

2026 Benefits Enrollment Guide

OTC Brands, Inc.
A Berkshire Hathaway Company



Welcome to OTC Brands, Inc.! As a new employee scheduled 30 hours or more per week and you are considered a “regular” employee, you will be eligible for OTC Brands, Inc.’s insurance benefits first of the following month after 60 days of employment. You will have 55 days from your start date to complete the enrollment process. The period during which you may elect these benefits is limited and failure to complete the enrollment process within the time limit will constitute your voluntary decision to waive participation in OTC Brands, Inc.’s optional insurance benefit 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 in November. Life, disability, accident, critical illness and hospital indemnity insurance plans will require you to answer health questions and 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.

Some very 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 time period.

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. Go to a computer and log in to: employee.oriental.com.
2. Go to the “New Hire” Life Event by going to Myself > Life Events (un-bolded) > New Hire Benefits Enrollment on the left margin.
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

OTC Brands believes that your benefits are an important part of your overall compensation, and we want to provide you with the most competitive and comprehensive benefits program that is affordable to you and the company.

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, and children for whom you are the legally appointed guardian
- Employees' step-children who are primarily dependent on you for support
- 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 20 for Tobacco Cessation Program information or contact the Benefits Department.

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Making Changes and Contacts

Changing Coverage During the Year

Once you elect your benefits, you cannot change your elections until the next annual Open Enrollment period, unless you experience one of the following qualified life events:

- 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

*Please note: The dental and vision information is on the same card

Plan/Program	Vendor	Information	Ways to Contact
Insurance enrollment and changes	See My Benefits Online		SMBO: (888) 598-2040 www.OTCBrandsBenefits.com
Medical	Accolade/UMR	Group #: 76415638 Network: NexusACO	(866) 336-0712 member.accolade.com
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
Dental*	Guardian	Group #: 519028 Network: Guardian DentalGuard	(800) 541-7846 www.guardiananytime.com
Vision*	Guardian	Group ID: 519028 Network: Davis Vision	(877) 393-7363 www.guardiananytime.com
Life & Disability	Guardian	Policy #: 481365 Life/AD&D, Voluntary Life, Short Term and Long Term Disability	Life/AD&D: (800) 525-4542 Short Term Disability: (800) 268-2525 Long Term Disability: (800) 538-4583 www.guardiananytime.com
Accident Insurance, Critical Illness & Hospital Indemnity	Guardian	Policy #: 565804	Accident: (800) 541-7846 Critical Illness: (800) 268-2525 Hospital Indemnity (888) 600-1600 www.guardiananytime.com
Employee Assistance Program (EAP)	Guardian ComPsych	Access code or Web ID: Guardian	(855) 239-0743 guidanceresources.com

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. You will need to 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 to a maximum guarantee issue of \$100,000. • Purchased in increments of \$10,000. • You may elect up to \$500,000 however, you will be required to go through underwriting, answering a series of health questions and coverage approval or denial will be based solely upon the insurance company's decision.
For Your Spouse*	<ul style="list-style-type: none"> • You must enroll in this coverage to elect coverage for your spouse. • Purchased in increments of \$10,000. • Minimum of \$10,000 to a maximum guarantee issue of \$50,000.** • Maximum coverage is limited to <ul style="list-style-type: none"> • **$\frac{1}{2}$ of your basic life insurance + your elected voluntary life insurance 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

*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 injuries and 8 th day for illnesses
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 13 weeks

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 all salaried employees with salary continuation up to 90 days for absences from work necessitated by the employee's own illness, childbirth, surgery, accident recovery, or other short-term health condition of the employee. Salaried employees may receive 100% of his/her wages and coverage will be effective on the 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 in order 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 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 or ICU Confinement per day	\$ 100	Hospital or ICU Confinement per day	\$ 200

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.

Rates Per Paycheck		
	Hospital Indemnity 500	Hospital Indemnity 1000
Employee	\$ 4.17	\$ 8.45
Employee & Spouse	\$ 8.39	\$17.02
Employee & Child	\$ 6.96	\$14.16
Family	\$11.19	\$22.73



Accident Insurance

An Accidental Injury Can Seriously 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.
- Guardian 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.

