

2025

Benefits Summary

Welcome to Follett Content Solutions

Being part of Follett Content Solutions means you're dialed into a unique and exciting professional opportunity. One important way we demonstrate our commitment to you is via the benefits program showcased within this guide.

The Follett Content Solutions benefits program makes you and us better. It gives you access to great core benefits, coverage options, and protections, many of which are or can be extended to family members. What it does for you and others will depend on the choices you make at enrollment and beyond. What's in it for us? Well, we're at our best when you are, too. It's that simple.

In this summary, you'll find all of the information you need to make informed benefit elections. Take time to carefully review each plan, its offerings, and how they may benefit you and your family. After reviewing your options, submit your benefit elections by the enrollment deadline.

Please take advantage of the resources identified on each page, as they provide the best avenues for making informed benefit decisions. You can also email the Benefits Team if you need any help along the way.

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Plan Notes

Eligibility

Content team members scheduled to work at least 30 hours per week are generally eligible to participate in the Follett benefits plans, provided you enroll within 30 days of your date of hire. Should you choose to enroll, your benefits will be effective on the 1st of the month following 30 days of continuous employment.

Dependent Coverage

If you enroll in benefits, you may elect to cover your eligible dependents. Your eligible dependents include your:

- > Legal spouse
- > Domestic partner (regardless of gender)*
- > Children up to age 26, regardless of marital status, student status, financial dependency, or residence
- > Unmarried children of any age (if disabled prior to age 26) who are incapable of self-sustaining employment and dependent upon you for support.

*In accordance with IRS guidelines and regulations, domestic partner coverage is subject to special rules. Refer to the benefits website for further information, rates, and related forms.

Changing Your Benefits - Qualifying Life Events

The Internal Revenue Service (IRS) states that team members may only make elections to the plan once a year; benefit choices that you make during open enrollment or as a newly hired team member are binding through December 31st. You may be able to change your benefits during the plan year including, but not limited to, the following circumstances:

- > Marriage
- > Birth or adoption
- > Divorce
- > Spouse's Open Enrollment
- > Gain or loss of coverage through a spouse
- > Death of spouse or dependent
- > Loss of dependent status
- > Change in eligibility for Medicare benefits
- > Gain or loss of eligibility for Medicaid, a Children's Health Insurance Program (CHIP), or a premium assistance subsidy under these programs (60-day election period)

These special circumstances, often referred to as Qualifying Life Events or life event changes, will allow you to make plan changes at any time during the plan year in which they occur. For any allowable changes, you must notify the Benefits Team within 31 calendar days of the event (unless indicated otherwise) and provide proof of the Qualifying Life Event. Changes that are requested due to a change of mind are not allowed until the next open enrollment period.

Proof of Eligibility for New Dependents

If you add a new dependent to your coverage, you'll be required to provide proof of eligibility. Provide your supporting documentation to the Benefits Team at FCSBenefits@FollettContent.com. If your documentation is not received, your dependent(s) will be removed from coverage back to the effective date.

Plan Notes

Anthem Medical Plans

Medical benefits help to ensure good health. They also help protect you and your family from costly and unexpected medical expenses. Follett offers you three plan options to choose from through Anthem: 1) the Basic Plan, 2) the Enhanced Plan, and 3) the HRA Plan. While the available plans cover the same types of medical services, each provides coverage at a different level and requires you to contribute a different amount per pay period toward the premium.

Anthem Basic and Enhanced Plans

Offers a Health Savings Account (HSA) option

The Basic Plan and the Enhanced Plan are both qualified High Deductible Health Plans. If you enroll in either plan, you can elect to contribute to a Health Savings Account (HSA) that you can fund with pre-tax payroll deductions. Should you decide to elect the Basic Plan, Follett will contribute to your HSA on a monthly basis provided you contribute at least the same annual amount as Follett. If you contribute less, you will not receive Follett's contribution. An HSA account is specifically designated for qualified healthcare expenses, such as your deductible and co-insurance, prescriptions, dental, and vision. Over-the-counter medications can also be reimbursed from an HSA.

These plans do not include a separate prescription drug plan, which means prescription drug expenses are covered subject to the same rules that apply to medical expenses. This means you will pay 100% of the cost of your medications until your annual medical deductible is satisfied. Once you satisfy the combined Medical and Rx deductible, you will pay 20% of the negotiated cost.

Since team member contributions are lower for the HSA plans as compared to the HRA plan, you may want to contribute to a HSA to pay for out-of-pocket medical and prescription drug expenses. Carefully review the account comparison of the HRA, HSA, and FSA accounts later in this book.

Anthem HRA Plan

Offers a Health Reimbursement Account (HRA) funded by Follett

Follett allocates dollars to your Health Reimbursement Account (HRA) to help pay for medical and prescription expenses.

