

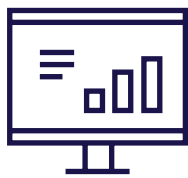


2024 Benefits Enrollment Team Member Guide

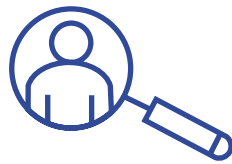
For Team Members in the
United States (not including Hawaii)

SIGNET
JEWELERS

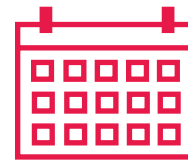
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Learn



Evaluate



Act!

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Inspiring love for all begins with love for our team. That's why we offer you a high-quality, comprehensive benefits package - The Benefits of Signet. The Benefits of Signet are designed to help you and your family be healthy, be secure, and be balanced so you can be your best in life. Some of these programs are described in this booklet. **To learn more about any of the programs listed, go to Workday and click on the "The Benefits of Signet" app or email HR@signetjewelers.com.**



Know Your Options!



Be Healthy!

Medical Coverage

- Concierge-level support provided by Anthem
- Consumer Directed Health Plans (CDHP)
- Full Service PPO Plans
- Base & Buy Up Plans for PPO and CDHP

Prescription Drug Program

- Mail Service Pharmacy

Dental Coverage

- Two plan options
- Teeth cleanings covered at 100%

Vision Coverage

- Eye360 featuring PLUS providers
- Purchase frames & contacts online

Flexible Spending Account Plans

- Health Care FSA
- Dependent Care FSA
- Limited Purpose FSA

Health Savings Account (HSA)



Be Secure!

401(k) Retirement Plan

- Roth & Pre-Tax 401(k)

MetLife Accident, Hospital Indemnity & Critical Illness Insurance

Disability Coverage

- Company-paid short-term disability
- Long-term disability

Life Insurance

- Company-paid life insurance & AD&D
- Voluntary term life & AD&D for team member, spouse/ domestic partner & child

MetLife Legal Plans

- Access to top-quality attorney network
- Two plan options

MetLife Pet Insurance

Voluntary Auto & Home Insurance

Tax-Favored Commuter Program

National Credit Union

Salary Finance Loan Program



Be Balanced!

Paid Time Off

Paid Parental Leave

Adoption & Surrogacy Program

- Reimbursement for qualified expenses

TELUS Health Total Wellbeing Solution

- Personalized health & wellness coaching
- In-person & virtual mental health counseling
- Self-guided health & well-being toolkits
- LIFT Virtual Fitness Program
- Well-being assessments with immediate feedback

LifeSpeak Video Library

- Access to expert advice on health & wellness topics
- Watch videos & download action plans

Perks At Work Program

- Local & national merchant discounts

Workday is your online connection to complete the benefits enrollment process. To access Workday, go to SIGnet, the company-wide Intranet and click on the Workday link or download the Workday mobile app for access on-the-go. If you need help with accessing Workday or if you are locked out of Workday and need to reset your password, call the IT Service Desk at 855-641-4744.

WORKDAY MOBILE APP

The Workday Mobile app provides secure, mobile access to your Workday applications on-the-go.

You can use the Workday Mobile app to elect or make changes during benefits enrollment.

Here is what you need to know:

- Using your mobile device, you can download the Workday app for free at the App Store or Google Play. When prompted, use the company name **signetjewelers** (all one word), and then sign in using your company-provided email login.
- **If you are adding a new dependent, you must use the Workday desktop version to complete this task.**

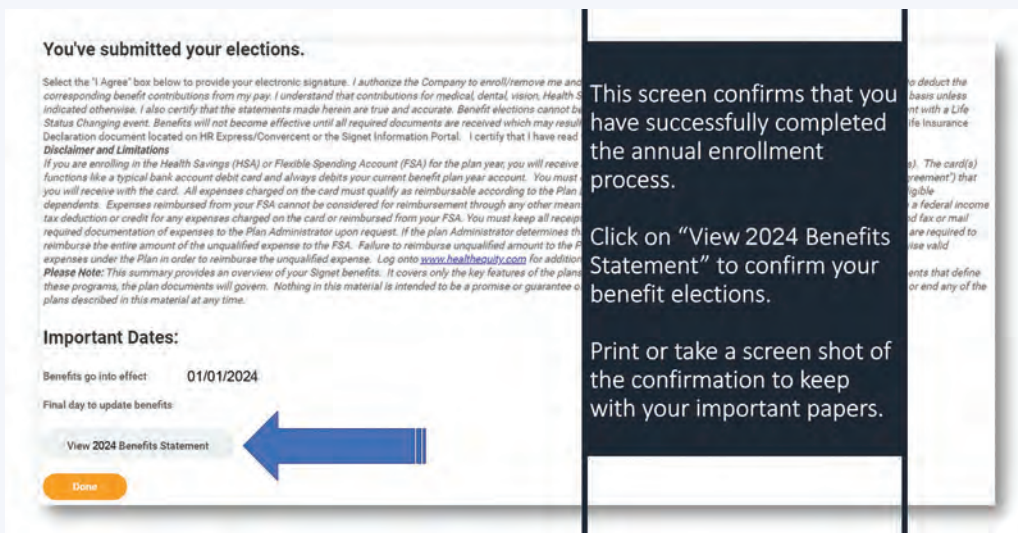
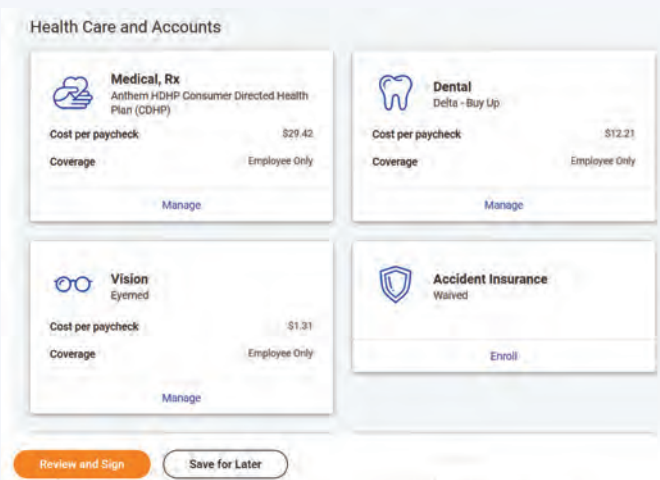
Here's What You Need to Know:

When you start the benefits enrollment process you will be asked to confirm your and, if applicable, your spouse's/domestic partner's tobacco-free status in Workday.

You will then be directed to the benefits enrollment screens which are set up as tiles. The tiles are designed to make your enrollment experience easy because each section is set up by benefit, for example "Health Care & Accounts" as you see in the picture to the right. Each benefit is set up with a tile that represents the program that falls under that benefit. For instance, under the "Health Care & Accounts" section, you will see a tile for Medical/Rx, Dental, Vision and Health Savings Accounts.

Here's what you need to do:

- Click on each tile to enroll in the benefit listed.
- Scroll down to view each benefit category until you get to the bottom of the page.
- Do not click on the "Review + Sign" (orange) button until you are ready to submit all of your elections.
- The last screen that you will see on Workday before finalizing your benefit elections will show the benefits that you elected and which benefits you waived, including what your cost is for each.
- You have not successfully submitted your benefits elections until you see the screen below.



To assist you with having a successful benefits enrollment experience, use the checklist below to make sure that you meet important deadlines, such as adding or removing a dependent, and avoid paying additional bi-weekly surcharges.

Before you start the enrollment process in Workday:

- Read the 2024 Benefits Enrollment Guide to learn about your benefit options.
- Go to page 6 of this guide to determine if your dependent is eligible for coverage.
- Do you need to add a dependent? You must complete this process in Workday before you complete the benefits enrollment process. Refer to the blue box below for more information.
- Will your spouse or domestic partner be enrolled in the medical plan in 2024? If so, you are required to submit a *Spouse or Domestic Partner Medical Plan Surcharge Eligibility Form* using the applicable task in your Workday Inbox.

Deadline to submit the completed *Spouse or Domestic Partner Medical Plan Surcharge Eligibility Form* before your benefits effective date, or you will pay a \$225 bi-weekly surcharge in addition to your regular bi-weekly medical contribution.

Important Information About Adding a New Dependent in Workday

Your must complete these steps BEFORE completing your benefits enrollment!

1. Go to page 8 for step-by-step instructions on how to add a dependent in Workday.
2. Submit the required dependent documentation when entering your dependent's information into Workday. Refer to the list of required supporting documentation at the bottom of page 6.
3. Allow 2 business days to receive an email confirmation that your dependent is approved or if additional information is required.
4. Once your dependent is approved, you are ready to finalize your 2024 Benefits Enrollment elections.
 - ✓ Log in to Workday to access your Workday Inbox.
 - ✓ Click on the benefits enrollment task in your Workday Inbox.
 - ✓ Add your dependent to the benefit plans that you want your dependent to be enrolled in for 2024.
 - ✓ Click "Review & Sign" to submit all of your benefit elections.

Are you ready to complete your benefits enrollment in Workday?

- Log in to Workday to access your Workday Inbox and click on the benefits enrollment task.
- Confirm your and if applicable, your spouse's or domestic partner's tobacco status or be charged a **\$100 per person bi-weekly tobacco surcharge** in addition to your regular bi-weekly medical contribution. Ready to quit tobacco? Turn to page 30 to learn how.
- Click on each benefit section, also called tiles, that you want to enroll in or make changes to. To see all the benefits that you are eligible to participate in, be sure to scroll down the screen until you get to the bottom of the page.
- Review the final page that shows the benefits you elected or waived for 2024, and what your cost is to participate in the benefit plans you choose.
- Click on the "Review and Sign" button to submit your 2024 benefit elections. You will receive this message: "**You've submitted your elections.**" Before you close your browser, be sure to:
 - ✓ Click on the link "View 2024 Benefits Statement" to confirm your elections.
 - ✓ Print or take a screen shot of the confirmation to keep for your personal records.

If you are adding a dependent to your benefit elections, you must first add your dependent's name and information in Workday. Once you add your dependent in Workday, you will be required to submit documentation to verify that your dependent meets the benefit eligibility rules.

Dependent verification can take up to two business days. So don't wait! As soon as you receive the benefits enrollment task in your Workday Inbox, get started enrolling in the Signet benefit plans. If you don't finalize adding your dependent within 30 days of receiving the benefits enrollment task, this includes finishing the benefits enrollment in its entirety, you will be prohibited from adding your dependent to the benefit programs until the next annual enrollment period or if they experience a Life Event as described on page 31 of this guide.

How to Confirm Dependents in Workday

Before you can add a dependent to your benefit elections, you must add your dependent in Workday prior to going through the benefits enrollment process. Follow these steps to add a new dependent in Workday:

Step 1: From the Workday homepage, select the Benefits of Signet Worklet.

Step 2: Click on Update Dependents(s) located under the Change my Benefits section.

Step 3: Click on the Add button in the upper left-hand corner of the screen and follow the prompts.

- Under the Effective Date & Reason section, click on Effective Date and enter your hire date.
- Under the Reason box, choose Add Dependent.
- Next, select Add Dependent > New Hire or Re-Hire (whichever is applicable) from the drop down box.
- Continue to scroll down the page and fill in all applicable information.
- You must complete all sections marked with a red star.
- You must add your dependent's Social Security Number under the National IDs section.

Step 4: To finalize adding a dependent in Workday, you must electronically submit documentation by uploading supporting documentation at the bottom of the dependent information page. This is to verify your dependent meets the eligibility requirements to be enrolled in Signet's benefit plans.

- Refer to the Dependent Eligibility Rules & Documentation Requirements chart below.
- Once you electronically submit the dependent documentation, you will receive an email confirmation to your email address indicated in Workday within 2 business days. If you did not enter a personal email address in Workday, the system automatically defaults to your Signet Jewelers email address.
- **Dependent verification can take up to 2 business days to complete. A business day is defined as Monday through Friday, 8:00 a.m. to 5:00 p.m. ET.**

YOU ARE NOT DONE YET!

After you receive confirmation that your dependent is added in Workday, you must go back to your Workday Inbox, click on the **Enrollment** task and add your dependent to your benefit elections. **Failure to complete this final step within 30 days from your hire/rehire date or effective date of your status change to full-time will prohibit you and your dependent(s) from being enrolled in the benefit plan(s).**



Learn

Go to Workday and click on The Benefits of Signet icon for more information.

DEPENDENT ELIGIBILITY RULES & DOCUMENTATION REQUIREMENTS

BENEFIT PLAN	CATEGORY OF DEPENDENT	ELIGIBILITY RULES	SUPPORTING DOCUMENTATION REQUIRED
MEDICAL, DENTAL, VISION AND VOLUNTARY PLANS	SPOUSE	Your spouse as defined by federal tax law.	<ul style="list-style-type: none"> • Marriage Certificate • Federal tax return showing filed as married
	DOMESTIC PARTNER	Domestic Partner means a person to whom you are not legally married as defined by the state in which you live.	Go to SIGnet>Departments>Human Resources>Resources>Benefits to print a Domestic Partner Policy Packet
	CHILDREN	Dependent age 26 and under.	<ul style="list-style-type: none"> • Birth Certificate • Crib Card with parent's name on it • Hospital Birth Registry printout • Legal adoption order with court seal • Court order
		Unmarried disabled child over the age of 26, if approved as incapacitated under the Signet Medical Plan before turning the age of 26.	Notice of Award letter from Social Security or Supplemental Security Disability of child being found "disabled"

IMPORTANT INFORMATION REGARDING ENROLLING DEPENDENTS ALL ELIGIBLE DEPENDENTS

- You are only able to add eligible dependents in the benefit programs that you, the team member, are enrolled in (i.e. medical, vision or dental plans).
- You must add your dependent's information in Workday prior to going through the benefits enrollment process and provide the required documentation to verify that he or she is your eligible dependent. For information on how to add your dependent in Workday go to page 5 of this guide.

