

2025

ANNUAL ENROLLMENT

OCTOBER 14-25

SPARC
SIMON PROPERTIES AUTHENTIC RETAIL CONCEPTS

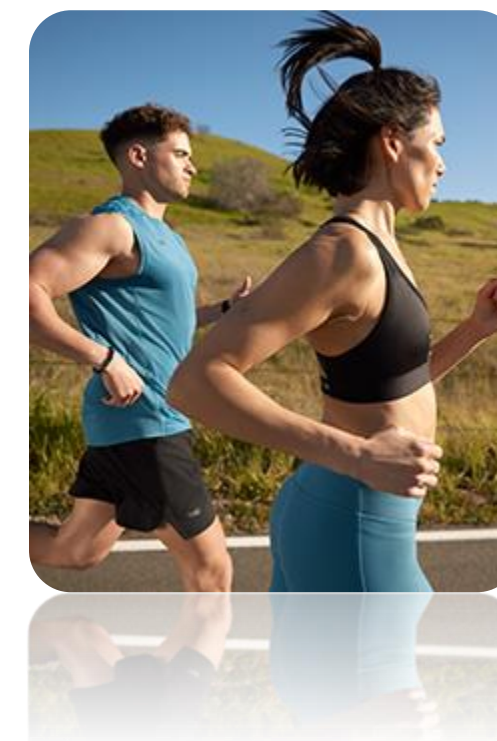
HEALTHY
Living

AÉROPOSTALE Brooks Brothers EDDIE BAUER FOREVER 21 LUCKY*BRAND NAUTICA Reebok



ANNUAL ENROLLMENT DATES - ACTIVE

- Annual Enrollment for 2025 begins on Monday, October 14 and ends on Friday, October 25
- Enrollment officially closes on Friday, October 25 at 11:59 p.m. EST
- Benefits changes made during Annual Enrollment are effective on January 1, 2025
- Changes outside of Annual Enrollment can only be made within 31 days of a Qualified Life Event



CHANGES TO LOOK OUT FOR

Changes to Medical Rates:

- Health care costs continue to rise
- SPARC is absorbing the majority of the increase
- Some rates are increasing based on plan and salary band

Salary Band	Annual Base Salary	2025 Rate Increase
Band 1	\$49,999 or less	No Increase
Band 2	\$50,000 - \$119,999	\$1.11 to \$8.53 bi-weekly
Band 3	\$120,000 or more	\$1.88 to \$14.50 bi-weekly



New Medical Plan Network Option for NH, MO, and FL Employees

- For the Essential CDHP, Standard PPO and Premium PPO, employees in Florida, New Hampshire, and Missouri will have a Select Network of providers for their in-network medical services.
- 99% of currently used provider are in the Select Network
- If you have any questions about finding care or need more details about your health plan, you can contact Member Services at **844-864-6727**, visit [anthem.com](https://www.anthem.com), or download the **Sydney Health** app.

2025 PROGRAM ENHANCEMENT AND CHANGES

Premium Plan PPO

- Out of Network (OON) Deductible increases to \$1,500/\$3,000
- Out of Network (OON) Out-of-pocket max Increases to \$7,000/\$14,000
- In Network (INN) Primary Care (PCP)/Specialist copay increases to \$30
- Emergency Room copay increases to \$300

Kaiser Plan

- New Deductible \$500/\$1000
- Out-of-pocket max increases to \$2,500/\$5,000
- Primary Care (PCP) copay decreases to \$20
- Specialist copay decreases to \$30
- Preventative Drug Prescription decreases to \$10/\$20
- Generic Drug Prescription decreases to \$30/\$60
- Brand Drug Prescription 20% copay increases max up to \$250

Health Care Spending and Savings Accounts

- HSA increases to \$4,300 for individuals and \$8,550 for families
- The 2025 contribution limit for Flexible Spending Account (FSA) is \$3,300 per year
- Remove HRA employer funding for employees in salary Band 3 (\$120,000 or more)
- Turn off the HRA auto-pay feature, claims must be remitted for reimbursement



2025 PROGRAM ENHANCEMENT AND CHANGES

Delta Dental PPO: Plan In-network (INN)

