RPM BENEFITS GUIDE

thrive

thriving by design

One benefits package.
Designed for you.

2027

Welcome to Thrive

At RPM Living, we believe extraordinary people thrive when they have the support they need to live well—at work and in every part of life.

Just as we design communities around the way people live, we've taken the same thoughtful approach to our benefits. Thrive is designed with you in mind, bringing together resources that support your health and wellbeing, time, finances, protection, and future.

Whether you're meeting everyday needs, navigating an important life moment, or planning for what's next, your benefits are here to help you feel supported every step of the way.

Explore your benefits and make the choices that best support your life and goals.

Everything you need to thrive.

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

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Your Benefits at a Glance

One Benefits Package. Designed to help you thrive

Your health

- Medical
- Pharmacy
- Health Reimbursement Account
- Healthcare Flexible Spending Account
- Dental
- Vision

Your wellbeing

- Cigna Support & Cost Tool
- Wellness Credit
- Omada Diabetes Program
- Hinge Health
- Wellness Store
- GLP-1 Discount Program
- Nutrium Weight Management
- Virtual Care by MDLive
- Mental Health Support

Your protection

- Basic Life and AD&D
- Short-Term Disability
- Employee Assistance Program
- Voluntary Life and AD&D
- Long-Term Disability
- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity

Your life

- Paid Time Off (PTO)
- Volunteer Time Off
- Holidays
- Parental Bonding Time
- Healthy Pregnancies, Healthy Babies
- Dependent Care Flexible Spending Account

Your future

- 401(k) Retirement Planning
- UKG Wallet
- Financial Wellness by Morgan Stanley
- Bank of America Preferred Program

Designed for more

- Pet Insurance
- Thrive SharePoint: Your Benefit Hub
- LinkedIn Learning
- Exclusive Discounts by Working Advantage
- Additional Discount & Perks provided through RPM Vendors

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. 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.

Thrive Starts Here

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. **Once benefits are elected, changes can only be made during Open Enrollment or after a Qualifying Life Event.**

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)

Note: 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. Begin your life event in UKG and be prepared to upload documentation to support the request.

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

How to Enroll in Your Benefits Through UKG

- Access UKG through the Okta tile
- Then click Myself > Manage My Benefits > Click on qualifying reason (Open Enrollment, New Hire, or Life Event)

Payroll deductions

- **Corporate associates:** Benefits are deducted 2 times per month for a total of 24 per year. There are no benefit deductions on the 3rd pay period if there are 3 pay periods in the month (benefit holiday).
- **Onsite associates:** Benefits are deducted 4 times per month for a total of 48 per year. There are no benefit deductions on the 5th pay period if there are 5 pay periods in the month (benefit holiday).

Your Medical Benefits

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 2027 plan year, unless you experience a Qualifying Life Event (such as marriage, divorce, birth, or loss of coverage).

Get Personalized Support

Get personalized guidance from a Cigna One Guide representative during pre-enrollment. Call **888-806-5094** to get started.

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 13** 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	$70.44	$131.02	$207.66
ASSOCIATE + SPOUSE	$284.52	$321.92	$404.18
ASSOCIATE + CHILD(REN)	$213.98	$246.52	$318.16
FAMILY	$357.76	$420.94	$520.22

Onsite Weekly Payroll — Deducted Four Times Per Month

	Standard Plan	Classic Plan w/ HRA	Premium Plan
ASSOCIATE ONLY	$35.22	$65.51	$103.83
ASSOCIATE + SPOUSE	$142.26	$160.96	$202.09
ASSOCIATE + CHILD(REN)	$106.99	$123.26	$159.08
FAMILY	$178.88	$210.47	$260.11

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.

How to Find In-Network Care

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. You can search by location, specialty, or provider name
5. Be sure to choose "Open Access Plus" providers to get the lowest cost

Your Medical Plan Options



The chart below provides a summary of the 2027 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.

	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	
	$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**	You pay 20%	You pay 40%	You pay 20%	You pay 40%	You pay 20%	You pay 40%
Out-of-Pocket Maximum	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 Urgent Care	$25 Copay $50 Copay $75 Copay	You pay 40%* You pay 40%* You pay 40%*	$25 Copay $50 Copay $75 Copay	You pay 40%* You pay 40%* You pay 40%*	$20 Copay $40 Copay $75 Copay	You pay 40%* You pay 40%* You pay 40%*
Emergency Room	$500 Copay + you pay 20%* (copay waived if admitted)	You pay 20%*	$500 Copay + you pay 20%* (copay waived if admitted)	You pay 20%*	$500 Copay + you pay 20%* (copay waived if admitted)	You pay 20%*
Hospital Services Inpatient / Outpatient	You pay 20%*	You pay 40%*	You pay 20%*	You pay 40%*	You pay 20%*	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.

Your 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 Funding

ASSOCIATE ONLY	$250
ASSOCIATE + FAMILY	$500

Note: HRA amounts are prorated if plan begins after 1/1.

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
- HRA funds are designed to be used in the current year. Any unused funds are forfeited

Your Prescription Drug Coverage

If you enroll in a medical plan, you'll automatically receive prescription drug coverage through Cigna.

Manage your prescription benefits at **mycigna.com**

- Check medication costs and coverage
- Find in-network pharmacies
- Manage home delivery prescriptions
- View claims and coverage details
- Compare your medication costs
- Connect with a pharmacist

Prescription Drug Tiers

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

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.

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	40% Coinsurance	$10 Copay	40% Coinsurance	$10 Copay	40% Coinsurance
Preferred	$40 Copay	40% Coinsurance	$40 Copay	40% Coinsurance	$40 Copay	40% Coinsurance
Non-Preferred	$70 Copay	40% Coinsurance	$70 Copay	40% Coinsurance	$70 Copay	40% Coinsurance
Specialty Drugs	30% Coinsurance	N/A	30% Coinsurance	N/A	30% Coinsurance	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	30% Coinsurance	Not Covered	30% Coinsurance	Not Covered	30% Coinsurance	Not Covered

Express Scripts Pharmacy Home Delivery

Get your maintenance medications conveniently delivered right to your home.