The amount of dollars allocated to your account each year depends on the coverage tier you elect. Follett allocates \$600 for Team Member Only, \$1,200 for Team Member + SP/DP and Team Member + Child(ren), and \$1,800 for Family coverage. These dollars help you to meet your deductible and prescription drug expenses.

Medical Benefits

This chart is a brief description of your benefits. For more information, please consult your Summary Plan Description (SPD).

Benefit Description	Basic Plan	Enhanced Plan	HRA Plan
In-Network Benefits			
Plan Account Accounts provided to help you to offset out-of-pocket medical costs	Follett offers participants the opportunity to contribute to a Health Savings Account (HSA) and will allocate the following dollar amounts to your HSA provided you contribute at least this amount to your HSA: \$300 Team Member Only/annual capped at \$25/month \$450 Team Member + Spouse/DP or Team Member + Child(ren) capped at \$37.50/month \$600 Family/annual capped at \$50/month	Follett offers participants the opportunity to contribute to a Health Savings Account (HSA)	Follett allocates funds to a Health Reimbursement Account (HRA) as follows: \$600 Single \$1,200 Team Member + Spouse/DP \$1,200 Team Member + Child(ren) \$1,800 Family Available funds are automatically applied toward deductible and prescription expenses.
Team Member Account Contribution Maximum	\$4,300 Single \$8,550 Team Member + Spouse/DP \$8,550 Team Member + Child(ren) \$8,550 Family	\$4,300 Single \$8,550 Team Member + Spouse/DP \$8,550 Team Member + Child(ren) \$8,550 Family	No team member contribution to HRA account
Deductible* (In-Network)	\$3,500 Single \$5,500 Team Member + Spouse/DP \$5,500 Team Member + Child(ren) \$7,500 Family	\$1,750 Single \$3,500 Team Member + Spouse/DP \$3,500 Team Member + Child(ren) \$5,250 Family	\$2,000 Single \$4,000 Team Member + Spouse/DP \$4,000 Team Member + Child(ren) \$6,000 Family
Deductible (Out-of-Network)	\$7,000 Single \$11,000 Team Member + Spouse/DP \$11,000 Team Member + Child(ren) \$15,000 Family	\$3,500 Single \$7,000 Team Member + Spouse/DP \$7,000 Team Member + Child(ren) \$10,500 Family	\$4,000 Single \$8,000 Team Member + Spouse/DP \$8,000 Team Member + Child(ren) \$12,000 Family
Co-insurance (In-network)	Plan pays 80% / You pay 20%	Plan pays 80% / You pay 20%	Plan pays 80% / You pay 20%
Co-insurance (Out-of-network)	Plan pays 60% / You pay 40%	Plan pays 60% / You pay 40%	Plan pays 60% / You pay 40%
Out-of-pocket maximum (In-network)	\$6,450 Single \$10,000 Team Member + Spouse/DP \$10,000 Team Member + Child(ren) \$12,900 Family	\$5,000 Single \$7,500 Team Member + Spouse/DP \$7,500 Team Member + Child(ren) \$10,000 Family	\$4,000 Single \$8,000 Team Member + Spouse/DP \$8,000 Team Member + Child(ren) \$12,000 Family
Out-of-pocket maximum (Out-of-network)	\$12,900 Single \$20,000 Team Member + Spouse/DP \$20,000 Team Member + Child(ren) \$25,800 Family	\$10,000 Single \$15,000 Team Member + Spouse/DP \$15,000 Team Member + Child(ren) \$20,000 Family	\$8,000 Single \$16,000 Team Member + Spouse/DP \$16,000 Team Member + Child(ren) \$24,000 Family
Prescription Drug (Rx)	Medical deductible and co-insurance apply to Rx. You pay 100% of Rx until medical deductible satisfied.	Medical deductible and co-insurance apply to Rx. You pay 100% of Rx until medical deductible satisfied.	Copays and co-insurance apply to Rx. HRA account will be applied to Rx copay if funds are available.
Preventive Care**	100% coverage for nationally recommended services	100% coverage for nationally recommended services	100% coverage for nationally recommended services

* In-network and out-of-network deductibles accumulate separately; out-of-network expenses are applied to the in-network deductible, but in-network expenses are not applied to the out-of-network deductible. ** If there's a diagnosis, the preventive categorization will be removed and processed as a diagnostic claim according to the plan.

Prescription Benefits

Prescription drug coverage for Anthem members is administered by RxBenefits using the Express Scripts Network. You can use your combined Medical and Pharmacy ID card to fill prescriptions at the pharmacy.

Anthem Basic and Enhanced Plans

Prescription drug expenses under the Basic and Enhanced plans are subject to the medical plan deductible and co-insurance. Once you have met your annual deductible, you will pay 20% of the cost of your prescription drugs.

