

THE ODP GROUP



2026 BENEFITS GUIDE



Office DEPOT.
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Welcome



This Benefits Guide describes the benefits and programs available to benefits-eligible associates of The ODP Group (“ODP”).

If you are a new associate – 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 associate 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 associates’ 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.

2026 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 the United States or on international assignment outside of the United States; and
- Classified as a regular full-time associate scheduled to work at least 30 hours per week.

Further, if you are classified as a regular part-time associate, you may be eligible to participate in the medical options if you are determined to be a “Part-Time 30 Hour Associate” (see below for further details).

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.
- Hawaii: the 1st of the month following 28 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 associate, you terminate employment and are rehired as a regular full-time associate, 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.

Part-Time 30-Hour Associates

In response to the Affordable Care Act (“ACA”), ODP will provide availability for medical coverage to eligible part-time associates that average 30 hours or more per week, determined by using a 12-month measurement period (referred to as a “Part-Time 30 Hour Associate”). If you are classified as a Part-Time 30 Hour Associate, you will be eligible only for medical coverage as required by ACA.

If you are classified as a Part-Time 30 Hour Associate, bswift will provide notice indicating your eligibility to enroll in a medical option, if you choose, and the deadline to make your enrollment election.



IF YOU LIVE IN HAWAII

The eligibility requirement as it applies to part-time associates is that upon hire you must work at least 20 hours weekly for four (4) consecutive weeks. If eligibility is met, an enrollment window will be opened, and if elected, HMSA medical coverage will be effective on the 1st of the following month. If initial eligibility is not met, there will be no opportunity until the next quarterly Measurement Period and only if the hours requirement is satisfied.

Married Couple Working for ODP

You may choose to enroll your Spouse/Domestic Partner (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.

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 associate 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.

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.

Important Information about Domestic Partners

- The tax treatment of your DP’s coverage (and your DP’s dependent children) is different from that of other dependents. Your premiums for DP coverage are taken on an after-tax basis. Additionally, the Company’s share of the cost of medical coverage for your DP is taxable to you and reported on your W-2.
- Reimbursements from your health care account (FSA) are not available for your DP, or your DP’s dependent children’s expenses.

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

You must remove an ineligible dependent from coverage through the [myBenefitsHub](#) portal within 31 days of the date your dependent no longer meets the eligibility requirements. Any premiums paid in error due to your delay in removing an ineligible dependent are not eligible for a refund. The dependent may be eligible to continue group coverage under COBRA.

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 delay in reporting a change in your dependent’s eligibility 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 enrollment elections prior to your benefits effective date, which is the 1st of the month following 30 days of service (or 28 days in Hawaii based on state law).

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-associate is logging in (e.g., a spouse or a terminated associate 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@theodpcorp.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.



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-childcare 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 -UMR

PLAN ADVISOR

Health care in the modern world calls for a sensitive, personal approach to service – one that's built on real relationships and trust. Which is why Plan Advisor delivers an experience that's beyond traditional models of member support. Our advisors partner with you so you feel more confident in the decisions you make about your health and comforted by the steps you're taking to get there.

Connecting you to the care you need

Whether your question is common or complex, we make it easier for you to get answers by ensuring you have the information you need. We will help you:

- Look into a recent medical claim to make sure it was paid correctly
- Check to see what your out-of-pocket costs are for services
- See how much you have paid – and how much you have left – of your individual or family deductible
- Discover what services are available to you based on your plan

Plan Advisors are available weekdays from 7:00 a.m. to 7:00 p.m. (CT) at 800-207-3172.

MATERNITY CARE

Whether you are considering having a baby or are already expecting, UMR Maternity CARE can explain how to reduce your risk of complications and prepare you to have a successful, full-term pregnancy and a healthy baby. This benefit is provided at no additional cost to you.

You may self-enroll in the Maternity CARE program at 844-604-6244, or you'll be contacted and invited to participate if you're identified as pregnant through a clinical health risk assessment, utilization review or other program referrals.

If you enroll during your first or second trimester and continue to actively participate each trimester of your pregnancy, a \$100 gift card will be sent to you after your delivery. The gift card is funded by both UMR and ODP.

SPECIALIST MANAGEMENT SOLUTIONS (SMS)

To help you and your family members who are seeking either non-invasive treatment or surgery, UMR partners with SMS to guide you through the experience – and save you money in the process. Contact SMS when you or a family member need support with specialty care or face the possibility of surgery. Learn more about your options and potential costs from an SMS Care Advocate and receive a referral to a local surgeon or provider who specializes in your condition. Speak to an SMS Advocate at 833-792-0501.

ONGOING CONDITION CARE

Ongoing Condition CARE is a program to help you or a covered dependent living with a chronic condition. If you have one of the below conditions, you may be eligible for help. UMR CARE nurses will address your main concern, positively impacting your care. This includes closing gaps in care, delivering evidence-based information and working directly with you to improve self-management and advocacy of your overall health.

- ALS, multiple sclerosis, myasthenia gravis or rheumatoid arthritis
- Hypertension, heart failure or coronary artery disease
- Asthma or COPD
- Depression or anxiety when identified as a co-morbidity
- HIV/AIDS, hepatitis C or sickle cell anemia
- Ulcerative colitis or Crohn's disease
- Breast, prostate, colorectal or lung cancers
- Diabetes (types 1 or 2)
- Chronic kidney disease

If you meet the qualifications, you will receive a letter in the mail and/or a phone call/email from UMR to enroll in the program. You can opt out of the program at any time. You may also self-enroll by calling the UMR Ongoing Condition CARE number listed on the back of your ID card, or from the www.umar.com website under Health Center, Ongoing Condition Care.



Medical - UMR & Surest

PROGRAMS AVAILABLE UNDER UMR & SUREST

Livongo Diabetes Management

Livongo means Diabetes Management, Simplified. The program helps you stay on top of your health. It comes with an advanced blood glucose meter, unlimited strips and lancets, on-demand coaching, and guidance on healthy habits. Join the program by visiting <http://join.livongo.com/ODP/Register>.

