CONNER STRONG & BUCKELEW

Prepared For:

Sweet Oak

WHOLE EARTH BRANDS

2026 Sweet Oak Open Enrollment Presentation
Whole Earth Brands

November 18, 2025

2026 Open Enrollment Changes

2026 Open Enrollment will run from ***Monday, November 24th through Wednesday, December 10, 2025.***

There are new harmonized carriers and plan and as such **Open Enrollment is ACTIVE**, and you **MUST make elections prior to December 10, 2025 t**o have healthcare coverage for January 1, 2026.

Summary of changes is below:

- New Medical and Pharmacy Carrier and Plan Choices through Cigna
- New Dental Carrier and Plans through Cigna
- New Vision Carrier and Plans through EyeMed
- New Flexible Spending Account Vendor through Flores
- Health Savings Account will be administered through HSA Bank using Cigna
- Basic Life and AD&D Coverage through Voya
- Disability Coverage through Voya
- Voluntary Employee, Spouse and Child Life through Voya
- New Worksite Products through Voya
  - Accident
  - Critical Illness
  - Hospital Indemnity
- Employee Assistance Program (EAP)

2026 Medical & Pharmacy

	Plan Year 2026		
	Sweet Oak		
Plan	HDHP	Base Plan	Buy-Up
Employer HSA Contribution	$500/$1,000	N/A	N/A
In-Network			
Deductible: Individual / Family	$3,400 / $6,600	$2,000 / $4,000	$1,000 / $2,000
Out-of-Pocket Maximum: Individual / Family	$6,600 / $13,200	$5,000 / $10,000	$4,000 / $8,000
Coinsurance	80%	80%	90%
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Primary Care / Specialist Office Visit	80% after Deductible	$35 / $70	$30 / $50
Emergency Room	80% after Deductible	$300	$300
Urgent Care	80% after Deductible	$35	$30
Inpatient Hospital	80% after Deductible	$300 after Deductible	$300 after Deductible
Outpatient Hospital	80% after Deductible	$300 after Deductible	$300 after Deductible
Out-of-Network			
Deductible: Individual / Family	$7,000 / $14,000	$6,000 / $12,000	$5,000 / $10,000
Out-of-Pocket Maximum: Individual / Family	$14,000 / $28,000	$12,000 / $24,000	$10,000 / $20,000
Coinsurance	50%	50%	50%
Prescription Drug Coverage			
Generic Drugs (Retail/Mail)	80% after Deductible	$15 / $30	$15 / $30
Preferred Brand Drugs (Retail/Mail)	80% after Deductible	$40 / $80	$40 / $80
Non-Preferred Brand Drugs (Retail/Mail)	80% after Deductible	$80 / $160	$80 / $160
Specialty Drugs (RETAIL ONLY – NO MAIL ORDER)	***80% after Deductible***	***$150***	***$150***

2026 Medical & Pharmacy

If you are enrolled in the HDHP Open Access Plus plan, you must pay the full cost of the negotiated, in-network rate for prescriptions until you meet the medical deductible. Once you have met the deductible, you will pay a copay under the plan for prescriptions. These costs are based on a four-tier formulary.

CONSIDER A 90-DAY (THREE MONTH) SUPPLY FOR MAINTENANCE MEDICATIONS

Cigna members can use Express Scripts Pharmacy (home delivery pharmacy) for greater savings.

Review the most up-to-date Formulary list at www.cigna.com.

SPEND SMARTER ON MEDICATIONS— USE THE PRICE A MEDICATION TOOL

Compare the price of your medication at in-network retail pharmacies and through the home delivery pharmacy (for Cigna members). Use this tool to:

- View lower-cost alternatives, if available
- View your costs for a 30-day and 90-day supply, depending on your plan
- Find out if your medication needs approval before your plan will cover it
- Log into **www.mycigna.com** to utilize this tool

CHOOSE A GENERIC AND SAVE

Generic medications work just as well as their brand-name versions Generics have the same active ingredients, strength, dosage form, effectiveness, quality and safety.

Generics typically cost much less than brand-name medications.

	HDHP w/ HSA	Base Plan	Buy Up Plan
Retail Prescription Drug *30-Day Supply Max* *Generic / Preferred / Brand / Specialty **	80% after deductible	$15 / $40 / $80 / $150	$15 / $40 / $80 / $150
Mail Order *90-Day Supply Max* *Generic / Preferred / Brand*	80% after deductible	$30 / $80 / $160	$30 / $80 / $160

