RPM BENEFITS GUIDE

thrive

YOUR BENEFITS, YOUR WAY

2026

Working together is what makes RPM a success, and this teamwork extends to your benefits. We provide options to support your family's overall wellbeing. This guide outlines your 2026 benefits and includes resources to help you make informed choices that align with your needs and lifestyle. If you have any questions, the Benefits Department is here to assist you.

Table of Contents

This benefits summary is meant to provide an overview of your coverage and should not be used as the sole source for determining your benefits. It may not cover all of your healthcare expenses. For a detailed list of services, limitations, exclusions, and a full explanation of the terms and conditions of coverage, please refer to the Certificate of Coverage. In the event of any discrepancy between this benefits guide and the carrier contract, the provisions of the carrier contract shall govern.

Scan for Your Plans!
Scan with your smartphone to access enrollment materials online anytime.

Your Carrier & Contact Information

Medical Benefits	Prescriptions Benefit	Health Reimbursement Account
Cigna **Phone:** 800-997-1654 **Website:** cigna.com **Policy#: 3345830**	**CVS Caremark with RxBenefits** **Phone:** 800-334-8134 **Website:** rxbenefits.com **Email:** RxHelp@rxbenenfits.com	**Cigna** **Phone:** 800-997-1654 **Website:** cigna.com
Flexible Spending Account	**Dental Insurance**	**Vision Insurance**
TaxSaver Plan **Phone:** 800-328-4337 **Website:** taxsaverplan.com	**Cigna** **Phone:** 800-997-1654 **Website:** cigna.com/dental **Policy#: 3345830**	**Cigna** **Phone:** 800-997-1654 **Website:** cigna.com **Policy#: 3345830**
Life and AD&D	**Disability Insurance**	**Accident, Critical Illness & Hospital Indemnity**
The Hartford **Phone:** 800-523-2233 **Website:** thehartford.com **Policy#: 715777**	**The Hartford** **Phone: 888-277-4767** **Website:** thehartford.com **STD Policy#: 590145** **LTD Policy#: 715777**	**Voya** **Phone:** 877-236-7564 **Website:** presents.voya.com/EBRC/RPMLiving
Telemedicine: MDLive	**Retirement 401(k)**	**Retirement Plan Advisor**
MDLive **Phone:** 888-726-3171 **Website:** cigna.com	**Fidelity** **Phone:** 800-835-5097 **Website:** 401k.com **Plan#:** 0172N	**World Investment Advisors** **Phone:** 888-736-4015 **Email:** smartmap@worldadvisors.com **Website:** smartmap.worldadvisors.com
Employee Assistance Program	**Pet Insurance**	**RPM HR / Benefits**
ComPsych provided by The Harford **Phone: 800-327-1850** **Website:** guidanceresources.com **Organization Web ID: HLF902**	**ASPCA** **Phone:** 877-343-5314 **Website:** aspcapetinsurance.com/RPML **Priority Code:** EB23RPML	**5508 Parkcrest Dr., Suite 320** **Austin TX 78731** **Phone:** 512-480-9886 **Email:** benefits@rpmliving.com

Eligibility and Enrollment Information

ELIGIBILITY

If you are a full-time, non-temporary associate working an average of 30 or more hours per week, you are eligible to participate in RPM's benefit plans.

New Hires: Your benefits will become effective on the first of the month following or coinciding with 30 days of employment.

Please be advised that once benefits are elected, changes may not be made until the next open enrollment period, unless you experience a Qualifying Life Event (QLE).

PAYROLL DEDUCTIONS

- **Corporate associates:** 24 deductions per year
- **Onsite associates:** 48 deductions per year

DEPENDENT ELIGIBILITY

You may cover the following eligible dependents under RPM's benefit plans:

- Your spouse, common-law spouse (where legally recognized), or domestic partner (submission and approval of a Domestic Partner Affidavit by Cigna is required; tax implications may apply).
- Children up to age 26, including:
  - » Biological and stepchildren
  - » Legally adopted children or children placed for adoption
  - » Children under legal guardianship (by you or your spouse)
  - » Children age 26 and older who are unmarried, primarily supported by you, and unable to be self-supporting due to a physical or mental disability (periodic certification may be required).

Dependent eligibility verification may be requested at the time of enrollment.

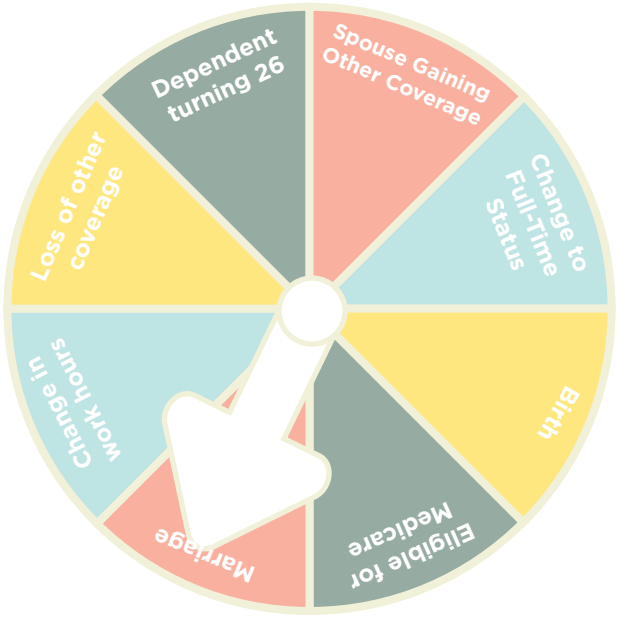
MAKING CHANGES TO YOUR BENEFITS

Outside of your initial new hire enrollment period or the annual open enrollment window, changes to your benefit elections are only allowed if you experience a Qualifying Life Event (QLE).

You must complete a QLE in UKG within 30 days of the event. If it's not submitted within this timeframe you will need to wait until the next open enrollment period to make any adjustments to your benefits.

Qualifying Life Events include:

- Marriage, divorce, or legal separation
- Birth, adoption, or legal guardianship of a child
- Death of a family member resulting in a change in dependent status or loss of coverage
- A change in employment classification (e.g., transitioning from full-time to part-time status, or vice versa)
- A change in your spouse's employment status resulting in a gain or loss of benefits coverage
- A change in residence or work location that may impact benefits coverage
- Becoming eligible for coverage through the Health Insurance Marketplace
- Becoming eligible or losing eligibility for Medicare or Medicaid



Preparing for Enrollment

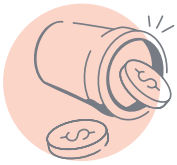
At RPM, we are committed to supporting the well-being of our associates by offering a comprehensive benefits program. To help make high-quality care more accessible, RPM covers a portion of the cost for medical coverage. When employee contributions are required, they are deducted on a pre-tax basis, helping reduce your taxable income. Please note that your contribution amount will vary depending on the level of coverage you elect; more comprehensive coverage may result in a higher contribution.

Associates have the flexibility to enroll in any combination of medical, dental, and/or vision coverage for themselves and their eligible dependents. However, you must elect coverage for yourself in order to enroll any dependents. Whether you choose coverage for just yourself or for your entire family, the choice is yours.

ACTION STEPS FOR ENROLLMENT

- ### Update Your Personal Information

  Confirm that your home address & contact details are correct on your associate profile in UKG and ensure your dependent information is accurate while making your elections in UKG.



- ### Review Covered Medications

  Review the RxBenefits Performance Drug List (PDL) to verify that your prescriptions are covered under the available plans.

- ### Evaluate Plan Deductibles

  If you anticipate significant medical needs in 2026, a plan with a lower deductible may be more cost-effective. If not, a higher deductible plan could help reduce your monthly premium.

- ### Verify Network Providers

  Using in-network providers typically lowers your out-of-pocket costs. To find participating providers, visit cigna.com, select “Find a Doctor” How are you Covered? Choose “Employer”, enter your ZIP code, and select the “Open Access Plus” network.

- ### Consider a Flexible Spending Account (FSA)

  FSAs allow you to set aside pre-tax dollars for eligible healthcare expenses, including dental, vision, and prescription costs. FSAs are a smart way to plan ahead for both expected and unexpected costs, helping you manage your health and budget more effectively.

Wellness at RPM Living

It's never too late to prioritize your health. Our Comprehensive Health & Wellness Program is designed to support your physical, emotional, and financial well-being.

WELLNESS CREDIT

RPM Medical Plan participants can **save $50/month** on premiums by completing an annual physical exam. The discount will be automatically applied the month following the date we receive the preventative code on our file from Cigna.

Note: The timing depends on how quickly your provider submits the claim, so it may not always appear in the month immediately following your appointment. If the preventive code is not received in our system, you can still receive the discount by following the steps outlined below.

1. Have your doctor complete the Annual Physical Exam Verification form (available on The Knowledge Network).
2. Upload the form in UKG under: Myself > Documents > Employee Documents > Add
3. Choose your file, title it, select "Annual Physical" under Category, and click Save.

Note: In order to continue the wellness credit an Annual Physical must be completed each year.

TOBACCO & NICOTINE SURCHARGE

RPM encourages healthy habits. If you use tobacco or nicotine, a $40 monthly surcharge will apply. You can eliminate this surcharge by completing a cessation program and quitting tobacco/nicotine use.

Go to **myCigna.com** and sign in to begin your Lifesytle Management program. Or call the number on the back of your ID card to get started with a wellness coach.

THE WELLNESS STORE

Explore the Wellness Store and discover over 400 wellness products from 50 top brands, all available at exclusive member pricing. Whether you're focused on fitness, self-care, or overall well-being, you'll find something to support your personal goals.

Explore a wide selection of items, including:

- Fitness trackers
- Digital scales
- Bluetooth speakers
- Deep-tissue massagers

...and much more!

Visit the Wellness Store on myCigna.com under the Wellness tab to start shopping today!

omada

OMADA DIABETES PROGRAM

Omada helps members manage their diabetes and create healthier habits.

Eligible Medical Plan participants can access:

- One-on-one support from a Health coach
- Easy monitoring with a smart scale
- Online peer groups and communites

Claim Your Benefit:
omadahealth.com/omadaforcigna

Hinge Health

HINGE HEALTH – JOINT & MUSCLE SUPPORT

Get personalized, virtual care for joint and muscle pain, including care you can access anytime, anywhere—from your smartphone or tablet.

- Custom exercise therapy
- Unlimited 1:1 coaching
- Support for prevention, injury recovery, and post-surgery rehab

Access your program by logging in at **mycigna.com**

Note: These programs are only available to associates who are enrolled in the medical plans.

Financial Wellness Resources

UKG Wallet

Download the app!

