

2026

BENEFITS GUIDE

Guided by Garner



BENEFITS@CLAYTONHOMES.COM



The 2026 Benefits Guide is not intended to act as a Summary Plan Description and does not change the terms of the plan. In the event this guide conflicts with the terms of the plan, the plan term governs. Please email Benefits@ClaytonHomes.com to request a copy of Summary Plan Descriptions.

This guide is only applicable for select Clayton work locations for 2026. For a list of locations, visit bit.ly/GuidedChoice or reach out to the Clayton Benefits team.



SCAN HERE FOR A LIST OF LOCATIONS
WHO QUALIFY TO ENROLL IN THE
GUIDED CHOICE PLAN



WELCOME TO YOUR 2026 Benefits Guide

At Clayton, we believe that navigating your health journey should be simple, supportive and empowering for you and your family. Clayton offers a **comprehensive benefits package** designed to enhance your well-being and give you access to high-quality care every step of the way.

As part of your medical plan enrollment, you have free access to Garner's Top Provider Directory. Garner helps you find top doctors while reducing your out-of-pocket medical expenses. Using Garner's doctor search tool, you can easily find high-quality, in-network Top Providers. These doctors are proven to follow best practices, provide accurate diagnoses and deliver excellent patient outcomes.

When you choose a Garner Top Provider, you can feel confident you're getting high-quality care for you and your family. Learn more on pages 15-18.

To assist those who take medications for chronic conditions, over 100 prescription drugs are covered at no cost! Review the 2026 free prescription drug list on pages 21 & 22.

Your *benefits* at a *glance*

MEDICAL



TOP PROVIDER DIRECTORY



DIABETES REVERSAL & WEIGHT LOSS



PHARMACY



TELEHEALTH



SUPPLEMENTAL HEALTH



HEALTH CARE & DEPENDENT FSA



DENTAL



VISION



LIFE INSURANCE & LONG TERM DISABILITY



SHORT-TERM DISABILITY



PAID PARENTAL LEAVE



IDENTITY THEFT PROTECTION



401(K)



ADDITIONAL SUPPORT



When can I enroll?



NEW HIRES

- Benefits are effective on your 31st day of employment.
- You must complete your benefits enrollment no later than your effective date.
- Late enrollments are not accepted.



LIFE EVENTS

- You can make changes mid-year if you have a life event (marriage, divorce, loss of coverage, birth of child, etc).
- You must complete your benefits enrollment within 31 days of the life event.
- Supporting documents will be required.
- Late enrollments are not accepted.



OPEN ENROLLMENT

- Each year, during open enrollment, you will be given an opportunity to change, elect or drop coverage.
- Changes to open enrollment elections will not be permitted on or after the effective date of coverage.



COVERAGE ENDS

- If you separate with the company, your insurance coverage ends on your last day of employment.
- If necessary, COBRA information will be mailed to your home address.

Who can I enroll on my plan?



ELIGIBLE DEPENDENTS

- Your legally married spouse
- **Children under age 26** including biological, adopted, placed for adoption, foster, stepchildren and children who you are legally appointed as guardian or limited guardian (cannot be temporary).
- **Disabled Children** including your unmarried child who is primarily supported by you and is incapable of engaging in self-sustaining employment due to mental or physical disability, if the child is already covered as your dependent when the child reaches 26. You and your disabled child's physician must complete and return the disabled child certification form within 31 days after the child reaches 26 in order to continue dependent coverage for the child without interruption. A new certification form must be submitted annually to prove the child continues to meet all the requirements for dependent coverage as a disabled child. Contact Benefits@ClaytonHomes.com for more information.



WHO IS NOT A QUALIFIED DEPENDENT?

- Boyfriend, girlfriend, fiancé or domestic partner
- Parents
- Grandparents
- Brothers or sisters
- Aunts, uncles, nieces, nephews, cousins or similar relatives
- Your child who is also covered under the plan as a Team Member
- Divorced former spouse or legally separated spouse (unless coverage is continued under COBRA)
- Any person on active duty in the military (life insurance plan only)
- Other persons living in your home who are not eligible, as defined in the plan

Enrolling someone who is not qualified as a dependent under a benefit plan is considered **insurance fraud** and may lead to termination of employment.

How do *I enroll?*



Log on to:
workday.claytonhomes.com



Scan Here to
download the
Workday app!

— *new for* — 2026



INTRODUCING THE GUIDED CHOICE PLAN

Every health journey is unique, and now there's a more empowered way to navigate medical care. We're excited to introduce Guided Choice, a new health plan option designed to be your guide to high-quality care at a lower cost. With Garner as your guide, finding top-performing doctors near you is simple, so you can feel confident in every step of your health care journey.

Key Benefits of the Guided Choice Plan:

- Powered by Garner's Top Provider Directory
- 100% coverage for qualifying Tier 1 services
- \$0 upfront costs for Tier 1 services, excluding emergency care
- No waiting on Garner copay reimbursements

With the Guided Choice Plan, take control of your health journey by selecting from the best available in-network providers. If you choose to see a provider who isn't listed as a Garner Top Provider, you will still have coverage for in-network care, but you will be responsible for a deductible and applicable co-insurance.

Guided Choice Coverage Details

When you choose Garner-approved Top Providers, your care will fall into Tier 1 coverage. Medical services provided by these Top Providers are fully covered, with no copays, no coinsurance and no deductible.

Are your doctors:	Tier 1 Coverage	Tier 2 Coverage	Out-of-Network
In-network with Cigna	✓	✓	Not available in the Cigna network
Garner-approved Top Provider	✓	Not listed as a Garner Top Provider	Not available in the Cigna network
Your Responsibility	\$0 cost for Tier 1 services	20% co-insurance after in-network deductible	40% co-insurance after out-of-network deductible

What is Tier 1 coverage?

Tier 1 coverage applies when selecting in-network, Garner-approved Top Providers. Top Providers are marked with a green badge in the Garner Health app. With this coverage plan you will have no upfront payments with Top Providers, and your plan will pay 100% of the cost of eligible visits.

What is Tier 2 coverage?

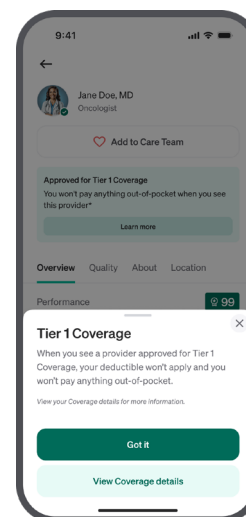
Tier 2 coverage applies when a doctor is in the Cigna Open Access Plus network but doesn't have the Garner-approved Top Provider badge. You may be subject to pay out-of-pocket deductible and co-insurance when selecting doctors that are not Garner-approved Top Providers.

Is Guided Choice the right plan for me?

This plan might be a great fit for you and your family if your current healthcare providers are Garner-approved Top Providers or if you're open to switching to Garner-approved Top Providers. **We recommend reviewing Garner's Top Provider Directory to see if your preferred doctors are included or if you're comfortable switching to Garner-approved Top Providers.**

To learn more about Guided Choice frequently asked questions visit bit.ly/GuidedChoice.

✿ **Please Note: The Guided Choice Plan does not qualify for a Health Savings Account (HSA).**



Scan here to discover how Garner can be used in two ways!

Which plan is right for me?

Powered by Garner's data-driven insights, the **Guided Choice Plan** encourages members to choose Top Providers who consistently deliver excellent patient outcomes. Guided Choice features \$0 upfront costs, 100% coverage for most healthcare services and lower weekly medical premiums.



MEET THE MARTINS

The Martins have two young kids. They value affordable, high-quality care.

- All of their doctors are Garner-approved, including their pediatrician.
- They're open to visiting only Garner Top Providers if they need a new doctor.

The Martins choose the Guided Choice Plan and pay \$0 for their health care services.

MEET TONY

Tony is new to Clayton and just moved to the area.

- Tony knows the importance of preventive care.
- Has a complex medical condition and quality is important to him.

Tony chooses the Guided Choice Plan and relies on Garner to suggest his medical care team.



Which plan is right for me?

Simple and Simple Plus Plans are designed to be simple. You will only pay a copay, or flat fee, for in-network care and services with no deductibles or co-insurance. This will help you plan and budget for out-of-pocket costs, making it easy to get the care you need.

MEET THE THOMPSONS

The Thompsons require healthcare that cannot be transitioned to a Garner-approved Top Provider as Mark is undergoing cancer treatment.

- Maintaining Mark's current medical team is important to him.
- They value paying lower copays and knowing upfront how much they'll pay each visit.

Mark's family chooses the Simple Plus Plan and values Garner as a trusted resource for other care.



MEET THE GARCIAS

The Garcias are not open to switching their primary care provider to a Garner Top Provider.

- The Garcias value a low medical premium.
- They are comfortable covering out-of-pocket costs when needed and appreciate Garner's copay reimbursements for qualifying care.

The Garcias choose the Simple Plan.

