

2027 Benefits Enrollment Guide



Welcome to OTC Brands, Inc.! As a new employee scheduled 30 hours or more per week and hired as a “regular” employee, you will be eligible for insurance benefits on the first of the month following 60 days of employment. You will have 55 days from your start date to complete the enrollment process. You have a limited time to elect these benefits. Failing to complete your enrollment within that time limit will constitute your decision to decline participating in OTC’s insurance plans.

If you miss this enrollment opportunity, you will only be able to enroll in medical, dental, vision and FSA mid-year if you have a qualifying life event or during the next annual open enrollment period. You may apply for life, disability, accident, critical illness and hospital indemnity insurance plans at anytime. You will be required to answer health questions. Approval or denial of the requested coverage will be based solely upon the insurance company’s decision.

Thank you for being part of the OTC Brands, Inc.’s family.

Important things to remember before you start your enrollment:

- ✓ Go to **otcbrandsbenefits.com** to review benefit videos and materials.
- ✓ If you have dependents (including your spouse) or beneficiary information, be sure to have their date of birth and SS# available.
- ✓ It is important to **make these elections before your 55th day of employment**. You will not have access to this life event after this.

You have two options to enroll

Enroll Over the Phone

1. Go to otcbrandsbenefits.com and call our enrollment partner, “See My Benefits Online” at **(888) 598-2040** to speak with a benefits counselor.
2. They are available Monday through Friday from 7 a.m. to 5 p.m. CST.
3. If possible, be in front of a computer or a mobile device during the call so you can view your elections as they are being made.

Self-Enroll in UKG Pro (aka UltiPro)

1. Log in to: otc.ultipro.com.
2. Search “Life Events” in the search bar on the top right of the screen and click “Classic Benefits > Life Events” in the results.
3. You will be REQUIRED to make an election for each benefit you are eligible to elect.
4. After completing all elections, don’t forget to click the “Submit” button.

Introduction and Eligibility

About This Benefits Guide

This Employee Benefits Guide is intended to provide a broad overview of your benefits and is presented for illustrative purposes only. For more detailed information, please refer to the Summary Plan Descriptions and your Certificates of Coverage available at OTCBrandsBenefits.com, in UKG Pro or by request through the Benefits Department. In the case of a discrepancy, the actual plan documents or insurance carrier contracts will prevail.

Employee Benefits Eligibility

“Regular” employees scheduled to work 30 hours or more per week, are eligible for OTC Brands insurance benefits. Seasonal, on-call and intern employees are not eligible for employee benefits until they are hired as a “regular” employee.

- Hourly employee benefits will begin the 1st of the month following 60 days of employment.
- Salaried employee life and disability benefits are effective on your date of hire. Medical, Dental, Vision, FSA, Hospital Indemnity, Critical Illness and Accident benefits will begin the 1st of the month following 60 days of employment.

Dependent Benefits Eligibility

If you are eligible and enroll in the benefit plans, you may also enroll your legal spouse and eligible children. Eligibility verification documents may be required. Please review the Summary Plan Descriptions and Certificate of Coverage for specifics. It is your responsibility to notify the Benefits Department when a dependent needs to be added to or cancelled from the plan(s).

Spouse to whom you are legally married to (common law spouse or domestic partners are not eligible).

Eligible Children

Medical, Dental, Vision, Hospital Indemnity, Accident and Critical Illness

- Natural born children, legally adopted children placed with you, step-children, and children for whom you are the legally appointed guardian
- Covered up to age 26, regardless of student or marital status (medical, dental, and vision only)
- Dependent children over the age of 26 and deemed totally disabled per the Social Security Administration will require approval from the insurance company.

Dependent and Voluntary Life insurance

- Natural born children, legally adopted children placed with you, step-children, and children for whom you are the legally appointed guardian
- Under age 19 or until age 25 if a full-time student at an accredited school
- Unmarried
- Dependent children over the age of 19 and deemed totally disabled per the Social Security Administration will require approval from the insurance company

Tobacco Users

Please be advised that if you and/or your spouse are a tobacco user and are enrolled in the OTC Brands medical plan, you will be charged a \$33.00 surcharge per paycheck. You are considered a tobacco user if you: smoke 100 cigarettes per year, smoke 50 cigars per year and/or chew tobacco/snuff 100 times per year. Please refer to page 19 for Tobacco Cessation Program information or contact the Benefits Department.

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Making Changes and Contacts

Changing Coverage During the Year

After enrolling, you can only change your benefit elections during the year if you experience a qualified life event from the following list:

- Marriage
- Birth or Adoption
- Divorce or Legal Separation
- Significant change in spouse's medical care coverage
- Dependent's loss or gain of coverage or eligibility
- Job loss or reduction in work hours
- Qualified Medical Child Support Order (QMCSO)
- Death of a dependent
- Change in Medicaid/CHIP Status
- Entitlement to Medicare



Changes must be made within 60 days of the qualifying event. If changes are not made during that time, you must wait until the next open enrollment period to change your benefits. To make a change, contact the Benefits Department. You will need to provide documentation verifying the change event, such as a birth certificate, marriage license, etc.

Important Contacts & Information

Plan/Program	Vendor	Information	Ways to Contact
Insurance enrollment and changes	See My Benefits Online	Available M-F 7am-5pm CST	SMBO: (888) 598-2040 www.OTCBrandsBenefits.com
Medical	UMR	Group #: 76415638 Network: Choice Plus	(800)826-9781 www.umar.com or download UMR app
Pharmacy Medication Management	Tria Health		(888) 799-TRIA (8742) www.triahealth.com
Pharmacy Benefit Manager (PBM)	SmithRx	RxBIN: 028371 RxPCN: 4004 RxGrp: 76415638	(844) 454-5201 Mon. – Fri. 7am – 8pm Sat. 10am – 3pm CT www.SmithRx.com/portal
Flexible Spending Account	Inspira Financial	Group #: 149474	(844) 729-3539 www.inspirafinancial.com or download Inspira app
Dental (same card as Vision)	Guardian	Group #: 519028 Network: Guardian PPO	(800) 541-7846 www.guardiananytime.com or download Guardian app
Vision (same card as Dental)	Guardian	Group ID: 519028 Network: Davis Vision	(877) 393-7363 www.guardiananytime.com or download Guardian app
Life & Disability	The Standard	Policy #: 765176 Life/AD&D, Voluntary Life, Short Term and Long Term Disability	(800) 521-3535 https://mybenefits.standard.com/
Accident Insurance, Critical Illness & Hospital Indemnity	The Standard	Policy #: OC0001371285	(800) 521-3535 https://mybenefits.standard.com/
Employee Assistance Program (EAP)	Healthadvocate.com via The Standard	Registration Client Code: AQ3QGHQ	(888) 293-6948 www.healthadvocate.com/standard3