Note: Privacy laws require that your enrollment in this program is strictly confidential and not shared with ODP.

Wellness Credit Incentive

If you enroll in UMR or Surest medical, you are eligible to earn the Wellness Credit, which is a \$23.08 discount off the bi-weekly standard medical deduction.

- The exam or screening must be completed each year while you are covered under an ODP medical plan to receive the Wellness Credit in the **following year**.
- Exams and screenings must be performed by a UMR network provider and include:
 - Breast cancer screening, or
 - Colo-rectal cancer screening, or
 - Cervical cancer screening, or
 - Annual preventive exam.

- An exam from an urgent care or walk-in clinic does not qualify.
- If your spouse/partner is enrolled under your medical, they must also complete the exam/screening requirement;
- If exam/screening is received by Nov. 30 the Wellness Credit is guaranteed for a Jan. 1 effective date; if received during the month of December, the Credit will be delayed based on when your provider submits the claim, and it is processed and paid by UMR.
- The claim must flow through the UMR claims system. There are no forms to complete.
- The requirement does not apply to children.

You will see a box showing your Wellness Credit eligibility on your [myBenefitsHub](#) landing page.





Medical - UMR & Surest

YOUR CVS CAREMARK PRESCRIPTION COVERAGE

Prescription drug coverage is automatically included when you enroll in a UMR medical plan. Prescription drugs are administered through a partnership between CVS Caremark and RxBenefits to ensure your safety, make every effort to reduce your out-of-pocket costs and address any questions or issues that may arise. Register on <https://member.rxbenefits.com> to manage your prescriptions.

Features and Programs include:

- **Mandatory Generic:** If you choose a brand name drug when a generic is available, you will be charged the generic cost plus the difference in cost between the generic and the brand.
- **Maintenance Choice:** provides a 90-day supply of maintenance medications at the mail order price through CVS retail, CVS mail order and certain other pharmacies that participate in the CVS Caremark Maintenance Choice Program.
- **Specialty Drugs** are expensive and complex and must be ordered through CVS Specialty Pharmacy.

IMPORTANT NOTE

You are **not** required to use a CVS retail pharmacy to fill your everyday prescription needs. You may choose to use any pharmacy in the CVS Caremark network, which includes all major chains and most independent pharmacies.

HINGE HEALTH VIRTUAL MUSCULOSKELETAL THERAPY (MSK) PROVIDER

Hinge Health gives you a personalized movement plan so you can feel better and do more of what you love. Relieve pain, get stronger, pick up a hobby: It all starts with feeling safe, confident, and ready to move. Your program includes, at no cost to you:

- Daily exercise sessions tailored for your pain and goals.
- Real-time form feedback with Motion Insights technology.
- Expert support from your own physical therapist and health coach.
- Educational articles and videos curated just for you.

To get started, download the Hinge Health app on your phone or tablet. Sign in and do a quick movement evaluation.



Medical - UMR & Surest

VIRTUAL VISITS

When you're under the weather, there's no place like home. And when you're constantly on the go, scheduling a doctor's appointment can easily move down your priority list. Virtual medicine is a convenient and easy way to connect with a doctor on your time.

UMR members have access to virtual healthcare for non-emergency medical issues. Board certified doctors are available through mobile apps, online video, or telephone. By leveraging these virtual visits, you can avoid emergency room or urgent care centers and quickly refill your prescriptions so you can get back on your feet in no time. This benefit includes access to both general and specialty providers, and behavioral health services (age limits may apply).

Traditional PPO and Protection HSA plan have virtual coverage through Teladoc.

Traditional PPO copays are:

- \$25 copay for general provider, dermatologist, therapist or psychiatrist

Fees for the Protection HSA plan will be higher, as it is a high-deductible health plan*.

- \$54 fee for general provider
- \$85 fee for dermatology
- \$95 therapist fee
- \$235 initial psychiatrist fee with \$105 fee thereafter

*Fees are applicable until the deductible is met, and then it is covered at 100%.

Download the Teladoc Health app or visit <https://teladochealth.com> and click "Log in/Register." Initial registration is required.

The Surest Copay plan provides access to no- or low-cost virtual health providers through their Virtual Health benefit.

Surest Copay Plan virtual copays are:

- \$0 copay for primary, urgent and acute care
- \$25 copay for mental health, substance abuse, serious mental illness
- \$25 copay for various specialty areas such as dermatology, women's health, sleep clinic and migraine care

Download the Surest app or visit <https://surest.care/ODP> to set up your account to experience the convenience of getting care without leaving home.



Medical – UMR & Surest

The medical plans available utilizing the UnitedHealthcare Choice Plus Network include the Protection HSA, Traditional PPO, and the Surest Copay.

The network of providers for the Protection HSA and Traditional PPO plans will be the UnitedHealthcare Choice Plus with Premium Tiered Benefits network:

- **Tier 1** – In-Network with Premium Designation
- **Tier 2** – In-Network
- **Tier 3** – Out-of-Network

Providers and facilities with Premium Designation meet both quality and cost-efficiency guidelines and are more likely to be aware of the latest research and clinical trials and may have lower surgery repeat rates.

The UMR medical plans all use the same PPO network of providers and cover the same services.

UMR provides both in-network and out-of-network coverage; however, using out-of-network providers will result in increased out-of-pocket costs, including a separate deductible amount.

The Premium Designation (PD) Program

When choosing a physician, choose smart and look for the two blue hearts, and pay less out-of-pocket and get higher plan coinsurance!

♥ ♥ **Premium Care** – the physician meets the PD program for quality and cost-efficient care criteria.

♥ ♥ **Quality Care** – the physician meets the PD program criteria for quality care but does not meet or has not been evaluated for cost-efficient care.

♥ ♥ **Not Evaluated for Premium Criteria** – the physician's specialty is not evaluated for the PD program, or the physician does not have enough claims data for the PD program, or the evaluation is still in progress.

