ALL IN. ALL FOR YOU.

2027 Benefits Resource Guide

Salaried and Full-Time Hourly

Guam, Hawaii, and Puerto Rico



Foot Locker

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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. See the compliance section for more details. Some other key notices include CHIPRA, HIPAA Privacy, and Notice of Coverage Options (Marketplace Notice). If you have any questions, please reach out to the contact listed on the back cover of this guide.

So Glad You're Part of the Team!

Our compensation and benefit programs are designed with our Teammates needs in mind. Foot Locker believes it is important to offer highly competitive, equitable, inclusive, and comprehensive benefits in order to attract, retain, and support the best and brightest talent in the industry. This book provides a brief description of the benefits available to you. To access benefits and learn more, visit BenefitYourLifeResources and register today!*

Enrollment Rules — Please Read Carefully!

Benefits you MUST ACTIVELY ENROLL IN after satisfying your 30-day waiting period. All elections [except 401(k)] must be completed within 31 days after completing 30 days of continuous full-time service	
Benefit	**Additional Information**
Medical Insurance Prescription Drug Coverage	Medical plan offered through your local plan administrator. Enrollment includes Prescription Drug coverage and Dental coverage through medical carrier
Flexible Spending Accounts (FSAs) (Hawaii Teammates Only)	Hawaii teammates are eligible regardless of medical enrollment status. Health Care FSA can be used to pay for qualified out-of pocket medical, prescription, dental, and vision expenses. Dependent Care FSA may be used on eligible day care and elder-care expenses.
Dental Insurance	Dental Plan coverage offered through your local medical plan administrator.
Vision Insurance	2 Plan offerings for Hawaii and Puerto Rico teammates through VSP; Offering for Guam through local medical plan administrator.
Supplemental Accident Insurance	4 levels of coverage offered, depending on how many dependents you have enrolled
Supplemental Cancer/ Critical Illness Insurance	Spousal/Domestic Partner and Dependent Child coverage also offered; Social Security Number for dependents may be required
Supplemental Hospital Care Insurance	4 levels of coverage offered, depending on how many dependents you have enrolled
Supplemental Life Insurance and Supplemental AD&D	Supplemental Life and AD&D insurance elections for 1x salary up to 7x salary; Spousal/Partner and Dependent Life Insurance options
Optional Long-Term Disability	Available to salaried teammates with salaries greater than $120,000. Voluntary Long Tem Disability for FT Hourly: 60% of your average monthly base earnings (monthly maximums and earnings restrictions apply)
401(k)	Beginning in 2027, the Foot Locker 401(k) and the 1165e plans will migrate to Vanguard, with active enrollment required. You will learn more about this later in the year.

Benefits AUTOMATICALLY provided by DSG		
Benefit	**When Am I Eligible?**	**Additional Information**
Life Insurance	Automatically enrolled in company-paid benefits after satisfying a 30-day eligibility waiting period	Coverage is 1x annual salary; be sure to enter beneficiary information during enrollment in bswift
Accidental Death & Dismemberment (AD&D) In-surance	Automatically enrolled in company-paid benefits after satisfying a 30-day eligibility waiting period	Coverage is 1x annual salary; beneficiary information entered for life insurance will be applied to AD&D insurance
Short-Term Disability	Automatically enrolled in company-paid benefits after satisfying a 30 day eligibility waiting period	Teammates are automatically enrolled in a company-paid short-term disability benefit. After a one-week waiting period, approved benefits replace 70% of your income. Vacation time may be used during the waiting period. Because teammates pay taxes on the employer-paid premium, approved disability bene ts are received tax-free and are not subject to federal, state, or local income taxes.

*This Benefits Book provides an overview of your benefits. It covers the key features of the plans. If a conflict occurs between this material and the official plan documents that define the programs, the plan documents will govern. Nothing in this Book is intended to be a promise or guarantee of employment or continued employment with the Company. The Company at all times reserves the right to amend, modify, suspend, or terminate the teammate benefits it offers its teammates. You do not have a vested right to any of the teammate benefits (although you may have a vested right to certain pension benefits to the extent specifically provided for in the applicable plan documents). This right of the Company to amend, modify, suspend or terminate teammate benefits cannot be changed by any representation to the contrary, even if such representation is made by a Company representative.



WHEN SHOULD I ENROLL?

As a regular salaried or full-time hourly teammate, you are eligible for benefits after 30 days of continuous full-time service. You have 31 days from your benefits eligibility date to make benefit elections. Your benefits will become effective after 30 days of continuous full-time service.

If you do not enroll as described above, you may only enroll if you experience a life event change, an employment status change (part time to full time) or during Annual Enrollment (for benefits effective the following January 1).

If you make benefit elections after your benefit effective date, you will be charged for any missed premiums on your next paychecks.

DEPENDENT ELIGIBILITY

Once you are eligible to enroll in the Plan, you may cover your dependents as well. Your eligible dependents include:

- Your legal spouse (for federal income tax purposes)
- Your domestic partner (must meet all eligibility requirements, which can be found at BenefitYourLifeResources), and if your spouse or domestic partner has coverage available through their employer and chooses to enroll in the DSG medical plan, you will pay a spousal surcharge. See page 8 for more details.
- Your children until the end of the month in which they turn age 26 including:
  - Children;
  - Stepchildren;
  - Adopted children and children placed with you for adoption;
  - Children for whom you are appointed legal guardian or foster parent;
  - Domestic partner's child(ren) only if you cover your domestic partner;
  - Adult children who are physically or mentally disabled and dependent on you for support and incurred such disability prior to attaining age 26.

To be eligible for coverage, proof that dependents meet the above criteria is required at the time of enrollment.

HOW DO I ENROLL?

BSWIFT MOBILE APP

YOU CAN ACCESS THE PLATFORM ANYTIME VIA DESKTOP OR MOBILE APP (AVAILABLE IN THE APPLE STORE AND GOOGLE PLAY STORE).

BSWIFT ENROLLMENT PORTAL

ACCESS YOUR BENEFITS PORTAL AT DSGBENEFITS.BSWIFT.COM. BE SURE TO BOOKMARK THE LINK FOR QUICK AND EASY ACCESS!

COMPANY	COMPANY ID
FOOT LOCKER	FL

PASSWORD = DATE OF BIRTH (MMDDYYYY)



You are required to provide documents to verify your dependents in order for them to receive coverage. Their coverage will not be effective until these documents are received and approved. To upload these documents, log into bswift and access your employee file where you can find a list of accepted documents.

If you are unable to access the Benefits Enrollment page or have difficulties enrolling, contact HR Services at 1.800.558.7000 or HRServices@footlocker.com

VISIT BENEFITYOURLIFERESOURCES

Visit BenefitYourLifeResources
for detailed instructions on how to enroll

LIFE EVENT CHANGES





MAKING A CHANGE TO YOUR COVERAGE

Your benefits elections may be changed during the plan year only if you experience a life event or employment status change such as:

- Marriage, divorce, or legal separation
- Dissolution of domestic partnership
- Death of a spouse, domestic partner or a dependent
- Birth; Adoption; or placement for adoption or foster care of a child
- Termination of employment (or commencement of employment) of a spouse
- Dependent child losing eligibility for health care coverage
- Switching from full-time to part-time status by the teammate*/spouse
- Significant change in health coverage that is attributable to the spouse's employment

The change in benefits that you elect must be consistent with the type of status change. If a status change occurs outside of the Annual Enrollment Period and you wish to change your benefits, you must follow the instructions on the next page to complete a Life Event. You will be required to supply the appropriate supporting documentation. The Life Event must be completed within 31 days of the event, or you will have to wait until the next Annual Enrollment period.

Please note: If your benefit change results in increased coverage (for example, changing from single to family medical coverage), a back charge may be deducted from your pay to cover the new premium rate.

