

EMPLOYEE BENEFITS GUIDE

2026



CROWN

WHAT YOU NEED TO DO

ACTIVE CROWN EMPLOYEES AT OPEN ENROLLMENT:

During Open Enrollment, make sure that you get the right coverage for 2026. Your network of providers and prescription drug coverage may have changed. It is very important that you review all of your benefit options for 2026.

An updated Spouse Eligibility Rule Form must be completed for all spouses covered under the Crown Medical Plan to determine whether or not the \$50 bi-weekly spousal surcharge will apply. This form must be completed each year and returned to the Crown Benefits Department by December 31, 2025. If a completed form is not returned, the \$50 bi-weekly spousal surcharge will be assessed.

If You Don't Make Changes

If you do not make changes to your current elections, you will default to your current coverage with the carriers offered. However, if you wish to contribute to an FSA or HSA in 2026, you must make an active election on the Crown Benefits enrollment website (crown.benefitsnow.com).

NEWLY HIRED CROWN EMPLOYEES:

You must enroll within 31 days of your hire date to receive medical, dental, vision or Flexible Spending Account (FSA) benefits. Please keep in mind, if you don't select a medical option, you won't have prescription drug coverage either. If you don't enroll, you won't have healthcare benefits.

If You Don't Enroll

If you don't enroll within 31 days of your hire date, you will not have healthcare benefits. This includes medical and prescription drug, dental, vision or a Flexible Spending Account.

MAKE YOUR ELECTIONS BY VISITING
CROWN.BENEFITSNOW.COM

ENROLLMENT STEPS

STEP 1: LEARN



- Learn more about your options by reading this Guide or exploring the benefits enrollment website
- Verify your current providers and pharmacies are in-network
- Confirm how your prescription drugs are covered in 2026

STEP 2: ENROLL



- Enrollment website: crown.benefitsnow.com
- Crown Health Benefit Service Center: **1-844-577-4341**
- Complete your 2026 benefits elections by the deadline

STEP 3: VERIFY



- Submit required dependent documentation
- Submit a completed Spouse Eligibility Rule Form if a spouse or domestic partner is enrolled in your Medical Plan
- Confirm your beneficiaries are up to date
- Verify your Confirmation Statement is correct for 2026

NEW HIRES:

You'll have 31 days from your date of hire to enroll in benefits and provide any necessary dependent documentation.

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In this Guide, we use the term Crown to refer to Crown Equipment Corporation. This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the Company. It is not a legal Plan Document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual Plan Documents will be used.

ELIGIBILITY AND ENROLLMENT



You're a valued employee of Crown, and your and your family's health and wellbeing is important. This Guide provides an overview of the valuable benefits available to you. Please read this Guide carefully in order to make the best choices for you and your family in the 2026 plan year. Consult the Crown Health Benefit Service Center with any questions at **1-844-577-4341**.

ELIGIBILITY DETAILS

You are eligible for medical, dental, vision, life, accidental death and dismemberment insurance and disability coverage if you are a regular, full-time employee.

Effective coverage dates:

- **Hourly plan** — After completion of 60 days of continuous service from your date of hire in a benefits-eligible position.
- **Salaried plan** — The first day of employment in a benefits-eligible position.
- **Hourly/Salaried plans** — You can start contributing to a Healthcare or Dependent Care Flexible Spending Account on your hire date.

An Open Enrollment period is provided each year so employees can review and change their coverage (if necessary) for the next plan year with an effective date of January 1.

Due to IRS regulations, once you have made your choices for the 2026 plan year, you won't be able to change your benefits until the next enrollment period unless you experience a Qualifying Life Event.

ELIGIBLE DEPENDENTS

You may cover eligible dependents under the benefit plans offered by Crown. Dependents who are eligible for medical, dental, vision and spouse and/or child supplemental life insurance benefits coverage include your:

- Spouse or domestic partner (defined as an unmarried person who lives with you and who satisfies the criteria listed in Crown's affidavit of domestic partnership);
- Biological children, stepchildren, legally adopted children and children for whom you are a legal guardian up to the end of the month they turn age 26;¹
- Disabled children of any age who are unmarried and rely on you for support;² or
- Domestic partner's eligible children up to the end of the month they turn age 26,¹ subject to receipt of required documentation supporting domestic partner status.

Please note, when enrolling your dependents, Crown expects you to provide accurate information and the required dependent documentation for verification purposes. It is important to ensure that only eligible dependents are enrolled in Crown coverage.

Dependent verification documentation can include, but is not limited to:

- Copy of Marriage License
- Copy of Birth Certificates
- Copy of Latest Tax Return
- Notarized Affidavit of Domestic Partnership
- Copy of Divorce Decree

¹ Coverage ends the last day of the month after dependent's 26th birthday.

² Dependents over the age of 26 are not eligible for child supplemental life insurance.

QUALIFYING LIFE EVENTS

The elections you make during Open Enrollment cannot be changed throughout the year unless you have a Qualifying Life Event. When one of the following events occurs, you have 31 days from the date of the event to notify the Crown Health Benefit Service Center and/or request changes to your coverage by requesting a life event online.

Qualifying Life Events include, but may not be limited to:

- Change in your legal marital status (marriage, divorce or legal separation)
- An event that causes you to meet (or no longer meet) the requirements for a domestic partnership
- Change in the number of your dependents (for example, through birth or adoption or if a child is no longer an eligible dependent)
- Change in your spouse or domestic partner's employment status (resulting in a loss or gain of coverage)
- Change in your employment status from full-time to part-time, or part-time to full-time, resulting in a gain or loss of eligibility
- Entitlement to Medicare or Medicaid
- Beginning of (or return from) an approved, unpaid leave of absence, in accordance with federal or state law
- Death of your spouse or dependent
- New eligibility for coverage through the Marketplace
- Change in your address or location that may affect the coverage for which you are eligible

You have 31 days from the date of the event to notify the Crown Benefits Department at crown.benefits@crowns.com that you would like to change your coverage. If supporting documentation is not provided within 60 days, you will need to wait until the next Open Enrollment period to make changes to your benefits. Your change in coverage must be consistent with your change in status.

Please direct questions regarding specific life events and your ability to request changes to the Crown Health Benefit Service Center or the Crown Benefits Department.

CONFIRM YOUR BENEFICIARIES

A beneficiary is the person/people entitled to receive the money from your Life insurance, 401(k) plan and Health Savings Account (HSA) if you pass away.

- When you designate beneficiaries for your benefits, you have the final say over who receives your death benefit.
- If you don't choose one, your state's laws determine who receives your benefit.
- It's important to check your beneficiary designations regularly, especially when big events happen in your life.

To view and/or update your beneficiaries, visit:

- Life Insurance: Visit crown.benefitsnow.com
- 401(k): Contact Merrill at benefits.ml.com or call **1-800-228-4015**
- Health Savings Account (HSA): Visit myhealth.bankofamerica.com



MEDICAL BENEFITS

Medical coverage helps maintain your wellbeing by providing preventive care, access to an extensive network of providers and prescription medication. Medical benefits are offered through Anthem and Kaiser (if you live in California, Colorado or Georgia). Choose the plan that best matches your needs. Please keep in mind that the option you elect will be in place for the entire 2026 plan year, unless you have a Qualifying Life Event.



CHOOSE YOUR COVERAGE LEVEL

With Anthem, you have several coverage levels to choose from, including:

- **Bronze:** A basic, high-deductible option with prescription drug coinsurance and Health Savings Account (HSA) eligibility
- **Bronze Plus:** A high-deductible option with prescription drug coinsurance and Health Savings Account (HSA) eligibility
- **Silver:** A preferred provider organization (PPO) option with prescription drug copays
- **Gold:** A preferred provider organization (PPO) option with prescription drug copays

Anthem offers a large national network of doctors and facilities, giving many options for care. With that network comes the resources to find in-network doctors and hospitals at [anthem.com](https://www.anthem.com).

Please keep in mind, one option isn't better than another. The best coverage level for you depends on your needs and preferences.

DO YOU LIVE IN CALIFORNIA, COLORADO OR GEORGIA?

In addition to Anthem, Kaiser will continue to be offered in California, Colorado and Georgia. The plan details are included in this Guide.

MEDICAL PREMIUMS

Premium contributions for medical coverage will be deducted from your pay on a pre-tax basis. Where you live and your level of coverage will determine your plan costs.


If you elect to cover a domestic partner on your medical, dental or vision coverages, there are state and federal laws that prohibit Crown from providing those benefits on a pre-tax basis. Therefore, that portion of your healthcare premium will be considered taxable and imputed income will be applied.

PRICE CHECKING

You will be able to see your cost when you log in to the enrollment website at crown.benefitsnow.com during enrollment.

Your medical options are based on your home ZIP code.

Important: If you think your address on record could be incorrect, check with the Crown Human Resources or Benefits Department. That way, you can be sure the right options are available to you.



Take advantage of preventive care offered by an in-network physician. This will save you time and money in the long run!

MEDICAL PLAN — ANTHEM

HOW TO FIND AN ANTHEM PROVIDER

To see a current list of Anthem network providers, visit [anthem.com](https://www.anthem.com) or call Anthem Customer Care at **1-833-835-2710** for assistance.

You can also search for in-network providers on the enrollment website ([crown.benefitsnow.com](https://www.crown.benefitsnow.com)).

ANTHEM HEALTHCARE COST TRANSPARENCY

High-Deductible Health Plans (HDHP) and tools such as Flexible Spending Accounts (FSA) have helped put the power of healthcare spending in consumers' hands. This means you have control over how your healthcare dollars are spent. With the cost of services varying widely, make sure you're making the best choice for your health and your wallet. Online tools are available through Anthem and allow plan participants to compare costs for everything from prescription drugs to major surgeries. For more information, visit [anthem.com](https://www.anthem.com).

There are no STANDARD PRICES for healthcare so charges for medical services can vary greatly — even for the same procedure, in the same area, within the same network. Make sure to use healthcare cost transparency tools to ensure the most cost-effective choice.

ANTHEM HEALTH GUIDE

The Anthem Health Guide is your one-stop shop for all your everyday benefits needs. The Health Guide is available to Crown employees enrolled in an Anthem medical plan.

Use the Anthem Health Guide to:

- Stay on top of your exams, tests or preventive screenings with reminders and help making appointments.
- Compare costs on healthcare services, find in-network doctors and more.
- Make plans to meet your health goals, like weight management, nutrition goals or tobacco cessation.
- Get advice from specialized medical professionals like dietitians or pharmacists.
- Arrange care when you need surgery or a procedure.
- Understand what to expect if you're hospitalized, and how to follow your doctor's plan for follow-up care.
- Handle a serious or complex condition and get the help needed.
- Discover other no-cost programs that can help along the way.