♥ ♥ **Does not Meet Premium Criteria** – the physician does not meet the PD program criteria.

Surest Copay

The Surest Copay Plan also utilizes the UnitedHealthcare Choice Plus network but does not include premium tiers. Surest makes health insurance simple and affordable by harnessing the power of comparison shopping. Members search for care, compare actual prices (not estimates) and see provider ratings, reviews, and treatment alternatives before deciding. When comparing options and prices from within the large, national UnitedHealthcare network, members may save money based on choices made. Another differentiating factor: Lower copays are typically assigned to providers evaluated as higher-value, based on past effectiveness and cost efficiency data. To get the full value of the plan, members have to engage, which is made easy and convenient through the Surest app and website.





Medical - UMR & Surest

COMPARISON OF COVERAGE AND COSTS

Review the comparison chart so that you understand how the medical plans differ, and how they're the same. All plans use the UnitedHealthcare Choice Plus network; however, you still have coverage if you choose to use out-of-network providers.

The only difference between the three plans are the financial features:

- Payroll deductions
- Deductibles
- Out-of-pocket maximums, and
- Copays and/or coinsurance.



FINDING A PROVIDER

Finding an In-Network Provider in the UnitedHealthcare Choice Plus Network

Access the provider search directly at www.umar.com for Protection/Traditional plans and at <https://surest.care/ODP> for the Surest Copay plan.

Note: Medical Rates below do not include the Wellness Credit. The Wellness Credit will show as a separate line item credit on your payslip, and is not included in your medical rate.

In-Network Comparison of Coverage and Costs			
Medical Plan	Protection HSA	Traditional PPO	NEW Surest Copay
	Standard Medical Rate Bi-Weekly effective 1/1/2026)		
You Only	\$48.33	\$171.68	\$187.62
You + Spouse/DP	\$148.35	\$273.45	\$306.91
You + Child(ren)	\$132.33	\$227.19	\$252.69
You + Family	\$173.98	\$347.46	\$393.67
	Copays – You Pay:		
Primary Care Physician	n/a	\$30-Tier 1; \$60-Tier 2	\$25 to \$130 Copay
Specialist	n/a	\$60-Tier 1; \$100-Tier 2	\$25 to \$130 Copay
	Individual Annual Deductible – You Pay:		
Single Coverage Tier	\$3,000	\$1,750	\$0
All Other Coverage Tiers	\$3,400 per person ¹		
	Family Maximum Annual Deductible – You Pay:		
Applies to all coverage tiers except Single Only	\$6,000	\$5,250	\$0
	Annual Out-of-Pocket Maximum (includes deductible and coinsurance)		
Per Person/Family Maximum	\$6,000 / \$12,000	\$5,250 / \$15,750	\$4,000 / \$8,000
	Coinsurance – You Pay		
For most services	20% - Tier 1; 40% - Tier 2	20% - Tier 1; 40% - Tier 2	N/A

¹ Per IRS requirement



Medical - UMR & Surest

In-Network Comparison of Coverage and Costs			
Medical Plan	Protection HSA	Traditional PPO	Surest Copay
	Medical Services – You Pay		
Preventive Care	\$0	\$0	\$0
PCP	20% Coinsurance	\$30 Copay	\$25 to \$130 Copay
Specialist	20% Coinsurance	\$60 Copay	\$25 to \$130 Copay
Preventive Diagnostic Testing and Lab Work (e.g. LabCorp)	\$0	\$0	\$0
Preventive X-Ray	\$0	\$0	\$0
Emergency Room	20% coinsurance ²	\$350 copay, 20% coinsurance	\$900 copay
Urgent Care	20% ² -Tier 1; 40% ² -Tier 2	\$50 copay-Tier 1; 40% ² -Tier 2	\$80 copay
Hospital IP/OP	20% Coinsurance	20% Coinsurance	\$2,750 Up to \$3,500 for Surgery
Virtual Visits ⁴	\$54 fee until deductible, then covered at 100%	\$25 copay	\$0 copay virtual visit (primary and urgent) \$0 to \$130 copay virtual visit (specialty)
Dermatology ⁴	\$85 fee until deductible, then covered at 100%	\$25 copay	\$25 copay virtual visit
Behavioral Health ⁴	Fee until deductible is met, then covered at 100%: • \$95 therapist • \$235 psychiatrist initial visit; \$105 ongoing visit	\$25 copay	\$25 copay virtual visit

² Co-insurance applies after deductible.

³ Integrates with medical.

⁴ Protection HSA/Traditional PPO utilizes Teladoc and Surest Copay plan utilizes Surest Virtual Health.



Medical - UMR & Surest

In-Network Comparison of Coverage and Costs			
Medical Plan	Protection HSA	Traditional PPO	Surest Copay
Prescription Drug Coverage (CVS Caremark)			
	Annual Deductible You Pay		
Per Person/Family Maximum	Subject to medical deductible, except for maintenance meds	\$100 / \$300	N/A
Applies to all coverage tiers except Single Only	\$5,400	\$2,250	N/A
	Family Maximum Annual Deductible – You Pay:		
Per Person/Family Maximum	\$6,000 / \$12,000 ³	\$3,750 / \$11,250	N/A
Retail (30-day supply) and Mail Order (90-day supply)			
Generic	Retail: 20% coinsurance with \$7 minimum for a 30-day supply Mail Order: 13% coinsurance with \$17.50 minimum for a 90-day supply		
Preferred Brand	Retail: 30% coinsurance with \$25 minimum for a 30-day supply Mail Order: 20% coinsurance with \$62.50 minimum for a 90-day supply		
Non-Preferred Brand	Retail: 40% coinsurance with \$40 minimum for a 30-day supply Mail Order: 33% coinsurance with \$100 minimum for a 90-day supply		
Specialty Medications	Generic: 20% coinsurance Preferred: 30% coinsurance Non-Preferred: 40% coinsurance Mail Order: Not available All Specialty Medications have a \$30 minimum / \$250 maximum payment		



Medical - Kaiser

KAISER CA MEDICAL PLAN

Associates residing in California have access to Kaiser as a medical option, in addition to the UMR medical plans (excluding the Surest Copay plan). Kaiser requires members to use a provider or facility within the Kaiser network for services to be covered.

