

# 2025 BENEFITS GUIDE

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**LUCKY X STRIKE**  
ENTERTAINMENT



**LUCKY X STRIKE**



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## 2025 BENEFITS GUIDE

Welcome to your 2025 Benefits Guide. In these pages, you'll learn about the Lucky Strike Entertainment benefits program, which is designed to help you stay healthy, secure, and maintain a work/life balance. Offering a competitive benefits package is just one way we strive to provide our Associates with a rewarding workplace.

Your benefits are a valuable part of your total compensation package and we encourage you to take the time to carefully review this guide, and keep it handy for future reference.

## ELIGIBILITY AND ENROLLMENT

### Who's Eligible for Benefits?

#### Associate

All Corporate, Center Management, and Full-Time hourly Associates working a minimum of 30 hours per week are eligible for Lucky Strike Entertainment's benefits program.

#### Dependents

You can enroll your dependents in many of the benefits you choose for yourself. Eligible dependents include:

- Your legally married spouse
- Children up to age 26
- A newborn, natural child, or a child placed with you for adoption
- A stepchild or any other child for whom you have a legal guardianship or court-ordered custody, who receives more than one-half of his or her support from you
- Disabled children over 26 years of age

Part-Time, temporary, and contract Associates are not eligible to participate in the Lucky Strike Entertainment benefits program.

### When Do You Enroll?

| 1. Open Enrollment  | 2. New Hire Eligibility   | 3. Qualified Life Event (QLE)   |
|---|---|---|
| Actively enroll in benefits during Open Enrollment which runs from <b>November 5 – 19, 2024</b> . The choices you make become effective on January 1, 2025. | You have 30 days to enroll from your date of hire. Benefits are effective on the first of the month following 30 days from your date of hire. | You have 30 days to make changes after a Qualified Life Event (QLE). Examples include: <ul style="list-style-type: none"><li>• Marriage or divorce</li><li>• Birth or adoption of a child</li><li>• Death of a dependent</li><li>• Changes in your or your spouse's employment status</li><li>• Loss of coverage under another plan</li></ul> |

*If you experience a Qualified Life Event during the year and would like to make a change to your benefits, **you must contact the Human Resources Department within 30 days of the event.** The change must be consistent with the event. Relevant documentation is required, i.e., marriage certificate, birth certificate, etc.*





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## ELIGIBILITY AND ENROLLMENT (CONTINUED)

### Enrollment Process

To enroll into any of the available benefits, you will need to login to Employee Self Service (ESS). You may access ESS at <https://erp.amf.com/jde>. Once you get to the login page, you will need your User ID and Password.

#### Full-Time Center Associates (excluding the General Managers):

- User ID: Lowercase first and last initial + employee number (example: sb1234567)
- Password: Lowercase first and last initial + last 4 of your social security number + @amf (example: sb5564@amf)

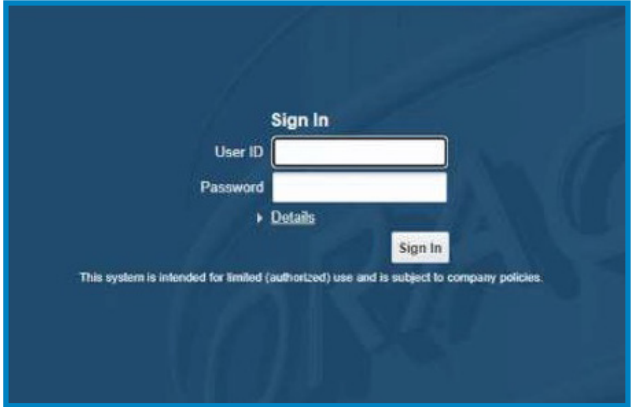
#### General Managers:

- User ID and password: Access JDE using your associated XMGRXXX account for your center.

#### Group Sales and Corporate Associates:

- You will use the same User ID and Password as you use on the network.

If you are unable to login or experience an error, please contact the IT Department for assistance at [itsupport@LSEnt.com](mailto:itsupport@LSEnt.com) or call (888) 407-6248.



For questions about your benefits or enrollment, email the Lucky Strike Entertainment Benefits Department at [benefits@LSEnt.com](mailto:benefits@LSEnt.com).

If you do not wish to enroll in benefits, you can either log into ESS and waive all benefits, request a waiver form from the Benefits Department, or send an email to the Benefits Department advising that you do not wish to enroll in benefits through Lucky Strike Entertainment.

### IMPORTANT!

Remember to email the Confirmation Statement to yourself and then you can save or print. It is best to retain your Confirmation Statement when you make your elections!

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## MEDICAL BENEFITS

Lucky Strike Entertainment provides the choice of three medical plans, administered by UnitedHealthcare. Here’s a snapshot of each plan — find the one that fits your needs!

### Core HSA

- You pay less each paycheck but have a higher deductible.
- This plan comes with a Health Savings Account (HSA) that allows you to make pre-tax contributions to your account through payroll deductions. These funds can be used to help pay your deductible and coinsurance.
- This plan offers in-network coverage only.

### Standard HRA

- This plan has a lower deductible than the Core HSA and offers both in-network and out-of-network coverage. When using in-network providers, there are copays on Primary Care and Specialty Care Physician Office Visits instead of coinsurance. You do not need to meet your deductible first for these office visits.
- Includes a Health Reimbursement Account (HRA). Lucky Strike Entertainment funds \$1,000 to the HRA to help offset a portion of your deductible to pay for medical, dental, vision, prescriptions and over-the-counter (OTC) drug costs.

### Traditional

- You will have a lower deductible than the Core HSA or Standard HRA but will pay more each paycheck.
- Both in-network and out-of-network coverage is included.