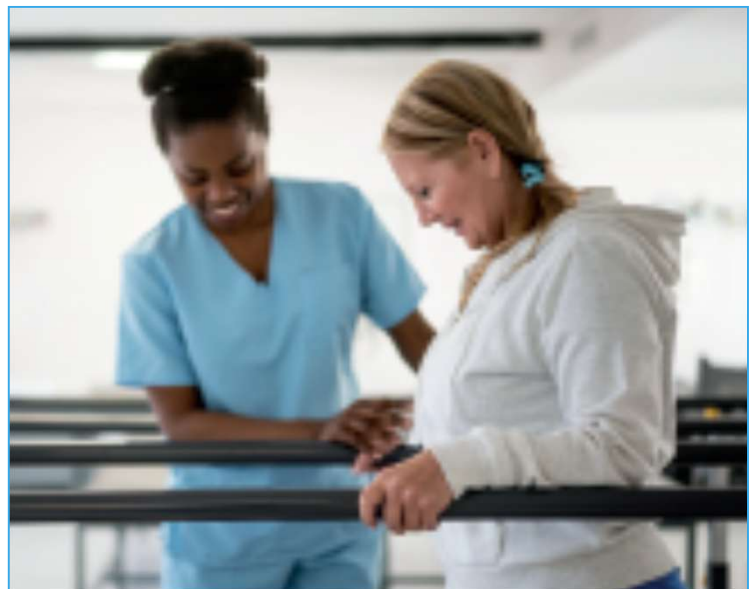
See how Accident Insurance offset Sue's expenses:

Ambulance	\$ 200	Knee Brace	\$ 100
Hospital Admission	\$2,000	X-Ray	\$ 40
Emergency Room Visit	\$ 200	Knee Cartilage Tear	\$ 500
Hospital Confinement (1 day)	\$ 300	6 Follow-Up Visits	\$ 300
Medical Resonance Imaging (MRI)	\$ 200		

Total cash benefit paid for covered services: \$3,840

Rates Per Paycheck

Employee	\$ 6.22
Employee & Spouse	\$10.17
Employee & Child	\$10.42
Family	\$14.37



Critical Illness Insurance

Protect Your Savings From Life's Unexpected Moments Because medical insurance doesn't cover everything

Health care costs are on the rise. Even with medical insurance, you're often still responsible for both medical and non-medical expenses related to your recovery from a serious illness. The cost you pay for co-pays and deductibles, as well as other expenses such as childcare, transportation to the doctor and loss of income when you are unable to work, could really set you back financially. **You can enroll in the Critical Illness Insurance whether you have OTC Brands, Inc.'s medical insurance or not!** The premium is 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.**

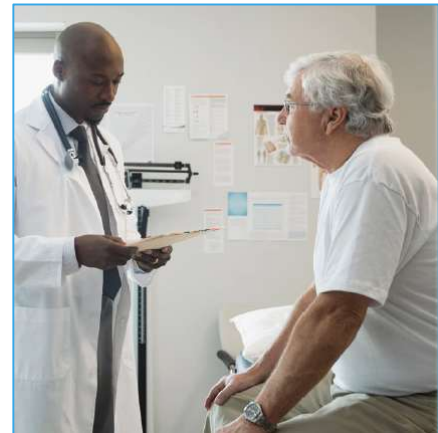
Benefit Amount:

Benefit Amount	Formula
Employee	Employee may choose a lump sum benefit of \$5,000 to \$20,000, in increments of \$5,000
Dependent	Spouse may choose a lump sum benefit of \$5,000 to \$20,000, in increments of \$5,000 up to 100% of the employee benefit. Child is 25% of the employee's benefit

Here is an example of how Critical Illness Insurance works:

Bob elected a \$10,000 critical illness benefit and suffers a heart attack and receives a cash payment of \$10,000 from his Critical Illness plan. Four years later he has a stroke and receives an additional payment of \$10,000 from his plan. During both of these illnesses, this benefit provided the financial support to cover a variety of expenses, such as mortgage and car payments, while he recovered.

