

Your 2025-2026 Guide

Benefits for a

Health-Full Life



6 Steps to a Stress-Free Enrollment

1

Prepare

Gather names, birth dates and Social Security numbers of everyone you plan to enroll or name as a beneficiary.

2

Consider

Check out benefits like Flexible Spending Accounts (FSAs), critical illness and accident insurance, and pet insurance.

3

Discover

Read this guide to learn about the benefits available to you and your family.

4

Enroll

Enroll online, by mobile app or phone. See instructions on page 2.

5

Compare

Sofia, your personal benefits assistant, can help you choose your benefits.

6

Check

Are your beneficiaries up to date? View and update your beneficiary info in the WSI Benefits Portal.

Where To View SPDs and Legal Notices

Visit [MyWSIBenefits.com/resources/resource-library](https://www.mywsibenefits.com/resources/resource-library) to obtain a copy of the Legal Notices, the Williams-Sonoma, Inc. Health & Welfare Plan Summary Plan Description (SPD) and current SPDs for the Cigna and Kaiser Permanente plans.

If you would like to receive a paper copy of an SPD, please contact the WSI Benefits Department at benefitsdept@wsgc.com. SPDs are updated periodically. The Cigna and Kaiser Permanente SPDs effective for the plan year beginning July 1, 2025, are expected to be available around September 1, 2025.

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Start Here

You're In!

You are eligible for WSI benefits if you're a regular full-time associate scheduled for or normally working 30 or more hours per week.

Who You Can Cover

If you enroll for benefits, you can also cover:

- Your spouse, same-gender domestic partner or common-law spouse (as defined by state law); in California only, your opposite-sex domestic partner is also eligible.
- Your dependent children up to age 26, including natural children, step-children, your domestic partner's children, legally adopted children and children for whom you or your spouse are the legal guardian.
- Disabled children of any age who are unable to take care of themselves. Proof of disability is required.

Dependent Verification

You will be required to provide dependent verification documents when you add your spouse, domestic partner and/or child(ren). Open Enrollment is a good time to review your personal information each year and make sure your dependent information is complete and up to date.

Do I Need To Enroll?

ANNUAL ENROLLMENT

Once a year in the spring, we offer a one-time opportunity for you to enroll, waive or make changes to your coverage, which includes adding or removing dependents.

- You must actively enroll for benefits.
- You will not be able to make any changes during the plan year unless you experience a qualifying life event, such as having a baby or getting married.
- If you want to contribute to a Health Care, Limited Purpose or Dependent Care Flexible Spending Account (FSA) or the Health Savings Account (HSA), you will need to elect your pre-tax contribution for the upcoming plan year – it does not carry over. You can change your HSA contribution any time during the plan year.

NEW HIRES

As an active, full-time, benefits-eligible associate, you have 31 days from your full-time date of hire to enroll in benefits. Your benefits will be effective the first day of the month following your date of hire or change to active full-time status. Short-term disability coverage is effective 90 days after your date of hire or change to active full-time status, if you do not waive this coverage.

After your 31st day, you won't be able to enroll in or make changes to your benefits until the next Open Enrollment, unless you experience a qualifying life event, like getting married or having a baby.

When Benefits End

Your benefits will generally terminate at the end of the month you no longer remain in a benefits-eligible status, e.g., termination of employment or status change.

3 Ways To Enroll



Enroll Now

[MyWSIBenefits.com](https://www.mywsibenefits.com)

Set Up Your Account

Visit [MyWSIBenefits.com](https://www.mywsibenefits.com) and click "Enroll or Check Benefits" in the top right corner to access the WSI Benefits Portal.

1. Set up your username, password and security questions. The company key is "WSI".
2. Log in using your new credentials.
3. Choose your notification preference: work email, personal email or text.
4. Follow the steps to select and view your benefits.

Helpful tip: If you forget your username or password, click the link below the "Login" button to reset them at any time.



Need Help? Ask Sofia

Sofia is your personal benefits assistant who can help answer your benefit questions. Click on the Sofia icon in the WSI Benefits Portal.

1. Online

Go to [MyWSIBenefits.com](https://www.mywsibenefits.com).

IF YOU ARE ON THE WSI NETWORK

Look for "Enroll or Check Your Benefits" at the bottom of the page. Then select "Benefits Portal."

IF YOU ARE NOT ON THE WSI NETWORK

Go to "Enroll or Check Your Benefits" at the bottom of the page. Then look for, "Outside the WSI network, click here."

STEPS TO ENROLL

- If you have not already, set up your username, password and security questions. The company key is "WSI".
- Log in using your new credentials.
- You will be directed to the Enrollment landing page.
- From there, click on "Start Here" to go through the enrollment process.
- Save a copy of your election summary for your records. Your confirmation statement will be mailed to your home address on file and will also be available in the WSI Benefits Portal.

2. Mobile App

Log in to the MyChoice Benefits app and follow the prompts to make your elections.

- **From the WSI Benefits Portal:** Log in and select "Access the App" on the home page. You will be prompted to scan a QR code to download the app. (This code is unique to you. Do not share it, as it will log you into your account.)
- **From the App Store or Google Play:** Search for "MyChoice Benefits" and log in using the credentials you created when registering your account on the WSI Benefits Portal.

3. Phone

Call the WSI Benefits Resource Center at 800.413.1444, option 1. Representatives are available Monday through Friday, 7 a.m. to 4 p.m. Pacific time, except on certain holidays.

For the Big Moments

When you experience a qualifying life event, you can make benefit changes outside the regular Open Enrollment period. Here's what you need to do to make sure your family has the coverage you want.



Qualifying Life Event Examples

- Marriage, legal separation or divorce
- The birth or adoption of a child
- Gain or loss of other benefits coverage
- A move from part-time to full-time employment
- Your spouse or child passes away



Life Events

Make a Change

Go to **MyWSIBenefits.com** and select the Start Here section. Then click on "Enroll and Change Your Benefits."

Questions? Contact the WSI Benefits Resource Center at 800.413.1444 from 7 a.m. to 4 p.m. Pacific time, Monday through Friday, except on certain holidays.



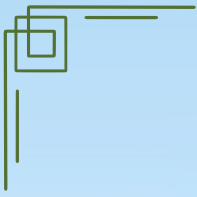
Turn In the Paperwork

You'll need to provide documentation, such as a marriage license, birth certificate or divorce decree, along with an enrollment form, for verification. Documentation must be received within 45 days from the date that the change occurred. Eligibility requirements must be met and proof provided before coverage begins. Any changes you make must be consistent with your event, such as adding or removing dependents.



31 Days

You must report a qualifying life event within 31 days of the event. If you miss the deadline, you won't be able to enroll in or change your benefits until the next Open Enrollment.



Medical — Cigna

You have choices when it comes to medical coverage:

HIGH DEDUCTIBLE HSA • STANDARD CARE • PREMIUM CARE

How are the Cigna plans alike?

The High Deductible HSA, Standard Care and Premium Care plans all:

- Are administered by Cigna
- Cover the same services, such as doctor visits, hospital stays and lab work
- Pay 100% of the costs for eligible in-network preventive care, such as flu shots, routine physicals, blood pressure and cholesterol tests, and cancer screenings
- Allow you to use any doctor, but offer savings when you use in-network providers

How are the Cigna plans different?

HIGH DEDUCTIBLE HSA

- Pay lower premiums and have higher deductibles and out-of-pocket maximums than the Standard Care and Premium Care plans
- WSI contributes to your Health Savings Account (HSA) to help you pay for care
- No copays – you pay 100% of the cost until you meet your deductible (except for certain in-network preventive care); after that, you and the plan share costs (coinsurance)

STANDARD CARE AND PREMIUM CARE

Important Note About the Premium Care Plan

The Cigna Premium Care plan will no longer be available to new participants due to increased maintenance costs. If you are currently enrolled in the plan as of June 30, 2025, you can remain in the plan for 2025-2026. However, it's a good idea to review your other medical plan options to see if one better fits your needs.

- Pay higher premiums in exchange for a lower deductible and out-of-pocket maximum than the High Deductible HSA
- No HSA is available with these plans
- Copays for some services and cost sharing (coinsurance) for other services

Starting a Family?

The Cigna and Kaiser Permanente plans offer infertility benefits. This includes family-building benefits such as surrogacy, adoption, preservation and donor services through WIN.

Find a Provider

Visit [Cigna.com](https://www.cigna.com) or call 855.273.3551.

Which network is right for me?

In certain ZIP code areas, your Cigna plan options may include both the Open Access Plus Network plan and a Local Plus Network plan option.

A Local Plus Network plan covers the same services and has the same deductibles, coinsurance and out-of-pocket maximums as the Open Access Plus Network plan option. So what's different?

- The Local Plus Network has a limited list of participating providers chosen for having met certain criteria, like lower hospital admission rates, fewer complications and treatments proven to show positive results.
- Premiums will be lower than the Open Access Plus Network plan.

HOW TO CHOOSE YOUR NETWORK

The **Open Access Plus Network** plan may be a better fit if:

- Your current providers are not in the Local Plus Network and you prefer not to change providers.
- You have dependents who live elsewhere (like at college).
- You travel frequently.

A **Local Plus Network plan** may be a good choice if:

- You want to make the most of your health care dollars.
- Your current providers are in the network, or you're fine with changing providers.

Check Out This Help-Full Tool

Sofia can help you compare your medical plan options and choose the plan that works best for you and your family.

To use the tool, visit [MyWSIBenefits.com](https://www.mywsibenefits.com) and log in to the Benefits Portal. You can also find Sofia in the MyChoice Benefits app.

How the Cigna Plans Work

HIGH DEDUCTIBLE HSA

FIRST, SET UP YOUR HSA.

WSI contributes to your account: **\$500 for individual coverage** or **\$1,000 for family coverage**. You can contribute pre-tax money of your own, too. Please see pages 20 and 21 for more details about HSA contributions.