Life Insurance



Basic & Dependent Life Insurance

OTC Brands provides all eligible employees with Life and Accidental Death and Dismemberment coverage equal to one times your annual salary up to \$250,000 at no cost to you. The life insurance benefit will decrease at certain ages:

- Age 65, benefits reduce to 65%
- Age 70, benefits reduce to 40%
- Age 75, benefits reduce to 25%

OTC Brands also provides a basic dependent life insurance benefit of \$5,000 for your spouse* and each eligible dependent child*, who are enrolled in the benefit, at no cost to you. Follow the instructions in UKG Pro to enroll your dependents.

Voluntary Life Insurance

You may purchase additional life insurance coverage for yourself, your spouse and/or eligible dependent children. The cost for coverage is based on the covered person's age, volume of coverage selected, and tobacco user status. The premium is paid on an after-tax basis and will change based upon your or your spouse's current age.

Eligibility	Coverage amounts
For You	<ul style="list-style-type: none">• You may elect a minimum of \$10,000 up to a maximum guaranteed issue of \$100,000.• Purchase in increments of \$10,000.• You may elect up to \$500,000 in coverage; however, underwriting is required. Coverage approval is based on your responses to health questions and is determined solely by the insurance company.
For Your Spouse*	<ul style="list-style-type: none">• You must enroll in this coverage to elect coverage for your spouse.• Purchase in increments of \$10,000.• Minimum of \$10,000 to a maximum guaranteed issue of \$50,000.• Maximum coverage is limited to your elected voluntary life insurance amount or \$100,000 whichever is less.• If eligible, you may elect up to \$100,000 however, your spouse will be required to go through underwriting.
For Your Children*	<ul style="list-style-type: none">• You must enroll in this coverage to elect coverage for your children.• Coverage is \$10,000 per eligible child.• The cost is \$0.50 per paycheck no matter how many children you cover.

Cost Per Paycheck for employee or spouse for each \$10,000 unit

To calculate the per paycheck premium, use your or your spouse's current age rate based on tobacco user status x number of units (per \$10,000). Rates are calculated based upon your current age and will change.

Age	Non-Tobacco	Tobacco User
Under 25	\$0.24	\$0.29
25 – 29	\$0.24	\$0.30
30 – 34	\$0.30	\$0.40
35 – 39	\$0.40	\$0.52
40 – 44	\$0.48	\$0.57
45 – 49	\$0.72	\$0.86

Age	Non-Tobacco	Tobacco User
50 – 54	\$1.10	\$1.32
55 – 59	\$2.05	\$2.46
60 – 64	\$3.10	\$3.72
65 – 69	\$5.38	\$6.46
70 – 74	\$8.72	\$10.46
75 +	\$8.72	\$16.70

*Note: Anyone who is eligible for insurance under this policy as an employee is not eligible as a dependent. Also, if both parents work for OTC Brands, an eligible dependent child can only be insured by one parent.

Disability Insurance



Short Term Disability (Hourly employees only)

Short Term Disability can be purchased at a reasonable cost, and the benefit will replace 60% of your weekly base salary in the event you are unable to work due to a covered injury or illness. The premium is paid on an after-tax basis and will change based upon your salary.

Short Term Disability Income Insurance Benefits	
Elimination Period	Benefits begin on the first day for injury and 8 th day for illness
Benefit Amount Payout	The benefit amount is 60% of your weekly salary at the time of disability up to \$750
Taxable Benefit	No
Benefit Duration	Benefits may be payable for up to 90 days

To calculate your cost per paycheck, use the calculations below.

\$ _____	Your weekly base salary (hourly wage x scheduled hours per week)
\$ _____	Your weekly short term disability benefit (weekly base salary x 0.60, to a maximum of \$750)
\$ _____	Your monthly cost (your benefit ÷ 10 x 0.746)
\$ _____	Your cost per paycheck (your monthly cost ÷ 2)

Salary Continuation (Salaried employees only)

OTC Brands provides salary continuation for salaried employees for up to 90 days if you are unable to work due to your own illness, childbirth, surgery, accident recovery, or another short-term health condition. If eligible, you may receive up to 100% of your regular wages during your approved absence. Coverage is effective on your date of hire.

Long Term Disability

OTC Brands provides Long Term Disability to all eligible employees at no cost to you. You may qualify for Long Term Disability if you are unable to work for a period greater than 90 days due to a qualifying injury or illness.

Long Term Disability Income Insurance Benefits	
Elimination Period	You must be unable to work due to a qualified injury or illness for more than 90 days of continuous disability to qualify for benefits
Benefit Amount Payout	The benefit amount is 60% of your monthly base salary at the time of disability
Taxable Benefit	Yes
Benefit Duration	Benefits may be payable until your social security normal retirement age
Pre-Existing Condition Limitation	A pre-existing condition is any injury or illness for which you were diagnosed or received care 3 months prior to the effective date of your insurance. If you become disabled due to a pre-existing condition, you will not receive benefits unless your disability begins after you have been continuously insured under the plan for 12 consecutive months.

Hospital/Fixed Indemnity Plan Notice

THE FOLLOWING NOTICE ONLY PERTAINS TO HOSPITAL INDEMNITY COVERAGE

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There are limits on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance; it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [Healthcare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY:1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the OTC Brands, Inc.'s Benefits Department.

Questions about this policy?

For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissions' website ([naic.org](https://www.naic.org)) under "Insurance Departments". If you have this policy through your job, or a family member's job, contact the employer.

