility

- Access to Maven Wallet, which simplifies the reimbursement process for eligible family-building expenses.
- Exemplar Luxury Group offers up to $10,000 for fertility and a lifetime maximum of $10,000 for surrogacy and adoption (up to $5,000 per child).



Maven Maternity

Maven provides up to 21 months of continuous support for expecting parents—from pregnancy through one year postpartum and returning to work. Participants can access:

- Unlimited virtual appointments with providers across 35+ specialties, including OB/GYNs, doulas, lactation consultants, career coaches, mental health specialists, and sleep coaches.
- Guidance through Pregnancy, Partner, and Loss tracks with the flexibility to switch as your needs evolve.
- A full library of educational content, wellness tips, and baby development tracking tools.
- Group classes and videos such as Breastfeeding 101, Infant CPR, and Newborn Care.
- Maven Milk, a breastmilk shipping service that provides a simple, reliable solution for nursing parents who travel for work.

Parenting & Pediatrics

- 12-month renewable program offering integrated coaching for parents and specialized pediatric care.
- 24/7 access to virtual pediatric care including developmental psychologists, occupational therapists, and special needs advocates.
- Content and classes specific to each stage of childhood development to build stronger parent-child relationships and decrease behavioral issues.
- Community forums to connect with other parents and share experiences and tips.
- Career coaching and concierge service to recommend in-person providers and help navigate childcare options, improving employee retention.

Maven Menopause

Maven Menopause provides on-demand, personalized support for colleague experiencing menopause or midlife transitions. This program includes:

- Virtual, 24/7 access to OB/GYNs, pelvic floor therapists, mental health professionals, nutritionists, and wellness coaches.
- Individualized treatment plans and care coordination for hormonal changes, chronic conditions, and emotional well-being.
- Education and resources to help manage symptoms and maintain long-term health and energy—personally and professionally.

PAID PARENTAL LEAVE BENEFITS

At Exemplar Luxury Group, we believe in supporting every stage of life and family growth. **Paid Parental Leave** provides time away from work to bond with a new child and adjust to the exciting changes that come with parenthood.

Eligibility: Full-time, regular colleagues who have been employed for **at least 30 days** before a qualifying event are eligible for Paid Parental Leave.

You may take Paid Parental Leave for the following qualifying events:

- You give birth to a child.
- Your spouse or qualifying partner gives birth to a child.
- A minor child (under age 18) is placed with you through adoption, surrogacy, or foster care.

A **qualifying partner** is someone with whom you have a close and committed personal relationship. You and your partner must:

- Be each other's sole partner and not partnered with any other spouse, spouse equivalent, or domestic partner, and
- Live together in the same regular and permanent residence as committed partners with the intent to continue doing so indefinitely.

Length of Leave: Your Paid Parental Leave benefit depends on your length of service with Exemplar Luxury Group at the time of the qualifying event:

- If the qualifying event occurs before completing 12 months of employment, you are eligible for up to 8 weeks of Paid Parental Leave within a rolling 12-month period.
- If the qualifying event occurs after completing 12 months of employment, you are eligible for up to 16 weeks of Paid Parental Leave within a rolling 12-month period.

This time is designed to give you the flexibility and support to focus on what matters most.



PAID CAREGIVER LEAVE

We recognize that caring for loved ones is one of life's most important responsibilities. **Caregiver Leave** provides the time and flexibility you need to support an ill or injured family member when they need you most.

Eligibility: Full-time, regular colleagues who have been employed for at least 30 days are eligible for Caregiver Leave.

Length of Leave: Eligible colleagues may take up to **2 weeks of paid leave** within a rolling 12-month period to assist in the care of a qualifying family member. This time can be used to manage caregiving responsibilities, provide physical or emotional support, and help ensure your loved one receives the care they need.

ADDITIONAL VOLUNTARY & LIFESTYLE BENEFITS

At Exemplar Luxury Group, we know that well-being extends beyond health coverage. That's why we offer a range of voluntary lifestyle benefits designed to give you extra peace of mind and support in the moments that matter most. From protecting your identity and getting legal advice to travel assistance and more, these options provide added flexibility and security, so you can focus on living well, both at work and at home.