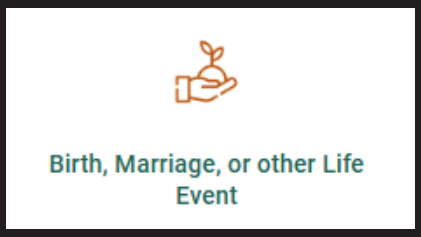
If you are not familiar with the appropriate documentation that is required, contact HR Services at 1.800.558.7000 or email HRServices@footlocker.com.

*Under ACA, converting to part-time will not allow you to drop your medical coverage. However, if you gain coverage under a qualified medical plan, you may be able to revoke your coverage through the Company. Contact HR Services at 1.800.558.7000 or email HRServices@footlocker.com.

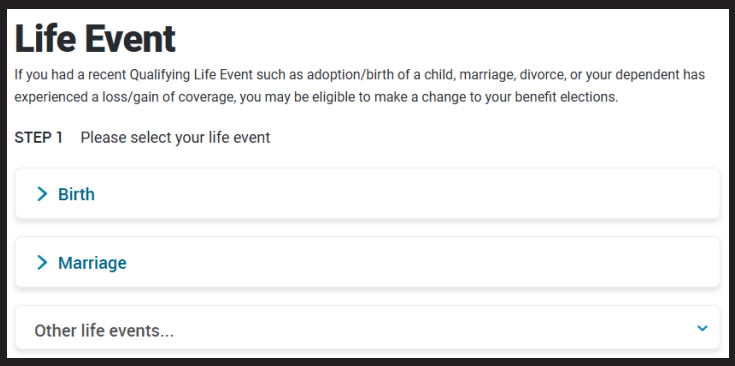
LIFE EVENT CHANGES

GO TO: bswift

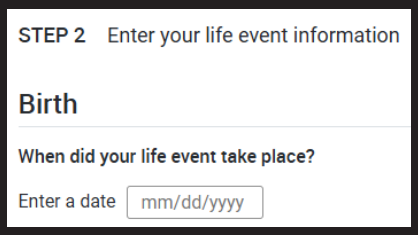
1 Once logged into bswift, under Common Actions, select Birth, Marriage or other Life Event



2 Select the correct event. Click "Other life events." to see the full list



3 After your event is selected, enter the date of the event





4 Make your benefit elections. Changes must be consistent with the event.

5 Once your elections are completed, you are required to provide documentation verifying your event, along with dependent verification documents for any new dependents added. If you do not provide this documentation, your benefits will not be updated. To provide this documentation select Review My Files under common actions. Upload your document(s) there.

DO YOU NEED HELP?

NEED HELP UNDERSTANDING YOUR MEDICAL PLAN?

ASK EMMA !

NOT SURE HOW THE DENTAL PLAN WORKS?

ASK EMMA !

WANT MORE DETAILS ON THE FSAs?

ASK EMMA !

EMMA will help you understand the options that may best suit yours (and your family's) needs.



ENROLL NOW >

Use EMMA to help you understand your health coverage.

CHECK OUT YOUR BENEFITS WEBSITE!



BenefitYourLifeResources

No password or login required

HEALTH BENEFITS

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SUPPLEMENTAL HOSPITAL CARE INSURANCE..... 30



HEALTH BENEFITS

Medical & Dental

As a teammate in Guam, Hawaii or Puerto Rico, you have comprehensive medical, pharmacy and dental coverage through a local provider.

Guam teammates can select medical or dental coverage, or both.

Hawaii and Puerto Rico teammates are offered one option, which is a combination of medical and dental coverage.

With our medical plans, you get the appropriate care you need from the provider you select. When you or a covered dependent needs medical care, you can choose between two levels of health care services: In-Network or Out-of-Network.

In-Network Care is care you receive from providers in the medical plan's network. Out-of-Network Care is care you receive from providers who are not in the medical plan's network. Even when you go outside the network, you will still be covered for eligible services. However, your bene ts will be paid at a lower level. You may also be responsible for paying the difference between the provider's actual charge and the plan's allowed amount.

To understand the medical plans, you should understand these additional program and coverage terms:

- COPAYMENT: The fixed, up-front dollar amount you pay for certain covered expenses Copayment amounts will apply toward the total maximum out of pocket.
- DEDUCTIBLE: The initial amount you must pay each benefit year for covere services before the plan begins to provide benefits
- COINSURANCE: The percentage of eligible expenses you and the plan share.
- TOTAL MAXIMUM OUT-OF-POCKET: The amount you pay out of your pocket for eligible health care expenses before the plan begins to pay 100% for additional eligible expenses. The out-of-pocket limit includes copayments, deductibles, telemedicine charges, coinsurance amounts, and prescription drug expenses.

Spousal Surcharge

If your spouse or domestic partner has coverage available through their employer and chooses to enroll in the medical plan, you will pay an additional $100 per month ($46.15 per pay if you are paid biweekly or $23.08 per pay if you are paid weekly). If your spouse or domestic partner is not employed or their employer does not offer medical coverage, you can continue to cover them with no additional surcharge above the applicable premium. This is for medical coverage only; there will be no cost share for dental and vision coverage.

The Spousal Surcharge for spouses and domestic partners who have other coverage available to them helps to control costs for all teammates. If you have any questions, please contact HR Services at 1.800.558.7000 or at HRServices@footlocker.com

Pharmacy

Your pharmacy coverage is provided through your healthcare carrier (TakeCare in Guam, HMSA in Hawaii, and Triple-S in Puerto Rico).

You always save more by asking your doctor to prescribe generic drugs. If no generic is available, ask your doctor to prescribe a brand-name drug on the formulary.

	HMSA Comprehensive Medical PPO Effective January 1, 2027 hmsa.com Toll Free: (800) 776-4672 | Local: (808) 948-6111 Plan Group Number: 60997-17 **In-Network**
Individual Annual Deductible	None
Family Annual Deductible	None
Annual Individual Copayment Maximum	$2,500
Annual Family Copayment Maximum	$7,500
OUTPATIENT CARE (Per Visit)	
Primary Care Physician Visit	$14 copay per visit
Specialist Visit	$14 copay per visit
Lab Tests	Covered at 100% for lab work
Radiology	Covered at 80% for X-ray
IN-HOSPITAL	
Room and Board	Covered at 80%
Surgery/Radiology/Lab Tests	Covered at 80%
Maternity	Covered at 80% Routine prenatal visits, delivery, and 1 postpartum visit
OUTPATIENT SURGERY	Covered at 80%
PRESCRIPTION DRUGS	
Retail – Generic	$7 copay
Retail-Brand (Preferred)	$30 copay
Retail-Brand (Non-Preferred)	$30 copay and $45 other brand name cost share
Retail Specialty Drugs (Preferred)	Covered at 80%
Retail Specialty Drugs (Non-Preferred)	Covered at 75%
Mail-Order – Generic	$11 copay (90-day supply)
Mail Order-Brand (Preferred)	$65 copay (90-day supply) $65 copay (90-day supply) and $135 other brand name cost share (90-day supply)
Mail Order Specialty	Not Covered
PREVENTIVE CARE	
Doctor Visit	$14 copay
Specialist Visit	$14 copay
Mammography, Gynecology Visits (Well Woman), Immunizations*, Well Child Care**, Preventive Health Exam, HMSA Online Care	Covered at 100%
*Immunizations	Standard and travel
**Well Child	Through age 21
EMERGENCY ROOM CARE	
Emergency Room/Ambulance	Covered at 80%
URGENT CARE	$14 copay per visit
REHABILITATION SERVICES	Covered at 80%

Foot Locker Benefit Summary – HMSA PPO Medical Plan 2027

Important: You must elect both medical AND dental coverage to participate in the HMSA plan.