Anthem HRA Medical Plan

Copays and co-insurance apply to prescription drugs under the HRA Plan. For example, when a participant goes to the doctor and receives a prescription, they'll pay their applicable cost share based on the three tiers when they fill a prescription. If HRA allocation dollars are available, they'll be applied to the prescription expense.

There is a three-tier prescription drug structure.

- Tier 1 Generic
- Tier 2 Preferred Formulary Brand
- Tier 3 Non-Preferred Formulary Brand



Medication Type	Retail Pharmacy (Up to a 30-day supply)		Mail Order Program (90 day supply)	
	Anthem Basic Plan Anthem Enhanced Plan	Anthem HRA Plan	Anthem Basic Plan Anthem Enhanced Plan	Anthem HRA Plan
Tier 1	20% after medical deductible is met	\$10	20% after medical deductible is met	\$20
Tier 2	20% after medical deductible is met	30% \$40 Min / \$80 Max	20% after medical deductible is met	30% \$80 Min / \$160 Max
Tier 3	20% after medical deductible is met	30% \$60 Min / \$200 Max	20% after medical deductible is met	30% \$120 Min / \$200 Max

Preventive Care Drugs

Eligible preventive drugs do not apply to the deductible. This means HSA plan members do not have to meet the deductible first before filling a prescription for an eligible preventive drug. However, coinsurance and out-of-pocket maximums will still apply.

Prescription Benefits

Smart90 Mail Order and Retail Program

There is a mandatory 90-day fill for maintenance drugs. Most 30-day refills for maintenance drugs are not covered under the plan. Maintenance drugs are those drugs taken over an extended period of time for a chronic condition, such as to treat high blood pressure or high cholesterol. You can use either Express Scripts home delivery or pick up your 90-day drug at any Walgreens or CVS.

For new prescriptions, you'll be given two grace refills of a 30-day supply, but after those grace refills, you'll be required to fill your maintenance drug for a 90-day supply. If you want to setup your 90-day home delivery, call Member Services **1-800-334-8134** or visit **rxhelp@rxbenefits.com**. When using the mail order/home delivery through Express Scripts, you can choose to make three monthly payments or pay the full 90 days upon order.

Preferred Generics Program

As part of the Preferred Generics program, when your doctor prescribes a medicine that's a brand name drug and it has a generic equivalent available, your pharmacy will typically automatically fill the prescription using the generic drug. However, if you or your doctor requests the pharmacy to dispense the brand name drug, you'll have to pay your cost share plus the difference in price between the brand name and generic drug. The cost difference does not apply to the deductible, co-insurance or out-of-pocket maximum.

SaveOnSP

Specialty medications are used to treat complex chronic conditions and have a high cost. In order to help manage the cost to you, your employer is offering a copay assistance program coordinated by SaveOnSP. Enrolling in the program provides members the opportunity for \$0 cost on select medications. If you choose not to enroll, your responsibility will be a 30% coinsurance. Please contact SaveOnSP at **1-800-683-1074**, a patient advocate will assist you with completing your enrollment. Manufacturer assistance coupons applied to a copayment or coinsurance responsibility will not be credited toward your deductible or maximum out-of-pocket.

Patient Assurance Program for Insulin

Eligible Anthem members will not pay more than \$75 per 90-day supply of participating insulin products. As a reminder, Smart90 program requires the team member to fill their maintenance medications for a 90-day supply at Walgreens or CVS, or through Express Scripts home delivery. There is no additional fee and this program is included with your benefit. More affordable access to insulin means fewer health emergencies and more money in your pocket.

Livongo for Diabetes Management

The Livongo program is designed to support individuals who are living with diabetes with management of the chronic condition. The program is offered at no cost to eligible participants with active coverage through Anthem. The Livongo program includes:

- Livongo Welcome Kit: Livongo meter, a lancing device, test strips, lancets, control solution, a USB charger, and a carrying case
- Unlimited supplies: test strips and lancets are automatically reordered based on your usage
- 24/7 personalized coaching: ability to interact with coaches for education and assistance by phone, text message, and through the Livongo mobile app
- Online access: access to all of your readings, the ability to share results with your physician, along with graphs and insights, all available through the device, the mobile application, or the web portal.

To reach Livongo Member Support, call **800-945-4355**. To register online, visit **join.livongo.com/register** and use code **contentsolutions**.