• **Failure to complete all steps of the benefit enrollment process which includes adding your dependent in Workday, providing supporting documentation for each dependent and the selection of benefit elections within 30 days from your hire/rehire date or effective date of your status change to full-time will prohibit you and your dependent(s) from being enrolled in the benefit plan(s).**

- Moving forward, you can add an eligible dependent to the medical, vision or dental plans if you or your dependent experiences a Life Event or during the next annual enrollment period.

ADULT CHILDREN AGES 19 TO 26 Medical, Dental and Vision Plans

- Your adult child's spouse and/or a child of your adult child are not eligible to enroll in the medical, dental and vision plans.
- Your adult child will no longer be eligible to be covered under the medical, dental and vision plans as of the end of the month of his or her 26th birthday. However, upon turning age 26, your adult child will be eligible to elect continuation of medical, dental and vision coverage as stated under the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985.

DOMESTIC PARTNER BENEFITS

It is important to note that adding a domestic partner to your benefits coverage may have legal and significant tax implications. For example, the estimated amount that Signet pays to cover your domestic partner will be added to your salary for tax purposes unless your partner is a qualifying dependent under IRS Code Section 152. You are encouraged to seek legal/tax advice before adding your domestic partner to your benefits.

To be eligible for domestic partner benefits, you must complete the online enrollment process in Workday and request additional paperwork as outlined in the chart on page 4 to finalize the enrollment process. The Domestic Partner Enrollment Packet must be received in the Benefits area of the Human Resources Department prior to your effective date for benefits coverage.

WORKING SPOUSE OR DOMESTIC PARTNER MEDICAL PLAN SURCHARGE

Team members who elect spousal or domestic partner coverage are required to pay a **bi-weekly \$225 surcharge** in addition to their regular bi-weekly medical plan contribution rate **IF** the spouse or domestic partner has access to group medical coverage through another employer plan.

Team members are required to sign a **"Spouse or Domestic Partner Medical Plan Surcharge Eligibility Form"** to verify that their spouse or domestic partner does not have access to other coverage. Team members who do not provide the signed **"Spouse or Domestic Partner Medical Plan Surcharge Eligibility Form"** will be automatically charged the additional **bi-weekly \$225 surcharge**.

If you are adding your spouse or domestic partner in the medical plan, **YOU MUST complete a "Spouse or Domestic Partner Medical Plan Surcharge Eligibility Form" and submit it** using the applicable task in your Workday Inbox or email HR@signetjewelers.com within 30 days from the date you receive the benefits enrollment task in your Worday inbox or the bi-weekly \$225 surcharge will apply. To print a copy of the **"Spouse or Domestic Partner Medical Plan Surcharge Eligibility Form"** go to Workday and click on **The Benefits of Signet** worklet.

Forms received after the 30 day deadline may not be processed before the first paycheck in which your medical contribution is deducted and you will be charged the additional bi-weekly surcharge. Late forms will be processed accordingly and adjustments will be made to future paychecks. However, **refunds will not be issued for surcharges deducted from previous paychecks.**

Adding your spouse or domestic partner to the medical plan?

You must submit the "Spouse or Domestic Partner Medical Plan Surcharge Eligibility Form" or you will be automatically charged an additional bi-weekly \$225 surcharge



Anthem provides concierge-level support and a national medical provider network for participants in the Signet Consumer Directed Health Plans (CDHP) and Full Service PPO Plans. As part of your Anthem benefits you have access to programs and support, including dedicated Family Advocates who will be your single point of contact for all of your healthcare needs.

What is a Family Advocate?

Family Advocates are trained to educate you and your family on your medical plan benefits and getting the most from them. Your Family Advocate can help you:

- Find quality doctors, specialists, and care facilities in your medical plan's network.
- Stay on top of preventive care and connect you with resources to help you better manage your health.
- Know and understand your benefits.
- Find in-person or virtual care or schedule appointments for you.

You can connect with your Family Advocate by:

- Calling 833-862-0736, Monday through Friday, 8 a.m. to 8 p.m. ET.
- Logging in to the Sydney Health app or anthem.com.
- To search for care providers near you, visit anthem.com or use the Find Care & Cost feature in the Sydney Health app.

Anthem Medical ID Card

Medical plan members can access their Anthem medical ID card using the Sydney Health mobile app or at anthem.com.

- Use the Sydney Health mobile app or go to anthem.com to manage your benefits. Access your digital ID card, review plan details, such as deductibles and out-of-pocket limits, and find in-network plan providers.
- Show your Anthem Medical ID card anytime you receive care. This helps ensure claims are processed quickly and accurately.

Sydney Smart Rewards

Take charge of your health and get rewarded! When you complete various tasks in the Sydney Health app, such as getting your annual physical or an eye exam, you will receive tickets to enter a raffle for gift cards!

Sydney Health app

Connecting you with your health plan, no matter where you are! With the Sydney Health app, you can connect to everything you need to know about your Anthem benefits — personalized and all in one place. Sydney Health makes it easier to keep things organized, so you can spend more time focused on your health. With a few taps, you can access plan details, Family Advocates, virtual care, and wellness resources. Sydney Health stays one step ahead of your needs — moving your health forward by building a world of wellness around you.

A Personalized Whole Health Experience

Plan members now have access to programs to enhance and support your healthcare journey.

- **Anthem Blue Distinction Plus Centers** are for select orthopedic, cardiac and transplant care and designed to provide better outcomes and faster recovery times at a lower cost to you.
- **LetsGetChecked Colon Cancer Screening** is a hassle-free, non-invasive way to screen for colon cancer from the comfort and privacy of your home. Get accurate physician-reviewed test results in just a few days.
- **Omada Diabetes & Hypertension Management Program** is a cutting-edge digital health program, combining online coaching, smart devices, and interactive lessons, to empower you to take control and manage your diabetes and hypertension conditions.
- **WINFertility** personalizes your fertility treatment plans and provides a network of top-rated fertility specialists to assist you in your family-building journey.
- **Virtual Primary Care** connects you with a Primary Care Physician (PCP) in the medical plan network that you can use for general health needs, screenings, and annual physicals. Doctors are available by appointment during normal business hours.
- **Inclusive Care** connects LGBTQIA+ individuals to medical and emotional support and best-in-class healthcare. You will receive care from carefully chosen care providers that are well-equipped to treat the unique needs of the LGBTQIA+ community.
- **Behavioral Health Resource** is available for you by calling 844-792-5141, day or night. A licensed clinician can speak with you and refer you to programs, care providers, and specialty services for mental health care, such as, anxiety, depression, eating disorders, or substance use.
- **Building Healthy Families** focuses on meeting families' needs - no matter who makes up that family. If you're having a baby or planning to grow your family, the program makes it easier for you to find personalized, on-demand health guidance. It offers support to you from pre-conception to early childhood.
- **Hinge Health** provides specialized virtual care for back and joint issues from the comfort of your home at no cost to the participant. Hinge Health will help you prepare and recover from surgery and overcome pain associated with back and joint pain.

Log in to access your benefits:

Go to anthem.com/signup.



OR

Text

SYDHEALTH to 268436
to download the app and log in.



Medical Plan Team Member Contributions and Surcharges



Your medical plan contribution and if applicable, surcharge(s) are deducted on a bi-weekly basis from your paycheck. Because you pay for your benefit coverage on a pre-tax basis, you cannot change or cancel your pre-tax options until the next annual enrollment period unless you experience qualifying Life Event (as described on page 31 of this guide).

Your medical plan contribution is based on the level of coverage and the type of medical plan you select, as listed in the chart below. Surcharges will be added to your medical plan bi-weekly contribution as described in the next section.

MEDICAL PLAN TEAM MEMBER BI-WEEKLY CONTRIBUTIONS				
COVERAGE LEVEL	CONSUMER DIRECTED HEALTH PLAN (CDHP)		FULL SERVICE PPO PLAN	
	Base Plan	Buy Up Plan*	Base Plan	Buy Up Plan
Team Member Only	\$31.19	\$33.74	\$84.70	\$91.44
Team Member Plus Spouse/Domestic Partner ¹	\$63.91	\$69.10	\$173.67	\$187.46
Team Member Plus Child(ren)	\$62.67	\$68.22	\$170.30	\$183.83
Team Member Plus Family ²	\$93.55	\$101.01	\$254.16	\$274.34

¹ The Internal Revenue Service (IRS) requires a portion of the domestic partner coverage to be paid on a post-tax basis and the value of the benefit may be taxable to you.

² Family is defined as a spouse or domestic partner and child(ren).

* Note: The Internal Revenue Service (IRS) requires the Accident Insurance portion of the rate to be charged as post-tax.

MEDICAL PLAN SURCHARGES

The surcharges listed in the chart below may apply to team members and their spouse or domestic partner enrolled in the Consumer Directed Health Plans (CDHP) and Full Service PPO Plans. These surcharges are in addition to the bi-weekly medical plan contribution listed in the chart above.

MEDICAL PLAN SURCHARGES		
Category	Tobacco	Working Spouse or Domestic Partner
Bi-weekly Surcharge Rate	\$100	\$225

TOBACCO SURCHARGE

CONFIRM YOUR TOBACCO STATUS or PAY \$100 PER PERSON BI-WEEKLY = \$2,600 ANNUALLY

Team members and their spouse or domestic partner enrolled in the medical plan, PPO or CDHP, who use tobacco products will be charged a \$100 bi-weekly tobacco surcharge in addition to the medical plan bi-weekly contribution. You must confirm your tobacco status in Workday during benefits enrollment or you will be automatically charged a \$100 surcharge per person per bi-weekly paycheck.

WORKING SPOUSE/DOMESTIC PARTNER MEDICAL PLAN SURCHARGE

YOU ARE REQUIRED TO UPDATE YOUR SPOUSE'S OR DOMESTIC PARTNER'S STATUS EACH YEAR or PAY \$225 BI-WEEKLY = \$5,850 ANNUALLY

Team members who elect spousal or domestic partner medical plan coverage, PPO or CDHP, will be charged a \$225 bi-weekly surcharge in addition to the medical plan bi-weekly contribution if the spouse or domestic partner has access to group medical coverage through their own employer's medical plan. If you are enrolling a spouse or domestic partner in your medical coverage, you are required to submit a *Spouse or Domestic Partner Medical Plan Surcharge Eligibility Form* to confirm your dependent's access to medical coverage. Turn to page 7 of this guide for more information.

ARE YOU READY TO QUIT TOBACCO?

TELUS Health (formerly LifeWorks) is here to help. Enroll in the TELUS Tobacco Cessation Health Coaching Program and complete the requirements of the program and we will waive the tobacco surcharge for the duration of 2024.

[Click here to learn how to enroll!](#)

Consumer Directed Health Plan (CDHP)

You have two CDHP Plans to choose from.

The Consumer Directed Health Plan (CDHP), administered by Anthem, is a high-deductible health plan that gives you the option to contribute to a Health Savings Account (HSA) and/or the Limited Purpose Flexible Savings Account (LPFSA).

The HSA and LPFSA are made available through HealthEquity and offered only to team members who are enrolled in the CDHP. To learn about the HealthEquity HSA and LPFSA plans, turn to pages 16 and 17 of this guide.

The CDHP provides two levels of coverage, the **CDHP Base Plan** and the **CDHP Buy Up Plan**. Regardless of the level of coverage you choose, you will be automatically enrolled in the Prescription Drug Plan administered by Optum Rx and have access to Anthem's national network of healthcare providers.

For information regarding the differences between a CDHP and PPO plan, please review the CDHP and PPO Video found on the SIGnet (click here).

TWO CDHP PLAN OPTIONS!

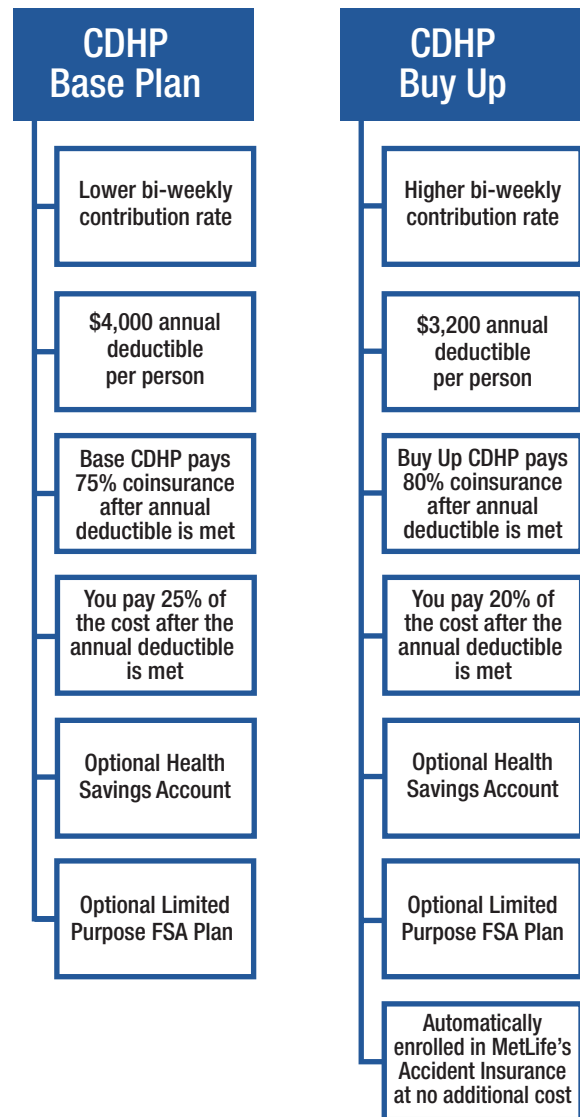
Is a CDHP the right medical plan for you? This depends on your financial situation, medical needs, and long-term goals.