Medical Plan Comparison



Enrollment Group	Weekly Premium			
Team Member Only	\$28.01	\$52.65	\$23.81	
Team Member + Spouse	\$61.69	\$113.12	\$52.44	
Team Member + Child(ren)	\$50.43	\$92.32	\$42.87	
Team Member + Family	\$84.26	\$132.01	\$71.62	
	Copays		Tier 1	Tier 2
Calendar Year Deductible - Ind/Family	\$0	\$0	\$0	\$3,000/\$6,000
Member Coinsurance	Copays		0%	20%
Combined Medical & Pharmacy Out-of-Pocket Maximum	\$6,000 per individual or \$12,000 combined family maximum	\$4,000 per individual or \$8,000 combined family maximum	\$6,000 per individual or \$12,000 combined family maximum	

MEDICAL COPAYS/COINSURANCE

Preventive Care	\$0	\$0	\$0	\$0
Telehealth	\$0	\$0	\$0	\$0
Outpatient Therapy (ex. mental health or substance abuse)	\$50	\$30	\$0	\$0
Physical, Speech or Occupational Therapy	\$60	\$40	\$0	\$0
Chiropractor	\$60	\$40	\$0	\$0
Primary Care Provider	\$50	\$30	\$0	20% after Deductible
OB/GYN	\$50	\$30	\$0	
Labs	\$0	\$0	\$0	
Specialist	\$150	\$70	\$0	
Standard Radiology (x-ray or ultrasound)	\$90	\$60	\$0	
Advanced Imaging (MRI, CT or PET scan)	\$600	\$240	\$0	
Durable Medical Equipment	\$150	\$100	\$0	
Outpatient Surgery	\$850	\$425	\$0	
Inpatient (per day)	\$1,500 / Day	\$750 / Day	\$0	
Inpatient (if admitted through ER)	\$1,500 / Day	\$750 / Day	\$0	\$0

EMERGENCY CARE

Urgent Care	\$75	\$50	\$50	\$50
Ambulance	\$700	\$350	\$350	\$350
Emergency Room	\$1,000	\$500	\$500	\$500

PRESCRIPTION DRUGS

Generic	Up to 34 days	\$20	\$10	\$10	\$10
Preferred Brand Name		\$120	\$60	\$60	\$60
Non-preferred / Specialty		\$250	\$150	\$150	\$150

This chart compares in-network services only. Prescription drug copays are not applied towards your calendar year deductible.



Enrollment Group	Weekly Premium
Team Member Only	\$28.01
Team Member + Spouse	\$61.69
Team Member + Child(ren)	\$50.43
Team Member + Family	\$84.26

	In-Network	Out-of-Network
Deductible	\$0	\$5,000 per individual or \$10,000 family combined maximum
Combined Medical and Pharmacy Out-of-Pocket Maximum	\$6,000 per individual or \$12,000 combined family maximum	\$10,000 per individual or \$20,000 combined family maximum

Medical Copays

Ⓔ Preventive Care	\$0	40% After Deductible
Ⓔ Telehealth	\$0	
Ⓔ Outpatient Therapy (ex. mental health or substance abuse)	\$50	
Ⓔ Physical, Speech or Occupational Therapy	\$60	
Ⓔ Chiropractor	\$60	
Ⓔ Primary Care Provider	\$50	
Ⓔ OB/GYN	\$50	
Ⓔ Labs	\$0	
Ⓔ Specialist	\$150	
Ⓔ Standard Radiology (x-ray or ultrasound)	\$90	
Ⓔ Advanced Imaging (MRI, CT or PET scan)	\$600	
Ⓔ Durable Medical Equipment	\$150	
Ⓔ Outpatient Surgery	\$850	
Ⓔ Inpatient (per day)	\$1,500 / Day	

Emergency Care

Ⓔ Urgent Care	\$75	40% After Deductible
Ambulance	\$700	\$700
Emergency Room	\$1,000	\$1,000

Prescription Drugs

Generic	Up to 34 days	\$20	Not Covered
Preferred Brand Name		\$120	
Non-preferred / Specialty		\$250	
Generic	90-day	\$50	
Preferred Brand		\$300	
Non-preferred / Specialty		\$625	

Ⓔ Garner-approved services that qualify for copay reimbursement, up to an annual amount.



Enrollment Group	Weekly Premium
Team Member Only	\$52.65
Team Member + Spouse	\$113.12
Team Member + Child(ren)	\$92.32
Team Member + Family	\$132.01

	In-Network	Out-of-Network
Deductible	\$0	\$3,000 per individual or \$6,000 family combined maximum
Combined Medical and Pharmacy Out-of-Pocket Maximum	\$4,000 per individual or \$8,000 combined family maximum	\$8,000 per individual or \$16,000 combined family maximum

Medical Copays

Ⓔ Preventive Care	\$0	40% After Deductible
Ⓔ Telehealth	\$0	
Ⓔ Outpatient Therapy (ex. mental health or substance abuse)	\$30	
Ⓔ Physical, Speech or Occupational Therapy	\$40	
Ⓔ Chiropractor	\$40	
Ⓔ Primary Care Provider	\$30	
Ⓔ OB/GYN	\$30	
Ⓔ Labs	\$0	
Ⓔ Specialist	\$70	
Ⓔ Standard Radiology (x-ray or ultrasound)	\$60	
Ⓔ Advanced Imaging (MRI, CT or PET scan)	\$240	
Ⓔ Durable Medical Equipment	\$100	
Ⓔ Outpatient Surgery	\$425	
Ⓔ Inpatient (per day)	\$750 / Day	

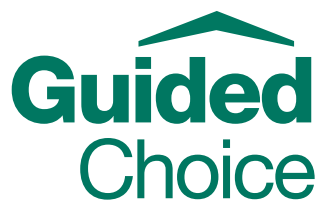
Emergency Care

Ⓔ Urgent Care	\$50	40% After Deductible
Ambulance	\$350	\$350
Emergency Room	\$500	\$500

Prescription Drugs

Generic	Up to 34 days	\$10	Not Covered
Preferred Brand Name		\$60	
Non-preferred / Specialty		\$150	
Generic	90-day	\$25	
Preferred Brand		\$150	
Non-preferred / Specialty		\$375	

Ⓔ Garner-approved services that qualify for copay reimbursement, up to an annual amount.



Enrollment Group		Weekly Premium
Team Member Only		\$23.81
Team Member + Spouse		\$52.44
Team Member + Child(ren)		\$42.87
Team Member + Family		\$71.62
Tier 1	Tier 2	Out-of-Network

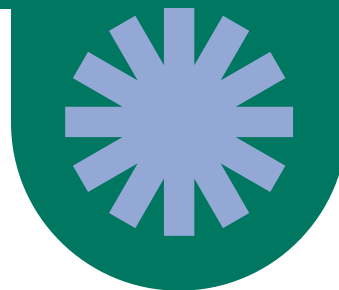
Medical		
Calendar Year Deductible - Ind/Family	\$0	\$3,000/\$6,000
Combined Medical and Pharmacy Out-of-Pocket Maximum Ind/Family	\$6,000/\$12,000	\$6,000/\$12,000
Member Coinsurance	0%	20%

Medical Copays/Coinsurance			
Preventive Care	\$0	\$0	40% After Deductible
Telehealth	\$0	\$0	
Outpatient Therapy (ex. mental health or substance abuse)	\$0	\$0	
Physical, Speech or Occupational Therapy	\$0	\$0	
Chiropractor	\$0	\$0	
Primary Care Provider	\$0	20% After Deductible	
Specialist	\$0		
OB/GYN	\$0		
Labs	\$0		
Standard Radiology (x-ray or ultrasound)	\$0		
Advanced Imaging (MRI, CT, or PET scan)	\$0		
Durable Medical Equipment	\$0		
Outpatient Surgery	\$0		
Inpatient (per day)	\$0		
Inpatient (if admitted through ER)	\$0	\$0	\$0

Emergency Care			
Urgent Care	\$50	\$50	40% After Deductible
Ambulance	\$350	\$350	\$350
Emergency Room	\$500	\$500	\$500

Prescription Drugs				
Generic	Up to 34 days	\$10	\$10	Not Covered
Preferred Brand Name		\$60	\$60	
Non-preferred / Specialty		\$150	\$150	
Generic	90-day	\$25	\$25	
Preferred Brand		\$150	\$150	
Non-preferred / Specialty		\$375	\$375	

*ER copay is waived if admitted to inpatient through the ER. To receive Tier 1 Coverage, you must visit Tier 1 Providers. Prescription drug copays are not applied towards your calendar year deductible.



FIND THE BEST IN-NETWORK CARE WITH GARNER

Garner Health has analyzed over 320 million medical records to identify the **top 20% of in-network providers** nationwide. Use the Garner Top Provider search tool to confidently choose high-performing doctors who are in-network, nearby, and have appointment availability.

WHAT ARE TOP PROVIDERS?

Top Providers are the best-performing medical professionals based on outcomes and cost-effectiveness. They're marked with a green Top Provider badge in the Garner Health app, making it easy to find trusted care tailored to your needs.

- ✓ Practice based on latest medical research
- ✓ Successfully diagnose problems
- ✓ Get the highest patient satisfaction ratings
- ✓ Produce the best patient outcomes

✱ **FREE** for Team Members and family on the Clayton medical plan!

ELIGIBLE PROVIDERS AND SERVICES

- ✓ Primary Care Provider
- ✓ Pediatrician
- ✓ Physical Therapist
- ✓ Mental Health Therapist
- ✓ Imaging or Lab Work
- ✓ Advanced Imaging (MRI or CT scan)
- ✓ Specialists (ex. Orthopedist, Cardiologist or Oncologist)

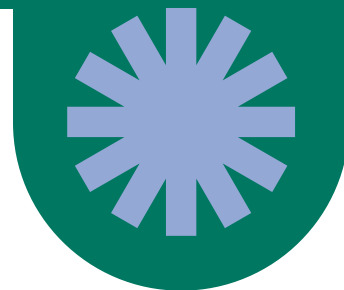
Garner has no financial relationships with doctors. Recommendations are based solely on independent analysis, not commissions or fees. Garner does not reimburse prescriptions, emergency room visits, services not covered by the health plan or services covered by your dental or vision insurance.

GARNER CONTACT INFO

mygarnerguide.com // (866) 761-9586
Message the Concierge in the app



Garner



GET STARTED

Before you seek medical care, search doctors on Garner's Top Provider Directory. Use Garner when you need a new provider or to verify your current medical team meets Garner's high-quality metrics.



scan here to
get started!

