

YOUR GUIDE TO 2022 BENEFITS

2022 Benefits for Full-Time Non-Exempt
Store and Distribution Center Associates.



BENEFIT ENROLLMENT

Open Enrollment is October 14 – 30, 2021.

- Benefit elections made during Open Enrollment will begin on January 1, 2022.

Newly hired or newly eligible associates have 31 days from date of hire or eligible status change to make elections.

- Associates' elections will be effective the first of the month following 45 days of continuous service.

IMPORTANT:
 Be sure to make your elections during Open Enrollment, or if newly eligible, within 31 days of hire or change in eligibility. After your enrollment period is over, you cannot change your benefit elections unless you experience a qualifying life event.

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BENEFIT RESOURCES

1

BENEFITS MICROSITE

This site gives you more information about the benefit options available to you in 2022 and the associated costs. You can explore more at myburlingtonbenefits.com

2

ALEX

ALEX is an online tool on myburlingtonbenefits.com designed to help you estimate yearly plan costs based on your own predicted healthcare needs.

3

CARE COORDINATORS

If you have questions about what is or isn't covered by your medical plan it may help to speak with a benefits expert. myburlingtoncarecoordinators.com

4

WORKDAY

To enroll for your 2022 benefits, update beneficiaries, and update your address you can log in to Workday at myapps.burlington.com

Remember to agree to the legal statement and submit your elections. Your elections are not submitted if you select “**Save for Later**”. You should print or save your benefit election confirmation statement for your records.

WHAT'S NEW OR CHANGING FOR 2022?

EFFECTIVE JANUARY 1, 2022.

MEDICAL/RX

Elimination of auto enrollment into the medical coverage – if you become newly eligible for medical coverage you will need to actively elect coverage during the enrollment period. If you do not elect coverage during your enrollment period, you will not be enrolled in medical coverage.

True Accumulation Program in the Rx plan – applicable only for the Value, Basic, Plus & Consumer Driven plans prescription coverage. When using a manufacturer copay card, the true copay you paid will be applied to your deductible, if applicable, and your out-of-pocket maximum. The amount you saved by using the copay card will not be applied.

Physical Exams – applicable only for the Value, Basic, Plus & Consumer Driven plans. Changed from once every 12 months to once a calendar year for age 18 and over.

Kaiser North – premium increase.

OTHER INSURANCE

Cigna DHMO – will be a closed plan. No new member enrollment.

Basic Life and AD&D Insurance – eligible associates with an annual base salary greater than \$50,000 will have option to limit Basic Life and AD&D to \$50,000. Please note, if you limit your Basic Life and AD&D to \$50,000 and increase to one times your salary at a later date, you will be subject to a Statement of Health and a medical review will be required by MetLife.

Long Term Disability (LTD) – decrease in rates for those eligible.

MetLife Legal enhancements – benefit enhancements such as LifeStages Identity Management Services and access for up to four hours of attorney time for non-covered services. There is no change to the current rate.

Critical Illness enhancements – benefit enhancements such as but not limited to reduction of the pre-existing condition limitation and increase to the total benefit amount. There is no change to the current rate.



HEALTH AND WELLBEING

Our medical coverage provides 100% coverage for in-network preventive services. See page 13 to learn more about the different medical coverage options that may be available to you.

IMPORTANT:

If you are a new hire or gaining eligibility for medical coverage and do not take action during your enrollment period to elect medical, you will not be enrolled in medical coverage.

MEDICAL COVERAGE

We offer the following medical coverage options, all of which have prescription drug coverage included and access to 24/7 telemedicine.

The options include:

- Value Plan
- Basic Plan
- Plus Plan
- Consumer Driven Plan (with HSA)

The above provide access to the Aetna Choice POS II network of providers and will be referred to as our Care Coordinator options.

In addition to the above, associates who reside in California may be eligible for Kaiser HMO.

Associates residing in Puerto Rico will only be offered Triple S.

MEDICAL COVERAGE

When you elect medical coverage in one of our Care Coordinated medical options (Value, Basic, Plus or Consumer Driven), you have access to the services below:



CARE COORDINATORS BY MyQHealth

A caring team of experts who will help navigate you and your covered family members' healthcare journey. They are nurses, clinicians and benefits specialists who will work with you and your providers to assist on medical claims, coverage, and your options for treatment and aftercare solutions. This is only for associates enrolled in a Coordinated Care medical options. You can contact a Care Coordinator by calling 855-206-2628.



