

SERENA & LILY



2026 EMPLOYEE BENEFITS GUIDE

Table of Contents

Eligibility and Enrollment Overview	3
Medical and Prescription Drugs	4
Health Reimbursement Account (HRA)	5
Dental Benefits	6
Vision Benefits	6
Life/A&D and Disability (employer paid)	
Voluntary Life/AD&D & Disability (employee paid)	7
Employee Assistance Plan (EAP) & Travel	
Flexible Spending Account (FSA) & Commuter Benefit	8
401(k)	
Additional Voluntary Benefits	9
Employer Contributions & Employee Costs	10
Carrier Contact Information	11

The benefits information in this Benefits Enrollment Guide is presented for illustrative purposes. The text contained in this Guide was taken from various summary plan descriptions and benefits information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. Serena & Lily reserves the right to modify any content of this document at any time.



Eligible Dependents

You may cover your eligible dependents under many of the benefit plans as long as they are:

- * Your spouse or registered domestic partner.
- * Your child(ren) up to age 26 regardless of student or marital status.
- * Your handicapped child(ren), regardless of age, if incapable of self-sustaining work, and if the handicap began before the limiting age.

If you work 30 hours or more per week, you are eligible to enroll in Serena & Lily benefit plans.

Employee Benefits Overview

Serena & Lily is committed to providing exceptional benefits to our employees. Keeping in mind the unique and diverse needs of our employees, we have put together a benefits program that will help protect the personal and financial well being of you and your family.

Upon joining Serena & Lily, your benefits are effective on the first of the month following date of hire. The plan and dependent elections that you make when you are hired or during annual open enrollment are effective for the entire calendar year unless you experience a qualifying event (marriage, birth, adoption, or loss of coverage).

How Do I Enroll in Benefits?

New hires will receive enrollment information from Human Resources. Enrollment is done online via ADP. Please be sure to adhere to the deadline for your enrollment. If you do not enroll in accordance to the deadlines set, there may be a delay in the start of your coverage. If you miss your new hire enrollment window, you will need to wait until the next annual Open Enrollment period to join.

For more information about the benefits, please refer to the benefit website at <https://mybenefits.cc/serenaandlily/> to review plan designs, required notices, evidence of coverage, documents and much more.

New Hire Waiting Period

Employees are eligible for benefits on the first of the month following date of hire.

Medical and Prescription Drugs

The following chart shows what you pay for your medical services under the Serena & Lily medical plan offered through United Healthcare. The plan offered is a PPO plan which allows members to obtain care from In-Network and/or Out-of Network providers. Utilizing contracted In-Network providers will result in less out-of-pocket expenses.

NOTE: Serena & Lily offers a Health Reimbursement Account (HRA) in conjunction with the United Healthcare medical plan. HRA details can be found on page 5.

Plan Highlights		In-Network	Out-of Network
HRA BENEFIT	Individual	\$3,000 (available for In-Network services <u>ONLY</u>)	
	Family	\$6,000 (available for In-Network services <u>ONLY</u>)	
Calendar Year Plan Deductible	Individual	\$3,000	\$9,000
	Family	\$6,000	\$18,000
Out-of-Pocket Maximum ¹	Individual	\$5,000 (includes deductible)	\$15,000 (includes deductible)
	Family	\$10,000 (includes deductible)	\$30,000 (includes deductible)
Preventive Care (See EOC for covered services)		\$0	Not Covered
Physician Visits (In-Office)		20% after deductible	50% after deductible
Diagnostic Lab & X-ray		20% after deductible	Lab: Not Covered X-Ray: 50% after deductible
Hospitalization		20% after deductible	50% after deductible
Outpatient Surgery		20% after deductible	50% after deductible
Urgent Care		20% after deductible	50% after deductible
Emergency Room		20% after <u>In-Network</u> deductible	
Prescriptions (Retail Pharmacy) ²		(Up to 30-day Supply)	(Up to 30-day Supply)
Tier 1 (Generic/Specialty):		\$10/\$10 after Medical Plan Deductible	\$10 after Medical Plan Deductible
Tier 2 (Pref. Brand Name/Specialty):		\$35/\$150 after Medical Plan Deductible	\$35/\$150 after Medical Plan Deductible
Tier 3 (Non Pref. Brand / Specialty):		\$70/\$250 after Medical Plan Deductible	\$70/\$250 after Medical Plan Deductible
Prescriptions (Mail Order) ²		(Up to 90-day Supply)	
Tier 1		\$25 after Medical Plan Deductible	Not Covered
Tier 2		\$87.50 after Medical Plan Deductible	
Tier 3 (Including Specialty Drugs)		\$175 after Medical Plan Deductible	
Acupuncture (12 visits max/year)		20% after deductible	Not Covered

¹ This plan annual deductible & out-of-pocket maximums are embedded.

