

**Office Depot**

# 2027 Benefits eGuide

Annual Enrollment

---

Welcome to your 2027 Office Depot Benefits Guide — your one-stop resource for everything Office Depot offers to help you protect your health, your finances, and your family.

**Source:** <https://www.myofficedepotbenefits.com/guide>

# Contents

## **Getting Started**

[Eligibility](#)  
[Enrollment](#)  
[Life Events](#)  
[Benefits Coverage Ends](#)

## **Wellness**

[Preventive Care](#)

## **Physical Health**

[2027 Benefits Costs](#)  
[Benefits Value Advisors](#)  
[Medical Plans](#)  
[Medical Plan — California](#)  
[Medical Plan — Hawaii](#)  
[Medical Plan — Puerto Rico](#)  
[Prescription Drugs](#)  
[Where to Go for Care](#)  
[Dental Plans](#)  
[Vision Plans](#)  
[Virtual Care](#)  
[Virtual Physical Therapy](#)  
[Diabetes Management](#)  
[Fertility Treatment](#)

## **Mental Health**

[Employee Assistance Program](#)  
[Virtual Behavioral Specialist](#)

## **401(k) Retirement**

[401\(k\) Savings Plan — US](#)  
[401\(k\) Savings Plan — PR](#)

## **Financial Health**

[Health Savings Account](#)  
[Flexible Spending Account](#)  
[Commuter Benefits](#)  
[Adoption Reimbursement](#)  
[Accident Insurance](#)  
[Critical Illness](#)  
[Hospital Indemnity](#)  
[Life & AD&D Insurance](#)  
[Disability](#)

## **Additional Benefits**

[Time Away from Work](#)  
[Legal Plan](#)  
[Identity Theft Protection](#)  
[Medicare Concierge](#)  
[Coworker Partner Discounts](#)

## **Vendor Contacts**

# Getting Started

Your Office Depot benefits are here to support your health, your finances, and your family. Before you enroll, learn who's eligible, when you can make changes, and where to turn if you have questions.

## Explore More

- [Eligibility](#) – Who's eligible, dependent verification, benefits start date
- [Enrollment](#) – How to enroll, enrollment deadlines
- [Life Events](#) – Update your benefits — marriage, new baby, job loss, divorce
- [Benefits Coverage Ends](#) – Leaving Office Depot, coverage termination, COBRA

## Before You Enroll

A few things to know before you enroll:

- **If you have not enrolled in benefits**, you must take action to log in to the [Office Depot Benefits Hub](#) to make selections or decline coverage within the enrollment deadline, or you won't have any benefits for the plan year.
- **Outside of enrollment**, only a qualifying [life event](#) lets you make changes to your benefits during the year, and you'll typically have **31 days** to update your coverage.

# Eligibility

Eligibility determines who can enroll in each benefit. Learn more about who qualifies, who's ineligible, and how to remove a dependent when they are no longer eligible.

## Who's Eligible

You're eligible to participate if you are a resident of the United States\* or Puerto Rico, and classified as a regular full-time Coworker scheduled to work at least **30 hours per week**.

[Part-time Coworkers](#) are eligible to participate in **select benefits**.

*\* Includes residents of the United States who are on an international assignment outside of the United States.*

## Affordable Care Act (ACA)

You may be ACA-eligible if you are classified as a **Part-Time 30-Hour Coworker**. To qualify, you must **average 30 hours or more per week**, determined using a 12-month measurement period.

If you qualify, the [Office Depot Benefits Hub](#) will send you a notification to the email address listed on file and you will have **30 days** from your eligibility date to enroll in an Office Depot medical plan.

### Hawaii Residents

You may be ACA-eligible if you are a resident of Hawaii, and classified as a **Part-Time 20-Hour Coworker**. To qualify, you must work **at least 20 hours per week for four consecutive weeks upon hire**.

If you qualify, the [Office Depot Benefits Hub](#) will send you a notification to the email address listed on file and you will have **30 days** from your eligibility date to enroll in the HMSA medical plan. If you don't meet the hours requirement initially, your next opportunity to qualify will be the quarterly measurement period — and only if the hours requirement is met at that time.

### Puerto Rico Residents

Puerto Rico Residents are not eligible under ACA.

## Who Are Eligible Dependents

You can enroll the following dependents in your coverage:

### Spouse

- Legally married spouse
- Legally recognized common-law spouse

### Domestic Partner\*

- Domestic partner with a registered partnership or a signed and notarized affidavit
- Same-gender partner in a legally recognized civil union

### Child(ren) — Up to Age 26

- Biological, adopted, or legal guardianship
- Stepchildren — biological or legally adopted child of your spouse/domestic partner
- Eligible foster children
- Children covered under a Qualified Medical Child Support Order (QMCSO)

- Children over age 26 who are totally and permanently disabled and unable to support themselves

If you enroll your dependent(s) in coverage, proof of dependent status is required. See [Dependent Verification](#) to learn more.

*\* Premiums for domestic partner coverage (and their children) are taken after-tax, and the company's portion of medical coverage is treated as taxable income on your W-2. Health Care FSA reimbursements **cannot** be used for domestic partners or their children.*

## Both of You Work for Office Depot

If both you and your spouse/domestic partner work for Office Depot, you can enroll them as a dependent, but duplicate coverage is **not** allowed. Benefits-eligible spouses/domestic partners **cannot** be added as dependents for [Life Insurance](#).

## Ineligible Dependents

- Parents, grandparents, or grandchildren (unless legally adopted or under your legal guardianship)
- A fiancé, girlfriend, or boyfriend (unless qualified as a domestic partnership)

## Removing Ineligible Dependents

You're responsible for removing dependents as soon as they no longer meet eligibility requirements. You must remove ineligible dependents through the [Office Depot Benefits Hub](#) or by calling [888-954-4636](#) (select option 1) within **31 days** of the date they lose eligibility. Premiums paid due to late removal **cannot** be refunded. The dependent may be eligible for COBRA.

## When coverage ends:

- **Spouse/Domestic Partner** — On the date of divorce or dissolution of the partnership
- **Children** — On the last day of the month when they turn 26, unless legally disabled
- **Domestic Partner's Children** — When the partnership ends

**Important Note:** An ex-spouse/domestic partner must be removed from active coverage, even if the court order requires you to pay for their coverage. Continuation of coverage may be available through COBRA.

*Disclaimer: Failure to remove an ineligible dependent may result in disciplinary action, loss of plan participation, and required repayment of any benefits paid on behalf of the ineligible dependent, including legal fees, even if you are no longer employed by Office Depot.*

## Dependent Verification

All [eligible dependents](#) enrolled in Office Depot benefit plans (spouses, domestic partners, and children) must go through a dependent eligibility verification audit managed by the [Office Depot Benefits Hub](#) to confirm their eligibility.

You'll receive instructions and a list of required documents by email or U.S. mail, based on your communication preferences. Please make sure your email and home address are up to date in [mycloud](#). If documentation isn't received on time, your dependents **will not** be added to your coverage. Your next opportunity to enroll them will be during Annual Enrollment, unless you experience a qualifying [life event](#).

## Benefits Start Date

If eligible, your benefits coverage starts:

- **New Hires** — 1st of the month following 30 days of service / Hawaii — 1st of the month following 28 days of service
- **Rehires:**
  - **After 13 weeks** — 1st of the month following 30 days of service / Hawaii — 1st of the month following 28 days of service
  - **Within 13 weeks** — Your benefits are active as of rehire date.
- **[After Qualifying Life Event](#)** — Birth: Retroactive to date of birth / All others: 1st of the month following the qualifying life event
- **Annual Enrollment** — January 1 each year

*Note: If you aren't actively working when your life insurance or disability coverage is set to begin, your coverage will start the day after you return to active employment.*

# Enrollment

Enrollment is your opportunity to choose the benefits that fit your needs for the year ahead. During your enrollment window, you can review your options, add eligible dependents, and update your coverage. Once you submit your selections, they stay in place for the plan year unless you experience a qualifying [life event](#).

## Key Deadlines

Submit your elections before the deadlines below. Missing the enrollment deadline may prevent you from participating in Office Depot benefits.

- **New Hires** — Enroll before your benefits coverage start date.
- **Rehires** — If you are rehired:
  - **After 13 weeks** — You're treated as a new hire and must enroll before your benefits coverage start date.
  - **Within 13 weeks** — You have 30 days from your rehire date to enroll.
- **Making Changes** — If you experience a qualifying [life event](#) during the year, you have 31 days from the event date to update your coverage.
- **Annual Enrollment** — Enrollment window that generally occurs between October and November each year.

## How to Enroll

To enroll in benefits, call [888-954-4636](tel:888-954-4636), select option 1, or visit the [Office Depot Benefits Hub](#).

### New Users:

- Click *First Time Visiting? Register Now!* and enter in the following information:
  - Last four digits of your Social Security number
  - City that is listed under your home address in [mycloud](#)
  - Date of birth: MM/DD/YYYY format
- Create a *Username* and *Password* to log in

### Returning Users:

- Enter your credentials and click *Log In*
- If you need to reset your password, click *Forgot Password* and follow the prompts, or call the [Office Depot Benefits Hub](#) at [888-954-4636](tel:888-954-4636), and select option 1.

**After logging in, click the link on your homepage to begin enrollment:**

1. **Confirm Your Personal Information**
  - Review your demographic details and communication preferences
  - If updates are needed, make changes in [mycloud](#)
2. **Add Eligible Dependents**
  - Enter dependents\* and attest they meet [eligibility requirements](#)
  - Click *I agree* and *Continue*
3. **Make Your Benefit Elections**
  - Review each benefit option and make your selections, including *I don't want this coverage*

- Use the [Medical Matchup](#) tool for help comparing plans
- 4. **Designate Beneficiaries**
  - Add or update beneficiaries for [life insurance](#)
  - You can update this anytime
- 5. **Review Your Elections**
  - Read important details about deductions, dependents, and appeals
- 6. **Submit Your Enrollment**
  - Click *I agree, and I'm finished with my enrollment*, and then *Complete enrollment*
  - If you do not complete your enrollment, your elections will not be captured and you will not have benefits for the plan year. You will have to wait until Annual Enrollment or a qualifying [life event](#) to be able to elect benefits.
- 7. **Save Your Confirmation Statement**
  - After submission, you'll see *Your Enrollment is Complete*
  - Print or email your Confirmation Statement for your records
  - If you choose email a copy is automatically saved to your account in the [Office Depot Benefits Hub](#)

*\* Dependents are not automatically enrolled, and you must add the dependents to coverage when you make your benefit elections.*

**Tip: Review your benefit elections closely.**

You can make changes anytime during your enrollment window, but once the window closes, your choices are final. After that, you can make changes only if you experience a qualifying [life event](#).

# Life Events

Outside of enrollment windows, you can only make changes to your benefits if you experience a qualifying life event.

## What is a Qualifying Life Event?

In most situations, IRS regulations require the benefits you choose each year to stay in place until the start of the next plan year. However, if you experience a major life change, you may be eligible to update your benefit elections to better align with your new circumstances. These include:

- Marriage or gaining a domestic partner
- Divorce, legal separation, or losing a domestic partner that affects eligibility
- Birth, adoption, or legal placement of a child
- Employment changes for you or your dependents that affect coverage eligibility
- Loss or gain of other coverage, such as Medicare, Medicaid, or CHIP
- Death of a dependent

Visit the [Life Events](#) page for more information on life events and checklists for several life event scenarios.

## Key Deadlines

You have **31 days** from the date of your life event to update your coverage. A couple of events allow up to **60 days**, such as loss of coverage under Medicaid or Chip.

- You can only make benefit changes **after the event** occurs.
  - Example: You must wait until your actual wedding date, or within 31 days after, to update your coverage.
- If you miss your window, you'll need to wait until the next Annual Enrollment period or another qualifying life event to make changes.

## How to Report a Life Event

To report your qualifying life event and make your coverage changes, log in to the [Office Depot Benefits Hub](#).

## Adding Eligible Dependents

If a qualifying life event has occurred and you need to add a dependent to your coverage, your dependent will have to go through a verification process to prove they are an [eligible dependent](#). View the [dependent verification](#) process for more information.

## Removing Ineligible Dependents

You're responsible for removing dependents as soon as they no longer meet eligibility requirements. You must remove ineligible dependents through the [Office Depot Benefits Hub](#) within **31 days** of the date they lose eligibility. Premiums paid due to late removal **cannot** be refunded. The dependent may be eligible for COBRA.

## When coverage ends:

- **Spouse/Domestic Partner** — On the date of divorce or dissolution of the partnership
- **Children** — On the last day of the month when they turn 26, unless legally disabled

- **Domestic Partner's Children** — When the partnership ends

**Important Note:** An ex-spouse/domestic partner must be removed from active coverage, even if a court order says to keep them covered. If coverage must continue, it can only be done through COBRA, if available.

#### **Disclaimer**

*Failure to remove an ineligible dependent may result in disciplinary action, loss of plan participation, and required repayment of any benefits paid on behalf of the ineligible dependent, including legal fees, even if you are no longer employed by Office Depot.*

## **Benefits Start Date**

Provided you report the qualifying life event within 31 days, your coverage will start:

- **Birth:** Coverage is retroactive to the baby's date of birth
- **All Other:** Coverage begins on the 1st of the month after the event

# Benefits Coverage Ends

Understanding when coverage ends helps you plan ahead and avoid unexpected gaps. Your benefits may stop based on changes to your employment, eligibility, or dependent status.

## Coverage Ends

### As a Coworker:

Your Office Depot health and welfare coverage will end when any of the following occur:

- Your employment ends (coverage generally stops on the last day of the pay period in which you worked)
- You no longer meet eligibility requirements
- You are on a leave of absence, and required benefits contributions have not been paid

### Are you leaving the company or considering retirement?

See the [Retirement Transition](#) and [Leaving Office Depot](#) journey pages for more information for each circumstance.

### As a Dependent:

Your dependents' coverage ends when yours does. Their coverage may end sooner if:

- They no longer meet eligibility requirements
- You remove them from coverage

### Important

You are responsible for reporting changes in dependent eligibility. Premiums paid due to late reporting will not be refunded.

# Wellness

Wellness benefits make it simple to prioritize your health by rewarding the everyday habits that keep you feeling your best. From annual checkups to preventive screenings, put money back in your pocket while supporting your long-term well-being.

## Explore More

- [Preventive Care](#) – Free annual physical and immunizations, lower medical premiums, find a provider

## New Wellness Program Launching January 2027

Get ready for a fresh way to support your health and wellbeing. Our new wellness program will offer tools, resources, and personalized support to help you build healthier habits and feel your best. Stay tuned — more details are on the way.

## Partnering for Better Health

Wellness isn't a single milestone — it's a continuous practice, and your benefits are built to support you every step of the way. Office Depot is committed to providing dependable, meaningful coverage. Your part is to use those benefits with intention:

- **Understand your health needs** — Take advantage of free in-network preventive care to stay healthy, manage risks, and catch issues early, before they become more serious or costly.
- **Take action** — Choose high-quality providers, follow your care plan, take medications as prescribed, and complete recommended follow-up visits.
- **Build confidence** — Contribute to your [Health Savings Account](#) or [Health Care Flexible Spending Account](#) to maximize pre-tax savings and take advantage of the many programs and resources available to you.

By doing our part together, we can help manage rising health care costs and make the most of the benefits and tools we all rely on.

## Preventive Care

Office Depot helps you stay on top of your health with preventive care services. By understanding your current health and risks, and getting recommended screenings and immunizations at no cost, you can prevent illness and address concerns early, before they become more serious.

### Who's Eligible

- All United States and Puerto Rico Coworkers enrolled in a medical plan

### What's Covered

When you enroll in any medical plan, in-network preventive care for you and all of your covered dependents is **free!** Preventive care covers services such as:

- Annual physicals
- Well-woman visits
- Well-child visits
- Flu shots and immunizations
- Mammograms
- Colonoscopies

### Free Preventive Medications

Many preventive prescriptions such as certain generic cholesterol and blood pressure medications, along with drugs tied to women's preventive care, are available at no cost.

