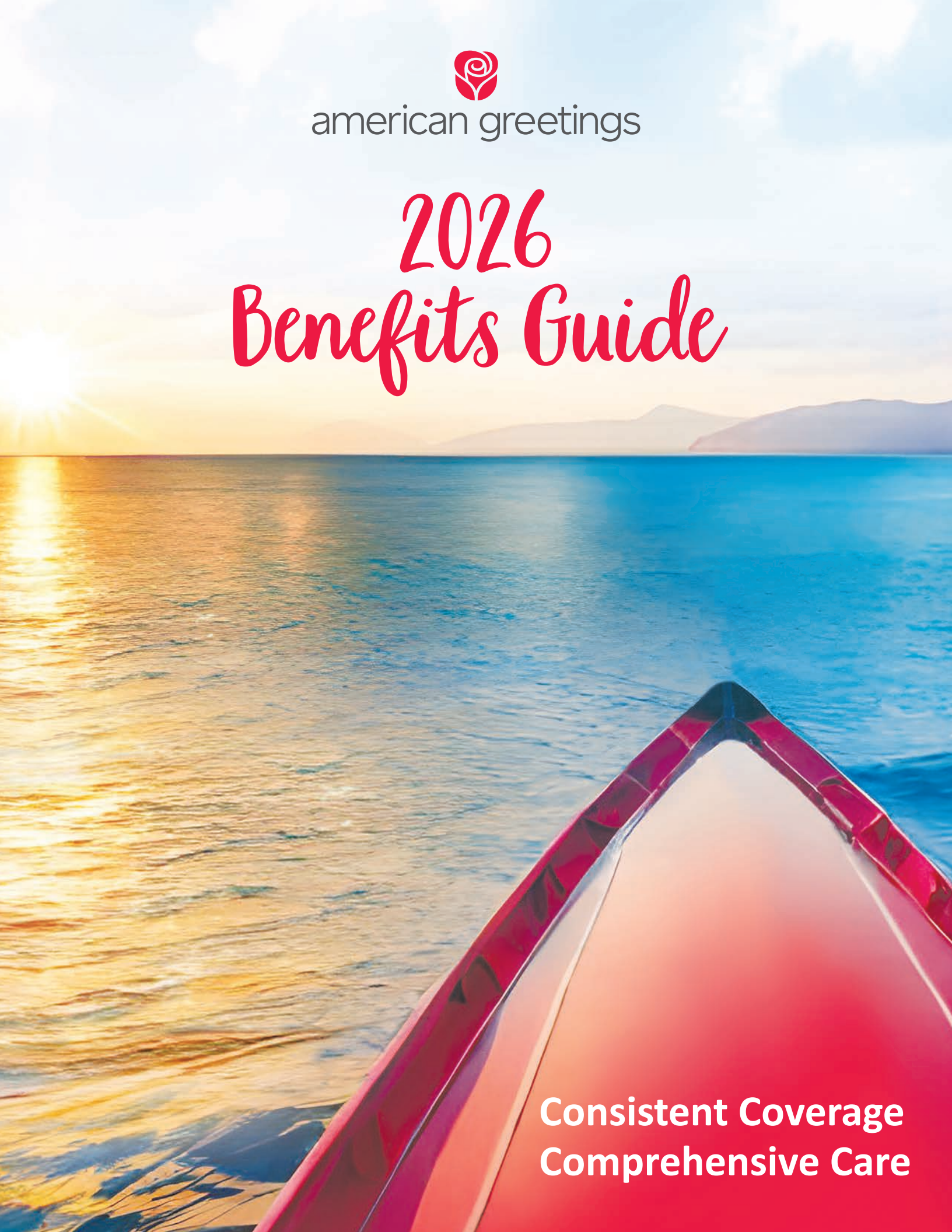

american greetings
2026
Benefits Guide
Consistent Coverage
Comprehensive Care

Dear Associate,

American Greetings offers benefit programs that empower associates to embrace their well-being — physically, emotionally and financially.

This year we've chosen vendors to ensure we continue to offer consistent, high-quality care. But there are *no changes* to the comprehensive benefits American Greetings has always provided — medical, prescription, dental, vision and life insurance.

The employee assistance program is here to support you through life's challenges, while the Retirement Savings Plan helps you prepare for a financially confident future. You'll also discover many other meaningful programs in this guide.

I'm grateful for your time and talents, because together we thrive.

Chris Haffke

General Counsel and Chief HR Officer

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Eligibility

For full eligibility details, go to **AGBenefits.com**.

Associates

- Regular full-time associate: 36+ hours a week
- Regular part-time associate: 20+ hours a week
- Full-time merchandiser or revision lead (not eligible for all benefits)

*Associates residing in Hawaii or outside the US for six months or more: Log in to **myAGBenefits** for information on your medical options and approval on other benefits.*

Dependents

- Your spouse/domestic partner (referred to as "spouse" throughout this guide)
  - Domestic partner is a same- or opposite-sex person, who has entered into a legal (state-registered) domestic partnership or civil union with you. They are eligible for medical, dental, vision, business travel accident, optional life and accidental death coverage.
  - For the full definition of domestic partner, go to **AGBenefits.com**.
- Your children
  - Up to age 26 for medical, dental, vision, business travel accident, optional life and accidental death (unless state laws specify otherwise).

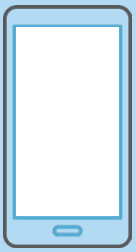
AGBenefits

Where to find help

When you call Anthem Blue Cross Blue Shield (BCBS), they can connect you with the appropriate representative to answer your benefit question. They can also direct you to additional programs you may qualify for.

833-952-2042
Monday – Friday,
8:00 am – 6:00 pm ET

You can also call our benefit partners directly. See the back of your ID card for medical, prescription and vision, or go to page 19 in this guide for a complete list of partners.



Find contact information for all benefits on page 19.

AGBenefits.com

Log in for general plan information, forms and to:

- Enroll in benefits.
- See the plans you're eligible for, and the costs for coverage.

