



GUIDE TO BENEFITS

Your guide to the Havertys employee
benefits programs for 2024

ACTION REQUIRED: Active Enrollment

HAVERTYS®



Your new season awaits.

When new seasons arise, we know that you and your family’s needs can change. At Havertys we know that supporting you is a crucial part of our success because you have an impact on our success. We can’t do what we do unless you are the best possible version of you!

Havertys is committed to offering you benefits to meet your needs in every season of life. Our comprehensive benefits offerings are designed to support your health, wellbeing and security so that you feel supported and secure for today and all of the days ahead.

Our benefits are designed to support you when you need it most. Some of them are paid for in full by Havertys and will support you automatically. Others are available for you to choose from to build a benefits package that suits your needs. Be sure to read more about our new **benefit offerings through The Standard for 2024**.

This guide includes detail about all of the benefits available to you and your family. Please take the time to read through it and understand the choices you have access to! If you need any more information, you can visit Employee Central and view the Summary Plan Descriptions (SPDs) or contact the People Services Benefits Support Team at **866-456-1419**.

We have you covered, so you can have peace of mind.

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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to the People Services Benefits Support Team.

First things first

ACTION REQUIRED – ACTIVE ENROLLENT

You must take action - go through the enrollment steps - in order to confirm your coverage for 2024. HSA, FSA and legal must also be elected each year.

Open Enrollment for 2024 benefits is October 23- November 10.

Eligibility

Active, full-time employees working at least 30 hours per week are eligible for benefits with Havertys. Some benefits are paid for 100% by Havertys, and coverage is automatic if you are eligible. Other benefits give you choices and require you to enroll.

Electing benefits

Benefit plans are effective each year from January 1 through December 31. In general, you may make benefit changes as a newly eligible employee, during Open Enrollment, and if you have a qualifying life event.

- **Newly eligible employee:** When you're first eligible for benefits with Havertys, make your benefit selections within **60 days** of your hire date. Benefits begin on the first day of the month following or coinciding with 60 days of service and remain in effect through December 31 unless you have a qualifying life change.
- **Open Enrollment:** Choices you make during Open Enrollment are in effect through December 31 unless you have a qualifying life change.
- **Qualifying life event:** Certain events throughout the year such as marriage or divorce, birth or adoption of a child, death of a covered family member, or gain/loss of other coverage can allow you to make changes to your benefit plans consistent with your life event. You have 30 days from the date of the event to submit this request, and documentation is required.

Enrolling

Online	By phone
Go the Benefits tile on the home page in EC, then click Benefit Service Center or go to www.mybenefitharbor.com/havertys and follow the log in prompts	866-456-1419
Accessible 24/7	Available Monday - Friday 9 am - 7 pm EST

Covering your family

In addition to employees, we extend benefit coverage to eligible dependents. Dependents added to plans must be verified with a marriage or birth certificate along with Social Security Numbers.

Your spouse

You may cover your legal spouse on medical, dental, vision, and additional voluntary life insurance coverage. To help manage health care costs for the company and our team members, we require that spouses who have access to benefits through their own employer obtain that coverage. Only spouses that do not have access to other medical coverage may enroll through the Havertys plans.

Your children

Your natural, adopted, foster, stepchildren, children in your custody due to a court order and children from whom you or your spouse are required to provide coverage under a Qualified Medical Child Support Order (QMCSO) up to age 26, regardless of student or marital status, are eligible for benefits. Adult dependent children who became disabled before age 26 are also eligible for coverage.

Children are eligible for:

- **Medical:** until the end of the month when they reach age 26 regardless of any other status.
- **Dental, Vision:** through age 18 and those unmarried children younger than 26 who are enrolled as full-time students at an accredited secondary school, college, university, vocational or trade school. **This is verified two times per year.**
- **Child Life Insurance:** from birth through age 25.



Your health

Medical

We know the peace of mind that great medical coverage can provide, and we want you to have just that. Havertys offers four medical plans so you can choose the one that suits you best.

Three of our medical plans, through Anthem Preferred Provider Organization (PPO), covers in-network preventive care at 100%. We also have a Medical option through Kaiser (for location-eligible employees). Beyond that, your responsibility depends on the plan you choose, the services you need, and where you receive your care.

Plan options at-a-glance

	Basic PPO	Plus PPO	Premium PPO	Kaiser
Network options	In- and out-of-network	In- and out-of-network	In- and out-of-network	In-network
Paying for Care (in-network)	Mostly deductible then coinsurance	A mix of deductible then coinsurance and copays	A mix of deductible then coinsurance and copays	Mostly copays until the out-of-pocket maximum is met
FSA/HSA eligible	HSA eligible (HSA is optional; you may elect this plan w/o the HSA)	FSA eligible	FSA eligible	FSA eligible
Paycheck cost	Lowest	Middle	Highest	Middle
Summary	This plan has the lowest paycheck cost, but higher cost of care.	This plan allows for more predictable copays.	This plan has a higher paycheck cost, but lowest cost when seeking care.	For location eligible team members. See more details on this new plan on pg. 5

How much healthcare do you predict needing for the year?

