

2026-2027 Benefits Information

for SALARIED CONSULTANTS



Medical Plan

for all SALARIED CONSULTANTS

Summary of Benefits

This is a summary of the four options you can elect to enroll in. Please refer to the summary plan description (SPD) for all benefit plan provisions and limitations. The SPD governs all benefit plan determinations.

IN-NETWORK PLAN

Plan Provision	Platinum Plan	Gold Plan	Silver Plan	HSA Plan
Deductible	N/A	N/A	\$1,500/\$3,000 most services	\$2,000/\$4,000
Co-Insurance	N/A	N/A	80% - 20%	100%
Out of Pocket	\$1,500/\$3,000	\$2,500/\$5,000	\$4,000/\$8,000	\$4,000/\$8,000
Preventive Care	100%	100%	100%	100%
Physician Office-PCP	\$25	\$25	\$30	subject to deductible
Office Visit-Specialist	\$40	\$40	\$50	subject to deductible
Lab	100%	100%	100%	subject to deductible
Imaging	100%	\$50	\$50	subject to deductible
In-Patient Hospital	100%	\$100 Per Day/5 Days	Deductible/Co-Ins	subject to deductible
Out-Patient Hospital	100%	100%	Deductible/Co-Ins	subject to deductible
Ambulatory Surgical Ctr.	100%	\$150	Deductible/Co-Ins	subject to deductible
ER	\$50	\$100	\$150	subject to deductible
SNF/Hospice/Rehab.	100%	100%	Deductible/Co-Ins	subject to deductible
Chiropractic	\$40 Specialist Co-Pay \$1,000 Max Per Year 20 visits	\$40 Specialist Co-Pay \$1,000 Max Per Year 20 visits	\$50 Specialist Co-Pay \$1,000 Max Per Year 20 visits	subject to deductible
PT/OT/Speech/Mental Health/Substance	\$40 Medical Necessity 20 visits	\$40 Medical Necessity 20 visits	\$50 Medical Necessity 20 visits	subject to deductible

PRESCRIPTION DRUG PLAN THROUGH EmpiRx

Plan Provision	Platinum Plan	Gold Plan	Silver Plan	HSA Plan
Deductible	\$50 Per Person Per Year	\$50 Per Person Per Year	\$150 Per Person Per Year	\$2,000/\$4,000
Generic	\$30	\$30	\$30	\$30 after deductible
Preferred Brand	\$40	\$40	\$40	\$40 after deductible
Non-Preferred Brand	\$70	\$70	\$85	\$70 after deductible
Mail Order	2 Co-Pays for 90 days	2 Co-Pays for 90 days	2 Co-Pays for 90 days	2 Co-Pays for 90 days

OUT-OF-NETWORK PLAN

Plan Provision	Platinum Plan	Gold Plan	Silver Plan	HSA Plan
Deductible	\$1,000/\$2,000	\$1,250/\$2,500	No Out-of-Network Coverage	\$2,000/\$4,000
Co-Insurance	80%-20%	70%-30%		70%
Co-Insurance Maximum	\$4,000/\$8,000	\$6,000/\$12,000		\$6,000/\$12,000
Max. Out of Pocket	\$5,000/\$10,000	\$7,250/\$14,500		\$8,000/\$16,000
Preventive Care	Deductible & Co-Ins	Deductible & Co-Ins		Deductible & Co-Ins
Physician Office-PCP	Deductible & Co-Ins	Deductible & Co-Ins		Deductible & Co-Ins
Office Visit-Specialist	Deductible & Co-Ins	Deductible & Co-Ins		Deductible & Co-Ins
Lab	Deductible & Co-Ins	Deductible & Co-Ins		Deductible & Co-Ins
Imaging	Deductible & Co-Ins	Deductible & Co-Ins		Deductible & Co-Ins
In-Patient Hospital	Deductible & Co-Ins	Deductible & Co-Ins		Deductible & Co-Ins
Out-Patient Hospital	Deductible & Co-Ins	Deductible & Co-Ins		Deductible & Co-Ins
Ambulatory Surgical Ctr.	Deductible & Co-Ins	\$150		\$150
ER-Life Threatening	\$50 then 100%	\$100 then 100%		\$100 then 100%
ER-Non-Life Threatening	Deductible & Co-Ins	Deductible & Co-Ins		Deductible & Co-Ins
SNF/Hospice/Rehab.	Deductible & Co-Ins	Deductible & Co-Ins		Deductible & Co-Ins
Chiropractic	Deductible & Co-Ins \$1,000 Max Per Year Medical Necessity 20 Visits	Deductible & Co-Ins \$1,000 Max Per Year Medical Necessity 20 Visits		Deductible & Co-Ins \$1,000 Max Per Year Medical Necessity 20 Visits
PT/OT/Speech/Mental Health/Substance	Deductible & Co-Ins Medical Necessity 20 Visits	Deductible & Co-Ins Medical Necessity 20 Visits		Deductible & Co-Ins Medical Necessity 20 Visits

Contribution Amounts

The following tables provide the required BIWEEKLY employee contribution by plan option. Solomon Page continues to fund the majority of the cost of each of the available options.

