



The most up to date and detailed benefit information can be found at sleepnumberbenefits.com and/or the Wink and Guru sites which include official plan documents and policies.

Below are some questions that may not be addressed in those materials.

Contents

General/New Enrollment/Open Enrollment.....	2
Family Change of Status Events “Qualifying Events”	4
Medical Plans	6
Dental Plans	7
Vision Plan.....	8
Flexible Spending and Health Savings Accounts	9
Life Insurance Evidence of Insurability (EOI).....	10
Leave of Absence FAQ’s	11
Short-Term/Long-Term Disability	14
Paid Parental Leave.....	15
Adoption/Surrogacy Assistance	16
COBRA	18
Eligibility Chart	20

If there is ever a question about one of these plans and policies, or if there is a conflict between the information on this guide and the formal language of the plan or policy documents, the formal wording in the plan or policy documents will govern.

General/New Enrollment/Open Enrollment

Who is eligible for benefits?

All full-time and part-time team members who work 24 or more hours per week are eligible for most Benefits with Sleep Number. Review this chart for more details.

I'm newly eligible for benefits, when do I enroll and when is coverage effective?

All full-time and part-time team members who work 24 or more hours per week are eligible for medical, dental, vision, spending account and life insurance coverage on the first of the month that coincides with, or is immediately following, your hire date: For example:

- Hire date is March 1 – Benefits will be effective March 1
- Hire date is March 2 – Benefits will be effective April 1

What happens if I miss enrolling by my eligibility date?

You will not be able to make changes until the next open enrollment, or if you experience a Qualified Family Change of Status Event.

When is 2021 Open Enrollment?

Open Enrollment to receive benefits for the 2021 calendar year is November 2nd, 2020 through November 16th, 2020 at 7 p.m. CST. No enrollment support will be available after this deadline.

Do I need to take action during Open Enrollment?

Yes, plan offerings, costs and coverage tiers have changed so it's important to ensure you are enrolled in the coverage that is right for you. Plus, you must re-enroll each year for any Health Savings (HSA) or Flexible Spending (FSA) account deductions. If no action is taken, you will have your 2020 coverage (except for spending or savings accounts) but that coverage may not be right for you given our plan changes.

Do I need to take action during Open Enrollment if I'm not enrolling in Sleep Number's medical, dental or vision plans?

Yes. Even if you're not enrolling, **all** eligible team members should login and do three things: 1) confirm that your home address and contact information is up to date, 2) ensure your beneficiary designations are current, and (3) waive benefits if you currently have benefits and don't want them to roll over to 2021.

What happens if I miss the Open Enrollment window?

If no action is taken, you will have your 2020 coverage (except for spending and savings accounts) but that coverage may not be right for you given our plan changes.

You will not be able to make changes until the next open enrollment, or if you experience a Qualified Family Change of Status Event.

If there is ever a question about one of these plans and policies, or if there is a conflict between the information on this guide and the formal language of the plan or policy documents, the formal wording in the plan or policy documents will govern.

If I change from Full-time employment to Part-time employment, will I lose my coverage?

Only if you move to working less than 24 hours per week. If you do move to working less than 24 hours per week, you will receive information from WageWorks regarding your right to continue your benefits through COBRA.

What happens if I cannot login to Workday?

Please contact IT at servicedesk@sleepnumber.com, by phone at 1-800-214-0606, or through Service Now.

What if I have moved or changed address?

Please update your information in Workday. You can make changes throughout the year to contact information in Workday, as it is critical that your information be accurate. If you continue to have difficulties making updates, please contact humanresources@sleepnumber.com.

Why do you need Social Security Numbers (SSNs)?

Due to requirements under health care reform, Sleep Number must report SSNs for all covered team members and dependents. When you enroll for benefits, please ensure you have an SSN on file for each covered dependent.

If I have specific questions on plan coverage or network providers, where can I go?

Visit sleepnumberbenefits.com for more details on plans, costs and provider networks, including contact information for plan administrators.

Can I change plans anytime I want to?

No; you may only change plans during open enrollment or if you encounter a qualified Family Change of Status Event.

Can I cancel my insurance if I decide I no longer want the coverage?

No; you can only cancel or make changes to your coverage during open enrollment or if you encounter a qualified Family Change of Status Event.

If I leave Sleep Number, when does my coverage end?

The last day of coverage is the last day of employment.

What if I need help with enrollment?

