

Be You.
Live Well.



AEO

YOUR 2025 BENEFITS GUIDE

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BE IN THE *Know*

Get the benefits info you need, when you need it!

Check out **AEOBenefits.com**. You'll find all the info you need to enroll for your 2025 benefits.

And stay tuned as more benefits info is added to the site in early 2025.

Start Here

You're In!

You are eligible for AEO benefits if you're a full-time associate who is expected to work at least 32 hours per week.

Please see the Summary Plan Description (SPD) for more details on benefit eligibility. You can find the SPD on the Benefitfocus portal > Benefit Resources > Leave & Benefit Resources > Notices & Plan Documents.

Who You Can Cover

If you enroll for benefits, you can also cover:

- Your spouse, same-sex or opposite-sex domestic partner
- Your dependent children up to age 26, including birth children, stepchildren, your domestic partner's children, legally adopted children, children for whom you or your spouse are the legal guardian and children who are the subject of a Qualified Medical Child Support Order (QMCSO) issued to you or your spouse
- Disabled children of any age who are unable to take care of themselves. Proof of disability is required.

Provide the Paperwork

You will need to provide dependent verification documents when you add your spouse, domestic partner and/or children during the enrollment process. If you're covering your domestic partner, you'll need to fill out the Declaration of Domestic Partnership Form and submit it to the AEO Benefits Department.

Do You Need To Enroll?

OPEN ENROLLMENT

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

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

NEW HIRES

You have 30 days from your full-time date of hire or promotion date to enroll in benefits. Your benefits will be effective on your hire date or promotion date. The only benefits that do not follow this rule are Paid Time Off (PTO), the 401(k) Plan and AEO's Employee Stock Purchase Plan (ESPP).

As a new hire, you are automatically enrolled in Basic Life and Accidental Death & Dismemberment (AD&D) insurance, Short-Term Disability, Long-Term Disability and the 401(k) Plan.

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

When Benefits End

Basic and Supplemental Life and AD&D, Short-Term Disability, Long-Term Disability and FSA coverage end on the date you terminate employment or are no longer eligible. All other benefits end on the last day of the month after your employment ends or you're no longer eligible.

Enrolling



Be Prepared

Save a copy of your election summary for your records. Your confirmation statement will be emailed to you and will also be available in the Benefitfocus portal.

Online

Visit [AEOBenefits.com](https://www.aeobenefits.com).

IF YOU ARE ON THE AEO NETWORK

- Select "Enroll or View Your Benefits" in the top right-hand corner.
- Click on the Benefitfocus tile.
- If you're a first-time user, you'll need to create a Benefitfocus account.
- If you've already set up your Benefitfocus account, you won't need to log in.
- Click on the "Get started" button.

IF YOU ARE NOT ON THE AEO NETWORK

- Look for this link: "Outside the AEO network, enroll here."
- You'll be directed to the Benefitfocus portal.
- If you're a first-time user, you'll need to create a Benefitfocus account.
- Log in with your username and password. If you can't remember it, select "Can't access your account?"
- Click on the "Get started" button.

Mobile App

Log in to the Benefitplace mobile app (company code: aeobenefits).

Other Ways To Enroll

You can also log in to the Benefitfocus portal through AEO2GO or Nest. You'll enter your username and password once, and then you can access Benefitfocus with one click.

Questions?

Contact your Benefits team at Benefits@ae.com or call **724-779-5678**, option 6.



For ALL of Life's Moments

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

QUALIFYING LIFE EVENTS

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

Please note: If you change your status from full-time to part-time, your benefits will not automatically end. You have 31 days to fill out and submit a change form electing to drop your benefits; otherwise, your benefits will continue.

31 DAYS

That's how long you have to update your benefits when you experience a qualifying life event. If you miss the deadline, you won't be able to enroll in or change your benefits until the next Open Enrollment.

QUESTIONS?

Contact your Benefits team at Benefits@ae.com or call **724-779-5678**, option 6.



TURN IN THE PAPERWORK

You'll need to provide documentation, such as a marriage license, birth certificate or divorce decree, along with an enrollment form, for verification. Documentation will need to be uploaded in the Benefitfocus portal. If you're covering your domestic partner, you'll need to fill out the Declaration of Domestic Partnership Form. Documentation must be received within 31 days of the date that the change occurred. Eligibility requirements must be met and proof provided before coverage begins. Any changes you make must be consistent with your event, such as adding or removing dependents.

Medical

CIGNA



You have 4 choices for medical coverage, all administered by Cigna:

PPO PLAN • HRA PLAN • HEALTH SAVINGS ACCOUNT (HSA) PLAN • ECONOMY HEALTH SAVINGS ACCOUNT (HSA) PLAN

How are the plans alike?

The PPO, HRA and HSAs all:

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

Be Well With 100%-Paid Preventive Care

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

How are the plans different?

✓ = Lowest ✓✓✓✓ = Highest

	PPO	HRA	HSA	ECONOMY HSA
Premiums (your monthly paycheck costs)	✓✓✓✓	✓✓	✓✓✓	✓
Deductible and out-of-pocket maximum	✓	✓✓✓	✓✓	✓✓✓✓
Money from AEO	None	Health Reimbursement Account	Health Savings Account	
What you pay for care	Copays for some services and cost sharing (coinsurance) for other services		No copays – you pay 100% of the cost until you meet your deductible (except for certain in-network preventive care); after that, you and the plan share costs (coinsurance)	

How the Cigna Plans Work

PPO PLAN

1. YOU PAY FOR CARE.

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

2. SHARE COSTS WITH THE PLAN.

For other services such as hospitalization, you must meet your deductible before the plan shares costs. Each family member has an individual deductible.

3. THE PLAN PAYS THE REST.

If you reach your out-of-pocket maximum, the plan will pay 100% of your eligible expenses for the rest of the plan year. Each family member has an individual out-of-pocket maximum.

HRA PLAN

1. GET A HEALTH REIMBURSEMENT ACCOUNT (HRA).

You receive money in an HRA from AEO: **\$500** for individual coverage or **\$1,000** for family coverage. You can use this money to help pay for health care expenses. Please see page 24 for more details on the HRA.

2. THE PLAN WORKS LIKE THE PPO.

- You pay copays with no deductible for some services such as doctor's office visits.
- For other services such as hospitalization, you must meet your deductible before the plan shares costs. Each family member has an individual deductible.
- If you reach your out-of-pocket maximum, the plan will pay 100% of your eligible expenses for the rest of the plan year. Each family member has an individual out-of-pocket maximum.

HSA PLANS

1. YOUR HEALTH SAVINGS ACCOUNT IS OPENED.

AEO contributes to your account:

- **HSA Plan:** AEO contributes **\$500** for individual coverage or **\$1,000** for family coverage
- **Economy HSA Plan:** AEO contributes **\$250** for individual coverage or **\$500** for family coverage

You can contribute pre-tax money of your own, too. Please see pages 22 and 23 for more details about the HSA.

2. PAY TOWARD YOUR DEDUCTIBLE.

You pay 100% of the cost for medical care and prescription drugs (except for certain in-network preventive care) until you meet your deductible.

- **HSA Plan:** If you elect family coverage, there's no individual deductible – you must meet the family deductible.
- **Economy HSA Plan:** Each family member has an individual deductible.

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

3. SHARE COSTS WITH THE PLAN.

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

4. THE PLAN PAYS THE REST.

If you reach your out-of-pocket maximum, the plan will pay 100% of your eligible expenses for the rest of the plan year.

- **HSA Plan:** If you elect family coverage, there's no individual out-of-pocket maximum – you must meet the family out-of-pocket maximum.
- **Economy HSA Plan:** Each family member has an individual out-of-pocket maximum.

Find a Provider

Visit [myCigna.com](https://www.mycigna.com) or call **800-Cigna-24 (800-244-6224)**. For the PPO and HRA plans, look for the "Open Access Plus" network.

Cigna Medical Plans at a Glance

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

You will begin to contribute toward the plan deductibles and out-of-pocket limits on January 1, 2025, and will continue through December 31, 2025. There are separate in-network and out-of-network deductibles and out-of-pocket maximums, and they do not cross apply.