- Slight premium increase, \$0.22 to \$0.74 bi-weekly
- Increase in annual maximum to \$1,750
- Increase of coverage for Endodontics, Periodontics, Oral Surgery to 60%
- Increases of Orthodontia lifetime maximum to \$1,750

Delta Dental PPO: Out-of-Network (OON)

- Annual maximum decreases to \$1,250
- Diagnostic and Preventative services decreases to 80%
- Basic services decreases to 50%
- Endodontics, Periodontics, Oral Surgery coverage decreases to 40%
- Major, Dentures, Bridges coverage decreases to 40%
- Orthodontia lifetime maximum coverage decreases to \$1,250

Delta Dental DHMO

- Slight premium increase, \$0.15 to \$0.42 bi-weekly

EyeMed Basic Plan

- No rate increases for 2025

EyeMed Enhanced Plan

- Slight premium increase, \$0.47 to \$1.29 bi-weekly
- Contact annual allowance in buy-up plan increasing to \$250



HIGH LEVEL MEDICAL PLAN DESIGN

Essential CDHP Anthem Blue Cross Blue Shield (Low)	Standard PPO Anthem Blue Cross Blue Shield (Medium)	Premium PPO Anthem Blue Cross Blue Shield (High)	Kaiser California California Employees Only (High)
<ul style="list-style-type: none"> • In Network / Out Network Service • Lowest payroll deductions • Highest deductible • Offset by the company's Health Savings Account (HSA) contribution • Eligible for Employee Health Savings Account (HSA) contribution • Eligible for Limited Purpose Flexible Spending Account (LPFSA) • Prescription Coverage (RX) – Coinsurance After Deductible • RX Administered by Express Scripts 	<ul style="list-style-type: none"> • In Network / Out Network Service • Mid-tier payroll deductions • Lower deductible • Company funded Health Reimbursement Account (HRA), for salary bands less than \$120,000 • Eligible for Flexible Spending Account (FSA) • Prescription Coverage (RX) – Coinsurance No Deductible • RX Administered by Express Scripts 	<ul style="list-style-type: none"> • In Network / Out Network Service • Highest payroll deductions • Lowest deductible • Eligible for Flexible Spending Account (FSA) • Prescription Coverage (RX) – Copay No Deductible • RX Administered by Express Scripts 	<ul style="list-style-type: none"> • In Network Service ONLY • High payroll deductions • New Deductible • Eligible for Flexible Spending Account (FSA) • Prescription Coverage (RX) – Copay No Deductible

2025 MEDICAL PLAN EMPLOYEE CONTRIBUTIONS

	Essential CDHP		Standard PPO		Premium PPO		Kaiser HMO (CA Only)	
	Weekly	Bi-Weekly	Weekly	Bi-Weekly	Weekly	Bi-Weekly	Weekly	Bi-Weekly
If you earn less than \$50,000								
Employee Only	\$11.13	\$22.26	\$24.23	\$48.46	\$33.20	\$66.39	\$32.00	\$64.00
Employee + One	\$20.71	\$41.42	\$46.85	\$93.69	\$64.74	\$129.47	\$62.41	\$124.81
Employee + Family	\$29.51	\$59.02	\$66.75	\$133.49	\$92.23	\$184.46	\$114.86	\$229.72
If you earn \$50,000 to \$119,999								
Employee Only	\$19.03	\$38.05	\$32.92	\$65.84	\$42.43	\$84.86	\$40.90	\$81.80
Employee + One	\$35.85	\$71.69	\$63.57	\$127.13	\$82.55	\$165.09	\$79.58	\$159.16
Employee + Family	\$51.07	\$102.13	\$90.57	\$181.14	\$117.61	\$235.21	\$146.46	\$292.92
If you earn \$120,000 or more								
Employee Only	\$19.77	\$39.53	\$34.21	\$68.42	\$44.10	\$88.19	\$42.51	\$85.01
Employee + One	\$37.25	\$74.50	\$66.06	\$132.12	\$85.78	\$171.56	\$82.70	\$165.40
Employee + Family	\$53.07	\$106.14	\$94.12	\$188.24	\$122.22	\$244.43	\$152.21	\$304.42

*These rates apply to non-tobacco users. Tobacco users will not receive the \$25.00 bi-weekly or \$12.50 weekly premium discount.