UKG WALLET

With UKG Wallet, you don't have to wait for payday. Access a portion of your earned wages anytime through Earned Wage Access (EWA) — perfect for managing unexpected expenses or simply having more control over your money. Any funds you access early will be automatically deducted from your next paycheck.

Use your earned wages to:

- Transfer to your bank account or debit card
- Pay bills directly
- Schedule Uber rides
- Pick up cash at Walmart

Plus, UKG Wallet is more than just early pay access, it's your personal finance hub.

What You'll Get:

- Real-time budgeting tools to help track spending and set savings goals
- Free one-on-one financial coaching
- Exclusive discounts and deals

Take charge of your finances by downloading the UKG Wallet app today.

SMARTMap®

FINANCIAL WELLNESS AT RPM

By SMARTMap + World Investment Advisors

Your financial well-being matters. RPM's Financial Wellness Program, provided through World Investment Advisors, offers the guidance and tools you need to build a healthy financial future, starting now.

Through SMARTMap, you can:

- Learn how to maximize your 401(k) plan
- Build good money management habits
- Set and achieve personal financial goals
- Get support from licensed Financial Wellness Advocates

This complimentary service is available to all RPM associates, whether you're just starting your savings journey or planning for retirement.

SMARTMap Support:

- Phone: 888-736-4015
- Email: smartmap@worldadvisors.com
- **smartmap.worldadvisors.com**

Schedule a 1-on-1 session

working advantage

WORKING ADVANTAGE

Exclusive Discounts Just for You

Enjoy savings on entertainment, travel, shopping, and more through Working Advantage, your personal savings marketplace.

Benefits include:

- Discounted flights, hotels, and car rentals
- Deals on theme parks, concerts, and sporting events
- Special pricing on electronics, fitness, apparel, and more

Getting started is easy:

- Visit **workingadvantage.com**
- Register with your @rpmliving.com email address
- Use **Company Code:** RPMLIVING

Don't miss out on hundreds of everyday savings available just for being part of the RPM team!

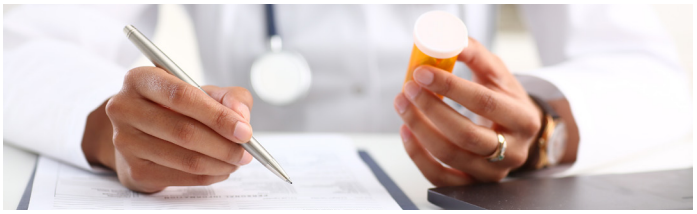
Important Information When Changing Medical Carriers

As we move from Blue Cross Blue Shield of Texas to Cigna, please keep the following important details in mind to help ensure a smooth transition with your medical and prescription coverage. Your new Cigna medical plan and prescription benefits through CVS Caremark with RxBenefits will begin on January 1, 2026.

PRESCRIPTIONS

If possible, you and your covered dependents should aim to fill your January maintenance (everyday) prescriptions before January 1, 2026, while coverage under BCBS of TX is still active. Doing so will help avoid any potential delays when the new Pharmacy Benefits, CVS Caremark with RxBenefits begins.

If any of your prescriptions required prior authorization under BCBS of TX, it's likely they will also need prior authorization under RxBenefits. Once you receive your ID number, be sure to work with your provider(s) to restart the authorization process through RxBenefits.



APPOINTMENTS AND PROCEDURES

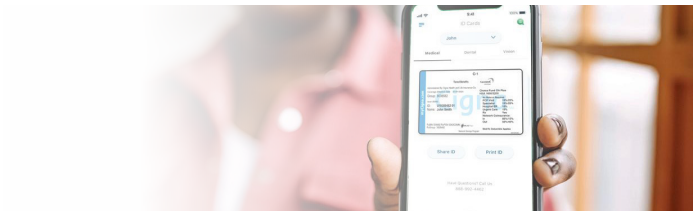
Confirm provider participation:

Please verify that all of your providers, labs, facilities and hospitals are in the Cigna network. The network you will choose when searching is Open Access Plus (OAP).

Visit www.cigna.com to begin your search. You can search as a "Guest". You do not have to be enrolled to complete a search. So, this can be done prior to January 1, 2026.

Upcoming procedures:

If you have a procedure scheduled that required a prior authorization (such as, CT scan, MRI, PET Scan, Surgery, etc), you will need to have your provider secure a new prior authorization with Cigna. Carriers do **NOT** honor each other's prior authorizations.



CIGNA MEMBER PORTAL

Managing your health and benefits is now simpler than ever with the myCigna Member Portal.

Visit **myCigna.com** to register and take advantage of convenient tools and resources that help you stay on top of your care. With your myCigna account, you can:

- View, print, and send ID cards
- Find in-network doctor hospitals and medical services
- Manage and track claims
- See cost estimates for medical procedures
- Access a variety of health and wellness resources

And more!

Download the app!

Accessing your digital ID cards is easy.

- Log into myCigna.com or the myCigna App
- Click on ID Cards
- View your card(s) as well as any dependents' cards
- Email cards directly to doctors
- Save your digital ID cards in your Mobile or Digital Wallet.

Note: You will receive one ID card from Cigna, which will also include your RxBenefits information. Cards will be mailed in December in a plain white envelope. Please watch for it carefully so it isn't mistaken for junk mail.

Medical Benefits

YOUR MEDICAL BENEFITS WITH CIGNA

RPM provides comprehensive medical coverage through Cigna.

As you review your options, be sure to consider:

- Provider network access
- Monthly premium costs
- Out-of-pocket expenses like deductibles, copays, and coinsurance

Your medical coverage election will remain in effect for the full 2026 plan year, unless you experience a Qualifying Life Event (such as marriage, divorce, birth, or loss of coverage).

MEDICAL PREMIUMS

Your medical premiums are deducted from your paycheck on a pre-tax basis, reducing your taxable income. The amount you pay depends on the level of coverage you choose (e.g., associate only, associate + family).

Note: The rates listed do not include potential wellness discounts or tobacco surcharges. Refer to page 6 for details on how to qualify for incentives or avoid additional charges.

Corporate Bi-Weekly Payroll — Deducted Twice Per Month

	STANDARD PLAN	CLASSIC PLAN W/ HRA	PREMIUM PLAN
ASSOCIATE ONLY	$69.06	$128.44	$203.60
ASSOCIATE + SPOUSE	$268.40	$300.86	$377.74
ASSOCIATE + CHILD(REN)	$207.74	$237.04	$305.92
FAMILY	$337.50	$393.40	$486.18

Onsite Weekly Payroll — Deducted Four Times Per Month

	STANDARD PLAN	CLASSIC PLAN W/ HRA	PREMIUM PLAN
ASSOCIATE ONLY	$34.53	$64.22	$101.80
ASSOCIATE + SPOUSE	$134.20	$150.43	$188.87
ASSOCIATE + CHILD(REN)	$103.87	$118.52	$152.96
FAMILY	$168.75	$196.70	$243.09

IN-NETWORK CARE

Choosing doctors, hospitals, and facilities within Cigna's network helps you get the most from your health plan. In-network providers offer services at discounted rates, which means lower out-of-pocket costs for you. With thousands of options available, there's likely a trusted in-network provider close to home—making it simple to find quality, affordable care.

HOW TO FIND IN-NETWORK PROVIDERS

1. Go to Cigna.com
2. Click on "Find a Doctor" at the top of the page.
3. Select "Employer or School" under "How are you covered?"
4. Enter your plan information (such as the name on your Cigna ID card), then search by location, specialty, or provider name.
5. Be sure to choose "In-Network" providers to get the lowest cost.

Medical Plans Overview

The chart below provides a summary of the 2026 medical coverage offered through Cigna. Coverage for all services is based on medical necessity as determined by the plan.

Please note: Services received out-of-network may be subject to Reasonable and Customary (R&C) limits, which could result in higher out-of-pocket costs.

Summary of Medical Plan Options

	STANDARD PLAN		CLASSIC PLAN W/ HRA		PREMIUM PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE - EMBEDDED	INDIVIDUAL / FAMILY	INDIVIDUAL / FAMILY	INDIVIDUAL / FAMILY	INDIVIDUAL / FAMILY	INDIVIDUAL / FAMILY	INDIVIDUAL / FAMILY
	$6,500/$13,000	$13,000/$26,000	$2,000/$4,000	$4,000/$8,000	$1,000/$2,000	$2,000/$4,000
COINSURANCE	CIGNA PAYS/YOU PAY	CIGNA PAYS/YOU PAY	CIGNA PAYS/YOU PAY	CIGNA PAYS/YOU PAY	CIGNA PAYS/YOU PAY	CIGNA PAYS/YOU PAY
	80%/20%	60%/40%	80%/20%	60%/40%	80%/20%	60%/40%
OUT-OF-POCKET MAXIMUM	INDIVIDUAL / FAMILY	INDIVIDUAL / FAMILY	INDIVIDUAL / FAMILY	INDIVIDUAL / FAMILY	INDIVIDUAL / FAMILY	INDIVIDUAL / FAMILY
	$9,500/$19,000	$19,000/$38,000	$7,000/$14,000	$14,000/$28,000	$5,000/$10,000	$10,000/$20,000
PREVENTIVE SERVICES	100% Covered	You pay 40%*	100% Covered	You pay 40%*	100% Covered	You pay 40%*
OFFICE VISIT PRIMARY CARE PHYSICIAN SPECIALIST	$25 Copay $50 Copay	You pay 40%* You pay 40%*	$25 Copay $50 Copay	You pay 40%* You pay 40%*	$20 Copay $40 Copay	You pay 40%* You pay 40%*
URGENT CARE OFFICE VISIT ONLY	$75 Copay	You pay 40%*	$75 Copay	You pay 40%*	$75 Copay	You pay 40%*
EMERGENCY ROOM	$500 Copay (copay waived if admitted) + 20%*	You pay 20%*	$500 Copay (copay waived if admitted) + 20%*	You pay 20%*	$500 Copay (copay waived if admitted) + 20%*	You pay 20%*
HOSPITAL SERVICES INPATIENT OUTPATIENT	You pay 20%* You pay 20%*	You pay 40%* You pay 40%*	You pay 20%* You pay 20%*	You pay 40%* You pay 40%*	You pay 20%* You pay 20%*	You pay 40%* You pay 40%*

*After Deductible
Note: All medical plan options feature an embedded deductible. For family coverage, coinsurance will begin after the covered individual meets their individual deductible.

Health Reimbursement Account

If you're enrolled in the Classic medical plan, RPM provides a Health Reimbursement Account (HRA) through Cigna to help offset your deductible expenses. The HRA is fully funded by RPM—you do not contribute to it.