LEGAL PLAN

You may also consider joining the group legal plan, administered by MetLaw Legal Plans, a MetLife company.

You'll have access to telephone advice and office consultations with a network attorney of your choice. Coverage extends to you, your spouse/domestic partner, and your children.

The Legal plan helps you resolve a wide range of personal legal matters, including:

- Preparing a will
- Buying or selling a primary residence
- Divorce, custody, and support orders
- Habeas Corpus
- Misdemeanor defense
- Full Probate
- Social Security Disability

IDENTITY THEFT PROTECTION

Your digital safety matters. Exemplar Luxury Group offers identity theft protection with Norton LifeLock to help safeguard your personal and financial information in today's connected world. This benefit provides comprehensive protection and expert support to help you prevent, detect, and recover from identity or cyber threats.

Protection Features Include:

- Fraud Detection: Monitor your identity and finances to catch potential fraud early.
- Threat Prevention: Block scams and cyberthreats to keep your data secure.
- Identity Restoration: Get expert help if your identity is compromised.
- Enhanced Privacy: Remove personal details from data broker sites for a safer, more private experience.
- Scam Detection: AI-powered tools help you identify suspicious websites, messages, and scams.
- Financial Insights: Access tools to track credit, spending, and income trends.

With this benefit, you can feel confident that Exemplar Luxury Group has your back—protecting your identity, your finances, and your peace of mind from every angle.

ID Theft Coverage Highlights

- $3 million in total insurance coverage per covered member
  - » $1 million in stolen funds insurance
  - » $1 million in personal expense insurance
  - » $1 million in lawyers and experts insurance
- No cap on unrelated claims
- No hourly limit or out-of-pocket costs for attorney assistance
- $50,000 in cyber insurance

PET BENEFITS

Get coverage for every member of the family!

With Pet Insurance through MetLife, you'll have peace of mind knowing you can get help with covering the costs of unexpected accidents or illnesses, so that nothing gets in the way of caring for your pet when they need it most. You have the freedom to visit any U.S. veterinarian, meaning you can continue going to your trusted vet.

These are flexible plans, so you can select the coverage that best fits your needs.

- Accidental injuries and illnesses
- Exam fees and diagnostic tests
- Surgeries and hospital stays
- Medications

For more information, or to obtain a quote, **visit metlife.com/getpetquote** or call **1-855-270-7387.**

EXCLUSIVE MEMBER DISCOUNTS WITH BENEFITHUB™

Stop paying full price—your member-only deals await!

Enjoy exclusive savings on the things you love most. With BenefitHub, you can snag up to 50% off your dream vacation, dine at top restaurants for less, and score hot deals on the latest electronics—all with just a few clicks.

BenefitHub gives you access to exclusive, member-only discounts from leading brands across every category you shop. While others pay retail, you'll pay less.

How to Get Started

Visit https://exemplarluxurygroup.benefithub.com

New Users: Enter your Employee Number and 5-Digit Home Zip Code to sign up

Existing Users: Simply sign in with your username and password

Or scan the QR code to unlock your savings instantly!

Questions?

Call 813-675-2210
customercare@benefithub.com

COMMUTER BENEFITS

Balancing the demands of work, family, and personal needs can be challenging. To help make your daily commute more affordable, Exemplar Luxury Group offers a Commuter Benefits Program that allows you to pay for eligible commuting expenses with pre-tax dollars and saving you money every month.

There are two types of commuter benefits offered through Health Equity – transportation (transit) and parking. For 2026, the IRS maximum contribution limits are $340 per month for each benefit*. You can enroll or make changes anytime throughout the year in the Exemplar Luxury Group Employee Benefits Portal, giving you flexibility as your commute or schedule changes.

The commuter benefits use the EZ Receipts Mobile App to provide easy, secure access to check balances and review claims on the go. After completing your enrollment in the Benefits Portal, you must set up your HealthEquity account online, before using the app.

Your savings can add up fast with commuter benefits. For example, someone who spends $3,300 annually ($150/month for transit and $125/month for parking) and has a tax rate of 30% - the annual tax savings is up to $990.