PPO PLAN		HRA PLAN		
IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	
2025 Contribution from AEO				
Individual	None	\$500 Health Reimbursement Account contribution		
Family	None	\$1,000 Health Reimbursement Account contribution		
You Pay				
Deductible (what you pay first for some services)				
Individual	\$500	\$1,000	\$2,000	\$4,000
Family	\$1,500	\$3,000	\$4,000	\$8,000
Out-of-Pocket Maximum¹ (the most you have to pay for eligible services)				
Individual	\$3,500	\$10,000	\$5,000	\$15,000
Family	\$7,000	\$20,000	\$10,000	\$30,000
Preventive Care				
Well-adult visits, well-child visits and immunizations	\$0	Not covered	\$0	Not covered
Office Visits				
Telehealth	\$0	Not covered	\$0	Not covered
Primary care	\$30	40% after deductible	\$30	40% after deductible
Specialist	\$55	40% after deductible	\$55	40% after deductible
Labs and Imaging				
Diagnostic tests (X-rays, bloodwork) and imaging (CT/PET scans, MRIs)	20% after deductible	40% after deductible ²	20% after deductible	40% after deductible ²
Emergency Services				
Ambulance	20% after deductible		20% after deductible	
Emergency room	\$250 copay (waived if admitted), then 20%, no deductible		\$250 copay (waived if admitted), then 20%, no deductible	
Urgent care	\$55	40% after deductible	\$55	40% after deductible
Hospital				
Inpatient and outpatient	20% after deductible	40% after deductible ²	20% after deductible	40% after deductible ²
Maternity Care				
Office visits and childbirth/delivery	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Mental Health/Substance Abuse				
Inpatient care	20% after deductible	40% after deductible ²	20% after deductible	40% after deductible ²
Outpatient care	\$30	40% after deductible ²	\$30	40% after deductible ²

1 Out-of-pocket maximum includes deductibles, copays (if applicable) and coinsurance.

2 \$400 penalty for no out-of-network precertification.

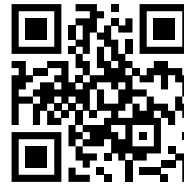
HSA PLAN		ECONOMY HSA PLAN		
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
2025 Contribution from AEO				
Individual	\$500 Health Savings Account contribution		\$250 Health Savings Account contribution	
Family	\$1,000 Health Savings Account contribution		\$500 Health Savings Account contribution	
You Pay				
Deductible (what you pay first for some services)				
Individual	\$1,650	\$3,200	\$3,300	\$9,000
Family	\$3,300	\$6,400	\$6,600	\$18,000
Out-of-Pocket Maximum¹ (the most you have to pay for eligible services)				
Individual	\$4,300	\$13,000	\$6,550	\$15,000
Family	\$7,000	\$21,000	\$13,100	\$30,000
Preventive Care				
Well-adult visits, well-child visits and immunizations	\$0	Not covered	\$0	Not covered
Office Visits				
Telehealth	\$0	Not covered	\$0	Not covered
Primary care	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Specialist	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Labs and Imaging				
Diagnostic tests (X-rays, bloodwork) and imaging (CT/PET scans, MRIs)	20% after deductible	40% after deductible ²	20% after deductible	40% after deductible ²
Emergency Services				
Ambulance	20% after deductible		20% after deductible	
Emergency room	20% after deductible		20% after deductible	
Urgent care	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Hospital				
Inpatient and outpatient	20% after deductible	40% after deductible ²	20% after deductible	40% after deductible ²
Maternity Care				
Office visits and childbirth/delivery	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Mental Health/Substance Abuse				
Inpatient care	20% after deductible	40% after deductible ²	20% after deductible	40% after deductible ²
Outpatient care	20% after deductible	40% after deductible ²	20% after deductible	40% after deductible ²

1 Out-of-pocket maximum includes deductibles, copays (if applicable) and coinsurance.

2 \$400 penalty for no out-of-network precertification.

Health Help

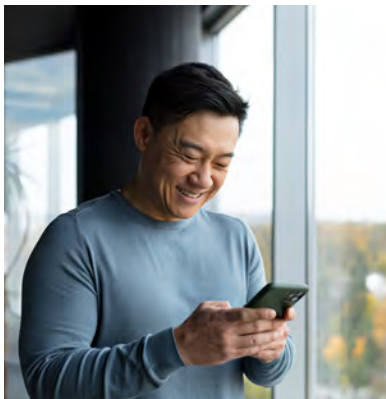
CIGNA



Take care of yourself with these programs and tools, available if you're enrolled in a Cigna medical plan.

Do This First

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

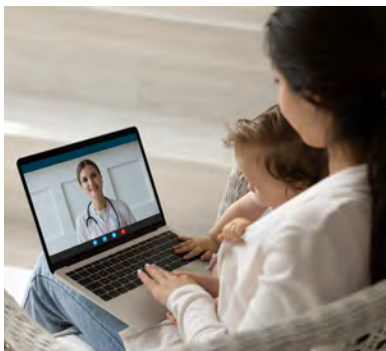


HEALTH AND MONEY-SAVING TIPS

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

- Avoid surprises by getting cost estimates
- Find the right doctor, lab or urgent care center
- Connect to health coaches
- Find 1-on-1 support for complex health situations

Visit [myCigna.com](https://mycigna.com) or call **800-Cigna-24 (800-244-6224)**.



ANYTIME, ANYWHERE DOCTOR VISITS

Video chat with or call a doctor 24/7. MDLIVE doctors can answer your questions, make a diagnosis and prescribe basic medications (subject to availability by state). Get help with primary care, specialty care and mental/behavioral health.

To schedule an appointment, log in to [myCigna.com](https://mycigna.com) and select "Talk to a doctor." You can also call MDLIVE at **888-726-3171**.



FERTILITY AND FAMILY-BUILDING BENEFITS

AEO offers inclusive fertility and family-building benefits through Progyny to help you start building your family in the way that is right for you. Progyny provides fertility support for same-sex couples, male infertility and single parents looking to start a family, as well as adoption and surrogacy support.

You will have unlimited access to a dedicated Patient Care Advocate (PCA), who will be with you throughout your entire journey.

For more details, call **855-507-6303** to speak directly with a Progyny Patient Care Advocate, or visit the "Parenting" section on the Benefitfocus portal for more information.



HELP DEALING WITH A MEDICAL CONDITION

If you're dealing with a medical condition, the Cigna Healthcare Custom Care Management Unit (CCMU) and your personal nurse advocate are ready with the support you need.

Your personal nurse advocate can:

- Act as your single point of contact for your health care needs
- Answer your questions and address your concerns
- Coordinate referrals and guide you to additional resources

Call the number on your ID card to speak with a personal nurse advocate. You may also receive a call from Cigna.



DIABETES SUPPORT

Dealing with diabetes? Get the support you need with Omada or Virta.

- **Omada** can help you build healthy habits that last. You can get easy monitoring with smart devices and tools, such as two continuous glucose monitors (CGMs), a blood glucose meter, an ongoing supply of test strips and lancets, and a smart scale. You can also get 1-on-1 health coaching. Visit go.omadahealth.com/aeo or call **888-409-8687**.
- **Virta** can help you reverse prediabetes or type 2 diabetes. You can access virtual medical care, diabetes testing supplies and personalized nutrition guidance. Get started at virtahealth.com/join/aeo.



HINGE HEALTH

Dealing with pain that just isn't getting better? Hinge Health can help you feel better faster. Hinge Health is a virtual exercise program to help you with back, joint or muscle pain. But it's more than just exercise therapy. You'll also get 1-on-1 support to reduce your pain and help you move with confidence, all from the comfort of home.

Visit hinge.health/americaneagle or call **855-902-2777**.



ACTIVE & FIT

Work out at a discount! With Active & Fit, you can join a gym near you or access workout videos from home. You pay just \$28 a month.* There's no long-term contract, and your spouse/domestic partner can also join for an additional fee.

Learn more at activeandfitdirect.com/fitness/AF750280AM.

* Plus an enrollment fee and applicable taxes. Fees may vary based on fitness center selection.

Health Care Services

FOR \$15 OR LESS!

Our AEO Real Care Health Centers can help you get the help you need fast. You can use the centers even if you're not enrolled in an AEO medical plan.