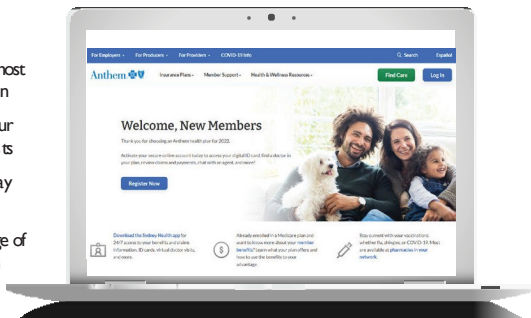
Managing Your Healthcare

Managing Your Medical Benefits

If you enroll in an Follett medical plan, you will have access to an all-encompassing benefits information website.

Use the Anthem Member Website to: better understand your health plan, feel more in charge of your health, stretch your health care dollars and to make better health care decisions. Once your medical plans are active, visit www.anthem.com to get started.

- Make the most of your plan
- Manage your medical costs
- Get and stay healthy
- Take charge of your health



Download Anthem's Sydney Health Mobile App



The Sydney Health Mobile app provides instant access to your family's critical health information. You can find a physician or facility near you, check the status of a claim, track spending and ask questions via live chat! You can download your FREE Sydney Health Mobile app by visiting the App StoreSM or Google PlayTM.

Need help signing up? Call 866-755-2680.

Deciding Where To Go

Urgent Care Providers

- ⦿ Generally includes evenings, weekends, and holidays
- ⦿ Used when your doctor's office is closed and there's no emergency
- ⦿ Wait time: often 1 hour
- ⦿ Many have online and/or telephone check-in

Retail Health Clinics

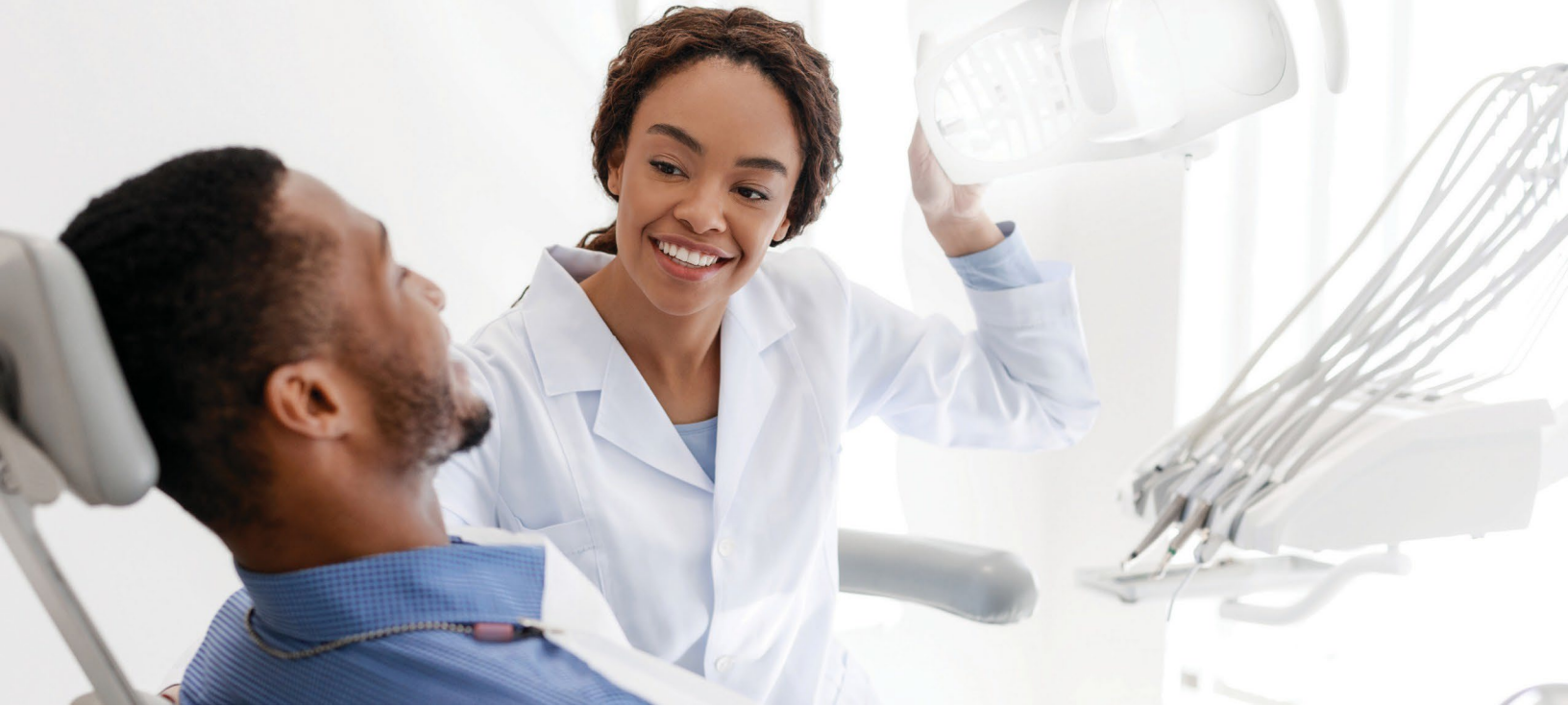
- ⦿ Based upon retail store hours
- ⦿ Lower out-of-pocket cost to you than urgent care
- ⦿ Located in stores and pharmacies to provide low-cost treatment for minor medical problems