### Find a Provider

To find providers near you, visit the website associated with your medical carrier:

- [BCBSTX](#)
- [Kaiser — California](#)
- [HMSA — Hawaii](#)
- [Triple-S Salud — Puerto Rico](#)

# Physical Health

Your physical health benefits are built to cover you at every stage from everyday care to major medical events. Explore your coverage, your care options, and the specialized support programs available to you and your family at no extra cost.

## Explore More

- [2027 Benefits Costs](#) – Medical, dental, vision, life & AD&D, supplemental plans
- [Benefits Value Advisors](#) – Personalized support, find a provider, book appointments, understand a bill
- [Medical Plans](#) – Compare the plans, what's the same, what's different, cost of care, find a provider
- [Medical Plan — California](#) – California additional medical plan option
- [Medical Plan — Hawaii](#) – Hawaii medical plan option
- [Medical Plan — Puerto Rico](#) – Puerto Rico medical plan option
- [Prescription Drugs](#) – Prescription drug coverage, find a pharmacy
- [Where to Go for Care](#) – Virtual care, primary care provider, urgent care, emergency room
- [Dental Plans](#) – Compare the plans, orthodontia, SmileWay program, Puerto Rico plan, find a provider
- [Vision Plans](#) – Compare the plans, find a provider
- [Virtual Care](#) – Easy appointments, online or over the phone, no wait
- [Virtual Physical Therapy](#) – Digital musculoskeletal clinic, personalized treatment plan, unlimited one-on-one coaching
- [Diabetes Management](#) – Personalized diabetes care plan, on-demand coaching, free tools
- [Fertility Treatment](#) – Fertility specialists, understanding treatment options, financial assistance

# 2027 Benefits Costs

Review your 2027 benefits costs to understand how the premiums add up to your bi-weekly paycheck deductions.

## Medical

### 2027 Medical Plan Bi-Weekly Premiums — BCBSTX United States

| Coverage Level                                           | HSA Basic** | HSA Plus** | PPO**    |
|----------------------------------------------------------|-------------|------------|----------|
| <b>Coworkers Who Earn Up to \$50,000*</b>                |             |            |          |
| <b>Coworker Only</b>                                     | \$4.62      | \$9.23     | \$133.85 |
| <b>Coworker + Spouse</b>                                 | \$51.92     | \$87.69    | \$219.23 |
| <b>Coworker + Child(ren)</b>                             | \$36.92     | \$69.23    | \$173.08 |
| <b>Coworker + Family</b>                                 | \$96.92     | \$115.38   | \$281.54 |
| <b>Coworkers Who Earn Between \$50,000–\$124,999.99*</b> |             |            |          |
| <b>Coworker Only</b>                                     | \$13.85     | \$24.92    | \$147.31 |
| <b>Coworker + Spouse</b>                                 | \$75.77     | \$115.38   | \$249.23 |
| <b>Coworker + Child(ren)</b>                             | \$52.44     | \$96.92    | \$203.76 |
| <b>Coworker + Family</b>                                 | \$127.97    | \$143.08   | \$300.00 |
| <b>Coworkers Who Earn More Than \$125,000*</b>           |             |            |          |
| <b>Coworker Only</b>                                     | \$20.20     | \$35.08    | \$183.69 |
| <b>Coworker + Spouse</b>                                 | \$133.77    | \$169.85   | \$332.77 |
| <b>Coworker + Child(ren)</b>                             | \$91.89     | \$135.69   | \$262.12 |
| <b>Coworker + Family</b>                                 | \$161.54    | \$203.54   | \$429.23 |

\* Your 2027 medical plan rates and salary-based benefits use your base salary as of October 1, 2026. Pay changes after that date will not change your 2027 rates. Coworkers eligible for commission will use a two-year average of base pay plus commissions.

\*\* Rates may be higher if you or your spouse/domestic partner self-identify as a tobacco-user and/or did not complete the wellness requirements.

Plan not available to Hawaii or Puerto Rico residents.

### Annual Tobacco-Free Premium Credit

| Coworkers                            | Spouse/Domestic Partner       |
|--------------------------------------|-------------------------------|
| <b>\$500 premium credit per year</b> | \$500 premium credit per year |

Available to BCBSTX medical plan participants only.

### 2027 Medical Plan Bi-Weekly Premiums — Kaiser California

| Coverage Level               | Kaiser CA* |
|------------------------------|------------|
| <b>Coworker Only</b>         | \$318.62   |
| <b>Coworker + Spouse</b>     | \$489.33   |
| <b>Coworker + Child(ren)</b> | \$411.74   |

| Coverage Level           | Kaiser CA* |
|--------------------------|------------|
| <b>Coworker + Family</b> | \$613.50   |

\* Rates may be higher if you or your spouse/domestic partner self-identify as a tobacco user. Coworkers enrolled in the Kaiser medical plan are not eligible for the Wellness Credit.

Plan available to California residents only.

## 2027 Medical Plan Bi-Weekly Premiums — HMSA Hawaii

| Coworker Income Tier     | Coworker Only | Coworker + Spouse | Coworker + Child(ren) | Coworker + Family |
|--------------------------|---------------|-------------------|-----------------------|-------------------|
| <b>Up to \$19,999</b>    | \$9.60        | \$155.26          | \$118.16              | \$207.20          |
| <b>\$20,000–\$24,999</b> | \$11.54       | \$157.20          | \$120.10              | \$209.14          |
| <b>\$25,000–\$29,999</b> | \$14.42       | \$160.08          | \$122.98              | \$212.02          |
| <b>\$30,000–\$34,999</b> | \$17.31       | \$162.96          | \$125.87              | \$214.91          |
| <b>\$35,000–\$39,999</b> | \$20.19       | \$165.85          | \$128.75              | \$217.79          |
| <b>\$40,000–\$44,999</b> | \$23.08       | \$168.73          | \$131.64              | \$220.68          |
| <b>\$45,000–\$49,999</b> | \$25.96       | \$171.62          | \$134.52              | \$223.56          |
| <b>\$50,000–\$54,999</b> | \$28.85       | \$174.50          | \$137.40              | \$226.44          |
| <b>\$55,000–\$59,999</b> | \$31.73       | \$177.39          | \$140.29              | \$229.33          |
| <b>\$60,000–\$64,999</b> | \$34.62       | \$180.27          | \$143.17              | \$232.21          |
| <b>\$65,000–\$69,999</b> | \$37.50       | \$183.16          | \$146.06              | \$235.10          |
| <b>\$70,000–\$74,999</b> | \$40.38       | \$186.04          | \$148.94              | \$237.98          |
| <b>\$75,000–\$79,999</b> | \$43.27       | \$188.93          | \$151.83              | \$240.87          |
| <b>\$80,000–\$84,999</b> | \$46.15       | \$191.81          | \$154.71              | \$243.75          |
| <b>\$85,000–\$89,999</b> | \$49.04       | \$194.70          | \$157.60              | \$246.64          |
| <b>\$90,000+</b>         | \$51.92       | \$197.58          | \$160.48              | \$249.52          |

Bi-weekly Coworker contributions are based on salary tiers to comply with the Hawaii Prepaid Health Care Act.

Plan available to Hawaii residents only.

## 2027 Medical Plan Bi-Weekly Premiums — Triple-S Puerto Rico

| Coverage Level               | Triple-S Salud |
|------------------------------|----------------|
| <b>Coworker Only</b>         | \$60.78        |
| <b>Coworker + Spouse*</b>    | \$136.32       |
| <b>Coworker + Child(ren)</b> | \$90.14        |
| <b>Coworker + Family*</b>    | \$173.05       |

\* Eligible domestic partners and their qualified children may enroll in health care coverage. Their coverage is taken after-tax, and the value of the employer-paid premium is treated as taxable income, which means a higher contribution amount on your pay slip.

Rates include medical, prescription drug, and dental coverage.

Plan available to Puerto Rico residents only.

## Health Savings Account (HSA)

### 2027 HSA Company Contribution

| Medical Plan | Coverage Level          | Company Annual Contribution Maximum* |
|--------------|-------------------------|--------------------------------------|
| HSA Basic    | Coworker Only           | \$250                                |
|              | Coworker + Dependent(s) | \$500                                |
| HSA Plus     | Coworker Only           | \$500                                |
|              | Coworker + Dependent(s) | \$1,000                              |

\* Paid in quarterly installments. You must be actively employed by the company on the date each payment is made to receive it.

### 2027 HSA Contribution Limits

| Medical Plan | Coverage Level          | Company Annual Contribution Maximum* | 2027 IRS Annual Contribution Limit** | Coworker Annual Contribution Limit** |
|--------------|-------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| HSA Basic    | Coworker Only           | \$250                                | \$4,500                              | \$4,250                              |
|              | Coworker + Dependent(s) | \$500                                | \$9,000                              | \$8,500                              |
| HSA Plus     | Coworker Only           | \$500                                | \$4,500                              | \$4,000                              |
|              | Coworker + Dependent(s) | \$1,000                              | \$9,000                              | \$8,000                              |

\* Paid in quarterly installments. You must be actively employed by the company on the date each payment is made to receive it.

\*\* Coworkers aged 55+ can make an additional \$1,000 catch-up contribution each year.

## Dental

### 2027 Dental Bi-Weekly Premiums

| Coverage Level        | Delta Dental With Orthodontia | Delta Dental No Orthodontia |
|-----------------------|-------------------------------|-----------------------------|
| Coworker Only         | \$16.17                       | \$17.07                     |
| Coworker + Spouse     | \$32.34                       | \$34.14                     |
| Coworker + Child(ren) | \$38.80                       | \$35.00                     |
| Coworker + Family     | \$54.96                       | \$51.21                     |

Plan not available to Puerto Rico residents.

## Vision

### 2027 Vision Bi-Weekly Premiums

| Coverage Level    | Vision — Low | Vision — High |
|-------------------|--------------|---------------|
| Coworker Only     | \$2.75       | \$6.63        |
| Coworker + Spouse | \$4.39       | \$10.60       |

| Coverage Level               | Vision — Low | Vision — High |
|------------------------------|--------------|---------------|
| <b>Coworker + Child(ren)</b> | \$4.49       | \$10.80       |
| <b>Coworker + Family</b>     | \$7.25       | \$17.43       |

Plan available to United States and Puerto Rico residents.

## Supplemental Life

### 2027 Supplemental Life Insurance Monthly Premium

| Age                  | Coworker* | Spouse/Domestic Partner* |
|----------------------|-----------|--------------------------|
| <b>&lt;30</b>        | \$0.046   | \$0.060                  |
| <b>30–34</b>         | \$0.073   | \$0.087                  |
| <b>35–39</b>         | \$0.082   | \$0.097                  |
| <b>40–44</b>         | \$0.090   | \$0.107                  |
| <b>45–49</b>         | \$0.137   | \$0.163                  |
| <b>50–54</b>         | \$0.202   | \$0.240                  |
| <b>55–59</b>         | \$0.392   | \$0.464                  |
| <b>60–64</b>         | \$0.605   | \$0.715                  |
| <b>65–69</b>         | \$1.150   | \$1.359                  |
| <b>70–74</b>         | \$1.867   | \$2.207                  |
| <b>75–79</b>         | \$2.060   | \$3.557                  |
| <b>80–84</b>         | \$2.060   | \$5.760                  |
| <b>85 &amp; Over</b> | \$2.060   | \$9.327                  |

\* Per \$1,000 of coverage

Plan available to United States and Puerto Rico residents.

### 2027 Supplemental Child Life Insurance Monthly Premium

| Coverage Amount | Monthly Rate |
|-----------------|--------------|
| <b>\$5,000</b>  | \$0.43       |
| <b>\$10,000</b> | \$0.86       |
| <b>\$15,000</b> | \$1.29       |
| <b>\$20,000</b> | \$1.72       |
| <b>\$25,000</b> | \$2.15       |

Plan available to United States and Puerto Rico residents.

## Voluntary AD&D

### 2027 Voluntary AD&D Insurance Premiums Monthly Rates

| Coverage Amount | Coworker Only                   | Coworker + Family               |
|-----------------|---------------------------------|---------------------------------|
| 1x–7x Base Pay  | \$0.022 per \$1,000 of coverage | \$0.036 per \$1,000 of coverage |

Plan available to United States and Puerto Rico residents.

## Short-Term Disability (STD)

### 2027 Voluntary STD Buy-Up Bi-Weekly Premiums — Per \$10 of Coverage

| Age Bands | 18–49    | 50–59    | 60–64    | 65–69    | 70+      |
|-----------|----------|----------|----------|----------|----------|
| Premium   | \$0.3605 | \$0.3794 | \$0.5349 | \$0.5991 | \$0.6263 |

Plan not available to Puerto Rico residents.

### 2027 SINOT STD Bi-Weekly Premiums — Puerto Rico

| Coverage Level | % of Coworker's Salary          |
|----------------|---------------------------------|
| Coworker       | 0.30% up to \$27 annual maximum |

*Seguro por Incapacidad No Ocupacional Temporal (SINOT) is a state-mandated STD program required for Puerto Rico Coworkers. SINOT premiums are deducted from your paychecks on an after-tax basis.*

Plan available to Puerto Rico residents only.

## Long-Term Disability (LTD)

### 2027 Voluntary LTD Monthly Premiums

| Coverage Period | Calculation                                                                                                         | Monthly Rate* |
|-----------------|---------------------------------------------------------------------------------------------------------------------|---------------|
| Two-Year Period | Hourly Rate $\times$ 2,080 / 12 $\times$ .00201 $\times$ 12/26<br>Annual Salary / 12 $\times$ .00201 $\times$ 12/26 | \$0.201       |
| To Age 65       | Hourly Rate $\times$ 2,080 / 12 $\times$ .00531 $\times$ 12/26<br>Annual Salary / 12 $\times$ .00531 $\times$ 12/26 | \$0.531       |

\* Per \$100 of covered earnings.

Plan available to United States and Puerto Rico residents.

## Supplemental Benefits

### 2027 Accident Bi-Weekly Premiums

| Coverage Level        | Accident Premium |
|-----------------------|------------------|
| Coworker Only         | \$3.67           |
| Coworker + Spouse     | \$5.73           |
| Coworker + Child(ren) | \$5.84           |
| Coworker + Family     | \$7.89           |

Plan available to United States and Puerto Rico residents.

### 2027 Critical Illness Bi-Weekly Premiums

| Coverage Level        | Critical Illness Premium*            |                                       |
|-----------------------|--------------------------------------|---------------------------------------|
|                       | \$15,000 Coverage — Low Plan Premium | \$30,000 Coverage — High Plan Premium |
| Coworker Only         | \$6.02                               | \$12.05                               |
| Coworker + Spouse     | \$9.24                               | \$18.48                               |
| Coworker + Child(ren) | \$6.99                               | \$13.98                               |
| Coworker + Family     | \$10.21                              | \$20.42                               |

Plan available to United States and Puerto Rico residents.

### 2027 Hospital Indemnity Bi-Weekly Premiums

| Coverage Level        | Hospital Indemnity Premium |
|-----------------------|----------------------------|
| Coworker Only         | \$4.63                     |
| Coworker + Spouse     | \$9.58                     |
| Coworker + Child(ren) | \$8.82                     |
| Coworker + Family     | \$13.77                    |

Plan available to United States and Puerto Rico residents.

## Legal Services

### 2027 LegalEASE Legal Plan Bi-Weekly Premiums

| Coverage Level      | Legal Plan Premium |
|---------------------|--------------------|
| All Coverage Levels | \$7.26             |

Plan not available to Puerto Rico residents.

## Identity Theft Protection

### 2027 Identity Theft Protection Bi-Weekly Premiums

| Coverage Level    | Identity Theft Premium |
|-------------------|------------------------|
| Coworker Only     | \$3.74                 |
| Coworker + Family | \$7.04                 |

Plan not available to Puerto Rico residents.

# Benefits Value Advisors

Benefits Value Advisors (BVA) is a guided support service through BCBSTX that helps you and your family find the right health care at the right time, cutting through the confusion of provider networks, benefits, costs, and care coordination.

## How it Works

Navigating health care shouldn't feel like a full-time job. That's why your BCBSTX medical plan includes a dedicated BVA, a personal concierge who helps you get the most out of your coverage and make confident decisions about your care.

