Holiday Inn CLUB VACATIONS®

2026 Benefits Guide

YOUR BENEFITS. YOUR LIFE. YOUR CHOICE.

Contents (click chapters to link!)

Find the Right Coverage with Thoughtful Decisions

At Holiday Inn Club Vacations (HICV), family is at the heart of everything we do. We know family is at the center of your life too—which is why our benefits are designed to offer a broad range of affordable options tailored to meet the diverse needs and budgets of our team.

This dedication has earned HICV recognition from *Newsweek* as one of **America's Greatest Workplaces**, one of **America's Greatest Workplaces for Women**, and one of **America's Greatest Workplaces for Parents & Families**.

In addition to a range of benefit options, HICV also provides the resources needed to fully understand what's available to you. Take time to review the benefits and programs in this guide, and don't forget to visit **Your Benefits Destination** for a deep dive into your HICV Total Rewards.

This year, we're excited to provide streamlined coverage from Cigna that includes voluntary benefits like Accident Insurance, along with medical and dental coverage – making it easier to manage your benefits and claims. We've also enhanced your dental coverage with ways to boost your annual maximum coverage, and additional no-cost services for those with certain health conditions.

As you explore this guide, think about how each program can strengthen your life today and prepare you for tomorrow. The better you understand your options, the more confident you'll feel in taking care of yourself and the people who matter most.

These are **Your Benefits** for **Your Journey**. Make **Your Choice**.

About Your Benefits

WHEN YOU ENROLL, AND WHEN BENEFITS BEGIN

There are three times when you can enroll:

	1 As a new hire	2 During Annual Open Enrollment	3 As the Result of a Qualifying Life Event*
Timing	Enroll within 90 days of the date you're hired	This is your annual opportunity to review and update your coverage, typically held each fall	Within 30 days of your Qualifying Life Event
When coverage takes effect	Coverage takes effect on your 90th day of employment and remains in effect through December 31	Coverage takes effect January 1 and remains in effect through December 31	Changes take effect on the date of the Qualifying Life Event and remain in effect through December 31

** A Qualifying Life Event is a change in your situation that allows you to make certain changes to your benefits outside of Open Enrollment. For example, you may need to add a dependent to your plan if you're welcoming a new child to the family or getting married. Qualifying Life Events include, but are not limited to: birth or adoption, marriage or divorce, change of dependent status, change in employment status, loss of other group coverage, enrollment in other coverage, and death of a spouse or dependent.*

WHO'S ELIGIBLE

To be eligible for most of the programs described in this guide, you must be a full-time, regular team member, scheduled to work at least 30 hours per week.

You can also enroll your eligible dependents, including your:

- Legal spouse
- Natural, adopted, foster or stepchild(ren); child(ren) for whom court appointed or legal guardianship has been awarded*; and child(ren) of any age with disabilities (if determined to meet plan requirements)

** You may cover eligible children in the HICV medical, dental, and vision plans until the end of the month they turn 26; and additional life insurance until the end of the month they turn 21 (or 25 if they're a student).*

HOW TO ENROLL

- Log in to **UKG Pro**
- Hover over the "Myself" tab
- Select appropriate reason for updating your benefits, such as "Open Enrollment" or "Life Events."

TIP!

DEPENDENT VERIFICATION

If you are adding new dependents during your enrollment as a new hire, during Open Enrollment, or due to a Qualifying Life Event, you will be required to provide proof that your dependents are eligible. You will receive a letter to your home address from BMI Audit Services requesting documentation, with instructions on how and where to send it. To avoid a break in coverage, submit your documentation by the deadline indicated on the letter.

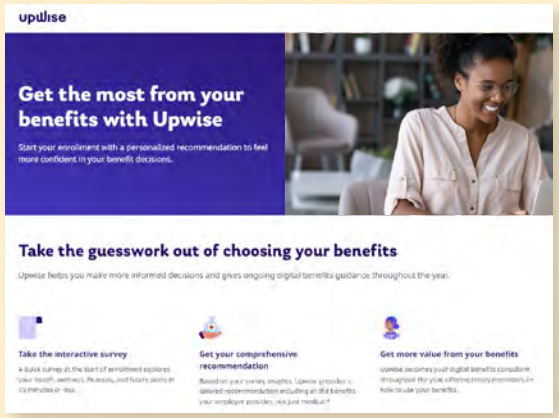
upwise

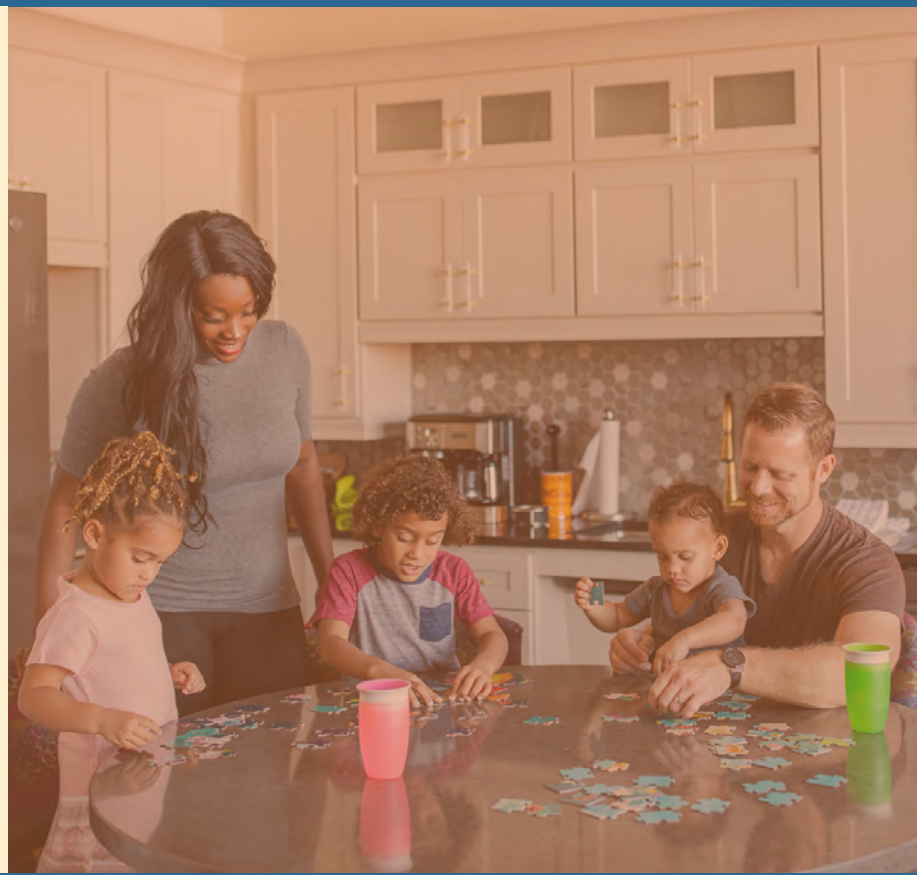
Make Smarter Enrollment Decisions with Upwise!

Choosing your benefits is one of the most important decisions you can make, so we're offering Upwise to help you select the right benefits for you and your family. Think of it like your own personal benefits consultant!

A quick survey at the start of enrollment explores your health, wellness, finances, and future plans. Then Upwise provides a personalized and comprehensive recommendation based on your goals and the broad array of benefits we offer – not just medical.

Learn more at **Upwise** or **Watch a short video** to see Upwise in action.





Medical Coverage

Take care of what matters most

Nothing is more important than ensuring your family has everything it needs to stay healthy! We offer a range of medical plan options through Cigna®, so you can find the right coverage for your personal situation.