Hospital Indemnity Insurance

Hospital Indemnity Insurance can cover some of the cost associated with a hospital stay



Being hospitalized for an illness or injury can happen to anyone, at any time. While medical insurance may cover hospital bills, it may not cover all the costs associated with a hospital stay. That's where hospital indemnity coverage can help. **You can enroll in the Hospital Indemnity Insurance whether you have OTC Brands, Inc.'s medical insurance or not!** The premium is paid on an after-tax basis.

Financial support so you can focus on your recovery! If you are admitted to a hospital for a covered illness or injury, you will receive payments that can be used to cover some of your costs including:

- Deductible and co-pays
- Travel to and from the hospital for treatment
- Childcare service assistance while recovering
- Payments go directly to you, so you can pay for these and other expenses
- Take the coverage with you if you change jobs or retire
- **See the Hospital Indemnity Benefit Summary in UKG Pro for more details and exclusions**

Benefit Amount:

You will have two options to chose from:			
Hospital Indemnity 500		Hospital Indemnity 1000	
Hospital Admission	\$ 500	Hospital Admission	\$1,000
ICU Admission	\$1,000	ICU Admission	\$2,000
Hospital Confinement per day	\$ 100	Hospital Confinement per day	\$ 200
ICU Confinement per day	\$ 200	ICU Confinement per day	\$ 400

Here is an example of how Hospital Indemnity Insurance works:

John is hospitalized after a heart attack and was hospitalized for 5 days. He has to cover his deductible, co-insurance, and out of pocket maximum. He has the Hospital Indemnity Plan which will pay him \$500 per admission plus \$100 for each day he is hospitalized. The Hospital Indemnity Plan will send John a payment of \$1,000 to help him pay for any expenses that he may experience from the hospital stay.

New lower rates!

Rates Per Paycheck		
	Hospital Indemnity 500	Hospital Indemnity 1000
Employee	\$ 2.48	\$ 5.33
Employee & Spouse	\$ 5.68	\$12.23
Employee & Child	\$ 4.21	\$ 9.05
Family	\$ 6.81	\$14.60



Accident Insurance



An Accidental Injury Can Cost You Protect yourself from unexpected medical costs

If you and your family are active, chances are, you're no stranger to a hospital emergency room. Even with medical insurance, a fall while bicycle riding or your child's sprained ankle at soccer practice can be costly. Are you financially prepared for all of the medical and non-medical costs of treatment and recovery from a serious injury? **You can enroll in the Accident Insurance whether you have OTC Brands, Inc.'s medical insurance or not!** The premium is paid on an after-tax basis.

Financial support to get you back on your feet:

- No matter what kind of medical coverage you have, you will have out-of-pocket costs that could set you back financially.
- Your policy pays you cash benefits based on the covered injuries, treatments and services.
- Payments go directly to you, so you can pay for these and other expenses.
- Take the coverage with you if you change jobs or retire.
- **See the Accident Benefit Summary in UKG Pro for more details and exclusions.**

Here is an example of how Accident Insurance works:

While Sue was hiking in a local park, she fell and tore cartilage in her knee. She went to the hospital emergency room for treatment and stayed overnight. The doctor gave her a brace and scheduled her for follow up visits.

See how Accident Insurance offset Sue's expenses:			
Ambulance	\$ 200	Medical Resonance Imaging (MRI)	\$ 200
Hospital Admission	\$2,000	X-Ray	\$ 40
Emergency Room Services	\$ 250	Knee Cartilage Tear	\$ 450
Hospital Confinement (1 day)	\$ 400	6 Therapy Visits	\$ 360

Total cash benefit paid for covered services: \$3,900

New lower rates!

Rates Per Paycheck	
Employee	\$1.92
Employee & Spouse	\$3.32
Employee & Child	\$4.12
Family	\$5.29



Critical Illness Insurance



Because medical insurance doesn't cover everything

A serious illness can lead to unexpected expenses beyond medical bills, including copays, transportation, childcare, and lost income. Critical Illness Insurance can help offset these costs. **Enrollment is available whether or not you participate in OTC Brands, Inc.'s medical plan**, and premiums are paid on an after-tax basis.

Help protect your savings:

- The Critical Illness Insurance complements your medical plan.
- The plan pays you cash benefits based on each eligible diagnosis such as a heart attack, stroke or cancer.
- It also pays a benefit for covered illnesses, as well as offering benefits for a reoccurring condition.
- The cash benefits are paid directly to you, so you decide how to use them.
- Take the coverage with you if you change jobs or retire.
- **See the Critical Illness Benefit Summary in UKG Pro for more details and exclusions.**

Benefit Amount:

Benefit Amount	Formula
Employee	Employee may choose a lump sum benefit of \$5,000 to \$30,000, in increments of \$5,000
Dependent	Spouse may choose a lump sum benefit equal to the selected employee benefit. Child is 50% of the employee's benefit if enrolled

Example of how Critical Illness Insurance works:

Bob elected a \$10,000 Critical Illness benefit and suffers a heart attack. He receives a cash payment of \$10,000 from his Critical Illness plan providing financial support while he recovers.

New lower rates!

Rates Per Paycheck for employee

Child coverage is included with 50% of the employee coverage if enrolled as a cover dependent

Benefit Amounts	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$5,000	\$0.36	\$0.47	\$0.67	\$0.98	\$1.31	\$1.81	\$2.41	\$3.03	\$3.84	\$5.43	\$7.33	\$8.95	\$12.11
\$10,000	\$0.72	\$0.94	\$1.34	\$1.96	\$2.62	\$3.62	\$4.82	\$6.06	\$7.68	\$10.86	\$14.66	\$17.90	\$24.22
\$15,000	\$1.08	\$1.41	\$2.01	\$2.94	\$3.93	\$5.43	\$7.23	\$9.09	\$11.52	\$16.29	\$21.99	\$26.85	\$36.33
\$20,000	\$1.44	\$1.88	\$2.68	\$3.92	\$5.24	\$7.22	\$9.64	\$12.12	\$15.36	\$21.72	\$29.32	\$35.80	\$48.44
\$25,000	\$1.80	\$2.35	\$3.35	\$4.90	\$6.55	\$9.05	\$12.05	\$15.15	\$19.20	\$27.15	\$36.65	\$44.75	\$60.55
\$30,000	\$2.16	\$2.82	\$4.02	\$5.88	\$7.86	\$10.86	\$14.46	\$18.18	\$23.04	\$32.58	\$43.98	\$53.70	\$72.66