Rates Per Paycheck for employee						
Child cost is included with the employee deduction						
Benefit Amounts	<30	30-39	40-49	50-59	60-69	70+
\$5,000	\$1.28	\$1.73	\$3.35	\$6.60	\$11.78	\$21.58
\$10,000	\$2.55	\$3.45	\$6.70	\$13.20	\$23.55	\$43.15
\$15,000	\$3.83	\$5.18	\$10.05	\$19.80	\$35.33	\$64.73
\$20,000	\$5.10	\$6.90	\$13.40	\$26.40	\$47.10	\$86.30
Rates Per Paycheck for spouse						
based on employee's age						
Benefit Amounts	<30	30-39	40-49	50-59	60-69	70+
\$5,000	\$1.28	\$1.73	\$3.35	\$6.60	\$11.78	\$21.58
\$10,000	\$2.55	\$3.45	\$6.70	\$13.20	\$23.55	\$43.15
\$15,000	\$3.83	\$5.18	\$10.05	\$19.80	\$35.33	\$64.73
\$20,000	\$5.10	\$6.90	\$13.40	\$26.40	\$47.10	\$86.30



Dental

About Your Dental Plan

OTC Brands offers a dental plan through Guardian utilizing the **Guardian PPO network**. You may use the dental provider of your choice, however you will receive greater benefits by seeing a Guardian participating network provider. Guardian PPO network providers have agreed to discount their services, so you pay less out-of-pocket. If you see a non-participating provider, your out-of-pocket expenses would be much greater because you would not be receiving the discounts that a participating network providers offer. If you go out-of-network, the non-network dentist may balance bill you for the difference between Guardian's accepted fee and the provider's actual charge. **Please note: There is no coordination of benefits for dental services.**

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% (Deductible Waived)	Plan Pays 100% (Deductible Waived)
Basic Services Fillings, Emergency Exam, Oral Surgery, Endodontics, Periodontics	Plan Pays 80% after Deductible	Plan Pays 80% after Deductible
Major Services Bridges, Crowns, Dentures and Implants	Plan Pays 50% after Deductible	Plan Pays 50% 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% after Deductible	Plan Pays 50% 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	\$5.40	\$10.80
Employee + Spouse	\$10.70	\$21.40
Employee + Children	\$10.70	\$21.40
Employee + Family	\$18.80	\$37.60

Vision

About Your Vision Plan

OTC Brands offers a vision plan through Guardian using the Davis Vision network. You may use the vision provider of your choice, however you will receive greater benefits by seeing a **Davis Vision** provider. To search for a network provider, please visit Guardian’s website at 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 or PRK from US Laser Network	25% 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	\$3.15
Employee + Spouse	\$5.28
Employee + Children	\$5.53
Employee + Family	\$7.80



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
- You can find a full list of eligible expenses



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. Then 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 approximately the first 25% of your deductible.
- PPO Plan with copays for office visits and prescription drugs.



Both medical plans use United Healthcare's Nexus ACO network where participating healthcare providers offer discounted fees to lower your medical costs. Whenever possible, use Nexus ACO network Tier 1 providers which provide nationally accepted quality and efficient care. Network and designated providers offer their services at negotiated, discounted rates and our medical plans pay a higher benefit when you use them.

To identify an in-network provider in your area, call Accolade's customer service number at (866) 336-0712. Once you receive your medical card, you can also go online at www.member.accolade.com to look up in-network providers. You will use the information located on your medical card to register.

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. Rather than treating a condition after it has progressed, maintain your good health by getting your annual routine wellness exam. X-rays, blood tests and other routine screenings are the best ways to detect the early warning signs of a serious health condition. Below is a list of just some of the 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

Remember!

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!

Use Virtual Visits or Office Visits instead of the Emergency Room

In 2024, the average charge for an Emergency Room visit was \$2,381. Compare this to \$225 which is what the average charge is for a Physician Office Visit. As you could imagine, if everyone used the Emergency Room for illnesses that could be treated during a Physician Office Visit, our medical plan costs would skyrocket. While we want you to seek emergency care, when necessary, please consider seeing a doctor using Teladoc, Accolade Virtual Care, an Office Visit, an Urgent Care facility or a Convenience Care Clinic for illnesses like sinus infections, cold/flu symptoms, urinary tract infections, and minor skin rashes. If you use Teladoc or Accolade's Virtual Care, you will not be charged for the visit! See page 19 for more information.

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.

Another way to help keep our medical plan costs down is to use lower cost prescription drugs whenever possible. A generic drug is identical, or bioequivalent, to a brand name drug in dosage, form, safety, strength, and performance. Although generic drugs are chemically identical to their branded counterparts, they are typically sold at substantially discounted prices as compared to the branded price.