This Summary of Material Modifications (SMM) serves as an amendment to Summary Plan Description (SPD) for the Foot Locker Group Benefit Plan. This SMM should be read in conjunction with the SPD. Please retain a copy of this SMM for future reference. If you have questions regarding this amendment, or to obtain copies of the SPD, please contact HR Services at (800) 558-7000.

Please see separate rate sheet for details on premium costs per pay.

	HMSA PPO Dental Effective January 1, 2027 hmsa.com Toll Free: (800) 776-4672 | Local: (808) 948-6111 Plan Group Number: 60997-1-7 **In-Network**
Annual Maximum Benefit	$1,500 per person
Rollover Amount	Up to $500 (max accumulation of $1,250)
Preventive Services	Covered at 100% of eligible charges
Exams	Limited to 2 per calendar year
Cleanings	Limited to 2 per calendar year
Topical Fluoride	Limited to 2 per calendar year (age 18 and younger)
X-Rays	Limited to 1 set of bitewings each calendar year or 1 full-mouth series every 3 years
Basic Services	
Fillings (including amalgam and composite restorations)	Covered at 70% of eligible charges
Sealants	Covered at 70% of eligible charges
Space Maintainers	Covered at 70% of eligible charges
Endodontics	Covered at 70% of eligible charges
Periodontics	Covered at 70% of eligible charges
Extractions	Covered at 70% of eligible charges
Anesthesia	Covered at 70% of eligible charges
X-rays	Covered at 70% of eligible charges
Major Restorative Services	
Crowns, Bridges, Dentures & Implants	Covered at 50% of eligible charges 12 month waiting period for crowns, bridges, dentures and implants for new members
Orthodontic Services	Not Covered

Important Information

All plan benefits shown are based on the eligible charge. The eligible charge is the amount that HMSA's participating providers have agreed to accept as payment in full for services rendered. All services received from a non-participating provider will likely result in significantly higher out-of-pocket expenses since the member is responsible for any difference between HMSA's eligible charge and the non-participating provider's actual charge.

Foot Locker Benefit Summary – HMSA PPO Dental Plan 2027

Important: You must elect both medical AND dental coverage to participate in the HMSA plan.

This Summary of Material Modifications (SMM) serves as an amendment to Summary Plan Description (SPD) for the Foot Locker Group Benefit Plan. This SMM should be read in conjunction with the SPD. Please retain a copy of this SMM for future reference. If you have questions regarding this amendment, or to obtain copies of the SPD, please contact HR Services at (800) 558-7000.

Please see separate rate sheet for details on premium costs per pay.

	TakeCare Guam Medical Effective January 1, 2027 takecareasia.com | (877) 484 -2411 Plan Group Number: 1849	
	In-Network	**Out-of-Network**
Individual Annual Deductible	None	$250
Family Annual Deductible	None	$750
Annual Individual Out-of-Pocket Maximum	$4,200	
Annual Family Out-of-Pocket Maximum	$8,400	
OUTPATIENT CARE		
Primary Care Physician Visit	$10 copay per visit at FHP Covered at 80% at other in-network providers Covered at 90% at preferred providers	Covered at 70% after deductible
Specialist Visit	Covered at 80%	Covered at 70% after deductible
Lab and X-Ray	$0 for routine outpatient laboratory Covered at 80% for specialty outpatient laboratory $10 copay for x-ray per visit at FHP; covered at 80% at other in-network providers	Covered at 70% after deductible
IN-HOSPITAL		
Semi-Private Room and Board	Covered at 80% (pre-authorization required) Coinsurance waived at participating providers in the Philippines	Covered at 70% after deductible (pre-authorization required)
Intensive and Coronary Care Units	Covered at 80% (pre-authorization required) Coinsurance waived at participating providers in the Philippines	Covered at 70% after deductible
Maternity	Covered at 80% (pre-authorization required)	Covered at 70% after deductible (pre-authorization required)
Newborn Nursery Services	Covered at 80% (pre-authorization required)	Covered at 70% after deductible
OUTPATIENT SURGERY	Covered at 80% (pre-authorization required) Coinsurance waived at participating providers in the Philippines	Covered at 70% after deductible (pre-authorization required)
PRESCRIPTION DRUGS		
Annual Individual Out-of-Pocket Maximum	$4,200	
Annual Family Out-of-Pocket Maximum	$8,400	
Retail Generic		
Preferred Pharmacies	$5 copay per prescription (30-day supply) $10 copay per prescription (90-day supply)	Covered at 70% after deductible
Other In-Network Pharmacies	$7 copay per prescription	
Retail-Brand (Preferred)		
Preferred Pharmacies	$20 copay per prescription (30-day supply) $40 copay per prescription (90-day supply)	Covered at 70% after deductible
Retail Specialty (Preferred)		
Preferred Pharmacies	Covered at 70% per prescription (30-day supply)	Covered at 30% after deductible (pre-authorization required)
Retail-Brand (Non-Preferred)		
Preferred Pharmacies	Covered at 70% per prescription (30- or 90-day supply)	Covered at 30% after deductible
Retail Specialty (Non-Preferred)		
Preferred Pharmacies	Covered at 50% per prescription (30-day supply)	Covered at 30% after deductible (pre-authorization required)
Mail Order – Generic	$0 copay per prescription (90-day supply)	Covered at 70% after deductible
Mail Order – Brand (Preferred)	$0 copay per prescription (90-day supply)	Covered at 70% after deductible
Mail Order – Brand (Non-Preferred)	Covered at 50% (90-day supply)	Covered at 30% after deductible

PREVENTIVE CARE Routine Physical Exams, Mammography, & Gynecology Well Baby Care & Well Child Care Well Baby Care Well Child Care	 Covered at 100% Covered at 100% From birth up to age 2 From age 2 to age 18	 Covered at 70% after deductible Covered at 70% after deductible From birth up to age 2 From age 2 to age 18
EMERGENCY ROOM CARE	Covered at 80% (in-hospital benefit applies if admitted)	Covered at 80% (in-hospital benefit applies if admitted)
URGENT CARE In-Area FHP & Preferred Providers	 $25 copay per visit	Not Covered
Other In-Network Providers & Out-of-Area	Covered at 80%	Covered at 80% after deductible
MENTAL HEALTH Inpatient Outpatient	 Covered at 80% (pre-authorization required) $10 copay per visit	 Covered at 70% after deductible (pre-authorization required) Covered at 70% after deductible
SUBSTANCE ABUSE Inpatient Outpatient	 Covered at 80% (pre-authorization required) $10 copay per visit	 Covered at 70% after deductible (pre-authorization required) Covered at 70% after deductible
VISION Office Visits Refraction	 Annual Exam: covered at 100% When deemed necessary: $10 copay at FHP Clinic; other in-network providers covered at 80%	 Annual Exam: covered at 70% after deductible
HEARING CARE Routine Hearing Exam Hearing Aid	 Covered at 100% (applies to children 2 years up to 18 yrs old) Not Covered	 Covered at 70% after deductible Not Covered
PROSTHETICS/DURABLE MEDICAL EQUIPMENT External Prosthetic Devices Internal Prosthetic Devices Durable Medical Equipment	 Not covered with the exception of post-mastectomy surgical bra covered at 80% Covered at 80% (pre-authorization required) Coverage limited to joints, pacemakers, stents, leads, heart valves, intraocular lenses. Covered at 80%	 Not Covered Covered at 70% after deductible (pre-authorization required) Coverage limited to joints, pacemakers, stents, leads, heart valves, intraocular lenses covered at 50% Not Covered
AMBULANCE	Covered at 80% (deductible waived; ground transportation only)	Covered at 80% (deductible waived; ground transportation only)
REHABILITATION SERVICES	Covered at 80% (pre-authorization required) Limited to 20 days per member per benefit year.	Covered at 70% after deductible (pre-authorization required) Limited to 20 days per member per benefit year.

