2027

BENEFITS FOR EVERY STEP ON YOUR JOURNEY



2027 Benefits Guide

RACK ROOM SHOES®

A Message from your Human Resources Benefits Team

At Rack Room Shoes, we recognize our ultimate success depends upon our talented and dedicated workforce. We are committed to providing our employees with a competitive and comprehensive benefits package, to serve as your foundation for good health and financial security.

We strive to support the needs of our employees and their dependents by providing benefits programs that are easy to understand, easy to access and affordable for all our employees. Our benefits programs are designed to support the needs of a multi-generational and diverse workforce!

This year, like every year, we are demonstrating our commitment in many ways:

- Rack Room Shoes will continue to contribute generously toward the cost of medical expenses, including covering 100% of preventative services.
- Rack Room Shoes will continue to provide Dental Basic benefits to employees enrolled in the medical plan.
- Rack Room Shoes will continue to offer Medical and Dependent Care Flexible Spending Accounts.

We are making the following enhancements to our benefits package:

- Additional programs embedded within the Cigna medical plan to bring additional support for improving body, mind, and behavior. Programs include musculoskeletal management, cardiometabolic health, diabetes prevention and management, hypertension and weight related health needs.
- Expansion of the Wellness program through Cigna. Additional and richer awards automatically applied as you use your Cigna benefits and personalized goals and challenges.

We realize the importance of a quality benefits package, which is why offering innovative, cost effective, and high-quality benefits programs remains among our highest priorities at Rack Room Shoes. This Benefits Guide provides an overview of your benefits to help you choose the plans and levels of coverage that are right for you. Official plan documents, policies, and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits programs. If there is any conflict, the controlling documents prevail.

Thank you for your commitment to Rack Room Shoes. You are our most valuable asset, and we appreciate your service and dedication to ensuring our success. If you have any questions about your benefits, please reach out to the Human Resources Benefits team at benefits@rackroom.com

You can also access overviews of our benefits programs by visiting the Employee Benefits Site or scanning the QR code attached.

Sincerely,
Danielle Bolder
Benefits Manager

2027 Benefits Guide

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RACK ROOM SHOES®

2027 Benefits Guide

RACK ROOM SHOES®

Enrollment

2026 Open Enrollment

November 5, 2026
through
November 20, 2026

Benefits will be effective
January 1, 2027

Selection, value and service

It is what our customers expect at Rack Room Shoes, and it is what our employees appreciate when it comes to our benefits package. As a Company, we are committed not only to serving our customers, but we are also committed to enhancing the lives of our most valued resource: our employees. YOU are the reason for our success, which is why we proudly offer you great benefits through our comprehensive benefits program.

Current Associates

IF YOU DON'T ENROLL BY NOVEMBER 20

- You will automatically be re-enrolled in your current plans and coverage levels at the 2027 rates.
- Contributions to all Spending Accounts Flexible Spending (FSA), Dependent Care (DCFSA) & Commuter Flexible Spending (CFSA) will default to $0.

If you wish to participate, the IRS requires you to re-enroll and elect contribution amounts each year.

New Employees

You are eligible for benefits the first of the month after 60 days of employment if you are a regular full-time employee working 30 or more hours per week. You must complete your New Hire enrollment prior to the 1st of the month following 60 days.

Enrollment Period

The enrollment period begins on the 15th of the month following your hire date and ends on the day before your benefits effective date.

Example: A new employee starts on March 7, 2027. Their benefits will become effective the first of the month after they have been employed for 60 days – benefits would begin on June 1, 2027.

How to Enroll?

Enrollment is online ONLY.

ALL employees must complete enrollment in Employee Self Service (ESS) except Corporate Salaried and Regional Managers.

- Store Employees (ESS)
- Corporate Hourly (ESS)
- Corporate Salaried & Regional Managers (Ceridian Dayforce)

As a new employee, if you don't enroll within the first 60 days, you will default to no coverage unless you have a Qualifying Life Event.

How to Access Medical Legal Notices

The following Legal Notices are available to all employees:

- The Women's Health Cancer Rights
- Act of 1998 (WHRCA)
- HIPAA Notice
- Medicare Notice
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
- Marketplace Coverage Options Notice
- Newborn & Mother's Health Protection Act
- Notice of Special Enrollment Rights

All Employees:

Access these notices on the Employee Benefits Site.

2027 Summary of Benefits and Coverage (SBC)
Under the Affordable Care Act (ACA), you must receive a Summary of Benefits and Coverage (SBC) document. It explains your benefits. It also has examples of how much you might pay out-of-pocket for certain health services. All SBCs must follow a standard format. This makes it easier to compare health plans and costs.

How to Access the SBC?
All Employees: Access the SBC in the Employee Benefits Site.

Eligibility

Covering Your Dependents

You can enroll your eligible dependents for medical, vision and/or dental coverage, as well as for spousal and dependent life insurance.

Your eligible dependents include:

- Legally married spouse
- Verifiable domestic partner (California only)
- Natural child(ren), adopted child(ren) or adopted grandchild(ren), up to age 26, regardless of student or marital status
- Stepchild(ren) up to age 26, regardless of student or marital status
- Child(ren) up to age 26, regardless of student or marital status, for whom you are required to provide health care coverage under a Qualifie Medical Child Support Order
- Child(ren) of any age who fulfill the requirements above and are incapable of supporting themselves because of a disability or illness

You will be required to provide documentation for a newly added dependent. Documentation may also be required when you remove a dependent from your plan.

Reminder - In accordance with the Affordable Care Act, Benefits for dependent children conclude at the end of the month in which they turn age 26.

Visit your ESS or Ceridian Dayforce to update your beneficiaries and contact information. Use the same links and verbiage from page 1 under “How to Enroll?”

Things to Consider

Enrolling New Dependents

If you’re adding your spouse and/or your dependents during Open Enrollment, you must provide documentation to verify their eligibility by December 1st, or your dependent coverage will be dropped by December 15th before the coverage date of January 1, 2027. Please keep a copy of your documentation.

If you are a new employee enrolling your spouse and/or your dependents to your coverage, you must provide documentation to verify their eligibility before your benefits begin.

Dependent verification guidelines:

- **FOR SPOUSE**: A copy of your state or county-issued marriage certificate.
- **FOR CHILDREN:** A copy of the child’s birth certificate naming you as the child’s parent, or an appropriate court order/adoption decree naming you as the child’s legal guardian.
- **FOR STEPCHILDREN**: A copy of the child’s birth certificate, naming your spouse as the child’s parent, or an appropriate court order/adoption decree naming your spouse as the child’s legal guardian and a copy of your state or county-issued marriage certificate.

Send all scanned or screenshot documents to:

benefits@rackroom.com

Alternatively, you can mail your documentation to:

Rack Room Shoes Benefits Dept.
8310 Technology Drive
Charlotte, NC 28262

Eligibility

Continued

More to Consider

Reviewing Your Beneficiaries

Keep your 401k savings plan and life insurance beneficiary designations up to date. To check or change your 401k plan beneficiary, login to your Empower Retirement account to update electronically.

Enrolling While on Medical Leave

If you are on medical leave under the Family and Medical Leave Act (FMLA) and enroll during the 2027 enrollment period, your new benefit elections for medical, dental and vision coverage will go into effect on January 1, 2027, regardless of whether you have returned to work. Any new elections for life insurance and long-term disability coverage will go into effect when you are actively back at work. Until that time, your 2027 coverage will continue for life insurance and long-term disability.

Continuation of Benefits

If you become disabled as a result of injury or illness while in active service with the Company, the Company will continue the health and welfare coverage that is in force for you and your eligible dependents for a period of up to one year following the onset of your disability, provided you remain disabled during this period. An employee on a leave of absence has the responsibility for paying all premiums to keep applicable benefits active. If benefit payments are late, the employee's health insurance coverage may be dropped for the duration of the leave.

Changing Benefits During the Year

In accordance with IRS regulations, you can change your coverage during the year only if you have a qualifying life event (ex., marriage, divorce, the birth or adoption of a child, etc.). You must notify the Benefits Department within 31 days of the event. Email or call the Benefits Department at benefits@rackroom.com or 1.800.777.4631, ext 2254.

End of Coverage

Your medical coverage will end on your last day of employment with the Company regardless of whether you are terminated or you resign. Deductions for health coverage will be included on the last paycheck you receive from the Company for time worked.

When an employee is first hired, deductions for medical premiums do not begin until the second paycheck of the month their benefits begin, instead of their first paycheck. Therefore, the Company will recoup the premiums not taken in the first paycheck you became eligible and deductions for health premiums will be on your last paycheck.



HEALTH BENEFITS

Medical Plan

The Company offers one medical plan option – the Open Access Plus (OAP) plan provided by Cigna.