THEN, PAY TOWARD YOUR DEDUCTIBLE.

You pay 100% of the cost for medical care and prescription drugs (except for certain in-network preventive care) until you meet your deductible. If you elect family coverage, there's no individual deductible – you must meet the family deductible.

You can use your HSA to help pay for eligible expenses before you dip into your own pocket.

NEXT, SHARE COSTS WITH THE PLAN.

Once you meet your deductible, you'll share costs with the plan until you meet the out-of-pocket maximum. You can continue using money from your HSA for your portion.

FINALLY, THE PLAN PAYS THE REST.

If you reach your out-of-pocket maximum, the plan will pay 100% of your eligible expenses for the rest of the plan year. Each family member has an individual out-of-pocket maximum (the family out-of-pocket maximum is met by two or more individuals).

Take Full Advantage of 100%-Paid Preventive Care

Preventive care can help spot health problems before they become big issues. Our WSI medical plans cover in-network preventive care at 100%! Covered services include flu shots, routine physicals, well-woman exams, well-baby exams, blood pressure checks, cholesterol tests and cancer screenings.

STANDARD CARE AND PREMIUM CARE

These plans don't have an HSA associated with them, so you don't receive any extra money from WSI. You can open a Health Care Flexible Spending Account (FSA) to pay for eligible medical expenses for these plans. See pages 22 and 23 for details.

FIRST, YOU PAY FOR CARE.

You pay copays (set amounts) for some services such as doctor's office visits. You don't have to meet the deductible for these services.

THEN, SHARE COSTS WITH THE PLAN.

For other services such as hospitalization, you must meet your deductible before the plan shares costs. Each family member has an individual deductible (the family deductible is met by two or more individuals).

FINALLY, THE PLAN PAYS THE REST.

If you reach your out-of-pocket maximum, the plan will pay 100% of your eligible expenses for the rest of the plan year. Each family member has an individual out-of-pocket maximum (the family out-of-pocket maximum is met by two or more individuals).

Important Note About the Premium Care Plan

The Cigna Premium Care plan will no longer be available to new participants due to increased maintenance costs. If you are currently enrolled in the plan as of June 30, 2025, you can remain in the plan for 2025–2026. However, it's a good idea to review your other medical plan options to see if one better fits your needs.

Cigna Medical Plans at a Glance

Here's a look at what you'll pay when you need care. You will begin to contribute toward the plan deductibles and out-of-pocket limits on **July 1, 2025**, and will continue through **June 30, 2026**. There are separate in-network and out-of-network deductibles and out-of-pocket maximums, and they do not cross apply.

HIGH DEDUCTIBLE HSA		STANDARD CARE		PREMIUM CARE Note: Only available if you are enrolled in Premium Care plan as of June 30, 2025		
IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	
2025-2026 HSA Contribution from WSI (only if enrolled in High Deductible HSA)						
Individual	\$500	No contribution		No contribution		
Family	\$1,000					
Deductible (what you pay first for some services)						
Individual	\$1,650	\$4,200	\$500	\$2,250	\$400	\$1,500
Family	\$3,300	\$8,400	\$1,000	\$4,500	\$800	\$3,000
Out-of-Pocket Maximum¹ (the most you have to pay for eligible services)						
Individual	\$4,000	\$8,000	\$3,500	\$7,000	\$3,500	\$7,000
Family	\$8,000	\$16,000	\$7,000	\$14,000	\$7,000	\$14,000
Preventive Care						
Well-adult visits, well-child visits and immunizations	\$0	40% after deductible	\$0	40% after deductible	\$0	30% after deductible
Office Visits/Telehealth						
PCP/specialist	20% after deductible	40% after deductible	\$25/\$50	40% after deductible	\$20/\$40	30% after deductible
Telehealth	20% after deductible	Not covered	\$15	Not covered	\$10	Not covered
Chiropractic care (up to 20 days per plan year)	20% after deductible	40% after deductible	\$25	40% after deductible	\$20	30% after deductible
Lab/X-ray						
Office, independent lab, outpatient and inpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	30% after deductible
Emergency Services						
Ambulance ²	20% after deductible		20% after deductible		10% after deductible	
Emergency room	20% after deductible		\$200 copay, then 20% after deductible		\$200 copay, then 10% after deductible	
Urgent care	20% after deductible	40% after deductible	\$50	40% after deductible	\$50	30% after deductible
Convenience care	20% after deductible	40% after deductible	\$15	40% after deductible	\$10	30% after deductible
Inpatient Services						
Hospital and physician services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	30% after deductible
Mental Health/Substance Abuse						
Inpatient care	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	30% after deductible
Outpatient care	20% after deductible	40% after deductible	\$25	40% after deductible	\$20	30% after deductible

1 Out-of-pocket maximums include deductibles, copays (if applicable) and coinsurance.

2 Non-emergency ambulance transportation is not covered.

Medical — Kaiser Permanente

Depending on where you live, you may be able to choose Kaiser Permanente for your medical and prescription drug coverage. Kaiser Permanente plans are available in northern and southern California, Colorado, Georgia, Mid-Atlantic states, the Northwest area and Washington. If available, you'll see this option when you log in to the Benefits Portal at [MyWSIBenefits.com](https://www.mywsibenefits.com).

You must use providers and facilities in the Kaiser Permanente network. There's no out-of-network coverage, except for emergencies.

How Kaiser Permanente Plans Work

Medical

HIGH DEDUCTIBLE HSA

FIRST, SET UP YOUR HSA.

WSI contributes to your account: **\$500 for individual coverage** or **\$1,000 for family coverage**. You can contribute pre-tax money of your own, too. Please see pages 20 and 21 for more details about HSA contributions.

THEN, PAY TOWARD YOUR DEDUCTIBLE.

You pay 100% of the cost for medical care and prescription drugs (except for certain in-network preventive care) until you meet your deductible. You can use your HSA to help pay for eligible expenses before you dip into your own pocket.

For all plans except Northern and Southern California:

If you elect family coverage, there's no individual deductible – you must meet the family deductible.

For Northern and Southern California: Each family member has an individual deductible.

NEXT, SHARE COSTS WITH THE PLAN.

Once you meet your deductible, you'll share costs with the plan until you meet the out-of-pocket maximum. You can continue using money from your HSA for your portion.

FINALLY, THE PLAN PAYS THE REST.

If you reach your out-of-pocket maximum, the plan will pay 100% of your eligible expenses for the rest of the plan year. Each family member has an individual out-of-pocket maximum (the family out-of-pocket maximum is met by two or more individuals).

HMOs

These plans don't have an HSA associated with them, so you don't receive any extra money from WSI. You can open a Health Care Flexible Spending Account (FSA) to pay for eligible medical expenses for these plans. See pages 22 and 23 for details.

FIRST, YOU PAY FOR CARE.

You pay copays (set amounts) for doctor's office visits and prescription drugs. You don't have to meet the deductible for these services.

THEN, SHARE COSTS WITH THE PLAN.

For other services such as hospitalization, you must meet your deductible before the plan shares costs. Each family member has an individual deductible (the family deductible is met by two or more individuals).

FINALLY, THE PLAN PAYS THE REST.

If you reach your out-of-pocket maximum, the plan will pay 100% of your eligible expenses for the rest of the plan year. Each family member has an individual out-of-pocket maximum (the family out-of-pocket maximum is met by two or more individuals).

Check Out Wellness Resources

Visit kp.org/selfcare for online programs to help manage depression, reduce stress and improve sleep. Plus, you can try the Calm and MyStrength apps at no cost.

Kaiser Permanente Plans at a Glance

Here's a look at what you'll pay when you need care. Generally, there are no out-of-network benefits (you must use providers and facilities in the Kaiser Permanente network). However, emergency services are covered by any provider.

You will begin to contribute toward the plan deductibles and out-of-pocket limits on **July 1, 2025**, and will continue through **June 30, 2026**.

Access care 24/7 through your kp.org account or the Kaiser Permanente app, and get medical advice from licensed professionals by phone, video or e-visit. For urgent and emergency care anywhere in the world, you can file a claim for reimbursement. KP partners with Cigna PPO Network providers, MinuteClinic and Concentra clinics. For support while you're away, call the Away from Home Travel Line at 951.268.3900 or visit kp.org/travel.

Find a Provider

Visit kp.org and select Doctors & Locations. You can also call the phone number, shown on the inside back cover of this guide.

HIGH DEDUCTIBLE HSA		HMOs
IN-NETWORK ONLY		IN-NETWORK ONLY
2025-2026 HSA Contribution from WSI (only if enrolled in High Deductible HSA)		
Individual	\$500	No contribution
Family	\$1,000	
Deductible (what you pay first for some services)		
Individual	\$1,650	\$350
Family	\$3,300	\$700
Out-of-Pocket Maximum¹ (the most you have to pay for eligible services)		
Individual	\$4,000	\$2,000
Family	\$8,000	\$4,000
Preventive Care		
Well-adult visits, well-child visits and immunizations ²	\$0	\$0
Office Visits/Telehealth		
PCP/specialist ²	20% after deductible	\$25/\$50
Telehealth ²	\$0 after deductible (Georgia only: 20% after deductible)	\$0
Chiropractic care (up to 20 visits per plan year)	20% after deductible	\$25
Lab/X-Ray		
Office, independent lab, outpatient and inpatient	20% after deductible	20% after deductible (Georgia only: Lab \$0 after deductible)
Emergency Services		
Ambulance ³	20% after deductible	20% after deductible
Emergency room	20% after deductible	\$200, waived if admitted
Urgent care	20% after deductible	\$50 (Northern and Southern California: \$25)
Inpatient Services		
Hospital and physician services	20% after deductible	20% after deductible
Mental Health/Substance Abuse		
Inpatient care	20% after deductible	20% after deductible
Outpatient care ²	20% after deductible	\$25 for individual therapy visits; \$12 for group therapy visits (Washington only: \$0 for group therapy visit)

1 Out-of-pocket maximums include deductibles, copays (if applicable) and coinsurance.

2 **Please note for the Northwest region, Senate Bill 1529 mandate would apply.** No charge for first 3 visits per year (subject to deductible in High Deductible HSA). First 3 visits are any combination of primary care non-specialty medical services, mental health outpatient services, naturopathic medicine visits, substance use disorder outpatient services, or telemedicine services.