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2025 MEDICAL PLAN COMPARISON CHART

	Essential CDHP		Standard PPO		Premium PPO		Kaiser HMO (CA Only)
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network	In-Network Only
Annual Deductible	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family	\$1,000 Individual \$2,000 Family	\$2,000 Individual \$4,000 Family	\$400 Individual \$800 Family	\$1,500 Individual \$3,000 Family	\$500 Individual \$1,000 Family
Out-of-Pocket Maximum (OOPM)	\$6,000 Individual \$12,000 Family	\$12,000 Individual \$24,000 Family	\$4,000 Individual \$8,000 Family	\$8,000 Individual \$16,000 Family	\$3,000 Individual \$6,000 Family	\$7,000 Individual \$14,000 Family	\$2,500 Individual \$5,000 Family
Preventive Care	No charge	50% after deductible	No charge	50% after deductible	No charge	50% after deductible	No charge
Primary Care Visit	20% after deductible	50% after deductible	20% after deductible	50% after deductible	\$30 copay	50% coinsurance	\$20 copay
Specialist Visit	20% after deductible	50% after deductible	20% after deductible	50% after deductible	\$50 copay	50% coinsurance	\$30 copay
X-rays/Lab	20% after deductible	50% after deductible	20% after deductible	50% after deductible	10% coinsurance	50% coinsurance	\$10 copay
Inpatient Hospitalization	20% after deductible	50% after deductible	20% after deductible	50% after deductible	10% coinsurance	50% coinsurance	20% coinsurance
Outpatient Hospitalization	20% after deductible	50% after deductible	20% after deductible	50% after deductible	10% coinsurance	50% coinsurance	20% coinsurance
Ambulance Services	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% coinsurance	10% coinsurance	\$150 copay
Emergency Room	20% after deductible	20% after deductible	20% after deductible	20% after deductible	\$300 copay	\$300 copay	\$200 copay after deductible
Prescription Rx annual deductible	Accrues to the medical plan deductible	N/A	Accrues to the medical plan deductible	N/A	Accrues to the medical plan deductible	N/A	Accrues to the medical plan deductible
Rx Coinsurance	After deductible: Generic Rx: You pay 20% Preferred & Non-Preferred Brand Rx: You pay 20% Specialty Rx: 30% up to \$500 maximum	N/A	Generic Rx: You pay 20% Preferred & Non-Preferred Brand Rx: You pay 20% Specialty Rx: 30% up to \$500 maximum	N/A	Generic Rx: You pay 10% Preferred & Non-Preferred Brand Rx: You pay 10% Specialty Rx: 30% up to \$500 maximum	N/A	Generic Rx: \$10 copay retail, \$20 copay mail order (for a 100-day supply) Preferred & Non-Preferred Brand Rx: \$30 copay retail, \$60 copay mail order (for a 100-day supply) Specialty Rx: 20% coinsurance (not to exceed \$250) for up to a 30-day supply
Rx Out-of-Pocket Maximum	Accrues to the medical plan OOPM	N/A	\$2,200 Individual \$4,400 Family	N/A	\$2,200 Individual \$4,400 Family	N/A	N/A

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SPENDING ACCOUNTS ADMINISTERED BY HEALTH EQUITY

Health Savings Account (HSA)	Health Reimbursement Account (HRA)	Flexible Spending Accounts (FSA)	Limited Purpose (LFSA)
<ul style="list-style-type: none"> • Enrollment with the CDHP only • Company and Employee funded • Funds carry over year to year • Entire account is portable if employee leaves the company • You may contribute up to \$4,300 (individual) or \$8,550 (family) in 2025 • At age 55, individuals can contribute an additional \$1,000 	<ul style="list-style-type: none"> • Enrollment with the Standard PPO plan only • Company funded for salary bands less than \$120,000 • Medical and Prescription expenses ONLY • Funds carry over for one year • Account is not portable 	<ul style="list-style-type: none"> • Enrollment with either PPO plans and Kaiser CA • Employee funding only • Funds do not carry over • Account is not portable unless enrolled in COBRA • You may contribute up to \$3,300 in 2025 	<ul style="list-style-type: none"> • LPFSA to be paired with a CDHP plan • Dental and vision expenses ONLY • Employee funding only • Funds do not carry over • Account is not portable unless enrolled in COBRA • You may contribute up to \$3,300 in 2025

HEALTH SAVINGS AND SPENDING ACCOUNTS

- SPARC provides funding towards the Health Savings Account (HSA) and the Health Reimbursement Account (HRA) annually
- Funding for the HSA is provided quarterly based on the annual amounts below
- If you elect the Standard PPO plan and earn less than \$120,000, you will receive an annual company contribution to a Health Reimbursement Account (HRA), which is funded at the beginning of each plan year (January 1).