**Specialty Cost is at Retail ONLY no Mail Order*

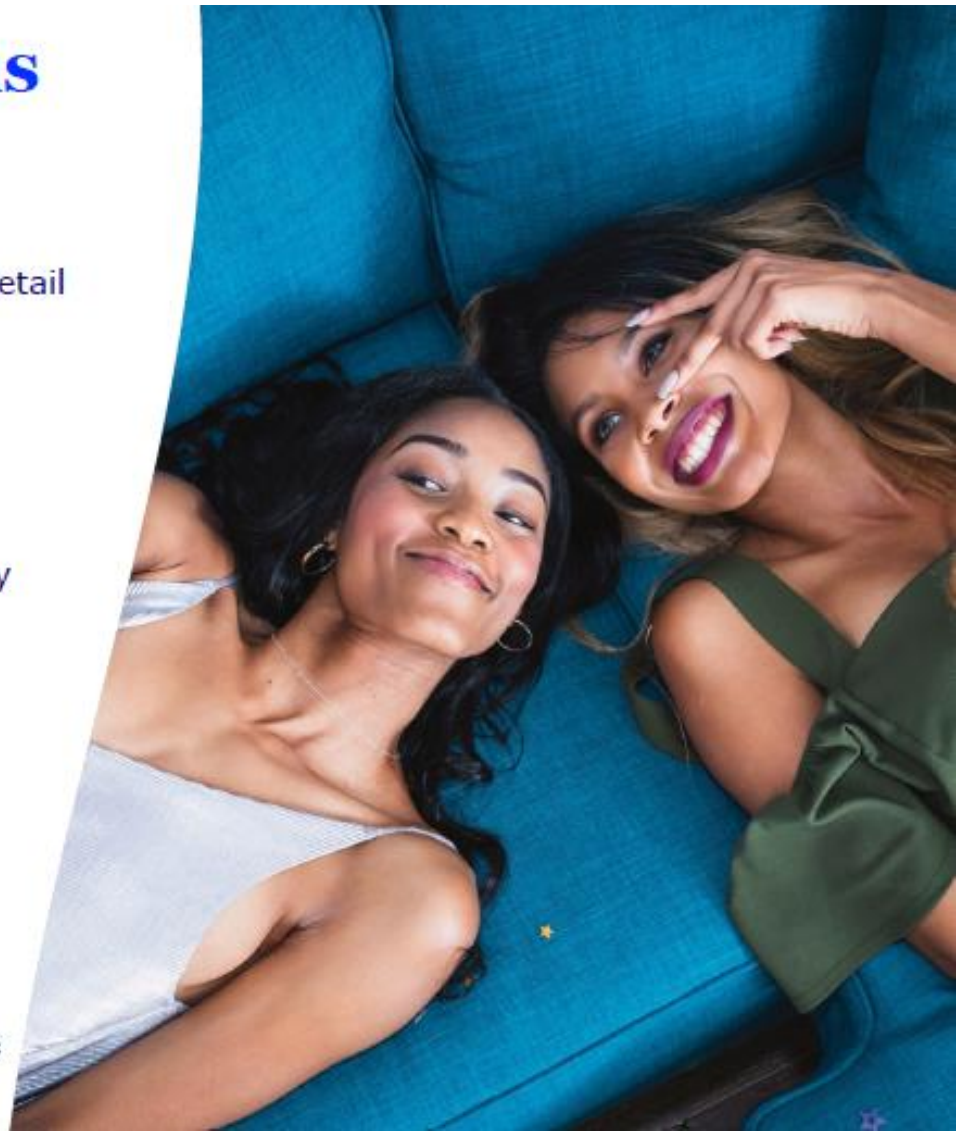
3 easy steps to filling prescriptions

For **90-day fills** through home delivery or select retail pharmacies

1. Ask your doctor for a 90-day prescription with refills
2. Have the office send your prescription electronically to Express Scripts Home Delivery[1] or an approved in-network retail pharmacy
3. Get a convenient 90-day (or 3-month) supply of your medication

For **30-day fills** at in-network retail pharmacies

1. Ask your doctor for a 30-day prescription
2. Have the office send your prescription electronically to an in-network retail pharmacy
3. Get a 30-day supply of your medication



1. Not all plans offer home delivery as a covered pharmacy option. Please log in to the myCigna app or website, or check your plan materials, to learn more about the pharmacies in your plan's network. Cigna maintains an ownership interest in Express Scripts® Pharmacy's home delivery services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless of where you fill your prescriptions. To find a retail pharmacy in your plan's network, log in to the myCigna App or myCigna.com and use the Price a Medication tool.

Help with specialty medications

Accredo®, your specialty pharmacy, is focused on supporting complex medical conditions.

- Easily order, manage and track your medications on your phone or online[1]
- Fast shipping, at no extra cost[2]
- Easy refills and free reminders to help make sure you don't miss a dose. Refill certain prescriptions by text.[3]
- 24/7 access to specialty-trained pharmacists and nurses experienced in complex medical conditions
- Personalized care services including counseling and training on how to administer your medication
- Help with applying for third-party copay assistance programs and other options

1. You'll see your first order in the myCigna App or website once Accredo ships it.
2. Standard shipping costs are included as part of your prescription plan.
3. The ability to refill prescriptions by text is only available for certain medications. To get text messages, you'll have to sign up for Accredo's texting service. You can do this when you call Accredo to refill your prescription. Once you sign up, simply reply to their welcome text to get started. Standard text messaging rates apply.

2026 Virtual Salaried Employee – MDLIVE

MDLIVE® | Cigna Healthcare has partnered with MDLIVE® to offer a comprehensive suite of convenient virtual care options — available by phone or video whenever it works for you.

Primary Care

Preventive care, routine care and specialist referrals

- Preventive care checkups/ wellness screenings available at no additional cost[2]
- Prescriptions available through home delivery or at local pharmacies, if appropriate
- Receive orders for biometrics, blood work and screenings at local facilities[3]

Behavioral Care

Talk therapy and psychiatry from the privacy of home

- Access to psychiatrists and therapists
- Schedule an appointment that works for you
- Option to select the same provider for every session
- Care for issues such as anxiety, stress, grief and depression

Urgent Care

On-demand care for minor medical conditions

- On-demand 24/7/365, including holidays
- Care for hundreds of minor medical conditions
- A convenient and affordable alternative to urgent care centers and the ER
- Prescriptions available, if appropriate

Dermatology[4]

Fast, customized care for skin, hair and nail conditions — no appointment required

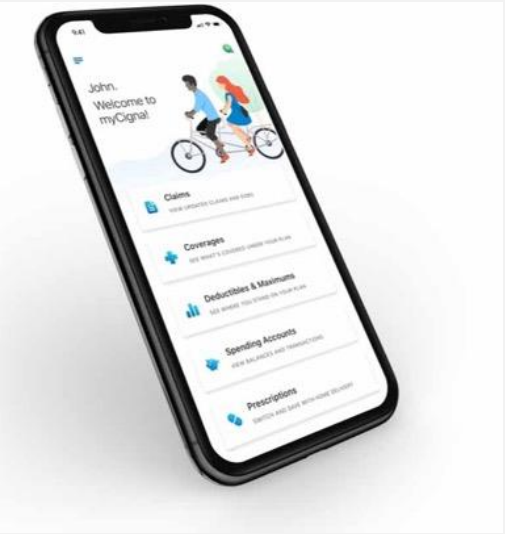
- Board-certified dermatologists review pictures and symptoms
- Care for common skin, hair and nail conditions including acne, eczema, psoriasis, rosacea, suspicious spots and more
- Diagnosis and customized treatment plan, usually within 24 hours

1. Cigna Healthcare provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Not all preventive care services are covered, refer to plan documents for complete description of virtual care services and costs. Virtual primary care through MDLIVE is only available for Cigna Healthcare medical members aged 18 and older.
2. For customers who have a non-zero preventive care benefit, MDLIVE virtual wellness screenings will not cost $0 and will follow their preventive benefit.
3. Limited to labs contracted with MDLIVE for virtual wellness screenings.
4. Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care. Treatment plans will be completed within a maximum of 3 business days, but usually within 24 hours.

myCigna.com

Your online home for assessment tools, plan management, medical updates and much more:

- Find in-network doctors, dentists and medical services
- View, print and email ID cards
- Review your coverage
- Manage and track claims, account balances and deductibles
- Compare cost and quality information for doctors and hospitals
- Access a variety of health and wellness tools and resources
- Receive alerts when new plan documents are available
- Manage your home delivery prescription orders[2] or talk with a pharmacist
- Use the Price a Medication feature to explore medication costs[3]



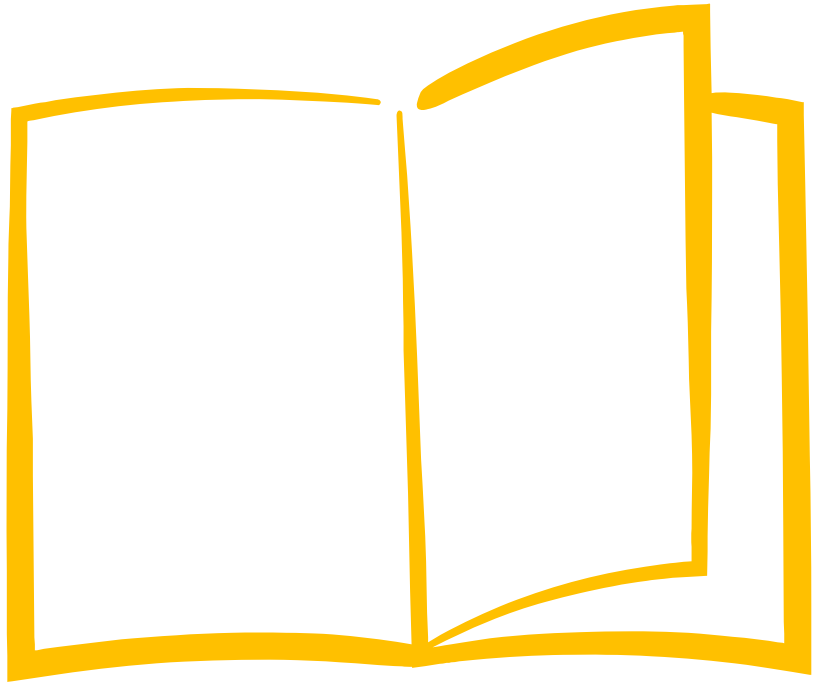
Download the **myCigna**® app and access your account.[1]

For illustrative purposes only.