This Medical Plan

- Gives you control when it comes to choosing and using health care services
- Covers a broad range of medical services and prescription drugs
- Provides you the choice to use in-network or out-of-network providers, although you will save money when staying in-network
- Has low co-pays for primary care and specialist physician visits
- **Has an annual out-of-pocket maximum** to protect you from high, unexpected health care costs in any single year, if you meet the maximum, the plan will pay 100 percent of eligible expenses
- **Includes prescription drug coverage** through Express Scripts
- Remember, there are many preventive services that are covered at 100 percent, and you have no out-of-pocket costs

New Cards – Cards are no longer being mailed to employees. You must obtain your medical card information from the Cigna **website** or app.

Cigna Website and App

Your health is most important. That's why there's myCigna – your online home for assessment tools, medical updates and more.

On the myCigna app or myCigna.com you can:

- Find in/network providers and dentists
- View, print or send your ID card information.
- Review coverage, manage and track claims
- Compare provider and hospital cost and quality
- Get health and wellness tools and resources
- Sign up for new plan document alerts
- Track your account balances and deductibles

Use the click-to-chat feature to connect with a live Cigna Healthcare representative.

When your plan year begins, register on myCigna.com. Access your digital ID cards, find in-network health care providers, estimate costs and activate all available programs.

GET IT ON Google Play

Download on the App Store

Download the app from Google Play and the Apple Store

2027 Benefits Guide

RACK ROOM SHOES®

Medical Plan Overview

cigna healthcare

OAP (Open Access Plus)	In-Network Providers	Out-of-Network Providers
Annual Deductible	$2,100 Individual / $6,200 Family*	$4,200 Individual / $9,920 Family
Annual Out-of-Pocket Maximum (includes annual deductible, medical copays and coinsurance; includes Rx copays)	$5,000 Individual / $10,000 Family*	$7,500 Individual / $15,000 Family
Copays (does not apply towards annual deductible)	$5 Telehealth Visit $25 Primary Care Physician $60 Specialist	Not Covered Plan pays 50%* Plan pays 50%*
Physician Office Visit		
Primary Care Physician (PCP)	Plan pays 100% after $25 co-pay	Plan pays 50%*
Specialists	Plan pays 100% after $60 co-pay	Plan pays 50%*
Immunizations	Plan pays 100%	Plan pays 50%*
Routine Preventive Care at PCP**	Plan pays 100%, no co-pay	Plan pays 50%*
Pap Test and Mammogram	Plan pays 100%, no co-pay	Plan pays 50%*
Prostate Screenings	Plan pays 100%, no co-pay	Plan pays 50%*
Hearing Aids (one per ear every 36 months)	Plan pays 65%*	Plan pays 50%*
Allergy Injections	Plan pays 100%	Plan pays 50%*
Maternity	Plan pays 100% after $50 copay for initial visit; thereafter, plan pays	Plan pays 50%*
Lab & X-ray	Plan pays 100% after the office co-pay	Plan pays 50%*
Physician's Office	Plan pays 80%*	Plan pays 50%*
Outpatient Hospital Facility	Plan pays 80%*	Plan pays 50%*
Advanced Radiological Imaging	Plan pays 80%*	Plan pays 50%*
MRI, MRS, CAT Scan, PET Scan, etc.	Plan pays 80%*	Plan pays 50%*
Hospital Inpatient	Plan pays 80%*	Plan pays 50%*
Outpatient Surgical Facility	Plan pays 80%*	Plan pays 50%*
Surgery	Plan pays 80%*	Plan pays 50%*
Surgeon's Fees	Plan pays 80%*	Plan pays 50%*
In a Primary Care Physician's Office	Plan pays 100% after $60 co-pay	Plan pays 50%*
In a Specialist's Office	$60 co-pay (co-pay waived if admitted)	Plan pays 50%*
Emergency Room (including ER lab and x-ray)	$250 co-pay* (co-pay waived if admitted)	$250 co-pay* (co-pay waived if admitted)
Urgent Care Facility	$50 co-pay	$50 co-pay

* Plan pays specified amount including 100% only AFTER annual deductible requirements have been met.
**Rountine physical examinations and related diagnostic services and screenings are covered for members as recommended with an A or B rating by the United States Preventive Services Task Force (USPSTF).
Some services may require pre-certification procedures. See page 8 for details.
Individual coverage = Employee only coverage, Family coverage = Employees with spouse and/or children

Co-pay may apply if the provider charges for a seperate office visit.

Medical Plan Overview

Continued

cigna healthcare

Behavioral Health

OAP (Open Access Plus)	In-Network Providers	Out-of-Network Providers
Mental Health Inpatient	Plan pays 80%*	Plan pays 50%*
Mental Health Outpatient (Includes Individual, Group and Intensive Outpatient)	Plan pays 80%*	Plan pays 50%*
Physician's Office	PCP - $25 co-pay Specialist - $60 co-pay	Plan pays 50%*
Outpatient Facility	Plan pays 80%*	Plan pays 50%*
Substance Abuse Inpatient	Plan pays 80%*	Plan pays 50%*
Substance Abuse Outpatient (Includes Individual, Group and Intensive Outpatient)	Plan pays 80%*	Plan pays 50%*
Physician's Office	PCP - $25 co-pay Specialist - $60 co-pay	Plan pays 50%*
Outpatient Facility	Plan pays 80%*	Plan pays 50%*

* Plan pays specified co-insurance amount only after annual deductible requirements have been met.

** Routine physical examinations and related diagnostic services and screenings are covered for members as recommended with an A or B rating by the United States Preventive Services Task Force (USPSTF).
Co-pay may apply if the provider charges for a separate office visit.

Cigna Total Behavioral Health

Finding mental health support can sometimes feel difficult. With Cigna Total Behavioral Health, you have access to digital resources, aid with stress and anxiety, therapy, coaching, and care for more complex behavioral needs. There are many convenient options to address your unique mental health needs – including face-to-face, phone and video appointments, as well as virtual providers that use secure messaging. Some key features of this benefit include:

- **Unlimited real-time support.** Get immediate care and support, 24/7/365. Licensed clinicians provide consultations in the moment to help you with a care plan or talk about what you're going through.
- **100% follow-up.** After you've engaged with the behavioral health team, they'll check in with you to make sure your needs are being met. If you need additional support, they can help with that too.
- **A special navigator to help and guide you.** This is your single point of contact for whatever needs or concerns you have throughout your path to care.
- **Help finding the right therapist.** Our provider matching considers factors like your age, your reason for seeking treatment, the type of treatment you're looking for, your preference for virtual vs. in-person care delivery options, and more.

How to Access this Benefit

Go to myCigna.com and click the Wellness tab, then select Mental Health Support. You can chat with Cigna from 9am – 8pm ET, or call the toll-free number on your ID card 24/7.

Paying for Your Coverage

Cigna Care Management for Inpatient and Outpatient Services

What is precertification

With precertification, you know in advance whether a procedure, treatment or service will be covered under your health care plan. It helps make sure that you get the right care in the right setting. It may save you from costly and unnecessary services.

What services need to be precertified

Your doctor will help you decide which procedures require a hospital stay and which can be handled on an outpatient basis. Inpatient services require you to stay overnight in a hospital or related facility. Outpatient services don't require an overnight stay. Here are some examples of services requiring precertification.**

Inpatient Services	Outpatient Services
All inpatient admissions and nonobstetric observation stays such as: • Acute hospitals – skilled nursing facilities, rehabilitation facilities, long-term acute care facilities, hospice care, transfers between inpatient facilities • Experimental and investigational procedures • Cosmetic procedures • Maternity stays longer than 48 hours (vaginal delivery) or 96 hours (cesarean section)	• Certain outpatient surgical procedures • High-tech radiology (MRI, CAT scans, PET scans, nuclear cardiology) • Injectable drugs (other than self-injectables) • Durable medical equipment (insulin pumps, specialty wheelchairs, etc.) • Home health care/home infusion therapy • Dialysis (to direct to a participating facility) • External prosthetic appliances • Speech therapy • Cosmetic reconstructive procedures • Infertility treatment • Sleep management • Transplants • Radiation therapy • Musculoskeletal services (major joint surgery and pain management services)

**This list does not include all services requiring precertification

Medical Coverage Bi-Weekly Cost	
Employee only*	$108.00
Employee plus Spouse	$271.00
Employee plus Child(ren)	$215.00
Employee plus Family	$313.00

*OR your Hourly Rate 60*10.22%. If that calculation total is less than $108 then your Bi-weekly premium will be less than what is listed in the chart.

	Hourly Rate	Rate x 60 x 10.22% Bi-Weekly Premium
	$10.00	$61.32
EXAMPLES:	$12.00	$73.58
	$13.00	$79.71
	$15.00	$91.98

Medical Tools And Resources

Did you know?