### Key Plan Features

|  | Core HSA  | Standard HRA                          | Traditional |
|--|---|---------------------------------------|-------------|
| Primary Care Physician (PCP) required?                                       | No for all plans  |                                       |             |
| Referral required to see a specialist?                                       | No for all plans  |                                       |             |
| In-network benefits?   | Yes for all plans   |                                       |             |
| Non-emergency out-of-network benefits?                                       | No  | Yes                                   | Yes         |
| Emergency coverage?  | Yes for all plans   |                                       |             |
| Preventive care  | Covered at 100%   |                                       |             |
| Payroll deduction amount   | Lowest  | Middle                                | Highest     |
| Deductible   | Highest   | Middle                                | Lowest      |
| Is there a deductible for prescription drug benefits?                        | Yes, combined with medical deductible   | Yes, combined with medical deductible | No          |
| Maximum out-of-pocket costs  | All plans are the same at \$7,000 for individual coverage and \$14,000 for family when using in-network providers |                                       |             |
| Are you eligible to contribute to an HSA?                                    | Yes   | No                                    | No          |
| Does the company provide a \$1,000 HRA to use toward out-of-pocket expenses? | No  | Yes                                   | No          |



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MEDICAL BENEFITS (CONTINUED)



Medical Benefits At-a-Glance

The below Medical **Benefits At-a-Glance** chart is a brief outline of the plans. Please refer to the Summary Plan Description (SPD) for complete plan details.

| Plan Features                 | Core HSA<br>What You Pay                     | Standard HRA<br>What You Pay                              |                                  | Traditional<br>What You Pay      |                                  |
|-------------------------------|--|---|----------------------------------|----------------------------------|----------------------------------|
|                               | In-Network Only                              | In-Network  | Out-of-Network                   | In-Network                       | Out-of-Network                   |
| Annual Deductible             |  |   |                                  |                                  |                                  |
| Individual                    | \$5,500                                      | \$3,500   | \$7,000                          | \$1,500                          | \$3,000                          |
| Family                        | \$11,000                                     | \$7,000   | \$14,000                         | \$3,000                          | \$6,000                          |
| Coinsurance                   | 20%  | 30%   | 40%                              | 30%                              | 40%                              |
| Annual Out-of-Pocket Maximum  |  |   |                                  |                                  |                                  |
| Individual                    | \$7,000                                      | \$7,000   | \$10,000                         | \$7,000                          | \$10,000                         |
| Family                        | \$14,000                                     | \$14,000  | \$20,000                         | \$14,000                         | \$20,000                         |
| Savings Account Eligibility   |  |   |                                  |                                  |                                  |
| Individual and Family         | Associate-funded HSA and Limited Purpose FSA | Employer funds \$1,000 to the HRA<br>Associate-funded FSA |                                  | Associate-funded FSA             |                                  |
| Preventive Care               |  |   |                                  |                                  |                                  |
| Adult Periodic Exams          | \$0  | \$0   | 40% coinsurance after deductible | \$0                              | 40% coinsurance after deductible |
| Well-Child Care               |  |   |                                  |                                  |                                  |
| Physician Office Visit        |  |   |                                  |                                  |                                  |
| Primary Care                  | 20% coinsurance after deductible             | \$30 copay  | 40% coinsurance after deductible | 30% coinsurance after deductible | 40% coinsurance after deductible |
| Specialty Care                |  | \$60 copay  |                                  |                                  |                                  |
| Diagnostic Services           |  |   |                                  |                                  |                                  |
| Radiology and Lab Tests       | 20% coinsurance after deductible             | 30% coinsurance after deductible                          | 40% coinsurance after deductible | 30% coinsurance after deductible | 40% coinsurance after deductible |
| Urgent Care Facility          |  |   |                                  |                                  |                                  |
| ER Facility Charges           |  |   |                                  |                                  |                                  |
| Inpatient Facility Charges    |  |   |                                  |                                  |                                  |
| Outpatient Facility Charges   |  |   |                                  |                                  |                                  |
| Mental Health/Substance Abuse |  |   |                                  |                                  |                                  |
| Inpatient                     | 20% coinsurance after deductible             | 30% coinsurance after deductible                          | 40% coinsurance after deductible | 30% coinsurance after deductible | 40% coinsurance after deductible |
| Outpatient                    |  |   |                                  |                                  |                                  |
| Other Services                |  |   |                                  |                                  |                                  |
| Chiropractic                  | 20% coinsurance after deductible             | 30% coinsurance after deductible                          | 40% coinsurance after deductible | 30% coinsurance after deductible | 40% coinsurance after deductible |

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Medical Benefits At-a-Glance (CONTINUED)

| Plan Features  | Core HSA<br>What You Pay                                    | Standard HRA<br>What You Pay                                  | Traditional<br>What You Pay                  |
|--|---|---|--|
| Retail Pharmacy (30-Day Supply) – Per Prescription     |   |   |  |
| Pharmacy Deductible                                    | Combined with Medical                                       | Combined with Medical   | None   |
| Generic (Tier 1)                                       | \$15 copay after deductible                                 | \$10 copay after deductible                                   | \$10 copay                                   |
| Preferred (Tier 2)                                     | 30% coinsurance after deductible<br>\$30 min, \$120 max     | 30% coinsurance after deductible<br>\$25 min, \$125 max       | 30% coinsurance<br>\$25 min, \$125 max       |
| Non-Preferred (Tier 3)                                 | 40% coinsurance after deductible<br>\$45 min, \$200 max     | 45% coinsurance after deductible<br>\$40 min, \$225 max       | 45% coinsurance<br>\$40 min, \$225 max       |
| Mail Order Pharmacy (90-Day Supply) – Per Prescription |   |   |  |
| Generic (Tier 1)                                       | \$37.50 copay after deductible                              | \$25 copay after deductible                                   | \$25 copay                                   |
| Preferred (Tier 2)                                     | 30% coinsurance after deductible<br>\$75 min, \$300 max     | 30% coinsurance after deductible<br>\$62.50 min, \$312.50 max | 30% coinsurance<br>\$62.50 min, \$312.50 max |
| Non-Preferred (Tier 3)                                 | 40% coinsurance after deductible<br>\$112.50 min, \$500 max | 45% coinsurance after deductible<br>\$100 min, \$562.50 max   | 45% coinsurance<br>\$100 min, \$562.50 max   |

PRESCRIPTION DRUG DISPENSING INFORMATION

If a member requests a brand-name drug when a generic drug is available, members will pay the applicable copay plus the price difference between the generic and brand-name drug.