2 WAYS TO GET CARE

- On-site (available at the Pittsburgh Office, New York Design Office, Ottawa Distribution Center and Hazleton Distribution Center)
- Virtual visits (available for all associates)

TYPE OF HELP

- **Urgent care:** headache, cold, sore throat, prescriptions
- **Preventive care:** wellness physical, immunizations
- **Lab services:** glucose, cholesterol, strep, pregnancy
- **Diagnostics and screenings:** BMI, vision, diabetes
- **Personalized coaching:** weight, stress

Costs

You'll pay as little as \$15 per visit.

Get in Touch

Contact a Real Care Health Center to schedule an appointment. If you don't work at one of these locations, you can schedule a telehealth visit with a nurse at any location.

PITTSBURGH OFFICE

412-432-0800
AEOPitt@Evernorth.com

NEW YORK DESIGN OFFICE

212-448-5800
AEONewYork@Evernorth.com

OTTAWA DISTRIBUTION CENTER

785-832-6920
AEOOttawa@Evernorth.com

HAZLETON DISTRIBUTION CENTER

570-710-6355
AEOHazleton@Evernorth.com



Medical

KAISER PERMANENTE

Depending on where you live (primarily Northern and Southern California), you may be able to choose Kaiser Permanente for your medical and prescription drug coverage. If available, you'll see this option when you enroll.









How are the plans alike?

For all Kaiser Permanente HMOs:

- You must use providers and facilities in the Kaiser Permanente network; there's no out-of-area coverage, except for urgent care and emergencies
- Preventive care is covered at 100%

How are the plans different?

 = Lowest  = Highest

	KAISER PERMANENTE \$500 PLAN	KAISER PERMANENTE \$2,000 HRA	KAISER PERMANENTE HIGH HDHP	KAISER PERMANENTE LOW HDHP
Premiums (your monthly paycheck costs)				
Deductible and out-of-pocket maximum				
Money from AEO	None	Health Reimbursement Account	Health Savings Account	
What you pay for care	Copays for some services and cost sharing (coinsurance) for other services		You pay 100% of the cost until you meet your deductible (except for certain in-network preventive care and prescription drugs); after that, you and the plan share costs (coinsurance) or you pay a copay for some services (Low HDHP only)	

Be at Your Healthiest

Check out these programs from Kaiser Permanente. Visit kp.org for details.

- **Telehealth** – Meet face-to-face with a doctor by video or phone from the comfort of home.
- **Maternity care** – Get help with family planning and fertility services, delivery and postpartum care. Plus you can explore classes and programs.
- **Health goals** – Kaiser Permanente offers a number of tools and resources to help you with your health goals, including wellness coaching and smoking cessation.

Kaiser Permanente HMOs at a Glance

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

You will begin to contribute toward the plan deductibles and out-of-pocket limits on January 1, 2025, and will continue through December 31, 2025.

	KAISER PERMANENTE \$500 PLAN	KAISER PERMANENTE \$2,000 HRA PLAN
	IN-NETWORK ONLY	IN-NETWORK ONLY
2025 Contribution from AEO		
Individual	None	\$500 Health Reimbursement Account contribution
Family	None	\$1,000 Health Reimbursement Account contribution
You Pay		
Deductible (what you pay first for some services)		
Individual	\$500	\$2,000
Family	\$1,000	\$4,000
Out-of-Pocket Maximum¹ (the most you have to pay for eligible services)		
Individual	\$3,000	\$4,000
Family	\$6,000	\$8,000
Preventive Care		
Well-adult visits, well-child visits and immunizations	\$0	\$0
Office Visits		
Telehealth	\$0	\$0
Primary care	\$20	\$20
Specialist	\$20	\$20
Labs and Imaging		
Diagnostic tests (X-rays, bloodwork) and imaging (CT/PET scans, MRIs)	Diagnostic tests: \$10 Imaging: 20% after deductible up to \$150 per procedure	Diagnostic tests: \$10 Imaging: 20% after deductible up to \$150 per procedure
Emergency Services		
Ambulance	\$150 per trip	\$150 per trip
Emergency room	20% after deductible	20% after deductible
Urgent care	\$20	\$20
Hospital		
Inpatient and outpatient	20% after deductible	20% after deductible
Maternity Care		
Office visits and childbirth/delivery	Office visits: \$0 ² Childbirth/delivery: 20% after deductible	Office visits: \$0 ² Childbirth/delivery: 20% after deductible
Mental Health/Substance Abuse		
Inpatient care	20% after deductible	20% after deductible
Outpatient care	Individual visit: \$20 Group visit: \$10 for mental/behavioral health; \$5 for substance abuse	Individual visit: \$20 Group visit: \$10 for mental/behavioral health; \$5 for substance abuse

1 Out-of-pocket maximum includes deductibles, copays (if applicable) and coinsurance.

2 Depending on the type of service, a copay, coinsurance or deductible may apply.

Find a Provider

Visit kp.org and select "Doctors & Locations." You can also call **800-464-4000**.

KAISER PERMANENTE HIGH HDHP		KAISER PERMANENTE LOW HDHP
IN-NETWORK ONLY		IN-NETWORK ONLY
2025 Contribution from AEO		
Individual	\$500 Health Savings Account contribution	\$250 Health Savings Account contribution
Family	\$1,000 Health Savings Account contribution	\$500 Health Savings Account contribution
You Pay		
Deductible (what you pay first for some services)		
Individual	\$1,650	\$3,300
Family	\$3,300	\$6,600
Out-of-Pocket Maximum¹ (the most you have to pay for eligible services)		
Individual	\$3,300	\$5,250
Family	\$6,600	\$10,500
Preventive Care		
Well-adult visits, well-child visits and immunizations	\$0	\$0
Office Visits		
Telehealth	\$0 after deductible	\$0 after deductible
Primary care	10% after deductible	\$30 after deductible
Specialist	10% after deductible	\$50 after deductible
Labs and Imaging		
Diagnostic tests (X-rays, bloodwork) and imaging (CT/PET scans, MRIs)	10% after deductible	Diagnostic tests: \$10 after deductible Imaging: 30% after deductible up to \$150 per procedure
Emergency Services		
Ambulance	10% after deductible	\$100 per trip after deductible
Emergency room	10% after deductible	30% after deductible
Urgent care	10% after deductible	\$30 after deductible
Hospital		
Inpatient and outpatient	10% after deductible	30% after deductible
Maternity Care		
Office visits and childbirth/delivery	Office visits: \$0 ² Childbirth/delivery: 10% after deductible	Office visits: \$0 ² Childbirth/delivery: 30% after deductible
Mental Health/Substance Abuse		
Inpatient care	10% after deductible	30% after deductible
Outpatient care	10% after deductible	Individual visit: \$30 after deductible Group visit: \$15 after deductible for mental/behavioral health; \$5 after deductible for substance abuse

1 Out-of-pocket maximum includes deductibles, copays (if applicable) and coinsurance.

2 Depending on the type of service, a copay, coinsurance or deductible may apply.

Wellness

Get paid for taking steps toward better health! The wellness program provides cash incentives when you complete wellness activities from **January 1, 2025-December 31, 2025**. Check and track your completed goals and earned incentives by logging in to myCigna.com (select "Well-Being"). Once you earn incentives, you can redeem them for gift cards.

Complete Your Health Assessment First

You must complete a Health Assessment first. You'll earn \$50 for completing the Health Assessment. Go to myCigna.com (select "Well-Being" and click on "Health Assessment"). Questions? Call **800-Cigna-24 (800-244-6224)**.

Earn Incentives January 1, 2025-December 31, 2025

WELLNESS PROGRAM INCENTIVES		
Note: Must be enrolled in an AEO medical plan to receive incentives.		
INCENTIVE ACTIVITY	INCENTIVES FOR PRIMARY SUBSCRIBER	INCENTIVE FOR SPOUSE/DOMESTIC PARTNER
Complete a Health Assessment Get the Incentive: Take the Health Incentive at myCigna.com > Well-Being > Get Started.	\$50	\$25
Participate in biometric screening; complete blood pressure, cholesterol, blood sugar, body mass index (BMI) screening Get the Incentive: Complete a form, available at myCigna.com > Well-Being.	\$100	\$50
Preventive screening conducted by provider (annual physical, well-woman exam, mammogram, prostate screening, colon cancer screening) Get the Incentive: You'll need to self-report that you completed the screening. Go to myCigna.com > Well-Being.	\$200	\$100
Total Maximum Incentive Payout	\$350	\$175

PREGNANCY WELLNESS INCENTIVES

Enrolled in a Cigna medical plan? Start your journey to motherhood with the Cigna Healthy Pregnancies, Healthy Babies program. You can earn incentives which you'll receive in your paycheck. The amount you receive depends on when you enroll in the program.