When connected to the Cisco AnyConnect VPN or Zscaler on your AG computer, access is via single sign on through **AGBenefits.com**. When not connected, use your AG e00 credentials and your **myAGBenefits** security question to log in.

AGBenefits Service Center

For help with:

- Enrollment and eligibility
- FSA
- COBRA
- Life insurance (filing claims)

Call: 877-213-6240
Monday – Friday,
9:00 am – 6:00 pm ET
8:00 am – 8:00 pm ET during Open Enrollment

Enrollment

There are certain times of the year when you can enroll in, or make changes to, your benefits.

As a New Associate *Enroll within 30 days of your effective date.*

- Benefits start on the first day of the month after you complete one full month of employment in a benefits-eligible position. (For example, if you're hired on February 15, your benefits start April 1.)
- If you're returning to work within a year, and you were covered before, benefits start on your date of rehire or return.
- If you're transferring from an American Greetings subsidiary where you were not eligible, coverage starts on your transfer date.

During Open Enrollment *Enroll or make changes.*

Your new benefits start on January 1, 2026, if eligible. Note that some benefits require actively at work status and you may need to provide evidence of insurability (EOI) before coverage starts.

When Your Life Changes *Make changes mid-year **within 30 days** of a qualifying life event.*

Qualifying life events include:

- Marriage
- Addition of a child*
- Change in eligibility
- Return from a leave of absence
- Change from part-time to full-time
- Layoff

Visit **AGBenefits.com** for a complete list of qualifying life events and required documents. To make changes, go to **myAGBenefits** > Change Benefits > Events.

*You have 60 days to make changes if your dependent qualifies for premium assistance under Medicaid and the Children's Health Insurance Program (CHIP).

Benefits at Your Fingertips — Download the App

The MyChoice mobile apps gives you access to your benefits anywhere, anytime.

- Enroll in your benefits.
- See details about all your benefits.
- Upload an image of your ID card.
- Get reminders of due dates and send documents.
- Get help fast via phone, email or live chat.
- Manage flexible spending accounts.



IMPORTANT TO KNOW

Name Your Beneficiaries

Be sure your money goes to the people you intended. Log in and designate beneficiaries for these benefits:

- HSA — **optumbank.com**
- Life and AD&D — **myAGBenefits**
- 401(k) — **vanguard.com/retirementplans**

How to Enroll

Before You Enroll

- See if your providers are in the Anthem National BlueCard PPO network: **anthem.com/find-care**, use prefix **A7M**. Or call 833-952-2042.
- Check Capital Rx for in-network pharmacies and covered medications: **enrollment.cap-rx.com/?client=amgreetings**. Or call 833-599-1016.

Capital Rx

- Compare coverage and costs of the medical plans at **AGBenefits.com**.
- To see your current benefit options, go to **myAGBenefits**.
- Enrolling new dependents?
  - Review eligibility information on **myAGBenefits** in the Reference Center.
  - You need birth dates and Social Security numbers.

How to Enroll — Three Ways

- Download the MyChoice mobile app.
- Log in to **myAGBenefits** — *When connected to the Cisco AnyConnect VPN or Zscaler on your AG computer, access is via single sign on through* **AGBenefits.com**. *When not connected, use your AG e00 credentials and your myAGBenefits security question to log in.*
- Call the AGBenefits Service Center at 877-213-6240.

When You Enroll

- Use this guide as a resource as you review your choices.
- Upload required dependent verification documents or submit them within 30 days, or coverage will be canceled.
- If you need help at any point:
  - Click "Live Chat" in the lower right corner.
  - Call the AGBenefits Service Center at 877-213-6240.
- During Open Enrollment in the fall, you must elect contribution amounts for your HSA and FSA — these benefits will not roll over.

After You Enroll

- Your confirmation number is saved to your message center on myAGBenefits.
- If you've enrolled in a company medical/prescription plan:
  - Register for your new accounts:
    - **anthem.com/register**
    - **capitalrx.com** > Member Portal > Register Now
  - Use in-network providers for the best value.
  - Look for and use freestanding/independent labs and imaging centers (CT scans, MRIs, etc.).
- Update your home address, phone number and emergency contacts via Employee Self-Service (ESS) — link found on imAGine.

Personalized Benefits Assistant



Sofia is your 24/7 assistant for benefit questions — through online chat, over the phone or on the app.

You'll find Sofia at the bottom right on **myAGBenefits**. Type "representative" in the chat box for live help.

Surcharges: Costs You Could Avoid

- **Enrolling your spouse?** If your spouse is covered under your plan, but has access to coverage through their own employer, you'll pay an extra surcharge of $200 a month.
- **Use vapes or tobacco?** If you and/or your enrolled spouse use any form of vape or tobacco, you'll pay a surcharge in addition to your monthly medical premium — between **$1,620 and $3,240** per year, depending on your level of coverage.

Did You Know About the Tobacco-Free Program?

Get help to stop using tobacco or vapes. Call the Tobacco-Free Program with Anthem's LiveHealth Online at 888-548-3432 for information.

Will You Receive an ID Card?

- **Medical, prescription, vision** — yes, on one card.
- **Dental** — no, your name and birth date will verify coverage.

Medical

Each plan offers comprehensive healthcare coverage, with varying deductibles and premiums. You have three options — choose the plan that provides the best coverage to support your health and well-being.

Compare Your Plan Options

Before you enroll, go to **myAGBenefits** to compare costs and coverage. Then, go to **anthem.com/find-care** (use prefix **A7M**) to ensure your providers are in network. Visit **AGBenefits.com** to compare costs and coverage.

Use Helpful Resources

Anthem has help available 24/7, whether it's through **anthem.com**, the Sydney Health App or live through the nurseline.

Anthem Online

The Sydney Health app and **anthem.com** are the first spots to go for information about all your Anthem BCBS benefits.

- Find care and compare costs.
- View your medical claims.
- See progress toward your medical and prescription deductibles.
- View and use your ID card (medical, prescription, vision).
- Visit with a doctor online 24/7.
- Chat with Sydney for answers to benefit questions.
- Access Anthem Smart Rewards to complete wellness activities.
- Access Capital Rx and Optum Bank apps directly, without a separate login.

