

EMMI CARES

A GUIDE TO YOUR
2023 BENEFITS



WELCOME TO YOUR 2023 BENEFITS

Emmi Roth believes in making an impact not only within our industry, but also with our team members.

The Emmi Roth benefits program is designed to recognize the diverse needs of our workforce.

Our plan strives to:

- Provide affordable and comprehensive benefit options that allow you to design your own plan based on your individual needs.
- Maintain a program that considers individual needs.
- Offer plans to provide long-term financial security for you and your family.

The ability to make individual choices regarding your coverage is an important aspect of your Emmi Roth benefits program. However, it is not always easy to make decisions about your health and financial benefits. It is natural to review the cost of each benefit, but is also important to think through other issues.

With choice comes responsibility. Take the time to educate yourself about the specifics of the Emmi Roth benefits plan. We want you to understand all your options and make informed decisions. Only you can determine which benefits best fit you and your family.

This booklet provides you with a summary of your benefits. Please review it carefully so you can choose the coverage that's right for you. Make sure to keep it in a convenient place so you can refer back to it throughout the year.

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IMPORTANT LEGAL NOTICES

If you (and/or your dependents) have Medicare, or will become eligible for Medicare in the next 12 months, a new Federal law gives you more choices about your prescription drug coverage. Please refer to page 43 for more details.

BENEFIT BASICS

Eligibility

As an Emmi Roth team member, you are eligible for most benefits if you are considered a regular Part-Time or Full-Time team member. Benefits are effective on the first of the month following your date of hire.

Part-Time team members must work at least 20 hours per week to be eligible for Short Term and Long Term Disability benefits and 10 hours a week to be eligible for the company provided Life and AD&D benefits.

You may enroll your eligible dependents for coverage once you are eligible.

Your Eligible Dependents Include:

- Your legal spouse
- Domestic partner*
- Dependent children up to age 26**
- Adult children with a disability

Once you elect your benefit options, your elections remain in effect from January 1st through December 31st. You may only change coverage during annual enrollment for the next plan year or within 30 days of a qualified life event.

* WHAT IS A DOMESTIC PARTNER?

Your domestic partner is eligible for benefits if certain criterion is met.

For more information, contact your Human Resources Representative or visit the Forms Library in ADP.

* If you enroll a domestic partner who is not your legal spouse, you are required to pay the taxes on the portion of the premium that is attributable to his/her coverage. This amount will be added to your annual taxable income.

** The medical, dental and vision plans cover dependent children, married or unmarried and regardless of student status, to the end of the month following attainment of age 26, but don't require these dependents to be tax dependents. The health FSA covers dependent children, married or unmarried and regardless of student status, until the end of the year in which they turn age 26, but don't require these dependents to be tax dependents. To use HSA funds for dependent expenses, the dependent must specifically be able to be claimed as a dependent on the HSA owner's tax return. Child life coverage is available until age 19 (or 25 if unmarried student).

BENEFIT BASICS

Qualified Life Events

Generally, you may change your benefit elections only during the annual enrollment period. However, you may change your benefit elections during the year if you experience a qualified life event.

Examples of Qualifying Life Events:

- Your legal spouse
 - Losing existing health coverage, including job-based, individual, or student plans (for dependent children)
 - Losing eligibility for Medicare, Medicaid, or CHIP
 - Turning 26 and losing coverage through a parent's plan (for Emmi team members)
 - Losing coverage under a spouse or domestic partner's insurance plan
- Changes in household
 - Getting married, divorced, or legally separated
 - Having a child, adopting a child or any adding of dependents
 - Death in the family
- Changes in employment status
 - Changing between Seasonal, Full-Time, and Part-Time employment
- Legal reasons
 - Qualified Medical Child Support Order

EXPERIENCED A QUALIFIED LIFE EVENT?*

Initiate a change to your benefits directly in ADP on the [Dependents & Beneficiaries](#) page. Attach back-up documentation directly to the request in ADP or provide it to your Human Resources Representative.

For more information, contact your Human Resources Representative.

* You must notify Human Resources within 30 days of the qualified life event. Depending on the type of event, you may be asked to provide proof of the event. If you do not contact Human Resources within 30 days of the qualified event, you may have to wait until the next annual enrollment period to make changes (unless you experience another qualified life event).

BENEFIT BASICS



Cost of Your Benefits

Emmi Roth pays the cost for some of your benefits and you share the cost with Emmi Roth for others.

BENEFITS	TAX TREATMENT	WHO PAYS
Medical Coverage	Pre-Tax*	Emmi Roth & You
Dental Coverage	Pre-Tax	Emmi Roth & You
Vision Coverage	Pre-Tax	You
Basic Life Insurance, AD&D Insurance, Short & Long Term Disability Insurance	N/A**	Emmi Roth
Voluntary Life and AD&D Insurance for you, your spouse, or dependent children	After-Tax	You
Flexible Spending Accounts (Medical, Dependent Care and Limited)	Pre-Tax	You
Voluntary Critical Illness and Accident Insurance	After-Tax	You
Health Savings Account	Pre-Tax	Emmi Roth & You
Health Advocate & EAP+Work/Life	N/A	Emmi Roth
Pet Insurance	After-Tax	You

* If you enroll a domestic partner who is not your legal spouse, you are required to pay the taxes on the portion of the medical insurance premium that is attributable to his/her coverage.

** Imputed Income applies to company provided life insurance for amounts in excess of \$50,000.

MEDICAL COVERAGE



Emmi Roth offers a choice of three medical plan options provided by United Health Care (UHC). This way you can choose the plan that best meets your needs and those of your family. All three plans include preventative care services at no cost to you as well as in- and out-of-network coverage.

PPO Plans

These plans are more traditional insurance plans with co-pays, lower deductibles and lower out-of-pocket maximums. The difference between the 750 PPO and 1500 PPO Plan are the amounts you pay in deductible, out-of-pocket maximums and premiums.

Co-payments

Both plans have co-payments that apply each time you have an in-network provider visit or have a prescription filled. They also have co-payments for urgent care and emergency room visits. Co-payments do not count towards your deductible but do count towards your out-of-pocket maximum (OOPM).

Deductible* & Coinsurance

For both plans you must meet the plan deductible before your Medical plan begins to cover additional health care expenses. Deductibles and coinsurance do not apply to services that have a co-payment. You will continue to pay the coinsurance until you reach the OOPM.

Out-of-Pocket Maximum* (OOPM)

Your out-of-pocket maximum is the maximum amount you will pay for health care costs in a calendar year. Once you have paid the OOPM, the plan will cover the remaining eligible medical expenses at 100% for the rest of the year. If out-of-network providers are used, you will be responsible for charges that are considered above reasonable and customary. Your OOPM includes your medical deductibles, medical and prescription drug co-pays, and coinsurance.

* Deductibles and out-of-pocket maximums are applied separately to in-network and out-of-network benefits.

MEDICAL COVERAGE

High Deductible Health Plan (HDHP)

The High Deductible Health Plan has a higher deductible than a traditional health care plan in exchange for lower premiums. That means less is deducted from your paycheck for premiums but you will pay more upfront in deductible if you receive medical services.

Co-payments

This plan has no co-payments. You must meet the entire deductible before the plan begins to cover any of your health care expenses. This means you pay 100% of approved charges even for office visits and prescriptions until the deductible is met. However, certain preventative care services as specified by the Patient Protection and Affordable Care Act (ACA) are at no cost to you.

Deductible* & Coinsurance

Once you have met the deductible the plan will begin to pay its share of the medical costs. You will continue to pay the coinsurance until you reach the out-of-pocket maximum.

Out-of-Pocket Maximum* (OOPM)

Your out-of-pocket maximum is the maximum amount you will pay for health care costs in a calendar year. Once you have paid the OOPM, the plan will cover the remaining eligible medical expenses at 100% for the rest of the year. If out-of-network providers are used, you will be responsible for charges that are considered above reasonable and customary. Your OOPM includes your medical deductible and coinsurance.

Why choose the HDHP?

In addition to lower premiums, the company will contribute to a Health Savings Account (HSA) if you meet the eligibility requirements and are enrolled in the HDHP. You may use this contribution to help cover part of the deductible. Additionally, the HSA provides an opportunity for you to participate in a tax-advantaged savings account to use for health care expenses now or in the future. Refer to the Health Savings Account section in this guide for further details.

You should consider your anticipated costs for medical services and prescriptions drugs as well as your ability to pay for expenses at the time of service when evaluating if this plan is right for you.

Prescription Drug Coverage

Certain preventative medications on UHC's Core Plus List and Advantage Essential Prescription Drug List will be covered at 100% under all three plans (no co-pay, deductible or coinsurance). This includes some of the drugs that treat conditions like asthma, diabetes, heart conditions & high blood pressure, etc. Refer to UHC's Core Plus List and Advantage Essential Prescription Drug List for the specific drug names.

Under the PPO plans, you have the opportunity take advantage of cost savings and convenience by using the mail order option. When you utilize mail order you pay less for a three month supply that is shipped to your door than you would if you went to the store to refill your prescription each month.

IMPORTANT NOTES: This is a synopsis of coverage only; the Summary of Benefits and Coverage contains exclusions and limitations that are not shown here. Please refer to the Summary of Benefits and Coverage for the full scope of coverage.

In-Network services are based on negotiated charges; Out-of-Network services are based on 110% of Medicare.

MEDICAL COVERAGE

Below is an overview of your costs under each plan for various services.