Discover the full power of your commuter benefits using this Commuter Savings Calculator – just plug in your planned spending and watch the savings add up.

**At the time of publication, the IRS had not yet announced all 2027 maximum contribution limits. Updated limits will be communicated once available.*

Commuter benefit elections may be updated throughout the year and are not limited to Annual Enrollment.

2027 PREMIUM
CIGNA MEDICAL RATES

MEDICAL PREMIUMS				
COVERAGE TIER	**Cigna PPO Plus Plan**	**Cigna Choice Plus CDHP Plan**	**Cigna PPO Plan**	**Cigna EPO CDHP Plan**
Weekly				
Employee Only	$67.26	$39.10	$18.03	$12.24
Employee + Spouse	$191.93	$122.33	$78.69	$60.56
Employee + Children	$143.70	$89.22	$50.15	$38.20
Family	$273.52	$172.33	$115.97	$86.39
Bi-Weekly				
Employee Only	$134.52	$78.20	$36.05	$24.48
Employee + Spouse	$383.86	$244.66	$157.38	$121.13
Employee + Children	$287.39	$178.44	$100.30	$76.39
Family	$547.04	$344.66	$231.93	$172.79

2027 PREMIUM
GEISINGER MEDICAL RATES

For select zip codes in the state of PA.

MEDICAL PREMIUMS		
COVERAGE TIER	**Geisinger HMO 1500 Plan**	**Geisinger HMO 4000 Plan**
Weekly		
Employee Only	$29.04	$9.04
Employee + Spouse	$102.99	$56.67
Employee + Children	$67.37	$35.42
Family	$148.62	$76.54
Bi-Weekly		
Employee Only	$58.08	$18.09
Employee + Spouse	$205.98	$113.34
Employee + Children	$134.74	$70.84
Family	$297.23	$153.07

2027 PREMIUM
KAISER NON-CALIFORNIA MEDICAL RATES

For select zip codes in the following states: CO, DC, GA, MD, OR, VA & WA

MEDICAL PREMIUMS			
COVERAGE TIER	**Kaiser Non-CA High Plan**	**Kaiser Non-CA Mid Plan**	**Kaiser Non-CA Low Plan**
Weekly			
Employee Only	$62.04	$38.05	$21.22
Employee + Spouse	$154.90	$97.32	$56.94
Employee + Children	$117.67	$74.49	$44.20
Family	$210.53	$133.76	$79.91
Bi-Weekly			
Employee Only	$124.08	$76.10	$42.45
Employee + Spouse	$309.80	$194.64	$113.87
Employee + Children	$235.35	$148.98	$88.40
Family	$421.06	$267.52	$159.83

2027 PREMIUM
KAISER HI MEDICAL RATES

MEDICAL PREMIUM	
COVERAGE TIER	**Kaiser HI**
Weekly	
Employee Only	$50.63
Employee + Spouse	$180.02
Employee + Children	$118.14
Family	$276.02
Bi-Weekly	
Employee Only	$101.26
Employee + Spouse	$360.03
Employee + Children	$236.27
Family	$552.05

2027 PREMIUM
KAISER CA MEDICAL RATES

MEDICAL PREMIUMS			
COVERAGE TIER	**Kaiser CA High Plan**	**Kaiser CA Mid Plan**	**Kaiser CA Low Plan**
Weekly			
Employee Only	$35.71	$16.11	$6.60
Employee + Spouse	$93.02	$45.75	$22.56
Employee + Children	$71.59	$36.09	$18.60
Family	$128.90	$65.74	$34.56
Bi-Weekly			
Employee Only	$71.42	$32.22	$13.19
Employee + Spouse	$186.04	$91.51	$45.12
Employee + Children	$143.19	$72.18	$37.20
Family	$257.81	$131.47	$69.13

2027 PREMIUM
HMSA RATES

MEDICAL PREMIUM	
COVERAGE TIER	**HMSA**
Weekly	
Employee Only	$7.20
Employee + Spouse	$59.25
Employee + Children	$50.06
Family	$83.45
Bi-Weekly	
Employee Only	$14.40
Employee + Spouse	$118.50
Employee + Children	$100.13
Family	$166.89