Anthem Nurseline

You and your family can access registered nurses 24/7 for health support and guidance to affordable care. These nurses can:

- Help you find in-network doctors, hospitals and specialists.
- Refer you to virtual care (through LiveHealth Online).
- Enroll you in programs for specific health conditions.
- Remind you to schedule important screenings and exams.

To speak with a nurse, call 800-337-4770.

Where to Get More Information

Anthem Blue Cross Blue Shield (BCBS)
anthem.com
833-952-2042
Monday – Friday, 8:00 am – 6:00 pm ET

Download the Anthem Sydney Health App

Expats: CIGNA International
800-441-2668 (within US)
302-797-3100 (outside US)

Hawaii: Kaiser Permanente
kaiserpermanente.org
800-966-5955



Summary of Medical Benefits (Anthem BCBS/National BlueCard PPO)

	Consumer Plan	Enhanced Consumer Plan	Traditional Plan
Cost of Coverage Go to **myAGBenefits** to see the costs for all plans.	Lowest Cost	Low Cost	Highest Cost
AG Health Savings Account (HSA) Contribution (pg 10)	Single: $300 Family: $600	Single: $500 Family: $1,000	N/A
Wellness Rewards (pg 11)	American Greetings HSA or HRA (Traditional Plan Health Reimbursement Account) contribution up to: $550/associate, $430/spouse for participating in Anthem Smart Rewards wellness activities		
Annual Deductible[1] The amount you pay each year before the plan begins paying toward covered expenses (does not apply to preventive care)			
In-Network	Single: $3,500 Family[2]: $3,500 Individual/$7,000 Family (medical and non-preventive Rx)	Single: $1,800 Family: $3,600 Individual/$3,600 Family (medical and non-preventive Rx)	Single: $700 Family: $700 Individual/$2,100 Family (medical only)
Out-of-Network	Single: $7,000 Family[2]: $7,000 Individual/$14,000 Family (medical and non-preventive Rx)	Single: $3,600 Family: $7,200 Individual/$7,200 Family (medical and non-preventive Rx)	Single: $1,400 Family: $1,400 Individual/$4,200 Family (medical only)
Preventive Care (In-Network Only)	Plan pays 100% (no deductible)		
Copay[3] PCP, Specialist, Virtual Visit, Urgent Care, Emergency Room (ER)	Subject to deductible and coinsurance	Subject to deductible and coinsurance	PCP: $30 Specialist & Urgent Care: $50 ER: $200 (waived if admitted) then 80% (no deductible)
Coinsurance The percentage you pay for certain expenses after meeting the deductible			
In-Network	Plan pays 80% after deductible (60% for hospital-based labs/imaging and non-Diamond Providers)		Plan pays 80% after deductible (60% for hospital-based labs/imaging)
Out-of-Network	Plan pays 60% after deductible		
Out-of-Pocket Maximum[1] The maximum amount you could pay each year in coinsurance and deductible before the plan begins to pay 100%			
In-Network	Single: $4,500 Family[2]: $4,500 Individual/$9,000 Family (includes medical/Rx deductible and coinsurance)	Single: $3,600 Family: $7,200 Individual/$7,200 Family (includes medical/Rx deductible and coinsurance)	Single[4]: $4,200 Family[4]: $4,200 Individual/$10,100 Family (includes medical/Rx deductible, copays and coinsurance)
Out-of-Network	Single: $9,000 Family[2]: $9,000 Individual/$18,000 Family (includes deductible and coinsurance)	Single: $7,200 Family: $14,400 Individual/$14,400 Family (includes deductible and coinsurance)	Single[4]: $6,900 Family[4]: $6,900 Individual/$18,200 Family

[1] In the Consumer and Enhanced Consumer Plans, expenses that apply to the in-network deductible and out-of-pocket maximum also apply to the out-of-network deductible and out-of-pocket maximum and vice-versa (known as cross applying). Cross applying does not apply to the Traditional Plan.

[2] In the Consumer Plan, family (associate + 1 or more) coverage allows an individual to meet the individual deductible, and then the plan begins paying up to the single out-of-pocket maximum for that individual.

[3] Traditional Plan copays count toward the out-of-pocket maximum.

[4] Includes medical deductible and copays, medical/Rx coinsurance and the prescription drug separate out-of pocket max of $1,500 individual/$2,000 family.

This is a summary of benefits and setup may vary by plant location. For complete details, refer to the summary plan description at **AGBenefits.com**.

Medical — Support Programs

For associates actively enrolled in an American Greetings Anthem BCBS medical plan, there are programs in place to help those who may have certain conditions. These programs are administered by Anthem's partner, LiveHealth Online.

Clinical and Support Programs

These programs put you in touch with experts who are trained in diagnosing and treating your specific condition. They can also help you find healthy ways to cope, learn to live a rewarding life and overcome challenges you may face.

- Concierge Care
- Building Healthy Families
- Condition Care
- Cancer Care Navigator
- Behavioral Health Advantage
- Transplant Care
- Special Needs
- Autism Spectrum Disorder

Call Anthem at 833-952-2042 for help with clinical and support programs.

Virtual Care

You can receive quality care from board-certified doctors anywhere, whether you're at home or on the road. With Anthem's LiveHealth Online, virtual visits are often less expensive than in-office care.

- Primary Care
- Annual Wellness Checks
- Urgent Care (24/7)
- Psychiatry/Counseling
- Dermatology
- Breastfeeding Support

Weight Loss Program

The Healthy Weight Program combines the latest in digital technology, behavioral science and a smart scale to provide personalized behavior change that can help you lose weight. You'll work with a health coach who will create a personalized nutrition and exercise plan to help you reach your weight loss goals.

Sword Health

Thrive – Digital Physical Therapy

Through supervised movements at home, you can repair, recover and regain mobility, whether your pain is chronic, acute or surgery related. Sensors deliver real-time feedback on your movements, so a therapist can customize the program to your pain area.