Essential CDHP (HSA) Employer Contribution	Employee: \$500 Family: \$1,000
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Standard PPO (HRA) Employer Contribution	If you earn less than \$50,000	If you earn between \$50,000 & \$119,999
	Employee: \$200 Family: \$400	Employee: \$100 Family: \$200

DELTA DENTAL

Coverage	Delta Dental PPO		Delta DHMO
	In-Network	Out of Network	
Annual Deductible	\$50 individual/\$150 family	\$100 individual/\$300 family	<p>The Delta Dental DHMO offers in network services only, meaning you will not receive coverage unless the dentist participates in Delta Dental's DHMO network. The Delta Dental DHMO covers preventive cleanings at no cost twice per year.</p> <p>Other services are based on a Patient Charge Schedule. For more information, visit Delta Dental deltadentalins.com</p>
Individual Annual Maximum	\$1,750	\$1,250	
Preventive and Diagnostic	100% coverage (not subject to deductible)	80% coverage (not subject to deductible)	
Basic Restorative Care	80% after deductible	50% after deductible	
Major Restorative Care	50%* after deductible	40% after deductible	
Orthodontia	50% after deductible \$1,750 lifetime max	50% after deductible \$1,250 lifetime max	

Employee Contributions:

Coverage	Delta Dental PPO		Delta DHMO	
	Weekly	Bi-Weekly	Weekly	Bi-Weekly
Employee Only	\$3.82	\$7.64	\$2.54	\$5.07
Employee + One	\$7.12	\$14.24	\$4.36	\$8.71
Employee + Family	\$12.67	\$25.34	\$7.16	\$14.32

EYEMED VISION

Coverage	Standard		Enhanced	
	In-Network	Plus Providers	In-Network	Plus Providers
Exam with dilation	\$10 copay	\$0 copay	\$0 copay	
Contact lenses fit and follow-up	Up to \$55 allowance		Up to \$55 allowance	
Frames	\$150 allowance; 20% discount of remaining balance	\$200 allowance; 20% discount of remaining balance	\$200 allowance; 20% discount of remaining balance	\$250 allowance; 20% discount of remaining balance
Standard plastic lenses (single version)	\$10 copay		\$0 copay	
Contact lenses	Conventional: \$150 allowance; 15% off remaining amount Disposable: \$150 allowance; Member is responsible for remaining amount Medically Necessary: \$0 copay; paid in full		Conventional: \$250 allowance; 15% off remaining amount Disposable: \$250 allowance; Member is responsible for remaining amount Medically Necessary: \$0 copay; paid in full	

Employee Contributions:

Coverage	Standard		Enhanced	
	Weekly	Bi-Weekly	Weekly	Bi-Weekly
Employee Only	\$1.50	\$3.00	\$2.58	\$5.17
Employee + One	\$2.83	\$5.66	\$4.87	\$9.75
Employee + Family	\$4.14	\$8.28	\$7.14	\$14.28

BENEFITS TO PROTECT YOUR FUTURE

<p>Short-Term Disability (STD)</p>	<ul style="list-style-type: none"> • All NY, NJ, CA, and RI employees are automatically enrolled in STD coverage per state mandates • Voluntary STD must be elected in all other states (employee paid) • Salary replacement if you are unable to work due to illness, disabled due to pregnancy or injury lasting longer than seven days; maximum of 26 weeks • Amount of salary replacement will differ by years of service
<p>Core Long-Term Disability (LTD)</p>	<ul style="list-style-type: none"> • Core LTD is no cost to employees • Automatically enrolled first of the month following one month of service • Provides 50% of salary to a maximum of \$1,250 per month
<p>Voluntary Long-Term Disability (LTD)</p>	<ul style="list-style-type: none"> • Must actively elect (employee paid) • Voluntary LTD must be elected and approved by Voya • Provides 60% of monthly salary up to a maximum of \$15,000 per month

