

THE ODP GROUP



2026 BENEFITS GUIDE PUERTO RICO



Office DEPOT®
OfficeMax®

Welcome



This Benefits Guide describes the benefits and programs available to benefits-eligible coworkers of The ODP Group (“ODP”) residing in Puerto Rico.

If you are a new coworker – welcome to ODP!

If you are considering employment with us – we hope this Benefits Guide provides you with the information you need to make your decision.

If you are a current coworker looking for information on your benefits as a refresher or if you are experiencing an IRS-qualified life event that allows you to enroll or make changes to your current elections, you’ve come to the right place!

At ODP, we value our coworkers’ contributions to our organization.

We are proud to offer a comprehensive benefits package to help you protect what is most important to you – your health and your family.

ANNUAL ENROLLMENT

Annual enrollment for 2026 will take place from October 28 to November 11, 2025. This is the one time during the year when you can enroll in or make changes to your ODP health & insurance benefits, unless you experience an IRS-qualified event that permits a mid-year change. Enrollments and/or changes will be effective January 1, 2026.

myBenefitsHub by bswift

myBenefitsHub is our health and welfare enrollment portal and can be accessed at <https://.odp.bswift.com>. This portal offers:

- **Enrollment Center** – A one-stop shop that has benefits information, including the Emma EnrollPro decision support tool, videos, FAQs and more.
- **Resource Library** – A comprehensive library of documents such as Summary Plan Descriptions (SPD), rate sheets, legal notices, benefit guides and more.

IMPORTANT ENROLLMENT DEADLINES:

New Hires: Your enrollment window opens approximately two (2) days after your date of hire. Your enrollment deadline is outlined on your myBenefitsHub homepage. Benefit elections **must** be made prior to your benefits effective date (which is the 1st of the month following 30 days of service). If you miss your enrollment deadline, your next opportunity to enroll will be during the next Annual Enrollment (AE) period, or if you experience an IRS-qualified life event.

IRS-Qualified Life Events: You must report the life event within 31 days of the actual life event date, otherwise your next opportunity to enroll, add dependents, or make changes will be during the next AE period, or if you experience a subsequent IRS-qualified life event.

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Eligibility

You are eligible to participate in the ODP benefits program if you are:

- A resident of Puerto Rico; and
- Classified as a regular full-time coworker scheduled to work at least 30 hours per week.

Benefits Effective Date

If you meet the above eligibility requirements, your benefits effective date is as follows:

- the 1st of the month following 30 days of service.

If You Are Not Actively at Work

Regardless of the benefits effective dates outlined above, if you are not actively at work (e.g., on a leave of absence) on the day that participation in life insurance and/or disability is scheduled to begin, your participation will take effect on the day following your return to active employment.

If You Are Rehired

If you are classified as a regular, full-time coworker, you terminate employment and are rehired as a regular full-time coworker, your eligibility for health and welfare benefits coverage will depend on how long you are gone from employment –

- If you return to work within 13 weeks and you had previously satisfied your waiting period, your eligibility for health and welfare benefits coverage is immediate (as soon as administratively possible).
- If you return to work after 13 weeks, you will be treated as a new hire, and you must satisfy the new hire waiting period rules.

Married Couple Working for ODP

You may choose to enroll your SP/DP as a dependent on your coverage; however, you cannot have duplicate coverage. You also cannot enroll your benefits-eligible SP/DP as a dependent for life insurance coverage. You must each enroll in your own coverage.

Eligibility

Eligible Dependents

If you enroll in coverage, you may enroll your eligible dependents defined as:

- Your spouse (“SP”), which includes:
 - Your lawful same- or opposite-gender SP under a legally valid existing marriage; or
 - Your lawful common law same- or opposite-gender SP where legally recognized.
- Your domestic partner (“DP”), which includes:
 - Your same- or opposite-gender DP if you have a validly registered domestic partnership, or a signed and notarized DP affidavit; or
 - Your same-gender DP with whom you have entered a legal civil union based upon applicable law.
- Your eligible dependent child(ren) up to age 26 if they are:
 - Your biological child, your legally adopted child, or a child placed with you for legal guardianship.
 - Your stepchild (biological or legally adopted child of your legal SP).
 - A biological or legally adopted child of your DP.
 - Your eligible foster child or the foster child of your SP or DP.
 - A child for whom the court has issued a Qualified Medical Child Support Order (QMCSO) for you to provide coverage; or
 - Your eligible dependent over age 26 if they are totally and permanently disabled and incapable of self-support.

Dependent Verification Audit

All covered dependents (spouses, domestic partners, and children) enrolled in ODP’s benefit plans will be subject to a dependent eligibility verification audit managed by bswift. Notices with instructions and the required documentation will be sent via email or U.S. mail, based on your preferred communication method. Please ensure your preferred email and home address are updated in mycloud. Failure to respond, or dependents who are not verified will result in loss of coverage.