- Enroll in first trimester: **\$400**
- Enroll in second trimester: **\$200**
- Complete a postpartum call: **\$100**

Total Maximum Incentive Payout: \$500

GET THE PREGNANCY WELLNESS INCENTIVES

Cigna members: Call **800-615-2906** and speak to a maternity nurse. The Cigna nurse will update your record once complete.

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

If you're a Kaiser Permanente member: You can earn an incentive for participating in the Kaiser Permanente Maternity Care/Pregnancy Program. Complete an online or in-person class during the first trimester and earn \$400, or earn \$200 if you complete the class in the second trimester.

Prescription DRUGS

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

How the Cigna Plans Work

PPO AND HRA PLANS	HSA PLANS
There's no deductible to meet.	If you haven't met your medical plan deductible, you pay 100% of the cost for prescription drugs.
You pay copays, which differ depending on the drug category. For specialty drugs, you pay coinsurance. For the HRA Plan only, you can use your Health Reimbursement Account to help pay for prescriptions.	After you meet the deductible, you pay copays, which differ depending on the drug category. For specialty drugs, you pay coinsurance. You can use your Health Savings Account to help pay for care.
If you reach your in-network medical out-of-pocket maximum, the plan will pay 100% of your eligible medical and prescription drug expenses for the rest of the plan year.	If you reach your in-network medical out-of-pocket maximum, the plan will pay 100% of your eligible medical and prescription drug expenses for the rest of the plan year.

Filling Your Prescriptions

SHORT-TERM PRESCRIPTIONS

You can fill short-term prescriptions through retail pharmacies. Find the nearest pharmacy by visiting [express-scripts.com](https://www.express-scripts.com) or calling **866-591-3880**.

LONG-TERM PRESCRIPTIONS

If you take maintenance medications for a chronic condition, you'll be automatically enrolled in the Maintenance Choice program to save you money. After your second 30-day fill, you'll be required to get a 90-day supply. You can fill your prescription through the mail-order pharmacy or at a CVS-owned retail pharmacy. If you want to continue getting 30-day fills, you can opt out of the program. However, you'll be responsible for the normal 30-day retail pharmacy cost of your prescription.





Cigna Prescription Drug Benefits at a Glance

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

Note: For the HSA plans, you must meet your deductible first.

PPO AND HRA PLANS		HSA PLANS		
	RETAIL (UP TO A 30-DAY SUPPLY)	MAIL ORDER (UP TO A 90-DAY SUPPLY)	RETAIL (UP TO A 30-DAY SUPPLY)	MAIL ORDER (UP TO A 90-DAY SUPPLY)
Deductible (what you pay first for some services)				
Individual/family	N/A		Combined with medical	
Out-of-Pocket Maximum (the most you have to pay for eligible services)				
Individual/family	Combined with medical		Combined with medical	
What You Pay				
Generic	\$5	\$10	\$5 after deductible	\$10 after deductible
Preferred brand	\$35	\$70	\$35 after deductible	\$70 after deductible
Non-preferred brand	\$60	\$120	\$60 after deductible	\$120 after deductible
Specialty	Generic: 10%, \$100 maximum Formulary: 20%, \$250 maximum Non-formulary: 20%		Generic: 10% after deductible, \$100 maximum Formulary: 20% after deductible, \$250 maximum Non-formulary: 20% after deductible	

Be Informed

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

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

To see the formulary lists for the Cigna plans, visit [myCigna.com](https://www.myCigna.com). For the Kaiser Permanente plans, visit [kp.org](https://www.kp.org).

How the Kaiser Permanente HMOs Work

- There's no deductible to meet.
- You pay set copays for prescriptions.
- Save money on maintenance drugs by using the mail-order program.
- If you reach your in-network medical out-of-pocket maximum, the plan will pay 100% of your eligible medical and prescription drug expenses for the rest of the plan year.
- **\$2,000 HRA:** You can use your Health Reimbursement Account to help pay for prescriptions.
- **High HDHP and Low HDHP:** You can use your Health Savings Account to help pay for prescriptions.

Kaiser Permanente HMO Prescription Drug Benefits at a Glance

Here's a look at what you'll pay when you need a prescription filled. Find a network pharmacy at kp.org or call **800-464-4000**.

ALL KAISER PERMANENTE HMOs		
	RETAIL (UP TO A 30-DAY SUPPLY)	MAIL ORDER (UP TO A 100-DAY SUPPLY)
Deductible (what you pay first for some services)		
Individual/family		N/A
Out-of-Pocket Maximum (the most you have to pay for eligible services)		
Individual/family		Combined with medical
What You Pay		
Generic	\$10 ¹ (Low HDHP: \$15)	\$20 ¹ (Low HDHP: \$30)
Preferred brand	\$30 ¹	\$60 ¹
Non-preferred brand	\$30 ²	\$60 ²
Specialty	20% up to \$250	Not covered

1 No charge for contraceptives

2 You pay the same cost for non-preferred brand drugs as for preferred brand drugs when approved through the formulary exception process.



More Ways To Save

If you're enrolled in an AEO medical plan, you can save money on prescriptions with Rx Savings Solutions. You'll get suggestions on ways to save, such as:

- Same prescription at a different pharmacy
- Same prescription in a different form (such as capsule or tablet)
- Different prescription that offers the same treatment

Register for this benefit at myrxss.com.

Questions? Call **800-268-4476** or email

support@rxsavingsolutions.com.

Mental HEALTH



Life is full of ups and downs. Our mental health benefits are designed to help you get the support you need.

For All Associates

HEADSPACE

The Headspace app offers evidence-based meditation and mindfulness tools, as well as mental health coaching. You'll get tips to help you create life-changing habits to support your mental health and happiness.

Visit work.headspace.com/aeo/member-enroll. You and two friends or family members (age 18 or older) can download the app for free.

If You're Enrolled in a Cigna Plan

Check out these apps and resources.

- **Happify** is an app with science-based games and activities that can help you defeat negative thoughts, reduce stress and anxiety and boost your health. Download the free app at happify.com/Cigna.
- With **iPrevail**, you can access a network of mental health support. Work through interactive lessons, chat with peer support coaches and join community support groups. Sign up for iPrevail using your [myCigna.com](https://mycigna.com) username and password at my.cigna.com/web/public/ipreval.
- **Brightline** offers support for families. Trained therapists can help your kids with everything from self-confidence to anxiety to depression. Plus, you can get parent coaching. Visit hellowrightline.com/benefits.



If You're Enrolled in a Kaiser Permanente Plan

Get help with anxiety, stress, sleep, mood and more. **Calm** is the No. 1 app for meditation and sleep. Choose from hundreds of guided meditations and Sleep Stories. Visit kp.org/selfcareapps to access the Calm app.

Live Well

Get Help

Legal assistance
Financial • Parenting
Elder care • Pet care
Identity theft

Made for You



Our AEO programs are here to help you live well – physically and mentally. Our CONFIDE Employee Assistance Program (EAP), provided by Cigna, offers free confidential support for everyday challenges and for more serious problems. It's available to you and your household members, even if you're not enrolled in an AEO medical plan.

Call **844-338-4232** or visit **myCigna.com**.

**10 face-to-face
or telephone
visits per issue**

Dental

Dental benefits are provided through Delta Dental. You have 3 options:

LOW DPPO • HIGH DPPO • DELTACARE USA (DHMO) (available depending on where you live)

How are the plans alike?

ALL PLANS

- Pay 100% for preventive care
- Provide coverage for preventive, basic, major care and orthodontia

Find a Provider

Find a Delta Dental provider by visiting deltadentalins.com or calling **800-932-0783**. For the Low and High DPPO, you will not receive a dental ID card, but you can print one from the Delta Dental website. For the DHMO, you will receive an ID card.

How are the plans different?