Visit sleepnumberbenefits.com. You can also contact your HR Business Partner or HR at humanresources@sleepnumber.com or 1-800-676-3445 extension 7077.

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Family Change of Status Events “Qualifying Events”

What is a Qualified Family Status Change Event?

When you have one of the following events during the year, you may change your benefit elections at that time (for the benefits impacted by the change). Normally, this must be done within 30 days of the event however in 2020, this timeline is extended due to COVID-19.

- Marriage
- Change from full time to part time or from part time to full time
- Birth or Adoption of a Child
- Divorce
- Death of a Spouse or Child
- Gain of other coverage (e.g. spouse gains new employment)
- Loss of other coverage (e.g. loss of eligibility due to age or a change in spouse's employment status)
- Other qualified events described in Summary Plan Descriptions

Who is considered an eligible dependent?

Eligible dependents are: (1) your spouse or (2) your dependent children up to age 26 or if disabled. (Note: "spouse" means your opposite/same gender spouse through legal marriage recognized under any jurisdiction). **Please note:** If both you and your spouse are employed by Sleep Number, you may be covered as an employee or a dependent, not both. Dependent children may be covered by one parent, not both.

How do I make this change?

You are required to enter in the change to your benefit coverage in Workday no later than 30 days after the qualifying family status change event however in 2020, this timeline is extended due to COVID-19. The day of the event is day 1. Documentation will be required before your request can be approved. Documentation supporting the change includes but is not limited to:

- Birth certificate, adoption decree
- Marriage certificate
- Divorce decree
- Proof of new insurance (gain in coverage)
- Copy of COBRA notice (loss of coverage)

To make your request please follow the instructions in the Report a change of coverage job aid.

When should I add my newborn?

You can add your new baby even without a Social Security Number. Typically, you have a 30-day window to add your baby to your benefit plans however in 2020, this timeline is extended due to COVID-19.

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What happens if I have a Qualified Family Status Change Event before 1/1/2021 and after I have completed Open Enrollment?

You will take two steps. First you will make changes for your qualifying event. Then you will make changes for 1/1/21 coverage again given your family status change.

Where and how do I login to enroll for benefits?

Log into your Workday account from any computer or mobile device and enter your User ID and password.

- Click on the Benefit icon or the task in your inbox when Open Enrollment starts
- Click “Manage” to enroll in coverage and adjust your coverage tier. If you are adding dependents, have social security numbers available.
- Contact Human Resources with any questions, humanresources@sleepnumber.com or 1-800-676-3445 extension 7077

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Medical Plans

I completed my benefit enrollment but have not received my ID card. When should I expect to receive it?

You may not receive a new card if you are staying in the same plan. It can take up to two weeks for an ID card to be received. If you have not received your card within two weeks of the date you enrolled in your benefits, you should contact your health plan administrator.

What if I need help choosing the right plan?

Talk to ALEXx. ALEX is an interactive, mobile-friendly tool that will help you decide which medical plan is right for you and your family. Spend less than 10 minutes chatting and ALEX can make a recommendation that'll save you money. It's completely confidential and your identity is kept anonymous. <https://www.myalex.com/sleepnumber/2021>

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One of our claims administrators is Blue Cross and Blue Shield of Minnesota. If I live outside of Minnesota, how does this affect me?

It does not affect you. These plans utilize the BlueCard PPO network. With the BlueCard PPO network, 96 percent of all hospitals and 92 percent of all providers across the country are in network. For specific network questions, BCBSMN Customer Service is available at 1-866-870-0348, or visit www.bluecrossmnonline.com.

If I have specific questions on plan coverage or network providers, where can I go?

Visit sleepnumberbenefits.com for more details on plans, costs and provider networks, including contact information for plan administrators.

Will I have a separate ID card for prescriptions?

No, you will present your medical card for prescriptions.

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Dental Plans

I completed my benefit enrollment but have not received my ID card. When should I expect to receive it?

You may not receive a new card if you are staying in the same plan. It can take up to two weeks for an ID card to be received. If you have not received your card within two weeks of the date you enrolled in your benefits, you should contact your claims administrator.

If I have specific questions on plan coverage or network providers, where can I go?

Visit sleepnumberbenefits.com for more details on plans, costs and provider networks, including contact information for plan administrators.

How do I obtain a claim form?

Log into the Delta Dental web site at www.deltadentalMN.org or call Customer Service at 1.800.448.3815. Group #50757

Can I find out how much services will cost and obtain an estimate of what will be covered prior to the treatment?