Also, any benefits-eligible new hire that enrolls a dependent, as well as any coworker that enrolls a dependent under an IRS-qualified life event will be required to provide documentation within a certain period of time; otherwise, the dependent’s enrollment will not be processed.

Ineligible Dependents

- An individual with whom you are legally divorced, or a DP who no longer meets the requirements of an eligible DP;
- Someone serving in the armed forces;
- Your parents, grandparents, grandchildren (unless you are their legal guardian or have legally adopted them), or
- Your fiancé or fiancée, girlfriend or boyfriend.

When Enrolled Dependents are No Longer Eligible

You are responsible for timely removal of a dependent(s) when they are no longer eligible.

Coverage for a dependent child automatically ends on the last day of the month in which they turn age 26 (unless you submit for extended coverage due to disability).

Coverage for a SP, DP and/or any of your DP’s children ends upon the day of a:

- Divorce
- Dissolution of the domestic partnership

IMPORTANT!

You are responsible for removing a dependent from your coverage through myBenefitsHub within 31 days of the date your dependent no longer meets eligibility requirements; otherwise, you may face disciplinary action up to and including termination of employment. Further, ODP may bar your participation in the Plan and seek reimbursement from you, even if you no longer work at ODP, for all benefits paid by the Plan on behalf of the ineligible dependent, including any legal costs and attorney fees related to obtaining reimbursement. Any premiums paid in error due to a delay in removing an ineligible dependent are not eligible for refund.



Qualified Life Events

WHAT IS A QUALIFIED LIFE EVENT

Per IRS guidelines, you cannot make changes to your health insurance benefits outside of annual enrollment unless you experience a qualifying life event (QLE).

A QLE is a change in your current situation, like getting married or divorced, having a baby, or losing health coverage. You have 31 days from the date of your qualifying event to process a life event on [myBenefitsHub](#).

Can I Report a Future Dated QLE?

No, and this question comes up a lot, specifically for those expecting a baby or getting married. You can only submit a life event for an event that has occurred, not a future dated event.

QLE Effective Date

Providing you report the QLE within 31 days of the actual event, the effective date of coverage is:

- Retroactive to date of birth in the case of a birth
- For all others, on the 1st of the month following the QLE date



TIP

You **MUST** process a Qualified Life Event on [myBenefitsHub](#) within 31 days from the date of the event; otherwise, your next opportunity to make changes or add/delete dependents will be during the next annual enrollment period.

EXAMPLES OF QUALIFIED LIFE EVENTS

- Changes in Household
 - Getting married
 - Divorce or Dissolution of Domestic Partnership
 - Having a baby or adopting a child
 - Death in the family
- Loss of Other Health Coverage
 - Lose eligibility for Medicare, Medicaid or CHIP
 - Turning 26 and losing coverage under a parent
 - Spouse or dependent loses other coverage
- Gain in Other Coverage
 - Spouse or dependent begins employment or obtains new coverage
 - Entitlement to Medicaid or Medicare
- Change in Residence
 - This applies only if you move and your current plan is not available in your new residence state or zip code.
- Other Qualifying Events
 - Going out on or returning from LOA
 - Change in county of residence that impacts coverage availability

IMPORTANT NOTE

An ex-spouse or ex-domestic partner must be removed from active coverage, regardless of a court order to continue coverage. If a court order exists to continue coverage, it must be through COBRA, if available.

How to Enroll

Missing the enrollment deadline may prevent your participation in the benefits available through ODP. It is important that you make your enrollment elections prior to your benefits effective date, which is the 1st of the month following 30 days of service.

myBenefitsHub at <https://odp.bswift.com> is the portal for enrolling in your benefits, reviewing or changing your current elections, adding dependents and more.

How to Access myBenefitsHub:

1. If you are on the ODP network (including through VPN), you can use the myBenefitsHub single-sign-on (SSO) link from The Source > Quick Links. This will take you directly into the enrollment portal without any further authentication.
2. If you are not on the ODP network, or a non-coworker is logging in (e.g., a spouse or a terminated coworker for purposes of COBRA), go to myBenefitsHub at <https://odp.bswift.com> and click the “First Time Visiting? Register Now!” link. You will be required to register and create a Username and Password.



TIP

Review your Benefit Elections carefully!

You can correct or change your elections as often as necessary through your enrollment window. The elections in place when your enrollment window closes are final, and can only be changed if you experience an IRS-qualified Change in Status event.

After logging in, your home page will have a link to begin the enrollment process.