LOW AND HIGH DPPO

- Allow you to see any dentist but offer savings when you use a Delta Dental network provider
- You meet the deductible (except for preventive care) and then pay a percentage of the cost
- The High DPPO provides a higher level of benefits than the Low DPPO, so the premiums are higher

DELTACARE USA DHMO

- Must use a DeltaCare USA network provider (no out-of-network coverage)
- There's no deductible to meet
- You pay a fixed fee according to the patient charge schedule

Dental Plans at a Glance

	LOW DPPO		HIGH DPPO		DELTACARE USA (DHMO)
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
Deductible (what you pay first for some services)					
Individual	\$50	\$50	\$50	\$50	None
Family	\$150	\$150	\$150	\$150	None
Annual Benefit Maximum (the most the plan will pay in a calendar year)					
Per person	\$1,250	\$1,250	\$1,500	\$1,500	No maximum
Orthodontia Lifetime Maximum					
Per person	\$1,500	\$1,500	\$3,000	\$3,000	No maximum
What You Pay					
Diagnostic & preventive (exams, cleanings, X-rays)	\$0, no deductible	10%, no deductible	\$0, no deductible	10%, no deductible	\$0 for routine cleaning, X-rays, oral exams
Basic (fillings, extractions, oral surgery)	20% after deductible	30% after deductible	\$0 after deductible	10% after deductible	Set fee based on patient charge schedule
Major (crowns, bridges, dentures, implants)	50% after deductible	60% after deductible	20% after deductible	30% after deductible	
Orthodontia (children and adults)	50% after deductible	60% after deductible	20% after deductible	30% after deductible	

Vision

Vision coverage is offered through VSP. You can choose from 3 plans:

STANDARD PLAN • PREMIUM PLAN • PREMIUM PLUS PLAN

How are the plans alike?

ALL PLANS

- Allow you to use any provider but offer savings when you use a VSP network provider
- Provide coverage for routine eye exams and eyeglasses or contacts
- Offer savings and discounts on certain glasses and contacts at eyeconic.com

Vision Plans at a Glance

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

	STANDARD PLAN	PREMIUM PLAN	PREMIUM PLUS PLAN ¹
What You Pay			
Eye Exam (once every calendar year)			
WellVision exam	\$10 (up to \$39 copay for routine retinal screening)	\$10 (up to \$39 copay for routine retinal screening)	\$10 (up to \$39 copay for routine retinal screening)
Eyeglass Frames (Standard Plan: once every other calendar year; Premium and Premium Plus Plan: once every calendar year)			
Frames	\$0, then all amounts over \$180 frame allowance ²	\$0, then all amounts over \$220 frame allowance ³	\$0, then all amounts over \$220 frame allowance ³
Lenses (once every calendar year)⁴			
Single vision, lined bifocal, lined trifocal lenses	\$0	\$0	\$0
Contact Lenses (once every calendar year in place of glasses)			
Contact lens exam (fitting and evaluation)	Up to \$25	Up to \$25	Up to \$25
Contacts	\$0, then all amount over \$180 allowance	\$0, then all amount over \$220 allowance	\$0, then all amount over \$220 allowance

1 The Premium Plus Plan offers some enhanced benefits, such as a second pair of glasses or contacts and a \$0 copay for polycarbonate and UV coating.

2 You get a \$230 allowance for featured frame brands and a \$100 allowance for Walmart®, Sam's Club® or Costco®. You get a 20% discount on all amounts over the plan allowance.

3 You get a \$270 allowance for featured frame brands and a \$115 allowance for Walmart®, Sam's Club® or Costco®. You get a 20% discount on all amounts over the plan allowance.

4 There is an additional charge for some lens enhancements such as certain progressive lenses.

Not enrolling in vision?

If you don't enroll in a vision plan, you're automatically enrolled in the VSP Vision Savings Pass (a discount savings program) at no charge. You'll get special pricing on eye exams, glasses and sunglasses. For more details, visit vsp.com or call **800-877-7195**.

How are the plans different?

PREMIUM PLAN AND PREMIUM PLUS PLANS

- Offer some enhanced benefits, so your paycheck contributions are higher
- **Premium Plan:** Higher frame and contact lens allowance compared to Standard Plan
- **Premium Plus Plan:** Get a second pair of glasses or contacts; additional lens benefits such as \$0 copay for polycarbonate lenses and UV coating

Find a Provider

Visit vsp.com or call **800-877-7195**. There's no ID card necessary – just tell your provider that you have VSP insurance.

Health Savings ACCOUNT (HSA)

An HSA* is a tax-advantaged account available if you enroll in a High Deductible Plan: Cigna HSA Plan, Cigna Economy HSA Plan or Kaiser Permanente High HDHP or Low HDHP.

How the HSA Works

1

YOUR ACCOUNT IS OPENED

When you enroll in a High Deductible Plan, your HSA is automatically opened. You'll receive an HSA debit card that you need to activate to receive your HSA contributions from AEO. (If you're already enrolled in a High Deductible Plan, you'll keep using the same HSA.)

- **Cigna plans:** Your HSA is managed by HSA Bank. Access your account through your myCigna.com account or mobile app.
- **Kaiser Permanente HMOs:** Your HSA is managed by Wex, Inc. Access your account at kp.org/healthpayment and the KP Balance Tracker app.

2

START WITH MONEY FROM AEO

AEO will add money to your account within 4 weeks of your enrollment. You'll receive the full amount for the year up front. This amount is prorated for new hires.

- **Cigna HSA Plan or Kaiser Permanente High HDHP:** \$500 for individual coverage or \$1,000 for family coverage
- **Cigna Economy HSA Plan or Kaiser Permanente Low HDHP:** \$250 for individual coverage or \$500 for family coverage

3

ADD MONEY OF YOUR OWN

Decide how much (if any) you want to contribute, up to IRS limits.

- You can contribute up to \$4,300 for individual coverage or \$8,550 for family coverage. AEO's contributions count toward this annual maximum.
- If you'll be age 55 by December 31, 2025, you can contribute an additional \$1,000.
- Your contributions are taken out of your paycheck before taxes.
- You can change your contributions any time during the year through the Benefitfocus portal.

4

PAY FOR HEALTH CARE

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

5

INVEST FOR THE FUTURE

Think of your HSA as a savings plan for health care. Once your HSA reaches a balance of \$2,000, you can invest your funds in a wide variety of options. There is no tax on HSA interest or investment growth. There are fees for investments or trades.

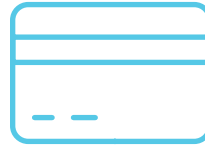
* You must meet all eligibility requirements for the HSA. No one can claim you as a dependent on their taxes, you can't be enrolled in Medicare or Tricare and you can't be enrolled in or covered by another person's general purpose Health Care Flexible Spending Account (FSA) or health coverage.

HSA Fast Facts



TAX ADVANTAGES X 3

- Pre-tax savings
- Tax-free earnings
- Tax-free withdrawals for eligible expenses



PICK HOW TO PAY

- Use the debit card that you'll receive in the mail. Make sure you activate it!
- Pay out of pocket and fill out a form to be reimbursed.

KNOW WHO'S COVERED

You can use your HSA to pay for eligible expenses for you, your spouse and your tax dependents (including your children up to age 19, or age 24 if a full-time student), even if they're not covered under your AEO medical plan.

The fine print: While the AEO medical plans cover eligible children up to age 26, the IRS has different rules for HSAs. Expenses for your same-sex domestic partner are only eligible if they're considered your tax dependent.



WHAT'S AN ELIGIBLE EXPENSE

Eligible expenses include:

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

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

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



IT'S ALWAYS YOURS!

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

CHECK YOUR BALANCE

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



A REALLY IMPORTANT STEP

Make sure you designate a beneficiary for your HSA.

Health Reimbursement

ACCOUNT (HRA)

A Health Reimbursement Account (HRA) is a tax-advantaged account available if you enroll in the Cigna HRA Plan or the Kaiser Permanente \$2,000 HRA Plan.

How the HRA Works

1

GET MONEY FROM AEO

AEO will automatically set up your HRA if you enroll in an HRA medical plan. You'll receive \$500 for individual coverage or \$1,000 for family coverage. You receive the full amount for the year up front. Only AEO funds the HRA – you can't add money of your own.