Here are some things to think about:

- CDHP deductibles are higher than the Full Service PPO Plan, but the bi-weekly team member contribution rate is lower.
- Preventive health care exams and screenings, such as immunizations and mammograms, are always covered at 100% - no deductible – when you use Anthem's network providers.
- Only CDHP participants are eligible to participate in the HSA. Your contributions to the HSA are deducted pre-tax from your paycheck. The HSA account is yours to keep and never expires! This means, the money is yours to use in the future and you'll never pay taxes on money used for qualified medical expenses.
- If you enroll in the CDHP Buy Up Plan, you will be automatically covered under the MetLife Accident Insurance Plan. This means, if you are in an accident, you may be eligible to receive a lump-sum payment, paid directly to you, to use at your discretion. [Click here](#) to learn about the MetLife Accident Insurance Plan.
- Having a baby or a surgery in 2024? Whether you are enrolled in a CDHP or PPO plan, you are eligible to enroll in one or all of the MetLife voluntary plans such as Accident Insurance, Hospital Indemnity or Critical Illness for additional financial security. [Click here](#) to learn more about the MetLife voluntary plans.

Team Member Bi-Weekly Contributions

Your medical plan contribution is based on the level of coverage and the type of medical plan you select. Turn to page 9 for a comparison of the CDHP and PPO team members contributions.



Consumer Directed Health Plan (CDHP) Overview

CDHP Base Plan vs. CDHP Buy Up Plan Comparison

Medical Plan Features	CDHP Base Plan		CDHP Buy Up Plan	
	In-Network	Non-Network	In-Network	Non-Network
Calendar Year Deductible Annual	\$4,000 / Person \$8,000 / Family	\$8,000 / Person \$16,000 / Family	\$3,200 / Person \$6,400 / Family	\$6,600 / Person \$13,200 / Family
Out-of-Pocket Maximum (includes deductibles, coinsurance and medical co-pays)	\$8,000 / Person \$16,000 / Family	\$12,500 / Person \$25,000 / Family	\$6,600 / Person \$12,500 / Family	\$12,500 / Person \$25,000 / Family
Preventive Care	Covered at 100% subject to age/gender guidelines	Covered at 50% after deductible subject to age/gender guidelines	Covered at 100% subject to age/gender guidelines	Covered at 50% after deductible subject to age/gender guidelines
Physician Office Visit	25% after deductible	50% after deductible	20% after deductible	50% after deductible
Specialist Office Visit	25% after deductible	50% after deductible	20% after deductible	50% after deductible
Hospital Services (In-patient)	25% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Services	25% after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency Room Services*	25% after deductible	25% after deductible	20% after deductible	25% after deductible
Urgent Care	25% after deductible	50% after deductible	20% after deductible	50% after deductible
Prescription Drugs Pharmacy Network (up to a 30-day supply)	In-Network	Non-Network	In-Network*	Non-Network*
Generic	25% after deductible	25% after deductible	20% after deductible	25% after deductible
Preferred Brand	25% after deductible	25% after deductible	20% after deductible	25% after deductible
Non-Preferred Brand	25% after deductible	25% after deductible	20% after deductible	25% after deductible
Specialty	25% after deductible	N/A	20% after deductible	N/A
Preventive Therapy Options Program*	25% coinsurance (no deductible)	25% coinsurance (no deductible)	20% coinsurance (no deductible)	20% coinsurance (no deductible)
Prescription Drugs Mail Order Services (up to a 90-day supply)	In-Network	Non-Network*	In-Network*	Non-Network*
Generic	25% after deductible	N/A	20% after deductible	N/A
Preferred Brand	25% after deductible	N/A	20% after deductible	N/A
Non-Preferred Brand	25% after deductible	N/A	20% after deductible	N/A
Preventive Therapy Options Program*	25% coinsurance (no deductible)	N/A	20% coinsurance (no deductible)	N/A

*** Please Note:**

Emergency Room Services (CDHP Plans): Emergency Room visits for non-emergency services at a non-network provider will be considered for payment at 50% after the calendar year deductible.

Prescription Drug Program: In addition to the coinsurance and co-pay structure shown in the chart above, if you purchase prescription drugs at a non-network pharmacy, Optum Rx will only cover the cost up to the maximum covered expense at a network pharmacy. You will be responsible for paying the applicable coinsurance/co-pay and any amounts over the network cost.

Preventive Medications Program: If you are enrolled in the CDHP, the Preventive Medications Program allows you to pay a 25% co-pay for CDHP Base plan or 20% for CDHP Buy Up plan without first satisfying the CDHP annual plan deductible. However, it is important to note that charges under the Preventive Medications Program do not go toward meeting the CDHP annual deductible.

Full Service PPO Plan

You have two Full Service PPO Plans to choose from.

The Full Service PPO Plan, administered by Anthem, is a traditional health plan that offers flexibility and lower out-of-pocket costs at the point-of-service. For example, for most doctor's office visits you pay a flat copay amount, and the annual deductible is lower when compared to the Consumer Directed Health Plan (CDHP) deductible.

The Full Service PPO Plan provides two levels of coverage, the **PPO Base Plan** and the **PPO Buy Up Plan**. Regardless of the level of coverage you choose, you will be automatically enrolled in the Prescription Drug Plan administered by Optum Rx and have access to Anthem's national network of healthcare providers.

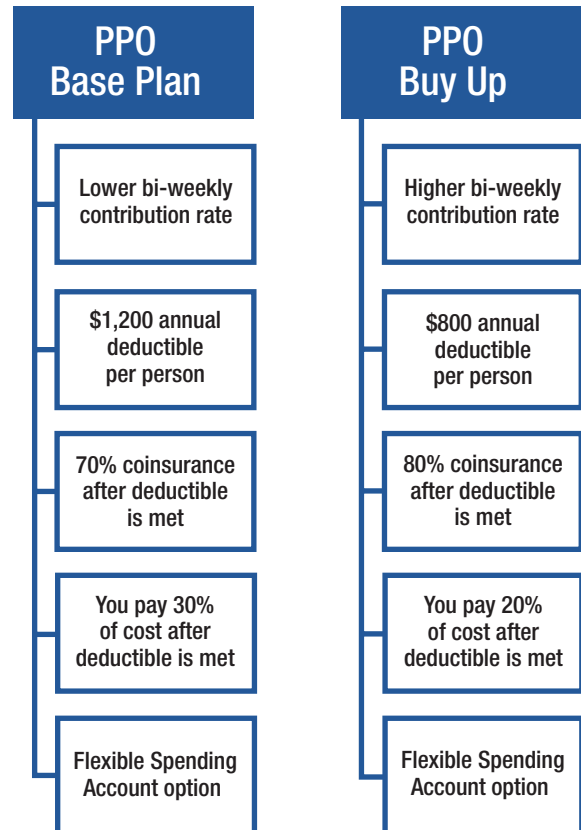
You also have access to the Flexible Spending Account (FSA) administered by HealthEquity. The FSA is a tax-favored program that allows you to set aside money on a pre-tax basis to pay for out-of-pocket healthcare expenses, such as your copays and deductibles. To learn about how the FSA Plan works, turn to page 17 of this guide.

TWO FULL SERVICE PPO PLAN OPTIONS!

Is a Full Service PPO Plan the right medical plan for you?

Here are some things to think about:

- The Full Service PPO Plan deductibles are lower than the CDHP, but the bi-weekly contribution rate is higher.
- How often do you go to the doctor? If you have a chronic condition that requires you to see your doctor more frequently, you may want to consider a PPO option vs. the CDHP.
- If you do not suffer from a chronic illness and rarely visit the doctor and you don't anticipate a lot of medical needs in the upcoming year, the CDHP may be a better option for you.
- Preventive health care exams and screenings, such as immunizations and mammograms, are always covered at 100% - no deductible – when you use Anthem's network providers.
- Having a baby or a surgery in 2024? Whether you are enrolled in a CDHP or PPO plan, you are eligible to enroll in one or all of the MetLife voluntary plans such as Accident Insurance, Hospital Indemnity or Critical Illness for additional financial security, please see pages 25 & 26 for details.



Team Member Bi-Weekly Contributions

Your medical plan contribution is based on the level of coverage and the type of medical plan you select. Turn to page 9 for a comparison of the CDHP and PPO team member contributions.

Full Service PPO Plan

Full Service PPO Base Plan vs. Full Service Up Plan Comparison

Medical Plan Features	PPO Base Plan		PPO Buy Up Plan	
	In-Network	Non-Network	In-Network	Non-Network
Calendar Year Deductible Annual	\$1,200 / Person \$3,600 / Family	\$2,200 / Person \$6,600 / Family	\$800 / Person \$2,400 / Family	\$2,000 / Person \$6,000 / Family
Out-of-Pocket Maximum (includes deductibles, coinsurance and medical co-pays)	\$6,200/Person \$12,400/Family	\$12,000/Person \$24,000/Family	\$6,000/Person \$12,000/Family	\$12,000/Person \$24,000/Family
Preventive Care	Covered at 100% subject to age/gender guidelines	Covered at 50% after deductible subject to age/gender guidelines	Covered at 100% subject to age/gender guidelines	Covered at 50% after deductible subject to age/gender guidelines
Physician Office Visit	\$35 co-pay	50% after deductible	\$35 co-pay	50% after deductible
Specialist Office Visit	\$50 co-pay	50% after deductible	\$50 co-pay	50% after deductible
Hospital Services (In-patient)	30% after deductible	50% after deductible \$250 co-pay per confinement	20% after deductible	50% after deductible \$250 co-pay per confinement
Outpatient Services	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency Room Services*	30% after deductible \$250 co-pay per visit	30% after deductible \$250 co-pay per visit	20% after deductible \$250 co-pay per visit	30% after deductible \$250 co-pay per visit
Urgent Care	\$35 co-pay	50% after deductible	\$35 co-pay	50% after deductible
Prescription Drugs Pharmacy Network (up to a 30-day supply)	In-Network	Non-Network	In-Network*	Non-Network*
Generic	\$12	\$12	\$10	\$10
Preferred Brand	30% (\$30 min., \$80 max.)	30% (\$30 min., \$80 max.)	30% (\$30 min., \$80 max.)	30% (\$30 min., \$80 max.)
Non-Preferred Brand	40% (\$50 min., \$100 max.)	40% (\$50 min., \$100 max.)	40% (\$50 min., \$100 max.)	40% (\$50 min., \$100 max.)
Specialty	50% (70 min., \$140 max.)	N/A	50% (\$70 min., \$140 max.)	N/A
Preventive Therapy Options Program*	Same Co-pay Structure Listed Above	Same Co-pay Structure Listed Above	Same Co-pay Structure Listed Above	Same Co-pay Structure Listed Above
Prescription Drugs Mail Order Services (up to a 90-day supply)	In-Network	Non-Network*	In-Network*	Non-Network*
Generic	\$30	N/A	\$25	N/A
Preferred Brand	30% (\$60 min., \$160 max.)	N/A	30% (\$60 min., \$160 max.)	N/A
Non-Preferred Brand	40% (\$100 min., \$200 max.)	N/A	40% (\$100 min., \$200 max.)	N/A
Preventive Therapy Options Program*	Same Co-pay Structure Listed Above	N/A	Same Co-pay Structure Listed Above	N/A

*** Please Note:**

Emergency Room Services (Full Service PPO Plans): The \$250 Emergency Room co-pay will be waived if admitted to the hospital. Emergency Room visits for non-emergency services at a non-network provider will be considered for payment at 50% after the calendar year deductible is met and you are required to pay the \$250 per visit co-payment.

Prescription Drug Program: In addition to the coinsurance and co-pay structure shown in the chart above, if you purchase prescription drugs at a non-network pharmacy, Optum Rx will only cover the cost up to the maximum covered expense at a network pharmacy. You will be responsible for paying the applicable coinsurance/co-pay and any amounts over the network cost.

PPO Prescription Drug Annual Out-of-Pocket: The maximum amount that you are required to pay out-of-pocket under the PPO Prescription Drug Program during the calendar year is \$1,365 per individual and \$2,730 per covered family. Any prescription drug expenses processed under the Full Service PPO Medical Plan will not be counted towards satisfying your annual out-of-pocket maximum under the Prescription Drug Program.

Optum Rx

The prescription drug program is managed by Optum Rx. You are automatically enrolled in the prescription drug program if you elect coverage under the Consumer Directed Health Plans (CDHP) or Full Service PPO Medical Plans.

Optum Rx makes available two options to receive your medications:

- **Pharmacy Network:** Optum Rx has a national network of retail pharmacies you can use to fill medications for short-term illnesses and medical conditions. Network pharmacies include CVS, Walgreens and Walmart. Go to www.OptumRx.com to access the Optum Rx pharmacy locator.
- **Optum Rx Home Delivery:** If your prescription is for a chronic or ongoing medical condition lasting longer than 2 months, you must use Optum Rx Home Delivery or have your medication filled using the CVS90 program, as described on the next page.

PRESCRIPTION DRUG BENEFITS FOR TEAM MEMBERS COVERED UNDER THE CONSUMER DIRECTED HEALTH PLAN (CDHP)

If you are enrolled in the Consumer Directed Health Plan (CDHP) you will pay the full cost for prescription drugs until you satisfy the calendar year deductible based on your plan level enrollment. Once the CDHP calendar year deductible is met, you are responsible for paying a percentage based on your plan level enrollment, either 25% for the base plan or 20% for the buy up plan of Optum Rx's negotiated cost until you meet the CDHP annual out-of-pocket maximum. You are also eligible for the Preventive Medications Programs, as described on the next page.

PRESCRIPTION DRUG BENEFITS FOR TEAM MEMBERS COVERED UNDER THE FULL SERVICE PPO MEDICAL PLAN

If you are enrolled in the Base or Buy Up PPO Medical Plans, you pay a percentage of the negotiated prescription drug cost for pharmacy and mail order drugs with a minimum and maximum out-of-pocket cost per prescription, as shown in the chart below:

Prescription Drug Plan 2024 Summary of Benefits for Participants Covered Under the Full Service PPO Base and Buy Up Plans		
	Retail Pharmacy (up to a 30 day supply)*	Optum Rx Home Delivery or CVS90 (up to a 90 day supply)*
Generic	\$10 PPO Buy Up Plan \$12 PPO Base Plan	\$25 PPO Buy Up Plan \$30 PPO Base Plan
Preferred Brand PPO Base and Buy Up Plans	30% (\$30 min/\$80 max)	30% (\$60 min/\$160 max)
Non-Preferred Brand PPO Base and Buy Up Plans	40% (\$50 min/\$100 max)	40% (\$100 min/\$200 max)
Specialty PPO Base and Buy Up Plans	50% (\$70 min/\$140 max)	N/A

*You pay the lower of the percentage or the minimum dollar amount.