2027 PREMIUM
CIGNA RATES FOR DENTAL & VSP RATES FOR VISION

DENTAL PREMIUMS		
COVERAGE TIER	**CORE**	**BUY-UP**
Weekly		
Employee Only	$8.01	$14.22
Employee + Spouse	$15.88	$28.26
Employee + Children	$20.59	$28.96
Family	$26.88	$47.92
Bi-Weekly		
Employee Only	$16.02	$28.44
Employee + Spouse	$31.75	$56.52
Employee + Children	$41.18	$57.93
Family	$53.76	$95.84

VISION PREMIUMS		
COVERAGE TIER	**BASE**	**BUY-UP**
Weekly		
Employee Only	$1.21	$2.61
Employee + Spouse	$2.43	$5.22
Employee + Children	$2.59	$5.58
Family	$4.14	$8.92
Bi-Weekly		
Employee Only	$2.42	$5.22
Employee + Spouse	$4.85	$10.44
Employee + Children	$5.19	$11.16
Family	$8.29	$17.84

2027 SUPPLEMENTAL & VOLUNTARY RATES

HOSPITAL INDEMNITY INSURANCE PREMIUMS	
Weekly	
Employee Only	$5.00
Employee + Spouse	$9.56
Employee + Children	$7.91
Employee + Family	$12.38
Bi-Weekly	
Employee Only	$10.01
Employee + Spouse	$19.11
Employee + Children	$15.82
Employee + Family	$24.75

ACCIDENT INSURANCE PREMIUMS	
Weekly	
Employee Only	$1.71
Employee + Spouse	$3.30
Employee + Children	$3.67
Employee + Family	$5.07
Bi-Weekly	
Employee Only	$3.43
Employee + Spouse	$6.59
Employee + Children	$7.33
Employee + Family	$10.14

ID THEFT PROTECTION PREMIUMS	
Weekly	
Employee Only	$1.95
Employee + Family	$3.22
Bi-Weekly	
Employee Only	$3.90
Employee + Family	$6.44

LEGAL INSURANCE PREMIUMS	
Weekly	
Employee + Family	$3.92
Bi-Weekly	
Employee + Family	$7.85

BENEFITS SUPPORT & CONTACT INFORMATION

BENEFIT	CARRIER	PHONE NUMBER	HOURS OF OPERATION	WEBSITE
ALL BENEFIT INFORMATION	Exemplar Luxury Group Benefits Service Center	1-866-725-7005	M-F, 8 AM – 8 PM (ET)	benefits.exemplarluxurygroup.com
Medical - CIGNA	Cigna	1-855-281-1206	24/7	www.mycigna.com
Prescription Drug (if enrolled in Cigna medical)	Optum Rx	1-844-813-7276	24/7	www.optumrx.com
Medical – Geisinger	Geisinger	1-800-504-0443	M-F, 7:00 - 7:00 pm (ET) Sat., 8:00 – 2:00 pm (ET)	www.geisinger.org
Prescription Drug - Geisinger	Geisinger	1-800-988-4861	M-F, 8:00 – 5:00 pm (ET)	www.geisinger.org
HMSA Medical	HMSA	1-800-776-4672		www.hmsa.com
Kaiser Permanente	Kaiser	1-800-870-1952		https://healthy.kaiserpermanente.org
Dental	Cigna	1-855-281-1206	24/7	www.mycigna.com
Vision	VSP	1-800-877-7195	M-Sat, 9:00 – 8:00 pm (ET)	www.vsp.com
Health Savings Account *(HSA)*	HealthEquity	1-866-346-5800	24/7	www.healthequity.com
Flexiable Savings Account *(FSA)*	HealthEquity	1-866-346-5800	24/7	www.healthequity.com
Emotional Wellbeing Solutions *(EWS)*	Optum	1-866-248-4094	24/7	www.liveandworkwell.com Access Code: saksglobal
TeleHealth	MDLIVE	1-855-281-1206	24/7	www.mycigna.com
Report Disability, FMLA, STD or LTD	Matrix Absence Management (to report a disability or family medical leave - FMLA)	1-877-202-0055	24/7	www.matrixabsence.com
Commuter Benefits	HealthEquity	1-877-924-3967	24/7	www.healthequity.com
Life and AD&D *(Basic and Voluntary)*	Reliance Matrix	1-800-351-7500	Weekdays 8am - 7pm ET	www.reliancematrix.com
Accident Insurance	Reliance Matrix	1-800-351-7500	24/7	www.reliancematrix.com
Hospital Indemnity Insurance	Reliance Matrix	1-800-351-7500	24/7	www.reliancematrix.com
Critical Illness Insurance	Reliance Matrix	1-800-351-7500	24/7	www.reliancematrix.com
Legal Benefits	MetLife	1-800-821-6400	M-F, 8:00 – 9:00 pm (ET)	www.legalplans.com
ID Theft Protection	Norton LifeLock	1-800-543-3562	24/7	www.lifelock.norton.com
Retirement 401(k)	Bank of America Merrill	1-888-335-8218	M-F, 8:00 – 11:00 pm (ET)	www.benefits.ml.com
Banking & Investing	Bank of America	1-888-383-7200	M-F, 8:00 – 8:00 pm (ET)	https://benefits.exemplarluxurygroup.com/article/banking-investment-solutions/
Pet Insurance	MetLife	1-855-270-7387	24/7	www.metlifepetinsurance.com
Member Discounts	BenefitHub	1-813-675-2210		exemplarluxurygroup.benefithub.com