- Would you rather keep paycheck deductions as low as possible and set aside tax-free money in a flexible spending account or health spending account to pay for higher health care visit costs – should you need them?
- Would you feel more comfortable paying a bit more out of your paycheck, but keeping costs lower during your health care visits?

Helpful insurance terms

These terms will help you understand your benefits and coverage options.

Copay – a set fee you pay whenever you use certain medical services, like a doctor visit.

Deductible – the dollar amount you pay before your medical insurance begins paying deductible-eligible claims.

Coinsurance – the percentage of covered medical expenses you continue to pay after you've met your deductible and before you reach your out-of-pocket maximum.

Out-of-pocket maximum – the most you will pay annually / during the calendar year for covered expenses. This includes copays, deductibles, coinsurance, and prescription drugs.

Balance billing – the amount you are billed by an out-of-network provider to make up the difference between what your provider charges and what insurance reimburses. This amount is in addition to, and does not count toward your out-of-pocket maximum.

Kaiser Medical Plan

To continue to provide more medical offerings to support you and your family in this season, we offer an additional medical plan to location-eligible team members. If you reside within Georgia, Virginia, Maryland or DC, you are eligible for our Kaiser Medical Plan.

If you are Kaiser eligible, you can elect this plan through the normal open enrollment process online through the Employee Central homepage. Kaiser team members can receive the convenience of getting all their medical care at one Kaiser facility - pharmacy, lab and imaging. In addition to medical coverage, Kaiser team members have access to additional mental health services, substance use services, infertility services and additional benefits through a combination of coinsurance and copays.

Kaiser Medical Plan

Plan Type: HMO \$10/\$1500 MS		
In-network care		
Annual deductible DED	Individual / Family	N/A
Out-of-pocket maximum	Individual / Family	\$1,500 Individual / \$3,000 Family (embedded)
Preventive care	Well-child & Preventive Care visits	100% covered
	Routine prenatal care	100% covered
HSA/FSA eligible		FSA eligible
Primary care physician		\$10 copay
Specialist		\$20 copay
Urgent Care		\$20 copay
Emergency room		\$200 per visit waived if admitted
Outpatient surgery		\$100 per procedure
Inpatient hospitalization	Services rendered while hospitalized	\$100 per admission
	Maternity Inpatient	\$100 per admission

Kaiser Permanente is focused on integrated care, wellbeing, convenience and community - enrollment includes many beneficial resources. Upon enrollment, your first step to receiving care is to choose your personal physician. Having a personal physician helps ensure you get coordinated care. You can change your physician at any time to another Kaiser physician for any reason.

Note: It's important to note that the Kaiser Permanente Plan requires that members use their comprehensive network of providers and specialists in the applicable state (i.e. Georgia, Virginia, Maryland, or D.C.). Emergencies and urgent care while traveling are exceptions to this requirement.

Prescription drug coverage		
Supply amount	Retail Plan Pharmacy Up to a 30-day supply	Mail Order Plan Pharmacy: Up to a 90-day supply
Prescription deductible	No Deductible	
Generic	\$10 Copay Retail \$20 Copay Community Pharmacy	\$20 Copay Mail Order
Preferred Brand	\$20 Copay Retail \$30 Copay Community Pharmacy	\$40 Copay Mail Order
Non-Preferred Brand	\$40 Copay Retail \$50 Copay Community Pharmacy	\$80 Copay Mail Order

Your health

Medical plan comparison

When you need care, your medical plan is here for you — regardless of the selection you make. Take a moment to review the options available to you, and if you need more details, open up the Summary of Benefits Coverage on SharePoint under the Benefits Center of the HR page.

