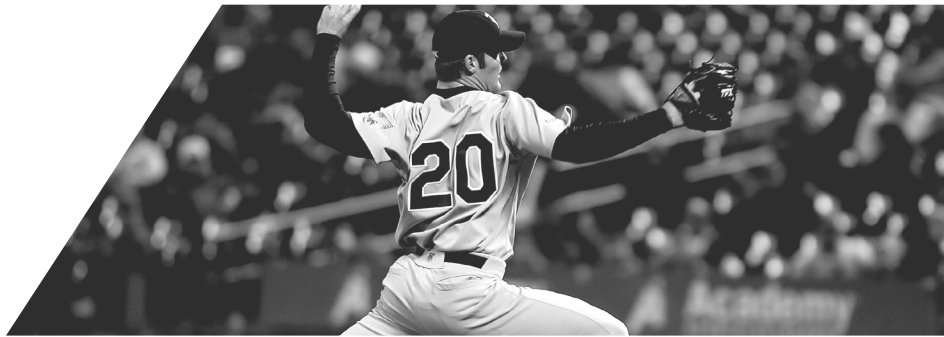


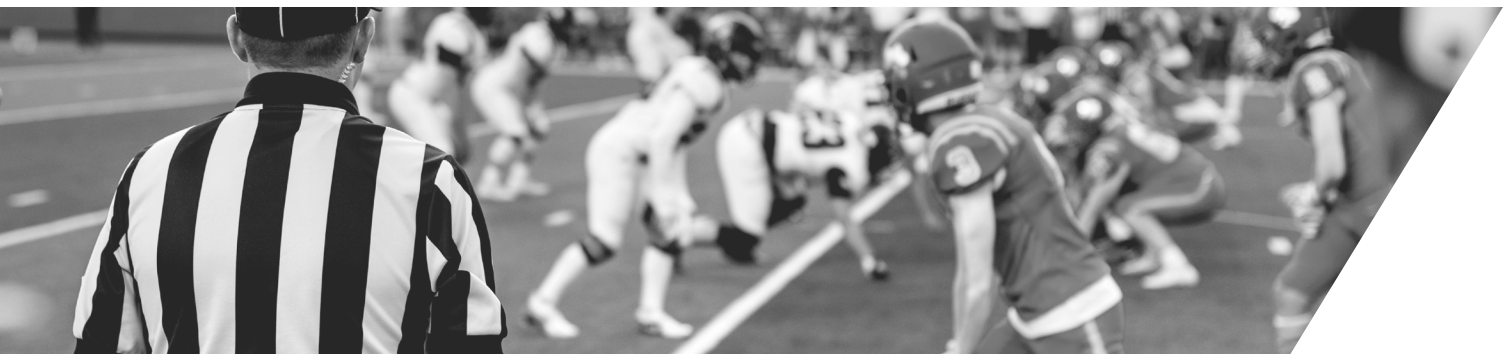


**2026**



**NEW HIRE  
BENEFITS GUIDE**

**RETAIL**



# TABLE OF CONTENTS

<b>ELIGIBILITY AND ENROLLMENT</b>	<b>3</b>
<b>CARRIER AND CONTACT INFORMATION</b>	<b>4</b>
<b>UNDERSTANDING BENEFITS TERMINOLOGY</b>	<b>5</b>
<b>PREMIUMS-AT-A-GLANCE</b>	<b>6</b>
<b>CIGNA IN-NETWORK BENEFITS-AT-A-GLANCE</b>	<b>7</b>
<b>HEALTH SAVINGS ACCOUNT (HSA)</b>	<b>8</b>
<b>FLEXIBLE SPENDING ACCOUNT (FSA)</b>	<b>9</b>
<b>CIGNA RESOURCES</b>	<b>10</b>
<b>HEALTH NAVIGATION AND REIMBURSEMENT ACCOUNT (HRA)</b>	<b>11</b>
<b>DENTAL INSURANCE</b>	<b>12</b>
<b>VISION INSURANCE</b>	<b>13</b>
<b>BASIC TERM LIFE AND AD&amp;D + VOLUNTARY TERM LIFE AND AD&amp;D</b>	<b>14</b>
<b>DISABILITY INSURANCE</b>	<b>15</b>
<b>OPTIONAL TEAM MEMBER BENEFITS</b>	<b>16</b>
<b>RETIREMENT AND FINANCIAL PLANNING</b>	<b>17</b>
<b>INCLUDED PERKS AT NO COST TO YOU</b>	<b>18</b>
<b>ADDITIONAL INCLUDED PERKS</b>	<b>19</b>
<b>PAID TIME OFF (PTO)</b>	<b>20</b>
<b>MATERNITY &amp; PARENTAL LEAVE + TEAM MEMBER PERKS</b>	<b>21</b>
<b>ENROLL IN YOUR BENEFITS: EMPLOYEE NAVIGATOR</b>	<b>22</b>

*This benefits summary is meant to provide an overview of your coverage and should not be used as the sole source for determining your benefits. It may not cover all of your healthcare expenses. For a detailed list of services, limitations, exclusions, and a full explanation of the terms and conditions of coverage, please refer to the Certificate of Coverage. In the event of any discrepancy between this benefits guide and the carrier contract, the provisions of the carrier contract shall govern.*

# ELIGIBILITY

## New Hire Team Members

To qualify for full-time benefits, you must be a regular (non-seasonal and non-intern) Team Member who is either scheduled to work, or is expected to average, at least 30 hours of service per week over a defined measurement period.

Insurance coverage for eligible full-time Team Members begins on the first day of the month following the completion of a 60-day waiting period. This waiting period starts on your first day in full-time status.

### Eligible Dependents Include:

- Legally married spouse\*
- Children under age 26

### Eligible dependent children include:

- » Biological children
- » Legally adopted children
- » Stepchildren
- » Children under your legal guardianship
- » Children under age 18 for whom you have a legal support obligation
- » Unmarried children age 26 or older who are incapable of self-support due to a physical or mental disability, as long as the disability began before the end of the calendar year in which the child turned 26

### \*SPOUSAL SURCHARGE:

If you choose to cover your spouse under Rally House's medical plan and your spouse has access to medical coverage through their own employer, an additional \$100 per month will be added to your medical premium.

You may waive this surcharge by certifying that your spouse does not have access to other employer sponsored medical coverage.

## When To Make Benefit Changes

You may only make changes to your benefits outside of the new hire or open enrollment periods if you experience a Qualifying Life Event (QLE). Changes must be made **within 30 days of the event**. After this window, you'll need to wait until the next open enrollment period.

Please contact your Rally House Benefits Team or your Bukaty Service Team to report a QLE. You may be required to provide documentation to verify the event.

### Examples of Qualifying Life Events:

- Marriage
- Divorce or legal separation
- Birth, adoption, or legal guardianship of a child
- Qualified medical child support order
- Reduction in work hours
- Dependent's gain or loss of other coverage
- Death of a dependent

### ACCESSING YOUR CIGNA DIGITAL ID CARDS IS EASY.



Register at [myCigna.com](https://myCigna.com) to access your digital ID cards anytime. Just visit [myCigna.com](https://myCigna.com) or scan the QR code to get started.