HOW TO SIGN UP

- Download the Garner Health App for the best experience or visit mygarnerguide.com.
- Click "Create An Account" & enter "Organization Name":

Cigna Medical Plan: Clayton Homes - Cigna

- **Activate your Garner benefit anytime:** You can access Garner at any time, signing up is not limited to your benefit enrollment period.
- **Family Plans:** Only one Garner account is needed per family. However, any covered dependent age 18 or older may choose to create their own account.

How to add Top Providers to your Care Team:

- Search by symptom, procedure, specialty, condition or provider name.
- Select a doctor with the green Top Provider badge.
- Look for the green banner noted "Approved for your Garner Benefit."
- **NEW!** Add providers to your Care Team before your appointment to ensure they're approved and easy to find.

Now you're all set! All qualified visits for you and your covered family members will be eligible for your Garner benefit.

GARNER CONCIERGE

Garner provides all members access to a Garner Concierge, a dedicated resource to help you find high-quality providers and answer questions about your account. Whether you're searching for a new doctor or need assistance navigating your benefits, the Concierge is available for support.

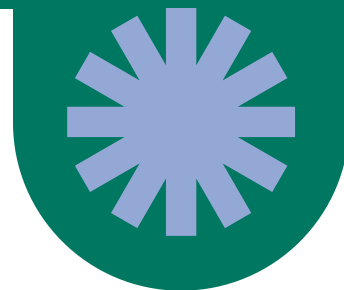
Available: Monday-Friday

8AM-10PM Eastern

Message the Concierge in the app

Email: concierge@getgarner.com

Call: (866) 761-9586



YOUR GARNER BENEFIT: SIMPLE & SIMPLE PLUS PLANS

Team Members and family enrolling in the Simple or Simple Plus plans **enjoy copay reimbursements**, up to an annual amount, for qualifying medical visits.



ADD TOP PROVIDERS TO YOUR ACCOUNT

To qualify for copay reimbursement, add providers to your Care Team before your appointment to ensure they're approved for your Garner benefit. Need help finding Top Providers or adding them to your Care Team? Contact your Garner Concierge.

PAY MEDICAL COPAYS AT THE TIME OF YOUR VISIT

When you receive care from a Garner Top Provider, pay your upfront copays as usual.

GET REWARDED!

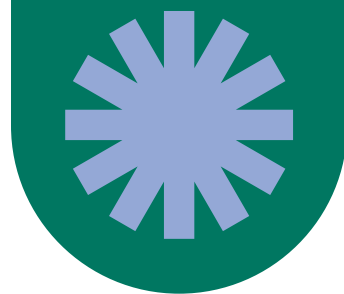
Receive up to \$3,000 for family coverage and \$1,500 for individual plans! When you visit Garner Top Providers, your out-of-pocket copays are automatically reimbursed for qualified visits, up to an annual amount. Your reimbursement will arrive in 6 to 8 weeks.

Helpful tip! Enroll in direct deposit to receive your copay reimbursements more quickly.

! IMPORTANT: Can I use my Health Care FSA dollars to pay for copays?

You may need to reconsider how much you elect to contribute to your Health Care FSA account. Since Garner will reimburse out-of-pocket copays, you may not need to contribute the same amount to your FSA as you historically have. Due to IRS regulations, you are not able to use FSA dollars to pay for medical expenses that will be reimbursed by Garner.

Garner



YOUR GARNER BENEFIT: GUIDED CHOICE PLAN

Team Members and family enrolling in the Guided Choice Plan enjoy unlimited Garner benefits with **100% Tier 1 coverage and \$0 upfront cost** for qualifying medical care.



**Search
Tier 1 Top
Providers**



**Pay \$0 at
the time of
service**

SEARCH TOP PROVIDERS

Use the Garner Top Provider Directory to determine if your doctor qualifies for Tier 1 coverage. When you visit in-network Tier 2 providers, you have coverage but will be subject to a deductible and co-insurance. **Always check your Garner app before your appointment.**

PAY \$0 AT THE TIME OF SERVICE

No upfront payments and no cost for qualifying care! Your plan will automatically pay 100% of the cost of eligible visits.

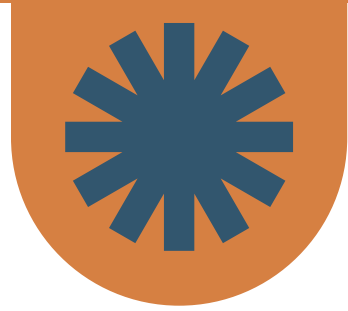
Guided Choice is only available at select work locations in 2026. For a list of qualifying work locations visit bit.ly/GuidedChoice.

garner

GARNER CONTACT INFO

mygarnerguide.com // (866) 761-9586
Message the Concierge in the app





TYPE 2 DIABETES REVERSAL & SUSTAINABLE WEIGHT LOSS

Virta Health has been clinically proven to help members lose weight and reverse type 2 diabetes and prediabetes, simply by using food as medicine. Working with a medical care team, you'll learn to shift what you eat (not how much) to naturally manage blood sugar, lose weight and reduce medications.



FREE

for eligible Team Members and family enrolled in the Clayton medical plan!



- **Reverse Type 2 Diabetes**

Lower your blood sugar to sub-diabetic level while reducing or eliminating diabetes medications.

- **Reverse Prediabetes**

Stop prediabetes in its tracks and prevent rising blood sugar levels.

- **Sustainable Weight Loss**

Lose weight and keep it off with Virta's personalized nutrition program.

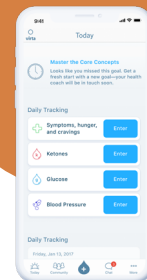


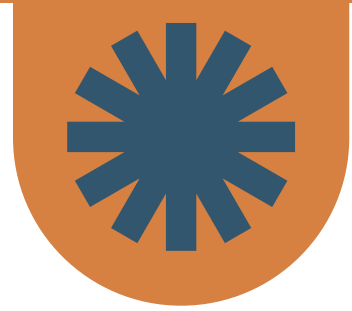
VIRTA CONTACT INFO

virtahealth.com/join/clayton

(844) 847-8216

DOWNLOAD
the app!





TYPE 2 DIABETES REVERSAL & SUSTAINABLE WEIGHT LOSS

Eligibility

- ✓ Team Members, spouses and dependents who are 18+ years old
- ✓ Must be enrolled in the Clayton medical plan
- ✓ Type 2 Diabetes Reversal: Eligible for individuals with type 2 diabetes or A1C of 6.5% or higher
- ✓ Prediabetes Reversal: Eligible for individuals with prediabetes or A1C of 5.7% - 6.4%
- ✓ Sustainable Weight Loss: Eligible for or individuals with body mass index (BMI) of 25 or higher

What's included

Everything you need for better health.

- Personalized nutrition program
- Dedicated health coach
- Physician-led care team
- Virta starter kit including connected scale
- Free diabetes testing supplies for patients with type 2 diabetes
- Meal plans, member community, and more!



VIRTA CONTACT INFO
virtahealth.com/join/clayton
(844) 847-8216



2026 free prescription drug list

In an effort to assist Team Members and their families who take essential medications for chronic conditions, the below list of drugs are **completely free for you and any covered dependents** as part of your medical plan enrollment. These drugs are free when you fill a 30 or 90 day supply through a retail or mail order pharmacy.

Respiratory	Depression	Cholesterol Lowering	Diabetes
Albuterol (HFA, nebulizer solution, oral) Arformoterol Breyna Budesonide/Formoterol Budesonide Oral Inhalation Cromolyn Nebulizer Solution Fluticasone/Salmeterol Formoterol Ipratropium / Albuterol Nebulizer Solution Ipratropium Nebulizer Solution Levabuterol Nebulizer Solution Metaproterenol Montelukast Terbutaline Oral Theophylline Theophylline er Tiotropium Cap-inhaler Wixela Inhub Zafirlukast Zileuton Er	Citalopram Escitalopram Fluvastatin Er Fluoxetine Fluvoxamine Paroxetine Paroxetine Er Pitavastatin Sertraline	HMG-COA REDUCTASE INHIBITORS Atorvastatin Fluvastatin Lovastatin Pravastatin Rosuvastatin Simvastatin OTHER CHOLESTEROL LOWERING AGENTS Amlodipine / Atorvastatin Cholestyramine Cholestyramine Light Colesevelam Colestipol Ezetimibe Ezetimibe / Simvastatin Fenofibrate Fenofibric Acid Fenofibric Acid Dr Gemfibrozil Niacin Niacin Er Prevalite	Acarbose Generic Lancet Generic Needles Generic Syringe Glimepiride Glipizide Glipizide Er Glipizide / Metformin Glyburide Glyburide / Metformin Metformin Metformin solution Metformin Er Miglitol Nateglinide Pioglitazone Pioglitazone / Glimepiride Pioglitazone / Metformin Repaglinide Saxagliptin Saxagliptin/Metformin
Bone Disease	Dental	Heart Disease & Stroke	Colorectal
Alendronate Ibandronate Raloxifene Risedronate Zoledronic Acid 5mg	Periomed Sodium Fluoride Oral (Rinse, Gel, Cream, Paste, Tabs, Drops) Risedronate Dr	BLOOD THINNERS Aspirin 325 mg Aspirin 81mg Aspirin-Dipyridamole Er Clopidogrel Dabigatran Dipyridamole Jantoven Prasugrel Warfarin	COLONOSCOPY PREP Gavilyte-C Gavilyte-G Gavilyte-N PEG-3350/electrolytes sodium, potassium and magnesium sulfates