	Basic PPO	Plus PPO	Premium PPO	Kaiser Medical
In-network care				
Annual deductible DED	\$3,200 per person \$6,000 family maximum	\$3,000 per person \$6,000 family maximum	\$1,500 per person \$3,000 family maximum	N/A
Out-of-pocket maximum	\$6,300 per person \$12,600 family maximum	\$6,600 per person \$13,200 family maximum	\$6,600 per person \$13,200 family maximum	\$1,500 Individual / \$3,000 Family (Embedded)
Preventive care	100% covered	100% covered	100% covered	
HSA/FSA eligible	HSA eligible (HSA optional; you may elect this plan w/o the HSA)	FSA eligible	FSA eligible	FSA eligible
Primary care physician	DED then you pay 45%	\$40 copay	\$40 copay	\$10 per visit
Specialist	DED then you pay 45%	\$60 copay	\$60 copay	\$20 per visit
Telemedicine	\$49 copay (average)	\$49 copay (average)	\$49 copay (average)	
Urgent Care	DED then you pay 45%	\$40 copay	\$40 copay	\$20 per visit
Emergency room	DED then you pay 45%	\$250 copay	\$250 copay	\$200 per visit waived if admitted
Outpatient surgery	DED then you pay 45%	DED then you pay 35%	DED then you pay 25%	\$100 per procedure
Inpatient hospitalization	DED then you pay 45%	\$500 per admission, then DED then you pay 35%	\$500 per admission, then DED then you pay 25%	\$100 per admission

Prescription drug coverage								
Supply amount	30 day fill		90 day fill		30 day fill		90 day fill	
Prescription deductible	Combined with medical DED		No deductible		No deductible		No Deductible	
Generic	DED then 45%	DED then 45%	\$15 copay	\$37.50 copay	\$15 copay	\$37.50 copay	\$10 Copay Retail, \$20 Copay Community Pharmacy	\$20 Copay Mail Order
Preferred Brand	DED then 45%	DED then 45%	25% copay (\$25 min - \$45 max)	40% copay (\$70 min - \$100 max)	25% copay (\$25 min - \$45 max)	25% copay (\$70 min - \$100 max)	\$20 Copay Retail \$30 Copay Community Pharmacy	\$40 Copay Mail Order
Non-Preferred Brand	DED then 45%	DED then 45%	40% copay (\$50 min - \$100 max)	40% copay (\$120 min - \$170 max)	40% copay (\$50 min - \$100 max)	40% copay (\$120 min - \$170 max)	\$40 Copay Retail, \$50 Copay Community Pharmacy	\$80 Copay Mail Order

Out-of-network				
Annual deductible	\$5,000 per person \$10,000 family maximum	\$7,500 per person \$15,000 family maximum	\$3,000 per person \$6,000 family maximum	
Coinsurance (you pay)	55% after deductible	55% after deductible (ER: \$250 copay)	45% after deductible (ER: \$250 copay)	
Out-of-pocket maximum	\$12,600 per person \$25,200 family maximum	\$12,500 per person \$25,000 family maximum	\$12,500 per person \$25,000 family maximum	

Your paycheck deductions per month (*pre-tax*)

	Basic PPO	Plus PPO	Premium PPO	Kaiser
Employee Only	\$101.79	\$310.14	\$365.19	\$317.86
Employee + Spouse	\$576.91	\$695.93	\$819.45	\$713.26
Employee + Child(ren)	\$463.50	\$559.11	\$658.35	\$573.04
Employee + Family	\$741.91	\$894.95	\$1,053.79	\$917.24

Choices for care

Making smart healthcare choices helps you - and your wallet - feel healthy, secure, and supported.

When seeking conventional care, make sure you are using in-network providers for the most cost-savings, but there are several other ways you can be a savvy health consumer.

Try Telemedicine

Do you have a smart phone or tablet? Telemedicine, through Anthem LiveHealth Online, allows you to get fast, convenient care with a board-certified physician – no matter where you are or what time it is.

Telemedicine doctors can diagnose symptoms and prescribe medications for minor health concerns for you and your dependents. Use it when your primary doctor is not available, if you're sick while traveling, on nights and weekends, or when it's inconvenient to leave home or work.

Use virtual doctor visits for:

- Allergies
- Cold and flu
- Ear infections
- Fever
- Headache
- Nausea
- Rashes
- Sinus infection
- And more!

Visit www.livehealthonline.com to get started. Consider creating an account and providing your medical information now so care is available when you need it. This is for team members who are enrolled in a Havertys Anthem PPO plan.

Use a nurse line

NurseLine by Anthem is there for you and your family 24/7 to get your health concerns answered by a registered nurse at no cost. Call **888-724-BLUE** to connect with a nurse.

Outpatient imaging

In most cases, imaging services (MRI, CT, and X-ray) can be done in outpatient centers that are not attached to a hospital. Smaller buildings generally mean smaller bills – a big savings opportunity if you're paying a percentage of the cost.

Go generic and save

Generic drugs are the non-brand-name, FDA-approved versions of their brand-name counterparts. They're required to have the same active ingredients as the brand-name drug – but at a fraction of the price. Ask your doctor or pharmacist if a generic is a good option for you. You can also try mail-order pharmacy – it saves time and money when refilling long-term prescriptions.