Your choices:

- **Core Plan –** A great option that provides low copays for most routine care, such as seeing a doctor, getting lab work, and even X-rays. More complex care such as inpatient stays or surgery are subject to a higher deductible. This plan has the lowest bi-weekly premium.
- **Consumer Plan with HSA –** This option has a higher deductible that applies to all care (excluding preventative care, which is free!). Once the deductible is met, a coinsurance will be applied to claims. This plan is eligible for a Health Savings Account with a contribution from HICV, to cover these out-of-pocket expenses.
- **Core Plus Plan –** This option has the lowest deductible and copays, but the highest bi-weekly premium. Core Plus offers the most comprehensive coverage, including expensive and complex care needs like surgery.

Each option is offered through Cigna and automatically comes with:

- Prescription drug coverage through Express Scripts®
- In-network preventive care covered at 100% (no deductibles or copays apply)
- Access to a tax-advantaged savings or spending account (**pages 11–12**)

While the options cover the same care, there are differences in the amounts you pay out of your paycheck and when you receive care.

Visit **mycigna.com** or the myCigna® app to find in-network providers near you and for more information. If you have specific questions about your coverage, call Cigna at **(800) 244-6224**.

Not enrolled yet? Call the pre-enrollment line at **(855) 244-6216**.

Network Coverage

The Core Plan and Consumer Plan with HSA both include in- and out-of-network benefits. That means you have the flexibility to see providers outside the Cigna Open Access Plus (OAP) Network.

For these options, out-of-network coverage is generally more expensive than staying in-network.

The Core Plus Plan does not cover care received out-of-network and requires you to seek care in the OAP Network.

TIP!

CONSIDER TIER 1 PROVIDERS

Every year, Cigna evaluates provider performance in certain primary care and medical specialties. Providers with top results in delivering quality, cost-efficient care become Tier 1. You will pay less out-of-pocket every time you visit a Tier 1 provider and can be certain you're getting quality care. **If you enroll in the Core Plan or Core Plus Plan**, look for the Tier 1 designation when you search for a provider on **mycigna.com** or the myCigna app.

COVERAGE AT-A-GLANCE

The following chart gives you an idea of how these plans compare. Reach out to Cigna at 800-Cigna-24 with any specific coverage questions.

	Core Plan		Consumer Plan with HSA		Core Plus Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual deductible *(individual/family)*	$3,000/$6,000	$5,000/$10,000	$2,000/$4,000	$4,000/$8,000	$1,250/$2,500	Not covered
Annual out-of-pocket maximum *(individual/family)*	$5,000/$10,000	$10,000/$20,000	$4,000/$8,000	$8,000/$16,000	$4,000/$8,000	Not covered
Preventive care	$0	Plan pays 50% after deductible	$0	Plan pays 60% after deductible	$0	Not covered
Office visits – primary care *(Tier 1/all other providers)*	$20/$40	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	$10/$20	Not covered
Office visits – specialist *(Tier 1/all other providers)*	$50/$60	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	$35/$50	Not covered
Urgent care	$50	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	$50	Not covered
Emergency room care	$500	$500	Plan pays 80% after deductible	Plan pays 80% after deductible	$400	$400
Outpatient labs/X-rays *(hospital-based facility)*	Plan pays 75% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80%	Not covered
Non-hospital-based X-rays or independent labs	Plan pays 100%	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 100%	Not covered
Virtual/MDLIVE® PCP	$20 copay, plan pays 100%	Not covered	Plan pays 80%	Not covered	$10 copay, plan pays 100%	Not covered
Virtual/MDLIVE specialist	$50 copay, plan pays 100%	Not covered	Plan pays 80%	Not covered	$35 copay, plan pays 100%	Not covered
Virtual/MDLIVE urgent care	$5 copay, plan pays 100%	Not covered	Plan pays 100%	Not covered	$5 copay, plan pays 100%	Not covered
Behavioral health office visit	$20	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	$10	Not covered
Hospital care *(inpatient and outpatient)*	Plan pays 75% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Not covered
Outpatient diagnostic services	Plan pays 75% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Not covered
Complex diagnostic imaging	Plan pays 75% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Not covered

How Family Deductibles Work

True Family Deductible vs Embedded Deductible

To compare your total costs for medical coverage, you have to understand when the plan begins sharing in the cost of expenses. Consider these two examples based on the Brown family's expenses.

Example: Meet the Brown family

Michelle is a proud member of the HICV team. She provides medical coverage for her husband, Mike, and their daughter, Lisa. They each incur medical expenses during the year. They choose their medical plan based on when and how the plan begins sharing in the cost of care.

Consumer Plan With HSA uses a **true family deductible**

Deductible: $4k family

Mike
paid for $500 in services

+

Lisa
paid for $100 in services

+

Michelle
paid for $3k in services

Total = $3,600

The plan immediately covers preventive care at 100%.

With a true family deductible, all family members can contribute collectively or one individual can satisfy the $4,000 deductible amount. The Browns have contributed collectively $3,600 toward the family deductible.

Core Plan and Core Plus Plan use an **embedded deductible**

This example uses the Core Plan deductible:
$6k family—$3k embedded individual

Mike
paid for $500 in services

+

Lisa
paid for $100 in services

+

Michelle
paid for $3k in services

Total = $3,600

The plan immediately covers preventive care at 100%. In addition, the Brown family pays low copays for most routine, in-network care, even before the deductible is met.

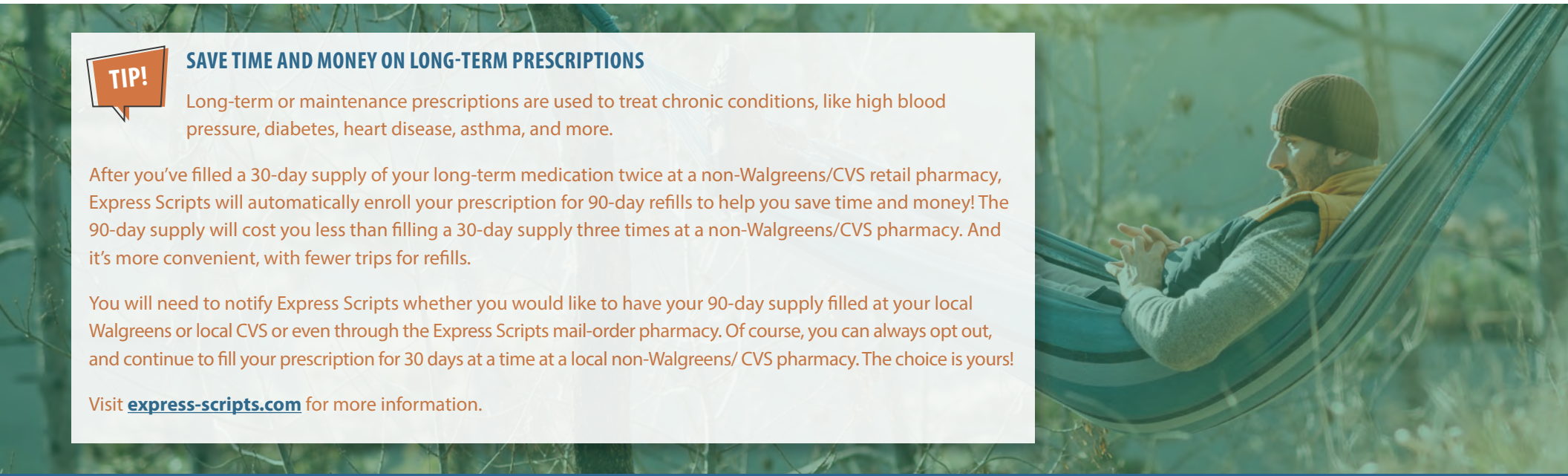
With an embedded deductible the family shares a combined $6,000 deductible, however no one family member can exceed $3,000 in expenses toward the deductible. The Brown family has contributed collectively $3,600 toward the family deductible. Since Mike has met his $3,000 embedded deductible, the remaining $2,400 would be obtained with expenses from Michelle and/or Lisa.

PRESCRIPTION DRUG COVERAGE

Your prescription drug coverage is managed by Express Scripts®. The amount you pay for each prescription is based on the drug tier and whether you choose a retail pharmacy or home delivery.