Your BVA can help you:

- Find in-network providers and facilities
- Schedule appointments
- Get cost estimates for procedures and services
- Set up prior authorizations (if needed)
- Answer questions about what's covered under your plan

BVAs are available seven days a week. Call [866-856-9659](tel:866-856-9659) and ask to speak with a Benefits Value Advisor or connect through the BCBSTX app to chat live.

# Medical Plans

Choosing the right plan starts with understanding your total cost of care and how the plans compare. Review your medical plan options from Blue Cross Blue Shield of Texas (BCBSTX).

## About the Plans

All BCBSTX plans use the same provider network, cover the same medical and prescription services, and offers free preventive care. What varies is your paycheck cost, what you pay when you get care, and whether the Company contributes money to help with your expenses.

There are two types of plans offered:

- **Health Savings Account (HSA) Eligible Plans** — Generally provides a lower cost out of your paycheck to help you save money to use when you need care and gives you access to a unique tax-advantaged savings account called an HSA. You can contribute pre-tax dollars, Office Depot adds a contribution, and you can use the combined funds for eligible medical, dental, and vision expenses — **the money is yours to keep, year after year.**
- **Preferred Provider Organization (PPO)** — Offers set copays for services.

Blue Cross and Blue Shield of Texas (BCBSTX) administers three medical plan options — **HSA Basic, HSA Plus, and PPO.**

## What's the Same

All three plans use the BCBSTX network to find trusted providers near you, and offer:

- Free, in-network preventive care, including annual physicals, wellness exams, and immunizations
- Low-cost virtual visits with a doctor
- Prescription drug coverage through Optum Rx
- You'll work with BCBSTX Benefits Value Advisors for support
- Protection for your wallet with an annual OOP

## What's Different

The plans differ in how you pay when you receive care and what you pay in premiums each pay period. Your paycheck contribution is a key part of your total health care spend, so weigh it alongside deductibles, coinsurance, and copays when choosing a plan.

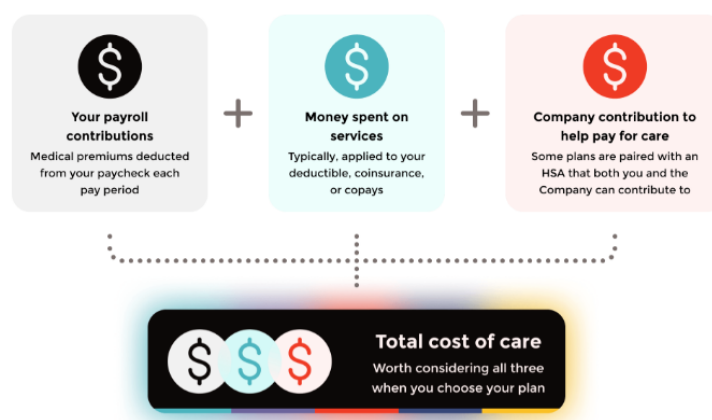
### HSA Basic & HSA Plus

- After you receive care, you will pay the deductible or coinsurance
- Gives you access to an HSA to contribute pre-tax dollars for eligible medical expenses
- Receives a company contribution to the HSA

### PPO

- Shows your total cost (copay) upfront, before you seek care

## Cost of Care



## Medical Coverage Summary

### BCBSTX Medical Plans — In-Network

| Covered Services                                                | HSA Basic           | HSA Plus             | PPO                                      |
|-----------------------------------------------------------------|---------------------|----------------------|------------------------------------------|
| <b>Deductibles</b>                                              |                     |                      |                                          |
| <b>Coworker Only</b>                                            | \$6,000             | \$3,000              | \$1,750                                  |
| <b>All Other Coverage Tiers</b>                                 | \$17,400*           | \$6,000              | \$1,750 per person<br>\$5,250 per family |
| <b>Annual Out-of-Pocket Maximum**</b>                           |                     |                      |                                          |
| <b>Coworker Only</b>                                            | \$6,000             | \$6,000              | \$5,250                                  |
| <b>All Other Coverage Tiers</b>                                 | \$17,400*           | \$12,000***          | \$15,750                                 |
| <b>You Pay</b>                                                  |                     |                      |                                          |
| <b>Coinsurance</b>                                              | 0% after deductible | 20% after deductible | 20% after deductible                     |
| <b>Preventive Care<br/>(including labs &amp; immunizations)</b> | \$0                 | \$0                  | \$0                                      |
| <b>Teladoc Virtual Care</b>                                     | \$10 per visit      | \$10 per visit       | \$10 per visit                           |
| <b>Primary Care Physician (PCP)</b>                             | 0% after deductible | 20% after deductible | \$30 copay                               |
| <b>Specialist</b>                                               | 0% after deductible | 20% after deductible | \$60 copay                               |
| <b>Urgent Care</b>                                              | 0% after deductible | 20% after deductible | \$50 copay                               |
| <b>Emergency Room</b>                                           | 0% after deductible | 20% after deductible | \$350 copay + 20% after deductible       |

\* Each covered person has their own \$6,000 deductible and out-of-pocket maximum. Once one person reaches \$6,000, the plan pays 100% of that person's in-network covered costs for the rest of the year, even if the family total of \$17,400 has not been met.

\*\* Includes medical and prescription drug costs.

\*\*\* No one person pays more than \$6,000 in a year, even on family coverage. Once one person reaches \$6,000, the plan pays 100% of that person's in-network covered costs for the rest of the year, even if the family total of \$12,000 has not been met.

Plan not available to Hawaii or Puerto Rico residents.

## Benefits Cost

### 2027 Medical Plan Bi-Weekly Premiums — BCBSTX United States

| Coverage Level                                           | HSA Basic** | HSA Plus** | PPO**    |
|----------------------------------------------------------|-------------|------------|----------|
| <b>Coworkers Who Earn Up to \$50,000*</b>                |             |            |          |
| <b>Coworker Only</b>                                     | \$4.62      | \$9.23     | \$133.85 |
| <b>Coworker + Spouse</b>                                 | \$51.92     | \$87.69    | \$219.23 |
| <b>Coworker + Child(ren)</b>                             | \$36.92     | \$69.23    | \$173.08 |
| <b>Coworker + Family</b>                                 | \$96.92     | \$115.38   | \$281.54 |
| <b>Coworkers Who Earn Between \$50,000–\$124,999.99*</b> |             |            |          |
| <b>Coworker Only</b>                                     | \$13.85     | \$24.92    | \$147.31 |
| <b>Coworker + Spouse</b>                                 | \$75.77     | \$115.38   | \$249.23 |
| <b>Coworker + Child(ren)</b>                             | \$52.44     | \$96.92    | \$203.76 |
| <b>Coworker + Family</b>                                 | \$127.97    | \$143.08   | \$300.00 |
| <b>Coworkers Who Earn More Than \$125,000*</b>           |             |            |          |
| <b>Coworker Only</b>                                     | \$20.20     | \$35.08    | \$183.69 |
| <b>Coworker + Spouse</b>                                 | \$133.77    | \$169.85   | \$332.77 |
| <b>Coworker + Child(ren)</b>                             | \$91.89     | \$135.69   | \$262.12 |
| <b>Coworker + Family</b>                                 | \$161.54    | \$203.54   | \$429.23 |

\* Your 2027 medical plan rates and salary-based benefits use your base salary as of October 1, 2026. Pay changes after that date will not change your 2027 rates. Coworkers eligible for commission will use a two-year average of base pay plus commissions.

\*\* Rates may be higher if you or your spouse/domestic partner self-identify as a tobacco-user and/or did not complete the wellness requirements.

Plan not available to Hawaii or Puerto Rico residents.

### How Your Frozen Salary is Determined

Your salary sets your medical plan contribution rates and some other benefits, such as life and disability coverage. For the 2027 plan year, your frozen salary is your annual base salary as of October 1, 2026. Salary increases or decreases after October 1 will not change your medical rates, coverage amounts, or payroll deductions until the next plan year.

If you are paid on commission, your frozen salary is the average of your base pay plus commissions over the two most recent calendar years. If you have worked here less than two years, the average is based on your actual earnings while employed.

If this summary differs from the official plan documents, the plan documents will govern.

## Find a Provider

To find BCBSTX in-network providers near you, visit [bcbstx.com/find-care](https://bcbstx.com/find-care) or download the BCBSTX app.

*Please note [Hawaii](#) and [Puerto Rico](#) residents are not eligible for BCBSTX medical plans.*

### ID Cards

Health insurance ID cards are sent via U.S. mail for medical and Rx coverage. Contact a [Benefits Value Advisor](#) to request additional cards.

# Medical Plan — California

If you live in California, you have an additional medical plan option through Kaiser Permanente.

## About the Plan

Along with the three [BCBSTX medical plans](#), California residents also have the option to choose a health plan from Kaiser Permanente.

- **Health Maintenance Organization (HMO)** has a closed network of Kaiser providers and facilities.

## What's Different

The key difference between the [BCBSTX medical plans](#) and the Kaiser plan is that Kaiser is both the insurance plan and the care provider. Everything is delivered within one coordinated system, and you must use Kaiser's network of doctors, hospitals, and specialists for services to be covered.

## Medical Coverage Summary

You must use a Kaiser provider or facility in the Kaiser network for services to be covered.

### Kaiser Medical Plan — In-Network

| Covered Services                                                | Kaiser CA*           |
|-----------------------------------------------------------------|----------------------|
| <b>Deductibles</b>                                              |                      |
| <b>Coworker Only</b>                                            | \$1,000              |
| <b>All Other Coverage Tiers</b>                                 | \$2,000              |
| <b>Annual Out-of-Pocket Maximum</b>                             |                      |
| <b>Coworker Only</b>                                            | \$3,000              |
| <b>All Other Coverage Tiers</b>                                 | \$6,000              |
| <b>You Pay</b>                                                  |                      |
| <b>Coinsurance</b>                                              | 20% after deductible |
| <b>Preventive Care<br/>(including labs &amp; immunizations)</b> | \$0                  |
| <b>Virtual Care</b>                                             | \$0                  |
| <b>Primary Care Physician (PCP)</b>                             | \$30 copay           |
| <b>Specialist</b>                                               | \$30 copay           |
| <b>Urgent Care</b>                                              | \$30 copay           |
| <b>Emergency Room</b>                                           | 20% after deductible |

\* You must use a Kaiser provider or facility in the Kaiser network for services to be covered.  
Plan available to California residents only.

## Benefits Cost

### 2027 Medical Plan Bi-Weekly Premiums — Kaiser California

| Coverage Level        | Kaiser CA* |
|-----------------------|------------|
| Coworker Only         | \$318.62   |
| Coworker + Spouse     | \$489.33   |
| Coworker + Child(ren) | \$411.74   |
| Coworker + Family     | \$613.50   |

*\* Rates may be higher if you or your spouse/domestic partner self-identify as a tobacco user. Coworkers enrolled in the Kaiser medical plan are not eligible for the Wellness Credit.*

*Plan available to California residents only.*

## Clinical Concierge

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 [kp.org](https://kp.org) to get started.

## Find a Provider

[Click here](#) to find a provider, then click on your location to search near you.

## ID Cards

Health insurance ID cards are sent via U.S. mail for medical/Rx coverage. Contact a Kaiser clinical concierge to request additional cards.

# Medical Plan — Hawaii

Hawaii residents have one medical plan available through Hawaii Medical Service Association (HMSA). If you live in Hawaii, HMSA is your dedicated medical plan choice for comprehensive, local care.

## About the Plan

HMSA offers a **Preferred Provider Organization (PPO)** medical plan that gives you flexibility to see providers without referrals and offers set copays for services. You must use the HMSA local network doctors and facilities designed specifically for Hawaii residents for services to be covered.

## HMSA

You pay set copays for office visits and prescription drugs, and you pay the full cost of care for other services until you meet the deductible. After you meet the deductible, you pay 20% coinsurance for services until you meet your out-of-pocket (OOP) maximum, then the plan pays 100% of covered services. Preventive care is **free**.

## Medical Coverage Summary

HMSA provides both in-network and out-of-network coverage; however, using out-of-network providers will increase out-of-pocket (OOP) costs.

### HMSA Medical Plan — In-Network

| Covered Services                        | HMSA                 |
|-----------------------------------------|----------------------|
| <b>Deductibles</b>                      |                      |
| <b>Coworker Only</b>                    | \$350                |
| <b>All Other Coverage Tiers</b>         | \$1,050              |
| <b>Annual Out-of-Pocket Maximum*</b>    |                      |
| <b>Individual</b>                       | \$3,000              |
| <b>Family</b>                           | \$9,000              |
| <b>You Pay</b>                          |                      |
| <b>Coinsurance</b>                      | 20% after deductible |
| <b>Preventive Care (including labs)</b> | \$0                  |
| <b>Primary Care Physician (PCP)</b>     | \$17 copay           |
| <b>Specialist</b>                       | \$17 copay           |
| <b>Emergency Room</b>                   | 20% after deductible |

\* Includes medical and prescription drug costs.

Plan available to Hawaii residents only.

## Benefits Cost

### 2027 Medical Plan Bi-Weekly Premiums — HMSA Hawaii

| Coworker Income Tier | Coworker Only | Coworker + Spouse | Coworker + Child(ren) | Coworker + Family |
|----------------------|---------------|-------------------|-----------------------|-------------------|
| Up to \$19,999       | \$9.60        | \$155.26          | \$118.16              | \$207.20          |
| \$20,000–\$24,999    | \$11.54       | \$157.20          | \$120.10              | \$209.14          |
| \$25,000–\$29,999    | \$14.42       | \$160.08          | \$122.98              | \$212.02          |
| \$30,000–\$34,999    | \$17.31       | \$162.96          | \$125.87              | \$214.91          |
| \$35,000–\$39,999    | \$20.19       | \$165.85          | \$128.75              | \$217.79          |
| \$40,000–\$44,999    | \$23.08       | \$168.73          | \$131.64              | \$220.68          |
| \$45,000–\$49,999    | \$25.96       | \$171.62          | \$134.52              | \$223.56          |
| \$50,000–\$54,999    | \$28.85       | \$174.50          | \$137.40              | \$226.44          |
| \$55,000–\$59,999    | \$31.73       | \$177.39          | \$140.29              | \$229.33          |
| \$60,000–\$64,999    | \$34.62       | \$180.27          | \$143.17              | \$232.21          |
| \$65,000–\$69,999    | \$37.50       | \$183.16          | \$146.06              | \$235.10          |
| \$70,000–\$74,999    | \$40.38       | \$186.04          | \$148.94              | \$237.98          |
| \$75,000–\$79,999    | \$43.27       | \$188.93          | \$151.83              | \$240.87          |
| \$80,000–\$84,999    | \$46.15       | \$191.81          | \$154.71              | \$243.75          |
| \$85,000–\$89,999    | \$49.04       | \$194.70          | \$157.60              | \$246.64          |
| \$90,000+            | \$51.92       | \$197.58          | \$160.48              | \$249.52          |

*Bi-weekly Coworker contributions are based on salary tiers to comply with the Hawaii Prepaid Health Care Act.  
Plan available to Hawaii residents only.*

## Find a Provider

To find a provider near you, visit [hmsa.com/search/providers](https://hmsa.com/search/providers).

## ID Cards

Health insurance ID cards are sent via U.S. mail for medical/Rx coverage. Contact [HMSA](https://hmsa.com) to request additional cards.

# Medical Plan — Puerto Rico

Residents of Puerto Rico have one medical plan available through Triple-S. This plan provides comprehensive coverage designed to support your overall health and well-being.

## About the Plan

Triple-S Salud offers a **Preferred Provider Organization (PPO)** medical plan that gives you flexibility to see providers without referrals and offers set copays for services.

### Triple-S Salud

The medical plan is a copay-based plan where you know your costs upfront. You pay set copays for services until you meet your out-of-pocket (OOP) maximum, then the plan pays 100% of covered services. Preventive care is **free**.

## Medical Coverage Summary

Triple-S provides both in-network and out-of-network coverage; however, using out-of-network providers will increase OOP costs. Limited vision services are also included with the medical plan.