Under step-therapy, you may be required to try certain drugs first before the plan will cover the step-therapy drug. These “prerequisite” drugs are used to treat the same condition and may actually cost less. Your doctor may ask for a medical exception and provide the required clinical documentation to CarelonRx if you have a specific need to only take the drug prescribed.

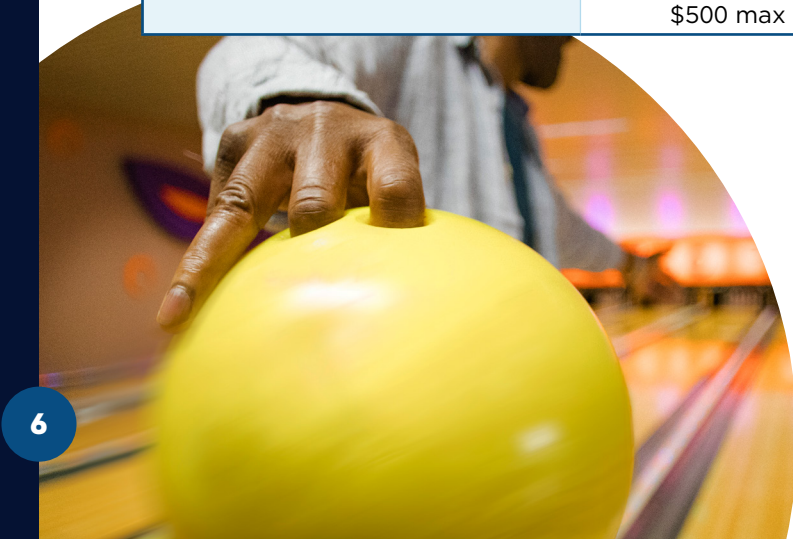




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MEDICAL BENEFITS (CONTINUED)



| Medical (Pre-Tax Contributions)* |                 |                    |
|----------------------------------|-----------------|--------------------|
|                                  | Weekly Premiums | Bi-Weekly Premiums |
| Core HSA                         |                 |                    |
| Associate Only                   | \$15.00         | \$30.00            |
| Associate + Child(ren)           | \$26.18         | \$52.36            |
| Associate + Spouse               | \$127.02        | \$254.04           |
| Associate + Family               | \$133.52        | \$267.05           |
| Standard HRA                     |                 |                    |
| Associate Only                   | \$43.09         | \$86.19            |
| Associate + Child(ren)           | \$68.32         | \$136.64           |
| Associate + Spouse               | \$200.40        | \$400.80           |
| Associate + Family               | \$223.43        | \$446.86           |
| Traditional                      |                 |                    |
| Associate Only                   | \$77.50         | \$155.00           |
| Associate + Child(ren)           | \$120.58        | \$241.16           |
| Associate + Spouse               | \$305.82        | \$611.64           |
| Associate + Family               | \$348.66        | \$697.32           |

*\*Medical rates are based on participation in the Wellness Program. If you do not participate in the Wellness Program, you can anticipate that your rates will be \$15-\$30 higher than shown.*

**Need to Find a Provider?**

Go to **myuhc.com**, select Find a **Provider, Medical Directory** and **Choice Plus Network**. You can even search by provider name, facility, specialty or even condition!

| HSA vs. HRA vs. Healthcare/Limited Healthcare FSA: What's the Difference? |  |   |  |  |
|---|--|---|--|--|
|   | HSA  | HRA   | Healthcare FSA   | Limited Purpose Healthcare FSA                                     |
| Available if enrolled in:   | Core HSA   | Standard HRA                                  | Standard HRA or Traditional<br>No Lucky Strike Entertainment Medical Enrollment Required | Core HSA   |
| Account ownership   | Associate-owned  | Employer-owned                                | Employer-owned   | Employer-owned   |
| Who contributes?  | Associate  | Employer                                      | Associate  | Associate  |
| Are my contributions tax-free?  | Yes  | N/A   | Yes  | Yes  |
| Adjust contributions?   | Yes  | No  | Only with a Qualified Life Event   | Only with a Qualified Life Event                                   |
| Access only funds that have been deposited                                | Yes  | Yes   | No, you may access the full annual contribution amount immediately                       | No, you may access the full annual contribution amount immediately |
| Tax-free interest   | Yes  | No  | No   | No   |
| Do funds expire at the end of the plan year?                              | No   | Yes   | Yes  | Yes  |
| Money is always yours to keep   | Yes  | No  | No   | No   |
| Funds can be spent on   | Qualified Medical, Dental and Vision Expenses                | Qualified Medical, Dental and Vision Expenses | Qualified Medical, Dental and Vision Expenses  | Dental and Vision Expenses Only                                    |
| Who can funds be spent on?  | Self and Tax Dependents, regardless of enrollment in medical | Members enrolled in Standard HRA              | Self and Tax Dependents, regardless of enrollment in medical                             | Self and Tax Dependents, regardless of enrollment in medical       |

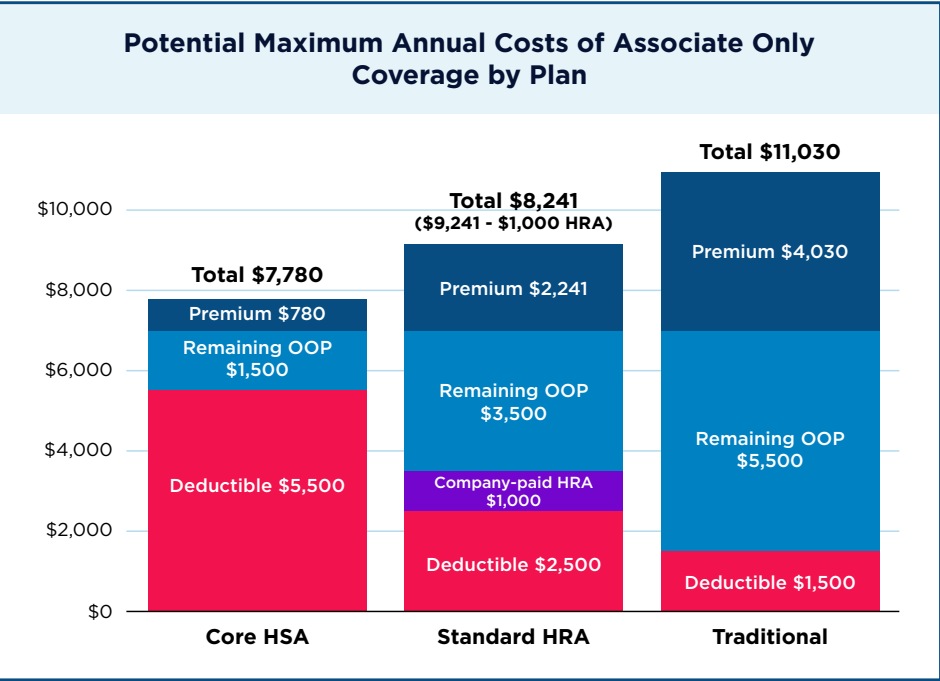
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## MEDICAL BENEFITS (CONTINUED)

