

# 2025



## Employee Benefits Guide

Benefits Effective August 1, 2025  
– July 31, 2026



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# Inclusive Health Benefits

## Healthcare Equality Index

Dedicated to providing inclusive and compassionate healthcare, Ashley, Inc. is honored to take part in the Human Rights Campaign Foundation's Healthcare Equality Index (HEI). This vital initiative serves as a guiding light, ensuring that every lesbian, gay, bisexual, transgender, and queer individual who enters our doors receives care that respects and embraces their unique identity.

**We are proud that Ashley Inc.'s commitment extends beyond compassionate, equitable patient care and to our own employees as well.** We have thoroughly evaluated our medical policies in alignment with the World Professional Association for Transgender Health (WPATH)'s latest Standards of Care (WPATH 8). Our CareFirst medical policies are designed to be affirming and supportive. You can find a brief overview of essential benefits on pages 9-11. Benefits highlighted below are for services such as fertility treatments, hormone therapies, and surgical gender reassignment support. For comprehensive insights into the specific benefits of your medical plan or a copy of your CareFirst medical policy, please contact our dedicated Human Resources team. At Ashley, we stand united in our commitment to nurturing a culture of respect, equality, and exceptional care for all.

## What our plans cover

**Cryopreservation (egg or sperm freezing) for non-medical reasons:** Cryopreservation is not covered.

**Infertility treatments including Assisted Reproductive Technologies:** Ashley's medical plans include infertility coverage, including AI and IVF. The member must meet criteria, and your provider must provide clinical information; however, it is not based on the diagnosis alone. CareFirst requires pre-authorization.

**Pharmaceutical coverage for hormone replacement therapies and puberty blockers for youth:** Ashley's medical policies cover HRT and puberty blockers. CareFirst requires pre-authorization.

### **Coverage for reconstructive surgical procedures relating to gender reassignment:**

The medical policies cover reconstructive procedures for top and bottom interventions for members aged 18 years or older. Prior authorization is required. Facial feminization surgery (FFS) must be deemed medically necessary by CareFirst. There are no "one time only" approvals, as bottom surgeries and FFS are usually multiple interventions.

There are no separate deductibles for affirming care, and dependents are equally covered.

The CareFirst network contains a wide range of skilled doctors; if a member chooses to go out-of-network, they will be made aware of the costs.

# Eligibility

## Who is Eligible?

- Full time employees working at least 30 hours per week are eligible for all plans
- Part time employees working 20-29 hours per week are eligible for medical, dental, vision, HRA, FSA, Voluntary and EAP benefits.

## Your dependents are eligible if they are:

- Your legal spouse or domestic partner
- For medical, dental, and vision your child(ren) up to age 26 and your disabled children up to any \*
- For voluntary life, dependent children may be covered up to age 26

## Making Benefit Changes During the Plan Year

The benefit elections you make during your initial enrollment period will be in effect through the end of the plan year. If you have a “qualifying life event,” you may make changes to certain benefits if you apply for the change and provide supporting documentation to Human Resources within 30 days of the event. Proof of life events is subject to approval. Please reach out to Human Resources for specific documentation to be submitted for a qualified life event during the benefit year. Changes are effective prospectively unless the event is for birth, adoption, or placement for adoption.

\* Includes natural, step, legally adopted/or a child placed for adoption, or a child under your legal guardianship

Qualified Life Event		
Change in Marital Status	Change in Dependents	Change in Employment
<ul style="list-style-type: none"><li>• Marriage</li><li>• Divorce</li><li>• Death of your spouse</li></ul>	<ul style="list-style-type: none"><li>• Birth, adoption or placement for adoption of an eligible child (Retroactive to the date of the event)</li><li>• Death of your covered dependent</li><li>• Gain or loss of Medicare or Medicaid during the year</li></ul>	<ul style="list-style-type: none"><li>• Change in you or your spouse’s work status that affects benefits eligibility</li><li>• Relocation if the move impacts eligibility for the plan</li></ul>



# Your Coverage

## When Does Coverage Begin?

Benefits for new hires, unless explained otherwise, will become effective on the first of the month following the date of employment.

If you do not enroll during your eligibility period, you may enroll at the next open enrollment period.

## Termination of Coverage

If you or a covered dependent no longer meet the eligibility requirements or if your employment ceases, your benefits will end.