1. Confirm your demographic information and communication method preference. If corrections or updates are required for your demographic information, it must be updated in mycloud either via Employee Self Service, or through HR-Employee-Services@officedepot.com (based on what information needs correction).
2. Add your eligible dependents. You will be required to attest that your dependents meet the definition of an eligible dependent. Click “I agree” and “continue.”
3. Click through the benefit options and make your elections. Use the “Emma EnrollPro” tool for decision support and reviewing plan information. You must make an election (including “I don’t want this coverage”) for each benefit before you can continue.
4. Designate or update your beneficiaries for life insurance purposes. This can be completed or updated at any time.
5. Review your elections and read the important information regarding deductions, dependents, and appeals.
6. Click “I agree, and I’m finished with my enrollment” and “Complete Enrollment” to submit.
7. The screen will show “**Your Enrollment is Complete,**” and you should either email or print a copy of the Confirmation Statement for your records. By doing this, it will also save a copy of your Confirmation Statement in your bswift Employee File for future reference.



Summary of Benefits Available

MEDICAL

- Triple-S medical provides both in-network and out-of-network coverage; however, using an out-of-network provider will result in increased out-of-pocket costs.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

- Inspira EAP is available to all Triple-S medical plan participants.
- Magellan EAP is available to everyone, not just medical plan participants.
- EAP is provided at no cost to you and your household members, includes counseling sessions and is completely confidential.

PRESCRIPTION DRUGS

- Included with Triple-S medical.
- This coverage is subject to the Step Therapy Program, which requires you to first try certain drugs to treat your condition before it will cover a different drug for the same condition.

DENTAL

- Included with medical; your dental coverage tier must match your medical coverage tier.

VISION

- Limited vision benefits through Maxivision are included with your Triple-S medical.
- Expanded services and increased benefits are available through the VSP Vision options.

SHORT-TERM DISABILITY (STD)

- State-mandated SINOT applies to all coworkers. Benefits are payable directly from the Department of Labor.
- Company-paid STD through Triple-S Vida may provide additional benefits beyond SINOT. There is a seven-calendar-day waiting period before benefits are payable.

LONG-TERM DISABILITY (LTD)

- LTD provides replacement income of up to 60% of your monthly pre-disability earnings if your eligible disability continues beyond 180 days. There are two options available:
 - Two-year benefit period
 - "To age 65" benefit period

Summary of Benefits Available

SUPPLEMENTAL VOLUNTARY BENEFITS

- Accident – Provides a payment for a covered injury and its related services.
- Hospital Confinement – Provides a payment if you are hospitalized for a covered injury/illness.
- Critical Illness – Provides payment if diagnosed with a covered illness such as cancer, heart attack, or stroke.

BASIC LIFE/ACCIDENTAL DEATH & DISMEMBERMENT (ADD) INSURANCE

- Company-paid benefit that provides 1 x your annual benefits base salary up to \$250,000 each.

COWORKER SUPPLEMENTAL LIFE INSURANCE

- Enroll in additional life insurance beyond the company paid Basic Life. Choose up to 7 x your annual benefits base salary, to a maximum of \$2 million. Guaranteed Issue Amount is the lesser of 4x annual salary or \$500,000. Coverage in excess will require Evidence of Insurability (EOI).

DEPENDENT LIFE INSURANCE

- Spouse Life is available in \$10,000 increments up to \$250,000.
- Child Life is available in \$5,000 increments up to \$25,000.
- Dependent Life cannot exceed 100% of the total of your Basic and Supplemental Life coverage. Increases in life insurance during Annual Enrollment are limited. Certain amounts are subject to imputed income.

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (ADD) INSURANCE

- This benefit provides an opportunity to enroll in additional ADD insurance beyond the company paid ADD. Choose up to 7 x your annual benefits base salary, to a maximum of \$2 million. Coverage is also available for your eligible dependents.





Medical



Preventive Care

WHY IS PREVENTIVE CARE IMPORTANT?

Preventive care focuses on evaluating your health when you are symptom-free. Routine checkups and screenings can help you avoid more serious health problems down the line. Even if you're in the best shape of your life, a serious condition with no signs or symptoms may put your health at risk.

Preventive care services are covered at 100% in all medical plans when you utilize an in-network provider.

All medical plans cover a wide range of preventive services to help you and your family lead healthy, productive lives. These services include annual routine examinations, well-child care visits, immunizations, routine OB/GYN visits, mammograms, PAP tests, prostate screenings, and other age and gender appropriate screenings



PREVENTIVE CARE GUIDELINE RECOMMENDATIONS

- ☒ Schedule annual check-ups for you and your family
- ☒ Review screening results with your doctor(s)
- ☒ Follow your providers recommended treatment plan(s)

Preventing disease and detecting health issues at an early stage is essential to living a healthy life.



Medical

The following tables summarize the key features of Triple-S coverage. In-network providers have agreed to charge certain amounts referred to as the “Allowed Amount.” If you use an out-of-network provider who charges more than the Allowed Amount, you will be responsible for any charges above the Allowed Amount.

