

SERENA & LILY

Summary of Employee Benefits



2026

Plan Year

About This Guide

Serena & Lily provides comprehensive employee benefits as part of our total compensation program. The decisions you make regarding your enrollment in benefits deserves your careful consideration. Your choices will be in effect for the 2026 plan year. You will be able to make changes during the plan year only in the event of an IRS qualified Family Status Change. Be sure to review the plan's covered and non-covered services and any restrictions on your choice of providers.

Benefits Eligibility

Regular employees working a minimum of 30 hours per week are eligible to enroll in the medical, dental, vision, life, disability and voluntary insurance benefits on the first of the month following date of hire.

Benefits-eligible employees who do not enroll at the time of their initial eligibility period have the opportunity to enroll in our benefit plans during our annual open enrollment. You may make changes to your benefits, or add or drop your dependents during this time. Mid-year changes are not permitted unless you experience an IRS qualified Family Status Change. You must notify Human Resources within 30 days of a change in family status.

Employee Costs for the 2026 Plan Year

Employees are required to contribute 15% towards 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 dependents 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' coverage, which is post-tax. Please note that the value of health care coverage provided for a domestic partner or any 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!**

Please refer to the Monthly Employee Cost Effective 1/1/2026 sheet for the new contribution amounts.

Additional Voluntary Benefits!

Additional voluntary products are available to all benefits eligible employees and include the products listed below. *Voluntary benefit premiums are paid 100% by the employees.*

Mutual of Omaha:

Colonial Life:

VPI/Nationwide Pet Insurance:

Legal Shield/ID Shield:

Voluntary Life Benefit (EE and/or Family) | Voluntary Short Term Disability

Accident Insurance | Critical Illness Insurance | Medical Bridge Benefits

Major Medical Benefits | Wellness Coverage | 24/7 vetHelpLine

Identity Theft Protection | 24/7 Law Firm Access | Legal Advice & Consultation | Documentation Preparation

Medical Plan Options

Serena & Lily offers an Health Reimbursement Account (HRA) medical plan through United Healthcare with In and Out-of-Network benefits. The HRA medical plan is based on a calendar year effective January 1 - December 31.

Deductibles and out of pocket maximums run on a calendar year basis and reset on January 1st each year. The medical plan details are outlined below.

Find providers and more information at: www.myuhc.com



United Healthcare Select Plus PPO HRA

Individuals on this plan may receive care from any provider and/or facility; however, United Healthcare has negotiated discounted prices with providers who participate in the network. This means that by using in-network providers you will reduce your out-of-pocket expenses. You are not required to designate a Primary Care Physician (PCP) on this plan.

Medical Plan Features	In-Network	Out-of-Network
HRA Benefit Amount:		
Per Individual	\$3,000* (available for In-Network services ONLY)	
Per Family	\$6,000* (available for In-Network services ONLY)	
Calendar Year Deductible ¹ :		
Per Person	\$3,000	\$9,000
Per Family	\$6,000	\$18,000
Annual Out-of-Pocket Maximum ¹ :		
Per Person	\$5,000 (includes deductible)	\$15,000 (includes deductible)
Per Family	\$10,000 (includes deductible)	\$30,000 (includes deductible)
Preventive Care:		
Physical Exams	\$0	Not covered
Labs/X-rays/Screenings	\$0	Not covered
Office Visits:	20% after deductible	50% after deductible
Acupuncture (12 Visits Max per Year):	20% after deductible	Not Covered
Most Lab & X-ray Outpatient:	20% after deductible	Lab: Not Covered / X-ray: 50% after deductible
Inpatient Hospital (pre-authorized):	20% after deductible	50% after deductible
Outpatient Facility (pre-authorized):	20% after deductible	50% after deductible
Mental Health / Substance Abuse Services:		
Inpatient	20% after deductible	50% after deductible
Outpatient	20% after deductible	50% after deductible
Emergency Services / Visits:	20% after In-Network deductible	
Retail Prescription Drugs (Rx) ² :	(Up to 30 day supply)	(Up to 30 day supply)
Tier 1: (Generic/Specialty):	\$10/\$10 Copay after Medical Plan Deductible	\$10/\$10 Copay after Medical Plan Deductible
Tier 2: (Pref. Brand Name/Specialty)	\$35/\$150 Copay after Medical Plan Deductible	\$35/\$150 Copay after Medical Plan Deductible
Tier 3: (Non Pref Brand Name/Specialty)	\$70/\$250 Copay after Medical Plan Deductible	\$70/\$250 Copay after Medical Plan Deductible
Mail Order Prescription Drugs (Rx) ² :	(Up to 90 day supply)	
Tier 1:	\$25 Copay after Medical Plan Deductible	Not Covered
Tier 2:	\$87.50 Copay after Medical Plan Deductible	
Tier 3 (Including Specialty Drugs):	\$175 Copay after Medical Plan Deductible	

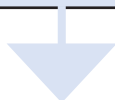
¹ The plan annual deductible and out-of-pocket maximums are embedded. ² Your copayment and coinsurance is determined by the tier to which the Prescription Drug List (PDL) Management Committee has assigned the Prescription Drug Product. All Prescription Drug Products on the PDL are assigned to Tier 1, Tier 2 or Tier 3. Find individualized information on our benefit coverage, determine tier status, check claims and more at myuhc.com.