You are responsible for informing Human Resources within 30 days if any of your dependents become ineligible for benefits.

### **Benefits can be canceled due to:**

- Open Enrollment
- Termination (voluntary or involuntary)
- Retirement
- Qualified Life Event

## Domestic Partners

Contact Human Resources for specific details regarding domestic partners' eligibility for continuation of coverage with Ashley, Inc. benefit plan due to termination of employment.

Contribution toward the cost of coverage for your domestic partner and their dependents is considered taxable income to you.

Domestic partner premiums will either be deducted on a post-tax basis or imputed as income based on the value of coverage. You may wish to consult with a tax adviser for more information.

Domestic partner's expenses under the FSA are generally not considered qualifying medical expenses.





# How a Health Plan Works

## A Note About Health Care Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because Ashley, Inc.'s medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy.

Additional information is available at [healthcare.gov](https://www.healthcare.gov).

### Balance Billing

Balance billing occurs when a provider invoices you for the difference between their charge and the carrier's discounted price (the "Allowed Benefit"). For instance, if the provider's charge is \$100 and the Allowed Benefit is \$70, they may bill you for the remaining \$30. However, in-network providers are not permitted to balance bill for the difference between their charge and the Allowed Benefit.

### Copays

A copay is a fixed amount you pay for a health care service and does not count toward your deductible but does count toward your annual out-of-pocket maximum.

### Coinsurance

Once you've met your deductible, you and the plan share the cost of care, called coinsurance. For example, you pay 20% for services and the plan will pay 80% of the cost until you have reached your out-of-pocket maximum.

### Deductible Amount

The amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay.

### Out of Pocket Maximums

The most you will pay each year for eligible network services including prescriptions. After you reach your out-of-pocket maximum, the plan picks up the full cost of covered medical care for the remainder of the plan year.



# Medical Overview

We offer three medical plans through CareFirst with the following features:

- Deductibles and out-of-pocket maximums accumulate August 1st through July 31st
- Includes prescription drug coverage
- Please refer to the Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC) as well as the carrier contracts for information regarding specific benefit levels, exclusions and limitations for all policies

## Medical Provider Finder

To search for in-network medical providers:

Log on to [member.carefirst.com](http://member.carefirst.com)

Network:

- BlueChoice HMO Open Access
- BlueChoice Advantage 2.0

Access care from your home through CloseKnit:

Log on to [closeknithealth.com](http://closeknithealth.com)

Download the Mobile App Today!



## Information About Your Coverage

### **Live outside of the CareFirst service area?**

If you enroll in the BlueChoice Advantage PPO plan and obtain services outside the CareFirst service area (MD/DC/Northern VA), your providers must participate with BlueCard PPO for claims to process in-network. Make sure to ask if your providers participate with BlueCard PPO.

### **Laboratory Services**

While inside the CareFirst service area, you must utilize a LabCorp for lab services. Services performed by any other provider will be considered out-of-network.

# Medical

This is a summary of the medical plans offered. For details and limitations, please refer to your summary of benefits for specific requirements regarding pre-authorizations and coverage limits.

	BlueChoice HMO Open Access HRA Option 3	BlueChoice HMO Open Access HRA Option 2
Plan Provisions	In-Network (Individual / Family)	In-Network (Individual / Family)
<b>Deductible</b>	\$4,000 / \$8,000	\$2,500 / \$5,000
<b>Employer HRA Contribution</b>	\$2,500 / \$5,000	\$2,500 / \$5,000
<b>Coinsurance</b>	None	None
<b>Out-of-Pocket Maximums</b>	\$8,000 / \$16,000	\$4,000 / \$8,000
Coinsurance / Copays		
<b>Preventive Care</b>	No Charge	No Charge
<b>Primary Care / Specialist Care</b>	Ded.	Ded.
<b>Virtual Primary Care with CloseKnit</b>	Ded.	Ded.
<b>X-ray</b>	Ded.	Ded.
<b>Lab</b>	Ded.	Ded.
<b>Urgent Care</b>	Ded.	Ded.
<b>Emergency Room Care</b>	Ded., then \$100 Copay	Ded., then \$100 Copay
<b>Outpatient Surgery</b>	Ded.	Ded.
<b>Inpatient Hospitalization</b>	Ded., then \$250 per admission	Ded., then \$250 per admission
Prescription Drugs (Generic / Preferred Brand / Non-Preferred Brand / Preferred Specialty / Non-Preferred Specialty)		
<b>Retail Pharmacy</b>	Ded., then \$0 / \$25 / \$45 / 50% to \$100 / 50% to \$150	Ded., then \$0 / \$25 / \$45 / 50% to \$100 / 50% to \$150
<b>Retail &amp; Mail-Order</b> (90-day Supply)	Ded., then \$0 / \$50 / \$90 / 50% to \$200 / 50% to \$300	Ded., then \$0 / \$50 / \$90 / 50% to \$200 / 50% to \$300