Reach a Health Guide by phone, online or through the mobile app:

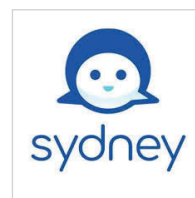
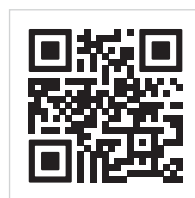
- Phone: Call the Member Services number on the back of your Anthem ID card.
- Online: Visit [anthem.com](https://www.anthem.com) to live chat.
- Mobile app: Download the Sydney Health mobile app.

ENGAGE WITH SYDNEY HEALTH

Want to access all your important medical benefits information on the go? Download the Anthem Sydney Health mobile app! The Sydney Health app is available to Crown employees enrolled in an Anthem medical plan. Your trusted healthcare resources, all in one place:

- Track your medical and pharmacy spending, claims and plan details.
- Find in-network care, costs and quality ratings.
- View and use digital ID cards.
- Chat with a nurse and Anthem representative.
- Talk to a doctor via chat or video session, and fill your prescriptions.
- View family and individual health records.

Download Sydney Health from the Apple App Store or Google Play by scanning the QR code below.



MEDICAL PLAN — ANTHEM

ANNUAL DEDUCTIBLE

The deductible is what you pay out of pocket before your insurance starts paying its share of your costs. It doesn't include the premium amounts taken out of your pay for health coverage. Here's how the deductible works if you have family coverage:

- **The Bronze Plus coverage level has a “true family deductible.”** This means that the entire family deductible must be met before your insurance will pay benefits for any covered family member. There is no “individual deductible” in this coverage level when you have family coverage.
- **The Bronze, Silver and Gold coverage levels have a traditional deductible.** Once a covered family member meets the individual deductible, your insurance will begin paying benefits for that family member. Charges for all covered family members will continue to count toward the family deductible. Once the family deductible is met, your insurance will pay benefits for all covered family members.

OUT-OF-NETWORK CHARGES

Out-of-network charges will not count toward your in-network annual deductible or out-of-pocket maximum. The same goes for in-network charges — they will not count toward your out-of-network annual deductible or out-of-pocket maximum.

ANTHEM LIVEHEALTH ONLINE

LiveHealth
ONLINE

Using LiveHealth Online, you can have a visit with a doctor on your smartphone, tablet, or computer. You don't need to make an appointment. Just sign up at livehealthonline.com or use the app, and see a board-certified doctor in a few minutes.

When your own doctor isn't available, use LiveHealth Online if you have:

- Pinkeye
- Allergies
- A cold
- A sinus infection
- The flu
- And more
- A fever

A doctor can assess your condition, provide a treatment plan, and even send a prescription to your pharmacy, if it's needed.

Your Anthem plan includes benefits for video visits using LiveHealth Online, so you'll just pay your share of the costs — usually \$55 or less.

ANNUAL OUT-OF-POCKET MAXIMUM

The out-of-pocket maximum is the most you and your covered family members would have to pay in a calendar year for healthcare costs.

- **The Bronze Plus coverage level has a “true family out-of-pocket maximum.”** This means that the entire family out-of-pocket maximum must be met before your insurance will pay the full cost of covered charges for any covered family member. There is no “individual out-of-pocket maximum” in this coverage level when you have family coverage.
- **The Bronze, Silver and Gold coverage levels have a traditional out-of-pocket maximum.** Once a covered family member meets the individual out-of-pocket maximum, your insurance will pay the full cost of covered charges for that family member. Charges for all covered family members will continue to count toward the family out-of-pocket maximum. Once the family out-of-pocket maximum is met, your insurance will pay the full cost of covered charges for all covered family members.

WHAT'S INCLUDED

The annual out-of-pocket maximum includes amounts paid toward your deductible under the Bronze, Bronze Plus, Silver and Gold options.

It doesn't include the premium amounts taken out of your pay for health coverage. If you live in California, Colorado or Georgia and you choose coverage under Kaiser, copays for certain medical benefits may not apply toward the annual out-of-pocket maximum under the Silver and Gold coverage levels.

It is important to check your plan details.





2026 ANTHEM MEDICAL BENEFITS

	MEDICAL COVERAGE LEVEL							
	BRONZE		BRONZE PLUS		SILVER		GOLD	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
ANNUAL DEDUCTIBLE								
Employee	\$3,400	\$3,400	\$2,250	\$2,250	\$1,000	\$2,000	\$600	\$1,200
Family	\$6,800	\$6,800	\$4,500	\$4,500	\$2,000	\$4,000	\$1,200	\$2,400
ANNUAL OUT-OF-POCKET MAXIMUM								
Employee	\$5,950	\$11,900	\$3,575	\$10,000	\$5,000	\$10,000	\$3,500	\$7,000
Family	\$11,900	\$23,800	\$7,150 ¹	\$20,000	\$10,000	\$20,000	\$7,000	\$14,000
BENEFITS								
Preventive Care	Covered 100%, no deductible	You pay 40% after deductible	Covered 100%, no deductible	You pay 40% after deductible	Covered 100%, no deductible	You pay 50% after deductible	Covered 100%, no deductible	You pay 40% after deductible
Doctor's Office Visit	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible	<ul style="list-style-type: none"> You pay \$30 for primary care physician (PCP) visit with no deductible You pay \$50 for specialist visit with no deductible 	You pay 50% after deductible	<ul style="list-style-type: none"> You pay \$20 for PCP visit with no deductible You pay \$35 for specialist visit with no deductible 	You pay 40% after deductible
Emergency Room	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay \$150, then 30% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 40% after deductible
Urgent Care	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 40% after deductible
Inpatient Care	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 40% after deductible
Outpatient Care	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible	If not an office visit, you pay 30% after deductible	You pay 50% after deductible	If not an office visit, you pay 20% after deductible	You pay 40% after deductible

¹\$6,850 out-of-pocket maximum for an Individual on a Family policy

All covered services are subject to medical necessity as determined by the plan. Please be aware that all out-of-network services are subject to Reasonable and Customary (R&C) Limitations.

ANTHEM PHARMACY BENEFITS



PRESCRIPTION DRUG COVERAGE FOR MEDICAL PLANS

Your Prescription Drug Program is coordinated through Anthem.

That means you will only have one ID card for both medical care and prescriptions. You may find information on your benefits coverage and search for network pharmacies by logging on to [anthem.com](https://www.anthem.com) or by calling the Customer Care number on your ID Card.

Your cost is determined by the tier assigned to the prescription drug product. All products on the list are assigned as Tier 1, Tier 2 or Tier 3.

Your prescription drug coverage can change if:

- You change your medical coverage level (e.g., Bronze, Bronze Plus, Silver, Gold)
- You change your medical carrier

Therefore, review your coverage options and the needs of you and your family in order to ensure your prescription drugs will be covered adequately before choosing your medical benefits. Additionally, confirm throughout the year that your prescription drug coverage has not changed.

Your prescription drug coverage will depend on the medical coverage level you choose. Below is an overview of the in-network coverage for each coverage level.

IN-NETWORK PHARMACY COVERAGE

PHARMACY COVERAGE LEVEL		
BRONZE, BRONZE PLUS	SILVER	GOLD
In-network	In-network	In-network
Preventive drugs (determined by the insurance carrier, as required by the Affordable Care Act)		
You pay \$0 You must have a doctor's prescription for the medication — even for products sold over the counter (OTC) — and you must use an in-network retail pharmacy or mail-order service.		

30-DAY RETAIL SUPPLY

Tier 1: Generally lowest-cost options	You pay 100% until you've met the deductible, then you pay 20%	You pay \$10	You pay \$8
Tier 2: Generally medium-cost options	You pay 100% until you've met the deductible, then you pay 20%	You pay \$40	You pay \$30
Tier 3: Generally highest-cost options	You pay 100% until you've met the deductible, then you pay 20%	You pay \$60	You pay \$50

90-DAY MAIL-ORDER SUPPLY

Tier 1: Generally lowest-cost options	You pay 100% until you've met the deductible, then you pay 20%	You pay \$25	You pay \$20
Tier 2: Generally medium-cost options	You pay 100% until you've met the deductible, then you pay 20%	You pay \$100	You pay \$75
Tier 3: Generally highest-cost options	You pay 100% until you've met the deductible, then you pay 20%	You pay \$150	You pay \$125



THINGS TO CONSIDER — ANTHEM PHARMACY BENEFITS

If you or a covered family member regularly takes medication, it is recommended that you call Anthem to determine how your prescription drug will be covered before you enroll. Simply advise the Anthem representative you're considering medical coverage offered by Crown and ask the following questions.

- **Is my drug on the formulary?**

A formulary is a list of generic and brand name drugs that are approved by the Food and Drug Administration (FDA) and are covered under your prescription drug plan. If your drug isn't on the formulary, you'll pay more for it.

- **How much will my drug cost?**

The cost of your prescription depends on how your medication is classified by your insurance carrier — either Tier 1, Tier 2 or Tier 3. The higher the tier, the more you'll pay. While generics typically cost less than brand-name drugs, insurance carriers can classify higher-cost generics as Tier 2 or Tier 3 drugs, which means you'll pay the Tier 2 or Tier 3 price for certain generic drugs.

- **Will I have to pay a penalty if I choose a brand-name drug?**

Because many brand-name drugs are so expensive, Anthem will require you to pay the copay or coinsurance of a higher tier — plus the cost difference between brand and generic drugs — if you choose a brand when a generic is available.

- **Is my drug considered “preventive” (covered 100%)?**

The Affordable Care Act (ACA) requires that certain preventive care drugs are covered at 100% when you fill them in-network — but, Anthem will determine which drugs it considers “preventive.” If a drug isn't on Anthem's preventive drug list, you'll have to pay your portion of the cost.

- **Will my doctor have to provide more information before my prescription can be approved?**

Anthem will require approval, or prior authorization, of certain medications before covering them. This may apply for costly medications that have lower-cost alternatives or aren't considered medically necessary.

- **Will I have a step therapy program?**

If this applies to one of your medications, you'll need to try using the most cost-effective version first — usually the generic. A more expensive version will only be covered if the first drug isn't effective in treating your condition.

- **Are there any quantity limits for my medication?**

Certain drugs have quantity limits (for example, a 30-day supply) to reduce costs and encourage proper use.

- **How do I take advantage of mail-order service?**

You'll need a 90-day prescription from your doctor. Because mail order can take a few weeks to establish, it's a good idea to ask your doctor for a 30-day prescription to fill at a retail pharmacy in the meantime.