VOYA LIFE INSURANCE AND AD&D, SPOUSE, DOMESTIC PARTNER, AND CHILD LIFE

<p>Basic Life Insurance</p>	<ul style="list-style-type: none"> • Company-provided life insurance equal to 1x annual salary • Employees are automatically enrolled as a full-time employee
<p>Voluntary Life Insurance</p>	<ul style="list-style-type: none"> • Employees may elect up to an additional 5x your annual salary in Voluntary Life Insurance (max. up to \$1 million) • Coverage approval will be subject to Evidence of Insurability (EOI) if over your current elected amount
<p>Life Insurance Spouse, Domestic Partner (DP)</p>	<ul style="list-style-type: none"> • Spouse/Domestic Partner life insurance coverage can be elected in amounts of \$10,000 up to a maximum of \$100,000 • The employee is the named beneficiary for this insurance policy • Coverage approval will be subject to Evidence of Insurability (EOI) if over your current elected amount
<p>Life Insurance Child or Children</p>	<ul style="list-style-type: none"> • Available in amounts of \$2,500 up to a maximum of \$10,000 • This policy can cover multiple children with out Evidence of Insurability (EOI)

ADDITIONAL VOLUNTARY BENEFIT PLANS

<p>ARAG Legal Plan</p>	<ul style="list-style-type: none"> • Bankruptcy, Civil defense, Consumer protection, Debt matters, Divorce, Document preparation, Domestic partnership agreement, Gender identifier change, Landlord disputes...And more! • Parents and grandparents can access attorneys by phone for elder law matters such as Medicare, Social Security, estate planning, property, deeding, and consumer protection
<p>MetLife Hospital Indemnity Insurance</p>	<ul style="list-style-type: none"> • Provides lump sum benefit for each day that you are admitted to the hospital for any reason
<p>MetLife Critical Illness Insurance</p>	<ul style="list-style-type: none"> • Critical Illness Insurance provides you with a lump-sum payment if you are diagnosed with certain conditions such as cancer-related conditions, heart-related conditions, kidney failure, and major organ transplant • High (\$30K) or Low (\$15K) options available
<p>MetLife Accident Insurance</p>	<ul style="list-style-type: none"> • Provides lump sum payment for over 150 different accident events • High (\$50K) or Low (\$25K) options available
<p>ALLSTATE Identity Theft Insurance</p>	<ul style="list-style-type: none"> • This program provides comprehensive monitoring and alerts, notifications for new and emerging threats or scams, social media monitoring, IP address monitoring, and more • SPARC offers two coverage options: Pro+ or Pro+ Cyber

ADDITIONAL VOLUNTARY BENEFIT PLANS

AVAILABLE OUTSIDE OF ANNUAL ENROLLMENT

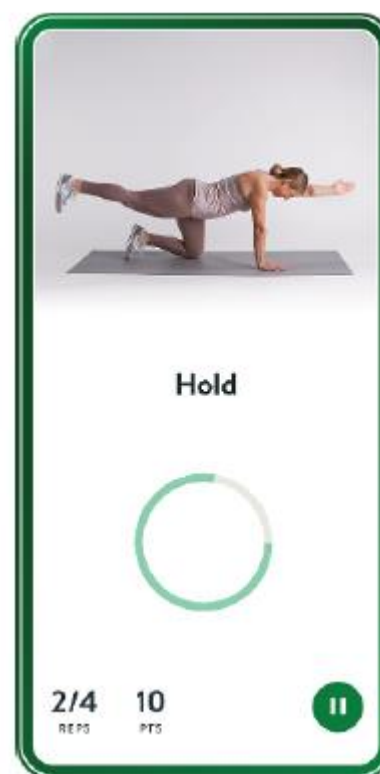
<p>Pet Insurance</p>	<p>Pet Benefit Solutions 1-800-891-2565 petbenefits.com/land/sparcgroupllc</p>
<p>Commuter Program</p>	<p>WageWorks/Heath Equity 1-877-924-3967 wageworks.com</p>
<p>Home & Auto Insurance</p>	<p>Farmers Insurance Choice 1-800-438-6381</p>
<p>Live Health Online</p>	<p>1-855-603-7985 livehealthonline.com</p>
<p>Employee Assistance Program (EAP)</p>	<p>1-866-621-0554 www.anthemEAP.com</p>