# Medical

This is a summary of the medical plans offered. For details and limitations, please refer to your summary of benefits for specific requirements regarding pre-authorizations and coverage limits. Coverage is based on the Allowed Benefit, which is the amount established for payment of covered In-Network services. The Allowed Benefit will generally be lower than the amount charged. You are responsible for copayments, coinsurance, and all charges that exceed the Allowed Benefit for services received Out-of-Network. This is called balance billing.

BlueChoice Advantage 2.0 HRA		
Plan Provisions	In-Network (Individual / Family)	Out-of-Network (Individual / Family)
<b>Deductible</b>	\$2,000 / \$4,000	\$4,000 / \$8,000
<b>Employer HRA Contribution</b>	\$2,000 / \$4,000	
<b>Coinsurance</b>	10%	40%
<b>Out-of-Pocket Maximums</b>	\$4,000 / \$8,000	\$8,000 / \$16,000
Coinsurance / Copays		
<b>Preventive Care</b>	No Charge	Co-Ins.
<b>Primary Care / Specialist Care</b>	Ded., then \$30 Copay	Ded., then Co-Ins.
<b>Virtual Primary Care with CloseKnit</b>	Ded.	N/A
<b>X-ray</b>	Ded., then Co-Ins.	Ded., then Co-Ins.
<b>Lab</b>	Ded., then Co-Ins.	Ded., then Co-Ins.
<b>Urgent Care</b>	Ded., then \$75 Copay	In-Network Ded., then \$150 Copay
<b>Emergency Room Care</b>	Ded., then \$300 Copay	In-Network Ded., then \$300 Copay
<b>Outpatient Surgery</b>	Ded., then \$300 Copay	Ded., then Co-Ins.
<b>Inpatient Hospitalization</b>	Ded., then \$300 per admission	Ded., then Co-Ins.
Prescription Drugs (Generic / Preferred Brand / Non-Preferred Brand / Preferred Specialty / Non-Preferred Specialty)		
<b>Retail Pharmacy</b> (30-day Supply)	Ded., then \$10 / \$25 / \$45 / 50% to \$100 / 50% to \$150 <sup>1</sup>	
<b>Retail &amp; Mail-Order</b> (90-day Supply)	Ded., then \$20 / \$50 / \$90 / 50% to \$200 / 50% to \$300 <sup>1</sup>	

<sup>1</sup>Specialty drugs must be filled through the Exclusive Specialty Pharmacy Network

# Prescription Drugs

## Get the Most from Your Prescription Coverage

When you enroll in a medical plan, you receive comprehensive prescription drug coverage through CareFirst.

- If you take a maintenance medication, you can save money by enrolling in mail order RX
- Not all medications can be filled via mail order
- Specialty medications must be filled at the approved CareFirst specialty pharmacy
- Ask your doctor if it is appropriate to use a generic drug rather than a brand name
- Compare pharmacies for the best price
- Prescription Management may apply; such as prior authorization, step therapy, and quantity limits
- Your CareFirst prescription plan now includes Rx Cost Saver! If GoodRx has a better price on non-specialty generic medications, your CareFirst plan will match the price automatically at the pharmacy. No action from you is needed!



# Preventive Care

Preventive services help you stay healthy, detect health problems early, determine the most effective treatments, and prevent certain diseases.

- Preventive services include exams, shots, lab tests, and screenings
- Routine visits will only be covered under preventive care when using an in-network provider
- Full list at QR code below or: [healthcare.gov/what-are-my-preventive-care-benefits](https://healthcare.gov/what-are-my-preventive-care-benefits)



# CareFirst Value Added Services

Access the resources below and more through MyAccount. With your CareFirst MyAccount, you can request replacement ID cards, manage claims, compare costs, and find in-network providers. Register at [member.carefirst.com](https://member.carefirst.com).