### Knowing Where to Go Can Help You Save Money

| Care Options                 |  | Average Cost |
|------------------------------|--|--------------|
| Primary Care Physician (PCP) | Care from the doctor who knows you best              | \$170        |
| Virtual Visits 24/7          | See a doctor by phone or video                       | \$54         |
| Urgent Care                  | Serious conditions that aren't life-threatening      | \$185        |
| Emergency Room               | Life- and limb-threatening emergencies               | \$2,600      |
| Member Services              | Call (866)-844-4864 when you're not sure where to go | N/A          |



### Helpful Terms to Know When Choosing Your Medical Plan

**Annual Deductible** — The dollar amount you pay for most services each calendar year before the plan will pay benefits.

**Annual Out-of-Pocket Maximum** — Annual dollar-limit an individual or family pays in a calendar year for medical and prescription drugs. The plan will pay 100% of eligible medical and pharmacy expenses after this is reached. Deductible, coinsurance, and copay payments apply; premiums do not. In/Out-of-Network accumulate separately.

**Coinsurance** — The percentage of your medical costs you have to pay for most covered services. You will begin paying the coinsurance after you have met your deductible.

**Copay** — The flat dollar amount you pay for certain services, such as prescription drugs, when you go to an in-network provider.

**Out-of-Network Care** — Care that is received from a provider who does not participate in the UnitedHealthcare medical plan network. Using an out-of-network provider will result in higher costs to you.

**In-Network Care** — Care that is received from a provider who participates in the UnitedHealthcare medical plan network. Utilizing an in-network provider will result in lower costs to you.

**Generic Drugs** — Made from the same chemical compound as their brand name counterparts, which are FDA-approved. They offer a safe alternative to help reduce prescription drug spend.

**Formulary Brand** — List of medications that are FDA-approved and have been chosen for their medical effectiveness and value.

**Non-Formulary Brand** — Medications that are not on the formulary but are still FDA-approved.



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MEDICAL BENEFITS (CONTINUED)

A Closer Look at Core HSA

The Core HSA offers a lower paycheck cost, compared to Lucky Strike Entertainment’s other medical plans, so you keep more of your money. This also gives you the opportunity to contribute those cost savings to a Health Savings Account (HSA). More on a Health Savings Account can be found on [page 10](#).

When you review the three medical plans options, consider what type of healthcare expenses you expect to incur in the upcoming year. Some Associates may not meet or pay any deductible, especially if you only seek preventive care services. Knowing this will help determine if the Core HSA is the right plan for you.

Here is a quick medical contribution comparison of the three plans for an Associate:

|              | Annual Premium Cost |
|--------------|---------------------|
| Core HSA     | \$780.00            |
| Standard HRA | \$2,240.88          |
| Traditional  | \$4,030.08          |

As with all three plans, in-network Preventive Care is covered at no cost to you and the in-network annual out-of-pocket maximum is \$7,000 for an Associate.

MONEY-SAVING TIP

If you enroll in the Core HSA, put the money you save through lower paycheck deductions into your tax-free HSA so you'll have money available when you need to pay out-of-pocket costs.

Core HSA

1

Free Preventive Care

You pay nothing for in-network preventive care.

2

Deductible

You pay 100% of your medical expenses up to the annual deductible amount. Use your HSA to plan ahead for these costs.

3

Coinsurance

You and the plan share costs once you meet your deductible, until you reach the out-of-pocket maximum.

4

Out-of-Pocket Maximum

You're protected by an annual limit on costs. The plan starts to pay 100% once you've paid this amount during the year.

HEALTH ADVOCATE – EXPERT HELP FOR YOU



Whenever you have a healthcare or insurance-related issue, Health Advocate’s experts are standing by to help – at no cost to you! Personal Health Advocates will help you and your family members:

- Find the right doctors and hospitals
- Get second opinions
- Resolve billing issues
- Research treatment options
- Provide one-on-one coaching
- Coordinate care and schedule follow-up visits
- And more!

Associates, spouses, dependents, parents and parents-in-law can reach out by phone or email anytime for one-on-one support. Contact Health Advocate at [\(866\) 695-8622](tel:866-695-8622), email [answers@HealthAdvocate.com](mailto:answers@HealthAdvocate.com), or visit [HealthAdvocate.com/members](https://HealthAdvocate.com/members).

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## HEALTH SAVINGS ACCOUNT (HSA)

When you are enrolled in the Core HSA and meet the eligibility requirements, the IRS allows you to open and contribute into a Health Savings Account.

### What is an HSA?

An HSA is a tax-sheltered bank account that you own to pay for eligible healthcare expenses for you and/or your eligible dependents for current or future healthcare expenses. The HSA is yours to keep, even if you change jobs or medical plans. There is no “use it or lose it” rule; your balance carries over year to year.

Plus, you get extra tax advantages with an HSA because:

- Funds you deposit into an HSA are exempt from federal income taxes.
- Interest in your account grows tax free.
- You don’t pay income taxes on withdrawals used to pay for eligible health expenses.
- You also have a choice of investment options which earn competitive interest rates so your unused funds grow over time.