KAISER MEDICAL AND PHARMACY PLAN SUMMARY FOR CALIFORNIA

You must designate a primary care physician to coordinate your care if you live in California and choose Kaiser as your insurance carrier.

	BRONZE	BRONZE PLUS	SILVER	GOLD	PLATINUM
	In-network only	In-network only	In-network only	In-network only	In-network only
ANNUAL DEDUCTIBLE					
Employee	\$3,400	\$2,250	\$750	N/A	N/A
Family	\$6,800	\$4,500 ¹	\$1,500	N/A	N/A
Coinsurance (plan pays)	80%	80%	70%	70%	100%

ANNUAL OUT-OF-POCKET MAXIMUM					
Employee	\$6,050	\$3,675	\$5,000	\$5,000	\$1,500
Family	\$12,100	\$7,350	\$10,000	\$10,000	\$3,000

MEDICAL BENEFITS					
Preventive Care	Covered 100%, no deductible		Covered 100%, no deductible	Covered 100%	Covered 100%
Doctor's Office Visit	You pay 20% after deductible		<ul style="list-style-type: none"> You pay \$30 for PCP visit You pay \$50 for specialist visit 	<ul style="list-style-type: none"> You pay \$20 for PCP visit You pay \$35 for specialist visit 	<ul style="list-style-type: none"> You pay \$20 for PCP visit You pay \$40 for specialist visit
Emergency Room	You pay 20% after deductible		You pay 30% after deductible	You pay 30% after deductible	You pay \$100
Urgent Care	You pay 20% after deductible		You pay \$30	You pay \$20	You pay \$20
Inpatient Care	You pay 20% after deductible		You pay 30% after deductible	You pay 30%	You pay \$250
Outpatient Care	You pay 20% after deductible		You pay 30% after deductible	You pay 30%	You pay \$100

¹\$3,400 deductible for an Individual on a Family policy

PHARMACY COVERAGE LEVEL					
	BRONZE, BRONZE PLUS	SILVER	GOLD	PLATINUM	

30-DAY RETAIL SUPPLY					
Generic	You pay 20% after deductible		You pay \$10	You pay \$8	You pay \$5
Brand	You pay 20% after deductible		You pay \$40	You pay \$30	You pay \$20
Specialty	You pay 20% after deductible		You pay \$40	You pay \$30	You pay \$20

90-DAY MAIL-ORDER SUPPLY					
Generic	You pay 20% after deductible		You pay \$20	You pay \$16	You pay \$10
Brand	You pay 20% after deductible		You pay \$80	You pay \$60	You pay \$40
Specialty	Not applicable		Not applicable	Not applicable	Not applicable

KAISER MEDICAL AND PHARMACY PLAN SUMMARY FOR COLORADO

You must designate a primary care physician to coordinate your care if you live in Colorado and choose Kaiser as your insurance carrier.

	BRONZE	BRONZE PLUS	SILVER	GOLD	PLATINUM
	In-network only	In-network only	In-network only	In-network only	In-network only

ANNUAL DEDUCTIBLE

Employee	\$3,400	\$3,000	\$750	\$600	None
Family	\$6,800	\$6,000	\$1,500	\$1,200	None
Coinsurance (plan pays)	80%	80%	70%	80%	80% – 100%

ANNUAL OUT-OF-POCKET MAXIMUM

Employee	\$5,950	\$3,575	\$5,000	\$3,500	\$1,500
Family	\$11,900	\$7,150	\$10,000	\$7,000	\$3,000

MEDICAL BENEFITS

Preventive Care	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible
Doctor's Office Visit	You pay 20% after deductible	<ul style="list-style-type: none"> You pay \$30 for PCP visit You pay \$50 for specialist visit 	<ul style="list-style-type: none"> You pay \$20 for PCP visit You pay \$35 for specialist visit 	<ul style="list-style-type: none"> You pay \$20 for PCP visit You pay \$35 for specialist visit
Emergency Room	You pay 20% after deductible	You pay \$150	You pay 20% after deductible	You pay \$100
Urgent Care	You pay 20% after deductible	You pay \$50	You pay \$25	You pay \$20
Inpatient Care	You pay 20% after deductible	You pay 30% after deductible	You pay 20% after deductible	You pay \$250
Outpatient Care	You pay 20% after deductible	You pay 30% after deductible	You pay 20% after deductible	You pay \$100

PHARMACY COVERAGE LEVEL

BRONZE, BRONZE PLUS

SILVER, GOLD

PLATINUM

30-DAY RETAIL SUPPLY

Generic	You pay 20% after deductible	You pay \$10	You pay \$10
Preferred Brand	You pay 20% after deductible	You pay \$40	You pay \$25
Non-Preferred Brand	You pay 20% after deductible	You pay \$60	You pay \$50
Specialty	You pay 20% after deductible	You pay 20% up to \$250 per fill	You pay 20% up to \$250 per fill

90-DAY MAIL-ORDER SUPPLY

Generic	You pay 20% after deductible	You pay \$20	You pay \$20
Preferred Brand	You pay 20% after deductible	You pay \$80	You pay \$50
Non-Preferred Brand	You pay 20% after deductible	You pay \$120	You pay \$100
Specialty	You pay 20% after deductible	You pay 20% up to \$250 per fill	You pay 20% up to \$250 per fill

KAISER MEDICAL PLAN SUMMARY FOR GEORGIA

You must designate a primary care physician to coordinate your care if you live in Georgia and choose Kaiser as your insurance carrier.

	BRONZE	SILVER	GOLD
	In-network only	In-network only	In-network only
ANNUAL DEDUCTIBLE			
Employee	\$3,400	\$750	None
Family	\$6,800	\$1,500	None
Coinsurance (plan pays)	80%	70%	70%
ANNUAL OUT-OF-POCKET MAXIMUM			
Employee	\$5,950	\$5,000	\$5,000
Family	\$11,900	\$10,000	\$10,000
MEDICAL BENEFITS			
Preventive Care	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible
Office Visit	You pay 20% after deductible	You pay \$30	You pay \$20
Specialist Visit	You pay 20% after deductible	You pay \$50	You pay \$35
Emergency Room	You pay 20% after deductible	You pay 30% after deductible	You pay 30% after deductible
Urgent Care	You pay 20% after deductible	You pay \$30	You pay \$20
Inpatient Care	You pay 20% after deductible	You pay 30% after deductible	You pay 30% after deductible
Outpatient Care	You pay 20% after deductible	You pay 30% after deductible	You pay 30% after deductible

Note: Your 2026 Kaiser GA plans are HMO plans. There is limited coverage for out-of-network services.





KAISER PHARMACY PLAN SUMMARY FOR GEORGIA

You must designate a primary care physician to coordinate your care if you live in Georgia and choose Kaiser Permanente as your insurance carrier.

PHARMACY COVERAGE LEVEL

BRONZE

SILVER

GOLD

30-DAY RETAIL SUPPLY

Generic	20% coinsurance after deductible (Kaiser Pharmacies)	You pay \$10 (Kaiser Pharmacies)	You pay \$8 (Kaiser Pharmacies)
	20% coinsurance after deductible (Network Pharmacies)	You pay \$20 (Network Pharmacies)	You pay \$18 (Network Pharmacies)
Brand Preferred	20% coinsurance after deductible (Kaiser Pharmacies)	You pay \$40 (Kaiser Pharmacies)	You pay \$30 (Kaiser Pharmacies)
	20% coinsurance after deductible (Network Pharmacies)	You pay \$50 (Network Pharmacies)	You pay \$40 (Network Pharmacies)
Specialty	Subject to applicable copay Out-of-network: Not covered	You pay \$40 (Kaiser Pharmacies) You pay \$50 (Network Pharmacies) Out-of-network: Not covered	You pay \$30 (Kaiser Pharmacies) You pay \$40 (Network Pharmacies) Out-of-network: Not covered

90-DAY MAIL-ORDER SUPPLY

Mail Order Available	2 copays per 90-day supply (Kaiser Pharmacies)	2 copays per 90-day supply (Kaiser Pharmacies)	2 copays per 90-day supply (Kaiser Pharmacies)
	Mail Order MedImpact Pharmacies: Limited to 30-day supply	Mail Order MedImpact Pharmacies: Limited to 30-day supply	Mail Order MedImpact Pharmacies: Limited to 30-day supply

HEALTH SAVINGS ACCOUNT

Take charge of your healthcare spending with a Health Savings Account (HSA). Contributions to an HSA and withdrawals for qualified medical expenses are tax-free.

WHAT IS AN HSA?

An HSA is a savings account associated with a high-deductible health insurance plan that allows employees who are enrolled to save for out-of-pocket healthcare expenses on a tax-free basis. An HSA can be used for qualified expenses, including those of your spouse and/or tax dependent(s), even if they are not covered by your plan. If you are not currently enrolled in a High-Deductible Health Plan (HDHP) but you have unused HSA funds from another account (from a previous employer), those funds can still be used for qualified medical expenses.

A debit card gives you direct access to your account balance. When you have a qualified medical expense, you can use your debit card to pay. You must have a balance in your HSA to use your debit card. There are no receipts to submit for reimbursement.

Eligible expenses include doctors' office visits, eye exams, prescription expenses, laser eye surgery and more. IRS Publication 502 provides a complete list of eligible expenses and can be found on [irs.gov](https://www.irs.gov).

Per IRS regulations, if HSA funds are used for non-qualified medical expenses and you are younger than 65, you must pay federal taxes on the amount withdrawn plus a 20% tax penalty. If HSA funds are used for non-qualified medical expenses and you are 65 or older, you must pay federal taxes on the amount withdrawn, but the 20% tax penalty will not apply.

Tax experts suggest that an HSA is a great way to save for post-retirement healthcare needs.

WHAT ARE THE BENEFITS OF AN HSA?

While no one likes taking money out of their pay, there are a number of advantages to setting aside a little money in an HSA.

- **It's tax-free when it goes in.** You can put money into your HSA on a pre-tax basis through convenient payroll contributions. Not only do you save money for qualified healthcare expenses, but your taxable income is also lowered.
- **It's tax-free as it grows.** You earn tax-free interest on your money. The interest you earn even earns interest!
- **It's tax-free when you spend it.** When you spend your HSA funds on qualified healthcare expenses, the funds remain tax-free.
- **It's your money.** Just like a bank account, you own your HSA, so it's yours to keep and use even if you change medical options, leave the company, or retire.
- **Crown offers an incentive.** If you enroll in an HSA for 2026, Crown will match your contributions up to a per pay period maximum. The Crown incentive will be deposited directly into your HSA.