Accolade

The health and well-being of you and your family are very important to us. That's why we've partnered with Accolade to be there for you and your family and help you make the best healthcare decisions possible. They can help you find convenient, high-quality healthcare that can possibly save you money – no matter where you are on your healthcare journey. With Accolade, you do not have to call the insurance company – you can just ask Accolade to help you through the process, no matter what it is!



After your effective date, you will be able to access Accolade's care team comprised of **health assistants and nurses** to help you get the care you need and have an exceptional healthcare experience. You can contact them three different ways.

- Call (866) 336-0712
- Visit member.accolade.com
- Download their app in the Apple app store or Android store

Once you contact Accolade, they will take the time to listen to your specific needs to connect you with resources, benefits or health programs that are most valuable to you:

Benefit Guidance and Costs – Health assistants can help you understand your current health plan benefits/coverage, avoid unexpected costs and make sense of confusing medical bills.

Virtual Care – With Accolade Care you can receive primary care and mental health support at **no charge to you!** They have doctors and therapists who will give you personalized, high-quality health care directly on your phone, tablet or computer – day or night.

In-Person Care – Health assistants can help you find and schedule appointments with high-quality, in-network doctors, specialists or healthcare facilities. They can also connect you to an Accolade nurse who can help you understand your options for care.

Nurse Support – Qualified nurses can help you understand your current symptoms, explain more about your specific conditions/prescriptions and help you explore treatment options. They can connect you with clinical programs that are specific to your health conditions and offer enhanced support.

Expert Medical Opinion – 2nd.MD is Accolade's expert medical opinion service. You can get a second opinion from a leading specialist about your diagnosis, treatment options, surgery or medication that you may be feeling unsure about – at no cost to you.

UnitedHealthcare NexusACO Network

How the provider network works

The Nexus ACO network has a group of providers with higher-performance facilities and physicians with a Tier 1 Premium designation. This group of providers is aimed at giving better quality of care and reducing your costs. UnitedHealthcare has created national tier networks across the U.S. and has gone through an evaluation process to determine which providers are “Preferred” within all their networks, negotiating better pricing discounts for their quality of services provided.

For the Omaha and surrounding area, the Tier 1 Premium provider network primarily includes the Nebraska Medicine, Methodist Hospital, Nebraska Orthopedic Hospital, Children’s Hospital and other providers affiliated with these entities. If you and your family select one of these Tier 1 Premium providers, this will offer members the lowest deductible, coinsurance percentages and out of pocket limits. Please review the directory of network providers on UMR’s web portal (umr.com) to see how your providers are classified in the NexusACO network. Also see pages 14 and 15 for more details on the deductibles, coinsurance, copays and out of pocket limits for each medical plan and Tier level.

For Minnesota, South Carolina and North Carolina, UnitedHealthcare has evaluated providers for quality of services and pricing discounts and has designated all providers that meet their criteria, listing them with a Tier 1 Premium provider designation. They are not specifically associated with certain hospitals or entities at this time. If you and your family select one of these Tier 1 Premium providers, this will offer members the lowest deductible, coinsurance percentages and out of pocket limits. Please review the directory of network providers on UMR’s web portal (umr.com) to see how your providers are classified in the NexusACO network. Also see pages 14 and 15 for more details on the deductibles, coinsurance, copays, and out of pocket limits for each medical plan and Tier level.

Select a Primary Care Physician (PCP)

After your insurance effective date, you will need to select a PCP whether it be your current physician or a different physician in the NexusACO network. **If you don’t select a PCP within 60-days of your medical effective date, one will be selected for you by UMR but you can change it at any time.** If you don’t have a PCP, you can work with Accolade to help you select the right PCP for you.

Why a PCP is so important to you:

- Your PCP knows you better than any other doctor once you establish a relationship
- They can care for you throughout your entire life
- They can help you prevent disease and keep you out of the hospital

How to find a medical provider in the NexusACO Network (once you are enrolled in the medical plan)

- Go to UMR.com and Click on the “Find a Provider” tile
- Enter “Nexus” in Provider Network search box and select “UnitedHealthcare NexusACO Network” in the drop down, click on the “Search” button.
- To find a medical provider: Scroll down and click on the “View Providers” button
- To find a mental health provider: Scroll down and click on the “Behavioral health directory” button
- Click on “Provider Name” then enter the last name of your provider, then enter the city and state or zip code in your area and change the “Radius (in miles)”, if needed.
- To view step-by-step tiles, OTCBrandsBenefits.com or in UKG Pro

To identify an in-network provider in your area before your effective date, you can call Accolade’s customer service number at (866) 336-0712.