- Get up to a 90-day supply delivered with no extra shipping cost
- Set up automatic refills and refill reminders to help you stay on track
- Order and track prescriptions online or through your mobile device
- Access 24/7 support from licensed pharmacists

Learn more at **Cigna.com/homedelivery**

Specialty Pharmacy

Accredo is Cigna Healthcare's specialty pharmacy, offering personalized support, medication delivery, refill reminders, and online medication management for members taking specialty medications. Copay assistance and payment support are also available. Log into **mycigna.com** for more information.

Why Choose Generic Drugs?

Generic drugs contain the same active ingredients and meet the same FDA safety and effectiveness standards as brand-name medications, typically at 80–85% lower cost. To check if a generic is available, visit **FDA.gov** and search for your brand-name medication.

Healthcare Flexible Spending Account

A Healthcare FSA allows you to set aside pre-tax dollars from your paycheck to pay for eligible healthcare expenses. Using pre-tax dollars can help reduce your taxable income and increase your take-home pay.

Healthcare FSA Highlights	
Who Can Participate	All associates regardless of medical coverage status
Eligible Expenses	Medical, dental, vision expenses, menstrual products and PPE (e.g., copays, deductibles, prescriptions, orthodontics, glasses). For a complete list of eligible medical expenses, visit **IRS Publication 502**
2027 Contribution Limit	Up to $3,500
Eligible Dependents	Self, spouse, and tax dependents
Access to Funds	The full annual amount available on day one of plan year
Reimbursement Timing	Immediate with FSA debit card or after claim submission is processed
Use-it-or-Lose-it Rule	Up to $700 may roll over into the next year
Provider Requirements	Must be for eligible healthcare services
IRS Regulations	Requires receipts/EOBs for some purchases; no double dipping

Important Healthcare FSA Reminders

- **Mid-Year Changes:** You may only change your FSA elections mid-year if you experience a Qualifying Life Event
- **After Leaving RPM:** FSA claims must be submitted within 90 days of your termination date
- **Highly Compensated Employees:** Based on the results of non-discrimination testing, contribution limits may vary for highly compensated employees
- **MyCash Account:** Pay for healthcare and general items in one transaction with your TASC card. When you pay out of pocket and request reimbursement, TASC deposits the funds directly into your linked MyCash account within 12 hours.
  - » Use your TASC card anywhere Mastercard is accepted
  - » Transfer to your personal bank account
  - » Withdraw funds at an ATM



Your Dental Benefits

Dental Benefits with MetLife

Just like brushing and flossing, regular dental visits are key to maintaining your overall oral health. RPM offers two affordable dental plan options through MetLife that cover everything from preventive care to more extensive dental procedures. **Note:** Age restrictions and frequency limits may apply.

RPM provides two plan options:

Classic Plan or Premium Plan

Both plans use the **PDP Plus 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.

In-Network Dental Plan Options Overview

Dental Plan Options	Classic Plan	Premium Plan
Calendar Year Deductible - applies to Basic and Major services	Individual: $50 / Family: $150	Individual: $50 / Family: $150
Calendar Year Benefit Maximum	$1,000 per covered person	$2,500 per covered person
Preventive Services Oral Exams, Cleanings, Fluoride - child under age 19, Full Mouth X-Rays	100% no deductible	100% no deductible
Basic Services Fillings, Oral Surgery, Emergency Palliative Treatment	100% after deductible	100% after deductible
Major Services Inlays/Onlays, Crowns, Dentures, Implant Services, General Anesthesia	60% after deductible	60% after deductible
Periodontal/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	$1,000 per covered child	$2,500 per covered person

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.

Corporate Bi-Weekly Payroll — Deducted Twice Per Month

	Classic Plan	Premium Plan
ASSOCIATE ONLY	$9.02	$21.64
ASSOCIATE + SPOUSE	$18.18	$43.92
ASSOCIATE + CHILD(REN)	$23.92	$55.94
FAMILY	$35.86	$83.52

Onsite Weekly Payroll — Deducted Four Times Per Month

	Classic Plan	Premium Plan
ASSOCIATE ONLY	$4.51	$10.82
ASSOCIATE + SPOUSE	$9.09	$21.96
ASSOCIATE + CHILD(REN)	$11.96	$27.97
FAMILY	$17.93	$41.76

Find a Dental Provider

- Go to **metlife.com/dental**
- Click on “Support” from the toolbar at the top of the page
- Under Customer Care, select “Find a Dentist”
- Choose your network: **PDP Plus**
- Enter your location (ZIP code)

Out-of-Network Dental Costs:

Benefits are based on the 90th percentile of Reasonable & Customary (R&C) charges—the amount 90% of dentists in the area charge or less. You may also be responsible for balance billing above the plan’s allowed amount.

Your 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 the EyeMed network.

Vision Premiums

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

Find a Vision Provider

- Go to **cigna.com**
- Click on "Find a Doctor"
- Select "Employer or School" under "How are you covered?"
- Select "Additional Resources"
- Under Vision, select "Cigna Vision Directory (Serviced by EyeMed)"
- Use the filters or search bar to find optometrists

Vision Plan Overview	In-Network	Out-of-Network
Eye Exams - Once every 12 months	$20 Copay	Up to $45
Frame - Retail - Once every 24 months	$20 Copay	Up to $71
	$130 Allowance after copay + 20% off balance over allowance	
Frame - from Costco	Up to $80 Allowance	
Lenses - Once every 12 months Single Vision, Lined Bifocal, Lined Trifocal, Lenticular	$20 Copay	Up to $40 - $100
Contacts - Once every 12 months Elective Conventional Contacts (In lieu of frames and lenses)	$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



Cigna Support & Cost Tool

Cigna One Guide: Personalized Support When You Need It

Cigna One Guide provides personalized support to help you understand your benefits, save money, and make the most of your health plan.

