



2025 FULL-TIME SALARIED TEAM MEMBERS BENEFITS AT A GLANCE

*** Enrollment Period: 31 days from date of hire**
***Coverage Effective Date: 1st day of the month following the date of hire**

MEDICAL - Collective Health/BCBS

| MEDICAL PLAN - COLLECTIVE HEALTH/BCBS SCHEDULE OF BENEFITS | HDHP Basic + HSA Plan** In-Network (You Pay) | HDHP Plus + HRA Plan** In-Network (You Pay) | PPO Plan In-Network (You Pay) |
|--|--|---|---|
| Lifetime Maximum | Unlimited | Unlimited | Unlimited |
| Deductible Per Calendar Year | | | |
| Individual | \$3,300 | \$1,750 | \$1,750 |
| Family Maximum | \$6,400 | \$5,250 | \$5,250 |
| Coinsurance Percentage | 30% after deductible | 30% after deductible | 30% after deductible |
| Out-of-Pocket Maximum/Calendar Yr | | | |
| Individual | \$6,375 | \$6,000 | \$6,000 |
| Family Maximum | \$12,750 | \$12,000 | \$12,000 |
| Physician Office Visit | | | |
| - Virtual Visit (Doctor on Demand) | 30% after deductible | \$20 copay | \$20 copay |
| - Primary Care | 30% after deductible | \$25 copay | \$25 copay |
| - Specialist | 30% after deductible | 30% after deductible | \$60 copay |
| Wellness Benefit - Preventive Care (Routine physical exams, x-rays, immunizations, etc.) | 0%, covered at 100%, deductible waived | 0%, covered at 100%, deductible waived | 0%, covered at 100%, deductible waived |
| Diagnostic Lab and X-Ray | 30% after deductible | 30% after deductible | 30% after deductible |
| Hospital Expenses (Pre-certification required) | 30% after deductible | 30% after deductible | 30% after deductible |
| Surgical Expenses | 30% after deductible | 30% after deductible | 30% after deductible |
| Covered Joint/Spine Procedures - SurgeryPlus | 100% after deductible | 100% after deductible | 100% deductible waived |
| Virtual Physical Therapy - Hinge Health | 100% after deductible | 100% after deductible | 100% deductible waived |
| Ambulance Expenses | 30% after deductible | 30% after deductible | 30% after deductible |
| Emergency Room (facility only) | 30% after deductible | 30% after deductible | \$250 copay, then 30%, deductible waived. If admitted, copay waived, 30% after deductible |
| Urgent Care | 30% after deductible | \$60 copay | \$60 copay |
| Pregnancy Expenses | 30% after deductible | 30% after deductible | 30% after deductible |
| Fertility Services- Progyny | 30% after deductible | 30% after deductible | 30% after deductible |
| Physical Therapy | 30% after deductible | 30% after deductible | 30% after deductible |
| Mental and Nervous Disorders | | | |
| - Outpatient Charges | 30% after deductible | \$25 copay office visit | \$25 copay office visit |
| - Inpatient Hospital Charges | 30% after deductible | 30% after deductible | 30% after deductible |

Prescription Drug Benefits - Optum Rx

| At the pharmacy (30-day supply maximum per prescription) | Participating Pharmacies | Participating Pharmacies | Participating Pharmacies |
|---|--|--|--|
| <ul style="list-style-type: none"> o Certain Preventative Drugs o Generic o Preferred Brands o Non-Preferred Brands o Specialty | Free 30% after deductible 30% after deductible 30% after deductible 30% after deductible | Free 30% after deductible up to \$10 30% after deductible up to \$60 30% after deductible up to \$100 30% after deductible up to \$200 | Free \$10 copay \$60 copay \$100 copay \$350 copay |
| Mail Order Program (90-day supply maximum per prescription) <ul style="list-style-type: none"> o Certain Preventative Drugs o Generic o Preferred Brands o Non-Preferred Brands | Free 30% after deductible 30% after deductible 30% after deductible | Free 30% up to \$20 30% up to \$120 30% up to \$200 | Free \$20 copay \$120 copay \$200 copay |
| Walgreens 90 Program 90 day supply of maintenance drugs can be obtained at local Walgreens | Walgreens | Walgreens | Walgreens |