Save the emergency room for emergencies

Unless loss of life or limb is imminent, consider using Urgent Care or Telemedicine. Emergency rooms are expensive and crowded, and it can take a long time to be seen depending on your condition. In the event of a true emergency – head injury, severe trauma, chest pain, allergic reaction, etc. – get care from your nearest emergency room. Coverage is the same in- and out-of-network for true emergencies.

Don't decide alone

Health Champion is free and available to support you in making good health care choices. The service can assist with fee negotiation, payment plans, making sense of medical bills, understanding your diagnosis, and helping you prepare for doctors' visits. Get your questions answered by calling **877-327-4432**.

Bonus medical plan programs



Havertys cares about you feeling your best, so we provide you with several extra programs at no cost to take care of you and yours.

Tobacco surcharge and cessation resources

Tobacco use has a direct effect on medical and lost productivity costs. To cover these costs, a \$50 surcharge is applied to tobacco-user medical paycheck costs. When enrolling for benefits, you will be asked “Have you used tobacco products more than 5 times in the past 3 months?” If you can honestly answer no, then you will not be required to pay the tobacco surcharge.

Quitting tobacco use is hard. But you don’t need to do it alone. We offer team members access to tobacco cessation resources at no cost through Havertys’ myWellness program. To get support on your journey to quit, visit the Benefits tile on your home page in Employee Central and click Wellness program.

If you enroll in the tobacco cessation program through the myWellness program, and complete one session (includes 5 phone calls with a myWellness representative), your surcharge will be removed once Havertys has been notified.

98point6/Transcarent

98point6 is a new kind of primary care that gives you on-demand access to a physician via private and secure in-app messaging, right from your mobile phone.

- **Private, Full-Service Care:** You get primary care services — including diagnosis, treatment, ordering of prescriptions and labs, or just questions answered from US based board-certified physicians that are employed solely by 98point6.
- **On Your Time and Terms:** Care is accessed through a message-based app on your mobile device. You can get care from anywhere — during a break at work, while outdoors, or over lunch. No appointment, no travel, no waiting.
- **Low or No Cost, No Appointments:** With 98point6, visits are available at no cost to Havertys medical plan participants and are only \$5 per visit for all other eligible members. Prescriptions or labs received will be processed and billed in accordance with your medical plan benefits.

Building Healthy Families

There are many questions that come up when you are a soon-to-be mommy. This program can answer questions about pregnancy, help you make good choices, and follow your health care provider’s care plan. Call 866-250-3703 to get started and take advantage of 24/7 access to nurse coaches, health risk screening, free call with pharmacists and nutritionists, and lactation consultations.

Livongo, for diabetes

Livongo provides personalized support to help employees better manage life with diabetes – at no cost.

Take advantage of:

- A cellular glucose meter which uploads blood glucose levels to a secure online portal to easily share with your doctor.
- Communicating with Certified Diabetes Educators who can help answer nutrition and lifestyle questions.
- Access to unlimited, free strips and lancets.

Employees as well as spouses and dependents who are covered under a Havertys medical plan are eligible to participate. If you or your covered dependent has diabetes, you will automatically receive a direct home mailing from Livongo - or you can call 800-945-4355. After enrolling on the Livongo site, you will receive a welcome kit providing the glucose meter, strips, information and more.



Wellness

We want to help you look after your health and financial well-being. By using Havertys' wellness program, myWellness, you can maintain or move toward a healthy lifestyle.

Health assessment

By taking our Health Assessment, you'll get access to tools to track and monitor your progress toward a personalized plan focused on your goals. There's also an opportunity to earn incentive points which you can use to purchase gift items. Get started on a path to well-being at www.guidanceresources.com.

Preventive care

Monitor your health annually by taking advantage of preventive care – it's free for medical and dental.

- Routine medical physicals: You get one each year through your Havertys medical plan to monitor your health progress and conditions over the years. Bonus – you'll earn 2,000 myWellness points each preventive appointment.
- Dental cleanings: Avoid serious health issues such as heart disease, diabetes and stroke by getting regular dental hygiene visits. With your Havertys dental benefits, you can have your teeth checked and cleaned twice a year – and receive 2,000 myWellness points each!
- Eye health: Vision appointments can help you to catch high blood pressure issues and more. Get your regular preventive vision exams and earn 2,000 myWellness points for each annual visit.

Employee Assistance Program

Balancing the demands of work, home, family, finances, health and well-being can be challenging at times. We want to make sure that when issues do arise, you won't have to face them alone.

Our Employee Assistance Plan (EAP) is a confidential service, offering you access to experienced counselors who can help with stress, anxiety, drug and alcohol dependence, grief, loss and more.