### Triple-S Medical Plan — In-Network

| Covered Services                   | Triple-S Salud                                                     |
|------------------------------------|--------------------------------------------------------------------|
| Deductible                         | \$0                                                                |
| Annual Out-of-Pocket Maximum*      |                                                                    |
| Coworker Only                      | \$6,350                                                            |
| All Other Coverage Tiers           | \$12,700                                                           |
| You Pay                            |                                                                    |
| Preventive Care                    | \$0                                                                |
| Primary Care Physician (PCP) Visit | \$5 copay                                                          |
| Specialist Visit                   | \$10 copay                                                         |
| Prenatal & Postnatal Care Visit    | \$10 copay                                                         |
| Urgent Care & Emergency Room       | Urgent Care: \$15 copay (Salus: \$0)<br>Emergency Room: \$50 copay |

\* Includes medical, prescription drug, and dental costs.

Plan available to Puerto Rico residents only.

## Benefits Cost

### 2027 Medical Plan Bi-Weekly Premiums — Triple-S Puerto Rico

| Coverage Level        | Triple-S Salud |
|-----------------------|----------------|
| Coworker Only         | \$60.78        |
| Coworker + Spouse*    | \$136.32       |
| Coworker + Child(ren) | \$90.14        |
| Coworker + Family*    | \$173.05       |

*\* Eligible domestic partners and their qualified children may enroll in health care coverage. Their coverage is taken after-tax, and the value of the employer-paid premium is treated as taxable income, which means a higher contribution amount on your pay slip.*

*Rates include medical, prescription drug, and dental coverage.*

*Plan available to Puerto Rico residents only.*

## **Find a Provider**

[Click here](#) to find a provider near you.

## **ID Cards**

Health insurance ID cards are sent via mail for medical/Rx/dental coverage. Contact [Triple-S Salud](#) to request additional cards.

# Prescription Drugs

All medical plans offers comprehensive prescription drug coverage designed to fit your health care needs and budget.

## BCBSTX

All three Office Depot BCBSTX medical plans include prescription drug coverage through Optum Rx. What you pay depends on which [medical plan](#) you're enrolled in.

### BCBSTX Medical Plans — In-Network

|                                      | HSA Basic           | HSA Plus* & PPO                                                                                 |
|--------------------------------------|---------------------|-------------------------------------------------------------------------------------------------|
| <b>Deductible</b>                    |                     |                                                                                                 |
| <b>Per Person</b>                    | N/A                 | PPO plan only: \$250 for brand medications                                                      |
| <b>Prescription Drug Coverage</b>    |                     |                                                                                                 |
| <b>Generic</b>                       | 0% after deductible | Retail — 20% / \$10 minimum for 30-day supply<br>Mail — 20% / \$25 minimum for 90-day supply    |
| <b>Preferred Brand</b>               | 0% after deductible | Retail — 30% / \$25 minimum for 30-day supply<br>Mail — 20% / \$62.50 minimum for 90-day supply |
| <b>Non-Preferred Brand</b>           | 0% after deductible | Retail — 40% / \$40 minimum for 30-day supply<br>Mail — 33% / \$100 minimum for 90-day supply   |
| <b>Specialty Generic</b>             | 0% after deductible | 20%                                                                                             |
| <b>Specialty Preferred Brand</b>     | 0% after deductible | 30%, \$30 minimum / \$250 maximum                                                               |
| <b>Specialty Non-Preferred Brand</b> | 0% after deductible | 40%, \$30 minimum / \$250 maximum                                                               |

*\* In the HSA Plus medical plan, you must satisfy the medical plan deductible before the coinsurance percentage shown in the chart will apply.*

*Prescription drug coverage is provided with BCBSTX medical plans.*

## Save Money on Prescriptions

### Work with your doctor to choose a lower-cost medicine in treating your health condition:

- Make a list of all your medications
- Share the list of medications with your doctor — ask if there are lower-cost or generic alternatives
- Have your doctor write any new prescriptions
- If your doctor does not feel a lower-cost medicine is right for you, discuss the reasoning and if necessary ask them to contact OptumRX for help with more options
- Fill your new prescription at an in-network retail pharmacy or the mail-order service

## Free preventive medications

Certain preventive medications are free, including eligible generic cholesterol and blood pressure medication, and prescriptions related to certain women's preventive care.

HSA Basic and HSA Plus plan members may be able to waive the deductible for other preventive drug categories, such as contraception, diabetes, high blood pressure, and high cholesterol. View the [Standard HSA Common Preventive Drug List](#) to learn more.

## Kaiser — California Only

### Kaiser Medical Plan — In-Network

|                                   | Kaiser                                                         |
|-----------------------------------|----------------------------------------------------------------|
| <b>Deductible</b>                 |                                                                |
| <b>Per Person</b>                 | \$250 for brand and specialty medications                      |
| <b>Prescription Drug Coverage</b> |                                                                |
| <b>Generic</b>                    | \$10 — up to 100-day supply                                    |
| <b>Preferred Brand</b>            | \$30 after deductible — up to 100-day supply                   |
| <b>Non-Preferred Brand</b>        | Same as Preferred; requires approval through exception process |
| <b>Specialty</b>                  | \$30 after deductible — up to 30-day supply                    |

*Prescription drug coverage is provided with the Kaiser medical plan.*

## HMSA — Hawaii

### HMSA Prescription Drug — In-Network

|                                      | HMSA                                                                                                  |
|--------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>Copay Maximum</b>                 |                                                                                                       |
| <b>Coworker Only</b>                 | \$3,600                                                                                               |
| <b>All Other Coverage Tiers</b>      | \$4,200                                                                                               |
| <b>Prescription Drug Coverage</b>    |                                                                                                       |
| <b>Generic</b>                       | Retail — \$7 for 30-day supply<br>Mail — \$11 for 90-day supply                                       |
| <b>Preferred Brand</b>               | Retail — \$30 for 30-day supply<br>Mail — \$65 for 90-day supply                                      |
| <b>Non-Preferred Brand</b>           | Retail — \$30 + \$45 cost share for 30-day supply<br>Mail — \$65 + \$135 cost share for 90-day supply |
| <b>Specialty</b>                     | Retail — \$100 for 30-day supply<br>Mail — Not covered                                                |
| <b>Specialty Non-Preferred Brand</b> | Retail — \$100 for 30-day supply<br>Mail — Not covered                                                |

*Prescription drug coverage is provided with the HMSA medical plan.*

## Triple-S — Puerto Rico

### Triple-S Medical Plan — In-Network

|                                   | Triple-S Salud                                                   |
|-----------------------------------|------------------------------------------------------------------|
| <b>Prescription Drug Coverage</b> |                                                                  |
| <b>Generic</b>                    | Retail — \$5 copay<br>Mail — \$10 copay                          |
| <b>Preferred Brand</b>            | Retail — \$20 copay<br>Mail — \$40 copay                         |
| <b>Non-Preferred Brand</b>        | Retail — 25% minimum \$25 copay<br>Mail — 25% minimum \$75 copay |
| <b>Specialty</b>                  | Retail — 20% maximum \$100 copay<br>Mail — not available         |
| <b>Chemotherapy Drugs</b>         | \$0                                                              |

*Prescription drug coverage is provided with the Triple-S medical plan.*

## Find a Pharmacy

To find local pharmacies, visit:

- BCBSTX — [bcbstx.com/prescription-drugs/pharmacies](https://www.bcbstx.com/prescription-drugs/pharmacies)
- Kaiser — [healthy.kaiserpermanente.org/doctors-locations](https://healthy.kaiserpermanente.org/doctors-locations)
- HMSA — [hmsa.com/help-center/find-an-hmsa-participating-retail-pharmacy](https://hmsa.com/help-center/find-an-hmsa-participating-retail-pharmacy)
- Triple-S — [salud.grupotriples.com/en/provider-directories](https://salud.grupotriples.com/en/provider-directories)

# Where to Go for Care

Choosing the right level of care helps you get treatment quickly while avoiding unnecessary costs.

## Choosing the Right Level of Care

Knowing where to go for care can save you time and money. Here's how the options compare:

- **Teladoc Health** — A quick, low-cost option for care. Connect with a doctor or licensed behavioral health provider anytime, day or night, from your phone or computer. Teladoc Health also offers virtual primary care, giving you an ongoing relationship with a provider for routine visits, chronic condition support, and referrals when in-person care is needed.
- **Primary Care Physician (PCP)** — See your in-network PCP in person for **free** preventive care and low-cost visits. Your PCP is your best resource for routine care, ongoing health management, and referrals to specialists.
- **Urgent Care** — A good option when you need help quickly but it's not life-threatening — think a sprained ankle, a bad ear infection, or a high fever that needs attention right away when your PCP isn't available.
- **Emergency Room** — Reserve the ER for true emergencies such as broken bones, cardiac and breathing issues, sudden dizziness or loss of vision.

## How They Compare

|                         | Teladoc Health                                                        | Primary Care Physician                                                     | Urgent Care                                                           | Emergency Room                                               |
|-------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Speed of Service</b> | Fast<br>available 24/7                                                | Moderate                                                                   | Fast                                                                  | Long<br>wait times                                           |
| <b>Cost</b>             | \$ Lowest<br>\$10 per visit*                                          | \$ Low +<br>free preventive visits**                                       | \$\$<br>Moderate                                                      | \$\$\$<br>Highest                                            |
| <b>Treatment Types</b>  | Allergies, cold & flu, ear infections, pink eye, stress, depression   | Annual physicals, flu shots, well-child visits, everyday health concerns   | Back pain, migraines, sprains, minor fractures, cuts needing stitches | Chest pain, trouble breathing, severe injuries, broken bones |
| <b>Process</b>          | Register at <a href="https://teladochealth.com">teladochealth.com</a> | Schedule appointment or call <a href="#">BVA</a> for help finding a doctor | Walk-ins welcome                                                      | Go to the nearest ER or call 911                             |

\* Teladoc Health virtual visits are \$10 per visit for Coworkers and dependents enrolled in a BCBSTX medical plan.

\*\* In-network preventive care is free for Coworkers and dependents enrolled in a BCBSTX medical plan.

# Dental Plans

Office Depot offers comprehensive dental coverage through Delta Dental, designed to meet diverse coverage needs and budgets for Coworkers and their families.

## Delta Dental Plans

### Dental Coverage Summary

Delta Dental administers two dental plan options:

- Dental With Orthodontics
- Dental No Orthodontics

Both dental plans offer two cleanings a year, with the same providers but different pricing. Review the chart below for details when using Delta in-network providers — Delta Dental PPO or Delta Dental Premier.

### Delta Dental Plans — In-Network

| Covered Services                                              | With Orthodontics                            | No Orthodontics    |
|---------------------------------------------------------------|----------------------------------------------|--------------------|
| <b>Deductible</b>                                             | N/A                                          | N/A                |
| <b>Annual Benefit Maximum</b>                                 | \$1,500 per person                           | \$2,000 per person |
| <b>Covered Cleanings Per Year<sup>^*</sup></b>                | Two                                          | Two                |
| <b>Diagnostic &amp; Preventive (exams, X-rays, cleanings)</b> | Covered at 100%                              | Covered at 100%    |
| <b>Basic Services (fillings, extractions)</b>                 | Covered at 80%                               | Covered at 90%     |
| <b>Major Services (crowns, dentures, bridges, implants)</b>   | Covered at 50%                               | Covered at 60%     |
| <b>Endodontics (root canals)</b>                              | Covered at 80%                               | Covered at 90%     |
| <b>Oral Surgery</b>                                           | Covered at 80%                               | Covered at 90%     |
| <b>Orthodontia Services (adults &amp; dependent children)</b> | Covered at 50% — lifetime maximum of \$1,500 | No coverage        |

<sup>\*</sup> Four covered cleanings per year are provided to anyone with certain high-risk health conditions. Services from non-Delta dentists are subject to the annual deductible and lower coinsurance. Plan not available to Puerto Rico residents.

## Benefit Cost

### 2027 Dental Bi-Weekly Premiums

| Coverage Level           | Delta Dental With Orthodontia | Delta Dental No Orthodontia |
|--------------------------|-------------------------------|-----------------------------|
| <b>Coworker Only</b>     | \$16.17                       | \$17.07                     |
| <b>Coworker + Spouse</b> | \$32.34                       | \$34.14                     |

| Coverage Level        | Delta Dental<br>With Orthodontia | Delta Dental<br>No Orthodontia |
|-----------------------|----------------------------------|--------------------------------|
| Coworker + Child(ren) | \$38.80                          | \$35.00                        |
| Coworker + Family     | \$54.96                          | \$51.21                        |

Plan not available to Puerto Rico residents.

## SmileWay Program

The SmileWay program allows for two additional cleanings (four total) per year for anyone with high-risk health conditions that can benefit from additional oral health care.

## No ID Card Needed

You do not need a member ID card to get care with Delta Dental. When you schedule an appointment, tell the office your name and date of birth. If you prefer to have a paper or electronic ID card, create a member account at [deltadentalins.com](https://deltadentalins.com) to view or print your ID card.

## Triple-S Dental Plan

### Who's Eligible

- Triple-S medical plan participants only

### Dental Coverage Summary

For Puerto Rico residents, dental is covered through the [Triple-S medical plan](#). Your dental coverage tier must match your medical coverage tier.

### Triple-S Dental Plan — In-Network

| Covered Services                | Triple-S                                                            |
|---------------------------------|---------------------------------------------------------------------|
| Basic, Preventive, & Diagnostic | Covered at 100%                                                     |
| Composite & Oral Surgery        | Covered at 70%                                                      |
| Space Maintainers               | Covered at 80%                                                      |
| Prosthesis Services             | Covered at 50%                                                      |
| Periodontal Services            | Covered at 100% — up to \$1,000 maximum                             |
| Orthodontia Services            | Covered at 100% — up to \$1,000 lifetime maximum per covered person |

Plan available to Puerto Rico residents only.

## Benefit Cost

The Triple-S dental plan premium cost is already included with [Triple-S medical premiums](#).

## Find a Provider

- **Delta Dental** — Visit [deltadentalins.com](https://deltadentalins.com) to search for in-network dentists in the Dental PPO or the PPO Premier network.
- **Triple-S Dental** — Visit [ssspr.com](https://ssspr.com) to search for in-network dentists or call [787-774-6060](tel:787-774-6060).

# Vision Plans

Receive comprehensive vision coverage administered by VSP, offering annual eye exams, prescription lenses, frames, and contact lenses to help you and your family maintain optimal eye health.

## Vision Coverage Summary

The vision plan covers annual exams and corrective lenses. You pay an exam copay, and the plan covers frames or lenses up to set allowances. You can use any provider, but in-network providers offer higher benefits.

The plan pays an allowance for either contact lenses or eyeglass frames — you can receive benefits for one or the other, not both, in the same period. Additional discounts are also available through the Plan.

### VSP Vision Plans — In-Network

| Covered Services                                                                                      | VSP — Low Option                                                                 | VSP — High Option                                                                |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>Well Vision Exam</b><br>(once per year)                                                            | \$20 copay                                                                       | \$10 copay                                                                       |
| <b>Contact Lens Exam</b><br>(fitting, evaluation)                                                     | \$0                                                                              | \$0                                                                              |
| <b>Lenses</b><br>(once per year—single vision, lined bifocal, lined trifocal lenses)                  | \$20 copay                                                                       | \$10 copay                                                                       |
| <b>Lens Enhancements</b><br>(polycarbonate, scratch-resistant coating, standard progressive, rimless) | \$0                                                                              | \$0<br>Anti-reflective: \$25 copay                                               |
| <b>Frames</b><br>(Low Option — once every other year; High Option — once per year)                    | Up to \$120 allowance, or \$170 allowance for featured brands, & 20% off balance | Up to \$175 allowance, or \$225 allowance for featured brands, & 20% off balance |
| <b>Contact Lenses</b><br>(once per year — instead of glasses)                                         | Up to \$120 allowance                                                            | Up to \$175 allowance                                                            |

*Plan available to United States and Puerto Rico residents.*

## Benefits Cost

### 2027 Vision Bi-Weekly Premiums

| Coverage Level               | Vision — Low | Vision — High |
|------------------------------|--------------|---------------|
| <b>Coworker Only</b>         | \$2.75       | \$6.63        |
| <b>Coworker + Spouse</b>     | \$4.39       | \$10.60       |
| <b>Coworker + Child(ren)</b> | \$4.49       | \$10.80       |

| Coverage Level    | Vision — Low | Vision — High |
|-------------------|--------------|---------------|
| Coworker + Family | \$7.25       | \$17.43       |

*Plan available to United States and Puerto Rico residents.*

## Find a Provider

To find an in-network provider using the Advantage network, visit [vsp.com](https://vsp.com).