Rates Per Paycheck for Spouse (must elect same level of coverage as employee)

Benefit Amounts	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
\$5,000	\$0.36	\$0.47	\$0.67	\$0.98	\$1.31	\$1.81	\$2.41	\$3.03	\$3.84	\$5.43	\$7.33	\$8.95	\$12.11
\$10,000	\$0.72	\$0.94	\$1.34	\$1.96	\$2.62	\$3.62	\$4.82	\$6.06	\$7.68	\$10.86	\$14.66	\$17.90	\$24.22
\$15,000	\$1.08	\$1.41	\$2.01	\$2.94	\$3.93	\$5.43	\$7.23	\$9.09	\$11.52	\$16.29	\$21.99	\$26.85	\$36.33
\$20,000	\$1.44	\$1.88	\$2.68	\$3.92	\$5.24	\$7.22	\$9.64	\$12.12	\$15.36	\$21.72	\$29.32	\$35.80	\$48.44
\$25,000	\$1.80	\$2.35	\$3.35	\$4.90	\$6.55	\$9.05	\$12.05	\$15.15	\$19.20	\$27.15	\$36.65	\$44.75	\$60.55
\$30,000	\$2.16	\$2.82	\$4.02	\$5.88	\$7.86	\$10.86	\$14.46	\$18.18	\$23.04	\$32.58	\$43.98	\$53.70	\$72.66

Dental

About Your Dental Plan

OTC Brands, Inc. offers a dental plan through Guardian using the **Guardian PPO network**. You may use the dental provider of your choice; however, you will receive greater benefits by seeing a Guardian network provider. Guardian PPO network providers have agreed to a considerable discount on their services, so you pay less out-of-pocket.

****Out-of-network reimbursement is based on Guardian's allowed amount. You may be responsible for charges above that amount (balance billing), resulting in higher out-of-pocket costs.**

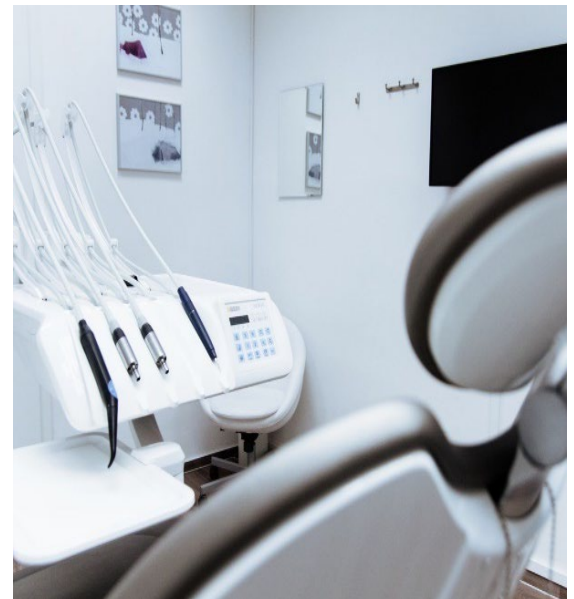
To search for a Participating network provider, go to **www.guardiananytime.com** and search using the Guardian PPO network.

Dental Benefits	In-Network	Non-Network
Calendar Year Deductible	Individual - \$50 Family - \$150	
Diagnostic & Preventive Services Routine Exams, Cleanings, X-Rays, Children under the age of 16: Sealants, Space Maintainers, Fluoride	Plan Pays 100% of covered charges (Deductible Waived)	Plan Pays 100% of covered charges (Deductible Waived)
Basic Services Fillings, Emergency Exam, Oral Surgery, Endodontics, Periodontics	Plan Pays 80% of covered charges after Deductible	Plan Pays 80% of Allowed Amount** after Deductible
Major Services Bridges, Crowns, Dentures and Implants	Plan Pays 50% of covered charges after Deductible	Plan Pays 50% of Allowed Amount** after Deductible
Annual Maximum Benefit For all Preventive, Basic, and Major Services	\$2,000 per Covered Person	
Orthodontic Services (for dependent children only) Braces	Plan Pays 50% of covered charges after Deductible	Plan Pays 50% of Allowed Amount** after Deductible
Orthodontia Lifetime Maximum	\$2,000 per Covered Person	

The results of good oral health habits can last a lifetime. Ignoring your oral health could lead or contribute to chronic disorders such as diabetes, heart disease and stroke.

Periodontal disease and heart disease share many of the same risk factors such as smoking and poor nutrition, both of which are controllable and preventable. These risk factors also influence other serious health conditions such as diabetes, which is also linked to periodontal disease.

Pre-Tax Deduction (Per Paycheck)	Dental with Medical	Dental without medical
Employee Only	\$5.97	\$11.58
Employee + Spouse	\$12.28	\$23.83
Employee + Children	\$12.28	\$23.83
Employee + Family	\$20.75	\$40.28



Vision

About Your Vision Plan

OTC Brands, Inc. offers a comprehensive vision plan through Guardian using the Davis Vision network. You may use the vision provider of your choice; however, you will receive much greater benefits by seeing a **Davis Vision** provider. To search for a network provider, visit www.guardiananytime.com or call (877) 393-7363.

Vision Benefits	In-Network	Non-Network
Eye Exams		
Frequency	Every 12 Months	Every 12 Months
Standard Eye Exam	\$10 Copay	Up to \$50 Allowance
Contact Lens Fitting Exam	15% off professional fee	Included in the Elective Contacts Allowance
Lenses		
Frequency	Every 12 Months	Every 12 Months
Single Vision	\$10 Copay	Up to \$48 Allowance
Lined Bifocal	\$10 Copay	Up to \$67 Allowance
Lined Trifocal	\$10 Copay	Up to \$86 Allowance
Progressive – Standard	Up to \$50 Allowance	Up to \$50 Allowance
Progressive – Premium	Up to \$90 Allowance	Up to \$90 Allowance
Frames		
Frequency	Every 24 Months	Every 24 Months
Allowance	Up to \$130 Retail Allowance 20% discount on amounts over \$130 (except at Sam's Club/Walmart)	Up to \$48 Allowance
Contact Lenses (in lieu of eyeglasses)		
Frequency	Every 12 Months	Every 12 Months
Elective Contacts	Up to \$130 Allowance 15% discount on amounts over \$130	Up to \$125
Medically Necessary	Covered 100%	Up to \$210 Allowance
Laser Vision Correction		
Lasik from Quasight	20-35% off Usual & Customary	N/A

***Reminder:** Before visiting a retail provider, it is best to verify what insurance will cover, even if you have received service from that provider in the past.