The EAP is run by ComPsych and paid for by Havertys – it won't cost you anything to use and any calls you make are confidential; no one at Havertys will be informed of your call.

You or your family can get started with the EAP by visiting the Benefits tile on your EC home page and clicking on myWellness or call **877-327-4432** any time of day or night.

Our EAP can support you with

- Family / relationship issues
- Stress
- Substance abuse
- Identity theft
- Adoption
- Child and elder care
- Education or work/life support
- Legal or financial questions

Highlights

- Confidential
- Unlimited telephonic consultations
- Up to 3 face-to-face visits at no cost
- Available 24/7

NEW CARRIER - DELTA DENTAL

Dental coverage is a highly valued benefit, and for good reason! Good oral health has been shown to enhance your mental and overall well-being, and knowing that you're covered should you need to see a dentist or specialist for a big-ticket procedure is a big relief.

NEW! For 2024, dental insurance will be offered through Delta Dental. This coverage is voluntary, so you must actively elect the plan when you make your benefit selections in order to be covered. Bigger network of providers allows you to choose a dentist in-network and save you money.

Coverage summary

	In-network	Out-of-Network
Annual Deductible	\$50/person \$150 max/family	\$50/person \$150 max/family
Annual Maximum Benefit	\$1,500/person	\$1,250/person
Preventive Services Examples: Exams, cleanings, and X-rays	100% covered	80% covered
Basic Services Example: Fillings, root canals, extractions, oral surgery, endodontics, periodontics	You pay 20% after deductible	You pay 20% after deductible
Major Services Examples: Crowns, inlays/onlays, bridges and dentures	You pay 50% after deductible	You pay 50% after deductible
Orthodontics	You pay 50% \$1,500 lifetime maximum	

Reimbursement is based on PPO Contracted fees for PPO dentists and program allowance for non-Delta Dental dentists.

Your paycheck deductions per month (pre-tax)

	Dental Plan
Employee Only	\$26.74
Employee + One	\$46.85
Employee + Family	\$80.81

Vision

Regular eye exams are an important part of health maintenance, no matter your age. And if you or your family members wear glasses or contact lenses, you already know that the cost of vision care can quickly add up. Not only that, but regular eye examinations can detect general health problems at their earliest stages.

We offer comprehensive vision coverage through EyeMed which provides you and your family with access to great eye doctors, quality eyewear and affordable eye care. This plan is also voluntary; you'll need to elect it at enrollment to be covered.

Your costs will depend on the service you require and whether it is received in the EyeMed network.

Coverage summary

	Essential Plan		Enhanced Plan	
	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement
Exam available once every 12 months	\$10 copay	Up to \$35	\$0 copay	Up to \$35
Lenses available once every 12 months				
• Single	\$10 copay	Up to \$25	\$10 copay	Up to \$25
• Bifocal	\$10 copay	Up to \$40	\$10 copay	Up to \$40
Frames available once every 12 months	\$0 copay, plan pays up to \$130 retail and 20% discount over \$130	Up to \$65	\$0 copay, plan pays up to \$175 retail and 20% discount over \$175	Up to \$80
Contact lenses available once every 12 months in lieu of lenses & frames (materials only)				
• Conventional	\$0 copay, plan pays up to \$130 and 15% discount over \$130	Up to \$104	\$0 copay, plan pays up to \$175 and 15% discount over \$175	Up to \$128
• Disposable	\$0 copay, plan pays up to \$130	Up to \$104	\$0 copay, plan pays up to \$175	Up to \$128
• Medically necessary	\$0 copay, paid in full	Up to \$200	\$0 copay, paid in full	Up to \$210

For more information on vision coverage, visit the Benefits tile on your home page in EC and click Benefits Service Center. To find an in-network provider in your area, search at www.eyemedvisioncare.com.

Your paycheck deductions per month (pre-tax)

	Essential Plan	Enhanced Plan
Employee Only	\$6.20	\$16.69
Employee + Spouse	\$11.74	\$31.61
Employee + Child(ren)	\$12.37	\$33.31
Employee + Family	\$18.52	\$49.86



Your money

Flexible Spending Account (FSA)

Our Flexible Spending Accounts (FSA) allow you to pay for out-of-pocket health and dependent care expenses with pre-tax dollars. You **MUST** elect FSA each plan year - the prior year's election does not rollover.

We have two FSA options available, administered through WEX Benefits. All contributions to your FSA from your paycheck are tax free.