Covered Services	In-Network	Out-of-Network
Annual Deductible	\$0	\$0
Annual Out-of-Pocket Maximum	Individual: \$6,350 Family: \$12,700	None
Doctor’s Office Visit	\$5 copay per Generalist visit \$10 copay per Specialist visit	Covered by reimbursement at 100% of the Triple-S Salud established fees less copayment or coinsurance of basic coverage
Routine Preventive	No charge	Covered by reimbursement at 100% of the Triple-S Salud established fees less copayment or coinsurance of basic coverage
Prenatal and Postnatal Care	\$10 copay per visit	Covered by reimbursement at 100% of the Triple-S Salud established fees less copayment or coinsurance of basic coverage
Emergency Room/Urgent Care	\$50 copay per visit (or \$25 copay per visit if recommended by Teleconsulta)	
Ambulance	\$30 Copay for Telemedicine	
Prescription Drugs	What You Will Pay	
Generic	\$5 copay, or \$10 copay mail order	Prescription coverage is covered in U.S. or its territories by reimbursement to the members up to 75% of the Triple-S established fees, less the applicable co-payment or co-insurance.
Preferred Brand	\$20 copay, or \$40 copay mail order	
Non-Preferred Brand	25%, minimum \$25 copay, or 25%, minimum \$75 copay mail	
Specialty (Preferred and Non-Preferred)	20%, maximum \$100 copay (Mail order not available)	
Chemotherapy Drugs	No Charge	



Dental



Covered Services	What Triple-S Covers
Feature	In-Network Only
Basic, Preventive and Diagnostic	100%
Composite and Oral Surgery	70%
Space Maintainers	80%
Prosthesis Services	50%
Periodontic Services	100% up to \$1,000 benefit maximum
Orthodontic Services	100% up to \$1,000 lifetime maximum per covered person



Vision



There are two options available through the VSP vision coverage:

- Vision Low Option
- Vision High Option

Visit the VSP Web site (vsp.com) or download the VSP app to find a provider, review your benefits or get a copy of your ID card.

Bi-WEEKLY DEDUCTIONS EFFECTIVE JANUARY 1, 2026

Tier	VISION – LOW	VISION – HIGH
You Only	\$2.89	\$6.96
You + Spouse/DP	\$4.62	\$11.13
You + Child(ren)	\$4.72	\$11.34
You + Family	\$7.61	\$18.30

DECISION FACTORS	LOW OPTION (IN-NETWORK)	HIGH OPTION (IN-NETWORK)
Well Vision Exam (every cal. yr.)	\$20 copay	\$10 copay
Contact Lens Exam/Fitting/Eval	No charge	No charge
Lenses – single vision, lined bifocal, and lined trifocal lenses (every cal. yr.)	\$20 copay	\$10 copay
Lens Enhancements	No charge: • Polycarbonate • Scratch-resistant coating • Standard Progressive • Rimless	No charge: • Polycarbonate • Scratch-resistant coating • Standard Progressive • Rimless Anti-reflective: \$25 copay
Frames Low Option (every other cal. yr.) High Option (every cal. yr.)	• Up to \$120 allowance, or up to \$170 (previously \$140) allowance for featured brands, or \$70 allowance at Costco, Walmart, or Sam's Club • 20% discount on amount over	• Up to \$175 allowance, or up to \$225 (previously \$195) allowance for featured brands, or up to \$95 allowance at Costco, Walmart, or Sam's Club • 20% discount on amount over your allowance
Contact Lenses Instead of Glasses (every cal. yr.)	Up to \$120 allowance	Up to \$175 allowance



Life and AD&D



LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

Review the chart to understand your benefit options and when Evidence of Insurability (EOI) may be required. You will receive an alert in [myBenefitsHub](#) to complete an online form if EOI is required. The carrier's underwriting department will review the enrollment and notify you of their decision. You are not eligible for, or paying for, any amounts requiring EOI until and unless it is approved by the life insurance carrier.

Important Information:

- If your SP/DP also works for ODP and is full-time benefits eligible, you cannot enroll in Spouse Life.
- The total of your SP/DP Life cannot exceed 100% of the total of your Basic and Supplemental Life.
- The coworker is automatically the beneficiary for any SP/DP or Child Life.
- The beneficiary designation page is available during any enrollment process, or you may add or change your beneficiaries at any time by selecting Profile (top right corner of Home Page) > Beneficiaries. You should review your beneficiaries periodically, or when a life event occurs (marriage, divorce, death, etc.)

Have You Designated a Beneficiary?

A beneficiary is a person, organization or trust designated to receive the life insurance benefit in the event of death.