# CARRIERS AND CONTACT INFORMATION



<b>MEDICAL &amp; RX PLAN: CIGNA</b>	800-997-1654 <a href="http://www.mycigna.com">www.mycigna.com</a>
<b>HEALTH SAVINGS ACCOUNT: UMB</b>	866-520-4472 <a href="http://www.umb.com">www.umb.com</a>
<b>FLEXIBLE SPENDING ACCOUNT: NUESYNERGY</b>	855-890-7239 <a href="http://www.nuesynergy.com">www.nuesynergy.com</a>
<b>HEALTH NAVIGATION &amp; REIMBURSEMENT ACCOUNT: GARNER</b>	866-761-9586 <a href="http://www.getgarner.com">www.getgarner.com</a>
<b>DENTAL INSURANCE: CIGNA</b>	800-997-1654 <a href="http://www.mycigna.com">www.mycigna.com</a>
<b>VISION INSURANCE: MUTUAL OF OMAHA</b>	833-279-4358 <a href="http://www.mutualofomaha.com/vision">www.mutualofomaha.com/vision</a>
<b>LIFE AND AD&amp;D: MUTUAL OF OMAHA</b>	800-877-5176 <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
<b>SHORT-TERM AND LONG-TERM DISABILITY: MUTUAL OF OMAHA</b>	800-877-5176 <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
<b>ACCIDENT AND CRITICAL ILLNESS: MUTUAL OF OMAHA</b>	800-877-5176 <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
<b>401(K) RECORD KEEPER: EMPOWER</b>	800-338-4015 <a href="http://empowermyretirement.com">empowermyretirement.com</a>
<b>RETIREMENT PLAN ADVISOR: TWO WEST ADVISORS</b>	913-825-1722 <a href="http://www.twowestadvisors.com">www.twowestadvisors.com</a>
<b>EMPLOYEE ASSISTANCE PROGRAM (EAP): MUTUAL OF OMAHA</b>	800-316-2796 <a href="http://www.mutualofomaha.com/eap">www.mutualofomaha.com/eap</a>
<b>RALLY HOUSE BENEFITS TEAM</b>	Email: <a href="mailto:Benefits@RallyHouse.com">Benefits@RallyHouse.com</a>

## YOUR BUKATY COMPANIES SERVICE TEAM



### PRUDENCE REXROAT

Account Manager  
[prexroat@bukaty.com](mailto:prexroat@bukaty.com)  
(913) 396-0881

Prudence is responsible for the day-to-day administrative and service issues including claims.



### KRYSTLE LORIGAN

Account Manager  
[klorigan@bukaty.com](mailto:klorigan@bukaty.com)  
(913) 647-5555

Krystle is your go-to contact for assistance with benefits enrollment or any questions about the Employee Navigator platform.

# UNDERSTANDING BENEFITS TERMINOLOGY

## PPO Plan vs HDHP Plan Comparison

CATEGORY	PPO PLAN	HDHP/EPO PLANS
Tax Savings Vehicle	Flexible Spending Account (FSA)	Health Savings Account (HSA)
Office Visits	Copays	Deductible
Inpatient Services	Deductible / Coinsurance	Deductible
Outpatient Services	Deductible / Coinsurance	Deductible
Hi-Tech Diagnostics	Deductible / Coinsurance	Deductible
Prescriptions	Copays	Deductible

**PPO plans** offer more predictable costs with copays and greater provider flexibility, including out-of-network care, and pair with FSAs.

**HDHPs (and some EPOs)** have lower premiums but higher upfront costs, with most services subject to the deductible. They are HSA-eligible, offering significant tax advantages.

Both plan types also allow contributions to a Dependent Care FSA for eligible child and dependent care expenses.

**Beneficiary:** When enrolling in a life insurance policy, you must designate one or more individuals to receive the benefit payout upon your death.

**Coinsurance:** After meeting your deductible, you and the insurance company share the cost of covered services. Each party pays a designated percentage until your annual Maximum Out-of-Pocket (MOOP) limit is reached.

**Copay:** A fixed amount you pay each time you receive a covered service. Copays count toward your out-of-pocket maximum but do not apply to your deductible.

**Deductible:** The amount you must pay out of pocket for specific services, such as hospital stays, surgeries, or advanced diagnostic testing, before your plan begins to share the cost. Deductibles reset annually on January 1.

**Evidence of Insurability (EOI):** If you elect life insurance coverage above the Guaranteed Issue amount, you must complete an EOI form to verify your current health status. Existing medical conditions do not automatically result in denial.

### Flexible Spending Account (FSA)

- **Healthcare FSA:** Allows you to set aside pre-tax funds to pay for eligible medical, dental, and vision expenses. Funds are subject to the “use it or lose it” rule.
- **Limited Purpose FSA:** Can be paired with an HSA and used for eligible dental and vision expenses only. Subject to “use it or lose it” rule.
- **Dependent Care FSA:** Lets you set aside pre-tax dollars to pay for childcare expenses. Also subject to the “use it or lose it” rule.

**Guaranteed Issue (GI):** The maximum amount of Voluntary Life Insurance you can elect without needing to complete an Evidence of Insurability form.

**Health Savings Account (HSA):** A Health Savings Account (HSA) is a tax-advantaged savings account that you can use to pay for qualified medical expenses. It’s only available if you’re enrolled in a High Deductible Health Plan (HDHP).

### High Deductible Health Plan (HDHP):

A High Deductible Health Plan (HDHP) is a health insurance option with higher deductibles and out-of-pocket costs compared to traditional plans, but it typically comes with lower monthly premiums. It can also be paired with a Health Savings Account (HSA) to help cover medical expenses with tax advantages.

**In-Network vs. Out-of-Network:** Providers who contract with your insurance company agree to offer services at discounted rates. To minimize your out-of-pocket costs, always confirm that your doctor, hospital, or other providers are in-network before receiving care.

**Life Changing Event:** Major life events, such as marriage, divorce, the birth or adoption of a child, death, or a loss of dependent coverage, qualify you to update your benefits mid-year without waiting for open enrollment.

**Maximum Out-of-Pocket (MOOP):** The most you will pay for covered healthcare services in a calendar year. Once this limit is reached, your plan pays 100% of eligible costs for the remainder of the year.

**Premium Deduction:** The portion of your insurance premium that is automatically deducted from your paycheck.

**Primary Care Physician (PCP):** A healthcare provider who offers general medical care, including Family Practitioners, Internal Medicine doctors, General Practitioners, Pediatricians, and OB/GYNs.

**Specialist:** A medical provider who focuses on a specific area of care and is not classified as a PCP. This includes, but is not limited to, Dermatologists, Oncologists, Cardiologists, Chiropractors, and Gastroenterologists.

# PREMIUMS-AT-A-GLANCE

## MEDICAL: CIGNA

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

### SPOUSAL SURCHARGE

If you include your spouse on Rally House's medical plan and they have access to coverage through their own employer, an **additional \$100 per month** will be added to your medical plan cost. However, you can waive this surcharge if you certify that your spouse does not have access to other health coverage.

## HSA CONTRIBUTION MATCH

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

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

## DENTAL: CIGNA

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

## VISION: MUTUAL OF OMAHA

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

# CIGNA IN-NETWORK BENEFITS AT-A-GLANCE



**Embedded Deductible:** With an embedded deductible, each family member only needs to meet the individual deductible before Cigna starts covering their expenses. No one pays more than the individual out-of-pocket maximum, and the family as a whole will not pay more than the family out-of-pocket maximum.

**Aggregate Deductible:** With an aggregate deductible, Cigna does not start covering cost until the entire family deductible has been met. This means that one single family member could incur expenses that reach \$5,000 before Cigna pays anything.

## How an Aggregate Deductible Works

**Example 1:** A member of the Smith family (Member A) undergoes surgery costing \$15,000 and is responsible for paying the first \$5,000. After that, Cigna covers the remaining \$10,000. Because the \$5,000 aggregate deductible has been met, Cigna will pay 100% of all eligible expenses for the rest of the calendar year.