Medical virtual care for minor conditions costs less than ER or urgent care center visits, and maybe even less than an in-office primary care provider visit. Our Telehealth visits are only $5 and cover various ailments and providers.

Visit myCigna.com or call MDLIVE at 888.726.3171 when you need virtual care.

Cigna Virtual Health Care

Virtual care is making access to high-quality healthcare more convenient and affordable – for you and every covered member of your family. That's why Cigna Healthcare has partnered with MDLIVE to offer a broad suite of convenient virtual care options – available by phone or video, and in English or Spanish.

Your Virtual Care Options

Primary Care: Easy, fast appointments, referrals, prescriptions, lab work and diagnostic tests.

- Preventive care and wellness screenings available at no additional cost to identify conditions early.
- Manage chronic conditions and establish a relationship with the same primary care provider (PCP) through routine care.
- Receive orders for biometrics and blood work at local facilities.

Urgent Care: On-demand 24/7, or schedule a time that works for you.

- Convenient, affordable alternative to urgent care centers and the emergency room.
- Care for many minor illnesses such as infections, cold & flu, and sinus problems.
- Includes pediatric care, allowing your child to be seen quickly and from the comfort of their home.

Dermatology: Fast, customized care for skin, hair, and nail conditions – no appointment required.

- Care for common skin, hair and nail conditions including acne, eczema, psoriasis, rosacea, suspicious spots, and more.
- Upload photos and describe symptoms for board-certified dermatologists to review.
- Diagnosis and customized treatment plan, usually within 24 hours.

Behavioral Care: Talk therapy and psychiatry from the privacy of home, with no waiting rooms.

- Access to licensed therapists and board-certified psychiatrists.
- Schedule an appointment that works for you and have recurring sessions with the same provider.
- Care for topics such as anxiety, stress, life changes, grief, and depression.

Prescriptions: Available through home delivery or at local pharmacies, if appropriate.

It's Easy to Connect to Care

Virtual care visits are convenient and easy, whether you choose on-demand care or to schedule an appointment. Follow the steps below to connect to care:

1. Access MDLIVE by logging into myCigna.com or by using the myCigna app.
2. Find the "Talk to a Doctor" button on the homepage. You may have to scroll down.
3. Select the type of virtual care you need – Medical or Counseling. Estimated cost will be shown.
4. Schedule your appointment or start your visit today.

Medical Tools And Resources

Continued

Cigna Case Management

Health challenges can be stressful. But with Cigna case management programs, you don't have to face them alone. You can count on your Personal Nurse Advocate* for one-on-one support so you can worry less about your care and more on feeling better.

Personal Nurse Advocates are registered nurses who act as your one-on-one case manager to provide support for your health journey. They will work with your medical team to help you with your care plan, coordinate services and find ways to save you money on your health costs.

Key Features:

- Conversations are private and never shared with your employer or anyone else
- Personal Nurse Advocates do not provide medical advice but rather help to support you at each step of your journey towards whole personal health.
- This benefit is included with medical plan coverage, and is offered at no additional cost to you

*These Nurse Advocates hold current nursing licensure in at least one state but are not practicing nursing/providing medical care or medical advice in any capacity as a health advocate.

Cigna Lifestyle Management

Whether your goal is to lose weight, quit tobacco or lower your stress levels, you have the power to make it happen. Cigna Lifestyle Management Programs can help at no additional cost to you. Each program is easy to use and available where and when you need it.

You can use each program online, over the phone or both.

- One-on-one coaching
- Convenient evening and weekend hours
- Assists with weight management, tobacco cessation and stress management

Take the first step by visiting myCigna.com.

Cigna Healthcare Wellness Experience

Reach your health goals while having fun. The Cigna Healthcare Wellness Experience comes at no extra cost to you.

- **Personalize your experience:** Connect your activity tracker and set topics of interest.
- **Do a health assessment:** Answer questions to get a health score and learn about possible risks.
- **Track your healthy habits:** Follow a healthy routine one small step at a time.
- **Stay motivated:** You can invite up to 10 friends and family members outside of work.
- **Participate in fun challenges:** Join coworkers and motivate one another to build a new healthy habit.

Earn up to $500 in wellness rewards.

By participating in healthy activities, you can earn rewards. The more you do, the more you earn!

- Complete well-being challenges.
- Work toward daily movement goals.
- Participate in digital coaching journeys.
- Record your healthy habits.

Once your plan starts you can sign up for the Wellness Experience on the Wellness tab of myCigna.com or the myCigna app.

Medical Tools And Resources

Continued

Cigna One Guide

Your Cigna One Guide team is ready and waiting to help answer all your health plan questions and so much more! Simply call, click-to-chat on myCigna.com or use the myCigna App. You'll automatically be connected to a One Guide representative who will help guide you where you need to go.

Helping you save money and stay healthy. Your Cigna One Guide team can help you:

Understand your plan

- Learn how your coverage works
- Get answers to your health care or plan questions

Get care

- Find an in-network health care provider, lab or urgent care center
- Connect with health coaches
- Connect with dedicated, one-on-one support for complex health situations

Save and earn

- Earn incentives
- Get cost estimates to avoid surprises

Hinge Health – offered through Cigna Healthcare

Hinge Health is your partner for pain relief. With Hinge Health, you can get digital exercise therapy and more from real people who are dedicated to helping you feel your best.

Key Features:

- A care plan designed for your everyday activities and long-term goals – and to treat multiple areas of your body at once
- Access exercise therapy sessions you can do in as little as 15 minutes – anytime, anywhere with the Hinge Health app
- Get 1-on-1 support from a physical therapist or health coach to tailor your sessions as needed and help you reach your goals

Prescription Drugs

All Company employees who elect medical coverage through the Cigna plan receive prescription drug coverage through Express Scripts for both retail and home delivery (mail order) pharmacy services.

- Most prescription drug expenses will count toward your out-of-pocket maximum
- Your Express Scripts prescription ID card must be used when you obtain your prescriptions
- You pay a flat co-pay for each prescription
- Remember, you almost always save money with generics!

Prescription drugs for $0 copay

- Generic Oral Contraceptives
- Vaccines (immunizations) to prevent certain illnesses in people of all ages

Preventive Drug List for $0 copay

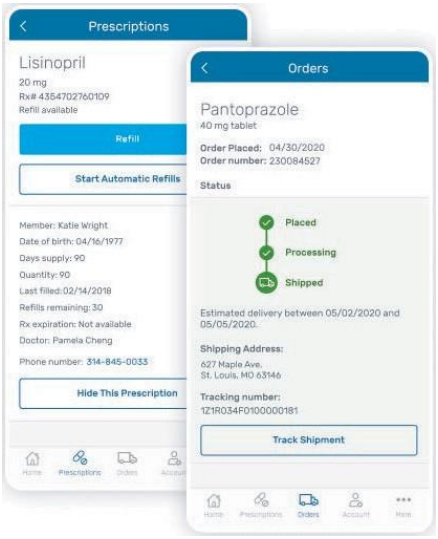
- See preventive drug list located on the Employee Benefits Site.

OTCs

Over-the-Counter (OTCs) Drugs for $0 copay

Select OTCs are covered for $0 copay as noted on the Prescription Plan Overview page. You will need a prescription from your physician that states “OTC” for it to be covered for $0 copay

express-scripts.com
1.855.778.1497



Download the mobile app

- Create an online account
- Locate a provider
- View your vison benefit
- Get your member ID card
- Access other discounts

GET IT ON Google Play

Download on the App Store

Download the app from Google Play and the Apple Store

Prescription Plan Overview

Express Scripts	In-Network Providers	Out-of-Network Providers
Retail Prescription Drugs	Participating Pharmacy	Non-Participating Pharmacies
BRAND ONLY Rx Deductible per participant per calendar year[2]	$75 Individual	Not Covered
Zero copay ($0)[3]	$0	Not Covered
Generic	$10	Not Covered
Preferred Brand[4]	$45	Not Covered
Non-Preferred Brand[4]	$80	Not Covered
Retail Prescription Drugs (90-day)	Participating Pharmacies	Non-Participating Pharmacies
BRAND ONLY Rx Deductible per participant per calendar year[2]	$75 Individual	Not Covered
Zero copay ($0)[3]	$0	Not Covered
Generic	$25	Not Covered
Preferred Brand[4]	$135	Not Covered
Non-Preferred Brand[4]	$180	Not Covered
Mail Order Prescription Drugs (90-day)	ESI Home Delivery	Non-Participating Pharmacies
BRAND ONLY Rx Deductible per participant per calendar year[2]	$75 Individual	Not Covered
Zero copay ($0)	$0	Not Covered
Generic	$25	Not Covered
Preferred Brand[4]	$135	Not Covered
Non-Preferred Brand[4]	$180	Not Covered
Specialty Prescription Drugs (30-day)	Accredo Specialty Pharmacy	Non-Participating Pharmacies
BRAND ONLY Rx Deductible per participant per calendar year[2]	$75 Individual	Not Covered
Generic	$100	Not Covered
Preferred Brand[4]	$150	Not Covered
Non-Preferred Brand[4]	$200	Not Covered

1 Drugs purchased at non-participating pharmacies are not covered.

2 On the Prescription Drug Program, there is a $75 per participant deductible on BRANDS ONLY per calendar year. Generics and Brand OTCs are not subject to the prescription drug deductible.