3 Non-emergency ambulance transportation is not covered.

Cigna Health Help

Take care of yourself with these programs and tools, available if you're enrolled in a Cigna medical plan. Once you are enrolled, you can take advantage of these programs by visiting myCigna.com or calling 855.273.3551.

First Things First

Register on myCigna.com. You'll be able to manage and track claims, view ID cards, find in-network doctors and review your coverage. You can also download the myCigna app from the App Store or Google Play.



HEALTH AND MONEY-SAVING RECOMMENDATIONS

Program: One Guide

How it helps: Navigating health care can be complex. Cigna One Guide can help make getting and staying healthy as easy as possible. You can:

- Get answers to health care questions and understand how your coverage works
- Find the right doctor, lab or urgent care center
- Connect to health coaches
- Find 1-on-1 support for complex health situations
- Avoid surprises by getting cost estimates
- Learn how to maximize your benefits

Get started: Visit myCigna.com or call 855.273.3551.



ANYTIME, ANYWHERE DOCTOR VISITS

Program: MDLIVE

How it helps: Video chat with or call a doctor 24/7. MDLIVE doctors can answer your questions, make a diagnosis and prescribe basic medications (subject to availability by state). This includes:

- **Primary care:** Preventive care, routine care and specialist referrals
- **Urgent care:** On-demand care for minor medical conditions
- **Dermatology:** Fast, customized care for skin, hair and nail conditions

Get started: Virtual care visits are convenient and easy. To schedule an appointment, access MDLIVE by logging in to myCigna.com and clicking on "Talk to a doctor." You can also call MDLIVE at 888.726.3171. (No phone calls for virtual dermatology.)

SECOND OPINIONS

Program: Second Opinion Service

How it helps: Cigna offers Virtual Second Opinions by Cleveland Clinic through a joint venture between the Cleveland Clinic and Amwell for members diagnosed with life-threatening and life-altering diagnoses. This program provides remote access to the expertise of Cleveland Clinic's top specialists and the ability to request a second opinion without the time and expense of travel.

The program offers:

- Concierge-like support from a nurse case manager
- The ability to interact directly with a provider – by phone or video
- Provider opinions delivered via video, phone or written report

Get started: Clinicians help eligible members access the website through myCigna.com, and health coaches refer eligible members to the program when appropriate.



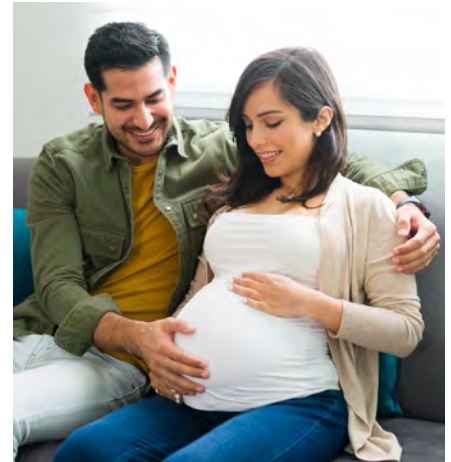
OH BABY! HEALTHY PREGNANCY SUPPORT

Program: Healthy Pregnancy, Healthy Babies

How it helps: Get support and resources to help you have a healthy baby. When you enroll, you'll get:

- Helpful guidance and support on everything from infertility and preconception planning to post-delivery information
- A workbook to help you learn about pregnancy and babies, including topics like prenatal care, exercise, stress, depression and more
- 24/7 live telephone support from a maternity specialist

Get started: To enroll, visit myCigna.com or call 855.273.3551.



HELP FOR DIABETES AND BLOOD PRESSURE

Program: Omada (available for you and your covered dependents over age 18)

How it helps: When you join Omada, you get:

- Easy monitoring with smart devices and tools like a smart scale, blood pressure monitor, blood glucose meter or continuous glucose monitors (CGMs).^{*} Devices are shipped to your home at no extra cost.
- Personal support from a health coach and clinical specialist
- Online peer groups and communities

Get started: Visit omadahealth.com/williams-sonoma to apply. It takes about 5–10 minutes. You'll receive an email within 48 hours letting you know if you're eligible for the program.

^{*} Certain features and smart devices are only available if you meet program and clinical eligibility requirements. CGMs are only available if you qualify for the diabetes program. CGMs also require a prescription and a compatible smartphone. You will receive two CGM sensors – one after you enroll and the other at the six month follow-up.





HEALTH DISCOUNTS

Program: Healthy Rewards

How it helps: Healthy Rewards is a discount program where you get discounts on the health products and programs you use every day like:

- Gyms and virtual workouts
- Mind/body programs and equipment
- Vision and hearing care
- Alternative medicine

Get started: Just use your Cigna medical ID card when you pay and let the savings begin. Learn more about the Healthy Rewards Program by logging in to myCigna.com and navigate to the Healthy Rewards Discount Program or call 800.870.3470.

Note: Some Healthy Rewards programs are not available in all states, and programs may be discontinued at any time. If your plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. A discount program is NOT insurance, and you must pay the entire discounted charge.



PERSONALIZED HEALTH SUPPORT

Program: Lifestyle Management Programs

How it helps: A health coach can provide you with personalized support.

- **Stress Management** – Understand your stress signals and learn coping techniques.
- **WIN** – Get personalized guidance, education and emotional support on your family-building journey.
- **Treatment Decision Support** – Learn about treatment options for common health conditions.

HELP KICKING THE HABIT

Program: Smoking Cessation Program

How it helps: You've got a goal, and you've got what it takes to reach it. Get the help you need to finally quit tobacco. Create a personal quit plan with a realistic quit date. You'll get the support you need to kick the habit for good. You even get free over-the-counter nicotine replacement therapy (patch or gum).

Get started: To enroll over the phone, call 855.273.3551. Or, if you want to enroll online, visit myCigna.com to access an 84-day self-paced My Health Assistant program (powered by WebMD) that includes specific completion goals and criteria to help you quit today.

Health-Full Support From Kaiser

Check out these programs and tools to help you be at your healthiest, available if you're enrolled in a Kaiser Permanente plan.

kp.org

Use the Kaiser Permanente app to schedule routine appointments, refill most prescriptions, see most test results and more, all in one place.



Telehealth

- **Video or phone appointment:** Meet face-to-face with a doctor by video or phone from the comfort of home.
- **E-visit:** Use the online symptom checker for certain conditions and get personalized care advice within a few hours.
- **24/7 advice:** Get on-demand support with 24/7 advice by phone.

Healthy Lifestyles Program

Kaiser Permanente offers a number of tools and resources to help you with your health goals.

- **Wellness coaching by phone:** No referral needed.
- **Healthy lifestyle programs:** Get a customized health action plan online (age 18 and older).
- **Disease management programs:** Get help managing a chronic condition such as prediabetes, diabetes or hypertension.
- **In-person and virtual classes:** Sign up for classes such as healthy weight, nutrition, diabetes prevention and movement.



Maternity Care

Adding to your family? You can choose a mix of in-person and virtual appointments for your prenatal and postpartum care. After you enroll, you'll receive an at-home toolkit to help you have a healthy pregnancy. The toolkit includes a scale to track healthy weight gain, a blood pressure monitor, a fetal doppler to check your baby's heartbeat and an app to register your vital signs. Plus, sign up for classes like preparing for childbirth, prenatal yoga, breastfeeding and newborn care.

Wellness

Get paid for taking steps toward better health! The Live Well program provides cash incentives when you complete wellness activities from **July 1, 2025–May 31, 2026**. Check and track your completed goals and earned incentives by logging in to myCigna.com (select “Wellness” or “View My Incentives”).

Kickstart Your Healthy Habits

Wondering what healthy habits to focus on? Take the Health Assessment. Go to myCigna.com (select “Wellness” and click on “Health Assessment”). Questions? Call 855.273.3551.

Earn Incentives 7/1/2025–5/31/2026

WELLNESS PROGRAM INCENTIVES

Note: Must be enrolled in a WSI medical plan to receive incentives.

INCENTIVE ACTIVITY	AVAILABLE INCENTIVES (PRIMARY SUBSCRIBER)	AVAILABLE INCENTIVE (SPOUSES/SAME-GENDER DOMESTIC PARTNERS)*
Participate in biometric screening; complete blood pressure, cholesterol and blood sugar, and body mass index (BMI) screening Get the Incentive: Complete a form, available at myCigna.com > Wellness > Wellness & Incentives > Incentive Spotlight. Then select “Let’s Go” to download the form.	\$75	\$0
Preventive screening conducted by provider (annual physical, well-woman exam, mammogram, prostate screening, colon cancer screening) Get the Incentive: You’ll need to self-report that you completed the screening. Go to myCigna.com > Wellness > Wellness & Incentives > Incentive Spotlight. Then select “Let’s Go” to enter the date you completed your exam.	\$100	\$50
TOTAL MAXIMUM INCENTIVE PAYOUT	\$175	\$50

* In California only, your opposite-sex domestic partner is also eligible.

PREGNANCY WELLNESS INCENTIVES AVAILABLE

Enrolled in a Cigna medical plan? Start your journey to motherhood with the Cigna Healthy Pregnancies, Healthy Babies program. When you enroll during your first trimester and complete the program, including your postpartum check-in, you’ll be eligible to receive a \$150 incentive.