Your One Guide Team can help you:

- Understand your benefits and answer health plan questions
- Find care by locating in-network doctors, labs, urgent care, and other resources
- Get personalized support from health coaches, pharmacists, and specialists
- Save money with cost estimates and guidance to help avoid unexpected bills
- Navigate complex health situations with one-on-one assistance
- How to access it: Log in to **myCigna.com** to connect with your One Guide team

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

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

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.

Designed for Your Wellbeing

Wellness Credit

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

Please 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 Form**, located in 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: To continue receiving the wellness credit, you must complete an annual physical 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 Lifestyle Management program. Or call the number on the back of your ID card to get started with a wellness coach.

Omada Diabetes Prevention Program

Omada helps members manage their health to prevent 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 communities
- Included if enrolled in RPM medical plan

omadahealth.com/omadaforcigna

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
- Included if enrolled in RPM medical plan

Get started by logging in to myCigna.com

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 wellbeing, you'll find something to support your personal goals.

Explore a wide selection of items, including: Fitness trackers, digital scales, and much more!

To learn more, log in to myCigna.com

Note: These programs are available exclusively to associates enrolled in an RPM Living medical plan.

GLP-1 Discount Program

The Supplemental Discount Program (SDP) provides discounts on certain medications not covered by your pharmacy benefit, including eligible weight loss medications. The program is automatically included for enrolled Cigna medical plan members.

How It Works

- Present your Cigna Pharmacy ID card and prescription at the pharmacy
- Manufacturer cash discounts are applied at the point of sale for eligible medications, when available
- SDP purchases are processed outside your pharmacy benefit and do not count toward your deductible or out-of-pocket maximum

Eligible Weight Loss Medications

Current GLP-1 medications eligible for SDP discounts include:

- Wegovy injectable, including Wegovy HD
- Wegovy oral tablets
- Zepbound 4-pack pens
- Foundayo oral tablets

Checking Medication Eligibility & Pricing

- Eligible medications are subject to change at any time, and certain exclusions may apply
- Compare medication prices and coverage through myCigna Pharmacy section, which links directly to Express Scripts. After signing in, search any medication to see whether it's covered and view discount pricing available through Cigna's Supplemental Discount Program
- You can also access this information in the myCigna app by selecting Menu → Coverages → Pharmacy

Nutrium Weight Management Program

Nutrium provides personalized support to help you reach your weight-management and wellness goals—with or without GLP-1 medications.

Through the program, you can receive personalized guidance and resources focused on building healthy, sustainable habits, including:

- Personalized nutrition support tailored to your goals and needs
- Healthy eating guidance to help you make sustainable changes
- Lifestyle and behavior support to build healthy habits
- Ongoing guidance and accountability throughout your journey
- GLP-1 support for eligible members using or considering GLP-1 medications
- Resources to help support your health goals whether you choose medication or a lifestyle-focused approach

Gym Discounts

Stay active and save with Active&Fit Direct through Cigna! Get a standard fitness membership starting at **$28 per month**.

Choose from more than 12,700 standard gyms or 9,800 premium gyms nationwide to find the fitness option that fits your lifestyle and budget.

Scan to learn more!

discoverhealthyrewards.sites.cigna.com

Care From Anywhere with MDLive

Access convenient virtual care with MDLive, available by phone or video through Cigna. Connect with doctors, dermatologists, psychiatrists, and licensed therapists from wherever you are.



How to Access MDLive

- **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.

Primary Care

Access preventive care, wellness screenings, prescriptions, and lab orders through your Primary Care Provider (PCP). Note: Virtual screenings are limited to MDLive-contracted labs.

Urgent Care

24/7 care for hundreds of minor conditions, with prescriptions available when appropriate.

Behavioral Health Care

Talk therapy and psychiatric care for anxiety, depression, stress, grief, and life changes—all from home.

Dermatology

Board-certified dermatologists provide diagnosis and treatment for common skin conditions, often within 24 hours.

Mental Health Support

Headspace Care

Headspace Care provides personalized mental health support through one convenient app, including:

- Coaching: Connect with a coach through text-based chat
- Therapy & Psychiatry: Access licensed therapists and psychiatrists through video sessions
- Skill-Building Resources: Explore articles, classes, podcasts, and other tools to support your mental wellbeing

Visit **organizations.headspace.com/connect**

Ready to get started?
Download the Headspace Care app and create an account

Meru Health

Meru Health offers a 12-week digital therapy program designed to support anxiety, stress, depression and burnout—all from your smartphone.

The program includes:

- Licensed therapists and psychiatrists
- Anonymous peer support
- Biofeedback and mindfulness practices
- Habit-building activities
- Support available anytime, anywhere

Get Support at **meruhealth.com/cehealth**

Scan to learn more and sign up for the program

Note: These programs are available exclusively to associates enrolled in an RPM Living medical plan. Click the Perks & Programs tile through your MyCigna app to explore and get started.

RPM-Paid Benefits

RPM provides associates with Basic Life and Accidental Death & Dismemberment (AD&D), and Short-Term Disability insurance through The Hartford. If you are a full-time, non-temporary associate, you are automatically enrolled in Basic Life, AD&D, and Short-Term Disability coverage paid entirely by RPM—even if you waive other benefits.

Basic Life and AD&D

Basic Life and Accidental Death & Dismemberment coverage provides financial protection for you and your loved ones in the event of your death or a covered accidental injury.

In the event of a covered loss, benefits are paid to your designated beneficiary(ies), helping provide financial support when it matters most.