1. App/online store terms and mobile phone carrier/data charges apply. Actual myCigna® features may vary depending on your plan and individual security profile.
2. Not all plans include home delivery as a covered pharmacy option. Please log in to the myCigna® app or website, or check your plan materials, to learn more about the pharmacies in your plan's network.
3. Prices shown on myCigna® are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna® for more information.

Cigna One Guide

Cigna One Guide® helps you make informed choices and get the most from your plan, offering personalized support to help you stay healthy and save money.



During enrollment, we're just a call away to help:

- Answer questions about the basics of coverage for medical plans and products as well as Cigna Healthcare® pharmacy
- Identify the types of health plans available to you to help you choose the one that best meets your needs
- Find out if your doctors are in network to help you avoid unnecessary costs
- Get answers to any other questions you may have about the plans or provider networks available to you

Access Cigna One Guide Pre-Enrollment Services at 1-888-806-5042

cigna healthcare

Call the number on your ID card, 24/7/365

- Offers access to a trained clinician[1] to help you determine when and where to get treatment for immediate health care needs
- Provides guidance and education about both specific health concerns and general health topics

Chat via myCigna.com® website or app Mon-Fri 9:00 am – 8:00 pm EST[2]

- Provides suggestions for online tools or local resources to help support your physical and mental health needs
- Delivers access to audio health library (both in English and Spanish), as well as podcasts

1. These health advocates hold current nursing licensure in a minimum of one state but are not practicing nursing or providing medical advice in any capacity as a health advocate.
2. Excluding holidays.

Cigna Healthy Rewards® Program[1]

Get discounts on the health products and programs you use every day, including:

+ Weight management and nutrition
+ Alternative medicine
+ Vision and hearing care
+ Fitness memberships and devices
+ Yoga products and virtual workouts

1. **Healthy Rewards programs are NOT insurance.** Rather, these programs give a discount on the cost of certain goods and services. The customer must pay the entire discounted cost. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. Participating providers are solely responsible for their goods and services.

Cigna Healthcare® Lifestyle Management Programs

Our health advocates provide personalized support to help you make lasting changes.

- Weight management: Learn to manage your weight using a non-diet approach that helps you change habits, eat healthier and become more active
- Quit tobacco: Develop a personal quit plan to become — and stay — tobacco-free
- Reduce stress: Understand the sources of your stress and learn coping techniques to better manage it in all areas of your life

Use an online or telephone coaching program (or both) for the support you need.

cigna healthcare

Cigna Healthy Pregnancy® App

With the Cigna Healthy Pregnancy app, you can:

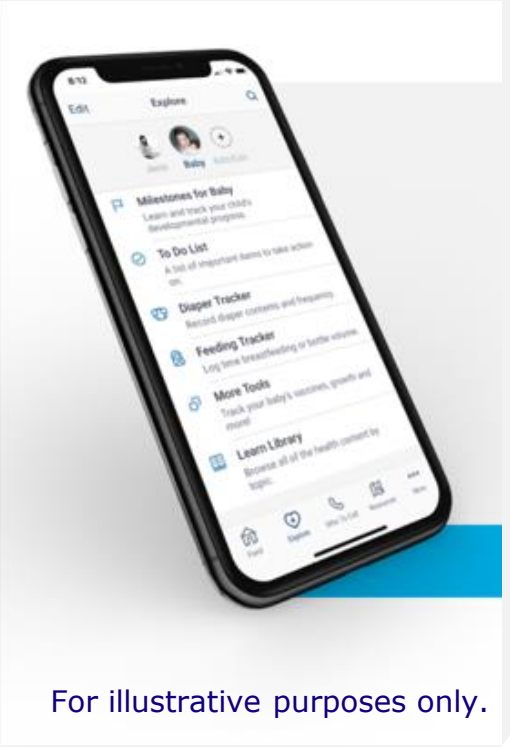
- Enroll in the Cigna Healthy Pregnancies, Healthy Babies® program
- Learn about available incentives for completing the program
- View helpful information in the expanded content library
- Keep track of topics to discuss with your doctor and set reminders

- View educational videos about your baby's weekly development
- Connect to your baby through the Baby Boost relaxation tool
- Get personalized notifications about developmental milestones and to-dos for baby's first two years
- Link to benefits and resource pages

Download the app now.[1,2]

Download on the App Store

GET IT ON Google Play



For illustrative purposes only.

1. The app is for educational purposes only. Medical advice is not provided. Do not rely on information in this app as a tool for self-diagnosis. Always consult your doctor for appropriate examinations, treatment, testing and care recommendations. In an emergency, dial 911 or visit the nearest hospital.
2. The downloading and use of the app is subject to the terms and conditions of the app and the online stores from which it is downloaded. App Store is a registered service mark of Apple Inc. Google Play is a trademark of Google LLC.

2026 Spending Accounts – HSA through Cigna

The benefits of your health plan plus a health savings account

Cigna Choice Fund® Health Savings Account (HSA)

Medical plan + **Health savings account** = **Tax-advantaged HSA plan**

- Combines a medical plan with a health savings account
- Provides coverage for current health care expenses with the option to save for future expenses
- Offers in-network preventive care covered by the plan at 100%[1]
- Provides flexibility as you own the account; contributions can come from you, your employer or both
- Encourages greater savings; contributions are generally not taxable[2]
- Provides investment options

