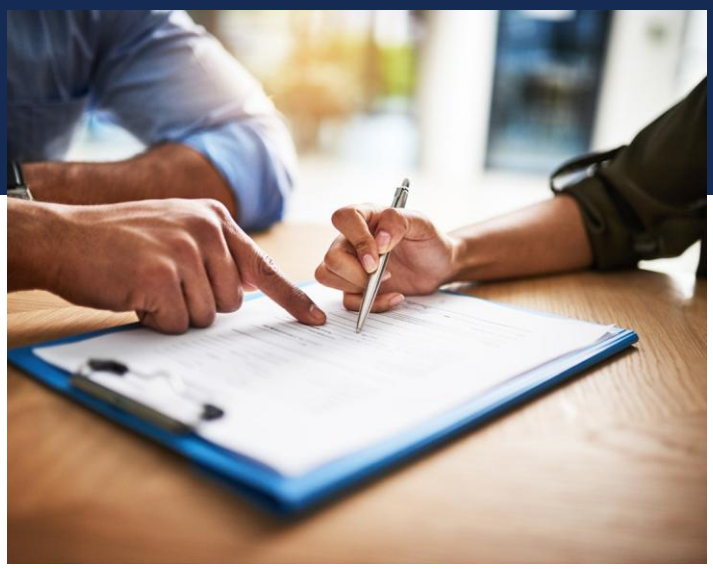
Employee Benefits Overview 2026

EFFECTIVE OCTOBER 1, 2026

CROWN LINEN



Brown & Brown

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 | Choice Plus.

UnitedHealthcare	UHC- EPO HSA EY7Y-M3 / RX 570-HSA	UHC EPO EY9S-M / RX G70	UHC POS EY92-M2 / RX G70
SERVICES	**IN-NETWORK-ONLY**	**IN-NETWORK-ONLY**	**IN-NETWORK**
Calendar Year Deductible (CYD) Individual / Family	$8,000 / $16,000	$5,000 / $10,000	$1,000 / $2,000
Coinsurance	100%	100%	100%
Provider Services	**Open Access**	**Open Access**	**Open Access**
Primary Care Office Visit	0% After CYD	$25	$30
Specialist Office Visit	0% After CYD	$50	$60
Preventive Care/Lab	$0	$0	$0
Inpatient Hospital	0% After CYD	$500 + 0% After CYD	0% After CYD
Outpatient Hospital Facility	0% After CYD	$300 + 0% After CYD	0% After CYD
Emergency Room	0% After CYD	0% After CYD	$500
Urgent Care	0% After CYD	$75	$50
Annual Out-of-Pocket Maximum Individual / Family	Yes $8,500 / $17,000	Yes $6,850 / $13,700	Yes $3,000 / $6,000
Prescription Drugs (30 day supply) Tier 1 / Tier 2 / Tier 3 / Tier 4 Specialty Drugs	**After CYD** $10 / $35 / $70 $10 / $150 / $500	$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
OUT-OF-NETWORK			
Calendar Year Deductible (CYD) Individual / Family	N/A	N/A	$2,000 / $4,000
Coinsurance	N/A	N/A	70% / 30%
Annual Out-of-Pocket Maximum Individual / Family	N/A	N/A	Yes $6,000 / $12,000
Most Other Services	N/A	N/A	30% After CYD
Emergency Room Facility	N/A	N/A	$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 Publc Life**.

APL AMERICAN PUBLIC LIFE	GAP BENEFIT			
	Compatible with EY92-M2	**Compatible with EY7Y-M3 & EY9S-M**	**Compatible with EY7Y-M3 & EY9S-M**	**Compatible with EYZT-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**.

UnitedHealthcare	DHMO D1068 - S700B	DPPO	
BENEFITS	**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) Basic (Class II) Major (Class III)	 N/A N/A N/A	 100% 100% 60%	 100% 80% 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**.

UnitedHealthcare	IN-NETWORK	OUT-OF-NETWORK
	TL036 UHC STANDARD 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 Exam/Contact Lenses/Frames	**Based on date of Service** 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.**

Allstate. BENEFITS

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