Extra Protection Plans

Accident Insurance

When life throws you a curve, this plan helps cover unexpected costs from accidents. Use benefits however you need—medical bills, copays, or everyday expenses like your mortgage or car payment.

Critical Illness Insurance

If you're diagnosed with a covered condition, you'll receive a lump-sum payment to use your way—whether it's for treatment, lost income, or household costs.

Long-Term Disability (LTD)

LTD coverage provides a portion of your income if you're unable to work due to a qualifying illness or injury. This benefit kicks in after Short-Term Disability (STD) ends, giving you continued financial support when you need it most.

Hospital Indemnity

Get paid cash if you're hospitalized or in the ICU. Use it to ease the burden of deductibles, travel, lodging, or even groceries—whatever helps you stay on track.

RPM-Paid Protection

Basic Life and AD&D

RPM provides free coverage through The Hartford —1x your salary (up to $250,000)—to protect your loved ones. You're automatically enrolled if you're regular full-time, with the option to add extra coverage.

Short-Term Disability	
BENEFIT PERCENTAGE	60% of weekly earnings
WEEKLY MAXIMUM BENEFIT	$2,000
ELIMINATION PERIOD	7 days
MAXIMUM BENEFIT PERIOD	12 weeks

Short-Term Disability

RPM provides Short-Term Disability coverage at no cost to you, replacing part of your income if you're temporarily unable to work due to a covered illness or injury.

Retirement Planning

The RPM 401(k) Plan, managed by Fidelity (401k.com), helps you build your future with tax advantages and company contributions.

Who's Eligible: Associates age 21 and over are eligible the first of the month following 2 months of service

Company Match: RPM matches 100% of the first 3% and 50% of the next 3% you contribute.

Vesting: You're 100% vested after 2 years.

2026 Contribution Limits: Up to $24,500

Catch-up contributions:

- $8,000 for ages 50–59 and 64+
- $11,250 for ages 60–63

Paid Time Off (PTO)

Take a well-earned break! RPM provides PTO for vacation, illness, or personal needs. Associates become eligible to use PTO after 90 days of service. Check the policy for full details.

PTO Accrual by Employment Status				
	FULL-TIME ASSOCIATES		PART-TIME ASSOCIATES	
YEARS OF SERVICE	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

Carriers & Contact Information

Medical Benefits	Prescriptions Benefit
Cigna Phone: 800-997-1654 Website: cigna.com	CVS Caremark with RxBenefits Phone: 800-334-8134 Website: rxbenefits.com
Dental Insurance	**Vision Insurance**
Cigna Phone: 800-244-6224 Website: cigna.com/dental	Cigna Phone: 800-997-1654 Website: cigna.com
Health Reimbursement Account	**Flexible Spending Accounts (FSA)**
Cigna Phone: 800-997-1654 Website: cigna.com	TaxSaver Plan Phone: 800-328-4337 Website: taxsaverplan.com
Disability Insurance	**Accident, Critical Illness & Hospital Indemnity**
The Hartford Phone: 800-523-2233 Website: thehartford.com	Voya Phone: 877-236-7564 Website: presents.voya.com/EBRC/RPMLiving
Retirement 401(k)	**Employee Assistance Program**
Fidelity Phone: 800-835-5097 Website: 401k.com Plan#: 0172N	ComPsych provided by The Hartford Phone: 800-327-1850 Website: guidanceresources.com Organization Web ID: HLF902

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

RPM BENEFITS GUIDE

thrive

YOUR BENEFITS, YOUR WAY

2026

Benefits Eligibility

Full-time, non-temporary associates working 30+ hours per week are eligible for benefits. Coverage begins the first of the month following or coinciding with 30 days of employment. Changes to your elections can only be made during open enrollment or after a Qualifying Life Event (QLE).

Medical Benefits in Play!

Your medical coverage is provided through Cigna. Visit cigna.com to find in-network providers. Rates may vary with discounts or surcharges.

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

Cigna Medical Plan Options

	STANDARD PLAN		CLASSIC PLAN W/ HRA		PREMIUM PLAN	
	IN-NETWORK	NON-NETWORK	IN-NETWORK	NON-NETWORK	IN-NETWORK	NON-NETWORK
CALENDAR YEAR DEDUCTIBLE						
INDIVIDUAL	$6,500	$13,000	$2,000	$3,000	$1,000	$1,500
FAMILY	$13,000	$26,000	$4,000	$9,000	$2,000	$4,000
COINSURANCE						
YOU PAY	20% (AD)	40% (AD)	20% (AD)	40% (AD)	20% (AD)	40% (AD)
OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTBLE)						
INDIVIDUAL	$9,500	$19,000	$7,000	$13,000	$5,000	$13,000
FAMILY	$19,000	$38,000	$14,000	$26,000	$10,000	$26,000
COPAYS/COINSURANCE						
PRIMARY CARE	$25 copay	40% (AD)	$25 copay	40% (AD)	$20 copay	40% (AD)
SPECIALIST	$50 copay	40% (AD)	$50 copay	40% (AD)	$40 copay	40% (AD)
URGENT CARE	$75 copay	40% (AD)	$75 copay	40% (AD)	$75 copay	40% (AD)
CVS CAREMARK WITH RXBENEFITS RETAIL PHARMACY (UP TO 30-DAY SUPPLY)						
GENERIC	$10 copay	40% (AD)	$10 copay	$10 copay + 40% Coin	$10 copay	$10 copay + 40% Coin
PREFERRED	$40 copay	40% (AD)	$40 copay	$40 copay + 40% Coin	$40 copay	$40 copay + 40% Coin
NON-PREFERRED	$70 copay	40% (AD)	$70 copay	$70 copay + 40% Coin	$70 copay	$70 copay + 40% Coin
CVS CAREMARK WITH RXBENEFITS MAIL ORDER PHARMACY (UP TO 90-DAY SUPPLY)						
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

(AD) = After Deductible Coin = Coinsurance. All medical plan options feature an embedded deductible. For family coverage, coinsurance will begin after the covered individual meets their individual deductible.