Doctor's Offices

- ⦿ Office hours vary
- ⦿ Generally the best place to go for non-emergency care
- ⦿ Doctor/patient relationship established and therefore able to treat based on knowledge of medical history

Hospital Emergency Rooms

- ⦿ 24 hours, 7 days a week
- ⦿ Highest out-of-pocket cost to you
- ⦿ Wait time average 2.5-3 hours
- ⦿ Multiple bills for services



Dental Benefits

Cigna Dental Plans

Good dental health is important to your overall well being. For this reason, Follett is pleased to offer team members the opportunity to enroll in three dental plans through Cigna.

The Enhanced Dental and Basic Dental plans access the Cigna Total DPPO Network and the DHMO utilizes the Cigna Dental Care network. The DHMO plan does not offer out-of-network coverage, has a smaller network of providers and is not available in all geographic locations due to the adequacy of the provider network.

This chart is a brief description of your benefits. For specific plan details, please refer to your summary plan description (SPD).

Benefit Description	Basic Dental PPO		Enhanced Dental PPO		Dental DHMO
	In-Network*	Out-of-Network	In-Network*	Out-of-Network	In-Network
Annual Deductible Single / All Other Coverage Levels	\$25 / \$75	\$50 / \$150	\$25 / \$75	\$50 / \$150	None
Plan Year Benefit Maximum	\$1,000 per member	\$500 per member	\$1,500 per member	\$1,250 per member	None
Preventive & Diagnostic Services	100% (no deductible)	100% (no deductible)	100% (no deductible)	100% (no deductible)	Refer to Patient Charge Schedule
Basic Services	80% after deductible	80% after deductible	80% after deductible	80% after deductible	Refer to Patient Charge Schedule
Major Services	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Refer to Patient Charge Schedule
Orthodontia (Adults and Children)	Not Covered	Not Covered	50% \$1,500 Lifetime Maximum	50% \$1,000 Lifetime Maximum	Refer to Patient Charge Schedule
ID Cards	No ID card issued; You may contact Cigna to request an ID card.		No ID card issued; You may contact Cigna to request an ID card.		DHMO ID card issued by Cigna

Vision Benefits

Anthem Vision Plans

If you enroll in any of the Anthem health plans, you'll receive a free examination in the Anthem Eye Exam and Vision Discount Program, which provides a free annual routine vision exam and also offers discounts on frames and lenses.

We also offer a voluntary vision plan through Vision Service Plan (VSP) for those who would like additional coverage. VSP participants will receive one annual routine eye exam and after a copay, the plan pays a benefit for products and services such as lenses, frames and contacts.

This chart is a brief description of your benefits. For specific plan details, please refer to your summary plan description (SPD).

Benefit Description	VSP Choice	Anthem
Eye Exam	\$0 copay for annual routine eye exam	Free annual routine eye exam - if you're required to pay out of pocket for your eye exam, you may request a refund by completing an Anthem medical claim form.
Eyeglasses	\$25 copay; \$150 allowance for frames (20% off amount over allowance); \$170 allowance for featured frame brands; frames every other calendar year; lenses every calendar year	Save up to 30% on prescription eyeglasses, sunglasses and accessories (this discount may be offered to Anthem members)
Contacts	\$150 allowance for contacts every calendar year with no eyeglasses (up to \$60 copay for your contact lens exam fitting and evaluation)	Contact lenses are not covered
How to find a participating vision provider	To find a VSP doctor and review benefit information, you can call 800-877-7195 or visit www.vsp.com . You must select the Choice network.	To search for a provider or facility prior to enrollment, visit anthem.com and click Benefits > Benefit Details . Then choose the provider link that applies to the state you live in. Enter your zip code and click on Vision Professionals.
Out-of-network coverage	Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit www.vsp.com for details.	You'll be responsible for charges that exceed the allowed amount.
ID Cards	There's no ID card necessary to obtain services - you can simply inform the provider that you have VSP Choice coverage. If you prefer to have an ID card, you can log on to www.vsp.com and print one.	Use your Anthem medical ID card to obtain services.
Dependent Coverage	You can choose which dependents to cover at time of enrollment.	Dependents covered under your Anthem medical plan are covered under the Anthem vision plan.
Laser Surgery	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities	Discounts are available by calling TruVision at 877-733-2010 .