2

PAY FOR HEALTH CARE

You'll receive a debit card to use for eligible health care expenses. (If you're already enrolled in an HRA plan, you can keep using the same debit card.) Eligible expenses include out-of-pocket medical, prescription drug and dental expenses, such as copays, coinsurance and deductibles.

HRA FAQs

CAN I ADD MONEY OF MY OWN?

No, the HRA is funded by AEO only.

IS IT USE-IT-OR-LOSE IT?

No. Your balance will roll over from year to year as long as you remain enrolled in an HRA medical plan. Your balance is capped at \$2,500 for individual coverage or \$5,000 for family coverage.

CAN I TAKE MY BALANCE WITH ME?














No, you can't take your HRA balance with you if you leave AEO.

DOES THE HRA MONEY FROM AEO COUNT AS TAXABLE INCOME?

No, HRA funds are not counted as taxable income to you.

HSA, HRA, FSA

WHAT'S THE DIFFERENCE?

	HEALTH SAVINGS ACCOUNT (HSA)	HEALTH REIMBURSEMENT ACCOUNT (HRA)	HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)
Paired with	High Deductible Plan: Cigna HSA or Economy HSA Plan, or Kaiser Permanente High or Low HDHP	HRA Plan: Cigna HRA or Kaiser Permanente \$2,000 HRA	Anyone not enrolled in an HSA (can be enrolled in HMO, PPO, HRA plan or no medical plan) ¹
Does AEO contribute?	 <p>Cigna HSA Plan or Kaiser Permanente High HDHP: \$500 for individual coverage or \$1,000 for family coverage</p> <p>Cigna Economy HSA Plan or Kaiser Permanente Low HDHP: \$250 for individual coverage or \$500 for family coverage</p>	 <p>\$500 for individual coverage or \$1,000 for family coverage</p>	
Can I contribute?	 <p>Up to \$4,300 for individual coverage or \$8,550 for family coverage (AEO's contributions count toward this annual maximum)</p>		 <p>Up to \$3,300</p>
Does my balance carry over from year to year?		 <p>Balance is capped at \$2,500 for individual coverage or \$5,000 for family coverage</p>	 <p>Carry over up to \$660</p>  <p>Lose any amounts over \$660</p>
Can I take it with me if I leave AEO?			

¹ If you're enrolled in a High Deductible Plan, you can contribute to a Limited Purpose FSA that you can use for dental and vision expenses.

Flexible Spending ACCOUNTS (FSAs)

AEO offers FSAs, administered by HealthEquity/WageWorks, to help you save on taxes for health care and dependent care:

HEALTH CARE FSA OR LIMITED PURPOSE FSA • DEPENDENT CARE FSA

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

How These Accounts Work

1

DECIDE HOW MUCH TO CONTRIBUTE

Your contributions come out of your paycheck before taxes.

- **Health Care FSA or Limited Purpose FSA:** Between \$260 and \$3,300 a year*
- **Dependent Care FSA:** Between \$500 and \$5,000 a year (\$2,500 if you are married but file separate tax returns)*

2

PAY FOR ELIGIBLE EXPENSES

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

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

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

3

PLAN CAREFULLY!

If you don't use all of your Health Care FSA or Limited Purpose FSA funds by the end of the plan year, you'll be able to carry over \$660 to the next plan year. Any remaining amount over \$660 will be forfeited. There's no carryover with the Dependent Care FSA.

4

PAY ATTENTION TO DEADLINES

Health Care and Limited Purpose FSA: The deadline to use your FSA dollars is December 31, 2025. You have until March 31, 2026, to request reimbursement and file claims. Any remaining amount will be forfeited. (Remember, you can carry over \$660.)

Dependent Care FSA: You have until March 15, 2026, to incur 2025 expenses. 2025 claims must be submitted by March 31, 2026. Any remaining amount will be forfeited.

Know the Rules

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

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

FSA's at a Glance

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



HSA + Limited Purpose FSA

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

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

PLANNING FOR The Future

Dreaming is good, but planning is better. Here's how AEO can help you have the future you want.

A Really Great Way To Save: 401(k) Plan

The American Eagle Outfitters, Inc. Profit Sharing & 401(k) Plan (administered by Fidelity) can be one of the best ways to save for retirement.

HOW THE PLAN WORKS

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

- **You're in!** After you meet the requirements* (age 20 and after 30 days of employment), you're automatically enrolled on the first day of the next month. You'll be enrolled at a 3% pre-tax contribution rate unless you opt out or make a change. You can contribute between 1% and 50% of your eligible pay, up to IRS annual limits.
- **Get the Company match.** To encourage you to save, AEO matches your contributions (see below).
- **Save more when you can.** It's okay to start small! Use features like Auto-Increase to help you gradually save more. If you don't make a change, your pre-tax contributions will automatically increase 1% each year until you reach 6%.
- **Choose your investments.** You can choose from a wide variety of investments that work best for your age, risk tolerance and how long you have until you retire.
- **Make changes when you need to.** You can change your contribution rate or investments anytime during the year.
- **Name a beneficiary.** Your beneficiary is the person(s) who receives your retirement account balance in the event of your death. Not having a beneficiary on file can cause confusion and make things harder for your loved ones.

* Leased associates, non-resident aliens with no U.S.-source income, associates principally employed in Puerto Rico, collectively bargained associates and associates who do not qualify as an "eligible employee" as defined in the most current Plan Document for AEO's Profit Sharing & 401(k) Plan are not eligible for the Plan.

SAVING BASICS

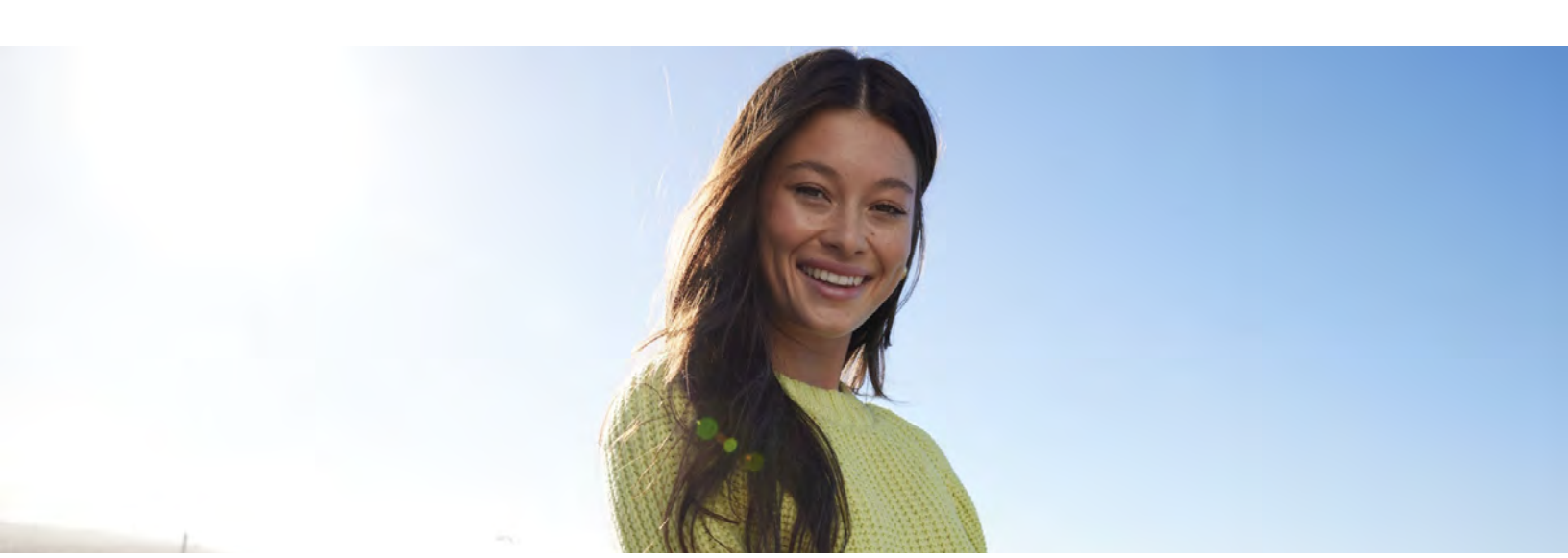
You can make different types of contributions.

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

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

Get Paid To Save!