MEDICAL BENEFIT	750 PPO PLAN		1500 PPO PLAN		HDHP	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible						
Individual	\$750	\$2,250	\$1,500	\$3,000	\$3,000	\$5,600
Family	\$1,500	\$4,500	\$3,000	\$6,000	\$6,000	\$11,200
Coinsurance						
	20%	40%	20%	40%	20%	40%
Out-of-Pocket Maximum Deductible and Coinsurance						
Individual	\$3,000	\$6,000	\$3,500	\$7,000	\$4,600	\$9,200
Family	\$6,000	\$12,000	\$7,000	\$14,000	\$9,200	\$16,000
Office Visit Copay						
PCP	\$30 Co-Pay	Deductible & 40%	\$30 Co-Pay	Deductible & 40%	Deductible & 20%	Deductible & 40%
Specialists	\$60 Co-Pay		\$60 Co-Pay			
Preventative Care						
Screenings, Immunizations	No Charge*	Deductible & 40%	No Charge*	Deductible & 40%	No Charge*	Deductible & 40%
Hospital Benefits						
Urgent Care	\$30 Co-Pay	Deductible & 40%	\$30 Co-Pay	Deductible & 40%	Deductible & 20%	Deductible & 40%
Emergency Room	\$200 Co-Pay	\$200 Co-Pay	\$200 Co-Pay	\$200 Co-Pay		Deductible & 20%
Inpatient	Deductible & 20%	Deductible & 40%	Deductible & 20%	Deductible & 40%		Deductible & 40%
Outpatient Services						
Lab and X-ray	Deductible & 20%	Deductible & 40%	Deductible & 20%	Deductible & 40%	Deductible & 20%	Deductible & 40%
Facility Charges						
Prescription Drugs - Retail (31-day Supply)						
Tier 1 - Lowest Cost Option	\$10	\$10 + Difference	\$10	\$10 + Difference	Deductible & 20%	Deductible & 20%
Tier 2 - Mid-Range Cost Option	\$30	\$30 + Difference	\$30	\$30 + Difference	Deductible & 20%	
Tier 3 Mid Range Cost Option	\$50	\$50 + Difference	\$50	\$50 + Difference	Deductible & 20%	
Tier 4 - Highest Cost Option	\$100	\$100 + Difference	\$100	\$100 + Difference	N/A	
Mail-Order (90-day Supply)						
Tier 1 - Lowest Cost Option	\$25	N/A	\$25	N/A	Deductible & 20%	N/A
Tier 2 - Mid-Range Cost Option	\$75		\$75			
Tier 3 Mid Range Cost Option	\$125		\$125			
Tier 4 - Highest Cost Option	\$250		\$250			
Emmi Roth HSA Contribution	N/A	N/A	N/A	N/A	\$600 employee only; \$1,200 all other coverage tiers	

750 PPO			
BI-WEEKLY PAYROLL DEDUCTIONS	FULL WELLNESS DISCOUNT	PARTIAL WELLNESS DISCOUNT	REGULAR RATE (NO DISCOUNT)
Employee Only	\$92.63	\$104.17	\$115.71
Employee + Spouse	\$199.16	\$222.24	\$268.39
Employee + Child(ren)	\$189.90	\$212.97	\$259.13
Full Family	\$314.95	\$338.02	\$384.18
1500 PPO			
BI-WEEKLY PAYROLL DEDUCTIONS	FULL WELLNESS DISCOUNT	PARTIAL WELLNESS DISCOUNT	REGULAR RATE (NO DISCOUNT)
Employee Only	\$74.06	\$85.60	\$97.14
Employee + Spouse	\$159.23	\$182.31	\$228.46
Employee + Child(ren)	\$151.82	\$174.90	\$221.06
Full Family	\$251.81	\$274.88	\$321.04
HDHP			
BI-WEEKLY PAYROLL DEDUCTIONS	FULL WELLNESS DISCOUNT	PARTIAL WELLNESS DISCOUNT	REGULAR RATE (NO DISCOUNT)
Employee Only	\$32.00	\$43.53	\$55.07
Employee + Spouse	\$68.79	\$91.87	\$138.02
Employee + Child(ren)	\$65.59	\$88.67	\$134.82
Full Family	\$108.79	\$131.86	\$178.02



* Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA), at no cost to you. These services are based on your age, gender and other health factors. UHC also covers other routine services that may require a co-pay, co-insurance or deductible.

WELLNESS DISCOUNT

Health care costs are on the rise and a majority of the costs comes from poorly managed conditions that often go undetected and untreated. In addition, individuals with poorly managed conditions often experience a reduced quality of life. Evidence has shown that an employer-sponsored wellness program reduces the escalating health care costs of the organization while improving the health, happiness, and overall quality of life of its participants.

Our Wellness Program is designed to increase your self-awareness by helping you understand your current health status, to provide simple ways to either stay healthy or work to become healthier in collaboration with your doctor, and to help you be a more informed medical consumer.

**Are you enrolled in an UHC medical plan?
TAKE ACTION TO EARN A DISCOUNT!**

COVERAGE TIER	FULL REWARD	PARTIAL REWARD
Employee	\$23.08 per pay check (\$600 Annually)	\$11.54 per pay check (\$300 Annually)
All Others (Employee + Spouse, Employee + Child(ren), Full Family)	\$69.23 per pay check (\$1800 Annually)	\$45.16 per pay check (\$1200 Annually)

Full Reward = Complete one activity from List A and B

Partial Reward = complete one activity from List A or List B

List A:

- Tobacco-Free Attestation in ADP
- Complete an UHC Tobacco Cessation Coaching Program and provide proof of completing the program to Human Resources
- Quit using tobacco products for at least 6 months and complete the Tobacco Affidavit (available in the Forms Library in ADP) and return it to Human Resources

List B:

- Participate in an On-Site Biometric Screening Event
- Download the Physician Form from ADP, visit your doctor for your annual physical, return completed form to HR.

WELLNESS DISCOUNT FAQs

Q. Am I required to participate in the Wellness Program?

A. Participation is completely voluntary.

Q. Who is eligible to participate in the Wellness Program?

A. Team Members who are enrolled in an UHC medical plan.

Q. What is the incentive for participating in the Wellness Program?

A. Team Members that complete certain activities during 2023 will receive a Wellness Discount on medical insurance premiums during 2024.

The discount ranges between \$11.54 and \$46.16 per paycheck. This is approximately a \$300 to \$1,200 annual discount, depending on which activities are completed and which coverage tier is selected.

The maximum discount a person can receive for Employee Only coverage is \$23.08 per paycheck. The maximum discount a person can receive for all other coverage tiers is \$46.16 per paycheck.

Q. What is the deadline for completing the activities to earn the discount for 2024?

A. The activities must be completed by December 15, 2023 and all necessary documentation should be submitted to Human Resources by that date.

Q. What happens if I don't complete any activities by the 2023 deadline?

A. You will not receive the Wellness Discount for 2024 if you enroll in an Emmi Roth medical plan.

WELLNESS DISCOUNT FAQs

Q. What if I have religious, cultural or conscientious objections to the Wellness activities?

A. If you have religious, cultural or conscientious objections to the wellness activities, you may submit a written Request for Waiver or a Reasonable Alternative Standard detailing the basis of your objection and why that prohibits you from completing the activities to Human Resources no later than February 28 (or February 29th of the plan year to which the objection applies, whichever is later). Responses to written Requests for Waivers or Reasonable Alternative Standards will be provided by March 15th of each plan year. New Team Members must submit their request within 60 days of his/her benefits effective date.

Q. What happens to my personal health information when I complete the UHC Physical Form or the On-Site Biometric Screening?

A. Your personal health information is protected under state and federal laws. Your information will not be shared with anyone, including Emmi Roth, without your written consent.

Q. What happens if I am unable to complete the activities because of medical reasons?

A. In that case, a Reasonable Alternative Standard suggested by your physician will be used to ensure your ability to satisfy the healthy activity requirements. Please contact Human Resources if you are unable to complete the health activities due to medical reasons. A letter from your physician will be needed to explain your limitations.

Current Team Members

Q. Last year (in 2022) I participated in the biometric screening or went to my doctor for a physical and turned in the form. However, I was a tobacco user in 2022 and only qualified for a partial discount. I've since quit using tobacco products or completed an UHC Smoking Cessation Program. Can I get the full discount this year (in 2023)?

A. Yes. If you participated in the onsite biometric screening or completed your annual physical with your doctor by December 16, 2022 you can still receive a credit back to January 2023 if you complete a smoking cessation program or quit using tobacco products for at least 6 months and complete the Tobacco Affidavit. You will need to provide proof of completing the program or the signed Tobacco Affidavit by December 15, 2023.

WELLNESS DISCOUNT FAQs

New Hires

Q. I was hired in 2023, am I able to receive a Wellness Discount this year?

A. Yes, if you complete one activity from List A and one activity from List B to qualify for the full discount or complete one activity from List A or List B to qualify for a partial discount and notify Human Resources before the December 15, 2023 deadline.

Please notify Human Resources once you have completed the wellness activities so you can receive the wellness discount retroactively applied to your first medical premium payments in 2023. Notifications after the December 15, 2023 deadline will not be accepted.

Team members hired between October 1, 2023 - December 31, 2023 that attest to being tobacco free will automatically receive the full Wellness Discount for the remainder of 2023. To qualify for a discount in 2024 Team members hired in the 4th quarter will have until March 31st, 2024 to complete activities so you can receive the wellness discount retroactively applied to your first medical payments in 2024.

Rehires

Q. I am a rehire, am I able to receive the Wellness Discount for 2023?

A. Team members that terminated prior to 2023 and are rehired in 2023 will be treated as a new hire.

Team members terminated during 2023 and are rehired in 2023 will receive the same discount that was in place prior to the termination.

Q. I am a rehire, what do I need to do to receive the Wellness Discount in 2024?

A. If rehired prior to October 1, 2023 complete the wellness activities by the deadline in December to receive the 2024 Wellness Discount.

If rehired between October 1, 2023 and December 11, 2023 you will have until March 31st, 2024 to complete wellness activities to qualify for the 2024 Wellness Discount.

ADDITIONAL PROGRAMS - UHC

Health Care Management Resources at Your Fingertips

Activate your myuhc.com account to get the most out of your benefits.

Get the most out of your benefits

Your personalized website, myuhc.com[®], features tools designed to help you:

- **Find, price and save on care**—you can save with Virtual Visits* and other tools. You can save an average of 36%¹ when you compare costs for providers and services
- **Get care from anywhere** with Virtual Visits. A doctor can diagnose common conditions by phone or video 24/7
- **Understand your benefits** and the financial impact of care decisions
- **Find tailored recommendations** regarding providers, products and services. You can even generate an out-of-pocket estimate based on your specific health plan status
- **Access claim details**, plan balances and your health plan ID card quickly
- **Follow through on clinical recommendations** and access wellness programs
- **Order prescription refills**, get estimates and compare medication pricing**
- **Check your plan balances**, access financial accounts and more

The UnitedHealthcare[®] app puts your plan at your fingertips.