**Example 2:** A member of the Jones family (Member A) has surgery costing \$2,500 and pays the full amount. This leaves \$2,500 remaining toward the family deductible. Next, Member B has \$1,500 in claims and pays that amount, reducing the remaining deductible to \$1,000. Then, Member C incurs \$1,000 in claims and pays the full amount. At this point, the Jones family has reached their \$5,000 aggregate deductible, and Cigna will cover all eligible expenses at 100% for the rest of the calendar year.

NETWORK: OPEN ACCESS PLUS	\$5,000 HDHP WITH HSA	\$2,500 EPO WITH HSA	\$5,000 PLAN PPO	\$2,500 PLAN PPO
<b>Calendar Year Deductible</b> Individual / Family	<b>(Embedded)</b> \$5,000 / \$10,000	<b>(Aggregated)</b> \$2,500 / \$5,000	<b>(Embedded)</b> \$5,000 / \$10,000	<b>(Embedded)</b> \$2,500 / \$7,500
<b>Garner Deductible*</b>	\$4,000 / \$8,000	\$1,500 / \$3,000	\$4,000 / \$8,000	\$1,500 / \$5,500
<b>Coinsurance</b> Cigna Pays / You Pay	100% / 0%	100% / 0%	80% / 20%	100% / 0%
<b>Out-of-Pocket Maximum</b> Individual / Family	\$5,000 / \$10,000	\$2,500 / \$5,000	\$6,350 / \$12,700	\$4,000 / \$8,000
<b>Office Visit (OV) Copay</b> Primary Care Physician Specialist Urgent Care Virtual Visit - MDLIVE	Deductible Deductible Deductible 100% covered	Deductible Deductible Deductible 100% covered	\$35 copay \$70 copay \$70 copay 100% covered	\$30 copay \$60 copay \$60 copay 100% covered
<b>Preventive Care Services</b>	100% covered	100% covered	100% covered	100% covered
<b>Diagnostic Test - (X-ray, blood work)</b> Performed in Physician's Office	Deductible	Deductible	Covered under Office visit copay	Covered under Office visit copay
<b>High Tech Diagnostic Imaging</b> (MRI, CT & PET Scans)	Deductible	Deductible	Deductible / Coinsurance	Deductible
<b>Emergency Room</b>	Deductible	Deductible	Deductible / Coinsurance	Deductible
<b>Hospital Services</b> Inpatient Coverage Outpatient Surgery	Deductible Deductible	Deductible Deductible	Deductible / Coinsurance Deductible / Coinsurance	Deductible Deductible
<b>Mental Health and Substance Abuse</b> Inpatient Outpatient (Office Visit)	Deductible Deductible	Deductible Deductible	Deductible / Coinsurance \$35 copay	Deductible \$30 copay
<b>Pharmacy / Retail (30 Day Supply)</b> Tier 1 Tier 2 Tier 3	Deductible Deductible Deductible	Deductible Deductible Deductible	\$15 copay \$40 copay \$75 copay	\$15 copay \$40 copay \$75 copay
<b>Pharmacy / Mail Order (90 Day Supply)</b> Tier 1 Tier 2 Tier 3	Deductible Deductible Deductible	Deductible Deductible Deductible	\$45 copay \$120 copay \$225 copay	\$45 copay \$120 copay \$225 copay
<b>Out-of-Network Coverage</b>	Yes	NOT COVERED	Yes	Yes

\*The Garner deductible is the out-of-pocket amount you must pay before Garner's Health Reimbursement Arrangement (HRA) starts reimbursing you. It applies to HSA-compatible health plans to meet IRS rules.

## TEAM MEMBER MEDICAL CONTRIBUTIONS

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

# HEALTH SAVINGS ACCOUNT (HSA)

An HSA is a personal healthcare savings account that allows you to pay for eligible medical expenses using pretax dollars. Funds in your HSA can be used now or in the future for qualified medical expenses—for yourself, your spouse, and your dependents—even if they aren’t covered under your health plan.

Only those enrolled in the \$5,000 High Deductible Health Plan or the \$2,500 EPO Plan are eligible to contribute to an HSA.



## HSA Benefits

- **100% of unused funds roll over each year** – There’s no “use-it-or-lose-it” rule; your HSA balance stays with you and continues to grow.
- **Portable** – Your HSA is yours to keep, even if you change jobs or retire.
- **Covers family expenses** – You can use your HSA to pay for eligible expenses incurred by your legal spouse and tax dependents, even if they aren’t covered under your health plan.
- **Supports retirement planning** – HSA funds can be used to pay for Medicare premiums and qualified long-term care insurance.

## HSA Contribution Match

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

## How an HSA Works with Your Insurance

An HSA is designed to help you cover eligible out-of-pocket health care costs. When you’re enrolled in a Qualified High Deductible Health Plan (QHDHP), you’re responsible for 100% of your medical expenses until you reach your annual deductible.

Qualified expenses, like prescriptions, doctor visits, and diagnostic services (e.g., MRIs), apply toward your out-of-pocket maximum when processed through your insurance. Once that limit is reached, your insurance covers 100% of eligible medical costs for the remainder of the plan year.

For a full list of eligible HSA expenses, visit: <https://www.irs.gov/pub/irs-pdf/p502.pdf>



## 2026 Contribution Limits

INDIVIDUAL	\$4,400
FAMILY	\$8,750
CATCH-UP LIMIT	\$1,000 Age 55 & over

## Changing HSA Contribution Amounts

You can adjust your contribution amounts as needed throughout the year. Just contact your Bukaty team for assistance.

## HSA Investment Option

Once your HSA balance exceeds \$1,000, you have the option to invest your funds through the UMB HSA Saver investment portfolio.

[www.umb.com/hsa](http://www.umb.com/hsa)

# FLEXIBLE SPENDING ACCOUNT (FSA)



A **Flexible Spending Account (FSA)**, also known as a Cafeteria/Section 125 Plan, is a separate benefit plan that allows you to direct a part of your pay, on a pre-tax basis, into a special account that can be used throughout the year to reimburse yourself for eligible out-of-pocket dependent care expenses or medical expenses.

## FSA Options and Contribution Limits for 2026

- **Option 1: Health Care FSA**

Contribute up to \$3,400 in pre-tax dollars to cover eligible out-of-pocket medical, dental, vision, and prescription expenses not covered by your insurance plan.

- **Option 2: Limited Purpose FSA (Dental and Vision Only)**

If you're enrolled in a Health Savings Account (HSA), you may also participate in a Limited Purpose FSA. This account allows you to pay for eligible dental and vision expenses not covered by insurance, while still maintaining HSA eligibility.

- **Option 3: Dependent Care FSA**

Use pre-tax dollars to be reimbursed for qualified dependent care expenses, such as daycare, after-school programs, or care for an elderly dependent. To qualify:

- » Both spouses (or custodial parents) must be working or full-time students
- » **Eligible dependents include:**
  - Children under age 13, or
  - A spouse, child, or other dependent who is physically or mentally incapable of self-care and lives with you at least 8 hours a day.
- **Annual Contribution Limit:**  
You may contribute up to \$7,500 per household (or \$3,750 if married filing separately) per year.

## Mobile and Online Access

NueSynergy makes it easy to access and manage your Health Care FSA or Dependent Care FSA information.

- **NueSynergy smart mobile app:**  
Their smart mobile app provides real-time, secure benefit account access anywhere at any time. You can even shop for providers and pharmacies based on cost, quality, and location.
- **NueSynergy member portal:**  
Log in at [www.NueSynergy.com](http://www.NueSynergy.com), as a member and you'll have a wide variety of tools and resources available to you.

## Nuesynergy Benefits Debit Card

Your Nuesynergy Debit Card is a convenient way to pay for eligible expenses directly from your designated benefit account, rather than paying out-of-pocket and waiting for the reimbursement.

