

2026 BENEFITS SUMMARY - RETAIL



New Team Members: Coverage begins the first day of the month after a 60-day waiting period from your full-time start date. This is a summary only, please refer to Benefit Overview or Employee Navigator for more details.

MEDICAL: CIGNA

NETWORK: OPEN ACCESS PLUS

	\$5,000 HDHP WITH HSA	\$2,500 EPO WITH HSA	\$5,000 PLAN PPO	\$2,500 PLAN PPO
Calendar Year Deductible Individual / Family	(Embedded) \$5,000 / \$10,000	(Aggregated) \$2,500 / \$5,000	(Embedded) \$5,000 / \$10,000	(Embedded) \$2,500 / \$7,500
Coinsurance	Cigna Pays / You Pay 100% / 0%	Cigna Pays / You Pay 100% / 0%	Cigna Pays / You Pay 80% / 20%	Cigna Pays / You Pay 100% / 0%
Out-of-Pocket Maximum	Individual / Family \$5,000 / \$10,000	Individual / Family \$2,500 / \$5,000	Individual / Family \$6,350 / \$12,700	Individual / Family \$4,000 / \$8,000
Office Visit (OV) Copay				
Primary Care Physician	Deductible	Deductible	\$35 copay	\$30 copay
Specialist	Deductible	Deductible	\$70 copay	\$60 copay
Urgent Care	Deductible	Deductible	\$70 copay	\$60 copay
Virtual Visit - MDLIVE	100% covered	100% covered	100% covered	100% covered
Preventive Services	100% covered	100% covered	100% covered	100% covered
Emergency Room	Deductible	Deductible	Deductible / Coinsurance	Deductible
Hospital Services				
Inpatient Coverage	Deductible	Deductible	Deductible / Coinsurance	Deductible
Outpatient Surgery	Deductible	Deductible	Deductible / Coinsurance	Deductible
Pharmacy / Retail				
Tier 1	Deductible	Deductible	\$15 copay	\$15 copay
Tier 2	Deductible	Deductible	\$40 copay	\$40 copay
Tier 3	Deductible	Deductible	\$75 copay	\$75 copay
Out-of-Network Coverage	Yes	NOT COVERED	Yes	Yes

MEDICAL PLAN RATES

PER PAY PERIOD (26 PERIODS)	\$5,000 HDHP WITH HSA	\$2,500 EPO WITH HSA	\$5,000 PLAN PPO	\$2,500 PLAN PPO
TEAM MEMBER ONLY	\$74.00	\$89.00	\$104.00	\$139.00
TEAM MEMBER + SPOUSE	\$216.00	\$256.00	\$294.00	\$364.00
TEAM MEMBER + CHILD(REN)	\$144.00	\$174.00	\$199.00	\$264.00
FAMILY	\$286.00	\$341.00	\$389.00	\$489.00

HEALTH SAVINGS ACCOUNT

An HSA lets you save pre-tax dollars for eligible medical expenses when enrolled in a qualified high-deductible health plan. Funds roll over each year.

2026 HSA CONTRIBUTION LIMITS	
INDIVIDUAL	\$4,400
FAMILY	\$8,750

Rally House will **match** your contributions to your HSA account if you are enrolled in the \$5,000 High-Deductible Health Plan.

RALLY HOUSE HSA CONTRIBUTION MATCH		
	PER PAY PERIOD	ANNUALLY
TEAM MEMBER ONLY	Up to \$20	Up to \$520
TEAM MEMBER + SPOUSE	Up to \$20	Up to \$520
TEAM MEMBER + CHILD(REN)	Up to \$40	Up to \$1,040
FAMILY	Up to \$40	Up to \$1,040

DENTAL: CIGNA

DENTAL BENEFITS	IN-NETWORK
Calendar Year Deductible	Individual / Family \$50 / \$150
Annual Maximum (per covered person)	\$1,750
Preventive & Diagnostic Care	100%
Basic Restorative Care	80%
Major Restorative Care	50%

DENTAL PLAN RATES

PER PAY PERIOD (26 PERIODS)	TEAM MEMBER PAYS
TEAM MEMBER ONLY	\$4.73
TEAM MEMBER + SPOUSE	\$18.53
TEAM MEMBER + CHILD(REN)	\$10.78
FAMILY	\$28.66

FLEXIBLE SPENDING ACCOUNTS

FSAs are available to employees enrolled in the EPO or PPO plans. **Healthcare FSA** and **Limited Purpose FSA** funds may be used for eligible medical, dental, and vision expenses. Any unused balance over \$680 at the end of the plan year will be forfeited. The Healthcare FSA contribution limit is \$3,400.