DID YOU KNOW?

Kaiser offers a 24/7 clinical concierge service that can help connect members with a doctor, make appointments and offer personalized care guidance based on their needs. Download the Kaiser Permanente app or visit www.kp.org to get started.

Medical Plan	Kaiser
	Medical Rate (Bi-Weekly effective January 1, 2026)
You Only	\$299.39
You + Spouse/DP	\$470.10
You + Child(ren)	\$392.51
You + Family	\$594.26
	Annual Deductible
Per Person	\$1,000
Family Maximum	\$2,000
	Annual Out-of-Pocket Maximum (includes deductible, co-insurance)
Per Person	\$3,000
Family Maximum	\$6,000
	Co-insurance
For Most Services	20%, after deductible
	Medical Services
Preventive Care	No cost
Primary/Specialist Visit	\$30 copay per visit
Emergency Room	20%, after deductible
Prescription Drug Coverage	
	Annual Deductible
Per Person	\$250 per individual for Brand and Specialty medications.
	Drug Coverage & Costs
Generic	\$10 per prescription up to 100-day supply.
Preferred	\$30 per prescription, after Rx deductible, up to 100-day supply.
Non-Preferred	Same as Preferred; requires approval through exception process.
Specialty	\$30 per prescription, after Rx deductible, up to 30-day supply.



Medical - HMSA

HAWAII MEDICAL SERVICES ASSOCIATION (HMSA)

Associates residing in Hawaii have HMSA as the only medical plan. HMSA provides both in-network and out-of-network coverage; however, using out-of-network providers will result in increased out-of-pocket costs.

Bi-weekly associate contributions are based on salary tiers to meet compliance with the Hawaii Prepaid Health Care Act.

Visit the [myBenefitsHub](#) Resource Library to view the HMSA bi-weekly contributions.

Medical Plan	HMSA (IN-NETWORK)
	Annual Deductible
Per Person	\$350
Family Maximum	\$1,050
	Annual Out-of-Pocket Maximum (includes deductible, co-insurance)
Per Person	\$3,000
Family Maximum	\$9,000
	Co-insurance
For Most Services	20% ¹
	Medical Services
Preventive Care	No cost
Primary/Specialist Visit	\$17 copay per visit
Emergency Room	20% ¹
Prescription Drug Coverage	
	Annual Deductible
Per Person	\$3,600
Family Maximum	\$4,200
	Drug Coverage & Costs
Generic	Retail: \$7 for a 30-day supply Mail: \$11 for a 90-day supply
Preferred	Retail: \$30 for a 30-day supply Mail: \$65 for a 90-day supply
Non-Preferred	Retail: \$30 + \$45 cost share for 30-day supply Mail: \$65 + \$135 cost share for 90-day supply
Specialty	Retail: \$100 for a 30-day supply Mail: Not covered
Specialty Non-Preferred	Retail: \$100 for a 30-day supply Mail: Not covered

¹ Co-insurance applies after deductible.



ID Cards/Spouse Surcharge/SmartConnect

ENSURE YOU HAVE AN ID CARD

Health insurance ID cards are sent via U.S. mail for medical/Rx coverage only. Refer to additional information below.

UMR Medical / CVS Prescription

Contact a UMR Plan Advisor for additional card requests or login to <https://www.umar.com/>.
Group # if registering for first time is 76415024.

Surest Copay / CVS Prescription

<https://surest.care/ODP>

Kaiser and HMSA Medical

Your ID card is also used for prescription drugs. Contact either Kaiser or HMSA for additional card requests.

Dental

ID cards are not provided. If you prefer to have a paper or electronic ID card, create a member account at www.deltadentalins.com to view or print your ID card.

Vision

ID cards are not provided. If you prefer to have a paper card, create a member account at www.vsp.com to view or print an ID card.

SPOUSAL SURCHARGE (NOT APPLICABLE TO HMSA)

- The Spousal Surcharge of \$150/month will apply if your SP or DP has access to medical coverage through their own employer but will be enrolled under an ODP medical plan.
Note: If your SP or DP is benefits eligible under ODP, answer “no” to this question when prompted during the enrollment process. You will not be subject to the Surcharge.
- If your SP or DP loses access to medical coverage through their own employer, this can be reported as a life event and the Surcharge can be removed.
- If your enrolled SP or DP subsequently gains access to subsidized medical coverage through their own employer but chooses to remain under ODP coverage, this must be reported as a life event to apply the Spousal Surcharge.

SMARTCONNECT MEDICARE CONCIERGE

We have partnered with SmartConnect to offer all associates year-round access to free Medicare resources, personalized guidance, and enrollment services. SmartConnect simplifies the transition to Medicare by providing complimentary resources and one-on-one consultations with licensed insurance agents. This service is available to anyone aged 64½ or older (or otherwise Medicare-eligible), including your family members and friends.

Here's how it works:

- Learn about Medicare from trusted industry professionals.
- Understand the factors that influence your health care costs and coverage options.
- Compare your current health coverage (whether through your employer or another plan) with multiple Medicare options.
- If you find a Medicare plan that suits your needs, SmartConnect will assist you in enrolling immediately.

Call 866-421-1535 or visit gps.smartconnectplan.com/odp to schedule your appointment.



Dental



There are two options available through Delta Dental:

- Dental with Orthodontia
- Dental without Orthodontia

Dental ID Cards are not required. Simply provide the Subscriber's name and date of birth.

Dental Provider Search

Visit deltadentalins.com and choose either the Dental PPO or the PPO Premier network.