- A primary beneficiary would be first in line to receive your life insurance benefit in the event of your death.
- Secondary beneficiaries would receive your life insurance benefit in the event your primary beneficiaries are not living or cannot be found. If you have only one primary beneficiary listed, naming a secondary beneficiary can help avoid probate and ensure that your wishes are carried out.

If beneficiary designations are not made, the insurance carrier may automatically designate "your estate" as the default beneficiary. Once you make your beneficiary designations on [myBenefitsHub](#) that total 100%, the "my estate" beneficiary that is listed as the default will no longer apply.



Life and AD&D

BENEFIT	COVERAGE AMOUNTS/ENROLLMENT OPTIONS
Company-paid Basic Life/Basic AD&D	Each benefit is 1x your annual base salary up to \$250,000 (\$500,000 for Vice Presidents and above). Enrollment is not required. Coverage is subject to the age reduction formula. The benefit amount is reduced to 65% when you reach age 65 and is further reduced at each five-year age level thereafter. Coverage terminates at retirement.
Supplemental Life Enhanced Guarantee Issue	1x–7x annual base salary up to \$2,250,000, including Basic Life. 1x–7x annual base salary up to \$3,000,000, including Basic Life, for VPs and above • If enrolling when initially eligible, the Guaranteed Issue Amount is the lesser of 4x annual base salary or \$500,000. Anything in excess will require EOI. • If you do not enroll when initially eligible, all subsequent enrollments require EOI. Coverage is subject to the age reduction formula. The benefit amount is reduced to 65% when you reach age 65 and is further reduced at each five-year age level thereafter. Coverage terminates at retirement.
Spouse Life	Elect from \$10,000, up to \$250,000 SP Life amount cannot exceed 100% of the total of your Basic and Supplemental Life. • If enrolling when initially eligible, the Guaranteed Issue Amount is \$50,000. Anything in excess will require EOI. • If you do not enroll when initially eligible, all subsequent enrollments require EOI.
Child Life	Elect from \$5,000 up to \$25,000 for children up to age 26. EOI is not required.
Voluntary AD&D	Elect up to 7x your annual base salary to a maximum of \$2 million. Coverage terminates at retirement. You Only coverage: • 100% benefit for submitted claim Family coverage: • Spouse/DP with children - 40% benefit • Spouse/DP with no children – 50% benefit • Children (no SP/DP) – 15% (up to maximum limit) • Child(ren) (with SP/DP) – 10% benefit (up to maximum limit) Note: Percentages reflect the % of the coworker's coverage amount.



Disability



SHORT-TERM DISABILITY (STD)

Disability benefits are intended to replace part of your income if you are unable to work due to a non-work-related accident or illness.

SINOT Benefits

The state-mandated Puerto Rico Disability Benefits Act, better known as SINOT (Securo por incapacidad No-Ocupacional Temporera), applies to all coworkers. SINOT determines your eligibility, benefit amount and maximum benefit period based on the wages you earn during a base year. Benefits are payable directly from the Department of Labor. SINOT premiums are deducted from your paychecks on an after-tax basis.

Company-Provided Short-Term Disability (STD)

If you experience a qualified injury, illness or pregnancy and are unable to work, your company-paid Short-Term Disability (STD) benefits will pay you up to 60% of your annual base salary, up to a maximum weekly benefit of \$500, for up to 25 weeks. STD benefits begin after a 7-day waiting period (elimination period) of continuous disability. This company-paid benefit covers what is not covered by the state SINOT program.

LONG TERM DISABILITY

LTD picks up when your STD has run out and is 100% coworker paid. Enrollment provides replacement income of up to 60% of your monthly pre-disability earnings if your eligible disability continues beyond a 180-day period.

There are two levels of coverage:

- **Two-Year Period** – Benefits for a two-year period
- **To Age 65** – Benefits to age 65*

* Benefits may continue beyond age 65. Refer to the separate LTD Benefit Summary for details.



Voluntary Benefits



Supplement your core medical coverage with voluntary benefits administered by The Hartford that will pay you cash for certain situations. You may use the cash benefits any way you choose—to help offset the expenses not covered by medical insurance, or for day-to-day living expenses. Enrollment in a medical plan is not required to enroll in the voluntary benefit offerings. Enrollment for supplemental benefits is processed on [myBenefitsHub](#) alongside your core benefit coverages. Voluntary benefits are 100% coworker paid.

HOSPITAL INDEMNITY ENHANCED BENEFITS FOR 2026

The Hospital Indemnity benefits have all been increased this year as well with no additional increase to the premium rates effective 1/1/2026.

With Hospital Indemnity, you'll receive a lump-sum payment for on and off-job (24-hour coverage) in the event of a hospital stay for illness and injuries. You and your covered dependents are paid a set benefit amount depending on the length of your stay.