## CareFirst WellBeing & BlueRewards

Link your CareFirst MyAccount with WellBeing to utilize the WellBeing programs listed below and to begin earning BlueRewards. For more information about these programs, visit [carefirst.com/wellbeing](https://carefirst.com/wellbeing) or call WellBeing support at 877-260-3253.

### Earn \$50\*

Consent to receive wellness emails & take the RealAge® test

Must complete within 180 days of your effective date.

Access the RealAge test by linking your MyAccount at [carefirst.com/wellbeing](https://carefirst.com/wellbeing)

### Earn \$100

Select a Primary Care Provider (PCP) and complete a wellness screening

Must complete within 180 days of your effective date

### Earn \$200

Participate in health coaching

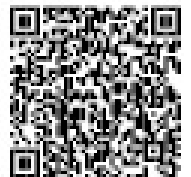
- Session 1 = \$30
- Session 2 = \$70
- Session 3 = \$100

Sessions must be 2-60 days apart and completed before the end of your benefit program

*\*Earn an additional \$25 by re-taking the RealAge test 90 days after your initial results.*

## Using Your BlueRewards

BlueRewards funds can be used for deductibles, copays, co-insurance, eligible over-the-counter health products, and more. Scan the QR code on this page to view a full list of eligible expenses for BlueRewards.



## Additional WellBeing programs:

- Health coaching
- Tobacco cessation program
- Weight management through Noom (for eligible members)
- Dave Ramsey's SmartDollar financial wellness program

# CareFirst Virtual Care

CloseKnit is seamlessly integrated into your medical plan, enabling you to have 24/7 access for primary care, urgent care visits, and mental health appointments.

## Urgent Care *(For ages 2+)*

If you are unwell, get the care you need without leaving home. CloseKnit Urgent Care can be used for a wide-range of common illnesses including:

- Cold & flu
- Cough, sore throat, earache
- Skin rashes or insect bites
- Allergies
- Migraines and headaches

## Full-Service Primary Care *(For ages 18+)*

- Well care, preventive, and sick care
- Mental health care and counseling
- 24/7 chat with your care team
- Receive a biometric screening at home with a Bluetooth-enabled kit sent to your door for scheduled wellness exams

### Additionally:

- Lactation support
- Diet & nutrition

To access any of CloseKnit’s care options, scan the QR code to begin or download the CloseKnit Health from your mobile device’s app store. You may also visit [closeknithealth.com](https://closeknithealth.com). Ensure that your computer or smart phone has a functioning camera for your visit.



Where To Go For Care	
CloseKnit Virtual Primary Care	<ul style="list-style-type: none"><li>• For ages 18+</li><li>• Virtual primary care, mental health, and urgent care appointments</li></ul>
CloseKnit Urgent Care	<ul style="list-style-type: none"><li>• Virtual urgent care for minor health issues 24/7</li></ul>
24-Hour Nurse Advice Line	<ul style="list-style-type: none"><li>• Talk to a registered nurse about your symptoms and the appropriate steps to take</li><li>• Access 24/7 by calling 800-535-9700</li></ul>
7 Cups of Tea	<ul style="list-style-type: none"><li>• Confidential 24/7 app-based mental health support, free of charge, to members aged 13+ enrolled in the medical plans.</li></ul>



# Health Reimbursement Account (HRA)

Our medical plans include a Health Reimbursement Account (HRA) which is a tax-advantaged account funded by your employer to help cover your health care costs that are subject to the deductible. Your HRA will be managed by Flores.



Eligible expenses must be incurred by July 31, 2026 (end of the plan year).

Unused funds do NOT roll over from year to year.

Register your online account through Flores at [flores247.com](https://flores247.com)  
Please refer to your plan documents regarding filing claims and debit cards.