SmileWay Program: allows for two (2) additional cleanings (4 total) per year for anyone with high-risk health conditions that can benefit from additional oral healthcare.

Bi-WEEKLY DEDUCTIONS EFFECTIVE JANUARY 1, 2026

Tier	Dental With Ortho	Dental No Ortho
You Only	\$15.64	\$16.51
You + Spouse/DP	\$31.27	\$33.02
You + Child(ren)	\$37.52	\$33.85
You + Family	\$53.16	\$49.53

Review the chart below for details when using Delta in-network providers (Delta Dental PPO or Delta Dental Premiere dentists). Non-Delta dentists are subject to annual deductibles and reduced coinsurance.

DECISION FACTORS	WITH ORTHODONTICS (in-network)	NO ORTHODONTICS (in-network)
Annual benefit maximum	\$1,500 per person	\$2,000 per person
Annual deductible	No	No
Basic Services (fillings, extractions)	Covered at 80%	Covered at 90%
Covered cleanings per year	Two (Four with certain conditions)	Two (Four with certain conditions)
Diagnostic and Preventive (exams, X-rays, cleanings)	Covered at 100%	Covered at 100%
Endodontics (root canals)	Covered at 80%	Covered at 90%
Major Services (crowns, bridges, dentures, implants)	Covered at 50%	Covered at 60%
Oral Surgery	Covered at 80%	Covered at 90%
Orthodontia Services (adults and dependent children)	Covered at 50% to a lifetime maximum of \$1,500	No coverage



Vision



There are two options available through the VSP vision coverage:

- Vision Low Option
- Vision High Option

Visit the VSP Web site (www.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



HSA and FSA



THE INSPIRA FINANCIAL (FORMERLY PAYFLEX) HEALTH SAVINGS ACCOUNT (HSA)

An HSA can help you meet the rising cost of health care when paired with the Protection HSA medical plan. Tax-free contributions into this account can be used for current or future eligible health care expenses. Funds in this account roll over from year to year, and belong to you, even if you leave employment.

Employer HSA Contributions – If you are making pre-tax contributions into your HSA, and if you are receiving the Wellness Credit, you are eligible for employer-matching contributions up to set limits. Matching contributions are on a quarterly basis, as follows:

COVERAGE TIER	PROTECTION HSA MATCH LIMITS
You Only or You + Child(ren)	Up to \$125 quarterly (\$500 annual maximum)
You + Spouse/ DP or You + Family	Up to \$187.50 quarterly (\$750 manual maximum)

Enrolling in the Inspira Financial HSA

1. Enrollment is done on [myBenefitsHub](#).
2. Enroll in the Protection HSA medical plan. The IRS requires enrollment in a high deductible medical plan to enroll in an HSA.
3. On the HSA page, enter your annual contribution amount. Keep in mind that if you are enrolling mid-year, your annual amount will be spread out based on the remaining pay periods for that plan year. Contributions are taken pre-tax.
4. Accept any HSA terms and conditions. If your enrollment passes the Customer Identification Process (CIP) as required by the US Patriot Act, your HSA will be opened, and a card will be mailed by Inspira Financial within 7-10 days.

Note: You will be notified if your enrollment doesn't pass the CIP verification process. Reasons could be having a PO Box for an address, different last name vs. what is in the Social Security database, etc. You must respond to the CIP notice timely. Failure to respond after three (3) attempts will result in the HSA process being closed.



HSA and FSA

THE INSPIRA FINANCIAL HEALTH SAVINGS ACCOUNT (HSA) CONTINUED

How to Ensure That You Receive the Maximum Employer Funding

Based on the bi-weekly payroll schedule, you must contribute more than the annual employer funding amount to receive the maximum match. This happens because there is a quarterly maximum match, and there are always two quarters with six paychecks and two quarters with seven paychecks.

As an example:

Associate in Single coverage elects \$500 in HSA. Quarterly maximum match is \$125. Bi-weekly deductions are \$19.23.

- Quarters with 6 paychecks: Contribution is \$115.38. Match is \$115.38.
- Quarters with 7 paychecks: Contribution is \$134.61. Match is \$125 (the quarterly limit).

Result: The total employer match is \$480.76 (vs. the \$500 annual limit).

If you increase to \$550 annually, the bi-weekly deductions are \$21.15.

- Quarters with 6 paychecks: Contribution is \$126.90. Match is \$125.
- Quarters with 7 paychecks: Contribution is \$148.05. Match is \$125.

Result: The total employer match is \$500.

Plan accordingly to receive the maximum match.

Note: Your maximum HSA annual election amount will be based on whether you are receiving employer matching funds.

If you are not receiving the Wellness Credit and will not be receiving employer funding, you will be allowed to contribute up to the IRS maximum amount for 2026.

Note: If you enroll in the IRS maximum contribution for 2026, and the Wellness Credit is subsequently processed on your account after the new plan year, your HSA annual contribution will be reduced based on your employer match funding.



Your 2026 FSA claims must be submitted to Inspira Financial by March 31, 2027; otherwise, unused funds are forfeited.

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

Health Care FSA is available if you waive medical enrollment, or if you elect any medical plan other than the Protection HSA plan. These tax-free contributions can be used to pay for eligible health care expenses that are not paid by insurance. Enrollment is required each year, and the balance does not carry over. Money in a Health Care FSA is subject to the IRS “use it or lose it” rule.

Inspira has Teamed up with FSA Store!

The [FSA Store](#) makes flexible spending simple...

- Everything in the Store is FSA-eligible.
- Shop online with your FSA card for no submission of receipts.
- There are 2,500+ FSA-eligible products.

A link to the FSA Store is also available directly from your Inspira Financial member website.