3 Select OTCs are covered for $0 copay. This includes:

- Nasal Allergy Spray: Flonase® Allergy OTC, Nasacort® Allergy 24HR, and Rhinocort
- Non-sedating Antihistamines: Alavert, Allegra (fexofenadine), Claritin (loratadine), Xyzal Allergy 24 HR, Zyrtec (cetirizine) in all forms: (D"), chewable syrup
- Proton Pump Inhibitors: Nexium 24 HR, Prevacid 24 HR, Prilosec OTC, or Zegerid OTC

Remember, in order to get the "Over-the-Counter" (OTC) for Zero Co-pay ($0), you must have a prescription from your physician, and it must state "OTC".

4 Dispense As Written (DAW). If a member or their physician requests a brand drug when a generic drug is available; then the member will have to pay the brand co-pay plus the difference in the cost between the brand drug and the generic drug. The DAW penalty does not accumulate towards the deductible or the out-of-pocket maximum. It continues to apply to the member even after the OOP (out-of-pocket) maximum is met.

Prescription Drug Plan Notes:

- Some drugs may be excluded from the Plan. Please refer to your Summary Plan Description for more information.
- Step Therapy: A patient can be required to try a lower cost prescription drug that treats a given condition before "stepping up" to a similar-acting, but more expensive drug.
- Specialty medications used to treat chronic disease such as Multiple Sclerosis, Hepatitis C, Cancer, etc. that are generally self-injected, inhaled or oral are limited to 30-day supply through Accredo Specialty pharmacy. All specialty pharmacy prescriptions must be dispensed by Accredo Specialty Pharmacy.
- Compound drugs are limited to $300 per script.

Dental

When it comes to dental coverage, you have a choice.

CHOICE 1: Company-Paid Dental Basic Plan

All employees enrolled in the Cigna medical plan automatically receive Dental Basic benefits through Cigna at no extra cost.

CHOICE 2: Need More Coverage? Consider The Dental Plus Plan

The Dental Plus Plan has a higher calendar year maximum and also includes Orthodontic care which the Basic Plan does not.

CHOICE 3: "Stand-alone" Dental Plans

If you choose to not to elect medical coverage, you still have the option to enroll in the Dental Basic or Dental Plus "Stand-alone" plans. This means that you'll have dental coverage without medical coverage.

Benefit	Dental Basic Plan	Dental Plus Plan
Annual Deductible	$50 per person	$50 per person
Calendar Year Maximum	$1,000 per person	$2,000 per person
Class I Services Preventive/Diagnostic (exams, x-rays, cleanings, space maintainers, etc)	Plan pays 100%*	Plan pays 100%*
Class II Services Basic Restoration (fillings, root canals, simple extractions, oral surgery, anesthetics)	Plan pays 80%* after you/your dependent pay the deductible	Plan pays 80%* after you/your dependent pay the deductible
Class III Services Major Restoration (crowns, dentures, bridgework)	Plan pays 50%* after you/your dependent pay the deductible	Plan pays 50%* after you/your dependent pay the deductible
Class IV Services Orthodontic (Children and Adults)	NOT INCLUDED	Plan pays 50%* to a $2,000 lifetime maximum
Class IX Services Dental Implants	Plan pays 50%* after you/your dependent pay the deductible	Plan pays 50%* after you/your dependent pay the deductible

*All plans are subject to Customary Limitations, if using a non-network provider. Benefits listed are for summary purposes only. Please refer to your Summary Plan Description for complete details

Under the Cigna Dental PPO plan, you can visit any licensed dentist; however, you'll have lower out-of-pocket costs when you use in-network providers.

Participating dentists in Cigna's PPO network have agreed to offer members reduced fees. There is no separate dental ID card, use your medical card. Visit mycigna.com and log in for useful tools or to find a participating dentist.

Dental Plus Bi-Weekly Premium	
Employee only	$20.50
Employee plus Spouse	$43.10
Employee plus Child(ren)	$39.00
Employee plus Family	$61.70

"Stand-alone" Dental	Basic	Plus
Employee only	$9.70	$20.50
Employee plus Spouse	$20.30	$43.10
Employee plus Child(ren)	$18.40	$39.00
Employee plus Family	$29.00	$61.70

2027 Benefits Guide

RACK ROOM SHOES®

Vision

Company employees can elect vision insurance for an extra cost through Superior Vision. The vision plan offers a national network of eye care professionals to serve all of your vision needs.

Note: Vision insurance can be elected separately from medical and dental coverage.

Bi-Weekly Premiums	
Employee only	$3.50
Employee plus Spouse	$6.90
Employee plus Child(ren)	$6.80
Employee plus Family	$10.40

Copays	
Exam	$10
Materials	$25
Contact Lens Fitting (standard & specialty)	$35

Service/Frequency

Once per calendar year for all
Exam
Frame
Contact Lens Fitting
Lenses
Contact Lenses

Benefit	In-Network Provider	Out-of-Network Provider
Exam (Ophthalmologist)	Covered in full after copay	Up to $44 retail
Exam (Optometrist)	Covered in full after copay	Up to $39 retail
Frames[1]	$150 retail allowance	Up to $64 retail
Contact Lens Fitting (specialty) [2]	Plan pays 80%* after you/your dependent pay the deductible	Not covered
Lenses (standard) Per pair[4]		
Single Vision	Covered in full after copay	Up to $34 retail
Bifocal	Covered in full after copay	Up to $48 retail
Trifocal[3]	Covered in full after copay	Up to $64 retail
Progressive Lens Upgrade	See description	Up to $64 retail
Contact Lenses[4]	$150 retail allowance	Up to $100 retail
Polycarbonate for Child	Covered in full after copay	Contact Supervision

Co-pays apply to in-network providers. Charges for out-of-network providers must be paid in full after visit with co-pays reimbursed.

1 Materials co-pay applies to lenses and frames only, not contact lenses
2 See your benefits materials for definitions of standard and specialty contact lens fittings
3 Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay
4 NOTE: The plan includes allowance for either contact lenses OR eyeglass frames.

SuperiorVision™

www.superiorvision.com

Customer Service
1.800.507.3800

Download the mobile app

- Create an online account
- Locate a provider
- View your vison benefit
- Get your member ID card
- Access other discounts



GET IT ON Google Play

Download on the App Store

Download the app from Google Play and the Apple Store

Flexible Spending Accounts

USING YOUR FSA FUNDS

HEALTH CARE FSA

There are two ways to use the funds in your Health Care FSA.

1. Flores® Debit Card
You will receive a Flores debit card to pay for eligible expenses. When you use the card, the funds automatically come out of your FSA.

2. Reimbursement
You can submit an online request for reimbursement through floresHR.com. As an alternative, you can complete a paper claim form and fax or mail it to Flores.

DEPENDENT CARE FSA

You must file a claim for dependent care expenses. You will receive a check in the mail, or a direct deposit will be made to your bank account (if requested).

SUBMITTING CLAIMS
Log on to **www.floresHR.com** to submit claims
For questions, call the Flores Information Line
1.800.532.3327

Flores

GET IT ON Google Play

Download on the App Store

Download the app from Google Play and the Apple Store

A Flexible Spending Account (FSA) is a smart way to set money aside for eligible expenses before taxes are deducted from your paycheck. This means you pay less in annual taxes. The Company offers three types of FSAs. You must re-enroll in FSA every year.

Health Care (FSA)

This account allows you to use pretax dollars to pay for eligible medical, dental, prescription drug, vision and hearing expenses, for yourself and eligible dependents.

Dependent Care (DCFSA)

This account allows you to use pretax dollars to pay for eligible dependent care expenses for your children under age 13 and other qualifying dependents. This enables you and your spouse to work, actively look for work or attend school full-time. This quick reference is an overview of how to use your FSAs. For more information, visit floresHR.com.

Commuter (CFSA)

This account is a pre-tax benefit that allows you to set aside money to pay for qualified work-related commuting expenses. The IRS allows a maximum of $325 per month to be contributed to each of the two Commuter Benefits accounts: Transportation and Parking. Only the following cities and states are allowed to enroll in Commuter FSA: Philadelphia, PA, New Jersey, Staten Island, NY and Maryland.

Current FSA Contribution Limits

The IRS sets limits every year on how much you can contribute to each type of FSA.