Health Care FSA	Dependent Care FSA
<p>Pay for qualified medical, pharmacy, dental and vision expenses.</p> <p><i>Examples: copays, deductibles, coinsurance, glasses, braces</i></p> <p>Claims for reimbursement that occurred within the plan year must be submitted by March 15 of the following year.</p>	<p>Pay for qualified child or elder care expenses.</p> <p><i>Examples: day-care, after-school program, elder-care</i></p> <p>Claims for reimbursement that occurred during the plan year must be submitted by December 31 of that year.</p>

The IRS requires you to substantiate your claims when submitting them to WEX Benefits. Make sure to hang on to your receipts and invoices to do so. These documents must include procedure codes for verification purposes.

If you don't spend the money in your account during the year you will lose it, so make sure to estimate your 2024 health and dependent care expenses carefully.

2024 contribution limits

You tell us how much you want to save each paycheck into your FSA, adding up to no more than the **annual** limits shown here:

	Maximum total annual contributions
Health Care FSA	\$3,050
Dependent Care FSA	\$5,000

For more information on eligible expenses, tracking your funds and claims, or submitting receipts, visit www.wex.com, download the mobile app, or call 866-451-3399.

Health Savings Account (HSA)

Our Health Savings Account (HSA) option allows you to pay for out-of-pocket health expenses with pre-tax dollars. The HSA option is offered in conjunction with the Basic PPO Medical Plan through Anthem BCBS.

You have one HSA option available, administered through WEX. All contributions to your HSA from your paycheck are tax free. Money in your HSA can be spent on eligible expenses no matter where you work or how long it stays in the account. The IRS requires you to substantiate your claims by submitting them to WEX.

Make sure to hang on to your receipts in order to do so. These documents must include procedure codes and line items for services and purchases for verification purposes. If you elect the Basic HSA PPO Medical Plan, HSA contributions stay in your account and roll over into the next year!

Team members who currently have the FSA and would like to newly elect the HSA for 2024 will need to spend all of their remaining funds in their FSA. This must be done in order to elect and open the HSA for 2024. If you are currently enrolled in the HSA, then you do not need to re-enroll for 2024.

2024 Contribution limits

We also contribute to your HSA, so long as you are contributing! Havertys will contribute \$500 per year for single coverage and \$1,000 per year for family coverage with dependents. One half of the contribution will be made in January and the other half in July. These funds can be used to help you meet your plan deductible. You will elect how much you want to save on each paycheck into your HSA (minimum required contribution of \$240.00 per year), adding up to no more than the annual limits shown here:

Health Savings Account (HSA)	Havertys Annual Contribution	Employee Annual Contribution	2024 IRS Annual Maximum contribution*
Individual coverage	\$500	Up to \$3,650	\$4,150
Family coverage	\$1,000	Up to \$7,300	\$8,300

* Maximum contribution limits include Havertys and employee contributions. Limits and Havertys contributions prorated if you start your HSA mid-way through the year.

Catch-up contributions

If you are age 55 or older, you can contribute an additional catch-up contribution of \$1,000 per year.

Tax Advantages

- Money deposited into your HSA account is tax deductible, or if contributed from payroll deduction, is pretax.
- Withdrawals are tax-free, if used to pay for qualified medical expenses, including your deductible, as well as co-pays and other qualified expenses.
- Money from your HSA can roll over from year-to-year, all the way into retirement. The money in your account is yours, even the contributions Havertys makes to your account.
- Interest earned from the investment account is tax-free. Which means if you choose to invest any money from your HSA into an investment account, this is an additional way to save for you and your family's future!

For more information on eligible expenses, tracking your funds, or submitting receipts, visit www.wexinc.com, or call 866-451-3399.

Life and AD&D insurance

While nothing can take away the pain of losing a loved one, life insurance can help to ease the financial pressure on your family should something happen. Accidental Death and Dismemberment (AD&D) insurance provides additional financial support if you are killed or seriously injured as the result of an accident.

Havertys provides you with an initial amount, equal of life insurance and AD&D coverage, through Standard. This benefit is automatic for all eligible employees and provided at no cost to you. Be sure to elect or verify your beneficiary designation.

AD&D benefits are paid as a percentage (50-100%) of your total coverage amount depending on the type of loss. Should you pass, AD&D benefits are paid in full to your beneficiary in addition to life insurance.

Company-paid life and AD&D insurance

Days of service	Employee
90 days – 5 years	\$5,000
6 – 10 years	\$10,000
11+ years	Amount equal to your annual earnings up to \$100,000

Additional life and AD&D insurance

You have the option to purchase additional insurance for yourself, your spouse, and dependent child(ren).