Ashley, Inc.'s HRA Contribution			
	BlueChoice HMO Open Access HRA Option 3	BlueChoice HMO Open Access HRA Option 2	BlueChoice Advantage HRA
Individual	\$2,500	\$2,500	\$2,000
Family	\$5,000	\$5,000	\$4,000



# Flexible Spending Accounts (FSA)

An FSA (or flexible spending account) allows you to set aside money annually to cover the cost of qualified medical expenses. It's a lot like a savings account but used for qualified health-related costs. FSAs work on an annual plan year basis and are funded through regular payroll deductions pre-tax. Contribution toward the cost of coverage for your Domestic partner's expenses under the FSA are generally not considered qualifying medical expenses.

Healthcare FSA Contribution Limit	Dependent Care FSA Contribution Limit
\$3,050 per year	\$5,000 per year (\$2,500 if married and filing separately)

Healthcare FSA	Dependent Care FSA
<ul style="list-style-type: none"><li>• Use for qualified medical, dental and vision expenses</li><li>• Healthcare FSA funds are available in full on day one</li><li>• You have the option to roll over up to \$610 of unused FSA dollars to the following plan year<ul style="list-style-type: none"><li>– These roll over funds will not count against your future FSA election / contribution limit</li><li>– Any unused balances more than \$610 will be forfeited on 10/29/2026</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Use to pay for costs of dependent care for:<ul style="list-style-type: none"><li>– Children under age 13</li><li>– Older dependents, including children, spouses and parents who are physically or mentally unable to care for themselves and that live with you more than ½ of the year</li></ul></li><li>• Dependent Care FSA funds are contributed to your account as they are taken from your paycheck</li><li>• Eligible expenses include daycare, before-school and after-school care, babysitters and elder daycare</li><li>• Kindergarten or higher education does not qualify</li></ul>

Register and manage your account through Flores. Please refer to your FSA plan documents regarding filing claims and debit cards. To view eligible purchases with your FSA account, please visit [fsastore.com](https://fsastore.com)

# Dental

Dental insurance is offered through CareFirst. Your choice of dentists can determine the cost savings you receive.

You will pay less for in-network services. CareFirst will pay claims based on allowed charges for out-of-network providers. You are responsible for paying the balance of the bill.

Please refer to plan summary for additional details and limitations.

BlueDental Plus PPO		
Benefit Maximum Per Person	In-Network	Out-of-Network
Policy Year Annual Max		\$5,000
Orthodontia Lifetime Max		\$1,500
Deductible (applies only to Basic & Major Services)		
Individual	\$25	\$50
Family	\$150	\$150
Benefit	You Pay	
Preventive Services	No Charge	
Basic Services	20% of Allowed Benefit <sup>1</sup>	
Major Services	50% of Allowed Benefit <sup>1</sup>	
Orthodontia	50% of Allowed Benefit <sup>1</sup>	

<sup>1</sup>Allowed Benefit (AB) is the amount established for payment of covered In-Network services. The Allowed Benefit will generally be lower than the amount charged. You are responsible for copayments, coinsurance, and all charges that exceed the Allowed Benefit for services received Out-of-Network. This is called balance billing.

## Dental Provider Finder

To search for in-network dental providers:  
Log on to [member.carefirst.com](https://member.carefirst.com)  
Network: BlueDental



# Vision

Routine eye exams are important for maintaining good vision and can also provide early warning of other health conditions. The EyeMed vision plan provides coverage for exams, glasses and contact lenses, as shown below.

In-network coverage is provided when you use EyeMed providers. Refer to plan summary for limitations.

Vision		
Based on Policy Year	In-Network	Out-of-Network <i>Reimbursed up to</i>
<b>Eye Exam</b> <i>Once every plan year</i> <b>PLUS Provider / Standard Provider</b>	\$0 Copay / \$10 Copay	\$40
<b>Lenses</b> <i>Once every plan year</i> <b>Single / Lined Bifocal / Lined Trifocal</b>	\$25 Copay	\$30 / \$50 / \$70
<b>Frames</b> <i>Once every plan year</i> <b>PLUS Provider / Standard Provider</b>	\$0 copay, 20% off balance over \$170 allowance / \$0 Copay 20% off \$120 allowance	\$84
<b>Contacts</b> <i>Instead of glasses, Once every plan year</i> <b>Elective / Medically Necessary</b>	\$120 allowance <sup>1</sup> / Covered in full	\$84 / \$210

<sup>1</sup>If you elect conventional contact lenses you will receive a 15% discount on the balance over \$120.