First Day Hospital Confinement	Up to 1 day per year	\$1,000 (previously \$600)
Daily Hospital Confinement (Day 2+)	Up to 10 days per year	\$200 (previously \$100)
Daily ICU Confinement (Day 2+)	Up to 10 days per year	\$400 (previously \$200)

Bi-WEEKLY DEDUCTIONS	
You Only	\$4.83
You + Spouse/DP	\$9.98
You + Child(ren)	\$9.19
You + Family	\$15.00



Voluntary Benefits

ACCIDENT

ENHANCED BENEFITS FOR 2026

Effective January 1, 2026 your Accident Insurance benefits have been increased and enhanced at no additional increase to the current premium rates.

Please refer to your plan summary and/or policy for your full benefit coverage information as most of the benefits have been significantly enhanced this year.

With Accident Insurance, you'll receive a lump-sum payment for a covered injury and related services for on and off-job accidents such as ambulance services, emergency room visits, physical therapy and more.

Some examples of covered injuries are:

- Fractures
- Broken bones
- Burns
- Lacerations
- Concussions
- Eye Injury
- Dislocations
- Rotator Cuff

BI-WEEKLY DEDUCTIONS	
You Only	\$3.67
You + Spouse/DP	\$5.73
You + Child(ren)	\$5.84
You + Family	\$9.27

CRITICAL ILLNESS

ENHANCED BENEFITS FOR 2026

The Critical Illness insurance complements your medical plan by providing a lump-sum benefit of either \$15,000 or \$30,000, in the event you are diagnosed with a covered illness such as cancer, heart attack, stroke, kidney failure, Alzheimer's disease, and more. (See your plan summary or policy for more benefit coverage information).

This year some of the benefits have been enhanced including a 100% coverage for Parkinson's, ALS, and MS at no additional increase to the premium rates.

This benefit is paid directly to you and can be used to cover expenses like co-pays, deductibles, out-of-network treatment, utilities, car payments, rent, or mortgage payments (however you wish), so you can focus on getting better and have less worries about financial issues.

THE \$50 HEALTH SCREENING BENEFIT

If you are enrolled in voluntary Hospital Indemnity and/or Critical Illness, you and each enrolled dependent are eligible for a \$50 Health Screening benefit annually. If you are enrolled in both coverages, you are eligible for a \$50 check under each benefit!

Eligible health screenings include chest x-ray, colonoscopy, mammography, Pap smear, PSA, EKG, stress test, bloodwork and more! A full listing of eligible screenings is available in the Resource Library of [myBenefitsHub](#).

Filing a claim is easy either via phone at (866) 547-4205, or online at <https://myhealthhub.app/thehartford>. Follow the prompts to submit a Health Screening Benefit claim. Once approved, the standard turnaround for payment is between 3-10 business days.

For more information on the above coverages, including claim forms, brochures and videos, visit <https://myhealthhub.app/thehartford>.



EAP



TELEINSPIRA EMPLOYEE ASSISTANCE PROGRAM (EAP)

The INSPIRA EAP is available to Puerto Rico coworkers that are enrolled in Triple-S medical coverage.

INSPIRA'S EAP offers you the quick and easy help that you and your family need, giving options that can help you in your daily life and guide you through difficult times.

As an ODP coworker, you and your family will receive free help to deal with any personal or family problem.

INSPIRA IS SAFE AND FREE OF COST!

Some of the topics our professionals can help you with:

- Emotional problems
- Personal and family situations
- Motivation
- Quality and balance of daily life

The INSPIRA EAP includes:

- Psychological services
- Service in all clinics
- A network of mental health specialists
- Same day service for emergencies
- Drug and alcohol program
- 24/7 access to TeleINSPIRA
- Crisis hotline 24/7/365

For appointments or information:

- TeleINSPIRA: 787-651-2384
- Crisis Hotline: 787-448-5651
- Email: imental@inspirapr.com
- Web site: www.inspirapr.com

Hato Rey • Bayamón • Caguas • Coamo •
Humacao • Rio Grande • Guyama • Yauco

MAGELLAN EMPLOYEE ASSISTANCE PROGRAM (EAP)

No matter where you are on your journey, there are times when a little help can go a long way toward achieving your goals. From checking off daily tasks to working on more complex issues, your program offers a variety of services, resources, and tools to help make your life a little better.

Visit member.magellanhealthcare.com to browse the services available. If registering for the first time, enter “ODP Corp” under the organization search.

Key Features:

- No cost to you and your household members
- Up to 5 counseling sessions per presenting issue
- Completely confidential provided by a third party

Counseling

Access a nationwide network of licensed counselors for support with challenges such as stress, anxiety, grief, substance misuse, relationships, parenting and more. Counseling is confidential and available in-person, by text message, live chat, phone, or video conference.