Thrive physical therapists are all doctors of physical therapy, with an average of nine years' experience. Plus, you'll have 24/7 text support for care when and where you need it.

Bloom — Pelvic Health Therapy

Bloom is transforming women's pelvic health with an innovative, digital solution to support women in all stages of life — young adulthood, pregnancy, postpartum and menopause. Bloom's clinical program helps women address various pelvic issues, empowering them to find relief from the comfort and privacy of their own home.

For information on Thrive or Bloom go to **meet.swordhealth.com/AmericanGreetings**.

Quit Nicotine for Good

The Tobacco Free Program combines the latest in telehealth technology and behavioral science to help you stop using tobacco and vapes. You don't have to kick the habit alone. Work with a health coach who can create a personalized plan to help you reach your tobacco-free goals. Health coaches can send nicotine replacement therapy (gum, lozenges and patches) directly to your home at no cost.

Where to Get More Information

LiveHealth Online
access through anthem.com
888-548-3432
Monday – Friday, 8:00 am – 8:00 pm ET

LiveHealth® ONLINE

Download the Sydney Health app

Prescription Drugs

Filling your prescriptions is safe, convenient and cost-effective through Capital Rx. Prescription costs can vary.
See page 12 for ways to save on your medications.

Summary of Prescription Benefits (Capital Rx/Liberty Network)

Certain medications may require prior authorization or use of lower-cost options through your doctor and Capital Rx. Home-delivered prescriptions must be filled through Costco (membership not required). Specialty/high-cost prescriptions must be filled using Archimedes.

	Consumer Plan & Enhanced Consumer Plan	Traditional Plan	
Prescription Drugs Non-Specialty (administered by Capital Rx)	Retail and Maintenance/Mail Order	Retail (30-day supply)	Maintenance/Mail Order (90-day supply)
Preventive Drugs[1] (if required by ACA, plan pays 100%)	Not subject to deductible; Subject to coinsurance	Not subject to deductible; Subject to coinsurance	
Tier 1 – Generic[1]	Plan pays 80% (after medical deductible)	Plan pays 80% (minimum $10)	Plan pays 80% (minimum $20)
Tier 2 – Preferred Brand[1,2,3]	Plan pays 75% (after medical deductible)	Plan pays 70% (minimum $30)	Plan pays 70% (minimum $60)
Tiers 3 – Non-Preferred Brand[1,2,3]	Plan pays 50% (after medical deductible)	Plan pays 40% (minimum $50)	Plan pays 40% (minimum $100)
Prescription Drugs Specialty (administered by Archimedes)	Plan pays 50% (after medical deductible)	Plan pays 40% (minimum $50)	Plan pays 40% (minimum $100)
Lifestyle Drugs/Medications with Over-the-Counter (OTC) Alternatives	Not covered — You pay 100% (not applied to your annual deductible or out-of-pocket maximum)		
Maintenance/Mail Order Requirements	You can fill two 30-day supplies of a maintenance medication. After two 30-day fills, you must fill a 90-day supply of your maintenance medications through Costco mail order or at any in-network retail pharmacy. If you continue to fill a 30-day supply, you will pay the full cost of your maintenance medication(s).		
Compounds	Compound medications $50 and greater are subject to a prior authorization. Bulk chemicals are not covered as part of compound medications.		

[1] Capital Rx administers most non-specialty drugs, including preventive, generic, preferred brand and non-preferred brand. For a list of drugs covered by the plan, including the Preventive Drug List and the Formulary List, visit the Capital Rx member portal.
[2] The list of prescription drugs covered by the plan doesn't include certain brand-name drugs that have lower-cost alternatives. If you purchase excluded prescription drugs, the cost will not apply to your deductible or out-of-pocket maximum.
[3] The lowest-cost generic may be required over a more expensive drug. When you qualify and use a third-party coupon or rebate program to lower your costs, the amount of that coupon or rebate will not apply to your deductible or out-of-pocket maximum.

This is a summary of benefits. For complete details, refer to the summary plan description at **AGBenefits.com**.

Where to Get More Information

Capital Rx (non-specialty prescriptions)
833-599-1016

Before enrolling, confirm your pharmacies are in-network and your medications are covered: **enrollment.cap-rx.com/?client=amgreetings**.

Before enrolling

After enrolling, register for your new account and check costs of your covered prescriptions at: **capitalrx.com** > Member Portal > Register Now.

Archimedes (specialty/high-cost prescriptions)
archimedesrx.com | 888-504-5563

Download the Capital Rx App

- Look for the lowest medication prices.
- Find in-network pharmacies.
- View your medication formulary.
- See a digital copy of your ID card.
- View your medication/prescription history.

Health Savings Account (HSA)

With an HSA, you can save pretax money to pay for eligible expenses now or invest to pay for healthcare expenses in retirement.

You can change the amount you contribute at any time by logging in to **myAGBenefits**. The HSA is only available if you enroll in the Consumer or Enhanced Consumer Plan.

Ways to Grow Your HSA

You have opportunities to maximize your savings in an HSA. And remember, the money you save is not taxed when you contribute, when you earn investment dollars or when you withdraw funds for eligible healthcare expenses.

	How	How Much
American Greetings contributes	Depending on your medical plan and coverage level, American Greetings makes a deposit into your HSA.	Between $300 and $1,000
You contribute	You decide how much will be deducted from your paycheck before taxes.	Up to IRS limits. IRS limits include contributions from Anthem Smart Rewards and American Greetings (see box at right).
Earn Wellness Rewards	Complete activities in the Anthem Smart Rewards program (see page 11).	You: up to $550 Your covered spouse: up to $430
Invest the money	When your balance reaches $1,000, you can invest in various funds. Your earnings are tax-free.	Build your balance year over year. The account is yours, even if you leave the company.

Wellness Activities Earn You More HSA or HRA Dollars

When you complete activities in the Anthem Smart Rewards program, American Greetings will deposit money into your HSA or HRA account.

You can earn up to $550, and your spouse (if enrolled) can earn up to $430. For full program details and to sign up, see page 11.