Foot Locker Benefit Summary – TakeCare Guam Medical Plan 2027

This Summary of Material Modifications (SMM) serves as an amendment to Summary Plan Description (SPD) for the Foot Locker Group Benefit Plan. This SMM should be read in conjunction with the SPD. Please retain a copy of this SMM for future reference. If you have questions regarding this amendment, or to obtain copies of the SPD, please contact HR Services at (800) 558-7000.

Please see separate rate sheet for details on premium costs per pay.

516 TakeCare Guam Dental

Effective January 1, 2027
takecareasia.com | (877) 484 -2411

	In-Network	Out-of-Network
Annual Maximum Benefit	$3,000 per member per benefit year additional $500 at FHP Dental Center	
Preventive Services Exams, Cleanings, X-rays, Fillings & Simple Extractions	FHP Dental Center: $20 copay per visit Other In-Network Providers: Covered at 80% of eligible charges	Covered at 50% of eligible charges
	Prophylaxis (routine teeth cleaning) and fluoride treatment is limited to twice a year Sealants for children only up to the age of twelve (12)	
Basic Services Endodontics & Periodontics	FHP Dental Center: $100 copay per visit Other In-Network Providers: Covered at 80% of eligible charges	Covered at 30% of eligible charges
Major Restorative Services Crowns, Bridges & Dentures	FHP Dental Center: $100 copay per visit Other In-Network Providers: Covered at 80% of eligible charges	Covered at 30% of eligible charges
Prosthodontics	Full and partial dentures, denture retainers and repairs, relining and/or reconstruction of dentures. Porcelain, ceramic and/or resin/resin metal and/or gold crowns and bridges, plastic/stainless steel crowns and space maintainers. Occlusal guards are not covered.	
Sedation	$250 copay at FHP, 60% of eligible charges at other in-network providers – general anesthesia when specifically recommended by the dentist as a necessity. Nitrous oxide or analgesia (laughing gas/conscious sedation) for members under 13 years old.	
Oral Surgery	$250 copay at FHP, 60% of eligible charges at other in-network providers Surgery for impacted teeth and complicated extractions	
Prescription Drugs	50% coverage of eligible charges (limited to prescription drugs dispensed at Preferred Pharmacies)	Not Covered
Orthodontic Services	Covered at 100% of eligible charges up to a lifetime maximum of $1,000.	Not Covered
	Coverage applies only to orthodontic treatment received during Phase II or the active treatment phase after banding has occurred and applies to children up to the age of seventeen (17).	
	Orthodontic consults, extractions, study models, records, diagnostic fees, x-rays and appliances installed while under a non-TakeCare dental plan are not covered.	

Important Information

All plan benefits shown are based on the eligible charge. The eligible charge is the amount that Take Care's participating providers have agreed to accept as payment in full for services rendered. All services received from a non-participating provider will likely result in significantly higher out-of-pocket expenses since the member is responsible for any difference between Take Care's eligible charge and the non-participating provider's actual charge.

Please refer to the schedule of benefits for a complete list of covered and not covered services.

TakeCare Dental Benefit Summary – 2027

This Summary of Material Modifications (SMM) serves as an amendment to Summary Plan Description (SPD) for the Foot Locker Group Benefit Plan. This SMM should be read in conjunction with the SPD. Please retain a copy of this SMM for future reference. If you have questions regarding this amendment, or to obtain copies of the SPD, please contact HR Services at (800) 558-7000.

Please see separate rate sheet for details on premium costs per pay.

Triple-S Salud PPO

Effective January 1, 2027
ssspr.com | (787) 774-6060

	In-Network Provider	Out-of-Network Provider*
Individual Annual Deductible	None	None
Family Annual Deductible	None	None
Annual Individual Out-of-Pocket Maximum	$6,350	None
Annual Family Out-of-Pocket Maximum	$12,700	None
OUTPATIENT CARE (Per Visit)		
Primary Care Physician Visit	$12 copay per visit; $0 at Salus Clinic	Per reimbursement, copay or coinsurance may apply
Specialist/Sub-Specialist Visit	$15 copay per visit; $6 pediatricians at Salus Clinic	Per reimbursement, copay or coinsurance may apply
Lab and X-Ray	Covered at 70%	Per reimbursement, copay or coinsurance may apply
IN-HOSPITAL (Per Admission)		
Semi-Private Room and Board	$100 copay Preferred Network; $150 copay Non-Preferred	Per reimbursement, copay or coinsurance may apply
Intensive and Coronary Care Units	Include in admission copay	Per reimbursement, copay or coinsurance may apply
Maternity	$35 copay Preferred Network; $75 copay Non-Preferred	Per reimbursement, copay or coinsurance may apply
Newborn Nursery Services	Covered at 100% after $35 or $75 hospital admission copay	Per reimbursement, copay or coinsurance may apply
OUTPATIENT SURGERY	$35 copayment	Per reimbursement, copay or coinsurance may apply
PRESCRIPTION DRUGS		
Generic	$5/30 days*; $10/90 days (Retail/Mail Order)	Services provided by non-participating pharmacies in Puerto Rico are not covered.
Brand (Preferred)	$10/30 days*; $20/90 days (Retail/Mail Order) Pre-authorization required for some drugs.	Services provided by non-participating pharmacies in Puerto Rico are not covered.
Brand (Non-Preferred)	$25/30 days*; $50/90 days (Retail/Mail Order) Pre-authorization required for some drugs	Services provided by non-participating pharmacies in Puerto Rico are not covered.
Specialty Drugs	$25 copay; 30-day supply. Pre-authorization required for some drugs**	Services provided by non-participating pharmacies in Puerto Rico are not covered.
OTC Drugs	$0 copay, specific list***	Services provided by non-participating pharmacies in Puerto Rico are not covered.
	*30-day maintenance drugs only available through retail. **Specialized Pharmacy Network must be used. ***Refer to Triple-S magazine for list. Rx required.	
PREVENTIVE CARE		
Routine Physical Exams	Covered at 100%	Per reimbursement, copay or coinsurance may apply
Mammography	Covered at 100%	Per reimbursement, copay or coinsurance may apply
Gynecology Visits (Well Woman)	Covered at 100%	Per reimbursement, copay or coinsurance may apply
Immunizations	Covered at 100%	Per reimbursement, copay or coinsurance may apply
Well Baby Care	Covered at 100%	Per reimbursement, copay or coinsurance may apply
EMERGENCY ROOM CARE	$50 copay per visit for illness $0 Teleconsulta Covered at 100% for accident	$30 copay per visit for illness Covered at 100% for accident
URGENT CARE	$15 copay per visit for illness Covered at 100% for accident	$15 copay per visit for illness Covered at 100% for accident
MENTAL HEALTH		
Inpatient (Preferred/Non-Preferred)	Regular: $100/$150; Partial: $50/$75	Per reimbursement, copay or coinsurance may apply
Outpatient	$12 copay per visit	Per reimbursement, copay or coinsurance may apply
SUBSTANCE ABUSE		
Inpatient	$35 Preferred Network; $75 Non-Preferred	Per reimbursement, copay or coinsurance may apply
Outpatient	$12 copay per visit	Per reimbursement, copay or coinsurance may apply
VISION		
Office Visit	$12 copay per visit	Per reimbursement, copay or coinsurance may apply
Diagnostic Services	Covered at 75% (1 exam per year)	

HEARING CARE Routine Hearing Exam Diagnostic Services Hearing Aid	$12 copay per visit Covered at 75% Maximum benefits $250 per member, per policy year, under Major Medical by reimbursement.	Per reimbursement, copay or coinsurance may apply Covered at 80%
PROSTHETICS	Covered at 80% under Major Medical (pre-authorization required)	Per reimbursement, copay or coinsurance may apply (pre-authorization required)
DURABLE MEDICAL EQUIPMENT	Covered at 75% (pre-authorization required)	Per reimbursement, copay or coinsurance may apply (pre-authorization required)
AMBULANCE	Ground Ambulance: $0 in emergency cases In non-emergency cases, member pays total cost and Triple-S Salud will reimburse up to a maximum of $80 per case.	Ground Ambulance: $0 in emergency cases In non-emergency cases, member pays total cost and Triple-S Salud will reimburse up to a maximum of $80 per case.
REHABILITATION SERVICES	$7 copay/physical therapy visit, up to 20 visits per year. $7 copay/speech or occupational therapy visit, up to 20 visits combined. Please refer to the policy for other services.	Per reimbursement, copay or coinsurance may apply

Foot Locker Benefit Summary – Triple-S Salud PPO Medical Plan 2027

*Services covered but rendered through Out of Network provider will be processed by reimbursement at 100% contracted fee, less applicable copay/coinsurance.