HSA and FSA

KEY DIFFERENCES BETWEEN HSA AND HEALTH CARE FSA

	HEALTH SAVINGS ACCOUNT (HSA)	HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)
Availability	Must enroll in the Protection HSA medical plan.	Available if you waive medical coverage or enroll in any medical plan other than the Protection HSA plan.
Is there employer funding?	There are quarterly employer-matching contributions, up to set limits, if you are receiving the Wellness Credit.	No
Can I contribute into the account?	Yes • Up to the IRS maximum limit if you are not receiving employer matching funds. • The IRS maximum limit is reduced if you are receiving the Wellness Credit and employer matching funds • If you are 55 or older in 2026, you may make an additional \$1,000 contribution	Yes, up to \$3,300 annually.
Are changes allowed?	Changes are allowed anytime during the year.	Changes are allowed with an IRS-qualifying life event that allows FSA changes.
Carryover	Yes, account balance rolls over.	No, unused funds are forfeited if not submitted by the deadline.
IRS Restrictions	You cannot contribute to an HSA if: • You're enrolled in a plan that is not an HSA-qualified plan • Your spouse contributes to a Health Care FSA • You're enrolled in Medicare or receiving Social Security • You're eligible to be claimed as a tax dependent on someone else's tax return	You cannot contribute to a Health Care FSA if: • You're enrolled in the Protection HSA medical plan • Your spouse is contributing to an HSA



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 associate 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 associate's coverage amount.



Disability



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. There are several elements of this coverage, which are designed to work together: Short Term Disability (STD), Voluntary STD Buy-up, and Long-Term Disability (LTD).

SHORT-TERM DISABILITY (STD)

Enrollment is automatic and no associate contribution is required. This core STD coverage provides replacement income of up to 50% of your weekly earnings if you experience a qualified injury, illness, or pregnancy and are unable to work. There is a seven-calendar-day waiting period before benefits are payable. STD coverage will also provide supplemental replacement income by “topping up” short-term disability benefits to 100% of weekly earnings during the period of a birth-related event.

SHORT-TERM DISABILITY BUY-UP

Enrollments are subject to a pre-existing condition clause. Enrollment is only available upon initial eligibility or annual enrollment (not life events).

STD Buy-up is 100% associate paid. The coverage provides the option to buy additional STD insurance to replace income when you are unable to work due to a qualified injury, illness, or pregnancy. You may add up to 20% more coverage, increasing your total STD benefit to up to 70% of your eligible earnings.

LONG TERM DISABILITY

LTD picks up when your STD has run out and is 100% associate 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



LEGAL

ENHANCED BENEFITS AND LOWER PREMIUMS FOR 2026

To make legal protection more accessible and affordable, ODP offers a comprehensive legal benefit from LegalShield. Under the program you will not have to worry about high hourly costs or trying to figure out which attorneys to use – LegalShield will do that for you.

LegalShield's dedicated provider law firms will be your advocates to promptly address your legal matters.

Effective 1/1/2026, your legal benefits have been enhanced to also include the following coverages in addition to the current plan benefits already in place and all at a lower premium rate.

- **Probate Coverage:** This service covers advice, consultation and review of documents for the probate of a Will.
- **Elder Law:** Covers advice, consultation, and review of documents for the participant, spouse, or parents of the participant or spouse (including Medicare, Medicaid, Social Security Benefits, Veterans Affairs, prescription plans, nursing home agreements, powers of attorney, Living Wills and Wills and Trusts).
- **Pet Protection:** Covers advice, consultation and review of documents related to pet legal rights including animal bites, emotional support animal registration, HOA requirements, landlord/tenant issues, pet custody and debt collection matters such as veterinary bills.
- **Reproduction Rights:** Provides advice, consultation, preparation, and review of documents for the Member/Member's Spouse on reproductive matters, including surrogacy, egg donation, sperm

donation, gamete donation, embryo donation and embryo adoption. Representation for suit of ownership of an egg/sperm/embryo when member is a plaintiff or defendant is also covered.

- **Nursing Home Agreements:** This service covers advice, consultation and document review for nursing home agreements when covered person is acting as the main caretaker for their parent and/or grandparent and how the agreement they entered into may impact them.
- **Executor Appointments:** When a covered person has been appointed as Executor of the estate of a deceased person. This service covers advice, consultation, and document review of the Last Will and Testament of the deceased.
- **Extending Family Coverage:** Any dependent children over age 26 years of age who lives in the primary member's residence may receive advice and consultation only.
- **Waiving Premiums for Active Military:** When a member is deployed to active military, premiums will be waived for the member.
- **Second Home Rental:** Covers consultation and document review for covered person or spouse entering into a temporary rental of property through an online marketplace for vacation rentals.
- **Rental Property:** Service covers consultation and document review for a single family dwelling (house, apartment or condominium) which is 100% owned by member and/or spouse, and is not the primary residence of either.

\$7.13 bi-weekly for you and your dependents.



Voluntary Benefits



IDENTITY THEFT PROTECTION

ENHANCED BENEFITS AND LOWER PREMIUMS FOR 2026

Coverage that monitors participants' personal identifiable information (PII) from all angles, including all three major credit bureaus.

Identity and credit threat alerts are sent to the participant if any suspicious activity is found. If a participant's identity is stolen, this coverage provides full-service restoration of the participant's identity to its pre-theft status, with up to \$1 million in identity fraud reimbursement for expenses and legal costs incurred by the participant and/or the participant's spouse or eligible dependents.

Coverage includes cybersecurity /malware protection, VPN monitoring, a password manager, and adult dependent parent coverage.

Bi-Weekly Deductions

You Only	\$3.74
You + Family	\$7.04

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 any of the voluntary benefit offerings. Enrollment for these supplemental benefits is processed on [myBenefitsHub](#) alongside your core benefit coverages. Voluntary benefits are 100% associate paid.

ACCIDENT

ENHANCED BENEFITS FOR 2026

This year (effective 1/1/2026), 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



Voluntary Benefits

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

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 TheHartford.com/benefits/myclaim.



EAP



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 <https://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.



Retirement Plan



401(K) RETIREMENT SAVINGS PLAN

Start investing in yourself with help from the Retirement Savings Plan (“Plan”). The Plan offers both a pretax and after-tax Roth option.