ADDITIONAL VOLUNTARY BENEFIT PLANS

AVAILABLE OUTSIDE OF ANNUAL ENROLLMENT TO ANTHEM MEMBERS

- Join Hinge Health for at-home exercise therapy—fully covered by SPARC Group!

- No copays!
- No office visits!
- No cost to you!



- With Hinge Health, you can:

- Relieve pain or improve mobility
- Recover from recent or past injuries
- Keep your joints healthy and pain-free

- For quick and access:

- Scan the QR Code, or
- Visit <http://hinge.health/sparcgroup-enroll>



DEPENDENT ELIGIBILITY VERIFICATION REQUIREMENT

- SPARC requires verification of newly enrolled eligible dependents
- The document gathering and verification process will be handled entirely internally by the SPARC Benefits Department.
- You can use Annual Enrollment to review dependent status and make changes if needed.
- Employees who are covering a dependent under a SPARC medical plan will be required to provide supporting documentation to validate that dependent's eligibility.
- Eligible dependents are defined as:
 - Legally married; same or opposite sex spouse
 - Same or opposite sex Domestic Partner
 - Biological children
 - Adopted children
 - Children of a domestic partner
- Examples of ineligible dependents are:
 - Parents
 - In-laws
 - Siblings
 - Significant other who has not been validated through a Domestic Partner Affidavit
- Any dependents who are deemed ineligible will be removed from SPARC medical plan.



DEPENDENT ELIGIBILITY VERIFICATION REQUIREMENT

- If you are enrolling a New Dependents or Domestic Partner (DP) for the first time you will be required to comply with the SPARC Dependent Verification process
- This is a one-time dependent verification process. If you have previously completed it, you will not be required to verify your dependent again.
- Additional information can be obtained on the SPARC Benefit Resources Website (www.sparcbenefits.com).
- Refer to the following documents:
 - SPARC Dependent Eligibility Verification Requirements
 - Dependent Verification Step-by-Step Guide



PTO AND SICK TIME USE REMINDER

- SPARC provides banks of both Paid Time Off (PTO) and Sick Time to eligible full-time corporate and storeline employees
- Employees are encouraged to use this time throughout the calendar year that is awarded
- Sick time can be used for more than just a sick day or doctor appointment. SPARC provides you the time to rest, de-stress, and/or seek necessary treatment
 - Sick time can be used for overall mental health and well-being, or
 - Other reasons as permitted under applicable sick leave regulation
 - (See state specific supplement for additional sick time reasons)
- Up to five (5) accrued and unused PTO days can roll over each year for use by the end of January of the following year, unless otherwise required under applicable law
- In general, sick time does not carry over; however, certain state regulations mandate that a specific number of hours be carried over to the next calendar year. For full details on state policies, visit [The SPARC Loop](#).

401K INVESTMENT AND SAVINGS PLAN

Eligibility

- You are eligible to contribute to the plan if you are at least 21 years old and have completed 500 hours of service

Your Contributions

- You may contribute between 1% and 80% of your eligible pay to your plan account, up to annual IRS limits.

SPARC Contributions

- SPARC contributes 100% of the first 1% of your contributions to the plan and 50% of the next 5%.
- Example: If you contribute 6% of each paycheck to your 401(k) account, SPARC will match up to 3.5% of it!

Vesting

- You are always 100% vested in your own contributions, including any investment gains and losses on the money.
- You become vested in company contributions after two years of service.