Yes. Your dentist should contact Delta Dental to request a Pre-Treatment estimate.

My provider's office keeps billing me for a service performed. How can I check on the status of the claim?

Contact Delta Dental's Customer Service at 1.800.448.3815.

Can I change from Dental Plan 1 to Dental Plan 2, or vice versa, anytime I want?

No. The only time you may change plans is during Open Enrollment or in the event of a qualified family status change.

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Vision Plan

If I have specific questions on plan coverage or network providers, where can I go?

Visit sleepnumberbenefits.com for more details on plans, costs and provider networks, including contact information for plan administrators.

Will I be receiving an ID card for the Vision Plan?

United Healthcare does not automatically send ID cards. Your vision provider can easily verify information about your coverage through a toll-free customer service number of 1-800- 638-3120. If you prefer to have a hard copy ID card, please go to www.myuhcvision.com.

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Flexible Spending and Health Savings Accounts

Will my current Flexible Spending Account (FSA) or Health Savings Account (HSA) elections carry over to 2021?

No. You must re-enroll if you want to take advantage of FSA or HSA account(s) in 2021. FurtherSM is the administrator. See sleepnumberbenefits.com for more details.

If I have both an HSA and a Limited Purpose FSA account, will I receive two debit cards?

No. FurtherSM can link both accounts on the same card.

Where can I find a complete list of eligible expenses for FSAs and HSAs?

Visit www.IRS.gov, in the search box at the top right, search for Publication 969. You can also find lots of helpful information on the www.hellofurther.com website in the Learning Center section.

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Life Insurance Evidence of Insurability (EOI)

What is an EOI?

EOI is Evidence of Insurability. This document will need to be completed and sent to Prudential if you increase Team Member or Spouse Optional Life coverage or enroll after your initial eligibility. Visit sleepnumberbenefits.com for more information.

What is an Evidence of Insurability form?

An Evidence of Insurability form, or EOI, is a form completed by the team member that is provided to the insurance carrier. The form asks for some basic demographic and personal health information and is used by Prudential to determine if you or your dependent can be covered at the amount of insurance you elected.

How will I know I need to submit this form?

Visit sleepnumberbenefits.com for an overview of when this form is required. You will receive a task with the form attached in Workday. Print or download this form from the task before clicking submit.

How do I find this form if I forget to print it from my task in Workday?

If you forget to print the form from your task you can find the form on the Wink under benefits or through the Guru by following this link.

How long do I have to submit my form to Prudential?

You have 90 days from when you make your elections to submit the form to Prudential.

What happens if I do not submit the form within the 90-day window?

If you do not have the form to Prudential within the 90 days your benefit amount will automatically be denied.

How long before the EOI is approved?

It depends on how fast you get the form to Prudential and how quickly you provide Prudential with any other requested information.

When does the insurance coverage start?

The elected benefit will be effective the date of approval from Prudential.

Example – if you elect the benefit during open enrollment, get the form to Prudential by 12/1/2020 and the approve the amount on 2/15/2020 the benefit will be effective 2/15/2020.

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Leave of Absence FAQ's

Eligibility/qualifications to apply for a Leave of Absence

How do I apply for a leave of absence?

To apply for a leave of absence, you must contact Prudential at **1-877-367-7781** or at www.prudential.com/mybenefits. Customer Service Representatives are available between the 7:00am- 10:00pm CST, Monday through Friday. Instructions for downloading forms are also on Prudential's website.

What triggers a leave of absence?

Absence of **more than 3 consecutive calendar days** for your own medical reason is considered a qualifying factor for a FMLA or a Sleep Number Company Leave. A team member must notify Sleep Number's Leave of Absence provider, Prudential, of a potential leave of absence no later than the team member's third day of absence. The leave of absence start date will be the first day the team member was off work.

How do I qualify for FMLA?

- 1.) You have worked for Sleep Number for a total of at least 12 months and/
- 2.) Have worked at least 1250 hours for Sleep Number in the last 12 months.
- 3.) Work at a site where 50 or more Sleep Number team member work, or where 50 or more team member working within 75 miles of the site.

What are the specific qualifying family and medical reasons I can take FMLA?

- 1.) Birth of child or placement of a child for adoption or foster care
- 2.) Care for an immediate family member (spouse, child or parent) with a serious health condition. 3.) Care for own self due to personal serious health condition (as defined under FMLA regulations).

What are some examples of a serious health condition?