	Core Plan		Consumer Plan with HSA		Core Plus Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual deductible	$0 (not combined with medical)	N/A	Combined with medical	N/A	$0 (not combined with medical)	N/A
Retail Pharmacy (typically a 30-day supply)						
Tier 1 *(generic drugs)*	$10	Not covered	$10 after deductible	Not covered	$10	Not covered
Tier 2* *(preferred, brand-name drugs)*	$35	Not covered	$35 after deductible	Not covered	$35	Not covered
Tier 3* *(non-preferred, brand-name drugs)*	$60	Not covered	$60 after deductible	Not covered	$60	Not covered
Tier 4 *(specialty drugs)*	$125	Not covered	$125 after deductible	Not covered	$125	Not covered
Home Delivery (up to a 90-day supply)						
All tiers	2.5x retail copay	Not covered	2.5x retail copay	Not covered	2.5x retail copay	Not covered

** If you fill a brand-name drug when a generic equivalent is available, you will pay for the generic drug copay PLUS the difference in cost between the brand and generic drugs.*



TIP!

SAVE TIME AND MONEY ON LONG-TERM PRESCRIPTIONS

Long-term or maintenance prescriptions are used to treat chronic conditions, like high blood pressure, diabetes, heart disease, asthma, and more.

After you've filled a 30-day supply of your long-term medication twice at a non-Walgreens/CVS retail pharmacy, Express Scripts will automatically enroll your prescription for 90-day refills to help you save time and money! The 90-day supply will cost you less than filling a 30-day supply three times at a non-Walgreens/CVS pharmacy. And it's more convenient, with fewer trips for refills.

You will need to notify Express Scripts whether you would like to have your 90-day supply filled at your local Walgreens or local CVS or even through the Express Scripts mail-order pharmacy. Of course, you can always opt out, and continue to fill your prescription for 30 days at a time at a local non-Walgreens/ CVS pharmacy. The choice is yours!

Visit **express-scripts.com** for more information.

BI-WEEKLY MEDICAL PLAN RATES

The premium deduction taken from your paychecks will depend on the option you choose and who you cover and will be deducted before taxes are calculated.

	Core Plan	Consumer Plan with HSA	Core Plus Plan
Employee Only	$33.60	$53.51	$122.57
Employee & Child(ren)	$80.64	$128.41	$294.17
Employee & Spouse	$109.21	$173.89	$398.35
Employee & Family	$144.49	$230.08	$527.06

When you're comparing the costs for each option, consider the premium amounts as well as potential out-of-pocket costs, including deductible amounts and ongoing copays or coinsurance amounts. Ask **Upwise** for help.

Additional Healthcare Resources

Your Cigna Personal Benefits Concierge: One Guide®

Your HICV medical coverage comes with your very own personal concierge service through One Guide, available 24 hours a day, seven days a week. Connect with a registered nurse or other qualified expert for help scheduling appointments, comparing costs and preparing for procedures. Call **(800) 244-6224** or use the **myCigna mobile app** to start a virtual chat session, available 9 a.m. to 8 p.m. EST.

Help Navigating Medicare: Medicare Advocacy

HICV provides free help with Medicare to all team members and their family members (e.g., spouse and parents). You do not have to be enrolled in the HICV medical plan to use this service. As you near age 65, Medicare Advocacy will reach out to help.

Do you or a family member need help sooner? Call **(833) 830-2386**.

Dental Coverage

There's always something to smile about!

Regular dental care is critical to your overall health. Take care of your teeth, and they'll take care of you!

Your choices:

- **Core Dental Plan –** The option to choose if you expect to need less extensive care.
- **Dental Plus Plan –** Offers more comprehensive coverage, including orthodontia.

COVERAGE AT-A-GLANCE

	Core Dental Plan	Dental Plus Plan
Annual deductible *(individual/family)*	$50/$150	$25/$75
Calendar year maximum *(per person)*	$1,000	$2,000
Preventive care *(oral exam, cleaning, routine X-rays, sealants up to age 14)*	100% covered; no cost to you	100% covered; no cost to you
Basic care *(fillings, oral surgery, major and minor periodontics, endodontics)*	Plan pays 80% after deductible	Plan pays 80% after deductible
Major care *(inlays, onlays, crowns, dentures, bridges)*	Plan pays 50% after deductible	Plan pays 50% after deductible
Orthodontia *(children and adults)*	Not covered	Plan pays 50%; plan covers up to $2,000 per lifetime

Visit **mycigna.com** to find in-network providers near you and for more information. If you have specific questions about your coverage, call Cigna at **(800) 244-6224**.

Virtual Care

HICV offers virtual dental care to help when you're unable to see your regular provider. Simply log on to your **mycigna.com** account and follow the prompts to the virtual care portal. After you enter some basic health information, you'll be connected with a dentist in ten minutes or less.

BI-WEEKLY DENTAL PLAN RATES

The premium deduction taken from your paychecks will depend on the option you choose and who you cover and will be deducted before taxes are calculated.

	Core Dental Plan	Dental Plus Plan
Employee Only	$6.90	$13.80
Employee & Child(ren)	$11.70	$23.40
Employee & Spouse	$15.70	$31.40
Employee & Family	$19.80	$39.60

DENTAL PLAN ENHANCEMENTS FOR 2026

Annual Maximum Boost

Earn a $100 increase to your annual dental maximum each year you complete routine preventive care (like cleanings and exams). This benefit can grow up to $300 as you stay enrolled and continue preventive care.

Oral Health Integration Program

If you have certain health conditions, such as diabetes, heart disease, or stroke risk, you'll be automatically enrolled in Cigna's Oral Health Integration Program. It provides additional dental services at no extra cost, including reimbursement for coinsurance on eligible procedures. These reimbursements do not count toward your deductible or annual maximum.

Vision Coverage

You look good!

If you or a family member wears glasses or contacts, you already know how expensive they can be—and how important regular checkups are.

In addition, we all need to protect our eyes from blue light emitting screens and the sun. The VSP® Vision Care Plan can help keep your eyes healthy even if you have 20/20 vision. There's coverage for everyone!

Coverage comes with a comprehensive vision exam. Then, you choose either prescription eyewear or to use your frames and lenses allowances for ready-to-wear:

- Non-prescription sunglasses; or
- Non-prescription blue light filtering glasses

In addition, you have the flexibility to visit any provider for most care and will generally pay less (a small copay) when you receive care in-network. **Note:** Laser vision correction and LightCare™ non-prescription glasses are only covered at in-network providers.

Visit **vsp.com** or call **(800) 877-7195** to find in-network providers near you and for additional information.

BI-WEEKLY VISION PLAN RATES

The premium deduction taken from your paychecks will depend on who you cover and will be deducted before taxes are calculated.

	VSP® Vision Care Plan
Employee Only	$3.56
Employee & Child(ren)	$7.62
Employee & Spouse	$7.13
Employee & Family	$12.19

COVERAGE AT-A-GLANCE

The amount you pay and how you pay for care depends on whether you visit an in-network VSP provider or out-of-network provider.

	VSP Provider	Non-VSP Provider
Routine eye exam *(once every 12 months)*	$10 copay	Up to $45 allowance
Lenses *(once every 12 months)*	$15 copay for single, bifocal and trifocal	Single: up to $45 Bifocal: up to $65 Trifocal: up to $85
Frames *(once every 24 months)*	Up to $150 allowance + 20% discount off amount over allowance: ▪ Up to $80 allowance at Costco ▪ Up to $150 allowance at Walmart ▪ Up to $170 allowance on feature frame brands	Up to $70 allowance
Elective contact lenses *(in lieu of frames)*	Up to $150 allowance (the lens exam, fitting and evaluation are deducted from the contact lenses allowance)	Up to $105 allowance
Necessary contact lenses	$15 copay	Up to $210 allowance
Laser vision correction *(LASIK)*	15% off regular price or 5% off promotional price from VSP-contracted facilities	Not covered
LightCare™ non-prescription sunglasses or blue light filtering glasses or pre-made and ready-to-wear glasses from a doctor's frame board or eyeconic.com	Up to $150 allowance	Not covered

You won't receive a VSP ID card. Instead, your provider will ask for your personal information (e.g., date of birth and Social Security number) and our plan's group number **(30010946)** to verify your coverage.