When you're out and about, you can do everything from managing your plan to getting convenient care. Just download the app to:

- Find nearby care options in your network.
- Estimate costs.
- Video chat with a doctor 24/7.*
- View and share your health plan ID card.
- See your claim details and view progress toward your deductible.

Activation is quick

1. Go to myuhc.com > Register Now
2. Fill out the required fields and create your username/password
3. Enter your contact information and security questions
4. Agree to the website's policies and be sure to opt-in for email updates. We promise you'll only see our name in your inbox with relevant news and wellness updates



Download the UnitedHealthcare[®] app

It's perfect for on-the-go access, help finding a nearby doctor and more.

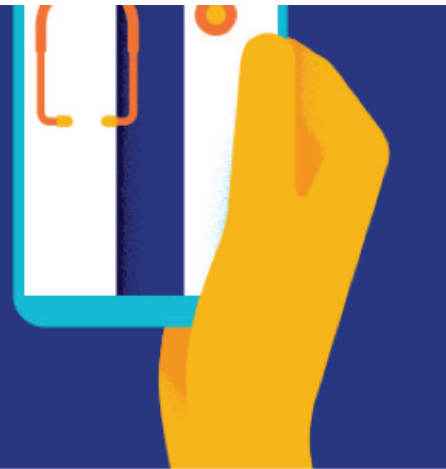
ADDITIONAL PROGRAMS - UHC

Online Visits

At home or on-the-go, easily access board-certified doctors, psychiatrists or licensed therapists from your smartphone, tablet or computer.

Visit with a doctor 24/7 — whenever, wherever

With 24/7 Virtual Visits, you can connect to a doctor by phone or video¹ through myuhc.com[®] or the UnitedHealthcare[®] app.



A convenient and faster way to get care

Doctors can treat a wide range of health conditions—including many of the same conditions as an emergency room (ER) or urgent care—and may even prescribe medications,² if needed.

Consider 24/7 Virtual Visits for these common conditions:

- Allergies
- Flu
- Sore throats
- Bronchitis
- Headaches/migraines
- Stomachaches
- Eye infections
- Rashes
- and more

Pay \$0 for PPO plans and \$50 cost share for HDHP (must be the full cost of the service up to the deductible per IRS regulation).

ADDITIONAL PROGRAMS - UHC

Advocate4Me

Do you have questions about your health plan? We've got answers.

Help is just a call away

Whether you have questions about a new claim, need to find a doctor or just want to better understand your benefits, our Advocates are here to help. Connect with our team for help finding care for your needs, walking through a bill, accessing additional plan resources and more.

We simplify the health care experience to help you:



Understand your benefits and claims



Learn more about your prescriptions *



Get answers about a bill or payment



Find support if you have a child with complex needs **



Locate care and cost options



Discover your plan's health and well-being benefits

We're dedicated to giving you the information you need to get the most out of your benefits—and your health.

ADDITIONAL PROGRAMS - UHC

For life's challenges, support is here

At UnitedHealthcare, we believe that care shouldn't stop at physical health. That's why we offer behavioral health resources that can help support your path toward mental and emotional well-being.

Behavioral health is health

Behavioral health is about more than just mental health: It includes addiction issues to anger management, coping with grief to dealing with stress and other challenges. It's an important part of your overall well-being—because how you feel matters, and caring support from behavioral health providers is a part of your plan.

Resources for better, brighter days

Get connected to self-care digital tools, behavioral health providers (in-person or virtual), and other helpful resources.

Feeling down and want to explore self-care tools and tips?	Dealing with life transitions and could use some support or guidance?	Have a concern that needs long-term support from a licensed therapist?
Sanvello™ Mobile App Sanvello, a psychologist-developed app, offers 24/7 support. Track your daily mood, access in-the-moment coping strategies, build life skills, and join peer communities for on-demand support to help with: <ul style="list-style-type: none">• Stress, anxiety, and depression	Employee Assistance Program Your Employee Assistance Program (EAP) offers up to 3 provider visits for \$0 by phone and in-person counseling sessions for short-term support and advice to help with: <ul style="list-style-type: none">• Stress, anxiety, and depression• Personal challenges, including substance abuse and relationships• Work/Life balance, including legal and financial support	Behavioral Health Provider Connect virtually or in-person with a licensed therapist, counselor, psychologist, or psychiatrist for ongoing support to help with: <ul style="list-style-type: none">• Bipolar and neuro-development disorders• Compulsive habits and eating disorders• Substance abuse, medication management, and more



Download Sanvello from the App Store® or Google Play™

Check your coverage and upgrade to Sanvello Premium at no additional cost to you with the information on your health plan ID card.



Call 1-888-887-4114 for 24/7 phone support or to schedule in-person counseling



Find a provider at myuhc.com or call the number on the back of your health plan ID card

ADDITIONAL PROGRAMS - UHC

SimplyEngaged® Program with Rally

Get the support you need to reach your wellness goals.

Here's how SimplyEngaged works

Through Rally®, you can access the SimplyEngaged® health and wellness activities available to you. For each Health Action you complete, you'll earn Rally Coins,** which you can redeem for rewards. Plus, you can earn financial incentives. Rally's digital experience gives you one place to track your activities and rewards.

To get started, go to myuhc.com® > [Health Resources](#) > [Rally](#)

Health Actions	Reward
<p>Complete the Health Survey and watch the video</p> <p>The Health Survey takes about 15 minutes and upon completion, you'll receive personalized suggestions to help you set health goals. Pair this with a short Health Actions video to see your opportunities to earn rewards.</p>	<p>\$25+ Rally Coins</p>
<p>Complete a Virtual Visit</p> <p>Virtual Visits may be a convenient option when you need care. You can talk to a doctor—24/7—by phone or video for conditions like the flu, allergies, rashes, migraines and many more.</p>	<p>\$25+ Rally Coins</p>
<p>Health Actions</p> <p>Complete a coaching program</p> <p>The results of your Health Survey will provide recommendations for coaching programs that may help improve your health and wellness. These programs are available at no additional cost as part of your health plan benefits. Complete one of the following programs to earn more rewards:</p> <p>Wellness Coaching provides access to expert coaches and digital tools to help you reach your health goals. It's all about getting and staying healthy—your way—anytime. Choose from a variety of programs designed to help your sleep better, eat smarter and get fit.</p> <p>Real Appeal® may help you start living a healthier life with online weight loss tools designed to help you achieve lifelong results, one small step at a time. Real Appeal provides the support to help you lose weight through online coaching, a Success Kit delivered to your door and a community of members to keep you motivated.</p> <p>Quit For Life® has helped 4 million enrollees quit smoking or using tobacco.¹ It provides the tools, 1-on-1 support and a personalized plan to help you quit your way.</p>	<p>\$100+ Rally Coins</p>
<p>Complete a biometric screening</p> <p>A biometric health screening may help you and your doctor make more informed decisions about your health.</p> <p>Get screened for:</p> <ul style="list-style-type: none"> • Total cholesterol • Blood pressure • Blood sugar (glucose) • Body mass index (BMI) <p>You have 4 options to participate in the biometric health screening:</p> <ol style="list-style-type: none"> 1 Employer on-site event, if available. 2 Doctor's office or convenience care clinic. (Provider Results form must be completed.) 3 Quest Diagnostics® Patient Service Center. 4 At-Home Test Kits.* 	<p>\$75+ Rally Coins</p>
<p>Complete Physical Activity Check-Ins</p> <p>Earn a Physical Activity Check-In reward by logging into the Rally Health mobile app or website and tracking compatible activity options. Check-in at least 12 days per month with a qualifying activity to earn a \$20 monthly reward.</p>	<p>\$20/mo. + Rally Coins</p>

ADDITIONAL PROGRAMS - UHC



Real People. Real Appeal.

Everything you need to lose weight and keep it off — FREE to eligible UnitedHealthcare® members. Join today at success.realappeal.com.

We are excited to offer Real Appeal, a free digital program that provides you with up to a full year of support for lasting weight loss.

Real Appeal is rooted in clinical research and designed to help you achieve lasting results. The program is available to you and eligible family members at no additional cost as part of your health plan benefits.

Take small steps toward healthier habits

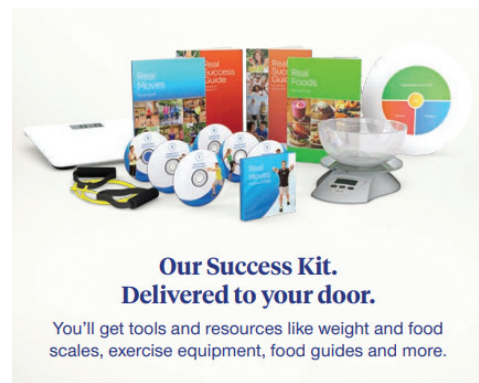
Set achievable nutrition, exercise and weight loss goals, and track your progress from your daily dashboard.

Support and community along the way

Stay focused on your goals with online group sessions led by coaches and a caring community of members.

The Program Includes:

- An online coach who leads group sessions tailored guidance to fit your lifestyle
- 24/7 online access and support, and a mobile app for tracking your progress
- A success kit to kick-start weight loss with a weight and food scale, exercise DVD's, helpful guides, and more.