## Vision Provider Finder

To search for in-network vision providers:

Log on to [eyemed.com](https://eyemed.com)

Network: Insight

Remember to look for PLUS providers to maximize your savings!



# Life and AD&D Insurance

## Basic Life/AD&D

A Basic Life insurance policy is provided through New York Life, at one times your annual earnings to a maximum benefit of \$200,000. Eligible employees are automatically enrolled in this benefit. This coverage includes an Accidental Death and Dismemberment (AD&D) provision, at the same coverage amount, in the event of accidental death and other conditions. Please refer to the benefit summary for details.

According to federal law, only the first \$50,000 of employer-paid life insurance is not taxable. Premium paid by Ashley, Inc. for coverage levels over \$50,000 will be taxable to you and will be included on your year-end W-2 statement.

## What is Life Insurance?

- A lump sum payment distributed to beneficiaries upon death of the insured or insureds
- Reassurance that your loved ones would be financially secure if you passed away unexpectedly
- Ability to assist with funeral costs - the average funeral cost is \$10,000



## Reminder! Update your Beneficiaries!

Plan for your expected and unexpected life changes by ensuring you and your family are protected. Update your beneficiaries now and keep them current each year.

# Disability

Disability Insurance replaces a percentage of your income during extended periods of illness or injury that prevent you from performing your regular work. New York Life administers the Disability insurance benefit plans for eligible full-time employees.

## Short-Term Disability

### **When do the benefits start?**

8th day of accident or illness

(Benefit duration is reduced by the initial disability waiting period (before benefits begin))

### **How much would the benefit pay?**

60% of your weekly pre-disability earnings up to \$2,000 per week

### **How long will the benefit pay?**

Up to 13 weeks, as long as you qualify as disabled

## Long-Term Disability

### **When do the benefits start?**

After 90 days of qualified disability

### **How much would the benefit pay?**

60% of basic monthly earnings up to \$7,500 per month

### **How long will the benefit pay?**

If you become disabled prior to age 62, benefits will continue until age 65 or to the date the 42nd payment is made, if later. If you are still working and become disabled after the age of 62 years, the duration of benefit payments are subject to the schedule found in the policy.

Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures), during the 3 months just prior to the most recent effective date of insurance. Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months.

STD benefits integrate with state mandated disability plans. Maternity claims fall under this policy.



# Voluntary Life Insurance

## Voluntary Life and AD&D

You can purchase Voluntary Life insurance through New York Life for yourself and dependents. Please refer to the benefit summary for details.

Voluntary Life and AD&D	
Employee	\$10,000 increments to a maximum of \$500,000 Guaranteed issue*: \$200,000
Spouse/Domestic Partner	\$5,000 increments to a maximum of \$250,000, not to exceed the employee’s election amount Guaranteed issue*: \$25,000
Child (up to age 26)	\$1,000 increments to a maximum of \$10,000

*\*Guaranteed issue is the amount of coverage you or your dependents can elect up to without medical questions. Guaranteed issue is only available to newly benefit eligible employees. Evidence of Insurability (EOI) may be completed and submitted to New York Life for amounts above the guaranteed issue listed.*



### Reminder! Update your Beneficiaries!

Plan for your expected and unexpected life changes by ensuring you and your family are protected. Update your beneficiaries now and keep them current each year.

# Employee Assistance Program (EAP)

Ashley Addiction Treatment's New York Life group benefits include access to employee assistance and wellbeing resources for enrolled employees and their family members. Counselors are available for support by phone 24 hours a day, seven days a week.

**Counselors can talk to you about anything going on in your life, including:**

- Family & Relationships
- Work
- Money
- Grief
- Legal Services
- Identity Theft Recovery
- Anxiety, Depression
- Health
- Everyday Life

**Up to 3 Face to Face Counseling Sessions FREE of charge**

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# Supplemental Benefits

Ashley, Inc. offers additional voluntary benefit plans through Cigna. These plans are not medical insurance and do not replace your medical coverage, but rather pay cash directly to you in addition to any benefits you receive from your health plan.

## Accident insurance

Pays a cash benefit when you or your covered family members suffer injuries sustained in an accident.