Pre-Tax Deduction (Per Paycheck)	Vision
Employee Only	\$3.20
Employee + Spouse	\$5.37
Employee + Children	\$5.62
Employee + Family	\$7.93



Flexible Spending Account

A Flexible Spending Account (FSA) is an account in which you set aside pre-tax dollars to pay for eligible health care or dependent care expenses not covered by insurance. The annual amount you elect to contribute to each account will be divided into 24 equal amounts and deducted from your paycheck pre-tax. Deductions will be made from the first two paychecks each month. In months where there are three paychecks, no FSA deduction will be made on the third paycheck.

Health Care Account: You may elect between **\$120 to \$3,400** per plan year to be used for out-of-pocket expenses for you and eligible dependents. Some eligible expenses include (but are not limited to) the following:

- Medical or Dental Deductibles and Coinsurance
 - Office Visit and Prescription Drug Copays
 - Eyeglasses and Contact Lenses
 - Most over-the-counter medications are not eligible expenses.
- You can find a full list of eligible expenses on IRS.gov.

Dependent Care Account: You may elect an amount from **\$120 to \$7,500** per plan year (\$3,750 maximum per year if married and filing a separate tax return) to be used for child daycare or elder daycare expenses for your eligible dependents. Some eligible expenses include (but are not limited to) the following:

- Child Daycare
- Before and/or After School Care
- Adult Daycare for Seniors



Pay with ease!

- **Use the FSA Debit Card:** When you use the FSA debit card, your expense is automatically paid from your FSA. Check your plan details to confirm what expense types are available on your card. If you received a debit card in prior years, you will continue to use the same card.
- **Pay yourself back:** Pay for eligible expenses with cash, a check or your personal credit card. Submit a claim to pay yourself back. For speed, have your claims payment deposited directly into your checking or savings account.
- **Pay your provider:** Use PayFlex's online feature to pay your provider directly from your account.

Tips & Reminders

- Estimate your expenses and plan carefully so that you don't leave a balance in your account at the end of the year because the use-it-or-lose-it rule does apply to both the Health Care and Dependent Care FSA's.
- Save your itemized statements and detailed receipts. OTC has arranged weekly files to be sent to Inspira from UMR to help verify your medical expenses however, you may be required to provide additional receipts and EOB's to Inspira to substantiate your expenses.
- You can change your contribution if you have a change in status, such as marital and employment status, etc.
- **Specific to Dependent Care FSA:** You must be working to use your dependent care funds. If you're married, your spouse must either be working, looking for work, a full-time student or incapable of self-care. You can change your contribution if there's a change in provider or change in the cost of a provider.

Want more information on your FSA accounts?
Visit [inspirafinancial.com](https://www.inspirafinancial.com) or scan the QR code to go to the website
You can also call (844) 729-3539
Monday – Friday, 7 a.m. – 7 p.m. CT, and Saturday, 9 a.m. – 2 p.m.



Medical and Prescription

About Your Medical Plan

OTC Brands offers two medical plans administered by UMR. It is important to evaluate each plan to see which one best suits you and your family's needs.

- CDHP (Consumer Driven Health Plan) that provides you with a Health Reimbursement Account (HRA) which automatically pays the first part of your deductible.
- PPO Plan with copays for office visits and prescription drugs.

Both medical plans utilize the UnitedHealthcare Choice Plus network. Network providers offer quality care at discounted rates, helping reduce your out-of-pocket costs while maximizing plan benefits.

To identify an in-network provider before enrolling visit umr.com and search for UnitedHealthcare Choice Plus Network.

- For medical providers choose View Providers.
- For behavioral providers, choose Behavioral Health Directory.

When you receive your medical card, you can register on UMR.com or the UMR App using the information on your card.

Get the Most Out of Your Benefits

Both of our medical plans offer routine preventive care services that are covered at 100% in-network. Early diagnosis is the key in treating potentially serious health conditions. Routine screenings are the best tools for early detection. Below is a list of some Routine Preventive Care Services covered at 100%.

- Routine Physical Exams
 - Pelvic Exam & Pap Test
 - Prostate Exam & PSA Test
 - Mammograms & Colonoscopies*
 - Well child Exam
 - Child & Adult Immunizations*
- *frequency and age limits may apply

Important Note:

It's important that you tell your health care provider that you are there for a Routine Wellness Exam. As long as there is no medical diagnosis and the doctor submits the procedure as preventive care, these services are covered at 100%. This includes mammograms and colonoscopies, whether there is a medical diagnosis or not.

Prescription Drugs

Both medical plans offer 3 tiers of prescription coverage: Tier 1 is typically generic prescriptions, Tier 2 is preferred prescriptions, and Tier 3 is non-preferred prescriptions. To find out if your prescription is covered and which tier it is on, you may contact SmithRx customer service number at (844) 454-5201 prior to your effective date.

SmithRX is our Pharmacy Benefit Manager. It's important that you work with them if contacted regarding your prescriptions. They assist in the navigation of several savings programs to help find your medications at the lowest cost possible.

Medical Plan Decision Guide

Choosing the right health plan comes down to your personal healthcare needs, budget preference, and cash-flow style. Below are some things to think about while comparing your options to see which plan fits your situation best.

Quick Comparison

Feature	Traditional PPO	CDHP + HRA
Paycheck Deductions	Higher per paycheck	Lower per paycheck
Preventive Care (Checkups, vaccines, screenings)	100% Covered	\$0 Out-of-Pocket (100% Covered)
Doctor Visits & Prescriptions	Copays (flat fee) from Day 1	First part of deductible paid by the company through HRA. Full network cost until deductible is met.

Which Persona Fits You?

Find the profile that sounds most like your typical year to see which plan is generally the strongest financial fit.