MERITAIN'S 24/7 NURSE LINE

You can reach the Nurse Line 24 hours a day, seven days a week, for any health-related questions. The 24/7 Nurse Line is staffed by specially trained Registered Nurses (RN) who can answer your questions about a current illness, discuss alternative treatments for health conditions, and help you make healthy lifestyle choices. You can speak directly to a RN by calling 866-726-6529.



DOCTOR ON DEMAND (DOD)

You will gain the benefit of 24/7 access to a board-certified physician from your mobile device or computer.

The copays below only apply to medical visits through DOD. Mental health visits follow the 'specialist' benefit schedule

Value Plan	\$15 copay
Basic Plan	\$15 copay
Plus Plan	\$15 copay
Consumer Driven Plans	20% co-insurance after deductible

For more information log on to [doctorondemand.com](https://www.doctorondemand.com), download the app, or call 800-997-6196.

DOD isn't available in Puerto Rico.

MEDICAL COVERAGE



HEALTH SAVINGS ACCOUNT (HSA)

HSA is only available to associates enrolled in the Consumer Driven Medical Plan.

An HSA allows you to put pre-tax funds in an account to use towards qualified medical and prescription expenses, such as deductibles and coinsurance.

You and Burlington can contribute to the account. It can be used to pay for qualified medical expenses, using pre-tax dollars. For registered accounts with Wex, Burlington will contribute up to \$1,000 for single coverage and \$2,000 for family coverage to your HSA (pro-rated for newly-enrolled associates with mid-year effective coverage).

By electing the HSA, you are authorizing Burlington's plan administrator, Wex, to open an HSA on your behalf.

IMPORTANT:

If you do not elect the HSA benefit in Workday AND do not register the HSA with Wex at wexinc.com within 60 days from benefit effective date, you will NOT be eligible for the Burlington contribution.

MANAGE YOUR CHRONIC CONDITION PROGRAM*

To help manage Diabetes, Hypertension and/or Hyperlipidemia, you may be eligible to participate in an interactive program. The program requires you to actively engage with a Personal Care Guide Nurse through MyQHealth. If you meet the program requirements, eligible prescriptions may be as low as a \$0 copay. Learn more by contacting Care Coordinators by MyQHealth at 855-206-2628.

*This is only available for associates enrolled on Coordinated Health Care plans. For more information please visit myburlingtoncarecoordinators.com or call. 855-206-2628

MEDICAL COVERAGE



SMART WAYS TO SAVE ON YOUR MEDICAL PREMIUM

You can participate in the Wellness Program. There are two different discounts available.

Non-Smoker Premium Discount

This discount is available to you and your spouse/domestic partner if applicable, provided you and your spouse/domestic partner do not smoke, or you and your spouse/domestic partner complete the Tobacco Cessation Program offered through MyQHealth.

To get the discount, you must log in to Workday during enrollment and designate you and your covered spouse/domestic partner's smoker status.

The non-smoker premium discount and the Tobacco Cessation Program are available to associates and their spouse/domestic partner, who are enrolled in one of our medical coverage options, including Kaiser and Triple S. You can contact a Care Coordinator at MyQHealth at 855-206-2628 for more information.

Biometric screening – Wellness Medical Premium Discount

The medical premium discount is only available to associates enrolled in the MyQHealth Care Coordinator medical options.

Take the first step toward a healthier you by completing a biometric screening.

Newly enrolled associates and spouse/domestic partners have 6 months from medical coverage effective date to complete and submit a biometric screening to MyQHealth to receive the Wellness Medical Premium Discount.

If you have had your annual preventive visit and have your results, you can submit your results online to MyQHealth at myburlingtoncarecoordinators.com or call 855-206-2628.

If you have not have your annual visit, Burlington's medical coverage provides 100% coverage for in-network preventive services.

Information submitted to MyQHealth is completely confidential.

DENTAL AND VISION

See pages 17 and 18 for detailed benefit information.