Cigna automatically applies HRA funds to eligible in-network deductible expenses as claims are processed, helping lower your out-of-pocket costs. Examples of eligible expenses include diagnostic tests, surgical procedures, emergency room visits, and hospital stays. **Note:** HRA funds cannot be used for copays.

HRA RULES & IRS GUIDELINES

- HRA funds are tax-free and can only be used for eligible medical expenses as defined by the IRS.
- HRA funds are not portable—they cannot be taken with you if you leave the company.

Health Reimbursement Account Funding	
Associate Only	$250
Associate + Family	$500

Prescription Drug Coverage

If you are enrolled in a medical plan, you are automatically enrolled in prescription drug coverage through CVS Caremark with RxBenefits. This program works alongside RPM's health plan to help manage your prescription drug needs.

The goal is to make medications more affordable and easier to access by coordinating with pharmacies, insurers, and healthcare providers. This ensures you receive the best possible pricing on your prescriptions and a more streamlined experience when managing your medications.

To get the most out of your pharmacy benefits, create a My RxBenefits member account at **rxbenefits.com**. You'll gain access to personalized benefit information, cost-saving tools, and more.

Important: All specialty medications must be filled through CVS Caremark Specialty.

Prescription drug costs are grouped into a tiered system, with each medication assigned to a tier. The amount you pay out of pocket depends on the tier your medication is in.

Prescription Drug Tiers	
Generic Drugs	Lowest cost option
Preferred Brand Drugs	Brand-name drugs at a lower cost
Non-Preferred Brand Drugs	Higher-cost brand-name options
Specialty Drugs	Medications for complex or chronic conditions

Prescription Benefits Summary

RETAIL PHARMACY - (UP TO 30-DAY SUPPLY)

	STANDARD PLAN		CLASSIC PLAN W/ HRA		PREMIUM PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
GENERIC	$10 Copay	$10 Copay + 40% Coinsurance	$10 Copay	$10 Copay + 40% Coinsurance	$10 Copay	$10 Copay + 40% Coinsurance
PREFERRED	$40 Copay	$40 Copay + 40% Coinsurance	$40 Copay	$40 Copay + 40% Coinsurance	$40 Copay	$40 Copay + 40% Coinsurance
NON-PREFERRED	$70 Copay	$70 Copay + 40% Coinsurance	$70 Copay	$70 Copay + 40% Coinsurance	$70 Copay	$70 Copay + 40% Coinsurance
SPECIALTY DRUGS	$150 Copay	N/A	$150 Copay	N/A	$150 Copay	N/A

MAIL ORDER PHARMACY - (UP TO 90-DAY SUPPLY)

	STANDARD PLAN		CLASSIC PLAN W/ HRA		PREMIUM PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
GENERIC	$20 Copay	Not Covered	$20 Copay	Not Covered	$20 Copay	Not Covered
PREFERRED	$80 Copay	Not Covered	$80 Copay	Not Covered	$80 Copay	Not Covered
NON-PREFERRED	$140 Copay	Not Covered	$140 Copay	Not Covered	$140 Copay	Not Covered
SPECIALTY DRUGS 30-DAY SUPPLY ONLY	$150 Copay	Not Covered	$150 Copay	Not Covered	$150 Copay	Not Covered

MAXIMIZING YOUR PRESCRIPTION DRUG SAVINGS

If you choose a Preferred or Non-Preferred Brand-Name Drug when a Generic equivalent is available, you may pay more out-of-pocket. To keep costs down, consider choosing generics when available.

WHY CHOOSE GENERIC DRUGS?

Generic medications are approved alternatives to brand-name drugs. They contain the same active ingredients, strength, dosage, and effectiveness and meet the same FDA safety and quality standards.

- The major difference? Cost.
- Generics typically cost 80–85% less than brand-name versions.

Want to check if a generic is available?
Visit **fda.gov** and search the name of your brand-name drug to find approved generic equivalents.

RXBENEFITS MEMBER SUPPORT

If you have questions or need assistance with your pharmacy benefits, Member Services is here to help. They can assist with the following:
Benefit Details, Claims Status, Pharmacy Network Information, Coverage Determinations/Inquiries, and Mail and Specialty Prescriptions.

For assitance call 800-334-8134 or

Email: RxHelp@rxbenefits.com

Cigna Member Resources

Cigna One Guide replaces the similar services previously provided by Medefy.

CIGNA ONE GUIDE: PERSONALIZED SUPPORT WHEN YOU NEED IT

Understanding and using your health plan can be confusing but with Cigna One Guide, you're not alone. This service gives you access to Cigna's highest level of personal support, helping you make the most of your benefits, save money, and stay healthy.

YOUR ONE GUIDE TEAM CAN HELP YOU

- Learn how your coverage works
- Get quick answers to your health or plan related questions

Get the Care You Need

- Find in-network doctors, labs, or urgent care centers
- Connect with health coaches, pharmacists, and more
- Receive one-on-one help for complex health situations

Save Money—and Even Earn Rewards

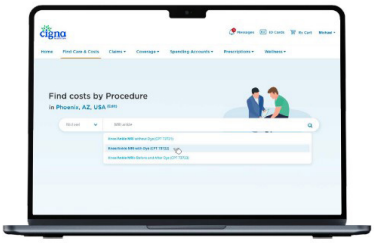
- Access cost estimates to avoid surprise bills

Connect with your One Guide at myCigna.com and get the support you need.

USE THE COST ESTIMATOR TO MANAGE YOUR HEALTH CARE SPENDING

Cigna's Cost Estimator Tool helps you compare prices for procedures, providers, and facilities, so you can plan ahead and avoid unexpected bills. *To navigate to the cost estimator tool, visit myCigna.com > Find Care & Costs. Scroll down to "Additional Resources" and click the Cost Estimator link.

Cost-saving tip: Call ahead. Check with your provider to be sure you are using the correct CPT code in your search or to ask if there are any additional fees you may incur.



1 **Log in to myCigna.**
From your desktop, click the "Log in now" button below and enter your myCigna username and password. This will take you directly to the "Find costs by Procedure" page.*

2 **Select your location and choose family member.**
Check that your location is correct or click Edit to change the location. Then, from the drop-down menu, choose which covered family member the procedure is for.

3 **Choose the procedure needed.**
In the search bar, enter the CPT (procedure) code, procedure name or description. You can enter terms such as MRI, mammogram, chest X-ray, etc. You can also search by facility type, such as laboratory, emergency room and more.

4 **Choose the type of care you're looking for.**
Depending on the procedure, you'll be given a choice of Doctors, Hospitals, Facilities or Top Specialties. Click Continue under the type of care you're searching for. Use the back button on your browser window to change your search option.

5 **View your list of providers and estimated costs.**
In-network providers are listed first in your search, helping to ensure that you're getting quality care for less than out-of-network costs.
- Click Sort to change the listing based on your preferences.
- Click Cost Details to see a breakdown of costs according to your plan.

For illustrative purposes only. Your cost estimates will be based on your individual or family plan.

Flexible Spending Account

Flexible Spending Accounts allow you to set aside pre-tax dollars from your paycheck to pay for eligible expenses helping you reduce your taxable income and increase your take-home pay. RPM offers two FSA options: one for healthcare and one for dependent care.

HEALTH CARE FSA

Contribute up to $3,400 annually to pay for qualified medical, dental, and vision expenses for you and your eligible dependents. Funds are available on the first day of the plan year, and you can use an FSA debit card at the time of service. Be sure to save receipts in case the IRS requires documentation.

DEPENDENT CARE FSA

Set aside up to $7,500 per household annually to pay for care of eligible dependents while you and your spouse work or attend school full time. Use these funds for daycare, summer programs, and before/after school programs. The dependent must live with you at least 8 hours a day and be under 13 or unable to care for themselves. Reimbursement is only available as funds are deposited.

Note: Expenses for domestic partners or their children are not eligible. A caregiver's Tax ID or SSN is required.

USING YOUR HEATLH CARE FSA

- Use your FSA debit card at approved medical, dental, and vision providers or pharmacies.
- Non-eligible purchases will be declined unless the provider meets IRS standards.
- Claim submission may be required if the transaction is not automatically substantiated. TaxSaver Plan will notify you if documentation is needed.

IMPORTANT IRS RULES

- Funds must be used for expenses in the 2026 plan year.
- Up to $680 of unused Health Care FSA funds may roll over.
- Dependent Care FSA funds do not roll over.
- No mid-year changes unless you have a Qualifying Life Event (QLE).
- Claims must be submitted within 90 days of leaving RPM.
- Contribution limits may vary for highly compensated employees.

Need help submitting a claim or have questions? Contact TaxSaver Plan, your FSA administrator.

Flexible Spending Account Options Overview

	HEALTHCARE FSA	DEPENDENT CARE FSA
WHO CAN PARTICIPATE	All associates regardless of medical coverage status.	Employees with eligible dependents; both spouses must be working or in school.
ELIGIBLE EXPENSES	Medical, dental, vision expenses, menstrual products and PPE (e.g., copays, deductibles, prescriptions, orthodontics, glasses)	Licensed daycare or preschool, Before- and after-school care, In-home babysitting (not provided by a dependent), Day camps, Adult day care for dependents incapable of self-care
2026 CONTRIBUTION LIMIT	Up to $3,400	Up to $7,500 per household
ELIGIBLE DEPENDENTS	Self, spouse, and tax dependents	Children under 13, or spouse/adult dependents unable to care for themselves
ACCESS TO FUNDS	Full annual amount available on day one of plan year	Limited to current balance available in your account
REIMBURSEMENT TIMING	Immediate with FSA debit card or after claim submission	Reimbursed only as funds are deposited into the account
USE-IT-OR-LOSE-IT RULE	Up to $680 may roll over into the next year	All unused funds are forfeited at year-end
PROVIDER REQUIREMENTS	Must be for eligible healthcare services	Caregiver must have a Tax ID or SSN; care must allow you to work or attend school
IRS REGULATIONS	Requires receipts/EOBs for some purchases; no double dipping	Must be work-related care; cannot claim same expense on taxes and FSA

Access MDLIVE: Virtual Care at Your Convenience

Finding time for healthcare can be challenging, especially with the time and travel typically required for doctor's appointments. That's why Cigna has partnered with MDLIVE to offer a wide range of virtual care options, available by phone or video whenever it works for you. MDLIVE provides access to board-certified doctors, dermatologists, psychiatrists, and licensed therapists with an average of 10+ years of experience, offering personalized care for a variety of medical and behavioral health needs.

PRIMARY CARE

Convenient, routine care and preventive services to help manage your health:

- Preventive checkups and wellness screenings at no additional cost to catch conditions early
- Build a relationship with a Primary Care Provider (PCP) for ongoing care and management
- Prescriptions sent to your home or local pharmacy, as appropriate
- Orders for blood work, biometrics, and screenings at local facilities*

  *Limited to labs contracted with MDLIVE for virtual wellness screenings.