Where to Get More Information

Optum Bank (#199947)
optumbank.com
866-234-8913

Download the Optum Bank App

2026 IRS Annual Limits

(includes your contributions and the company's):

- $4,400 single coverage
- $8,750 all other coverage
- $1,000 catch-up contribution for associates age 55 and above

It's your responsibility to make sure you don't exceed the IRS limit. Anthem Smart Rewards dollars and American Greetings contributions count towards your annual limit.

IMPORTANT TO KNOW

You must elect your HSA pretax contributions every year – they do not roll over.

Keep your receipts

The IRS may require proof that your HSA expenses are eligible. See IRS Publications 502 and 969 at **irs.gov**.

You cannot open an HSA if you are:

- Covered by another health plan that is not a high-deductible plan
- Enrolled in Medicare or TRICARE
- Eligible to be claimed as a dependent on someone else's tax return
- A recipient of Veterans Affairs (VA) benefits (except for preventive care) within the past three months. If you have a disability rating from the VA, you are eligible.

Expenses for domestic partners

Per IRS regulations, tax-free HSA dollars cannot be used to pay for the healthcare expenses of domestic partners or their children, unless they qualify as your tax dependent.

On an unpaid leave of absence?

When you return, you may need to re-elect your contributions to ensure you meet your annual goal.

REMEMBER!

Designate your beneficiary on **optumbank.com**.

Anthem Smart Rewards

You're eligible for rewards if you are enrolled in an American Greetings Anthem BCBS medical plan and you complete Smart Rewards activities.

We know healthy associates make a healthy company. When you participate in Smart Rewards wellness activities, you earn dollars. Plus, you can use the activities to stay in tune with your health.

Live Well and Be Rewarded

When you complete simple activities in Anthem Smart Rewards (My Rewards), you'll earn dollars in your HSA or HRA. Your covered spouse can join to earn even more dollars!

To get started: On the Anthem website, go to My Health Dashboard > My Rewards. **OR**, on the Sydney Health App, see Incentives > My Rewards.

Activity in My Rewards	Dollars earned* in your HSA *(Consumer and Enhanced Consumer Plans)* or HRA *(Traditional Plan)*
Complete the health survey	$100/associate, $75/spouse
Get a physical or well woman exam	$100/associate, $75/spouse
Have a biometric screening	$100/associate, $75/spouse
Get a cancer screening (cervical, mammogram, colonoscopy)	$100/associate, $75/spouse
Get both of your 6-month dental checkups	$75/associate, $65/spouse
Get your annual vision exam	$75/associate, $65/spouse
Earn up to $550/associate and $430/spouse! Plus, watch for chances to earn even more during the year.	
Annual rewards maximum	Associate only — $550 Associate + children — $550 Associate + spouse — $980 Family — $980

* Rewards are deposited in the calendar quarter following completion of the activity. Associates must be enrolled in an Anthem medical plan at the time the reward is being paid in order to receive the reward.



How to Sign Up or Log In

Log in through **anthem.com**

Download the Sydney Health App

Enrolling in the Traditional Plan?

Associates in the Traditional Plan are automatically enrolled in an HRA, where pretax dollars (earned by completing Smart Rewards activities) can be used to pay for eligible medical, dental and vision expenses.

Any unused money in your account at the end of the year is forfeited. Check your HRA balance regularly and plan to use it all.

Expenses must be incurred between January 1, 2026, and December 31, 2026. You have until March 31, 2027, to file for reimbursements.

Contact Anthem for HRA questions: 833-952-2042 or via the Sydney Health app.

Kaiser Permanente and Cigna International members are not eligible for this program.

It's 100% Confidential — It's the Law

Anthem keeps your personal information confidential.

livewell

Ways to Save on Healthcare Costs

A little work ahead of time can mean big savings later. Engage in your healthcare and use these tips, tools and programs to cut down on costs. When you log in to **anthem.com**, you can easily access Capital Rx through single sign-on.

Save on Medications

Once registered, go to **capitalrx.com** > Member Portal to see medication costs.

- Ask your doctor or pharmacy to fill a generic prescription.
- Fill maintenance medications with a 90-day supply through Costco mail order (you don't need to be a member).
- Strive to be healthy and work with your doctor to eliminate certain medications.

Shop Around for Care

Go to **anthem.com** or download the Sydney Health app.

- Schedule with Anthem providers for better health outcomes and lower costs.
- Consider a virtual visit through LiveHealth Online for common health concerns — no appointment needed and less expensive.
- Go to Diamond Providers for better health outcomes and lower costs for online tools.
- Use freestanding/independent labs and imaging centers (CT scans, MRI, etc.) to save money. Hospital-based facilities cost more.
- Estimate costs in advance, and find the best-value provider for common procedures and conditions.

Choose Providers Wisely

The network of Anthem BCBS providers is expansive, but certain vetted providers offer the best value.

See Anthem Diamond Providers

For the Consumer Plan and Enhanced Consumer Plan, search for Diamond Providers when seeking care. They are in-network physicians who have been specially evaluated to meet strict criteria around the value of their care.

Use Freestanding Labs and Imaging Centers

You get the best value when you go to freestanding or independent labs and imaging centers. Hospital-based labs and imaging are always more expensive. To find facilities, go to **anthem.com**:

- For a freestanding lab, search "reference lab."
- For a freestanding imaging center (CT scan, MRI, etc.), call Anthem at 833-952-2042.

Earn Dollars in Your HRA or HSA

Complete simple activities in the Anthem Smart Rewards program and American Greetings will deposit money in your HSA (Consumer and Enhanced Consumer Plans) or HRA (Traditional Plan) — up to $550, and your spouse (if enrolled) can earn up to $430.

For program details and to sign up, see page 11.

Kaiser Permanente and Cigna International members are not eligible for this program.

Don't Vape or Use Tobacco

If you quit these unhealthy habits, you can save money on your premium rate — between **$1,620 and $3,240** per year, depending on your level of coverage.

No-Cost Tobacco-Free program. Need help quitting? Call Anthem's LiveHealth Online at 888-548-3432 for information.