ADDITIONAL PROGRAMS - UHC

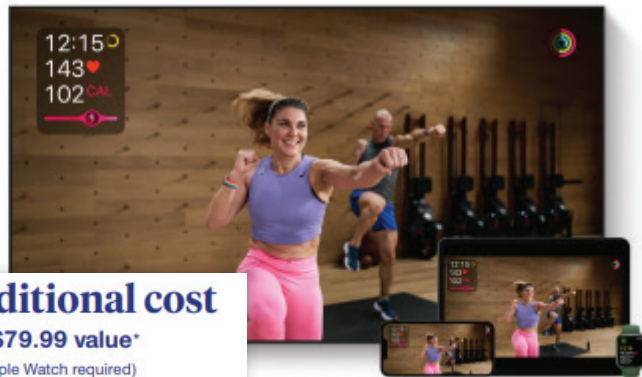
Make your move with Apple Fitness+ Now included in your health plan

UnitedHealthcare is committed to providing a variety of health and wellness options, which is why we've added 12 months of Apple Fitness+ to your health plan—at no additional cost. Get ready for a different type of fitness experience with welcoming trainers who work hard to help bring out the best in you.

The first fitness service powered by Apple Watch

Your journey to a healthier body and mind starts here. Apple Fitness+ brings to life real-time fitness metrics from Apple Watch to your iPhone, iPad and Apple TV—and helps keep you motivated with:

- 11 workout types, ranging from HIIT to core to yoga
- New workouts added every week, lasting from 5 to 45 minutes
- Handpicked music from your favorite artists to help keep you going
- A subscription that can be shared with up to 5 family members



Stronger with the Peloton App

Your health plan benefits include a 1-year Peloton App Membership—available to you at no additional cost. Start your Membership today for access to thousands of live and on-demand fitness classes—from cardio and HIIT to strength training and yoga.

The Peloton App gives you:



Access to thousands of fitness classes

There's something for nearly every fitness interest, ability and schedule — from 5-minute meditation to 60-minute outdoor running classes.



The flexibility to get active anytime, anywhere

The App is available on any iOS or Android device, Apple TV, Fire TV, Roku TVs, and Chromecast and Android TV—and no fitness equipment is required.



Ways to help you have fun and stay motivated

Enjoy the App's many features, training programs and challenges, all designed to help you track your progress and stay motivated.

Get in on the App— a value of \$155

You and each covered family member can enjoy this benefit at no additional cost—just for being a UnitedHealthcare member.*

ADDITIONAL PROGRAMS - UHC

Healthy Pregnancy Program

Get support for your precious delivery



Whether you're thinking about having a baby or have one on the way, maternity support is here to provide information and support—throughout your pregnancy and after giving birth.

Online maternity content and courses

Good news: As part of maternity support, you have access to online resources to help you on your journey toward a healthier pregnancy — and beyond. Tap into our library of pregnancy information, including custom video courses you can stream anytime, 24/7. You'll be able to track what you've learned and keep tabs on what you'll find out about next.

Online maternity courses include:

- Preconception: Preparing for a Healthy Pregnancy
- Pregnancy Nutrition and Exercise
- Pregnancy in the First Trimester
- Pregnancy in the Second Trimester
- Pregnancy in the Third Trimester
- Postpartum: The Fourth Trimester after Pregnancy
- Exploring Breastfeeding

Whatever your journey, maternity support is here to help—and it's available to you at no additional cost as part of your plan benefits.

ADDITIONAL PROGRAMS - UHC

Quit For Life®

Quit tobacco for good. Quit For Life® is just like having a coach right at your fingertips, anytime you need support. Enjoy life without tobacco.

Get the tips, tools and personal support you may need to quit your way.



Online support.

Get access to a website with an Action Plan and quit guide to help you beat urges, manage withdrawal symptoms and switch up your habits to avoid tobacco.



Quit For Life mobile app.

Get 24/7 urge management support plus on-the-go access to your program. Download through the Apple® iTunes® App Store® or Google Play™.



Quit smoking medication.

You may be eligible for medications to help quit, if you qualify.*



Live Tobacco-Free course.

Participate in an online quit tobacco course at your own pace as part of your program. You can gain knowledge and skills to help prepare you to quit and stay on track—for good.



Support from a Quit Coach®.

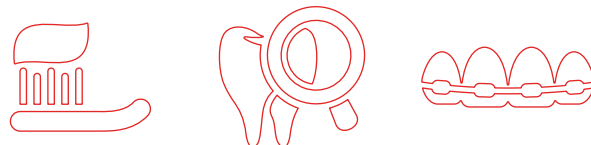
Talk with a coach, who can help you create a personalized Action Plan, offer quit tips that really work, help you take advantage of complimentary* quit aids and more.



Text2Quit® and messages.

Get help when you may need it, including daily tips, encouragement and reminders.

DENTAL COVERAGE



Emmi Roth Offers a Choice of Two PPO Dental Plans through Delta Dental.

If you enroll in the Base Plan, you pay 50% of the cost of coverage and Emmi Roth pays 50%. If you enroll in the Buy-Up Plan, you will also pay the full cost for the additional benefits that are part of the plan.

If you do not enroll when you are first eligible and enroll at a later date, you will be subject to certain waiting periods for various benefits. Please see the Delta Dental Explanation of Coverage for further clarification.

The dental coverage offers you a network of providers but also allows you to receive treatment from a provider of your choice. However, if you use an in-network provider, you will pay less out-of-pocket costs.

Pre-treatment estimates are recommended for treatments expected to cost over \$500. Ask your dentist to submit the claim form in advance of performing the proposed services. By doing so, both you and your dentist will receive an estimate of your share of the cost and how much Delta Dental will pay prior to course of treatment.

Covered Dental PPO Services:

Preventative/ Diagnostic

- Routine Office Visits
- X-rays

Basic/ Restorative

- Single crowns, inlays, onlays
- Endodontics



(COST OVERVIEW ON NEXT PAGE)

DENTAL COVERAGE

Below is an overview of your costs under each plan for various services.

DENTAL BENEFIT	BASE PPO		BUY-UP PPO	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	DELTA DENTAL PPO NETWORK	DELTA DENTAL PREMIER NETWORK	DELTA DENTAL PPO NETWORK	DELTA DENTAL PREMIER NETWORK
Individual	\$25	\$50	\$25	\$50
Family	\$75	\$150	\$75	\$75
Individual Annual Maximum	\$1,000	\$1,000	\$2,000	\$2,000
Preventive & Diagnostic Care				
Exams 2x per year	Covered at 100%	Covered at 100% After Deductible	Covered at 100%	Covered at 100%
Cleanings				
Fluoride Treatments				
X-Rays				
Space Maintainers				
Sealants				
Treatments				
Emergency Treatment to Relieve Pain	20% After Deductible	20% After Deductible	20% After Deductible	20% After Deductible
Fillings				
Extractions - Non Surgical				
Additional Treatments				
Endodontics	40% After Deductible	50% After Deductible	20% After Deductible	20% After Deductible
Periodontics				
Crowns, Inlays, Onlays				
Bridges and Dentures				
Repairs and Adjustments to Bridges and Dentures				
Implants				
Extractions – surgical and other oral surgery				
Orthodontia	50%	50%	50%	50%
Orthodontia Individual Lifetime Maximum	\$1000	\$1000	\$2000	\$2000
Orthodontia Dependent Eligibility Age	19	19	26	26

BI-WEEKLY PAYROLL DEDUCTIONS	BASE PPO	BUY-UP PPO
Employee Only	\$6.16	\$15.91
Employee + Spouse	\$12.32	\$31.87
Employee + Child(ren)	\$15.53	\$49.80
Full Family	\$27.38	\$64.02

DENTAL COVERAGE

Evidence-Based Integrated Care

Wouldn't it be nice if those who needed extra care could have it covered by their dental plan? Now they can!

Emmi Roth has added Evidence-Based Integrated Care to all of our dental plans to help care for individuals with certain medical conditions that have oral health implications. Research has shown that increased frequency of cleanings and/or topical fluoride applications greatly impact oral health, and sometimes even play an important role in managing conditions.

Examples of Conditions:

- High-risk cardiac conditions
- Suppressed immune systems
- Kidney failure or dialysis
- Diabetes
- Pregnancy
- Periodontal disease
- Cancer therapy

Consult with your dentist and Delta Dental to see if you are eligible for additional cleanings and/or topical fluoride treatments before performing any additional services.

Save more money with a dental plan from Delta Dental!

Delta Dental will help you keep more money in your pocket...something everyone can appreciate! See below how much you'd pay without dental insurance for some typical dental services... and how much you can save on out-of-pocket costs with Delta Dental's comprehensive dental plan.

SERVICE	TYPICAL COST WITHOUT DENTAL INSURANCE*	VALUE OF BENEFIT**	SAVINGS***
Adult Check-Up (cleaning, exam & bitewings, no fluoride application)	\$186	100%	\$186
Child Check-Up (cleaning, exam & bitewings, fluoride application)	\$197	100%	\$197
Full Series X-Ray	\$98	100%	\$98
Fillings (adult, three surfaces)	\$126	80%	\$100.80
Full Crown	\$814	50%	\$407
Root Canal (molar)	\$787	50%	\$393.50

* Costs represent typical dental fees charged in the state of Wisconsin, from healthcarebluebook.com. Fees may vary by location and dentist.

** Plan design shown has 100/80/50 coverage.

*** Savings shown reflect amount paid after deductible has been met. The plan will pay for all services up to your annual maximum.

VISION COVERAGE

Emmi Roth knows that Vision care is important to promote a healthy present and future for team members and their families.

EyeMed Vision Care

Your vision benefit is offered by Emmi Roth through EyeMed. This program allows you to access care from participating providers for a greater level of benefit without the need for claim forms. You may also access care from non-participating providers and receive reimbursement for your exam and/or supplies by filing a claim form.

Below is an overview of your costs for various services.