You are eligible to enroll as soon as administratively possible after your date of hire. **If you have not enrolled in the Plan within 60 days from your eligibility date, you will be automatically enrolled** at a contribution rate of 3% of your pretax eligible earnings. You may start, change, or stop contributions at any time. Contribution options include both pretax 401(k) and after-tax Roth.

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 and Roth 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, automatic annual increases, convenience of payroll deductions, and online beneficiary designations.

How to Enroll

Log on to Fidelity NetBenefits at [Netbenefits.com/ODP](https://www.fidelity.com/netbenefits) 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).



Work/Life Benefits



PAID TIME OFF (PTO)

ODP provides PTO to take time away from work to rest and recharge. Your initial PTO hours are pro-rated based on your date of hire, and full-time associates are eligible to use PTO after completing 90 days of service.

PTO is either front-loaded or accrued based on your work state.

- If you are under PTO front-load, your PTO must be used by Dec. 31 each year, otherwise it is forfeited.
- If you are under PTO accrual, any unused balance rolls over to the following year, up to set limits.

Refer to the U.S. Policies SharePoint site for complete details or contact HR4U@theodpcorp.com for any questions.

Enrollment in the below voluntary benefits is available anytime and are 100% associate paid directly to the applicable vendor. These benefits are not employer-sponsored, nor is the employer a plan fiduciary.

AUTO AND HOME INSURANCE¹

Shopping for Auto and Home Insurance can be fast, easy, and hassle-free. Receive no-obligation quotes from up to three nationally recognized, quality providers—Travelers, Farmers Insurance, and Liberty Mutual.

A mailing is generally sent to associates on a quarterly basis that will include instructions on how to receive

quotes from the following vendors, or you may call them directly:

- **Travelers:** (888) 695-4640
Provide Discount Code 2444.
- **Farmers:** (855) 893-2803
Provide Discount Code BBT.
- **Liberty Mutual:** (800) 290-3584
Provide Client Code 124804.

¹ Home insurance coverage in Florida is very limited, if available.



Family Support & Care

PAID PARENTAL BONDING LEAVE (PPBL)

ODP supports your family and offers eligible associates up to six (6) weeks of PPBL for time away from work to care for and bond with a child as a result of birth, adoption, foster care, or legal guardianship. Associates must be employed for at least 1 year and be classified in a full-time status. Contact Voya to apply, www.voya.com/claims.

ADOPTION REIMBURSEMENT

ODP offers Adoption Reimbursement for all eligible associates providing reimbursement of up to \$5,000 for each finalized adoption for the qualifying expenses involved in becoming an adoptive parent. An additional \$1,000 will be reimbursed for a child with special needs. Qualifying expenses such as: agency fees, adoption fees, legal fees, travel and other costs. For more information, please review the Adoption Reimbursement Policy.

WINFERTILITY TREATMENT DISCOUNT

Have you been trying to have a baby without success? WINFertility can help by linking you with a network of accessible, affordable, and proven Fertility Specialists.

WINFertility requires no clinical or age qualifications to participate. They work with some of the most reputable financial companies in the nation that offer attractive rates and payment terms.

Contact a WINFertility Patient Specialist at (855) 705-4IVF (4483) or visit winfertility.com for further information.





Work Life Benefits

COMMUTER TRANSIT BENEFITS

A Commuter account is a pre-tax benefit account used to pay for public transit—train, subway, light rail, bus, and ferry—as part of your daily commute to work. You may make pre-tax contributions, up to The IRS amount, into your account to pay for transit expenses, which means you end up paying less in taxes and taking home more of your paycheck.

Enrollment in Commuter benefits is through [myBenefitsHub](#), and subsequently passed over to Inspira Financial, who administers the Commuter benefit.

PET INSURANCE

This insurance covers dogs, cats, birds, ferrets, reptiles, and other exotic pets. If you are currently enrolled, you will be grandfathered into your current plan, provided you continue to pay your premiums. Nationwide offers two levels of reimbursement – 50% and 70%. Get a no-obligation quote at benefits.petinsurance.com/odp.

Get preferred group pricing and cash back on eligible vet bills based on your reimbursement level. You have the freedom to use any vet, anywhere. There is no network and no required pre-approvals.

As an added free service to members, Vet Help Line offers access to live veterinarians 24/7 to answer general pet questions and help identify urgent care needs. This is not a substitute for a visit to your primary vet.

WALKINGSPREE

ODP believes in supporting your goals to be active and healthy and has partnered with Walkingspree, an industry leader in digital activity tracking to motivate individuals to be more physically active. Walkingspree provides an app that automatically syncs your steps, tracks your goals, and provides motivation and encouragement. Connect your wearable device and/or smartphone and easily participate throughout the year!

There are Les Mills workout on demand videos, wellness video courses, and a full library of wellness articles on nutrition, stress management, and health.

Join your colleagues for some excitement, fun and healthy competitions!

Keep an eye out for company challenges throughout the year!

Register Today!

Be sure to open the Walkingspree app at least once per week to sync your steps!

1. Download the Walkingspree app from the App Store or Google Play
2. Enter the company name: ODP
3. Register with Associate ID
4. Connect your device and start stepping!

Choose your own screen name to be shown on the app. Need Help? Contact support@walkingspree.com.



Work Life Benefits

PERKSPOT DISCOUNT PROGRAM

We listened to your feedback!

Your ODP Discount Program is a one-stop-shop for thousands of exclusive discounts in more than 25 different categories.

How to Navigate Your Discount Program

- **Perks Near You**

Located in the New & Featured section, Perks Near You allows you to use your location to see all of the discounts near you, wherever you are! Discounts can be filtered by category and distance.

- **Personalized Savings**

Let us know what you're interested in so we can ensure you're seeing the perks you'll most enjoy, front and center on your Discount Program Home Page.

- **Brands Fit For Every Lifestyle**

Looking for something specific? The Brands page, found in the Popular Perks section, is an easy and quick way to search for all of the discounts available to you.