- Accidental Death Benefit
- Hospital Admission, Emergency Care and Ambulance
- Fractures, tears, concussion
- Burns

## Critical Illness

Helps protect you from financial loss by providing a lump-sum benefit upon diagnosis of a covered condition, such as Heart Attack, Stroke, Cancer, and Major Organ Failure, etc.

### What Can I Do with the Money I Receive?

- Cover cost of copays, deductibles, and coinsurance
- Reimburse yourself for transportation and lodging costs
- Help with childcare and other domestic expenses
- Assist with home health care cost
- Make up for lost wages
- Pay everyday expenses, such as rent, utilities, and groceries

# Company Benefits

Some of the additional benefits offered to Ashley, Inc. employees are listed below. Please see Human Resources for details.

## Waiver Premium

For full-time employees who have coverage through another plan and opt out of medical health coverage through Ashley, the company will pay the employee \$50.00 a month, subject to applicable payroll taxes, paid quarterly.

## Paid Time Off (PTO)

Paid Time Off for employees varies depending on length of service. Employees who work 30-36 hours per week receive prorated leave at 80% of the full-time amount. Total PTO days accrued range from 14.4 to 18 days, depending on your full-time status. Limited accrual may be carried into the next year. The amount of carryover depends on your length of service.

## Holidays (10 per year)

7 designated and 3 floating holidays.

## Other Paid Leave

The company provides up to 3 days of Jury Duty and up to 3 days of Bereavement Leave. We also provide up to 2 weeks annually for Military leave.

## 401(k) Plan

Full-time employees (30 hrs./wk. or more) can enroll in the plan on the first of the month after a full month of continuous service. All other employees are eligible once they complete 1,000 working hours in a given fiscal year (7/1 through 6/30). Eligible employees are subject to automatic enrollment with a 6% contribution from their pay unless they opt-out. For all participants, Ashley will match dollar for dollar up to the first 6% of the employee contribution. Employees are 100% vested in the company matching immediately.

## Tuition Reimbursement Program

Employees are eligible for reimbursement of tuition and fees up to \$5,250 per calendar year after completing one year of service.

## Credit Union Business Affiliation

Ashley has a business affiliation with the Aberdeen Proving Ground Federal Credit Union. Our employees are eligible to join the credit union and enjoy all the discounts afforded.

## CAPTRUST Financial Advisors

Employees have free access to financial advisors through CAPTRUST. Whether you are looking for advice with budgeting, managing debt, retirement, college savings, or more, you can receive personalized guidance from trusted advisors.

Scan the code to schedule an appointment.



# Cost of Coverage

Contributions are made Bi-Weekly from each paycheck toward the benefits below. These are automatically deducted from your gross pay before Federal Income and Social Security taxes are calculated. Since contributions are deducted before your pay is taxed, your taxes will be based on a lower gross pay, and you end up paying lower taxes on the same salary.

## Premiums for Domestic Partners & Their Children

Please see page 7 for important information regarding domestic partner premiums.

Bi-Weekly Medical Costs	BlueChoice HMO Open Access HRA Option 3		BlueChoice HMO Open Access HRA Option 2		BlueChoice Advantage HRA	
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
<b>Employee Only</b>	\$16.44	\$165.51	\$97.36	\$224.37	\$131.40	\$248.02
<b>Employee + Spouse / DP</b>	\$139.89	\$432.31	\$374.91	\$591.57	\$440.87	\$639.77
<b>Employee + Child(ren)</b>	\$115.55	\$357.49	\$309.70	\$488.63	\$364.19	\$528.48
<b>Employee + Family</b>	\$170.29	\$525.82	\$456.39	\$720.09	\$536.66	\$778.75

Bi-Weekly Dental Costs	BlueDental Plus	
	Full-Time	Part-Time
<b>Employee Only</b>	\$8.11	\$8.11
<b>Employee + Spouse / DP</b>	\$18.63	\$18.63
<b>Employee + Child(ren)</b>	\$18.63	\$18.63
<b>Employee + Family</b>	\$30.65	\$30.65

Bi-Weekly Vision Costs	Vision Plan	
	Full-Time	Part-Time
<b>Employee Only</b>	\$3.00	\$3.00
<b>Employee + 1</b>	\$5.71	\$5.71
<b>Employee + 2 or More</b>	\$8.38	\$8.38