VISION CARE SERVICES		
	IN-NETWORK	OUT-OF-NETWORK
Exam With Dilation as Necessary	\$10 Co-Pay	Up to \$35
Frames	\$0 Co-Pay; 80% of Balance Over \$130	Up to \$40
Standard Plastic Lenses		
Single Vision	\$25 Co-Pay	Up to \$25
Bifocal	\$25 Co-Pay	Up to \$40
Trifocal	\$25 Co-Pay	Up to \$60
Standard Progressive Lens	\$90 Co-Pay	Up to \$40
Premium Progressive Lens	\$90 Co-Pay, 80% of Charge Less \$120 Allowance	Up to \$40
Lens Options*		
UV Treatment	\$15 Max	N/A
Tint (Solid & Gradient)	\$15 Max	N/A
Standard Plastic Scratch Coating	\$15 Max	N/A
Standard Polycarbonate	\$40 Max	N/A
Standard Anti-Reflective Coating	\$45 Max	N/A
Other Add-Ons and Services	20% Off Retail Price	N/A
Contact Lenses Fit and Follow-Up**		
Standard Contact Lens Fit & Follow-Up	Up to \$40	N/A
Premium Contact Lens Fit & Follow-Up	10% Off Retail Price	N/A
Contact Lenses (contact lens allowance includes materials only)		
Conventional	\$0 Co-Pay, 85% of Balance Over \$130	Up to \$81
Disposable	\$0 Co-Pay, Plus Balance Over \$130	Up to \$81
Medically Necessary	\$0 Co-Pay, Paid-in-Full	Up to \$200
Frequency		
Examination	Once Every 12 Months	
Lenses or Contacts	Once Every 12 Months	
Frame	Once Every 24 Months	

* Paid by the member and added to the base price of the lens

**Contact Lens fit and two follow up visits are available once a comprehensive eye exam has been completed

VISION COVERAGE

BI-WEEKLY PAYROLL DEDUCTIONS

Employee Only	\$2.72
Employee + Spouse	\$5.18
Employee + Child(ren)	\$5.44
Full Family	\$8.00

Additional In-Network Discounts!

- 40% off Complete pair of prescription eyeglasses
- 20% off Non-prescription sunglasses
- 20% off Remaining balance beyond plan coverage



Download the EyeMed Members App

It's the easy way to view your ID card, see benefit details and find a provider near you.



Amplifon Hearing Care Discounts

1 in 9 Americans has hearing loss. But did you know there's also a connection between hearing and vision loss? In fact, mature adults and diabetics are more likely to experience both. EyeMed's top priority is your total health and wellness. They want you to enjoy all life's sights - and sounds - to the fullest. That's why EyeMed members have access to affordable hearing care discounts through Amplifon, the world's largest distributor of hearing aids and services.

Examples of Conditions:

- 40% off hearing exams at thousands of convenient locations nationwide
- Discounted, set pricing on thousands of hearing aids, including those with the newest, most advanced technology
- Low price guarantee - if you find the same product at a lower price elsewhere, Amplifon will beat it by 5%
- 60-day hearing aid trial period with no restocking fees
- Free batteries for 2 years with initial purchase

FLEXIBLE SPENDING ACCOUNTS

Emmi Roth invites you to participate in an additional benefit that allows you to use pre-tax dollars for certain out-of-pocket expenses that you incur during a specified time period with WEX Employee Benefits.



IMPORTANT! FSA elections do not automatically renew each year. If you want a medical or dependent care FSA you must enroll each year.

Flexible Spending Accounts (FSAs) are designed to work in a similar way to a savings account. Each pay period, funds are deducted from your pay on a pre-tax basis and are deposited to your Medical, Dependent Care and/or Limited Purpose FSA. You then use your funds to pay for eligible health, dental, and vision care expenses or dependent care expenses.

ACCOUNT TYPE	ELIGIBLE EXPENSE EXAMPLES	ANNUAL CONTRIBUTION LIMITS
Medical FSA	Most medical, dental, and vision care expenses (such as co-payments, coinsurance, deductibles, eyeglasses, and prescriptions)	Maximum contribution is \$3,050 per year with a \$550 rollover
Dependent Care FSA (For children up to age 13, disabled dependents, or dependent adults)	Dependent care expenses (such as day care, after school programs, or elder care programs) so you and your significant other can work or attend school full-time	Maximum contribution is \$5,000 per year (\$2,500 if married and filing separate tax returns)
Limited Purpose FSA (For employees enrolled in the HDHP)	Most dental, and vision care expenses (such as co-payments, coinsurance, deductibles, eyeglasses)	Maximum contribution is \$3,050 per year with a \$550 rollover



FLEXIBLE SPENDING ACCOUNTS

Important Information About FSAs

Medical FSA

- Your election is from January 1st through December 31st.
- The amount you elect for the year will be available in your account right away, but a prorated amount will be deducted from your paycheck each pay period.
- Claims for reimbursement must be submitted by March 31st of the following year.
- Rollover Provision - Up to \$550 of unused balances will automatically roll over from one plan year to the next. This rollover is in addition to the maximum election of \$3050. Any funds that rollover (up to \$550) are determined after the plan year closes, typically in May. Please plan your contributions carefully. Any amount over \$550 remaining in your account after March 31st will be forfeited.

Dependent Care FSA

- Your election is from January 1st through December 31st.
- Funds will be deposited into your account as they are deducted from your paychecks.
- Claims for reimbursement must be submitted by March 31st of the following year.
- Use it or lose it - Please plan your contributions carefully. Any remaining balance in your account after March 31st will be forfeited.

Limited Purpose FSA

- Your elections are from January 1st through December 31st.
- Claims for reimbursement must be submitted by March 31st of the following year.
- The amount you elect for the year will be available in your account right away but a prorated amount will be deducted from your paycheck each pay period.
- If you are enrolled in the HDHP and HSA, you can enroll in a Limited Purpose FSA, which can only be used for eligible dental and vision expenses. However, once you've met your HDHP deductible for the year, you can use your Limited FSA for eligible medical expenses for the remainder of the year.
- Rollover Provision - Up to \$550 of unused balances will automatically roll over from one plan year to the next. This rollover is in addition to the maximum election of \$2,750. Any funds that rollover (up to \$550) are determined after the plan year closes, typically in May. Please plan your contributions carefully. Any amount over \$550 remaining in your account after March 31st will be forfeited.

Save on Your Taxes

Here is an example of how much money you can save when you use the FSAs to pay for predictable health care and dependent care expenses.

	WITH FSA	WITHOUT FSA
Your Taxable Income	\$50,000	\$50,000
Pre-tax contribution to Health Care and Dependent Care FSA	\$2,000	\$0
Federal and Social Security Taxes*	\$11,701	\$12,355
After-Tax Dollars Spent on Eligible Expenses	\$0	\$2,000
Spendable Income After Expenses	\$36,299	\$35,645
Tax savings with the Medical and Dependent Care FSA	\$654	N/A

* This is an example only, and may not reflect your actual experience. It assumes a 25% federal income tax rate marginal rate and a 7.7% FICA marginal rate. State and local taxes vary, and are not included in this example. However, you may also save on any state and local taxes as well.

FLEXIBLE SPENDING ACCOUNTS

SAVE YOUR RECEIPTS!

Due to IRS regulations, certain FSA debit card transactions require receipts. WEX will ask for a receipt to verify that the card was used for IRS-approved items or services within the allowed time frame.

Receipts are generally not needed when you use your card for one of the following:

- A co-payment tied to your medical, dental, or vision plan
- Made at a merchant that utilizes the Inventory Information Approval System (IIAS). (A list of IIAS merchants can be found at sig-is.org/card-holders/store-locator.)
- A recurring expense that matches the provider and dollar amount for a previously approved claim.

You will be notified in writing, if substantiation is required, if you do not have an email on file with WEX. If you have an email on file, you will receive a notification from WEX to check your online account.

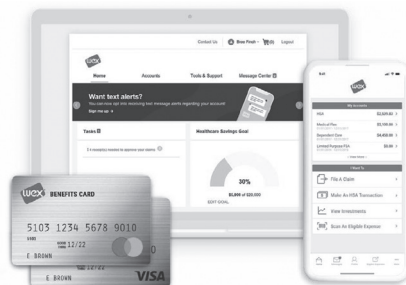
How can I be reimbursed for out-of-pocket expenses?

If you do not use your benefits debit card, you can file claims for out-of-pocket expenses in three ways:

- Online at wexinc.com
- Using the Out-of-Pocket Reimbursement Request Form available in the Forms Library in ADP
- Via the Benefits by WEX mobile app

Benefits by WEX Mobile App

The mobile app lets you upload receipts, check balances, file claims, view filing dates and contact customer service all from the palm of your hand! Download it for free in the iTunes or Google Play stores. Search for: Benefits by WEX



HEALTH SAVINGS ACCOUNT

Emmi Roth provides a Health Savings Account (HSA) option to accompany the High Deductible Health Plan (HDHP). The HSA is administered through Fidelity with full access to the Fidelity investment platform.

The HSA is only available if you are enrolled in the High Deductible Health Plan, have no other health coverage including Medicare, and can't be claimed as a dependent on someone else's tax return.

What is an HSA?

An HSA is a tax-advantaged account used to pay for qualified medical expenses. It can be used for expenses not covered by the insurance company such as deductibles and coinsurance. HSAs can also be used for long-term savings to help you pay for health care expenses later in life.

How does the HSA Work?

If you are enrolled in the HDHP and meet the eligibility requirements, the company will automatically set up your HSA with Fidelity and make contributions to your account. You can also make pretax contributions through payroll deductions up to the maximum amount allowed by the IRS. You have the ability to change your contribution amount during the year.

When you have a qualified expense, you can use the amount in your HSA to pay the costs. Otherwise, you can choose to pay out-of-pocket and save your HSA funds for future expenses.

You can also invest the funds in your HSA to help grow your account balance.

Additional Benefits

HSAs provide additional tax benefits. Not only are the contributions you make on a pretax basis, earnings and withdrawals are tax free as long as they are used for qualified medical expenses.

Unlike a flexible spending account, there is no "use it or lose it penalty". HSA funds continue to accumulate over time and the balance remains in your account until you need it.

The HSA is your account. Even if you leave the company or change health care plans the money is yours to keep.

Employer Contribution

Emmi Roth will contribute up to \$600 per calendar year for employee only coverage and up to \$1,200 per calendar year for an employee who covers one or more dependents under the HDHP.

You are not required to contribute any funds in order to receive Emmi Roth's contribution.

HEALTH SAVINGS ACCOUNT

How much can you contribute?

The 2022 annual HSA contribution limit established by the IRS is \$3,850 for individuals with self-only HDHP coverage, and \$7,750 for individuals with family HDHP coverage. This maximum includes both employer and employee contributions.