HOW THE COINSURANCE PROGRAM WORKS

Example #1: A physician prescribes a 30-day supply of a generic drug that cost \$70. At the retail pharmacy you pay \$10, if enrolled in the PPO Buy Up Plan or \$12 if enrolled in the Base Plan.

Example #2: A physician prescribes a 30-day supply of a preferred brand drug that cost \$90. At the retail pharmacy you pay \$30 ($\$90 \times 30\% = \27 , however you pay \$30 because \$30 is the minimum out-of-pocket cost per preferred brand prescription).

Example #3: A physician prescribes a 30-day supply of a preferred brand drug that cost \$15. At the retail pharmacy you pay \$15. If the cost of the drug is lower than the minimum out-of-pocket cost (in this case the minimum is \$30 for preferred brand drugs), you will always pay the lower amount.

GET CONNECTED!

www.OptumRx.com

CHECK DRUG COVERAGE AND COST TOOL

Search your current or new medications to see costs at pharmacies near you.

TRACK YOUR RX SPEND

See how much you have spent including the amount applied to your deductible annually, year-to-date or monthly. You can also print a report that shows savings options by prescription.

SIGN UP FOR PRESCRIPTION ALERTS

Never miss a dose! Get prescription refill reminders and order status updates sent directly to you. Choose emails, text messages or phone calls.

CHANGE FROM PHARMACY PICK UP TO MAIL ORDER

Want to save time and money? Reduce the number of trips to the local pharmacy and have your medication sent to your home.

SIGN UP FOR AUTOMATIC REFILL

By enrolling in Automatic Refill, your prescription medicines will be refilled and mailed before the refill due date. You will receive an alert at least 14 days before it is time to refill and a reminder at 5 days before the medicine is sent.

TALK TO A PHARMACIST

Do you have questions about your medicine? Speak to a pharmacist 24/7 by calling 844.265.1719.

SPECIAL PPO PRESCRIPTION DRUG PLAN PROVISIONS

- The annual maximum amount that you are required to pay out-of-pocket for 2024 calendar year is \$1,365 per individual and \$2,730 per covered family.
- Outpatient prescription drug expenses do not count towards satisfying your annual out-of-pocket maximums under the PPO Medical Plans.
- Prescription drug expenses processed under the PPO Medical Plans will not be counted towards satisfying your annual out-of-pocket maximum under the Prescription Drug Program.

The prescription drug program is managed by Optum Rx and Archimedes. To help you manage your health and your healthcare dollars, Optum Rx makes available a variety of drug management programs that you are required to follow to receive the highest level of benefits under this plan. The chart below provides a summary of these programs. For more information contact Optum Rx at 844-265-1719.

PROGRAM	HERE'S HOW THE PROGRAM WORKS
Optum Rx Home Delivery or CVS90 Program	<p>Under the prescription drug program you can fill a prescription at your local network pharmacy up to 2 times. As of the 3rd refill the prescription is considered maintenance or long-term, so you are required to use the Optum Rx Home Delivery or the CVS90 program.</p> <ul style="list-style-type: none"> • Optum Rx Home Delivery Program: Mail your 90-day prescription to the Optum Rx Home Delivery Program and receive your medications at your home. • CVS90: Drop off your 90-day prescription at a local CVS pharmacy and pick up your medication at a time that is convenient for you.
PREMIUM FORMULARY	<p>The Premium Formulary program is a managed formulary that focuses on the most clinically appropriate and cost effective brand and generic medications. Avoid paying more for your prescription and ask your doctor to write a prescription for a generic or brand drug listed on the Premium Formulary. Call Optum Rx at 844-265-1719 to confirm if a drug is on the Premium Formulary.</p>
DISPENSE AS WRITTEN	<p>If you or your doctor requests a brand-name drug when a generic is available through the retail or mail order pharmacy, you will pay the generic co-pay, plus the difference in cost between the brand-name and generic medicine. If a generic is not available to substitute, Optum Rx may ask your doctor to consider prescribing a preferred brand drug from the plan's preferred brand drug list instead.</p>
PREVENTIVE MEDICATIONS PROGRAM <small>Exclusively For Participants in Signet's Consumer Directed Health Plan (CDHP)</small>	<p>If you are enrolled in the CDHP plan, you are eligible to participate in the Preventive Medications Program. This program allows you to pay a 25% co-pay (Base Plan) or 20% (Buy Up Plan) for generic medications without first satisfying the CDHP annual plan deductible. Therefore, the cost of the drug is never applied towards satisfying the annual CDHP deductible. To help you better manage your overall health, this program offers you savings on prescription drugs that you take regularly to prevent certain health conditions, such as drugs taken:</p> <ul style="list-style-type: none"> • By someone who had developed risk factors for a disease or condition that has not yet become a health issue; • To prevent a disease or condition that is no longer showing symptoms from occurring again; and • Used as part of procedures providing preventive services (e.g. obesity, weight loss and tobacco cessation programs).

ARCHIMEDES

Archimedes, a specialty Rx benefits administrator, is a unique service designed to help you manage medications that are used to treat complex medical conditions such as, but not limited to, multiple sclerosis, hemophilia and rheumatoid arthritis. These types of medications are often referred to as specialty medications.

Archimedes offers high touch clinical and safety programs designed for the unique needs of patients taking specialty medications and includes:

- Home delivery services for specialty medications and convenient, timely refills.
- Access to pharmacists with training and expertise in specialty medications and with managing the medical conditions that they treat.
- Telephone access to clinicians to answer questions 24 hours a day, 7 days a week.
- Co-pay assistance to help with out-of-pocket costs.

All specialty medication prescriptions are required to be processed through Archimedes. Specialty medications are excluded for reimbursement through Optum Rx or the Signet Medical Plan.

ARCHIMEDES™

888.417.5506

memberservices@archimedesrx.com

www.archimedesrx.com

The Health Savings Account (HSA) is made available through HealthEquity and offered only to team members who enroll in the Consumer Directed Health Plan (CDHP).

The HSA is a special account set up in your name and you contribute to it with pre-tax money from your paycheck. Your HSA dollars can be used to pay the CDHP annual deductible and for out-of-pocket qualified healthcare expenses, including medical, prescription drugs, dental and vision care.

The HSA offers a variety of tax-savings opportunities, including:

- **Tax-free Contributions**
Your contributions to the HSA are pre-tax and deducted directly from your bi-weekly paycheck up to the IRS annual plan maximums (see chart below).
- **Tax-free Withdrawals**
Withdrawals to pay qualified healthcare expenses are never taxed. For a list of eligible healthcare expenses go to www.healthequity.com.
- **Tax-deferred Interest**
You can invest any amounts over \$1,000 saved in the HSA. Interest earnings accumulate tax-deferred, and if used to pay qualified medical expenses, are tax-free. For more information about how to invest your money go to www.healthequity.com.
- **HSA Money is Yours to Keep**
Unlike a Flexible Spending Account (FSA), unused money in your HSA isn't forfeited at the end of the year – it rolls over and continues to grow tax-deferred. If you leave the company or retire, the HSA account goes with you and is never taxed if you use the money to pay for qualified healthcare expenses.

CONTRIBUTION LIMITS

The table below outlines the IRS established HSA 2024 contribution limits.

2024 HSA CONTRIBUTION LIMITS	
SINGLE	\$ 4,150
FAMILY	\$ 8,300

It is important to note, if you are between the ages of 55 and 65, you can take advantage of a special catch-up provision and contribute \$1,000 annually in addition to the amounts shown in chart.

ELIGIBILITY RULES

To be eligible to open an HSA, you must meet the following criteria:

- You must be enrolled in the Consumer Directed Health Base or Buy Up Plan.
- You cannot be covered by any other non-qualified health plan, including Medicare.
- You cannot be claimed as a dependent on another individual's tax return.
- If you are married and you and your spouse are maintaining an HSA, it is important to note that the IRS treats a married couple as a single tax unit. This means that you and your spouse must share one family contribution limit of \$8,300. You can evenly split the family contribution amount, allocate the contributions between each account to equal 100 percent or put 100 percent into one spouse's account. If you choose to elect single coverage, each of you may contribute up to \$4,150 in your individual HSA account, as long as you both file a single tax return and do not claim each other as dependent.
- If you are currently enrolled in the HSA Plan, your 2023 HSA bi-weekly contribution election will roll over to the next year IF you are covered under the Consumer Driven Health Plan (CDHP) during the 2024 plan year.
- You cannot have access to dollars in a Healthcare Flexible Spending Account (FSA). The IRS prohibits you from using a traditional Healthcare FSA if you are using an HSA. However, you can use a Limited Purpose FSA (LPFSA) to pay for dental and vision expenses. To learn more about LPFSA turn to page 17.

GET CONNECTED!

www.healthequity.com

HSA MEMBER GUIDE

Everything you need to know to maximize your HSA is in the HSA Member Guide. Go to www.healthequity.com/hsamemberguide to access this online, animated publication.

MAKE DIRECT PAYMENTS TO PROVIDERS

You can use the HealthEquity member portal to setup a direct payment to the provider and include all of the information necessary to apply the payment to your bill.

USE YOUR DEBIT CARD AT THE POINT OF SERVICE

The HealthEquity HSA debit card is easy to use at the time you receive healthcare services. This is especially convenient at the pharmacy. Most providers will also accept the card over the phone, online or written-in on the statement for payment. In order for your card to work, you must have the balance available in your HSA; no overdraft is available.

HEALTH EQUITY ON-THE-GO

The HealthEquity mobile app provides easy, on-the-go access to all of your health accounts. Available for free in the App Store or Google Play, the HealthEquity app provides comprehensive tools to help you manage transactions and maximize your health savings, such as:

- Send payments to providers or reimburse yourself for out-of-pocket expenses from your HSA
- View the status of claims, as well as link payments and documentation to your claims

NOTE: Team members enrolled in an HSA are responsible for verifying the eligibility of their expenses. Improper use of an HSA may result in tax implications to the team member. A list of eligible expenses can be found at www.healthequity.com.

A Flexible Spending Account (FSA) is a tax-favored program that allows you to set aside money on a pre-tax basis to pay for out-of-pocket healthcare expenses and dependent care costs. By using pre-tax dollars to pay for eligible healthcare and dependent care expenses, this program provides you an immediate discount on these expenses that equals the taxes you would otherwise pay on that money.

You choose how much money you want to contribute to your FSA (up to the plan maximums described in the chart below). Your contributions are deducted pre-tax from each paycheck and put into your FSA account.

It is important to note:

- The FSA plan year is from January 1, 2024 to December 31, 2024. Your 2024 FSA annual election is divided into 26 bi-weekly paychecks, and deducted on a pre-tax basis from each paycheck.
- You can submit eligible expenses incurred from January 1, 2024 through March 15, 2025 against your 2024 FSA contributions. This helps with planning and lowers the risk of forfeiting money based on the FSA regulations.
- Under current federal tax law, dependent care expenses incurred by or on behalf of your domestic partner and the children of that domestic partner are not eligible for reimbursement under the FSA program unless the person qualifies as a tax dependent under the IRS Code Section 152. This does not apply to legally married spouses. Go to www.healthequity.com to learn more about how a FSA works.

HealthEquity is the claims administrator for this benefit. Signet offers three types of FSA plans: Healthcare FSA, Dependent Care FSA and Limited Purpose FSA. The chart below is a summary of each type of FSA plan.

Team members enrolled in the Consumer Directed Health Plan with an optional Health Savings Account (HSA) may also participate in the Limited Purpose FSA to assist with out-of-pocket vision and dental costs.

Flexible Spending Accounts (FSA) Summary

	Healthcare FSA	Dependent Care FSA	Limited Purpose FSA
What are the differences between each type of FSA?	A Healthcare FSA is used to pay for eligible healthcare expenses that are not covered or partially covered by your medical, prescription drug, vision and dental plans. This account can be used for you and your eligible dependents.	A Dependent Care FSA is used to pay for eligible expenses related to taking care of your child under the age of 13 or to care for an elder dependent that may be physically or mentally incapable of self-care while you are at work.	The Limited Purpose FSA is used to pay for eligible expenses that are not covered or partially covered by your vision and dental plans only.
Am I Eligible to Participate in a FSA?	All full-time team members are eligible to participate in the Healthcare FSA, even if the team member is not enrolled in Signet's healthcare plans.	All full-time team members are eligible to participate in the Dependent Care FSA. Section 129 of the Internal Revenue Code requires annual testing to determine that limits are not exceeded by Highly Compensated Employees and may result in refunds from the Plan.	The Limited Purpose FSA is available only for team members who are enrolled in the Consumer Directed Health Plan (CDHP) with an optional Health Savings Account.
How much can I contribute to my FSA?	The maximum annual amount you can contribute to the Healthcare FSA is \$3,200 .	The maximum annual amount you can contribute to the Dependent Care FSA is \$5,000 based upon guidelines set by the IRS.	The maximum annual amount you can contribute to the Limited Purpose FSA is \$3,200 .
Will the balance of my FSA roll over each year?	No. Money remaining in your 2024 FSA account will be forfeited after March 15, 2025 if unused.	No. Money remaining in your 2024 Dependent Care FSA account will be forfeited after March 15, 2025 if unused.	No. Money remaining in your 2024 LPFSA account will be forfeited after March 15, 2025 if unused.
Examples of Eligible Expenses	Medical, prescription drug, vision or dental services and treatments, such as: <ul style="list-style-type: none"> • Plan deductibles, co-pays and coinsurance related to the plans listed above • Over-the-counter medications, such as pain relievers and cough syrup • Menstrual care products • Hearing aids and batteries • Laser vision correction • Orthodontia expenses • Weight loss programs 	Expenses related to child and elder care, such as: <ul style="list-style-type: none"> • Au pair • Before and after school care • Day camps • Dependent care center • Nanny services • Preschool (nursery school) • Sick-child facility • Transportation expenses 	Vision or dental services and treatments, such as: <ul style="list-style-type: none"> • Plan deductibles, co-pays, and coinsurance for dental and vision only • Dental and vision exams • Orthodontia expenses • Tooth sealants • Contacts • Laser vision correction • Glasses or sunglasses (prescription only)

Effective January 1, 2024, Delta Dental is replacing Guardian Dental as Signet's national dental provider. Delta Dental is committed to providing quality tools, resources and superior customer service to enhance the dental health of our team members and their eligible dependents enrolled in the dental plan.