If you’re a Kaiser Permanente member: You can earn an incentive of \$150 by participating in the Kaiser Permanente Maternity Care/Pregnancy program during your first trimester and providing confirmation you completed one in-person or online maternity class.

Cigna and Kaiser Permanente members can also earn an additional \$75 if you enroll and complete an in-person or online maternity class in your second trimester.

Get the Pregnancy Wellness Incentives

Cigna members: Call 855.273.3551 and speak to a maternity nurse. The Cigna nurse will update your record once complete.

Kaiser Permanente members: To receive your pregnancy wellness incentive, you will need to self-report your activity through myCigna.com > Wellness > View My Incentives.



Prescription Drug Benefits

When you enroll in a Cigna plan, you automatically get prescription drug benefits through Express Scripts. If you enroll in a Kaiser Permanente plan, your prescription drug benefits will be provided through your Kaiser Permanente plan.

How the Cigna Plans Work

HIGH DEDUCTIBLE HSA	STANDARD CARE AND PREMIUM CARE
If you haven't met your medical plan deductible, you pay 100% of the cost for prescription drugs (except for certain preventive drugs).	There's no deductible to meet.
After you meet the deductible, you pay coinsurance, with a minimum and a maximum. You can use your HSA to help pay for qualified expenses.	You pay coinsurance, with a minimum and a maximum.
If you reach your in-network medical out-of-pocket maximum, the plan will pay 100% of your eligible medical and prescription drug expenses for the rest of the plan year.	If you reach your in-network medical out-of-pocket maximum, the plan will pay 100% of your eligible medical and prescription drug expenses for the rest of the plan year.

Filling Your Prescriptions

SHORT-TERM PRESCRIPTIONS

You can fill short-term prescriptions through retail pharmacies. Find the nearest pharmacy by visiting myCigna.com or calling 855.273.3551.

LONG-TERM PRESCRIPTIONS

Maintenance drugs are drugs you take for long-term or chronic conditions, such as blood pressure medication. All WSI medical plans offer savings when you get 90-day supplies of these medications.

You have two ways to get your prescriptions:

- Take advantage of home delivery from the Express Scripts Pharmacy. Your medications will be delivered directly to you with free standard shipping. To get started, visit myCigna.com or call 855.273.3551.
- Pick up your prescriptions at a nearby preferred pharmacy.

Cigna Prescription Drug Benefits at a Glance

Here's a look at what you'll pay when you need a prescription filled.

HIGH DEDUCTIBLE HSA			STANDARD CARE AND PREMIUM CARE	
	RETAIL AND SPECIALTY (UP TO A 30-DAY SUPPLY)	MAIL ORDER (UP TO A 90-DAY SUPPLY)	RETAIL AND SPECIALTY (UP TO A 30-DAY SUPPLY)	MAIL ORDER (UP TO A 90-DAY SUPPLY)
Deductible (what you pay first for some services)				
Individual/Family	Combined with medical: \$1,650/\$3,300		N/A	
Out-of-Pocket Maximum (the most you have to pay for eligible services)				
Individual/Family	Combined with medical		Combined with medical	
What You Pay				
Preventive drugs	15%, no deductible ¹	15%, no deductible ¹	N/A	N/A
Generic	15% after deductible (\$4 minimum; \$10 maximum)	15% after deductible (\$10 minimum; \$25 maximum)	\$10	\$25
Brand	15% after deductible (\$15 minimum; \$40 maximum)	15% after deductible (\$35 minimum; \$100 maximum)	25% (\$20 minimum; \$80 maximum)	25% (\$50 minimum; \$200 maximum)
Non-preferred brand	15% after deductible (\$30 minimum; \$60 maximum)	15% after deductible (\$75 minimum; \$150 maximum)	40% (\$40 minimum; \$100 maximum)	40% (\$100 minimum; \$250 maximum)

¹ The High Deductible HSA includes a list of medications considered to be preventive by Cigna in accordance with the guidelines set by the IRS. This might include medication used to treat conditions such as high blood pressure, cholesterol and diabetes. For these preventive medications, you pay 15%, subject to the applicable minimum and maximum amounts. These medications do not accumulate toward the deductible, but do accumulate toward the out-of-pocket maximum. For more information, contact Cigna.

Prescription Drugs

Cigna Plans: 2 Ways To Save

- 1. SaveOn Adapt specialty drug benefits:** Save money on certain high-cost specialty medications with manufacturer copay assistance programs.
- 2. GoodRx® Savings:** When you fill certain generic medications, the system compares the pharmacy price to the GoodRx price. You're charged whichever price is lower.

Help-Full Terms

The Cigna plans and Kaiser Permanente plans cover drugs according to their category. Here's what the categories mean.

- **Generic** – Generic drugs have the same active ingredients as brand-name drugs and must meet FDA standards for quality and purity. You usually save the most with generics.
- **Brand** – Certain brand-name drugs are listed on the plan's formulary (list of preferred prescription drugs). They have been chosen based on safety, quality and cost-effectiveness.
- **Non-preferred brand** – These drugs are not included on the plan's formulary. You will pay more for non-preferred drugs than for generic and brand drugs.

To see the formulary lists for the Cigna plans, visit myCigna.com. For the Kaiser Permanente plans, visit kp.org.

How the Kaiser Permanente Plans Work

HIGH DEDUCTIBLE HSA	HMOs
If you haven't met your medical plan deductible, you pay 100% of the cost for prescription drugs (except for certain preventive drugs).	There's no deductible to meet.
After you meet the deductible, you pay coinsurance, up to a maximum amount. You can use your HSA to help pay for qualified expenses.	You pay set copays for prescriptions.
If you reach your in-network medical out-of-pocket maximum, the plan will pay 100% of your eligible medical and prescription drug expenses for the rest of the plan year.	If you reach your in-network medical out-of-pocket maximum, the plan will pay 100% of your eligible medical and prescription drug expenses for the rest of the plan year.

Kaiser Permanente Prescription Drug Benefits at a Glance

Here's a look at what you'll pay when you need a prescription filled. For more information, visit kp.org. You can also call the phone number, shown on the inside back cover of this guide.

	HIGH DEDUCTIBLE HSA		HMOs	
	RETAIL AND SPECIALTY ¹	MAIL ORDER ²	RETAIL AND SPECIALTY ¹	MAIL ORDER ²
Deductible (what you pay first for some services)				
Individual/ Family	Combined with medical: \$1,650/\$3,300		N/A	
Out-of-Pocket Maximum¹ (the most you have to pay for eligible services)				
Individual/ Family	Combined with medical		Combined with medical	
What You Pay³				
Preventive drugs	\$0, no deductible		\$0	\$0
Generic	15% after deductible (\$10 maximum)	15% after deductible (\$25 maximum; Northern and Southern California: \$10 maximum)	\$10	\$20
Brand	15% after deductible (\$40 maximum)	15% after deductible (\$100 maximum; Northern and Southern California: \$40 maximum)	\$50	\$100
Non-preferred brand	15% after deductible (\$60 maximum; Northern and Southern California: \$40 maximum)	15% after deductible (\$150 maximum; Northern and Southern California: \$40 maximum)	\$75 (Northern and Southern California: \$50)	\$150 (Northern and Southern California: \$100)
Specialty	Applicable cost for generic, brand or non-preferred brand after deductible	N/A	\$150	N/A

1 Up to a 30-day supply.

2 Up to a 90-day supply. Northern and Southern California only: Up to a 100-day supply.

3 Georgia and Mid-Atlantic only: Community pharmacies are available in areas where there is no Kaiser Permanente facility. Your costs may differ from what is shown here. For more details, please see the Summary of Benefits and Coverage on MyWSIBenefits.com.

Dental

Dental benefits are provided through Delta Dental of California. You have two options:

STANDARD PLAN • PREMIUM PLAN

How are the plans alike?

BOTH PLANS

- Allow you to use any dentist, but offer savings when you use a Delta Dental network provider
- Pay 100% for preventive care
- Provide coverage for preventive, basic and major care

How are the plans different?

STANDARD PLAN

- Pay lower premiums and have a higher deductible to meet
- Orthodontia is **not** covered

PREMIUM PLAN

- Pay higher premiums in return for a lower deductible and higher level of benefits coverage
- Orthodontia **is** covered

Dental Plans at a Glance

Here's a look at what you pay when you need dental care.

Out-of-network benefits are paid according to a "reasonable and customary" schedule. If you use an out-of-network dentist, you could receive an additional bill for the difference between what the plan pays and what the dentist charges.

	STANDARD PLAN	PREMIUM PLAN
Deductible (what you pay first for some services)		
Individual	\$50	\$25
Family	\$150	\$100
Annual Benefit Maximum (the most the plan will pay in a plan year)		
Per person	\$1,500	\$2,500
Orthodontia Lifetime Maximum (the most the plan will pay for orthodontia per lifetime)		
Per person	N/A (orthodontia not covered)	\$2,500
What You Pay		
Preventive (exams, cleanings, X-rays; sealants and fluoride covered up to age 16)	\$0, no deductible	\$0, no deductible
Basic (fillings, oral surgery, denture repair)	20% after deductible	20% after deductible
Major (crowns, inlays, onlays, bridges, dentures, implants)	50% after deductible	50% after deductible
Orthodontia	Not covered	50% after deductible

Find a Provider

Find a Delta Dental provider by visiting deltadentalins.com or calling 800.397.4741.

You will not receive a dental ID card – you can print one from the Delta Dental website.



Vision

Vision coverage is offered through VSP. You can choose from two plans:

STANDARD PLAN • PREMIUM PLAN

How are the plans alike?

BOTH PLANS

- Allow you to use any provider, but offer savings when you use a VSP network provider
- Provide coverage for routine eye exams and eyeglasses or contacts

Both plans offer savings and discounts on certain glasses and contacts at eyeconic.com

How are the plans different?

PREMIUM PLAN

The **Premium Plan** offers some enhanced benefits, so your paycheck contributions are higher.