Flexible Spending Accounts (FSAs)

An FSA is an easy way to set aside pretax money to pay for healthcare or dependent care expenses. You decide the amount you'd like to save for the year, and the money is deducted (before taxes) from your paycheck each pay period. Plan your contributions carefully — this is a "use it or lose it" account.

Residents of Puerto Rico are not eligible for a flexible spending account (FSA).

General Purpose FSA (not available if you're contributing to an HSA)	**Limited Purpose FSA** (available if you're contributing to an HSA)	**Dependent Care FSA**
Annual contribution: $240 minimum $3,300 maximum		Annual contribution: $240 minimum $7,500 maximum ($3,750 if married and filing separate tax returns)
Reimburses eligible medical, prescription, dental and vision expenses, including deductible, coinsurance and copays	Reimburses eligible dental and vision expenses only	Covers eligible day care and eldercare expenses so you and your spouse can work or attend school Does not cover healthcare expenses

To see a list of eligible expenses, go to **irs.gov**. For more information on FSAs, go to **AGBenefits.com**.
Certain high-earning associates may have their elections limited.

IMPORTANT TO KNOW

- Expenses must be incurred between **January 1, 2026, and December 31, 2026**. You have until **March 31, 2027**, to file for reimbursements from your 2026 FSA.
- **You must re-enroll each year.** Your FSA elections don't carry over.
- **Any unused money in your account** at the end of the year is forfeited. Estimate contributions carefully.

Where to Get More Information

AGBenefits Service Center
877-213-6240

Download the MyChoice App

Dental

Examine the costs and coverage of each plan and decide which one, if any, is best for you and your family. You and your spouse can **earn Anthem Smart Rewards dollars** if you have both of your six-month checkups.

Summary of Dental Benefits (MetLife/PDP Plus Network)

	Standard Plus Plan		Standard Plan	
	In-Network based on Network Fee Schedule	Out-of-Network based on Reasonable and Customary Rate (R&C)	In-Network based on Network Fee Schedule	Out-of-Network based on Maximum Allowable Charge (MAC)
Plan Administrator	MetLife — Group #123838		MetLife — Group #123838	
Annual Deductible	$20 Single/$60 Family	$50 Single/$150 Family	$20 Single/$60 Family	$50 Single/$150 Family
Annual Benefit Maximum (for Type A, B and C services)	$1,250 per individual		$1,000 per individual	
Office Visit Copay	No		No	
Preventive and Diagnostic Services (Type A)[1] Oral exam, cleanings, fluoride, x-rays	Plan pays 100% (no deductible)	Plan pays 75% R&C (no deductible)	Plan pays 100% (no deductible)	75% MAC (no deductible)
Basic Services (Type B)[1] Fillings, space maintainers, sealants	Plan pays 80% (after deductible)	Plan pays 65% R&C (after deductible)	Plan pays 70% (after deductible)	55% MAC (after deductible)
Major Services (Type C)[1] Crowns, dentures, bridges, inlays, onlays, root canals	Plan pays 50% (after deductible)	Plan pays 20% R&C (after deductible)	Plan pays 50% (after deductible)	20% MAC (after deductible)
Orthodontic Services	Plan pays 50% (no deductible) (under age 20, $1,000 lifetime benefit maximum)		Not covered	

[1]
- Please reference the SPD (on **AGBenefits.com**) or Certificates of Coverage (by calling MetLife at 800-474-7371) for a full description of covered services, benefit limitations and exclusions. For both plans, if you reside in the state of Louisiana, Mississippi, Montana or Texas, out-of-network/in-network coinsurance percentages and deductibles are the same.
- The R&C rate is based on the lowest of these: 1) the actual dentist's charge, 2) the dentist's usual charge for a similar service, or 3) what most dentists in your area charge for a similar service.
- The MAC is based on the lesser of the amount charged by the out-of-network dentist or out-of-network scheduled amount for the state where the service is provided.
- For Alaska and Montana, benefit levels for out-of-network in the Standard Plan are based on the R&C rate.

This is a summary of benefits. For complete details, refer to the summary plan description at **AGBenefits.com**.

2026 Dental Monthly Costs

	Standard Plus Plan	Standard Plan
Associate	$24.97	$20.49
Associate + Spouse	$54.59	$44.79
Associate + Child(ren)	$61.45	$50.43
Family	$92.50	$75.91

Have an HSA, HRA or FSA?

You can use pretax money to pay for eligible dental and vision expenses.

Where to Get More Information

MetLife
metlife.com/mybenefits
800-474-7371

Download the MetLife App

Vision

Regular eye exams can catch eye diseases before they become critical. You and your spouse can **earn Anthem Smart Rewards dollars** for an annual exam. Get the best value by seeing Vision Plus Providers in the Select network.

Summary of Vision Benefits (Anthem Blue View Vision/Select Network)

	In-Network (Member Pays)	Out-of-Network (Reimbursement)[1]
Exam with Dilation, as necessary (once per calendar year)	$10 copay $0 copay with Plus Providers[2]	$35
Contact Lens Exam Options (once per year)		
- Standard contact lens fit and follow-up	Up to $40	Not covered
- Premium contact lens fit and follow-up	10% off retail	Not covered
Lenses (once per year)		
- Single, Bifocal, Trifocal	$10 copay	Up to $35 Single/$45 Bifocal/$60 Trifocal
Lens Options (add to price above)		
- Standard Progressives	$0 copay	Up to $45
- Premium Progressives	$0 copay/20% off retail, less $120 allowance	Up to $45
- Scratch Resistant, Ultraviolet, Tint	$15	Not covered
- Standard Polycarbonate (adults and children)	$0 copay	Up to $5
- Standard Anti-Reflective Coating	$45 copay	Not covered
- Polarized/Other Add-Ons	20% off retail price	Not covered
Frames (once every two years)	$150 allowance ($200 with Plus Providers[2]), 20% off any additional balance	Up to $105
Contact Lenses (once per year in lieu of lenses)	$150 allowance, 15% off balance for conventional contact lenses	Up to $105
Laser Vision Correction	Other discount offers on LASIK surgery and much more available through Anthem's Special Offers program	Not covered
Additional Unlimited Eyeglasses at Discounted Prices	40% off unlimited complete pair of eyeglasses	Not covered

[1] Member reimbursement out-of-network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider.
[2] Log in to your **anthem.com** account or the Sydney Health app to locate Plus Providers.