Two Dental Plan Options

You have two plans to choose from: Base Plan or Buy Up Plan. You pay less to be covered under the **Base Plan**, but the combined annual maximum for basic and major treatment is \$1,500 and you do not have child orthodontia coverage. If you elect the **Buy Up Plan**, you pay a little more, the combined annual maximum for basic and major treatment is \$2,000 and it includes orthodontia coverage for your children ages 6-18 years old. Please note, orthodontia coverage is a lifetime maximum benefit of \$2,000.

Use a Delta Dental Network Dentist and Pay Less!

Delta Dental provides the advantages of two of the nation's largest networks of dentists, the Delta Dental PPO and the Delta Dental Premier networks.

To confirm that your dentist is in the Delta network or to find a participating dentist, go to www.deltadentaloh.com and click on the "Find a Dentist" tab at the top of the page.

You can also call your dentist's office and ask if they participate with Delta Dental PPO or Delta Dental Premier.

Delta Dental ID Card is Not Required

Delta Dental members receive top-notch services without a printed ID card. Simply tell your dentist that you're covered by Delta Dental of Ohio, and the office staff will take it from there. However, if you prefer to carry an ID card with you, call the Delta Dental customer service department at 800-524-0149 to request a card.

Get Connected

If you have questions about your dental benefits, call the Delta Dental customer service department at 800-524-0149. The automated inquiry system is available 24/7 and can answer most questions. Customer service representatives are available Monday through Friday, from 8:30 a.m. to 8:00 p.m., ET.



You can use a Flexible Spending Account (FSA) to pay for eligible dental expenses. Turn to page 17 to learn about Signet's FSA Plan.

Team Member Dental Contribution Information

You contribute towards the cost of the dental plan coverage. The amount that you pay is based on the dental plan that you elect: Base Plan or Buy Up Plan. Your contribution is deducted pre-tax on a bi-weekly basis from your paycheck. Because you pay for benefit coverage on a pre-tax basis, you cannot change or cancel your pre-tax options until the next annual enrollment period unless you experience a qualifying Life Event.

Team Member Dental Contribution Per Bi-Weekly Pay

Coverage Level	Base Plan	Buy Up Plan
Team Member Only	\$11.92	\$12.91
Team Member Plus Spouse/Domestic Partner	\$26.23	\$28.41
Team Member + Child(ren)	\$23.83	\$25.81
Team Member & Family ¹	\$35.76	\$38.73

¹Family is defined as a spouse/domestic partner and child(ren).

BASE PLAN Dental Schedule of Benefits

Service	Individual Calendar Year Deductible	Family Calendar Year Deductible	Plan Coinsurance Amount	Annual Maximum Benefit ⁵
Teeth Cleanings + Exams ^{1,2}	\$0	\$0	100%	n/a
Basic Treatment	\$50	\$150	80%	\$1,500
Major Treatment	\$50	\$150	50%	\$1,500
Orthodontics	No Coverage			

BUY UP PLAN Dental Schedule of Benefits

Service	Individual Calendar Year Deductible	Family Calendar Year Deductible	Plan Coinsurance Amount	Annual Maximum Benefit ⁵
Teeth Cleanings + Exams ^{1,2}	\$0	\$0	100%	n/a
Basic Treatment	\$50	\$150	80%	\$2,000
Major Treatment	\$50	\$150	50%	\$2,000
Orthodontics ^{3,4}	\$0	\$0	50%	n/a

¹ Covered participants can receive up to two preventive teeth cleanings and two dental exams each year paid at 100% when using a Delta network provider.

² Additional teeth cleanings for people with certain high-risk medical conditions – (i.e. kidney failure, diabetes, infective endocarditis) can receive up to three (3) preventive teeth cleanings and two (2) dental exams each year paid at the same level benefit when using a Delta network provider.

³ Orthodontic treatment is limited to dependents enrolled in the Buy Up Plan who are at least 6 years old, but no more than 18 years old.

⁴ Lifetime maximum benefit for Orthodontics under the Buy Up Plan is \$2,000.

⁵ The annual maximum benefit is a combined total and not separate for each circumstance.

The Eye360 program is a great way to save money on your vision care needs. You have access to EyeMed's Select Provider network, that includes the brands that you are familiar with, such as Lenscrafters, Target Optical and participating Pearl Vision Centers, and have access to **PLUS Providers**.

When you go to a **PLUS Provider**, you will receive enhanced benefits, such as \$0 copay for an eye exam and an additional \$50 towards a frame.

What is a **PLUS Provider**?

A **PLUS Provider** is an eye doctor within the EyeMed Select Provider network who offers the enhanced benefit. **PLUS Providers** include thousands of independent, retail and online options. To locate a **PLUS Provider** near you, go to www.eyemed.com:

- Click on the "Find an eye doctor" link
- Choose the Select Network option
- Enter your zip code
- Look for the **PLUS Provider** icon

TEAM MEMBER VISION CONTRIBUTION INFORMATION

You contribute towards the cost of the vision plan coverage. Your contribution is deducted pre-tax on a bi-weekly basis from your paycheck. Because you pay for benefit coverage on a pre-tax basis, you cannot change or cancel your pre-tax options until the next annual enrollment period unless you experience a qualifying Life Event.

COVERAGE LEVEL	VISION CONTRIBUTION PER BI-WEEKLY PAY
Team Member Only	\$1.31
Team Members Plus Spouse/Domestic Partner	\$2.50
Team Members Plus Child(ren)	\$2.63
Team Member Plus Family ¹	\$3.86

¹ Family is defined as a spouse/domestic partner and child(ren).



You can use a Flexible Spending Account (FSA) to pay for eligible vision expenses. Turn to page 17 to learn about Signet's FSA Plan.

GET CONNECTED!

SHOP ONLINE

Shop and buy frames, contacts and sunglasses, just like you would in the store – but from your computer, smartphone or tablet. It's fast, it's easy and it's all built into your vision benefits.

Choose from hundreds of brand-name frames and contacts and instantly apply your in-network benefits at checkout. You also get free shipping and returns.

- Lenscrafters.com
- Glasses.com
- Targetoptical.com
- Contactsdirect.com
- Ray-ban.com

Don't have a current prescription? No problem. The EyeMed provider locator on www.eyemed.com and the EyeMed Members App (App Store or Google Play) will help you find the right place for an eye exam.

PROTECT YOUR HEARING TOO

In partnership with Amplifon, EyeMed members are now eligible for discounts on hearing care through the world's largest distributor of hearing aids and services. Call **877.203.0675** to find a hearing care provider near you.

VISION CARE SCHEDULE OF BENEFITS*

VISION CARE SERVICE	EYEMED NETWORK PROVIDERS		OVERVIEW OF BENEFIT
	AT PLUS PROVIDERS	SELECT PROVIDERS	
EYE EXAM	\$ 0 Co-Pay	\$10 Co-Pay	Once every 12 months, receive a complete examination, refraction and prescription for eyeglass lenses. Contact lens exams may require additional fees which are the responsibility of the participant.
EYE GLASS LENSES	\$ 0 Co-Pay	\$ 0 Co-Pay	Once every 12 months, purchase standard uncoated plastic lenses regardless of the size or power. Lens options are available for additional cost.
PROGRESSIVE LENSES	\$65 Co-Pay	\$65 Co-Pay	Once every 12 months, purchase multi focal lenses with no lines.
EYE GLASS FRAME	\$20 Co-Pay up to a retail value of \$180	\$20 Co-Pay up to a retail value of \$130	Once every 24 months, purchase any frame up to the retail value shown to the left in this chart for \$20 copay.
CONTACT LENSES	\$25 Co-Pay	\$25 Co-Pay	Annual benefit includes a contact lens allowance up to a regular retail of \$130. Contacts above \$130 regular retail are available at an additional cost.

*To learn more, go to www.eyemed.com, call EyeMed at 866-723-0514.

VOLUNTARY TERM LIFE INSURANCE

Signet makes available Voluntary Term Life Insurance to full-time team members and their spouse/domestic partner and/or their eligible children. During benefits enrollment, you can elect voluntary life coverage for the first time for yourself and eligible dependents. To estimate your monthly cost, refer to the **2024 Voluntary Life Monthly Premium Rates** chart on the next page.

Team Member Coverage: As a newly eligible team member, you can purchase up to 5-times your annual base salary in \$10,000 increments with a guaranteed issue amount up to \$200,000. Any amount over \$200,000, up to a maximum of \$1,000,000 is subject to MetLife's evidence of insurability process and is NOT guaranteed coverage.

Coverage for your Spouse/Domestic Partner: As a newly eligible team member, you can purchase life insurance coverage for your spouse or domestic partner. You must be enrolled in the Employee Voluntary Term Life Insurance Plan to be eligible to elect spousal coverage.

You can purchase coverage for your spouse or domestic partner in \$10,000 increments up to the combined total of the team member's Basic and Voluntary Life insurance coverage rounded down to the next multiple of \$10,000, not to exceed \$200,000, with a guaranteed issue amount of \$40,000. Any amount over \$40,000, up to the maximum of \$200,000 is subject to MetLife's evidence of insurability process and is NOT guaranteed coverage. If you and your spouse/domestic partner work for Signet, you cannot elect spousal/domestic partner coverage for each other.

For Example: If you have \$35,000 of Basic Life Insurance coverage and purchase an additional \$40,000 of Voluntary Life Insurance coverage for yourself, you may purchase up to \$70,000 (Basic plus Voluntary Employee Coverage) in Voluntary Life Insurance Coverage for your spouse/domestic partner. The first \$40,000 in coverage will be guaranteed issued - no medical questions asked. However, your spouse/domestic partner will be required to provide evidence of insurability (EOI) for the remaining \$30,000 in coverage and this additional amount will not be effective until approved by MetLife.

Coverage for your Child(ren) and the Child(ren) of your Spouse/Domestic Partner: As a newly eligible team member, you can purchase life insurance coverage for your eligible child(ren) in \$5,000 increments up to a maximum of \$25,000. You are not required to be enrolled in the Employee Voluntary Term Life Plan to elect this coverage for your child(ren) and there is no evidence of insurability required. The level of coverage that you choose is the coverage amount for each eligible child and you pay one rate as described by the chart below. If you and your spouse/domestic partner work for Signet, only one team member may cover an eligible child.

Under the Voluntary Term Life Insurance Plan, a dependent child is defined as:

- The team member's natural, adopted, or step-child
- Covered at birth up to the age of 26; subject to state variations
- Cannot be covered as both a team member and a Dependent or while in the military
- Cannot be covered as a Dependent of more than one team member
- May remain insured past the age of 26 provided that the child is mentally or physically handicapped, unmarried and otherwise meets the child definition, and is approved for such continuation. The child must be enrolled in the life insurance plan prior to age 26 and you must contact MetLife within 31 days from the date the child turns age 26 to be eligible for consideration of continuation of coverage.

Voluntary life insurance child(ren) cost per \$1,000 of coverage is \$0.096.

For example, if you want \$10,000 in coverage for your child(ren), then your monthly premium is \$0.96 (10 x \$0.096).

Voluntary Term Life and Accidental Death & Dismemberment (VAD&D) Insurance enrollment is easy. Workday will walk you through each step of the enrollment process.

ENROLLING A DEPENDENT

When enrolling dependents for the first time in the voluntary life coverage, you must add your dependent's information in Workday prior to going through the benefits enrollment process. Once you have added your dependent's information, allow up to 2 business days to receive confirmation that your dependent is added in Workday. Next, go back to Workday and complete the enrollment process.

EFFECTIVE DATE OF COVERAGE

Any amount of voluntary life coverage that you elect for yourself and/or your spouse/domestic partner up to the guaranteed issue amounts and plan maximums explained on page 20 will be effective on your benefit eligibility date. If you apply for coverage in excess of the guaranteed issue amounts, your and/or your spouse/domestic partner's coverage will be effective on the date you and/or your spouse/domestic partner are approved by MetLife for coverage. Note: You must be actively at work for coverage to become effective or the effective date of coverage will be the date you return to work.

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (VAD&D) INSURANCE

Voluntary Accidental Death & Dismemberment Insurance (VAD&D) complements your Voluntary Life Insurance with coverage for severe accidents or loss of life on or off the job. VAD&D insurance pays benefits if you suffer a covered accident that results in paralysis or the loss of a limb, speech, hearing or sight, or if you suffer a covered fatal accident. No health questions are required.

You can choose from two levels of coverage as follows:

Team Member Plan	You can purchase in \$10,000 increments up to a maximum of the lesser of five times your base annual earnings, rounded down to a multiple of \$10,000 or \$1,000,000.
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Team Member & Family Plan	In addition to the VAD&D coverage for yourself, this plan covers your spouse/domestic partner and/or child(ren) at the amounts below: <ul style="list-style-type: none"> • Spouse/Domestic Partner: 50% of your coverage amount • Child(ren): 10% of your coverage amount
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2024 VOLUNTARY TERM LIFE MONTHLY PREMIUM RATES			VOLUNTARY AD&D
If your age or your spouse's age as of January 1, 2024 is:	Your Premium Rate for Every \$1,000 of Coverage is:	Your Spouse's/Domestic Partner's Premium Rate for Every \$1,000 is:	Monthly Cost Per \$1,000 of coverage is:
24 & Younger	\$0.025	\$0.050	Team member only cost is \$0.020 Team member and family cost is \$0.029
25-29	\$0.026	\$0.060	
30-34	\$0.031	\$0.080	
35-39	\$0.039	\$0.090	
40-44	\$0.059	\$0.100	
45-49	\$0.093	\$0.150	
50-54	\$0.144	\$0.230	
55-59	\$0.221	\$0.430	
60-64	\$0.311	\$0.660	
65-69	\$0.559	\$1.270	
70-74	\$0.905	\$2.060	
75-79	\$1.465	\$2.060	
80+	\$1.729	\$2.060	

In addition to the Voluntary Term Life Insurance, Signet provides all full-time team members Basic Life Insurance/AD&D made available through MetLife and Group Business Travel Accident Insurance in partnership with Zurich at no cost to you.