### Are you eligible to open an HSA?

Although everyone is eligible to enroll in the Core HSA, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.

- You must not be covered by another non-QHDHP health plan, such as a spouse’s PPO plan.
- You are not enrolled in Medicare, TRICARE, or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You are not claimed as a dependent on another person’s tax return.
- You are not covered by a traditional healthcare Flexible Spending Account (FSA). This includes your spouse’s FSA. (Enrollment in a limited purpose healthcare FSA is allowed).

### How do I get reimbursed for my eligible expenses?

The easiest way to use your HSA dollars is by using your HSA Debit Card at the time you incur an eligible expense. Or you can withdraw money from an ATM. But keep your receipts! You must be able to prove that you were reimbursing yourself for an eligible expense in the event that you are audited. If you use your HSA funds for non-eligible expenses, you will be charged a 20% penalty tax (if under age 65) as well as federal income taxes.

For a complete listing of eligible expenses, see IRS Publication 502 at [irs.gov](https://www.irs.gov).

## 2025 HSA CONTRIBUTION LIMITS

You are able to contribute to your Health Savings Account on a pre-tax basis through payroll deductions up to the IRS statutory maximums.

### For the 2025 Tax Year

**\$4,300 Individual**  
**\$8,550 Family**

If you are age 55 and over, you may contribute an extra \$1,000 catch-up contribution.

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## HEALTH REIMBURSEMENT ACCOUNT (HRA)

A Health Reimbursement Account is an account that allows Lucky Strike Entertainment to contribute money for you to use toward your out-of-pocket medical, dental, vision, prescriptions and over-the-counter (OTC) drug expenses. Available to those enrolled in the Standard HRA Plan, Lucky Strike Entertainment funds \$1,000 to help offset a portion of your deductible.

### What is an HRA?

It is an account, funded by Lucky Strike Entertainment, to help you pay for medical, dental, vision, prescriptions and over-the-counter (OTC) drug costs.

### Are you eligible?

You are eligible if you are enrolled in the Standard HRA medical plan.

### How do I access these funds?

- You will be provided with a debit card to pay for the first \$1,000 of medical, dental, vision, prescriptions and over-the-counter (OTC) drug expenses.
- After you reach the deductible, you pay for a set portion of each service (your coinsurance).

HRA contribution amounts are prorated based on the month you enter the plan.

| Effective | HRA Amount |
|-----------|------------|
| January   | \$1,000.00 |
| February  | \$916.67   |
| March     | \$833.33   |
| April     | \$750.00   |
| May       | \$666.67   |
| June      | \$583.33   |
| July      | \$500.00   |
| August    | \$416.67   |
| September | \$333.33   |
| October   | \$250.00   |
| November  | \$166.67   |
| December  | \$83.33    |

**PAYING WITH  
YOUR HRA IS EASY.**

When you enroll in the Standard HRA medical plan, you will receive a debit card to pay for eligible expenses.





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## FLEXIBLE SPENDING ACCOUNTS (FSAs)

All eligible associates have the option to enroll in a pre-tax Flexible Spending Accounts (FSA) for both healthcare and dependent care. FSAs are an independent election; you do not need to be enrolled in the medical plan. The three plans offered through HealthEquity are as follows:

### Healthcare FSA

Use pre-tax dollars to pay for eligible medical, dental and vision expenses not covered under the health benefits program. Qualified expenses include copays, deductibles, prescriptions, dental services, eyeglasses, certain vitamins, compression sleeves, acupuncture, feminine hygiene products, etc. [Click here](#) for a more extensive list of qualified expenses.

A Healthcare FSA cannot be utilized if you are contributing to a Health Savings Account (HSA).

### Limited Purpose Healthcare FSA

A Limited Purpose Healthcare FSA is restricted to only eligible dental and vision expenses. If you have an HSA, you can enroll in this FSA to help offset the cost of dental and vision needs. Visit [irs.gov](#) for more guidelines.

### Dependent Care Account

Use pre-tax dollars to pay for eligible dependent child and/or elder care services. This account can be used to reimburse yourself for day care for children up to age 13 and disabled dependents of any age. In order to be eligible for this benefit, you and your spouse (if applicable) must be working, looking for work, or enrolled in school full time.

| Type of Account                           | 2025 IRS Maximum*                               |
|---|---|
| Health Flexible Spending Account          | \$3,300   |
| Limited Purpose Flexible Spending Account | \$3,300   |
| Dependent Care Account                    | \$5,000 (\$2,500 if married, filing separately) |

### IMPORTANT INFORMATION ABOUT HEALTHCARE FSAs:

- You have until March 15, 2026 to incur any claims for which you would like to reimburse yourself.
- You have until March 31, 2026 to file any claims for reimbursement.
- If you are enrolled in a High Deductible Health Plan and contribute to an HSA, you may only enroll in a Limited Purpose Healthcare FSA.
- If you do not use all the of the funds in your FSA, you will forfeit any remaining funds.
- Expenses paid through an FSA cannot be claimed as a tax deduction on your federal income tax return.
- Keep all receipts! The IRS can require substantiation (proof) of any purchase to ensure it is for a qualified expense at any time!

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## VALUE-ADDED PROGRAMS

As a valued member of UnitedHealthcare (UHC), there are multiple resources at your fingertips to get the care you need at a low cost.

### UnitedHealthcare App

**Instant Access** to your health plan details, access ID Card, the find a doctor tool, view your claims, and even estimate the cost of common procedures.

### myuhc.com

If you'd prefer to access UHC from a computer, you can **log in** to manage your benefits, claims, and account balances or even re-print your ID card.

### Rally Rewards



After a quick Health Survey, you can participate in fun missions to help you create a better you! Rally is designed to help you make changes to your daily routine, set smart goals, and track your progress. You can even earn Rally Coins that can be used for chances to win rewards, receive discounts or donate to charities.

### Virtual Visits

Need to see a doctor right away but don't have time to break away from work? For minor health conditions like a sinus infection, sore throat, or even pink eye, you can schedule a virtual visit with a board-certified MD. A prescription can even be sent to your local pharmacy — all within 30 minutes! Log into **myuhc.com** and pick the provider site that best suits your needs — then sign up!