Health Care FSA	Dependent Care FSA
Minimum of $125 up to a maximum of $3,500 (Limits applies to individuals, married couples filing jointly and married couples filing separately)	Minimum of $125 up to a Maximum of $7,500 or $3,750 (if married and filing separately)

Eligible Expenses

To use your FSA properly, you need to know what's eligible.* Here are a few examples of eligible expenses:

Health Care FSA	Dependent Care FSA
• Deductibles and copays • Prescription drugs • Contact lenses, solutions and enzymes • Hearing aids, eyeglasses and braces • Certain over-the-counter (OTC) medications • Menstrual Supplies • Breast Pumps • First-aid kits • Blood Pressure Monitors • Diabetic monitors, test kits, strips and supplies	• Nursery school • Elder care centers • Individuals who care for preschoolers • Before-school and after-school programs • Providers outside the home who care for disabled dependents • Summer day camps

* For a complete list of eligible expenses, see Publication 502 (Medical and Dental Expenses) and Publication 503 (Dependent Care Expenses), available at irs.gov/publications/index.html. Consultation with your tax advisor is recommended.

Flexible Spending Accounts

Continued

Commuter Benefits FSA

- Transit passes
- Tokens
- Fare cards
- Mass transit vouchers
- Parking expenses incurred at/near work

Health Care FSA

Incur expenses from Jan. 1, 2027, through Dec. 31, 2027. Submit expenses by March 31, 2028.

Dependent Care FSA

Incur expenses from Jan. 1, 2027, through Dec. 31, 2027. Submit expenses by March 31, 2028.

NEED TO KNOW YOUR FSA BALANCE?

3 WAYS TO CHECK IT

1.Online
www.floresHR.com

2. Call
1.800.532.3327

3. App

Getting Started

Step 1	REVIEW	Review your health care and dependent care expenses from this year and think about what you expect to spend next year.
Step 2	ENROLL	Enroll in a Health Care FSA, Commuter FSA and/or Dependent Care FSA during annual enrollment. Note: If you want to have an FSA, you must re-enroll each year. Your elections do not carry over from year to year.
Step 3	ENTER	Enter your annual contribution amount for any of the FSA(s) accounts. The Company will deduct your pretax contribution from your paycheck (in equal amounts during the year) and deposit it into your FSA(s). Note: You cannot change your contribution amount during the year unless you have a qualifying life event.

DEADLINES MATTER — USE IT OR LOSE IT by December 31, 2027

Timing is everything when you are using an FSA. For 2027, the IRS requires that you incur and submit eligible expenses by the appropriate deadline(s), or you will lose any balance left in your account that is greater than $680.

Rollover Feature

- Rack Room Shoes allows you to roll over up to $680 of unused Health Care FSA funds at the end of the year.
- The rollover funds can be used for the following year.
- You don't need to do anything to ensure your funds rollover.
- As long as you are enrolled as of the last day of the plan year, any amount up to $680 remaining in your Health Care FSA will automatically roll over to be used for expenses you can incur during the new plan year.
- Any unused funds above $680 will be forfeited if not used by the December 31, 2027 deadline.

Managing Your Flores Account

When you enroll in an FSA for the first time, you will receive a Flores debit card. If you re-enroll in an FSA, you will continue to use your current Flores debit card. You will also have access to tools and resources to help you easily manage your account online.

Over-the-Counter (OTC) Drugs

The CARES Act of March 2020 expanded the benefits of FSAs by removing the prescription requirement for several OTC drugs and medicines, and by adding feminine hygiene products to the list of expenses eligible for reimbursement. This means you can use your FSA to reimburse yourself for several everyday items, or if you have a debit card associated with your account, you can use the card to pay for them directly. Prior to the passage of the act, these items were only eligible for reimbursement with a prescription. Now that the prescription is no longer required, you can make these purchases using the pre-tax funds you've set aside. Log onto the Flores website for a complete list of eligible expenses.



WELLNESS BENEFITS

GuidanceResources®

Your Life. Your Work. Your Best.

Dear Employee:

We are pleased to announce ComPsych® GuidanceResources® as the provider of our Employee Assistance Program services. The GuidanceResources® program provides confidential counseling, expert guidance and valuable resources to help you and your household members handle any of life's challenges, big or small. These services are provided at no charge and include:

CONFIDENTIAL EMOTIONAL SUPPORT

Life can be stressful. Your EAP provides short-term counseling services for you and your dependents to help you handle concerns constructively, before they become serious issues. Call anytime about topics such as marital, relationship and family problems; stress, anxiety and depression; grief and loss, job pressures and substance misuse disorders.

WORK AND LIFESTYLE SUPPORT

Too much to do, and too little time to get it all done? Work-life experts can do the research for you and provide qualified referrals and customized resources for topics such as child and elder care, moving, pet care, college planning, home repair, buying a car, planning an event, selling a house and more.

LEGAL GUIDANCE

With your GuidanceResources® program, you have an attorney "on call" whenever you have questions. They can help with legal concerns such as divorce, custody, adoption, real estate, debt and bankruptcy, landlord or tenant issues, civil and criminal actions and more. If you require representation, you can be referred to a qualified attorney for a free 30-minute consultation and a 25 percent reduction in customary legal fees.

FINANCIAL INFORMATION

Everyone has financial questions. Get answers about budgeting, debt management, tax issues and other money concerns from on-staff accounts, financial planners and other experts, simply by calling the toll-free number.

DIGITAL SUPPORT

Go to GuidanceResources® Online to connect to counseling, work and lifestyle support and other services, such as child care and legal services search tools. Tap into an array of articles podcasts, videos and slideshows on thousands of topics or improve your skills with On-Demand trainings, self-assessments and more.

Assistance is available 24 hours a day, 7 days a week.

To access GuidanceResources® services:

- Call your toll-free number. You'll speak with a highly trained, caring professional who can listen to your concerns and guide you to the appropriate services.
- Visit GuidanceResources® Online at www.guidanceresources.com and enter your company ID.

Remember, assistance from the GuidanceResources® program is strictly confidential. To view the ComPsych® HIPAA privacy notice, please go to www.guidanceresources.com/privacy

We hope you will take some time to explore all the benefits the GuidanceResources® program has to offer.

RACK ROOM SHOES®

COMPSYCH®
GuidanceResources® Worldwide

24/7 Live Assistance:
Call: 888-270-2250
TRS: Dial 711

Online: guidanceresources.com
App: GuidanceNowSM
Web ID: RackRoom EAP

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LIFE INSURANCE BENEFITS

Life and AD&D Insurance

Life insurance provides a benefit to help meet expenses in the event of your death. Accidental death and dismemberment (AD&D) insurance can provide a benefit in the event of an accidental loss of limb or sight or in the event of accidental death.

Sun Life is our Life and AD&D insurance provider.

Employer Paid Basic Employee Life and AD&D Insurance

The Company provides basic employee Life and AD&D insurance combined. You may elect to increase your coverage by also enrolling in Voluntary Employee Life as well as Voluntary AD&D.

Available Coverage

Coverage Tier	Benefit Amount	Maximum	Guaranteed Issue Amount
Employee	1 X Salary	Lesser of 1 X Salary or $100,000	$100,000

Guaranteed Issue means that you may be able to purchase coverage without medical exams or health questions. See “Guaranteed Issue” below for more information.

Voluntary Employee Life and AD&D

As a new hire, once you have completed 60 days of employment, you can elect to add additional life insurance through the Sun Life Voluntary life and AD&D insurance plan at a low cost at Guaranteed Issue amounts. The Sun Life Guaranteed Issue amount is $140,000 for employee, $25,000 for spouse, and $10,000 for child.
Guaranteed Issue means that you may be able to purchase coverage without medical exams or health questions (evidence of good health). If you do not elect Voluntary Life and/or AD&D as a new hire, when trying to enroll at any time thereafter as a late entrant be subject to apply for coverage through Evidence of Good Health.

Your employee term life insurance options are:

- In units of $10,000
- Maximum is lesser of 5 times salary or $500,000
- Guaranteed Issue amount of $140,000

Life and AD&D Insurance

Continued

Voluntary Dependent Life

You may elect voluntary dependent life insurance for your spouse and/or your dependent child(ren). Dependent life insurance is rounded up to the next $1,000.

Spousal Life Insurance Options

Life insurance coverage for your spouse cannot exceed 100 percent of your employee life insurance election or your company-paid basic life election. Your spousal life insurance options are:

- In units of $5,000
- Maximum of $500,000
- Guaranteed Issue Amount of $25,000

If you increase your spouse's life insurance coverage and your spouse is hospitalized at that time, the life insurance carrier reserves the right to disallow the increase in your spouse's coverage.
If you and your spouse both work for the Company, there is no need to purchase dependent life insurance because:

- If you purchase dependent life insurance for one another, the surviving spouse will only receive the insurance benefit that the deceased spouse purchased for himself/herself.
- The surviving spouse will not receive the insurance benefit he she purchased on his/her deceased spouse.