URGENT CARE

Access on-demand care 24/7 for minor medical concerns:

- Available anytime, including holidays
- Treatment for hundreds of minor conditions
- An affordable alternative to urgent care centers or ER visits
- Prescriptions, if needed

BEHAVIORAL HEALTH CARE

Confidential support for mental well-being:

- Talk therapy and psychiatric services from the comfort of your home
- Choose the same provider for every session
- Care for issues like anxiety, depression, stress, grief, and life changes

DERMATOLOGY

Fast, customized care for skin, hair, and nail conditions:

- Board-certified dermatologists review your symptoms and photos — prescriptions available, if appropriate
- Care for common issues like acne, eczema, rosacea, psoriasis, and suspicious spots
- Receive a diagnosis and treatment plan within 24 hours

HOW TO ACCESS MDLIVE THROUGH CIGNA

- **Through myCigna.com:** Log in and select "Talk to a Doctor" to get started.
- **Using the Cigna Mobile App:** Open the app, go to the MDLIVE section, and follow the prompts to schedule a virtual visit.

Note: To receive services at no cost ($0), you must log in through your myCigna member portal.

Appointments available via phone or video at your convenience

Download the Cigna Mobile app!

MDLIVE will replace Medefy's Virtual Care, providing you with comparable benefits without any disruption to your service.

Dental Benefits

DENTAL BENEFITS WITH CIGNA

Just like brushing and flossing, regular dental visits are key to maintaining your overall oral health. RPM offers two affordable dental plan options through Cigna that cover everything from preventive care to more extensive dental procedures.

RPM PROVIDES TWO PLAN OPTIONS:

CLASSIC PLAN or PREMIUM PLAN

Both plans use the Cigna Total DPPO network of dentists. However, the Premium Plan offers better coverage if you choose to see an out-of-network provider, helping reduce your out-of-pocket costs.

FIND A DENTAL PROVIDER

- Go to cigna.com
- Click on "Find a Doctor" at the top of the page
- Select "Employer or School" under "How are you covered?"
- Enter your location (ZIP code or city/state)
- Use the filters or search bar to find dentists
- Choose your plan type: Select Cigna Total DPPO

Summary of Dental Plan Options

IN-NETWORK COVERAGE	CLASSIC PLAN	PREMIUM PLAN
CALENDAR YEAR DEDUCTIBLE	INDIVIDUAL / FAMILY	INDIVIDUAL / FAMILY
	$50/$150	$50/$150
CALENDAR YEAR MAXIMUM	PER COVERED PERSON	PER COVERED PERSON
	$1,500	$2,500
PREVENTIVE SERVICES Oral Exams, Cleanings, Fluoride, Treatment, Full Mouth X-Rays	100% (no deductible)	100% (no deductible)
BASIC SERVICES Fillings, Simple Extractions	100% after Deductible	100% after Deductible
MAJOR SERVICES Crowns, Dentures, Anesthetics, Implant Services, Surgical Extractions	60% after Deductible	60% after Deductible
PERIODONTICS/ENDODONTICS Periodontal Surgery/Maintenance, Root Canals	60% after Deductible	100% after Deductible
ORTHODONTIA SERVICES	50% For child(ren) only	50% For child(ren) & adults
ORTHODONTIA LIFETIME MAXIMUM	PER COVERED CHILD	PER COVERED PERSON
	$1,000	$2,500

Note: Out-of-Network Dental Costs: If you choose to visit a dentist outside the Cigna Total DPPO network, you may face higher out-of-pocket costs. This is because out-of-network providers can bill you for the difference between their charges and what the plan pays, a practice known as balance billing.

Corporate Bi-Weekly Payroll — Deducted Twice Per Month

	CLASSIC PLAN	PREMIUM PLAN
ASSOCIATE ONLY	$9.54	$20.76
ASSOCIATE + SPOUSE	$19.38	$42.14
ASSOCIATE + CHILD(REN)	$25.12	$53.68
FAMILY	$37.36	$80.12

Onsite Weekly Payroll — Deducted Four Times Per Month

	CLASSIC PLAN	PREMIUM PLAN
ASSOCIATE ONLY	$4.77	$10.38
ASSOCIATE + SPOUSE	$9.69	$21.07
ASSOCIATE + CHILD(REN)	$12.56	$26.84
FAMILY	$18.68	$40.06

DENTAL PREMIUMS

Your dental premium contributions are automatically deducted from your paycheck on a pre-tax basis, saving you money by reducing your taxable income.

Vision Benefits

VISION COVERAGE WITH CIGNA

Regular eye exams are essential for maintaining overall health — even if you don't wear glasses or contacts. RPM provides comprehensive vision coverage for you and your family through Cigna Vision, serviced by EyeMed.

FIND A VISION PROVIDER

- Go to cigna.com
- Click on "Find a Doctor" at the top of the page
- Select "Employer or School" under "How are you covered?"
- Enter your location (ZIP code or city/state)
- Use the filters or search bar to find optometrists
- Choose your plan type: Select Cigna Vision PPO

VISION PREMIUMS

Your vision premium contributions are deducted from your paycheck on a pre-tax basis, which lowers your taxable income.

Summary of Vision Plan

	IN-NETWORK	OUT-OF-NETWORK
EXAMS - Once every 12 months	$20 Copay	Up to $45
FRAME - Retail **-** Once every 24 months	$20 Copay $130 Allowance after copay + 20% off balance over allowance	Up to $71
FRAME - Costco	Up to $80 Allowance	
LENSES - Once every 12 months Single Vision Lined Bifocal LinedTrifocal Lenticular	$20 Copay $20 Copay $20 Copay $20 Copay	Up to $40 Up to $65 Up to $75 Up to $100
CONTACTS - Once every 12 months (In lieu of frames and lenses) Elective Conventional Contacts	$130 Allowance + 15% off balance over allowance	Up to $105
Elective Disposable Contacts	$130 Allowance	

Note: Coverage may vary at participating discount retail and membership club optical locations, please contact Customer Service for specific coverage information.

Corporate Bi-Weekly Payroll

DEDUCTED TWICE PER MONTH	
ASSOCIATE ONLY	$2.66
ASSOCIATE + SPOUSE	$5.34
ASSOCIATE + CHILD(REN)	$5.78
FAMILY	$8.54

Onsite Weekly Payroll

DEDUCTED FOUR TIMES PER MONTH	
ASSOCIATE ONLY	$1.33
ASSOCIATE + SPOUSE	$2.67
ASSOCIATE + CHILD(REN)	$2.89
FAMILY	$4.27

Basic Life and AD&D Insurance

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

RPM provides associates with Basic Life & Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through The Hartford, which guarantees that designated survivor(s) continue to receive benefits after death.

If you are a full-time (non-temporary) associate, you automatically receive Life and AD&D insurance paid by RPM, even if you waive other coverage. Your employer-paid Basic Life and AD&D insurance benefit is one times your annual salary up to a maximum of $250,000.

Basic Life and AD&D	
BENEFIT AMOUNT	1x your annual salary, up to $250,000
REDUCTION SCHEDULE (Based on age January 1, 2026)	Benefit amount reduces by 35% at age 65, 50% at age 70, and 75% at age 75.

NAMING A BENEFICIARY

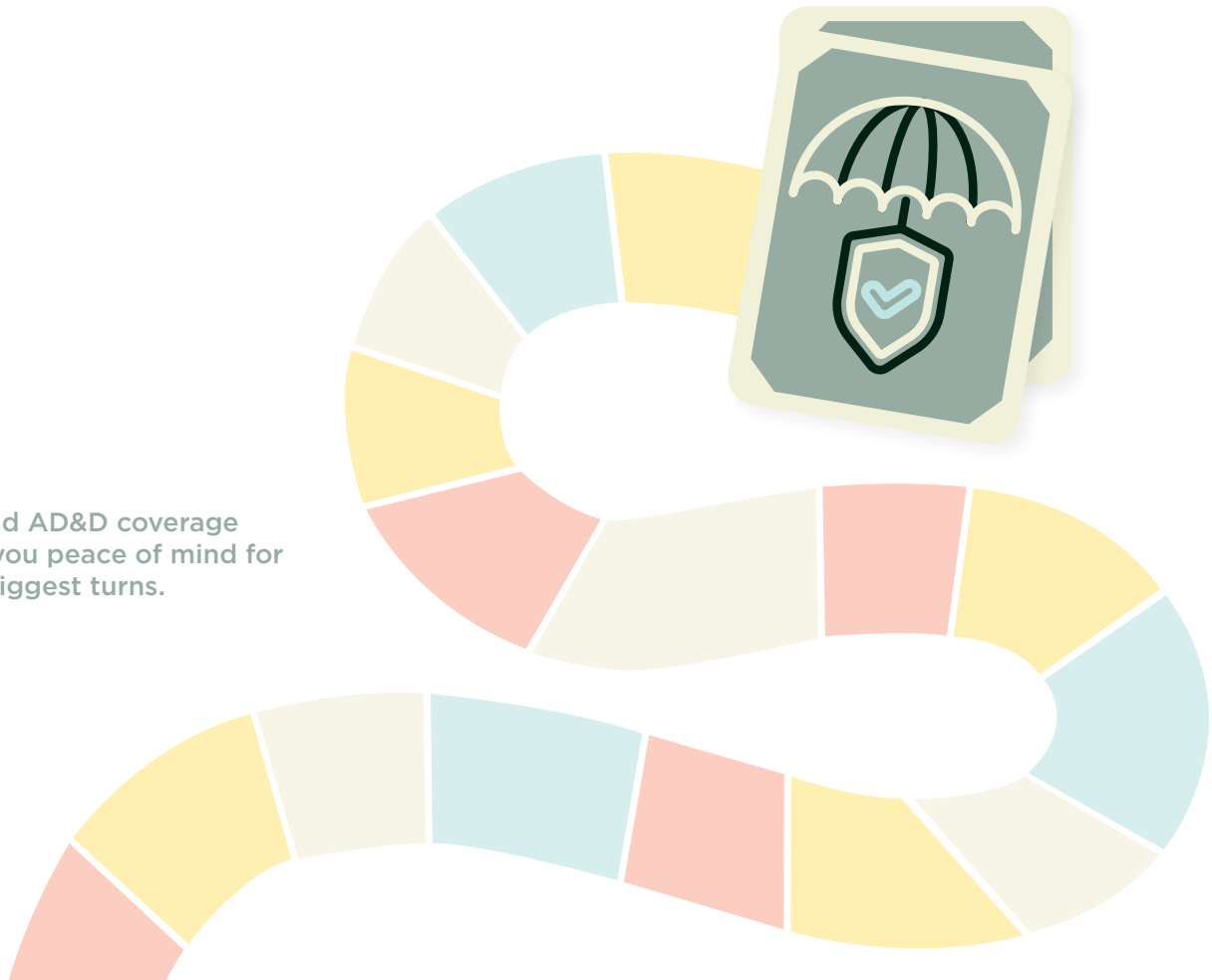
A beneficiary is the person you designate to receive your life insurance benefits in the event of your death. This includes benefits provided under your Basic Life insurance. In the case of a dependent's death, you would receive the benefit payment through The Hartford insurance.