DENTAL COVERAGE

MetLife dental coverage provides two options to choose from. You can use any dentist you choose, but your out-of-pocket costs will be lower when using a MetLife network provider. Once enrolled with MetLife, no ID card is needed. Your dentist will verify coverage with MetLife directly.

Cigna Dental Care (DHMO) is in-network only coverage. Effective January 1, 2022, Cigna is a closed plan (closed to new members).



VISION COVERAGE

Our vision coverage is through EyeMed. You have two options to choose from. You can use any vision care provider, but you will receive higher level of coverage when using an EyeMed network provider.

Freedom Pass: Eyemed has partnered with Target Optical to bring you a special offer. Choose any frame at any price and you'll pay \$0 out-of-pocket. Plus, there is an additional allowance for contact lenses through [contactsdirect.com](https://www.contactsdirect.com)



ADDITIONAL BENEFITS

In addition to the health and wellbeing benefits, we offer access to benefits which can help you protect and build upon your financial health and balance your work and personal life.

INCOME PROTECTION



LIFE AND AD&D INSURANCE

Basic Life and Accidental Death and Dismemberment (AD&D) insurance helps you provide for your family in the event of your death. The benefit administered by MetLife, is equal to one times your annual base salary for eligible associates (subject to plan maximums). AD&D is payable in the event of an accident.

Employer Paid Life and AD&D:

Effective January 1, 2022, associates with an annual base salary greater than \$50,000 will have the option to limit Basic Life and AD&D to \$50,000 to avoid imputed income. If you choose to limit your coverage to \$50,000 and at a later date increase to the one time salary option, you will be subject to a Statement of Health for medical review by MetLife.

Voluntary Supplemental Life and AD&D:

You can also choose to elect supplemental life insurance for yourself and eligible dependents. (subject to plan maximums).

- \$10,000 increments for yourself and eligible spouse/domestic partner
- \$4,000 for each child 6 months and older
- \$500 for each child under 6 months of age.



SHORT TERM DISABILITY INSURANCE (STD)

STD replaces part of your income if you are out of work due to a non-work related illness or injury. You have access to three options of coverage based on waiting period from start of your disability. STD provides income replacement of 50% of your eligible earnings to a maximum period of 26 weeks.

If you do not elect STD when first eligible and, at a later date elect coverage, you will be subject to a medical review and approval. Review Workday and insurance certificates for coverage options and associated cost.

FINANCIAL WELLBEING



401(K) PLAN

The 401(k) Plan, available through Transamerica, can help you plan for your future financial security by using a combination of your own personal savings and the competitive company matching contributions – **100% of the first 3% and 50% on the next 2%.**

Newly hired associates age 21 or over will be able to contribute during their first year of working at Burlington without the company match. Matching contributions will apply to deferrals made after one year of service and over 1,000 hours worked.

Contact Transamerica to get started, you can find contact details on page 23.



529 COLLEGE SAVINGS PLAN

A 529 plan is a college savings program, available through BlackRock, authorized and regulated under Section 529 of the Internal Revenue Code to help families save for higher education expenses, with preferential tax treatment.

Contact Blackrock to get started, you can find contact details on page 23.



DEPENDENT CARE SPENDING ACCOUNT

The Dependent Care Spending Account, administered by Wex, allows you to set aside up to \$5,000 (\$2,500 if married and filing separate tax returns) via pre-tax payroll deductions to pay for dependent care expenses. There is a \$100 minimum contribution per year.

This benefit is only available in the U.S.



TRANSIT AND PARKING SPENDING ACCOUNT

An account available through Wex, which allows you to set aside via pre-tax payroll deductions up to \$280 for mass transit expenses and \$280 for parking expenses per month.

This benefit is only available in the U.S. State restrictions apply.



IDENTITY THEFT PROTECTION

Protection against having your identity stolen. Resources and support to restore the integrity of your personal information. Available through LifeLock.

WORK/LIFE BALANCE



RESOURCES FOR LIVING (EAP)

The Resources for Living Program, through Aetna, is a company paid program that offers of resources, support services, financial services, webinars, online information, and interactive tools. These confidential services are available 24/7 to you, your eligible household members and adult children living away from home, up to age 26. They can provide in the moment support. Services are at no cost and confidential.