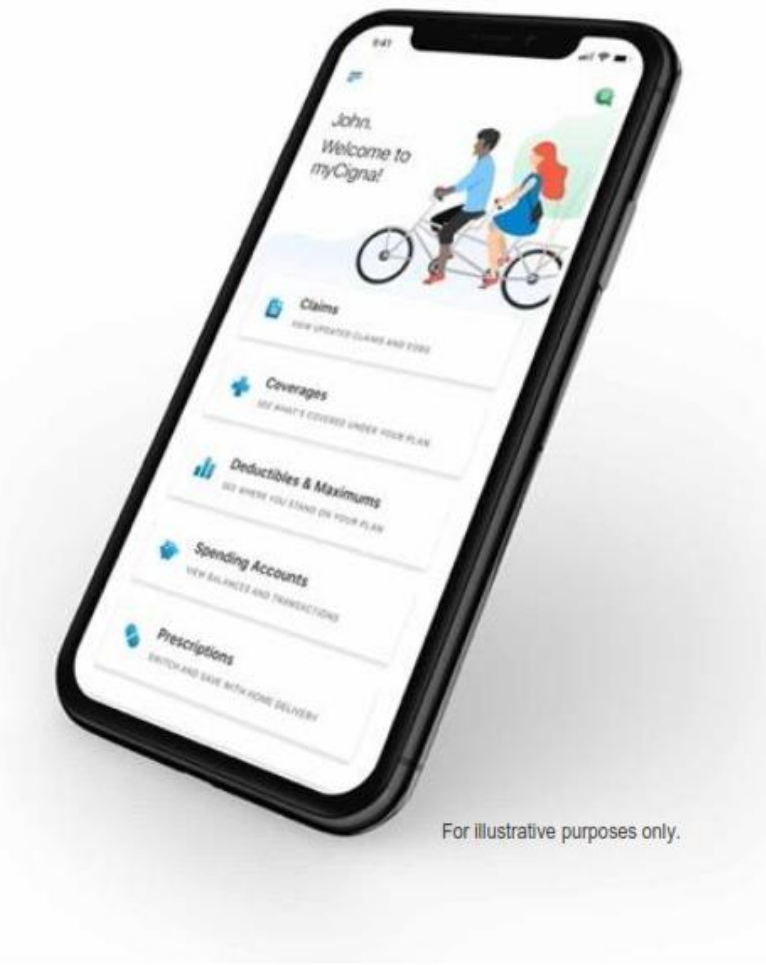
1. Some preventive services may not be covered under your plan. For example, immunizations for travel are generally not covered. Other non-covered preventive services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational). See your plan materials for a complete list of covered preventive care services.
2. HSA contributions and earnings are not subject to federal taxes and not subject to state taxes in most states. A few states do not allow pretax treatment of contributions or earnings. Please consult your personal tax advisor or contact your plan administrator for information about your state.

2026 Spending Accounts - HSA through Cigna

Your HSA experience on myCigna®

Easy, at-a-glance web and mobile view under Spending Accounts

- Check balances
- Get account updates
- Use the calculator tool to determine your contribution
- Order or cancel debit cards
- Learn about investment options
- Access educational information and videos



2026 Spending Accounts - HSA through Cigna

HSA Contributions

The maximum amount that can be contributed to the HSA in a tax year is established by the IRS and is dependent on whether you have individual or family coverage. For 2026, the contribution limits are:

- $4,400 for individual coverage ($4,300 for 2025)
- $8,750 for family coverage ($8,550 for 2025)
- $1,000 annual catch-up contribution for age 55+

Annual maximums notes above include employee and employer contributions. For more information on transfer or rollover of HSA funds, please visit: www.hsabank.com/hsabank/members/transfer-rollover-hsa-funds

Sweet Oak HSA Employer Contributions

Sweet Oak will contribute the following annual amounts to those who elect the HDHP with HSA:

- **$500** for employee only coverage
- **$1,000** for employee & spouse, employee & child(ren), or family coverage

NOTE: If you are contributing to an HSA, you are not eligible to elect the Healthcare FSA.

2026 Spending Accounts – FSA through Flores

Flores Healthcare and Dependent Care Flexible Spending Accounts

Healthcare FSA

+ Employees can contribute up to $3,400 for 2026
+ Reimburse for out-of-pocket expenses incurred by you and your dependents such as office and prescription drug copays, dental procedures, eyewear, LASIK eye surgery.
+ For more information about qualified expenses, please visit: *https://www.irs.gov/pub/irs-pdf/p502.pdf*

Dependent Care FSA

+ The Dependent Care FSA is used to reimburse expenses related to the care of eligible dependents.
+ The maximum that you can contribute to the Dependent Care FSA is $7,500 if you are a single employee or married filing jointly. If you are a married employee filing separately the maximum you can contribute is $3,750.
+ Reimburse for expenses to allow you to work such as after school programs, babysitting/dependent care or adult/eldercare, day camps, and pre-school.

These accounts are 'use it or lose it', meaning any unused funds in your account at the end of the plan year will be forfeited per IRS rule.

Note: If you are enrolled in a Health Savings Account, you may not elect a Healthcare FSA.

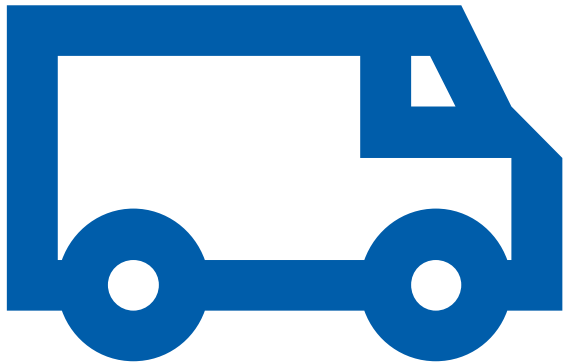
2026 Spending Accounts – Commuter through Flores

Flores Commuter Benefits

+ Sweet Oak provides our employees with the opportunity to enroll in a spending account specific to work-related transit expenses. Commuter Benefits allow you to pay for eligible work-related transit and parking expenses through pre-tax payroll deductions from your paycheck.
+ For the 2026 plan year you may contribute:
    + TRANSIT: up to $340 per month for transportation (mass transit, train, subway, bus fares, ferry rides).
    + PARKING: up to $340 per month for parking expenses incurred at or near your work location or near a location from which you commute using mass transit
+ At the end of the plan year, any balances in either account will remain in your account and be available for your use in the next plan year, unless your employment with Sweet Oak is terminated.

Carryover & Eligible Expenses:

+ There is no annual "use-it-or-lose-it" rule for Commuter Benefits. While unused amounts cannot be cashed out, they can be carried over to provide transit benefits in subsequent years.



2026 Dental Plans

Benefit	Sweet Oak Cigna 2026 Plans	
Deductible	DPPO Low - Enhanced In-Network & Out of Network	DPPO High - Enhanced In-Network & Out of Network
Individual	$50	$0
Family	$150	$0
Services		
Preventive Services	100%	100%
Basic Services	100%	100%
Major Services	50%	50%
Annual Maximum		
Annual Maximum (per person)	$1,500	$1,500
Orthodontia (Eligible child(ren) up to age 19)		
Benefit	Not Covered	50%
Lifetime Maximum	N/A	$1,500

*In-network is best benefit as out of network providers may balance-bill members.

2026 Dental Plans

Dental Preferred Provider Organization (DPPO)

Network: Select any licensed dentist, but see bigger savings if you use a dentist in the Cigna Dental network.

Specialist: See a specialist without a referral

Deductible: An annual amount that may apply to covered services before your plan begins to pay.

Coinsurance: Once you meet your deductible and satisfy any applicable waiting period, this is the portion you will pay of your covered dental care costs.