*How the HRA Works

The first \$3,000 (Employee Only coverage) or \$6,000 (Employee + Dependent coverage) of your **In-Network ONLY** deductible expenses are paid through the United Healthcare HRA. As long as you are seeking care with **In-Network** providers, this process is seamless – United Healthcare will pay your provider directly using your HRA dollars.

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, UHC 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 and Vision Plans



Guardian PPO Plan DG 2000 (WD)		
Services	In-Network	Out-of-Network
Calendar Year Deductible	\$50 per Person	
Annual Maximum	\$1,500 per Person (Maximum Rollover Included ¹)	
Preventative	100% No deductible	100% of UCR No deductible
Basic Services	90% after deductible	80% of UCR after deductible
Major Services	60% after deductible	50% of UCR after deductible
Ortho (Child & Adult)	50% to \$1,000 Lifetime Maximum	

Non-participating dentists can bill you for charges above the amount covered by your dental plan (balance billing). To maximize your benefits, we encourage you to visit a participating DentalGuard Preferred provider. ¹ See plan document for Max Rollover benefit details.



VSPChoice Network		
VSP Vision Plan through Guardian		
Services	In-Network	Out-of-Network
Exam Copay	\$10 Copay	N/A
Materials Copay	\$25 Copay	N/A
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

Finding a network provider is easy! Visit: <https://mybenefits.cc/serenaandlily/>

Life/AD&D and Disability Benefits

Serena & Lily offers the following benefits through Mutual of Omaha to all benefit-eligible employees. Contact Human Resources for information on how to enroll in the Voluntary Employee Paid products below.



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 Please note, 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 enrolled in the Mutual of Omaha Life and Disability benefits have access to an Employee Assistance Program for free! Employees and eligible family members can contact an EAP advisors 24/7 via phone or online and members can arrange for up to **six face-to-face visits (per incident)** to help deal with short term issues. Call to get assistance with:

- Dependent & Elder Care Referrals
- Financial & Legal Matters
- Stress, Depression & Grief
- Parenting and Relationship Issues
- Drug / Alcohol Abuse
- Balancing work and home life



Connecting with an advisor is easy! Visit: www.mutualofomaha.com/eap or Call: 800.316.2796

¹ The plan annual deductible and 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. Find individualized information on our benefit coverage, determine tier status, check claims and more at myuhc.com.

Worldwide Emergency Travel Assistance

Traveling, whether for business or pleasure, can be a busy time. Assistance is available to you through Mutual of Omaha's worldwide Travel Assistance program. Support professionals can assist you with planning ahead and with emergencies that may occur during travel. Get help retrieving lost luggage, obtain medical care and more!

Getting help is easy! Call: In the U.S. 800.856.9947 | Outside the U.S. (call collect) 312.935.3658

Flexible Spending Plan - Health & Dependent Care



Under our Section 125 plan, any payroll deductions for health care premiums are taken on a before-tax basis. New hires are eligible to contribute to a flexible spending account the first of the month following hire date. Current IRS maximum contribution limits are: **FSA Medical Expenses = up to \$3,400¹ | FSA Dependent Care = up to \$7,500**

¹ Unused medical FSA funds up to \$680 may be rolled 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 Plan



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. Current IRS maximum contribution limits are:

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

401(k) Retirement Plan



Employees are eligible to participate in our 401k Retirement Plan on their first day and can contribute either pre-tax dollars or after-tax dollars (Roth). Employees may set aside up to **\$24,500/year** plus an additional **\$8,000** if 50 years old or over in to their 401k plan in 2026. Going forward, ADP will provide us with our investment menu, ongoing participant education, will serve as the record-keeper and web host for the plan.

Serena & Lily's Benefit Website: <https://mybenefits.cc/serenaandlily/>

This website houses direct links to all the carrier web sites, group numbers, detailed plan descriptions, and contact information. You can search for in-network doctors and dentists by following the links to directories for each carrier. You can also review plan details and benefit coverage information, or download forms to enroll/make changes to your benefits coverage.

All documents relating to the Serena & Lily Employee Insurance Benefits Program, including the Summary Plan Descriptions, HIPAA Privacy Notice, General COBRA Notice and any other relevant Plan Documents or Notices, are available to employees and their dependents electronically through Serena & Lily's benefit website. You may receive a paper copy of any of the above documents free of charge by contacting the Human Resources department.

Important Benefit Contact Information			
Carrier / Vendor	Group Number	Phone	Website
United Healthcare Medical	919266	866.314.0335	www.myuhc.com
Guardian PPO Dental	00042070	888.600.1600	www.guardiananytime.com
VSP Vision through 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	N/A	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
Acrisure Client Services Manager: Sara Packard, Sr. Account Manager		925.299.7213	spackard@acrisure.com

If you have... eligibility questions or unresolved claim issues and need assistance, please contact your Human Resources department, or your Acrisure Client Services Manager noted above.

This summary is intended for reference only. Please refer to your official plan documents for more information.