At the point of service, you can choose one of the following: a \$250 frame allowance, progressive lenses, light-reactive lenses, anti-glare coating or a \$250 elective contact lens allowance in lieu of glasses.

Each family member you cover can choose the upgrade that's right for them. Choose one upgrade every 12 months.

Vision Benefits at a Glance

Here's a look at what's covered and what you pay. If you use an out-of-network provider, you'll need to pay the cost up front and then submit a claim form to be reimbursed up to the out-of-network allowance.

STANDARD PLAN AND PREMIUM PLAN ¹		
	IN-NETWORK	OUT-OF-NETWORK
What You Pay		
Eye Exam (once every plan year)		
WellVision exam	\$10 copay (up to \$39 copay for routine retinal screening)	All amounts over \$45
Eyeglass Frames		
Frames (Premium Plan: once every year; Standard Plan: once every other year)	\$25 copay for frames and lenses, then all amounts over \$150 allowance ²	All amounts over \$70
Lenses³ (once every plan year)		
Single vision	\$25 copay for frames and lenses	All amounts over \$30
Bifocal	\$25 copay for frames and lenses	All amounts over \$50
Trifocal	\$25 copay for frames and lenses	All amounts over \$65
Contact Lenses (once every plan year in lieu of glasses)		
Contact lens exam (fitting and evaluation)	Up to \$60 copay	No reimbursement
Contacts	All amounts over \$150	All amounts over \$105

- 1 The Premium Plan offers some enhanced benefits. You can choose one of the following every 12 months: a \$250 frame allowance, progressive lenses, light-reactive lenses, anti-glare coating or a \$250 elective contact lens allowance in lieu of glasses.
- 2 You get an \$80 Costco® frame allowance and a \$170 allowance for featured frame brands. You get a 20% discount on all amounts over the plan allowance.
- 3 There is an additional charge for some lens enhancements, such as progressive lenses.

Find a Provider

Find a VSP provider by visiting vsp.com or calling 800.877.7195. In-network providers include Costco, Walmart® and Sam's Club®.

You will not receive a vision ID card. When you make your appointment, provide your name, date of birth and Social Security number, and the optometry office will verify your benefits.

Health Savings Account (HSA)

An HSA is a tax-advantaged account available to you if you enroll in a WSI High Deductible HSA.* (This account is not available if you enroll in the Cigna Standard Care, Cigna Premium Care or Kaiser Permanente HMO plan.) Your HSA is managed by HealthEquity.

How the HSA Works

1

REGISTER YOUR ACCOUNT

Enrolling in the High Deductible HSA for the first time? Once HealthEquity receives your enrollment, they will send you a welcome kit. In order to receive all your WSI contributions, you must log in to my.healthequity.com and ensure any required documents are submitted in a timely manner as required by the US Patriot Act – Customer Identification Program (CIP). If you need help to complete the CIP process, contact HealthEquity at 866.346.5800. If you fail the CIP process, you will not be eligible to receive retroactive WSI contributions.

Name a Beneficiary!

Make sure you designate a beneficiary for your HSA.

2

START WITH MONEY FROM WSI

WSI will add money to your account: **\$500 for individual coverage** or **\$1,000 for family coverage**. You'll receive half of WSI's contribution during the first available pay cycle after the start of the plan year (July 1, 2025) or after your election is processed. You'll receive the second half of WSI's contribution at the start of the next calendar year (January 1, 2026). If you enroll in the High Deductible HSA after July 1, 2025, the WSI contribution will be prorated based on your date of hire.

3

ADD MONEY OF YOUR OWN

You decide how much (if any) you want to contribute to your HSA. The annual HSA contribution limit is \$4,300 for individual coverage and \$8,550 for any level of family coverage. WSI's HSA contributions count towards this annual maximum. For example, if you elect individual coverage, you can contribute \$3,800 to your HSA (\$4,300 annual limit - \$500 WSI contribution = \$3,800 is your maximum contribution). If you'll be age 55 by December 31, 2025, you can contribute an additional \$1,000 in HSA catch-up contributions. Please review your payroll elections carefully.

Your contributions are taken out of your paycheck before taxes. HSA payroll deductions will start with your first available pay cycle after July 1, 2025. Because your benefits coverage spans two calendar years, the amount you elect to contribute to your HSA this year will also carry over into the next calendar year.

Keep in mind you can change your contributions at any time during the year.

4

PAY FOR HEALTH CARE

HSA dollars can be used anytime – now or down the road. When you have an eligible expense, you can pay for it from your HSA with no taxes taken out. Or, you can pay out of pocket and leave your untaxed HSA dollars invested.

5

INVEST FOR THE FUTURE

Think of your HSA as a savings plan for health care. Once your HSA reaches a balance of \$1,000, you can invest your funds in a wide variety of options, including mutual funds, stocks and bonds. There is no tax on HSA interest or investment growth. Investment or trade fees apply.

* You must meet all eligibility requirements for the HSA. No one can claim you as a dependent on their taxes, you can't be enrolled in Medicare or Tricare and you can't be enrolled in or covered by another person's general purpose Health Care Flexible Spending Account (FSA) or health coverage.

HSA Fast Facts



TAX ADVANTAGES X 3

1. Pre-tax savings
2. Tax-free earnings
3. Tax-free withdrawals for eligible expenses



PICK HOW TO PAY

- Use the debit card that you'll receive in the mail.
- Pay with the HealthEquity mobile app (available in the App Store or Google Play).
- Pay out of pocket and fill out a form to be reimbursed.

KNOW WHO'S COVERED

You can use your HSA to pay for eligible expenses for you, your spouse and your tax dependents (including your children up to age 19, or age 24 if a full-time student), even if they're not covered under your WSI medical plan. (While the WSI medical plans cover eligible children up to age 26, the IRS has different rules for HSAs.)



WHAT'S AN ELIGIBLE EXPENSE?

Eligible expenses include:

- Medical and dental deductibles and expenses
- Vision expenses, such as eye exams, glasses and contacts
- Prescription drug expenses
- Over-the-counter medications and medical supplies (like bandages, diabetic supplies and contact lens solution)

For a complete list of covered expenses, visit [irs.gov/publications/p502](https://www.irs.gov/publications/p502).

Any money you spend on ineligible expenses is taxable, and you may pay a 20% tax penalty.



IT'S ALWAYS YOURS!

Any money left in your HSA rolls over from year to year – there's no "use it or lose it" rule. Plus, you can take it with you if you leave WSI.

USE THE TOOLS

At the HealthEquity Member Portal (my.healthequity.com), you'll find resources to help you understand and manage your HSA, including calculators, videos and articles.



CHECK YOUR BALANCE

You must have the funds available in your HSA before you can use them. If you pay out of pocket now, you can reimburse yourself from your HSA later, when the funds are available.

Flexible Spending Accounts (FSAs)

WSI offers FSAs, administered by HealthEquity, to help you save on taxes for health care and dependent care.

HEALTH CARE FSA OR LIMITED PURPOSE FSA • DEPENDENT CARE FSA

Note: If you're enrolled in an HSA, you can't participate in the Health Care FSA. You can contribute to the Limited Purpose FSA to be reimbursed for dental and vision expenses.

How These Accounts Work

1

DECIDE HOW MUCH TO CONTRIBUTE

Your contributions come out of your paycheck before taxes.

- **Health Care FSA or Limited Purpose FSA:** Up to \$3,300 a year
- **Dependent Care FSA:** Up to \$5,000 a year (\$2,500 if you are married but file separate tax returns)*

2

PAY FOR ELIGIBLE EXPENSES

For the Health Care FSA or Limited Purpose FSA: Use your debit card, and the amount is automatically withdrawn from your account. You'll receive a card by mail. You have access to the full amount you contribute for the year up front.

For the Dependent Care FSA: Pay the expense up front and then file a claim for reimbursement. You must have the money in your account before you can receive reimbursement.

Make sure you keep your receipts in case you need to verify your purchase.

3

PLAN CAREFULLY!

If you don't use all of your **Health Care FSA or Limited Purpose FSA funds** by the end of the plan year, you'll be able to carry over \$640 to the next plan year. Any remaining amount over \$640 will be forfeited. There's no carryover with the **Dependent Care FSA**.

4

PAY ATTENTION TO DEADLINES

The deadline to use your FSA dollars is **June 30, 2026**. You have until **September 30, 2026**, to request reimbursement and file claims. Any remaining amount will be forfeited. (Remember, you can carry over \$640 with the Health Care FSA and Limited Purpose FSA only.)

Know the Rules

- The accounts are separate. You can't transfer money between the accounts, or use the Dependent Care FSA to pay for health care expenses or vice versa.
- The money in your FSA does not earn interest.
- You can't take your FSA with you if you leave WSI.

* If you are a highly compensated employee (HCE), your Dependent Care FSA contribution may be limited to a lower maximum contribution amount.



FSAs at a Glance

	HEALTH CARE FSA	LIMITED PURPOSE FSA	DEPENDENT CARE FSA
Who can use it	Anyone not enrolled in an HSA	High Deductible HSA participants enrolled in an HSA	If you have dependent care expenses so you (and your spouse, if married) can work, look for work or attend school full time
How much you can add	Up to \$3,300 a year	Up to \$3,300 a year	Up to \$5,000 a year (\$2,500 if you are married but file separate tax returns)
Whose expenses are eligible	Yours, your spouse's and your tax dependents'	Yours, your spouse's and your tax dependents'	<ul style="list-style-type: none"> Your children under age 13 who qualify as dependents on your federal tax return Your spouse who is physically or mentally incapable of self-support and lives with you for more than half the year An unmarried child of any age who is physically or mentally incapable of self-support Other family members who are physically or mentally incapable of self-support, who live with you for more than half the year and who qualify as dependents on your federal tax return
What you can use it for	Eligible medical, prescription drug, dental and vision expenses	Eligible dental and vision expenses	Eligible dependent care expenses such as licensed nursery schools, licensed day care centers for children and disabled dependents, after-school care and services from a care provider (must be age 19 or older and not claimed as a dependent)

FSAs

HSA + Limited Purpose FSA

Already have an HSA and wondering if you should consider the Limited Purpose FSA? This type of FSA might be right for you if:

- You're already contributing up to the IRS limit in the HSA and want additional tax savings.
- You anticipate a large dental or vision expense during the plan year, such as orthodontia or LASIK.