If you are 55 years or older, the IRS allows you to contribute an additional \$1,000 under a catch up provision.

Eligibility Restrictions

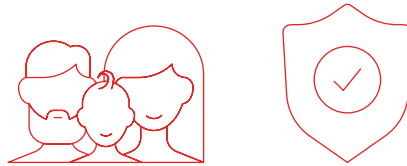
Below are several eligibility restrictions you should be aware of:

- You cannot be covered by any other health plan or health insurance (such as your spouse's plan) except dental, vision, or long term care.
- You cannot be enrolled in Medicare.
- You must not have received Veterans Affairs benefits in the last three months
- You cannot be claimed as a dependent on another person's taxes return
- You cannot be enrolled in a Traditional Flexible Spending Account (FSA) (nor can your spouse). However, you can still enroll in a Limited Purpose FSA for dental & vision only
- You cannot be enrolled in a general purpose Health Reimbursement Account (HRA)
- If your annual maximum is reduced during the year due to a change in status and your contribution is adjusted maximum, you may have to pay a 10% excise tax on your contribution amount above the annual maximum.
- Domestic partners are eligible to be enrolled in an HDHP, however distributions from the HSA are only allowed if your domestic partner is an IRS qualified tax dependent. Consult your tax advisor for details.

ADDITIONAL INFORMATION

This information is provided as a high level overview of a health savings account. Please visit the IRS website and review the Fidelity resources for additional details.

LIFE INSURANCE COVERAGE



Life and Accidental Death & Dismemberment (AD&D) Insurance Coverage

Life Insurance is an important part of your financial security, especially if others depend on you for support.

Accidental Death & Dismemberment (AD&D) insurance is designed to provide a benefit in the event of accidental death or dismemberment.

Emmi Roth provides Basic Life and AD&D Insurance to all eligible team members through The Hartford at no cost to you.

The Benefit Includes:

- One times annual salary, up to a maximum of \$100,000 (\$25,000 minimum benefit).

Additional Plan features include:

- Accelerated Death Benefit
- Seatbelt and Air Bag Benefit
- Conversion
- Age Reduction Formula: 50% at age 70

VOLUNTARY LIFE AND AD&D COVERAGE

You may purchase life and AD&D insurance in addition to the company provided coverage. To enroll in Voluntary Life and AD&D insurance with The Hartford, complete the enrollment form that is available in the Virtual Benefits Hub and return it to your Human Resources Representative.

Voluntary Life and Dependent Life Insurance

You have the option to elect voluntary life insurance for yourself and your eligible dependents (spouse and dependent children). Voluntary Life Insurance plans pay a lump sum benefit to your beneficiary in the event of your death while actively employed by Emmi Roth. The Plan can also pay a living benefit. If you become terminally ill, the Plan will pay out a benefit while you are still living. Any amount you receive will reduce the benefit paid to your beneficiary.

The Dependent Life Insurance Plan pays a lump sum benefit to you in the event of your spouse or child's death while you are actively employed at Emmi Roth.

Voluntary AD&D and Dependent AD&D Insurance

You have the option to elect voluntary AD&D insurance for yourself and your eligible dependents (spouse and dependent children). The AD&D Insurance Plans pay a lump sum benefit to your beneficiary in the event of your death from an accident while actively employed by Emmi Roth. The Plan can also pay a living benefit. Any amount you receive will reduce the benefit paid to your beneficiary.

The Dependent AD&D Insurance plan pays a lump sum benefit to you in the event of your spouse's or dependent's death from an accident while you are actively employed at Emmi Roth.

VOLUNTARY LIFE AND AD&D COVERAGE

Voluntary Life and AD&D Insurance for You*

Benefit Amount: Increments of \$10,000

Maximum: \$500,000 or 7x your earnings, whichever is less

Life Insurance Guaranteed Issue Amount: \$100,000

If you elect an amount that exceeds the guaranteed issue amount of \$100,000, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective.

Voluntary AD&D Insurance for You or Your Family*

Benefit Amount: Increments of \$10,000

Maximum: \$500,000 or 10x your earnings, whichever is less

Voluntary Life Insurance for your Spouse*

Benefit Amount: Increments of \$10,000

Maximum: \$250,000 or 50% of your supplemental coverage, whichever is less.

Life Insurance Guaranteed Issue Amount: \$20,000

If you elect an amount that exceeds the guaranteed issue amount of \$20,000, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective.

Voluntary Life Insurance for your Child*

Children Birth to 6 months: \$1,000

Children 6 months to 19 years (25 years if unmarried student): \$5,000 or \$10,000

* If you elect voluntary life insurance for a spouse or child, you must elect voluntary insurance for yourself.
Certain amount restrictions apply, please refer to the Plan Highlights or Summary Plan Description for more detail.

DISABILITY COVERAGE

Disability Insurance Coverage

The goal of a Disability Insurance Plan is to provide you with income replacement should you become disabled and unable to work due to a non-work related illness or injury.

Emmi Roth provides eligible team members with disability income benefits at no cost to you.

Short-Term Disability (STD)*

STD Insurance is provided in the event of a medically documented, approved disability (including maternity leave) that lasts longer than the required waiting period.

- Maximum benefit duration of 26 weeks
- Weekly benefit of 70% of your weekly earnings up to \$2,500
- Benefits begin on the 1st day due to injury and 8th day for illness (7-day waiting period)
- A partial benefit if can only do part of your job or work part time

Long-Term Disability (LTD)*

If you are disabled due to a qualified illness or injury lasting more than 180 days, your long-term disability coverage provides disability payments.

- Payment are based on 60% of covered monthly earnings
- Monthly maximum benefit of up to \$7,000
- Benefits will not be paid on a pre-existing condition, unless you have been Actively at Work for one full day following the end of twelve consecutive months from the date you became insured

* Exclusions and Limitations may apply; see the Summary Plan Description for more details

ADDITIONAL SERVICES - THE HARTFORD

Ability Assist^{®*} Counseling Services provides access to Master's degree clinicians for 24/7 assistance if you're enrolled in our short term or long term disability plan. This includes 3 face-to-face visits per occurrence per year for emotional concerns and unlimited phone consultations for financial, legal, and work-life concerns. For more information on Ability Assist[®] Counseling Services: Call 1-800-964-3577. Visit www.guidanceresources.com.
Company name: **Abili** Company ID: **HLF902**

Beneficiary Assist^{®*} Counseling Services offers compassionate expertise to help you, your beneficiaries (those you name in your policy) and immediate family members cope with emotional, financial and legal issues that arise after a loss. Includes unlimited phone contact with professionals, as well as five face-to-face sessions* available for up to one year. For more information on Beneficiary Assist[®] Counseling Services, call 1-800-411-7239.

*California residents are limited to three prepaid behavioral health counseling sessions in any six-month period. Except for acute emergencies and other special circumstances, additional sessions for California employees are available on a fee-for-service basis.

EstateGuidance^{®*} Will Services helps you protect your family's future by creating a customized and legally binding online will. Online support is also available from licensed attorneys, if needed. For more information on EstateGuidance[®] Will Services: www.estateguidance.com. Use Code: **WILLHLF**

Funeral Concierge Services^{*} provides a suite of online tools to guide you through key decisions before a loss, including help comparing funeral-related costs. After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers— often resulting in significant financial savings. In addition, Express Pay is a service that delivers proceeds in as little as 48 hours, allowing beneficiaries to use proceeds immediately for funeral expenses. For more information on Funeral Concierge Services: Call 1-866-854-5429 or visit www.everestfuneral.com/hartford. Use Code: **HFEVLC**

HealthChampion^{SM*} offers unlimited access to benefit specialists and nurses for administrative and clinical support to address medical care and insurance claims concerns if you're enrolled in our short term or long term disability plan. Service includes: claims and billing support, explanation of benefits, cost estimates and fee negotiation, information related to conditions and available treatments, and support to help prepare for medical visits. For more information on HealthChampionSM Services Call 1-800-964-3577. Visit www.guidanceresources.com.
Company name: **Abili** Company ID: **HLF902**

Travel Assistance Services and **ID Theft Protection Services^{*}** includes pre-trip information to help you feel more secure while traveling. It can also help you access medical professionals across the globe for medical assistance when traveling 100+ miles away from home for 90 days or less when unexpected detours arise. The ID theft protection services are available to you and your family at home or when you travel. Protection is provided two ways: educational materials to help prevent identity theft and access to caseworkers to help resolve problems that result from identity theft. For more information on Travel Assistance Services or ID Theft Services: Call from United States: 1-800-243-6108. Call collect from other locations: 202-828-5885. Fax: 202-331-1528. Travel Assistance Identification Number: **GLD-09012**. You'll be asked to provide your employer's name, a phone number where you can be reached, nature of the problem, Travel Assistance Identification Number, and your company policy number which can be obtained through your Human Resources/Personnel department. If you have a serious medical emergency, please obtain emergency medical services first, and then contact Generali Global Assistance for follow-up.

*Exclusions and Limitations may apply; this information is from the Emmi Roth USA, Inc. Additional Services Flyer.

VOLUNTARY CRITICAL ILLNESS AND ACCIDENT INSURANCE

Emmi Roth offers Critical Illness and Accident Insurance through Allstate. Critical Illness and Accident insurance is designed to offset costs if an unexpected critical illness or accident occurs. Both plans allow you the option to elect coverage for yourself and your eligible dependents (spouse and dependent children). To enroll in voluntary benefits, complete the enrollment form that is available in the Virtual Benefits Hub in ADP and return it to your Human Resources Representative.

Critical Illness

This plan offers a lump sum payment when diagnosed with a covered critical illness including, but not limited to; cancer, heart attack, or stroke. You can use this money however you like, for example: to help pay for expenses not covered by your medical plan, lost wages, home health care costs or any of your regular household expenses.

Accident Insurance

This plan offers a set benefit amount paid to the insured based on the type of injury or covered incident you sustain or the type of treatment you need. Common covered benefits include but are not limited to; injuries, medical service & treatments, and hospitalization. You can use the benefit amount paid for what you see fit, for example: out-of-pocket expenses.