EMPLOYER HSA CONTRIBUTION

	BI-WEEKLY
Employee Only	\$17
Employee + Child(ren)	\$29
Employee + Spouse	\$29
Family	\$38

- **Use investments to grow your HSA dollars.** One of the key benefits of Crown's current HSA program is the ability for you, the account holder, to invest the dollars you contribute and potentially grow your account's value over time. The following are a few key things to know as you get started:
 - » Before you can invest a portion of your HSA savings, you must have a \$1,000 account balance
 - » Investments are self-directed, giving you the control to contribute funds as you like
 - » You will manage your investments online on the Bank of America website myhealth.bankofamerica.com

ELIGIBILITY RULES

To be eligible to contribute to a Crown-sponsored HSA, you must enroll in a Bronze or Bronze Plus medical coverage level. If you're covered by a second medical plan, it must also be a high-deductible option for you to be eligible for an HSA. For example, if you're also enrolled in your spouse's coverage, that plan must be a high-deductible option too.

You can't contribute to an HSA if:

- You're enrolled in a non-high-deductible health plan.
- You're enrolled in Medicare or a veterans medical plan (TRICARE).
- You're claimed as a dependent on someone else's federal tax return.
- You or your spouse currently participate in a general purpose Healthcare Flexible Spending Account (Healthcare FSA).

Although you can enroll your children up to age 26 in your medical coverage, you can't use money from your HSA to pay their healthcare expenses unless you claim them as dependents on your federal income taxes (typically children up to age 19 or under age 24, if they are full-time students).

If you have an HSA and Healthcare FSA:

- In order to contribute to an HSA, your Healthcare FSA must be "limited purpose" and can only be used to pay for qualified dental and vision expenses.
- Your HSA can be used for qualified medical, dental and vision expenses.

If you currently have money in a General Purpose Healthcare FSA and you want to contribute to an HSA in the next plan year, you must use all of your Healthcare FSA money by December 16, 2025, or you won't be eligible to contribute to an HSA until April 1, 2026 (the end of the 2.5-month grace period).

Additional details regarding the FSA options are available on page 22 of this Guide.

YOU DECIDE HOW MUCH YOU WANT TO SAVE

If you are enrolled in a Bronze or Bronze Plus plan, you have access to an HSA. This is your personal bank account that works with your medical plan.

You can decide whether to enroll in an HSA, subject to IRS guidelines, and how much you want to save when you enroll. You can change the amount you have deducted at any time throughout the year by accessing the Crown Benefits Enrollment website at crown.benefitsnow.com.

ALREADY HAVE AN HSA? OR A HEALTHCARE FSA?

If you currently have money in another HSA, you can continue to use it to pay for qualified medical expenses.

Additionally, you may be wondering:

- How is an HSA different from a Healthcare FSA? See page 25 in this Benefits Guide for a comparison chart.
- Would I want to use both an HSA and a Health Care FSA? See the information on the Limited Purpose FSA on page 22 of this Benefits Guide.

You can get more answers to questions like these in the FAQs.

HSA FUNDING LIMITS

Each year, the IRS places a limit on the maximum amount that can be contributed to HSA accounts. For 2026, contributions (which include employee and employer contributions) are limited to the following:

HSA FUNDING LIMITS	
Individual	\$4,400
Family	\$8,750
Catch-Up Contribution (ages 55+)	\$1,000

HSA contributions in excess of the IRS annual contribution limits (\$4,400 for individual coverage and \$8,750 for family coverage for 2026) are not tax deductible and are generally subject to a 6% excise tax.



DID YOU KNOW?

It is important to designate a beneficiary for your HSA so there is no question as to your intentions. You can change your beneficiaries at any time on the Bank of America website (myhealth.bankofamerica.com). If you die and have no beneficiaries on file, the money in your HSA may — or may not — reach the individual(s) you want to receive the benefit. Remember to name a primary and contingent (secondary) beneficiary for your HSA.

REMINDER: FSA and HSA contribution elections do not roll over from year to year. These plans require an active election each year. If you wish to contribute to an FSA or HSA in 2026, you must make an active election on the Crown Benefits Enrollment website (crown.benefitsnow.com).

DENTAL BENEFITS

Regular dental checkups do more for your wellbeing than just preserve a healthy smile. Crown's dental coverage will provide you and your family affordable options for overall health. Coverage is available through the national carrier, Delta Dental.

CHOOSE YOUR COVERAGE LEVEL

You have several coverage levels to choose from, including:

- **Bronze:** A basic PPO option that covers in- and out-of-network care (you'll receive a discounted rate with in-network providers) but does not cover major services or orthodontic expenses.
- **Silver:** A PPO option that covers in- and out-of-network care (you'll receive a discounted rate with in-network providers), including coverage for major services and orthodontic expenses for children up to age 19.
- **Gold:** A PPO option that covers in- and out-of-network care (you'll receive a discounted rate with in-network providers), including coverage for major services and orthodontic expenses for children and adults.

PAYING FOR COVERAGE

You'll pay the cost of dental coverage with pre-tax dollars. How much you pay is based on:

- **The amount of your contribution from Crown.** All eligible employees will receive a Crown contribution toward the cost of coverage. You'll be able to see your price options for coverage when you enroll through the Benefits Enrollment website at crown.benefitsnow.com.
- **The dependents you cover.** You can enroll any combination of you, your spouse and/or your children in the coverage.

CHOOSE THE RIGHT OPTION

- If you choose to use a dentist who doesn't participate in the plan's networks, PPO or Premier, your out-of-pocket costs will be higher. To find a network dentist, visit the Delta Dental website at deltadentaloh.com.





DENTAL PLAN SUMMARY

The chart below gives a summary of the 2026 dental coverage provided by Delta Dental.

ANNUAL DEDUCTIBLE AND PLAN LIMITS

The deductible is what **you** pay out-of-pocket before your insurance starts paying its share of your costs (for applicable services). The annual maximum is the most the insurance carrier will pay in a year for dental costs per covered person. The orthodontia lifetime maximum is the total amount the insurance carrier will pay per person.

IN-NETWORK DENTAL BENEFITS

		DENTAL COVERAGE LEVEL		
		BRONZE	SILVER	GOLD
ANNUAL DEDUCTIBLE				
Employee		\$100	\$100	\$50
Family		\$300	\$300	\$150
ANNUAL MAXIMUM (excludes orthodontia)				
Per Person		\$1,000	\$1,500	\$2,000
ORTHODONTIA LIFETIME MAXIMUM				
		Not covered	\$1,500 per child	\$2,000 per person
IN-NETWORK BENEFITS				
Preventive Care		Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible
Minor Restorative Care (e.g., root canal treatment, gum disease treatment, oral surgery)		You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible
Major Restorative Care (e.g., implants, dentures)		Not covered	You pay 40% after deductible	You pay 20% after deductible
Orthodontia		Not covered	You pay 50%, no deductible; children up to age 19 only	You pay 50%, no deductible; for children and adults



DO YOUR HOMEWORK

If you elect dental coverage, there are two Delta Dental networks — PPO and Premier. Although the benefits are the same for both, you may have to pay more if your dentist is only a part of the Premier network. You can save more by seeing a Delta Dental dentist who participates in both the PPO and Premier networks.

The percentages shown above indicate the amount that will be paid by the plan for those services. The amount covered may be less than the total cost, and you are responsible for paying the difference.



OUT-OF-NETWORK COVERAGE

When you receive services from a non-participating dentist, your coverage will only pay a portion of the cost.

VISION BENEFITS

Even those with perfect eyesight should have their vision checked on a regular basis. To ensure that you and your family have access to quality vision care, Crown offers a comprehensive vision benefit provided by the national carrier, Vision Service Plan (VSP).



CHOOSE YOUR COVERAGE LEVEL

You have several coverage levels to choose from, including:

- **Bronze:** Exam-only option that provides in-network discounts for certain materials
- **Silver:** A PPO option that covers in- and out-of-network care
- **Gold:** A PPO option that covers in- and out-of-network care

PAYING FOR COVERAGE

You'll pay the cost of vision coverage with pre-tax dollars. How much you pay is based on the dependents you cover. You can enroll any combination of you, your spouse and your children in the coverage.

EYECONIC

As an added benefit, you can shop online 24/7 for designer frames with your VSP discount by going to [eyeconic.com](https://www.eyeconic.com). Eyeconic works with your doctor to make sure your prescription fittings are correct.

Eyeconic eyewear offers:

- More than 1,000 styles of prescription eyewear and sunglasses
- The most popular brands of contact lenses
- A virtual try-on tool
- Safe and secure transactions



DID YOU KNOW?

Eye doctors are often the first healthcare professionals to detect chronic systemic diseases such as high blood pressure and diabetes.

ACCESSING VSP

Download the VSP mobile app from the Apple App Store and Google Play to find an in-network provider, view ID cards and more.



LIGHTCARE ENHANCEMENT

You can use your frame allowance toward non-prescription blue-light-filtering glasses or sunglasses. They must be from the doctor's frame board or Eyeconic.



VISION PLAN SUMMARY

This chart gives a summary of the 2026 vision coverage provided by VSP. All out-of-network services are subject to Reasonable and Customary (R&C) Limitations.

IN-NETWORK VISION BENEFITS

	VISION COVERAGE LEVEL		
	BRONZE	SILVER	GOLD
Routine Vision Exam (once per plan year)	Covered 100%	You pay \$20	You pay \$10
Frames (once per plan year)	Discount may apply	\$110 allowance ¹	\$200 allowance ¹
LENSES (once per plan year; premium lenses may cost more)			
Single	Discount may apply	You pay \$20	You pay \$10
Bifocal	Discount may apply	You pay \$20	You pay \$10
Trifocal	Discount may apply	You pay \$20	You pay \$10
Standard Progressive ²	Discount may apply	You pay \$20	You pay \$10
Lenticular	Discount may apply	You pay \$20	You pay \$10
LENS ENHANCEMENTS			
UV Treatment	Discount may apply	You pay \$16	You pay \$16
Tint (solid and gradient)	Discount may apply	You pay \$15	You pay \$15
Standard Plastic Scratch-Resistant Coating	Discount may apply	You pay \$17	You pay \$17
Standard Anti-Reflective Coating	Discount may apply	You pay \$41	You pay \$41
Standard Polycarbonate (adults)	Discount may apply	You pay \$31-\$35	You pay \$10
Standard Polycarbonate (children)	Discount may apply	You pay nothing	You pay nothing
Other Add-Ons	Discount may apply	Discount only	Discount only
CONTACT LENSES			
Medically Necessary	Not covered	You pay \$20	You pay \$10
Elective	Not covered	\$110 allowance ¹	\$200 allowance ¹
Fit and Evaluation	Discount may apply	You pay \$20	You pay \$10
LASER SURGERY			
Examination	15% off regular price or 5% off promotional price	15% off regular price or 5% off promotional price	15% off regular price or 5% off promotional price

¹Allowance can be used for frames or elective contact lenses, but not both.