While it doesn't offer counseling, they can assist you in locating a network provider.



ASSOCIATE DISCOUNT

You receive two associate discount cards for your eligible family members. The company provides a 15% discount. We also have double discount days periodically through the year where you can enjoy 30% off our already low prices.



ADOPTION ASSISTANCE PROGRAM

Burlington will reimburse up to \$5,000/year of eligible adoption expenses.



PAID TIME OFF (PTO)

Provides you with paid time off to relax and enjoy time with your loved ones. It includes Sick Time, PTO (Personal Time off and Vacation) and Paid Holidays.

More information can be found on the Heartbeat portal.



LEGAL PLAN COVERAGE

The MetLife Legal Plan coverage through MetLife provides access to more than 11,000 experienced attorneys on limited matters.



TUITION ASSISTANCE PROGRAM

Burlington supports associates' continuing education and partners with Scholarship America to offer tuition assistance.



NATIONWIDE PET INSURANCE

Nose-to-tail comprehensive coverage for your pets through Nationwide. This benefit is only available in the U.S.

MEDICAL PLAN COMPARISON CHART

Plan Features	Value Plan	Basic Plan	Plus Plan	Consumer Driven Plan
In-Network (Preferred Care)		Aetna Choice POS II Network		
Calendar Year Deductible	\$2,000/person \$6,000/family	\$1,000/person \$3,000/family	\$750/person \$2,250/family	\$2,500/single only \$5,000/family
Calendar Year Out-of-Pocket Maximum	\$5,000/person \$12,700/family	\$4,000/person \$12,000/family	\$3,000/person \$9,000/family	\$5,000/person \$10,000/family
Lifetime maximum benefit	Unlimited	Unlimited	Unlimited	Unlimited
Coinsurance (amount you pay)	40% after deductible	30% after deductible	20% after deductible	20% after deductible
Doctors Office Visits	Deductible waived	Deductible waived	Deductible waived	
Primary Care	\$40 copay	\$25 copay	\$25 copay	20% after deductible
Doctor on Demand	\$15 copay	\$15 copay	\$15 copay	20% after deductible
Specialist	40%	30%	20%	20% after deductible
Preventative Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Routine Adult Physicals	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Well Child Care/ Immunizations	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Routine Eye Exam	Covered 100%	Covered 100%	Covered 100%	Covered 100% after deductible
Hospitalization	40% after deductible	30% after deductible	20% after deductible	20% after deductible
Outpatient surgery	40% after deductible	30% after deductible	20% after deductible	20% after deductible
X-Ray and Lab	40% after deductible	30% after deductible	20% after deductible	20% after deductible
Hospital Emergency Room*	40% deductible waived	30% deductible waived	20% deductible waived	20% after deductible
Out-of-Network (Non-Preferred Care)				
Calendar Year Deductible	\$2,000/person \$6,000/family	\$2,000/person \$6,000/family	\$2,000/person \$6,000/family	\$5,000/single only \$10,000/family
Calendar Year Out-of-Pocket Max	\$6,000/person \$18,000/family	\$6,000/person \$18,000/family	\$6,000/person \$18,000/family	\$10,000/person \$20,000/family
Coinsurance (amount you pay)	50% after deductible	50% after deductible	50% after deductible	40% after deductible

* Non-medical emergency is not covered.

Note: If you are enrolled in the Consumer Driven Plan with anything other than single coverage (employee + spouse, employee + child(ren), or employee + family) the family deductible will apply. The family deductible can be met by one person, or a combination of covered family members. The plan will not pay for any family member until the full deductible is met (except for eligible preventive services).