## No ID Card Needed

You do not need a VSP member ID card. When you schedule an appointment, tell the office your name, date of birth, and Member ID number (or your Social Security number). If you prefer to have a paper or electronic ID card, create a member account at [vsp.com](https://vsp.com) to view or print your ID card.

# Virtual Care

With Teladoc Health, you can speak to a licensed medical provider by phone or video, day or night. No waiting rooms, no travel, and no surprise costs.

## Who's Eligible

- BCBSTX medical plan participants only

## How it Works

When you need care quickly but can't make it to your regular doctor, Teladoc Health connects you to virtual primary care, 24/7 urgent care, [behavioral and mental health support](#) (age limits may apply), and even dermatology.

### Teladoc medical providers can help with:

- Cold, flu, and sinus infections
- Allergies and asthma
- Pink eye
- Ear infections
- Skin issues (rashes, eczema, insect bites)
- Stomach issues
- Urinary tract infections
- Minor injuries
- General medical questions

If needed, Teladoc providers can also send prescriptions to your local pharmacy.

## How Much Does it Cost?

Virtual visits cost **just \$10** across all BCBSTX medical plans, and for HSA Basic and HSA Plus plan participants, that \$10 applies to your deductible.

## Virtual PCP

Teladoc Health also lets you choose a virtual primary care physician (PCP) and have all your routine and sick visits conducted by the same provider — no matter where you live or when you need care. It's one of the fastest and most affordable ways to get support when you need it. Your provider can refer you to community-based specialists and order any necessary labs, X-rays, and imaging.

## How to Register

Download the Teladoc Health app or visit [teladochealth.com](https://teladochealth.com) and click *Sign in/Register now*.

# Virtual Physical Therapy

Aches? Pains? Stiff joints slowing you down? Hinge Health brings virtual physical therapy right to your home so you can feel better, move better, and get back to what you love.

## Your Path to Pain Relief Starts Here

Hinge Health is a digital musculoskeletal clinic that delivers personalized, at-home physical therapy through a mobile app. It's designed to help reduce joint and muscle pain with guided exercise therapy, virtual physical therapy, and 1-on-1 support from licensed physical therapists and health coaches.

## Who's Eligible

- BCBSTX medical plan participants only
- Dependents age 18+

## How it Works

If you enroll in an eligible plan, you and any covered dependents age 18 or older have **free** access to Hinge Health. This program can help reduce chronic back, muscle, or joint pain. This digital exercise program can be done anywhere, anytime.

You'll receive a personalized treatment plan from your care team, which may include:

- **Muscle and joint pain:** Ease back, neck, shoulder, knee, and joint pain at home with a personalized plan and real-time form feedback in the app.
- **Injury recovery:** Bounce back from a new strain, sprain, or pulled muscle, and keep it from becoming a long-term problem.
- **Pelvic Floor Therapy:** From the privacy of your home, you can treat bladder control, pelvic pain, and postpartum recovery with the help of a physical therapist who specializes in pelvic health.
- **Enso®:** Soothe pain anywhere with a small, FDA-cleared wearable that delivers drug-free relief in minutes. Quick, safe, and exclusive to Hinge Health.\*

*\* Eligibility to receive Hinge Health Enso is based on the program in which you are placed, fulfillment of clinical eligibility criteria, and completion of a qualifying number of exercise sessions.*

## How to Register

To get started, download the Hinge Health app on your phone or tablet. Sign in to [hinge.health/officedepot](https://hinge.health/officedepot) and do a quick movement evaluation. No referral or diagnosis from a doctor is needed.

# Diabetes Management

Teladoc Health, formerly Livongo, provides personalized support to help you manage diabetes with confidence.

## Who's Eligible

- BCBSTX medical plan participants only
- Coworkers and dependents aged 18+

## How it Works

Teladoc Health is a personalized digital health program designed to help you build healthier habits without feeling overwhelmed. It is included with your BCBSTX medical plan — **at no cost to you**.

### Your Teladoc Health diabetes program includes:

- A smart blood glucose meter that connects to your Teladoc Health account
- Unlimited strips and lancets automatically sent to your door
- Personalized support from certified diabetes care and education specialists
- On-demand coaching
- Guidance on healthy habits

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

## How to Register

1. **Sign up at** [join.livongo.com/ODP/Register](https://join.livongo.com/ODP/Register) — complete a quick application.
2. **See if you qualify** — select the *Check my eligibility* button
3. **Claim your kit** — it's on the way
4. **Activate your device** — to start tracking your progress

# Fertility Treatment

Building a family isn't always easy, and Office Depot is here to help. Through our partnership with WINFertility, you have access to a network of accessible, affordable, and proven fertility specialists — with no clinical or age qualifications required to participate.

## Who's Eligible

- Benefits eligible United States Coworkers

## How it Works

WINFertility connects you with a nationwide network of trusted fertility specialists and helps you navigate every step of the process, from understanding your treatment options to exploring costs and financing.

They work with some of the most reputable financial companies in the nation to offer attractive rates and payment terms, so you can focus on your family instead of the logistics. A dedicated Patient Specialist is available to answer your questions and guide you toward the right path for your situation.

## How to Register

There's no cost or obligation to reach out — WINFertility is here to help you explore your options whenever you're ready.

- Call a WINFertility Patient Specialist at [855-705-4IVF \(4483\)](tel:855-705-4IVF) to discuss your situation and get personalized guidance
- Visit [winfertility.com](https://winfertility.com) to learn more and get started online

# Mental Health

Your mental health matters just as much as your physical health. Office Depot offers free, confidential access to support, whether you need someone to talk to today or ongoing counseling over time.

## Explore More

- [Employee Assistance Program](#) – Available to all Coworkers & their household members — five free counseling sessions, legal & financial services, work & life support, Puerto Rico EAP
- [Virtual Behavioral Specialist](#) – Licensed mental-health providers, virtual visits, \$10 per visit for BCBSTX enrollees

## Five Free Counseling Sessions

Through the Employee Assistance Program (EAP), you or members of your household can book up to five face-to-face or virtual counseling sessions per issue per year — totally **free**. Household members do not have to be enrolled in any other Office Depot benefits to participate.

**Note:** In addition to the services mentioned above, mental health services are also available under the [medical plan](#) you are enrolled in.

# Employee Assistance Program

Everyday stress and anxiety. A death in the family. A child going away to college. A cross-country move. Turn to the Employee Assistance Program (EAP), available 24/7 for support and resources to help balance life's challenges.

## Who's Eligible

- All United States and [Puerto Rico](#) Coworkers
- All household members of all Coworkers
- You do not have to be enrolled in any Office Depot benefits to participate

## How it Works

You don't have to face life's challenges alone — **free**, confidential help is available immediately through the EAP for you and your household members. Coworkers and household members do not need to participate in any other Office Depot benefits to access this resource. Counseling is completely confidential and available in whatever format works best for you — in person, by text message, live chat, phone, or video conference.

### The EAP provides confidential information and guidance with:

- Stress management
- Depression and anxiety
- Marriage and relationship issues
- Finding care for an aging parent
- Legal concerns
- Financial planning and more

You're automatically enrolled in this benefit, and Office Depot covers the cost because supporting your peace of mind is a priority.

*Note: All services are provided by a third party and kept completely confidential. Your participation is never shared with Office Depot.*

## Five Free Counseling Sessions

You and any household member can book up to five face-to-face or virtual counseling sessions per issue, per year, totally **free**. Schedule an appointment with a licensed professional counselor for confidential online or in-person sessions during times that work for you, even evenings and weekends. Choose from a network of caring clinicians who can help with a range of personal and work-related concerns.

## Legal & Financial Services

You and your family may experience legal and financial hurdles at some point, which can lead to stress and worry. Meet for a free consultation with an expert to build a budget, plan for the future, or get guidance on managing debt. Get help resolving legal matters such as estate planning and family law, or research and print your own state-specific legal forms.

## Work-Life Support

We can help you successfully navigate personal, work, and family concerns. We provide referral services related to child and eldercare, education, growing families, consumer resources, home maintenance and repair, and daily living resources completely **free**.

## How to Register

Your EAP is available anytime you or a household member needs support — there's no need to wait for a crisis to reach out. Getting started is quick and easy:

1. Visit [member.magellanhealthcare.com](https://member.magellanhealthcare.com)
2. Click *Sign Up* and enter **ODP Corp** under the organization search
3. Follow the prompts to create your account and explore the services available to you

## Puerto Rico EAP

In addition to the Magellan EAP, the **INSPIRA EAP** is available at **no cost** to Puerto Rico Coworkers enrolled in the Triple-S medical plan. This confidential program provides quick, convenient support for you and your family, whether you're navigating everyday challenges or facing more difficult moments.

## Who's Eligible

- All Puerto Rico Coworkers

## How It Works

INSPIRA gives you direct access to licensed professionals who can help with a wide range of personal, emotional, and family concerns. Services are confidential and designed to support your overall well-being.

### Support is available for:

- Emotional or mental health concerns
- Personal or family challenges
- Motivation and stress
- Work-life balance and daily life issues

### Program features include:

- Psychological services
- Access to all INSPIRA clinics
- A network of mental health specialists
- Same-day emergency support
- Drug and alcohol assistance programs
- 24/7 TeleINSPIRA access
- 24/7/365 crisis hotline

## How to Register

For appointments or more information

- Call TeleINSPIRA at [787-651-2384](tel:787-651-2384)

- Visit [inspirapr.com](https://inspirapr.com)
- For emergencies, call the Crisis Hotline at [787-448-5651](tel:787-448-5651), available 24/7/365
- Clinic locations include Hato Rey, Bayamón, Caguas, Coamo, Humacao, Río Grande, Guayama, and Yauco

# Virtual Behavioral Specialist

Through Teladoc Health, you can talk to a licensed behavioral health specialist anytime, 24 hours a day, 7 days a week — right from your phone or computer.

## How it Works

### Talk to a licensed Behavioral Health Specialist 24/7/365

A Behavioral Health Specialist through Teladoc Health is a licensed mental-health provider who offers virtual counseling or psychiatric care for Coworkers enrolled in a BCBSTX medical plan. Depending on your needs, this may include:

- Therapists
- Psychiatrists
- Psychiatric Nurse Practitioners

Your Teladoc Health provider can also refer you, if needed, to community-based specialists for ongoing care.

### It's Affordable

Virtual visits cost **just \$10** across all BCBSTX medical plans. For HSA Basic and HSA Plus plan participants, that \$10 applies to your deductible. It's one of the fastest and most affordable ways to get support when you need it.

### Teladoc Behavioral Health Specialists provide support for:

- Anxiety and stress
- Depression and mood disorders
- Trauma and PTSD
- Relationship or family difficulties
- Grief
- Substance-use concerns
- Negative thought patterns
- Sleep issues
- Identity or life-transition challenges

In addition to behavioral health, Teladoc offers [virtual primary care](#), 24/7 urgent care, and dermatology — all for the same \$10 per visit.

## How to Register

Download the Teladoc Health app or visit [teladochealth.com](https://teladochealth.com) and click *Sign in/Register now*.

# 401(k) Retirement

A 401(k) is one of the most powerful tools you have for building long-term financial security. With convenient automatic payroll contributions, valuable tax advantages, and Office Depot's matching contribution, your savings can grow even faster, creating a strong foundation for a confident retirement.

## Explore More

- [401\(k\) Savings Plan — US](#) – United States 401(k) Retirement Savings Plan, how to enroll, company match, investing your funds
- [401\(k\) Savings Plan — PR](#) – Puerto Rico 401(k) Retirement Savings Plan, how to enroll, company match, investing your funds

# 401(k) Savings Plan — US

Start investing in yourself with the Office Depot 401(k) Retirement Savings Plan. Administered by Fidelity, the Plan offers both pretax and Roth contribution options to help you save for your future on your terms.

## How it Works

### Coworker Contributions

You can start, change, or stop your contributions at any time. You control how much you save and how it's taxed. Contribute 1% to 50% of your pay on a pre-tax or Roth basis — not to exceed the IRS maximum, through payroll deductions, in any combination of:

- **Pre-tax contributions:** Reduce your taxable income now; taxed when withdrawn each year automatically.
- **Roth contributions:** Taxed now; only earnings are taxed on withdrawal.
- **Catch-up contributions:** If you're 50 or older, you can contribute additional pre-tax or Roth dollars beyond the standard annual IRS limit.
- **Rollovers:** You can roll over pre-tax or Roth dollars from a former employer's qualified plan or an IRA and it does not count towards the annual IRS limit.

### Company Match Contributions

After completing 1,000 hours of service during a consecutive 12-month period, Office Depot will match \$0.50 for every \$1.00 you contribute, up to the first 6% of your eligible earnings on a pre-tax basis per pay period (excluding catch-up contributions). The maximum matching contribution you may receive is 3% of eligible earnings.

## Vesting

You're always 100% vested in your own pre-tax and Roth contributions, as well as any earnings on them. Office Depot's matching contributions and any earnings on them vest according to the following schedule:

### Company Match Vesting Schedule

| Years of Service | Percent Vested |
|------------------|----------------|
| 1                | 0%             |
| 2                | 50%            |
| 3                | 100%           |

## Investing Your Funds

You can make separate elections for your existing balance and your future contributions, and change them anytime online or by phone. An automatic rebalancing option is also available if you'd rather set it and forget it.

You choose how your account is invested, with options built for every level of involvement:

- **Target date funds** — A diversified, professionally managed mix that automatically becomes more conservative as you approach your target retirement age (65). This is the default if you don't make an election.

- **Core investment funds** — Build your own mix based on your risk tolerance and goals.
- **Conservative income fund** — A lower-risk option blending core investments.
- **Brokerage account** — For hands-on investors who want access to a wider range of publicly traded securities.

*Disclaimer: As with any investment, account values can go up or down, and no option is guaranteed. Review your quarterly statement, including your elections and balances.*

## How to Enroll

When you enroll, you'll choose how much of your pay to contribute and how to invest it. If you don't make an investment election, your contributions default to one of the T. Rowe Price Retirement Balanced Trust Class B options based on your birth dates and target retirement date. Getting started is simple, and in many cases, it happens automatically.

- **Automatic Enrollment** — Unless you opt out, you'll be automatically enrolled and 3% of your pre-tax eligible earnings will begin going into the Plan about 60 days after your hire date (or the date you become eligible).
- **Annual Increase Program** — If you're automatically enrolled, you'll also be placed in the Annual Increase Program, which raises your contribution by 1% each year up to 10%. To opt out, unenroll online or contact a 401(k) representative.
- **Changed your mind?** — If you opt out within 60 days of your eligibility date, you can change your contribution rate to 0% and it will withdraw you from having automatic contributions.
- **Want to enroll sooner or choose your own rate?** — You can enroll, change your contribution amount, or update your investment elections anytime at [netbenefits.com/ODP](https://netbenefits.com/ODP) or by calling [888-954-4636](tel:888-954-4636).

## Designate Your Beneficiaries

**Don't forget!** Designate your beneficiaries during enrollment and update anytime during the year. Your beneficiary is the person or people who receive your plan benefits if you die.

- Log in to [netbenefits.com/ODP](https://netbenefits.com/ODP)
- Click the *Profile & Settings* icon in the upper right-hand corner
- Select *Beneficiaries* and follow the instructions

# 401(k) Savings Plan — PR

Start investing in yourself with the Office Depot 401(k) Retirement Savings Plan. Administered by Fidelity, the Plan offers a pre-tax contribution option to help you save for your future on your terms.

## Who's Eligible

Coworkers must meet all criteria to participate in the Plan:

- Puerto Rico resident
- 21+ years old
- Completed at least 1,000 hours of services during a consecutive 12-month period

## How it Works

### Coworker Contributions

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.