Child Life Insurance Options

You can also elect coverage for your eligible child(ren) up to $10,000. Your child life insurance options are:

- In units of $2,000
- Maximum of $10,000
- Guaranteed Issue of all amounts

If you and your spouse both work for the Company, you cannot both purchase life insurance for the same child.

Available Coverage

	Benefit Amount	Maximum	Guaranteed Issue
Employee	Units of $10,000	Lesser of 5x Salary or	$140,000
Spouse	Units of $5,000	$500,000 not to exceed 100% of the employee's benefit	$25,000
Children	Units of $2,000	$10,000; under 6 months old $1,000	All amounts

Guaranteed Issue means that you may be able to purchase coverage without medical exams or health questions. Evidence of Insurability (EOI) is required for all new enrollments or increases to benefits, unless the employee enrolls timely as a new hire.

The insurer reserves the right to request and/or deny coverage based on Evidence of Insurability.

Life and AD&D Insurance

Continued

Voluntary Life Rates

Employee's Monthly Cost of Coverage

Age	Employee Cost Per $10,000 Unit	Maximum Per $5,000 Unit
0 - 19	$1.220	$0.280
20 - 24	$1.220	$0.280
25 - 29	$1.220	$0.280
30 - 34	$1.240	$0.295
35 - 39	$1.670	$0.410
40 – 44	$2.390	$0.580
45 – 49	$3.810	$0.910
50 – 54	$6.060	$1.420
55 – 59	$9.320	$2.180
60 – 64	$14.540	$3.725
65 – 69	$25.240	$6.370
70 – 74	$45.040	$11.345
75 – 79	$88.250	$22.725
80 – 84	$88.250	$22.725
85 – 89	$88.250	$22.725
90 – 94	$88.250	$22.725
95 - 99	$88.250	$22.725
Child Cost Per $2,000 Unit		
$0.200		

Actual per pay period premiums may differ slightly due to rounding. Rates vary by age and may be subject to change in the future.

Benefits will reduce based on age (see benefits reductions schedule for details).

How to Calculate Monthly Cost:

Step 1: Use the chart above to find our Monthly rate based on your age as of your effective date.

Step 2: Multiply this rate by your desired coverage amount, in units. Reference the table above to find the appropriate unit amounts for employee and/or dependents

Step 3: The result is the Monthly cost.

Life and AD&D Insurance

Continued

Voluntary AD&D Rates

AD&D (Accidental Death & Dismemberment)

If you or a loved one pass away or are seriously injured as a result of a covered accident or injury, you or your beneficiaries will receive a set amount to help pay for unexpected expenses or help your loved ones pay for future expenses after you're gone.

Available Coverage

Coverage Tier	Benefit Amount	Maximum
Employee	Units of $10,000	Lesser of 5 X Salary or $500,000
Spouse	Units of $5,000	$500,000
Children	Units of $2,000	$10,000

Benefit Detail

If, within 365 days of a Covered Accident, bodily injuries result in:	We'll pay this % of the Benefit Amount
Loss of life; Total paralysis of both upper and lower limbs; Loss of two or more hands or feet; Loss of sight in both eyes; or Loss of speech and hearing (both ears)	100%
Total paralysis of both lower limbs or both upper limbs	75%
Total paralysis of upper and lower limbs on one side of the body; Loss of one hand, one foot, sight in one eye, speech, or hearing in both ears; or severance and reattachment	50%
Total paralysis of one upper or one lower limb; Loss of all four fingers of the same hand; or loss of thumb and index finger of the same hand.	25%
Loss of all toes on the same foot	20%

Note: Some accidents are not covered. Please visit the Employee Benefits Site for more information.

Your Monthly Cost of Coverage

- Employee Cost Per $10,000 = $0.340
- Spouse Cost Per $5,000 = $0.170
- Child Cost Per $2,000 = $0.068

Actual per pay period premiums may differ slightly due to rounding. Benefits will reduce based on age (see benefits reductions schedule for details). Rates may be subject to change in the future.

How to Calculate Monthly Cost:

Step 1: Find the above monthly rate.

Step 2: Multiply this rate by your desired coverage amount, in units. Reference the table above to find the appropriate unit amounts for employee and/or dependents

Step 3: The result is the Monthly cost

Short Term Disability

Some states have state mandated STD plans. When you become disabled, notify SunLife. They will coordinate your benefit with the state-mandated plan.

Short Term Disability benefits provide financial protection against the loss of your income if you are unable to work for medical reasons (including maternity leave) or due to a non-work-related injury. Disability benefits will replace a portion of your pay for a certain period of time. When reviewing this coverage, consider how long you can personally go without receiving a paycheck.

Life and Disability insurance are through Sun Life.

Employee Paid Short-Term Disability

As a new hire, once you have completed 60 days of employment, you can elect to be covered by the Company short-term disability (STD) plan at a low cost. If you do not elect STD as a new hire, late entrants will need to apply for Short Term Disability through Evidence of Good Health (submitting health questionnaire). If approved, there is no pre-existing condition waiting period. Employees can only enroll when they're a new hire or during Open Enrollment.

Available Coverage

Gross Monthly Benefits	Maximum Gross Monthly Benefits	Benefits Waiting Period	Maximum Benefits Period
60% of your weekly covered earnings	$1,000	7 days for accident	13 weeks for accident
		7 days for sickness	13 weeks for sickness

Hourly Rates

Employee's Monthly Cost of Coverage

Age	Monthly Rate per $10 of Weekly Benefit
<20 – 29	$1.085
30 – 34	$1.06
35 – 39	$0.97
40 – 44	$0.88
45 - 49	$0.91
50 – 54	$1.00
55 – 59	$1.18
60 – 64	$1.41
65 – 69	$1.60
70 - 99	$1.73

Actual per pay period premiums may differ slightly due to rounding. Rates vary by age and may be subject to change in the future.

Salaried Rates

Employee's Monthly Cost of Coverage

Monthly rate per $10 of Weekly Benefit = $0.35.

How to Calculate Your Bi-Weekly Cost:

Step 1: Divide your annual salary by 52 to calculate your weekly earnings. (This amount cannot exceed $1,667).

Step 2: Multiply this amount by the benefit percentage defined above in the Available Coverage section. For example, 60% would be $0.60. Now, you have your gross weekly benefit.

Step 3: Use the chart above to find our Monthly rate based on age. Multiply this rate by your gross weekly benefit, or the maximum gross weekly benefit, whichever is less.

Step 4: Divide the total by 10. The result is your Monthly cost.

Step 5: Multiply the amount above in Step 4 by 12, then divide by 26 to determine your bi-weekly premium.

Long Term Disability

Employer Paid Long-Term Disability Coverage

If an illness or injury prevents you from working for more than 90 days, long-term disability (LTD) coverage will continue to pay a portion of your salary. The Company provides you with LTD benefits equal to 60 percent of pay at no cost to you.

Available Coverage

Gross Monthly Benefits	Maximum Gross Monthly Benefits	Benefits Waiting Period	Maximum Benefits Period
60% of your monthly covered earnings	$10,000	90 Days	Please refer to the "How Long Benefits Last" section below

Actual per pay period premiums may differ slightly due to rounding. Rates vary by age and may be subject to change in the future.

Additional Features
Family Survivor Benefit – If you die while receiving benefits, we will pay a survivor benefit to your lawful spouse, eligible children, or estate. The plan will pay a single lump sum equal to 3 months of benefits.

Important Notes:

- Actual per pay period premiums may differ slightly due to rounding.
- Rates may be subject to change in the future.
- Payments are issued on a monthly basis, and benefits eligibility begins on the 91st consecutive day of your documented disability.
- LTD coverage offsets with other disability income replacement benefit, such as Social Security, workers' compensation.
- Your LTD benefit amount is determined by your monthly base pay at the time you become disabled. Pay is based on the straight time hourly rate for your job title and a 40-hour work week.
- LTD benefit continue to be paid while you remain disabled until age 65, with the exception of those disabled due to mental and nervous disorders, or conditions related to substance abuse.

Leaves of Absence

Some states have state mandated STD plans. When you become disabled, notify Sun Life. They will coordinate your benefit with the state-mandated plan.

What is a leave of absence (LOA)?

It is an employee request for an extended time away from work. It can be mandatory, governed by federal and state laws, or voluntary, governed by a company's internal policies. LOAs can be paid or unpaid, and they can be requested for a variety of reasons.