PRESCRIPTION DRUG PLAN COMPARISON

Plan Features	Value Plan	Basic Plan	Plus Plan	Consumer Driven Plan
Retail* (Up to 30 Day Supply)				
Tier 1	Generic: \$10	Generic: \$10	Generic: \$10	20% after deductible
Tier 2	Brand Formulary: 40% up to \$80 maximum; deductible waived	Brand Formulary: 30% up to \$80 maximum; deductible waived	Brand Formulary: 20% up to \$80 maximum; deductible waived	20% after deductible
Tier 3	Non-Formulary: 40% up to \$120 maximum; deductible waived	Non-Formulary: 30% up to \$120 maximum; deductible waived	Non-Formulary: 20% up to \$120 maximum; deductible waived	20% after deductible
Tier 4	Specialty Formulary*** \$150 copay	Specialty Formulary*** \$150 copay	Specialty Formulary*** \$150 copay	Specialty Formulary*** 20% after deductible
Mail Order** (Up to 90 Day Supply)				
Tier 1	Generic: \$20	Generic: \$20	Generic: \$20	20% after deductible
Tier 2	Brand Formulary: 40% up to \$160 maximum; deductible waived	Brand Formulary: 30% up to \$160 maximum; Deductible waived	Brand Formulary: 20% up to \$160 maximum; deductible waived	20% after deductible
Tier 3	Non-Formulary: 40% up to \$240 maximum; deductible waived	Non-Formulary: 30% up to \$240 maximum; deductible waived	Non-Formulary: 20% up to \$240 maximum; deductible waived	20% after deductible

* Out-of-Network prescription drug benefits are not covered.

** Mandatory Maintenance Drug Choice Program – requires members to use either mail order pharmacy or CVS/Target pharmacy for refills on all Maintenance Medications (those taken regularly for chronic conditions or long-term therapy) after two fills at a retail pharmacy.

*** Advanced Specialty Control Formulary – Know What's Covered: Find alternatives that are covered under your plan. CVS/Caremark monitors brand-name drugs that may have lower-cost options for you. This helps save you money throughout the year. Burlington is committed to helping you get the most effective medications at the best price and keeping access to prescription drugs affordable. You can view the exact price you will pay for your drugs by logging on to Caremark.com and selecting "Check Drug Cost". You can contact your Care Coordinator to see if your prescription qualifies for the enhanced pharmacy benefit through MYCC.

You can view the exact price you will pay for your drugs by logging on to caremark.com and selecting "Check Drug Cost".

You can contact your Care Coordinator to see if your prescription qualifies for the enhanced pharmacy benefit through MYCC.

MEDICAL PLAN COMPARISON

KAISER PERMANENTE PLAN (CALIFORNIA ONLY)

Plan Features	Kaiser Permanente (In-Network)
Calendar Year Deductible	\$0
Calendar Year Out-of-Pocket Maximum	\$1,500/person; \$3,000/family
Lifetime Maximum Benefit	Unlimited
Doctors Office Visits	Primary Care \$25 copay/Specialist: \$50 copay
Preventative Care	Covered 100%
Routine Physical Maintenance Exams	Covered 100%
Well Child Care Preventive Exams	Covered 100% through age 23 months
Routine Eye Exam	Covered 100%
Hospitalization	\$500 copay per admission
Outpatient Surgery	\$250 per procedure
X-Ray and Lab	Covered at 100%
Hospital Emergency Room	\$100 copay
Home Health Care	Covered at 100%
Prescription Drugs	
Retail (Up to 30-Day Supply)	Generic: \$15; Brand Formulary: \$35; Brand Non-Formulary*: (if ordered by physician) \$35
Mail Order (Up to 100-Day Supply)	Generic: \$30; Brand Formulary: \$70; Brand Non-Formulary*: (if ordered by physician) \$70

* Non-Formulary drugs are dispensed when medically necessary and ordered by your doctor. No other alternative is available.

MEDICAL PLAN COMPARISON

TRIPLE S PLAN (PUERTO RICO ONLY)