401(k) Plan

Your retirement goals matter to us, and WSI is committed to providing you with the tools and resources to help you achieve them.

How the Plan Works

Here's how the 401(k) plan works.

- **Decide how much to contribute.** The money is taken out of your account each paycheck and deposited into your Charles Schwab 401(k) account.
- **Get paid to save.** To encourage you to save, WSI matches your contributions. See "Company Contributions" for more details.
- **Choose your investments.** You can choose from a wide variety of investments that work best for your age, risk tolerance and how long you have until you retire. You can choose your own investment mix or have your account managed for you.
- **Make changes when you need to.** You can change your contribution rate or investments anytime during the year.
- **Let your money grow.** The earlier you start saving, the more time your money has to grow. When that interest starts earning interest (called compounding), your savings will get a big boost.
- **Name a beneficiary.** Your beneficiary is the person(s) who receives your retirement account balance in the event of your death. Not having a beneficiary on file can cause confusion and make things harder for your loved ones.

When You're Eligible

If you're 21 or older, you're eligible to participate in the 401(k) Plan any time after your hire date. There is no special enrollment window.

Full-y Automate Your Savings

With Annual Savings Adjustments, you can schedule slow and steady increases to your contribution rate. You decide when you want the increases to happen. For example, you might decide to save an additional 1% every January 1 until you're saving 15% of your pay.

Saving Basics

Your Contributions

You can save 1% to 75% of your eligible earnings up to IRS limits. You can make different types of contributions.

- **Pre-tax contributions** are deducted from your paycheck before income taxes are withheld. You pay taxes on these contributions and earnings when you withdraw the money from the plan.
- **Roth after-tax contributions** are deducted from your paycheck after income taxes are withheld. You will not pay taxes again on these contributions or on the earnings if you receive the money as a qualified distribution.*
- **Catch-up contributions** are for savers who will be age 50 or older in 2025. These contributions help you save more than the annual IRS limits as you near retirement.
- **Rollover contributions** that you move from a retirement plan account with a prior employer or a rollover IRA to the WSI Plan allow you to keep all of your retirement savings in one place and avoid paying tax penalties.

* A qualified distribution means you have your Roth account open for at least 5 years and you take your distribution after age 59½ or due to death or disability.

Company Contributions

WSI matches your contributions \$.50 for every dollar you contribute up to 6%, for a total matching contribution of 3%. Save at least 6% to get the full 3% matching contribution.

The company matches both pre-tax and Roth after-tax contributions, and the match is paid on a pre-tax basis.

Investing

Through your Plan, you have access to a managed account service that, for a fee, includes ongoing account monitoring and automatic adjustments to your investments. Advice is provided by Morningstar Investment Management LLC, an independent registered investment adviser.

Prefer to manage your retirement plan account yourself? You can still get a personalized recommendation at no additional cost, without signing up for the managed account service.

Match Details

For full-time associates, you're eligible for the match after one year of service. For all other associates (part-time associates, casual, seasonal and temporary), you're eligible for the match after one year of service and after you have worked 1,000 hours during your first year of service or during any calendar year thereafter.

- 401(k) contributions will be matched starting on the first day of each calendar quarter (January 1, April 1, July 1 and October 1) after you complete one year of service.
- The company match is deposited twice per year. The first matching contribution is deposited in August for associate contributions made from January 1–June 30. The second matching contribution is deposited in February of the following year for associate contributions made from July 1–December 31. You must be employed on the last day of each matching period to receive the company match.
- You become 100% vested in (you own) company matching contributions after one year of service.

How Much Can You Save?

For 2025, you can save up to the IRS limit of \$23,500 (combined pre-tax and Roth after-tax limit).

If you're age 50 to 59 or age 64 or older, you can save an additional \$7,500 for a total contribution of \$31,000.

If you're age 60 to 63, you can save an additional \$11,250 for a total contribution of \$34,750.



3 Ways To Get Started

1. Go to workplace.schwab.com.
2. Download the Schwab Workplace Retirement App.
3. Call participant services at 800.724.7526.

When creating your account, you will need your Social Security number and date of birth. You will choose your contribution rate, make your investment elections and name your beneficiary.

Life and AD&D Insurance

To protect your family, WSI offers these benefits through MetLife:

**BASIC LIFE • SUPPLEMENTAL LIFE •
BASIC AD&D • WHOLE LIFE**

Basic and Supplemental Life Insurance

Life insurance pays a benefit if you or a covered family member dies.

- WSI pays 100% of the cost for Basic Life insurance.
- You can purchase Supplemental Life for yourself, your spouse/domestic partner and/or children.
- You pay the full cost of any Supplemental Life insurance you purchase through after-tax payroll deduction. Rates for yourself and your spouse/domestic partner will vary based on age. You will be able to see your cost when you enroll.

Note: An age reduction schedule will apply starting at age 70 and also at age 75. Please contact MetLife for further details. Refer to plan documents for further details.

AD&D Insurance

Accidental Death & Dismemberment (AD&D) pays a benefit if you die or suffer a serious injury due to an accident. WSI pays 100% of the cost for Basic AD&D for you.

Whole Life Insurance

Whole Life provides protection during working years and in retirement. It also builds cash value over time, and you can elect a long-term care benefit. You'll pay the cost of this coverage through payroll deduction.

Important Reminders

A **beneficiary** is the person that you designate to receive your benefits.

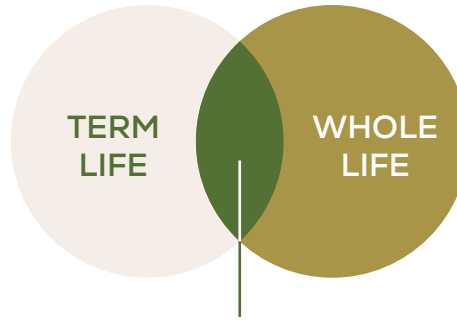
Remember to complete or update your **Beneficiary Designation form**, located on the Benefits Portal.

Evidence of Insurability (EOI) is a statement of health that insurance companies may require before life insurance will be effective. See the chart on the next page.

Term + Whole Life Insurance

Term Life

- Replaces income during work years
- Rates increase with age
- Coverage ends at retirement or when you leave WSI



Whole Life

- Provides protection during working years and in retirement
- Helps pay for final expenses
- Base rates are fixed from time of purchase

Comprehensive coverage that gives you peace of mind

Life and AD&D Benefits at a Glance

BENEFIT	AMOUNT	DETAILS
Basic Life and AD&D (automatically enrolled; paid by WSI)		
Basic Life	1x your base earnings Note: You can instead choose a flat amount of \$50,000 to avoid imputed income taxes.	\$1 million maximum
Basic AD&D	1x your base earnings	\$1 million maximum
Supplemental Life in addition to Basic Life (paid by you)¹		
Supplemental Life for you	\$10,000 to 5x your base earnings, in \$5,000 increments	\$1 million maximum
Supplemental Life for your spouse/domestic partner ²	\$10,000 to \$100,000, in \$5,000 increments	Can't exceed 100% of your associate life benefits
Supplemental Life for your children ³	\$5,000 or \$10,000 per child	\$1,000 benefit for birth to 6 months
Whole Life (paid by you)		
For you	\$10,000 to \$100,000, in \$5,000 increments	\$5 million maximum
For your spouse ²	\$5,000 to \$25,000 in \$5,000 increments	\$5 million maximum
For your children ³	\$5,000 or \$10,000 per child	When you elect child life, all of your eligible children are covered

1 If you and your spouse/domestic partner both work for WSI, you can each purchase associate supplemental life – spouse/domestic partner life insurance is not available. Only one of you can cover your dependent children.

2 In California only, you can enroll your same-sex and opposite-sex domestic partner as permitted by law.

3 Dependent children from birth to 26 years old are eligible for coverage.

When is EOI required?

Here's when you will need to provide EOI for Supplemental Life and Whole Life.

	FOR YOU	FOR YOUR SPOUSE/DOMESTIC PARTNER
As a new hire	Any amounts over \$100,000	Any amounts over \$25,000
During Open Enrollment or after a qualifying life event	Any coverage increase over \$30,000 or any total coverage amount over \$100,000	Any coverage increase over \$5,000 or any total coverage amount over \$25,000
If you did not enroll when first eligible	EOI required for any amount	EOI required for any amount

Simple Steps To Filing a Leave of Absence

Follow these steps if you need to take time off from work for medical or personal reasons.



1. Call or Use the Online Portal

Call TELUS Health at 833.467.0736 to initiate your leave claim or use the online portal at [WSILOA.abilitiabsenceus.com](https://wsihoa.abilitiabsenceus.com).

Learn More

Get details about each leave type in the benefits section of Homefront. Visit <https://wsiadmin2.sharepoint.com/sites/Benefits/SitePages/Leave-of-Absence-Programs.aspx>.



2. Complete

Complete and return the required information provided to you by your case manager at TELUS Health.

Workers' Compensation

If you become injured on the job, report the injury directly to your manager.

All injuries must be reported.

You and your manager will need to report the incident/injury to the Sedgwick NurseLine at 866.648.4749.

Leave of Absence



3. Contact

Stay in contact with your TELUS Health case manager with updates/changes to your leave.

Family Planning



Did you know that WSI has a Parental Leave Benefit?