Persona	Healthcare Needs	Best Plan	Why It Works
"The Low User"	Only goes in for annual wellness checkups, routine lab work, and occasional minor care.	CDHP + HRA	Preventive care is \$0 on both plans. Lower paycheck costs let you keep more money.
"The Regular User"	Regular specialist visits, routine prescription medications, or ongoing physical therapy.	PPO	Copays provide predictable, per-visit costs without waiting to meet a deductible.
"The Budget Predictor"	Prefers a fixed, predictable household budget with zero financial surprises at doctor visits.	PPO	Higher per-paycheck costs act like a set subscription, keeping out-of-pocket costs at appointments minimal.
"The Wealth Saver"	Wants coverage for major unexpected medical events while saving money up front.	CDHP + HRA	Premium savings can go straight into savings or investments.

How to Decide in 4 Simple Steps

- 1. Remember Preventive Care Is Free:** Covered at 100% on Both Plans. Annual checkups, flu shots, mammograms, and routine screenings cost \$0 out-of-pocket on **both** the PPO and CDHP.
- 2. Compare Guaranteed Paycheck Savings:** Calculate Your Annual Difference. Subtract the CDHP paycheck deduction from the PPO deduction, then multiply by 24 for the annual amount. This is the **money you keep** upfront with the CDHP.
- 3. Factor in the HRA Advantages:** Add company HRA contributions to your paycheck savings. Ask: *"Will these combined savings cover my expected doctor visits for the year?"*
- 4. Choose Your Cash-Flow:** Match to Your Comfort Level. If an unplanned \$1,500 bill before hitting a deductible creates financial stress, choose the **PPO** for copay predictability. If you have savings, and prefer to pay lower premiums up front, choose the **CDHP**.

CDHP Medical Plan Key Features

With this medical plan, you pay all of your healthcare expenses until you meet the deductible. This plan is accompanied by a Health Reimbursement Account (HRA) which is funded by OTC Brands, Inc. which automatically pays part of your deductible. ALL medical costs go towards your deductible. There are NO COPAYS with this plan.

CDHP Medical Benefits	Choice Plus Network In-Network	Non-Network
Health Reimbursement Account (HRA)	Employee Only - \$500 Employee + Spouse/Children - \$750 Employee + Family - \$1,000	Employee Only - \$500 Employee + Spouse/Children - \$750 Employee + Family - \$1,000
Calendar Year Deductible (includes the HRA)	Employee Only - \$3,000 Employee + Spouse/Children - \$4,500 Employee + Family - \$6,000	Employee Only - \$5,500 Employee + Spouse/Children - \$7,500 Employee + Family - \$9,500
Coinsurance	Plan Pays 80% / You Pay 20%	Plan Pays 50% / You Pay 50%
Out-of-Pocket Maximum (includes deductible and coinsurance)	Employee Only - \$6,000 Employee + Spouse/Children - \$9,000 Employee + Family - \$12,000	Employee Only - \$9,000 Employee + Spouse/Children - \$14,500 Employee + Family - \$19,000
Preventive Care	Covered 100%	Covered 100%
Office Visits (Primary Care or Specialist)	Deductible + 20%	Deductible + 50%
Virtual Visit	Teladoc \$0 Deductible + 20%	Teladoc \$0 Deductible + 50%
Urgent Care Center	Deductible + 20%	Deductible + 50%
Emergency Room Visit	Deductible + 20%	Deductible + 20%
Inpatient, Outpatient, Lab Tests, X-Rays	Deductible + 20%	Deductible + 50%

Prescription Drug Benefits	Retail (31-day supply)	Mail Order (90-day supply)
Tier 1 – Mostly Generic Type Prescriptions	Deductible +20%	Deductible +20%
Tier 2 – Preferred Prescriptions	Deductible +20%	Deductible +20%
Tier 3 – Non-Preferred Prescriptions	Deductible +20%	Deductible +20%

For a complete list of covered services, exclusions and limitations, please reference the Summary Plan Description (SPD) found in UKG Pro.

Pre-Tax Deduction * (Per Paycheck)	CDHP Plan
Employee Only	\$101.00
Employee + Spouse	\$350.00
Employee + Children	\$298.00
Employee + Family	\$407.00



PPO Medical Plan Key Features

This medical plan is a traditional PPO plan with copays for commonly used medical services (like doctor office, urgent care visits) and prescription drugs.

PPO Medical Benefits	Choice Plus Network In-network	Non-Network
Calendar Year Deductible	Employee Only - \$1,500 Employee + Spouse/Children - \$3,000 Employee + Family - \$3,000	Employee Only - \$4,000 Employee + Spouse/Children - \$6,500 Employee + Family - \$6,500
Coinsurance	Plan Pays 80% / You Pay 20%	Plan Pays 50% / You Pay 50%
Out-of-Pocket	Employee Only - \$5,500 Employee + Spouse/Children - \$11,000 Employee + Family - \$11,000	Employee Only - \$10,000 Employee + Spouse/Children - \$19,000 Employee + Family - \$19,000
Preventive Care	Covered 100%	Covered 100%
Office Visits (Some exclusions apply such as laboratory fees, x-rays, office surgery, allergy tests and injections, advanced imaging such as MRI, CT, PET, MRA images)	Primary Care \$25 Specialist \$50	Deductible + 50%
Virtual Visit	Teladoc \$0 Primary Care \$25 Specialist \$50	Deductible + 50%
Urgent Care Center	\$50 Copay	Deductible + 50%
Emergency Room Visit	\$200 Copay + Deductible + 20%	\$200 Copay + Deductible + 20%
Inpatient, Outpatient, Lab Tests, X-Rays	Deductible + 20%	Deductible + 50%

Prescription Drug Benefits	Retail (31-day supply)	Mail Order (90-day supply)
Tier 1 – Mostly Generic type Prescriptions	\$7 Copay	\$14 Copay
Tier 2 – Preferred Prescriptions	\$30 Copay	\$65 Copay
Tier 3 – Non-Preferred Prescriptions	\$50 Copay	\$115 Copay

For a complete list of covered services, exclusions and limitations, please reference the Summary Plan Description (SPD) found in UKG Pro.

Pre-Tax Deduction * (Per Paycheck)	PPO Plan
Employee Only	\$154.00
Employee + Spouse	\$467.00
Employee + Children	\$399.00
Employee + Family	\$551.00



OTC Brands, Inc. uses SmithRx as the Pharmacy Benefit Manager (PBM) through UMR. Their mission is to reduce the cost and complexity of prescription drugs with transparency. They are committed to ensuring you have clear access to the medications at the best possible price.