- **Suggest a Business**

Don't see what you're looking for? Head to the Suggest a Business page, found in the upper right-hand corner of your Home Page under Account Options, to suggest your favorite brands and local spots be added to your Discount Program.

- **Dedicated Support**

PerkSpot's customer support team is here to help with any questions. We've included important information regarding our availability should you need assistance!

How to Register for your Savings Program

Follow the simple steps below to set up your account and you'll be ready to save!

To get started:

1. Sign up at <http://odp.perkspot.com/> with Access Code: ODPPERKS
2. When you're on your organization's PerkSpot site, click "Create Your Account" to get started.

WE'RE HERE TO HELP

Hours

Monday - Friday
8:00AM - 6:00PM CST

Phone Number

866-606-6057

Email

cs@perkspot.com

Help Center*

support.perkspot.com

*Our bilingual Customer Service team can answer any questions in both English and Spanish



SAVE ON THE GO

Once you've completed your registration, download the PerkSpot Mobile App from the Apple Store or Google Play Store. You'll get all of the benefits of your Savings Portal, with the addition of easy-to-access local deals and mobile perks that'll get you the best deals, anywhere, anytime.

Additional Information

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 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

QUESTIONS	CONTACT INFORMATION
• How does a Health Care FSA work? • How do deductibles and out-of-pocket maximums work? • How can I verify my Wellness Credit incentive? • What's the difference between the medical plans? • Questions about what's covered under the plan. • Do I need pre-authorization for my son's surgery? • Help me find a Premium Designation provider. • I don't understand my Explanation of Benefits (EOB). • Why was my claim denied? • Why is my Rx being denied?	UMR Care Coordinator/Plan Advisor (800) 207-3172 www.umar.com
• I'm unable to enroll in benefits. • How do I fix my dependent's date of birth? • How do I update my beneficiaries? • How do I enroll my newborn on medical coverage? • My spouse is losing their job. Can they be added to my coverage? • I just got married. How do I add my spouse to coverage?	ODP Benefits Team BenefitsTeam@theodpcorp.com
• I am on LOA and need to pay my invoice for my benefits. • I just returned from LOA. Do I owe any premiums while I was out? • I received a termination for non-payment and am on LOA. • How do I cancel my COBRA coverage.	bswift COBRA & Direct Billing Service Center MyBenefitsHub (ODP.bswift.com) (866) 365-2413



myBenefitsHub RESOURCE LIBRARY

Access the Resource Library for documents such as rate sheets, the Summary Plan Description (SPD), claim forms, legal notices, and more.

The Resource Library is available on the [myBenefitsHub](#) landing page under the "Learn" tab at the top of the page.

Information in this guide applies only to eligible associates in the United States and eligible dependents of those associates. 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 associates or former associates. **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.

Resources

Plan	Carrier	Phone	Website
Benefits Enrollment	bswift	myBenefitsHub	https://odp.bswift.com
Direct Billing (LOA invoicing)	bswift	866-365-2413	https://odp.bswift.com
COBRA Continuation Coverage	bswift	866-365-2413	https://odp.bswift.com
Medical / Rx – UMR • Plan Advisor • Ongoing Condition CARE • Maternity CARE • Specialist Care Advocate • RxBenefits (Prescriptions) • Diabetes Management • Teladoc Virtual Visits • Virtual Physical Therapy	UMR UMR UMR UMR RxBenefits Livongo/Teladoc Teladoc Hinge Health	800-207-3172 844-604-6246 844-604-6244 833-792-0501 800-334-8134 800-945-4355 800-835-2362 855-902-2777	https://www.umar.com https://www.umar.com https://www.umar.com https://www.umar.com https://member.rxbenefits.com http://join.livongo.com/ODP/Register www.Teladoc.com help@hingehealth.com
Medical / Rx - Surest	Surest	866-683-6440	https://surest.care/ODP
Medical / Rx – Kaiser CA	Kaiser CA	800-464-4000	www.kp.com
Medical / Rx - HMSA	HMSA	800-776-4672	www.hmsa.com
SmartConnect Medicare	SmartMatch	866-421-1535	https://gps.smartconnectplan.com/odp
Dental	Delta Dental	800-521-2651	www.Deltadentalins.com
Vision	VSP	800-877-7195	www.vsp.com
FSA / HSA / Commuter	Inspira	844-729-3539	https://inspirafinancial.com/
Life and AD&D	Voya	888-238-4840	https://presents.voya.com/EBRC/ODP
Leave of Absence	Voya	888-973-3652	https://presents.voya.com/EBRC/ODP
Co. paid Short-Term Disability, Voluntary STD Buy-Up, State Disability (HI, NY, NJ), Long Term Disability	Voya	888-973-3652	https://presents.voya.com/EBRC/ODP
Employee Assistance Plan (EAP)	Magellan Healthcare	800-789-2273	Member.Magellanhealthcare.com Company Search: ODP Corp
Auto and Home Insurance	Farmers Insurance Liberty Mutual Travelers	855-828-0187 (discount code: BBT) 800-290-3584 (client code: 124804) 888-710-3493 (discount code: 2444)	
Legal Services Plan	LegalShield	888-807-0407	https://benefits2.legalshield.com/odp
Identity Theft	LegalShield	888-807-0407	https://benefits2.legalshield.com/odp
WINFertility	WinFertility	855-678-3255	www.winfertility.com
Critical Illness Policy #VCI-681381 Accident Policy #VAC-681381, Hospital Indemnity Policy #VHI-681381	The Hartford	866-547-4205	www.Myhealthhub.app/thehartford
Walkingspree Wellness Portal	Walkingspree	support@ walkingspree.com	Download the Walkingspree App from the Google Play or App Store
PerkSpot Discount Program	PerkSpot	866-606-6057	http://odp.perkspot.com
401(k) Retirement Plan	Fidelity	888-954-4636	netbenefits.com/odp