HEALTH ADVOCACY

Provided by MyAdvocate

MyAdvocate, Personal Health Assistant, is available to all employees and dependents free of charge. You don't have to be enrolled in insurance through Emmi Roth! Service is available 24/7 by calling toll free number 833.968.1775 or complete the online intake form at MyAdvocateServices.com

MyAdvocate Can:

Benefits education and plan information

- Plan comparisons and enrollment
- Covered services, network providers and pre-authorizations
- Using accounts like FSAs, HSAs and HRAs
- Ways to reduce out-of-pocket costs
- Enrollment in programs such as wellness or disease management

Coordination of care

- Referrals, appointment scheduling and transportation
- Medical supply orders
- Estimating costs for procedures, equipment and more
- Assisting with in-home, skilled nursing and hospice care

Billing and claims assistance

- Copays, deductibles, co-insurance and out-of-pocket maximums
- Coordinate resolution of billing errors, claim denials and copay applications
- Complaint and appeals processes and documentation

EAP+WORK/LIFE

Provided by MyAdvocate

Health Advocate, employee assistance program and Work & Life Resources is available to all employees & dependents free of charge. You don't have to be enrolled in insurance through Emmi Roth!

Health Advocate Can:

Help provide support and resources in challenging times

- 3 in-person counseling sessions per issue
- Video counseling
- Unlimited telephonic sessions for team members and their family members

Personal Growth

- Information on personal development, managing work and family, communicating effectively and more
- Courses such as Achieving Personal Goals, Applying Emotional Intelligence in the Workplace, Attention Management, Basics of Effective Communication and many more

Personal Concierge Services

- Help support your life by searching for resources, providing availability and rates for childcare, special needs programs, eldercare, pet care and personal and family legal matters
- Provide assistance finding resources in your area for services such as apartments search, contractors, cleaning agencies, restaurants, auto repair, rental cards

Financial Well Being

- Budgeting, banking, credit, estate planning, debt & bankruptcy information, resources and tools.
- Provide essential information needed to get educated about identify theft, how you find out if your identity was stolen, and recovering from identity theft

PET INSURANCE

Breathe easy knowing your pets are covered too! Emmi Roth now offers team members the ability to enroll in pet insurance for cats and dogs through Nationwide at discounted rates. Rates are based on where you live and which pets you cover, contact Nationwide for a quote. Premiums will be deducted from your paycheck monthly on an after-tax basis.

To get started call (877) 738-7874 or go online petsnationwide.com and search for Emmi Roth.

MY PET PROTECTIONSM

90% back on veterinary bills

- Accident & Illness
- Hereditary & Congenital
- Cancer
- Dental Disease
- Behavioral Treatments
- Rx Therapeutic Diets & Supplements
- Use Any Vet
- Specialty & ER Coverage Included

MY PET PROTECTIONSM with Wellness

90% back on veterinary bills

Same coverage and features as My Pet Protection plus:

- Wellness Exams
- Shots
- and More

Both options have a \$250 annual deductible and \$7,500 max annual benefit.

Do I need to re-enroll for this benefit every year?

No. Once enrolled, the policy will renew automatically each year.

How can I make changes to my policy?

You can make changes during your policy renewal period by calling 888-341-0789. All changes are subject to underwriting approval.

How do I get more information on pet insurance?

Visit PetsNationwide.com to enroll or to learn more.

What happens to my pet insurance policy if I am no longer with the company?

You will be notified and asked to update billing information in order to keep the policy active.

RETIREMENT PLAN

Emmi Roth offers team members the ability to participate in the Emmi Roth USA 401(k) Plan, administered by Fidelity Investments. The Plan offers team members an easy way to save for retirement.

Automatic Enrollment

Eligible team members are automatically enrolled in the plan the first of the month following 60 days of employment at a 3% pre-tax contribution rate unless they actively elect to not participate by contacting Fidelity Investments. They are also automatically enrolled in the auto-escalate program, which will increase the pre-tax deferral by 1% each February to a maximum of 15%.

How much can you contribute?

Through automatic payroll deduction, you may contribute between 1% - 90% of your eligible pay on a pre-tax or Roth (or both!) basis. You may start, stop, or change your deferral whenever you like and the changes will take effect as soon as administratively possible (typically 1-2 pay cycles).

If you expect to receive bonus compensation and have not exceeded the IRS contribution limits you may be able to make an additional deferral contribution to the plan. You need to contact your plan administrator about the procedure for making an additional deferral contribution of up to 100% of any bonus paid to you. If you choose not to make a special bonus election, your regular deferral elections will apply.

**The IRS limits the amount you can contribute to the 401(k) plan.
For more information on the annual limits, please visit www.irs.gov.**

Catch Up Contributions

If you are age 50 or over by the end of the taxable year and have reached the annual IRS limit or Plan's maximum contribution limit for the year, you may make additional salary deferral contributions to the Plan up to the IRS Catch Up Provision Limit.

RETIREMENT PLAN

Are you eligible for Catch Up Contributions?

If you are, your contributions will automatically continue until you reach the Catch Up Limit or change your contribution election with Fidelity.

Matching Contributions

Emmi Roth will make Safe Harbor matching contributions to your account based on the total percentage of your pre-tax and Roth contributions.

The Amount Will Equal:

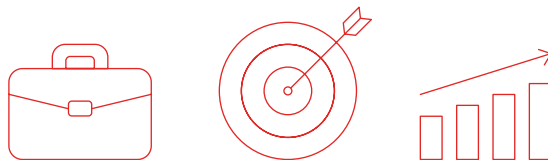
- 100% of the first 3% of your eligible compensation contributed to the plan
- 50% of the next 2% of your eligible compensation contributed to the plan

Vesting

The term ‘vesting’ refers to the portion of your account balance that you are entitled to under the plan rules.

You Are Always 100% Vested in Your:

- Employee pre-tax contributions
- Employee Roth contributions
- Rollover contributions
- Safe Harbor matching contributions
- And any earnings thereon



ADDITIONAL PROGRAMS - EMMI ROTH

Emmi Roth offers these additional benefits to team members at no extra cost:

Time Off

Emmi Roth's Paid Time Off (PTO) gives you time away from work so you can rest, relax, and spend time with your family and friends.

Leaves of Absence

Emmi Roth offers team members a variety of leaves to fit their needs.

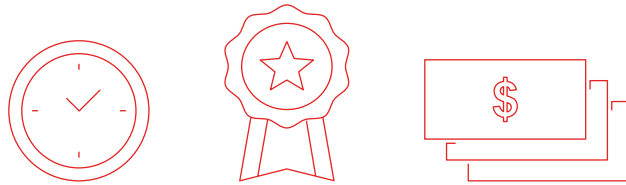
- Bereavement
- Jury Duty
- Voting and Election
- Unpaid Time Off

Emmi Roth has partnered with The Hartford to manage certain types of leaves.

Please contact The Hartford at 888-301-5615 or <https://mybenefits.thehartford.com/login> to start your leave of absence request for the following:

- Family Medical Leave
- State Leaves
- Service Member & Military Leaves
- Disability Leaves
- Parental Leave

ADDITIONAL PROGRAMS - EMMI ROTH



Employee Referral Program

A \$1,000 referral award may be given to a team member who helps Emmi Roth recruit new talent by referring external candidates for employment.

Please refer to the Employee Guide for further details on this program.

Tuition Reimbursement

Emmi Roth encourages its team members to participate in job-related classes, continuing education programs, and/or professional seminars outside normal working hours. Continued training and education is designed to help the employee stay current in his or her chosen field or gain additional skills that help meet the responsibilities of current or future assignments.

After a team member has completed 1 year of continuous Full-Time employment, the Company may reimburse a percentage of tuition and fees for job-related classes or seminars, up to \$5,250.

Please refer to the specific policies located in the Employee Guide for more information on these additional programs.

RESOURCES FOR LIVING

HEALTH & WELLBEING	SOURCE	OVERVIEW OF SERVICES	ELIGIBILITY
HEALTHCARE RESOURCES	Health Advocate 833-968-1775 MyAdvocateServices.com	Assistance choosing a health plan (company provided or in the market), finding doctors, comparing costs between providers and reviewing insurance claims /bills for accuracy.	All Emmi Roth Employees, spouse, dependent child, parent or parent-in-law
EMOTIONAL WELLBEING (anxiety, depression, grief and loss, neurological disorders, stress, violence, abuse and trauma and more)	Health Advocate 866-799-2728 healthadvocate.com/members	Access to counselors and personal health advocates that provide confidential guidance in finding qualified providers, treatment centers, obtain insurance approvals and expedite appointments.	All Emmi Roth Employees, spouse, dependent child, parent or parent-in-law
ADDICTION (drug dependency, gambling, internet/video game addiction, opioid use and abuse, drinking)	Health Advocate 866-799-2728 healthadvocate.com/members	Provide confidential counseling services to help identify triggers, offer positive coping behaviors and referrals to appropriate professionals.	All Emmi Roth Employees, spouse, dependent child, parent or parent-in-law
FINANCIAL SUPPORT	SOURCE	OVERVIEW OF SERVICES	ELIGIBILITY
FINANCIAL WELL BEING	Health Advocate 866-799-2728 healthadvocate.com/members	Budgeting, banking & credit, estate planning, debt & bankruptcy.	All Emmi Roth Employees, spouse, dependent child, parent or parent-in-law
IDENTITY THEFT	Health Advocate 866-799-2728 healthadvocate.com/members	Provide all the essential information you need to get educated about identity theft, how you can find out if your identity was stolen, and recovering from identity theft.	All Emmi Roth Employees, spouse, dependent child, parent or parent-in-law
WORK/LIFE BALANCE SUPPORT	SOURCE	OVERVIEW OF SERVICES	ELIGIBILITY
WORK/LIFE SERVICES	Health Advocate 866-799-2728 healthadvocate.com/members	Provide services to help support your life by searching for resources in your area and providing availability and rates. Including services for childcare, special needs programs, eldercare, pet care, and personal and family legal matters.	All Emmi Roth Employees, spouse, dependent child, parent or parent-in-law
PERSONAL CONCIERGE SERVICES	Health Advocate 866-799-2728 healthadvocate.com/members	Provide assistance finding resources in your area for services such as apartment search, contractors, cleaning agencies, restaurants, auto repair, rental cars, ticketing research.	All Emmi Roth Employees, spouse, dependent child, parent or parent-in-law