SmithRx

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 medical card.** Prior to your effective date, 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** – after January 1, 2026, you will have access to the SmithRx Member Portal where you can view your plan details, 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. However, your mail order prescriptions will need to be transferred to one of the pharmacies outlined below.

If you are contacted by SmithRx be sure to return their call

Our Nationwide Pharmacy Network

65,000+ retail locations and growing

Retail Network



Mail Network



Specialty Pharmacy



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	Nexus ACO Network Tier 1 Premium	Nexus ACO Network Tier 2	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	Employee Only - \$500 Employee + Spouse/Children - \$750 Employee + Family - \$1,000
Calendar Year Deductible (includes the HRA)	Employee Only - \$2,250 Employee + Spouse/Children - \$3,375 Employee + Family - \$4,500	Employee Only - \$3,250 Employee + Spouse/Children - \$4,375 Employee + Family - \$5,500	Employee Only - \$5,500 Employee + Spouse/Children - \$7,500 Employee + Family - \$9,500
Coinsurance	Plan Pays 85% / You Pay 15%	Plan Pays 65% / You Pay 35%	Plan Pays 50% / You Pay 50%
Out-of-Pocket Maximum (includes deductible and coinsurance)	Employee Only - \$5,500 Employee + Spouse/Children - \$8,000 Employee + Family - \$10,150	Employee Only - \$6,500 Employee + Spouse/Children - \$9,500 Employee + Family - \$12,500	Employee Only - \$10,000 Employee + Spouse/Children - \$14,500 Employee + Family - \$19,000
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Office Visits (Primary Care or Specialist)	Deductible + 15%	Deductible + 35%	Deductible + 50%
Virtual Visit	Accolade Care & Teladoc \$0 Deductible + 15%	Accolade Care & Teladoc \$0 Deductible + 35%	Accolade Care & Teladoc \$0 Deductible + 50%
Urgent Care Center	Deductible + 15%	Deductible + 15%	Deductible + 50%
Emergency Room Visit	Deductible + 15%	Deductible + 15%	Deductible + 15%
Inpatient, Outpatient, Lab Tests, X-Rays	Deductible + 15%	Deductible + 35%	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	\$91.75
Employee + Spouse	\$318.50
Employee + Children	\$270.50
Employee + Family	\$370.00



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	Nexus ACO Network Tier 1 Premium	Nexus ACO Network Tier 2	Non-Network
Calendar Year Deductible	Employee Only - \$1,500 Employee + Spouse/Children - \$3,000 Employee + Family - \$3,000	Employee Only - \$2,500 Employee + Spouse/Children - \$4,000 Employee + Family - \$4,000	Employee Only - \$4,000 Employee + Spouse/Children - \$6,500 Employee + Family - \$6,500
Coinsurance	Plan Pays 85% / You Pay 15%	Plan Pays 65% / You Pay 35%	Plan Pays 50% / You Pay 50%
Out-of-Pocket	Employee Only - \$5,000 Employee + Spouse/Children - \$9,500 Employee + Family - \$9,500	Employee Only - \$6,000 Employee + Spouse/Children - \$11,500 Employee + Family - \$11,500	Employee Only - \$10,000 Employee + Spouse/Children - \$19,000 Employee + Family - \$19,000
Preventive Care	Covered 100%	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 \$20 Specialist \$40	Primary Care \$40 Specialist \$80	Deductible + 50%
Virtual Visit	Accolade Care & Teladoc \$0 Primary Care \$20 Specialist \$40	Accolade Care & Teladoc \$0 Primary Care \$20 Specialist \$40	Deductible + 50%
Urgent Care Center	\$50 Copay	\$100 Copay	Deductible + 50%
Emergency Room Visit	\$200 Copay + Deductible + 15%	\$200 Copay + Deductible + 15%	\$200 Copay + Deductible + 15%
Inpatient, Outpatient, Lab Tests, X-Rays	Deductible + 15%	Deductible + 35%	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	\$140.00
Employee + Spouse	\$424.00
Employee + Children	\$363.00
Employee + Family	\$501.00