Plan Features	Triple S Plan
Calendar Year Deductible	\$0
Calendar Year Out-of-Pocket Maximum (includes medical-hospital and prescription drug services provided by participating providers)	\$6,350/person; \$12,700/family
Lifetime Maximum Benefit	Unlimited
Doctors Office Visits	Primary Care \$5 copay/Specialist: \$10 copay
Preventative Care	Copay varies according to services rendered
Routine Adult Physicals	Copay varies according to services rendered
Well Child Care/Immunizations	Copay varies according to services rendered
Hospitalization	\$50 copay per admission
Outpatient Surgery	\$50 copay per visit
X-Ray and Lab	25% coinsurance
Hospital Emergency Room	\$50 copay per visit/\$25 copay if recommended by Teleconsultant
Prescription Drugs	
Retail (Up to 30-Day Supply)	
Level 1	Preferred Generic: \$5
Level 2	Non-Preferred Generic: \$5
Level 3	Preferred Brand Name: \$10
Level 4	Non-Preferred Brand Name: 20%; minimum \$20
Level 5	Preferred Specialty*: 20%; maximum \$100
Level 6	Non-Preferred Specialty*: 20%; maximum \$100
Mail Order (Up to 90-Day Supply)**	
Level 1	Preferred Generic: \$10
Level 2	Non-Preferred Generic: \$10
Level 3	Preferred Brand Name: \$20
Level 4	Non-Preferred Brand Name: 20%; minimum \$60

* Specialty Products will be dispensed only through the Specialty Program Network.

** Drugs under the Medication Program for Special Conditions (Specialty Products) and chemotherapy drugs cannot be dispensed for 90 days.

DENTAL PLAN COMPARISONS*

Plan Features	Cigna DHMO Low Plan**	MetLife Mid PPO		MetLife High PPO	
	Certain locations and In-Network Only	In-Network	Out-of-Network***	In-Network	Out-of-Network***
Calendar Year Deductible (Deductible waived on preventive and diagnostic services)	None	\$50/person \$150/family	\$50/person \$150/family	\$50/person \$150/family	\$50/person \$150/family
Maximum Annual Benefit	Unlimited	\$1,250 per person per year	\$1,250 per person per year	\$1,500 per person per year	\$1,500 per person per year
Preventive/Diagnostic Services (Exams, Bitewing X-rays, Cleanings)	Covered 100%	Covered 100% 2x per year	Covered 50% 2x per year	Covered 100% 2x per year	Covered 70% 2x per year
Basic Services (Fillings, Extractions, Endodontics, Periodontics)	Fixed copayment applies	50%	50%	80%	60%
Fluoride (Children under 19)	100% 2x per year	100% 1x per year	50% 1x per year	100% 1x per year	70% 1x per year
Major (Crowns, Inlays, Restoration, Bridgework, Dentures)	Fixed copayment applies	50%	50%	50%	50%
Orthodontia (Adult and Child)	Fixed copayment applies	50%; \$1,500 lifetime maximum benefit	50%; \$1,500 lifetime maximum benefit	50%; \$1,500 lifetime maximum benefit	50%; \$1,500 lifetime maximum benefit

* Benefits are subject to State filing.

** Effective January 1, 2022, Cigna is a closed plan (closed to new members).

** Out-of-Network providers may bill the member for any difference between the Reasonable and Customary (R&C) allowance and their fee (balance bill).

VISION PLAN COMPARISONS

Plan Features	Essential Plan		Enhanced Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Exam (with Dilation as necessary)	\$10 copay	\$40 maximum reimbursement	\$0 copay	\$40 maximum reimbursement
Standard Contact Lens Fit	\$40 copay	Not applicable	\$0 copay	\$40 maximum reimbursement
Frames*	\$0 copay; \$150 allowance 20% off balance	\$58 maximum reimbursement	\$0 copay; \$180 allowance 20% off balance	\$90 maximum reimbursement
Lenses				
Single Vision	\$20 copay	\$40 maximum reimbursement	\$10 copay	\$40 maximum reimbursement
Bifocal	\$20 copay	\$60 maximum reimbursement	\$10 copay	\$60 maximum reimbursement
Trifocal	\$20 copay	\$80 maximum reimbursement	\$10 copay	\$80 maximum reimbursement
Lenticular	\$20 copay	\$80 maximum reimbursement	\$10 copay	\$80 maximum reimbursement
Standard Progressive	\$85 copay	\$60 maximum reimbursement	\$10 copay	\$77 maximum reimbursement
Contact Lenses**				
Conventional	\$0 copay; \$125 allowance 15% off balance	\$125 maximum reimbursement	\$0 copay; \$160 allowance 15% off balance over \$160	\$128 maximum reimbursement
Disposable	\$0 copay; \$125 allowance	\$125 maximum reimbursement	\$0 copay; \$160 allowance	\$128 maximum reimbursement
Medically Necessary	\$0 copay; paid in full	\$210 maximum reimbursement	\$0 copay; paid in full	\$210 maximum reimbursement

* Bi-annually for the Essential Plan and annually for the Enhanced Plan.