Prescriptions Benefits

CVS Caremark with RxBenefits works with RPM's health plan to manage your prescription coverage, helping you access medications more easily and at lower costs. If you need assistance with your pharmacy benefits, Member Services is here to help. For assitance call 800-334-8134 or visit rxbenefits.com

Health Reimbursement Account

RPM contributes to a Health Reimbursement Account (HRA) to help you pay for eligible medical expenses. There's nothing you need to do—Cigna automatically applies HRA funds to qualified in-network deductible expenses as your claims are processed, helping reduce 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 Funding	
Associate Only	$250
Associate + Family	$500

You must be enrolled in the Classic medical plan to be eligible for and use HRA funds.

Flexible Spending Accounts

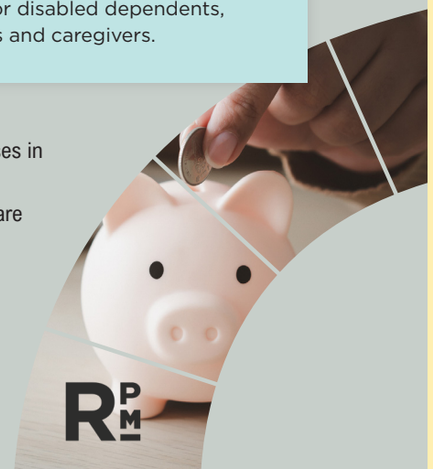
Flexible Spending Accounts let you bank pre-tax dollars to cover eligible expenses. RPM offers two FSAs: one for healthcare and one for dependent care.

Health Care FSA: Set aside up to $3,400 pre-tax each year to pay for eligible medical, dental, or vision expenses for you and your eligible dependents.

Dependent Care FSA: Set aside up to $7,500 pre-tax annually to cover child daycare, before/after school programs, or care for disabled dependents, perfect for working parents and caregivers.

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).



Dental Benefits

RPM's dental plan, powered by Cigna Dental, helps you stay on track with routine checkups, cleanings, and more! Coverage begins the first of the month following or coinciding with 30 days of employment.

	Corporate Bi-Weekly Payroll Deducted Twice Per Month		Onsite Weekly Payroll Deducted Four Times Per Month	
	CLASSIC PLAN	PREMIUM PLAN	CLASSIC PLAN	PREMIUM PLAN
ASSOCIATE ONLY	$9.54	$20.76	$4.77	$10.38
ASSOCIATE + SPOUSE	$19.38	$42.14	$9.69	$21.07
ASSOCIATE + CHILD(REN)	$25.12	$53.68	$12.56	$26.84
FAMILY	$37.36	$80.12	$18.68	$40.06

Dental In-Network Coverage	CLASSIC PLAN	PREMIUM PLAN
CALENDAR YEAR DEDUCTIBLE		
INDIVIDUAL / FAMILY	$50 / $150	$50 / $150
CALENDAR YEAR MAXIMUM		
PER COVERED PERSON	$1,500	$2,500
COVERED SERVICES		
PREVENTIVE SERVICES: Oral Exams, Cleanings, Fluoride, Treatment, Full mouth X-rays	100%	100%
BASIC SERVICES: Fillings, Simple Extractions	100% (AD)	100% (AD)
MAJOR SERVICES: Crowns, Dentures, Anesthetics, Implant Services, Surgical Extractions	60% (AD)	60% (AD)
PERIODONTICS/ENDODONTICS: Periodontal Surgery/Maintenance, Root canals	60% (AD)	100% (AD)
ORTHODONTIA SERVICES		
ORTHODONTICS	50% For child(ren) only	50% For child(ren) & Adults
ORTHODONTIC LIFETIME MAXIMUM	$1,000	$2,500

Vision Benefits

Vision coverage through Cigna keeps your eye health in focus.

Corporate Bi-Weekly Payroll Deducted Twice Per Month	
ASSOCIATE	$2.66
ASSOCIATE + SPOUSE	$5.34
ASSOCIATE + CHILD(REN)	$5.78
FAMILY	$8.54

Onsite Weekly Payroll Deducted Four Times Per Month	
ASSOCIATE	$1.33
ASSOCIATE + SPOUSE	$2.67
ASSOCIATE + CHILD(REN)	$2.89
FAMILY	$4.27

Vision Benefits	IN-NETWORK	OUT-OF-NETWORK
EXAMS - once every 12 months		
EXAM COPAY	$20 copay	Up to $45
FRAMES - once every 24 months		
FRAMES COPAY	$20 copay	n/a
FRAME ALLOWANCE	$130 allowance; 20% off balance over allowance	Up to $71
FRAME - COSTCO	$80 allowance	
LENSES - once every 12 months		
SINGLE VISION LENSES	$20 copay	Up to $40
BIFOCAL LENSES	$20 copay	Up to $65
TRIFOCAL LENSES	$20 copay	Up to $75
LENTICULAR LENSES	$20 copay	Up to $100
CONTACTS (IN LIEU OF LENSES AND FRAMES) - once every 12 months		
ELECTIVE CONVENTIONAL	$130 allowance; 15% off balance over allowance	Up to $105
ELECTIVE DISPOSABLE	$130 allowance	