High Blood Pressure			Tobacco Cessation
ACE INHIBITORS Benazepril Captopril Enalapril Fosinopril Lisinopril Moexipril Perindopril Quinapril Ramipril Trandolapril ACE INHIBITORS / DIURETIC COMBINATIONS Benazepril / Hctz Captopril / Hctz Enalapril / Hctz Fosinopril / Hctz Lisinopril / Hctz Quinapril / Hctz ANGIOTENSIN II RECEPTOR ANTAGONISTS Candesartan Eprosartan Irbesartan Losartan Olmesartan Telmisartan Valsartan	ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS Candesartan / Hctz Irbesartan / Hctz Losartan / Hctz Olmesartan / Hctz Telmisartan / Hctz Valsartan / Hctz BETA BLOCKERS Acebutolol Atenolol Betaxolol Bisoprolol Metoprolol Succinate Er Metoprolol Tartrate Nadolol Nebivolol Pindolol Propranolol Propranolol Er Timolol BETA BLOCKERS / DIURETIC COMBINATIONS Atenolol / Chlorthalidone Bisoprolol / Hctz Metoprolol / Hctz Propranolol / Hctz	CALCIUM CHANNEL BLOCKERS Amlodipine Cartia Xt Diltiazem Diltiazem Cd Diltiazem Er Felodipine Er Isradipine Matzim La Nicardipine Nifedipine Nifedipine Er Nisoldipine Er Tiadylt Er Taztia Xt Verapamil Verapamil Er Verapamil Er PM Verapamil Sr OTHER HIGH BLOOD PRESSURE COMBINATIONS Amlodipine / Atorvastatin Amlodipine / Benazepril Amlodipine / Olmesartan Amlodipine / Olmesartan / Hctz Amlodipine / Telmisartan Amlodipine / Valsartan Amlodipine / Valsartan / Hctz Trandolapril / Verapamil	Bupropion Sr 150mg Nicotine Gum Nicotine Lozenges Nicotine Patches Varenicline Malaria Atovaquone / Proguanil Chloroquine Mefloquine Primaquine Vitamins Generic Pediatric Multivitamins with Fluoride Folic Acid Generic Prenatal Obesity Benzphetamine Diethylpropion Diethylpropion Er Phendimetrazine Phentermine Phendimetrazine Er Diuretics Chlorthalidone Hydrochlorothiazide Indapamide Metolazone

Please note, these are in addition to any prescriptions that are free under the Affordable Care Act (ACA). This list is subject to change at any time. For the most up to date information, contact Express Scripts.



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Telemedicine



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and family enrolled in the Clayton
medical plan!

24/7 ACCESS to board certified doctors

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Common conditions treated

- Cold & Flu Symptoms
- Ear Infections
- Fevers
- Respiratory & Sinus Issues
- Behavioral & Mental Health



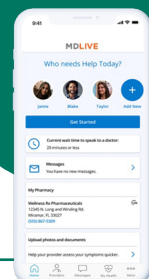
Telehealth is not appropriate for every medical condition and should not be used in the event of a medical emergency. In case of a medical emergency, you should dial 911 immediately. State restrictions may apply.

MDLIVE

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Voya Plans



Accidents, hospitalizations and critical illnesses can happen unexpectedly and be financially challenging. These coverages pay you a benefit determined by the plan you select and the health event **to provide you and your family financial assistance during unforeseen health matters.**

Note: Voya is supplemental insurance, meaning it provides additional financial support for unexpected health events but does not replace your primary medical coverage. No underwriting required.

Here are a few examples of how accident, hospital indemnity and critical illness insurance benefits could be used:

- Medical expenses, such as copays or prescriptions
- Lost income due to missed time at work
- Everyday expenses like utilities and groceries
- Home healthcare costs

✶ How to file a claim

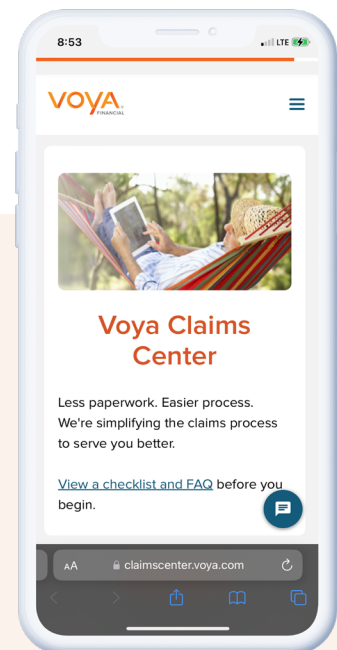
Step 1: Visit Voya's Claims Center at voya.com/claims and click on "Start A Claim"

Step 2: Complete the questionnaire

Step 3: Download your claim form package, if applicable

Step 4: Complete the form package and gather supporting documents (if applicable)

Step 5: Submit your claim



VOYA CONTACT INFO
presents.voya.com/ebrc/claytonhomes
(877) 236-7564



Voya Plans



preventive care benefit

Get paid for completing your preventive care visits!

By enrolling in any of the VOYA plans, **you and your covered dependents can each get paid \$75** annually simply by completing one recommended health exam. To receive the **\$75** payment per individual, submit a claim through VOYA within **one year from the date of service**.

Please note, each covered individual may only receive a \$75 payment once annually per line of coverage, even if you complete multiple health screenings.

examples of covered health screenings

- ✓ Routine Eye Exam
- ✓ Prostate Cancer Screening
- ✓ Fasting Blood Glucose
- ✓ Well Child / Preventive Exams Through Age 18
- ✓ Routine Dental Exam
- ✓ Biometric Screening
- ✓ Adult Annual Physical
- ✓ Colonoscopy
- ✓ COVID-19 Test / Vaccine
- ✓ Mammography

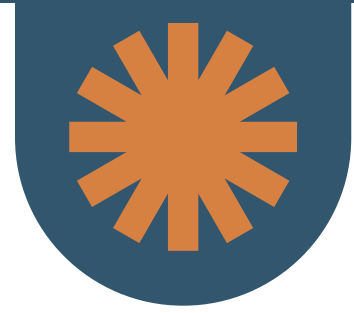
- ✓ Hearing Test
- ✓ Stress Test



VOYA CONTACT INFO
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(877) 236-7564



Accident Insurance



Accidents can result in unplanned medical expenses. While our medical plans offer set copays allowing you to know exactly what you will pay, other expenses are still associated with an accident that you may have not budgeted for such as an ambulance ride, ER visit, x-ray and follow up treatments." While our medical plans—whether Simple Plans or the Guided Choice Plan—help cover many healthcare costs, unexpected expenses can still arise after an accident. These may include ambulance transportation, emergency room visits, X-rays and diagnostic imaging, and follow-up treatments or therapy. Accident Insurance provides an extra layer of financial protection by helping cover these out-of-pocket costs, so you can focus on recovery instead of worrying about surprise bills.

By enrolling in Accident coverage, you will receive a lump sum payment per covered medical service administered in connection with a covered accident that occurs on or after the effective date of coverage. The benefit amount payable depends on the type of injury and care received.



Low Plan Weekly Premiums	Team Member Only	\$1.15
	Team Member + Spouse	\$2.46
	Team Member + Child(ren)	\$2.94
	Team Member + Family	\$4.25

High Plan Weekly Premiums	Team Member Only	\$2.04
	Team Member + Spouse	\$3.98
	Team Member + Child(ren)	\$4.63
	Team Member + Family	\$6.57



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Accident Insurance

Event	Low Plan	High Plan
Hospital Care		
Surgery Open Abdominal, Thoracic	\$800	\$1,200
Surgery Exploratory Or Without Repair	\$125	\$175
Blood, Plasma, Platelets	\$400	\$600
Hospital Admission	\$1,000	\$1,250
Hospital Confinement Per Day, Up To 365 Days	\$300	\$375
Critical Care Unit Confinement Per Day, Up To 30 Days	\$475	\$1,250
Rehabilitation Facility Confinement Per Day, Up To 90 Days	\$150	\$200
Non-induced Coma Duration Of 14 Or More Days	\$11,500	\$17,000
Transportation Per Trip, Up To 3 Per Accident	\$500	\$750
Lodging Per Day, Up To 30 Days	\$120	\$180
Accident Care		
Initial Doctor Visit	\$60	\$100
Urgent Care Facility Treatment	\$250	\$250
Emergency Room Treatment	\$250	\$250
Ground Ambulance	\$350	\$700
Air Ambulance	\$1,000	\$2,000
Follow-Up Doctor Treatment	\$60	\$100
Chiropractic Treatment, Up To 10 Per Accident	\$30	\$50
Medical Equipment	\$100	\$200
Physical Or Occupational Therapy, Up To 10 Per Accident	\$30	\$50
Speech Therapy, Up To 10 Per Accident	\$30	\$50
Prosthetic Device (1)	\$500	\$750
Prosthetic Device (2 Or More)	\$800	\$1,200
Major Diagnostic Exam	\$200	\$400
Outpatient Surgery, 1 Per Accident	\$150	\$225
X-Ray	\$60	\$90

SPORTS ACCIDENT BENEFIT: If your accident occurs while participating in an organized sporting activity, as defined by VOYA, the Accident Hospital Care, Accident Care, or Common Injuries benefit will be increased by 50%, up to a maximum additional benefit of \$2,000.

Please note, you may be required to seek care for your injury within a set amount of time. For a list of exclusions and limitations contact VOYA.