NOTICES

Glossary

Affordable Care Act (ACA)

Also called Health Care Reform, the ACA requires health plans to comply with certain requirements. The ACA became law in March 2010. Since then, the ACA has required some changes to medical coverage—like covering dependent children to age 26, no lifetime dollar limits on medical benefits, covering preventive care in-network without cost-sharing if the plan is grandfathered, etc., among other requirements.

Brand Name Drug

The original manufacturer's version of a particular drug. Because the research and development costs that went into developing these drugs are reflected in the price, brand name drugs cost more than generic drugs.

Coinsurance

A percentage of costs you pay "out-of-pocket" for covered expenses after you meet the deductible.

Copayment (Copay)

A fee you have to pay "out-of-pocket" for certain services, such as a doctor's office visit or prescription drug.

Deductible

The amount you pay "out-of-pocket" before the health plan will start to pay its share of covered expenses.

Employer Contribution

The company provides you with an amount of money that is applied towards the cost of your health care premiums. The amount of the employer contribution depends on who you cover. You can see the amount you'll receive when you enroll. If you're enrolling as a new hire, the employer contribution amount will be prorated based on your date of hire.

Generic Drug

Lower-cost alternative to a brand name drug that has the same active ingredients and works the same way.

Consumer Driven Health Plan (CDHP)

Consumer Driven Health Plans (CDHP) are health insurance plans with lower premiums and higher deductibles than traditional health plans. Only those enrolled in a CDHP are eligible to open and contribute tax-free to a health savings account (HSA).

Health Savings Account (HSA)

A health savings account (HSA) is a portable savings account that allows you to set aside money for health care expenses on a tax-free basis. You must be enrolled in a high-deductible health plan in order to open an HSA. An HAS rolls over from year to year, pays interest, can be invested, and is owned by you—even if you leave the company.

Out-of-Pocket Maximum

The most you pay each year "out-of-pocket" for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for covered expenses.

Plan Year

The year for which the benefits you choose during enrollment remain in effect. If you're a new employee, your benefits remain in effect for the remainder of the plan year in which you enroll, and you enroll for the next plan year during the next enrollment period.

Preventive Care

Health care services you receive when you are not sick or injured—so that you will stay healthy. These include annual checkups, gender- and age-appropriate health screenings, well-baby care, and immunizations recommended by the Advisory Committee on Immunization Practices (ACIP).