	Employee	Spouse	Child
Coverage maximum	\$650,000	\$100,000 – not to exceed 100% of employee coverage	\$10,000
Medical question limit (amounts over this will be subject to a medical questionnaire)	\$300,000	\$50,000	-
Cost	Based on age and coverage amount. Contact the Benefit Service Center at 866-456-1419 for details.	Based on age and coverage amount. Contact the Benefit Service Center at 866-456-1419 for details.	\$1.14/month

Disability insurance

Sometimes life throws you a curveball and you may be unable to work due to illness or injury. Havertys provides the option to purchase short and long-term disability to cover a portion of your income should this be the case.

Short-term disability insurance

Short-term disability insurance is available through Standard to provide income support if you are unable to work for a shorter period of time. Full-time team members are eligible for this benefit on the first of the month following one year of service. If you're disabled, benefits begin to pay after 16 days of your inability to work. No pre-existing condition exclusion. No EOI. Late entrants are subject to a 60-day benefit waiting period for sickness/pregnancy during first 12 months.

Summary of Benefits:

Corporate & Salaried (non-sales)	Hourly (non-sales)	Sales
Cost of plan 100% paid by Havertys	Cost of plan 75% paid by Havertys	Cost of plan 75% paid by Havertys
\$2,500 maximum weekly benefit	\$2,500 maximum weekly benefit	\$1,000 maximum weekly benefit
24 weeks maximum duration	24 weeks maximum duration	24 weeks maximum duration

For more information about short-term disability insurance, see the Plan Document in the SharePoint Benefits Center.

Long-term disability insurance

You may purchase long-term disability insurance through Standard to provide lasting income support if you are unable to work for an extended period of time. Full-time team members are eligible to participate after one year of service. Havertys pays for 50% of the cost of the plan on your behalf. No EOI required if elected during open enrollment, when first eligible, or if coverage is already in place.

- Benefits begin after 180 days of inability to work due to illness or injury.
- May pay 60% of your annual earnings, up to \$10,000 per month.
- Payments may continue until you reach your Social Security Disability Retirement Age if you remain unable to work.

Certain limitations and exclusions, along with pre-existing condition limitations, may apply.

NEW! The Standard Will Serve Voluntary Benefits

Offered through The Standard beginning January 1, 2024

Accident

Nobody plans to have an accident – and most people don't budget for one, either. Accident insurance pays benefits directly to you for treatment they receive due to an accident. It helps cover your out-of-pocket costs like medical deductibles and copays

Hospital Indemnity

A trip to the hospital can be costly – and many employees aren't prepared for the out of pocket expenses that come with a hospital stay, even with medical coverage. Hospital Indemnity insurance pays cash benefits to you in the event of a hospitalization, regardless of treatment costs or other insurance coverage. It's an affordable way for employees to keep their finances on track.

Critical Illness Insurance

Critical Illness Insurance gives you peace of mind, knowing you and your family have support should you unexpectedly become ill.

With this coverage, you are paid a lump sum cash benefit for covered conditions in addition to medical insurance. These funds can be used on medical costs, household expenses and bills and recovery costs. You can also cover family members.

Leave of Absence Program

Start your leave claim and follow it through until you return to work. Upload your documents and talk with leave specialists. The Standard will be your one place for all leave management, while providing the confidentiality you need from a trusted leave of absence partner and protecting your personal data. More information to follow.

Benefits with Gallagher Marketplace

Giving you year-round access to additional benefits that could save you money

Gallagher Marketplace is your gateway for discovering and accessing unique benefits that best fit your lifestyle. Our program offers significant savings on things you are already buying-like home and auto, renters insurance, boat or RV insurance, as well as extended vehicle warranties.

With a centralized hub, you can explore an array of benefit options, available not only to Gallagher clients but also to their friends and families.

Discover what benefits your organization offers through Gallagher Marketplace.

Access at c2mb.ajg.com/gmpet/benefits/



Other financial support benefits

Legal services

Access to quality, prepaid legal services can give you peace of mind.

In-network providers who contract with MetLife Legal Plans can support you with unlimited telephone and office consultations on legal advice without additional costs. Available topics include money matters, home and real estate, personal issues, estate planning, civil lawsuits, family or elder-care issues, and vehicle and driving matters which means you must elect this benefit each plan year.

This service is available at \$17.00/month after-tax and is a 12-month commitment, which means you must elect this benefit each plan year.

Identity theft protection (Included in the Legal Services Plan)

Identity theft is a leading cause of financial loss. Protection through LifeStages Identity Management Services at MetLife Legal Plans can help you monitor your personal information and protect your financial well-being.

Identity management can monitor everything from your credit inquiries to your social media accounts. And if you have been affected by identity theft, you and your family can receive personalized support from a CyberScout specialist. Your specialist will handle the recovery process on your behalf – placing fraud alerts, calling creditors, and sticking with you for as long as it takes to clear all concerns.

This service is included in the cost of MetLife Legal Plans at \$17.00/month after-tax.