Team Member Cost (Per Bi-Weekly Pay Period)

| *\$20 surcharge for tobacco users | Non Tobacco* | Non Tobacco* | Non Tobacco* |
|-----------------------------------|--|--------------|--|
| Team Member Only | \$34.75 | \$60.42 | \$76.87 |
| Team Member + Spouse | \$133.94 | \$199.29 | \$253.55 |
| Team Member + Child(ren) | \$88.68 | \$133.21 | \$169.48 |
| Team Member + Family | \$176.74 | \$252.46 | \$321.19 |
| | **Team members can contribute up to the annual IRS contribution maximum which is \$4300 for individuals and \$8550 for families into their HSA account | | **ASO deposits \$125 per qtr for Team Member only coverage; \$250 per qtr for Family coverage into your HRA account. Unused funds can be rolled over to the next year max \$1000 indiv/\$2000 family |

Dental - Delta Dental

| SCHEDULE OF BENEFITS | | YOU PAY: |
|---|--|----------------------|
| Annual Deductible | | \$50 \$150 |
| Individual | | |
| Family | | |
| Annual Maximum Benefits Per Calendar Year | | \$1,500 |
| Preventive Care (Exams, cleanings and x-rays) | | 100%, no deductible |
| Basic Services | | 20% after deductible |
| Major Restorative Services | | 50% after deductible |
| Orthodontia (For dependent children under age 19) | | 50% after deductible |
| Team Member Cost (Per Bi-Weekly Pay Period) | | |
| Team Member Only | | \$10.35 |
| Team Member + Spouse | | \$20.93 |
| Team Member + Child(ren) | | \$21.98 |
| Team Member + Family | | \$31.50 |

VISION - VSP

| SCHEDULE OF BENEFITS | Basic | | Enhanced | |
|--------------------------------------|---|----------------|---|----------------------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Eye Exam/Materials (every 12 months) | \$30.00** | up to \$45 | \$0** | up to \$45 |
| Lenses (Every 12 months) | Covered in full after \$30 materials copay | | Covered in full after \$0 materials copay | |
| Single Vision Lenses | 100%** | up to \$30 | 100%** | up to \$30 |
| Bifocal Lenses | 100%** | up to \$50 | 100%** | up to \$50 |
| Trifocal Lenses | 100%** | up to \$60 | 100%** | up to \$60 |
| Lenticular Lenses | 100%** | up to \$75 | 100%** | up to \$75 |
| ** copay covers exam and materials | | | | |
| Frames | Allowance of up to \$160 after \$30 material co-pay | up to \$50 | Allowance of \$200 | up to \$50 |
| Contact lenses | Covered in full after \$30 materials copay | up to \$210 | | |
| Medically necessary Elective* | Reimbursed up to \$150 | up to \$100 | Covered in full \$200 allowance | up to \$100 up to \$210 |

* Elective contacts fitting and evaluation services are subject to a maximum \$60 copay.

Out of Network - The participant pays full fee to the provider and the administrator reimburses the member for services rendered up to maximum allowance. There are no copays or deductibles.

| Team Member Cost (Per Bi-Weekly Pay Period) | Basic | | Enhanced |
|---|------------------|----------------------|----------|
| | Team Member Only | Team Member + Spouse | |
| Team Member Only | \$2.31 | \$4.81 | \$3.81 |
| Team Member + Spouse | \$5.01 | \$6.41 | \$7.94 |
| Team Member + Child(ren) | | | \$8.28 |
| Team Member + Family | | | \$10.59 |

This is a brief summary of Academy's benefit plans. For a complete view of the plan documents, please refer to Compass > View All Apps > Better Together > Health & Welfare. If a discrepancy exists between the information provided herein and the plan documents, the plan documents will govern.