To ensure your wishes are honored, it's important to name both a primary and a contingent beneficiary.

During your UKG enrollment, you'll need to provide the following information for each beneficiary:

- Full name
- Address
- Relationship to you
- Contact information
- Distribution percentage

Note: In most states, life insurance benefits cannot be paid directly to a minor. If you choose to name a minor as a beneficiary, the funds may be held in the minor's name and accrue interest until they reach age 18.



Life and AD&D coverage gives you peace of mind for life's biggest turns.

Voluntary Life and AD&D Insurance

VOLUNTARY LIFE AND AD&D INSURANCE

Eligible associates have the option to purchase additional Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance for yourself, your spouse, or your child(ren).

To enroll in coverage for your spouse and/or child(ren), you must first elect coverage for yourself. Benefit amounts over the guaranteed issue shown below will require you or your spouse to provide a health statement. Premiums are conveniently deducted from your paycheck post-tax.

- Life Insurance provides a benefit to your designated beneficiary in the event of your death while enrolled in the plan.
- AD&D Insurance pays a benefit in the event of accidental death or certain types of serious injury (such as loss of a limb) that occur while you are covered under the plan.

This year, you and your spouse have a True Open Enrollment for Voluntary Life and Accidental Death & Dismemberment (AD&D) coverage. That means you can elect or increase coverage up to the Guaranteed Issue amount, no medical questions or health exams required.

It's a great opportunity to get or enhance your coverage without underwriting.

The Guaranteed Issue (GI) amount is the maximum amount of Voluntary Life or AD&D insurance you can elect or increase to without having to provide Evidence of Insurability (EOI).

Voluntary Life and AD&D

	INCREMENTS	GUARANTEE ISSUE AMOUNT	MAXIMUM BENEFIT AMOUNT
ASSOCIATE	$10,000	$250,000	$500,000
SPOUSE	$5,000	$50,000	$250,000, but cannot exceed 100% of associate's benefit amount
CHILD(REN) newborn - age 26	$10,000	$10,000	$10,000

Monthly Premium per $1,000 in Benefit

AGE	ASSOCIATE/SPOUSE PREMIUM	ALL CHILDREN PREMIUM PER $1,000
<30	$0.101	$0.226
30 - 34	$0.122	
35 - 39	$0.152	
40 - 44	$0.210	
45 - 49	$0.342	
50 - 54	$0.563	
55 - 59	$0.988	
60 - 64	$1.271	
65 - 69	$2.846	
70 - 99	$5.061	

Spouse rates are calculated based on the associate's age as of January 1, 2026.

When you elect this benefit in UKG, your premium will be automatically calculated based on the coverage amount you choose.

Disability Insurance

EMPLOYER-PAID SHORT-TERM DISABILITY (STD) INSURANCE

Short-Term Disability coverage is provided at **no cost to you,** as a full-time (non-temporary) associate. It replaces 60% of your income, up to $2,000 weekly, if you become partially or totally disabled for a short period.

VOLUNTARY LONG-TERM DISABILITY (LTD) INSURANCE

Long-Term Disability coverage is available for purchase on a **voluntary** basis. It also replaces 60% of your income, up to $10,000 monthly, if you experience a long-term partial or total disability.

Voluntary Long-Term Disability Insurance	
COMPOSITE RATE	$0.55 per $100 of Monthly Covered Payroll

Note: Certain exclusions and pre-existing condition limitations may apply. Please refer to your plan documents or contact your benefits team for more information.

Overview of Short-Term and Long-Term Disability Insurance Benefits		
	SHORT-TERM DISABILITY	**LONG-TERM DISABILITY**
COVERAGE PAID BY	Fully paid by RPM	Paid by Associate
BENEFIT PERCENTAGE	60% of weekly earnings	60% of monthly base salary
MAXIMUM BENEFIT	$2,000 per week	$10,000 per month
ELIMINATION PERIOD	7 days for a qualifying illness or injury that occurs **off the job**.	90 days
MAXIMUM BENEFIT PERIOD	12 weeks	Social Security Normal Retirement Age
PURPOSE	Covers temporary medical conditions that prevent you from working for a limited time.	Provides coverage for more serious or lasting conditions that prevent you from working long-term.
COMMON USES	Recovering from surgery, serious illness, childbirth, or injury.	Chronic illnesses, major surgeries, cancer treatment, or serious injuries.

Accident Insurance

Accidents are unpredictable, but you can help protect yourself financially when they occur. Accident Insurance, offered through Voya, provides cash benefits to you and your covered family members for eligible expenses resulting from an accident.

While your medical insurance covers healthcare related costs, Accident Insurance offers an additional layer of financial protection. Benefits can be used to help cover deductibles, copays, and even everyday expenses like mortgage payments, utilities, or transportation, giving you greater peace of mind during recovery.

Note: Associates have 12 months from the event date to file a claim as long as they were enrolled when the event occurred.

Covered Accidents

HOSPITAL ADMISSION	$1,750
HOSPITAL CONFINEMENT	$325 per day
INTENSIVE CARE ADMISSION	$1,750
INTENSIVE CARE CONFINEMENT	$450 per day
AMBULANCE - AIR/GROUND	$2,000/$550
INITIAL CARE VISIT	$225
EMERGENCY CARE TREATMENT	$225
PHYSICIAN FOLLOW-UP	$125
MAJOR DIAGNOSTIC EXAM (CT, CAT, MRI, AND PET SCANS) WITHIN 60 DAYS OF THE ACCIDENT	$300
X-RAY	$200
MEDICAL MOBILITY DEVICES (CRUTCHES, KNEE WALKER, CANE)	Up to $450
OPEN FRACTURES	Up to $12,000
OPEN DISLOCATIONS	Up to $10,000
BLOOD, PLASMA, PLATELETS	$625
BURNS	Up to $20,000
CONCUSSION	$600
COMA	$18,500
OPEN ABDOMINAL OR THORACIC SURGERY	$2,000
OCCUPATIONAL, PHYSICAL AND CHIROPRACTIC THERAPY	$60

Please refer to the plan documents for a comprehensive list of covered benefits.

Accident Insurance Payroll Deductions

	CORPORATE BI-WEEKLY	ONSITE WEEKLY
ASSOCIATE ONLY	$3.95	$1.97
ASSOCIATE + SPOUSE	$6.53	$3.27
ASSOCIATE + CHILD(REN)	$7.76	$3.88
FAMILY	$10.35	$5.17

Critical Illness Insurance

Critical Illness Insurance, provided through Voya, offers financial protection when you need it most. If you or a covered dependent are diagnosed with a covered condition, the plan pays a lump-sum benefit directly to you. This benefit is paid tax-free and can be used however you choose. **Note:** Associates have 12 months from the event date to file a claim as long as they were enrolled when the event occurred.

For example: If you are diagnosed with Alzheimer's disease, you will receive 100% of your elected benefit amount ($10,000, $20,000, $30,000, or $40,000).

PLAN HIGHLIGHTS

- No medical questions required to enroll.
- Benefits are paid based on the date of diagnosis or occurrence of a covered condition.

  Note: Conditions diagnosed prior to the coverage effective date are not eligible for benefits.
- **$50 Annual Wellness Benefit:** Paid once per calendar year per covered person when a qualifying preventive screening is completed (e.g., mammogram, colonoscopy, bone marrow testing).

Critical Illness Coverage Amount	
ASSOCIATE	$10,000, $20,000, $30,000, or $40,000
SPOUSE	100% of associate's benefit
CHILD(REN)	100% of associate's benefit

Covered Conditions	
ALZHEIMER'S	100%
BENIGN BRAIN TUMOR	100%
CARCINOMA IN SITU	25%
COMA	100%
CORONARY DISEASE	50%
HEART ATTACK	100%
ADVANCED CANCER	100%
LOSS OF HEARING	100%
LOSS OF SIGHT	100%
LOSS OF SPEECH	100%
MAJOR ORGAN FAILURE	100%
ALS, LOUS GEHRIG'S DISEASE	100%
MULTIPLE SCLEROSIS	100%
PARALYSIS	100%
PARKINSON'S DISEASE	100%
SKIN CANCER	10%
STROKE	100%
CHILDREN CONDITIONS	
CEREBRAL PALSY	100%
CYSTIC FIBROSIS	100%
DOWN SYNDROME	100%
TYPE 1 DIABETES	100%

This list is a summary. Please refer to the plan documents for a comprehensive list of covered benefits.