### Company Match Contribution

After completing 1,000 hours of service during a consecutive 12-month period, Office Depot will match \$0.50 for every \$1.00 you contribute, up to the first 6% of your eligible earnings on a pre-tax basis per pay period (excluding catch-up contributions). The maximum matching contribution you may receive is 3% of eligible earnings.

## Vesting

You're always 100% vested in your own pre-tax contributions, as well as any earnings on them. Office Depot's matching contributions and any earnings on them vest according to the following schedule:

### Company Match Vesting Schedule

| Years of Service | Percent Vested |
|------------------|----------------|
| 1                | 0%             |
| 2                | 50%            |
| 3                | 100%           |

## Investing Your Funds

You can make separate elections for your existing balance and your future contributions, and change them anytime online or by phone. An automatic rebalancing option is also available if you'd rather set it and forget it.

You choose how your account is invested, with options built for every level of involvement:

- **Target date funds** — A diversified, professionally managed mix that automatically becomes more conservative as you approach your target retirement age (65). This is the default if you don't make an election.
- **Core investment funds** — Build your own mix based on your risk tolerance and goals.
- **Conservative income fund** — A lower-risk option blending core investments.

- **Brokerage account** — For hands-on investors who want access to a wider range of publicly traded securities.

*Disclaimer: As with any investment, account values can go up or down, and no option is guaranteed. Review your quarterly statement, including your elections and balances.*

## How to Enroll

When you enroll, you'll choose how much of your pay to contribute and how to invest it. You can enroll at [netbenefits.com/ODP](https://netbenefits.com/ODP) or by calling [888-954-4636](tel:888-954-4636).

## Designate Your Beneficiaries

**Don't forget!** Designate your beneficiaries during enrollment and update anytime during the year. Your beneficiary is the person or people who receive your plan benefits if you die.

- Log in to [netbenefits.com/ODP](https://netbenefits.com/ODP)
- Click the *Profile & Settings* icon in the upper right-hand corner
- Select *Beneficiaries* and follow the instructions

# Financial Health

Your financial wellbeing is just as important as your physical and mental health. Office Depot's financial benefits are designed to help you save for the future, cover unexpected costs, and protect your family and your income.

## Explore More

- [Health Savings Account](#) – Triple tax advantages, company contribution, change my contributions, eligible expenses
- [Flexible Spending Account](#) – Health Care FSA, contribution limits, eligible expenses
- [Commuter Benefits](#) – Save on your commute, public transportation, eligible expenses
- [Adoption Reimbursement](#) – Adoption fees reimbursement, how to apply
- [Accident Insurance](#) – Unexpected injury, lump-sum cash payment
- [Critical Illness](#) – Unexpected critical illness, lump-sum cash payment, earn money for health screening
- [Hospital Indemnity](#) – Unexpected hospital stays, lump-sum cash payment, earn money for health screening
- [Life & AD&D Insurance](#) – Basic life and AD&D coverage, supplemental life, voluntary AD&D, evidence of insurability
- [Disability](#) – Short-term disability, Puerto Rico short-term disability, long-term disability

# Health Savings Account

If you enroll in the BCBSTX HSA Basic or HSA Plus medical plan, you have access to a Health Savings Account (HSA) through Inspira Financial. You can use this tax-advantaged account to pay for eligible health care expenses for you and your eligible dependents, tax-free for federal income tax purposes (state laws may vary).

## Key Features

- Jump-start your savings with **free money**. Office Depot contributes to your HSA, which you can use to pay for eligible health care expenses.
- Benefit from a **triple tax advantage** — pre-tax contributions, tax-free earnings, and tax-free withdrawals for qualified health care expenses.
- **You own the account** and all funds, even if you change medical plans or leave Office Depot.
- Choose how to use your HSA — pay for current eligible health care expenses or save and let your balance grow.
- **Invest your HSA** once you reach a \$1,000 balance, with multiple investment options available.
- Build long-term savings for **future medical needs**, including expenses in retirement. Unused funds roll over year to year.

## How it Works

### Coworker Contributions

Choose an amount to set aside for the year, up to the IRS limits below. The money comes from your paycheck, pre-tax, in increments each paycheck. You can start, stop, or adjust your contribution amount at any time during the year.

### Company Contributions

Office Depot contributes money into your HSA quarterly to help you pay for eligible medical expenses. The amount depends on your coverage level and which HSA medical plan you're enrolled in. You must be actively employed by the company on the date each payment is made to receive it.

### 2027 HSA Company Contribution

| Medical Plan | Coverage Level          | Company Annual Contribution Maximum* |
|--------------|-------------------------|--------------------------------------|
| HSA Basic    | Coworker Only           | \$250                                |
|              | Coworker + Dependent(s) | \$500                                |
| HSA Plus     | Coworker Only           | \$500                                |
|              | Coworker + Dependent(s) | \$1,000                              |

*\* Paid in quarterly installments. You must be actively employed by the company on the date each payment is made to receive it.*

### HSA Contribution Limits

The IRS sets limits on how much you can add to your HSA each year. Office Depot's contribution and your contribution *cannot* exceed the following values:

## 2027 HSA Contribution Limits

| Medical Plan | Coverage Level          | Company Annual Contribution Maximum* | 2027 IRS Annual Contribution Limit** | Coworker Annual Contribution Limit** |
|--------------|-------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| HSA Basic    | Coworker Only           | \$250                                | \$4,500                              | \$4,250                              |
|              | Coworker + Dependent(s) | \$500                                | \$9,000                              | \$8,500                              |
| HSA Plus     | Coworker Only           | \$500                                | \$4,500                              | \$4,000                              |
|              | Coworker + Dependent(s) | \$1,000                              | \$9,000                              | \$8,000                              |

\* Paid in quarterly installments. You must be actively employed by the company on the date each payment is made to receive it.

\*\* Coworkers aged 55+ can make an additional \$1,000 catch-up contribution each year.

**IMPORTANT:** Make sure you track your HSA contributions throughout the year — exceeding the IRS annual limit can result in tax penalties. You are responsible for staying within the allowed maximum.

### Eligible Expenses

Medical, prescription drug, dental, and vision expenses not paid by your insurance — see the full list of IRS-approved expenses [here](#) or visit the online [HSA Store](#), where everything is HSA-eligible. Save all itemized receipts!

### Funds

- **Availability of Funds** — Funds are available as they're withheld from your paycheck and deposited into your account\*
- **Accessing Funds** — Use an Inspira Financial debit card for eligible expenses, or file claims directly for reimbursement at [inspirafinancial.com](https://inspirafinancial.com)

\* The US Patriot Act requires you to pass the Customer Identification Process (CIP) before your HSA account can be opened. If you do not respond, your HSA will be closed.

### You Cannot Participate if:

- You are enrolled in Medicare or receiving Social Security.
- You are eligible to be claimed as a dependent on someone else's tax return.
- Your spouse/domestic partner contributes to a Health Care FSA.
- You are enrolled in Tricare for non-service related services.
- You are enrolled in a non-HSA eligible plan as a dependent.

### How to Change My Contribution

- You can change the amount you contribute to your HSA at any time during the year.
- Log in to the [Office Depot Benefits Hub](#), and click *Change my HSA election*.
- The change is effective the first of the month following the date you make the change.
- Contribution changes must be submitted before November 15 to see your contribution change reflected in the current plan year.

## Designate Your Beneficiaries

**Don't forget!** Designate your beneficiaries during enrollment and update anytime during the year. Your beneficiary is the person or people who receive your plan benefits if you die.

Log in to [inspirafinancial.com](https://inspirafinancial.com) to designate beneficiaries electronically.

# Flexible Spending Account

The Health Care Flexible Spending Account (HCFSA) through Inspira Financial lets you pay for eligible health care expenses on a pre-tax basis through payroll deductions.

## Who's Eligible

- Benefits-eligible United States Coworkers
- Coworkers who are **not** enrolled in the BCBSTX HSA Basic or HSA Plus medical plan, including those who waive medical coverage
- You **cannot** participate if your spouse/domestic partner is enrolled in a Health Savings Account (HSA)

## How it Works

Inspira Financial administers the HCFSA, which helps you save significantly on taxes while paying for health care expenses.

## HCFSA Contributions

- Contribution Changes — Changes are not allowed during the year unless you experience a qualifying [life event](#).

*Disclaimer: FSA contributions for highly compensated Coworkers may be limited depending on the outcome of certain IRS nondiscrimination tests.*

## Annual Contribution Limit

- Up to \$3,400

## Contribution Amount

- Estimate your anticipated health care expenses for the year.
- Choose your annual contribution amount. To find your per-pay-period deduction, divide your annual election by the number of (or remaining) pay periods in the year.

## Eligible Expenses

Medical, prescription drug, dental, and vision expenses not paid by your insurance — see the full list of IRS-approved expenses [here](#) or visit the online [FSA Store](#), where everything is FSA-eligible. Save all itemized receipts!

## Funds

- **Availability of Funds** — The full amount is available at the start of the year or the beginning of the month after your benefits start date.
- **Accessing Funds** — Use an Inspira Financial debit card for eligible expenses, or file claims directly for reimbursement.\*

\* Health Care FSA reimbursements **cannot** be used for domestic partners or their children.

## Use-It-Or-Lose-It Deadline

The **2026 deadline** to file claims is **March 31, 2027**, for eligible health care expenses you incur(red) between January 1, 2026, and December 31, 2026, while you were a FSA participant. In general, you have until **March 31** of the following year to submit claims for services incurred between January 1 and December 31. Any unused FSA funds are forfeited.

## How to Enroll

Enrollment is processed alongside your other core benefit coverage on the [Office Depot Benefits Hub](#) or by calling [888-954-4636](tel:888-954-4636) (select option 1).

## Leaving Office Depot

- Your FSA coverage ends on your [separation date](#).
- You can request reimbursement for eligible expenses incurred up to that date, and you have until **March 31** of the following year to submit claims.
- Any remaining balance is forfeited once eligible claims are paid, unless you enroll in COBRA coverage.

# Commuter Benefits

A commuter transit benefit through Inspira Financial lets you set aside pre-tax money from your paycheck to pay for eligible commuting costs, lowering your taxable income while you save on getting to and from work.

## Who's Eligible

- Benefits eligible United States Coworkers

## How it Works

Whether you drive, rideshare, or take public transit, commuter benefits can help you put money back into your wallet.

- No “use-it-or-lose-it,” commuter funds never expire\*
- Pause or update your contribution any time

### Common eligible commuter expenses include:

- Train
- Subway
- Bus
- Ferry
- Vanpool

*\* Conditions apply. You must remain employed with Office Depot to roll over unused funds from year to year.*

## Access Funds

- Elect a monthly pre-tax contribution amount, up to the [IRS limit](#) for the year
- Funds are loaded onto a debit card from Inspira Financial to be used for eligible transit expenses
- Change your contributions at any time

# Adoption Reimbursement

Growing your family through adoption comes with its own set of costs. Office Depot is here to help offset them. Eligible Coworkers can be reimbursed for qualifying expenses involved in becoming an adoptive parent.

## Who's Eligible

- Benefits eligible United States Coworkers
- Actively employed
- Full-time status regularly scheduled to work 30+ hours per week
- Satisfied 12 months of continuous employment

## How it Works

Office Depot offers Adoption Reimbursement for all eligible Coworkers, providing up to \$5,000 for each finalized adoption to help cover qualifying expenses. An additional \$1,000 is available for the adoption of a child with special needs.

### Qualifying expenses include:

- Agency fees
- Adoption fees
- Legal fees
- Travel
- Other related costs

## How to Apply

For full details on eligibility and how to submit for reimbursement, review the Adoption Reimbursement Policy available on the [U.S. Policies SharePoint](#) or contact [HR4U@theodpcorp.com](mailto:HR4U@theodpcorp.com) with any questions.

# Accident Insurance

Accidents happen when you least expect them. Accident Insurance, administered by Voya, pays you cash to help offset the costs that come with an unexpected injury, on or off the job.

## How it Works

With Accident Insurance, you'll receive a lump-sum payment for a covered injury and related services, such as ambulance rides, emergency room visits, and physical therapy. You can use the cash benefit however you choose — to help cover expenses not paid by your medical insurance, or for everyday living expenses.

### Some examples of covered injuries include:

- Fractures and broken bones
- Burns and lacerations
- Concussions
- Dislocations
- Eye injuries
- Rotator cuff injuries

See the full list of covered injuries and treatments, as well as exclusions and limitations, [here](#).

## Earn Money for Health Screenings

You and your covered dependents can each earn a \$75 wellness benefit for completing a health screening or test — everything from annual physicals to colonoscopies and mammograms. [Click here](#) to view a full list of eligible screenings.

Earn up to **\$225** per covered participant. You'll earn **\$75 for each** Accident Insurance, Critical Illness, and Hospital Indemnity plan you and your covered dependents are enrolled in.

## Benefit Cost

Accident Insurance is 100% Coworker-paid.

### 2027 Accident Bi-Weekly Premiums

| Coverage Level        | Accident Premium |
|-----------------------|------------------|
| Coworker Only         | \$3.67           |
| Coworker + Spouse     | \$5.73           |
| Coworker + Child(ren) | \$5.84           |
| Coworker + Family     | \$7.89           |

*Plan available to United States and Puerto Rico residents.*

*Disclaimer: This benefit is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.*

## Designate Your Beneficiaries

**Don't forget!** Designate your beneficiaries during enrollment and update anytime during the year. Your beneficiary is the person or people who receive your plan benefits if you die.

# Critical Illness

A serious diagnosis brings enough to worry about. Your finances shouldn't be one of them. Critical Illness Insurance, administered by Voya, pays you a lump-sum cash benefit if you're diagnosed with a covered illness, so you can focus on getting better.

## How it Works

Critical Illness Insurance complements your medical plan by providing a lump-sum benefit of either **\$15,000 or \$30,000** if you're diagnosed with a covered illness such as cancer, a heart attack, a stroke, kidney failure, or Alzheimer's disease, among others. The benefit is paid directly to you and can be used however you need — copays, deductibles, out-of-network treatment, utilities, car payments, rent, or mortgage payments.

See the full list of covered illnesses [here](#).

## Earn Money for Health Screenings

You and your covered dependents can each earn a \$75 wellness benefit for completing a health screening or test — everything from annual physicals to colonoscopies and mammograms. [Click here](#) to view a full list of eligible screenings.

Earn up to **\$225** per covered participant. You'll earn **\$75 for each** Accident Insurance, Critical Illness, and Hospital Indemnity plan you and your covered dependents are enrolled in.

## Benefit Cost

Critical Illness insurance is 100% Coworker paid.

### 2027 Critical Illness Bi-Weekly Premiums

| Coverage Level        | Critical Illness Premium*            |                                       |
|-----------------------|--------------------------------------|---------------------------------------|
|                       | \$15,000 Coverage — Low Plan Premium | \$30,000 Coverage — High Plan Premium |
| Coworker Only         | \$6.02                               | \$12.05                               |
| Coworker + Spouse     | \$9.24                               | \$18.48                               |
| Coworker + Child(ren) | \$6.99                               | \$13.98                               |
| Coworker + Family     | \$10.21                              | \$20.42                               |

*Plan available to United States and Puerto Rico residents.*

*Disclaimer: This benefit is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.*

### Designate Your Beneficiaries

**Don't forget!** Designate your beneficiaries during enrollment and update anytime during the year. Your beneficiary is the person or people who receive your plan benefits if you die.

# Hospital Indemnity

A hospital stay can bring unexpected costs on top of an already stressful time. Hospital Indemnity, administered by Voya, pays you a cash benefit for a covered hospital stay — for illness or injury, on or off the job.

## How it Works

With Hospital Indemnity, you and your covered dependents receive a set cash benefit based on the length of your hospital stay, with coverage for both illness and injury. You can use the benefit however you need — to help cover costs your medical plan doesn't, or for everyday expenses.

See the full list of Hospital Indemnity benefits [here](#).