Tax Advantage Accounts

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to save on your health care and dependent care expenses on a pre-tax basis. You can redirect a portion of your pay into an FSA. Because you do not pay Federal and Social Security taxes on money that goes into your FSA, you decrease your taxable income and potentially increase your spendable income.

Health Care FSA		Dependent Care FSA
Traditional Health Care FSA	Limited Purpose Health Care FSA	
Eligibility: Enrolled in the HRA Plan or waived medical coverage	Eligibility: Enrolled in the Anthem Enhanced or Basic Plans	Eligibility: Available to all team members regardless of Medical Plan enrollment status
Contribution Limits: \$3,300 annually	Contribution Limits: \$3,300 annually	Contribution Limits: \$5,000 annually
Fund Availability: Total annual contribution available for use on day one of the plan year	Fund Availability: Total annual contribution available for use on day one of the plan year	Fund Availability: Funds become available for use as they are contributed
Eligible Expenses: Medical, prescription, dental, and vision expenses	Eligible Expenses: Dental and vision expenses only	Eligible Expenses: Daycare, adult daycare, children's summer camp, preschool tuition, after school programs, etc.
Rollover Funds: Any funds left in your account at the end of the plan year exceeding \$660 will be forfeited		Leftover Funds: Any funds left in your account at the end of the plan year will be forfeited

Your FSA Debit Card

You have the option of paying for eligible expenses by using your FSA debit card. Using the card will eliminate the need to submit a paper claim and wait for the reimbursement. The full value of your Health Care FSA election will be loaded to the card, however, dependent care funds are loaded as they are contributed to your plan.

For more information about Flexible Spending Accounts, contact P&A Group, our FSA plan administrator at (716) 852-2611 or at www.padmin.com.

\$3,300

The maximum annual amount you can deposit into a Healthcare FSA or Limited Purpose FSA.

\$660

The amount of unused funds that are eligible for a roll over to the following plan year.

\$5,000

The maximum annual amount you can deposit into a Dependent Day Care FSA.

Tax Advantage Accounts

Health Savings Account

If you enroll in the Basic or Enhanced Plan, you have the opportunity to establish a Health Savings Account (HSA). An HSA is an account that can be used to build long-term tax-preferred savings to pay for qualified health care expenses.

An HSA provides you with great tax savings:

- > Contributions made to your HSA via paycheck deduction are pre-tax;
- > Earnings growth through interest and investments is not taxed; and
- > Withdrawals from your account are tax-free, if used for qualified healthcare expenses

For the 2025 plan year, if you enroll in the Basic or Enhanced Plan, you can contribute up to \$4,300 if you elect Team member Only coverage and \$8,550 if you elect Team member + Spouse, Team member + Child(ren) or Family coverage. If you are age 55 or older, you can contribute an additional \$1,000 catch-up contribution to your HSA. If you are enrolled in Medicare, you are not eligible to contribute to a HSA. Visit www.padmin.com to view your investment fund menu, your retirement plan options, and other helpful tips to get you started with your HSA.



\$4,300

HSA Individual coverage
contribution limit

\$8,550

HSA Employee + Spouse,
Employee + Child(ren)
or Family coverage
contribution limit

Life Insurance

Basic Life and AD&D Insurance

Life Insurance provides security and quality coverage for you and your eligible family members. Basic Life and Accidental Death & Dismemberment (AD&D) coverage is offered at no cost to you. This benefit will be paid to your beneficiary in the amount of up to 1x your annual base salary to a maximum of \$50,000. An equal amount of AD&D insurance will be provided. The guarantee issue amount is \$50,000. Benefits are reduced by 35% of the original coverage amount at age 70, 50% at age 75, and 65% at age 80.

Supplemental Life Insurance

You are eligible to purchase additional Group Life insurance to cover yourself, your spouse/domestic partner, and your eligible dependent child(ren). Your cost depends on your age and the amount of coverage you elect, and is available during enrollment. Supplemental Life benefits are 100% team member paid. You must elect coverage for yourself in order to elect spouse/domestic partner and/or child(ren) coverage. You can elect 1-5x your Annual Earnings to the lesser of 5x your Annual Earnings or \$1,500,000. The Guarantee Issue amount is the lesser of 5x your Annual Earnings or \$500,000. Benefits are reduced by 35% of the original coverage amount at age 70, 50% at age 75, and 65% at age 80.

Spouse Life Insurance

Your spouse is eligible for coverage in a flat amount of \$20,000. Spouse coverage is only available if the team member has coverage under the plan.

Dependent Life Insurance

Your dependent child(ren) is/are eligible for coverage in a flat amount of \$10,000. Dependent coverage is only available if the team member has coverage under the plan.