Corporate Payroll Deductions: Bi-weekly (deducted twice per month)

Onsite Payroll Deductions: Weekly (deducted four times per month)

Critical Illness $10,000 Benefit

AGE	ASSOCIATE ONLY		ASSOCIATE + SPOUSE		ASSOCIATE + CHILD(REN)		FAMILY	
	CORPORATE	ONSITE	CORPORATE	ONSITE	CORPORATE	ONSITE	CORPORATE	ONSITE
<29	$1.45	$0.73	$2.90	$1.45	$2.45	$1.23	$3.90	$1.95
30 - 39	$2.10	$1.05	$4.20	$2.10	$3.10	$1.55	$5.20	$2.60
40 - 49	$4.55	$2.28	$9.10	$4.55	$5.55	$2.78	$10.10	$5.05
50 - 59	$9.00	$4.50	$18.00	$9.00	$10.00	$5.00	$19.00	$9.50
60 - 69	$16.30	$8.15	$32.60	$16.30	$17.30	$8.65	$33.60	$16.80
70+	$28.20	$14.10	$56.40	$28.20	$29.20	$14.60	$57.40	$28.70

Critical Illness $20,000 Benefit

AGE	ASSOCIATE ONLY		ASSOCIATE + SPOUSE		ASSOCIATE + CHILD(REN)		FAMILY	
	CORPORATE	ONSITE	CORPORATE	ONSITE	CORPORATE	ONSITE	CORPORATE	ONSITE
<29	$2.90	$1.45	$5.80	$2.90	$4.90	$2.45	$7.80	$3.90
30 - 39	$4.20	$2.10	$8.40	$4.20	$6.20	$3.10	$10.40	$5.20
40 - 49	$9.10	$4.55	$18.20	$9.10	$11.10	$5.55	$20.20	$10.10
50 - 59	$18.00	$9.00	$36.00	$18.00	$20.00	$10.00	$38.00	$19.00
60 - 69	$32.60	$16.30	$65.20	$32.60	$34.60	$17.30	$67.20	$33.60
70+	$56.40	$28.20	$112.80	$56.40	$58.40	$29.30	$114.80	$57.40

Critical Illness $30,000 Benefit

AGE	ASSOCIATE ONLY		ASSOCIATE + SPOUSE		ASSOCIATE + CHILD(REN)		FAMILY	
	CORPORATE	ONSITE	CORPORATE	ONSITE	CORPORATE	ONSITE	CORPORATE	ONSITE
<29	$4.35	$2.18	$8.70	$4.35	$7.35	$3.68	$11.70	$5.85
30 - 39	$6.30	$3.15	$12.60	$6.30	$9.30	$4.65	$15.60	$7.80
40 - 49	$13.65	$6.83	$27.30	$13.65	$16.65	$8.33	$30.30	$15.15
50 - 59	$27.00	$13.50	$54.00	$27.00	$30.00	$15.00	$57.00	$28.50
60 - 69	$48.90	$24.45	$97.80	$48.90	$51.90	$25.95	$100.80	$50.40
70+	$84.60	$42.30	$169.20	$84.60	$87.60	$43.80	$172.20	$86.10

Critical Illness $40,000 Benefit

AGE	ASSOCIATE ONLY		ASSOCIATE + SPOUSE		ASSOCIATE + CHILD(REN)		FAMILY	
	CORPORATE	ONSITE	CORPORATE	ONSITE	CORPORATE	ONSITE	CORPORATE	ONSITE
<29	$5.80	$2.90	$11.60	$5.80	$9.80	$4.90	$15.60	$7.80
30 - 39	$8.40	$4.20	$16.80	$8.40	$12.40	$6.20	$20.80	$10.40
40 - 49	$18.20	$9.10	$36.40	$18.20	$22.20	$11.10	$40.40	$20.20
50 - 59	$36.00	$18.00	$72.00	$36.00	$40.00	$20.00	$76.00	$38.00
60 - 69	$65.20	$32.60	$130.40	$65.20	$69.20	$34.60	$134.40	$67.20
70+	$112.80	$56.40	$225.60	$112.80	$116.80	$58.40	$229.60	$114.80

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

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

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

Looking for comprehensive health insurance?

- Visit HealthCare.gov or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your state Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Hospital Indemnity Coverage

Hospital Indemnity, offered through Voya, provides a cash benefit directly to you if you experience a covered hospital stay, including admission to a hospital or intensive care unit (ICU). This benefit can help offset costs not fully covered by your medical plan such as deductibles, copays, travel, lodging, meals, or even everyday living expenses like groceries or utilities. **Note:** Associates have 12 months from the event date to file a claim as long as they were enrolled when the event occurred.

Hospital Indemnity

HOSPITAL ADMISSION	$1,000
HOSPITAL CONFINEMENT	$200 per day
INTENSIVE CARE ADMISSION	$1,000
INTENSIVE CARE UNIT CONFINEMENT	$400 per day
REHABILITATION FACILITY CONFINEMENT	$200 per day, Up to 30 days

This list is a summary. Please refer to the plan documents for a comprehensive list of covered benefits.

Hospital Indemnity Insurance Payroll Deductions

	CORPORATE BI-WEEKLY	ONSITE WEEKLY
ASSOCIATE ONLY	$7.99	$3.99
ASSOCIATE + SPOUSE	$16.60	$8.30
ASSOCIATE + CHILD(REN)	$12.73	$6.37
FAMILY	$21.35	$10.67

PLAN HIGHLIGHTS

- Pays from Day One – Benefits begin on the first day of a covered hospital stay.
- Guaranteed Issue – No medical questions required to enroll.
- Flexible Use – Use the cash benefit however you choose.

Retirement Planning

RETIREMENT PLANNING

Planning for your financial future is important, no matter where you are in your career. Contributing to a 401(k) plan today can help secure your long-term financial well-being. The RPM Living 401(k) Plan, administered by Fidelity, provides valuable tools and benefits to help you prepare for retirement.

WHAT IS A 401(K)?

A 401(k) is an employer-sponsored retirement savings plan that allows you to contribute a portion of your pay, either pre-tax or Roth (after-tax) to help grow your savings for retirement.

RPM helps you invest in your future by **matching up to 4.5%** of your contributions:

- 100% match on the first 3%
- 50% match on the next 3%

You must be at least 21 years old and a regular (non-temporary) associate to participate.

AUTOMATIC ENROLLMENT & INCREASES

RPM's 401(k) plan includes automatic enrollment and automatic deferral increases:

- New eligible associates are automatically enrolled at a 3% deferral rate.
- If you take no action, your deferral rate will increase by 1% each year until it reaches 15%, unless you choose to opt out or change your rate.

Pre-Tax vs. Roth Contributions

PRE-TAX 401(K)	ROTH 401(K)
Contributions are made before taxes	Contributions are made after taxes
Lowers your current taxable income	Does not lower current taxable income
Taxes are paid when you withdraw at retirement	Withdrawals are tax-free at retirement (if requirements are met)

HOW MUCH SHOULD I CONTRIBUTE?

Industry guidelines recommend saving 12%–15% of your income, including RPM's match. Every contribution counts, starting early and saving consistently can make a big difference.

MAKING CHANGES TO YOUR CONTRIBUTIONS

You can adjust your contribution rate at any time. Changes will take effect as soon as administratively possible and will remain in place until you modify them again.

Contribution Limits for 2026

AGE	ANNUAL DEFERRAL LIMIT
Under age 50	$25,500
50-59	$32,500 ($24,500 + $8,500 catch-up contribution)
60-63	$35,750 ($24,500 + $11,250 catch-up contribution)
64 and older	$32,500 ($24,500 + $8,500 catch-up contribution)
You may contribute up to 100% of your eligible compensation, subject to IRS limits and plan rules.	

Catch-Up Contributions – Roth Requirement
Under IRS rules from the SECURE 2.0 Act, high-income earners (earning more than $145,000 in the previous year from the same employer) are now required to make their catch-up contributions as Roth (after-tax) rather than pre-tax.

LOANS

You may take out one loan at a time with a minimum loan amount of $1,000. Contact Fidelity for full details and conditions.

ROLLOVERS

If you have an existing qualified retirement plan from a previous employer, you may roll it into the RPM plan at any time. For assistance contact Fidelity at 800-835-5097.

INVESTING IN YOUR PLAN

You choose how your contributions are invested from a selection of available options. If you do not make an investment election, your funds will be automatically directed to an age-based Fidelity Freedom Index target date funds. You can change your investment selections at any time at 401k.com.

UNDERSTANDING VESTING

Vesting refers to your right to the employer-contributed funds in your account:

- You are always 100% vested in your own contributions.
- You become 100% vested in employer contributions after 2 years of service.

Additional Benefits

THE HARTFORD

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Your health and wellbeing matter. RPM provides access to a confidential Employee Assistance Program (EAP) at no cost to you, whether or not you're enrolled in an RPM medical plan. This benefit supports your emotional, mental, physical, and financial wellness—for you and your family.

EAP Services Include:

Confidential Counseling
Access licensed, master's-level counselors for support with:

- Stress, anxiety, or depression
- Relationship or family issues
- Grief and loss
- Substance use or misuse
- Workplace challenges

Financial Guidance
Speak with Certified Public Accountants (CPAs) and Certified Financial Planners for help with:

- Budgeting and debt management
- Credit or loan concerns
- Tax questions
- Retirement and estate planning
- Saving for college

You may contact the EAP at 800-327-1850 or visit guidanceresources.com

Organization Web ID: HLF902

ASPCA PET HEALTH INSURANCE

PET INSURANCE

We know pets are part of the family too. That's why RPM offers discounted ASPCA Pet Health Insurance to help make caring for your pet more affordable. With Complete CoverageSM, you can customize a plan that fits your pet's health needs and your budget.

Coverage Highlights:

- Accidents, illnesses, hereditary conditions, cancer, and more
- Behavioral issues and alternative therapies included
- Optional preventive care coverage available
- Freedom to use any veterinarian, specialist, or emergency clinic
- Easy online, fax, or mail claims submission
- Fast reimbursement via direct deposit or check

Save up to 10% when you enroll. Sign up anytime on any device:

aspcapetinsurance.com/RPML

Priority Code: EB23RPML

ASPCA PET INSURANCE ENROLLMENT

Enrollment for ASPCA Pet Insurance is not completed through the Benefits Enrollment system. During the enrollment process, associates will only be asked to acknowledge the information provided about this benefit.

To enroll in ASPCA Pet Insurance, you must visit the ASPCA website directly and complete your enrollment there.

Note: Premiums for ASPCA coverage are **not** payroll deducted. Associates are responsible for making payments directly to ASPCA.

Paid Time Off (PTO)

At RPM, we recognize the importance of work-life balance. That's why we provide Paid Time Off (PTO) to support time away from work for vacation, personal matters, or illness.

PTO is available to associates after 90 days of employment. Accrual is based on your employment status and years of service, and hours are earned each pay period. PTO does not count as time worked for the purposes of calculating overtime.

PTO CARRYOVER AND ACCRUAL LIMITS

To support proactive time-off planning, RPM allows the following maximum PTO balances:

- **Full-Time Associates:** Up to 120 hours
- **Part-Time Associates:** Up to 80 hours

Once an associate reaches the maximum balance, PTO accrual will pause until time is used and the balance drops below the cap. Associates will carryover their full available balance year over year on their PTO seniority date.

Note: PTO cannot be cashed out or paid upon termination, whether voluntary or involuntary, unless required by applicable law.

HOLIDAYS

RPM observes a number of paid holidays throughout the year for both Corporate and On-Site associates. To receive holiday pay, non-exempt associates must work their scheduled day before and after the holiday, unless an exception is approved in writing by a manager. Holiday pay does not count as time worked for overtime calculations.

Corporate Office Observance Policy:

- If a holiday falls on a Saturday, it is observed on Friday.
- If it falls on a Sunday, it is observed on Monday.
- See the annual Payroll & Holiday Calendar for specific observance dates.

Holiday Pay for Hourly Associates

- **Full-Time:** Paid for 8 hours per holiday (4 hours on Christmas Eve)
- **Part-Time:** Paid for 4 hours per holiday (4 hours on Christmas Eve)

If required to work on a scheduled holiday, hourly associates will receive holiday pay in addition to regular wages for hours worked.