Coverage: The amount paid by your plan depends on:

- The coinsurance level for the service you receive
- The dentist you visit
- Whether you've paid your deductible and/or reached your maximum

Maximums: Once you reach the plan's calendar year dollar and/or any applicable lifetime maximum, your plan will no longer pay a portion of your costs during that plan year.

YOUR ACCESS: THOUSANDS OF DENTISTS, ONE DIRECTORY

With the **Total Cigna DPPO network**, you have a choice of more than 150,000 dentists nationwide.[1]

All participating dentists are consolidated into **one directory**, which you can easily search online at **Cigna.com®** and, once your benefits are active, on the **myCigna®** website or app.

1. NetMinder. DPPO data as of March 2019, reflecting Total Cigna DPPO counts of unique dentists. Data is subject to change. The Ignition Group makes no warranty regarding the performance of the data and the results that will be obtained by using.

Cigna.

ESTIMATE DENTAL CARE COSTS

Cigna dental estimator tools are easy to use, and help you avoid unexpected dental care costs. Whether you're choosing a dentist or planning for a procedure, you'll be in the know and ready to make the best decision for you.

Find care and costs:

- With a few taps of your phone or clicks of your mouse, you'll find dentists in your area
- Search by dentist name and type, even by the treatment you're looking for
- View provider backgrounds, credentials and patient reviews

The tool helps you:

- Find dentists near you
- Plan and budget
- Compare procedure costs, specific to your plan, among different in-network dentists

Ready to start estimating dental care costs?

Just log on to myCigna® website or app ▶ Find Care & Costs

The Treatment Cost Estimator is for informational purposes and provides rough calculations only, based on the treatment or procedure you choose. It does NOT guarantee the exact amount of your out-of-pocket costs and it does NOT guarantee coverage for any treatment or procedure or any dental benefit plan payment. Your actual out-of-pocket cost for dental care will depend on the specific terms of your dental benefit plan.

Cigna

Cigna Dental Virtual Care[1]

Get the dental care you need without leaving home

If you need dental care and are unable to reach your regular provider, you now have the option to consult with a licensed dentist through a video call.

- Available 24 hours a day, seven days a week, 365 days a year
- Helps address urgent dental situations like toothaches, infection, gum inflammation, broken teeth and more
- Identifies whether more involved procedures are needed, and helps guide care
- Medications prescribed with guided follow-up care[2]
- Processed as in-network claim on your plan, with no copay or coinsurance costs (but does apply to your plan's annual maximum, if applicable)
- Can be referred to a network dentist for any additional care required.

To access Cigna Dental Virtual Care, just log on to your **myCigna.com**® account and follow the prompts to the virtual care portal.

1. Cigna Healthcare provides access to virtual care through national teledental care providers via myCigna.com as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers and is a requirement for this service. See your plan materials for the details of your specific Dental plan. This service is separate from coverage for virtual dental care obtained by your Dental plan's network and may not be available in all areas. A referral is not required for this service. Services may be available on an in-person basis or via telehealth from the enrollee's primary care provider, treating specialist, or from another contracting individual health professional, contracting clinic, or contracting health facility consistent with California law. Enrollees that have coverage for out-of-network benefits may receive services either via telehealth or on an in-person basis using the enrollee's out-of-network benefits. Note: out-of-network benefits, if available, will generally include higher out-of-pocket financial responsibility and no balance-billing protections. Please refer to your benefit plan documents for specific information about your benefit plan and out-of-network benefits.
2. Dentists are unable to prescribe opioid or narcotic medications and are subject to all laws in your residence state regarding the prescribing of medication.

2026 Voluntary Vision Plan

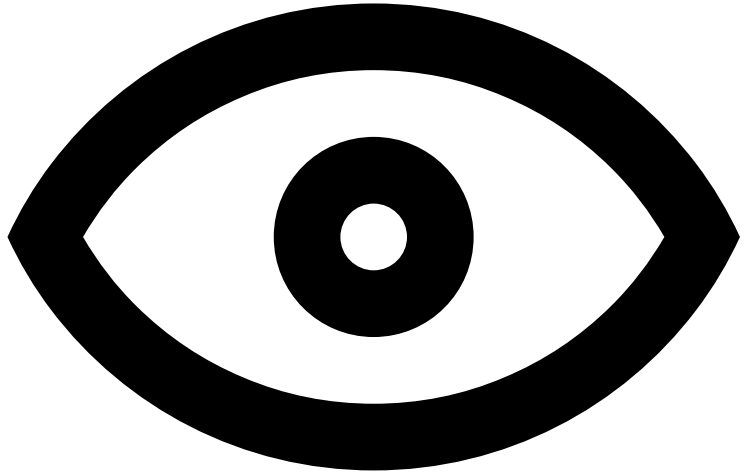
Benefit	Sweet Oak Vision Plan
Exam Copay	$10.00
Prescription Lenses:	
*Single Vision	$25.00
*Lined Bifocal	$25.00
*Lined Trifocal	$25.00
*Lenticular	$25.00
*Progressive - Standard	$90.00
Contact Lenses - Conventional (materials)	$0 copay; 15% off balance over $140 allowance
Contact Lens Exam (Fitting and Evaluation)	Up to $40
Frames	$0 copay; 20% off balance over $120 allowance
Frequency	
*Exam	Once every 12 months
*Lenses	Once every 12 months
*Frames	Once every 24 months
*Contacts	Once every 12 month

How to find an eye doctor

Use the Provider Locator
at eyemed.com

Download and use the EyeMed Members App
(available in the App Store or Google Play)

Check the listing of the closest
eye doctors from your Welcome Kit (you'll
get this after you enroll)



Experience more with member tools

You'll receive an in-home Welcome Kit detailing your new vision benefits and the closest eye doctors. And using your benefits couldn't be easier with access to convenient digital tools.

EyeMed Members App

- Benefits, eligibility and claims at-a-glance
- Find an eye doctor and get door-to-door directions
- Grab special offers
- Load and save prescriptions
- Set exam and contact lens reminders
- Pull up ID card and add to your wallet (for iOS only)

Member Web

- See benefits and eligibility status*
- View Savings Dashboard
- Estimate out-of-pocket costs before your visit to the eye doctor
- Download ID cards and EOBs
- Find an eye doctor
- Check claim status
- Get special offers

*Due to HIPAA regulations, members will not be able to view dependents over the age of 18

2026 Basic Life and AD&D

Voya will be the administrator of Sweet Oak's Life and AD&D, Disability, and Voluntary Worksite lines of coverage.

Basic Life (Paid for by Sweet Oak)

Sweet Oak is providing basic Group Term Life Insurance to you at no cost to you. This pays a benefit to your beneficiary if you pass away during a specific period of time ("term") and if your coverage is active. Your coverage also includes Accidental Death & Dismemberment Insurance, which provides a benefit separate from the life insurance benefit, if you pass away or are severely injured as the result of a covered accident.

The amount of insurance is equal

- **2X salary to a maximum of $500,000 for salaried employees**
- **$25,000 for hourly employees.**

Benefit amount reduces to 65% at age 65 and to 50% at age 70. Coverage terminates at retirement.