Benefit Amount	1x your annual salary, up to $250,000
Reduction Schedule (Based on age 01/01/2027)	Benefit amount is reduced by 35% at age 65, 50% at age 70, and 75% at age 75

Short-Term Disability

Short-Term Disability coverage replaces 60% of your income, up to $2,000 weekly, if you become partially or totally disabled for a short period.

Short-Term Disability Coverage Details

Benefit Percentage	60% of weekly earnings
Maximum Benefit	$2,000 per week
Elimination Period	7 days for a qualifying illness or injury that occurs **off the job**
Maximum Benefit Period	12 weeks per claim
Purpose	Covers temporary medical conditions that prevent you from working for a limited time
Common Uses	Recovering from surgery, serious illness, childbirth, or injury

Naming a Beneficiary

A beneficiary is the person you designate to receive your life insurance benefits, including Basic Life insurance. If a covered dependent dies, you receive the benefit through The Hartford.

Be sure to name both a primary and contingent beneficiary. During UKG enrollment, you'll provide each beneficiary's:

- Full name and address
- Relationship to you
- Contact information
- Distribution percentage

Note: Life insurance benefits cannot be paid directly to a minor. If you name a minor, funds may be held until they reach age 18.

Employee Assistance Program

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.

- **Confidential Counseling:** Access licensed counselors for support with stress, anxiety, depression, relationships, grief, substance use, and workplace challenges
- **Financial Guidance:** Get help from CPAs and financial planners with budgeting, debt, credit, taxes, retirement, estate planning, and college savings

For support, call 800-327-1850 or visit **guidanceresources.com**
Organization Web ID: HLF902

Voluntary Life and AD&D

Eligible associates have the option to purchase Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance for themselves and eligible family members, including a spouse and/or child(ren). This coverage can provide an additional layer of financial protection beyond your employer-provided Basic Life and AD&D benefit.

You must elect coverage for yourself before enrolling eligible dependents. Premiums are conveniently deducted from your paycheck on a post-tax basis, making it easy to maintain your coverage.

Coverage Amount	Increments	Guaranteed Issue Amount	Maximum Benefit Amount
Associate	$10,000	$250,000	$500,000
Spouse	$5,000	$50,000	$250,000 maximum; cannot exceed 100% of the associate's benefit.
Child(ren) newborn - age 26	$10,000	$10,000	$10,000

Annual Open Enrollment: During Open Enrollment, you and your spouse may have the opportunity to increase Voluntary Life and AD&D coverage by $10,000 without completing medical questions or a health exam, as long as the new coverage does not exceed the applicable Guaranteed Issue (GI) amount.

The Guaranteed Issue amount is the maximum coverage you can elect without providing Evidence of Insurability (EOI). Any coverage elected above the GI amount will require EOI and approval by The Hartford.

Monthly Premium Per $1,000 in Benefit

Age	Associate/Spouse Premium
<30	$0.101
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, 2027.	

Corporate Bi-Weekly Premium

Child(ren) Premium Per $1,000
$1.26

Onsite Weekly Premium

Child(ren) Premium Per $1,000
$0.63

Voluntary Long-Term Disability

Voluntary Long-Term Disability

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

Voluntary Long-Term Disability Costs

Composite Rate	$0.55 per $100 of monthly covered payroll

Long-Term Disability Coverage Details

	Long-Term Disability
Benefit Percentage	60% of monthly base salary
Maximum Benefit	Up to $10,000 per month
Elimination Period	90 days
Maximum Benefit Period	See table below
Purpose	Provides coverage for more serious or lasting conditions that prevent you from working long-term
Common Uses	Chronic illnesses, major surgeries, cancer treatment, or serious injuries

Maximum Duration of Long-Term Disability Benefits

	Age When Disability Begins										
	Under Age 60	Age 60	Age 61	Age 62	Age 63	Age 64	Age 65	Age 66	Age 67	Age 68	Age 69+
Maximum Benefit Duration	Until age 65 or for 60 months, whichever is longer	60 months	48 months	42 months	36 months	30 months	24 months	21 months	18 months	15 months	12 months

Note: Certain exclusions may apply. Please refer to your plan documents or contact your benefits team for more information.

Accident Insurance

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

Accident Insurance Payroll Deductions

	Corporate Bi-Weekly	Onsite Weekly
ASSOCIATE ONLY	$3.76	$1.88
ASSOCIATE + SPOUSE	$6.22	$3.11
ASSOCIATE + CHILD(REN)	$7.38	$3.69
FAMILY	$9.84	$4.92



Accident Coverage Highlights

Initial Accident	$250
Hospital Admission	$1,800
Hospital Confinement	$350
ICU Confinement	$450
Urgent Care / Emergency Room	$300 / $400
Ambulance - Air/Ground	$2,000 / $550
General Anesthesia	$250
X-ray	$200
Diagnostic Exam	$300
Fractures	Up to 200% of $6,000
Dislocations	Up to 200% of $5,000
Lacerations	Up to $750
Burns - Second- & Third-Degree	Up to $20,000
Concussion	$600
Coma	$20,000
Paralysis - One limb	$13,000
Paralysis - Two limbs	$20,000
Dental Extraction / Crown	$150 / $400
Eye Object Removal	$110
Eye Surgical Repair	$400
Puncture Wound	$50
Joint Replacement Surgery	$2,500

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

Critical Illness Insurance

Critical Illness Insurance, provided through The Hartford, provides a tax-free lump-sum payment if you or a covered dependent is diagnosed with a covered condition. You can use the benefit however you choose, including helping with medical expenses, household bills, or other costs. Conditions diagnosed before your coverage effective date are not eligible for benefits.

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

How This Benefit Works: 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).

Wellness Benefit

$50 wellness benefit for qualifying preventive screenings, once per year per covered person.