What is a PBM (Pharmacy Benefit Manager)

Pharmacy benefits managers (or PBMs) like SmithRx administer prescription drug benefits according to the medical plan. Your PBM powers your pharmacy experience by:

- Making sure you are being charged the correct copay at the pharmacy.
- Setting up and approving your medications to be covered according to your plan design.
- Reviewing clinical requirements related to your prescriptions.

Getting Started with SmithRx in 3 easy steps

1. **Give your pharmacy and your physician your new medical card.** You and your family members on the plan will receive medical cards from UMR with the SmithRx pharmacy information.
2. **Sign up for the SmithRx Member Portal** – If new to SmithRx, you will have access to the SmithRx Member Portal when your coverage begins. You can view your plan details or find your medications for the lowest price at a pharmacy near you. If you have any prior authorizations for your medications, you will be able to view the status of your authorization.
3. **Connect with SmithRx for more savings** – to help you save money on your prescriptions. If you have a prescription eligible for savings such as a discount card, the Connect Team will reach out to you via phone, text, email and through the Member Portal. **It is important you respond to these messages.**

Pharmacies

SmithRx partners over 65,000 retail pharmacies across the nation, including major national chains, regional chains, grocers and independent pharmacies. Chances are, you can keep using your current pharmacy. Your mail order prescriptions will need to be transferred to one of the pharmacies outlined below.

Our Nationwide Pharmacy Network

65,000+ retail locations and growing

Retail Network



Mail Network



Specialty Pharmacy



Opportunities to Save

Virtual Visits for minor medical care, dermatology, or mental health through Teladoc

When you need care – anywhere or anytime, day or night – a virtual doctor visit can be a great option **for members of OTC's medical plan.**

- Available on your mobile device, tablet, or computer
- Get care in the comfort of your home
- Get prescriptions if needed
- Save \$ and avoid urgent care or emergency rooms
- No limit to the number of virtual visits



Teledoc Doctors can diagnose and treat a wide range of non-emergency medical conditions at **no cost to you regardless of whether you have met your deductible.**

Conditions commonly treated through a virtual visit.

- | | |
|----------------------------|-----------------------|
| ✓ Mental Health | ✓ Fever |
| ✓ Dermatology | ✓ Migraines/headaches |
| ✓ Bladder Infection | ✓ Pink eye |
| ✓ Bronchitis | ✓ Rash |
| ✓ Cold, flu, sinus problem | ✓ Sore throat |

No Charge for virtual visits through Teladoc!

Note: If you use your primary physicians virtual visit or tele-health options, you will be required to pay for the visit based upon the medical plan you are enrolled in.

Don't wait! You can setup your account today to be ready to go before you need it.

To register to receive virtual care:

- Visit [Teladoc.com](https://www.teladoc.com)
- Download the Teladoc app or
- Call (800) 835-2362
- Register and complete your medical history

Participate in the 2027 Wellness Program

Our wellness program aims to support your physical, mental, and emotional health.

Participating in the program offers opportunities to:

- Participate in fun activities and challenges
- Receive wellness ideas, activities, and programs
- Earn points to complete the program requirements and save on your 2028 medical premiums
- Find details on the current wellness program in UKG Pro on the Payroll and Benefits page – accessible from the right column of the Homepage

Free Tria Health Programs

Tria Health®



Expert Pharmacist Advice is a Phone Call Away!!

Tria Health is a free and confidential benefit available for employees and/or dependents on OTC Brands, Inc's health insurance. Tria Health's pharmacists can help:

- Make sure your medications are working as intended.
- Help you **save money** - Tria saves patients an average of \$250 per year!
- Coordinate care with your doctor(s) - Over 95% of recommendations made by Tria Health were accepted by an individual's physician.
- Active participants will receive free generics and reduced costs on select brand medications used to treat targeted chronic conditions.

Diabetes Management Program

This program will help manage diabetes by making it simpler, more effective and can **SAVE YOU MONEY**.

Active participants will receive:

- Free generics on qualifying medications or reduced costs on select brand medications
- Free cellular blood glucose meter that automatically feeds to the Tria Health Portal & free testing supplies.
- 1 on 1 consultations with a pharmacist who will work directly with you and your doctor to ensure you are on the appropriate medication.

Blood Pressure Management Program

This program will help you monitor your high blood pressure effectively by reducing complications. The goal is to make sure patients with high blood pressure can live happy and active lives and reduce the risk of serious health complications. Active participants will receive:

- Free generics on qualifying medications or reduced costs on select brand medications
- Free cellular blood pressure cuff that will sync with the Tria Health portal.
- 1 on 1 consultations with a pharmacist who will work directly with you and your doctor to ensure you are on the appropriate medication.

Tobacco Cessation

Are you ready to quit using tobacco? Tria Health's STOP program can assist you and/or your spouse quit using tobacco. If you or your spouse quit using tobacco by taking one of the approved tobacco cessation programs, your tobacco surcharge will end upon completion of the program. Please provide the Benefits Department with the certificate of completion.

Ready to get started on any of these programs?

Call (913) 322-8456 or Scan the QR code
Go to www.triahealth.com



Free Weight Loss Programs

Tria Program - Choose to Lose

If you or a dependent are on one of OTC Brands, Inc. medical plans, and you have a BMI of 30 or higher or a chronic condition such as high blood pressure or diabetes and a BMI above 27 you can enroll in this program. This program is designed to help you improve your nutrition, health, and achieve your weight loss goals by offering the below benefits.

- Welcome packet includes an electronic scale, tape measure, water bottle & portion control plate.
- Personal Health Coach: a dedicated health coach will work with you one-on-one to create a personalized plan and support you every step of the way.
- Food Tracking App: easily track your meals and progress with a user-friendly app.
- Free electronic scale that will sync directly to the Tria Health Portal.
- Access to a Tria Health Pharmacist: if medications are right for you, a Tria Health pharmacist will be available to guide you. Please note – weight loss medications are NOT covered under the medical plans, prescriptions under this program will be your expense.

Ready to get started?