Accident Insurance

Common Injuries	Low Plan	High Plan
Burns Second Degree, At least 36% Of The Body	\$1,000	\$1,250
Burns Third Degree, At Least 9 But Less Than 35 Square Inches Of The Body	\$4,500	\$7,500
Burns Third Degree, 35 Or More Square Inches Of The Body	\$10,000	\$15,000
Skin Grafts	50% of the burn benefit	50% of the burn benefit
Emergency Dental Work	\$250 Crown, \$60 Extraction	\$350 Crown, \$90 Extraction
Eye Injury Removal Of Foreign Object	\$60	\$100
Eye Injury Surgery	\$225	\$350
Torn Knee Cartilage Surgery With No Repair Or If Cartilage Is Shaved	\$150	\$225
Torn Knee Cartilage Surgical Repair	\$500	\$800
Laceration ¹ Treated No Sutures	\$20	\$30
Laceration ¹ Sutures Up To 2"	\$40	\$60
Laceration ¹ Sutures 2-6"	\$160	\$240
Laceration ¹ Sutures Over 6"	\$400	\$800
Ruptured Disk Surgical Repair	\$500	\$800
Tendon / Ligament / Rotator Cuff Exploratory Arthroscopic Surgery With No Repair	\$275	\$425
Tendon / Ligament / Rotator Cuff, 1 Surgical Repair	\$550	\$825
Tendon / Ligament / Rotator Cuff 2, Or More Surgical Repair	\$800	\$1,225
Concussion	\$600	\$700
Paralysis - Paraplegia	\$12,000	\$16,000
Paralysis - Quadriplegia	\$30,000	\$50,000
Dislocations	Closed/Open Reduction ²	Closed/Open Reduction ²
Hip Joint	\$2,550 / \$5,100	\$5,000 / \$8,000
Knee	\$1,600 / \$3,200	\$3,000 / \$6,000
Ankle Or Foot Bone(s), Other Than Toes	\$1,250 / \$2,500	\$1,800 / \$3,600
Shoulder	\$2,500 / \$5,000	\$3,000 / \$6,000
Elbow	\$750 / \$1,500	\$1,500 / \$3,000
Wrist	\$750 / \$1,500	\$1,500 / \$3,000
Finger / Toe	\$275 / \$550	\$350 / \$700
Hand Bone(s), Other Than Fingers	\$750 / \$1,500	\$1,500 / 3,000
Lower Jaw	\$750 / \$1,500	\$1,500 / 3,000
Collarbone	\$750 / \$1,500	\$1,500 / 3,000
Partial Dislocations	25% of the closed reduction amount	25% of the closed reduction amount

Accident Insurance

Coverage Continued	Low Plan	High Plan
Fractures	Closed/Open Reduction ³	Closed/Open Reduction ³
Hip	\$2,000 / \$4,000	\$6,000 / \$12,000
Leg	\$1,500 / \$3,000	\$2,800 / \$5,600
Ankle	\$2,500 / \$5,000	\$2,700 / \$5,400
Kneecap	\$1,200 / \$2,400	\$2,500 / \$5,000
Foot, Excluding Toes & Heel	\$1,200 / \$2,400	\$2,500 / \$5,000
Upper Arm	\$1,400 / \$2,800	\$2,750 / \$5,500
Forearm, Hand, Wrist Except Fingers	\$2,800 / \$5,600	\$3,000 / \$6,000
Finger, Toe	\$200 / \$400	\$400 / \$800
Vertebral Body	\$2,240 / \$4,480	\$4,200 / \$8,400
Vertebral Processes	\$960 / \$1,920	\$2,000 / \$4,000
Pelvis, Except Coccyx	\$2,250 / \$4,500	\$4,000 / \$8,000
Coccyx	\$200 / \$400	\$500 / \$1,000
Bones Of Face, Except Nose	\$800 / \$1,600	\$1,400 / \$2,800
Nose	\$400 / \$800	\$750 / \$1,500
Upper Jaw	\$1,000 / \$2,000	\$1,750 / \$3,500
Lower Jaw	\$960 / \$1,920	\$2,000 / \$4,000
Collarbone	\$960 / \$1,920	\$2,000 / \$4,000
Rib Or Ribs	\$300 / \$600	\$600 / \$1,200
Skull - Simple, Except Bones Of Face	\$1,000 / \$2,000	\$1,750 / \$3,500
Skull - Depressed, Except Bones Of Face	\$2,000 / \$4,000	\$5,000 / \$10,000
Sternum	\$240 / \$480	\$500 / \$1,000
Shoulder Blade	\$1,200 / \$2,400	\$2,500 / \$5,000
Chip Fractures	25% of the closed reduction amount	25% of the closed reduction amount

1. Laceration benefits are a total of all lacerations per accident.
2. Closed reduction of dislocation = Non-surgical reduction of a completely separated joint.
Open reduction of dislocation = Surgical reduction of a completely separated joint.
3. Closed reduction of fracture = Non-surgical. Open reduction of fracture = Surgical.

VOYA
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Hospital Indemnity



Hospital Indemnity coverage can provide financial protection **by paying you an admission benefit, plus a fixed daily rate**, if you have a covered stay in the hospital, critical care unit, or rehabilitation facility on or after the effective date of coverage. There are two plan options for you to choose from to best suit your needs.

Expecting a baby in 2026? Consider Hospital Indemnity coverage. You would receive the hospital admission benefit, a fixed daily confinement rate based on the number of days you are in the hospital (starting with day 2), plus a \$300 newborn benefit. If your newborn is added to your Hospital Indemnity coverage at the time of birth (qualified life event), your newborn will be eligible for the admission benefit and confinement benefit (Critical Care Units if treated).

Covered Benefits	Low Plan	High Plan
Admission Benefit An admission benefit is payable for Hospital, Critical Care Unit and Rehabilitation Facility admission, once per confinement.	\$1,000	\$2,000
Hospital Confinement A daily confinement benefit is payable for up to 90 days per confinement, beginning on day 2 of confinement.	\$100	\$100
Critical Care Unit (CCU) Confinement A daily confinement benefit is payable for up to 90 days per confinement, beginning on day 2 of confinement.	\$200	\$200
Rehabilitation Facility Confinement A daily confinement benefit is payable for up to 90 days per confinement, beginning on day 2 of confinement. Includes mental health and substance use facilities.	\$100	\$100
Observation Unit Daily Benefit A benefit is payable up to 4 days per calendar year, for admission to a hospital observation unit for at least 4 consecutive hours other than as an inpatient.	\$350	\$700

	Coverage Type	Low Plan	High Plan
Weekly Premiums	Team Member Only	\$2.55	\$3.70
	Team Member + Spouse	\$6.05	\$9.05
	Team Member + Child(ren)	\$4.77	\$6.94
	Team Member + Family	\$8.27	\$12.29

You must send VOYA written proof of your claim within 90 days after the date of loss. Failure to give such proof within this timeframe will not invalidate or reduce any payable claim if it can be shown that it was not reasonably possible to give such proof within that time, and the proof was given as soon as reasonably possible. However, in any event, you must provide proof of claim no later than one year after the time proof is otherwise required, except in the absence of legal capacity.

For a list of exclusions and limitations, contact VOYA.

Critical Illness



Being diagnosed with a critical illness can be devastating, both personally and financially. Enrolling in Critical Illness insurance coverage would **pay a percentage of your benefit amount selected if you or a covered family member is diagnosed with a covered illness or condition on or after the effective date of coverage.** The benefit amount payable depends on the type of illness or condition and the coverage amount you elect.

You can receive a benefit more than once. Each condition below is payable multiple times as long as you have the policy in place. For instance, if you had a covered heart attack in 2026, then had a second heart attack, you may be eligible for payment.**

Coverage Options	
Team Member	\$10,000, \$20,000, \$30,000 or \$40,000
Spouse	\$10,000, \$20,000, \$30,000 or \$40,000 – not to exceed 100% of Team Member's elected coverage
Child(ren)	\$10,000, \$20,000, \$30,000 or \$40,000 – not to exceed 100% of Team Member's elected coverage

The below list is a summary of benefits provided under Critical Illness coverage.

base benefit

- Major Organ Transplant* 100%
- Carcinoma In Situ (50% Of Critical Illness Benefit)
- Coronary Artery Bypass 100%
- Heart Attack and Sudden Cardiac Arrest 110%
- Cancer 110%
- Stroke 110%

major organ benefit

- Transient Ischemic Attacks (TIA) (25% Of Critical Illness Benefit)
- Ruptured Or Dissecting Aneurysm (10% Of Critical Illness Benefit)
- Implantable / Internal Cardioverter Defibrillator (ICD) Placement (25% Of Critical Illness Benefit)
- Severe Burns 100%
- Pacemaker Placement (10% Of Critical Illness Benefit)
- Abdominal Aortic Aneurysm (10% Of Critical Illness Benefit)
- Open Heart Surgery For Valve (25% Of Critical Illness Benefit)
- Type I Diabetes 100%
- Coronary Angioplasty (10% Of Critical Illness Benefit)
- Thoracic Aortic Aneurysm (10% Of Critical Illness Benefit)
- Transcatheter Heart Valve Replacement Or Repair (10% Of Critical Illness Benefit)

enhanced cancer benefit

- Bone Marrow Transplant (100% Of Critical Illness Benefit)
- Benign Brain Tumor 100%
- Stem Cell Transplant (100% Of Critical Illness Benefit)
- Skin Cancer (10% Of Critical Illness Benefit)

*Major organ transplant means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ in addition to being placed on the UNOS list.

**There is a 1 month separation period for cancer diagnoses.

Critical Illness



quality of life benefit

- Permanent Paralysis 100%
- Amyotrophic Lateral Sclerosis (ALS) (50% Of Critical Illness Benefit)
- Multiple Sclerosis 150%
- Advanced Dementia (Including Alzheimer's disease 150%)
- Coma 100%
- Infectious Disease (ex. COVID-19, sepsis, or bacterial pneumonia) if confined to a hospital for 5+ days or a transitional facility for 14+ days (10% of Critical Illness Benefit)
- Parkinson's Disease 150%

additional child disease benefit

- Cerebral Palsy 100%
- Congenital Birth Defects 100%
- Type IV Glycogen Storage Disease 100%
- Niemann-Pick Disease 100%
- Infantile Tay-Sachs 100%
- Gaucher Disease, Type II 100% or III 100%
- Sickle Cell Anemia 100%
- Type I Diabetes 100%
- Zellweger Syndrome 100%
- Pompe Disease 100%
- Cystic Fibrosis 100%
- Down Syndrome 100%

Team Member and Spouse Coverage Weekly Premiums

Age	\$10,000	\$20,000	\$30,000	\$40,000
Under 25	\$0.44	\$0.88	\$1.32	\$1.75
25-29	\$0.53	\$1.06	\$1.59	\$2.12
30-34	\$0.78	\$1.57	\$2.35	\$3.14
35-39	\$0.95	\$1.89	\$2.84	\$3.78
40-44	\$2.03	\$4.06	\$6.09	\$8.12
45-49	\$4.20	\$8.40	\$12.60	\$16.80
50-54	\$5.01	\$10.02	\$15.02	\$20.03
55-59	\$6.12	\$12.23	\$18.35	\$24.46
60-64	\$7.94	\$15.88	\$23.82	\$31.75
65-69	\$8.08	\$16.15	\$24.23	\$32.31
70+	\$10.43	\$20.86	\$31.29	\$41.72
Cost based on your age as of 1/1/2026.				