Medical Plans Comparison Guide

Example 1

Zoe wants medical coverage for herself, and she is trying to decide which medical plan is best for her. She has to have surgery that will require her to be admitted to the hospital. She will also have check-ups with her primary care physician and is expecting two follow up visits with her orthopedics physician. She is expecting to have the following medical claims for the year:

- Annual Physical exam
- Hospital stay – 5 days total cost \$58,100
- 6 office visits – 4 primary care physicians and 2 specialists (all Nexus ACO Network Tier 1 Premium Providers)
- 12 Prescriptions – total cost \$620 (8-Tier 1, 2-Tier 2, and 2-Tier 3 scripts)

Based on these assumptions, her 2026 medical costs are listed below for each plan.

CDHP Medical Plan		Coverage	Example 1 CDHP Medical Costs	Example 2 CDHP Medical Costs	Your 2026 CDHP Medical Costs
1	Preventive Care	Plan Pays	100%	100%	100%
2	Office Visits (no copays)	Subject to Deductible. To estimate use: Primary Care Physician: \$100/visit Specialist: \$200/visit	\$800	\$800	
3	Prescription Drugs (no copays)	Subject to Deductible. Check recent prescription receipts, call your pharmacy or visit UMR.com to estimate prescription prices	\$620	\$4,390	
4	Other Medical Services	Subject to deductible. You can find information about these costs on prior Explanation of Benefits.	\$58,100	\$0	
5	Subtotal	Add all items above	\$59,520	\$5,190	
6	Deductible	Enter the Nexus ACO Tier 1 deductible: Employee Only: \$1,750 EE+Spouse or Children: \$2,625 EE + Family: \$3,500	\$2,250	\$2,250	
7	Medical Costs (beyond deductible)	If the deductible is less than the Subtotal above, enter the difference. Otherwise enter \$0	\$57,270	\$2,940	
8	Deductible	Enter the lesser of line 5 or 6	\$2,250	\$2,250	
9	Coinsurance	Multiply Line 7 by 15% Enter the lesser of this calculation or the Coinsurance Maximum Employee Only: \$3,250 EE+Spouse or Children: \$4,625 EE+Family: \$6,500	\$3,250	\$441	
10	HRA	Enter the HRA amount Employee Only: \$500 EE+Spouse or Children: \$750 EE+Family: \$1,000	\$500	\$500	
11	Subtotal	Add Lines 8-9; Subtract line 10	\$5,000	\$2,191	
12	Premium	Enter your premium for the rest of 2026 Employee Only: \$91.75 x ____ = \$ ____ EE+Spouse: \$318.50 x ____ = \$ ____ EE+Children: \$270.50 x ____ = \$ ____ EE+Family: \$370.00 x ____ = \$ ____	\$2,202 based upon 24 paychecks	\$2,202 based upon 24 paychecks	
13	Total Estimated Cost	Add Lines 11, 12, 13	\$7,202	\$4,393	

Medical Plans Comparison Guide

Example 2

Britt wants medical coverage for himself, and he is trying to decide which medical plan is best for him. During the year, he will have routine medical check ups with his primary care physician, and he is required to visit a cardiologist quarterly and an allergist semi-annually. He is expecting the following claims:

- Annual physical exam and immunizations
- 4 primary care office visits – Nexus ACO Network Tier 1 Premium Providers
- 2 specialist office visits – Nexus ACO Network Tier 1 Premium Providers
- 15 Prescriptions – total cost \$4,390 (6-Tier 1 and 9-Tier 2 scripts)

Based on these assumptions, his 2026 medical costs are listed below for each plan.

PPO Medical Plan			Example 1 PPO Medical Costs		Example 2 PPO Medical Costs		Your PPO Medical Costs	
			Copay	Deductible	Copay	Deductible	Copay	Deductible
1	Preventive Care	Plan Pays	100%		100%		100%	
2	Office Visits	Nexus ACO Tier 1 Office Visit Copays Primary Care Physician - \$20 Specialist - \$40	\$160		\$160			
3	Prescription Drugs	Pharmacy Copays: Tier 1 - Generics \$7 Tier 2 - Preferred \$30 Tier 3 - Non preferred \$50	\$216		\$312			
4	Other Medical Services	Subject to deductible such as x-rays, physical therapy, inpatient and outpatient services.	\$0	\$58,100	\$0	\$0		
5	Subtotal	Add all items above	\$376	\$58,100	\$472	\$0		
6	Deductible	Enter the Nexus ACO Tier 1 deductible: Employee Only: \$1,000 EE+Spouse or Children: \$2,000 EE + Family: \$2,000		\$1,500		\$1,500		
7	Medical Costs (beyond deductible)	If the deductible is less than the Deductible Subtotal above, enter the difference. Otherwise enter \$0		\$56,600		\$0		