Daily Pay

DailyPay is an optional program that allows you to access your earnings 24/7/365 in advance of payday. A small fee is charged for an immediate transfer and zero fee for one set for a future date.

Get more information by downloading the Dailypay app from your mobile device or sign up at dailypay.com.

Credit union

Make use of higher savings rates and lower interest loans.

Havertys full and part-time team members have access to the LGE Community Credit Union to take advantage of checking, savings, car and personal loans, and credit cards.

To join, go to www.lgeccu.org or call 770-424-0060.

Team member discount

You deserve to reap the rewards.

After 90 days of service, full-time team members can purchase Havertys furniture at a 40% discount on cash purchases or 30% discount using Havertys credit.

Tuition reimbursement

We want to help you grow.

Full-time team members taking courses to advance your career at Havertys are eligible for reimbursement after one year of services. You can earn \$2,000/year and \$8,000 maximum.



401(k) Thrift Plan

We give you all the tools you need to plan for a comfortable and secure retirement – no matter how close you are to it.

Havertys offers you a 401(k) plan, administered through Charles Schwab, with a choice of pre-tax or after-tax (Roth) dollars and a generous match. You'll receive mailed information about the plan 60 days after your date of hire. We automatically enroll you and set your contributions at 3% of your eligible earnings. However, you can choose to pay more, or less, at any time by contacting Charles Schwab at **800-724-7526**.

Contributions

If you elect to contribute, we reduce your taxable income by the amount you choose to contribute and pay it into your 401(k) plan. Havertys will match 100% of your contributions for the first 4% of your pay that you contribute. The IRS maximum contribution is \$23,000 for 2024 and subject to change.

If you are or will be age 50 or over during the calendar year and you already contribute the maximum allowed to your 401(k) account, you may also make a 'catch-up contribution' of up to \$7,500. The catch-up is subject to change by the IRS.

Investments

The plan offers a variety of investment options based on your goals, retirement timeframe, and risk tolerance. Visit the Thrift Plan link by clicking on the Benefits tile on the home page in EC to learn more.

Vesting

Vesting, or ownership, of the funds contributed to the Havertys 401(k) Thrift Plan, is as follows:

Your contributions	Havertys' contributions
100% vested on day 1	0% vested up to 2 years of service
-	100% vested at 2 or more years of service

Pre-tax versus post-tax

- Pre-tax contributions come out of your paycheck before taxes. These contributions are taxed when you withdraw the funds at retirement.
- Roth (after tax) dollars are taxed before contribution, but withdrawals during retirement are tax-free.

For more information about your 401(k) Thrift Plan, to change your contribution amount, to discuss investment goals, or to update your beneficiary, contact Charles Schwab at 800-724-7526.

Important contacts

If you have any questions about your benefits we are here to help. For general questions, please contact your People Services Benefits Support Team at **866-456-1419**.

Contact details

For questions relating to specific benefits, please contact the relevant benefit vendor using the details below:

Benefit	Vendor details	Benefit	Vendor details
Health			
Medical	Anthem BCBS www.anthem.com 866-485-1642 Policy number: GA000277	Telemedicine	Live Health Online www.livehealthonline.com
Kaiser Medical	www.kp.org Georgia : 404-261-2590 888-865-5813 Mid-Atlantic: 301-486-6000		
Prescription	Express Scripts www.express-scripts.com 800-711-0917	Health Champion	ComPsych Benefits tile in EC – Choose Wellness Program 877-327-4432 Policy number: 24168
Dental	Delta Dental www.deltadentalins.com 800-521-2651 Policy Number: 22539	Wellness program	ComPsych Benefits tile in EC – Choose Wellness Program 877-327-4432 Policy number: 24168
Vision	Eyemed www.eyemedvisioncare.com 866-723-0513 Policy number: 10024241001	Employee Assistance Program (EAP)	ComPsych Benefits tile in EC – Choose Wellness Program 877-327-4432 Policy number: 24168
Money			
Health Savings Account (HSA) and Flexible Spending Account (FSA)	WEX www.wexinc.com 866-451-3399	Life, Disability, and AD&D	The Standard www.standard.com 833-240-6609
Leave of Absence	The Standard www.standard.com 833-240-6609	Legal / Identity protection	MetLife Legal Plans www.legalplans.com 800-821-6400
401(k) Thrift Plan	Charles Schwab Benefits tile in EC – choose Thrift Plan 800-724-7526 www.schwab.com/workplace	The Standard	The Standard www.standard.com 833-240-6609

Most of our providers offer mobile apps for more convenience in obtaining ID cards, locating providers, scheduling appointments and viewing claims.

HAVERTYS®