Child(ren) Coverage Weekly Premiums

Coverage	Rate
\$10,000	\$0.81
\$20,000	\$1.62
\$30,000	\$2.42
\$40,000	\$3.23

Health Care Flexible Spending Account



A Health Care Flexible Spending Account (FSA) **provides you with the ability to set aside pre-tax dollars to pay for qualified medical expenses.** You choose how much money to contribute to your FSA, within certain limits.

What are common examples of qualified medical expenses?

A Health Care FSA will usually cover expenses such as copays, eye glasses or contact lenses, dental work and orthodontia, medical equipment, hearing aids or chiropractic care. Many over-the-counter drugs, such as cold and allergy medicines, pain relievers and antacids, can also be reimbursed through an FSA. (*Rx may be required)

How do I access my FSA funds?

You will receive a debit card to access your FSA funds. Keep in mind, you may need to submit documentation of the purchase to Optum Financial. You can also pay for eligible expenses with any other form of payment and request reimbursement from your account.

How can I find my account balance and review transactions?

Account balance and claims status information is available by using the mobile app or logging on to your online account. Your mobile and online accounts are secure and updated in real time.

Can I change my contribution throughout the year?

Once an election for the FSA has been made, you cannot change the amount unless you have a qualifying life event. (ex. marriage, birth, etc.)

What happens if I do not spend all my FSA funds by year end?

FSAs are a use it or lose it account. You can only roll over \$660 into the next calendar year. Therefore, consider your expected medical and Rx costs before selecting your FSA annual contribution.

What happens if I leave the company?

You are eligible to be reimbursed only for services that were incurred before your termination date, but you can request reimbursement for these expenses through the end of the calendar year.



With Garner, you may not need to contribute as much to your Health Care FSA.

Due to IRS regulations you are not able to use FSA dollars to pay for medical expenses that will be reimbursed by Garner. If you are seeing a Garner-approved provider, please pay the out-of-pocket copays with dollars outside of your FSA and wait to be reimbursed by Garner. You may need to reevaluate how much you contribute to your FSA plan.

Dependent Care Flexible Spending Account



A Dependent Care FSA allows you to save **pre-tax dollars to pay for qualified dependent care expenses**, including those for **aging parents and children 12 and under**.

Common expenses eligible for use with a Dependent Care FSA

- Before or after school care
- Qualifying custodial care for dependent adults
- Licensed day care centers
- Nursery or preschools
- Childcare at a day camp or private sitter
- Summer or holiday camps

What type of expenses are NOT eligible for use with a Dependent Care FSA:

- Expenses for non-disabled children 13 or older
- Food, clothing, sports lessons or field trips
- Registration fees
- Late payment fees
- Medical care



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Dependent Care Flexible Spending Account



How does a Dependent Care FSA work?

- To enroll, elect an annual amount during your benefits enrollment. The associated premium will be deducted each paycheck.
- After paying out-of-pocket for your eligible Dependent Care FSA expense, you can submit for reimbursement.
- You can only be reimbursed up to the amount you've contributed in weekly premiums so far.

What happens if I leave the company?

You are eligible to submit expenses for reimbursement through the end of the calendar year. This allows you to spend down the account balance you contributed through payroll deductions while employed.

It is important to note, Dependent Care FSA funds do not rollover into the following year. Unused funds cannot be reimbursed or transferred to your Health Care FSA account.

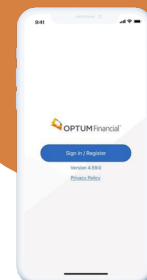


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Dental

Enrollment Group	Preventive Weekly Premium	Major + Ortho Weekly Premium
Team Member Only	\$4.87	\$9.75
Team Member + Spouse	\$9.75	\$19.49
Team Member + Child(ren)	\$9.75	\$19.49
Team Member + Family	\$9.75	\$19.49
Deductible		
Team Member Only	\$50	\$25
Team Member + Spouse Team Member + Child(ren) Team Member + Family	\$150	\$75
Annual Maximum		
Note: Preventive, basic and major services do count towards your annual maximum.	\$1,000 per individual, per calendar year	\$2,000 per individual, per calendar year
Preventive Services		
Exams	Covered At 100% No Deductible	Covered At 100% No Deductible
Routine Cleanings		
Fluoride (less than 15 years old)		
X-Rays		
Sealants		
Space Maintainers		
Basic Services		
Fillings	Covered At 80% After Deductible	Covered At 80% After Deductible
Extractions		
Root Canals		
Periodontic Procedures		
Oral Surgery		
Major Services		
Inlays / Onlays	Not Covered	Covered At 50% After Deductible
Crowns		
Dentures		
Orthodontic Services	Not Covered	Covered At 50% Up To \$1,500 After Deductible (\$1,500 lifetime max per individual)



CIGNA CONTACT INFO
mycigna.com // (800) 244-6224

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Vision

Enrollment Group	Weekly Premium
Team Member Only	\$1.12
Team Member + Spouse	\$2.24
Team Member + Child(ren)	\$2.54
Team Member + Family	\$3.93

	In-Network
Eye Exam (once per calendar year)	\$10 Copay

Frames (once per calendar year)	\$175 Allowance
Standard Plastic Lens (once per calendar year)	\$20 Copay
Single	
Bifocal	
Trifocal	
Lenticular	No Cost
Adult Polycarb, Scratch Coating & Tint	

Contact Lens (in lieu of lenses and frames)	\$175 Allowance
Fitting Fee	\$30 Copay

hearing aid discount

- ✓ Free hearing exam
- ✓ Discount of up to 40% off premium hearing aids
- ✓ superiorvision.yourhearing.com
(888) 494-1272

lasik vision correction discount

- ✓ Up to 50% off the national average price
- ✓ lasik.sv.qualsight.com
(877) 201-3602

an important note about hearing aids

Hearing aids may be more cost-effective through the medical plan. When using a Garner-approved provider, some copays may be reimbursed. We recommend consulting with the Benefits team prior to purchasing hearing aids.



SUPERIOR VISION
CONTACT INFO
superiorvision.com
(844) 549-2603



Life Insurance



additional life

- Purchase up to 10x your covered earnings (not to exceed \$2 million).
- Cost is based on amount selected and age as of January 1st. The cost will be shown during your benefits enrollment.
- Life insurance is based off gross wages from a specified period of time.
- Underwriting may be required.

 **\$30,000**


life insurance is provided at no cost to full-time Team Members!

spouse life

- Purchase up to \$250k in increments of \$25k.
- Cost is based on amount selected and age as of January 1st. The cost will be shown during your benefits enrollment.
- Coverage cannot exceed 50% of your life insurance coverage.
- You must be enrolled in additional life to purchase spouse life.
- Underwriting may be required.

child life

- Purchase \$10,000 for your children under age 26.
- Cost is \$0.23 per week for any number of children covered.

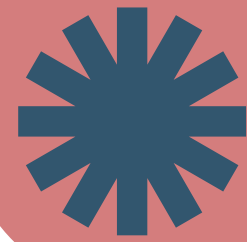
 **NOTE:** Basic, additional, and spouse life insurance reduces by 35% at age 65 and 50% at age 70.



PRUDENTIAL CONTACT INFO

contact by phone // (800) 524-0542

Short-Term Disability



Short-Term Disability (STD) provides financial support to replace lost income while disabled due to a **short-term illness or non-work related injury**.

Short-Term Disability is provided at no cost to you!



Pays 50% of covered earnings up to \$1,500 per week.



Weekly benefit can continue for up to 26 weeks.

- STD is based off your salary or hourly rate and commissions from a specified period of time.
- There is a 7 day waiting period. STD will begin on the 8th day of disability. No waiting period for accidents.
- Short-Term Disability benefits will be reduced by any payments received from state-sponsored disability or leave programs.

BUY-UP OPTION



Cost is based on weekly benefit amount.



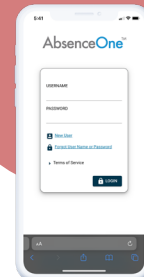
Pays 66.7% of covered earnings up to \$3,000 per week.

AbsenceOne™

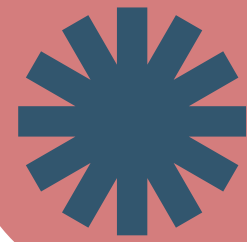
ABSENCEONE CONTACT INFO

absenceone.com/clayton
(855) 366-2152

**VISIT US
online!**



Long-Term Disability



Long-Term Disability (LTD) protects your income **if you are unable to work for a long period of time due to an illness or injury**. Long-Term Disability begins after Short-Term Disability ends.

Long-Term Disability is provided at no cost to you!



Pays 50% of covered earnings up to \$6,500 per month.



Monthly benefit can continue until the Social Security normal retirement age.

- LTD is based off your salary or hourly rate, plus bonuses and commissions from a specified period of time.
- LTD may be offset by other income such as SSI, Worker's Comp, etc.
- The minimum is \$100/month.
- A pre-existing condition review occurs if your date of disability falls within 12 months of your coverage effective date.