Types of Leaves available at Rack Room Shoes:

1. Paid Parental - This leave is available to eligible employees for time to bond with their newborn or adopted child.
2. Military - This leave is available for employees in Armed Services, the Reserves or the National Guard for periods of service.
3. FMLA - This is a federal job protected unpaid leave for employees for their own medical condition or their qualified family member(s).
4. Personal - An unpaid leave that an employee can request that requires manager approval but cannot be requested for medical reasons.
5. Workers Compensation - This is a leave created after an employee is injured on the job. It requires an in-store or on-site Accident Report to be created by the manager on duty.
6. Short-Term Disability - This is an employee elected income replacement leave that will run concurrent to FMLA eligible employees on an approved medical leave
7. Long Term Disability - Occurs after the exhaustion of Short-Term Disability.

Leaves of Absence

Continued

Frequently Asked Questions Regarding Leaves & Disability Claims

Q: If I have a need for leave, what should I do?

A: Contact Benefits at Rack Room Shoes, benefits@rackroom.com to discuss your needs and to learn options with SunLife.

Q: If my leave is a Disability claim, how does disability insurance work?

A: When you can't work for a period of time due to your own covered illness, injury or pregnancy, disability insurance replaces some of your income for a specified period of time. Payments may come directly to you (or someone you designate).

Q: How do I submit a disability claim?

A: Contact Benefits at Rack Room Shoes, benefits@rackroom.com, on, or before, your first day out of work and let us know when and for how long you expect to be absent. Then, file your claim with Sun Life as soon as possible – before the end of the 7-day waiting period. You can file your claim in a few different ways:

ONLINE at www.sunlife.com/account - click "Submit a claim."
BY PHONE at 888-444-0239 Monday through Friday, 8:00 a.m. to 8:00 p.m. ET.

Q: What information do you need when you submit my disability claim?

A: Please make sure you have the following information handy:

- Your Social Security number, birth date, home address, phone number and email address
- Dates and contact information for any health care providers or hospital/clinic visits
- Any workers' compensation claims you filed or plan to file for this condition

You will also be asked to provide the following information:

- Why you're requesting an absence or workplace accommodation
- Whether your absence request is for a continuous, intermittent or reduced schedule
- Information about the treating healthcare provider(s)
- Dates expected to be absent from work, if applicable (estimated dates are ok)

Q: What happens when I submit my claim?

A: After Sun Life receives your claim, they will send you an acknowledgement packet that will contain: An acknowledgement letter, certification form, a Rights and Responsibilities notice (absence only), and instructions on next steps. You will need to complete the forms provided in your acknowledgement packet. You can send them back to us using the methods below. Please be sure to include your name and claim number (e.g. NTN-12345).

Online: www.sunlife.com/account (absence only)
Email: myclaimdocuments@sunlife.com
Fax: 781-304-5599

Mail: Sun Life
P.O. Box 81915
Wellesley Hills, MA 02481-0011

Q: How will I be kept updated on my claim status?

A: You can receive status updates for your claim online or by phone.

- Online – Log in at www.sunlife.com/account and click on "Track claim status"
- Phone – Call the toll-free number, 888-444-0239 Monday through Friday, 8:00 a.m. to 8:00 p.m. ET. **When calling, please reference your claim number.**

TIP: If you haven't visited www.sunlife.com/account yet, now is a great opportunity. It's easy to register and you can manage and track all your Group Benefit Solutions claims in one place. The Benefits department will contact you from the beginning of your leave to up to your return to work. If you have any questions during this time, please contact benefits@rackroom.com.

Accident Insurance

Sun Life

You can purchase this coverage for you and your family. Child coverage is available to age 26.

HELPS YOUR FINANCES AFTER A MISHAP.

When you, your spouse or child has a covered accident, like a fall from a bicycle that requires medical attention, you can receive cash benefits to help cover the unexpected costs.

HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with an accident, you can use accident benefits to help cover related expenses like lost income, child care, deductibles and co-pays.

PAYS CASH BENEFITS DIRECTLY TO YOU.

Accident Insurance can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you. And get this – there are no health questions or pre-existing conditions limitations.

What's more, all family members on your plan are eligible for a wellness-screening benefit, also paid directly to you once each year per covered person.

ACCIDENT FAST FACTS

Falls *are the leading cause of injuries treated in emergency rooms every year, for people of all ages.*[1]

This coverage pays benefits for accidents that occur off the job.

You also get Emergency Travel Assistance and Identity Theft Protection

VERMILION COUNTY

All Eligible Employees

POLICY # 961896

- continued next page

Sun Life Assurance Company of Canada

Once your coverage goes into effect, you can file a claim for covered accidents that occur after your insurance plan's effective date. Unless otherwise specified, benefits are payable only once for each covered accident, as applicable. The full list of benefits is listed here. Choose the plan that best meets your needs and your budget.

	Standard Plan		Enhanced Plan	
DISLOCATIONS	**OPEN (SURGERY)**	**CLOSED (NO SURGERY)**	**OPEN (SURGERY)**	**CLOSED (NO SURGERY)**
Hip	$4,000	$2,000	$8,000	$4,000
Knee, ankle, or bones of the foot	$2,000	$1,000	$3,000	$1,500
Elbow, wrist or Lower jaw	$800	$400	$2,000	$1,000
Shoulder	$1,000	$500	$2,000	$1,000
Collarbone or bones of the hand	$1,600	$800	$2,000	$1,000
Finger(s) or toe(s)	$200	$100	$400	$200
FRACTURES	**OPEN (SURGERY)**	**CLOSED (NO SURGERY)**	**OPEN (SURGERY)**	**CLOSED (NO SURGERY)**
Hip or thigh	$4,000	$2,000	$6,000	$3,000
Skull-depressed	$6,000	$3,000	$7,500	$3,750
Skull-simple	$3,000	$1,500	$4,000	$2,000
Vertebral processes, Bones of the face, Nose, Lower jaw, Collarbone, Shoulder, Forearm, Hand, Wrist, Foot, Ankle, Kneecap, Elbow or Heel	$700	$350	$1,500	$750
Leg	$2,000	$1,000	$3,000	$1,500
Vertebrae, Sternum or Pelvis	$1,600	$800	$2,400	$1,200
Upper jaw or upper arm	$800	$400	$1,500	$750
Rib, Finger, Toe or Coccyx	$400	$200	$600	$300
Multiple ribs	$1,000	$500	$1,500	$750
ADDITIONAL INJURIES				
Eye Injury - surgical repair		$200		$300
Eye Injury - object remove		$200		$300
Brain injury		$500		$500
Paralysis—paraplegia		$5,000		$12,500
Paralysis—quadriplegia		$10,000		$20,000
Coma		$5,000		$10,000
Concussion		$100		$200
BURNS	**2ND DEGREE**	**3RD DEGREE**	**2ND DEGREE**	**3RD DEGREE**
21-40 square centimeters	$200	$500	$300	$750
41-65 square centimeters	$400	$1,000	$600	$1,500
66-160 square centimeters	$600	$3,000	$800	$4,500
161-225 square centimeters	$800	$7,000	$1,200	$10,000
More than 225 square centimeters	$1,000	$10,000	$1,500	$15,000
Skin graft	50% of the applicable Burn Benefit		50% of the applicable Burn Benefit	
LACERATIONS				
No sutures and treated by doctor		$20		$35
Single laceration under 5 cm with sutures		$35		$65
5-15 cm with sutures (total of all lacerations)		$125		$250
Greater than 15 cm with sutures (total of all lacerations)		$500		$700

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MEDICAL SERVICES		
Diagnostic Exam - Arteriogram, Angiogram, CT, CAT, EKG, EEG, or MRI (1 time per benefit year)	$100	$200
Diagnostic Exam - X-ray (1 time per covered accident)	$50	$100
Accident Emergency Treatment, non-emergency room (once per covered accident)	$100	$200
Physician's Follow-up Treatment office visit (per visit, up to 6 times per covered accident)	$50	$100
Physical Therapy (per visit up to 10 visits per covered accident)	$25	$50
Medical Devices	$200	$400
Epidural Pain Management (up to 2 times per covered accident)	$50	$100
Prescription drug	$15	$35
Prosthesis (one)	$500	$750
Prosthesis (two)	$1,000	$1,500
Blood, Plasma, or Platelet Transfusion	$100	$200
HOSPITAL		
Hospital Admission (once per benefit year)	$1,000	$1,500
Hospital Confinement (per day up to 365 days per covered accident)	$200	$300
Intensive Care Unit Admission (once per Benefit Year; payable instead of Hospital Admission benefit if Confined immediately to ICU)	$1,500	$2,000
Intensive Care Unit Confinement (per day up to 15 days, payable in addition to any Hospital Confinement benefit)	$200	$300
Ambulance (Ground)	$300	$400
Ambulance (Air)	$1,000	$1,500
Emergency Room Admission	$100	$200
Family Lodging (per day up to 30 days per benefit year)	$50	$100
Transportation (100 or more miles up to 3 times per covered accident)	$250	$500
Rehabilitation Unit (per day up to 30 days per covered accident)	$50	$100
SURGERY		
Miscellaneous Surgery requiring general anesthesia (not covered by any other benefit)	$300	$750
Open Surgery	$1,000	$1,500
Exploratory Surgery or Debridement	$250	$500
Tendon/Ligament/Rotator Cuff Tear	$500	$750
Torn Knee Cartilage	$500	$750
Ruptured/Herniated Disc	$500	$750
EMERGENCY DENTAL		
Emergency Dental extraction	$30	$65
Emergency Dental crown	$100	$200
WELLNESS		
Wellness Screening Benefit (once per benefit year)	$50	$50

