

RENEWAL AGREEMENT

SDH Services West, LLC, d/b/as Sodexo Live! at the American Airlines Lounge at Orlando International Airport (MCO) (hereinafter referred to as “the Employer” or “the Company”), and **UNITE HERE Local 362, AFL-CIO** (hereinafter referred to as “the Union”), are parties to a collective bargaining agreement effective February 5, 2024 through July 31, 2027.

The Employer and Union hereby agree to renew collective bargaining agreements through July 31, 2028.

All terms and conditions of the aforementioned collective bargaining agreement will remain in full force and effect through July 31, 2028 except as modified as follows:

[NOTE: Changes are in red bold; plain text indicates no change from current language.]

ARTICLE 27 – 401(k) EMPLOYEES’ SAVINGS PLAN and Retirement Plan

Section 1. Effective through December 31, 2027, employees will be eligible to participate in Sodexo’s 401(k) Employees’ Retirement Savings Plan and Trust in accordance with the Plan’s provisions.

Participation in the plan shall end December 31, 2027. If the Pension plan set forth in Section # below is not approved Participation in the 401(k) plan will continue until the parties negotiate a new Article 27.

Section 2. Waiver. By agreeing to participate in the Plan, the Union agrees that any question concerning the interpretation or application of the Plan shall be determined and resolved in accordance with the procedures set forth in the applicable Plan documents and shall not be subject to the grievance and arbitration provisions of this Agreement. The Union further agrees that the Plan Sponsor has reserved the right to unilaterally amend, modify or terminate the Plan, in whole or in part, without bargaining with the Union. This Section shall continue in effect following the expiration of this Agreement, until expressly terminated or superseded by written agreement of the Employer and the Union.

Section 3. The Employer agrees to become a participating employer in the Adjustable Plan (“Adjustable Plan”) of the UNITE HERE Retirement Fund (“Fund”), effective January 1, 2028 the Employer agrees to contribute to the Fund for each employee covered by this Agreement following their probationary period the sums listed below for participation in the Adjustable Plan. Contributions shall be due monthly for each hour compensated for all payroll weeks ending in the prior month for the purpose of providing pension benefits under the Adjustable Plan or such new, merged or consolidated plan(s) as may be adopted by the Trustees. Said monthly contributions, together with a report of the employee data required by the Fund, on the format prescribed by the Fund, shall be furnished to the Fund no later than the fifteenth (15th) day of the month following the month for which contributions are to be made.

The Employer will contribute to Fund at the following hourly rates:

Effective Date:	Rate for each employee:
January 1, 2028	\$0.25/hour

The Employer and the Union agree to be bound by the Agreement and Declaration of Trust (“Trust Agreement”) of the Fund as may, from time to time, be amended, and they do hereby irrevocably designate as

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their respective representatives on the Board of Trustees, such Trustees named in said Trust Agreement as Employer and Union Trustees, together with their successors selected as provided therein, and agree to abide and be bound by all procedures established and actions taken by the Trustees pursuant to said Trust Agreement. Any provision in this Agreement that is inconsistent with the Trust Agreement, or the plan of benefits, rules, or procedures established by the Trustees, shall be null and void.

The above is subject to the Company's approval process to participate in the plan. The parties agree to meet and negotiate this Article should approval be denied.

ARTICLE 28 – INSURANCE

Section 1. Trust and Reporting Language.

The Employer agrees to contribute for each employee covered by this Agreement to UNITE HERE HEALTH ("Fund") for the purpose of providing health and welfare benefits under the UNITE HERE HEALTH Food Service Plan Unit II ("FSP II"), or such new, merged or consolidated plan units as may be adopted by the Trustees. Said contributions shall be submitted electronically together with an electronic report of the employee data required by the Fund in the format prescribed by the Fund, no later than the fifteenth (15th) day of the month preceding the month of coverage.

In addition to providing the monthly report and payment set forth above, the Employer must report to the Fund, by no later than 10am on the last business day of the month, any changes in the status of an employee that may affect that employee's coverage (for example, terminations, layoffs, new hires and newly eligibles). Since the Fund generally cannot rescind coverage, if the Employer fails to timely report a change that would otherwise terminate coverage, the Employer must pay the entire contribution for that employee (including any co-premium normally paid by the employee) for each additional month until the status change is reported to the Fund. If the Employer timely reports a change that would otherwise terminate coverage, the Employer will receive a credit for any applicable monthly payment submitted during the month of change.

The Employer agrees to submit the electronic payments and reports in a format approved by the Fund or directly via the Fund's online system. The parties acknowledge that an Excel spreadsheet with the required data fields and payment via ACH are approved formats. The Union and Employer acknowledge that the Employer's late report may result in a delay in the benefits of otherwise eligible employees.