Virtual Therapy visits are also available to help with conditions like ADD/ADHD, addiction, anxiety, and depression.

### CarelonRx Home Delivery



Manage the medications you take regularly by having them shipped directly to your front door. Sign up for home delivery when you register at **www.carelonrx.com**.

### Calm Health



Need help sleeping or meditating? Experience lower stress, less anxiety, improved focus and more restful sleep with the Calm Health app. Calm is a well-being app providing 24/7 access to digital resources for sleep, meditation and mindfulness. It also includes mental health screenings as well as self-guided learning modules. Whether you have 30 seconds or 30 minutes, Calm content is made to suit your schedule and needs.

Calm Health is available to all employees and eligible dependents covered by UnitedHealthcare (16 years or older) at no additional cost as part of your health benefits through Lucky Strike Entertainment. To get started, go to **myuhc.com** then to the Calm Health landing page and register for a Calm Health account. Once registered, you can use the Calm Health website or download the Calm Health app and sign in.



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## WELLNESS PROGRAM

To keep you healthy throughout the year, our Wellness Program provides many resources to help you along your wellness journey. As a Lucky Strike Entertainment medical plan participant, there are many ways to complete wellness activities and earn rewards!



### Discover Wellness and Earn Rewards

- Preventive Care Exam**  
Associate and spouse, if enrolled  
Complete your preventive care exam annually by April 30 to keep your **discounted medical premiums** — no paperwork required!
- Rally Health Survey**  
Login to **myuhc.com** > Rewards (located on home page) > Rally and complete the Health Survey by May 31.  
Four names will be drawn to **win \$1,000** each!
- Rally Missions**  
Quarter: May 1 – July 31  
Login to **myuhc.com** > Rewards (located on home page) > Rally.  
Complete any three (3) Missions and you will be entered to **win \$1,500** — 4 winners!
- Rally Challenge**  
Login to **myuhc.com** > Rewards (located on home page) > Rally.  
Each month from August to November, there’s a new Challenge.  
Complete each month’s Challenge and be entered to **win \$1,500** each month!
- Personal Wellness Story Contest**  
When: December 1 – December 15  
Tell us your wellness story! Include three (3) pictures of yourself supporting your healthy habits.  
Three winners will be chosen for a **prize of \$3,000** each!

By completing a Preventive Care Exam, your medical contributions will continue to be discounted by \$15 a week, an annual savings of \$780. If you do not complete a Preventive Care Exam, your premium will increase \$15 a week.

If your spouse is enrolled in the medical plan, they are also eligible to participate. If they do not complete a preventive wellness exam, your premium will increase \$15 a week. If you both complete a Preventive Care Exam, your total premium will continue at the discounted rate, an annual savings of \$1,560. **Don’t miss out!**

If enrolled in the medical plan after January 1, you do not need to complete the Preventive Care Exam to earn the discounted rates for the current year. You will have the discounted rates for the remainder of the year. You will need to complete a Preventive Care Exam between May 1 and April 30 to keep the discounted rates for the following year.





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## DENTAL BENEFITS

All eligible associates can elect comprehensive dental coverage through Ameritas. This plan is voluntary and is 100% paid for by the Associate.

| Plan Features   | Dental PPO<br>Ameritas Classic Network |                      |
|---|--|----------------------|
|   | In-Network                             | Out-of-Network       |
| Annual Deductible   |  |                      |
| Individual  | \$50                                   | \$50                 |
| Family  | \$150                                  | \$150                |
| Waived for Preventive Care?   | Yes                                    | Yes                  |
| Annual Maximum  |  |                      |
| Per Person  | \$1,500                                | \$1,000              |
| Preventive<br>Exam, X-Rays, Sealants, Fluoride for<br>Children under age 15   | No cost                                | 20% coinsurance      |
| Basic<br>Fillings, Root Canals (Endodontic Care),<br>Periodontal Scaling, Minor Oral Surgery,<br>Simple Extractions | 20% after deductible                   | 50% coinsurance      |
| Major<br>Crowns, Dentures, Implants, Onlays,<br>Fixed Bridges, Denture Repairs                                      | 50% after deductible                   | 50% after deductible |
| Orthodontia   |  |                      |
| Benefit Percentage  | 50% coinsurance                        | 50% coinsurance      |
| Adults  | Not covered                            | Not covered          |
| Dependent Child(ren)  | Covered to age 19                      | Covered to age 19    |
| Lifetime Maximum  | \$1,000                                | \$1,000              |
| Benefit Waiting Periods   | 0 months                               | 0 months             |

Pretreatment authorizations are not required but are recommended for treatment that may be deemed expensive. This would include root canals, crowns, and even treatments done to help fight gingivitis. The purpose behind getting a pretreatment authorization is so that you know what your cost will be upfront. In order to get one of these, ask your dentist office to submit the information for a pretreatment estimate to Ameritas. This is a good way to avoid any surprises once the work has been completed!

To find an in-network dental provider, visit <https://explore.ameritas.com/lsent/>.



| Dental (Pre-Tax Contributions) |                 |                    |
|--------------------------------|-----------------|--------------------|
|                                | Weekly Premiums | Bi-Weekly Premiums |
| Associate Only                 | \$5.19          | \$10.39            |
| Associate + Child(ren)         | \$10.39         | \$20.77            |
| Associate + Spouse             | \$11.74         | \$23.48            |
| Associate + Family             | \$17.81         | \$35.61            |

### IMPORTANT FEATURES TO NOTE:

- Orthodontia is covered for children up to age 19. Adults and children ages 19+ are not covered.
- PPO bonus rewards you for getting preventive care and for using in-network dentists. If you have claims of less than \$500 per calendar year, you will get an additional \$250 added to your annual maximum the following year — up to a maximum of an additional \$1,000.



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VISION BENEFITS



Vision Insurance is available through Ameritas. During the enrollment process, you will have the option of utilizing either the VSP Network or the EyeMed network. This plan is voluntary and is 100% paid for by the Associate.