Health Savings and Flexible Spending Accounts

Save on taxes while saving for eligible expenses

HICV offers two types of tax-advantaged accounts, through Optum. The account you're eligible for depends on the medical plan option you enroll in:

- The **Health Savings Account (HSA)** is available when you enroll in the Consumer Plan with HSA option; and
- The **Healthcare Flexible Spending Account (FSA)** is available when you enroll in the Core Plan or Core Plus Plan.

Visit **optumbank.com** or call **(866) 234-8913** for more information.

Since the IRS oversees tax-advantaged accounts, there are limits to how much you can set aside each year and rules about how you can use the money you contribute. Check out this **account overview** for details.

TIP!

A "tax-advantaged account" means the money you deposit is taken from your paycheck before taxes are calculated. So, you don't pay taxes on the amount you deposit in your HSA or FSA and you lower the amount of pay you're taxed on.

HEALTH SAVINGS ACCOUNT

The Consumer Plan with HSA combines traditional medical coverage and a savings account owned by you that allows you to set aside pre-tax dollars to pay for eligible medical, prescription drug, dental, and vision expenses for you and your enrolled dependents. You can also save your balance to pay for expenses incurred in the future, even in retirement. **You never forfeit your balance, even if you leave the company or switch medical plans.**

After you've opened your account with Optum, you can choose how much to contribute through payroll deductions by completing the "I want to contribute to my HSA" life event in UKG. Contributions can be updated any time throughout the year.

An HSA has a unique triple tax benefit. Your contributions reduce your taxable income, any investment growth within the account is tax-free, and qualified withdrawals (that is, ones used for eligible healthcare expenses) are tax-free.

Additional Eligibility Requirements

- You can't be covered by other disqualifying health coverage, including Medicare, TRICARE or Veteran Administration (VA) benefits, or be receiving Social Security benefits.
- You can't be claimed as a dependent on another individual's tax return.
- You and your spouse can't be participating in a healthcare flexible spending account or other tax-advantaged account.*
- If you are currently contributing to the Health Care Flexible Spending Account (or another general purpose healthcare FSA), and choose to participate in the HSA in 2026, you must exhaust your full balance in the FSA before January 1, 2026, in order to enroll in the HSA.

You're responsible for determining if you're eligible to contribute to the HSA. If you're not sure, consult with a tax advisor.

** Some employers offer a limited purpose flexible spending account that may not affect your eligibility for the HSA.*

HEALTH SAVINGS ACCOUNT (cont.)

HICV Contributions

As an extra contribution to your healthcare coverage, HICV will contribute to your HSA:

- Up to $500 per year or $19.23 bi-weekly for employee-only coverage; and
- Up to $750 per year or $23.85 bi-weekly if you cover any dependents.

TIP! To receive HICV contributions, **you must open an HSA through Optum Bank** at **optumbank.com** or by calling **(866) 234-8913**. Please reference group number: 3337320.

IRS Maximums

Under IRS rules, the maximum amount that can be deposited into your HSA in 2026 (combining your contributions and HICV's contributions) is:

- $4,400, if you have employee-only medical coverage; or
- $8,750, if you cover any dependents.

If you are at least 55 years old—or will turn 55 any time in the calendar year—you can make an additional $1,000 contribution to an HSA.

Visit **optumbank.com** for more information on how you pay for care, details on investing your account once your balance reaches $2,100, and to add or review your beneficiary information.

HEALTHCARE FLEXIBLE SPENDING ACCOUNT

The Healthcare FSA through Optum is a great way to use pre-tax dollars to pay for predictable healthcare expenses.

- You don't have to be enrolled in an HICV medical plan to participate.
- You can contribute up to $3,400 (IRS maximum for 2026) per year to use for eligible medical, prescription drug, dental and vision expenses.
- Estimate your annual contribution carefully. **FSAs follow a "use it or lose it" rule**, which means any balance left after the grace period for claims and carryover to the following plan year is forfeited.
  - The grace period for claims lets you submit claims until March 31, for expenses incurred through December 31.
  - The carryover will allow you to roll over up to $680 (IRS maximum for 2026 into 2027) of your unused balance from one plan year to the next, after all eligible claims have been submitted by the March 31 deadline.
- To participate in the Healthcare FSA, you must re-enroll each year during Open Enrollment. Your election will not carry over from one year to the next and you cannot make changes to your contribution election throughout the year.

Visit **optumbank.com** for more information on how you pay for care.

NOTE: If you enroll in the Consumer Plan with HSA, you have access to a tax-advantaged Health Savings Account and cannot participate in the FSA.

Supplemental Health Coverage

Protection and peace of mind

We offer three coverage options that are designed to supplement your medical coverage to protect you from unplanned and often costly, complex care. These plans are offered through Cigna, and you choose which plan(s) will give you peace of mind when paired with your medical coverage.

Accidental Injury	Critical Illness	Hospital Indemnity
Pays a cash benefit for a wide variety of injuries and accident-related expenses, including:	**Pays a cash benefit when you're diagnosed with a covered illness, including:**	**Pays a cash benefit if you experience an inpatient hospital stay**
Ambulance service	Cancer	
X-rays, labs & MRIs	Heart attack	
Dislocations & fractures	Stroke	
Hospitalization & surgery	End-stage renal (kidney) failure	
And much more	Other critical illness	

- You don't need to enroll in HICV medical coverage to take advantage of these plans.*
- You pay for coverage through convenient, after-tax payroll deductions.
- If a covered event occurs and you file a claim, you will receive a payment, based on your policy and coverage.
- You can use the payment(s) you receive in any way you choose, such as paying a medical bill or daily living expenses, like food, transportation, or childcare.

Let **Upwise** help you determine if these plans make sense for you.

** Unless required by local or state law.*

Did You Know?

In an average year, approximately:

- **17.8 million** people are hospitalized after visiting the emergency department.
- **3.8 million** Americans are injured in motor vehicle accidents seriously enough to require emergency care.
- **1.85 million** Americans are diagnosed with cancer.

We want to make sure you're covered.

(Source: cdc.gov, 2025)

Supplemental Health Plan Rates

	Hospital Indemnity Insurance	Accident Insurance
	Bi-Weekly Premium	Bi-Weekly Premium
Employee Only	$5.10	$3.02
Employee & Child(ren)	$8.06	$7.10
Employee & Spouse	$10.54	$5.94
Employee & Family	$13.50	$8.40

TIP!

EARN A HEALTH SCREENING BENEFIT

You and your covered dependents can each earn up to $50 per year from the accidental injury and critical illness plans. This benefit may be paid for receiving an eligible screening such as a mammogram, colonoscopy, annual checkup and more.

	Critical Illness Insurance (Bi-Weekly Premium per $10,000 of Coverage*)			
Age	**Employee Only**	**Employee & Child(ren)**	**Employee & Spouse**	**Employee & Family**
<30	$2.22	$2.96	$3.56	$4.24
30-39	$3.36	$4.10	$5.30	$6.00
40–49	$6.10	$6.78	$9.36	$10.06
50-59	$9.70	$10.38	$14.82	$15.50
60+	$13.16	$13.90	$20.04	$20.72

** You may also enroll in $20,000 or $30,000 of coverage. To calculate the premiums for those options, simply multiply the premiums shown above by 2 (for $20,000 of coverage) or 3 (for $30,000 of coverage).*

Pet Insurance

Coverage for the entire family

HICV understands some family members may walk on four legs. They're an endless source of unconditional love and, often, amusement. Let's make sure they're taken care of from head to tail!

That's why we offer MetLife Pet Insurance to help you feel confident you'll be able to get your dog or cat the care it needs.