Covered Conditions

Advanced Alzheimer's	100%
Cancer (Invasive)	100%
Carcinoma in Situ	100%
Coma	100%
Heart Attack - STEMI	100%
Major Organ Failure	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
ALS, Lou Gehrig's Disease	100%
Parkinson's Disease	100%
Skin Cancer	10%
Stroke - Mild to Advanced	100%
Covered Conditions for Children	
Cerebral Palsy - Advanced	100%
Genetic Disorder	100%
Congenital Heart Defect	100%
Congenital Metabolic Disorder	100%

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

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

Critical Illness $10,000 Benefit

AGE	ASSOCIATE ONLY		ASSOCIATE + SPOUSE		ASSOCIATE + CHILD(REN)		FAMILY	
	CORPORATE	ONSITE	CORPORATE	ONSITE	CORPORATE	ONSITE	CORPORATE	ONSITE
<30	$1.40	$0.70	$2.80	$1.40	$2.35	$1.18	$3.75	$1.88
30 - 39	$2.00	$1.00	$4.00	$2.00	$2.95	$1.48	$4.95	$2.48
40 - 49	$4.30	$2.15	$8.60	$4.30	$5.25	$2.63	$9.55	$4.78
50 - 59	$8.55	$4.28	$17.10	$8.55	$9.50	$4.75	$18.05	$9.03
60 - 69	$15.50	$7.75	$31.00	$15.50	$16.45	$8.23	$31.95	$15.98
70+	$26.80	$13.40	$53.60	$26.80	$27.75	$13.88	$54.55	$27.28

Critical Illness $20,000 Benefit

AGE	ASSOCIATE ONLY		ASSOCIATE + SPOUSE		ASSOCIATE + CHILD(REN)		FAMILY	
	CORPORATE	ONSITE	CORPORATE	ONSITE	CORPORATE	ONSITE	CORPORATE	ONSITE
<30	$2.80	$1.40	$5.60	$2.80	$4.70	$2.35	$7.50	$3.75
30 - 39	$4.00	$2.00	$8.00	$4.00	$5.90	$2.95	$9.90	$4.95
40 - 49	$8.60	$4.30	$17.20	$8.60	$10.50	$5.25	$19.10	$9.55
50 - 59	$17.10	$8.55	$34.20	$17.10	$19.00	$9.50	$36.10	$18.05
60 - 69	$31.00	$15.50	$62.00	$31.00	$32.90	$16.45	$63.90	$31.95
70+	$53.60	$26.80	$107.20	$53.60	$55.50	$27.75	$109.10	$54.55

Critical Illness $30,000 Benefit

AGE	ASSOCIATE ONLY		ASSOCIATE + SPOUSE		ASSOCIATE + CHILD(REN)		FAMILY	
	CORPORATE	ONSITE	CORPORATE	ONSITE	CORPORATE	ONSITE	CORPORATE	ONSITE
<30	$4.20	$2.10	$8.40	$4.20	$7.05	$3.53	$11.25	$5.63
30 - 39	$6.00	$3.00	$12.00	$6.00	$8.85	$4.43	$14.85	$7.43
40 - 49	$12.90	$6.45	$25.80	$12.90	$15.75	$7.88	$28.65	$14.33
50 - 59	$25.65	$12.83	$51.30	$25.65	$28.50	$14.25	$54.15	$27.08
60 - 69	$46.50	$23.25	$93.00	$46.50	$49.35	$24.68	$95.85	$47.93
70+	$80.40	$40.20	$160.80	$80.40	$83.25	$41.63	$163.65	$81.83

Critical Illness $40,000 Benefit

AGE	ASSOCIATE ONLY		ASSOCIATE + SPOUSE		ASSOCIATE + CHILD(REN)		FAMILY	
	CORPORATE	ONSITE	CORPORATE	ONSITE	CORPORATE	ONSITE	CORPORATE	ONSITE
<30	$5.60	$2.80	$11.20	$5.60	$9.40	$4.70	$15.00	$7.50
30 - 39	$8.00	$4.00	$16.00	$8.00	$11.80	$5.90	$19.80	$9.90
40 - 49	$17.20	$8.60	$34.40	$17.20	$21.00	$10.50	$38.20	$19.10
50 - 59	$34.20	$17.10	$68.40	$34.20	$38.00	$19.00	$72.20	$36.10
60 - 69	$62.00	$31.00	$124.00	$62.00	$65.80	$32.90	$127.80	$63.90
70+	$107.20	$53.60	$214.40	$107.20	$111.00	$55.50	$218.20	$109.10

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

Hospital Indemnity, offered through The Hartford, 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

First Day Hospital Confinement	$1,000, up to 8 days per year
Daily Hospital Confinement	$200, up to 30 days per year
First Day ICU Confinement	$1,100, once per year
Daily ICU Confinement	$400, up to 15 days
Continuous Care Confinement (Rehab, Skilled Nursing & Hospice)	$200, up to 30 days per year
Mental/Nervous Confinement	$200, up to 30 days per year
Substance Abuse Confinement	$200, up to 30 days per year
Hospital Observation/Short Stay	$200, once per year
Newborn Routine Hospital Care	$100, once per live birth
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	$7.60	$3.80
ASSOCIATE + SPOUSE	$15.78	$7.89
ASSOCIATE + CHILD(REN)	$12.10	$6.05
FAMILY	$20.28	$10.14

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 begins accruing on your first day of employment and becomes available to use after you complete 90 days of service. 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 when 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 carry over 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.

PTO Accrual by Employment Tenure

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

- **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 Leader.

RPM Serves / Volunteer Time

RPM Serves exists to turn our people's time, talent, and heart into measurable good. Through the program, every associate receives eight hours of Volunteer Time Off each quarter to serve causes that matter—as a team, alongside a national partner, or in their own community. Housing is our business; strengthening the communities around that housing is our responsibility.



Holidays

RPM observes a number of paid holidays throughout the year for both Corporate and Onsite 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.

Holiday 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.

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.