BIWEEKLY EMPLOYEE CONTRIBUTION

	Platinum Plan	Gold Plan	Silver Plan	HSA Plan
Single	\$204.35	\$126.12	\$71.08	\$109.66
Single + 1	\$597.12	\$444.40	\$383.53	\$398.58
Family	\$698.55	\$666.94	\$572.34	\$596.44

WEEKLY EMPLOYEE CONTRIBUTION

	Platinum Plan	Gold Plan	Silver Plan	HSA Plan
Single	\$102.17	\$63.06	\$35.54	\$54.83
Single + 1	\$298.56	\$222.20	\$191.77	\$199.29
Family	\$349.27	\$333.47	\$286.17	\$298.22

Administrator: UMR

For more information visit www.umar.com or call UMR Customer Service at 1 800-826-9781.

For Prescription Solutions, call 1 877-559-2955.

Network Provider: UnitedHealthcare Choice Plus

Health Savings Account

for all
SALARIED CONSULTANTS

Summary of Benefits

Solomon Page offers a Health Savings Account (HSA), for reimbursement on non-reimbursable qualified medical expenses. To be eligible for the Health Savings Account, employees must be enrolled in a High Deductible Health Plan (HDHP) through Solomon Page. HSA's allow employees enrolled in qualified plans to pay lower health plan premiums and defer pre-tax payroll earnings to cover medical services. The designated funds are deducted from your pay pre-tax, meaning the dollars are not subject to withholding for federal income taxes and Social Security.

Eligibility for participation begins the first day of the month following the date of hire. If hired mid-year, your elected amount will be prorated and deducted from your pay for the remaining pay periods of the plan year. Employees who do not elect to participate at their start of employment become eligible to participate during Open Enrollment dates or if they experience a qualifying life event during the plan year.

*Please note, if you open an HSA account, you will not be able to put money into an FSA account for your medical expenses. However, you can enroll in a limited FSA, using those monies for dental, vision and over the counter drugs.

Health Savings Account (HSA)

Individual Coverage: \$4,400 Maximum per year

Family Coverage: \$8,750 Maximum per year

Individuals 55 years of age or older by 12/31/22, may defer an additional \$1,000 for the year

Here are the benefits of an HSA!

- The monies accumulated in the Health Savings Account fund health care expenses on a pre-tax basis
- The HSA has no "use it or lose it" provision so the funds roll over each year and are the property of the employee establishing the account (should the employee leave the company).
- HSA funds can be invested for additional pretax account earnings
- Take advantage of lower employee contributions toward health care premiums

Examples of eligible expenses

- Deductibles
- Co-Insurance
- Prescription drug costs
- Dental fees
- Corrective eyewear
- Lab fees
- Orthodontia

The IRS lists all items eligible for reimbursement in Section 213d of the Internal Revenue Code.



Dental Plan

for all SALARIED CONSULTANTS

Summary of Benefits

COVERED SERVICES *	PLATINUM	PLATINUM	GOLD	GOLD
	NETWORK**	NON-NETWORK ***	NETWORK	NON-NETWORK
Annual Maximum	\$2,000	\$2,000	\$1,500	\$1,500
DIAGNOSTIC SERVICES				
Periodic Oral Evaluation	100%	100%	100%	100%
Radiographs	100%	100%	100%	100%
Lab and Other Diagnostic Tests	100%	100%	100%	100%
PREVENTIVE SERVICES				
Prophylaxis (Cleaning)	100%	100%	100%	100%
Fluoride Treatment (Preventive)	100%	100%	100%	100%
Sealants	100%	100%	100%	100%
Space Maintainers	100%	100%	100%	100%
BASIC SERVICES				
Restorations (Amalgams or Composite)	90%	90%	70%	60%
Emergency Treatment/General Services	90%	90%	70%	60%
Simple Extractions	90%	90%	70%	60%
Oral Surgery (incl. surgical extractions)	90%	90%	70%	60%
Periodontics	90%	90%	70%	60%
Endodontics	90%	90%	70%	60%
MAJOR SERVICES				
Inlays/Onlays/Crowns	60%	60%	50%	50%
Dentures and Removable Prosthetics	60%	60%	50%	50%
Fixed Partial Dentures (Bridges)	60%	60%	50%	50%
Implants	60%	60%	50%	50%
ORTHODONTIC SERVICES				
Diagnose or correct misalignment of the teeth or bite	50%	50%	50%	50%