8	Deductible	Enter the lesser of line 5 or 6		\$1,500		\$0		
9	Coinsurance Calculation	Multiply Line 7 by 15% Add Line 5 Copays		\$56,600 x 15% = \$8,490 Add Copays \$376 Total \$8,866		\$0 x 15% = \$0 Add Copays \$472 Total \$472		
10	Coinsurance	Enter the lesser of line 9 or the Coinsurance Maximum below Employee Only: \$3,500 EE+Spouse or Children: \$6,000 EE+Family: \$6,000		\$3,500		\$472		
11	Subtotal	Add Lines 8 & 10		\$5,000		\$472		
12	Premium	Enter your premium for the rest of 2026 Employee Only: \$140.00 x ____ = \$ ____ EE+Spouse: \$424.00 x ____ = \$ ____ EE+Children: \$363.00 x ____ = \$ ____ EE+Family: \$501.00 x ____ = \$ ____		\$3,360 based upon 24 paychecks		\$3,360 based upon 24 paychecks		
13	Total Estimated Cost	Add Lines 11, 12, 13		\$8,360		\$3,832		

Virtual Visits

Virtual Visits for minor medical care, dermatology, or mental health.

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

Doctors can diagnose and treat a wide range of non-emergency medical conditions at no cost to you.

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 |

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.

You can register to receive virtual care two ways:

- Visit [Accolade.com](https://www.Accolade.com) Virtual Care, download the app or call (866) 336-0712
- [Teladoc.com](https://www.Teladoc.com), download the app or call (800) 835-2362

Don't wait! Setup your account today before you need them!

- Get started – download the app or visit the URL above
- Set Up – enter your information and complete your medical history.
- Request a visit – a doctor is just a click away!

No Charge for
virtual visits
through
Accolade Care
and Teladoc!



Tria Health® Programs

If you or a dependent are on one of OTC Brands, Inc. medical plans, you may be eligible for one of Tria Health's prescription benefits. Tria Health is NOT a pharmacy. Instead, they are a service company who staff pharmacists who provides one-on-one, confidential telephonic consultations. Tria Health's pharmacists act as your personal medication expert to work with you and your doctor(s) to make sure your conditions are properly controlled without the risk of medication-related problems.

If you or one of your covered family member has one or more of the following conditions and/or take multiple medications and they register to participate in this program, they can save money on their medications. Active participants will receive a discount on select medications used to treat these targeted chronic conditions. Chronic pain and specialty medications excluded. Brand copay rates only apply to Diabetes and Asthma/COPD medications.

- Diabetes
- Heart Disease
- Migraines
- High Cholesterol
- Asthma/COPD
- Pain
- Mental Health
- Osteoporosis
- High Blood Pressure
- Specialty Medications

Your Tria Health pharmacist can help:

- Answer any questions you may have about a medication you or your dependents may be taking.
- Ensure your medications are working and help minimize side effects.
- Identify any medication savings opportunities.
- Assist with any other medication related problems you are experiencing.

Diabetes Management Program

This program will help manage diabetes by making it simpler, more effective and can SAVE YOU MONEY. Active participants will receive:

1. Free generics on qualifying medications or reduced costs on select brand medications
2. Free cellular blood glucose meter that automatically feeds to the Tria Health Portal & free testing supplies.
3. 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:

1. Free generics on qualifying medications or reduced costs on select brand medications
2. Free cellular blood pressure cuff that will sync with the Tria Health portal.
3. 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?

Step 1: Go to www.otcstoptobacco.com to take a 2-minute survey to determine you or your spouse's readiness to quit using tobacco.

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

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 Weight Loss 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
- Use of the Real Appeal app

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

Ready to get started?