* Shopping at Target Optical, members can choose any frame, any brand, any price point, for \$0 (using this benefit will count as your frame allowance).

** When purchasing contact lenses at contactsdirect.com, members will receive \$20 off the purchase plus free shipping.

MEDICAL PLAN CONTRIBUTIONS

ASSOCIATE WEEKLY CONTRIBUTIONS WITH WELLNESS DISCOUNT CONTRIBUTIONS

Benefit Plan	Value Plan		Basic Plan		Plus Plan		Consumer Driven Plan	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Employee	\$17.77	\$20.31	\$34.85	\$45.01	\$56.69	\$66.84	\$28.55	\$38.70
Employee + Spouse	\$60.25	\$70.41	\$79.01	\$89.16	\$128.52	\$138.67	\$64.71	\$74.86
Employee + Child(ren)	\$50.56	\$60.71	\$66.30	\$76.46	\$107.85	\$118.00	\$54.30	\$64.46
Employee + Family	\$76.30	\$86.45	\$100.05	\$110.21	\$162.75	\$172.90	\$81.95	\$92.10

WITHOUT WELLNESS DISCOUNT CONTRIBUTIONS

Benefit Plan	Value Plan		Basic Plan		Plus Plan		Consumer Driven Plan	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Employee	\$19.04	\$21.58	\$43.74	\$47.55	\$65.58	\$69.38	\$37.43	\$41.24
Employee + Spouse	\$66.60	\$72.94	\$87.90	\$91.70	\$137.40	\$141.21	\$73.59	\$77.40
Employee + Child(ren)	\$56.91	\$63.25	\$75.19	\$79.00	\$116.73	\$120.54	\$63.19	\$66.99
Employee + Family	\$82.65	\$88.99	\$108.94	\$112.75	\$171.63	\$175.44	\$90.83	\$94.64

MEDICAL PLAN CONTRIBUTIONS

ASSOCIATE CONTRIBUTIONS KAISER HMO – NORTH (CA ONLY)

Benefit Plan	Weekly (Non-Exempt)	
	Non-Smoker	Smoker
Employee	\$84.96	\$94.19
Employee + Spouse	\$197.99	\$207.22
Employee + Child(ren)	\$164.08	\$173.31
Employee + Family	\$307.25	\$316.48

KAISER HMO – SOUTH (CA ONLY)

Benefit Plan	Weekly (Non-Exempt)	
	Non-Smoker	Smoker
Employee	\$43.36	\$52.59
Employee + Spouse	\$106.22	\$115.45
Employee + Child(ren)	\$86.72	\$95.95
Employee + Family	\$136.63	\$145.86

TRIPLE S (PUERTO RICO ONLY)

Benefit Plan	Weekly (Non-Exempt)	
	Non-Smoker	Smoker
Employee	\$18.63	\$27.86
Employee + 1	\$36.67	\$45.90
Employee + Family	\$49.08	\$58.31

DENTAL AND VISION PLAN CONTRIBUTIONS

ASSOCIATE CONTRIBUTIONS DENTAL PLAN

Benefit Plan	Weekly		
	Cigna DHMO	MetLife Mid Plan	MetLife High Plan
Employee	\$1.22	\$2.27	\$5.32
Employee + Spouse	\$4.86	\$4.50	\$10.34
Employee + Child(ren)	\$4.95	\$5.06	\$11.66
Employee + Family	\$7.54	\$6.57	\$15.29

VISION PLAN

Benefit Plan	Weekly	
	Essential Plan	Enhanced Plan
Employee	\$1.06	\$3.58
Employee + Spouse	\$2.01	\$6.79
Employee + Child(ren)	\$2.11	\$7.12
Employee + Family	\$3.33	\$11.24

BENEFIT RESOURCES

If you have any questions on your benefit plans, you may contact the appropriate program administrator directly at the numbers below. You can also contact Burlington's Benefits Hotline at 609-387-7800 ext. 53300 or benefits.department@burlington.com