	PLATINUM	PLATINUM	GOLD	GOLD
ORTHODONTICS	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
Annual Maximum (the sum of all Network and Non-Network benefits will not exceed Annual maximum)	\$2,500 per person per Lifetime	\$2,500 per person per Lifetime	\$1,000 per person per Lifetime	\$1,000 per person per Lifetime
Individual Annual Deductible	\$0	\$0	\$0	\$0
Family Annual Deductible	\$0	\$0	\$0	\$0
New enrollee's waiting period	None	None	None	None
Annual deductible applies to preventive and diagnostic services	No	No	No	No
Annual Deductible Applies to Orthodontic Services	No	No	No	No
Orthodontic Eligibility Requirement	Adult & Child	Adult & Child	Child Only up to age 19	Child Only up to age 19

NON-ORTHODONTICS	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
Annual Maximum (the sum of all Network and Non-Network benefits will not exceed Annual maximum)	\$2,000 per person per Calendar Yr	\$2,000 per person per Calendar Yr	\$1,500 per person per Calendar Yr	\$1,500 per person per Calendar Yr
Individual Annual Deductible	\$25	\$25	\$50	\$50
Family Annual Deductible	\$50	\$50	\$100	\$100

BIWEEKLY DENTAL RATES	PLATINUM	GOLD
Single	\$22.68	\$11.54
Single + 1	\$51.40	\$28.84
Family	\$79.11	\$43.28

WEEKLY DENTAL RATES	PLATINUM	GOLD
Single	\$11.34	\$5.77
Single + 1	\$25.70	\$14.42
Family	\$39.56	\$21.64

* Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$500; please consult your dentist.

**The network percentage of benefits is based on the discounted fees negotiated with the provider.

***The non-network percentage of benefits is based on the usual and customary fees in the geographic areas in which the expenses are incurred.

Veneers are only covered when a filling cannot restore a tooth. For a complete description and coverage levels for Veneers, please refer to your Certificate of Coverage.

Cone Beams are limited to combined captured and interpretation treatment codes only. For a complete description and coverage levels for Cone Beams, please refer to your Certificate of Coverage.

The Prenatal Dental Care (not available in WA) and Oral Cancer Screening programs are covered under this plan.

UNITEDHEALTHCARE/DENTAL EXCLUSIONS AND LIMITATIONS

Dental Services described in this section are covered when such services are:

- A. Necessary;
- B. Provided by or under the direction of a Dentist or other appropriate provider as specifically described;
- C. The least costly, clinically accepted treatment, and
- D. Not excluded as described in the Section entitled. General Exclusions.

GENERAL LIMITATIONS

- 1 PERIODIC ORAL EVALUATION Limited to 2 times per consecutive 12 months.
- 2 COMPLETE SERIES OR PANOREX RADIOGRAPHS Limited to 1 time per consecutive 36 months.
- 3 BITEWING RADIOGRAPHS Limited to 1 series of films per calendar year.
- 4 EXTRAORAL RADIOGRAPHS Limited to 2 films per calendar year.
- 5 DENTAL PROPHYLAXIS Limited to 2 times per consecutive 12 months.
- 6 FLUORIDE TREATMENTS Limited to covered persons under the age of 16 years, and limited to 2 times per consecutive 12 months.
- 7 SPACE MAINTAINERS Limited to covered persons under the age of 16 years, limited to 1 per consecutive 60 months. Benefit includes all adjustments within 6 months of installation
- 8 SEALANTS Limited to covered persons under the age of 16 years, and once per first or second permanent molar every consecutive 36 months.
- 9 RESTORATIONS (Amalgam or Composite) Multiple restorations on one surface will be treated as a single filling.
- 10 PIN RETENTION Limited to 2 pins per tooth; not covered in addition to cast restoration.
- 11 INLAYS, ONLAYS, AND VENEERS Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.
- 12 CROWNS Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.
- 13 POST AND CORES Covered only for teeth that have had root canal therapy.
- 14 SEDATIVE FILLINGS Covered as a separate benefit only if no other service, other than x-rays and exam, were performed on the same tooth during the visit.
- 15 SCALING AND ROOT PLANING Limited to 1 time per quadrant per consecutive 24 months.
- 16 ROOT CANAL THERAPY Limited to 1 time per tooth per lifetime.
- 17 PERIODONTAL MAINTENANCE Limited to 2 times per consecutive 12 months following active or adjunctive periodontal therapy, exclusive of gross debridement.
- 18 FULL DENTURES Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.
- 19 PARTIAL DENTURES Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.
- 20 RELINING AND REBASING DENTURES Limited to relining/rebasing performed more than 6 months after the initial insertion. Limited to 1 time per consecutive 12 months.
- 21 REPAIRS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES Limited to repairs or adjustments performed more than 12 months after the initial insertion. Limited to 1 per consecutive 6 months.
- 22 PALLIATIVE TREATMENT Covered as a separate benefit only if no other service, other than the exam and radiographs, were performed on the same tooth during the visit.
- 23 OCCLUSAL GUARDS Limited to 1 guard every consecutive 36 months and only covered if prescribed to control habitual grinding.
- 24 FULL MOUTH DEBRIDEMENT Limited to 1 time every consecutive 36 months.
- 25 GENERAL ANESTHESIA Covered only when clinically necessary.
- 26 OSSEOUS GRAFTS Limited to 1 per quadrant or site per consecutive 36 months.
- 27 PERIODONTAL SURGERY Hard tissue and soft tissue periodontal surgery are limited to 1 quadrant or site per consecutive 36 months per surgical area.
- 28 REPLACEMENT OF COMPLETE DENTURES, FIXED OR REMOVABLE PARTIAL DENTURES, CROWNS, INLAYS OR ONLAYS Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays previously submitted for payment under the plan is limited to 1 time per consecutive 60 months from initial or supplemental placement. This includes retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances.
- 29 CONE BEAM Limited to 1 time per consecutive 60 months.