²Vision benefits are for standard progressives. Enhanced progressives may cost more.

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax payroll contributions to pay for out-of-pocket expenses. Each year, you have the option of enrolling in the following FSAs – Healthcare FSA and Dependent Care FSA.

HEALTHCARE FLEXIBLE SPENDING ACCOUNT

You can contribute up to \$3,300 per year to pay for eligible medical, prescription drug, dental and vision expenses.

You can enroll in a Healthcare FSA regardless of whether you elect or waive medical coverage.

LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT

If you enroll in the Bronze or Bronze Plus medical plan option and elect to participate in an HSA, you can also elect a Healthcare FSA. Your Healthcare FSA will become “limited purpose” and can be used for qualified dental and vision expenses only.

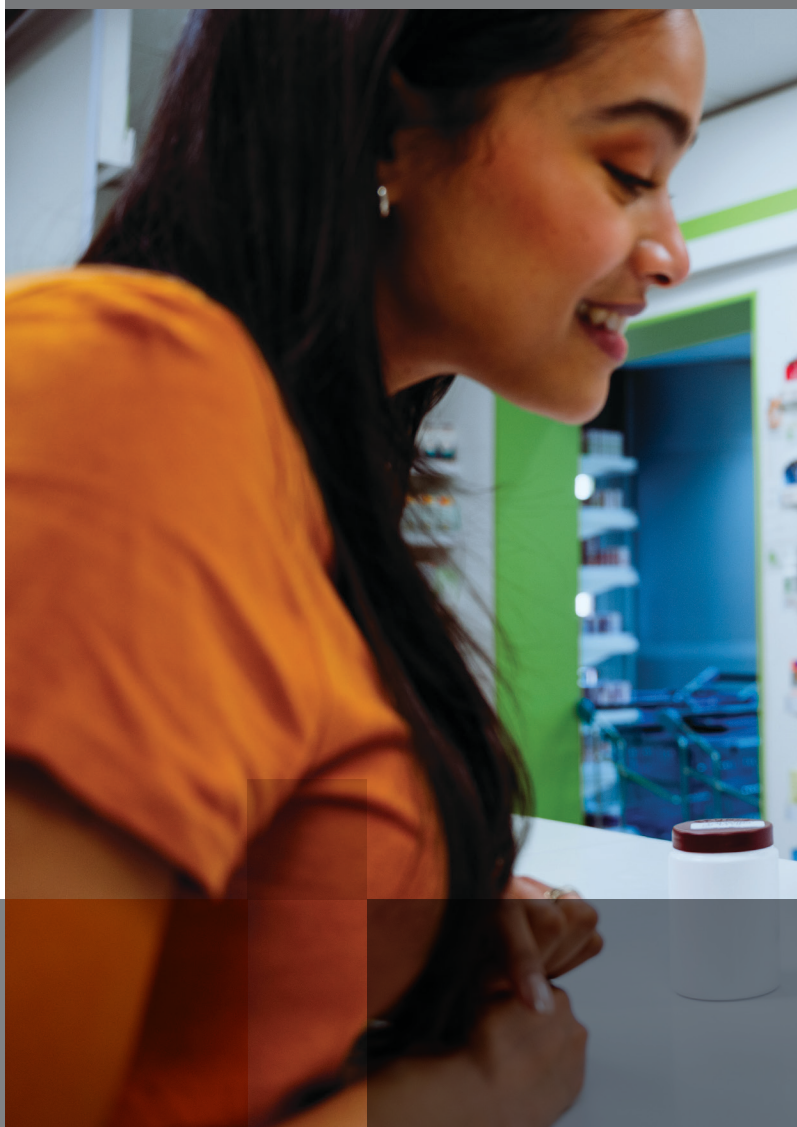
HOW A FLEXIBLE SPENDING ACCOUNT WORKS

- If you choose to participate in a flexible spending account, carefully estimate the amount of eligible expenses you might incur during the plan year in order to determine how much you need to set aside out of each 2026 paycheck.
- You cannot change the amount you contribute during the year unless you have a Qualifying Life Event.
- The amount you choose to contribute will be deducted from your pay in equal amounts during the plan year on a pre-tax basis.
- As you incur eligible healthcare expenses, you can use an FSA debit card to pay for expenses at the point of service, directly from your FSA, or pay for them out of your own pocket and submit a claim form to reimburse yourself from one or both accounts.
- For a list of eligible healthcare expenses, review the IRS publication at [irs.gov/publications/p502](https://www.irs.gov/publications/p502).

FSA FUNDING LIMITS

Healthcare FSA	\$3,300
Dependent Care FSA (married filing separate tax returns)	\$3,750
Dependent Care FSA (family)	\$7,500

Your FSA money can cover the cost of going to a chiropractor or acupuncturist, if your insurance doesn't already cover it.



FSA RULES AND RESTRICTIONS

- “Use it or lose it.” You can’t carry over an FSA balance from year to year, so estimate your annual contributions carefully.
- Money can’t be transferred between the Healthcare and Dependent Care FSA for reimbursement.
- You can’t stop or change your FSA contributions during the plan year unless you have an applicable Qualifying Life Event.
- You must make an election to participate in an FSA each year during Open Enrollment.
- When you enroll in your FSA, be sure to select the right account — Healthcare and/or Dependent Care.
- Due to federal regulations, expenses for your domestic partner and your domestic partner’s children may not be reimbursed under the FSA programs. Please check with your tax advisor to determine if any exceptions apply to you.



HOW TO USE AN FSA

When you enroll in an FSA, you will receive a Bank of America Health and Benefit Account Visa debit card. You can use your FSA debit card at locations such as doctor and dentist offices, pharmacies and vision service providers. The card cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The swipe transaction will be denied if you attempt to use the card at an ineligible location.

If you do not use your FSA debit card when you incur an eligible expense, you can submit a claim online along with the required documentation to request reimbursement. If you have a question about a reimbursement, contact Bank of America. Should you need to submit a receipt, you will receive an email or be mailed a receipt notification from Bank of America. You should always retain a receipt for your records.

The 2026 Plan runs January 1, 2026, through March 15, 2027.

- Eligible expenses for 2026 must be postmarked by May 31, 2027, and incurred from January 1, 2026, through March 15, 2027.
- If you do not use your FSA balance for expenses incurred from January 1, 2026, through March 15, 2027, you will lose any remaining funds. Unused FSA balances will be used to offset the administrative expenses of the plan.
- Eligible expenses can be submitted for reimbursement for eligible dependents even though they are not enrolled in a Crown-sponsored healthcare plan.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. This means that you must always keep receipts and Explanation of Benefits (EOBs) for any debit card charges and submit them to Bank of America as proof of the qualified expense. Not providing proof that an expense was valid can result in your card being turned off and your expense being deemed taxable.

REMINDER: FSA and HSA contribution elections do not roll over from year to year. These plans require an active election each year. If you wish to contribute to an FSA or HSA in 2026, you must make an active election on the Crown Benefits Enrollment website ([crown.benefitsnow.com](https://www.crownbenefitsnow.com)).

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA as well — whether or not you elect any other benefits. The Dependent Care FSA allows you to set aside pre-tax funds to help pay for expenses associated with caring for child or elder dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is deposited in your account at that time.

- With the Dependent Care FSA, you are allowed to set aside up to \$7,500 (or \$3,750 if married filing separate tax returns) per year to pay for eligible out-of-pocket child or eldercare expenses on a pre-tax basis.
- Eligible dependents include children younger than the age of 13 and dependents of any age who are incapable of caring for themselves.
- Expenses are reimbursable as long as the provider is not anyone considered your dependent for income tax purposes.
- In order to be reimbursed, you must provide the tax identification number or Social Security number of the party providing care.
- Your dollars cannot be transferred from one FSA to another.
- You cannot participate in a Dependent Care FSA and claim a dependent care tax deduction at the same time.
- You must “use it or lose it” – any unused funds will be forfeited.
- Your FSA election can only be made during Open Enrollment.
- You cannot change your FSA election in the middle of the plan year unless you experience a Qualifying Life Event like marriage, divorce or birth of a child.
- The 2026 Plan runs January 1, 2026, through March 15, 2027.
- Eligible expenses for 2026 must be postmarked by May 31, 2027, and incurred from January 1, 2026, through March 15, 2027.
- If you do not use your Dependent Care FSA balance for expenses incurred from January 1, 2026, through March 15, 2027, you will lose any remaining funds. Unused FSA balances will be used to offset the administrative expenses of the plan.

ELIGIBLE DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT EXPENSES

This account covers dependent daycare expenses that are necessary for you and your spouse to work or attend school full-time. The dependent must be a child younger than the age of 13 and claimed as a dependent on your federal income tax return, or a disabled dependent who spends at least eight hours a day in your home.

Examples of eligible dependent care expenses include:

- In-home babysitting services (not by an individual you claim as a dependent)
- Care of a preschool child by a licensed nursery or daycare provider
- Before- and after-school care
- Day camp
- In-house dependent day care
- For a list of eligible dependent care expenses, review the IRS publication at [irs.gov/publications/p503](https://www.irs.gov/publications/p503)

Due to federal regulations, expenses for your domestic partner and your domestic partner’s children may not be reimbursed under the FSA programs. Please check with your tax advisor to determine if any exceptions apply to you.



REMINDER: FSA and HSA contribution elections do not roll over from year to year. These plans require an active election each year. If you wish to contribute to an FSA or HSA in 2026, you must make an active election on the Crown Benefits Enrollment website ([crown.benefitsnow.com](https://www.crownbenefitsnow.com)).

FSA VS. HSA: WHICH IS RIGHT FOR YOU?

Flexible Spending Accounts (FSAs) and Health Savings Accounts (HSAs) are two ways to save pre-tax money to pay for your eligible healthcare costs. How do you know which one is right for you?