You must choose the network you wish to participate in. Once your decision has been made during enrollment, that is the network you will continue to participate in for the remainder of the plan year.

| Plan Features         | Vision Plan                              |  |  |   |
|-----------------------|--|--|--|---|
|                       | EyeMed Network                           | EyeMed Out-of-Network                    | VSP Network                                  | VSP Out-of-Network                          |
| Deductibles           | \$10 Exam<br>\$10 Eye Glass Lenses       | No deductible                            | \$10 Exam<br>\$0 Eye Glass Lenses or Frames* | \$10 Exam<br>\$0 Eye Glass Lenses or Frames |
| Annual Eye Exam       | Covered in full                          | Up to \$35                               | Covered in full                              | Up to \$45                                  |
| Lenses (per pair)     |  |  |  |   |
| Single Vision         | Covered in full                          | Up to \$25                               | Covered in full                              | Up to \$30                                  |
| Bifocal               | Covered in full                          | Up to \$40                               | Covered in full                              | Up to \$50                                  |
| Trifocal              | Covered in full                          | Up to \$55                               | Covered in full                              | Up to \$65                                  |
| Lenticular            | 20% discount                             | No benefit                               | Covered in full                              | Up to \$100                                 |
| Progressive           | See Lens Options                         | N/A                                      | See Lens Options                             | N/A   |
| Contacts              |  |  |  |   |
| Fit & Follow-up Exams |  |  |  |   |
| Standard              | Member cost up to \$40                   | No benefit                               | Member cost up to \$60                       | No benefit                                  |
| Premium (Allowance)   | 10% off of retail                        | No benefit                               | Member cost up to \$60                       | No benefit                                  |
| Elective              | Up to \$130                              | Up to \$104                              | Up to \$130                                  | Up to \$105                                 |
| Medically Necessary   | Covered in full                          | Up to \$200                              | Covered in full                              | Up to \$210                                 |
| Frame Allowance       | \$130                                    | Up to \$65                               | \$130**                                      | Up to \$70                                  |
| Frequencies (months)  |  |  |  |   |
| Exam / Lens / Frame   | 12 / 12 / 12<br>Based on date of service | 12 / 12 / 12<br>Based on date of service | 12 / 12 / 12<br>Based on date of service     | 12 / 12 / 12<br>Based on date of service    |

\*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

\*\*The Costco and Walmart allowance will be the wholesales equivalent.



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VISION BENEFITS (CONTINUED)



| Plan Features               | Vision Plan                               |                       |  |                               |
|-----------------------------|---|-----------------------|--|-------------------------------|
|                             | EyeMed Network                            | EyeMed Out-of-Network | VSP Network  | VSP Out-of-Network            |
| Lens Options (Member cost)* |   |                       |  |                               |
| Progressive Lenses          |   |                       |  |                               |
| Standard                    | \$65 + lens deductible                    |                       | Up to the provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge. | Up to Lined Bifocal allowance |
| Premium                     |   |                       |  |                               |
| Tier 1                      | \$85 + lens deductible                    | No benefit            |  |                               |
| Tier 2                      | \$95 + lens deductible                    |                       |  |                               |
| Tier 3                      | \$110 + lens deductible                   |                       |  |                               |
| Tier 4                      | \$65 + 80% of charge less \$120 allowance |                       |  |                               |
| Standard Polycarbonate      | \$40                                      | No benefit            | Covered in full for dependent children; \$33 for adults  | No benefit                    |
| Scratch Resistant Coating   | \$15                                      | No benefit            | \$17 - \$33  | No benefit                    |

\*Lens Option member costs vary by prescription, option chosen and retail locations.

| Vision (Pre-Tax Contributions) |                 |                    |
|--------------------------------|-----------------|--------------------|
|                                | Weekly Premiums | Bi-Weekly Premiums |
| Associate Only                 | \$1.26          | \$2.52             |
| Associate + Child(ren)         | \$2.82          | \$5.63             |
| Associate + Spouse             | \$2.41          | \$4.82             |
| Associate + Family             | \$3.99          | \$7.98             |



What is the Difference Between Networks?

**EyeMed Insight Network** includes both independent and retail vision providers. Some retail providers include:

LENSCRAFTERS™

OPTICAL®

PEARLE  
EST. 1961  
VISION

GLASSES.COM

contactsdirect

**VSP Choice Network** includes both independent and retail vision providers. Some retail providers include:

Visionworks

Walmart\*

COSTCO  
OPTICAL

eyeconic

sam's club



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## INCOME PROTECTION BENEFITS

Lucky Strike Entertainment cares deeply about the financial security of our Associates and their families. The company offers voluntary Life, Accidental Death & Dismemberment (AD&D), Short-Term Disability, and Long-Term Disability insurance.

### Life Insurance



Lucky Strike Entertainment provides the option to enroll into voluntary Life insurance through The Standard. Life insurance benefits will be paid to your designated beneficiary in the event of death while covered under the plan. Evidence of Insurability and underwriting may be required for enrollment.

| Voluntary Life Insurance<br>(Associate Paid; Post-Tax) |  |
|--|--|
| Associate  | <b>Coverage Amount:</b><br>\$20,000, \$50,000, \$100,000 or \$200,000<br><b>Guarantee Issue Amount:</b><br>\$200,000 |
| Spouse   | <b>Coverage Amount:</b><br>\$10,000<br>(Spouse Coverage terminates at age 70)  |
| Child  | <b>Coverage Amount:</b><br>\$4,000<br>(Child Coverage terminates at age 26)  |
| Voluntary AD&D Insurance<br>(Associate Paid; Post-Tax) |  |
| Associate  | <b>Coverage Amount:</b><br>\$20,000, \$50,000, \$100,000 or \$200,000  |
| Child Only   | <b>Coverage Amount:</b><br>15% of Associate's Coverage Amount  |
| Associate + Spouse                                     | <b>Coverage Amount:</b><br>50% of Associates Coverage Amount for Spouse  |
| Family   | <b>Coverage Amount for Spouse:</b><br>40% of Associate's Coverage Amount   |
|  | <b>Coverage Amount for Child:</b><br>10% of Associate's Coverage Amount  |



### Voluntary Disability Insurance

Short-Term and Long-Term Disability coverage is available for you through UnitedHealthcare. The disability coverage is intended to provide you with income in the event you have an injury or illness that prevents you from being able to work.

| Short-Term Disability |                                       |
|-----------------------|---------------------------------------|
| Benefit Amount        | Up to 50% of your weekly earnings     |
| Benefit Maximum       | \$1,000 Weekly Maximum                |
| Waiting Period        | 14 days - Illness or Injury           |
| Benefit Period        | 26 weeks                              |
| Long-Term Disability  |                                       |
| Benefit Amount        | Up to 60% of your monthly earnings    |
| Benefit Maximum       | \$5,000 Monthly Maximum               |
| Waiting Period        | 26 Weeks                              |
| Benefit Period        | Social Security Normal Retirement Age |

**Please note:** Disability benefits will coordinate with any state disability leave. You will not receive more than what is listed as your benefit maximum above.