Important Notices

About This Guide

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Descriptions (SPDs), plan document, and/or certificate of coverage for each plan. **To request a copy of your SPDs, free of charge, call 646-802-2275.**

Enclosed are important notices about your rights under your health and welfare plan Exemplar Luxury Group Health and Welfare Plan (the "Plan.") The information in the accompanying guide provides updates to your existing SPDs as of October 2026 and is intended to be a Summary of Material Modification.

If any discrepancy exists between this guide and the official documents, the official documents will prevail. Exemplar Luxury Group reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

Reminder of Availability of Privacy Notice

This is to remind plan participants and beneficiaries of the Exemplar Luxury Group Health and Welfare Plan (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and discloses protected health information (PHI). You can obtain a copy of the Exemplar Luxury Group Health and Welfare Plan's Privacy Notice upon your written request to the Human Resources Department, at the following address:

Exemplar Luxury Group, Human Resources
225 Liberty St, 27th Floor
New York, NY 10281

If you have any questions, please contact the Exemplar Luxury Group Human Resources Office at **646-802-2275.**

Patient Protection Notice

Exemplar Luxury Group generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

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; including coverage for nipple and areola reconstruction (including re-pigmentation) to restore physical appearance of the breast, and chest wall reconstruction with aesthetic flat closure;
- 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. If you would like more information on WHCRA benefits, call your plan administrator at **646-802-2275**.

Newborns' and Mothers' Health Protection Act Disclosure

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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted, and you will continue to pay the same amount as if you were not absent.

If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact Health Equity for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service-connected illnesses or injuries, as applicable.

Important Notice from Exemplar Luxury Group About Your Prescription Drug Coverage and Medicare

Medicare Part D Notice of Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Exemplar Luxury Group 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. Exemplar Luxury Group has determined that the prescription drug coverage offered by the Health and Welfare 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.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose (or are losing) your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) 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 current Exemplar Luxury Group coverage will not be affected.

Your Exemplar Luxury Group coverage pays for other medical expenses in addition to prescription drugs. This coverage provides benefits before Medicare coverage does (i.e., the plan pays primary). You and your covered family members who join a Medicare prescription drug plan will be eligible to continue receiving prescription drug coverage and these other medical benefits. Medicare prescription drug coverage will be secondary for you or the covered family members who join a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and voluntarily drop your current medical and prescription drug coverage from the plan, be aware that you and your dependents may not be able to get this coverage back until the next annual enrollment or you experience a qualifying life event.

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 Exemplar Luxury Group 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 1% 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% 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 the person listed below for further information. 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 Exemplar Luxury Group 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 for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.
- 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.ssa.gov**, or
- Call **1-800-772-1213**. TTY users should call **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).

Date: October 2026
Name of Entity/Sender: Exemplar Luxury Group
Contact: Exemplar Luxury Group People Rewards Team
Address: 225 Liberty St, 27th Floor, New York, NY 10281
Phone Number: **646-802-2275**

Your ERISA Rights

As a participant in the Exemplar Luxury Group benefit plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

ERISA provides that all plan participants shall be entitled to receive information about their plan and benefits, continue group health plan coverage, and enforce their rights. ERISA also requires that plan fiduciaries act in a prudent manner.

Receive Information About Your Plan and Benefits

You are entitled to:

- Examine, without charge, at the plan administrator's office, all plan documents—including pertinent insurance contracts, trust agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the plan's administrator, copies of documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series), and updated Summary Plan Description. The administrator may make a reasonable charge for the copies.
- Receive a summary report of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this Summary Annual Report.

Continued Group Health Plan Coverage

You are entitled to:

- Continued health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review the Summary Plan Description governing the plan on the rules governing your COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plans. The people who operate your plans are called "fiduciaries," and they have a duty to act prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to:

- Know why this was done;
- Obtain copies of documents relating to the decision without charge; and
- Appeal any denial.

All of these actions must occur within certain time schedules.

Under ERISA, there are steps you can take to enforce your rights. For instance, you may file suit in a federal court if:

- You request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days. In such a case, the court may require the plan administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator;
- You have followed all the procedures for filing and appealing a claim (as outlined earlier in this summary) and your claim for benefits is denied or ignored, in whole or in part. You may also file suit in a state court;
- You disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order; or
- The plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights. You may also seek assistance from the U.S. Department of Labor.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if the court finds your claim frivolous.