Plan Type: United Healthcare

Solomon Page Employee Dental Plan is administered by UnitedHealthcare.

For more information visit www.myuhc.com or call Customer Service at 877-816-3596.



Vision Plan

for all SALARIED CONSULTANTS

Summary of Benefits

In-network, covered-in-full benefits (up to the plan allowance and after applicable copay) include a comprehensive exam, eyeglasses with standard single vision, lined bifocal, lined trifocal, or lenticular lenses, standard scratch-resistant coating and the frame, or contact lenses in lieu of eyeglasses.

EXAM WITH MATERIALS	
BENEFIT FREQUENCY	
Comprehensive Exam(s)	Once every 12 months
Spectacle Lenses	Once every 12 months
Frames	Once every 12 months
Contact Lenses in Lieu of Eyeglasses	Once every 12 months

NETWORK SERVICES	
COPAYS	
Exam(s)	\$ 10.00
Materials	\$ 10.00
FRAME BENEFIT	
<i>For frames that exceed the allowance, an additional 30% discount may be applied to the overage¹</i>	
Private Practice Provider	\$150.00 retail frame allowance
Retail Chain Provider	\$150.00 retail frame allowance

LENS OPTIONS	
Standard Scratch-resistant Coating, Polycarbonate Lenses for Dependent Children (up to age 19) - covered in full. Other optional lens upgrades may be offered at a discount (discount varies by provider). The Lens Options list can be found at myuhcvision.com.	

CONTACT LENS BENEFIT²	
<i>Selection contact lenses refers to our formulary contact list. Contact lenses not listed on the formulary are referred to as non-selection. A copy of the list can be found at myuhcvision.com.</i>	

Selection contact lenses	
The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full after copay (if applicable).	If you choose disposable contacts, up to 6 boxes are included when obtained from an in-network provider.
Non-selection contact lenses	
An allowance is applied toward the purchase of contact lenses outside the selection. Materials copay (if applicable) is waived.	\$150.00
Necessary contact lenses³	Covered in full after copay (if applicable).

NON-NETWORK REIMBURSEMENTS (Copays do not apply)

Exam(s)	Up to \$40.00
Frames	Up to \$45.00
Single Vision Lenses	Up to \$40.00
Lined Bifocal Lenses	Up to \$60.00
Lined Trifocal Lenses	Up to \$80.00
Lenticular Lenses	Up to \$80.00
Elective Contacts in Lieu of Eyeglasses ²	Up to \$150.00
Necessary Contacts in Lieu of Eyeglasses ³	Up to \$210.00

DISCOUNTS**LASER VISION**

UnitedHealthcare has partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser vision correction providers. Members receive 15% off standard or 5% off promotional pricing at more than 550 network provider locations and even greater discounts through set pricing at LasikPlus® locations. For more information, call 1-888-563-4497 or visit us at www.uhclasik.com.

ADDITIONAL MATERIAL

At a participating in-network provider you will receive up to a 20% discount on an additional pair of eyeglasses or contact lenses. This program is available after your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that UnitedHealthcare shall neither pay nor reimburse the provider or member for any funds owed or spent. Additional materials do not have to be purchased at the time of initial material purchase.

HEARING AIDS

As a UnitedHealthcare vision plan member, you can save on high-quality hearing aids when you buy them from hi HealthInnovations™. To find out more go to hiHealthInnovations.com. When placing your order use promo code myVision to get the special price discount.

BIWEEKLY VISION RATES

	GOLD
Single	\$1.53
Single + 1	\$2.80
Family	\$4.85

WEEKLY VISION RATES

	GOLD
Single	\$0.77
Single + 1	\$1.40
Family	\$2.43

¹30% discount available at most participating in-network provider locations. May exclude certain frame manufacturers. Please verify all discounts with your provider.

²Contact lenses are in lieu of eyeglass lenses and/or eyeglass frames. Coverage for Selection contact lenses does not apply at Costco, Walmart or Sam's Club locations. The allowance for Non-selection contact lenses applies to materials. No portion will be exclusively applied to the fitting and evaluation.

³Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be corrected with eyeglass lenses and/or frames; with certain conditions such as anisometropia, keratoconus, irregular corneal/astigmatism, aphakia, facial deformity; or corneal deformity. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare vision confirming the reimbursement that UnitedHealthcare will make before you purchase such contacts.

Choice and Access of Vision Care Providers

To access the Provider Locator service or for a printed directory, visit our website myuhcvision.com or call (800) 638-3120, 24 hours a day, seven days a week. You may also view your benefits, search for a provider or print an ID card online at myuhcvision.com.



FSA & Dependent Care for all SALARIED CONSULTANTS

Summary of Benefits

Solomon Page offers Flexible Spending Accounts for reimbursement on qualified medical, dental and vision expenses for employees and their dependents. Additionally, we offer Dependent Care Accounts for reimbursement of qualified child care expenses. The designated funds are deducted from your pay pre-tax, meaning the dollars are not subject to withholding for federal income taxes and Social Security. You will have immediate access to the total amount of your annual contribution on the first day of the Plan Year.

Eligibility for participation begins the first day of the month following the date of hire. If hired mid-year, your elected amount will be prorated and deducted from your pay for the remaining pay periods of the plan year. Employees who do not elect to participate at their start of employment become eligible to participate during Open Enrollment dates or if they experience a qualifying event during the plan year.

FLEXIBLE SPENDING ACCOUNT (FSA)

\$3,400 Maximum

A Flexible Spending Account is a unique way to take advantage of using pre-tax dollars to pay un-reimbursed medical, dental and vision expenses for you and your dependent. A maximum of \$3,400 may be contributed each year, subject to limitations. If you were enrolled in a FSA account as of the end of the prior Plan Year and are still eligible, you may be able to carry over up to \$680 from the prior Plan Year to be used in the current year.

Please note, if you open an HSA account, you will not be able to put money into an FSA account for your medical expenses. However, you can enroll in a limited FSA, using those monies for dental, vision and over the counter drugs.

Examples of eligible expenses

- Acupuncture
- Alcohol and drug addiction treatment
- Breast reconstruction surgery
- Dental treatment
- Diagnostic tests and devices
- Doctor's visits
- Prescriptions
- Eyeglasses, contact lenses and exams
- Fertility enhancements
- Hearing aids and batteries
- Operations/surgery (non-cosmetic)
- Nursing services
- Physical therapy
- Psychiatric care
- Smoking cessation

Examples of ineligible expenses

- Cosmetic surgery
- Diaper service
- Electrolysis or hair removal
- Funeral expenses
- Health club dues
- Illegal operations and treatments
- Maternity clothes
- Nutritional supplements
- Over-the-counter medicines for which you do not have a doctor's prescription
- Toiletries (e.g. toothbrush, toothpaste)
- Teeth whitening
- Weight loss programs (unless prescribed to treat a specific disease)

Medical Care Expenses must have been incurred during the Plan Year. Apart from orthodontia expenses, a Medical Care Expense is incurred when the service that gives rise to the expense is provided; when the expense is billed, charged, or paid is irrelevant.

Summary of Benefits cont.

DEPENDENT CARE

\$7,500 Maximum

Associates are offered the ability to receive pre-tax reimbursements for eligible employment-related expenses incurred on behalf of a dependent. A maximum of \$7,500 may be contributed each year, subject to limitations.

Examples of Dependent Care Expenses include:

- *Nursery schools*
- *Day care centers*
- *Day care in your home*
- *Licensed day care center for children or adults*
- *A before- or after-school program*

Exclusions:

- *Payments to your child who is under the age of 19 and who is caring for a younger child*
- *Tuition expenses for schooling in kindergarten or higher*
- *Food or clothing expenses*
- *Summer school*
- *Tutoring programs*



Commuter Benefits *for all SALARIED CONSULTANTS*

Transit

Solomon Page has partnered with HealthEquity (formerly WageWorks) to offer transit benefits to full-time salaried employees in New York City, New Jersey, the San Francisco Bay Area, Berkeley, CA, Richmond, CA, Seattle, WA, Washington, DC, Chicago, IL and the surrounding metro area, Philadelphia, PA, or Hawaii. The program allows you to set aside pre-tax dollars (up to \$340) to pay for public transportation, including subway, rail, bus and ferry. In effect, this reduces your taxes and increases your take home pay.

Your monthly election is chosen at your discretion. Any amount under \$340 will be deducted from your paycheck pre-taxed once a month (see schedule below). Any amount over \$340 will be taxed when deducted from your paycheck. Once enrolled, a Visa card will be mailed to your home address which will be loaded with your elected amount each month.