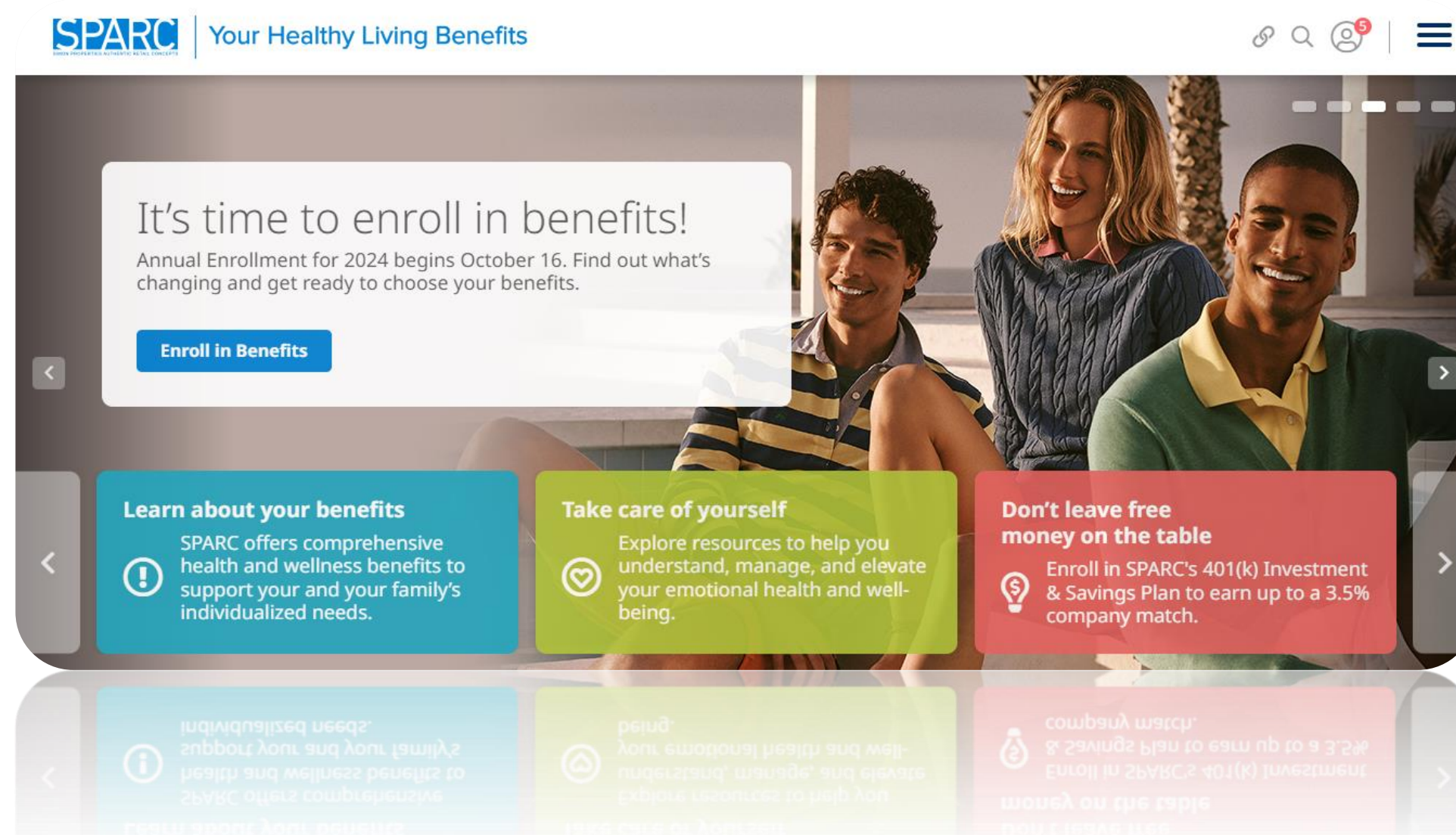
Managing Your Account

- Visit Voya Website: <https://login.voya.com/voyassoui/index.html?domain=voyaretirement.voya.com>
- Contact Member Services: 800-584-6001
- Download the Voya app for iPhone or Android
- **Voya Group number: 553009**



SPARC BENEFIT RESOURCES

- SPARC has a Benefits Portal website for all brands, providing access to information and relevant documents for the SPARC Healthy Living Benefits.
- The site includes current benefit details as well as information and documents for the 2025 Annual Enrollment.
- Benefits Portal: <https://sparcbenefits.com/>
- Benefits: benefits@sparcgroup.com
- Leave of Absence: leaves@sparcgroup.com



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