Assistance With Your Questions

If you have questions about how your plan works, contact the Human Resources Department. If you have any questions about this statement or your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office listed on EBSA's website: **https://www.dol.gov/agencies/ebsa/about-ebsa/about-us/regional-offices**.

Or you may write to the:

Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the Employee Benefits Security Administration at:
1-866-444-3272. You may also visit the EBSA's website on the Internet at: **https://www.dol.gov/agencies/ebsa**.

General Notice of Continuation Coverage Rights Under COBRA

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end.

For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan

Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What Is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When Is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to Exemplar Luxury Group People Rewards Team.

How Is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability Extension of 18-Month Period of COBRA Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child.

This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov**.

Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you

may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer), and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit **https://www.medicare.gov/medicare-and-you**.

NOTE: https://www.medicare.gov/basics/get-started-withmedicare/sign-up/when-does-medicare-coverage-start

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below.

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit **www.dol.gov/agencies/ebsa**. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.healthcare.gov**.

Keep Your Plan Informed of Address Changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Exemplar Luxury Group People Rewards Team
646-802-2275

Notice Regarding Wellness Program

Reasonable Alternative Standard Notice for Health Contingent Wellness Programs

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees.

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 **646-802-2275** 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.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is a health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Exemplar Luxury Group People Rewards Team at **646-802-2275**.

HIPAA 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 the Exemplar Luxury Group health plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward 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). In addition, 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. To request special enrollment or obtain more information, **contact Exemplar Luxury Group's People Rewards Team at 646-802-2275.**

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, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: http://myalhipp.com/

Phone: 1-855-692-5447

1. **ALASKA** – Medicaid
   The AK Health Insurance Premium Payment Program
   Website: http://myakhipp.com/
   Phone: 1-866-251-4861
   Email: CustomerService@MyAKHIPP.com
   Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
2. **ARKANSAS** – Medicaid
   Website: http://myarhipp.com/
   Phone: 1-855-MyARHIPP (855-692-7447)
3. **CALIFORNIA** – Medicaid
   Health Insurance Premium Payment (HIPP) Program Website:
   https://www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/
   Phone: 916-445-8322
   Fax: 916-440-5676
   Email: hipp@dhcs.ca.gov
4. **COLORADO** – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
   Health First Colorado Website:
   https://www.healthfirstcolorado.com/
   Health First Colorado Member Contact Center:
   1-800-221-3943/State Relay 711
   CHP+: https://hcpf.colorado.gov/child-health-plan-plus
   CHP+ Customer Service: 1-800-359-1991/State Relay 711
   Health Insurance Buy-In Program (HIBI):
   https://www.mycohibi.com/
   HIBI Customer Service: 1-855-692-6442
5. **FLORIDA** – Medicaid
   Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
   Phone: 1-877-357-3268
6. **GEORGIA** – Medicaid
   GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
   Phone: 678-564-1162, Press 1
   GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
   Phone: 678-564-1162, Press 2
7. **ILLINOIS** – Medicaid
   Illinois Medicaid Premium Assistance Information
   Medicaid application website: https://abe.illinois.gov
   HIPP Hotline Number: 217-524-8268
   HIPP Email: mhfs.boc.hipp@illinois.gov
8. **INDIANA** – Medicaid
   Health Insurance Premium Payment Program
   All other Medicaid
   Website: https://www.in.gov/medicaid/
   http://www.in.gov/fssa/dfr/
   Family and Social Services Administration
   Phone: 1-800-403-0864
   Member Services Phone: 1-800-457-4584
9. **IOWA** – Medicaid and CHIP (Hawki)
   Medicaid Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid
   Medicaid Phone: 1-800-338-8366
   Hawki Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki
   Hawki Phone: 1-800-257-8563
   HIPP Website: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp
   HIPP Phone: 1-888-346-9562
10. **KANSAS** – Medicaid
    Website: https://www.kancare.ks.gov/
    Phone: 1-800-792-4884
    HIPP Phone: 1-800-967-4660
11. **KENTUCKY** – Medicaid
    Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
    https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
    Phone: 1-855-459-6328
    Email: KIHIPP.PROGRAM@ky.gov
    KCHIP Website: https://kynect.ky.gov
    Phone: 1-877-524-4718
    Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
12. **LOUISIANA** – Medicaid
    Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana
    Medicaid Customer Service Line: 1-888-342-6207
    Louisiana Medicaid email: healthy@la.gov
    Louisiana Health Insurance Premium Program (LaHIPP) Website:
    https://www.ldh.la.gov/lahipp
    LaHIPP phone: 1-877-697-6703
    LaHIPP email: La.HIPP@la.gov
    LaHIPP fax: 1-888-716-9787
    LaHIPP mailing address: 100 Crescent Centre Parkway,
    Suite 1000 Tucker, GA 30084
13. **MAINE** – Medicaid
    Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
    Phone: 1-800-442-6003
    TTY: Maine relay 711
    Private Health Insurance Premium Webpage:
    https://www.maine.gov/dhhs/ofi/applications-forms
    Phone: 1-800-977-6740
    TTY: Maine relay 711
14. **MASSACHUSETTS** – Medicaid and CHIP
    Website: https://www.mass.gov/masshealth/pa
    Phone: 1-800-862-4840
    TTY: 711
    Email: masspremassistance@accenture.com
15. **MINNESOTA** – Medicaid
    Website: https://mn.gov/dhs/health-care-coverage/
    Phone: 1-800-657-3672
16. **MISSOURI** – Medicaid
    Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
    Phone: 573-751-2005
17. **MONTANA** – Medicaid
    Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
    Phone: 1-800-694-3084
    Email: HHSHIPPProgram@mt.gov
18. **NEBRASKA** – Medicaid
    Website: http://accessnebraska.ne.gov
    Phone: 1-855-632-7633
    Lincoln: 402-473-7000
    Omaha: 402-595-1178
19. **NEVADA** – Medicaid
    Medicaid Website: http://dhcfp.nv.gov
    Medicaid Phone: 1-800-992-0900
20. **NEW HAMPSHIRE** – Medicaid
    Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
    Phone: 603-271-5218
    Toll free number for the HIPP program: 1-800-852-3345,
    ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