BASIC LIFE INSURANCE AND AD&D

All full-time team members are automatically enrolled in the Basic Life Insurance Plan and AD&D which is paid entirely by Signet. The Basic Life Insurance Plan benefit is equal to one-times your annual base salary up to a maximum of \$250,000. The accidental death and dismemberment (AD&D) provides benefits for a loss due to what the plan deems an accident.

GROUP BUSINESS TRAVEL ACCIDENT INSURANCE

All team members are automatically enrolled in the Group Business Travel Accident (BTA) Insurance made available through Zurich. This coverage is paid for entirely by Signet and provides you additional coverage whenever you travel on company business. The amount of coverage is based upon your position within the Company, starting at \$25,000.

ARE YOUR LIFE INSURANCE BENEFICIARY DESIGNATIONS UP-TO-DATE?

An important part of financial wellness is to assign a beneficiary and to adjust your designations as life changes. A beneficiary is the person who will receive payment of a life insurance benefit if you die. Events that may warrant a change in beneficiary designation include a new marriage, a divorce, or the birth of a child.

As part of the benefits enrollment process you will be asked to assign a beneficiary for the life insurance plans. However, you can change your beneficiary designation at anytime in Workday.

HOW MUCH LIFE INSURANCE DO I NEED?

Probably more than you have now. You should keep in mind that insurance needs change as your life changes – for example, getting married, starting a family or purchasing a home. Many people are surprised to learn that they don't have enough life insurance to cover the many expenses their loved ones may face. We've made it very simple to determine the amount of coverage you need now:

Go to www.metlife.com/lifeneeds and click on the easy-to-use life insurance calculator to find your answer in minutes.

MetLife Advantages

Team members enrolled in MetLife's Voluntary Term Life and Accidental Death & Dismemberment plans have access to MetLife Advantages - a comprehensive suite of valuable services for support, planning and protection when you need it most, at no cost to you.

Services include:

- Will Preparation Services
- Estate Resolution Services
- WillsCenter.com
- Funeral Assistance
- Grief Counseling
- Beneficiary Grief Counseling
- Funeral Discount & Planning Services
- Total Control Account, a safe convenient way to manage life insurance proceeds
- Delivering the Promise, access to professionally trained financial team to assist with financial questions
- Transitions Solutions
- Portability, Conversion and Accelerated Benefits Options

Long-Term Disability (LTD) coverage provides income replacement if a team member is unable to work due to a personal illness, injury or medical condition lasting longer than 13 weeks. All eligible full time hourly and salaried team members are automatically enrolled in Signet's Short-Term Disability program which is paid entirely by Signet and managed by Sedgwick Claims Management Services. To learn more about the Short-Term Disability coverage, including eligibility requirements and benefit levels, go to SIGnet, under the Human Resources section to access the Short-Term Disability policy.

LONG-TERM DISABILITY COVERAGE FOR HOURLY TEAM MEMBERS

In partnership with MetLife, eligible hourly team members can purchase Long-Term Disability (LTD) Insurance at group rates. The LTD benefit covers 50% of your monthly covered salary up to a maximum monthly benefit of \$10,000.

- **As a new hire or newly eligible team member you will be automatically enrolled** in Signet's LTD insurance plan without answering any health questions. You must be actively at work for coverage to become effective or the effective date of coverage will be the date you return to work. Coverage is subject to the pre-existing condition* plan provisions.
- **If you do not want to participate in the LTD Plan, you must opt-out** by waiving coverage in Workday during the benefits enrollment process.

The LTD coverage is paid for entirely by you and is deducted post-tax from each paycheck (26 pays). When you pay the LTD premium with post-tax dollars, the LTD benefit will not be taxed.

LTD premium payments for coverage will be deducted from your paycheck beginning with your effective date of coverage. The LTD premium is based on your monthly base pay and age (see chart below).

LTD MONTHLY PREMIUM - HOURLY	
If Your Age is:	For Hourly Team Members, Your Premium for Every \$100 of Coverage is:
Under 25	\$0.153
25-29	\$0.199
30-34	\$0.264
35-39	\$0.339
40-44	\$0.501
45-49	\$0.658
50-54	\$0.873
55+	\$1.061

How to calculate your monthly LTD premium:
If your monthly salary is \$2,917 and you are 40 years old, the rate you will use is \$0.501 for every \$100 of salary.
 $\$2,917/100 = \$29.17 \times \$0.501 = \14.61

* A pre-existing condition means a sickness or accidental injury for which, during the 3 months before your insurance under this Plan takes effect, you:

- Received medical treatment, consultation, care, or services;
- Took prescribed medication or had medications prescribed.

The Plan will not pay benefits for a disability that results from a pre-existing condition if you have been actively at work for less than 12 consecutive months after the date your disability insurance takes effect under the Plan.

LONG-TERM DISABILITY COVERAGE FOR SALARIED TEAM MEMBERS

Long-Term Disability (LTD) is made available to team members who are in a specific job classification including exempt/salaried Support Center team members, hourly/exempt Store/Design & Services Center Managers, Managers In Waiting and positions as designated by the Human Resources Department.

The LTD Plan has two levels of coverage: the **Basic Plan** and the **Buy-Up Plan**. Signet provides Basic LTD coverage, at no cost, to all eligible team members (described above). The Basic LTD benefit covers 50% of your monthly covered salary up to a maximum monthly benefit of \$10,000.

- **As a new hire or newly eligible team member you will be automatically enrolled in the LTD Buy-Up Plan** without answering any health questions. You must be actively at work for coverage to become effective or the effective date of coverage will be the date you return to work. Coverage is subject to the pre-existing condition* plan provisions.
- **If you do not want to participate in the LTD Buy-Up Plan, you must opt-out** by waiving coverage in Workday during the benefits enrollment process.

The LTD Buy-Up Plan benefit covers 60% of your monthly covered salary up to a maximum monthly benefit of \$10,000. The LTD Buy-Up coverage is paid for entirely by you and is deducted post-tax from each paycheck (26 pays). When you pay the LTD premium with post-tax dollars, the LTD benefit will not be taxed.

LTD premium payments for the Buy-Up coverage will be deducted from your paycheck beginning with your effective date of coverage. The LTD premium is based on your monthly base pay and age (see chart below).

SALARIED BUY-UP LTD	
If Your Age is:	For Salaried Team Members, Your Premium for Every \$100 of Coverage is:
Under 29	\$0.120
30-39	\$0.231
40-44	\$0.362
45-49	\$0.466
50-54	\$0.577
55-59	\$0.635
60-64	\$0.574
65+	\$0.429

How to calculate your monthly LTD premium:
If your monthly salary is \$2,917 and you are 40 years old, the rate you will use is \$0.362 for every \$100 of salary.
 $\$2,917/100 = \$29.17 \times \$0.362 = \10.55

The MetLife Legal Plan has two options – the Base Legal Plan and the Buy Up Legal Plan. Both plans provide you, your spouse/domestic partner, and dependent children with legal assistance for some of the most frequently needed personal legal matters, with no waiting periods, no deductibles, and no claim forms, when using a network attorney for a covered matter.

The chart below shows a high-level comparison of the Base and Buy Up Legal Plan, including what you will pay for the coverage per bi-weekly paycheck. Go to the SIGnet, and search “MetLife Legal Plans”, to access a list of legal services covered by the MetLife Legal Plans or call 800-821-6400 to speak with a MetLife representative.

	Base Legal Plan	Buy Up Legal Plan
Post-Tax, Bi-weekly Deduction	\$7.62	\$9.45
Coverage for Custody Orders, Caregiving Services, Divorce and Tax Preparations/Filings.	NO	YES
Assistance with Home & Real Estate, Estate Planning, Civil Lawsuits, Elder-Care Issues, and more.	YES	YES

IMPORTANT ENROLLMENT INFORMATION

You can only elect the MetLife Base or Buy Up Legal Plan coverage during benefits enrollment. It is important that you review the coverage levels and decide which plan best fits your and your family’s needs and budget.

- Based on the plan you choose, you pay a flat fee, deducted post-tax from your bi-weekly paycheck.
- Go to Workday to enroll before your submit-by date on your benefits enrollment event.

1 Easy to find an attorney

Go to members.legalplans.com, or call 800-821-6400 to speak with an experienced service team that can match you with the right attorney and give you a case number.

2 Easy to make an appointment

Call the attorney you select, provide your case number, and schedule a time to talk or meet.

3 Easy from start to finish

That’s it! There are no copays, deductibles or claims forms when you use a network attorney for a covered matter.

CUSTOMER SERVICE

- Call 800-821-6400 to connect with an experienced service team available from 8:00 a.m. to 8:00 p.m. ET.
- You can create an account at www.members.legalplans.com to see your coverages and select an attorney for your legal matter.

TOP-QUALITY ATTORNEY NETWORK

- Average of 25 years of experience and vetted regularly.
- Nationwide network with a range of specialties.

NO CLAIMS FORMS, HIDDEN FEES OR DEDUCTIBLES

- All billing is handled between MetLife and the attorney.
- No paperwork or extra fees when using a Network Attorney for a covered matter.

To view a full list of covered legal services and for additional information go to SIGnet and search “MetLife Legal Plan”.

What is Critical Illness Insurance?

Critical Illness Insurance is coverage that can help safeguard your finances by providing you with a lump-sum payment — one convenient payment all at once — when you or your loved ones need it most. The extra cash can help you focus on getting back on track without worrying about finding the money to cover the costs of treatment.

You can choose an individual plan or cover yourself and your dependents. You can elect coverage in \$10,000 increments, up to a maximum of \$30,000.

The amount the benefit pays out for dependents may differ depending on their relationship to you:

Team Member: 100% of elected benefit amount paid on diagnosis of qualified condition

Spouse: 100% of elected benefit amount paid on diagnosis of qualified condition

Child: 50% of elected benefit amount paid on diagnosis of qualified condition

Critical Illness Insurance enrollment is easy. Workday will walk you through each step of the enrollment process. To get started, go to your Workday Inbox and click on the **benefits enrollment** task.

ENROLLING A DEPENDENT

When enrolling dependents for the first time in the voluntary life coverage, you must add your dependent's information in Workday prior to going through the benefits enrollment process. Once you have added your dependent's information, allow up to 2 business days to receive confirmation that your dependent is added in Workday. Next, go back to Workday and complete the enrollment process.

Covered Conditions*

As long as you or your loved one meets the policy and certificate requirements, the following medical conditions are covered:

Cancer, Heart Attack, Stroke, Coma, Severe Burn, Major Organ Transplant, Coronary Artery Bypass Graft, Kidney Failure, Benign Brain Tumor, Loss of Ability to Speak, Hearing or Sight, Paralysis, Sudden Cardiac Arrest, Childhood Diseases, Infectious Diseases, Progressive Diseases.

Review the policy and certificate requirements to determine if your condition is covered.

Bi-Weekly Critical Illness Rate Per \$10k in Coverage

If your age as of January 1, 2024 is:	Employee Only	Employee + spouse/domestic partner	Employee + Child (ren)	Family
24 & Younger	\$1.80	\$3.60	\$2.31	\$4.11
25-29	\$1.98	\$3.97	\$2.54	\$4.52
30-34	\$2.40	\$4.71	\$2.95	\$5.26
35-39	\$2.77	\$5.49	\$3.32	\$6.05
40-44	\$3.60	\$7.11	\$4.11	\$7.62
45-49	\$4.62	\$9.23	\$5.17	\$9.78
50-54	\$6.28	\$12.88	\$6.83	\$13.38
55-59	\$8.22	\$17.26	\$8.77	\$17.82
60-64	\$11.91	\$25.29	\$12.46	\$25.94
65-69	\$16.71	\$35.95	\$17.26	\$36.55
70-74	\$22.34	\$47.77	\$22.89	\$48.32
75+	\$30.78	\$64.66	\$31.34	\$65.22

Voluntary Benefits



**MetLife
Accident & Hospital
Indemnity Insurance**

All regular full-time team members have the opportunity to enroll in Accident and/or Hospital Indemnity Insurance made available through MetLife. Both plans offer competitive group rates, guaranteed acceptance, and easy payroll deduction.

Accident Insurance

Accident insurance provides financial support for life's unexpected events. In the event of an accident, you receive a lump-sum payment for a covered event — one convenient payment all at once — when you or your family need it most.

Team members enrolled in the Buy Up Consumer Directed Health Plan (CDHP) are automatically enrolled in the MetLife Accident Plan at no additional cost. However, you have the option to also elect additional Accident Insurance as described below.

Hospital Indemnity Insurance

Hospital Indemnity insurance can help safeguard your finances if you or a loved one is admitted to the hospital. A flat amount is usually paid for a hospital admission and a per-day amount for your entire hospital stay. The extra cash can help you focus on getting back on track without worrying about finding the money to cover the costs of treatment.

To learn more about the MetLife Accident and Hospital Indemnity Insurance, go to Workday and click on The Benefits of Signet worklet or call MetLife at 800 438-6388, Monday - Friday 8:00 a.m. to 8:00 p.m. ET.

Accident and Hospital Indemnity Insurance Enrollment Information:

- If you are currently enrolled, enrollment automatically carries over year-to-year. If you don't want to continue coverage in 2024, you must waive the coverage in Workday during benefits enrollment.
- If you are enrolling for the first time, you must elect coverage in Workday during benefits enrollment.
- Coverage is effective January 1, 2024 – December 31, 2024.
- You pay for the coverage through post-tax payroll deductions.
- What you pay is based on the level of coverage you select, as listed in the chart below:

Accident Insurance		Hospital Indemnity Insurance	
Level of Coverage	Per Bi-Weekly Paycheck Cost	Level of Coverage	Per Bi-Weekly Paycheck Cost
Team Member (TM) Only	\$1.56	Team Member (TM) Only	\$5.68
TM + Spouse Domestic Partner	\$3.12	TM + Spouse Domestic Partner	\$10.55
TM + Child(ren) Family	\$3.56 \$4.41	TM + Child(ren) Family	\$8.91 \$13.78



**MetLife
Pet Insurance**

Now more than ever, pets are playing a significant role in our lives, and it is important to keep them safe and healthy. To help you cover the costs of vet visits and unexpected expenses for covered accidents or illnesses, Signet makes available to all team members the MetLife Pet Insurance.