- 1.) Illness, injury or impairment or physical or mental condition involving inpatient care or continuing treatment by a health care provider.
- 2.) Absence for **more than 3 consecutive calendar days** and treatment by a health care provider.
- 3.) Incapacity due to pregnancy or prenatal care.
- 4.) A permanent or long-term condition requiring active treatments.
- 5.) Overnight stay in the hospital.
- 6.) Incapacity or treatment due to a chronic serious health condition.

Leave of Absence descriptions

Visit the Wink and Guru sites for more details.

What is a FMLA Leave of Absence?

FMLA (Family Medical Leave Act) is a federal law that entitles eligible team members to take up to 12 weeks of unpaid leave in a 12-month period for specific family and medical reasons with no threat of job or benefit loss. Some states have their own state leave laws that may supersede FMLA.

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What is a Personal Medical Leave?

If a team member does not qualify for FMLA and/or state law, Sleep Number may consider granting a “company leave” to those with their own serious health condition on a case by case basis. This leave is not available for the purpose of caring for a family member.

What if I only require occasional time off for a leave of absence?

Most FMLA and Personal Medical Leaves may be taken on an intermittent or reduced-hour basis. Intermittent leaves follow the same process as other leaves of absences and must be applied for through Prudential.

PTO Usage during a Leave of Absence

Do I need to use PTO during my leave of absence?

No, you can choose to use PTO during a leave of absence but are not required to.

Will I continue to accrue PTO while on a leave of absence?

No, a team member will not accrue PTO during a leave of absence. Upon return, a team member’s PTO will once again begin to accrue.

Is my approved leave paid or unpaid?

Leaves are unpaid (except for Paid Parental Leave). However, team members on leave for their own health condition may qualify for Short-Term Disability payments through Prudential or can use PTO to supplement income.

Benefits during a Leave of Absence

How will my insurance premiums be paid while I’m out on a leave?

Sleep Number will continue to maintain a team member’s insurance coverage for up to 12 weeks. Missed benefit deductions will be collected from future paychecks upon a return from leave or if rehired within the calendar year.

What happens to my insurance benefits if I do not return from my Leave of Absence?

If you are on a leave for over 12 weeks or do not return after a leave your benefits will be cancelled and COBRA information will be sent to the team member’s home address. Team members may have the option of continuing their insurance coverage during a leave of absence through COBRA. You will be responsible for completing election forms within the required timeframes and paying the total insurance premiums for elected coverage.

Additional Leave of Absence questions

Do I need to provide Prudential or Sleep Number with anything when I return from work?

Team member returning from a leave of absence for their own health condition will need to provide a return to work-release certification from their physician, specifying any restrictions, light duty or part-time requirements to Human Resources. **Team members will not be allowed to return to work without a release.**

As a manager, how can I find out the leave status of my team member?

Managers with individual work email addresses will be provided with email updates regarding a team member’s leave status through Prudential. A team member’s personal medical information will not be shared with the manager. It is the team member’s responsibility to keep their managers and Prudential informed of their expected return to work date and any work-related restrictions. Managers without individual work email addresses should direct any questions to their appropriate Human Resources Business Partner.

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Can I discuss medical issues related to a leave of absence?

A team member's personal medical information is private. Team members should direct all information and questions directly to Prudential. Managers and team members must not discuss specifics of medical conditions related to the leave of absence with other team members, personnel or customers. It is only acceptable to discuss business-related concerns, such as work restrictions or the length of leave of absence.

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Short-Term/Long-Term Disability

Do I have to use my PTO while I am on Short-Term Disability?

No, team members must request to use PTO.

How do I file a claim for Short-Term Disability?

To report an absence or disability you should:

1. First, report your absence for leave or disability to your supervisor or manager and your Human Resources Business Partner. Then report it to Prudential.
2. Call 1-877-367-7781. You can speak to one of Prudential's absence professionals or follow the prompts to record your absence or disability information.
3. Log in to www.prudential.com/mybenefits Click on "Report Time out of work" and follow the instructions. There, you can input your information and download any forms you may need. Failure to provide the necessary information will result in a delay of benefit payments.

Can I receive Short-Term Disability payments, while on a leave of absence to care for an immediate family member?

No, Short-Term Disability payments are only provided to eligible team members on an approved leave of absence due to their own health condition.

What happens when I exhaust my Short-Term Disability period?

All eligible team members will be notified by Prudential regarding the possibility of transitioning to Long-Term Disability.