	FSA	HSA
Ownership	The FSA is owned by your employer. If you leave your employer, you lose access to the account unless you have a COBRA right.	The HSA is an account owned by you. It is a savings account in your name, and you always have access to the funds, even if you leave your employer.
Eligibility & Enrollment	The employer determines eligibility for an FSA. You cannot make changes to your contribution during the plan year without a Qualifying Life Event.	You must be enrolled in a qualified High-Deductible Health Plan to be eligible to contribute money to your HSA. You cannot be covered by a spouse's non-high-deductible plan or enrolled in Medicare or TRICARE. You can change your contribution at any time during the plan year. Your change will be effective the first of the following month.
Taxation	Contributions are tax-free.	The money in the account is "triple tax-free," meaning: 1. Contributions are tax-free. 2. The account grows tax-free. 3. Funds are spent tax-free (if used for qualified expenses).
Contributions	You can contribute to the account according to IRS limits. The contribution limit for 2026 is \$3,300.	Both you and your employer can contribute to the account according to IRS limits. The contribution limit for 2026 is \$4,400 for individuals and \$8,750 for families. This amount includes employee and employer contributions. If you are 55 or older, you may make a "catch-up" contribution of \$1,000 per year.
Grace Period	You must use the money in the account by the end of the plan year; however, there is a 2.5-month grace period after the end of the plan year for any extra expenses to be incurred and reimbursed. Any unclaimed funds at the end of the grace period are lost and are used to offset administrative expenses of the plan.	The money in the account rolls over from year to year. Funds are always yours and may be used for future qualified expenses.
Qualified Expenses	Physician services, hospital services, prescriptions, dental care and vision care. A full listing of eligible expenses is available at irs.gov .	Physician services, hospital services, prescriptions, dental care, vision care, Medicare Part D plans, COBRA premiums and long-term care premiums. A full listing of eligible expenses is available at irs.gov .
Other Types	<p>Other types of FSAs include:</p> <ul style="list-style-type: none"> • Dependent Care FSA – Allows you to set aside pre-tax dollars for child or elder dependent care and covers expenses such as babysitting, daycare and before- and after-school care. Contribution Limit: \$3,750 married filing separate tax returns or \$7,500 family • Limited Use FSA – Covers eligible dental and vision expenses. Limited Use FSAs are typically offered in conjunction with an HSA, as the IRS does not allow someone to have a general purpose Healthcare FSA and an HSA. 	There is only one type of HSA.



DID YOU KNOW?

A General Purpose FSA covers all eligible medical, dental, vision and pharmacy expenses when elected, regardless of whether you elect or waive the medical coverage. A Limited Purpose FSA only covers eligible dental and vision expenses when used with an HSA.

HOURLY LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Protect your loved ones. Choose the amount of Life insurance that is right for you and your family.

BASIC LIFE INSURANCE

Your Basic Life insurance benefit is \$45,000. Crown provides this coverage to you at no cost as long as you remain an eligible employee.

The Life insurance plan is administered by New York Life.

Note: Plan is subject to coverage reductions beginning at age 70.

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

Your Basic AD&D benefit is \$45,000. Crown provides this coverage to you at no cost as long as you remain an eligible employee. This benefit amount is in addition to your Basic Life insurance benefit.

The AD&D benefit protects your family financially in the event of a tragic accident or accidental death.

The AD&D plan is administered by New York Life.

Note: You are the beneficiary if you're seriously injured as the result of an accident. The benefit paid is based on a percentage of your AD&D coverage amount, depending on your type of loss. Plan is subject to coverage reductions beginning at age 70.

CHOOSE YOUR BENEFICIARIES

A beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under the Basic Life insurance benefits provided by Crown. You can receive the benefits payment in the event of a dependent's death if you have elected the Supplemental Life policy with New York Life.

Make sure your beneficiary designation is clear so there is no question as to your intentions, and remember to name a primary and contingent (secondary) beneficiary.

When naming your beneficiary(ies), please indicate their:

- Full name
- Address
- Social Security number
- Relationship to you
- Date of birth
- Distribution percentage

You can change beneficiaries at any time. If you die and have no beneficiaries on file, the benefits may — or may not — reach the individual(s) you want to receive the benefits. The result could be a significant delay in payment during an already challenging time for your loved ones.

Please note that in most states, benefits payments cannot be made to an individual younger than 18. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches majority age at 18.

If you name more than one beneficiary with unequal shares, please list the amount of insurance to be paid to each beneficiary in percentages. If you need assistance, contact the Crown Health Benefit Service Center or your own legal counsel.

To view and/or update your beneficiaries, visit crown.benefitsnow.com.



HOURLY DISABILITY COVERAGE

Disability benefits can help if your injury or illness is preventing you from working.

SHORT-TERM DISABILITY

Short-Term Disability (STD) benefits replace a portion of your income if you're unable to work due to a pregnancy or a non-work-related illness or injury. Crown provides STD coverage for you at no cost. Crown-paid STD provides a benefit equal to 50% of your weekly earnings. The maximum duration of benefits is the entire period of disability, up to 26 weeks. For more information about your STD benefits, contact a Crown Leave Administrator at [1-800-937-6601](tel:1-800-937-6601) or LeaveAdministrator@crowns.com.

PARENTAL LEAVE

Paid Parental Leave is available to all full-time, benefit-eligible employees. This program provides 100% pay for up to 1 week following the birth or adoption of a child. Child must be born or adopted while the parent is a Crown employee. Parental Leave can be used anytime within 90-days of the birth or adoption and applies to both primary and secondary caregivers. Contact a Crown Leave Administrator at [1-800-937-6601](tel:1-800-937-6601) or LeaveAdministrator@crowns.com for more information.

VOLUNTARY LONG-TERM DISABILITY

Crown provides you the option to enroll in and purchase voluntary Long-Term Disability (LTD) coverage at competitive group rates. Your premium is based on your age and wage and is deducted from your pay on an after-tax basis. If you enroll and become disabled and meet the plan's definition of disability, you will be eligible to receive an LTD benefit equal to 60% of your monthly base earnings. The maximum LTD benefit is \$5,000 per month — payable up to the plan's maximum defined period of payment. LTD benefits are subject to federal, state, and local income taxes. Any income tax liability will be determined on an individual basis and is always the responsibility of the disability claimant.

You are eligible to enroll at any time, but you will be subject to Evidence of Insurability (EOI) if you enroll more than 31 days from your date of eligibility.

LTD benefits may be reduced by other income you're receiving such as Social Security benefits, Workers' Compensation, state or federal disability benefits, or any retirement benefits.

Certain exclusions, along with pre-existing condition limitations, may apply.



SALARIED LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Protect your loved ones. Choose the amount of Life insurance that is right for you and your family.

BASIC LIFE INSURANCE

Your Basic Life insurance benefit is:

- **Salaried Non-Commissioned:** Two (2) times your annual earnings, rounded to the next higher \$10,000 if not already a multiple of \$10,000 (\$50,000 minimum amount/\$400,000 maximum amount)
- **Salary Plus Commissioned and Straight Commissioned:** Two (2) times the sum of your current base salary, plus prior year commissions, rounded to the next higher \$10,000 (\$100,000 minimum/\$400,000 maximum)

Crown provides this coverage to you at no cost as long as you remain an eligible employee.

The Life insurance plan is administered by New York Life.

Note: Plan is subject to coverage reductions beginning at age 70.

BASIC ACCIDENTAL DEATH AND DISMEMBERMENT

Your Basic Accidental Death and Dismemberment (AD&D) benefit is:

- **Salaried Non-Commissioned:** Two (2) times your annual earnings, rounded to the next higher \$10,000 if not already a multiple of \$10,000 (\$50,000 minimum amount/\$400,000 maximum amount)
- **Salary Plus Commissioned and Straight Commissioned:** Two (2) times the sum of your current base salary, plus prior year commissions, rounded to the next higher \$10,000 (\$100,000 minimum/\$400,000 maximum)

Crown provides this coverage amount to you at no cost as long as you remain an eligible employee. This benefit is in addition to your Basic Life insurance benefit. The AD&D benefit protects your family financially in the event of a tragic accident or accidental death.

The AD&D plan is administered by New York Life.

Note: You are the beneficiary if you're seriously injured as the result of an accident. The benefit paid is based on a percentage of your AD&D coverage amount, depending on your type of loss. Plan is subject to coverage reductions beginning at age 70.

CHOOSE YOUR BENEFICIARIES

A beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under the Basic Life insurance benefits provided by Crown. You can receive the benefit payment in the event of a dependent's death if you have elected the Supplemental Life policy with New York Life.

Make sure your beneficiary designation is clear so there is no question as to your intentions, and remember to name a primary and contingent (secondary) beneficiary.

When naming your beneficiary(ies), please indicate their:

- Full name
- Address
- Social Security number
- Relationship to you
- Date of birth
- Distribution percentage

You can change beneficiaries at any time. If you die and have no beneficiaries on file, the benefit may — or may not — reach the individual(s) you want to receive the benefit. The result could be a significant delay in payment during an already challenging time for your loved ones.

Please note that in most states, benefit payments cannot be made to an individual younger than 18. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches majority age at 18.

If you name more than one beneficiary with unequal shares, please list the amount of insurance to be paid to each beneficiary in percentages. If you need assistance, contact the Crown Health Benefit Service Center or your own legal counsel.

To view and/or update your beneficiaries, visit crown.benefitsnow.com.



SALARIED DISABILITY COVERAGE

Disability benefits can help if your injury or illness is preventing you from working.

SALARY CONTINUATION

Salary Continuation continues your income if you're unable to work due to pregnancy or a non-work-related illness or injury. Crown provides Salary Continuation for you at no cost (straight commission employees, refer to the disability insurance information in your Sales Agreement for coverage information). For more information about your Salary Continuation, contact a Crown Leave Administrator at [1-800-937-6601](tel:1-800-937-6601) or LeaveAdministrator@crowns.com.

LONG-TERM DISABILITY INSURANCE

Crown provides basic Long-Term Disability (LTD) coverage at no cost to you. The basic LTD provides a benefit equal to 60% of your basic monthly earnings. The maximum LTD benefit is \$6,500 per month — payable up to the plan's maximum defined period of payment.

Approved LTD benefits start when your Salary Continuation benefits end — providing you a portion of your income while you remain disabled.

LTD benefits may be reduced by other income you're receiving such as Social Security benefits, Workers' Compensation, state or federal disability benefits, or any retirement benefits.

Certain exclusions, along with pre-existing condition limitations, may apply.

BUY-UP LONG-TERM DISABILITY

You are eligible to purchase additional LTD coverage if your annual salary is in excess of \$130,000. If purchasing additional LTD coverage, you can insure up to \$300,000 of annual salary. If you should become disabled, your monthly LTD benefit will be 60% of eligible income up to a maximum of \$15,000 per month. LTD benefits may be reduced by other income you're receiving, such as Social Security benefits, Workers' Compensation, state or federal disability benefits, and any retirement benefits. Premiums are deducted on an after-tax basis.

You are eligible to enroll at any time, but you will be subject to Evidence of Insurability (EOI) if you enroll more than 31 days from your date of eligibility.