HealthEquity DEDUCTION SCHEDULE

Sign Up Dates	Payroll Deduction Date	Funds / Card can be used
December 1 st - 31 st	January 23 rd , 2026	February
January 1 st - 31 st	February 20 th , 2026	March
February 1 st - 28 th	March 20 th , 2026	April
March 1 st - 31 st	April 17 th , 2026	May
April 1 st - 30 th	May 27 th , 2026	June
May 1 st - 31 st	June 26 th , 2026	July
June 1 st - 30 th	July 24 th , 2026	August
July 1 st - 31 st	August 21 st , 2026	September
August 1 st - 31 st	September 18 th , 2026	October
September 1 st - 30 th	October 30 th , 2026	November
October 1 st - 31 st	November 27 th , 2026	December
November 1 st - 30 th	December 25 th , 2026	January

Your election will continue month-to-month until you stop or update it.

You can discontinue at any time by emailing SPbenefits@solomonpage.com and following the schedule outlined above.

Changes will not be accepted after the last day of the month.

Parking

Parking Benefits are also available through HealthEquity (formerly WageWorks) and operates in the same manner as Transit benefits. The program allows you to set aside pre-tax dollars (up to \$340) to pay for parking. Once enrolled, a Visa card will be mailed to your home address which will be loaded with your elected amount each month. The Visa card is separate than the card used for transit (subway, rail, bus and ferry), and can be used only for parking. The above schedule and regulations apply.



401(k) Plan

for all SALARIED CONSULTANTS

Summary of Benefits

Solomon Page is pleased to offer employees the opportunity to join the company sponsored 401(k) plan, administered through Principal. Employees are eligible to participate in the plan after completion of 1,000 hours of service within the first twelve months of employment.

Employees may contribute up to 100% of their annual pay, to a maximum of \$24,500, plus additional catch-up contributions for individuals over the age of 50. The company provides a discretionary match of 50% of the first 6% of contributions, to a maximum of \$1,500 per year. *

* Match is discretionary and subject to change.

Eligibility

401(k) benefits are available to employees who work 1 year AND 1,000 hours within the first twelve months of service. If eligibility is not reached within the first year, hours will be recalculated each calendar year thereafter.

The Solomon Page 401(k) Plan has quarterly plan entry dates on April 1st, July 1st, October 1st, and January 1st. Effective February 1, 2022, the Solomon Page 401(k) Plan contains an automatic arrangement that applies to new participants or re-hired participants as they enter the plan. If you are a new participant, you will be automatically enrolled in the retirement plan, meaning 4% of your pay will be deducted from paychecks and contributed to the retirement plan on your behalf unless you elect a different salary deferral percentage.



Employee Stock Ownership Plan

Summary of Benefits

Solomon Page offers employees a company sponsored ESOP plan, which is administered through Blue Ridge ESOP Associates. This plan allows for employees to receive equity in Solomon Page without investing their own funds, establishes an additional retirement benefit, and offers a unique opportunity to share in the future growth and success of the company. Shares will be released and allocated to employees on a yearly basis. Stock is valued once a year and is tied to the performance of the company.

Eligibility

ESOP contributions are available to employees who complete 1 year of service (remain employed for 12 months from hire date and complete 1,000 hours of service). If eligibility is not reached in the first year, hours will be recalculated each year thereafter.

HIPAA Privacy Notice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Introduction

This Notice is being provided to eligible employees of [Solomon Page Group] who participate in the [SOLOMON PAGE GROUP BENEFITS PLAN] (the "Plan"). Certain components of the Plan are subject to requirements of a federal law known as the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). These Plan components are required by HIPAA to maintain the privacy and security of individually identifiable health information that is "Protected Health Information" (PHI), as defined under HIPAA. The components of the Plan subject to HIPAA include the self-insured medical plan. This Notice describes the privacy practices of the Plan components subject to HIPAA. HIPAA does not protect, and so this Notice does not address, the privacy of information held by other components of the Plan, and other records, including: (i) life insurance coverage, (ii) disability coverage and (iii) workers' compensation, as well as other individually identifiable health information excluded from the definition of PHI under HIPAA. The components of the Plan covered by HIPAA are collectively referred to as the Plan in this Notice, unless otherwise stated.

What is Protected Health Information

Protected Health Information or PHI means information which identifies you (e.g. name, address, social security number, etc.) and relates to your past, present, or future physical or mental health or condition; the provision of healthcare to you; or the past, present, or future payment for the provision of healthcare to you.

The Plan's duties with respect to PHI about you

The Plan is required by law to maintain the privacy of your PHI and to provide you with this Notice of the Plan's legal duties and privacy practices with respect to your PHI. If you participate in an insured plan option, you will receive a notice directly from the carrier. It's important to note that these rules apply to the Plan, not the Company or its affiliates as an employer — that's the way the HIPAA rules work.