Supplemental AD&D Insurance

In addition to the Basic AD&D insurance coverage you receive as a Follett team member, you're eligible to buy Supplemental AD&D for yourself and your eligible dependents. This coverage protects you and your survivors if you die or are seriously injured in an accident. The plan pays a total benefit in the event of an accidental death and a partial benefit for a serious injury such as vision loss or the loss of a body part.

You can buy coverage for yourself in increments of \$50,000 up to \$500,000. You may also choose to cover your spouse/domestic partner and/or children. Their coverage would be a percentage of your coverage as follows:

Coverage	Spouse	Each Child
Spouse Only	60%	0%
Spouse & Children	50%	15%
Children Only	0%	20%

Premiums are based on the amount of coverage you elect and whether you enroll your family. If you buy this coverage for yourself, your beneficiary will be the same beneficiary you elect for the life insurance provided to you by Follett. If you buy this coverage for your family, you will be the beneficiary. The amount payable for a loss will be reduced for covered persons age 70 or older.

Disability Benefits

Short-Term Disability

You receive short-term disability (STD) coverage free of charge once you've met the eligibility criteria. Disability insurance helps preserve a portion of your income in case you're ill or injured and are unable to work. For more details, see the STD Summary Plan Description. Short-Term Disability benefits are paid 100% by Follett.

Long-Term Disability Insurance

Long-term disability (LTD) benefits provide continuing income in case you are ill or injured and are unable to work for an extended period. LTD payments begin after you have been continuously disabled for 180 days. Follett offers two levels of coverage:

- ⦿ **Basic Coverage** - Provided by Follett at no cost to you. Under this option, you would receive a benefit of 50% of your eligible pay to a maximum monthly benefit of \$5,000.
- ⦿ **Voluntary Buy-Up Coverage** - A higher level of coverage is available for you to buy. Provides a benefit of 60% of your eligible pay to a maximum monthly benefit of \$10,000.

The cost of the buy-up coverage is based on your eligible pay, which is defined as your monthly base pay, not including bonuses or overtime. (If you are a commissioned sales representative, your commissions are factored into your eligible pay.) If you do not elect Buy-up LTD coverage when you are first eligible, you will be required to provide Evidence of Insurability (EOI) should you decide to buy it later. LTD coverage is subject to pre-existing condition limitations. If your election requires EOI, Lincoln Financial Group will contact you with instructions. LTD payments will be reduced by any other income you receive (example: Social Security, Workers Compensation, etc.).

Accident and Critical Illness

All full-time team members are eligible to enroll in Accident Insurance coverage through Lincoln Financial Group. This coverage provides team members with a direct lump sum of cash in addition to any medical benefits received. This policy pays multiple cash benefits for each injury and covered treatment when an insured team member sustains more than one injury in the same accident. You can also enroll your Spouse and/or Child(ren) and contributions are based on the coverage tier you elect. No evidence of insurability is required, and team members can port their coverage if they decide to leave Follett.

Additionally, Critical Illness coverage is available to all full-time team members in amounts of \$15,000 or \$30,000, with a guarantee issue amount of \$30,000. Spousal coverage is available in amounts of \$7,500 or \$15,000 not to exceed 50% of the team member's salary, and child coverage is available in the amount of \$10,000. Rates are age-banded and based on the team member's age.



Additional Benefits

Employee Assistance Program

Just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, your Employee Assistance Program is there for you. It can help you and your family find solutions and restore your peace of mind. ComPsych Guidance Resources are available at no cost to you and all members of your household. That includes dependent children up to age 26, whether or not they live at home. Services are confidential and available 24 hours a day, 7 days a week.

This program offers emotional well-being support, legal assistance, daily life assistance, and financial resources to help you tackle everything life brings your way. To start, visit [GuidanceResources.com](https://www.guidanceresources.com) and log in with username **LFGSupport** and password **LFGSupport1**. If you have any questions, contact Lincoln Financial Group Financial Group at 888-628-4824.

Retirement Benefits

The Follett Retirement Savings Plan is designed to help you save for your retirement. The 401(k) is an employer-sponsored retirement savings plan which is funded by team member contributions that are made through payroll deductions, and Company contributions. Full-time and part time team members are eligible for the plan. You may want to consider increasing your contribution each year, even if it's only a small amount. Over time, you'll realize the benefit of saving and have the peace of mind toward your retirement by doing so.

401(k) Eligibility

Team members will be eligible to make contributions to the Plan and receive the Company Match Contribution on the 1st day of the month following their date of hire. In addition, you may roll over vested balances from another employer's qualified retirement savings plan (401(k), 403(b), or 457) into the Follett Retirement Savings Plan.