PTO Accrual by Employment Status

YEARS OF SERVICE	FULL-TIME ASSOCIATES		PART-TIME ASSOCIATES	
	DAYS	HOURS	DAYS	HOURS
0-2 YEARS	15 Days	120 Hours	10 Days	80 Hours
3-4 YEARS	20 Days	160 Hours	12.5 Days	100 Hours
5+ YEARS	Open	Open	12.5 Days	100 Hours

BEREAVEMENT & JURY DUTY LEAVE

RPM provides paid time off for life's unexpected responsibilities:

- **Bereavement Leave:** Up to 5 paid days for the loss of an immediate family member.
- **Jury Duty:** Up to five paid days. Additional paid time off is paid in accordance with applicable laws.

For full details and eligibility requirements, please refer to the Associate Handbook or speak with your HR representative.

Holiday Schedule

HOLIDAY	CORPORATE	ONSITE
New Year's Day	✓	✓
Martin Luther King Jr. Day	✓	✓
Good Friday	✓	✓
Memorial Day	✓	✓
Juneteenth	✓	✓
Independence Day	✓	✓
Labor Day	✓	✓
Thanksgiving Day	✓	✓
Friday after Thanksgiving	✓	
Christmas Eve	✓	✓ (HALF DAY)
Christmas Day	✓	✓
Floating Holidays (3 Days)	✓	✓

Note: Holiday schedules may vary by location based on operational needs. Onsite teams should confirm their schedule with their Regional Manager.

Glossary of Terms

BALANCE BILLING

When a provider bills you for the difference between their charge and the amount your insurance allows.

Example: If the provider charges $100 and the allowed amount is $60, you may be billed for the remaining $40.

COINSURANCE

Your share of the cost for a covered service, shown as a percentage of the allowed amount. Typically applies after you've met your deductible.

Example: If your coinsurance is 20%, you pay 20% of the allowed amount.

COPAY (COPAYMENT)

A set dollar amount you pay for specific health services, like doctor visits or prescriptions, as outlined in your insurance plan.

DEDUCTIBLE

The amount you pay for covered services before your insurance starts to pay.

Example: If your deductible is $1,000, you must pay that amount out of pocket before your plan begins covering costs.

Note: Some services, like preventive care, may be covered before you meet your deductible.

EXPLANATION OF BENEFITS (EOB)

A statement from your insurer showing what services were covered, how much was paid, your share of the cost, and how to appeal decisions if needed.

FLEXIBLE SPENDING ACCOUNTS (FSA)

A pre-tax account used to pay for eligible out-of-pocket health care or dependent care expenses. You save by not paying taxes on the money set aside.

Unused funds may be forfeited at year-end, though some plans allow a grace period or limited rollover

- **HEALTH CARE FSA** – Used for qualified medical, dental, and vision expenses not covered by insurance. Eligible expenses are defined under IRS Section 213(d).
- **DEPENDENT CARE FSA** – Used for eligible dependent care expenses. See IRS Publication 503 for details.

HEALTH CARE COST TRANSPARENCY

Online tools offered by insurers that let you compare prices for health care services, helping you make informed choices.

NETWORK

A group of doctors, hospitals, and providers that have agreed to discounted rates with your insurance plan.

- **In-Network** – Providers contracted with your plan to offer services at lower, negotiated rates.
- **Out-of-Network** – Providers not contracted with your plan. You may pay more or all costs.
- **Non-Participating** – Providers who don't accept insurance at all. You may be responsible for the full cost of care.

OPEN ENROLLMENT

The annual period set by your employer when you can enroll in or make changes to your health coverage.

OUT-OF-POCKET MAXIMUM

The most you'll pay during the plan year for covered services. After reaching this amount, your plan pays 100% of eligible costs.

Does not include premiums, out-of-network costs above the Reasonable & Customary limit, or non-covered services.

OVER-THE-COUNTER (OTC) MEDICATIONS

Drugs available without a prescription.

PRESCRIPTION MEDICATIONS

Drugs prescribed by a provider, with costs based on a tiered system:

- **GENERIC DRUGS** – FDA-approved versions of brand-name drugs, usually lowest in cost.
- **PREFERRED DRUGS** – Brand-name drugs on your plan's approved list.
- **NON-PREFERRED DRUGS** – Brand-name drugs not on the preferred list; usually higher in cost.
- **SPECIALTY DRUGS** – High-cost medications for complex or chronic conditions; may require approval before coverage.
- **Prior Authorization** – Requires your provider to get approval from your plan before a specific drug is covered.
- **Step Therapy** – You may need to try a lower-cost or preferred drug before moving to a more expensive option.

REASONABLE AND CUSTOMARY (R&C) AMOUNT

The standard fee for a service in your area, based on what similar providers charge. Also known as Usual, Customary, and Reasonable (UCR) charges. Often used to determine the amount your plan will pay.

SUMMARY OF BENEFITS AND COVERAGE (SBC)

A standardized document required by law that outlines what your plan covers and your cost-sharing responsibilities.

SUMMARY PLAN DESCRIPTION (SPD)

A detailed document that explains your health plan, including your rights, benefits, and responsibilities as a participant.

Required Notices

Important Notice from RPM Living, LLC About Your Prescription Drug Coverage and Medicare under the Blue Cross Blue Shield of Texas Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with RPM Living, LLC and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. RPM Living, LLC has determined that the prescription drug coverage offered by the Blue Cross Blue Shield of Texas plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan. What Happens To Your Current Coverage If You

Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current RPM Living, LLC coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with RPM Living, LLC and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage…

Contact the person listed at the end of these notices for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through RPM Living, LLC changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.
For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227).TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date	January 1, 2025
Name of Entity/Sender:	RPM Living, LLC
Contact—Position/Office:	Human Resources
Address:	5508 Parkcrest Dr, Suite 320 Austin, TX 78731
Phone:	512-480-9886

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

» All stages of reconstruction of the breast on which the mastectomy was performed;

» Surgery and reconstruction of the other breast to produce a symmetrical appearance;

» Prostheses; and

» Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 512-480-9886.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 512-480-9886.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

» Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);

» Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;

» Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;

» Failing to return from an FMLA leave of absence; and

» Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 512-480-9886.

Illinois Essential Health Benefit (EHB) Listing

Employer Name:	RPM Living, LLC
Employer State of Situs:	Texas
Name of Issuer:	Blue Cross Blue Shield of Texas
Plan Marketing Name:	Standard, Classic, and Premium
Plan Year:	2025

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2024 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
1	Accidental Injury -- Dental	Ambulatory	Pgs. 10 & 17	Yes
2	Allergy Injections and Testing		Pg. 11	Yes
3	Bone anchored hearing aids		Pgs. 17 & 35	Yes
4	Durable Medical Equipment		Pg. 13	Yes
5	Hospice		Pg. 28	Yes
6	Infertility (Fertility) Treatment		Pgs. 23 - 24	No
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Pg. 21	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)		Pgs. 15 - 16	Yes
9	Private-Duty Nursing		Pgs. 17 & 34	No
10	Prosthetics/Orthotics		Pg. 13	Yes
11	Sterilization (vasectomy men)		Pg. 10	Yes
12	Temporomandibular Joint Disorder (TMJ)		Pgs. 13 & 24	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Yes
14	Emergency Transportation/Ambulance		Pgs. 4 & 17	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	No
16	Breast Reconstruction After Mastectomy		Pgs. 24 - 25	Yes
17	Reconstructive Surgery		Pgs. 25 - 26, & 35	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)		Pg. 15	Yes
19	Skilled Nursing Facility		Pg. 21	Yes
20	Transplants - Human Organ Transplants (Including transportation & lodging)		Pgs. 18 & 31	Yes

2020-2024 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Yes
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)		Pgs. 8 - 9, 21	Yes
24	Opioid Medically Assisted Treatment (MAT)		Pg. 21	Yes
25	Substance Use Disorders (Including Inpatient Treatment)		Pgs. 9 & 21	Yes
26	Tele-Psychiatry		Pg. 11	Yes
27	Topical Anti-Inflammatory acute and chronic pain medication		Pg. 32	Yes
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	No
29	Pediatric Vision Coverage		Pgs. 26 - 27	Yes
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes
33	Contraceptive/Birth Control Services		Pgs. 13 & 16	Yes
34	Diabetes Self-Management Training and Education		Pgs. 11 & 35	Yes
35	Diabetic Supplies for Treatment of Diabetes		Pgs. 31 - 32	Yes
36	Mammography - Screening		Pgs. 12, 15, & 24	Yes
37	Osteoporosis - Bone Mass Measurement		Pgs. 12 & 16	Yes
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test		Pg. 16	Yes
39	Preventive Care Services		Pg. 18	Yes
40	Sterilization (women)		Pgs. 10 & 19	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	Yes
42	Habilitative and Rehabilitative Services		Pgs. 8, 9, 11, 12, 22, & 35	Yes

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.

Notice Regarding Wellness Program

RPM Living Health and Wellness Program is a voluntary wellness program available to all medical enrolled associates and spouses. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve participant health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening or annual preventive exam, which may include a blood test for total cholesterol, HDL, LDL, triglycerides, glucose, and cotinine screening. Your blood pressure, height, weight, and waist circumference may also be measured. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, individuals who choose to participate in the wellness program may qualify for the $50 per month discount on medical premiums. See medical rates for details.

Although you are not required to participate in the blood test or other medical examinations or complete the HRA, only participants who do so may qualify for the incentive. See medical rates for details. Additional incentives may be available for participants who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting 512-480-9886.

The information from your HRA and the results from your biometric screening may be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as wellness programming and content. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and RPM Living, LLC may use aggregate information it collects to design a program based on identified health risks in the workplace, RPM Living will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. In order to provide you with services under the wellness program, your personally identifiable health information may be shared with one or more of the following: Bukaty Companies.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact 512-480-9886.

RPM LIVING, LLC 401(k) PLAN

SAFE HARBOR NOTICE TO ELIGIBLE EMPLOYEES (includes "QACA" Qualified Automatic Contribution Arrangement)

This is an annual notice and only applies to the Plan Year beginning on January 1, 2025.

This notice covers the following points:

- How much you can contribute to the Plan;
- Whether the Plan's Automatic Deferral feature applies to you;
- What amounts will be automatically taken from your pay and contributed to the Plan;
- What other amounts the Employer will contribute to the Plan for you; and
- When your Plan account will be vested (that is, not lost when you leave your job), and when you can receive a
- distribution of your Plan account.

You can find out more information about the Plan in the Plan's Summary Plan Description (SPD). You can obtain a copy of the SPD from the Administrator.