Financial Wellness, Legal Services, ID Theft Resolution

Meet with experts that can help you take control of your finances, resolve legal issues such as estate planning and family law, restore credit; research specific topics and/or print your own state-specific legal forms.

LifeMart Discount Center

Life is expensive. With LifeMart, access hundreds of deals on nationally recognized brand-name products and services, all in one convenient location. Find discounts on consumer goods, travel, child and elder care, fitness centers, movie tickets and more.

Other offerings include lifestyle coaching, a digital emotional wellbeing program, and work-life services.

Get started today! Call your EAP at 1-800-789-2273 to connect with the right resource or professional.





Retirement Plans



401(K) RETIREMENT SAVINGS PLAN

Start investing in yourself with help from the Office Depot Puerto Rico LLC Retirement Savings Plan ("Plan").

You are eligible to enroll if you are a resident of Puerto Rico, at least age 21 and have completed at least 1,000 hours of services during a consecutive twelve (12) month period. You may start, change, or stop contributions at any time. The Plan permits coworker pre-tax contributions, coworker catch-up contributions and company matching contributions.

Matching Contributions

After you complete 1,000 hours of service during a consecutive 12-month Computation Period, the Company will match \$0.50 on every \$1.00 you contribute, up to your first 6% of eligible earnings on a pretax basis per pay period (excluding catch-up contributions) into the Plan.

Vesting

You are always 100% vested in your own pretax contributions, as well as any earnings on them.

The Company's matching contributions, as well as any earnings on them will vest according to the following schedule:

YEARS OF SERVICE	PERCENT VESTED
1	0%
2	50%
3	100%

Some other features of the Plan include tax-deferred savings opportunities, investment options, catch-up contributions, convenience of payroll deductions, and online beneficiary designations.

How to Enroll

Log on to Fidelity NetBenefits at [Netbenefits.com/ODP](https://netbenefits.com/ODP) or call 1-888-954-4636 to speak with a NetBenefits representative between the hours of 8:30 a.m. and 8:30 p.m. Eastern time (excluding bank holidays).

Additional Info



WHEN BENEFITS COVERAGE ENDS

Your coverage under ODP health and welfare benefits ends when the earliest of the following occurs:

- Your employment ends (benefits will end on last day of the pay period during which you worked);
- The Plan ends, or the coverage is discontinued or terminated;
- You fail to make your required contributions;
- You no longer meet the eligibility requirements;
- You are no longer actively at work and your eligibility terminates (e.g., after 6 months of a leave of absence);
- Your disability ends and you do not return to active employment (special rules may apply if you are receiving short-term or long-term disability benefits);
- You fail to cooperate with the Plan or Claims Administrator with respect to the administration of your benefits;

Coverage for your enrolled Dependents (spouse/domestic partner, children) end when your coverage ends. However, your Dependent's coverage will end earlier than your coverage if:

- Your enrolled Dependent no longer meets the definition of an eligible dependent;
- You remove the enrolled Dependent from coverage;
- You fail to cooperate with the Plan or Claims Administrator with respect to the administration of benefits;
- The Plan's coverage is discontinued or terminated.

IMPORTANT NOTE

It is your responsibility to report a change in a Dependent's eligibility.

Premiums paid in error due to your delay in reporting a change in eligibility will not be refunded.

Your coverage and your Dependent's coverage may also be terminated or suspended for the following reasons:

- Engaging in misrepresentation or fraud against the Plan, including filing or participating in filing a false, misleading, or fraudulent claim for benefits, or allowing your ID card to be used by an individual who is not enrolled in the Plan.
- Providing false or misleading information in connection with enrollment, including enrolling an individual who does not satisfy the eligibility criteria or failing to drop an enrolled individual in a timely manner when they no longer satisfy the eligibility criteria.

Health and Welfare Eligibility and Enrollment Appeals

The Eligibility and Enrollment appeals process is used for determinations relating to eligibility for coverage, enrollment and participation, contributions or deductions, or other administrative aspects of the Plan.

The process includes two levels of review - a "Formal Claims Process" and a "Formal Appeals Process."

The Formal Claims Process (1st Level Appeal)

Any claim, dispute or grievance regarding eligibility, enrollment and/or other administrative aspects of the Plan must be filed **within ninety (90) days** from the effective date of coverage for which the eligibility and/or enrollment relates. Thus, and as an example, for purposes of Annual Enrollment, your effective date of coverage is January 1st, and any claims regarding that eligibility and/or enrollment must be filed within ninety (90) days thereafter (or by March 31). This limitation covers any claim or dispute you may have regarding any enrollment election you have made (or not made as the case may be), including elections, coverages, Dependent status, enrolled Dependents and/or contributions to the flexible spending accounts.