BUY-UP OPTION



Cost is based on amount of your covered earnings.



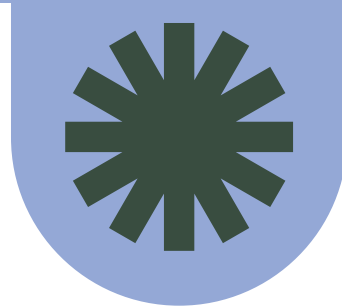
Pays 66.7% of covered earnings up to \$25,000 per month.



PRUDENTIAL CONTACT INFO

contact by phone // (800) 524-0542

Healthy Pregnancies, Healthy Babies



Cigna's Healthy Pregnancies, Healthy Babies aim to support patients at the very start of their pregnancies. Once enrolled, you will connect with a maternity specialist who will provide an initial risk assessment, prenatal education, care management support and routine follow-up assessments throughout your pregnancy.

Enroll as soon as you know you are expecting

Cigna Healthy Pregnancies, Healthy Babies

(800) 615-2906

With Cigna

Enroll during your first trimester to receive \$250.

Enroll during your second trimester to receive \$125 upon completion of the program.

Upon completion of the program, Cigna will automatically mail a check to your home address within 8 to 10 weeks or direct deposit.

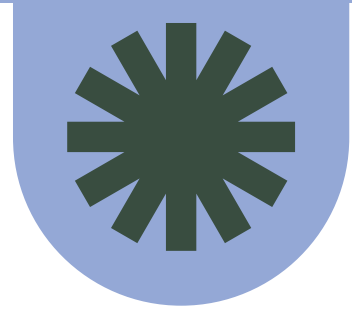


FREE

for eligible Team Members and family enrolled in the Clayton medical plan!



Paid Parental Leave

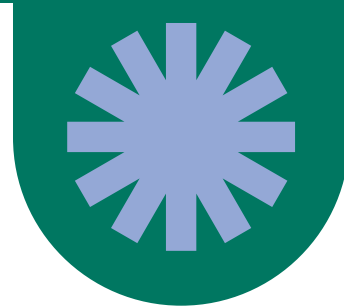


We're proud to offer paid parental leave to support new parents! It's an incredibly special time for nurturing and bonding for all parents, as well as needed time off for healing and recovery for moms after delivery. **We hope this offering of paid parental leave will encourage and empower new parents to take the time they need and give them financial support while doing so.**

For Moms Who Deliver	All Parents
<ul style="list-style-type: none">✓ 10 weeks following delivery✓ 100% base pay at time of delivery✓ Paid through AbsenceOne✓ Will be reduced by any payments received from state-sponsored disability or leave programs.	<ul style="list-style-type: none">✓ 4 weeks✓ 50% of base pay✓ Must be used within 6 months of birth, adoption or foster placement✓ Cannot be used intermittently✓ For moms who deliver, the 4 weeks at 50% pay will begin after the 10 weeks of 100% pay ends✓ Paid through payroll✓ Insurance premiums and arrears deducted



Identity Theft Protection



What is identity theft?

Identity theft occurs when your personal information is stolen to take over or open new accounts, file fraudulent tax returns, rent or purchase property, or engage in other criminal activities in your name. While no organization or individual can completely prevent identity theft, Norton LifeLock helps by alerting you to potential misuse of your personal information, serving as a valuable deterrent to unauthorized use of your identity. Please note that LifeLock cannot monitor all transactions at all businesses.

Why do I need protection?



Every 3 seconds
there was a victim of
identity theft in 2023.



\$50+ billion was
lost to cybercrime
in the US in 2023.



3 in 5 U.S. consumers
have been victim to
cybercrime.

How does Norton LifeLock work?

Norton LifeLock monitors for fraudulent use of your Social Security number, name, address, or date of birth in applications for credit and services. When activity involving your information occurs, you'll be alerted by email, text, or phone. If you become a victim of identity theft, Norton LifeLock protection includes reimbursement for stolen funds and coverage for personal expenses (with limits up to \$1 million), as well as access to lawyers and experts to help resolve your case. Signing up for Norton LifeLock is an important step in protecting your identity. As a member, you'll receive ongoing communications to keep you informed about your membership and any important updates related to your identity.

When you enroll you will receive:

- A welcome email explaining how Norton LifeLock helps protect you.
- The email will include a link to register your online account.
- Use the link to set up your username and password for the member portal.

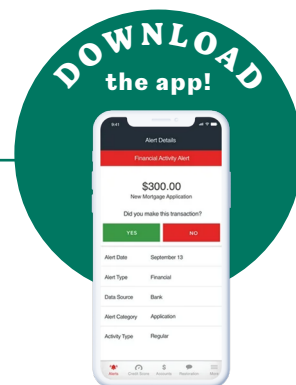


NORTON LIFELOCK CONTACT INFO

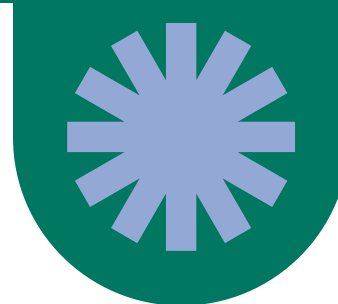
www.norton.com/benefitplans

(800) 607-9174

Monday - Friday // 9AM - 7PM ET



Identity Theft Protection



Norton LifeLock Benefit Essential™

- ✓ Buy Now Pay Later Fraud Monitoring
- ✓ Checking & Savings Account Application Alerts
- ✓ Credit, Checking & Savings Account Activity Alerts
- ✓ Credit Monitoring (1 Bureau)
- ✓ Credit Report & Scores (1 Bureau)
- ✓ Reduced Pre-Approved Credit Card Offers
- ✓ Financial Monitoring
- ✓ Child Identity Protection
- ✓ Dark Web Monitoring
- ✓ Data Breach Notifications
- ✓ Fictitious Identity Monitoring
- ✓ File-sharing Network Searches
- ✓ Freeze Center
- ✓ Identity Lock
- ✓ Identity & Social Security Alerts
- ✓ ID Verification Monitoring
- ✓ Phone Takeover Monitoring
- ✓ Sex Offender Registry Reports
- ✓ Social Media Monitoring
- ✓ Telco & Utility Monitoring
- ✓ USPS Address Change Verification
- ✓ Million Dollar Protection Package
- ✓ Prior Identity Theft Remediation
- ✓ Stolen Wallet Protection
- ✓ Identity Restoration Specialists
- ✓ Norton Device Security
 - Number of Devices (5 Devices - Family Gets 10)
 - Anti-spyware, antivirus, malware, & ransomware protection
 - Content Supervision
 - Password Manager
 - PC Cloud backup (10GB)
 - Smart Firewall

Norton LifeLock Benefit Premier Plus™

All The Features Of Benefit Essential and PLUS:

- ✓ Bank Account Takeover Alerts
- ✓ Credit Monitoring (3 Bureau)
- ✓ Credit Report & Scores (3 Bureau)
- ✓ Alerts on Crimes committed in your name
- ✓ Home Title Monitoring
- ✓ Cybercrime insurance up to \$50,000
- ✓ Norton Device Security
 - Number of Devices (Unlimited)
 - Anti-spyware, antivirus, malware & ransomware protection
 - Content Supervision
 - Password Manager
 - PC Cloud backup (50GB)
 - Smart Firewall
 - Scam protection for SMS, Call blocker, email browsing



**scan here for
a full list of Norton
LifeLock features
for 2026!**

Benefit Essential Weekly Premiums

Team Member Only	\$1.27
Team Member + Family	\$2.53

Benefit Premier Plus Weekly Premiums

Team Member Only	\$2.31
Team Member + Family	\$4.38

No one can prevent all identity theft.

† Norton LifeLock does not monitor all transactions at all businesses.

** Million dollar protection package benefits are provided by a master policy issued by United Specialty Insurance Company, inc. (State National Insurance Company, Inc. For NY state members). The master policy provides coverage for stolen funds reimbursement and personal expense compensation, each with limits of up to \$1 million. If needed, Lifelock will provide lawyers and experts under the service guarantee. Please see the policy terms, conditions and exclusions at lifelock.com/legal.

401(k) Retirement Plan



The Clayton 401(k) plan allows eligible Team Members to save for retirement through payroll deduction. Team Members are eligible for the 401(k) retirement plan after **90 days of service**.

ENROLLMENT

New hires will receive enrollment materials directly from Fidelity Investments. If no action is taken before reaching **90 days of service**, newly eligible Team Members will be **automatically enrolled into the plan at a 4% pre-tax deferral rate**.

Team Members may contact Fidelity at any time to change their deferral rate or opt out of the plan.

TEAM MEMBER CONTRIBUTIONS

Team Members can contribute **up to 75% of their eligible pay** on a pre-tax and/or Roth basis, up to the annual IRS limit.

MATCHING CONTRIBUTIONS

Team Members are eligible to receive company match at the beginning of the quarter following one year of service.

The company will match dollar for dollar the first 4% you contribute to the plan, up to the annual IRS limit.

ANNUAL AUTOMATIC INCREASE

If a Team Member does not actively opt out of the Annual Increase Program, their deferral rate will **increase 1% each year until it reaches a 11% deferral rate**.

CATCH UP!

If you are age 50 or older, you can contribute an additional \$7,500 annually.

ELIGIBILITY REQUIREMENT

Part-time and full-time Team Members 18+ are eligible to participate after 90 days of employment.

ROTH 401(k)

We also offer a Roth 401(k) option in the plan. Roth contributions to your retirement savings plan allow you to make after-tax contributions and take any associated earnings completely tax-free at retirement.