How the Plan may use or disclose your PHI

HIPAA's privacy rules generally allow the use and disclosure of your PHI without your permission (known as an authorization) for purposes of health care Treatment, Payment activities, and Health Care Operations. Here are some examples of what that might entail:

Treatment includes providing, coordinating, or managing health care by one (1) or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. *For example, the Plan may share PHI about you with physicians who are treating you.*

Payment includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations and provide reimbursement for health care. This can include eligibility determinations, reviewing services for medical necessity or appropriateness, subrogation and utilization management activities, claims management, and billing; as well as "behind the scenes" plan functions such as risk adjustment, collection, or reinsurance. *For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan in order to coordinate payment of benefits.*

Health Care Operations include activities involved in the administration of this Plan (and in limited circumstances other plans or providers), such as wellness and risk assessment programs, disease and condition management programs, quality assessment and improvement activities, population-based activities relating to improving health or reducing health care costs, dependent verification programs, protocol

development, case management and care coordination, customer service, and internal grievance resolution. Health care operations also include patient safety activities, vendor evaluations, credentialing, training, accreditation activities, underwriting, premium rating, arranging for medical review and audit activities, and business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating the Plan, including formulary development and administration, development or improvement of methods of payment or coverage policies. *For example, the Plan may use information about your claims to review the effectiveness of wellness programs. Also, for example, the Plan may use information about claims to identify prospective participants who might benefit from a disease or condition management program.*

Notwithstanding the foregoing, the Plan (other than in connection with a long-term care policy) will not use genetic information for underwriting purposes, to the extent prohibited by the Genetic Information Nondiscrimination Act of 2008.

The Plan may use your PHI to provide you with appointment reminders or with information about treatment alternatives or health-related benefits and services that may be of interest to you, subject to limits imposed by law. The Plan may share summary PHI and enrollment and disenrollment information with the Plan sponsor, as described below. In addition, the Plan may share other PHI with the Plan sponsor for plan administration if the Plan sponsor agrees to special restriction on its use and disclosure of the PHI in accordance with law. The Plan may disclose your PHI to a person, such as a family member, other relative, close personal friend, or other person identified by you, who is involved in your care or who helps pay for your care, if you are available and capable, and agree or fail to object when given the opportunity. If you are incapacitated, in an emergency situation, or are otherwise unavailable or unable to object, the Plan will use its best judgment to decide if the disclosure is in your best interests.

The amount of PHI used or disclosed will be limited to the “Minimum Necessary” for these purposes, as defined under the HIPAA rules.

Authorizations

This Notice describes the uses and disclosures of PHI that require an authorization from you. Most uses and disclosures of psychotherapy notes and of PHI for marketing purposes and the sale of PHI require an authorization. Other uses and disclosures not described in the notice will be made only with your authorization.

There are a number of disclosures that do not require your authorization: (1) public health activities; (2) research purposes; (3) your treatment and related payment and health care operations, as described above; (4) the sale, transfer, merger or consolidation of all or part of our organization and for related due diligence; (5) services rendered by a business associate pursuant to a business associate contract and at the specific request of our organization; (6) providing you with access to your PHI; and (7) other purposes that the Secretary of the Department of Health and Human Services deems necessary and appropriate.

You may, at your own discretion, provide us with other authorizations. It is our policy only to use and disclose PHI requiring an authorization consistent with the authorization as provided by you to the extent required by the Privacy Rule.

How the Plan may share your PHI with your employer

The Plan and its business associates may disclose your PHI without your written authorization to your employer and its affiliates (collectively, the “Company”) for plan administration purposes. The Company may need your PHI to administer benefits under the Plan. The Company agrees not to use or disclose your PHI other than as permitted by law and required by the Plan. A limited number of personnel in the Human Resources, Benefits, Finance, Payroll and Information Technology and other functions at the Company will be the only employees who will have access to your PHI for plan administration functions.

Here’s how additional information may be shared between the Plan and the Company (including its affiliates), as allowed under the HIPAA rules:

The Plan and its business associates may disclose “summary health information” to the Company if requested, for purposes of obtaining premium bids to provide coverage under the Plan, or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants’ claims information, but from which names and other identifying information have been removed.

The Plan and its business associates may disclose to the Company information on whether an individual is participating in the Plan, or has enrolled or disenrolled in an insurance option or HMO offered by the Plan.

In addition, you should know that the Company cannot and will not use PHI obtained from the Plan for any employment-related actions. However, PHI collected by the Company from other sources, for example under the Family and Medical Leave Act, Americans with Disabilities Act, or workers’ compensation is not protected under HIPAA (although this type of information may be protected under other federal or state laws).

Other allowable uses or disclosures of your PHI

In certain cases, your PHI can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information describing your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You'll generally be given the chance to agree or object to these disclosures (although exceptions may be made, for example if you're not present or if you're incapacitated). In addition, your PHI may be disclosed without authorization to you or your legal representative or to the Secretary of the Department of Health and Human Services, if necessary.