2026 Supplemental Life and AD&D

Supplemental Life

In addition to the basic coverage being provided at no cost to you, you have the opportunity to elect additional coverage called Supplemental Life Insurance. You may also add supplemental Accidental Death & Dismemberment Insurance, which provides the insured person or their beneficiary a payment separate from the life insurance benefit if the insured person dies or is severely injured in a covered accident. When you enroll, you'll have the opportunity to choose up to the following amount(s):

- Employee: $10,000 increments to a max of $500,000, not to exceed 5x earnings.
  - Guaranteed Issue of $250,000
- Spouse: Choice of $5,000 to $250,000 in $5,000 increments not to exceed 50% of employees amount
  - Guaranteed Issue of $30,000
- Child(ren): Choice of $5,000 to $10,000 in $5,000 increments
  - Guaranteed Issue of all increased amounts

*Guaranteed Issue (GI) Only applies to employees who are electing the benefit during initial eligibility.

EOI form can be obtained from Human Resources

Evidence of Insurability

- ✓ If you do not apply for Voluntary Life Insurance coverage within 31 days of becoming first eligible for benefits, Evidence of Insurability is required to be submitted and approved by Voya before benefits begin.
- ✓ If you elect to increase your coverage at any time after your initial election opportunity, Evidence of Insurability is required to be submitted and approved by Voya before benefits begin.
- ✓ If you do not apply for Voluntary Spouse Life Insurance coverage within 31 days of becoming first eligible for Spouse benefits, Evidence of Insurability is required to be submitted and approved by Voya before benefits begin.
- ✓ If you elect to increase your Spouse coverage at any time after your initial election opportunity, Evidence of Insurability is required to be submitted and approved by Voya before benefits begin.
- ✓ If you enroll in coverage over Guaranteed Issue, Evidence of Insurability is required to be submitted and approved by Voya before benefits begin.

2026 Short Term Disability

Disability Coverage

Short-Term Disability Coverage is available to salaried employees.

Salaried STD	Base
Benefit	60% of your Weekly earnings to a Max of $1,500 per week
Elimination Period	0/7
Duration	13 weeks

2026 Long Term Disability

Long Term Disability Coverage is available to salaried employees ONLY.

LTD	Voluntary Offering
Benefit	60% of your basic monthly earnings to a Max of $15,000 per month
Elimination Period	180 days
Duration	Social Security Normal Retirement Age
Pre ex	3/12
Contributions	Employer Funded

Contacts for general Disability claim questions

To file a new absence, add time, check claim status, or upload documents:	Phone	For questions about existing claims or general questions:
• Accessible 24 hours per day from a computer or mobile device • Fax: 888-305-0605 • Mybenefitshub.voya.com	To file a new Absence: • Telephonic Intake Dept. 888-973-3652 (Leave Management) • Hours of live service: 8 AM – 8 PM EST, Mon – Fri	• Contact Center 888-305-0602 with option to dial Case Specialist's extension directly – located on the bottom of your letters from Voya • Hours of live service: 8 AM – 8 PM EST Mon-Fri

What Do Employees need to do?

Day 1-2

- Employees requests a leave by calling us at 888-973-3652 or files a claim on Voya online Portal Mybenefitshub.voya.com
- A notice of eligibility/ineligibility letter is sent to Employee, including all applicable forms and notices.
- We reach out to the Employee's Health Care Provider to obtain necessary medical documentation via phone and fax.

Day 2-12

- Employees ensure that their Health Care Provider provides us the Medical Certification within 18-day (15 days with a 3- day grace period) certification window, and with any other ongoing information needed to extend benefits beyond the initial certification.
- All due dates are outlined in the notice of eligibility letter.
- The employee's Medical Certification is due.

Day 15

- For standalone Leave Management claims:
- If medical certification form is not received after the 18 day (15 days with a 3- day grace period) due date, this may result in their Leave being delayed or denied.
- For integrated Leave Management/STD claims:
- If medical documentation is not received by the 18 day(15 days with a 3- day grace period) due date, we will review the information received in house to make a determination on the Leave Management claim.
- All decisions will be communicated to the Employee via letter/email and phone call
- Employees may access their claim status any time using the Voya leave portal and has direct access to their Case Specialist (email/phone).

Accident Insurance

Accident Insurance

What is it?

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident.

The amounts paid depend on the type of injury and care received.

Accident Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Accident Insurance intuitive claims example

Meet Rhonda

Rhonda fell while carrying groceries and ended up in the emergency room. Rhonda submitted an accident claim.

We reviewed the claim Rhonda submitted for her emergency room visit, x-ray and fractured foot.

We also anticipated that Rhonda would require a covered follow-up doctor visit and medical equipment.

Rhonda received payment for her initial claim which also included the anticipated covered follow-up visit and medical equipment with no additional documentation required.

The example is provided for illustrative purposes only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders.

How much does it cost?

All employees within the same class pay the same rate, no matter their age. See the chart below for the premium amounts.

All Eligible Employees

Voluntary Level 3 - On/Off Job Coverage Monthly Cost Employee Paid - Employee, Spouse, Children, Family			
Employee	Employee & Spouse	Employee & Children	Family
$8.75	$14.33	$15.27	$20.85

What's covered?

The following list is a sample summary of some the benefits provided by Accident Insurance. You may be required to seek care for your injury within a set amount of time. Note that there may be some variations by state.

Emergency room treatment - $300
Laceration with sutures[1] - $60
Ankle Fracture[2] - $1,800 / $3,600
Physical therapy (up to 6 per accident) - $55
Concussion - $300
Follow-up doctor treatment - $100

[1] Laceration benefits are a total of all lacerations per accident.
[2]Closed reduction of fracture = Non-surgical/Open reduction of fracture = Surgical.

Critical Illness Insurance

Critical Illness Insurance

What is it?

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date.

Critical Illness Insurance is a limited benefit policy. It is not health insurance, and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Real life example

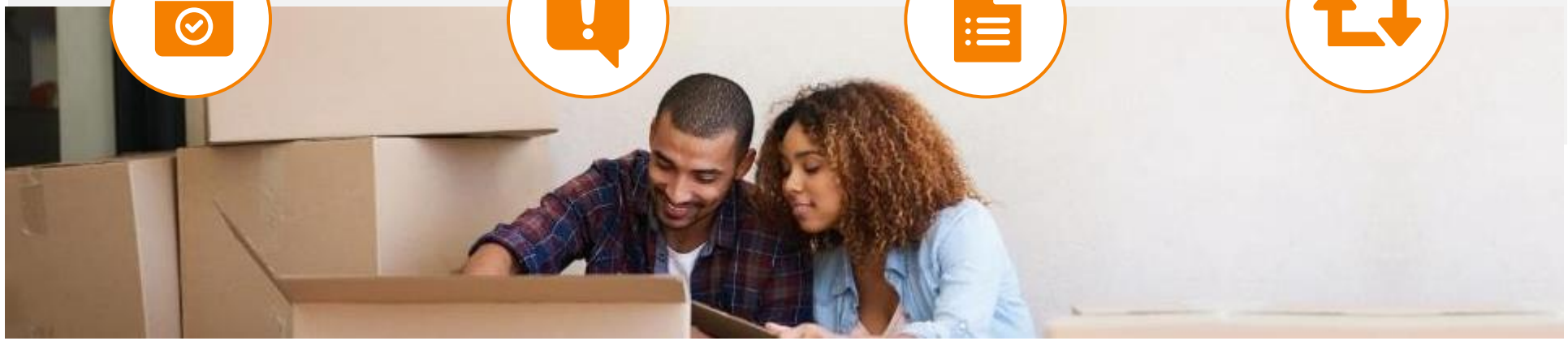
Spouse Critical Illness Insurance
Meet the McCanns

Mike works full-time. His wife, Molly stays home with two children.