This Summary of Material Modifications (SMM) serves as an amendment to Summary Plan Description (SPD) for the Foot Locker Group Benefit Plan. This SMM should be read in conjunction with the SPD. Please retain a copy of this SMM for future reference. If you have questions regarding this amendment, or to obtain copies of the SPD, please contact HR Services at (800) 558-7000.

Please see separate rate sheet for details on premium costs per pay.

	Triple-S Salud PPO Dental Effective January 1, 2027 www.ssspr.com | (787) 774-6060
Diagnostic & Preventive Services	Covered at 100% of eligible charges Initial oral exam: 1 every 3 years Periodic oral exam: every 6 months Emergency oral exam: every 6 months Complete series of radiographs: 1 set every 3 years Individual periapical X-ray images are covered, up to 6 each year Bitewings: up to 1 pair each year Prophylaxis: every 6 months Topical application of fluoride for children (under age 19 or adult with special condition), limited to 1 every 6 months Topical application of varnish treatment for children (under age 5) limited to 1 every 6 months Sealant per tooth (under age 14): 1 per lifetime per tooth Space maintainer (under age 14): 1 per lifetime per quadrant
Basic Services	Covered at 80% of eligible charges unless otherwise specified below Amalgam restoration and/or resin restorations: covered at 100%, 1 every 2 years per surface Endodontics: includes root canal treatment and retreatment for anterior, bicuspids and molars Apicoectomy covered once a lifetime per tooth Extractions and oral surgery Stainless steel crowns in deciduous teeth covered at 100% of eligible charges Exostosis
Major Restorative Services	Covered at 50% of eligible charges; up to an annual maximum of $1,000 Crowns: every 5 years per tooth Partial and complete dentures, including repair and adjustments Removable bridge: limited to 1 every 5 years. Fixed bridge: limited to 1 every 5 years.
Periodontic Services	Covered at 80% of eligible charges; up to an annual maximum of $1,000 Periodontics exams: once every 3 years Gingivectomy and gingivoplasty: 1 service every 3 years Root planning: 1 service every 2 years
Orthodontic Services	Covered at 50% of eligible charges; up to an annual maximum of $1,000 Diagnostic services (radiographies and study models); active treatment, including the necessary appliances and retention treatment after active treatment.

Important Information

All plan benefits shown are based on the eligible charge, which is the amount that Triple-S participating providers have agreed to accept as payment in full for services rendered. All services received from a non-participating provider will likely result in significantly higher out-of-pocket expenses since the member is responsible for any difference between the Triple-S eligible charge and the non-participating provider's actual charge.

Please refer to the schedule of benefits for a complete list of covered and not covered services.

Foot Locker Benefit Summary – Triple-S Salud PPO Dental Plan 2027

This Summary of Material Modifications (SMM) serves as an amendment to Summary Plan Description (SPD) for the Foot Locker Group Benefit Plan. This SMM should be read in conjunction with the SPD. Please retain a copy of this SMM for future reference. If you have questions regarding this amendment, or to obtain copies of the SPD, please contact HR Services at (800) 558-7000.

Please see separate rate sheet for details on premium costs per pay.

Vision

Plans include VSP LightCare Coverage. This allows you to use your frame and lens allowance toward non-prescription sunglasses or non-prescription, blue-light-filtering glasses.

VSP Base and Buy-Up Plans (Hawaii and Puerto Rico only*)

Providing you with a choice of affordable vision plans so you can choose the plan that's right for you, Teammates will enjoy more value and the lowest out-of-pocket costs with VSP. You'll also get the best care from a VSP provider, including a Well Vision Exam — the most comprehensive exam designed to detect eye and health conditions. When it comes to Choice of Providers, the decision is yours to make — choose a VSP doctor, a participating retail chain, or any out-of-network provider. It's easy to find the perfect frame at a price that fits your budget. If you choose a frame valued at more than the plan's allowance, the difference you'll pay is based on VSP's preferred member pricing, so you'll still save money!

Using your VSP benefit is easy. Create an account at vsp.com. Once your plan is effective, review your benefit information. Find an eye care provider who's right for you. To find a VSP provider, visit vsp.com or call 1.800.877.7195. At your appointment, tell your provider that you have VSP. There's no ID card necessary. And VSP means more than just better vision. Check out the VSP Diabetic Eyecare Program and the VSP Hearing Aid Discount Program.

While it's always best to stay in-network, because you'll get higher reimbursement for the services and products you purchase, you can use an out-of-network provider, pay the provider, and then submit a claim through VSP for eligible reimbursement. If you return to the same VSP doctor who performed your last covered eye exam within 12 months of the date of your last exam, you will receive a 20% in-network discount on additional pairs of prescription glasses and sunglasses (lenses and a frame.

*Guam teammates receive vision coverage through their local medical provider administrator.



Discounts on Laser Vision Care

VSP offers a discount on PRK and LASIK surgeries through many of the nation's finest laser surgery facilities and doctors, available through contracted laser centers with benefits like:

- Discount average 15% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK and IntraLase. Discounts are only available from VSP-contracted facilities. Also, Custom LASIK coverage (only available using wavefront technology with the microkeratome surgical device) and other LASIK procedures may be performed at an additional cost to the member.
- VSP members won't pay more than $1,500 per eye for PRK, $1,800 per eye for LASIK and $2,300 per eye for Custom LASIK, Custom PRK or Bladeless LASIK. After surgery, use your frame allowance (if eligible) for sunglasses from any VSP network doctor

Eyeconic

To stretch your benefit dollars, visit www.Eyeconic.com! Take advantage of featured frame discounts and shop all of the brands! Eyeconic.com also offers discounts on contact lenses throughout the plan year and gives you an opportunity to virtually try on different frame styles without leaving the comfort of your home.