LIFE AND DISMEMBERMENT LOSSES*		
Accidental Death	$15,000	$25,000
Accidental Death Common Carrier (pays an additional benefit if accidental death occurs while traveling as a fare-paying passenger on a public conveyance)	$30,000	$100,000
Catastrophic Loss: Both arms or both hands, both legs or both feet, one hand and one foot or one arm and one leg, or irrecoverable loss of sight of both eyes	$15,000	$25,000
Loss of one hand, foot, leg, or arm	$7,500	$15,000
Loss of sight of one eye or loss of one eye	$7,500	$15,000
Two or more fingers or toes	$1,500	$3,000
One finger or one toe	$750	$1,500
Loss of hearing of one ear or loss of one ear	$2,500	$5,000

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Rates

Coverage and **bi-weekly** cost for Accident Insurance.

Accident coverage is contributory. You are responsible for paying the cost through payroll deduction.

Standard Plan

Coverage	Cost per pay period*
Employee	$2.53
Employee + Spouse	$4.60
Employee + Child(ren)	$6.01
Employee + Family	$8.07

Enhanced Plan

Coverage	Cost per pay period*
Employee	$4.15
Employee + Spouse	$7.63
Employee + Child(ren)	$10.11
Employee + Family	$13.60

Hospital Indemnity Insurance

Sun Life

HELPS PROTECT YOUR FINANCES.
When you, your spouse or child are facing a hospital stay, you can receive a benefit to help pay unexpected expenses not covered by your plan.

HELPS COVER RELATED EXPENSES.
While health plans may cover direct costs associated with an illness or injury, you can use your hospital indemnity benefits to help cover related expenses like lost income, child care, deductibles and copays.

PAYS CASH BENEFITS DIRECTLY TO YOU.
Hospital Indemnity insurance payments can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you.

You can purchase this coverage for you and your family. Child coverage is available to age 26.

BENEFITS	
Benefits are payable for hospital stays due to:	• Sickness • Accidents* • Routine pregnancy • Complications of pregnancy • Newborn complications • Mental and nervous disorders • Substance abuse
Additional reasons to sign up:	• No medical questions to answer - guaranteed issue coverage

Your employer is offering you a choice of two plans. Please review the information for both plans. Then, choose the one plan that best fits your needs.

*Confinements due to an accident must be within 365 days of the accident.

VERMILION COUNTY

All Eligible Employees

POLICY # 961896

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Sun Life Assurance Company of Canada

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What's covered – LOW

This plan provides benefits due to hospital stays for covered accidents or sickness. Once your Hospital Indemnity coverage goes into effect, you can file a claim for covered hospital stays occurring after your plan's effective date.

The benefits shown in the schedule are payable for each person covered by the plan unless otherwise stated.

BENEFIT SCHEDULE – LOW

FIRST DAY BENEFITS Payable per benefit year	**LOW**
First day hospital confinement – This benefit pays the first day you stay in a regular hospital bed.	$500 per day 1 day
First day ICU confinement – This benefit pays the first day you stay in an ICU bed.	$1,000 per day 1 day
CONFINEMENT BENEFITS Payable per benefit year	**LOW**
Hospital confinement – This benefit pays for a hospital stay in a standard room.	$100 per day Up to 30 days
Intensive Care Unit (ICU) confinement – This benefit pays for a hospital ICU stay.	$100 per day Up to 15 days
ADDITIONAL AND ENHANCED BENEFITS Payable per benefit year	**LOW**
Wellness screening benefit – This benefit pays for a covered wellness test or exam even without a hospital stay.	$50 per day 1 day per insured per benefit year

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What's covered – HIGH

This plan provides benefits due to hospital stays for covered accidents or sickness. Once your Hospital Indemnity coverage goes into effect, you can file a claim for covered hospital stays occurring after your plan's effective date.

The benefits shown in the schedule are payable for each person covered by the plan unless otherwise stated.

BENEFIT SCHEDULE – HIGH

FIRST DAY BENEFITS Payable per benefit year	**HIGH**
First day hospital confinement – This benefit pays the first day you stay in a regular hospital bed.	$1,000 per day 1 day
First day ICU confinement – This benefit pays the first day you stay in an ICU bed.	$2,000 per day 1 day
CONFINEMENT BENEFITS Payable per benefit year	**HIGH**
Hospital confinement – This benefit pays for a hospital stay in a standard room.	$200 per day Up to 30 days
Intensive Care Unit (ICU) confinement – This benefit pays for a hospital ICU stay.	$200 per day Up to 15 days
ADDITIONAL AND ENHANCED BENEFITS Payable per benefit year	**HIGH**
Wellness screening benefit – This benefit pays for a covered wellness test or exam even without a hospital stay.	$50 per day 1 day per insured per benefit year

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Rates

Coverage and **bi-weekly** cost for Hospital Indemnity.

Hospital Indemnity coverage is contributory. You are responsible for paying the cost through payroll deduction.

Low plan

Coverage	Cost per pay period*
Employee	$5.43
Employee + Spouse	$11.41
Employee + Child(ren)	$9.09
Employee + Family	$15.07

High plan

Coverage	Cost per pay period*
Employee	$8.04
Employee + Spouse	$16.94
Employee + Child(ren)	$13.46
Employee + Family	$22.36

Empower/ 401k

Download the app from Google Play and the Apple Store

Employees may begin making their contributions beginning the first of the month following 60 days of employment. After 12 months of service, Rack Room Shoes will begin to match dollar for dollar up to 6% beginning on the 1st of the month following 12 months of service. Please see the 401k Enrollment Guide for more information. To set up your account and begin making your deferral elections as a newly eligible member you must contact the 401k administrator, Empower via phone at 1-844-465-4455. You can also visit the Empower website at empowermyretirement.com.

Vesting:

Vesting refers to your "ownership" of your account – the portion of company match to which you are entitled if you leave the plan. You are automatically vested after 12 months of services with the company. You are always 100% vested in your own contributions plus any earnings on them.

Contributions:

Your traditional contributions are deducted from your paycheck before taxes each pay period. You may elect to increase or decrease your contribution once per payroll period. You may stop your contributions at any time. Changes will go into effect as soon as administratively feasible. The IRS limits how much you can contribute each year; the current IRS annual limit for 2027 is $25,500. If you are (or will be) at least age 50 during the 2027 calendar year, you can make additional "catch-up" contributions up to $8,500 above the regular IRS annual limit for the year. Please note these limits are indexed annually by the IRS. The catch-up limit for those aged 60 to 63 years is $11,750.

Auto-Enrollment Feature:

Don't want to worry about changing your contributions? Your plan offers the auto increase service, which lets you schedule automatic annual increases to your contribution rate by an amount you choose. You can sign up, make changes, or cancel online.



EMPLOYEE RESOURCES

Employee Resources

Rack Up the Perks

https://rackroom.savings.workingadvantage.com

Access your employee perk program to save on electronics, appliances, cars, flowers, special events, gift cards and more. This program gives you access to limited-time offers and exclusive deals on products, services and experiences.

Benefits Department is available

Monday - Friday from 8:30 a.m. – 5:00 p.m. EST @ 1.800.777.4631 ext 2254

benefits@rackroom.com

Rack Room Shoes Benefits Department 8310 Technology Drive
Charlotte, NC 28262

Benefit	Provider	Website	Phone
Medical & Dental	Cigna	Mycigna.com	1.800.244.6224
Prescription	Express Scripts	Express-scripts.com	1.855.778.1497
Vision	Superior Vision	Superiorvision.com	1.800.507.3800
FSA	Flores	FloresHR.com	1.800.532.3327
EAP	ComPsych	Guidanceresources.com	1.888.270.2250
Life & Disability, Supplemental Accidental Injury & Hospital indemnity Insurances	Sun Life	Sunlife.com/us	1.800.786.5433
Retirement (Savings)	Empower	Empowermyretirement.com	1.844.465.4455

YOUR PRIVACY IS IMPORTANT TO US

Your health care and prescription drug claim information is kept confidential in compliance with the Health Insurance Portability and Accountability Act (HIPAA) privacy regulations.
The information is shared only as permitted or required by law.