- Primary caregivers are eligible for up to 12 weeks of pay immediately following the birth or adoption of a child.*
- Secondary caregivers are eligible for up to 4 weeks of pay within the first 4 months immediately following the birth or adoption of a child.

For more information regarding the Parental Leave Benefit, visit HomeFront at <https://wsiadmin2.sharepoint.com/sites/Benefits/SitePages/Leave-of-Absence-Programs.aspx>.

* Associates must be enrolled in the Company's Short-Term Disability Plan to receive 100% wage continuation and have met the Plan's 90-day waiting period.

Disability

If you are unable to work because of a non-work-related illness or injury, WSI's disability benefits replace part of your income. You have two types of disability coverage:

SHORT-TERM DISABILITY (STD) OR STATE DISABILITY INSURANCE (SDI) • LONG-TERM DISABILITY

Short-Term Disability (STD) or State Disability Insurance (SDI)

STD replaces part of your pay if a non-work-related illness or injury prevents you from working for a short period of time. You are automatically enrolled in this benefit. If you are a non-exempt associate who lives in California, you will be enrolled in SDI instead.

Long-Term Disability (LTD)

LTD replaces a portion of your pay if a non-work-related illness or injury prevents you from working for a long period of time.

Disability Benefits at a Glance

BENEFIT	COVERAGE
<p>Short-Term Disability (STD)</p> <p>For new hires: Full-time non-exempt associates (excluding those who live in CA) are automatically enrolled after 90-day waiting period; you can waive coverage by calling the Benefits Resource Center at 800.413.1444, option 1, within the 90-day waiting period*</p>	<p>Waiting period: 90-day waiting period from full-time hire date</p> <p>Benefits begin: On 8th day of illness or first day of hospitalization</p> <p>Plan pays: 55% of your weekly base salary up to a \$1,129 weekly benefit maximum</p> <p>Benefits continue: Up to 26 weeks or until you fully recover, whichever comes first</p> <p>Coordination with other benefits: STD coordinates with income from other sources (such as state disability income benefits in CA, NY, RI, NJ, HI and PR)</p>
<p>Short-Term Disability (STD) for Exempt Associates</p> <p>For new hires: Full-time exempt associates (including those who live in CA) are automatically enrolled after 90-day waiting period; you can waive coverage by calling the Benefits Resource Center at 800.413.1444, option 1, within the 90-day waiting period*</p>	<p>Waiting period: 90-day waiting period from full-time hire date</p> <p>Benefits begin: On 8th day of illness or first day of hospitalization</p> <p>Plan pays: 66 % of your weekly base salary up to \$4,000 weekly maximum benefit</p> <p>Benefits continue: Up to 26 weeks or until you fully recover, whichever comes first</p> <p>Coordination with other benefits: STD coordinates with income from other sources (such as state disability income benefits in CA, NY, RI, NJ, HI and PR)</p>
<p>State Disability Insurance (SDI)</p> <p>Non-exempt associates who work in California are automatically enrolled</p>	<p>Benefits begin: On 8th day of disability</p> <p>Plan pays: Up to 90% of average base wages if you make less than \$63,000 per year; up to 70% of average base wages if you make \$63,000 or more per year; maximum weekly benefit of \$1,681</p> <p>Benefits continue: Up to 52 weeks or until you fully recover, whichever comes first</p>
<p>Voluntary Long-Term Disability (LTD)</p> <p>All non-exempt associates (excluding corporate) are eligible to enroll in this voluntary benefit</p>	<p>Benefits begin: On 181st consecutive day of disability</p> <p>Plan pays: Choose coverage of 40% or 60% of your monthly base salary; maximum benefit of \$5,000 per month</p> <p>Benefits continue: See the LTD Summary on the Resources tab at MyWSIBenefits.com.</p> <p>Note: LTD coordinates with other income sources (e.g., Social Security).</p>
<p>Company-Provided Basic Long-Term Disability (LTD) and Voluntary LTD</p> <p>All exempt and corporate non-exempt associates are automatically enrolled in the Basic LTD benefit; some associates may be eligible for additional Voluntary LTD</p>	<p>Benefits begin: On 181st consecutive day of disability</p> <p>Plan pays: Basic LTD benefit is 40% of monthly base salary; elect Voluntary LTD for additional 20% of your monthly base salary; combined monthly maximum benefit of up to \$10,000</p> <p>Benefits continue: See the LTD Summary on the Resources tab at MyWSIBenefits.com.</p> <p>Note: LTD coordinates with other income sources (e.g., Social Security).</p>

* If you waive STD coverage during your new hire enrollment opportunity, you will be required to provide Evidence of Insurability (EOI) if you want to elect coverage at a later date.

Critical Illness, Accident and Hospital Indemnity

Supplemental insurance coverage for illnesses, accidents and hospital stays provides an extra layer of protection for you and your family.

The plans have low weekly premiums that can help fill financial gaps where you may need extra coverage. These benefits are offered through MetLife. For more information, visit the Benefits Portal at [MyWSIBenefits.com](https://www.mylife.com/MyWSIBenefits.com).

Know the Stats

Even with medical coverage, extra expenses can add up.

- The average cost of an ER visit is \$2,800.
- The average cost of a three-day hospital stay is \$30,000.

How the Plans Work

- You enroll for each of these benefits separately.
- You purchase coverage with after-tax payroll deductions, making benefits paid tax-free.
- If you leave the company or retire, you can continue this coverage.
- You can enroll yourself and your eligible family members.
- Benefits are paid directly to you.
- Make sure you name a beneficiary.
- You'll file a claim when you need to access these benefits. Go to [MyWSIBenefits.com](https://www.mylife.com/MyWSIBenefits.com) > Other Benefits > Critical Illness, Accident & Hospital Indemnity.

Critical Illness, Accident and Hospital Indemnity Benefits at a Glance

	CRITICAL ILLNESS INSURANCE	ACCIDENT INSURANCE	HOSPITAL INDEMNITY INSURANCE
How it helps	Pays a cash benefit directly to you if you're diagnosed with a covered critical illness. Use your cash benefit to help pay for treatment or everyday living expenses.	Pays a cash benefit directly to you to help with unexpected costs due to a covered accident. This includes expenses like ambulance rides, ER visits and physical therapy.	Pays a cash benefit directly to you during a covered hospitalization to help with related expenses. These expenses include things like transportation and meals for family members, help with child care or time away from work.
What it covers	More than 20 conditions, including cancer, heart attack, stroke and kidney failure.	A wide variety of accidental injuries, including broken bones, concussions, dislocations, and second- and third-degree burns.	The plan pays set benefits for hospital admissions, hospital confinements and inpatient rehabilitation.
Benefit options	\$10,000 to \$50,000, in \$10,000 increments	Low Plan or High Plan	Low Plan or High Plan

Note: These coverages are not intended to be a substitute for comprehensive medical coverage. This voluntary benefit is provided and administered by MetLife and does not constitute employer-sponsored medical care. WSI does not sponsor this voluntary benefit and makes no representations with respect to its design and compliance with applicable law. Questions about this voluntary benefit should be directed to MetLife.

Wellness Benefits (Available in Certain States)

- **Critical Illness Insurance:** Receive up to \$50 for getting a covered wellness screening and up to \$200 for a mammogram.
- **Accident Insurance:** Receive up to \$50 for getting a covered wellness screening.

Live a Full Life

Our WSI programs are here to help you live your best life. Our Connect Employee Assistance Program (EAP), provided by Cigna, offers free confidential support for everyday challenges and for more serious problems. It's available to you and your household members, even if you're not enrolled in a WSI medical plan.

Get Help

LEGAL ASSISTANCE
FINANCIAL • PARENTING
ELDER CARE • PET CARE
IDENTITY THEFT

EAP Fast Facts

- Available 24/7
- Up to 7 free counseling sessions per issue for each household member each plan year
- Virtual or face-to-face support
- Help with everything from anxiety and depression to marriage and relationships to money management
- Online library of videos and articles



EAP



Get in Touch With the EAP

Call 877.505.4161 or visit myCigna.com.

If you're enrolled in a Cigna medical plan, you'll be able to access the EAP when you sign in to myCigna.com.

For those not enrolled in a Cigna plan and/or for household members, scan the QR code. If you haven't registered yet, click on "Register" to complete your registration (Employer ID: WSI).

Other Benefits

You can enroll in these additional benefits:

LEGAL • IDENTITY & FRAUD PROTECTION • COMMUTER BENEFITS • PET INSURANCE • AUTO & HOME

ENROLL FOR LEGAL COVERAGE AND IDENTITY PROTECTION AT [MYWSIBENEFITS.COM](https://mywsibenefits.com)

ENROLL FOR COMMUTER BENEFITS, PET INSURANCE AND AUTO & HOME INSURANCE ON THE PROVIDER WEBSITES LISTED IN EACH SECTION BELOW

Legal

You can purchase affordable legal coverage through MetLife Legal Plan. You'll be able to access a network of more than 18,000 credentialed attorneys who have an average of 25 years of experience.

Get help with personal legal matters like:

- Buying or selling a home
- Getting married
- Dealing with identity theft
- Starting a family
- Sending kids off to college

You pay \$15.87 per month. You can enroll or cancel coverage during your 31-day initial new hire enrollment period, Open Enrollment or a qualifying life event.

Plus, you have access to Family First benefits that help you navigate caregiving challenges. Get help with elder care, child and adolescent well-being, and navigating insurance and Medicare.

Learn more at info.legalplans.com (enter access code 6090209) or call 800.821.6400.

Identity & Fraud Protection

Identity & Fraud Protection (offered through Aura in partnership with MetLife) can help make your world a safer place.

Features include:

- Coverage for up to 10 additional adults (friends or family)
- \$5 million identity theft insurance for each enrolled adult
- Digital vault to store and share sensitive data

To learn more, visit aura.com and go to Features, or call 844.931.2872.