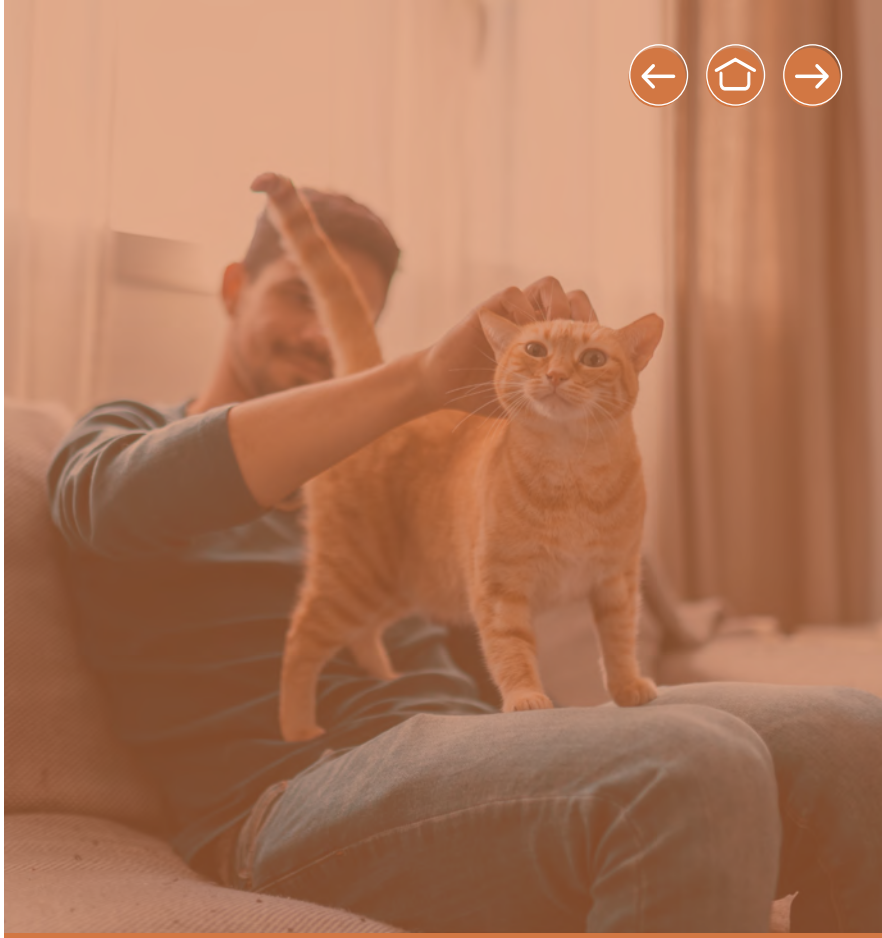
Coverage comes with:

- A range of coverage options that will reimburse you for the costs of care for an illness or injury.
- Optional coverage for preventive care that covers annual visits, shots and medications.
- Convenient payroll deductions for premiums.
- The freedom to visit any U.S. licensed vet, which means you don't have to change providers to participate, and you're covered while you're traveling as well!
- 24/7 access to Telehealth Concierge Services, for answers to the questions that wake you up in the middle of the night.
- Discounts and offers on pet care.
- Access to the MetLife Pet mobile app to submit and track claims, manage your pet's health and wellness and find nearby services.

Your pet insurance premium is based on your pet's breed and age, as well as the coverage options you choose: your annual deductible amount, percentage of costs after the deductible that will be reimbursed, your annual limit for coverage, and whether to include preventive care. Visit **metlife.com/getpetquote** or call MetLife at **(800) GET MET8** to get a custom quote. You can enroll on the **MetLife website** any time during the year, including during Open Enrollment.

After you enroll, the process is simple. Take your pet to the vet and pay the bill. Submit your bill to MetLife (even if you haven't reached your deductible yet). If you've met your annual deductible and have not met your annual limit, you'll be reimbursed for a percentage of the remaining cost, based on the reimbursement percentage you chose.

You can use the mobile app, MetLife website, email, fax or mail to submit your bills. Typically, your claim will be processed within 10 days, and you can receive your reimbursement by check or direct deposit. You'll set up the process on the **MetLife website**.



Meet Zack and Simba

Zack enrolled in MetLife Pet Insurance with a $250 deductible and 90% reimbursement for illness or injury. When Simba swallowed some string and was obviously not feeling well, Zack rushed him to the vet. Simba needed emergency surgery, but he pulled through and is doing just fine. Zack was left with an emergency vet bill of $2,560. He paid the vet and submitted his receipt to MetLife.

After the $250 deductible, Zack was reimbursed 90% of the remaining $2,310. **That's $2,079 back in his pocket in just over a week.**

Disability Coverage

Financial protection when you can't work

Life has a way of taking you by surprise. Although you can't predict the future, you can give yourself a safety net. That's why HICV offers a range of disability insurance options, through Lincoln Financial Group, to help you protect yourself and your family from the unexpected.

COVERAGE AT-A-GLANCE

	Short-Term Disability (STD)	Long-Term Disability (LTD)
Access	All eligible team members can buy voluntary STD coverage.	Eligible exempt (salaried) team members are automatically enrolled in company-paid LTD. Eligible non-exempt (hourly) team members can buy voluntary LTD coverage.
Benefits begin	15th day after the onset of the disability	After 180 days
Benefits duration/ payable	180 days (6 months)	24 months or until you reach normal retirement age
Percentage of income replaced	60%	60%
Maximum benefit	$1,500/ week	$15,000/ month
Pre-existing condition exclusions	If you receive a diagnosis or treatment in the three months prior to your start of coverage, you are not eligible for benefits (specifically for that diagnosis) for six months after coverage begins.	If you receive a diagnosis or treatment in the three months prior to your start of coverage, you are not eligible for benefits (specifically for that diagnosis) for 12 months after coverage begins.

*Vice Presidents and above have different plan provisions. Contact Team Member Connect at **TMConnect@holidayinnclub.com** or **(407) 395-6400** for details.*

Click here for details on how to calculate your rates for STD and LTD.

Did you know?

Each year approximately 5.6% of Americans in the workforce miss work due to a short-term disability.

Source: Simplyinsurance.com, 2023

LTD TAX OPTIONS FOR EXEMPT TEAM MEMBERS

There are two options in the LTD plan that define how you are taxed:

1. **Gross-Up:** You automatically pay bi-weekly taxes only on the premiums that we pay on your behalf. So, if you become disabled, benefits will be paid tax-free, meaning you will receive more money.

2. **Non-Gross-Up:** You choose not to pay taxes now on the premiums we pay for you. However, if you become disabled, you will pay taxes on the money you receive, lowering the amount you are paid.

When you enroll, you will be automatically enrolled in the gross-up option. To change to the non-gross-up option, you must complete a **waiver form** during Open Enrollment or within 30 days of your hire date.

Life and Accidental Death & Dismemberment Insurance

Securing your family's financial future

BASIC LIFE AND AD&D

We automatically enroll all eligible, full-time regular team members in Basic Life/ Accidental Death & Dismemberment (AD&D) Insurance through Lincoln Financial Group **at no cost to you**:

- Coverage begins on the 91st day of employment.
- It provides $15,000 life insurance + $15,000 AD&D coverage.
- When you reach age 70, your original insurance amount is reduced by 50%.

TIP!

KEEP YOUR BENEFICIARY INFORMATION UPDATED

Make sure your life insurance is distributed in accordance with your wishes by keeping your beneficiary information up to date:

- Log in to **UKG Pro**
- Hover over the "Myself" tab
- Select "Life Event"
- Scroll down to "I want to update my beneficiary"

ADDITIONAL LIFE INSURANCE COVERAGE

You may choose to purchase additional life insurance benefits at a special group rate, offered through Lincoln Financial Group.

- To be eligible for coverage, you must be employed, able to work and perform normal activities, and not be confined (at home, in a hospital or in any other care facility).
- When you purchase additional life insurance, you'll also receive an equal amount of AD&D coverage.
- To purchase life insurance for your dependents, you must first purchase coverage for yourself.