AEO will match 100% of the first 3% of your pay plus an additional 25% of the next 3% of pay that you contribute to the Plan. Save at least 6% to get the full 3.75% match from AEO. You're eligible for the Company match after 1 year of service. You're vested in (e.g., you own) the Company match after 2 years of service.



Employee Stock Purchase Plan (ESPP)

The Employee Stock Purchase Plan (ESPP) allows you to purchase AEO stock through payroll deductions with after-tax dollars. This is a way for you to share in the potential future growth and profitability of the Company and an affordable way to begin investing.

- **If you are at least 18 years of age**, you are eligible to enroll after your 60th day of employment.
- **To enroll in the ESPP**, log on to netbenefits.com or contact Fidelity at **800-544-9354** by the 19th of the month to be effective for the following month's enrollment. Changes in deductions can also be made at this time each month.
- **The minimum contribution is \$5 per pay period.** You can contribute any amount you wish.
- **AEO will match 15% up to the first \$100 per pay period** (a maximum match of \$15 each period).
- **You are immediately vested** and own all your stock from day one.
- **Please note that you are responsible for paying the fees** related to the sale of your stock. Be sure to keep all quarterly statements for your records.

Wealth Planning Services

AEO provides wealth planning services through Fidelity at no cost to you and your family.

Wealth planning services include:

- Investment strategy
- Retirement planning
- Income protection (disability, premature death protection, outliving income)
- Asset protection (estate planning, wills, trusts, wealth transfer, charitable giving)
- Family conversations (education, living expenses, assisting parents and relatives)

To find a Fidelity location near you or to schedule a call, go to Fidelity.com/branchlocator.

Learn More

Visit netbenefits.com.
For the 401(k) Plan, call **800-835-5095**.
For the ESPP, call **800-544-9354**.





Life and AD&D

To protect your family, AEO offers these benefits through Aflac:

BASIC LIFE • SUPPLEMENTAL LIFE • BASIC AD&D • SUPPLEMENTAL AD&D

Life Insurance

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

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

Note: An age reduction schedule will apply starting at age 70. Please contact Aflac for more details.

Accidental Death & Dismemberment (AD&D) Insurance

AD&D pays a benefit if you die or suffer a serious injury due to an accident. AEO pays 100% of the cost for Basic AD&D for you. You can purchase Voluntary AD&D for additional protection.

Important Terms To Know

A beneficiary is the person that you designate to receive your benefits in the event of your death. Remember to complete or update your beneficiary designation on the Benefitfocus portal.

Evidence of Insurability (EOI) is a statement of health that insurance companies may require before your life insurance will be effective. You'll need to provide EOI if:

- You elect Supplemental Life of 3-5x your annual base salary.
- Your spouse or domestic partner wants to elect coverage of more than \$40,000 or increase by more than 1 benefit level.
- If you did not enroll when first eligible and later want to enroll.



Life and AD&D Benefits at a Glance

BENEFIT	AMOUNT	DETAILS
Basic coverage (automatically enrolled; paid by AEO)		
Basic Life	100% of your annual compensation	\$1 million maximum
Basic AD&D	50% of your annual compensation	\$500,000 maximum
Optional coverage, in addition to Basic coverage (paid by you)		
Supplemental Life for you	1-5x your annual compensation	\$500,000 maximum
Supplemental Life for your spouse/ domestic partner	\$10,000, \$20,000, \$40,000 or \$100,000	Coverage for your spouse/domestic partner and children can't exceed 100% of your associate Basic & Supplemental Life benefits
Supplemental Life for your children ¹	\$10,000 or \$20,000	
Voluntary AD&D for you	1-5x your annual compensation	\$500,000 maximum

¹ Unmarried dependent children from birth to 26 years old are eligible for coverage. When you elect child life, all of your eligible children are covered.

Don't Miss These Benefits!

Take advantage of these services available at no cost to you as part of your life insurance benefits.

- **Empathy benefits** – Get help and emotional support for various challenges that follow a loss, as well as pre-planning services such as funeral planning, will preparation, probate guidance, estate administrations, bereavement concierge and last wish resources. Visit empathy.com/partner/aflac or download the app and use code: Aflac.
- **Beneficiary survivorship benefits** – Find guidance on how to navigate the death of a loved one and close out their affairs with Iris' Beneficiary Companion. Call **800-759-9504**.
- **Emergency assistance services** – If you're traveling and need emergency assistance, contact World Travel Protection (WTP). The 24/7 call center can put you in touch with the medical, legal or security help you need or provide an interpreter for you. Call **800-759-9504** for more information.



Disability



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

SHORT-TERM DISABILITY • LONG-TERM DISABILITY

Short-Term Disability

Short-Term Disability replaces part of your pay if a non-work-related illness or injury prevents you from working for a short period of time. AEO provides Short-Term Disability at no cost to you.

The first 7 days of disability are considered a "waiting period." You can use your PTO to satisfy the waiting period. Check with your local HR/Benefits contact for more details.

Long-Term Disability

Long-Term Disability replaces a portion of your pay if a non-work-related illness or injury prevents you from working for a long period of time. AEO provides Long-Term Disability at no cost to you.

The plan replaces a portion of your earnings until you are no longer disabled or until you reach the maximum benefit period.

Note: AEO automatically enrolls you for a non-taxable disability benefit. This means if you receive a disability benefit, it will not be subject to federal, state and local taxes.

	SHORT-TERM DISABILITY ¹	LONG-TERM DISABILITY ¹
Benefits begin	After 7 days (on 8th day of disability)	After 26 weeks of approved disability
Plan pays ²	75% of your pay, up to \$3,692 per week	50% of basic monthly earnings, up to \$30,000 per month
Benefits continue	Up to 26 weeks	Generally, until you reach age 65 or are no longer disabled

¹ Active-at-work provisions apply.

² Disability benefits may be offset by other disability income you receive, such as Workers' Compensation, Social Security, or state or federal disability benefits.

How do I know if I need to file a Short-Term Disability claim?

If you are going to be off work for more than 5 consecutive days due to illness, injury or surgery, you may be eligible for Short-Term Disability.

You must notify your supervisor as soon as possible for a sudden, unplanned leave and at least 30 days before a planned leave. After you notify your supervisor, contact Aflac at **844-440-1063** or visit mygrouplifedisability.aflac.com to start your disability claim.

Leaves of Absence

If you need time away from work because of medical or personal reasons, you may be able to take a leave of absence.

FAMILY MEDICAL LEAVE (FMLA)*

Get up to 12 weeks of job-protected leave for family or medical reasons (including to care for your same- or opposite-sex domestic partner) or up to 26 weeks for certain military leaves during a 12-month period. The leave is unpaid unless you qualify for Short-Term Disability or Workers' Compensation benefits. If your leave is unpaid, you can use any available PTO.

CAREGIVER LEAVE*

You can take a paid Caregiver Leave to care for a spouse, domestic partner, child or parent with a serious health condition. Leaves can be taken in as little as 1-day increments or up to 4 weeks in a 12-month period.

* To be eligible for this leave, you must have 1 year of service and have worked 1,250 hours.

NEW DEPENDENT LEAVE*

If you've used all 12 weeks of FMLA, you can request additional time to spend at home with your newborn, adopted or foster child. You can get up to 4 weeks of New Dependent Leave, which must be taken all at once. You can take this leave up to 1 year from your child's birth, adoption or foster placement. The leave is unpaid, but you can use available PTO or borrow up to 80 hours of PTO.

PARENTAL LEAVE

Take paid time off to care for and bond with your child. If you have 30 consecutive days of full-time service, you're eligible for 8 weeks of 100%-paid Parental Leave.

MILITARY LEAVE

You may be eligible for this leave option if you're called to duty and need time away from work to serve. You'll receive the difference between your average pay while working and the pay received for military service (called the "differential benefit").

PERSONAL LEAVE

If you've completed at least 6 months of service, you may be eligible for up to 30 days of unpaid leave to take care of personal issues. You must provide the reason in writing and the request will be reviewed by your Supervisor and the Benefits Department.

How To File a Leave of Absence

1

Notify your supervisor immediately.

2

If you have questions, call the Benefits Department at **724-779-5678**, option 6.

3

Contact Aflac at 844-440-1063 or visit **mygrouplifedisability.aflac.com/personal**.