This voluntary program provides you the flexibility of group discounts, customizable limits and deductible savings and hassle-free claims experience. To learn more, get a quote or enroll, visit www.metlife.com/getpetquote or call **800.GET-MET8**.



**Farmers Auto and
Home Insurance**

All Signet Jewelers team members are eligible for discounts on their auto and home insurance through Farmers Insurance. No need to wait until your current policy expires, you can switch policies at any time. To receive a free **personalized premium quote call 800.438.6381** and just mention that you work for Signet Jewelers.

Eligible team members will receive a variety of discounts and benefits, including:

- A group discount of up to 15%
- Automatic payment discount
- Good driving rewards
- Multi-vehicle or multi-policy discounts



**WageWorks Tax-Favored
Commuter Program**

All U.S. team members are eligible to participate in the WageWorks Online Commuter Benefits Program. This program offers a convenient, online platform for obtaining your transit or parking passes on a pre-tax basis. With WageWorks Online Commuter Benefits you:

- **Pay in advance for your transit pass.** With the Wage Works online commuter benefits, you can buy a transit pass online, pay for it through a pre-tax payroll deduction and have it mailed directly to you.
- **Your transit pass is delivered right to your home address.** Your pass is automatically sent to your home address prior to the start of the benefit month.
- **Your elections and your account are easily managed online.** You can access your account and manage your election needs through the secure Wage Works Spending Account website at www.wageworks.com.
- **Your account is funded through simple payroll deductions.** Your Commuter Benefits account contributions are deducted from your paycheck before any taxes are taken up to the IRS limits. That means your eligible transit purchases are tax free!

You can learn more about Commuter Benefits Transit/Parking plan on the WageWorks Spending Account website at www.wageworks.com. Just access the site and then select the Support Center option. If you have additional questions on using the online system, contact WageWorks at **877.924.3967**, Mon – Fri 8:00 a.m. - 8:00 p.m. ET.

The Benefits of Signet: Be Secure



Salary Finance Employee Loan Program

This is a voluntary program, provided by Salary Finance, that provides eligible team members the opportunity to obtain a loan that may be an affordable alternative to other borrowing options. Whether it's to replace existing debt or cover an unexpected expense, Salary Finance is there to help. Loans are administered by Salary Finance and can be repaid through automatic payroll deductions. For more information email help@salaryfinance.com or go to <https://signet.salaryfinance.com>.

Signet Team Member Relief Fund

The Signet Team Member Relief Fund ("the fund") is a project of the Signet Disaster Relief Fund, Inc. which is a 501(c)(3) charitable organization. The fund provides assistance, typically in the form of grants, to eligible Signet team members who have encountered a financial or other hardship for reasons beyond their control, and/or to provide temporary relief to meet the necessities of life of persons who are in need and distressed on account of a disaster.

To learn more about the fund, including eligibility requirements and how to apply for assistance, log into SIGnet and search for Signet Team Member Relief Fund.



Employment & Income Verification Service

Whether you are applying for a home mortgage, car or student loan, renting an apartment or for any other reason where proof of employment or income may be needed, Experian provides the fastest and most secure way for verifiers to confirm your date of employment and wage history. Go to www.experianverify.com to set up a personal account at Experian (the company PIN is 60325814) for secured, online access to:

- Your own data and wage history
- See who has been viewing your information
- Block private access to your account
- Set up an automatic email to notify you anytime someone verifies your information

Signet Perks at Work Program

The **Signet Perks at Work Program** is a voluntary discount program that provides U.S. team members access to national and local merchant discounts on items such as apparel, travel, entertainment and household items. It is easy to become a member of the Signet Perks at Work Program. From your home computer:

- Go to www.perksatwork.com
- Click on the "Register For Free" box
- Enter your work or personal email addresses and click **"Create My Account"**
- The company code is JEWELS
- Your password will be emailed to you in minutes

National Credit Union

Signet makes available to you the opportunity to become a Credit Union Member. Credit Unions are non-profit financial organizations owned by its members – people like you. The benefits of being a Credit Union member include:

- Manage your credit union account by phone, online or by using a free mobile app
- Payroll deduction feature allows you to automatically deposit money into specific accounts including checking, Santa Savings, Vacation Club or regular savings account
- Request an auto, personal, mortgage and other loans online and typically receive lower interest rates
- Access to over 5,000 Shared Branching partner organizations around the country

All team members have access to the Towpath Credit Union based in Akron, Ohio and to Las Colinas based in Dallas, Texas. It's your choice which Credit Union you want to join. To become a member and/or to learn more about the services available, use the contact information below.



Medicare Health Plans by BOST

Are you and/or your spouse or domestic partner currently or will soon be eligible for Medicare? We also make available to you the Medicare Health Plans by BOST. This voluntary program provides you access to a BOST advisor to help you review the options available to you so you can make the best-informed decision about your healthcare needs in 2024. This includes comparing the Signet health plan options to the Medicare health plan options. Simply call the Medicare Service Call Center at 800.719.3751 for a free consultation.



Part-Time/Seasonal Benefit Offering

We know how difficult and stressful it can be to navigate the healthcare marketplace for the right health, dental, vision & life insurance coverages. Which is why we've partnered with Stride, a company that focuses on helping individuals like you, save time and money enrolling in coverage available to you. Stride is focused on helping Signet's US part-time, seasonal team members and members of their home (under the age of 65) find affordable options for health insurance by utilizing the Affordable Care Act's guidelines. To see what you qualify for, contact Stride at 415-930-9110 or go to <https://signet.stridehealth.com/>.

Whether you are just starting out, nearing retirement or are anywhere in between, enrolling in the Signet Jewelers Retirement Savings Plan can help you prepare for your financial future and assist with getting your retirement goals on track.

The Signet Jewelers Retirement Savings Plan, administered by Empower Retirement allows you to contribute any percentage of your paycheck up to 100% through pre-tax and Roth contribution options.

GETTING STARTED

You are eligible to join the 401(k) plan if:

- You are at least 18 years old
- Have completed 30 days of employment

A letter will be mailed to your home from Empower Retirement with details on how to enroll once you reach 30 days of employment and satisfy the eligibility requirements. Upon becoming eligible to join the 401(k) plan, you can enroll at any time. Below are three ways to enroll:

1. Visit www.empower.com/signet
2. Call **833.744.6381**. Reps are available weekdays, 8:00 a.m. to 10:00 p.m. ET and Saturdays, 9:00 a.m. to 5:30 p.m. ET
3. Visit Empower mobile app by visiting the App Store or Google Play

CONTRIBUTIONS

You can contribute up to 100% of your eligible pay (in 1% increments), with an annual limit of \$23,000 for 2024 (or \$30,500 if you are eligible for the catch-up contribution described below).

If you are age 50 years or older you can contribute up to an additional \$7,500 in catch-up contributions for the 2024 calendar year.

Your contributions can be set up pre-tax for a traditional 401(k), post-tax for the Roth 401(k) or a combination of both. A combination of both types of contributions cannot exceed the annual IRS contribution limits noted above.

SIGNET WILL MATCH YOUR CONTRIBUTIONS

Once you have been employed for one year, Signet will begin to match your contributions 50% (\$.50 on each dollar) up to the first 6% of your eligible pay. The company matching contributions will begin to vest, which means will become available to you, based on the vesting schedule below. Your contributions are always available at 100%.

Years of Services Minimum of 1,000 Hours Worked Each Year				
< than 2	2 Years	3 Years	4 Years	5 Years
0	25%	50%	75%	100%

IS A ROTH 401(k) RIGHT FOR YOU?

The Roth 401(k) allows you to save money through payroll deductions on a post-tax basis. Even if you are making pre-tax contributions through the Signet 401(k) plan, you can also contribute to the Roth 401(k). However, a combination of both contribution types cannot exceed the annual contribution limit of \$23,000 for 2024 (or \$30,500 if you are eligible for the catch-up contribution).

Deciding whether Roth 401(k) or pre-tax 401(k) contributions are right for you will depend on your individual circumstances. When evaluating your options, you'll need to carefully weigh the value of tax free distributions at retirement against the value of reducing your current tax liability.

For more information about the Roth 401(k) plan option, contact Empower Retirement at **833.744.6381** or visit Empower.com/signet.

GET CONNECTED!

Go to www.empower.com/signet to stay informed about your 401(k) Plan. Once you log on to your 401(k) account, don't forget to sign up to receive emails on the latest retirement topics and plan information, including your 401(k) statement and planning resources.

- Log on and select Register
- Choose the *I do not have a PIN* tab
- Follow the prompts to create your username and password
- If your email or phone number is not on file or if you have another account with Empower (with a former employer, for example), you will need to call Empower to access your new plan account

FREE MOBILE APP!

Manage your 401(k) account anywhere, anytime by using your smartphone. You can:

- Transfer investments
- Make changes to your contribution amount
- Update beneficiaries
- Customize your retirement income goal

ROLLOVER MONEY

Do you have money sitting in a prior eligible retirement account? You can rollover the money to the Signet 401(k) plan immediately. For more information, call Empower Retirement at **888.737.4480**.

RETIREMENT INVESTMENT ADVICE

Get help with your investing and savings decisions with the *Empower Retirement Investment Advice* program. Available at no cost, this program is designed to help you manage your 401(k) account and develop a personalized investment strategy. Get answers to questions such as:

- How much should I save?
- Which investments should I choose?
- Am I on the right track?

A retirement consultant is available weekdays, 8:00 a.m. to 10:00 p.m. ET and Saturdays, 9:00 a.m. to 5:30 p.m. ET at **833.744.6381**

Life doesn't stand still. That's why Signet makes available an easy way to learn about the things that matter most to you. The LifeSpeak program provides instant access to expert advice on a wide range of topics. From physical and mental health, to relationships, financial health, parenting and caregiving...it's all here.

LifeSpeak is available to all team members and their families. There is no waiting period, no cost to you and it is 100% confidential. Log in to LifeSpeak now and be sure to sign up for the mailing list so you never miss a campaign, contest, or new feature! Encourage your family members to sign up, too!

With LifeSpeak you get:

- 1,200+ videos and podcasts.
- Tip sheets for each video module with practical tips and advice.
- Expert Blog posts on a wide variety of issues that affect us each day.
- Mental Health Marathons, Watch & Win contests and quarterly campaigns.

And more! You also have access to these programs designed to help you and your family live your best life.

Accessing LifeSpeak is Easy!

URL: signet.lifespeak.com or Scan the QR Code



Client ID: **signet**
Access ID: **YourLife**



Ask the Expert Web Chat

Once a month you can interact with a LifeSpeak expert in real time. The web chats are based on a chosen theme, and during the web chat, you can submit questions (100% anonymously) and get an answer from a leading expert right away.

Live and On-demand Meditation

Find your calm with LifeSpeak Breathe. Learning to control and slow down your breathing can be a positive solution for managing stress and anxiety, which in turn can have a direct impact on our health. Signup for a 5-minute live mindfulness session or select on-demand guided meditation any time of the day.



Support for Alcohol and Substance Use

ALAViDA is designed to support anyone – you or a family member – who'd like to cut back, quit, or simply become more mindful of their consumption of alcohol or substance use. Scan the QR code to take a 5-minute confidential quiz and get a \$5 Starbucks gift card.



TELUS Health, formerly called LifeWorks, is a total wellbeing solution that supports, guides, and connects team members and their families to programs and resources to live their best life. No matter where you are at in your life journey, TELUS Health provides confidential support, at no cost to you, 24 hours a day, 7 days a week, 365 days a year.



Call 855-848-6388

A TELUS Health advisor is just a phone call away, 24/7, 365 days a year. Call to get connected to personalized counseling or if you have a question about any of the TELUS Health services.



Log in to the SIGnet

Under the Bookmarks section on the SIGnet, click on the TELUS Health link to transfer to the TELUS Log In page. Enter your Signet Jewelers email to connect to online tools and resources.



Download the TELUS App

For access on the go, download the TELUS app from the App Store or Google Play. Enter your Signet Jewelers email in the Log In section to be redirected to Signet's SSO portal.

Personalized, Confidential Mental Health Support

We all need extra support sometimes to get through life's challenges. Call TELUS Health at 855-848-6388 to talk with a TELUS advisor, 24 hours a day, 7 days a week. Following a telephonic assessment, the advisor will set up an in-person or virtual session with a counselor that is right for your needs. You and members of your household are eligible to receive up to 5 counseling sessions, per incident, per year, at no cost to you.

Health and Wellness Coaching

Sometimes taking a new path can be overwhelming, especially if it involves making life changes, such as changing the way you eat or adopting new habits to reduce stress.

Health and Wellness Coaches are here to help you find the right path to a healthier you.

To learn more or to schedule an appointment call **855-848-6388** or visit the TELUS Health website.



Stress Management

This track addresses personal and workplace stress in four areas: job-related stress, relationships, changes and time management issues.



Weight Management

Develop healthy eating habits for life by setting realistic weight loss goals using the latest nutritional and activity recommendations.



Sleep Habit Management

Provides tools to improve sleep and mitigate the effects of sleep deficiency by looking at personal sleep habits and identifying barriers to sleep.



Tobacco / Nicotine Cessation

Understand tobacco use and dependency and empower users to work through the process to quit-for life.



Diabetes Prevention

Designed to help users establish diet and exercise habits to lose weight and reduce their diabetes risk because of family history, medical prognosis or other reasons.

TELUS Health Community for 24/7 Peer Support

The TELUS Health Community is an online peer-to-peer support space that connects you to a world of people with like experiences. Get instant, unlimited support in a safe space that allows you to anonymously share how you are feeling.