You may annually elect to increase the amount of your additional life insurance benefit in two $5,000 increments (up to $10,000) without providing Evidence of Insurability (EOI), also known as proof of good health. To be eligible, you must be insured under the policy at the time you request the increase and actively employed. The election can only be made during Open Enrollment and is subject to the guarantee issue limit and plan maximums.

Click here to view the rates for additional life insurance.

If you have specific questions about your supplemental coverage or to update your beneficiary information, contact Team Member Connect at **TMConnect@holidayinnclub.com** or **(407) 395-6400**.

COVERAGE AT-A-GLANCE

	Maximum Benefit	Minimum Benefit	Guarantee Issue*	Benefit Reduction
Team Member	Up to 7x annual salary, not to exceed $500,000 ($5,000 increments)	$5,000	Up to 7x annual salary, not to exceed $150,000	Reduced by 50% at age 70
Spouse	Up to 100% of team member's benefit amount, not to exceed $250,000 ($5,000 increments)	$5,000	100% of team member's benefit amount, not to exceed $25,000	Reduced by 50% at age 70
Child(ren) *(14 days old to age 26)*	Up to 100% of team member's benefit amount, not to exceed $10,000 ($2,500 increments)	$2,500	$10,000	N/A

** The guarantee issue is the amount of coverage you can enroll in without providing Evidence of Insurability.*

Saving for Retirement

Planning for a comfortable future

Planning for retirement is about saving enough money now to ensure you can maintain your lifestyle after you retire. The 401(k) Plan, through T.Rowe Price, can help. To help you reach your retirement goals, **HICV will match 100% of the first 4% of your pay that you contribute to the Retirement Savings Plan (401(k) Plan)**, up to IRS limits.

Visit **rps.troweprice.com** to enroll in the plan, view your account balance, change your contribution amount, re-allocate your investments and review and update your beneficiary information.

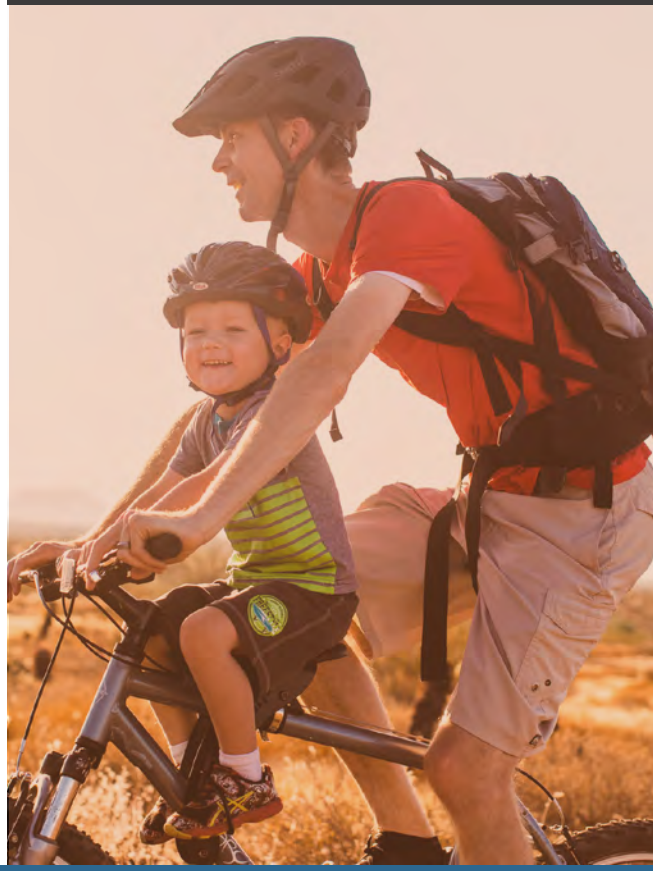
PLAN OVERVIEW

- All eligible new hires can begin participating in the plan immediately upon hire.
- Your contributions can be deducted from your pay before income taxes are taken out of each check (before-tax contributions) or after income taxes are calculated (Roth contributions).
  - Choosing before-tax contributions means you pay less in income taxes now and will be taxed on your 401(k) income in retirement.
  - Choosing Roth contributions means you pay the income taxes on your contributions now and will not be taxed on your 401(k) income in retirement.
  - You can choose a combination of before-tax and Roth contributions.
- You're immediately vested (meaning you have an undeniable right to your balance) in the contributions you make.
- As a part of our commitment to helping you plan for retirement, **HICV will match 100% of the first 4% of your pay that you contribute to your account**, up to IRS limits.
- You become vested in your HICV matching contributions after two years of service. A year of service is any calendar year you work a minimum of 1,000 hours.
- You choose how your balance is invested, choosing from a variety of stocks and bonds available.
- You can change your investment allocations anytime during the year.
- You must designate a beneficiary and keep that information up to date to ensure your account is distributed in accordance with your wishes.
- While HICV and the IRS encourage you to save for retirement, you may be eligible to take a personal loan from your account. Contact T. Rowe Price for additional details.
- The plan allows for a distribution of up to $5,000 for a qualified birth or adoption anytime within the child's first year with you.

Call the **Retirement Service Center** at **(800) 922-9945** if you need help or have questions.

Example of HICV's 4% Contribution

To get the full 4% contribution from HICV, you'll need to contribute at least 4% of your own pay to your 401(k). For example, if you earn $50,000 a year, 4% of that is $2,000. That means you'd want to contribute about $76.92 from each bi-weekly paycheck to get the full match. This helps you make the most of the company's retirement benefit.



Wellbeing & Self Care

Pausing for the care you need

At HICV we're committed to a holistic wellbeing approach and provide a number of resources to support your total wellbeing. Visit **Your Benefits Destination** for information on the programs highlighted here.

AVAILABLE WELLBEING RESOURCES

Physical

- Lifestyle management programs*
- Condition management program*
- Healthy pregnancy and baby program*
- Nourish virtual dietitian care*
- Active&Fit Direct program
- Fitness challenges
- Onsite fitness centers

Emotional

- Employee Assistance Program
- iPrevail*
- Happify*
- Headspace
- Meru Health

Financial

- 401(k) Retirement Savings Plan
- Heart Travels Assistance Program
- Tuition Assistance Program
- Perkspot discount program

Social

- Orange at Heart
- Heart Travels program
- Diversity, Inclusion & Belonging Council and The Garden
- Volunteer time off (VTO)

** These programs are offered through Cigna to team members enrolled in HICV medical coverage. For more information on any of these programs, call the number on the back of your ID card or visit **mycigna.com**.*

A Closer Look at the Employee Assistance Program (EAP)

Call **(877) 622-4327** or log into **mycigna.com** with employer ID holidayinnclub to reach the EAP.

This program is available to all HICV team members and anyone living in their household. It offers 24/7 assistance, at no cost to you, and you don't need to be enrolled in the HICV medical plan to take advantage of it.

The EAP can help with:

- Stress
- Resiliency
- Depression, mental health and grief
- Gambling and other addictive behaviors
- Parenting, relationships and life changes
- Financial issues
- Drug and alcohol use

TIP!

Through the EAP, you and anyone living in your household can access up to **six counseling sessions each, per issue, per year, for free.** Sessions can be live or virtual.

Travel & Lifestyle Perks

See the world and save money

ClubGo is your best opportunity to experience our growing resort network. Whether you prefer to spend your time away on the slopes, in the pool, on the beach or exploring the city, you can create new vacation memories your way through our unique travel program.

You'll be enrolled automatically and will receive a free allotment of ClubGo points (our program currency) annually, based on your tenure. Redeem points for vacations at any of our resorts located in the U.S. These points are good for two years, and any you don't use roll over into the following year, giving you plenty of chances to plan unforgettable getaways.

All regular full-time and part-time team members are automatically enrolled upon hire. Registration instructions, including your ClubGo Member number and your first deposit of points, will be sent at the beginning of the quarter following your 90th day. From then on, you'll receive your ClubGo Points annually. How many you receive depends on your tenure as shown.