## Hospital Indemnity — Benefit Amounts

| Admission Type                | Amount  | Benefit Limit            |
|-------------------------------|---------|--------------------------|
| Hospital Admission — Day 1    | \$1,000 | 1x per confinement       |
| Hospital Confinement — Day 2+ | \$200   | 30 days per confinement  |
| CCU Confinement — Day 2+      | \$400   | 30 days per confinement  |
| Newborn Benefit*              | \$300*  | 1x upon birth of a child |

*\* If you are enrolled in Hospital Indemnity coverage, and if child coverage is effective before birth or elected within 60 days after birth, your newborn will receive the same cash benefits as you. If you don't enroll in child coverage within that timeframe, you'll receive a one-time \$300 newborn benefit at birth.*

*Plan available to United States and Puerto Rico residents.*

## Earn Money for Health Screenings

You and your covered dependents can each earn a \$75 wellness benefit for completing a health screening or test — everything from annual physicals to colonoscopies and mammograms. [Click here](#) to view a full list of eligible screenings.

Earn up to **\$225** per covered participant. You'll earn **\$75 for each** Accident Insurance, Critical Illness, and Hospital Indemnity plan you and your covered dependents are enrolled in.

## Benefit Cost

Hospital Indemnity insurance is 100% Coworker paid.

## 2027 Hospital Indemnity Bi-Weekly Premiums

| Coverage Level        | Hospital Indemnity Premium |
|-----------------------|----------------------------|
| Coworker Only         | \$4.63                     |
| Coworker + Spouse     | \$9.58                     |
| Coworker + Child(ren) | \$8.82                     |
| Coworker + Family     | \$13.77                    |

*Plan available to United States and Puerto Rico residents.*

*Disclaimer: This benefit is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.*

### **Designate Your Beneficiaries**

**Don't forget!** Designate your beneficiaries during enrollment and update anytime during the year. Your beneficiary is the person or people who receive your plan benefits if you die.

# Life & AD&D Insurance

Office Depot offers Life and Accidental Death & Dismemberment (AD&D) Insurance administered by Voya to help ease the financial burden a death may cause your family.

## Company-Paid Basic Life & AD&D

Office Depot provides Company-Paid Basic Life and AD&D Insurance\* of:

- **1x your annual base pay**
  - up to a maximum of \$250,000 or \$500,000 for Vice Presidents and above
- Enrollment is not required
- Coverage follows an age-reduction formula: your benefit drops to **65% at age 65**, then reduces again every five years after that
- Coverage terminates at retirement

*\* If you aren't actively working when your life & AD&D coverage is set to begin, your coverage will start the day after you return to active employment.*

### How Your Frozen Salary is Determined

For the 2027 plan year, your frozen salary is your annual base salary as of October 1, 2026. Salary increases or decreases after October 1 will not change your life insurance calculation until the next plan year.

If you are paid on commission, your frozen salary is the average of your base pay plus commissions over the two most recent calendar years. If you have worked here less than two years, the average is based on your actual earnings while employed.

If this summary differs from the official plan documents, the plan documents will govern.

## Supplemental Life

### Coworker Life Enhanced Guaranteed Issue

**You can purchase** additional coverage for extra protection and peace of mind. Costs are deducted from your paycheck.

- **1x–7x your annual base salary**
  - up to \$2,250,000 or up to \$3,000,000 for Vice Presidents and above, including basic life
- If enrolling when initially eligible, the Guaranteed Issue Amount is the lesser of 4x your 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 follows an age-reduction formula: your benefit drops to **65% at age 65**, then reduces again every five years after that
- Coverage terminates at retirement

### Spouse Life

Elect from \$10,000, up to \$250,000

- Spouse Life amount **cannot** exceed 100% of the total of your Basic and Supplemental Life

- If your spouse/domestic partner also works for Office Depot and is full-time benefits eligible, you **cannot** enroll them in Spouse Life
- If enrolling when initially eligible, the Guaranteed Issue Amount is \$50,000. Anything in excess will require an 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.

### Coworker-Only Coverage

- 100% benefit for submitted claim

### Family Coverage

Percentages reflect the percentage of the Coworker's coverage amount.

- Spouse/Domestic Partner with children — 40% benefit
- Spouse/Domestic Partner with no children — 50% benefit
- Child(ren) (Spouse/Domestic Partner) — 15% up to maximum limit
- Child(ren) (with Spouse/Domestic Partner) — 10% benefit up to maximum limit

### Evidence of Insurability (EOI)

Review the chart on the site to understand your benefit options and when Evidence of Insurability (EOI) may be required. You will receive an alert in the [Office Depot Benefits Hub](#) 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.

### Benefit Cost

#### 2027 Supplemental Life Insurance Monthly Premium

| Age   | Coworker* | Spouse/Domestic Partner* |
|-------|-----------|--------------------------|
| <30   | \$0.046   | \$0.060                  |
| 30–34 | \$0.073   | \$0.087                  |
| 35–39 | \$0.082   | \$0.097                  |
| 40–44 | \$0.090   | \$0.107                  |
| 45–49 | \$0.137   | \$0.163                  |
| 50–54 | \$0.202   | \$0.240                  |
| 55–59 | \$0.392   | \$0.464                  |
| 60–64 | \$0.605   | \$0.715                  |
| 65–69 | \$1.150   | \$1.359                  |

| Age       | Coworker* | Spouse/Domestic Partner* |
|-----------|-----------|--------------------------|
| 70–74     | \$1.867   | \$2.207                  |
| 75–79     | \$2.060   | \$3.557                  |
| 80–84     | \$2.060   | \$5.760                  |
| 85 & Over | \$2.060   | \$9.327                  |

\* Per \$1,000 of coverage

Plan available to United States and Puerto Rico residents.

### 2027 Supplemental Child Life Insurance Monthly Premium

| Coverage Amount | Monthly Rate |
|-----------------|--------------|
| \$5,000         | \$0.43       |
| \$10,000        | \$0.86       |
| \$15,000        | \$1.29       |
| \$20,000        | \$1.72       |
| \$25,000        | \$2.15       |

Plan available to United States and Puerto Rico residents.

### 2027 Voluntary AD&D Insurance Premiums Monthly Rates

| Coverage Amount | Coworker Only                   | Coworker + Family               |
|-----------------|---------------------------------|---------------------------------|
| 1x–7x Base Pay  | \$0.022 per \$1,000 of coverage | \$0.036 per \$1,000 of coverage |

Plan available to United States and Puerto Rico residents.

## Designate Your Beneficiaries

**Don't forget!** Designate your beneficiaries during enrollment and update anytime during the year. Your beneficiary is the person or people who receive your plan benefits if you die. Be sure to review your beneficiaries periodically, especially when a life event occurs (marriage, divorce, death, etc.) You are automatically the beneficiary for Spouse or Child Life Insurance coverage.

Log in to the [Office Depot Benefits Hub](#). You can review and update your beneficiaries by selecting *Profile* in the top-right corner of the homepage > *Beneficiaries*.

# Disability

Disability insurance, administered by Voya, helps protect you and your family's financial needs in the event of an accident or illness and is provided to you by Office Depot **free** of charge.

## Types of Coverage

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)**
  - Company-Paid STD
  - Voluntary STD Buy-up
- **Puerto Rico STD**
  - State-Mandated STD
  - Company-Paid STD
- **Long-Term Disability (LTD)**
  - Coworker-Paid LTD

*Note: If you aren't actively working when your disability coverage is set to begin, your coverage will start the day after you return to active employment.*

## Short-Term Disability (STD)

### Who's Eligible

- Benefits eligible United States Coworkers

### Company-Paid STD

You are automatically enrolled in STD coverage, and it is a company-paid benefit — no cost to you. If you're out of work due to a qualifying illness, injury, or pregnancy and it has been approved by Voya:

- Your disability benefits begin after a **7-day waiting period**
- STD pays **50% of your weekly earnings** for up to **26 weeks**
- STD coverage during the period of a birth-related event pays **100% of your weekly earnings**

### Voluntary STD Buy-Up

Voluntary STD Buy-Up is 100% Coworker-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 purchase up to 20% more coverage, increasing your total STD benefit to up to **70% of your eligible earnings**

### Benefit Cost

#### 2027 Voluntary STD Buy-Up Bi-Weekly Premiums — Per \$10 of Coverage

| Age Bands | 18–49    | 50–59    | 60–64    | 65–69    | 70+      |
|-----------|----------|----------|----------|----------|----------|
| Premium   | \$0.3605 | \$0.3794 | \$0.5349 | \$0.5991 | \$0.6263 |

Plan not available to Puerto Rico residents.

## Long-Term Disability (LTD)

### Who's Eligible

- Benefits eligible United States and Puerto Rico Coworkers

### Coworker-Paid LTD

LTD pays **60% of your monthly pre-disability earnings** if your disability continues beyond the STD period and you're approved by Voya for LTD benefits:

- Your LTD benefits begin on the **181st day** of the disabling condition
- 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.

#### Important

- STD and LTD enrollments are subject to a pre-existing condition clause.
- Enrollment is only available upon initial eligibility or Annual Enrollment (not qualifying [life events](#)).

### Benefit Cost

#### 2027 Voluntary LTD Monthly Premiums

| Coverage Period        | Calculation                                                                                                         | Monthly Rate* |
|------------------------|---------------------------------------------------------------------------------------------------------------------|---------------|
| <b>Two-Year Period</b> | Hourly Rate $\times$ 2,080 / 12 $\times$ .00201 $\times$ 12/26<br>Annual Salary / 12 $\times$ .00201 $\times$ 12/26 | \$0.201       |
| <b>To Age 65</b>       | Hourly Rate $\times$ 2,080 / 12 $\times$ .00531 $\times$ 12/26<br>Annual Salary / 12 $\times$ .00531 $\times$ 12/26 | \$0.531       |

\* Per \$100 of covered earnings.

Plan available to United States and Puerto Rico residents.

#### Pre-Disability Earnings Value

For the 2027 plan year, your pre-disability earnings is based on your annual base salary as of October 1, 2026. Salary increases or decreases after October 1 will not change your pre-disability earnings until the next plan year.

If you are paid on commission, your pre-disability earnings is the average of your base pay plus commissions over the two most recent calendar years. If you have worked here less than two years, the average is based on your actual earnings while employed.

If this summary differs from the official plan documents, the plan documents will govern.

## Puerto Rico STD

### Who's Eligible

- All Puerto Rico Coworkers

### State-Mandated SINOT

The state-mandated Puerto Rico Disability Benefits Act, better known as SINOT (Seguro por Incapacidad No Ocupacional Temporal), applies to all Puerto Rico 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-Paid STD

You are automatically enrolled in STD coverage, and it is a company-paid benefit — no cost to you. If you experience a qualified injury, illness, or pregnancy and are unable to work, and it has been approved by Voya:

- Your disability benefits begin after a **7-day waiting period**
- STD pays **60% of your annual base salary** (weekly maximum \$500) for up to **25 weeks**
- Company-paid benefit covers what the state SINOT program does **not** cover

### Benefit Cost

#### 2027 SINOT STD Bi-Weekly Premiums — Puerto Rico

| Coverage Level | % of Coworker's Salary          |
|----------------|---------------------------------|
| Coworker       | 0.30% up to \$27 annual maximum |

*Seguro por Incapacidad No Ocupacional Temporal (SINOT) is a state-mandated STD program required for Puerto Rico Coworkers. SINOT premiums are deducted from your paychecks on an after-tax basis.*

*Plan available to Puerto Rico residents only.*

# Additional Benefits

Beyond medical, financial, and wellness coverage, Office Depot offers additional programs to support you through life's other moments.

## Explore More

- [Time Away from Work](#) – Paid time off, types of leave, how to request LOA, pay benefits by direct bill
- [Legal Plan](#) – Personalized legal help, find an attorney, wills, contracts, other legal documents
- [Identity Theft Protection](#) – Identity monitoring, instant threat alerts, how to enroll
- [Medicare Concierge](#) – One-on-one guidance, eligibility, coverage options
- [Coworker Partner Discounts](#) – Pet insurance, home & auto insurance, PerkSpot discount program, and more

# Time Away from Work

Time away from work is an important part of supporting your well-being. Office Depot offers several programs to help you take the time you need — whether you're using PTO to recharge, bonding with a new child through Paid Parental Bonding Leave, or taking a leave of absence for personal, medical, or family reasons.

## Paid Time Off (PTO)

Office Depot provides PTO so you can take time away from work to rest, recharge, and take care of personal needs. **Your initial PTO balance is pro-rated based on your hire date, and full-time United States Coworkers become eligible to use PTO after completing 90 days of service.**

### How it Works

PTO is administered in two different ways depending on your work state:

- **PTO Front-Load:** Your full annual PTO amount is provided at the start of the year. You must use any unused time by **December 31**, or it will be forfeited.
- **PTO Accrual:** PTO is earned throughout the year based on hours worked. Any unused balance **rolls over** to the next year, up to established limits.

For full details, refer to the [U.S. Policies SharePoint](#) or email [HR4U@theodpgroup.com](mailto:HR4U@theodpgroup.com) with questions.

## Leaves of Absence

We recognize that extended time away from work is important and sometimes necessary due to illness, injury, or other personal circumstances that may require a leave of absence (LOA). Whether you take extended time off for military service, to stay at home and bond with a newborn, or to care for yourself or a loved one, we provide eligible Coworkers with various LOA options.

### How it Works

- **Paying for Time Off:** Most leaves are unpaid, but you can usually use available PTO or Sick hours to stay paid while you're out.
- **Keeping Your Benefits:** Your health and welfare benefits continue for up to 6 months while you're on an approved leave. Premiums switch to direct billing (see "How to Pay for Benefits on LOA" below) through [Office Depot Benefits Hub](#), so pay by the due date to keep your coverage.
- **Accruing PTO:** PTO and Sick hours don't accrue while you're on leave.
- **Returning to Work:** If you were out 4 or more consecutive workdays for your own health condition, you'll need a Return-to-Work Form from your provider before you come back.

### Types of Leave

- **Family & Medical Leave (FMLA)** — Up to **12 weeks of unpaid**, job-protected leave in a rolling 12-month period. FMLA covers your own serious health condition, caring for a spouse, child, or parent with a serious health condition, the birth or placement of a child, and certain military family needs. Caring for a covered service member qualifies for up to 26 weeks. You're eligible after 12 months of service and 1,250 hours worked.

- **Medical Leave of Absence — Unpaid leave** for your own serious health condition, available from your first day. You can take **up to 120 calendar days** in a rolling 12-month period, and this limit includes any FMLA leave.
- **Paid Parental Bonding Leave — Up to 6 weeks at 100% of your base pay** to bond with a new child through birth, adoption, foster care, or legal guardianship. The leave must be taken all at once and within 12 months of the event. United States full-time Coworkers scheduled 30+ hours per week are eligible after 12 months of service.
- **Military Leave of Absence** — Job-protected leave for active duty and reserve training, as required by USERRA. If you've been with ODP at least 90 days, you may be eligible for differential pay. That pays the difference between your ODP base pay and your military pay.
- **Personal Leave of Absence — Unpaid leave** for needs not covered by another policy, such as family matters or extended travel. It's also available for situations involving domestic, sexual, or gender violence. Personal Leave lasts **at least 14 days and up to 12 weeks** in a rolling 12-month period. You're eligible after 90 days of service, though this requirement is waived in certain situations.
- **State-Specific Paid Leave:**
  - **Illinois, Maine, and Nevada — 40 hours of Paid Leave each year**, which you can use for any reason after 90 days of employment.
  - **New York — 20 hours of paid Prenatal Leave** each year for prenatal appointments and care.

## How to Request Leave

**FMLA, Medical, and Military Leave** Call Voya at [888-973-3652](tel:888-973-3652).

- If your leave is planned, give at least 30 days' notice.
- If it's unexpected, call as soon as you can, and no later than your 4th day out. Also let your manager know before your shift starts.
- For medical leave, you'll have 15 calendar days to return your health care provider certification.

## Personal Leave

1. Complete the Personal Leave of Absence Request Form and get your manager's approval.
2. Call Voya at [888-973-3652](tel:888-973-3652).
3. Upload the signed form to the LOA portal within 15 business days. If you don't, your claim will close.

**Paid Parental Bonding Leave** Call Voya at [888-973-3652](tel:888-973-3652) before your leave begins, or visit [mybenefitshub.voya.com](https://mybenefitshub.voya.com). If you work in a state with paid family leave, you must also apply for that state benefit.

**State Paid Leave and Prenatal Leave** Submit your request through your timekeeping system.

- Ask in advance when you can. For Paid Leave, that means at least 7 days ahead.
- If the need is unexpected, contact your manager at least 60 minutes before your shift.