The Employer and the Union agree to be bound by the Agreement and Declaration of Trust ("Trust Agreement") of the Fund as may, from time to time, be amended, and they do hereby irrevocably designate as their respective representatives on the Board of Trustees, such Trustees named in said Trust Agreement as Employer and Union Trustees, together with their successors selected as provided therein, and agree to abide and be bound by all procedures established and actions taken by the Trustees pursuant to said Trust Agreement. Any provision in this Agreement that is inconsistent with the Trust Agreement, or the Plan of Benefits, rules, or procedures established by the Trustees, shall be null and void.

Section 2. General Provisions.

The Employer shall contribute to the Fund for all eligible employees. An eligible employee is defined as an employee who regularly works thirty (30) hours or more a week.

The Employer will begin making contributions to the Fund for eligible employees upon the earlier of:

- (a) the first of the month following two (2) months of employment; or
- (b) completion of 1,020 hours of service.

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Section 3. Monthly Employer Contributions.

A. Medical. The Employer shall contribute the monthly sums stated below for all eligible employees who elect one of the following medical plans:

(i) Silver Plus PPO Plan:

<u>Effective Date</u>	<u>Single</u>	<u>Single + Spouse</u>	<u>Single + Child(ren)</u>	<u>Family</u>
01/01/24	\$561.64	\$1,197.84	\$ 936.85	\$1,663.68
01/01/25	\$603.77	\$1,287.68	\$1,007.11	\$1,788.45
01/01/26	Increase in monthly medical contribution as determined by Fund			
01/01/27	Increase in monthly medical contribution as determined by Fund			

(ii) Gold Plus PPO Plan

<u>Effective Date</u>	<u>Single</u>	<u>Single + Spouse</u>	<u>Single + Child(ren)</u>	<u>Family</u>
01/01/24	\$695.28	\$1,482.85	\$1,159.76	\$2,059.52
01/01/25	\$747.42	\$1,594.06	\$1,246.74	\$2,213.99
01/01/26	Increase in monthly medical contribution as determined by Fund			
01/01/27	Increase in monthly medical contribution as determined by Fund			

B. Dental HMO. The Employer shall contribute the monthly sums stated below for all eligible employees who elect the Dental HMO plan:

<u>Effective Date</u>	<u>Single</u>	<u>Single + Spouse</u>	<u>Single + Child(ren)</u>	<u>Family</u>
01/01/24	\$16.15	\$39.86	\$38.48	\$55.38
01/01/25	\$16.15	\$39.86	\$38.48	\$55.38
01/01/26	Increase in monthly dental contribution as determined by Fund			
01/01/27	Increase in monthly dental contribution as determined by Fund			

C. Vision. The Employer shall contribute the monthly sums stated below for all eligible employees who elect the Vision plan:

<u>Effective Date</u>	<u>Single</u>	<u>Single + Spouse</u>	<u>Single + Child(ren)</u>	<u>Family</u>
01/01/24	\$6.97	\$12.65	\$13.27	\$20.48
01/01/25	\$6.97	\$12.65	\$13.27	\$20.48
01/01/26	Increase in monthly vision contribution as determined by Fund			
01/01/27	Increase in monthly vision contribution as determined by Fund			

D. Life Insurance and AD&D (\$10,000 / \$10,000)

The Employer will submit Life and AD&D monthly contributions to the Fund for all eligible employees, including those who decline Medical coverage, at the following monthly rates.

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<u>Effective Date</u>	<u>Rate</u>
01/01/24	\$1.90
01/01/25	\$1.90
01/01/26	Increase in monthly dental contribution as determined by Fund
01/01/27	Increase in monthly dental contribution as determined by Fund.

E. Effective January 1, 2026 through the remainder of the CBA, the Employer agrees to contribute the contribution rates necessary for the above mentioned options in Section 3 of this Article, as appropriate and as determined by the Fund, to sustain benefits. The parties agree and understand that, if the appropriate welfare contribution rates are not paid, the Trustees of the Fund may eliminate benefits to otherwise eligible participants and terminate the employer’s participation pursuant to the Fund’s Minimum Standards.

Section 4. Employee Co-premiums for Medical, Dental and Vision

The employee percentage share of the monthly premium for those who elect coverage shall be as follows:

Silver Plus PPO

	<u>Effective 1/1/2024</u>	<u>Effective 1/1/2025</u>	<u>Effective 1/1/2026</u>	<u>Effective 1/1/2027</u>
Single	20%	15%	15%	10%
Single + Child(ren)	20%	15%	15%	10%
Single + Spouse	25%	20%	20%	15%
Family	25%	20%	20%	15%

Gold Plus PPO

	<u>Effective 1/1/2024</u>	<u>Effective 1/1/2025</u>	<u>Effective 1/1/2026</u>	<u>Effective 1/1/2027</u>
Single	20%	20%	15%	15%
Single + Child(ren)	20%	20%	15%	15%
Single + Spouse	25%	25%	20%	20%
Family	25%	25%	20%	20%

1/1/2028

<u>Silver Plan</u>	<u>Gold+ Plan</u>
90% -- 10%	90% -- 10%.
90% -- 10%	90% -- 10%
90% --10%	85% -- 15%
90% --10%	85% -- 15%

Dental HMO

For all levels of coverage throughout life of CBA 75% of cost of monthly premium

Effective 1/1/2028
90% -- 10%

Vision

For all levels of coverage throughout life of CBA 50% of cost of monthly premium

The employee share of the premium will be deducted each week through payroll deduction.