Tenure	Annual ClubGo Points
90 days or less	0
91 days to 1 year	25,000
2 to 3 years	50,000
4 to 8 years	75,000
9+ years	100,000

ClubGo points will expire Dec. 31 on the second year after being issued. For example, points issued in 2025 will expire Dec. 31, 2026.

You may purchase additional ClubGo points ($10 per 1,000) if needed to complete your reservation at the time of transaction. These points can also be used toward upgrading a villa type or length of stay.

Note: Team members will pay taxes on ClubGo stays, which are calculated based on the value of ClubGo points used for a stay and applicable income taxes. Taxes will be deducted from your paycheck after your ClubGo stay occurs.

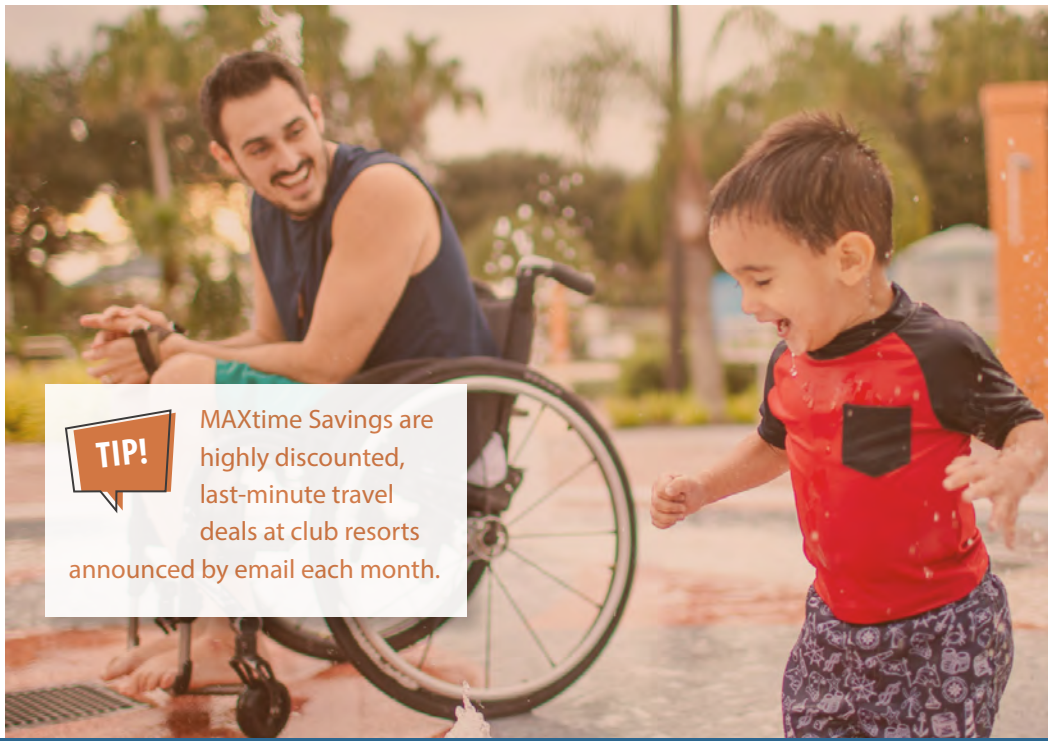
Creating an Online Account

After you've reached your 90th day of employment, be on the lookout for a welcome e-mail from the Club around the beginning of the quarter. The e-mail will contain your ClubGo Member Number and important registration instructions. The account itself will need to be created on **members.holidayinnclub.com**.

Booking a Stay

Once logged into your ClubGo account on **members.holidayinnclub.com**, click on the "Plan & Reserve Your Vacation" section to book a reservation using your ClubGo points.

For full terms and conditions, and vacation inspiration, please visit **Your Benefits Destination**. If you have questions, please call The Club at **(888) 631-7115** or email **TMConnect@holidayinnclub.com**.



TIP! MAXtime Savings are highly discounted, last-minute travel deals at club resorts announced by email each month.

IHG® ROOM BENEFIT PROGRAM

We give you even more ways to roam when you stay within the family. Starting on your very first day at HICV, enjoy deeply discounted room rates at more than 5,600 Intercontinental Hotels Group (IHG) properties (subject to availability). Plus, receive special incentives and discounts to share with your friends and family, too.

How to Enroll

To take advantage of the IHG Employee Room Benefit Program and Friends & Family Rates, you must first register as an IHG One Rewards Club member at **ihg.com**. From there, **complete this form** or contact Team Member Connect at **(407) 395-6400** or email **TMConnect@holidayinnclub.com** to have your account validated. Be sure to have your employee ID and IHG One Rewards Club member number ready.

How to Book

To book a discounted room rate for yourself, use your IHG member number to log into **ihg.com** and select "IHG Employee Rate" from the drop-down menu to make a reservation. Your loved ones can book friends and family rates directly at **ihgfriendsandfamily.com/my8zrt**.

Should you have questions, please contact Team Member Connect at **(407) 395-6400** or **TMConnect@holidayinnclub.com**.

HOLIDAY INN CLUB VACATIONS RESORT PRIVILEGES*

We believe the people who keep our resorts running should get to experience the magic of them firsthand. That's why we also offer 10% off food, beverage and retail purchases at HICV restaurants and retail outlets.

PERKSPOT DISCOUNTS

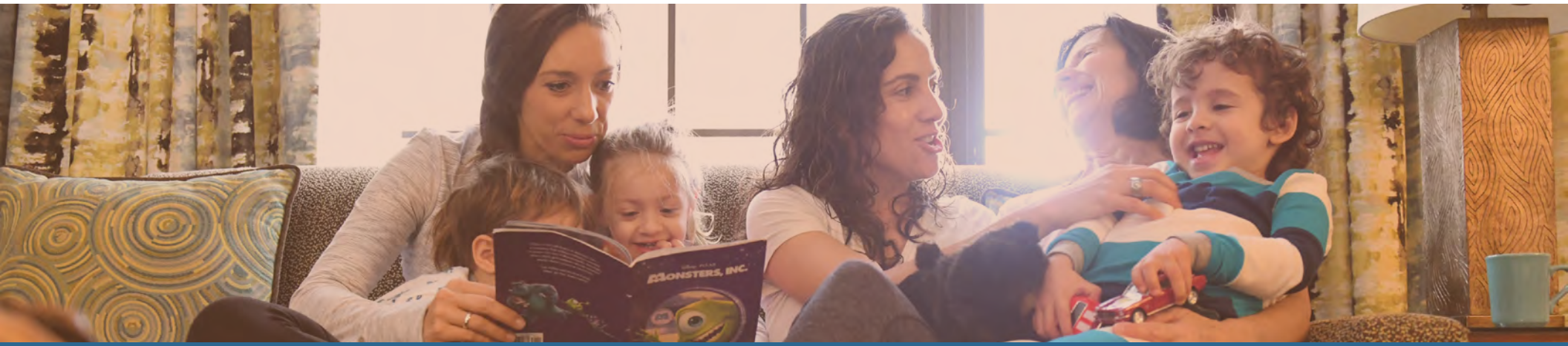
PerkSpot® is a software platform designed to give you easy access to benefits and discounts. Make sure you're covered with everything from student loan refinancing to home and auto insurance and more. **Login** on your desktop, tablet or phone today!

HEART TRAVELS ASSISTANCE PROGRAM

- **Heart Travels Relief Fund** – The fund was created specifically to help team members who are facing financial difficulties following a natural disaster or an unforeseen personal hardship. You can apply for a grant for financial assistance to help you get back up and running.
- **Family Assistance Grant** – This grant was designed to help our team members grow their own families. Whether adopting a child, using a surrogate, or receiving infertility treatment, you can use this grant to help cover these expenses for expanding your family.

Visit **hicv.com/heart-travels** for more information.