Supplemental MEDICAL INSURANCE

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

CANCER/CRITICAL ILLNESS INSURANCE • ACCIDENT INSURANCE • HOSPITAL INDEMNITY INSURANCE

These plans have low weekly premiums that can help fill financial gaps where you may need extra coverage. These benefits are offered through Voya. You enroll for these benefits on the Benefitfocus portal.

How the Plans Work

- You enroll for each of these benefits separately.
- You purchase coverage with after-tax payroll deductions, making benefits paid tax free.
- If you leave AEO or retire, you can continue this coverage.
- You can enroll yourself and your eligible family members.
- Benefits are paid directly to you.
- Make sure you name a beneficiary.
- You'll file a claim when you need to access these benefits.

See Your Costs

You can see your costs for coverage when you enroll in the Benefitfocus portal.

Supplemental Medical Insurance Benefits at a Glance

	CANCER/CRITICAL ILLNESS INSURANCE ^{1,2} (CHOOSE \$5,000, \$10,000, \$20,000 OR \$30,000)	ACCIDENT INSURANCE	HOSPITAL INDEMNITY INSURANCE
How it helps	Pays a cash benefit directly to you if you're diagnosed with a covered critical illness or cancer. Use your cash benefit to help pay for treatment or everyday living expenses.	Pays a cash benefit directly to you to help with unexpected costs due to an off-the-job covered accident. This includes expenses like emergency room visits and physical therapy.	Pays a cash benefit directly to you during a covered hospitalization to help with related expenses. These expenses include things like transportation and meals for family members, help with childcare or time away from work.
What it covers	More than 20 conditions including cancer, heart attack, stroke and kidney failure	ER treatment, X-rays, physical therapy, stitches and follow-up doctor treatment	The plan pays set benefits for hospital admissions (including pregnancy), hospital confinements and inpatient rehabilitation.
Wellness benefits	Receive up to \$75 for getting a covered wellness screening		Receive up to \$50 for getting a covered wellness screening

¹ Your dependent children are covered at 50% of your coverage level for no additional cost.

² Additional occurrences must be separated by at least 6 months. Reoccurrences must be separated by 6 months or 6 months treatment-free for cancer.

Other Benefits

Check out these additional benefits.



BENEFITHUB

Explore BenefitHub, AEO's easy-to-use marketplace for discounts and voluntary benefits.

- **Find deals** on the brands you know and love.
- **Get discounts** on sporting events, theme parks, travel, hotels, restaurants, cars and more.
- **Earn cashback rewards** from 2% to 20% on everyday purchases and big-ticket items.
- **Compare rates and shop for additional voluntary benefits**, such as auto insurance¹, home/renters insurance¹, identity theft protection through Allstate, legal benefits through Legal Shield, pet Insurance through ASPCA and Nationwide and no-interest loans through Zebit.

Visit aio.benefithub.com/welcome/signup to complete your registration and start saving today. You can also call **866-222-8789** or email wtw@benefithub.com with questions.

COMMUTER BENEFITS²

The Commuter Benefits account helps you save on eligible expenses related to your commute by allowing you to set aside tax-free dollars through payroll deductions. You can use your contributions to pay for expenses related to parking, ridesharing and mass transit.

You can contribute up to \$325 per month before taxes for transit and parking expenses. You can sign up or make changes any time. You can also cancel any time before the monthly cutoff (which varies based on your location and method of transit).

To enroll in Commuter Benefits, visit wageworks.com or call **877-924-3967**.

LEGAL BENEFITS

You can purchase affordable legal coverage through MetLife Legal Plan. You'll enroll for this benefit on the Benefitfocus portal. Get help with personal legal matters such as buying or selling a home, wills and power of attorney, dealing with identity theft and adoption. You'll pay \$17.50 per month.

Learn more at

legalplans.com/whyenroll
or call **800-821-6400**.

OTHER BENEFITS YOU DON'T WANT TO MISS

Visit the Benefitfocus portal for more details about these benefits:

- **Tuition reimbursement** – Get reimbursed for accredited undergraduate or graduate college/university courses.
- **Candidly student loan debt solutions** – Find help to pay off your student debt and lower your monthly loan payments.
- **Paid Time Off (PTO)** – Take paid time off to rest and recharge.

¹ These benefits are not currently available in Puerto Rico or Hawaii.

² Commuter benefits are available if you live in New York; New Jersey; San Francisco, California; Washington, D.C.; or Philadelphia, Pennsylvania.

COSTS FOR Coverage

YOUR BIWEEKLY PAYCHECK COSTS FOR MEDICAL COVERAGE

Cigna Medical Plans

	CIGNA PPO PLAN	CIGNA HRA PLAN	CIGNA HSA PLAN	CIGNA ECONOMY HSA PLAN
Associate	\$98.43	\$44.04	\$54.39	\$27.28
Associate + 1	\$195.84	\$87.05	\$108.78	\$54.55
Associate + Family	\$294.26	\$130.06	\$163.16	\$81.83

Kaiser Permanente Medical Plans (available in certain locations)

	KAISER PERMANENTE \$500 PLAN	KAISER PERMANENTE \$2,000 HRA PLAN	KAISER PERMANENTE HIGH HDHP	KAISER PERMANENTE LOW HDHP
Associate	\$93.00	\$42.00	\$52.00	\$17.00
Associate + 1	\$185.00	\$84.00	\$103.00	\$33.00
Associate + Family	\$278.00	\$123.00	\$152.00	\$49.00

YOUR BIWEEKLY PAYCHECK COSTS FOR DENTAL COVERAGE

	LOW DPPO	HIGH DPPO	DELTACARE USA (DHMO) - AVAILABLE IN CERTAIN LOCATIONS
Associate	\$9.00	\$15.00	\$5.00
Associate + 1	\$17.00	\$31.00	\$12.00
Associate + Family	\$23.00	\$47.00	\$18.00

YOUR BIWEEKLY PAYCHECK COSTS FOR VISION COVERAGE

	STANDARD PLAN	PREMIUM PLAN	PREMIUM PLUS PLAN
Associate	\$2.77	\$4.49	\$7.82
Associate + 1	\$5.52	\$8.97	\$15.63
Associate + Family	\$8.91	\$14.43	\$25.16

Contacts

BENEFIT	CONTACT INFO
Benefits Enrollment	
Enrolling	AEOBenefits.com
Benefit Questions	
Benefits Department	724-779-5678, option 6 benefits@ae.com
Medical and Prescription Drugs	
Cigna	myCigna.com 800-Cigna-24 (800-244-6224)
Kaiser Permanente	kp.org 800-464-4000
Employee Assistance Program	
Cigna	myCigna.com 844-338-4232 Employer ID: aeo
Dental	
Delta Dental	deltadentalins.com 800-932-0783
Vision	
VSP	vsp.com 800-877-7195
Health Savings Account (HSA)	
Cigna plans: HSA Bank	myCigna.com
Kaiser Permanente plans: Wex, Inc.	kp.org/healthpayment
Flexible Spending Accounts (FSAs)	
HealthEquity/WageWorks	wageworks.com 877-924-3967
401(k) Plan and Employee Stock Purchase Plan (ESPP)	
Fidelity	netbenefits.com 401(k): 800-835-5095 ESPP: 800-544-9354
Life, AD&D and Disability	
Aflac	mygrouplifedisability.aflac.com 844-440-1063
Supplemental Insurance	
Voya	presents.voya.com/EBRC/AEO 877-236-7564
Discounts	
BenefitHub	aeo.benefithub.com/welcome/signup wtw@benefithub.com 866-222-8789
Commuter Benefits	
HealthEquity/WageWorks	wageworks.com 877-924-3967
Legal Plan	
MetLife	legalplans.com/whyenroll 800-821-6400

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PLATFORMS

This document is designed as a reference to help eligible associates enroll for benefits and answer many benefit questions. The legal documents and insurance contracts governing these plans will determine your benefits in the event of any omissions or discrepancies. Your participation in these plans is not a contract of employment and does not guarantee your future employment. American Eagle Outfitters, Inc. has the right to change or alter any benefits that are available to Associates listed or not listed in this summary. This summary does not in any way guarantee benefits for all Associates. It is only used for a summary of available benefits while employed with American Eagle Outfitters, Inc.