How do I apply for Long-Term Disability?

Once team members transition to Long-Term Disability, Prudential will send an information packet with the appropriate forms to be completed by the team member and the team member's healthcare provider.

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Paid Parental Leave

Can this benefit be taken intermittently?

The benefit is for two weeks of paid leave and must be continuous and taken at one time, it cannot be taken intermittently.

Are there any exclusions in the instance of adoption?

You are not eligible for paid parental leave in the situation of the adoption of the child of a team member's spouse.

Is this benefit applicable for foster care of a child?

No, it is only applicable for birth or final legal adoption.

How do I apply for this benefit?

The administration of this benefit is handled by Prudential. To apply for this benefit contact Prudential at 1-877-367-7781.

When do I need to apply for this benefit?

To avoid delay in getting paid for this benefit while you are out, please contact Prudential as soon as possible in advance of the time you intend to be off for this time.

Do I need to provide any documentation for this benefit payment?

Prudential may require you to provide a copy of the birth certificate or a copy of the final adoption agreement. If those are not available on a timely basis, you will be requested to sign a document affirming to the validity and timing of the birth or adoption

Can I get paid the parental leave benefit and still work?

No, the intent is to allow the time away from work for this experience and still receive your wages. You cannot receive pay and work, effectively double dipping, for that time.

Who pays the benefit to me?

The benefit is paid from the Sleep Number payroll department and on the regular payroll cycle. The payment will include regular withholding and any applicable scheduled deductions.

If I am the birthing mother and receive STD, when do I have to take this?

You can take it at any time so long as it is within 6 months of the date of birth. You can take it within your 12 weeks of STD once you go on unpaid time, or later as long as it is within six months of the date of birth. In some situations, a team member wants to take it once the paid time and PTO has elapsed, but that is one option.

If I am on STD, will this benefit automatically process, or do I have to apply for it?

The paid parental leave is a separate policy, so you do have to apply for it through Prudential.

Will this payment count toward my AIP, if I am eligible for that benefit?

Yes, this payment is applicable.

If another family member takes on a relative's child, will this benefit be available?

No, this provision is only offered in the cases of natural birth or original adoption. If the custodial arrangement results in a final legal adoption, then this benefit would apply.

Do I need to advise my manager of my time off under this benefit?

Yes, as soon as you anticipate the time that you will need to be off work for this benefit you need to advise your manager.

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Adoption/Surrogacy Assistance

When can I apply for this?

You can only apply when the adoption is finalized, and you have six months from that date to submit a request for payment.

How and where do I apply for this benefit?

There is a request for benefit form on the WINK that needs to be completed and sent to Sleep Number benefits for processing.

Will I need to supply documentation or receipts?

Yes, you must supply supporting documents of fees, cost or other expenses incurred in connection with the adoption. You can provide receipts, cancelled checks, credit card statements and/or paid stamped invoices confirming payments. You must also provide a copy of the finalized adoption agreement; no reimbursement will be considered without that documentation.

What are qualified expenses?

Qualified expenses include, but are not limited to:

- Reasonable and necessary adoption fees
- Court costs and attorney fees for the adoption
- Travel expenses (related to the adoption, such as home visit)
- Other expense directly related to and for the principal purpose of the legal adoption of an eligible child

What type of expenses are excluded?

Excluded expenses include, but are not limited to:

- Expenses that a team member pays to adopt the child of the team member's spouse
- Expenses incurred in violation of state or federal law
- Expenses incurred in carrying out any surrogate parenting agreement, however surrogacy portions of the adoption agreement are covered

Who reviews the expenses?

The Sleep Number Benefits department will review all expenses submitted and process payment for those approved. If an expense is denied, team members can contact Benefits for clarification.

What is an eligible child under this policy?

An eligible child is any child who has not attained age 18 or who is physically or mentally incapable of self-care and who is not the child of the team member's spouse.

Does this policy include adopting a family member, such as a grandchild or niece or nephew?

Yes, so long as the custody results in a final and legal adoption.

Is there a lifetime limit on adoption assistance benefits?

Yes, the lifetime limit under this benefit is three adoptions per team member.

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What if both the spouses are Sleep Number team members?

There would only be a total of \$5,000 for the adoption.

Where can I obtain more information on the benefit?

Please refer to the Sleep Number Adoption Assistance policy in the team member handbook.

What is the tax treatment for this benefit payment?