Molly had Critical Illness Insurance, including the Cancer Module, through Mike's employer and was able to receive a benefit.

She was diagnosed with cancer, which is a covered condition, and she began treatment.

Her Critical Illness benefit helped the McCann's cover living expenses and child care, while she received treatment.



The example is provided for illustrative purposes only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders.

How much does it cost?

Employee
Benefit amount: Choice of $10,000 or $20,000

Spouse
Spouse coverage matches employee benefit schedule, additional benefits and riders.
Benefit amount: Choice of $10,000 or $20,000 not to exceed 100% of employee benefit

Child
Children's coverage matches employee benefit schedule, additional benefits and riders.
Benefit amount: $7,500 not to exceed 100% of employee benefit

	Uni-Tobacco
Under 25	$0.19
25-29	$0.27
30-34	$0.37
35-39	$0.55
40-44	$0.83
45-49	$1.22
50-54	$1.75
55-59	$2.36
60-64	$3.41
65-69	$4.85
70+	$7.99

Sample payment amounts

Covered condition	% of Benefit
Heart attack*	100%
Cancer	100%
Stroke	100%
Kidney failure**	100%
Coronary artery bypass	25%

* A sudden cardiac arrest is not in itself considered a heart attack.
** Listed in the certificate of coverage as “major organ transplant,” which means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ

Wellness Benefit –
Available on both Critical Illness & Accident

How can the Wellness Benefit help?

- Encourages regular health screenings
- Increases chances of survival when serious illnesses are detected early
- Benefit payment you receive can be used to cover the cost of the test or, even if you have no out-of-pocket cost, to use on whatever you'd like

If you are covered by Critical Illness Insurance, you are also covered for the Wellness Benefit. This provides an annual benefit payment for completing a health screening test.

- Your annual benefit amount is $50.
- Your spouse's annual benefit amount is $50.
- The annual benefit amount for each child is 100% of your benefit amount.

Simplified Wellness Experience

Wellness benefit is consistent on every plan. If you enroll in multiple plans, you can use the same wellness test to qualify under each elected plan!

What types of health screening tests are eligible?

Health screening tests include but are not limited to:

- Blood test for triglycerides
- Pap smear or thin prep pap test;
- Flexible sigmoidoscopy
- CEA (blood test for colon cancer)
- Bone marrow testing
- Serum cholesterol test for HDL & LDL levels
- Hemoccult stool analysis
- Serum Protein Electrophoresis (myeloma)
- Breast ultrasound, sonogram, MRI
- Chest x-ray
- Mammography
- Colonoscopy
- CA 15-3 (breast cancer)
- Stress test on bicycle or treadmill
- Fasting blood glucose test
- Thermography
- PSA (prostate cancer)
- Hearing test
- Routine eye exam
- Routine dental exam
- Well child/preventative exams through age 18
- Biometric screenings
- Electrocardiogram (EKG)
- Annual Physical Exam – Adults
- CA 125 (ovarian cancer)
- Tests for sexually transmitted infections (STIs)
- Ultrasound screening for abdominal aortic aneurysms
- Hemoglobin A1C (HbA1c)
- Bone density screening
- COVID-19 test

Hospital Indemnity Insurance

Hospital Indemnity Insurance

What is it?

Hospital Indemnity Insurance pays a benefit if you have a covered stay in a hospital*, critical care unit or rehabilitation facility on or after your coverage effective date.

This is a limited benefit policy. Hospital Indemnity Insurance is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

*A hospital does not include an institution or part of an institution used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a freestanding surgical center; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care or care for the aged

Real life example

Spouse Hospital Indemnity Insurance
Meet Elise

After weeks of flu symptoms, Elise was diagnosed with pneumonia and admitted to the hospital

Several days later she was discharged with antibiotics

Thankfully, Shelby, her husband, had Hospital Indemnity Insurance coverage on Elise

The benefit helped with out-of-pocket medical and other expenses incurred from her hospital stay

The example is provided for illustrative purposes only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders.

How much does it cost?

All employees within the same class pay the same rate, no matter their age. See the chart below for the premium amounts.

	$100 daily benefit
Employee	$11.99
Employee & Spouse	$25.69
Employee & Children	$17.77
Family	$31.47

Supplemental Health
Claim submission process

1 **Initiate claim**

2 **Upload documents**

3 **Claim processed**

4 **Eligible benefit paid**

Employer Assistance Program (EAP)

TEAM MEMBER EMPLOYEE ASSISTANCE PROGRAM (EAP)

All Royal Oak team members experience times when you need a little help with life's challenges. Royal Oak understands this and provides a supplemental Employee Assistance Program (EAP) to all full-time eligible team members and eligible dependents at no cost.

The Royal Oak Voya EAP plan includes:

- Free confidential help 24/7 which includes three (3) free face to face visits.
- Assistance with life, family, financial or work issues.

Team members, their dependents, or their beneficiaries can call to discuss any situation perceived as a major loss including:

- Death of a loved one, spouse, or partner
- Divorce
- Loss of a job
- Receiving a serious medical diagnosis
- Losing a pet

You can access your employer provided EAP by calling **877.533.2363** or by visiting **guidanceresources.com**.
The Web ID to access the website is: **MY5848i**.

All team member and dependent EAP services are confidential and provided at no cost to you and your family.

Voya Travel Assistance Services

Support and care provided while away from home for employees with Group Term Life Insurance

Emergency Medical Transport

- Dispatch of a physician
- Medical repatriation
- Return of dependent children & travel companion
- Vehicle return services

Medical Assistance

- Outpatient & inpatient care
- Interpretation services
- Medical & dental referrals
- Prescription transfer & shipping

Travel Assistance

- Emergency cash transfer
- ID theft assistance
- Legal referrals
- Pre-trip information services

Security Assistance

- Emergency political evacuation/repatriation
- Location intelligence app
- Natural disaster evacuation

2026 Open Enrollment – Next Steps

Before you decide, take these steps to learn more about your health plan — and your health. This checklist will help you choose wisely. What you will need to have handy:

- Review beneficiaries and confirm they are accurate for Life and HSA accounts
- Review prior benefits plan information
- Utilize the materials provided including Summary of Benefits for specific plan details
- Review your Summary of Benefits for specific plan details
- Check the provider directory on to see if your health care providers participate in our network

Who to Call

Conner Strong & Buckelew Benefits MAC

Don’t get lost in a sea of benefits confusion! With just one call or click, the Benefits Member Advocacy Center (MAC) can help guide the way!