2025 FULL-TIME SALARIED TEAM MEMBERS BENEFITS AT A GLANCE OTHER BENEFITS

BASIC LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) - Sun Life *

- o Basic Life and AD&D are employer paid and automatically provided
- o Basic Life Insurance is 2 x annual salary with maximum of \$250,000
- o Basic AD&D is 1 x annual salary with maximum of \$125,000
- o Dependent coverage is provided when the dependent is enrolled in the medical plan

VOLUNTARY BENEFITS - Sun Life

- o Supplemental Life Insurance is available at Team Member cost (coverage available from \$10,000 to \$500,000 subject to maximum of 5 x annual salary)
- o Accident Insurance - cash benefits for off-the job accidents
- o Critical Illness - cash benefits when a covered member is diagnosed with a covered condition
- o Hospital Indemnity - benefits which help pay for unexpected expenses not covered by your health plan during a hospital stay
- o These plans pay in addition to any other coverage you may have
- o There are no pre-existing condition limitations for Accident Insurance, Critical Illness and Hospital Indemnity

Family Planning - Progyny

- o Fertility and family planning benefits
- o Personalized guidance and support
- o Dedicated Patient Care Advocate throughout your fertility journey
- o Available on all Academy medical plans

Adoption Reimbursement

- o Academy offers Adoption Reimbursement to eligible Team Members to assist with qualifying expenses related to the adoption of a child 17 years or younger
- o The maximum lifetime reimbursement amount is \$10,000
- o Reimbursable expenses include adoption agency fees, court costs, and travel expenses related to the process

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA)

- o Team Members can make their own contributions to eligible daycare expenses for their children under age 13 or dependents who are mentally or physically incapable of caring for themselves (including elderly dependents)
- o Elder dependents or child over age 13 must live with you for at least 8 hours a day and they must be claimed as a dependent on your annual tax returns
- o May contribute between \$500 and \$5000 (\$2500 for married individuals filing separately) to your dependent care FSA in 2024
- o You will lose any unused funds at the end of the year. However, you will have until March 15th of the following year to submit any expenses incurred in the previous plan year

SHORT TERM DISABILITY - Sun Life

- o Employer paid and automatically provided
- o The benefit becomes effective after 6 months of employment
- o If out on an approved leave of absence, the benefits begin after 7 days of disability and end after 180 days
- o <10 years of service = 70% of total pre-disability weekly earnings >10 years of service = 100% of total pre-disability weekly earnings
- o Runs concurrently with FMLA when applicable

LONG TERM DISABILITY Sun Life

- o Employer paid and automatically provided
- o If out on an approved leave of absence, the benefits begin after 180 days of disability and end at age 65 or social security normal retirement age
- o 60% of total pre-disability monthly earnings
- o Runs concurrently with FMLA when applicable

BUSINESS TRAVEL ACCIDENT COVERAGE - The Hartford

- o Eligible on the first day of employment
- o Provides a benefit for accidental death or dismemberment while away on company business
- o Accidental death benefit amounts of \$10,000, \$20,000 or \$30,000 based on the job position classification

401(K) PLAN - Fidelity

- o Team Members are eligible to make their own contributions to the plan the first of the month after date of hire
- o Matching contributions begin on the first day of the month following the first year of employment, if credited with 1,000 hours of service and contributing to the plan
- o Matching contributions will not be made with respect to contributions you make before becoming eligible for match
- o May contribute up to 75% of compensation, subject to the max allowed by the IRS
- o Company matches 100% of contributions up to 6% of earnings saved per pay period, dollar-for-dollar
- o Company matching contributions are immediately vested
- o May select from different investment funds or Target Date Funds
- o Option to contribute post-tax funds into a Roth IRA