This is a summary of benefits. For complete details, refer to the summary plan description at **AGBenefits.com**.

Look for Vision Plus Providers to get the best value.

2026 Vision Monthly Costs

Associate	$7.79
Associate + Spouse	$15.37
Associate + Child(ren)	$14.52
Family	$21.69

Where to Get More Information

Anthem Blue View Vision
anthem.com
877-254-9443

Download the Sydney Health App

glasses.com and 1-800-CONTACTS
Buy glasses or contacts online from network providers.

Life and Disability

If the unthinkable happens, this coverage can offer financial assistance for you and your family. Explore your options on **AGBenefits.com**.

Basic Life and Accidental Death & Dismemberment (AD&D)

American Greetings provides company-paid basic life and AD&D insurance in the amount of $30,000 (eligible regular full-time associates) or $10,500 (eligible regular part-time associates) at no cost to you. Full-time merchandisers and revision leads are not eligible.

Who Will Get Your Money?

You can designate, change or verify your beneficiaries anytime on **myAGBenefits**.

Optional Life and AD&D

You may purchase optional life and AD&D insurance for you and your eligible family members. This includes help preparing wills and resolving estate matters. Rates are based on age and salary, and can be found on **myAGBenefits**.

	Optional Life	Optional AD&D
You	Up to six times your eligible pay (maximum combined coverage for basic and optional life is $4.5 million)	Up to six times your eligible pay (maximum combined coverage for basic and optional AD&D is $1.5 million)
Spouse Only	Up to $25,000	Up to 60% of your optional AD&D amount
Child(ren) Only	Up to $10,000	Up to 20% of your optional AD&D amount

Note: You cannot be covered as an employee and as a dependent. If you and your spouse both work at American Greetings, only one of you may elect coverage for your children.

Short-Term Disability (STD)

American Greetings provides this coverage at no cost to eligible associates. STD provides salary continuation for up to 26 weeks.

Basic Long-Term Disability (LTD)

American Greetings provides this coverage at no cost to eligible associates. LTD pays a benefit of 50% of eligible pay (up to a monthly benefit of $7,500).

Optional Long-Term Disability

American Greetings provides long-term disability of 50% of eligible pay. You may purchase additional coverage for a total benefit of 66.6% of eligible pay (up to a monthly benefit of $20,000). See your rates on **myAGBenefits**.

Business Travel Accident Insurance

American Greetings provides this insurance to you at no cost (not available to Cleveland Union). The plan offers benefits for accidental death or dismemberment while traveling on company business.

Do You Need Proof of Good Health?

You may be required to provide EOI (evidence of insurability) if you purchase optional life or optional long-term disability coverage. The online enrollment system will prompt you to complete a Statement of Health, if needed. Coverage becomes effective after approval, as long as you have *actively at work* status.

Where to Get More Information

The Hartford
thehartford.com/mybenefits
Life and AD&D: 888-563-1124
Disability and Leaves: 888-301-5615
Monday – Friday, 8:00 am – 8:00 pm ET

Download The Hartford App

To file a life insurance claim, call the **AGBenefits Service Center** at 877-213-6240.

401(k) Retirement Savings Plan

Generally, eligible associates are automatically enrolled and 100% vested in the 401(k). American Greetings will match your contributions. It's a great way to set aside money for retirement.

How the 401(k) Benefits You

- **American Greetings contributes.** Every pay period, American Greetings matches $1 for every $1 you put in, up to 6% of your eligible pay (up to IRS limits).
- **Diversify your portfolio.** Your contributions can be deducted from your paycheck; 1) before taxes, so your taxable income is reduced, and/or 2) after taxes (Roth).
- **You control your money.**
  - Contribute between 1 and 50% of your eligible compensation, up to IRS limits.
  - Choose which eligible compensation (bonus and/or non-bonus) is deferred toward those contributions.
  - Change your contribution amount anytime.
  - Choose the funds you're investing in.

Note that catch-up contribution limits may vary based on age and salary. Contact Vanguard for more information.

It's Convenient and Automatic

As a non-field hourly new hire or newly eligible associate, you're automatically enrolled at a pretax contribution rate of 6% of your eligible pay. Then, after a year in the plan, your contribution will automatically increase one percentage point each June until you reach 15%.

You can change your contribution rate anytime.

Advice from Vanguard Program

How well are you managing your investments? Choose the level of account support that's right for you: one-time consultation, digital solution or an advisor-led program. There may be fees associated with the Advice Programs.

Tools to Maximize Your Savings

Visit **vanguard.com/retirementplans** to:

- Estimate your savings.
- Elect your beneficiaries.
- Learn how certain factors influence your retirement — healthcare costs, Social Security, debt and more.

Annual Contribution Limits

IRS Contribution Limit (You can contribute)	IRS Catch-up Contribution Limit* (For anyone age 50+)
$23,500/year	$7,500/year
Showing 2025 limits — 2026 not available at time of printing	
Company Match	
$1 for $1, up to 6% of eligible pay	

* Due to IRS regulations, certain high-earning associates must make any catch-up contributions on an after-tax (Roth) basis.

Example: Your Salary Is $80,000		
Your contribution is 6%	American Greetings will match	Your **total** for the year
$4,800	**$4,800**	**$9,600**

IMPORTANT TO KNOW

Remember to Name a Beneficiary!

You can name, change or verify your beneficiaries anytime on **vanguard.com/retirementplans**.

Your beneficiary will need to contact Vanguard in the event of your death.

Where to Get More Information

Vanguard (plan number #091997)
vanguard.com/retirementplans
800-523-1188

Download the Vanguard App

Other Programs

Employee Assistance Program (EAP)

All associates and family members can rely on the free, confidential EAP to help balance the needs of work, home and everyday life. It's available to you, your spouse, children, parents and parents-in-law, even if you are not enrolled in an American Greetings medical plan.