The Benefits MAC, provided by Conner Strong & Buckelew, can help you and your covered family members navigate your benefits. Contact the Benefits MAC to:

- Find answers to your benefits questions
- Search for participating network providers
- Clarify information received from a provider or your insurance company, such as a bill, claim, or explanation of benefits (EOB)
- Guide you through the enrollment processor how you can add or delete coverage for a dependent
- Rescue you from a benefits problem you’ve been working on
- Discover all that your benefit plans have to offer!

Contact the Benefits MAC via:

- **Phone at 1-800-563-9929**
  (Monday-Friday, 8:30 am to 5 pm EST; after hours you will be able to leave a message and receive a response by phone or email during business hours within 24-48 hours of your inquiry)
- **Email at cssteam@connerstrong.com**
- **Web at www.connerstrong.com/memberadvocacy**

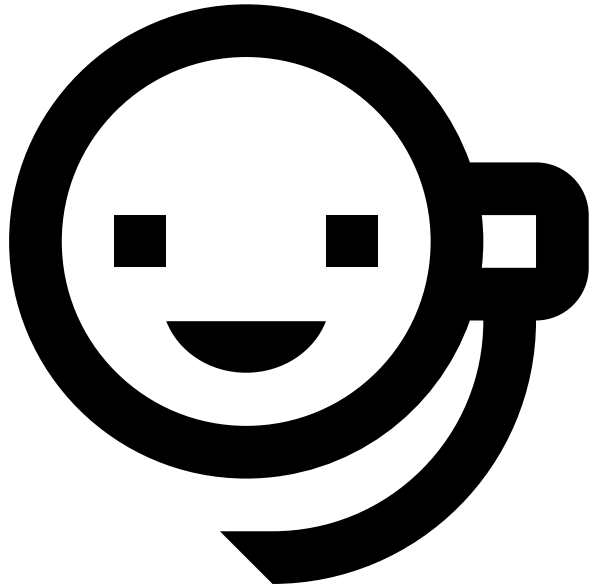
¿Habla español? *Spanish speaking representatives are available to assist.*

NEED ENROLLMENT ASSISTANCE?

Avant Specialty Benefits will be available to answer enrollment questions / assistance effective November 24, 2025.

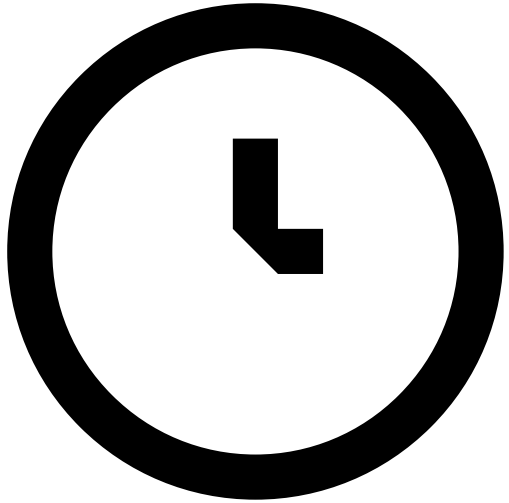
Avant Specialty Benefits

- Call **866.873.1116** (Monday-Friday 8am-5pm CST)



2026 Open Enrollment – Next Steps

- ADP Enrollment
  - Print and review your current benefit enrollments in ADP
  - Report errors to the Sweet Oak Human Resource Department asap
  - After December 10, 2025, you won't be able to make any changes unless you experience a qualified status change. **So, it's important to enroll during your enrollment window.**
- Tools
  - BenePortal Website - SweetOakWEBbenefits.com
  - Open Enrollment Guide, plan rates
  - Plan Summaries and Benefit Forms
- In January 2026:
  - Set up your medical member portal online access for your Cigna coverage.
  - Ensure the information on your digital ID card is accurate.
  - If you have an HSA through HSA Bank or FSA through Flores, use their websites, if applicable, to submit expenses until your debit card arrives.



Questions

Appendix

Understanding terms in your health plan

Deductible
The annual amount you pay for care before your health plan begins to pay.

Copay
A predetermined amount you pay for eligible health care services or medication. Your copay usually is due when you receive the service.

Co-insurance
Your share of the cost of covered services, usually after you meet your deductible. The health plan pays the rest.

Health Savings Account (HSA)
An employee-owned medical savings account used to pay for eligible medical expenses. Funds contributed to the account are pre-tax and do not have to be used within a specified time period. HSAs must be coupled with qualified high-deductible health plans (HDHP).

High-Deductible Health Plan (HDHP)
A qualified health plan that combines very low monthly premiums in exchange for higher deductibles and out-of-pocket limits. These plans are often coupled with an HSA.

Out-of-pocket maximum
The most you pay before the health plan begins to pay 100% of covered health care costs. You'll still need to pay for any expenses the health plan doesn't count toward the limit.

In-network
Health care providers and facilities that have contracts with us to deliver services at a discounted rate.

Out-of-network
A health care provider or facility that doesn't contract with your plan and doesn't provide services at a discounted rate. Using an out-of-network provider usually will cost you more.

Balance Billing
A medical bill from a healthcare provider (typically out of network) billing a patient for the difference between the total cost of services being charged and the amount the insurance pays.

Primary Care Physician (PCP)
A doctor that is selected to coordinate treatment under your health plan. This generally includes family practice physicians, general practitioners, internists, pediatricians, etc..

Understanding terms in your pharmacy plan

Generics

Generic medications have the same active ingredients, strength, dosage, effectiveness, quality and safety as the brand-name medications.

Preferred brands

You'll often pay more for a preferred brand-name medication than for generic medications because they typically have lower-cost generic alternative available to treat the same conditions.

Non-preferred brands

Medications that typically have lower-cost generic and/or preferred brand alternatives available to treat the same conditions.

Specialty

These high-cost medications are used to treat complex medical conditions. They're often injected or infused and may require special handling, such as refrigeration.

UNDERSTANDING TERMS IN YOUR DENTAL PLAN

Deductible:
An annual dollar amount you must pay before your dental plan begins to pay for covered dental care costs.

Annual dollar maximum:
The maximum dollar amount your plan will pay toward covered services during the plan year. Once you reach your plan's dollar maximum, you are responsible for 100% of the costs until the new plan year begins.

Coinsurance:
The percentage of the cost that you are responsible for paying toward covered dental care services. Your share of the cost of your covered dental care services.

Copay:
A preset dollar amount you pay for each service covered by your plan.

In-network:
Dentists and facilities that have contracts with Cigna to deliver services at a negotiated rate (discount). When you use a network dentist, you can take advantage of these discounts and save on covered dental services.

Out-of-network:
A dentist or facility that doesn't participate in your Cigna plan's network and doesn't provide services at a discounted rate. Using an out-of-network dental care professional or facility will usually cost you more.

Cigna.