² Your copayment and coinsurance is determined by the tier to which the Prescription Drug List (PDL) Management Committee has assigned the Prescription Drug Product. All Prescription Drug Products on the PDL are assigned to Tier 1, Tier 2 or Tier 3.

Your United Healthcare medical plan offers additional wellbeing benefits, programs and resources!

Find more information at: www.myuhc.com.

Health Reimbursement Account (HRA)

Serena & Lily generously funds an HRA for eligible employees and the funds are to cover the first In-Network ONLY deductible amounts (Individual/Family) as outlined below. As long as you are seeking care with UHC contracted In-Network providers, the process is seamless - United Healthcare will pay your In-Network provider directly using your HRA Dollars.

HRA Benefit Amounts & Plan Deductibles/Out-of-Pocket Maximums

- The HRA plan runs on a calendar year basis from January 1st through December 31st each year.
- The UHC Plan Deductible and Out-of-Pocket maximum amounts run on a calendar year and amounts reset every January 1st.

How the HRA Works

The first \$3,000 (Employee Only coverage) or \$6,000 (Employee + Dependent coverage) of your In-Network ONLY out-of-pocket expenses (deductible, copay & coinsurance) are paid through the United Healthcare HRA.

Deductible Phase In-Network (\$3,000 Individual / \$6,000 All Other Tiers)

The first \$3,000 / \$6,000 of the deductible is funded by your employer. All services are subject to the plan deductible including prescription drugs (*unless otherwise noted*). If a service is covered by your health plan, United Healthcare automatically pays the bill (claim) from your HRA first. In-Network and Out-of-Network deductibles do not cross accumulate.



Once you meet your Deductible In-Network (\$3,000 Individual / \$6,000 All Other Tiers)

Once you reach your In-Network Deductible, the plan pays 80% for any additional services up to the annual Out-of-Pocket Maximum. In-Network and Out-of-Network out-of-pocket maximums do not cross accumulate.



Dental

Dental coverage is provided for you and your family members through Guardian. The Dental PPO plan offered allows you the flexibility of seeking services from a dentist of your choice. However, the out of pocket costs will be much lower if you utilize the services of a contracted provider within the Guardian network. Charges from out of network dentists are subject to Usual, Customary and Reasonable limits. Please see the plan summary on the benefits website for all covered services.

To find providers, visit <https://mybenefits.cc/serenaandlily/>.

Dental Plan Highlights	Guardian PPO Plan	
	In-Network	Out-of-Network
Annual Maximum	\$1,500 annual benefit per individual ¹	
Deductible	Applies to basic and major services only – \$50 individual; \$150 Family	
Preventive Services Exams, cleanings, x-rays	100%	100% of UCR
Basic Services Fillings, simple extractions	90%	80% of UCR
Major Services Crowns, Bridges, Dentures	60%	50% of UCR
Orthodontia Services Child & Adult	50% \$1,000 Lifetime Maximum	
Maximum Rollover		
Threshold		\$700
Rollover Amount		\$350
In-Network Rollover		\$500
Account Limit		\$1,250

¹ Maximum Rollover is included. See plan documents for details.

Vision Benefit

Eligible employees have access to a vision benefit with VSP through Guardian which offers one of the largest provider networks nationwide. You can see any vision provider you choose, but will spend less out-of-pocket when utilizing contracted VSP In-Network providers. The plan benefits are highlighted below, please refer to the Plan Documents for more detailed information.

To find providers, visit <https://mybenefits.cc/serenaandlily/>.

Vision Plan Highlights	VSP (Guardian) Choice Vision Plan	
	In-Network	Out-of-Network
Exam Copay	\$10 Copay	N/A
Materials Copay	\$25 Copay	
Exam (every 12 months)	Covered at 100% after copay	Up to \$39
Lenses (every 12 months) per pair	Covered at 100% after copay: Single, Bifocal, Trifocal, Lenticular	Up to \$23 - \$64
Frames (every 12 months)	\$130 Allowance + 20% off additional costs	Up to \$46
Contact Lenses	Up to \$60 Copay for Exam	
Elective	\$130 Allowance	Up to \$100
Medically Necessary	Covered in Full	Up to \$210

Group Life/AD&D and Disability

Serena & Lily provides eligible employees group term life, accidental death and dismemberment (AD&D), and long term disability coverage through Mutual of Omaha, and pays 100% of the premium for these benefits. In addition, voluntary life/ad&d and short term disability coverage is available through Mutual of Omaha. Premiums for the voluntary coverage is the employee's responsibility and are paid via post-tax payroll deductions.