I. Employee deferral contributions

You are allowed to defer a portion of your compensation to the Plan. These amounts are referred to as deferrals and are held in an account for you. When you are permitted to take a distribution from the Plan, you will be entitled to all your deferrals, as adjusted for any gains or losses. The type of compensation that may be deferred under the Plan is explained in the Section of the Summary Plan Description entitled "CONTRIBUTIONS."

You may elect to defer a percentage of your compensation each year instead of receiving that amount in cash. Your total deferrals in any taxable year may not exceed a dollar limit which is set by law. The dollar limit may increase each year for cost-of-living adjustments. The Administrator will notify you of the maximum percentage you may defer.

If you are at least age 50 or will attain age 50 during a calendar year, then you may elect to defer additional amounts (called "catch-up contributions") to the Plan. These are additional amounts that you may defer, up to an annual limit imposed by law, regardless of any other limits imposed by the Plan.

You may make either Regular 401(k) deferrals (pre-tax) or Roth 401(k) deferrals (after-tax). If you make Regular 401(k) deferrals, your deferrals are not subject to income tax until distributed from the Plan. If you make Roth 401(k) deferrals, your deferrals are subject to income tax at the time of deferral. The Roth 401(k) deferrals, however, are not taxed when you receive a distribution from the Plan. In addition, if the distribution of Roth 401(k) deferrals is considered "qualified," then the earnings on the deferrals will not be subject to income tax when distributed from the Plan. Distributions from your Roth accounts will be considered "qualified" only if the distribution is on account of attainment of age 59 1/2, death or disability, and the distribution must not occur prior to the end of the 5-year participation period that begins with the first taxable year for which you made a Roth 401(k) deferral to the Plan, or if earlier, the first taxable year for which you made a Roth 401(k) deferral to another Roth 401(k) plan or Roth 403(b) plan that you rolled over to this Plan. Both types of deferrals are subject to Social Security taxes at the time of deferral. Your Employer will deduct the Social Security taxes, and in the case of Roth 401(k) deferrals will deduct income taxes, from your remaining compensation.

Automatic Deferrals. The Plan includes an automatic enrollment feature known as a Qualified Automatic Contribution Arrangement ("QACA"). Under the QACA provisions of the Plan, if you do not complete and return a salary deferral agreement, then the Employer will automatically withhold a portion of your eligible compensation from your pay each payroll period and contribute that amount to the Plan as a Regular 401(k) deferral (the automatic amount is described below). If you wish to defer the Automatic Deferral amount, then you do not need to complete a salary deferral agreement. However, if you do not wish to defer any of your compensation, or you wish to defer an amount of compensation different from the Automatic Deferral amount, then you may make an election to do so. This election is made by submitting a salary deferral agreement to the Administrator, in accordance with the deferral procedures of the Plan, within a reasonable time after receipt of this notice, and before the occurrence of the first Automatic Deferral to which this notice applies. Your election will be effective as soon as the Administrator reasonably can implement your election after receipt. Your election will remain in effect unless and until you change it unless your salary deferrals are automatically suspended under the terms of the Plan.

Automatic Deferral provisions. The following provisions apply to these Automatic Deferrals:

- As specified above, you may complete a salary deferral agreement to elect an alternative deferral amount or to elect not to defer under the Plan in accordance with the deferral procedures of the Plan.
- If you do not make a salary deferral election, the amount to be automatically withheld from your pay each payroll period will be equal to 3% of your compensation.
- While you are a Participant, the Automatic Deferral amount will increase 1% per year as of January 1st, up to a maximum of 15%. The increase will be a pre-tax deferral unless all of your deferral is a Roth deferral, and then the increase will be a Roth deferral.
- If your salary deferrals are automatically suspended under the terms of the Plan, then your deferral agreement that was in place prior to the suspension will not continue in effect after the suspension and you will be deemed to have elected not to defer under the Plan as of the date the suspension occurred unless you make a new salary deferral agreement. However, participants will be reinstated for any missed automatic increase payments after returning from:
    - » Missed automatic increases for Rehires
    - » Leave of absence
    - » Suspension

Limited right to withdraw Automatic Deferrals. If you have been automatically enrolled in the Plan, but did not wish to make Deferral Contributions, you may elect any time during the 90-day period that starts on your automatic enrollment date to withdraw the Deferral Contributions made automatically on your behalf. The amount you may withdraw will be the amount of such automatic contributions made to the Plan through the end of the 15-day period that begins on the date you request the withdrawal and all amounts withdrawn will be adjusted for any gain or loss. If you elect to make this withdrawal, you will also be treated as electing not to contribute to the Plan. However, you can at any later time elect to make Deferral Contributions. In addition, you will lose any Employer matching contributions made with regard to the Automatic Deferral Contributions that you withdraw.

II. Employer safe harbor contribution election

To help you make an informed decision on the level of your own salary deferral contributions, if any, your Employer must inform you about the contributions it will make to the Plan. Your Employer has elected to make the contribution described below. Safe harbor matching contribution. To maintain "QACA safe harbor" status, your Employer will make an enhanced safe harbor matching contribution equal to 100% of the first 3% of your eligible compensation you contribute plus 50% of the next 3% of your compensation you contribute (computed by your Employer based on your eligible compensation contributed to the Plan each payroll period). This safe harbor matching contribution is subject to a vesting schedule. For purposes of calculating the safe harbor matching contribution, your compensation and deferrals will be determined on a per pay period basis. For example, if you defer 6% of compensation for six months and then change your deferral to 0% for the remaining six months of the year, then you will have deferred 3% for the purposes of determining your matching contribution.

III. Other Employer contributions

In addition to the above, other contributions may be made to the Plan. You should review the Article of the SPD entitled "CONTRIBUTIONS" for details regarding these other contributions.

IV. Suspension or reduction of safe harbor matching contribution

Your Employer retains the right to reduce or suspend the safe harbor matching contribution under the Plan. If your Employer chooses to do so, you will receive a supplemental notice explaining the reduction or suspension of the safe harbor matching contribution at least 30 days before the change is effective. Your Employer will contribute any safe harbor matching contribution you have earned up to that point. At this time, your Employer has no such intention to suspend or reduce the safe harbor matching contribution.

V. Vesting

The following is a general explanation of the vesting provisions of the Plan. More details can be found in the Article of the SPD entitled "VESTING. "

100% vested contributions. You are always 100% vested (which means that you are entitled to all of the amounts) in your accounts attributable to the following contributions:

- salary deferrals including Roth 401(k) deferrals and "catch-up contributions"
- "rollover" contributions
- after-tax voluntary contributions

Vesting schedules. Your "vested percentage" for certain Employer contributions is based on vesting Years of Service. This means at the time you stop working, your account balance attributable to contributions subject to a vesting schedule is multiplied by your vested percentage. The result, when added to the amounts that are always 100% vested as shown above, is your vested interest in the Plan, which is what you will actually receive from the Plan.

Qualified Safe Harbor Matching Contributions

Your "vested percentage" in your account attributable to qualified safe harbor contributions is determined under the following schedule. You will always, however, be 100% vested in your qualified safe harbor contributions if you are employed on or after your Normal Retirement Age or if you die or become disabled.

Vesting Schedule	
Qualified Safe Harbor Matching Contributions	
YEARS OF SERVICE	PERCENTAGE
Less than 1	0%
1	0%
2	100%

Employer Nonelective Contributions

Your "vested percentage" in your account attributable to Employer discretionary Nonelective contributions is determined under the following schedule. You will always, however, be 100% vested if you are employed on or after your Normal Retirement Age or if you die or become disabled.

Vesting Schedule	
Nonelective Contributions	
YEARS OF SERVICE	PERCENTAGE
1	20%
2	40%
3	60%
4	80%
5	100%

VI. Distribution provisions

The Plan and law impose restrictions on when you may receive a distribution from the Plan. Below is general information on when distributions may be made under the Plan. See the SPD for more details, including details on how benefits are paid. Also, at the time you are entitled to receive a distribution, the Administrator will provide you with a notice explaining the rules regarding the taxation of the distribution.

You may elect to have your vested account balance distributed to you as soon as administratively feasible following your termination of employment. However, if the value of your vested account balance does not exceed $1,000, then a distribution will be made to you regardless of whether you consent to receive it.

You may also withdraw money from the Plan from certain accounts if you have reached age 59 1/2 or if you have an immediate or heavy financial need. However, there are various rules and requirements that you must meet before any withdrawal is permitted. See the Article in the SPD entitled "IN SERVICE WITHDRAWALS" for more details.

You may withdraw money at any time from your "rollover account."

VII. Administrative procedures

The amount you elect to defer will be deducted from your pay in accordance with a procedure established by the Administrator. You may elect to defer your salary as of your Entry Date or on the first day of each pay period. Such election will become effective as soon as administratively feasible. Your election will remain in effect unless and until you change it unless your salary deferrals are automatically suspended under the terms of the Plan.

You may increase or decrease the amount you contribute as of the beginning of each payroll period. You may also completely suspend your contributions, which you may resume as of the beginning of each payroll period. If you want to increase, decrease, suspend, or resume your Deferral Contributions, please contact Fidelity. Any modification will become effective as soon as administratively feasible after received by the Administrator.

In addition to any other election periods provided above, you may make or modify a salary deferral election during the 30-day period immediately preceding the Plan Year for which this notice is being provided. For the Plan Year you become eligible to make deferrals, you may complete a salary deferral agreement during a 30-day period that includes the date you become eligible.

You may create an annual increase program to gradually raise your contribution rate each year. If you are automatically enrolled, your Employer will automatically increase your contributions annually until your contributions reach a maximum of 6.00%. If you are uncertain how this plan provision impacts you, please consult the Plan Administrator.

VIII. Investments

Right to direct investments/default investment. You have the right to direct the investment of all your accounts in any of the investment choices explained in the investment information materials provided to you.

We encourage you to make an investment election to ensure that amounts in the Plan are invested in accordance with your longterm investment and retirement plans. However, if you do not make an investment election, then the amounts that you could have elected to invest will be invested in a default investment that the Plan officials have selected. You will be provided with a separate notice which details these default investments and your right to switch out of the default investment if you so desire.

IX. Additional information

This notice is not a substitute for the Summary Plan Description. The provisions of the Plan are very complex, and you should always look at the Summary Plan Description if you have any questions about the Plan. If, after reading the Summary Plan Description, you still have questions, contact the Plan Administrator. You may contact the Plan Administrator at:

Human Resources (benefits@rpmliving.com)
5508 Parkcrest Drive, Ste. 320
Austin. Texas 78731
512-480-9886

Where to go for further investment information. You can obtain further investment information about the Plan's investment alternatives by contacting the Administrator as listed above.

RPM BENEFITS GUIDE

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