Summary of Vision Coverage

	BASE PLAN	BUY-UP PLAN
FREQUENCIES	$20 EXAM / $50 MATERIALS	$10 EXAM / $25 MATERIALS
Examination	Every Calendar Year	Every Calendar Year
Lenses	Every Calendar Year	Every Calendar Year
Frames	Every Calendar Year	Every Calendar Year
BENEFITS WITH A VSP IN-NETWORK PROVIDER		
Exam	$20 Copay	$10 Copay
Contact Lens Examination	Up to $60 Copay	Up to $60 Copay
Essential Medical Eye Care	$20 Copay	$20 Copay
Retinal Screening	Up to $39	Up to $39
LENSES		
Single Vision/Lined Bifocal/Lined Trifocal/ Lenticular	$50 Copay	$25 Copay
ALLOWANCES		
Retail Frame Allowance	$145	$200
Featured Frame Allowance	$195	$250
Costco / Walmart Equivalent Frame	$80	$110
Elective Contact Lenses (in lieu of lenses/ frames)	$120	$200
Necessary Contact Lenses	Covered in Full	Covered in Full
VSP Lightcare (in lieu of prescription glasses or contacts)	$145	$200
LENS ENHANCEMENT OUT-OF-POCKET COSTS		
Anti-Re ective Coating	$41–$85	Covered in Full
Polycarbonate Lenses	$35	Covered in Full
Standard Progressives	$0	Covered in Full
Premium / Custom Progressives	$95 –$175	$25 Copay
Tints / Photochromatic	$75	Covered in Full
UV Coating	$10	Covered in Full
Scratch Coating	$17	Covered in Full
All Other Discounted Lens enhancements	Average savings of 30% on lens enhancements	Average savings of 30% on lens enhancements
OUT-OF-NETWORK PROVIDER ALLOWANCES		
Examination	$45	$45
Single Vision / Lined Bifocal / Lined Trifocal	$30 / $50 / $65	$30 / $50 / $65
Progressive Lenses	$50	$50
Frames	$70	$70
Elective Contact Lenses (in lieu of lenses/ frames)	$105	$105
Necessary Contact Lenses	$210	$210

Please see separate rate sheet for details on premium costs per pay.



Supplemental Accident Insurance through Cigna

Accident Insurance coverage provides a fixed cash benefit according to the schedule below when a Covered Person suffers certain Injuries or undergoes a broad range of medical treatments or care resulting from a Covered Accident.

Available Coverage

This Accidental Injury plan provides 24-hour coverage. The benefit amounts below will be paid regardless of the actual expenses incurred and are paid on a per-day basis unless otherwise specified. Benefits are only payable when all policy terms and conditions are met. Also includes a once-per-year screening, wellness, or preventative care benefit of $50.

Summary of Accident Coverage

Initial & Emergency Care	Plan Bene t
Emergency Care Treatment	$200
Physician Office Visit (includes urgent care)	$200
Diagnostic Exam (x-ray or lab)	$100
Ground or Water Ambulance/Air Ambulance	$400/$1,600
Hospitalization Benefits	**Plan Bene t**
Hospit al Admission	$1,000
Intensive Care Unit Admission	$1,000
Hospital Stay	$200
Intensive Care Unit Stay	$400
Fractures and Dislocations	**Plan Bene t**
Per covered surgically-repaired fracture	$200-$8,000
Per covered non-surgically-repaired fracture	$100-$4,000
Chip Fracture (percent of fracture benefit)	25%
Per covered surgically-repaired dislocation	$200-$6,000
Per covered non-surgically-repaired dislocation	$100-$3,000
Follow-Up Care	**Plan Bene t**
Follow-up Physician (or medical professional) Office Visit	$75
Follow-up Physical Therapy Visit	$75
Enhanced Accident Benefits	**Plan Bene t**
Small Lacerations (Less than or equal to 6 inches long and requires 2 or more sutures)	$100
Large Lacerations (more than 6 inches long and requires 2 or more sutures)	$600
Concussion	$150
Coma (lasting 7 days with no response)	$10,000
Sports Accident Benefit	**Plan Bene t**
Organized and Personal Sports Activity (Limited to 10 per year)	$50% of the quali ed benefit
COST PER PAY	
Teammate	$1.61
Teammate + Spouse	$2.92
Teammate + Child(ren)	$3.73
Family	$5.05

* See your Certi cate of Insurance for more information.

Supplemental Critical Illness Insurance through Cigna

Critical Illness Insurance coverage provides a condition-specific percentage of a fixed cash benefit upon the diagnosis of covered illnesses. See details about specific conditions covered and the percentage of coverage for each condition at BenefitYourLifeResources.

Available Coverage

Benefit amounts will be paid regardless of the actual expenses incurred. The benefit descriptions are a summary only, and there are terms, conditions, state variations, exclusions, and limitations applicable to these benefits Features include: portability of the policy and a once-per-year screening, wellness, or preventive care benefit of $50

Summary of Critical Illness Rates

NON-TOBACCO — Teammate					
AGES	$5,000	$10,000	$20,000	$25,000	$30,000
< 29	$.64	$1.28	$2.56	$3.20	$3.84
30 – 39	$.78	$1.56	$3.12	$3.90	$4.68
40 – 49	$1.17	$2.34	$4.68	$5.85	$7.02
50 – 59	$2.10	$4.20	$8.40	$10.50	$12.60
60 – 69	$3.50	$7.00	$14.00	$17.50	$21.00
70 – 79	$5.88	$11.76	$23.52	$29.40	$35.28
80 – 89	$9.28	$18.56	$37.12	$46.40	$55.68
90 +	$9.28	$18.56	$37.12	$46.40	$55.68

NON-TOBACCO — Spouse / Partner					
AGES	$5,000	$10,000	$20,000	$25,000	$30,000
< 29	$.51	$1.02	$2.04	$2.55	$3.06
30 – 39	$.72	$1.44	$2.88	$3.60	$4.32
40 – 49	$1.19	$2.38	$4.76	$5.95	$7.14
50 – 59	$2.16	$4.32	$8.64	$10.80	$12.96
60 – 69	$3.54	$7.08	$14.16	$17.70	$21.24
70 – 79	$6.28	$12.56	$25.12	$31.40	$37.68
80 – 89	$10.25	$20.50	$41.00	$51.25	$61.50
90 +	$10.25	$20.50	$41.00	$51.25	$61.50

TOBACCO — Teammate					
AGES	$5,000	$10,000	$20,000	$25,000	$30,000
< 29	$.75	$1.50	$3.00	$3.75	$4.50
30 – 39	$1.07	$2.14	$4.28	$5.35	$6.42
40 – 49	$1.92	$3.84	$7.68	$9.60	$11.52
50 – 59	$3.63	$7.26	$14.52	$18.15	$21.78
60 – 69	$5.78	$11.56	$23.12	$28.90	$34.68
70 – 79	$8.57	$17.14	$34.28	$42.85	$51.42
80 – 89	$11.74	$23.48	$46.96	$58.70	$70.44
90 +	$11.74	$23.48	$46.96	$58.70	$70.44

TOBACCO — Spouse / Partner					
AGES	$5,000	$10,000	$20,000	$25,000	$30,000
< 29	$.64	$1.28	$2.56	$3.20	$3.84
30 – 39	$1.07	$2.14	$4.28	$5.35	$6.42
40 – 49	$2.08	$4.16	$8.32	$10.40	$12.48
50 – 59	$3.93	$7.86	$15.72	$19.65	$23.58
60 – 69	$6.15	$12.30	$24.60	$30.75	$36.90
70 – 79	$9.96	$19.92	$39.84	$49.80	$59.76
80 – 89	$14.43	$28.86	$57.72	$72.15	$86.58
90 +	$14.43	$28.86	$57.72	$72.15	$86.58

Children				
$2,500	$5,000	$10,000	$12,500	$15,000
$.36	$.72	$1.44	$1.80	$2.16

Supplemental Hospital Care Insurance through Cigna

Hospital Care coverage provides a benefit according to the schedule below when a Covered Person incurs a Hospital stay or undergoes a broad range of medical treatments or care resulting from a Covered Injury or Covered Illness.

Available Coverage

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred and are paid on a per day basis unless otherwise specified. Benefits are only payable when all policy terms and conditions are met.