EMPLOYEE STOCK PURCHASE PLAN (ESPP) - Fidelity

- o ESPP is a benefit that allows eligible Team Members to purchase Academy Sports + Outdoors common stock (Ticker: ASO) at a 15% discount
- o Team Members must work in the United States and have 12 or more months of continuous service in order to be eligible to participate in the plan
- o Team Members who choose to enroll are required to elect a percentage of their base pay that they wish to contribute to ESPP which will be deducted post-tax from each pay check throughout the purchase period
- o May contribute from 1% up to 15% of the base salary
- o There are typically two six-month offering periods in a calendar year with two weeks of enrollment prior to the start of the offering period
- o The 15% discount is applied to the lower of the closing stock price on either the first day of the offering period or the last day of the offering period

LEGAL INSURANCE - LegalEASE

- o Network attorneys fees are 100% paid-in-full for most covered matters
- o You can purchase legal insurance at our group discounted rates
- o Convenient biweekly deductions through Compass Payroll

PET INSURANCE - Nationwide

- o Nationwide offers pet insurance for your pet's injuries, illnesses and medical emergencies
- o Plans are available for dogs, cats, birds and exotic pets
- o There are 2 levels of coverage: 50% reimbursement and 70% reimbursement
- o You may use any vet, anywhere
- o Policy premiums are via direct bill (Not via Compass Payroll)

TUITION REIMBURSEMENT

- o Must have 180 days of continuous employment with Academy by the documentation due date
- o Must be currently employed by Academy on reimbursement date to receive payment
- o All courses are eligible for reimbursement at Academy's discretion.
- o Document must be submitted by the documentation due date.
- o Eligible for \$2,000 for course from an accredited college/university
- o Eligible for \$500 for certification courses from a non-accredited college/univ.
- o \$2,500 maximum reimbursement if both programs are utilized

PAID TIME OFF (PTO)

- o Team Members will accrue PTO based on division, job, pay grade, hours worked, length of service, and status
- o Academy's PTO plan year runs from February 1st through January 31st
- o Must have a minimum of 60 eligible hours per pay period to accrue PTO
- o The total amount of PTO a Team Member may accrue annually will be prorated based on the Team Members date of hire and/or eligibility
- o PTO may be taken in one-hour increments
- o PTO may be taken before it is accrued, but should not exceed 1/2 of the Team Member's annual PTO accrual
- o PTO is not accrued while you are on a continuous leave of absence
- o Eligible Team Members automatically carry over up to 40 hours of accrued and unused PTO into the following plan year unless state law requires otherwise.
- o If a Team Members employment is terminated for any reason, all accrued but unused PTO will be forfeited unless required by law and or/employment agreement.
- the Team Member's final pay check

PAID HOLIDAYS

- o Academy offers paid holidays to eligible Team Members based on division and status
- o Eligible as of the most recent date of hire
- o Eligibility is determined by the Team Member's Compass record on the date of the paid holiday
- o Holidays will be paid at the Team Member's regular base pay rate on the date of the paid holiday excluding any special forms of compensation
- o Paid holidays are not considered time worked for overtime calculations

MATERNITY & PARENTAL LEAVE

- o Paid maternity and parental leave is available to our full-time Team Members with at least three (3) months of consecutive service prior to the birth of the baby
- o Ten weeks of 100 % paid leave to Team Members who give birth.
- o Two weeks of 100 % paid parental leave for non-birthing Team Members

BEREAVEMENT LEAVE

- o Eligible after 6 months of continuous employment
- o Eligible for up to 5 days off to attend the funeral of family member or to make necessary arrangements; see complete policy for details

MERCHANDISE DISCOUNT

- o Eligible upon assignment of Team Member identification number
- o 20% discount is available for in stores and online purchases
- o The discount is available to Team Members and their legal spouse
- o Forms of payment must match the name of the Team Member or legal spouse
- o Online purchases - Must have a personal email address saved in Compass, and a created account on www.academy.com using the same email address
- o In store purchases - Must present an Academy issued badge or the Team Member ID number and state issued photo ID or driver's license
- o Some exclusions apply

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