Get Connected and Stay Connected

You are always a click away from resources and programs designed to support you no matter where you are at in your life journey, including:

- Mental Health Support
- TELUS Health Community
- Financial Counseling + Resources
- CareNow Self-Help Tracks
- Personalized Health Coaching
- Habituate Challenges
- Wellness Assessments
- Virtual Physical Fitness Training
- Toolkits Self-Guided Learning
- Access to Attorneys + Mediators

IMPORTANT INFORMATION REGARDING LIFE EVENTS

If you or your dependent experiences a qualifying life event, log in to **Workday** to add, change or update your benefit elections. For most events you must:

- Provide confirmation of the life event.
- Electronically submit supporting documentation for each dependent (refer to the list on page 7 of this guide).
- Complete the enrollment process within the 31-60 day notification period.

If you do not complete the online enrollment process within the 31 or 60-day timeframe, you cannot enroll in or make changes to your existing coverage under the medical, vision, dental and/or FSA plans until the next annual enrollment period.

LIFE EVENTS REQUIRING 31-DAY NOTIFICATION

- If you or a dependent lose eligibility for other health coverage or experience a reduction in health coverage.
- If you or a dependent become covered under another health plan.
- If you give birth to a child.
- If you adopt a child, or have a foster child placed in your home, or if you become the legal guardian of a child.
- If you get married.
- If you become divorced, legally separated, or have an annulment.
- If your domestic partnership terminates.
- If your spouse, domestic partner or child dies.

Note: If you are adding a dependent due to the birth, adoption, foster care or obtaining legal guardianship of a child or adding a person due to a marriage or domestic partner relationship, you may add the eligible child, spouse or domestic partner to the medical, vision or dental plans only if you are actively enrolled in the respective healthcare plan (i.e. medical, vision, or dental) at the time the Life Event occurs.

LIFE EVENTS REQUIRING 60-DAY NOTIFICATION

- Loss of Medicaid coverage for you or a dependent.
- Gain eligibility for Medicaid coverage for you or a dependent.

EFFECTIVE DATE OF COVERAGE

The effective date of coverage under the Signet medical, vision and/or dental plans is the date of the Life Event. You are responsible for paying all applicable payroll contributions from the date of the Life Event, which may result in back charges taken out of future paychecks.

ENROLLING A DEPENDENT

If you are enrolling a new dependent in any of the benefit programs, you must first:

1. Add your dependent's information to **Workday** prior to going through the benefits enrollment process.
2. Electronically submit the required documentation (refer to the list on page 7 of this guide) to verify that your dependent meets the eligibility provisions of the Signet medical, vision and dental plans.

Failure to complete both steps of the benefit enrollment process, which includes providing supporting documentation for each dependent and the selection of benefit elections by the benefits effective date of coverage, will prohibit your dependents from being enrolled in the medical, vision and dental plans at this time. Dependent verification can take up to 2 business days to complete. A business day is defined as Monday through Friday, 8:00 a.m. to 5:00 p.m. ET.

To view instructions on how to enroll a dependent, drop a dependent and change or update your benefit elections, go to **Workday** and click on *The Benefits of Signet* worklet.

YOUR RIGHTS!

As a participant in the Signet Health & Welfare Plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 and other federal/state laws.

Go to SIGnet to view and print a copy of each of the following documents:

- Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 Initial Notice
- Health Insurance Marketplace Coverage Notice
- Health Insurance Portability and Accountability Act (HIPAA) of 1996 Privacy Notice
- HIPAA Special Enrollment Rights Notice
- Medicaid and the Children's Health Insurance Program (CHIP)
- Medicare Part D Notice of Creditable Coverage Disclosure
- Newborns & Mothers Health Protection Notice
- Notice of Privacy Practices Signet Jewelers Health & Welfare Plan
- Summary Plan Description (SPD) Booklets
- Women's Health and Cancer Rights Act (WHCRA) Notice

IMPORTANT ENROLLMENT INFORMATION

Once you elect the plans you want to participate in and select the level of coverage for each plan or if you do not enroll in the benefit plans at this time, you cannot enroll in or make changes during the year unless you experience a qualifying life event or until the next annual enrollment period. Go to page 31 for additional information about Life Events.

To be eligible to elect coverage and to continue to be enrolled under Signet's benefit programs, you must consistently work a minimum of 30 hours each week. It is important to note audits may be done to confirm that a team member is meeting the eligibility requirements of the plan.

TERMINATION OF MEDICAL, VISION & DENTAL COVERAGE

Team members and their eligible dependent's coverage under the medical, vision, dental and FSA plans will terminate as of the team member's last day of employment or as of the effective date of a change in status to part-time or seasonal status. Additionally, a dependent is no longer eligible to be covered under the plans and his/her medical, vision and/or dental coverage will terminate as of:

- The date of divorce, legal separation or an annulment of marriage
- The date of termination of a domestic partner relationship
- The last day of the month the child turns age 26

Please note: You and/or your dependent may be eligible to elect continuation of medical, vision, dental and/or FSA coverage as stated under the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985. Although federal law does not require Signet to provide COBRA benefits to domestic partners and their children, Signet will extend COBRA equivalent benefits to domestic partners and if applicable, their children who experience a qualifying event as described under the provisions of our plan.

If you are enrolled in a FSA plan, you have 90 days from the date your coverage ended to submit a claim for any eligible expenses which occurred while your coverage was active. Note, any funds remaining after 90 days will be forfeited.

Contributions for benefit programs are maintained on a pay period cycle. If coverage is elected, then contributions will occur if coverage is active at any date during the pay period and is subject to the eligibility rules of the plans.

ARE YOUR HOME & PERSONAL EMAIL ADDRESSES UP-TO-DATE?

Some benefit notices – such as notification of when you are eligible to participate in the benefit programs and notification of when your benefits are terminated – are emailed or mailed to your home address that you have listed in Workday.

If you relocate or change your email address, you are responsible for immediately updating your address, email and phone number in Workday.

SIGNET BENEFITS

This is an overview of your Signet benefits. If a conflict occurs between this material and the official plan documents that define these programs, the plan document will govern. Nothing in this overview is intended to be a promise or guarantee of continued employment. Signet reserves the right to change or end any of the plans described at any time. Signet's Medical Plan is no longer grandfathered under PPACA and complies with all of the requirements that applied to non-grandfathered plans. Additionally, the MetLife Pet, Accident and Hospital Indemnity plans, Farmers Auto and Home Insurance, Medicare Plans by BOST and Salary Finance programs are optional benefits and not a recommendation from Signet. Signet does not receive any compensation for offering these services.

2024 Enrollment Guidelines

2024 ELIGIBILITY RULES AND REQUIREMENTS

To be eligible to elect coverage under the medical (including prescription drug coverage), vision, dental, Flexible Spending Account, Health Saving Account, disability and life insurance plans, you must be in a full-time status on Workday and consistently work a minimum of 30 hours each week. It is important to note that audits may be done to confirm you are meeting the eligibility requirements of the plan.

ENROLLMENT GUIDELINES

ELIGIBILITY CLASSIFICATION	EFFECTIVE DATE OF COVERAGE
New hire Support Center and Field Non-exempt (hourly) team members* and all assistant managers	91st day following the date of hire
New hire Support Center Exempt (salaried/Human Resources designated positions) team members and ALL exempt store/design & service center managers, managers in waiting and district managers	31st day following the date of hire
Change from Part-Time/Seasonal to Full-Time Non-exempt status as described in the “New Hire” eligibility classification above	91st day following the date of the status change
Change from Part-Time/Seasonal to Full-Time Exempt status as described in the “New Hire” eligibility classification above	31st day following the date of the status change
Team members (Exempt and Non-exempt) re-employed within a 6-month period from their last day worked and were enrolled in the medical/dental plan on his/her last day of employment	The date of re-employment
Team members (Exempt and Non-exempt) re-employed within a 6-month period from their last day worked and were NOT enrolled in the medical/dental plan on his/her last day of employment	Based on the team member’s eligibility status – Exempt or Non-exempt (Refer to “New Hire” effective date of coverage above)
Team members (Exempt and Non-exempt) rehired at any time beyond 6-months from their last day of employment will be treated as a “New Hire”	Based on the team member’s eligibility status – Exempt or Non-exempt (Refer to “New Hire” effective date of coverage above)

* Excludes non-exempt hourly store/design & service center managers, managers in waiting and Human Resources designated positions.

DEADLINE TO ENROLL

Team members can complete the benefits enrollment process online in Workday immediately upon receiving a task in your Workday Inbox to complete benefits enrollment, but no later than 30 days from this date. Failure to complete the entire benefit enrollment process within this timeframe will prohibit you from enrolling in the plans at this time. The next time you can enroll or make changes to your benefit elections is during benefits annual enrollment typically held in October of each year or if you experience a Life Event as described on page 31 of this guide. The benefit enrollment process includes the enrollment and verification of dependents (if applicable) which requires the submission of dependent documentation. Dependent verification can take up to 2 business days to complete.

ENROLLING A DEPENDENT

If you are enrolling your spouse, domestic partner and/or child(ren) to your benefit coverage you must first:

1. Add your dependent’s information to Workday prior to going through the benefits enrollment process.
2. Electronically submit the required documentation (refer to pages 6 and 7 of this guide) to verify that your dependent meets the eligibility provisions of the Signet medical, vision and dental plans.

Failure to complete the steps above within 30 days from the date you receive the benefits enrollment task in your Workday Inbox will prohibit you from enrolling a dependent in the plans at this time. Dependent verification can take up to 2 business days to complete. For information on how to add a dependent in Workday go to page 6 of this guide.

ANNUAL ENROLLMENT

All full-time team members (Exempt and Non-exempt) are eligible to enroll in or make changes to their current benefit elections during annual enrollment, typically held in October each year. Changes that are made to your benefit elections during annual enrollment are effective as of January 1 of the year immediately following annual enrollment. The deadline to make changes is at the end of the specified annual enrollment period.

Maximize Your Benefits & Get Connected

BENEFIT	VENDOR	PHONE	WEBSITE	SELF-SERVICE ACCESS 24/7
Medical	Anthem	833-862-0736	www.Anthem.com	If you are enrolled in the medical plan, call your dedicated Anthem Family Advocate for all your medical needs. Family Advocates will assist you with verifying coverage, finding in-network providers, claim/billing questions and more.
Prescription Drug	Optum Rx	844.265.1719	www.OptumRx.com	Refill mail order prescriptions, get details about prescription coverage, and find the best solutions for managing your drug expenses.
Specialty Pharmacy Program	Archimedes	888.417.5506	www.archimedesrx.com	To fill medications that are used to treat complex medical conditions such as, but not limited to, multiple sclerosis, hemophilia and rheumatoid arthritis.
Dental	Delta Dental	800.524-0149	www.deltadentaloh.com	Find a network dentist and manage your dental benefits. To request an ID card call 800-524-0149.
Vision	EyeMed	866.723.0514	www.eyemedvisioncare.com	Download an ID card, locate a network provider, view your benefits summary, access information on eyewear options, & much more.
Health Savings Account (HSA) & Flexibility Spending Accounts (FSA)	HealthEquity	866.346.5800	www.myhealthequity.com	Check your account balance and history, archive and manage receipts, explanations of benefits (EOBs), invoices, and more in one central location.
Short Term Disability (STD) + Leave of Absences	Sedgwick	844.949.2074	www.mysedgwick.com/Signet	To request a full or intermittent leave for FMLA, STD, medical, paid parental, personal and military leave of absence, including all state and Canadian leaves. Access self-service tools to view the status of your leave, respond to key action items and interact with a Leave Specialist.
Long Term Disability (LTD)	MetLife	800.300.4296	www.metlife.com/mybenefits	To view the status of your LTD claim, call MetLife or go to MyBenefits at the website listed.
MetLife Claims and SOH Status	MetLife	800.638.6420		To check status on claims and Statement of Health questionnaire status.
Voluntary Auto & Home Insurance	Farmers	800.438.6381 (use discount code CP6)	www.farmers.com/landing/groupselect/getquote/	Call or visit the website to receive a free, no obligation quote. Convenient option of having payments auto deducted through your paycheck.
Voluntary Pet Insurance	MetLife	800.GET-MET8	www.metlife.com/getpetquote	Call or visit the website to receive a free, no obligation quote.
Counseling & Wellbeing Support	TELUS Health	855.848.6388		Confidential support, at no cost to you. Resources include virtual or in-person counseling, online self-help tracks, and personalized health coaching
Total Well-Being Program	LifeSpeak		https://signet.lifespeak.com Corporate ID: YourLife	Access to over 1,200+ videos, podcasts, on-demand meditation, and expert advice on a wider range of health and wellness topics.
401(k) Plan	Empower	833.744.6381	www.empower.com/signet	Check your account balance, change your contribution rate, designate a beneficiary, and more.
Employee Loans	Salary Finance	help@salaryfinance.com	https://signet.salaryfinance.com	Access to a digital education platform that includes videos, expert blogs and webchats for your overall wellbeing.
Credit Union (Akron Based Team Members/Store Banners)	Towpath	866.634.4700	www.towpathcu.com	Become a Credit Union Member and have access to many services including: open a savings or checking account, request a loan, apply for a credit card and much more.
Credit Union (Dallas Based Team Members/Store Banners)	Las Colinas Federal	214.273.5094	www.lascalinasfcu.com	Credit Union membership grants you access to checking and savings accounts, various loan options, and more.
Legal Plan	MetLife Legal Plans	800.821.6400	https://Info.legalplans.com	Assess legal needs, confirm coverage, find an attorney and more.
Retail Discounts	Perks at Work		www.perksatwork.com Company Code: JEWELS	To access national and local merchant discount via on-line shopping. Click "Register Now" , enter the requested information and the company code "JEWELS" . A password will be emailed to you.
Commuter	WageWorks	877.924.3967	www.wageworks.com	Register your account and make monthly elections.
Employment + Income Verification	Experian Verify	404.382.5400	www.experianverify.com	Service to verifiers to confirm your date of employment and wage history when applying for a loan or other program.

Need additional information about Signet's benefit programs or enrollment? Go to Workday and click on *The Benefits of Signet* icon or email: HR@signetjewelers.com