Certain exclusions, along with pre-existing limitations, may apply.

PARENTAL LEAVE

Paid Parental Leave program is available to all full-time, benefit eligible employees. This program provides 100% pay for up to 1 week following the birth or adoption of a child. Child must be born or adopted while the parent is a Crown employee. Parental Leave can be used any time within 90-days of the birth or adoption and applies to both primary and secondary caregivers. Contact a Crown Leave Administrator at [1-800-937-6601](tel:1-800-937-6601) or LeaveAdministrator@crowns.com for more information.

HOURLY AND SALARIED SUPPLEMENTAL LIFE INSURANCE

If you have a lot of financial obligations, you may need more than Basic Life insurance to protect your family's financial future. You have the option to purchase additional Life insurance on yourself and eligible family members — at the coverage level of your choice. Premiums are deducted from your pay on an after-tax basis.

You have 31 days from your date of eligibility to enroll to be eligible for the Guaranteed Issue amount of Life insurance. The Guaranteed Issue amount of coverage you may elect without having to provide proof of good health is equal to \$150,000.

You are eligible to enroll at any time, but you will be subject to Evidence of Insurability (EOI) if you enroll more than 31 days from your date of eligibility.

CHOOSE YOUR COVERAGE LEVEL

	BENEFIT AMOUNT ¹
SUPPLEMENTAL LIFE INSURANCE	1x base pay
	2x base pay
	3x base pay
	4x base pay
	5x base pay
	\$10,000 minimum amount/ \$500,000 maximum amount

¹Rounded to the next higher \$10,000 if not an even multiple thereof

DEPENDENT SUPPLEMENTAL LIFE INSURANCE

You have the option to purchase Dependent Life insurance for your spouse and eligible children. You are automatically the beneficiary for this/these coverage(s).

In order to elect coverage on your spouse or children, you must also elect Employee Supplemental Life coverage.

If enrolling in coverage, remember to designate your beneficiaries at crown.benefitsnow.com.

CHOOSE YOUR COVERAGE LEVEL

	BENEFIT AMOUNT
SPOUSE LIFE INSURANCE	\$10,000 minimum coverage amount to a maximum coverage amount of \$100,000, in \$1,000 increments (not to exceed 100% of the employee amount)
CHILD LIFE INSURANCE (up to age 26)	Flat amount of \$15,000

EVIDENCE OF INSURABILITY

In order to buy certain levels of Supplemental Life insurance, you'll need to prove that you and/or your spouse are in good physical health. This is called providing Evidence of Insurability (EOI).

If EOI is required, you will get instructions on how to access the form when you enroll. Please fill out the form and submit it promptly. Coverage won't take effect until New York Life approves your coverage. If you don't submit the EOI form or it doesn't get approved, your coverage (and pay contributions) will reflect the highest level of coverage that doesn't require EOI.

THINGS TO CONSIDER

When deciding whether to enroll in Supplemental and Dependent Supplemental Life insurance coverage, be sure to consider the following:

- **Cost per pay period:** The cost of Supplemental and Dependent Supplemental Life insurance coverage is based on your and your spouse's age, level of coverage, and whether you and your spouse use tobacco. This is deducted on an after-tax basis.
- **Your family's needs:** Life insurance is intended to help protect your family financially if a covered family member dies. Would you have enough money to pay funeral expenses? Would you need to replace an income? Every situation is different, so consider your family situation carefully.
- **EOI requirements:** If you elect Supplemental and Spouse Life insurance above a certain level, you and your spouse will be asked to provide EOI. Keep in mind, your EOI must be approved by New York Life to get the level of coverage you elected.

We know financial and legal challenges can be very stressful for you and your family. That's why New York Life Group Benefit Solutions provides Financial, Legal and Estate Support Programs to help you navigate these issues, at no additional cost — leaving you with fewer worries. All eligible Crown employees have access to the following resources through New York Life:

FINANCIALCONNECT®

- Access to a dedicated team of impartial, in-house Certified Public Accountants (CPAs), Certified Financial Planners® (CFPs), and other financial experts
- Hundreds of financial articles and interactive tools available on GuidanceResources® online
- Referrals to local CFPs for personalized investment information
- Debt management
- Family budgeting
- Credit problems
- Tax questions
- Mortgages, loans and refinancing
- Real estate

LEGALCONNECT®

- Estate planning/wills/probate
- Power of attorney
- Real estate
- Bankruptcy
- Landlord/tenant issues
- Adoption/guardianship
- Divorce
- Personal Injury
- Expert guidance on ID Theft

ESTATEGUIDANCE®

- Last Will and Testament
- Living Will
- Final Arrangements

FAMILYSOURCE®

- Finding childcare or elder care
- Information on schools and education
- Pet care and personal convenience
- Hiring movers or home repair contractors
- Planning major projects or events

EMPATHY

- Full-circle care for your journey through loss
- Emotional support and guidance for dealing with grief
- 24/7 real-time assistance from Care Managers
- Automated tools that take care of tasks on your behalf
- Probate and estate settlement guidance and resources

SECURE TRAVEL

- Emergency Travel Assistance
- Emergency Medical Transportation
- Pre-Trip Planning

SURVIVOR ASSURANCE

- Assistance with management of a loved one's insurance benefits
- Survivor Assurance Account access
- Employee Assistance & Wellness Support
- Financial, Legal & Estate Support

SURVIVOR SUPPORT

- Compassionate assistance from Survivor Support Specialists
- Insight on the Life and AD&D claims process
- Guidance in obtaining death certificates or locating forms
- Support finding funeral homes and assistance in making assignments with them
- Support before, during or after the loss of a loved one
- Identify grief and bereavement resources
- Referrals to appropriate programs and local community support



PHONE

1-800-344-9752



WEBSITE

guidanceresources.com Web ID: NYLGBS

401(K) RETIREMENT SAVINGS PLAN

The Crown Equipment Corporation 401(k) Retirement Savings Plan is a great benefit offered by Crown. It's an excellent way to prepare for your financial future, while enjoying the tax benefits along the way.

Regardless of when you were hired, you can take advantage of:

- **Convenient payroll deductions**—Your contributions are deducted from your pay automatically and invested in your account. It's an easy and convenient way to invest for your future.
- **Choice of contribution types**—Your plan offers two contribution types: pre-tax and Roth 401(k) contributions. Each contribution type provides different tax benefits.

FOR NEW EMPLOYEES AND EMPLOYEES HIRED ON OR AFTER JANUARY 1, 2018

When you participate in the Plan, you can take advantage of:

- **Company 401(k) Match**—Crown will match 100% of the first 4% of your eligible pay that you contribute to the Plan. That's like getting paid to participate!
- **Annual Crown Contribution**—An Annual Crown Contribution will be deposited in your account each year once you reach 10 years of service, according to the Plan guidelines and the schedule to the right.

ANNUAL CROWN CONTRIBUTION	
YEARS OF SERVICE ON THE LAST DAY OF THE PLAN YEAR	% OF COMPENSATION
10 but less than 15 years	1%
15 or more years	2%

FOR EMPLOYEES HIRED BETWEEN OCTOBER 1, 2005–DECEMBER 31, 2017, AND EMPLOYEES HIRED PRIOR TO OCTOBER 1, 2005, WHO ELECTED TO FREEZE THEIR CROWN PENSION BENEFITS AND PARTICIPATE IN THE “NEW” 401(K) PLAN

When you participate in the Plan, you can take advantage of:

- **Company 401(k) Match**—Crown will match 100% of the first 2% of your eligible pay that you contribute to the Plan. That's like getting paid to participate!
- **Annual Crown Contribution**—An Annual Crown Contribution will be deposited in your account each year based on your years of service, according to the Plan guidelines and the schedule to the right.

ANNUAL CROWN CONTRIBUTION	
YEARS OF SERVICE ON THE LAST DAY OF THE PLAN YEAR	AMOUNT OR % OF COMPENSATION
Less than 5 years	\$500
5 but less than 10 years	2%
10 but less than 15 years	3%
15 or more years	4%

FOR EMPLOYEES HIRED PRIOR TO OCTOBER 1, 2005, WHO WERE NOT REHIRED ON OR AFTER OCTOBER 1, 2005, AND WHO DID NOT FREEZE THEIR CROWN PENSION BENEFITS AND REMAIN IN THE “OLD” 401(K) PLAN

When you participate in the Plan, you can take advantage of:

- **Company 401(k) Match**—Crown matches up to a maximum of \$550 per year. That's like getting paid to participate!

401(K) PLAN INVESTING OPTIONS

PERSONAL RETIREMENT STRATEGY

Get personalized advice and investment guidance to help you work toward your specific retirement income goal.

With Personal Retirement Strategy, you can get:

- Tools to see how today's decisions could affect your income in retirement.
- A personalized goals-based asset allocation recommendation.
- Suggested steps to help you prepare for a more financially secure retirement.
- Merrill Managed — an optional service that recommends a specific mix of funds from your plan's investment menu and provides, for a fee, ongoing account management.

There's an annual advisory fee for Merrill Managed of 0.15% of your plan assets, or \$1.50 for each \$1,000.

TARGET DATE FUNDS

Your Plan offers a series of target date funds designed to make age-based investing easy. Each fund includes a mix of investments that might be appropriate for investors planning to retire — or begin withdrawing their money — close to the date in the fund's title.

Each fund is adjusted along the way to become more conservative in bonds and less in stocks — as that target date approaches. To choose a target date fund, you would generally pick the fund with the date closest to the year you would expect to retire, or begin taking the money from your account.

It's important to understand that the principal value of these funds is not guaranteed at any time, including at the target date.

INVESTMENT CHOICES

Your Plan offers a variety of investment options. You can create a diversified portfolio appropriate for your goals, tolerance for investment risk, and time horizon (the time remaining before you'll need your money).

Your choices include funds from the three main asset classes — stocks, bonds and cash equivalents. As you review your Plan's choices, you should consider the importance of a well-balanced and diversified investment portfolio. If you have too much of your account in any one investment, or one type of investment, you may be subject to unnecessary risk.

Remember that diversification does not ensure a profit or protect against loss, although it can be an effective way to manage risk.



HOW TO GET STARTED OR ACCESS YOUR CURRENT 401(K) PLAN ACCOUNT

Crown believes that enrolling in the Plan is important — so important that we include an automatic enrollment feature in the Plan for all new hires.

But you don't need to wait. You can enroll now, online or by phone.

If you are already participating in the Plan and want to access your account, visit Benefits OnLine or call Merrill directly.



BENEFITS ONLINE®

benefits.ml.com



NEED HELP?