Parental Bonding Time

RPM proudly provides Parental Bonding Time, which is intended specifically for parents to bond with their newborn or adopted child.

Eligibility

- Full-time regular associates who have been with RPM for one year are eligible for up to:
  - » 80 hours for onsite associates
  - » 160 hours for corporate associates
- Cannot be used during the duration of a disability claim, when applicable
- Associate must be with RPM for at least one year at the time of birth or adoption
- Proof of birth or adoption is required to be eligible
- Parental bonding time can only be used once within any 12-month period, up to your eligible amount

How to Use Parental Bonding Time

Parental Bonding Time may be taken within one year following the birth or adoption, either as a continuous leave of absence or intermittently, based on your needs and applicable leave requirements.

Associates may request Parental Bonding Time through UKG, or contact the Benefits team for assistance at benefits@rpmliving.com.

State Leave & Disability Benefits

If your state offers leave or disability benefits, you must apply through both the state and The Hartford.

Cigna's Healthy Pregnancies, Healthy Babies

Apple Store

Google Play

- Receive support from a dedicated maternity specialist and access to a nurse anytime
- Outreach is based on your needs, with additional support for higher-risk pregnancies
- Postpartum follow-ups help support your recovery and transition to parenthood
- Referrals are available for behavioral health and social support needs

Resources Include

- Prenatal and postpartum education
- Lactation support and breast pumps
- Childbirth and family resources
- EAP, behavioral health and leave resources
- High-risk pregnancy and NICU support
- Return-to-work resources

Lactation Support & Breast Pumps

In-network lactation counseling and breast pumps are covered at no additional charge. Eligible members may receive an approved breast pump after 28 weeks of pregnancy.

Cigna Healthy Pregnancy App

The Cigna Healthy Pregnancy app is here to support you throughout pregnancy and your baby's first two years.

- Track your pregnancy
- Follow your baby's development
- Access helpful health resources
- Connect virtually with certified lactation consultants for breastfeeding support

Simply download the app, enter your due date, and sign in with your myCigna credentials to get started!

How to Enroll

- Enroll by calling the number on the back of your Cigna member ID card or 800-615-2906
- Or through the Cigna Healthy Pregnancy App. Complete the required health assessment to get started

Note: Any applicable fees may vary based on individual circumstances. Contact Cigna for details about potential costs.

Dependent Care Flexible Spending Account



A Dependent Care FSA allows you to set aside pre-tax dollars from your paycheck to help pay for eligible dependent care expenses. Using pre-tax dollars can help reduce your taxable income and increase your take-home pay while helping you manage the cost of care for eligible dependents.

Dependent Care FSA Highlights

Who Can Participate	Associates with eligible dependents; both spouses must be working or in school
Eligible Expenses	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. For a complete list of eligible dependent care expenses, visit **IRS Publication 503**
2027 Contribution Limit	Up to $7,500 per household
Eligible Dependents	Children under 13, or spouse/adult dependents unable to care for themselves
Access to Funds	Limited to current balance available in your account
Reimbursement Timing	Reimbursed only as funds are deposited into the account
Use-it-or-Lose-it Rule	All unused funds are forfeited at year-end
Provider Requirements	Caregiver must have a Tax ID or SSN; care must allow you to work or attend school
IRS Regulations	Must be work-related care; cannot claim same expense on taxes and FSA

Important Dependent Care FSA Reminders

- **Mid-Year Changes:** You may only change your FSA elections mid-year if you experience a Qualifying Life Event
- **Dependent Care Eligibility:** Expenses for domestic partners or their children are not eligible unless they otherwise meet IRS dependent requirements
- **Caregiver Information:** You'll need to provide the caregiver's Tax Identification Number (TIN) or Social Security Number (SSN) when submitting eligible claims
- **After Leaving RPM:** FSA claims must be submitted within 90 days of your termination date
- **Highly Compensated Employees:** Based on the results of non-discrimination testing, contribution limits may vary for highly compensated employees
- **MyCash Account:** When you pay out of pocket and request reimbursement, TASC deposits the funds directly into your linked MyCash account within 12 hours.
  - » Use your MyCash card anywhere Mastercard is accepted
  - » Schedule automatic transfers to your bank account
  - » Withdraw funds from an ATM

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 wellbeing. 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 (up to the IRS max):

- 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 effective the first of the month following two months of employment
- 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)

Making Changes to Your Contributions

You can adjust your contribution rate at any time at **401k.com**. Changes will take effect as soon as administratively possible and will remain in place until you modify them again.

Contribution Limits for 2027

Age	Annual Deferral Limit
Under age 50	$25,500
50-59	$32,500 ($25,500 + $8,500 catch-up contribution)
60-63	$35,750 ($25,500 + $11,250 catch-up contribution)
64 and older	$32,500 ($25,500 + $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.

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.

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

Your Financial Wellness Resources

UKG Wallet

With UKG Wallet, you don't have to wait for payday. Access up to 30% 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

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

Download the UKG Wallet app or access on the Pay Overview page of the UKG Pro app

Financial Wellness Program

RPM's Financial Wellness Program, provided through Morgan Stanley, offers resources and guidance to help you make informed decisions about your retirement and overall financial wellbeing.