The Plan and its business associates are also allowed to use or disclose your PHI without your written authorization for the following activities	
Workers' compensation	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with such laws
Necessary to prevent serious threat to health or safety	Disclosures made in the good-faith belief that releasing your PHI is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (including disclosures to the target of the threat); includes disclosures to assist law enforcement officials in identifying or apprehending an individual because the individual has made a statement admitting participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
Public health activities	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects
Victims of abuse, neglect, or domestic violence	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you'll be notified of the Plan's disclosure if informing you won't put you at further risk)
Judicial and administrative proceedings	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Plan may be required to notify you of the request, or receive satisfactory assurance from the party seeking your PHI that efforts were made to notify you or to obtain a qualified protective order concerning the information)
Law enforcement purposes	Disclosures to law enforcement officials required by law or pursuant to legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosure about a death that may have resulted from criminal conduct; and disclosure to provide evidence of criminal conduct on the Plan's premises
Decedents	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
Organ, eye, or tissue donation	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
Research purposes	Disclosures subject to approval by institutional or private privacy review boards, and subject to certain assurances and representations by researchers regarding necessity of using your PHI and treatment of the information during a research project
Health oversight activities	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which PHI is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws
Specialized government functions	Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates
HHS investigations	Disclosures of your PHI to the Department of Health and Human Services (HHS) to investigate or determine the Plan's compliance with the HIPAA privacy rule

Except as described in this Notice, other uses and disclosures will be made only with your written authorization. You may revoke your authorization as allowed under the HIPAA rules. However, you can't revoke your authorization if the Plan has taken action relying on it. In other words, you can't revoke your authorization with respect to disclosures the Plan has already made.

Your individual rights

You have the following rights with respect to your PHI the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the Notice describes how you may exercise each individual right.

Right to request restrictions on certain uses and disclosures of your PHI and the Plan's right to refuse

You have the right to ask the Plan to restrict the use and disclosure of your PHI for Treatment, Payment, or Health Care Operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your PHI to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of PHI to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. And if the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for PHI created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose PHI about you if you need emergency treatment, even if the Plan has agreed to a restriction.

You should know that a covered entity under HIPAA is required to agree to your request to restrict disclosure of PHI to a health plan, like the Plan, if the disclosure is for payment or health care operations and pertains to a health care item or service for which you have paid out of pocket in full.

Right to receive confidential communications of your PHI

If you think that disclosure of your PHI by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of PHI from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

Right to inspect and copy your PHI

With certain exceptions, you have the right to inspect or obtain a copy of your PHI in a "Designated Record Set." This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. In addition, the Plan may deny your right to access, although in certain circumstances you may request a review of the denial. If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request, the Plan will provide you with:

- The access or copies you requested;
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint; or
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

The Plan may provide you with a summary or explanation of the information instead of access to or copies of your PHI, if you agree in advance and pay any applicable fees. The Plan may also charge reasonable fees for copies or postage. If the Plan doesn't maintain the PHI but knows where it is maintained, you will be informed of where to direct your request.

Right to amend your PHI that is inaccurate or incomplete

With certain exceptions, you have a right to request that the Plan amend your PHI in a Designated Record Set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the PHI is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the Designated Record Set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will:

- Make the amendment as requested;
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint; or
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

Right to receive an accounting of disclosures of your PHI

You have the right to a list of certain disclosures the Plan has made of your PHI. This is often referred to as an “accounting of disclosures.” You generally may receive an accounting of disclosures if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this Notice, unless otherwise indicated below.

You may receive information on disclosures of your PHI going back for six (6) years from the date of your request. You do not have a right to receive an accounting of any disclosures made:

- For Treatment, Payment, or Health Care Operations;
- To you about your own PHI;
- Incidental to other permitted or required disclosures;
- Where authorization was provided;
- To family members or friends involved in your care (where disclosure is permitted without authorization);
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances; or
- As part of a “limited data set” (PHI that excludes certain identifying information).

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one (1) request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You'll be notified of the fee in advance and have the opportunity to change or revoke your request.

Right to obtain a paper copy of this Notice from the Plan upon request

You have the right to obtain a paper copy of this Privacy Notice upon request. Even individuals who agreed to receive this Notice electronically may request a paper copy at any time.

Breach

You will be notified following a breach of any unsecured PHI, to the extent required under HIPAA.

Complaints

If you believe your privacy rights have been violated, you may complain to the Plan and to the Secretary of Health and Human Services. You won't be retaliated against for filing a complaint. To file a complaint, contact the HIPAA Privacy Official for a formal complaint form. All complaints must be filed in writing, using the complaint form provided. Oral and emailed complaints are not acceptable.

Revisions

We reserve the right make modifications to our policies and procedures, including to this Notice, as necessary and appropriate to comply with applicable law, including the standards, implementation specifications, and other requirements of the HIPAA Privacy Rule. If changes are made to the Plan's privacy policies described in this Notice, you will be provided with a revised Notice either mailed to your home or distributed by other comparable means.

Contact

For more information on the Plan's privacy policies or your rights under HIPAA, please contact the Plan's Privacy Official:

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