## Do I Need to Enroll in My FSA Every Year?

Yes, each year during open enrollment, you must choose your contribution amounts for your FSA in Employee Navigator. If you do not, you will be automatically opted out.

### For complete details please visit:

- <https://www.irs.gov/pub/irs-pdf/p502.pdf>  
**IRS Publication 502:** is a comprehensive guide from the IRS that details which expenses are eligible for FSA.
- <https://www.irs.gov/pub/irs-pdf/p503.pdf>  
**IRS Publication 503:** is a comprehensive guide from the IRS that details which expenses are eligible for Dependent Care FSA.



## Don't Lose FSA Funds

Be sure to carefully estimate your annual out-of-pocket expenses. Flexible Spending Accounts (FSAs) are subject to strict IRS rules, including the "use-it-or-lose-it" policy: any unused funds over \$680 will be forfeited.

**Important:** Dependent Care FSA funds do not roll over, so it's especially important to plan accordingly.

## NueSynergy Customer Support

If you have questions about your FSA account, the NueSynergy Customer Service team is here to help.

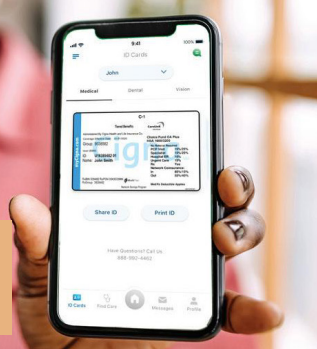
- 855-890-7239
- Email: [CustomerService@NueSynergy.com](mailto:CustomerService@NueSynergy.com)

Hours of Operation:  
Monday–Friday, 8:00 a.m. to 5:00 p.m. (CST)

[www.NueSynergy.com](http://www.NueSynergy.com) – Access your account, file claims, and find helpful resources online.



VISIT MYCIGNA.COM OR SCAN THE QR CODE TO DOWNLOAD THE MYCIGNA APP AND REGISTER NOW.



## Take Control of Your Health Benefits!

When you register at [myCigna.com](https://myCigna.com), you get 24/7 access to your Cigna health plan and resources all in one place!

### What You Can Do:

- View and track claims
- Check coverage and benefits
- Find in-network doctors and pharmacies
- Compare costs for care and prescriptions
- **Access digital ID cards**
- Explore health tools and wellness resources

### Important Reminder:

Cigna will not issue hard copies of your ID card. Please register at [myCigna.com](https://myCigna.com) to access your digital ID card



## Convenient Virtual Care with MDLIVE

Cigna partners with MDLIVE to offer 24/7 virtual care by phone or video. You and your covered dependents can connect with experienced, board-certified doctors, therapists, and dermatologists for a wide range of medical and mental health needs. Anytime, anywhere.

### MDLIVE Services Include:

- Primary Care
- Urgent Care
- Behavioral Health
- Dermatology

Available exclusively to Cigna members. Costs may vary based on your specific health plan and location.

Virtual care visits are convenient and easy. To schedule an appointment: Access MDLIVE by logging into [myCigna.com](https://myCigna.com) and clicking on "Talk to a doctor." You can also call MDLIVE at 888-726-3171. (No phone calls for virtual dermatology.)

## Cigna Pathwell Bone & Joint

A tailored care program for Cigna members dealing with musculoskeletal (MSK) conditions, such as back, knee, hip, or shoulder problems. Focused on improving health outcomes and minimizing unnecessary surgeries.

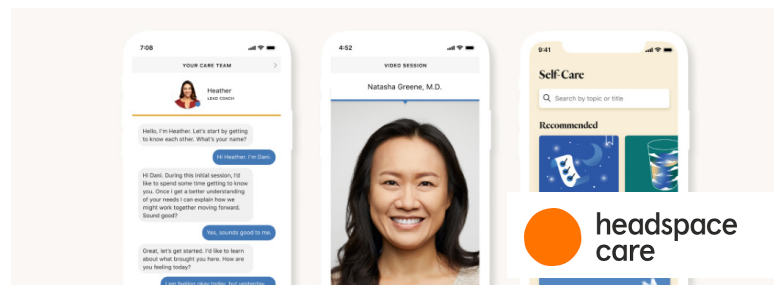
### Key Benefits:

- **One-on-One Clinical Support:** Access to licensed nurses or physical therapists for personalized care guidance.
- **Digital Tools:** Self-guided resources, education, and care navigation via an easy-to-use platform.
- **Surgery Support:** Lower or no-cost surgery options with designated in-network providers, including travel benefits if needed.
- **Early Intervention:** Uses predictive analytics to identify and help members before conditions worsen.

**Eligibility:** All Cigna medical plan members age 18+, including covered spouses and dependents.

**Cost:** Many services are available at no cost. Surgery and provider visits may vary by plan.

**How to Access:** Visit [CignaPathwellBoneandJoint.com](https://CignaPathwellBoneandJoint.com) or call 877-505-5875 for more information.



## Headspace Care

Headspace Care is a confidential, digital mental health platform available to Cigna medical plan members. It offers 24/7 support through the app.

### Issues Addressed:

- Stress, anxiety, depression
- Relationship or life transitions
- Sleep problems and more

### Eligibility:

- Available to Cigna medical plan members aged 18+
- Covered spouses and dependents included
- Services in English and Spanish

### Cost:

- **Behavioral coaching:** typically free
- **Video therapy/psychiatry:** may have a copay or coinsurance

### Learn More or Get Started:

[organizations.headspace.com/partnerships/cigna](https://organizations.headspace.com/partnerships/cigna)

# HEALTH NAVIGATION & REIMBURSEMENT ACCOUNT: GARNER

Garner Health is a free service that helps you find the top 20% of medical providers within the Cigna network and reimburses you for eligible out-of-pocket medical expenses.

Simply create a Garner account, then use the Garner Health app or website to search for top-rated doctors in your area. As soon as a Top Provider appears in your search, they're automatically added to your approved provider list. Once they're on your list, you may be eligible for reimbursement of qualifying\* out-of-pocket costs.

Get Started! [www.getgarner.com](http://www.getgarner.com)

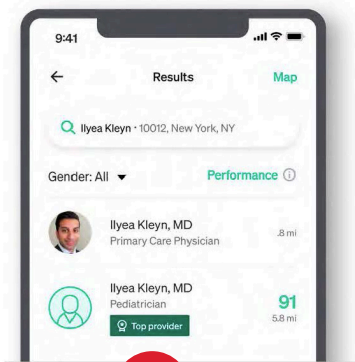
## REIMBURSEMENT LIMITS

TEAM MEMBER ONLY	Up to \$1,000/year
TEAM MEMBER + DEPENDENT	Up to \$2,000/year



Start by creating your account on the Garner Health app or website to find the best care and get money back on eligible expenses.

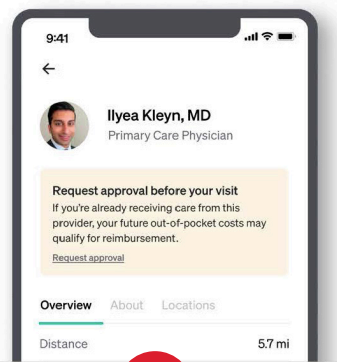
## GARNER HEALTH: FIND DOCTORS & GET REIMBURSED



1

### Find Top Providers

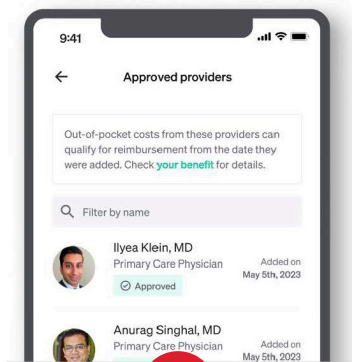
Search for doctors using the Garner Health app or website. Providers with the Top Provider badge are automatically added to your approved list and qualify for reimbursement, as long as the service is in-network and covered by your health plan.