## Questions?

Call [888-954-4636](tel:888-954-4636) (select option 1) or send an email to [HR4U@theodpgroup.com](mailto:HR4U@theodpgroup.com). Spanish-speaking representatives are available.

## How to Pay for Benefits on LOA

### Invoicing of Benefits While on LOA

Benefit deductions stop at the start of the first full pay cycle after your LOA begins. Once they stop, you'll receive a "Paying Your Premiums While on LOA" notice and monthly payment coupons based on your communication preferences in [Office Depot Benefits Hub](#).

Premiums are due on the 1st of each month. If payment isn't received by the Grace Period due date, your coverage will terminate retroactive to the last paid-through date. You'll have no coverage during the terminated period and cannot re-enroll until you return to active employment and meet eligibility requirements. If supplemental life, LTD, or voluntary AD&D coverage ends (voluntarily or for non-payment), future enrollment may require Evidence of Insurability.

### Paying Invoices While on LOA

View invoices, your account, and payment options anytime at myBenefitsHub. You may set up automatic withdrawals or make one-time electronic payments.

### When You Return to Active Employment

You'll have a life-event enrollment window that allows certain changes based on your LOA reason. If coverage was terminated for non-payment, you may re-enroll prospectively once you return.

Payroll deductions usually restart at the beginning of the next pay period after your Return from Leave (RFL) is entered in mycloud, though timing depends on your RFL date and the bi-weekly payroll cycle. It may take up to two pay periods for deductions to resume.

If you return to active employment with unpaid premiums — and **only if** you were not previously terminated for non-payment — any arrears will be automatically set up and deducted from future paychecks until fully paid.

## Life Insurance Coverage

If you increase your life insurance coverage while on a leave of absence, the increase will not take effect until you're actively back at work.

# Legal Plan

LegalEASE provides reliable, affordable legal support for life's everyday needs.

## Who's Eligible

- Benefits eligible United States Coworkers

## How it Works

Life events can lead to unexpected legal concerns that are difficult to handle alone. Enrolling in a legal insurance plan reduces the stress of finding and paying for an attorney when it matters most. Get support and protection for unexpected personal legal issues. Members receive expert guidance, predictable costs, and access to a national network of attorneys.

### Your LegalEASE benefits include:

- Access to a national network of 23,000+ attorneys matched to your specific legal needs
- In-network and out-of-network coverage
- Concierge support to help navigate common individual and family legal matters

### Coverage for key legal needs such as:

- Home and consumer issues — Buying, selling, foreclosure, and tenant disputes
- Financial matters — Debt collection, other collections, and contracts
- Auto and traffic issues — Traffic matters and license suspensions
- Family legal needs — Adoption and name change
- Estate planning — Will, living will, health care power of attorney

## Benefit Cost

### 2027 LegalEASE Legal Plan Bi-Weekly Premiums

| Coverage Level      | Legal Plan Premium |
|---------------------|--------------------|
| All Coverage Levels | \$7.26             |

*Plan not available to Puerto Rico residents.*

# Identity Theft Protection

Protecting your identity is more important than ever. IDShield coverage helps safeguard your personal information, alerts you to potential threats, and provides hands-on support if your identity is ever compromised.

## Who's Eligible

- Benefits-eligible United States Coworkers

## How it Works

IDShield through LegalShield offers plans that cover:

- **Comprehensive identity monitoring** that keeps watch over your personal information, including activity across all three major credit bureaus
- **Instant threat alerts** that notify you the moment suspicious identity or credit activity is detected
- **Expert, full-service identity restoration** to return your identity to its pre-theft status if fraud occurs
- **Up to \$1 million in identity fraud reimbursement** for eligible expenses and legal costs for you, your spouse, or eligible dependents
- **Advanced digital protection tools** including malware defense, VPN monitoring, and a secure password manager
- **Coverage that extends to adult dependent parents**, giving your family an added layer of protection

## Benefit Cost

### 2027 Identity Theft Protection Bi-Weekly Premiums

| Coverage Level    | Identity Theft Premium |
|-------------------|------------------------|
| Coworker Only     | \$3.74                 |
| Coworker + Family | \$7.04                 |

*Plan not available to Puerto Rico residents.*

# Medicare Concierge

SmartConnect provides personalized Medicare concierge support to help you navigate your coverage options with confidence.

## Who's Eligible

- Benefits-eligible United States Coworkers

## How it Works

Whether you're approaching Medicare eligibility or supporting a family member, SmartConnect offers one-on-one guidance, plan education, and unbiased assistance so you can make informed decisions. Its experts simplify the process, answer your questions, and help you choose the Medicare coverage that fits your needs.

- Get clear, reliable guidance on Medicare from trusted industry experts.
- Understand the key factors that affect your healthcare costs and coverage choices.
- Compare your current coverage — whether through your employer or another plan — with multiple Medicare options.
- If you choose a Medicare plan, SmartConnect can help you enroll right away.

## How to Register

Schedule a consultation by calling [866-421-1535](tel:866-421-1535) or visiting [smartmatch.com/connect/odp](https://smartmatch.com/connect/odp).

# Coworker Partner Discounts

From protecting your pets to insuring your home to scoring everyday deals, your Coworker Partner Discounts connect you with trusted partners and meaningful savings.

## Who's Eligible

- All United States Coworkers

## Office Depot & OfficeMax Discounts

### Coworker Merchandise Discount

The Coworker Merchandise Discount program gives you access to savings on a variety of products and services offered through Office Depot or OfficeMax in stores and online. Discounts vary by items and services. This benefit is available to all active Coworkers and members of their household. For more details and a full list of offerings, view the [Coworker Merchandise Discount](#) document.

### Coworker Rewards Program

The Office Depot/OfficeMax Coworker Rewards Program lets Coworkers and members of their household earn rewards on eligible purchases, receive special offers, and access member-only savings throughout the year. Rewards can be used toward future purchases, helping you save even more on office supplies, printing services, and everyday essentials. For full details on how the program works and how to maximize your benefits, view the [Office Depot Rewards](#) document.

## Pet Insurance

Nationwide offers pet insurance coverage for dogs, cats, birds, ferrets, reptiles, and other exotic pets. If you're already enrolled, you'll remain covered under your current plan as long as you continue paying your premiums. You'll receive preferred group pricing and cash back on eligible vet bills based on your selected reimbursement level.

- Nationwide provides two reimbursement levels — **50% or 70%** — so you can choose the option that best fits your budget.
- You also have complete freedom to use any veterinarian, anywhere.
- No networks and no pre-approvals required.
- Access to 24/7 Vet Help Line, where licensed veterinarians are available **24/7** to answer general pet questions and help you determine whether urgent care is needed

Get a no-obligation quote at: [benefits.petinsurance.com/odp](https://benefits.petinsurance.com/odp)

## Auto & Home Insurance

Shopping for auto and home insurance can be quick and hassle-free. Coworkers can receive no-obligation quotes from up to three nationally recognized providers all offering special discounted rates. A quarterly mailing typically includes instructions on how to request quotes, but you may also contact the carriers directly at any time.

- **Travelers:** Call [888-695-4640](tel:888-695-4640) / Discount Code: **2444**
- **Farmers Insurance:** Call [855-893-2803](tel:855-893-2803) / Discount Code: **BBT**
- **Liberty Mutual:** Call [800-290-3584](tel:800-290-3584) / Client Code: **124804**

## PerkSpot Discount Program

Your Office Depot Discount Program is your one-stop shop for thousands of exclusive discounts across 25+ categories.

- **Perks Near You** — See discounts near you and filter by category or distance to find deals.
- **Personalized Savings** — Tell us what you're interested in, and we'll highlight the perks that fit you best.
- **Brands for Every Lifestyle** — Looking for something specific? Visit the *Brands* page in the *Popular Perks* section to browse all available discounts.
- **Suggest a Business** — Don't see a brand or local spot you love? Use *Suggest a Business* under *Account Options* to request additions.
- **Dedicated Support** — PerkSpot's support team is available if you need help. Contact details are on the right side of the page.

### How to Register

Download the PerkSpot Mobile App to access all your discounts plus easy local deals — anytime, anywhere. Getting started is quick:

1. Visit [PerkSpot](#)
2. Click *Create Your Account* and follow the prompts
3. Enter Access Code: **ODPPERKS**

## Chase Home Lending Benefit Program

Office Depot Coworkers have access to exclusive savings and support through Chase's Home Lending Benefit Program, designed to help make buying or refinancing more affordable in today's market.

### Potential benefits include:

- **\$1,000 credit at closing** on eligible home purchases or refinances
- **Affordable lending options, including:**
  - Up to a \$5,000 Homebuyer Grant
  - Low down-payment options (as little as 3%)
  - Reduced mortgage insurance
  - More flexible credit requirements
- **Relationship-based pricing** for eligible employees based on qualifying Chase deposit balances
- **Chase Agent Express Realtor Network** — Up to \$5,000 credit after closing when buying/selling through the approved network
- **Closing Guarantee** — On-time closing for eligible products in as soon as three weeks — or \$5,000 if you qualify

Connect with a [Chase Home Lending Advisor](#) to review your options, confirm eligibility, and compare scenarios side-by-side (payment, cash-to-close, and refinance break-even timing) so you can move forward with confidence.

# Vendor Contacts

Find all the benefits vendor contacts you need in one place. Whether you have questions, need support, or want to learn more about your benefits, the right resources are just a click away.

**Office Depot Benefits Hub:** [odp.bswift.com](https://odp.bswift.com) | Call 888-954-4636, select option 1

## Benefits Support

| Benefit                    | Vendor                    | Contact                                                                                                             |
|----------------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------|
| Benefits Support           | Office Depot Benefits Hub | 888-954-4636, select option 1<br>M–F, 7:00 a.m.–7:00 p.m. CT<br><a href="https://odp.bswift.com">odp.bswift.com</a> |
| LOA Direct Billing & COBRA | Office Depot Benefits Hub | 888-954-4636, select option 1<br>M–F, 7:00 a.m.–7:00 p.m. CT<br><a href="https://odp.bswift.com">odp.bswift.com</a> |

## Physical Health & Wellness

| Benefit                  | Vendor                           | Contact                                                                                                                                                   |
|--------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Medical & Rx             | BCBSTX — Benefits Value Advisors | 866-856-9659<br><a href="https://bcbstx.com">bcbstx.com</a>                                                                                               |
| Medical & Rx — CA        | Kaiser                           | 800-464-4000<br>California residents only<br><a href="https://kp.com">kp.com</a>                                                                          |
| Medical & Rx — HI        | HMSA                             | 800-776-4672<br>Hawaii residents only<br><a href="https://hmsa.com">hmsa.com</a>                                                                          |
| Prescription Drug        | Optum Rx                         | 877-434-3908<br><a href="https://optumrx.com">optumrx.com</a>                                                                                             |
| Vision                   | VSP                              | 800-877-7195<br><a href="https://vsp.com">vsp.com</a>                                                                                                     |
| Dental                   | Delta Dental                     | 800-521-2651<br><a href="https://deltadentalins.com">deltadentalins.com</a>                                                                               |
| Virtual Care             | Teladoc Health                   | 800-835-2362<br><a href="https://teladoc.com">teladoc.com</a>                                                                                             |
| Fertility Treatment      | WINFertility                     | 855-678-3255<br><a href="https://winfertility.com">winfertility.com</a>                                                                                   |
| Diabetes Management      | Teladoc Health                   | 800-945-4355<br><a href="https://join.livongo.com/odp/register">join.livongo.com/odp/register</a>                                                         |
| Virtual Physical Therapy | Hinge Health                     | 855-902-2777<br><a href="mailto:help@hingehealth.com">help@hingehealth.com</a> or <a href="https://hinge.health/officedepot">hinge.health/officedepot</a> |

## Mental Health

| Benefit                               | Vendor              | Contact                                                                   |
|---------------------------------------|---------------------|---------------------------------------------------------------------------|
| <b>Employee Assistance Program</b>    | Magellan Healthcare | 800-789-2273<br>member.magellanhealthcare.com<br>Company Search: ODP Corp |
| <b>Virtual Behavioral Specialists</b> | Teladoc Health      | 800-835-2362<br>teladoc.com                                               |

## Retirement & Financial

| Benefit                                                                                              | Vendor            | Contact                                                                             |
|------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------|
| <b>401(k) Retirement Plan</b>                                                                        | Fidelity          | 888-954-4636, select option 3<br>M–F, 8:30 a.m.–8:30 p.m. ET<br>netbenefits.com/odp |
| <b>Health Savings Account, Flexible Spending Account, &amp; Commuter Benefits</b>                    | Inspira Financial | 844-729-3539<br>inspirafinancial.com                                                |
| <b>Life &amp; AD&amp;D Insurance, Accident Insurance, Critical Illness, &amp; Hospital Indemnity</b> | Voya              | 888-238-4840<br>presents.voya.com/ebrc/odp                                          |
| <b>Disability &amp; Leave of Absence</b>                                                             | Voya              | 888-973-3652<br>presents.voya.com/ebrc/odp                                          |

## Additional Benefits

| Benefit                          | Vendor            | Contact                                                                                                                              |
|----------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>Legal Plan</b>                | LegalEASE         | 800-248-9000<br>legaleaseplan.com/theodpgroup                                                                                        |
| <b>Identity Theft Protection</b> | IDShield          | 888-807-0407<br>benefits2.legalshield.com/odp                                                                                        |
| <b>Medicare Concierge</b>        | SmartConnect      | 866-421-1535<br>gps.smartconnectplan.com/odp                                                                                         |
| <b>PerkSpot Discount Program</b> | PerkSpot          | 866-606-6057<br>M–F, 8 a.m.–6 p.m. CT; English & Spanish<br>cs@perkspot.com or odp.perkspot.com<br>Help Center: support.perkspot.com |
| <b>Pet Insurance</b>             | Nationwide        | 877-738-7874<br>benefits.petinsurance.com/odp                                                                                        |
| <b>Auto &amp; Home Insurance</b> | Farmers Insurance | 855-828-0187<br>Discount Code: BBT                                                                                                   |
| <b>Auto &amp; Home Insurance</b> | Liberty Mutual    | 800-290-3584<br>Client code: 124804                                                                                                  |
| <b>Auto &amp; Home Insurance</b> | Travelers         | 888-710-3493<br>Discount code: 2444                                                                                                  |
| <b>Chase Home Lending</b>        | Chase             | chase.com/personal/mortgage/mortgage-offer.odp.html                                                                                  |

## Puerto Rico Benefits

| Benefit                                                                                              | Vendor              | Contact                                                                                                                         |
|------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>Medical, Rx, Dental, &amp; Limited Vision — PR</b>                                                | Triple-S Salud      | 787-774-6060<br>Puerto Rico residents only<br>ssspr.com                                                                         |
| <b>Vision</b>                                                                                        | VSP                 | 800-877-7195<br>vsp.com                                                                                                         |
| <b>Employee Assistance Program — PR</b>                                                              | TeleINSPIRA         | 787-651-2384<br>Crisis Hotline (24/7/365): 787-448-5651<br>Puerto Rico residents only<br>imental@inspirapr.com or inspirapr.com |
| <b>Employee Assistance Program</b>                                                                   | Magellan Healthcare | 800-789-2273<br>member.magellanhealthcare.com<br>Company Search: ODP Corp                                                       |
| <b>401(k) Retirement Plan</b>                                                                        | Fidelity            | 888-954-4636, select option 3<br>M–F, 8:30 a.m.–8:30 p.m. ET<br>netbenefits.com/odp                                             |
| <b>Life &amp; AD&amp;D Insurance, Accident Insurance, Critical Illness, &amp; Hospital Indemnity</b> | Voya                | 888-238-4840<br>presents.voya.com/ebrc/odp                                                                                      |
| <b>Short-Term Disability — PR</b>                                                                    | Triple-S Vida       | 787-754-5353<br>Puerto Rico residents only<br>trabajo.pr.gov/sinot.asp                                                          |
| <b>Disability &amp; Leave of Absence</b>                                                             | Voya                | 888-973-3652<br>presents.voya.com/ebrc/odp                                                                                      |