Call Merrill at **1-800-228-4015** (TTY: **1-866-657-3323**) Monday–Friday, 8:00 a.m. to 7:00 p.m. ET on all days the New York Stock Exchange is open.

Or use Benefits OnLine's click-to-chat feature.

EMPLOYEE ASSISTANCE PROGRAM

Crown cares about you and your family's total health management — mental, emotional and physical. For this reason, Crown provides an Employee Assistance Program (EAP) through Behavioral Health Systems (BHS) at no cost to you.

WHAT IS THE EAP?

The EAP program provides confidential short-term counseling services to employees and their dependents.

Many people think that the EAP only covers behavioral, mental health and substance abuse issues, but the expanded program covers services for a variety of life situations.

EAP services include:

-  Speak with Counselors: Referrals for mental/behavioral health & substance abuse issues.
-  Speak with Attorneys: Referrals for personal legal advice, IRS issues, will preparation, etc.
-  Speak with Advisors: Assistance with budgeting, estate planning, college, debt restructuring, etc.
-  Speak with Work/Life Specialists: Help with stress, emotional health, work/life balance, etc.
-  Access Telehealth or Telepsych options: Includes coverage through your free, confidential EAP visits, but applies only to mental health conditions with an in-network BHS provider.

WHAT IS THE COVERAGE?

Crown employees and their eligible dependents (spouse and dependent children) are each eligible for eight (8) visits with a licensed professional per calendar year. These visits can be used for a variety of covered services with no out-of-pocket expenses billed to the participant.

All services provided are confidential.



by  **TELUS** Health



HOW DO I ACCESS MY EAP BENEFITS?

Accessing your EAP benefits begins with a call to BHS. Your BHS Care Coordinator will verify your personal information to confirm your benefits eligibility, and ask you a few questions about your needs and preferences. This information will assist them in referring you to the appropriate counselor or provider.

Your BHS Care Coordinator is available Monday–Friday from 9:00 a.m.–6:00 p.m. ET by calling **1-800-245-1150**.



ACCESS RESOURCES ONLINE

Logging in to BHS MemberAccess allows Crown members to learn more about the EAP benefits available, as well as view beneficial online resources.

Log in to MemberAccess at behavioralhealthsystems.com and use CROWN as the Employer ID.

IN CRISIS LIFELINE

Call **988** and be connected to the National Suicide Prevention Lifeline. The line is staffed with mental health professionals who can provide guidance and support. The phone line is staffed 24/7 and is free and confidential.

What happens when you call **988**:

- You will be directed to your closest crisis center based on your area code.
- Once connected, the trained mental health professional will listen and help address the issue by providing support and resources.
- You will be connected to a backup location if your local center is unavailable.

ADDITIONAL BENEFITS

Balancing the needs of work, family and personal responsibilities isn't always easy, Crown knows the value of well-rounded, balanced employees, which is why we offer a variety of additional benefits to help manage life's daily challenges.



CROWN HEALTHWISE PROGRAM

Crown offers the HealthWise Program to promote a culture of health for Crown employees and their families. The HealthWise Program provides a variety of educational material, tools and resources to help you lead a healthy lifestyle. The annual wellness screening offers employees an opportunity to learn important heart health numbers and earn an additional \$130 just by participating. Participation in the wellness screening is voluntary, confidential and at no cost to you.

To earn the 2026 HealthWise Credit of \$130, you will need to complete a wellness screening (blood pressure check and blood draw for a lipid panel and hemoglobin A1C) by December 31, 2025. To learn more about the HealthWise Program and the annual wellness screening program, contact HealthWise at healthwise@crowncorp.com.



NORTONLIFELOCK

Crown knows how important it is to protect your identity, which is why we offer NortonLifeLock.

With NortonLifeLock coverage, you have the ability to protect yourself from potential identity theft, protect your personal devices from online threats, keep your kids safe online with parental control and more. Enroll in protection today by visiting the enrollment website at [crowncorp.com/benefitsnow.com](https://www.crowncorp.com/benefitsnow).



ALLSUP MEDICARE ASSISTANCE PROGRAM

A voluntary, no-cost program available to active employees age 65+ who wish to continue working beyond eligibility for Medicare and are currently enrolled in a Crown Healthcare Plan. Allsup provides one-on-one counseling to help employees understand how Medicare plans and Crown plan options compare, and will assist in choosing the right option. Enrollment assistance is also available. Call [1-888-271-1173](tel:1-888-271-1173) or visit [allsupllc.com](https://www.allsupllc.com).



ADVOCACY SERVICES

Alight Advocacy Services provide one-on-one support throughout your entire healthcare journey and can provide personalized help with a variety of issues. A personal Health Pro can help clarify your health and benefit plans, identify in-network providers, guide you to program resources that may be available to you, coordinate care and schedule appointments, and research and resolve medical claims and billing issues. Request assistance from Alight's Advocacy Services by contacting a Health Pro at [1-844-577-4341](tel:1-844-577-4341) or online at [crowncorp.com/benefitsnow.com](https://www.crowncorp.com/benefitsnow.com).



EMPLOYEE DISCOUNT PROGRAM

Crown offers an employee discount program with access to a wide variety of discounts on services and products across the nation. The exclusive savings are on vehicles, hotels, computers, theme parks, vehicle rentals, appliances and much more. Perks like this help you spend more free time relaxing and having fun while saving money too.



TUITION REIMBURSEMENT

Crown offers a Tuition Reimbursement program that can assist with college tuition expenses. The annual maximum reimbursement amount in a calendar year is \$5,250. Please contact the Human Resources Department if you are interested in utilizing this program.



MYLO FOR MEDICARE

For employees who are planning to retire and will no longer be an active Crown employee, and need assistance with Medicare options, Mylo can help. Get free, personalized support through licensed benefit advisors for you or a family member. Call [1-844-893-9889](tel:1-844-893-9889) or visit [choosemylo.com/chicago](https://www.choosemylo.com/chicago).

IMPORTANT CONTACTS

	CONTACT INFORMATION		CONTACT INFORMATION
Medical & Pharmacy	<p>Anthem anthem.com 1-833-835-2710 Pharmacy: 1-833-226-1106 Group #: 212042</p>	Health Savings Account (HSA)	<p>Bank of America myhealth.bankofamerica.com 1-800-833-9696</p>
	<p>Kaiser kp.org CA: 1-800-464-4000 CO: 1-303-338-3800 or 1-800-632-9700 GA: 1-404-261-2590 1-888-865-5813 (Atlanta Area) Policy Numbers: No. CA: 605947 So. CA: 233961 CO: 35971 GA: 10400</p>	Life and AD&D	<p>New York Life mynylgbs.com 1-888-842-4462 Policy Numbers: Basic Life and Voluntary Life – FLX980541 Basic AD&D – OK980550</p>
	<p>Crown HealthWise 1-419-629-6330 healthwise@crowm.com</p>	Long-Term Disability	<p>New York Life mynylgbs.com 1-888-842-4462 Policy #: FLK980309</p>
Wellness		Mylo for Medicare	<p>choosemylo.com/chicago 1-844-893-9889</p>
	<p>Delta Dental deltadentaloh.com 1-800-524-0149 Policy #: 2314</p>	401(k)	<p>Allsup allsupllc.com 1-888-271-1173</p>
Dental			<p>Merrill benefits.ml.com 1-800-228-4015 TTY: 1-866-657-3323</p>
Vision	<p>VSP vsp.com 1-800-877-7195 Policy #: 30050910</p>	Employee Assistance Program	<p>Behavioral Health Systems (BHS) behavioralhealthsystems.com Employee ID: CROWN 1-800-245-1150</p>
Flexible Spending Account (FSA)	<p>Bank of America myhealth.bankofamerica.com 1-800-833-9696</p>	Crown Benefits Department	<p>1-419-629-2311 crown.benefits@crowm.com</p>
		Employee Enrollment Website	<p>crown.benefitsnow.com</p>
		Crown Health Benefit Service Center	<p>1-844-577-4341 8:00 a.m. – 8:00 p.m. ET</p>
		Crown Leave Administrator	<p>1-800-937-6601 LeaveAdministrator@crowm.com</p>
		Crown Medical Clinic	<p>1-888-216-0228 case.managers@crowm.com</p>

When you enroll, customer service representatives will be available at the Crown Health Benefits Service Center from 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, to answer questions. Just call **1-844-577-4341**.



Crown Required Notices

• WOMEN'S HEALTH AND CANCER RIGHTS NOTICE

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections for individuals receiving mastectomy-related benefits. Coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call the Crown Benefits Department at 1-419-629-2311.

• Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com

Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid
Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid
GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2

INDIANA – Medicaid
Health Insurance Premium Payment Program
All other Medicaid
Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dfr/>
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website:
<https://hhs.iowa.gov/programs/welcome-iowa-medicaid>
Medicaid Phone: 1-800-338-8366
Hawki Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>
<https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPROGRAM@ky.gov
KCHIP Website: <https://kyconnect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
 Phone: 1-800-442-6003
 TTY: Maine relay 711
 Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofa/applications-forms>
 Phone: 1-800-977-6740.
 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
 Phone: 1-800-862-4840
 TTY: 711
 Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>
 Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
 Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
 Phone: 1-800-694-3084
 Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
 Phone: 1-855-632-7633
 Lincoln: 402-473-7000
 Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcnp.nv.gov>
 Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
 Phone: 603-271-5218
 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
 Phone: 1-800-356-1561
 CHIP Premium Assistance Phone: 609-631-2392
 CHIP Website: <http://www.njfamilycare.org/index.html>
 CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
 Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
 Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>
 Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
 Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
 Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
 Phone: 1-800-692-7462
 CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
 CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
 Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
 Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>
 Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
 Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>
 Email: upp@utah.gov
 Phone: 1-888-222-2542
 Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
 Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>
 CHIP Website: <https://chip.utah.gov/>

VERMONT – Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
 Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
 Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
 Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/>
<http://mywvhipp.com/>
 Medicaid Phone: 1-304-558-1700
 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
 Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
 Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services

www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

Crown Required Notices

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According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

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- **HIPAA Privacy Notice**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that health plans protect the confidentiality of your health information. Generally, our health plan may not use or disclose your personal health information without your written authorization. Our health plan may, however, use or disclose your health information without your authorization to obtain payment for medical care, to conduct the plan's healthcare operations and plan administration, and as otherwise permitted or required by law.

Under HIPAA, you have certain individual rights with respect to your protected health information, such as the right to access and copy portions of your protected health information. The Company maintains a privacy notice which explains HIPAA's privacy protections and your rights in greater detail. Please contact your Crown Benefits Department for a copy of this notice or for help with any other HIPAA privacy questions you may have.

