

Employee Benefits Overview 2026

EFFECTIVE OCTOBER 1, 2026



Crown Linen LLC. offers you and your eligible family members a comprehensive and valuable benefits program. If after reviewing the enclosed information you have any questions, please contact Human Resources.



MEDICAL INSURANCE

Crown Linen LLC. is offering medical plans to meet you and your family's unique needs and budgets effective **October 1, 2026** with **United Healthcare**. To search for in-network providers: myuhc.com. Find a Doctor | Select a Plan | NHP HMO/POS or Choice Plus for UHC.

A primary care provider (PCP) is required for all NHP plans.

	NHP - HMO HSA EY2T-M2 / RX NH21-HSA	NHP HMO EY1N-M / RX NFEE	NHP POS EY3J-M2 / RX NFEE	UHC POS EY92-M2 / RX G70
SERVICES	IN-NETWORK-ONLY	IN-NETWORK-ONLY	IN-NETWORK	IN-NETWORK
Calendar Year Deductible (CYD) Individual / Family	\$8,000 / \$16,000	\$5,000 / \$10,000	\$1,000 / \$2,000	\$1,000 / \$2,000
Coinsurance	100%	100%	100%	100%
Provider Services	Open Access	Open Access	Open Access	Open Access
Primary Care Office Visit	0% After CYD	\$25	\$30	\$30
Specialist Office Visit	0% After CYD	\$50	\$60	\$60
Preventive Care/Lab	\$0	\$0	\$0	\$0
Inpatient Hospital	0% After CYD	\$500 + 0% After CYD	0% After CYD	0% After CYD
Outpatient Hospital Facility	0% After CYD	\$300 + 0% After CYD	0% After CYD	0% After CYD
Emergency Room	0% After CYD	0% After CYD	\$500	\$500
Urgent Care	0% After CYD	\$50	\$100	\$50
Annual Out-of-Pocket Maximum Individual / Family	Yes \$8,500 / \$17,000	Yes \$6,850 / \$13,700	Yes \$3,000 / \$6,000	Yes \$3,000 / \$6,000
Prescription Drugs (30 day supply) Tier 1 / Tier 2 / Tier 3 Specialty Drugs	After CYD \$10 / \$35 / \$70 \$10 / \$150 / \$500	\$10 / \$50 / \$150 / \$300	\$10 / \$50 / \$150 / \$300	\$10 / \$50 / \$150 / \$300
Mail Order (90 Day Supply)	\$25 / \$87.50 / \$175	\$25 / \$125 / \$375 / \$750	\$25 / \$125 / \$375 / \$750	\$25 / \$125 / \$375 / \$750
OUT-OF-NETWORK				
Calendar Year Deductible (CYD) Individual / Family	N/A	N/A	\$2,000 / \$4,000	\$2,000 / \$4,000
Coinsurance	N/A	N/A	70% / 30%	70% / 30%
Annual Out-of-Pocket Maximum Individual / Family	N/A	N/A	Yes \$6,000 / \$12,000	Yes \$6,000 / \$12,000
Most Other Services	N/A	N/A	30% After CYD	30% After CYD
Emergency Room Facility	N/A	N/A	\$500	\$500

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

GAP INSURANCE

Crown Linen LLC is offering a GAP plan to help offset your out of pocket expense for the Medical plan effective **October 1, 2026** with **American Public Life**.

 GAP BENEFIT				
	Compatible with EY3J-M2 & EY92-M2	Compatible with EY2T-M2 and EY1N-M	Compatible with EY2T-M2 and EY1N-M	Compatible with EY2T-M2
Your Coverage	Maximum In-Hospital Benefits: \$1,000 per covered person per calendar year. Maximum of \$3,000 per calendar year for all covered persons combined.	Maximum In-Hospital Benefits: \$3,000 per covered person per calendar year. Maximum of \$9,000 per calendar year for all covered persons combined.	Maximum In-Hospital Benefits: \$5,000 per covered person per calendar year. Maximum of \$15,000 per calendar year for all covered persons combined.	Maximum In-Hospital Benefits: \$7,000 per covered person per calendar year. Maximum of \$21,000 per calendar year for all covered persons combined.
Out-Patient Hospital Benefits	Maximum Outpatient Benefits: \$300 per covered person per calendar day for covered outpatient services.	Maximum Outpatient Benefits: \$300 per covered person per calendar day for covered outpatient services.	Maximum Outpatient Benefits: \$1,000 per covered person per calendar day for covered outpatient services.	Maximum Outpatient Benefits: \$1,000 per covered person per calendar day for covered outpatient services.

DENTAL INSURANCE

Crown Linen LLC. is offering a dental plan to meet you and your family's unique needs and budgets effective **October 1, 2026** with **United Healthcare**.

	DHMO D1068 - S700B	DPPO	
	IN-NETWORK ONLY	IN-NETWORK	OUT-OF-NETWORK
Deductible (Individual/Family)	N/A	\$50 / \$150	
Deductible Waived - Class I	Yes	Yes	
Benefit Description			
Preventive (Class I)	N/A	100%	100%
Basic (Class II)	N/A	100%	80%
Major (Class III)	N/A	60%	50%
Maximum Annual Benefit	Unlimited	\$1,500	
Orthodontic Treatment	\$2,835 Child / \$2,935 Adult	50% up to \$1,000 Child Only (to age 19)	



VISION INSURANCE

Crown Linen LLC. is offering a vision plan to meet you and your family's unique needs and budgets effective **October 1, 2026** with **United Healthcare**.



	IN-NETWORK TL036 UHC STANDARD	OUT-OF-NETWORK NETWORK
		Reimbursement
Vision Exam	\$10 Copay	up to \$40
Frames	\$100 + 30% discount over \$100	up to \$45
Single / Bifocal / Trifocal	\$25 Copay	\$40 / \$60 / \$80
Medically Necessary Contact Lenses	\$25 Copay	Up to \$210
Elective Contact Lenses In lieu of lenses/frames	\$100 allowance	up to \$75
Frequency	Based on date of Service	
Exam/Contact Lenses/Frames	12 Months / 12 Months / 24 Months	

WORKSITE INSURANCE

Crown Linen LLC. is offering worksite insurance plans which include accident, cancer, disability and life plans effective **October 1, 2026**. with **Allstate**.



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