- **Investment Choices:** Access to a diversified selection of investment options to help you make informed retirement decisions
- **Educational Seminars:** Quarterly virtual webinars covering topics such as Social Security, Medicare, retirement planning, and financial wellness
- **One-on-One Consultations:** Connect with your Morgan Stanley Advisor Team **Here**
- **Access financial education, tools, insights, and resources:** **www.morganstanley.com/atwork/employees/retirement**

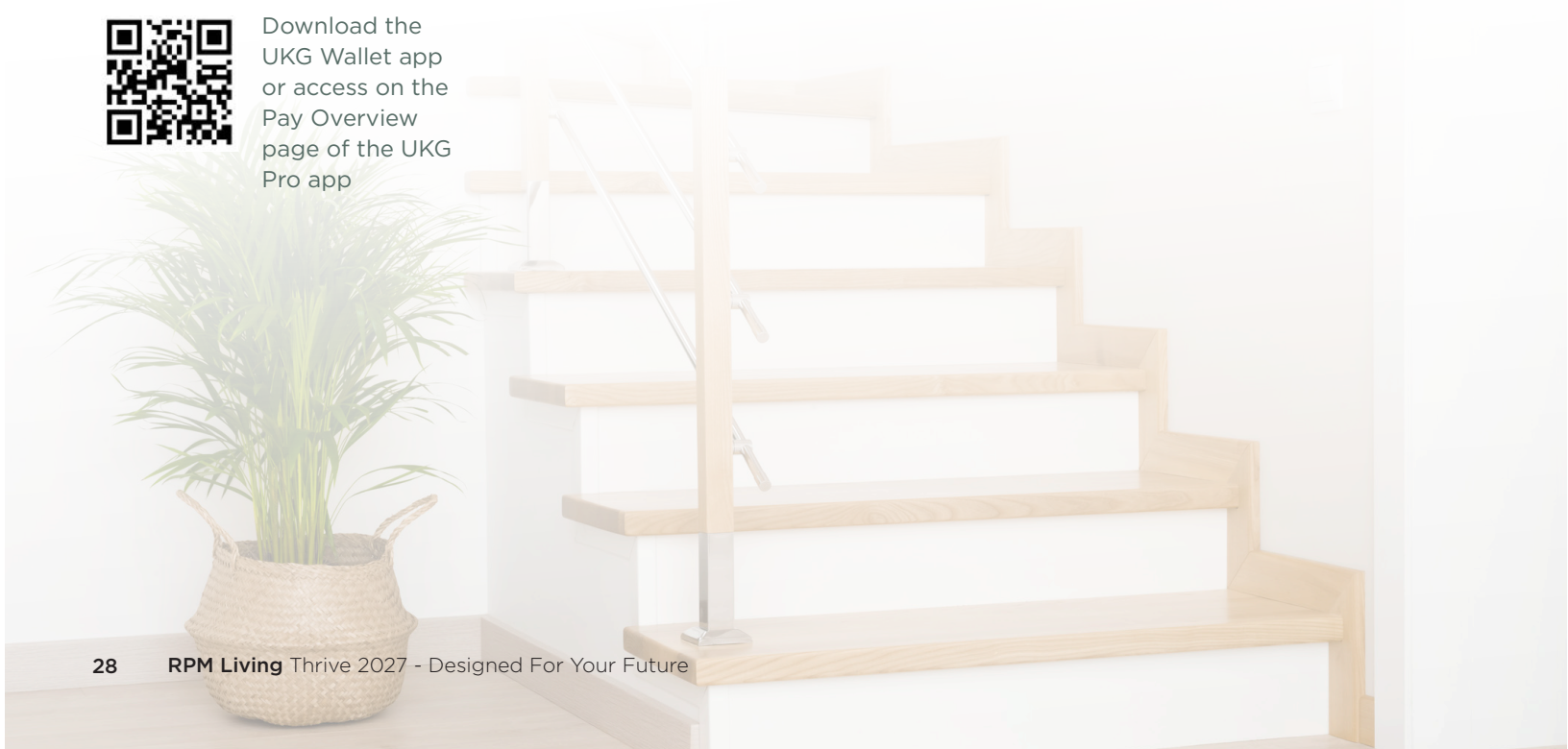
Bank of America Preferred Rewards Program

With BofA Rewards, take advantage of these valuable benefits:

- 25% credit card rewards bonus
- Monthly maintenance fees waived
- Homeownership Assistance
- Cashback deals on popular brands
- Fraud and identity monitoring

Simply maintain an eligible checking account, set up direct deposit in UKG, and enroll through Mobile or Online Banking to start enjoying the benefits.

Learn more about Preferred Rewards



Designed for more

Pet Insurance

RPM offers Pet Insurance through Spot to help provide peace of mind when unexpected veterinary expenses arise. Spot offers coverage for dogs and cats, with plan options designed to fit a variety of needs and budgets.

With a Spot plan, you can visit any licensed veterinarian, emergency clinic, or specialist in the U.S. or Canada and receive up to 90% cash back on eligible accident and illness expenses.

Plan options include:

- Accident Only
- Accident & Illness
- Optional Preventive Care and Wellness Add-ons

Plans also include access to a 24/7 veterinary telehealth helpline through WhiskerDocs.

- Up to 20% off (10% associate discount + 10% multi-pet discount*)
- Access to Spot Perks Program with $2,500+ in discounts
- $25 Visa Gift Card - promotion available to residents of eligible states
- Continuation of coverage available to associates moving from ASPCA

*Discounts may vary based on eligibility and applicable state regulations.

Learn more, get a quote, and enroll at **spotpet.link/rpmliving**.

Scan to access your discount

Thrive SharePoint

Our Benefits Hub, **Thrive SharePoint**, gives associates easy access to everything needed to understand and use their benefits, and offers a wide range of **discounts** through our various vendors. Associates must be logged in to Okta to access discounts.