Within the timing outlined above, you or your authorized representative should immediately contact the Benefits Team at BenefitsTeam@theodpcorp.com. During this process, the designated Benefits team member may be able to resolve the issue, eliminating the need for further action. If a resolution is not possible, or if the response is unfavorable, you have the right to submit a 2nd level appeal.

The Formal Appeals Claims Process (2nd Level Appeal)

If your 1st Level Appeal is denied, you have a right to have this decision reconsidered by filing a 2nd Level Appeal. You or your duly authorized representative must submit a written request within 180 days from receiving denial during the 1st Level Appeals process. Formal Appeals must be submitted to the Benefits Appeals Committee of the Plan Administrator. Although

email or fax are the fastest and preferred method to file your 2nd Level Appeal, you may also file via U.S. mail to:

The ODP Group

Attention: Benefits Appeals Committee
6600 North Military Trail
Boca Raton, Florida, 33496 Fax: (561) 438-3247
Email: benefitsteam@theodpcorp.com

Your Formal Appeal must include your name, a copy of your 1st Level Appeal denial, and any additional comments, documents, records, or other information you would like to have considered by the Benefits Appeals Committee, represented by senior management and internal legal counsel.

When the 2nd Level Appeal is reviewed, all documents, records, and other information that you submitted will be considered without regard to whether the information was considered in the Informal Claims process (1st level appeal). In addition to the documentation you submit, the Committee will research regulatory and taxation guidance, as well as Company policies, procedures and previous decisions rendered for the same situation.

The Appeals Committee will make a full and fair review of your 2nd Level Appeal, and you will be notified of the decision within 31 days.

The Appeals Committee has discretionary authority to review and resolve any 2nd Level Appeals. They will apply the terms of the Plan and use its discretion in interpreting those terms. The decision of the Appeals Committee on any 2nd Level Appeal for eligibility and/or enrollment is final and binding.

The ODP Group Welfare Benefits Plan is governed by the laws applicable under the Employee Retirement Income Security Act of 1974 (ERISA).

Resources

Plan	Carrier	Phone	Website
Benefits Enrollment	myBenefitsHub / bswift		https://ODP.bswift.com
Medical	Triple-S Salud	787-774-6060	www.ssspr.com
Prescription	Triple-S Salud	787-774-6060	www.ssspr.com
Dental	Triple-S Salud	787-774-6060	www.ssspr.com
Vision (limited benefit)	Triple-S Salud	787-774-6060	www.ssspr.com
Vision	VSP	800-877-7195	www.vsp.com
Life and AD&D	Voya	888-238-4840	https://presents.voya.com/EBRC/ODP
Short-Term Disability (SINOT)	Triple-S Vida	787-754-5353	https://www.trabajo.pr.gov/sinot.asp
Short-Term Disability (Company-paid) and Long Term Disability	Voya	888-973-3652	https://presents.voya.com/EBRC/ODP
Critical Illness, Accident, Hospital Indemnity	The Hartford	866-547-4205	www.TheHartford.com/benefits/myclaim
Employee Assistance Plan	TeleINSPIRA	787-651-2384	www.inspirapr.com
Employee Assistance Plan & LifeMart Discount Center	Magellan	800-789-2273	https://member.magellanhealthcare.com Company Search: ODP Corp
COBRA Continuation Coverage	bswift	866-365-2413	https://ODP.bswift.com
Direct Billing (LOA invoicing)	bswift	866-365-2413	https://ODP.bswift.com
401(k) Retirement Savings	Fidelity	888-954-4636	www.netbenefits.com/ODP
Leave of Absence	Voya	888-973-3652	https://presents.voya.com/EBRC/ODP

Information in this guide applies only to eligible coworkers residing in Puerto Rico and eligible dependents of those coworkers. This 2026 Benefits Guide (and any additional items or documents referred to in this guide) is a summary of benefits for **The ODP Group** Welfare Benefits Plan (the “Plan”) effective January 1, 2026. More detailed information is provided in the official Plan Documents, including the Summary Plan Descriptions and insurance contracts. If there is a conflict between any information in this guide and the Plan Documents and insurance contracts, the Plan Documents and insurance contracts will govern and control the operation of the Plan. The information presented in this guide is not intended to represent a contract between **The ODP Group** (including any participating companies) and any one of its coworkers or former coworkers. **The ODP Group** reserves the right to amend, modify, suspend, replace, or terminate any of its benefit plans, policies, or programs, in whole or in part, including any level or form of coverage by appropriate Company action at any time. Enrolling an ineligible dependent, providing false or misleading information when enrolling a dependent, or failing to remove a dependent who becomes ineligible in a timely manner is a violation of **The ODP Group** policy and will lead to disciplinary actions up to and including termination of employment and repayment of any claims paid by the Plan for the ineligible dependent.