The employee's weekly deduction will be calculated based on the total annual amount owed by the employee divided by fifty-two (52).

The Employer will submit the entire contribution to the Fund on a monthly basis on behalf of all eligible employees who have paid their portion of the contribution.

Effective 1/1/2028
90% -- 10%

Short-term Disability

Effective 1/1/2026

STD \$200

Section 5. Election, Enrollment and Waiver.

The parties agree that employees cannot waive coverage in exchange for wages or some other type of benefit.

The parties agree that an employee may only change his or her enrollment election during the Open Enrollment period of each year of the Agreement or such other times as allowed by applicable federal law. An employee who enrolls in coverage will automatically be enrolled in the same level of coverage each subsequent enrollment period, unless he or she elects to change their level of coverage during Open Enrollment.

For any coverage level for which there is an employee co-premium, the Employer is required to remit contributions to the Fund for those employees who enroll in the Fund and agree to remit the required co-premium via payroll deduction. Eligible employees who wish to enroll in the Plan shall do so in accordance with the Fund's policies, including but not limited to, signing an Election Form or enrolling telephonically. The Employer is required to keep a copy of either the telephonic confirmation letter or signed election form, as applicable. Such form shall be retained with the employee's file and made available to the Fund upon request.

Section 6. Mandatory Health Care Meetings.

The Employer and the Union are jointly committed to maintaining quality and affordable health care for all bargaining unit members. To that end, the parties have agreed to the following proactive training program in order to ensure that covered individuals are made aware of the most effective way to utilize the benefits in an effort to maximize quality and control costs.

1. The Employer will call a mandatory employee meeting within ninety (90) days of the signing of this agreement or signing a future CBA, or at a later time by mutual agreement with

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- the Union;
2. Each year thereafter, the Employer shall call a mandatory employee meeting within ninety (90) days of open enrollment, or at a later time by mutual agreement with the Union;
 3. Such meeting shall be no less than thirty (30) minutes, but may be added to the beginning or end of an existing mandatory employee meeting;
 4. Only those employees who are eligible to participate in the UNITE HERE HEALTH Food Service Plan will be required to attend;
 5. Employees attending such meeting will be paid at their normal hourly rate;
 6. The meeting will be run by staff from UNITE HERE HEALTH and/or the Union.
 7. The General Manager and/or local Human Resources Representative will attend this meeting in order to better be able to answer any questions they may receive from employees;
 8. The General Manager and/or local Human Resource Representative and Local Union Representative will coordinate to determine if the location needs to have one mandatory meeting or multiple meetings to accommodate differing days off and/or shifts.

ARTICLE 40 – DURATION

This Agreement shall be in full force and effect as of February 5, 2024 and shall be in effect up to and including July 31, 2028, and thereafter from year to year unless either party shall give at least sixty (60) days' prior written notice before any expiration date of this Agreement to the FMCS and the other party of its desire to modify or change this Agreement.

APPENDIX A WAGES

					\$0.50 or min \$20 for non tipped	\$0.50 or Min \$21 for non tipped*
Classification	Effective 2/5/2024	Effective 8/1/2024	Effective 8/1/2025	Effective 8/1/2026	Effective 8/1/2027	Effective 2/1/2028
Floor Captain	\$19.00	\$19.75	\$20.50	\$21.25	\$21.75	\$22.25
Cook	\$18.75	\$19.50	\$20.25	\$21.00	\$22.00	\$22.50
Floor Attendant	\$15.75	\$16.50	\$17.25	\$18.00	\$20.00	\$21.00
Utility	\$17.20	\$17.95	\$18.70	\$19.45	\$20.45	\$21.00
Bar Steward	\$14.25	\$15.00	\$15.75	\$16.50	\$17.00	\$17.50

Training rate: All employees hired after August 1, 2027 shall be paid \$0.75 per hour less that the classification

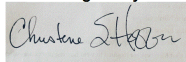
rate listed in schedule A. Upon successful completion of three (3) months of employment, the employee shall receive \$0.25 below the classification rate listed in schedule A above. Upon completion of six (6) months of employment the employee shall receive the classification rate listed in Schedule A for future hours worked.

All remaining sections of Appendix A of the collective bargaining agreement will remain in full force and effect through July 31, 2028 except as modified as follows:

SIGNED ON BEHALF OF:

**SDH Services West, LLC
d/b/as Sodexo Live! at
American Airlines Lounge at
Orlando International Airport**

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10/31/2025

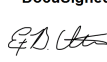
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Christine S Hoffer
Director, Labor Relations

SIGNED ON BEHALF OF:

UNITE HERE Local 362, AFL-CIO

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Eric Clinton, President

Signed by:



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Brett Coleman
Vice President, Operations
American Airlines Lounges

Date: 11/5/2025

Date: 10/31/2025