2

### Add Other Providers (if needed)

If your current primary care provider, pediatrician, or psychologist isn't marked as a Top Provider, you can request to add them by clicking "Request approval."



3

### Review Your Approved List

Before your appointment, double-check that your doctor is on your approved list. Only out-of-pocket medical expenses from approved providers are eligible for reimbursement.

## To Qualify for Reimbursement Through Garner:

Your out-of-pocket medical expenses may be reimbursed if the following conditions are met:

- **You have a Garner account** and the provider was added to your approved list before the date of service.
- **The provider is in-network** and the service is covered by your health insurance plan. (Be sure to check your plan details.)
- **The expense type is eligible** under your specific Garner plan. Some services, like prescriptions or emergency care (may or may not be included) **Please refer to the "Your Benefit" page in the Garner Health app for details.**
- **If you have an HSA-compatible plan**, your out-of-pocket costs must exceed the minimum deductible before reimbursement applies. (Check the Garner app to see if this requirement affects you.)

## Questions?

Message the Concierge through the Garner Health mobile app, online at [getgarner.com](http://getgarner.com) or email [concierge@getgarner.com](mailto:concierge@getgarner.com).

# DENTAL INSURANCE: CIGNA



## NETWORK: TOTAL CIGNA DPPO

Your Dental Preferred Provider Organization (DPPO) plan gives you the flexibility to visit any licensed dentist. However, choosing an in-network provider can help lower your out-of-pocket costs. To find in-network dentists, visit [www.cigna.com](http://www.cigna.com).

### Dental ID Card

Cigna does not mail physical dental ID cards. You can view, download, or print your digital ID card anytime by logging into your member portal at [my.cigna.com](http://my.cigna.com).

### Cost Estimates with Predetermination

For non-routine or higher-cost treatments, you may request a predetermination of benefits from your dentist. This process provides an estimate of what your plan will cover and helps you understand your potential out-of-pocket costs before treatment begins.



DENTAL PLAN	IN-NETWORK	OUT-OF-NETWORK*
<b>Calendar Year Deductible</b> Individual / Family	\$50 / \$150	
<b>Annual Maximum</b> (per covered person)	\$1,750	
<b>Preventive &amp; Diagnostic Care</b> - Not subject to deductible (Age and frequency limitations may apply) <ul style="list-style-type: none"> <li>• Oral Exams</li> <li>• Cleanings</li> <li>• Routine X-rays</li> <li>• Fluoride Application</li> <li>• Sealants</li> <li>• Space Maintainers (limited to non-orthodontic treatment)</li> <li>• Non-routine X-rays</li> <li>• Emergency care to relieve pain (administrated at In Network coinsurance)</li> </ul>	100%	80%
<b>Basic Restorative Care</b> - Subject to deductible (Age and frequency limitations may apply) <ul style="list-style-type: none"> <li>• Fillings</li> <li>• Oral Surgery</li> <li>• Surgical Extraction of impacted teeth</li> <li>• Anesthetics</li> <li>• Minor and Major Periodontics</li> <li>• Root Canal Therapy / Endodontics</li> <li>• Relines, Rebases, and Adjustments</li> <li>• Repairs - Bridges, Crowns, and Inlays</li> <li>• Repairs - Dentures</li> <li>• Brush Biopsy</li> </ul>	80%	60%
<b>Major Restorative Care</b> - Subject to deductible (Age and frequency limitations may apply) <ul style="list-style-type: none"> <li>• Crowns/Inlays/Onlays</li> <li>• Stainless Steel/Resin Crowns</li> <li>• Dentures</li> <li>• Bridges</li> </ul>	50%	40%
<b>Orthodontia Services</b>	Not covered	
*If you visit an out-of-network dentist, your plan reimburses services based on the 90th percentile of submitted charges. This means your coverage is based on what 90% of dentists in the area typically charge for the same service.		

DENTAL PLAN RATES				
PER PAY PERIOD (26)	TEAM MEMBER ONLY	TM + SPOUSE	TM + CHILD(REN)	FAMILY
<b>TEAM MEMBER PAYS</b>	\$4.73	\$18.53	\$10.78	\$28.66

# VISION INSURANCE: MUTUAL OF OMAHA

NETWORK: EYEMED INSIGHT




## Mutual of Omaha Vision Benefits Powered by EyeMed

Mutual of Omaha has partnered with EyeMed to offer comprehensive vision insurance plans that provide access to a wide network of providers and advanced vision care technologies. These plans are designed to meet the diverse needs of employees, offering flexibility and convenience.

### Mutual of Omaha Vision Plan – Online Access

With Mutual of Omaha’s vision plan website, you can easily manage your benefits anytime. Once logged in, you can:

- View your vision benefits and coverage details
- Check claims history and Explanation of Benefits (EOB)
- Find in-network vision providers
- Access important forms or submit a claim online



Download the EyeMed Members app on your iPhone or Android device to access your benefit details and digital ID card.

### Getting Started

1. Go to [MutualofOmaha.com/vision](https://MutualofOmaha.com/vision)
2. Click on “Access Vision Benefits”
3. Select “Need to Register”
4. Enter your name, date of birth, and the last four digits of your Social Security Number
5. Follow the prompts to create your username and complete your registration

VISION PLAN	IN-NETWORK	OUT-OF-NETWORK
<b>Eye Exams</b> (every 12 months)	\$10 copay	Up to \$37
<b>Frames</b> (every 24 months)	\$130 allowance + 20% off remaining balance	Up to \$58
<b>Lenses</b> (every 12 months)		
Single vision lenses	\$25 copay	Up to \$20
Lined bifocal lenses	\$25 copay	Up to \$36
Lined trifocal lenses	\$25 copay	Up to \$64
Lenticular lenses	\$25 copay	Up to \$64
<b>Elective Contact Lenses</b> (every 12 months) *Instead of frames and lenses	\$130 allowance + 15% off remaining balance	Up to \$89
<b>Out-of-network reimbursement:</b> You pay for services and then submit a claim for reimbursement.		

VISION PLAN RATES				
PER PAY PERIOD (26)	TEAM MEMBER ONLY	TM + SPOUSE	TM + CHILD(REN)	FAMILY
<b>TEAM MEMBER PAYS</b>	\$2.33	\$4.68	\$3.97	\$6.54

# BASIC TERM LIFE AND AD&D: MUTUAL OF OMAHA



## Employer Paid:

### Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance

If your loved ones rely on your income, it's important to plan for their financial security in the event of your death or a terminal illness. Basic Term Life and AD&D insurance can help provide that protection by offering financial support during a difficult time.

This benefit is provided through Mutual of Omaha and is available to eligible employees. **Rally House pays 100% of the premium for this coverage.**

BASIC TERM LIFE AND AD&D	
<b>BENEFIT AMOUNT</b>	\$10,000
<b>REDUCTION SCHEDULE</b>	Benefit amount reduce to 67% at age 70 and 50% at age 75.

In the event of your death or a qualifying injury, any benefit payments will be made to your designated beneficiaries. Be sure to keep your beneficiary information up to date to ensure your benefits are directed according to your wishes.

# VOLUNTARY TERM LIFE AND AD&D: MUTUAL OF OMAHA



## Voluntary Term Life and AD&D

You have the option of purchasing additional Term Life and AD&D Insurance for yourself, your spouse, and your eligible dependents. You must be actively working a minimum of 30 hours per week to be eligible for coverage. For your dependents to be eligible, you must also be enrolled in the voluntary life benefit.

The AD&D principal sum matches the amount of voluntary term life insurance selected for both employees and eligible dependents.