Emotional Support

Talk to a counselor onscreen or in person to get free, confidential support to help you work through issues impacting your life and well-being. Counselors can help address:

- Anger, grief, job stress, anxiety, depression
- Marital relationships, family issues
- Addiction, eating disorders, mental illness

Five free sessions per year, per issue or concern.

Resources and Guidance

You and your family have access to a team of work/life specialists who can help with:

- Time management
- Locating childcare and eldercare resources, and addressing related concerns
- Personal/family/elder law, identity theft
- Financial resources for debt management, budgeting, credit issues

Self-Serve Education and Assistance

- Explore webinars, online courses and articles on a variety of well-being topics.
- Complete checklists and take self-assessments to learn more about issues that impact you.
- Visit the personalized legal center and financial fitness center.

members.healthadvocate.com
877-240-6863

Health Advocate App

Travel Assistance

At no cost to you, this program provides you and your family members 24/7 assistance with medical, travel, concierge, legal and financial needs through a global network of more than 600,000 pre-qualified providers.

U.S. and Canada: 800-243-6108
Outside U.S.: 202-828-5885
email: assist@lmglobal.com

Group Legal Insurance

This voluntary low-cost insurance gives you access to experienced attorneys that can help you with everything from wills and real estate to civil litigation and identity theft.

info.legalplans.com (password: 1500240)
MetLife – 833-214-4172

Discounts on Fitness Centers

Through Active & Fit Direct, you can choose from more than 11,000 fitness centers nationwide. More information is available on **AGBenefits.com**.

activeandfitdirect.com
844-646-2746



Who to Contact

Benefit Partners			
Medical	Anthem Blue Cross Blue Shield (BCBS)	833-952-2042	anthem.com
	CIGNA International	US: 800-441-2668 Outside US: 302-797-3100	cignaenvoy.com
	Kaiser (Hawaii HMO)	800-966-5955	kaiserpermanente.org
Prescription Drugs (traditional)	Capital Rx	833-599-1016	capitalrx.com
Prescription Drugs (high-cost/specialty)	Archimedes	888-504-5563	archimedesrx.com
Health Savings Account (HSA)	Optum Bank	866-234-8913	optumbank.com (#199947)
Health Reimbursement Account (HRA)	Anthem BCBS	833-952-2042	anthem.com
Anthem Smart Rewards Program	Anthem BCBS	833-952-2042	anthem.com
Dental	MetLife	800-474-7371	metlife.com/mybenefits
Vision	Anthem Blue View Vision	877-254-9443	anthem.com
Life and AD&D	The Hartford	888-563-1124	thehartford.com/mybenefits
Leaves and Short-Term Disability	The Hartford	888-301-5615	thehartford.com/mybenefits
Long-Term Disability	The Hartford	888-301-5615	thehartford.com/mybenefits
Business Travel Accident Insurance	The Hartford	888-563-1124	
Travel Assistance	The Hartford	U.S. and Canada: 800-243-6108 Outside U.S.: 202-828-5885	email: assist@lmglobal.com
Group Legal Insurance	MetLife Legal Plans	833-214-4172	info.legalplans.com (code 1500240)
AGBenefits Service Center **Monday – Friday**	**877-213-6240** **9:00 am – 6:00 pm ET** **8:00 am – 8:00 pm ET during Open Enrollment**		
Enrollment and Eligibility	AGBenefits Service Center	877-213-6240	AGBenefits.com
COBRA			
Flexible Spending Account (FSA)			
Life Insurance (New Claims)			
Other Providers			
401(k) Retirement Savings Plan	Vanguard	800-523-1188	vanguard.com/retirementplans; #091997
Employee Assistance Program (EAP)	Health Advocate	877-240-6863	members.healthadvocate.com

Understand Your Rights and Notices and Other Legislative Updates

The following required legal notices are available at **AGBenefits.com**. Review these notices to help understand your coverage and rights.

- Healthcare Summary of Benefits and Coverage (SBC) and Prescription Drug Comparison Chart
- Health Insurance Portability and Accountability Act (HIPAA)
- Women's Health and Cancer Rights Act of 1998 (WHCRA)
- Premium Assistance Under Medicaid & the Children's Health Insurance Program (CHIP)
- Prescription Drug Creditable Coverage
- Summary Annual Reports (SAR) for the American Greetings Welfare Benefits Plan
- Notice Regarding Wellness Program
- Notice of Nondiscrimination
- Summary Plan Descriptions (SPD) and Summary of Material Modifications (SMM)



This information is a summary of the benefits available to eligible associates of American Greetings and its participating subsidiaries. In the event of a conflict between this and any other description of these benefit plans, the plan documents, service agreements and insurance contracts will control. As with all company-sponsored benefit plans, American Greetings reserves the right to amend (subject to the provisions of collective bargaining agreements, where applicable), modify, revoke or terminate these plans in whole or in part at any time. No person speaking on behalf of American Greetings or the plan can amend the plan through a verbal or written statement without a plan amendment. Neither this document nor participation in the benefit plans described herein constitutes a promise of continuing employment with American Greetings or its subsidiaries. More information is available on **AGBenefits.com** where you can find the summary plan description or plan document. You can also call the AGBenefits Service Center at 877-213-6240.

Associates and family members eligible for the Company's health benefits programs may have rights under applicable federal or state laws relating to employee benefit plans. American Greetings voluntary wellness programs are designed to comply with all applicable legislation, including Health Insurance Portability and Accountability Act (HIPAA), Americans with Disability Act (ADA), Patient Protection and Affordable Care Act (ACA) and US Equal Employment Opportunity Commission (EEOC). Only aggregate medical information is provided to American Greetings from any third-party vendor to help design wellness programs that promote health and/or prevent disease. American Greetings does not receive any individual specific-results from wellness vendors or programs but may receive individual completion status for the purpose of facilitating wellness rewards.

Benefits Eligible (NU/CU) 9/2025