** Food, beverage and retail discounts are available onsite only as a guest or before/after a shift. Discounts do not apply to alcohol or golf pro shops managed by outside companies.*



Paid Time Off

Enjoy your time away from work

Life is full of important milestones that deserve to be celebrated. That's why we give you a calendar full of paid holidays and paid time off (PTO) to help you enjoy them all. Our flexible PTO program combines sick, personal and vacation days into one, so you can take the time you need whenever you please. Plus, the longer you're on the team, the more you earn!

Non-Exempt Team Members PTO

Years of Service	Annual Allotment
Hire to 2 years	12 days
2 – 5 years	15 days
5 – 10 years	20 days
10+ years	25 days

Corporate and Exempt Team Members PTO

Years of Service	Annual Allotment
Hire to 5 years	15 days
5 – 10 years	20 days
10+ years	25 days

Note: PTO time is accrued on a bi-weekly basis.

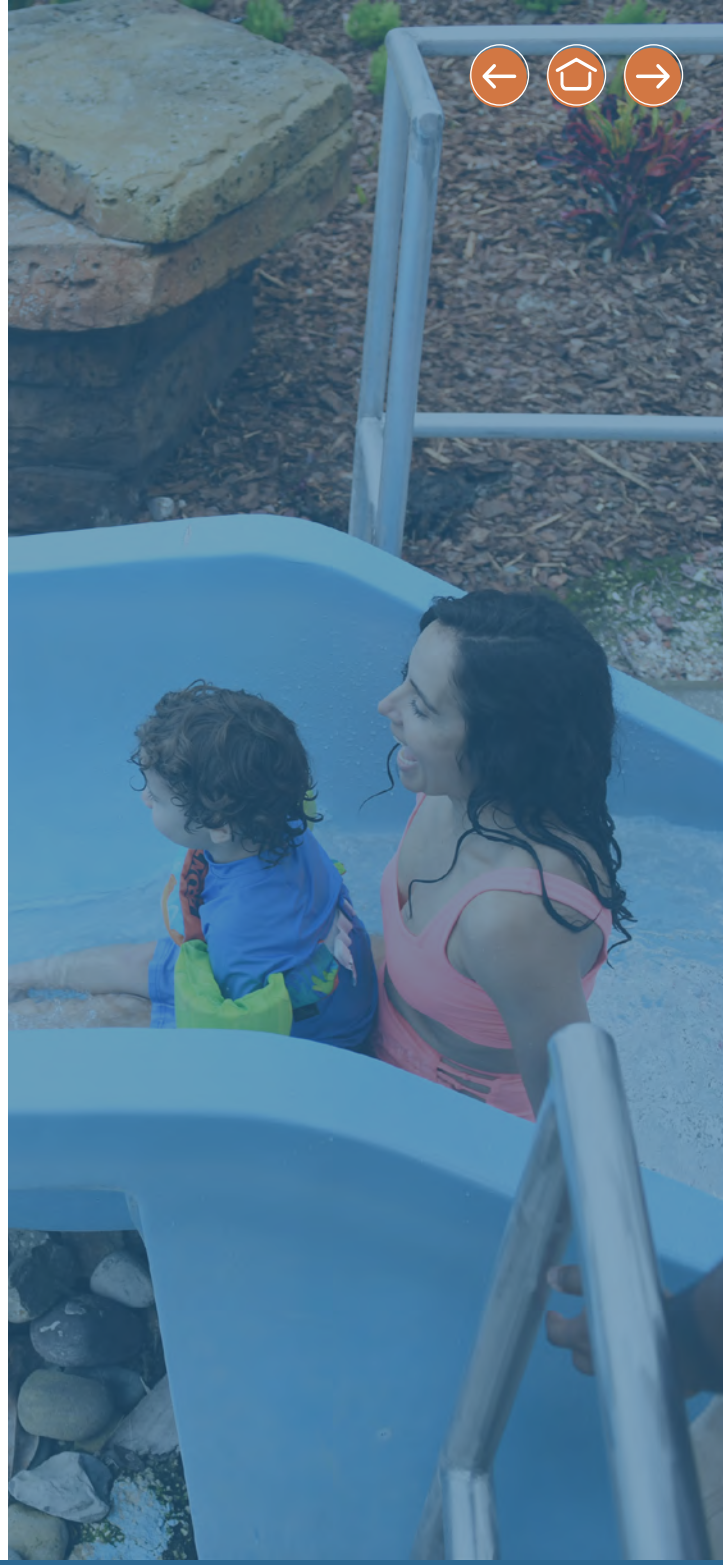
For more information on our PTO program, please refer to the PTO policy located in the Policy Portal, which can be accessed on the homepage of UKG Pro.

Each year, the company offers the following days as paid holidays:

- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving (for corporate and exempt team members only)
- Christmas Day
- Two floating holidays*

Paid holidays and PTO are based upon work location and exemption status. **View which departments are considered corporate**.

**Only team members hired prior to September 1 of the current year will receive floating holidays.*



Helpful Resources

1. Find detailed information and additional resources at **Your Benefits Destination**.
2. Visit **Upwise** for customized support making your benefit choices.
3. When you're eligible, enroll on **UKG Pro**.
4. If you have questions about any of the benefits described in this guide, contact Team Member Connect at **(407) 395-6400** or **TMConnect@holidayinnclub.com**.

Download the myCigna Mobile App

The myCigna mobile app is your one-stop shop for tailoring and using the various resources available to you including:

- Tracking your medical and dental claims
- Finding doctors, labs and hospitals
- Estimating service and procedure costs
- Comparing prescription drug prices at thousands of in-network pharmacies
- Accessing your Cigna Member ID cards
- Participating in the Employee Assistance Program (EAP)
- Utilizing virtual care and concierge services

BENEFITS CONTACT INFORMATION

Benefit	Carrier	Group #	Phone Number	Website
Medical	Cigna	3337320	(800) 244-6224 Pre-enrollment Line: (855) 244-6216	**cigna.com** **mycigna.com**
Prescription Drug	Express Scripts	HICVRXS	(855) 778-1484	**express-scripts.com**
Virtual Care	MDLIVE	N/A	(888) 726-3171	**mycigna.com** *(select "talk to a doctor or nurse 24/7")*
Dental	Cigna	3337320	(800) 244-6224	**cigna.com** **mycigna.com**
Vision	VSP	30010946	(800) 877-7195	**vsp.com**
Health Savings Account and Healthcare Flexible Spending Account	Optum Bank	3337320	(866) 234-8913	**optumbank.com**
Supplemental Health Plans	Cigna	Accidental Injury: AI112918 Critical Illness: CI112825 Hospital Care: HC112450	(800) 754-3207	**www.myCigna.com** Supplemental Health Plan Claims | Cigna Healthcare
Pet Insurance	MetLife	N/A	(800) GET MET8	**Metlife.com/getpetquote**
Life/AD&D Insurance	Lincoln Financial Group	09-LF1172	(877) 321-1015	**www.MyLincolnPortal.com** Company code for registration: HICV
Short- and Long-Term Disability	Lincoln Financial Group	09-LF1172	(844) 600-3978	**www.MyLincolnPortal.com** Company code for registration: HICV
401(k) Retirement Plan	T.Rowe Price	N/A	(800) 922-9945	**rps.troweprice.com**
Employee Assistance Program	Cigna	Employer ID: holidayinnclub	(877) 622-4327	**mycigna.com**

TIP!

DON'T FORGET ABOUT UPWISE!

Answer a few questions and and let **Upwise** help you find the HICV coverage that makes the most sense for you!

Holiday Inn CLUB VACATIONS®

Legal Notices

This document is designed to provide basic information regarding benefit plans and programs available to eligible employees. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the "plan documentation") for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual's rights under any employee benefit plan or program. Your employer reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.

This document serves as a Summary of Material Modifications (SMM) or Summary of Material Reductions (SMR), as applicable. It describes changes effective January 1, 2026, and is intended to supplement the SPD. Please retain this guide for future reference and share it with your covered family members.