Summary of Hospital Care Coverage

Hospitalization Benefits	Plan Benefit
Hospital Admission (Non-ICU and ICU) No Elimination Period. Limited to 1 day, 1 benefit(s) every 365 days.	$1,000
Hospital Chronic Condition Admission No Elimination Period. Limited to 1 day, 1 benefit(s) every 365 days.	$50
Hospital Stay No Elimination Period. Limited to 30 days, 1 benefit(s) every 365 days.	$100
Hospital Intensive Care Unit (ICU) Stay Day 1 (Additional ICU Admission + Per Day) Day 2 - 30 (Per Day) No Elimination Period. Limited to 30 days, 1 bene t(s) every 365 days.	$1,200 one time $200 per day
Hospital Observation Stay 24 Elimination Period. Limited to 72 hours.	$100 per 24-hour period
Newborn Nursery Care Admission Limited to 1 day, 1 benefit per newborn child. This bene t is payable to the employee even if child coverage is not elected.	$250
Additional Care Benefits	**Plan Benefit**
Skilled Nursing Facility Care (Includes Rehabilitation Confinement) No Elimination Period. Limited to 30 days, 30 day lifetime maximum.	$50 per day
Substance Abuse Facility Care No Elimination Period. Limited to 30 days, 30 day lifetime maximum.	$50 per day
Mental Illness and Nervous Disorder Facility Care No Elimination Period. Limited to 30 days, 30 day lifetime maximum.	$50 per day
COST PER PAY	
Teammate	$2.61
Teammate + Spouse	$6.96
Teammate + Child(ren)	$4.24
Family	$8.58

* See your Certificate of Insurance for more information. This insurance is NOT a substitute for comprehensive or major medical insurance coverage.

WELLBEING

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FINANCIAL WELLBEING



Enrich Financial Wellness Platform

All Foot Locker teammates have access to Enrich, a one-stop destination for all personal finance topics, from buying a home, saving for retirement, reducing debt, and much more. Includes interactive tools, more than 500 videos, and helpful articles. It's available and free for all full-time and part-time Foot Locker teammates.

Make it a journey to enhance your financial wellness! Once you sign up, start with the Financial Wellness Checkup so you can receive personalized recommendations and courses.

Enrich is available to you 24/7/365 so you can log in anytime and continue your road to fisnancial wellness.

Sign up here if you haven't already.

BUDGET

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BASIC AD&D 39

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SPENDING ACCOUNTS – HEALTH CARE FLEXIBLE SPENDING ACCOUNT (HFSA), DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DFSA) -HAWAII ONLY

MetLife Basic Life Insurance

You are automatically enrolled in basic life benefits, and they are paid entirely by the Company.

Basic life insurance provides a benefit of one times (1x) your annual salary to your named beneficiary(s) in the event of your death.

If your salary is not evenly divisible by $1,000, coverage is rounded up to the next higher increment of $1,000. For example, if your annual base salary is $46,500, your coverage amount is rounded up to $47,000.

BENEFICIARIES FOR LIFE AND AD&D INSURANCE

When completing your enrollment in bswift, please add, review, and/or update your beneficiaries for life insurance and AD&D.

MetLife Basic Accidental Death & Dismemberment (AD&D) Insurance

You are also enrolled automatically in the AD&D plan that pays benefits of up to an additional one times salary to you (in the event of an accidental dismemberment) or your named beneficiary (in the event of your death).

MetLife Supplemental Life Insurance

In addition to the basic life insurance benefit, you can purchase up to $1 million of supplemental life insurance protection up to an additional seven times your salary.

You purchase this coverage with after-tax contributions deducted from your pay. The cost is based on your age and salary. As your age and salary change, your premiums and your coverage amount will change. Premiums are deducted from each pay through after-tax deductions.

If your salary is not evenly divisible by $1,000, coverage is rounded up to the next higher increment of $1,000. For example, if your annual base salary is $46,500 and you are electing one times your salary, your coverage amount is rounded up to $47,000. Proof of good health is required if your supplemental coverage exceeds $400,000.

Special Enrollment Period

During Annual Enrollment, Foot Locker teammates will be able to elect up to 2x their annual base earnings without having to satisfy proof of good health. Proof of good health is still required if the supplemental coverage exceeds $400,000 ($600,000 for executive level).

MetLife Supplemental Accidental Death & Dismemberment (AD&D) Insurance

You may purchase additional AD&D insurance in the amounts of 1x – 7x your annual base salary (rounded up to the nearest thousand), to a maximum of $1 million. The cost of this coverage varies based on your salary and age.

The rates for this coverage are much less than supplemental life insurance and will be calculated when you go through your enrollment experience.

MetLife Spousal/Domestic Partner Insurance

You may purchase spousal/domestic partner life insurance in the amounts of $10,000, $20,000 or $50,000. All amounts are guaranteed issue and do not require Evidence of Insurability (EOI).

MetLife Dependent Child Life Insurance

You may purchase dependent life insurance in the amount of $10,000 or $20,000 for dependent children under the age of 26.

Leaves of Absence

We provide leaves of absence for family needs. The type of leave available to you may vary depending on laws, your circumstances, and other factors.

For leaves beginning on or after January 1, 2027, you should contact Lincoln Financial at 1.888.729.1047 or register to file your claim online at www.mylincolnportal.com for any of the following leave types:

- Short-term disability
- Family Medical Leave (FMLA)
- Critical Caregiver Leave
- Military Leave
- Unpaid Medical Leave
- Unpaid Personal Leave
- Parental Leave
- Intermittent FMLA

In addition to filing with Lincoln Financial, if you are working in California, Colorado, Connecticut, Minnesota, Rhode Island, Oregon, or Washington, you are required to file for Temporary Disability Income through your respective state.

If you are working in Delaware, Maine, Massachusetts, New Jersey, and New York, you should file through Lincoln Financial, and if your disability is approved, you will receive payments through Lincoln Financial.

You should refer to BenefitYourLifeResources (Leave of Absence tab) for details on the Leave of Absence process. If you have any questions, please contact HR Services at 1.800.558.7000 or at HRServices@footlocker.com.

Short-Term Disability and Family Medical Leave Act (FMLA)

You are automatically enrolled in the short-term disability (STD) program through Lincoln Financial when you become eligible for benefits. The Company pays the full cost of this benefit.

Short-Term Disability

If medically necessary and approved by Lincoln Financial, Week 1 would be an unpaid Short-term disability / FMLA elimination period. If you choose to, you could use available vacation days or paid time off to cover the unpaid portions of your leave. Weeks 2 – 26 would be paid at 70% of your average weekly wages ($2,500 maximum benefit / per week).

Family Medical Leave Act (FMLA)

If you are eligible and approved by Lincoln Financial, you could take up to 12 weeks unpaid leave and would run concurrent with most other leaves of absence.

Other features of the Short-term Disability / Family Medical Leave Act program include the following:

- If you suffer a disability from a qualifying non-occupational illness or injury while covered by this program, you will be eligible to receive weekly income benefits designed to help you replace your lost wages.
- Maternity leave offers new mothers eight weeks from the delivery for natural birth or cesarean birth.
- Before collecting benefits, you must satisfy an unpaid elimination period of seven calendar days following your date of disability. You may use available vacation or personal time off to satisfy the elimination period. If you have any questions, please contact HR Services at 1.800.558.7000 or at HRServices@footlocker.com.
- Your absence may also qualify for protection under the Family and Medical Leave Act (FMLA). Information will be sent to you from Lincoln Financial regarding your rights and responsibilities under FMLA, which runs concurrently with your STD leave of absence.
- Benefits may be paid for up to 26 weeks in a 52-week period if your disability is medically certified and your claim is approved by Lincoln Financial.



Long-Term Disability (Salaried Only)

After 26 weeks (180 days) of medical leave, you may qualify for extended benefits through the long-term disability (LTD) program. Premium for this benefit is paid by the Company. Benefits under the LTD program replace a portion of your monthly covered earnings (60% of your basic monthly earnings up to $6,000 per month) for the duration of your medically certified/approved disability, or until age 65.

Voluntary Long-Term Disability (FT Hourly Only)

You must be enrolled in the Voluntary LTD plan to be eligible for the benefit.