21. **NEW JERSEY** – Medicaid and CHIP
Medicaid Website: https://www.nj.gov/humanservices/dmahs/individuals-families/familycare/
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710 (TTY: 711)
22. **NEW YORK** – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831
23. **NORTH CAROLINA** – Medicaid
Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100
24. **NORTH DAKOTA** – Medicaid
Website: https://www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825
25. **OKLAHOMA** – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742
26. **OREGON** – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075
27. **PENNSYLVANIA** – Medicaid and CHIP
Website: https://www.pa.gov/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
Phone: 1-800-692-7462
CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx
CHIP Phone: 1-800-986-KIDS (5437)
28. **RHODE ISLAND** – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or
401-462-0311 (Direct RIte Share Line)
29. **SOUTH CAROLINA** – Medicaid
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820
30. **SOUTH DAKOTA** – Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059
31. **TEXAS** – Medicaid
Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
Phone: 1-800-440-0493
32. **UTAH** – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: https://medicaid.utah.gov/expansion/
Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/
CHIP Website: https://chip.utah.gov/
33. **VERMONT** – Medicaid
Website: https://dvha.vermont.gov/members/medicaid/hipp-program
Phone: 1-800-250-8427
34. **VIRGINIA** – Medicaid and CHIP
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP Phone: 1-800-432-5924
35. **WASHINGTON** – Medicaid
Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022
36. **WEST VIRGINIA** – Medicaid and CHIP
Website: https://bms.wv.gov/
http://mywvhipp.com/
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP
(1-855-699-8447)
37. **WISCONSIN** – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badger-careplus/p-10095.htm
Phone: 1-800-362-3002
38. **WYOMING** – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 1-800-251-1269-1269

To see if any other states have added a premium assistance program since July 31, 2026, 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

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The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 2/28/2026)

ELG BENEFITS