**Annual Open Enrollment:** Team members and their spouses can choose coverage up to the Guaranteed Issue limit without needing to complete an Evidence of Insurability (EOI) form.

	INCREMENTS	GUARANTEED ISSUE LIMIT	MAXIMUM BENEFIT AMOUNT	REDUCTION SCHEDULE AND TERMINATION
<b>TEAM MEMBER</b>	\$10,000	5x your annual salary, up to \$200,000	5x your annual salary, up to \$500,000	Benefit amount reduce to 67% at age 70.
<b>SPOUSE</b>	\$5,000	100% of team member's elected benefit amount, up to \$50,000	100% of team member's elected benefit amount, up to \$250,000	*Coverage terminates at age 70.
<b>CHILD(REN) (BIRTH - AGE 26)</b>	\$1,000	\$10,000	\$10,000, cannot exceed 100% of team member's benefit amount	Coverage terminates at 26 years old.

\*Spouse coverage terminates when the employee attains age 70 (regardless of the spouse's actual age).

RATES PER PAY PERIOD	
AGE	TEAM MEMBER OR SPOUSE RATE PER \$1,000
0 - 29	\$0.030
30 - 34	\$0.036
35 - 39	\$0.046
40 - 44	\$0.058
45 - 49	\$0.081
50 - 54	\$0.118
55 - 59	\$0.190
60 - 64	\$0.256
65 - 69	\$0.394
70+	\$0.626

RATES PER PAY PERIOD	
AGE	ALL CHILD(REN) RATE PER \$1,000
(BIRTH - 26)	\$0.134

Evidence of Insurability (EOI) is a process where you provide health and medical information to an insurance company to determine if you're eligible for the amount of coverage you're requesting.

#### When EOI Is Required:

- You apply for coverage above the Guaranteed Issue limit
- You enroll after your initial eligibility period
- You increase your existing coverage beyond a certain amount

#### What It May Include:

- A health questionnaire
- Possibly a medical exam or lab tests (depending on coverage amount and insurer)

Team Member and spouse rates are calculated based on the Team Member's current age as of the effective date of the plan. AD&D rates are included.

# DISABILITY INSURANCE

Disability insurance helps protect your income if you're unable to work due to illness or injury. This is a voluntary benefit, paid by the team member. Rally House offers two types of coverage:

- **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.



## Short-Term Disability

**Purpose:** Covers temporary medical conditions that prevent you from working for a limited time.

**Common uses:** Recovering from surgery, serious illness, childbirth, or injury.

## Long-Term Disability

**Purpose:** Provides coverage for more serious or lasting conditions that prevent you from working long-term.

**Common uses:** Chronic illnesses, major surgeries, cancer treatment, or serious injuries.

VOLUNTARY SHORT-TERM DISABILITY (STD)	
WEEKLY BENEFIT AMOUNT	60% of weekly earnings
MAXIMUM WEEKLY BENEFIT AMOUNT	\$1,250
ELIMINATION PERIOD	7 days for accident or illness
MAXIMUM PAYMENT PERIOD	12 weeks (includes elimination period)
PRE-EXISTING CONDITION	If you were diagnosed with or received treatment for a condition within 3 months prior to enrolling in Short-Term Disability coverage, and you experience a related disability within 12 months after enrolling, that condition will not be eligible for benefits.

VOLUNTARY LONG-TERM DISABILITY (LTD)	
MONTHLY BENEFIT AMOUNT	60% of monthly earnings
MAXIMUM MONTHLY BENEFIT AMOUNT	\$7,500/month
ELIMINATION PERIOD	90 days
MAXIMUM PAYMENT PERIOD	Social Security Normal Retirement Age
PRE-EXISTING CONDITION	If you were diagnosed with or received treatment for a condition within 3 months prior to enrolling in Long-Term Disability coverage, and you experience a related disability within 12 months after enrolling, that condition will not be eligible for benefits.

DISABILITY RATES - PER PAY PERIOD	
SHORT-TERM DISABILITY RATES (PER \$10 OF WEEKLY BENEFIT)	\$0.4597
Long-Term Disability premiums are based on age. For detailed rate information, please visit Employee Navigator.	

# OPTIONAL TEAM MEMBER BENEFITS

## Accident Insurance Provided by Mutual of Omaha



COVERS OFF-JOB ONLY ACCIDENTS	BENEFIT AMOUNT
Fracture Benefit - depending on the fracture and type of repair	\$200 - \$9,000
Dislocation Benefit - depending on the dislocation and type of repair	\$250 - \$10,000
Second or Third Degree Burn Benefit - depending on the degree of the burn and the percentage of burnt skin	\$300 - \$20,000
Concussion Benefit	\$250
Laceration Benefit - depending on the length of the cut and type of repair	\$250 - \$900
MEDICAL SERVICES & TREATMENTS BENEFITS	
Ambulance Benefit	Ground: \$300 Air: \$1,500
Emergency Room	\$300
Urgent Care Center	\$225
Initial Physician Office Visit	\$100
Therapy Services (Up to 6 per accident)	\$75
Admission Benefit - for the day of admission	\$1,500
The dollar amounts shown are for general reference only. In the event of any discrepancy between this summary and the official Accident Insurance policy, the policy contract will take precedence. Final reimbursement amounts are determined by Mutual of Omaha and may vary based on specific claim details and policy terms. For a full list of covered benefits, please refer to the Documents section in Employee Navigator.	

Accident Insurance offers cash benefits if you, your spouse, or child experiences a covered accident. Benefits are paid directly to you and can be used at your discretion, even if you have other insurance coverage.

**Important Note:** Most initial care and emergency benefits require that treatment or services be received within 72 hours of the accident. These benefits are generally payable once per accident per covered individual.

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

## Critical Illness Provided by Mutual of Omaha

Critical Illness Insurance helps protect your finances when a serious health condition strikes. If you're diagnosed with a covered illness, such as cancer, heart attack, or stroke. You'll receive a lump-sum payment you can use however you choose.



COVERED CONDITIONS	INITIAL BENEFIT
Inflammatory Bowel Disease	25% of principal sum
Benign Brain Tumor or Benign Spinal Cord (Intradural) Tumor	100% of principal sum
Cancer (Invasive)	100% of principal sum
Carcinoma in Situ (Non-Invasive Cancer)	25% of principal sum
Coronary Artery Disease (Major)	50% of principal sum
Sudden Cardiac Arrest	100% of principal sum
Alzheimer's Disease	100% of principal sum
Dementia	100% of principal sum
Multiple Sclerosis (MS)	100% of principal sum
Parkinson's Disease	100% of principal sum
Stroke	100% of principal sum
Major Organ Failure	100% of principal sum
End Stage Renal Failure	100% of principal sum
Note: This is a partial list for full details, please refer to Employee Navigator.	

	BENEFIT AMOUNTS	GUARANTEE ISSUE AMOUNT
<b>TEAM MEMBER BENEFIT AMOUNT</b>	<ul style="list-style-type: none"> <li>• Increments of \$5,000</li> <li>• Up to \$20,000</li> </ul>	\$20,000
<b>SPOUSE BENEFIT AMOUNT</b>	<ul style="list-style-type: none"> <li>• Increments of \$5,000</li> <li>• Up to 100% of team member's benefit amount, up to \$20,000</li> </ul>	\$20,000
<b>CHILD(REN) BENEFIT AMOUNT</b>	Up to 50% of team Member's benefit amount, up to \$10,000	All child amounts are guaranteed
For a full list of covered conditions and age-based rates, please refer to Employee Navigator.		

### HEALTH SCREENING BENEFIT

Receive a \$50 cash benefit each calendar year when you complete an eligible preventive screening, under your Accident or Critical Illness policy. Simply submit a claim to receive the benefit. This is payable once per covered individual per calendar year.