Additional Benefits	Benefit
<b>Basic Life and AD&amp;D, Disability, and Employee Assistance Program</b>	No cost to you
<b>Voluntary Life and AD&amp;D and Supplemental Benefits</b>	See HR for rates

# Contact Information

Benefit	Partner	Website / Phone
<b>Medical &amp; Prescription</b> Group #: 0LSP	CareFirst	<a href="http://member.carefirst.com">member.carefirst.com</a> 888-567-9155
<b>Health Reimbursement Account (HRA)</b>	Flores	<a href="http://flores247.com">flores247.com</a> 800-532-3327
<b>Flexible Spending Accounts (FSA)</b>	Flores	<a href="http://flores247.com">flores247.com</a> 800-532-3327
<b>Dental</b> Group #: 0LSP	CareFirst	<a href="http://member.carefirst.com">member.carefirst.com</a> 866-891-2802
<b>Vision</b> Group #: 1033259	EyeMed	<a href="http://eyemed.com">eyemed.com</a> 866-939-3633
<b>Life and AD&amp;D</b> Life: FLX969821 AD&D: OK971260	New York Life	<a href="http://mynylgbs.com">mynylgbs.com</a> 888-842-4462
<b>Disability</b> STD: LK752806 LTD: LK966509	New York Life	<a href="http://mynylgbs.com">mynylgbs.com</a> 888-842-4462
<b>Employee Assistance Program</b> Web ID: NYLGBS	New York Life	<a href="http://guidanceresources.com">guidanceresources.com</a> 800-344-9752
<b>Accident &amp; Critical Illness</b> Accident: AI110922 Critical Illness: CI110885	Cigna	<a href="http://cigna.com">cigna.com</a> 800-754-3207
<b>Financial Advisors</b>	CAPTRUST	<a href="http://captrustadvice.com">captrustadvice.com</a> 800-967-9948
<b>Additional Questions</b> Human Resources		<a href="mailto:hr@ashleytreatment.org">hr@ashleytreatment.org</a> 410-273-2267



**CareFirst Mobile App by CareFirst App**  
 Log into My Account, view online ID cards, find a provider or urgent care, and more!



**CloseKnit Health**  
 You deserve simple, convenient care with no compromises. CloseKnit is care the way it should be centered around you, available 24/7/365, always on time, and hassle-free.



**Flores Mobile**  
 Flores Mobile can be used to submit supporting documentation for Debit Card transactions as well as requests for reimbursement from your account. It is so easy to use-especially if you're on-the-go!



**EyeMed App**  
 EyeMed gives you access to your benefit information on-the-go. Check your benefit details for eye exams, eyeglass frames, contacts, and lenses directly from your phone.



## Notes



## About Alera Group

Alera Group is your benefits broker. That means Alera Group representatives work with your employer to select health and welfare benefits for you and your family. If you have questions about your benefits and want to speak with someone confidentially, Alera Group is here to help! Beyond open enrollment, they can assist with claims and billing questions or help clarify information from your insurance carrier.

### **Your Alera Group Representative: Amber Hill**

*How can Amber help you?* As your day-to-day contact, Amber can assist with benefit and claims questions as well as enrollment and billing issues related to your benefit plans.

#### *Contact Information*

Email: [amber.hill@aleragroup.com](mailto:amber.hill@aleragroup.com)

Phone: 410-823-8066 ext. 5187

## Benefits Effective August 1, 2025 – July 31, 2026

(\*) **DISCLAIMER:** This document has been prepared by Alera Group, Inc. (collectively with its parent, subsidiaries and affiliates, "Alera Group") to provide an overview of your employer's benefits program. Alera Group, its directors, officers, managers, employees, representatives and affiliates, make no representation or warranty, express or implied, as to the accuracy or completeness of the information contained herein regarding those lines of coverage for which Alera Group is not the exclusive broker of record. This document is not a contract and confers no contractual rights between you and Alera Group. The terms of your benefits are governed by the legal plan documents and insurance contracts ("Plan Documents") between your employer and one or more insurance carriers. This document is not a certificate of coverage, and the benefit descriptions in this document are not a guarantee of current or future claim coverage, nor does it replace or amend the underlying Plan Documents. If there is any difference between the benefit descriptions in this document and the Plan Documents, the terms of the Plan Documents will control. Your employer reserves the right to change, discontinue or terminate the benefit plans at any time.