You may update your beneficiary information for this plan at any time. Contact Human Resources.

Life Insurance Reduction Schedules apply for Employer Paid & Voluntary Life. Please refer to the plan documents for details.

Please note per IRS regulations, employer paid premiums for amounts of life insurance in excess of \$50,000 are subject to imputed income taxation.

PLAN OFFERED	Life/AD&D ³	Disability
Employer Paid Benefits (Premiums Paid 100% by Serena & Lily)	1 x's annual salary up to \$250,000	Long Term Disability (LTD) 60% of post-tax monthly earnings up to a maximum benefit of \$10,000 per month (90 day elimination period)
Employee Paid Voluntary Benefits¹ (Premiums paid 100% by employee)	Employee: 5 x's annual salary up to \$500,000 Spouse: 50% of employee's benefit (\$50k max) Child: 50% of employee's benefit (\$10k max)	Short Term Disability (STD) ² 30% of post-tax weekly salary to a maximum of \$1,500 per week (7 day elimination period)

¹ Voluntary Life Amount INCREASES over the GI Amount may require EOI (Evidence of Insurability) forms. First time enrollees at OE require EOI for all amounts. See plan documents for details.

² No EOI is required on the Voluntary STD.

³ Per IRS regulations, premiums paid by the company for amounts of life insurance in excess of \$50,000 are subject to imputed income taxation.

Employee Assistance Program (EAP)

Employees have access to a confidential comprehensive Employee Assistance Program (EAP). The EAP is available through Mutual of Omaha at no cost to employees. Connecting with an EAP advisor is easy and is available 24/7! Utilize the EAP for:

- Up to six face-to-face visits with a licensed counselor.
- Get assistance with your life challenges, financial planning, estate guidance and legal services.
- Personal and family counseling, mental health and clinical issues.
- Child care, elder care and college planning.

Toll Free:	800.316.2796
Website:	www.mutualofomaha/eap

Travel Assistance

Toll-free travel assistance is available through WorldWide Travel which includes 24/7 emergency assistance when employees and their families are traveling 100 miles or more from home.

- Assistance with medical emergencies and care.
- Lost luggage and documents.
- Pre-trip requirements and more!

Domestic:	800.856.9947
International:	312.935.3658 (Call Collect)

Health Care and Dependent Care FSA

Serena & Lily provides you the opportunity to pay for out-of-pocket medical, dental, vision, and dependent care expenses with pre-tax dollars through the Flexible Spending Account (FSA) administered by Navia. You must enroll/re-enroll each year to participate for the plan year January 1st to December 31st .

Health Care FSA: You may set aside up to **\$3,400 annually**¹ to use on eligible expenses that your health plans and HRA do not cover. This includes things like copays, coinsurance, dental or vision expenses and even some common over the counter household items (band aids, sunscreen, first-aid kit, cold compress, etc.). You can access the funds in your HCFSA through your debit card!

Dependent Care FSA: You may set aside up to **\$7,500 per family annually** to use on eligible dependent care expenses. If you are married and filing separately, you may set aside up to \$3,750 annually. The DCFSA works like a bank account; reimbursement cannot exceed your account balance. An eligible dependent(s) must live with you and must be 12 years or younger (13 or older if the dependent cannot physically or mentally take care of him/herself). Elder care expenses are also eligible. For full details and additional information on eligible expenses visit your benefits website: <https://mybenefits.cc/serenaandlily/>.

¹ Unused funds of up to \$680 may roll over into the next plan year. Any unused medical amounts over \$680 and any unused dependent FSA funds will be forfeited (unused Dependent Care funds do not rollover).

Commuter Benefit

By enrolling in the commuter benefit plan you can pay for qualified workplace mass transit and parking expenses with tax free contributions, meaning that you will not have to pay federal income taxes, social security (FICA) taxes, or state income taxes (may vary from state to state) on these expenses. The 2026 IRS maximum contribution limits are:

\$340 per month for Transit | \$340 per month for Parking

401(k) Retirement Plan

Serena & Lily eligible employees have the option to enroll in the company's 401(k) on their first day and can contribute either pre-tax dollars or after-tax dollars (Roth). Employees may set aside up to \$24,500 per year plus an additional \$8,000 if 50 years old or over in to their 401k plan.