Commuter Benefits

The Commuter Benefits account helps you save on eligible expenses related to your commute by allowing you to set aside tax-free dollars through payroll deductions. You can use your contributions to pay for expenses related to parking, ridesharing and mass transit. For 2025, you can contribute up to \$325 per month pre-tax for transit and parking expenses. To enroll in Commuter Benefits, visit wageworks.com. You can register a new account or log in to your existing HealthEquity/WageWorks account. Place, change or cancel your monthly order by the 10th of the current month for use in the following month.

Pet Insurance

Protect your furry and feathered family members with pet insurance through MetLife that helps cover your pet's ongoing or unexpected veterinary costs. You can see any licensed vet or emergency clinic. You can even do telehealth visits!

Coverage is flexible and customizable, so you can choose the plan that works for you. You'll pay MetLife directly for this coverage. Enroll or cancel coverage at any time by going to metlife.com/getpetquote or calling 800.GET.MET8 (800.438.6388) and mentioning you are employed by WSI.

Auto & Home Insurance

Take advantage of special Farmers GroupSelect savings for Williams-Sonoma associates.

Enroll at farmers.com/groupselect or call 855.766.0109. If you live in California, call 833.956.3221. When you call, mention code "FXL".

Shop and Save With the Discount Program!

Save on thousands of brands with PerkSpot, WSI's online discount program. From travel to electronics, choose from over 25 categories to shop. All WSI associates, contractors, temporary associates and their friends and family members are eligible for a PerkSpot account. To get started, register for an account at wsi.perkspot.com using your WSI or personal email address. You'll receive a registration email containing login instructions.

You'll Dig the Discounts!

Get special group rate discounts on auto, home, renters insurance and more.

As a WSI associate, you get special group discounts through Farmers Insurance. These plans are tailored specifically to you as a WSI associate, so you can protect what matters most. Plus, get a loyalty discount for your years of service with WSI. If you purchase more than one policy, you can get a multi-policy discount.

Wide Range of Products & Services

AUTO • RENTER'S
HOME • CONDO
BOAT • RV

Enroll Anytime



You can start taking advantage of this Auto & Home coverage at any time throughout the year. Choose your coverage while enjoying savings and benefits, like special group discounts, enhanced rental car damage coverage and roadside assistance.

Go to farmers.com/groupselect or call 855.766.0109. If you live in California, call 833.956.3221. When you call, mention code "FXL". Receive a quote on Farmers Insurance's website and pay them directly.

The Farmers GroupSelect® auto and home insurance program and discounts and coverage through the Program is unavailable in CA. However, qualified applicants in CA may still be eligible for coverage from Farmers Insurance Exchange, Fire Insurance Exchange, and Truck Insurance Exchange, though without certain discounts.



Costs for Coverage

Your Monthly Paycheck Costs for Medical Coverage*

Your costs for coverage will depend upon which plan you select, your level of coverage and your salary.

Monthly costs shown below are Open Access Plus Network rates for non-tobacco users. If you are a tobacco user, your rates will be higher. Additional rates can be found at MyWSIBenefits.com.

	CIGNA HIGH DEDUCTIBLE HSA	CIGNA STANDARD CARE	CIGNA PREMIUM CARE	KAISER PERMANENTE HIGH DEDUCTIBLE HSA (Certain Locations Only)	KAISER PERMANENTE HMO (Certain Locations Only)
If you make \$50,000 or less					
Associate Only	\$105.74	\$156.94	\$446.20	\$97.49	\$144.70
Associate + Spouse/ Same-Gender Domestic Partner	\$287.16	\$424.07	\$1,079.13	\$268.31	\$396.24
Associate + Child(ren)	\$235.97	\$350.62	\$914.22	\$218.73	\$325.01
Associate + Family	\$416.27	\$618.85	\$1,541.10	\$393.06	\$584.34
If you make \$50,000.01–\$100,000					
Associate Only	\$110.06	\$163.36	\$459.99	\$101.48	\$150.62
Associate + Spouse/ Same-Gender Domestic Partner	\$298.92	\$441.44	\$1,112.50	\$279.30	\$412.46
Associate + Child(ren)	\$245.62	\$364.97	\$942.50	\$227.68	\$338.31
Associate + Family	\$433.33	\$644.19	\$1,588.76	\$409.17	\$608.28
If you make greater than \$100,000					
Associate Only	\$114.45	\$169.88	\$473.80	\$105.52	\$156.62
Associate + Spouse/ Same-Gender Domestic Partner	\$310.86	\$459.05	\$1,145.88	\$290.46	\$428.92
Associate + Child(ren)	\$255.43	\$379.53	\$970.77	\$236.77	\$351.81
Associate + Family	\$450.61	\$669.88	\$1,636.42	\$425.49	\$632.54

* Rate determination will be based on the associate's annualized salary as of April 2025.



Your Monthly Paycheck Costs for Dental Coverage

Your monthly costs for coverage will depend upon which plan you select.

	STANDARD PLAN	PREMIUM PLAN
Associate Only	\$10.23	\$25.00
Associate + Spouse/Same-Gender Domestic Partner	\$32.96	\$64.77
Associate + Child(ren)	\$27.27	\$53.41
Associate + Family	\$42.05	\$90.92

Your Monthly Paycheck Costs for Vision Coverage

Your monthly costs for coverage will depend upon which plan you select.

	STANDARD PLAN	PREMIUM PLAN
Associate Only	\$4.54	\$6.82
Associate + Spouse/Same-Gender Domestic Partner	\$9.09	\$13.63
Associate + Child(ren)	\$9.09	\$13.63
Associate + Family	\$13.63	\$20.46

Benefits To Help You Live a Health-Full Life

Take advantage of all the benefits WSI offers.

GO TO [MYCIGNA.COM](https://mycigna.com) > WELLNESS

LIVE WELL CASH INCENTIVES¹

Earn cash for completing wellness activities such as preventive screenings and biometric screenings.

ACTIVE & FIT DISCOUNTS²

Get a \$28-a-month fitness membership.

HEALTHY REWARDS²

Save on things like meal delivery, gyms and virtual workouts, and alternative medicine.

WELLNESS COACHING¹

Work with a health coach to meet your personalized health goals.

SMOKING CESSATION¹

Find support to kick your tobacco habit.

CONNECT EMPLOYEE ASSISTANCE PROGRAM (EAP)⁴

Get free confidential support for everyday challenges and more serious problems. Call 877.505.4161 or visit myCigna.com.

1 Available if you're enrolled in a WSI medical plan (Cigna or Kaiser Permanente)

2 Available if you're enrolled in a WSI medical plan through Cigna

3 Available if you're enrolled in a Kaiser Permanente plan

4 Available to all WSI associates

GO TO [KP.ORG](https://kp.org) > HEALTH & WELLNESS > FITNESS & EXERCISE DEALS

WELLNESS DISCOUNTS AND RESOURCES³

Take advantage of programs like Active & Fit Discounts and ClassPass.

Contacts

BENEFIT	CONTACT INFO	
Benefits Enrollment		
Enrolling	MyWSIBenefits.com 800.413.1444, option 1 (Representatives are available Monday through Friday, 7 a.m. to 4 p.m. Pacific time, except on certain holidays)	
Medical and Prescription Drugs		
Cigna (High Deductible HSA, Standard Care, Premium Care)	855.273.3551 myCigna.com	
Kaiser Permanente (High Deductible HSA, HMOs)	800.464.4000 (California) 800.632.9700 (Colorado) 888.865.5813 (Georgia)	800.777.7902 (Mid Atlantic States) 800.813.2000 (Northwest) 888.901.4636 (Washington) kp.org
Dental		
Delta Dental of California	800.397.4741 deltadentalins.com	
Vision		
VSP	800.877.7195 vsp.com	
Health Savings Account (HSA) and Flexible Spending Accounts (FSAs)		
HealthEquity	866.346.5800 my.healthequity.com	
Life and AD&D, Disability, Critical Illness, Accident, Hospital Indemnity		
MetLife	800.GET.MET8 (800.438.6388) mybenefits.metlife.com/wsi	
Employee Assistance Program (EAP)		
Cigna	877.505.4161 myCigna.com; Employer ID: WSI	
Legal		
MetLife Legal Plans	800.821.6400 info.legalplans.com Access code: 6090209	
Identity & Fraud Protection		
Aura in partnership with MetLife	844.931.2872 aura.com	
Pet Insurance		
MetLife	800.GET.MET8 (800.438.6388) metlife.com/getpetquote	
Commuter/Parking/Transit		
HealthEquity/WageWorks	877.924.3967 participant.wageworks.com	
401(k) Plan		
Charles Schwab	800.724.7526 workplace.schwab.com	
Auto & Home		
Farmers Insurance	855.766.0109 (California: 833.956.3221) Code: FXL farmers.com/groupselect	

WILLIAMS-SONOMA, INC.

POTTERY BARN pottery barn kids POTTERY BARN | teen west elm GreenRow

WILLIAMS SONOMA WILLIAMS SONOMA HOME MARK & GRAHAM REJUVENATION

This document is intended for all regular full-time associates scheduled for or normally working 30 or more hours per week. This document excludes the following groups: Hawaii, Puerto Rico and International associates.

This 2025-2026 Benefits Guide for Williams-Sonoma, Inc. is a Summary of Material Modifications (SMM) to the Health & Welfare Plan Document and Summary Plan Description for Williams-Sonoma, Inc. associates. This SMM amends the most recent Summary Plan Descriptions (SPDs), available on MyWSIBenefits.com. Log in to the Benefits Portal at MyWSIBenefits.com (look for "Enroll or Check Your Benefits"). Then select "Library" and click on "Plan Summaries."

This guide is designed as a reference to help eligible associates enroll for benefits and answer many benefit questions. The legal documents and insurance contracts governing these plans will determine your benefits in the event of any omissions or discrepancies. Your participation in these plans is not a contract of employment and does not guarantee your future employment.

April 2025