Pre-Tax	Roth 401(k)
<ul style="list-style-type: none">Contributions are deducted before taxes; lowering your taxable income.You can contribute from 1% - 100%.The percentage specified will be deducted from your eligible compensation each payroll period.Contributions and any earnings are taxed upon withdrawal.Company Match Contribution - Follett will match your pre-tax contributions, \$1 per \$1, up to 4% of your eligible compensation per pay period.	<ul style="list-style-type: none">Contributions are deducted after taxes; does not lower your taxable income.You can contribute from 1% - 100%.The percentage specified will be deducted from your compensation each payroll period.Contributions and any earnings are tax-free upon withdrawalCompany Match Contribution - Follett will match your Roth contributions, \$1 per \$1, up to 4% of your eligible compensation per pay period.

Pre-Tax Contributions - These contributions are taken from your pay before income tax is withheld. This allows for a potential tax break by reducing your current taxable income. Any earnings that your before-tax contributions receive, grow tax-deferred but both your contributions and any earnings will be subject to income tax upon withdrawal.

Roth Contributions - Roth contributions are made by you with after-tax dollars and offer different tax advantages than before-tax contributions. The balance of your Roth contributions and any associated earnings are tax-free when you take a qualified distribution.

Vesting - Under the Follett 401(k) Retirement Plan, you are immediately vested in your own and the company's contributions.

T.Rowe Price will set up your 401(k) and provide you with a welcome kit two to four weeks after you receive your first paycheck. If you want to enroll sooner, please contact them at rps.troweprice.com or 1-800-922-9945.

Employee Contributions

Bi-Weekly Team Member Contributions

Medical

Coverage Level	Bi-Weekly Medical Contributions*					
	Basic Plan		Enhanced Plan		HRA Plan	
	< \$50K Salary	> \$50K Salary	< \$50K Salary	> \$50K Salary	< \$50K Salary	> \$50K Salary
Team Member Only	\$28.26	\$32.20	\$75.71	\$94.17	\$113.08	\$122.31
Team Member + Spouse	\$96.31	\$96.31	\$206.90	\$225.36	\$270.32	\$288.78
Team Member + Child(ren)	\$69.27	\$69.27	\$159.48	\$177.94	\$208.27	\$226.74
Family	\$150.72	\$150.72	\$296.69	\$315.15	\$381.00	\$399.46

*Commissions included in calculating salary tier; production bonuses not included in calculating salary tier

Dental

Coverage Level	Bi-Weekly Dental Contributions		
	Basic Dental PPO	Enhanced Dental PPO	DHMO
Team Member Only	\$12.81	\$16.01	\$8.28
Team Member + Spouse	\$19.41	\$25.49	\$15.76
Team Member + Child(ren)	\$26.93	\$33.65	\$17.41
Family	\$39.27	\$48.85	\$24.86

Vision

Coverage Level	Bi-Weekly Vision Contributions
	VSP Plan
Team Member Only	\$3.36
Team Member + Spouse	\$6.73
Team Member + Child(ren)	\$7.20
Family	\$11.51

Provider	Benefit	Website for Active Members	Phone	Notes
Anthem Blue Cross Blue Shield	Medical	Pre-enrollment site: enrollmentanthem.com/Follett Member site: www.anthem.com	833-728-2251	
Anthem Sydney	Medical/Prescription Cost & Quality Search	www.anthem.com	866-755-2680	
Cigna	Dental	www.cigna.com	Pre-enrollment: 800-564-7642 Members: 800-244-6224	
ComPsych	Follett EAP	www.guidanceresources.com	888-628-4824	Username: LFGSupport Password: LFGSupport1
Lincoln Financial Group	Group Accident and Critical Illness Insurance	www.lincolnfinancial.com/public/individuals	800-423-2765	
Lincoln Financial Group	Leave of Absence Reporting/Disability Claims Life Insurance EOI	www.lfg.com www.MyLincolnPortal.com	877-275-5462	
Livongo	Diabetes Management	www.join.livongo.com/register	800-945-4355	Registration Code: contentsolutions
P&A	Flexible Spending Accounts Health Savings Accounts	www.padmin.com (for online chat)	800-688-2611	
Rx Benefits	Prescription Drugs (Retail/ Mail Order)	www.rxbenefits.com	Customer Service: 866-505-6347 Home Delivery: 800-334-8134	Accredo (specialty drugs): 800-803-2523
T. Rowe Price	Retirement Savings Plan	rps.troweprice.com	800-922-9945	
VSP	Vision	www.vsp.com	800-877-7195	Network: Choice

Your specific rights to benefits under the plan are governed solely, and in the event of any discrepancy between the descriptions of the program elements as contained herein and the language of the official plan documents shall prevail as accurate. Please refer to the applicable plan documents for any benefit plan is determined by applicable plan documents and policies. The plan may be amended in the future to meet Internal Revenue Service rules or otherwise as decided by the plan administrator without express, prior permission in writing from Follett Content Solutions.