LinkedIn Learning

LinkedIn Learning helps associates build skills that support career advancement, improve productivity, and strengthen the associate's and the organization's overall capabilities. Key features include:

- 16,000+ courses
- Personalized learning paths
- Expert-led content
- Flexible, self-paced learning
- Certification prep

Explore linkedin.com/learning

Working Advantage

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
- And more

Scan to get your discounts

Getting started:

- Visit **rpmliving.savings.workingadvantage.com**
- Register with your @rpmliving.com email address

Resources at a Glance

Designed For Your Health		
Medical: Cigna Policy #: 3345830	800-997-1654	cigna.com
Prescriptions: Cigna	Express Scripts: 800-835-3784	cigna.com
Health Reimbursement Account: Cigna	800-997-1654	cigna.com
Healthcare Flexible Spending Account: TASC	800-422-4661	tasconline.com
Dental: MetLife Policy #: 283860	800-942-0854	metlife.com/dental
Vision: Cigna Policy #: 3345830	800-997-1654	cigna.com

Designed For Your Wellbeing		
Diabetes Prevention Program: Omada		omadahealth.com/omadaforcigna
Hinge Health		mycigna.com
Cigna One Guide	888-806-5094	mycigna.com
GLP-1 Discount Program		mycigna.com
Weight Management Program: Nutrium		nutrium.com
Virtual Care: MDLive	888-726-3171	mycigna.com
Mental Health Support: Headspace Care	Email: caresupport@headspace.com	organizations.headspace.com/connect
Digital Therapy Program: Meru Health	Email: support@meruhealth.com	meruhealth.com/cehealth

Designed For Your Protection		
Life and AD&D: The Hartford Policy #: 715777	800-523-2233	thehartford.com
STD: The Hartford Policy #: 590145	888-277-4767	thehartford.com
EAP: ComPsych provided by The Hartford	800-327-1850	guidanceresources.com Web ID: HLF902
LTD: The Hartford Policy #: 715777	888-277-4767	thehartford.com
Accident, Critical Illness, Hospital Indemnity: The Hartford Policy #: 715777	800-523-2233	thehartford.com

Designed for Your Life		
Dependent Care Flexible Spending Account: TASC	800-422-4661	tasconline.com

Designed For Your Future		
Financial Wellness Program: Morgan Stanley	303-572-4000	advisor.morganstanley.com/the-ryan-klein-group www.morganstanley.com
401(k) Retirement: Fidelity Plan #: 0172N	800-835-5097	401k.com

Designed For More		
Spot Pet Insurance Code: EBTP_RPMLIVING	888-343-2340	spotpet.link/rpmliving
Associate Discounts: Working Advantage		rpmliving.savings.workingadvantage.com
LinkedIn Learning		linkedin.com/learning
RPM Benefits	512-480-9886 Email: benefits@rpmliving.com	roscoeproperties.sharepoint.com/sites/Thrive

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.

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.

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.

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 Cigna 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 Cigna 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: Prudence Rexroat 913-345-0440
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, 2027
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

RPM LIVING RESERVES THE RIGHT TO CHANGE, AMEND OR TERMINATE ANY BENEFITS PLAN AT ANY TIME FOR ANY REASON. PARTICIPATION IN A BENEFITS PLAN IS NOT A PROMISE OR GUARANTEE OF FUTURE EMPLOYMENT. RECEIPT OF BENEFITS DOCUMENTS DOES NOT CONSTITUTE ELIGIBILITY

The Benefits Decision Guide, combined with these legal notices, provides an overview of the benefits available to eligible employees and their dependents. In all cases, the official plan documents govern and this Benefits Decision Guide is not, and should not be relied upon as a governing document. In the event of a discrepancy between the information presented in the Benefits Decision Guide and official plan documents, the official plan documents will govern.

Statement of Material Modifications
This enrollment guide constitutes a Summary of Material Modifications (SMM) or Summary of Material Reductions (SMR), as applicable, to the RPM Living Cafeteria Plan summary plan description (SPD). It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

Summary of Benefits Coverage
A Summary of Benefits Coverage (SBC) for each of the employer-sponsored medical plans is available by calling your employer/ previous employer.

Bukaty's Role and Compensation
Bukaty Companies facilitates the placement of insurance coverage on behalf of its clients. Bukaty is compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. This compensation may include payment from insurers for marketing related expenses, technology investments or service fees. Our compensation may vary depending on the type of insurance purchased, the insurer selected and other factors such as the volume, growth and/or retention of Bukaty's book of business with the insurer or service provider.

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.

Notice of Creditable Coverage
You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period
If you are covered by one of the RPM Living prescription drug plans listed below, you'll be interested to know that the prescription drug coverage under the plan is, on average, at least as good as standard Medicare prescription drug coverage for 2027. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

Cigna: Standard Plan: $6,500 Deductible PPO Plan

Cigna: Classic Plan with HRA: $2,000 Deductible PPO Plan

Cigna: Premium Plan: $1,000 Deductible PPO Plan

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the Employer plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop RPM Living coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the RPM Living plan, assuming you remain eligible.

You should know that if you waive or leave coverage with RPM Living and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future — such as before the next period you can enroll in Medicare prescription drug coverage, if this RPM Living coverage changes, or upon your request.

Newborns' and Mother's Health Protection Act Notice
Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your medical carrier at the phone number listed on the back of your ID card.

Michelles's Law Notice Extended Depdent Medical Coverage During Student Medical Leaves
The RPM Living plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from a post-secondary educational institution (including a college or university). Coverage may continue for up to a year, unless the child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school — or change in school enrollment status (for example, switching from full-time to part-time status) — starts while the child has a serious illness or injury, is medically necessary, and otherwise causes eligibility for student coverage under the plan to end.

Notice of 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 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 toward your or your dependents other coverage). However, you must request enrollment within 30 days after your or your dependents other coverage ends (or after the employer stops contributing toward the other coverage). 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 to obtain more information contact Bukaty Companies at 888.657.0440.
RPM Living will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the RPM Living group health plan. Note that this 60-day extension does not apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for special enrollment rights, you may add the dependent to your current coverage or change to another medical plan.

To request a HIPAA special enrollment based on the events described above or obtain more information, contact Ashley Henderson (512) 637-2176 .

Illinois Essential Health Benefit (EHB) Listing

Employer Name: RPM Living, LLC

Employer State of Situs: Texas

Name of Issuer: Cigna

Plan Marketing Name: Standard, Classic, and Premium

Plan Year: 2027

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, 2027.

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 long term 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.