Dependent Care FSA

The Dependent Care FSA lets you set aside pre-tax dollars for eligible dependent care expenses, such as childcare or care for a qualifying dependent, so you (and your spouse, if applicable) can work. The Dependent Care FSA contribution limit is \$7,500 per household.

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VISION: MUTUAL OF OMAHA

VISION BENEFITS	
Eye Exams (every 12 months)	\$10 copay
Frames (every 24 months)	\$130 allowance + 20% off remaining balance
Lenses (every 12 months)	\$25 copay
Elective Contact Lenses (every 12 months) *Instead of frames and lenses	\$130 allowance + 15% off remaining balance

VISION PLAN RATES

PER PAY PERIOD (26 PERIODS)	TEAM MEMBER PAYS
TEAM MEMBER ONLY	\$2.33
TEAM MEMBER + SPOUSE	\$4.68
TEAM MEMBER + CHILD(REN)	\$3.97
FAMILY	\$6.54

EMPLOYER-PAID BENEFIT

Basic Life and AD&D: A \$10,000 basic life and accidental death and dismemberment (AD&D) policy is provided at no cost to you.

VOLUNTARY LIFE AND AD&D

You have the option to purchase additional life insurance coverage for yourself, your spouse, and eligible dependents. Premiums are based on your age and the coverage amount you select. For detailed rates, please refer to the Benefits Guide or Employee Navigator.

VOLUNTARY LIFE BENEFIT AMOUNT		GUARANTEED ISSUE
TEAM MEMBER	Increments of \$10,000, 5x your annual salary, up to \$500,000	5x your annual salary, up to \$200,000
SPOUSE	Increments of \$5,000, 100% of team member's elected benefit amount, up to \$250,000	100% of team member's elected benefit amount, up to \$50,000
CHILD(REN) (BIRTH - AGE 26)	Increments of \$1,000, \$10,000, cannot exceed 100% of team member's benefit amount	\$10,000

VOLUNTARY SHORT-TERM DISABILITY AND LONG-TERM DISABILITY

Disability insurance helps protect your income if you're unable to work due to illness or injury. Short-Term Disability provides income replacement during the initial weeks of a qualifying condition. Long-Term Disability offers continued income protection for extended periods of disability. For age-based premium rates, please refer to Employee Navigator or your benefits guide.

VOLUNTARY DISABILITY		
	SHORT-TERM DISABILITY (STD)	LONG-TERM DISABILITY (LTD)
BENEFIT AMOUNT	60% of weekly earnings	60% of monthly earnings
WEEKLY BENEFIT	\$1,250/week	\$7,500/month
ELIMINATION PERIOD	7 days for accident or illness	90 days
MAXIMUM PAYMENT PERIOD	12 weeks (includes elimination period)	Social Security Normal Retirement Age

VOLUNTARY ACCIDENT

Accident insurance provides cash benefits to help cover unexpected expenses if you, your spouse, or child experience a covered accident—like a fall from a bicycle that requires medical care. Benefits are paid directly to you, on top of any other insurance you may have, and can be used however you choose.

ACCIDENT RATES - PER PAY PERIOD	
TEAM MEMBER ONLY	\$2.94
TEAM MEMBER + SPOUSE	\$5.78
TEAM MEMBER + CHILD(REN)	\$6.72
FAMILY	\$8.20

VOLUNTARY CRITICAL ILLNESS

Critical Illness insurance provides a cash benefit if you or a covered family member are diagnosed with a covered serious illness, such as cancer, heart attack, or stroke. Premiums are based on your age and the coverage amount you select. For detailed rates and plan options, please refer to the Benefits Guide or Employee Navigator.

CRITICAL ILLNESS BENEFIT AMOUNT		GUARANTEE ISSUE
TEAM MEMBER	Increments of \$5,000, Up to \$20,000	\$20,000
SPOUSE	Increments of \$5,000, Up to 100% of team member's benefit amount, up to \$20,000	\$20,000
CHILD(REN)	Up to 50% of team Member's benefit amount, up to \$10,000	All amounts

ADDITIONAL BENEFITS

- Employee Assistance Program - Free to you and your family members
- 401(k) Retirement Plan and Financial Planning
- PTO and Paid Holidays
- Team Member Referral Bonus Program and Discounts