# RETIREMENT AND FINANCIAL PLANNING

## 401(k) Your Financial Dashboard – Empower

Your account dashboard helps you track, manage, and plan your finances in real time. Here's what you can do:

### Estimate Your Retirement Income

- See how close you are to your retirement goal
- Adjust savings inputs to view real-time impacts.
- Make updates with one click.

### View Your Net Worth

- Get a clear picture of your finances by linking accounts
- See what you own vs. what you owe.

### Track Progress Toward Your Goals

- Use personalized steps and progress meters to stay on track.

### Link Other Accounts Securely

- Enjoy bank-level security with full privacy—your employer can't see your data.

### Use Powerful Planning Tools

- Access tools for retirement, budgeting, savings, and more
- Link accounts for a complete 360° view of your finances.

To get started: Visit [empowermyretirement.com](http://empowermyretirement.com)



### 401(k) Savings Options

- Traditional 401(k) (Pre-Tax)
- Roth 401(k) (Post-Tax)

### 401(k) Plan Eligibility

You are eligible to participate once you meet all the following criteria:

- At least 21 years of age
- Have completed 6 months of service
- Eligibility begins on the first day of the next calendar quarter after meeting the requirements.

401(K) PLAN HIGHLIGHTS	DETAILS
RALLY HOUSE MATCHING CONTRIBUTION	<ul style="list-style-type: none"><li>• 100% match on the first 3% you contribute</li><li>• 50% match on the next 2% you contribute</li></ul>
2026 MAXIMUM ANNUAL DEFERRAL LIMIT	<ul style="list-style-type: none"><li>• Up to \$24,500</li><li>• Catch-up (Age 50+): \$8,000</li><li>• Extra Catch-up (Age 60-63): \$11,250</li></ul>
VESTING SCHEDULE	100% vested immediately

MEET WITH A COACH.

START YOUR PLAN.

LEARN MORE.

## Your Retirement Plan Partner – Two West Advisors

Two West Advisors serves as the dedicated advisor for your 401(k) plan, offering expert fiduciary support and a wide range of financial planning tools to help you stay on track toward your financial goals.



### Through their Financial Planning Resources, you can:

- Connect one-on-one with a Two West Financial Coach.
- Access personalized support for budgeting, debt management, and retirement planning.
- Attend monthly financial education workshops.
- Explore a variety of tools and educational materials to support your financial journey.



GET STARTED TODAY BY  
SCANNING THE QR CODE.

[www.twowestadvisors.com/financial-planning-resources](http://www.twowestadvisors.com/financial-planning-resources)

For additional details, visit your 401(k) dashboard at:  
[www.rallyhouse.401kfor.us/dashboard](http://www.rallyhouse.401kfor.us/dashboard)

# INCLUDED PERKS AT NO COST TO YOU



## Will Preparation Services

Provided by Epoq, Inc. | Offered Through Mutual Solutions

Creating a will is a vital step in planning for the future. It ensures your assets are distributed according to your wishes and can be customized to reflect your life situation, whether you're single, married, a parent, or a grandparent.

### What's Included:

- Last Will and Testament
- Power of Attorney
- Healthcare Directive
- Living Trust

### Easy, Free & Secure Process:

1. Visit [www.willprepservices.com](http://www.willprepservices.com).
2. Use code **MUTUALWILLS** to register.
3. Answer a few simple questions and your documents will customize in real time.
4. Download, print, and share your documents instantly.
5. Keep them up to date with life changes like marriage, divorce, or the birth of a child.
6. Make it legally binding by following your state's requirements.

## Identity Theft Assistance

Provided by AXA Assistance | Included with Travel Assistance Benefits

Identity Theft Assistance is designed to help you and your dependents stay informed, take preventive steps, and respond quickly if your personal information is compromised. This service is included as part of your employer-provided Travel Assistance package.

### What's Included — Education & Awareness

- Learn how identity theft happens and how to spot warning signs.
- Get answers to your questions about prevention and risk.
- Receive tips on how to avoid becoming a victim.

### Recovery Guidance

- You'll receive: Step-by-step educational guidance for responding to identity theft.
- Resources to help address issues related to credit card and check fraud.
- A contact list for financial institutions, credit bureaus, and check verification services.

**Note:** This is an educational support service, not a full identity recovery program.

Access ID Theft Assistance services by calling AXA Assistance toll-free at 800-856-9947.



## Employee Assistance Program (EAP)

Offered by Mutual of Omaha

Rally House offers access to comprehensive, confidential support through the Enhanced EAP, available 24/7/365 to full-time employees and their immediate family members.

### Core Services Include:

- **24/7 Access to Professionals:** Speak with a Master's level EAP clinician anytime via a dedicated hotline or secure online portal.
- **Counseling Support:** Up to 3 sessions per household per year (in-person or telehealth options available)\*.
  - \* California Residents: Knox-Keene Statute limits no more than three face-to-face sessions in a six-month period per person.
- **National Provider Network:** 10,000+ licensed providers for face-to-face counseling and 30,000+ for telehealth.
- **Multilingual Support:** Services available in 120+ languages.

### Additional Resources:

- **Legal Services:** Online legal tools, one free 30-minute consultation, and 25% discount on continued legal services.
- **Financial Services:** Access to Enrich's financial wellness platform and a free 30-minute consultation with a financial advisor.
- **Work/Life Support:** Childcare, elder care referrals, and other everyday life resources.
- **Educational Content:** Articles, tools, and guides on emotional wellness, relationships, career, legal, financial, and physical health. Available in English and Spanish.

**Eligibility:** Full-time employees and their immediate family (spouse and dependent children under 26, residing in the household) are eligible.

### Integrated Support:

EAP professionals coordinate with your health insurance network to ensure services align with covered counseling and treatment options.

To get started, call 1-800-316-2796 or visit [mutualofomaha.com/eap](http://mutualofomaha.com/eap).

# ADDITIONAL INCLUDED PERKS

## Worldwide Travel Assistance

Provided by Mutual of Omaha and administered by AXA Assistance USA, this service offers 24/7 support for emergency situations while traveling more than 100 miles from home (up to 120 days per trip) for you, your spouse, and dependent children.

### Key Services:

Pre-Trip Assistance — Available anytime (not subject to distance):

- Passport/visa documentation
- Health advisories & vaccination requirements
- Weather forecasts, currency exchange rates
- Embassy/consulate locations

### Emergency Support While Traveling:

- Medical provider referrals & communication support
- Emergency medical evacuation and repatriation
- Return transportation for dependents or vehicles
- Lost baggage assistance
- Legal and interpreter services
- Emergency funds coordination
- Document replacement and emergency message delivery
- Lodging help during recovery
- Prescription replacement and insurance coordination



### Identity Theft Assistance

- Available 24/7 whether at home or abroad:
- Prevention tips and ID theft guide
- Support for recovering from credit, passport, or Social Security fraud
- Dedicated case managers via 800-856-9947

### Limitations:

- Not covered within 100 miles of home
- Not valid if traveling for medical treatment, pregnancy/childbirth (unless complications), or against medical advice
- No reimbursement without prior AXA authorization

### Global Travel Assistance

Support available for both business and personal travel.

**Within the U.S.:** Call toll-free at 1-800-856-9947

**Outside the U.S.:** Call collect at (312) 935-3658



## Hearing Discount Program

### Brought to you by Amplifon Hearing Health Care

Enjoy significant savings and support through our comprehensive hearing care program designed to fit your lifestyle and budget.