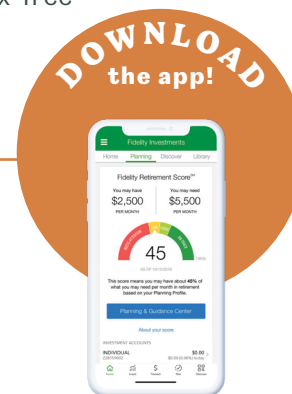


FIDELITY CONTACT INFO

netbenefits.com

English: (800) 835-5095

Spanish: (800) 587-5282



401(k) Retirement Plan



IMPORTANT: DESIGNATE YOUR 401(k) BENEFICIARY

Your 401(k) beneficiaries are separate from all other benefits. With Fidelity's Online Beneficiaries Service, you can designate your beneficiaries, receive instant online confirmation and check your beneficiary information virtually anytime.

You must designate a 401(k) beneficiary on Fidelity's website, separately from Workday.

TO ELECT OR CHANGE YOUR 401(k) BENEFICIARIES

- Visit netbenefits.com
- Select "**Profile & Settings**" and click on "**Beneficiaries**"
- Follow the online instructions or contact Fidelity



 To connect with the Clayton 401(k) team,
email 401k@ClaytonHomes.com.

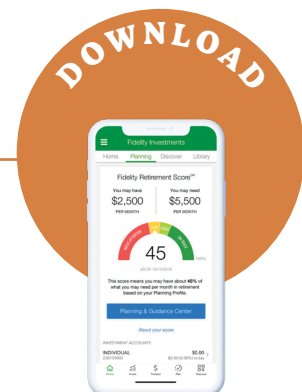


FIDELITY CONTACT INFO

netbenefits.com

English: (800) 835-5095

Spanish: (800) 587-5282





— Additional — RESOURCES

To learn more about Let's Talk contact the Clayton Wellbeing Team.

LET'S TALK

Let's Talk is Clayton's enterprise-wide commitment to supporting the mental wellbeing of our Team Members. We all have mental health, just as we have physical health, and **we all benefit from having access to professional resources that help us care for our brains like we care for our bodies.**

EMPLOYEE ASSISTANCE PROGRAM (EAP)

As a Clayton Team Member, **you and your family have access to 24/7 support** for a wide range of personal and work-related issues.

✿ confidential counseling

Receive up to five* sessions with a counselor per person, per issue, per year.

*In California, up to three sessions in six months, starting with initial contact.

✿ work-life solutions

Assistance finding child or elder care, moving, college planning, selling a house and more.

✿ legal support

Access to an attorney for legal concerns such as custody, adoption, debt and bankruptcy.

✿ financial information, resources and tools

Discuss getting out of debt, retirement or estate planning, saving for college and tax questions.

**Call anytime for
confidential support!**



**Call: (800) 311-4327
TDD: (800) 697-0353**



**Online: guidanceresources.com
Clayton Web ID: GEN311**

NEED ADDITIONAL SUPPORT?

Connect with mental health providers through these resources, available at **NO COST** for Team Members and their families enrolled in the Clayton medical plan.

garner

Garner can help you find top-rated providers near you with expertise in mental health and wellbeing. Garner is a free resource available for those on the Clayton medical plan. Download the Garner Health app or visit mygarnerguide.com. **See pages 15 - 18 for more details.**

telehealth

With MDLive you can schedule a video or phone call appointment with doctors, therapists or other trained mental health professionals. Talk to someone **same day or schedule a conversation at a later time**. **See page 23 for more details.**

MDLive (Cigna)

[myCigna app](#) // (888) 726-3171

NATIONAL RESOURCES

SAMHSA treatment locator

samhsa.gov // (800) 662-4357 // Call for treatment referrals to mental health care and substance abuse services.

the national suicide prevention lifeline

Call 9-8-8 for immediate support when experiencing suicidal thoughts. This service is committed to improving crisis services and advancing suicide prevention by empowering individuals.

national crisis text line

crisistextline.org // **Text HOME to 741741** to connect with a trained Crisis Counselor for immediate assistance with anxiety, depression, eating disorders, abuse, gun violence, loneliness, suicide, and self-harm.

veterans crisis line

Call (800) 273-8255 // Text 838255 // Call or text to receive immediate support for all Veterans, Service Members, National Guard and Reserve and their family members and friends.

information & resources

Call 2-1-1 for information and resources such as housing and utility assistance, locate shelters, locate food banks, natural disaster relief, tax preparation assistance, veterans services, support groups, and counseling services.

domestic violence hotline

Call 1-800-799-SAFE (7233) // If you're experiencing abuse, help is just a call or chat away. Trained advocates offer free, confidential support 24/7.

Tobacco Cessation Program?



Ready to quit?

STRIDES CAN HELP!

The STRIDES program, available through Quit for Life, can help you create an easy-to-follow quit plan that will show you how to get ready, take action and live the rest of your life tobacco-free.

WHAT DOES THE PROGRAM INCLUDE?

- 5 one-on-one scheduled calls with a dedicated quit coach
- Call to speak with a quit coach anytime, 24/7
- Direct mail order of 8-week supply of a patch or gum
- \$0 copay for 180 day supply of Bupropion or Chantix (prescription required)
- Access to an interactive website that helps you stay on track between calls
- Text2Quit, an integrated text messaging service sends games to help during cravings
- Ability to re-enroll and try again if you have not quit for good by your last call

HOW DO I ENROLL?

Enroll anytime by calling **(866) 784-8454** or visit **quitnow.net**. Translation services available for many languages, including Spanish.

 **FREE for Team Members, spouses and dependents 18 years and older!**

STRIDES
your path. your power.

— 2026 — Vendor Contacts

PROGRAM	VENDOR	WEBSITE	PHONE
401(k)	Fidelity	netbenefits.com	(800) 835-5095
Additional Resources	Employee Assistance Program (EAP)	guidanceresources.com	(800) 311-4327
Diabetes Reversal	Virta	virtahealth.com/join/clayton	(844) 847-8216
Disability Long-Term	Prudential	contact by phone	(800) 524-0542
Disability Short-Term	AbsenceOne	absenceone.com/clayton	(855) 366-2152
Flexible Spending	Optum Financial	secure.optumfinancial.com	(833) 229-4432
Identity Theft Protection	LifeLock By Norton	www.norton.com/benefitplans	(800) 607-9174
Life Insurance	Prudential	contact by phone	(800) 524-0542
Medical & Dental	Cigna	myCigna app	(800) 244-6224
Pharmacy	Express Scripts	express-scripts.com	(855) 634-0226
Telehealth (Cigna)	MDLive	Sign-In through the myCigna app	(888) 726-3171
Tobacco Cessation	STRIDES	quitnow.net	(866) 784-8454
Top Provider Directory	Garner	mygarnerguide.com	(866) 761-9586
Vision	Superior Vision	superiorvision.com	(844) 549-2603
Voluntary Benefits	Voya	presents.voya.com/ebrc/claytonhomes	(877) 236-7564

Benefits Contact Info

Benefits@ClaytonHomes.com // (865) 380-3000 x7400

— Benefits ABC's —

Healthcare and benefits can be confusing! Here are a few common terms used throughout the guide, or words that you may hear at your doctor's office, defined to help you better understand your benefits package and navigate your healthcare experience.

BENEFITS ENROLLMENT

A defined period of time when Team Members may elect or change benefits coverages. Each year, during open enrollment, all Team Members are given the opportunity to change their benefits elections for the upcoming year. During qualified life events such as marriage or the birth of a child, Team Members are given 31 days to change their benefits elections. Log on to **Workday** to enroll in benefits coverages.

COPAY (COPAYMENT)

Copays are a flat or fixed amount that you pay for a covered health care service such as an appointment, procedure or prescription. **Helpful Tip:** If you're enrolled in the Simple or Simple Plus plans, you are eligible for copay reimbursements when you use Garner-approved providers.

COINSURANCE

Coinsurance is the percentage of healthcare costs you pay after meeting your deductible. For example, the Guided Choice plan has 20% coinsurance, you'll pay 20% of the covered service cost, and your insurance will pay the remaining 80%. (this will be added to the guided choice guide not the regular guide)

DEDUCTIBLE

A deductible is the amount you pay out-of-pocket for healthcare services before your health insurance begins to cover costs. For example, if your deductible is \$3,000, you must pay that amount during the plan year before your insurance starts contributing.

GARNER TOP PROVIDER DIRECTORY

Garner offers a doctor search tool to help you find top-performing, in-network doctors near you with available appointments. Learn more at mygarnerguideline.com.

IN-NETWORK VS. OUT-OF-NETWORK

A provider or facility is in-network if they participate in Cigna's Open Access Plus network. Using in-network providers generally results in lower copays and coinsurance. Out-of-network providers do not participate in the network, often leading to significantly higher costs. Visit mygarnerguideline.com to find in-network Top Providers.

OUT-OF-POCKET MAXIMUM

This is the maximum amount you'll pay for covered healthcare services during a plan year. Once you reach this limit, your insurance covers 100% of eligible expenses.

TIER 1 COVERAGE

Garner's highest standards for quality and cost-effectiveness. When you choose Tier 1 providers, visits and services provided will be covered at 100%.

Tier 1 Providers are locked in for 2026. Providers will not fall off of Tier 1 eligibility unless the provider is no longer in-network with Cigna.

Note: Top Providers are a broader designation Garner uses to recognize high-performing doctors, but not all Top Providers qualify for Tier 1 coverage under the Guided Choice plan.

TIER 2 COVERAGE

Tier 2 providers are doctors who are in-network with Cigna but do not qualify for Tier 1 Coverage. You will be subject to pay an out-of-pocket deductible and co-insurance when selecting Tier 2 Providers.

PREMIUM

Premium is the amount that is deducted from your paycheck each week for health coverages you elect during benefits enrollment. With some coverages, such as your medical insurance, a premium is shared between you and your employer.



notes

notes