Website:

- <https://www.mykplan.com> - Investment options and advice on how to invest your account.

ADP provides Serena & Lily employees with the investment menu, ongoing participant education, serves as the record-keeper and web host for the 401(k) plan.

Other Benefits!

Serena and Lily knows how busy life can get and things happen! We offer eligible employees easy access to these additional benefits to help manage life's surprises and emergencies. These benefits are offered on a voluntary basis.

- Colonial Life Accident Insurance: Covers you and your family when accidents happen anywhere, work, home, playground, sports, etc.
- LegalShield & IDShield: Legal assistance, professional advice and 24/7 emergency access, plus, identity theft protection services via IDShield.
- Nationwide Pet Insurance: Save money with preferred pricing, use any vet and get cash back on vet bills.

Visit the Serena and Lily Benefit Website for more information on the above plans and links to the carrier websites:

<https://mybenefits.cc/serenaandlily/>

2026 Holiday Schedule

- New Years Day
- Martin Luther King, Jr. Day
- Memorial Day
- July 4th (Observance)
- Labor Day
- Thanksgiving
- Christmas Day



Employer Premium Contributions

Employees are required to contribute 15% toward the Medical employee premium. Serena & Lily will continue to cover the full cost of the employee only premium for Dental and Vision coverage. Serena & Lily will also continue to contribute 50% towards the dependent's premium. Any deductions for dependent coverage will be taken out of your paycheck on a pre-tax basis with exception to deductions for domestic partner and children of domestic partners, which is post-tax.

Please note that the value of health care coverage provided for a domestic partner, or any eligible enrolled dependent children of a domestic partner, is generally treated as income for federal tax purposes (and in most cases, state tax purposes).

The group basic life/ad&d and long term disability premium is paid for 100% by Serena & Lily - - no cost to you!

Employee Monthly Costs

	Employee Only Contribution	Employee+Spouse Contribution	Employee+Child(ren) Contribution	Employee+Family Contribution
UHC Medical PPO	\$112.26	\$523.88	\$449.05	\$860.67
Guardian PPO	\$0.00	\$19.76	\$26.43	\$57.52
VSP (Guardian) Vision	\$0.00	\$2.72	\$2.83	\$6.27

Refer to the Serena & Lily benefit website for the Voluntary Life/AD&D and Short Term Disability rates.

<https://mybenefits.cc/serenaandlily/>

Carrier / Vendor	Group # or Reference ID	Phone	Website / Email
United Healthcare Medical	919265	866.314.0335	www.myuhc.com
Guardian PPO Dental	00042070	888.600.1600	www.guardiananytime.com
VSP Vision (via Guardian)	00042070	888.600.1600	www.guardiananytime.com
Mutual of Omaha Group Basic Life/AD&D & LTD Voluntary Life/AD&D & STD Employee Assistance Program (EAP) Travel Assistance	G000AJZ7	800.655.5142 800.655.5142 800.655.5142 800.316.2796 U.S. 800.856.9947 Outside: 312.935.3658	www.mutualofomaha.com www.mutualofomaha.com/eap
Navia FSA/Commuter Benefit	S&L	800.669.3539	www.naviabenefits.com
ADP 401(k) Retirement	427882	800.695.7526	www.mykplan.com
Additional Voluntary Benefits VPI/Nationwide Pet Insurance Colonial Life Voluntary Products LegalShield ID Theft & Legal Services	N/A	877.738.7874 800.325.4368 800.654.7757	www.petinsurance.com/serenaandlily https://benefitsenrollment.as.me/ www.mylegalshield.com

REQUIRED LEGAL NOTICES: All official documents relating to the Serena & Lily Insurance Employee Benefits Program, including the SBC's, Summary Plan Descriptions, HIPAA Privacy Notice, Initial Cobra Notice, Medicare Part D notice, and any other relevant plan documents or notices, are available electronically through the benefits website. You may also receive a paper copy by contacting HR.

Your Insurance Broker


Your Acrisure Client Services Manager is available to assist with your benefit questions throughout the year.

Sara Packard

spackard@acrisure.com

925.299.7213

The benefits information in this Benefits Enrollment Guide is presented for illustrative purposes. The text contained in this Guide was taken from various summary plan descriptions and benefits information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. Serena & Lily reserves the right to modify any content of this document at any time.



Find comfort knowing Serena
& Lily has you and your family
covered!