If you are enrolled in Voluntary LTD and approved for extended benefits through this benefit, it will replace a portion of your monthly covered earnings (60% of your basic monthly earnings up to $2,500 per month). If you choose to enroll outside of the specified periods listed below, you must provide proof of good health (also known as evidence of insurability, or EOI). Lincoln Financial will send an Evidence of Insurability Request Form to you, if applicable.

Proof of good health is **NOT** required if you are:

- Enrolling within 31 days of your initial eligibility
- Enrolling within 31 days of a life/employment status change

Spending Accounts — Health Care Flexible Spending Account (HFSA), Dependent Care Flexible Spending Account (DFSA) Hawaii Only

Only Hawaii teammates are eligible to participate in the HFSA and DFSA. To contribute in 2027, you must make a new election during Annual Enrollment, as FSA elections do not carry over from year to year.

Health Care Flexible Spending Account (HFSA)

An HFSA lets you pay for eligible medical, dental, vision, and prescription drug expenses with pre-tax dollars. The plan year begins January 1, and your full elected amount is available at that time.

When you enroll, you choose how much to contribute for the year. For 2027, you may elect up to $3,400 (IRS federal maximum). The annual amount you choose to contribute will be divided by the number of pay periods available in the current plan year. Payroll deductions begin after your enrollment is processed, and contributions are managed through Inspira Financial. Eligible expenses can be paid directly using your Inspira Financial debit card.

If you leave the Company, your account will not automatically continue. You may only submit claims for expenses incurred while employed, and claims must be submitted within 90 days of your separation date. If your account does not have a negative balance at separation, you will have the opportunity to continue coverage through COBRA.

Dependent Care Flexible Spending Account (DCFSA)

A DCFSA lets you pay for eligible dependent care expenses with pre-tax dollars. Qualified expenses may include daycare for a child under age 13, elder care for a spouse or other tax dependent who is physically or mentally incapable of self-care, summer day camp, and more.

When you enroll, you choose how much to contribute for the year. For 2027, you may elect up to $7,500 (IRS federal maximum). If you are married and file separately, the maximum election is $3,750.

The annual amount you choose to contribute will be divided by the number of pay periods available in the current plan year. Payroll deductions begin after your enrollment is processed, and contributions are managed through Inspira Financial. Unlike the Health Care FSA, your annual election is not available upfront. Funds become available only as contributions are deducted from your pay.

After paying your dependent care provider, you may submit claims and supporting documentation to Inspira Financial for reimbursement. Reimbursements can be made by direct deposit or check.

Grace Period Rules: Unused 2027 DCFSA funds may be used for eligible expenses incurred through March 15, 2028, provided claims are submitted by March 31, 2028. Any remaining balance not reimbursed by this deadline will be forfeited in accordance with IRS rules.

IMPORTANT DISCLOSURE: Annual Non-Discrimination Testing Required on All Plans with Accounts Governed by the IRS

Each year, IRS-required testing must be performed on all IRS-governed accounts. This testing may limit the amount that highly compensated executives (salary limit also determined by the IRS) can contribute to their plans in the plan year, which may fall below the IRS FSA maximum. If a teammate is impacted by the results of the testing and IRS regulations, you will be notified, and payroll deductions may be reduced.



NOTICES

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STATEMENT ON DICK'S SPORTING GOODS, INC. ELECTRONIC DISCLOSURES OF PLAN INFORMATION.....48

NOTICES

Required Compliance Notices

Each year, we are required to provide teammates with important legal notices and plan disclosures.

While you are not required to do anything with these documents, you should review them and keep them for your records.

The legal notices provide you with important plan disclosures and your rights under different federal government provisions. Notices like the Summary of Bene ts and Coverage may help you better understand the benefits available to you.

If you have any questions about these notices, please contact HR Services at 1.800.558.7000 or at HRServices@footlocker.com.

To review the required compliance notices, visit Bene fitYourLifeResources.

Statement on DICK'S Sporting Goods, Inc. Electronic Disclosures of Plan Information

Individuals entitled to receive bene ts under Dick's Sporting Goods, Inc. (the "Company") Health and Welfare Plan (the "Plan") are also entitled to be furnished with certain documents required by the Employee Retirement Income Security Act of 1974 (ERISA), including a summary of the significant provisions of the Company's benefit plans. The Company intends to provide these documents to you via electronic delivery, as described below.

Electronic Delivery Method

The following is a non-exhaustive list of documents that will be located on Bene fitYourLifeResources:

- Summary of Material Modification (SMM)
- Summary of Material Reduction (SMR)
- Open Enrollment Materials
- Medicare Part D Notice
- HIPAA Special Enrollment Notice
- WHCRA Notice
- NMHPA Notice
- CHIP/Medicaid Notice
- HIPAA Notices of Privacy Practice
- HIPAA Privacy Notice Reminder
- Wellness Program Notices
- Summary of Benefits and Coverage (SBC)

The documents will be in a format commonly known as Adobe PDF. To access these documents through the website, you must have the application program Adobe Acrobat Reader, or a similar PDF reader, installed on your computer, which will allow you to open and read the document.

If any hardware or software requirements change in a way that creates a material risk that you will no longer be able to access electronically transmitted documents, you will be furnished with appropriate notice.

Your Right to a Paper Copy

You have a right to request and obtain a paper version of the notices at no charge. Please contact HR Services at 1.800.558.7000 or at HRServices@footlocker.com to request a paper copy.

Disclaimer

The Company reserves the right to make changes to the website, the documents on the site and these statements, notices, and disclaimers at any time and for any reason.

The Company believes the content of the documents is reliable and current, but accuracy or completeness is not guaranteed. Although the Company will attempt to update the electronic document frequently with changes in the plans, the law and/or the tax codes, the Company does not undertake any responsibility to immediately update the content of the document to re ect these changes. If any conflicts exist between the electronic document and the legal plan documents, the legal plan documents will always govern.

If you have any questions regarding this site or questions regarding the Plan, please contact HR Services at 1.800.558.7000 or at HRServices@footlocker.com.



ALL IN. ALL FOR YOU.

MEDICAL, PHARMACY, AND DENTAL - GUAM
TakeCare
www.takecareasia.com
1.671.647.3526

MEDICAL AND PHARMACY - HAWAII
HMSA:
www.hmsa.com
1.800.776.4672

MEDICAL, PHARMACY, AND DENTAL - PUERTO RICO
Triple S – Salud
ssspr.com
1.800.981.3241

DENTAL INSURANCE - HAWAII
Delta Dental
www.DeltaDentalIns.com
1.800.932.0783

VISION - HAWAII
VSP
www.vsp.com
3333 Quality Drive
Rancho Cordova, CA 95670
1.800.877.7195

LIFE AND AD&D INSURANCE
MetLife
1.800.438.6388 (GET MET8)

FLEXIBLE SPENDING ACCOUNTS & COBRA
Inspira Financial
inspirafinancial.com

Click Here for additional information

LEAVE AND DISABILITY
Lincoln Financial
lincolnfinancial.com
1.888.729.1047

HR SERVICES
345 COURT STREET
CORAOPOLIS, PA 15108
1.800.558.7000
HR Services Email:
HRServices@footlocker.com

BENEFIT YOUR LIFE
BenefitYourLifeResources

PLEASE NOTE: This Benefits Book provides an overview of your benefits. It covers the key features of the plans. If a conflict occurs between this material and the official plan documents that define the programs, the plan documents will govern. Nothing in this Book is intended to be a promise or guarantee of employment or continued employment with the Company. The Company at all times reserves the right to amend, modify, suspend, or terminate the teammate benefits it offers its teammates. You do not have a vested right to any of the teammate benefits (although you may have a vested right to certain pension benefits to the extent specifically provided for in the applicable plan documents). This right of the Company to amend, modify, suspend or terminate teammate benefits cannot be changed by any representation to the contrary, even if such representation is made by a Company representative.

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Foot Locker