Go to register.realappeal.com or scan the QR code to get started



Employee Assistance Program (EAP)

GuidanceResources®

For Employees: What is the Employee Assistance Program?



The Employee Assistance Program is provided by ComPsych® GuidanceResources® and offers counseling, legal and financial consultation, work-life assistance and crisis intervention services to you and your household family members.

Why is your employer providing access to an EAP?

Because your employer cares about you and your dependents. The EAP can be used free of charge as needed when you or your dependents are facing emotional, financial, legal or other concerns.

Are the services confidential?

Yes, the EAP is strictly confidential. No information about your participation in the program is provided to your employer.

Why might my family or I use the services?

There are many reasons to use these services. You may wish to contact the EAP if you:

- Are feeling overwhelmed by the demands of balancing work and family
- Are experiencing stress, anxiety or depression
- Are dealing with grief and loss
- Need assistance with child or elder care concerns
- Have legal or financial questions
- Have concerns about substance abuse for yourself or a dependent

What happens when I call?

When you call, you will speak with a GuidanceConsultantSM, a master's- or PhD-level counselor who will collect some general information about you and will talk with you about your needs. The GuidanceConsultantSM will provide the name of a counselor who can assist you. You can then set up an appointment to speak with the counselor over the phone or schedule a face-to-face visit.

What counseling services does the EAP provide? 3 face-to-face or virtual sessions per person, per issue, per year

The EAP provides free short-term counseling with counselors in your area who can help you with your emotional concerns. If the counselor determines that your issues can be resolved with short-term counseling, you will receive counseling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counseling in the EAP and you will need longer-term treatment, you will be referred to a specialist early on and your insurance coverage will be activated.

Can my children use the EAP?

Yes. The EAP is a confidential benefit for employees and their household family members.

COMPSYCH®
GuidanceResources® Worldwide

Guardian®



24/7 Live Assistance:
Call: (855) 239.0743
TRS: Dial 711



Online: [guidanceresources.com](https://www.guidanceresources.com)
App: GuidanceNowSM
Web ID: Guardian

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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
- Register for Wellness Program – OTCFUN2BFIT.com
- Annual Henry Doorly Zoo Membership Drive (March/April)
- Employee Holiday Sale (December)
- Holiday Product Boxes
- Community Family Events
- FUN!

WOW!
What a great place
to work!



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 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/>



New Hire Enrollment Instructions


- ✓ Go to **OTCBrandsBenefits.com** to review additional benefit videos and materials.
- ✓ Log into UKG Pro at employee.oriental.com.
- ✓ If you have any dependents (including your spouse) or beneficiary information, be sure to have their date of birth and SS# available.
- ✓ If you have any questions regarding your enrollment, you can contact OTC Brands, Inc.'s Benefits Department at **(402) 829-4454, option 2**; or send an email to **benefits@oriental.com**.

Enroll Now!!

Don't have a computer or need help enrolling?
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. They are available Monday through Friday from 7 a.m. to 5 p.m. CST.
2. You will want to be on the OTCBrandsBenefits.com website when you call, so you can see the benefits counselor and your benefit elections.
3. **This must be done BEFORE 5:00 p.m. on your 55th day of employment!** Please remember, they are only open Monday through Friday.

Self-Enroll in UKG Pro

1. Log into UKG Pro by going to employee.oriental.com to elect benefits through New Hire Benefits Enrollment Life Event. You can only do this on the web version of UKG Pro, it is not accessible on the App.
2. When you are ready to enroll in benefits for 2026, go to the New Hire Life Event wizard. In the dark gray box on the left side of UKG Pro's home page you will navigate to Myself  > Life Events > New Hire Benefits Enrollment.
 - a) The session will open in a separate window, be sure your pop-up blocker is turned OFF.
3. The session will contain all benefits that are available for you to elect, use the 'Next' and 'Back' arrows in the upper right-hand corner to navigate through all pages and make your elections.
 - a) Each page contains helpful plan information, it's important that you review the information on each page as you make elections.
4. When you have completed your elections, review the "Confirm your Elections" page. If there are any missing benefit elections, there will be a blue area at the top of the page showing the benefits you need to make an election. The "Submit" button will not be available until you have made an election for each benefit.
5. **Click on the SUBMIT button BEFORE 11:00 p.m. CT on your 55th day of employment.** You will be able to print the confirmation page showing all your benefit elections.