### Program Highlights:

- **Personalized Hearing Solutions**  
Access hearing aids from a network of 10 leading manufacturers, customized to your needs and budget
- **Risk-Free 60-Day Trial**  
Try your hearing aids with confidence. You'll get a full refund if you're not satisfied.
- **Low Price Guarantee**  
Found the same hearing aid at a lower price? We'll beat it by 5% when you show a local quote.
- **Ongoing Support**  
Enjoy 1 year of follow-up care, 2 years of free batteries, and a 3-year product warranty.



### Getting Started is Simple:

1. Call Amplifon at 1-888-534-1747 to connect with a Patient Care Advocate.
2. The advocate will help you locate a nearby hearing care provider, explain the process, and gather your mailing information.
3. Amplifon will send the necessary details to both you and your provider to activate your discount.

Learn more at: [amplifonusa.com/mutualofomaha](https://amplifonusa.com/mutualofomaha)

## UNLOCK YOUR HEARING DISCOUNT

**Get a complimentary hearing screening to assess your hearing needs. No cost, no obligation.**

Remember to bring the flyer (available on Employee Navigator) to your appointment.

# PAID TIME OFF (PTO)

Rally House offers a flexible Paid Time Off (PTO) program that combines vacation and sick leave into a single bank of hours you can use for most types of time off. This program is available to all regular full-time Team Members, including District Managers, Store Managers, and Assistant Store Managers.

## PTO Overview

- You begin accruing PTO on your first day of employment.
- All PTO requests are subject to manager approval. While Rally House strives to honor all requests, approval may depend on business needs to ensure adequate coverage.
- Unused PTO expires upon resignation, except in states where payout is legally required.



## Bereavement Leave

We understand the loss of a loved one is a challenging time. Rally House supports you by providing paid bereavement leave to help you be with your family and manage personal matters.

- 3 days of paid leave for the loss of an immediate family member.
- 1 day of paid leave for the loss of an extended family member.

POSITIONS	LENGTH OF EMPLOYMENT	TIME ACCRUED - PER PAY	TIME ACCRUED - ANNUAL	PAID HOLIDAYS
<ul style="list-style-type: none"> <li>• District Manager</li> <li>• Regional Director</li> <li>• General Store Manager</li> <li>• Event Store Manager</li> </ul>	1st Day	4.92 Hours	16 Days (128 Hours)	<ul style="list-style-type: none"> <li>• New Year's Day</li> <li>• Martin Luther King Jr. Day</li> <li>• Presidents' Day</li> <li>• Memorial Day</li> <li>• Independence Day</li> <li>• Labor Day</li> <li>• Thanksgiving Day</li> <li>• Christmas Day</li> <li>• 2 Floating Holidays</li> <li>• Earn 1 floating holiday each when working 5 days the:                             <ul style="list-style-type: none"> <li>◦ Week of Thanksgiving</li> <li>◦ Week of Christmas</li> </ul> </li> </ul>
	5th Year	6.46 Hours	21 Days (168 Hours)	

POSITIONS	LENGTH OF EMPLOYMENT	TIME ACCRUED - PER PAY	TIME ACCRUED - ANNUAL	STORES CLOSED
<ul style="list-style-type: none"> <li>• Head Coach</li> <li>• Assistant Coach</li> <li>• Team Captain</li> <li>• Receiving &amp; Inventory Manager</li> </ul>	1st Day	4.307 Hours	14 Days (112 Hours)	<ul style="list-style-type: none"> <li>• Thanksgiving Day</li> <li>• Christmas Day</li> </ul>
	5th Year	5.846 Hours	19 Days (152 Hours)	

# MATERNITY & PARENTAL LEAVE

Rally House understands the importance of taking time to bond with a new child. Our Maternity & Parental Leave benefit offers paid time off for both mothers and fathers following the birth, adoption or foster care placement of a child.

**Eligibility:**

Employees must have completed one year of full-time service prior to the child’s birth. For additional eligibility details, please refer to the Employee Handbook.

LEAVE BENEFIT		
TYPE	LENGTH	LIMITATIONS
<b>Maternity Leave</b>	6 weeks	<ul style="list-style-type: none"> <li>• Must be taken consecutively</li> <li>• Must be taken within 12 months of birth.</li> </ul>
<b>Parental (Bonding) Leave</b>	2 weeks	<ul style="list-style-type: none"> <li>• Must be taken consecutively</li> <li>• Must be taken within 12 months of birth, adoption, or foster care placement.</li> </ul>



# TEAM MEMBER PERKS

## Team Member Referral Bonus Program

Rally House values great people, and we know great people know other great people! You can earn a referral bonus when someone you refer joins the team and meets the employment requirements listed below:

REFERRAL TYPE	BONUS AMOUNT	PAYOUT ELIGIBILITY
Part-Time Retail Team Member	<b>\$100</b>	After 30 days of employment
Full-Time Retail Team Member	<b>\$500</b>	After 6 months of employment
Full-Time Corporate Team Member	<b>\$1,000</b>	After 6 months of employment
<i>All current Team Members are eligible to participate in the referral bonus program.</i>		



## Shopping & Discounts

Team Members receive access to special discounts and exclusive shopping perks.

For full details and eligibility requirements, please refer to the Team Member Handbook.

# ENROLL IN YOUR BENEFITS: EMPLOYEE NAVIGATOR



## 1. LOG IN

Go to <https://www.employeenavigator.com/benefits>

**Returning Users:** Log in with the username and password you previously created.

**New Users:** Click the Registration Link in the email sent by your administrator or Register as a New User.

Create an account by setting up your username and password. You'll need to provide:

- First and last name
- PIN (last four digits of your SSN)
- Date of Birth (mm/dd/yyyy)

**COMPANY IDENTIFIER: Rally House**

### Create Your Account

First, let's find your company record

First Name

Last Name

Company Identifier  
(provided by HR)

PIN  
(Last 4 Digits of SSN / ID)

Birth Date  
(mm/dd/yyyy)

## 2. BEGIN ENROLLMENT PROCESS

After logging in, click **"Let's Begin"** to complete any required onboarding tasks. Once finished, click **Start Enrollment** to begin the enrollment process.

## 3. UPDATE PERSONAL INFORMATION

Before selecting benefits, you'll need to enter or verify your personal and dependent information. To enroll a dependent in coverage, you'll need their Date of Birth and Social Security Number.

## 4. ELECT YOUR BENEFITS

You can now choose to **select** or **waive** each of your benefits. To enroll a dependent, check the box next to their name in the **"Who am I enrolling?"** section. Click **Save & Continue**, at the bottom of each page to save your elections.

Who am I enrolling?

- Myself
- Select All
- Spouse Text (Spouse)
- Child Text (Child)

My Selections  
Current  
No election yet

Helpful Resources  
[Anthem HSA Benefit Summary](#)  
[Anthem PPO Benefit Summary](#)

## 5. ADDITIONAL FORMS

If any of your elected benefits require a beneficiary, a primary care physician, or an Evidence of Insurability (EOI) form, the system will prompt you to add the necessary information.

## 6. REVIEW AND CONFIRM ELECTIONS

Review the summary of your selected benefits. If everything looks correct, click **Sign & Agree** to complete your enrollment. You may log in and view your online summary at any time during the year.

**Signature required**  
You've elected all your benefits, but we still require a signature before advancing.

Please review the acknowledgment below.  
As an eligible employee, I acknowledge that I understand the benefits, rights, and obligations available to me under the plan. I certify the facts contained in this summary are true and complete to the best of my knowledge. I understand that deductions can be made on a pre-tax or post-tax basis. Furthermore, I understand that elections for plans that are deducted on a pre-tax basis cannot be changed during the plan year unless I experience a Qualified Life Event.



Scan the QR code for quick access to Employee Navigator

For help contact:  
enrollmentsupport@bukaty.com  
913-345-0440