Call (913) 322-8456 or Scan the QR code
Go to www.triahealth.com/ctl-otc



Real Appeal Program

If you or a dependent are on one of OTC Brands, Inc. medical plans, you have access to Real Appeal, a free digital program that provides you with up to a full year of support for lasting weight loss.

Personal transformation coach

- Step-by-step guidance and customization for a program that fits your needs, preferences and goals
- Support and motivation for a full year to help you lose weight or maintain results
- A personalized dashboard to keep track of your calories, fitness and goals

24/7 convenience

Staying accountable to your goals is easier than ever with:

- Food, activity, weight and goal trackers
- Unlimited access to digital content
- Your online group class, which is designed to help you build camaraderie and accountability with others in the program
- Weekly health tips from celebrities, athletes and health experts
- Use of the Real Appeal app

Ready to get started?

Scan the QR code or go to
www.realappeal.com



What you need to register

- UMR Medical Card – enter your provider information to receive Real Appeal at no cost.
- Calendar – choose a weekly online session date and time that works best for you.
- Shipping Address – you will receive a Success Kit after attending your first online session.

Employee Assistance Program (EAP)

A helping hand when you need it.

Rely on the support, guidance and resources of your Employee Assistance Program.



There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program,¹ which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard).

It's confidential – information will be released only with your permission or as required by law.

Connection to Resources, Support and Guidance

You, your dependents (including children to age 26)² and all household members can contact the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email. You can get referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three counseling sessions per issue. Sessions can be done in person, on the phone or through video.

EAP services can help with:



Depression, grief, loss and emotional well-being



Family, marital and other relationship issues



Life improvement and goal-setting



Addictions such as alcohol and drug abuse



Stress or anxiety with work or family



Financial and legal concerns



Identity theft and fraud resolution



Online will preparation and other legal documents



Contact EAP

888.293.6948
(TTY Services: 711)
24 hours a day,
seven days a week

healthadvocate.com/standard3

Registration Client Code:
AQ3QGHQ

NOTE: It's a violation of your company's contract to share this information with individuals who are not eligible for this service.

With EAP, personal assistance is immediate, confidential and available when you need it.

WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

Online Resources

Visit healthadvocate.com/standard3 to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

¹ The EAP service is provided through an arrangement with Health AdvocateSM, which is not affiliated with The Standard. Health AdvocateSM is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10-2,499 lives. This service is only available while insured under The Standard's group policy.

² Individual EAP counseling sessions are available to eligible participants 16 years and older; family session are available for eligible members 12 years and older, and their parent or guardian. Children under the age of 12 will not receive individual counseling sessions.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

Paid Time Off and Employee Perks

Paid Time Off

Holidays

Hourly employees are eligible for paid holidays following 90 days of employment and salaried employees are eligible immediately. The following holidays are recognized: New Years Day, Martin Luther King, Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.

Funeral Leave

After 90 days, employees are eligible for paid funeral leave up to three working days based on scheduled hours in the event of death of: spouse, child, step-child, grandchild, step-grandchild, parents, step-parents, parents-in-law, step-parents-in-law, grandparents of employee or spouse, brother, step-brother, brothers-in-law, sister, step-sister, sisters-in-law, sons-in-law, daughters-in-law, and legal guardian.

Paid Time Off (PTO)

Employees accrue PTO at a rate based on years of service. Those with less than 5 years of service accrue 15 days of vacation each year, those with 5–10 years of service accrue 20 days, and those with over 10 years of service accrue 25 days annually. Hourly employees accrue PTO based on actual hours worked voluntary time off (VTO) and required time off (RTO). Managers accrue 20 days from hire and 25 days after 10 years. Directors and above participate in a self-managed vacation plan.

Employees begin accruing PTO time immediately. After 6 months of employment, hourly employees become eligible to use accrued PTO time. Salaried employees may begin using PTO time as it is accrued.

In addition to PTO accrual, employees have access to various leave options to support personal and family needs. These include paid sick time, parental leave, and other leave of absence programs (such as medical, family, and personal leave).

For more details on paid sick time, leave programs, and eligibility requirements, please refer to the Employee Handbook in UKG Pro.

Employee Perks

Employees are eligible for the following perks immediately upon hire.

- Employee Product Discount – 40%, up to \$1,000 annually
- Exclusive discounts from numerous brands. Sign up and log in at otc.perkspot.com
- Annual Henry Doorly Zoo Membership Drive (March/April)
- Employee Holiday Sale
- Holiday Product Boxes
- Community Family Events
- FUN!



Tuition Assistance Program (TAP)

Tuition Assistance Program (TAP)

OTC Brands, Inc. is committed to the professional growth of our employees and encourages continued education through work-related courses. The Tuition Assistance Program (TAP) will provide up to \$2,500 per calendar year.

- Employees can be reimbursed for the following:
 - All work related undergraduate and graduate degree program courses.
 - Individual work-related courses/certifications that improve the employee's skills in his/her present position or prepare the employee for another position within the organization.
 - Remedial courses that must be completed as a requirement of the school, prior to beginning of degree-related courses.
- The reimbursement covers tuition, required textbooks, registration fees, library access and lab fees
- 100% reimbursement is provided for a grade of “C” or better

To Qualify for Tuition Assistance, you must:

- Be employed 90 days before the class start date.
- Be a regular employee scheduled at least 30 hours per week throughout the course. (Interns and seasonal employees are not eligible)
- Maintain employment until the course is completed.
- Maintain a minimum of a solid/meets expectations job performance rating.
- Have not received a Final Written Warning or Performance Improvement Plan (PIP) within six (6) months prior to a TAP application.

Application and Deadlines:

- Complete a TAP application and submit to your supervisor for review.
- Completed applications with Manager approval must be submitted to the Payroll Department prior to the first day the course begins.
- Upon completion of the course, an official transcript must be postmarked within 60 days of the last day of the course and mailed to the Payroll Department at Oriental Trading Company, Inc, 5455 So 90th Street, Omaha, NE 68127.

Additional Tuition Benefits

As an OTC Employee you are eligible to take part in benefits offered by our business partners.

- **Bellevue University** offers tuition assistance to OTC Employees who are enrolled in one of their Full-Time programs. You can learn more about their program by going to: <https://otc.corporatelearning.com/>