California residents are not eligible for Short-Term Disability since California State Disability provides a greater replacement percentage and weekly maximum than the Lucky Strike Entertainment plan.

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## 401(k) SAVINGS PLAN

Lucky Strike Entertainment provides a 401(k) Savings Plan to help you save for your financial future. The 401(k) Savings Plan provides an easy way to save through payroll deductions.

- You can make pre-tax contributions, which lowers your taxable income while also helping you build a nest egg for tomorrow; or
- You can choose to make Roth contributions, which means you pay taxes upfront and your future withdrawals will be tax-free provided you use your account for retirement.

For 2025, IRS regulations allow you to contribute up to \$24,000\* in pre-tax and/or Roth contributions. If you are age 50 or older, you may contribute an additional \$8,000\*.

Eligibility: You are eligible to participate in the Plan on the first of the month following 90 days of employment and you must be at least 21 years of age.

For more information, visit [empowermyretirement.com](https://empowermyretirement.com) or call (800) 338-4015.

*\*The 2025 limits have not been sent by the IRS. Please check [irs.gov](https://irs.gov) for updated information.*

## EMPLOYEE STOCK PURCHASE PLAN (ESPP)

Lucky Strike Entertainment offers an Employee Stock Purchase Plan that allows Associates to purchase stock in Lucky Strike Entertainment at a 15% discount off of the fair market value (FMV).

To participate, you must have been an Associate at least 60 days, work at least 20 hours per week, and will work more than five (5) months in a calendar year in the U.S. Annual enrollment is in December for the January – December purchase period.

For more information, go to [ubs.com/onesource/luck](https://ubs.com/onesource/luck) or call (855) 896-9404.

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Carebridge Employee Assistance Program provides free, confidential support to you and eligible family members for those everyday challenges or for more serious problems. Members can speak with someone who can provide resources for:

- Mental health support for anxiety, depression, conflict, grief, addiction, and more
- Work-life services for childcare, eldercare, legal and financial matters
- Emotional wellbeing and behavioral change for stress relief, mindfulness, and goal-setting assistance.

Contact Carebridge at (800) 437-0911, email [clientservice@carebridge.com](mailto:clientservice@carebridge.com) or visit [myliferesource.com](https://myliferesource.com), Access Code: **BDJBP**.



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## CONTACT INFORMATION

| Benefit  | Contact          | Phone   | Website  |
|--|------------------|---|--|
| Medical  | UnitedHealthcare | (866) 844-4864                                | <a href="http://www.myuhc.com">www.myuhc.com</a>                           |
| Pharmacy                                       | CarelonRx        | (833) 777-7408                                | <a href="http://www.carelonrx.com">www.carelonrx.com</a>                   |
| Dental   | Ameritas         | (800) 487-5553                                | <a href="http://www.ameritas.com">www.ameritas.com</a>                     |
| Vision   | Ameritas         | VSP: (800) 877-7195<br>EyeMed: (866) 289-0614 | <a href="http://www.ameritas.com">www.ameritas.com</a>                     |
| Health Advocate                                | Health Advocate  | (866) 695-8622                                | <a href="http://HealthAdvocate.com/members">HealthAdvocate.com/members</a> |
| Health Savings Account                         | Health Equity    | (866) 346-5800                                | <a href="http://my.healthequity.com">my.healthequity.com</a>               |
| Health Reimbursement Account (HRA)             | UnitedHealthcare | (866) 844-4864                                | <a href="http://www.myuhc.com">www.myuhc.com</a>                           |
| Voluntary Life and AD&D                        | The Standard     | (833) 748-6850                                | <a href="http://www.standard.com">www.standard.com</a>                     |
| Disability                                     | UnitedHealthcare | (866) 615-8727                                | <a href="http://www.myuhc.com">www.myuhc.com</a>                           |
| Flexible Spending Accounts                     | Health Equity    | (877) 924-3967                                | <a href="http://my.healthequity.com">my.healthequity.com</a>               |
| 401(k) Savings Plan                            | Empower          | (800) 338-4015                                | <a href="http://empowermyretirement.com">empowermyretirement.com</a>       |
| Employee Stock Purchase Plan (ESPP)            | UBS              | (855) 896-9404                                | <a href="http://ubs.com/onesource/luck">ubs.com/onesource/luck</a>         |
| Employee Assistance Program (EAP)              | Carebridge       | (800) 437-0911                                | <a href="http://myliferesource.com">myliferesource.com</a>                 |
| Lucky Strike Entertainment Benefits Department |                  | (800) 342-5263<br>Option 1, Ext. 6221         | <a href="mailto:benefits@LSEnt.com">benefits@LSEnt.com</a>                 |

Additional information regarding benefit plans can be found on Connect. Please contact the Benefits Department to complete any changes to your benefits that are not related to your initial or annual enrollment.

[Click here](#) or scan the QR code to review Lucky Strike Entertainment’s Legal Notices & Disclaimers.

### About This Benefits Guide

This Benefits Guide is meant only to cover the major points of each plan or policy. It does not contain all of the details that are included in the Summary Plan Descriptions. If there is ever a question about one of these plans and policies, or if there is a conflict between the information in this guide and the formal language of the plan or policy documents, the formal wording in the plan or policy documents will govern. Please note that the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of Lucky Strike Entertainment.