Benefits	Vendor	Website	Phone
Medical and Prescription Insurance	Care Coordinators by Quantum Health*	myburlingtoncarecoordinators.com caremark.com	855-206-2628
	Kaiser Permanente (CA)*	kp.org	800-464-4000
	Triple S (Puerto Rico)	ssspr.com	787-774-6060
24/7 Nurse Line	Meritain Health*	meritain.com	866-726-6529
	Kaiser Permanente*	kp.org	New members call: 888-KPONCALL (888-576-6225) Current members call: Southern CA 800-290-5000 Northern CA 866-454-8855
	TripleS (Puerto Rico) – Teleconsultant	ssspr.com	800-255-4375
Resources for Living (EAP)	Aetna	resourcesforliving.com Username: EAP4COATS Password: EAP4COATS	888-AETNA-EAP 888-238-6232
Telemedicine*	Doctor on Demand	doctorondemand.com support@doctorondemand.com	800-997-6196
Dental Insurance	MetLife	mybenefits.metlife.com	800-942-0854
	Cigna*	Enrolled: mycigna.com Not Enrolled: cigna.com	800-244-6224
Vision Insurance	EyeMed	eyemed.com	Pre-Enrollment: 866-804-0982 Post-Enrollment: 866-800-5457
Disability Insurance	MetLife	mybenefits.metlife.com	Claims: 877-638-8262
Critical Illness Insurance	MetLife	mybenefits.metlife.com	800-438-6388
Life and AD&D Insurance	MetLife	mybenefits.metlife.com	Claims: 800-638-6420
Business Travel Accident Insurance	Zurich	zurichtravelassist.com	U.S.A./Canada: (call collect) 800-263-0261 Outside U.S.A./Canada: 416-977-0277

* Not available in Puerto Rico.

BENEFIT RESOURCES

If you have any questions on your benefit plans, you may contact the appropriate program administrator directly at the numbers below. You can also contact Burlington's Benefits Hotline at 609-387-7800 ext. 53300 or benefits.department@burlington.com

Benefits	Vendor	Website	Phone
Legal Plan Coverage	MetLife	legalplans.com	800-821-6400
Identity Theft	LifeLock	burlingtoncoat.excelsiorenroll.com	866-917-2555
Pet Insurance*	Nationwide	petsnationwide.com Enter "Burlington Coat Factory" petinsurance.com/affiliates/ burlingtoncoatfactory	877-738-7874
401(k) Plan	Transamerica	transamerica.com/portal/home/	800-755-5801
Tuition Assistance Program	Scholarship America	tr.scholarshipamerica.org/burlington	800-537-4180
529 College Savings Plan	BlackRock	blackrock.com	866-529-8582
Dependent Care Spending Account*	Wex (formerly Discovery Benefits)	wexinc.com	866-451-3399
Commuter, Transit and Parking* Flexible Spending Accounts*	Wex (formerly Discovery Benefits)	wexinc.com	866-451-3399
Bank-at-Work Program*	Bank of America at Work	bankofamerica.com/bankatwork	Call or visit your local Bank of America
Associate Discount	Burlington Benefits	Burlington Portal	609-387-7800 ext. 53300
Health Savings Account (HSA)*	Wex (formerly Discovery Benefits)	wexinc.com	866-451-3399

* Not available in Puerto Rico.



This guide is considered a Summary of Material Modifications (SMM), which describes certain changes to the Burlington Coat Factory Welfare Benefit Plan (Plan), effective January 1, 2022.

This guide provides a summary of the Burlington benefits program. The company reserves the right to change (including the amount of associate contributions), amend or terminate any of the plans – at any time, for any reason.

Please attach this SMM to the Summary Plan Description and retain it for future reference. Note that the changes described in this guide do not supersede any of the provisions of the Plan not expressly addressed herein.

More information and important notice about the Burlington Coat Factory Welfare Benefit Plan, including the Plan's Summary Plan Description and Summary of Benefit Coverage (SBC) can be found on myburlingtonbenefits.com and the Burlington Heartbeat Portal. If you need a paper copy of this guide, send a written request to the Benefits Dept. at Burlington Stores, 2006 Route 130 North, Burlington, NJ 08016. There is no charge for the copy.