Sleep Number does not guarantee any particular tax treatment for the payment of this benefit. For questions, please consult your personal tax advisor.

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COBRA

What benefits can I continue through COBRA?

You will be able to continue Medical, Dental, Vision and Spending Accounts through COBRA. You also have the option to continue Basic and Supplemental Life Insurance through MN Continuation which is available to all team members.

What does COBRA cost?

2020 COBRA Monthly Premiums (the full cost of the coverage including a 2% administrative fee)			
Medical	Bind	BCBS HDHP	BCBS PPO
Team Member Only	\$582.24	\$548.14	\$609.60
Team Member + Spouse	\$1,280.92	\$1,205.91	\$1,341.13
Team Member + Child(ren)	\$1,164.47	\$1,096.28	\$1,219.21
Team Member + Family	\$1,746.70	\$1,644.41	\$1,828.81
Dental	Plan 1	Plan 2	
Team Member Only	\$28.16	\$31.17	
Team Member + Spouse	\$51.87	\$60.25	
Team Member + Child(ren)	\$110.01	\$127.84	
Team Member + Family			
Vision			
Team Member Only		\$6.75	
Team Member + Spouse		\$11.32	
Team Member + Child(ren)		\$18.68	
Team Member + Family			
Healthcare FSA	Monthly Election x 2% Admin Fee		
Basic and Optional Life Insurance	The monthly continuation premium for basic life will be your coverage amount in thousands times \$0.13 plus a 2% admin fee and for optional life will be your coverage amount in thousands times your rate per thousand based on age and smoker/non-smoker status plus a 2% admin fee. You must complete an application and apply for these options within 31 days of your coverage termination for conversion or 60 days of your coverage termination for continuation.		

Once I separate from Sleep Number, when do my benefits end?

Coverage will end at the end of the day on your last day of employment. For more information, click [here](#).

How long will it take for me to receive my COBRA packet?

Sleep Number must notify our vendor (HealthEquity/WageWorks COBRA Benefit Services) within 30 days of separation. HealthEquity/WageWorks will mail the packet of information to your home. For Life Insurance continuation, contact Prudential.

Will my COBRA coverage be retroactive?

Yes; if you enroll and submit payment, your coverage will be effective the date following your separation date.

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Will I pay the same amount for COBRA that I do now?

No; you will pay the entire portion of the premiums (employer and employee contribution) + a 2% administrative fee.

If I switch from full-time to part-time working less than 24 hours per week, will I be able to continue my benefits through COBRA?

Yes; HealthEquity/WageWorks COBRA will send you an election packet giving you the option to continue the benefits you had as a full-time employee. For Life Insurance continuation, contact Prudential.

Can I switch plans when I elect COBRA?

COBRA allows you to continue the coverage you had in place as an active employee. During annual COBRA Open Enrollment, you will have a chance to switch plans.

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Eligibility Chart

What benefits am I eligible for?

	Benefit Eligible	Not Benefit Eligible		
	Full-time or Part-time scheduled in WD for 24 hours or more ACA eligible TMs	Full-time or Part-Time scheduled in WD for 24 or less	Temporary	Contingent
Medical	X			
Dental	X			
Vision	X			
Spending Accounts	X			
Life Insurance	X			
ADD	X			
Disability	X			
Leaves of Absence	X			
Paid Parental Leave	X			
Adoption Assistance	X			
401(k)	X	X	X	
PTO*	X	X	X	
Company Holidays – Holiday Pay	X	X		
Company Holidays – Premium Pay	X	X	X	
Pay Programs: Jury Duty, Voting, Emergency Pay	X	X	X	
TalkSpace	X	X		
Bright Horizons Caregiving	X	X		
Learn to Live	X	X		
EAP	X			
BTA	X			
Legal	X			
Will	X			
Travel Assistance	X			
Tuition Reimbursement	X			
TM Bed Discount	X	X		
Pre-tax commuter benefit	HQ, SIQ, NY			

If there is ever a question about one of these plans and policies, or if there is a conflict between the information on this guide and the formal language of the plan or policy documents, the formal wording in the plan or policy documents will govern.

Director and Above				
Executive Investment Plan (Non-Qual)	X	X		
Tax and Financial Planning	Exec only			
Executive Physical	Exec only			

*The PTO plan available is based on Full-time and Part-time employment status.

If there is ever a question about one of these plans and policies, or if there is a conflict between the information on this guide and the formal language of the plan or policy documents, the formal wording in the plan or policy documents will govern.