BENEFIT PROVIDER CONTACT INFORMATION

BENEFIT	PROVIDER	WEBSITE	EMAIL	PHONE NUMBER
Medical	UHC	uhc.com	N/A	PPO Plan 866-633-2446 HDHP Plan 866-314-0335
Prescription	Optum Rx	OptumRx.com	N/A	Pharmacy Help Desk: 888-290-5416
Dental	Delta Dental of Wisconsin	deltadentalwi.com	claims@deltadentalwi.com	800-236-3712
Vision	EyeMed	eyemedvisioncare.com	N/A	866-939-3633
Life & Disability Insurance, Certain Leaves of Absence	The Hartford	mybenefits.thehartford.com/ login	N/A	888-301-5615
Flexible Spending Accounts	Discovery Benefits	discoverybenefits.com	customerservice@discoverybenefits.com	866-451-3399
Health Advocacy	My Advocate	MyAdvocateServices.com	N/A	833-968-1775
Emmi Roth 401(k) Savings Plan & Health Savings Account	Fidelity Investments	401k.com	N/A	800-835-5095
Pet Insurance	Nationwide	petsnationwide.com	N/A	General: 855-874-4944 Investment Counseling: 800-603-4015
Voluntary Critical Illness and Accident Insurance	Allstate	allstatebenefits.com/mybenefits	N/A	800-521-3535

ADP website: workforcenow.adp.com

Did you get locked out of your account?

Contact the IT department for assistance at helpdesk@emmiroth.com.

GLOSSARY OF KEY TERMS



Co-insurance

The percentage of the covered charge that you pay after you meet the deductible.

Co-payment

A maximum flat dollar amount that you pay for medical, dental, vision, or prescription, regardless of the actual amount charged by your doctor or another provider.

Deductible

The amount you pay towards medical and dental expenses each calendar year before the plan begins paying benefits.

Imputed Income

The value of a service or benefit provided by employers to employees, which must be treated as income.

In-Network Provider

A health care provider that participates in the plan's network. For access to the most savings, visit an in-network provider.

Out-of-Network Provider

A health care provider that is not in the plan's provider network. The medical plans generally pay reduced or zero benefits for out-of-network services, except in the event of an emergency.

Out-of-Pocket-Maximum

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, the health plan pays 100% of the costs of covered benefits.

IMPORTANT LEGAL NOTICES

IMPORTANT NOTICE TO EMPLOYEES FROM EMMI ROTH USA, INC. ABOUT CREDITABLE PRESCRIPTION DRUG COVERAGE AND MEDICARE

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Emmi Roth USA, Inc. medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2023. This is known as “creditable coverage.”

WHY THIS IS IMPORTANT. If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2023 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Please read the notice below carefully. It has information about prescription drug coverage with Emmi Roth USA, Inc. and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

NOTICE OF CREDITABLE COVERAGE

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by one of the Emmi Roth USA, Inc. prescription drug plans listed below, you'll be interested to know that the prescription drug coverage under the plans is, on average, at least as good as standard Medicare prescription drug coverage for 2023. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

HEALTH PLANS

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the Emmi Roth USA, Inc. plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Emmi Roth USA, Inc. coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the Emmi Roth USA, Inc. plan, assuming you remain eligible.

You should know that if you waive or leave coverage with Emmi Roth USA, Inc. and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this Emmi Roth USA, Inc. coverage changes, or upon your request.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE

More detailed information about Medicare plans that offer prescription drug coverage is in the Medicare & You handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit www.medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

IMPORTANT LEGAL NOTICES

REMEMBER: KEEP THIS NOTICE. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, contact:

Benefits Department • 5525 Nobel Drive, Suite 100, Fitchburg, WI 53711 • Phone: 608-285-9923

NOTICE OF SPECIAL ENROLLMENT RIGHTS FOR MEDICAL PLAN COVERAGE

As you know, if you have declined enrollment in Emmi Roth USA, Inc.'s medical plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in coverage under this plan without waiting for the next open enrollment period, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Emmi Roth USA, Inc. will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days - instead of 30 - from the date of the Medicaid/CHIP eligibility change to request enrollment in the Emmi Roth USA, Inc. group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another medical plan.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at 608-285-9800.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT NOTICE

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at 608-285-9923.

MICHELLE'S LAW NOTICE – EXTENDED DEPENDENT MEDICAL COVERAGE DURING STUDENT MEDICAL LEAVES

The Emmi Roth USA, Inc.'s medical plans may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from a post-secondary educational institution (including a college or university). Coverage may continue for up to a year, unless the child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school - or change in school enrollment status (for example, switching from full-time to part-time status) - starts while the child has a serious illness or injury, is medically necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If the coverage provided by the plan is changed during this one-year period, the plan will provide the changed coverage for the remainder of the leave of absence.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, contact UHC at the number on the back of your card as soon as the need for the leave is recognized or to see if any state laws requiring extended coverage may apply to his or her benefits.

IMPORTANT LEGAL NOTICES

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility:

ALABAMA – Medicaid

www.myalhipp.com/
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
www.myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility:
dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS – Medicaid

www.myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx
Phone: 1-916-440-5676

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website:
www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+: www.colorado.gov/pacific/hcpf/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI):
www.colorado.gov/pacific/hcpf/health-insurance-buy-program
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid

www.medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162 ext 2131

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
www.in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid
www.in.gov/medicaid/
Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:
www.dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website:
www.dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563

KANSAS – Medicaid

www.kdheks.gov/hcf/default.htm
Phone: 1-800-792-4884

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
www.chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: www.kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718
Kentucky Medicaid Website: www.chfs.ky.gov

LOUISIANA – Medicaid

www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website:
www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Website:
www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740.
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

www.mass.gov/eohhs/gov/departments/masshealth/
Phone: 1-800-862-4840

MINNESOTA – Medicaid

www.mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs-programs-and-services/other-insurance.jsp
Phone: 1-800-657-3739

MISSOURI – Medicaid

www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 1-573-751-2005

MONTANA – Medicaid

www.dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

NEBRASKA – Medicaid

www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 1-402-473-7000
Omaha: 1-402-595-1178

NEVADA – Medicaid

www.dhcfp.nv.gov
Phone: 1-800-992-0900

IMPORTANT LEGAL NOTICES

NEW HAMPSHIRE – Medicaid

www.dhhs.nh.gov/oii/hipp.htm
Phone: 603-271-5218
Toll free number for the HIPP program:
1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

www.medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid

www.healthcare.oregon.gov/Pages/index.aspx
www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP

www.eohhs.ri.gov/
Phone: 1-855-697-4347, or 401-462-0311
(Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

www.dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid

www.gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: www.medicaid.utah.gov/
CHIP Website: www.health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT– Medicaid

www.greenmountaincare.org/
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

www.coverva.org/hipp/
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid

www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid

www.mywvhipp.com/
Toll-free phone: 1-855-MyWVHIP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid

www.health.wyo.gov/healthcarefn/medicaid/programs-and-eligibility/
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

PROVIDER-CHOICE RIGHTS NOTICE

1. The Emmi Roth USA, Inc. medical plans generally allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.
2. For children, you may designate a pediatrician as the primary care provider.
3. You do not need prior authorization from Emmi Roth USA, Inc. medical plans or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For information on how to select a primary care provider or for a list of participating primary care providers and health care professionals who specialize in obstetrics or gynecology, contact UHC at 866-633-2446.

IMPORTANT LEGAL NOTICES

NOTICE REGARDING WELLNESS PROGRAM

Emmi CARES Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a biometric screening, which will include a blood test for Non-Fasting Glucose and Cholesterol (Total/HDL). You are not required to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of Wellness premium discounts on medical insurance premiums for completing the biometric screening. Although you are not required to participate in the biometric screening, only employees who do so will receive the incentive.

Additional incentives of up to \$46.18 per paycheck may be available for employees who participate in certain health-related activities. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Michelle Kern at 608-285-9923 or michelle.kern@emmiroth.com.

The information from the results of your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Emmi Roth USA, Inc. may use aggregate information it collects to design a program based on identified health risks in the workplace, Emmi CARES Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are UHC, registered nurses or health coaches in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Emmi Roth never receives the results of the screenings on the employee level, only aggregate results once all screenings are completed for the year for the company. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Michelle Kern at 608-285-9923 or michelle.kern@emmiroth.com.

EMMI ROTH USA, INC. HIPAA PRIVACY NOTICE: Please carefully review this notice. It describes how medical information about you may be used and disclosed and how you can get access to this information.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on the use and disclosure of individual health information by Emmi Roth USA, Inc. health plans. This information, known as protected health information, includes almost all individually identifiable health information held by a plan — whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of these plans: Medical, Dental and Vision plans and Health Reimbursement Accounts. The plans covered by this notice may share health information with each other to carry out treatment, payment, or health care operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

THE PLAN'S DUTIES WITH RESPECT TO HEALTH INFORMATION ABOUT YOU

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It's important to note that these rules apply to the Plan, not Emmi Roth USA, Inc. as an employer — that's the way the HIPAA rules work. Different policies may apply to other Emmi Roth USA, Inc. programs or to data unrelated to the Plan.

IMPORTANT LEGAL NOTICES

HOW THE PLAN MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care treatment, payment activities, and health care operations. Here are some examples of what that might entail:

- **Treatment** includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share your health information with physicians who are treating you.
- **Payment** includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include determining eligibility, reviewing services for medical necessity or appropriateness, engaging in utilization management activities, claims management, and billing; as well as performing “behind the scenes” plan functions, such as risk adjustment, collection, or reinsurance. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan to coordinate payment of benefits.
- **Health care operations** include activities by this Plan (and, in limited circumstances, by other plans or providers), such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include evaluating vendors; engaging in credentialing, training, and accreditation activities; performing underwriting or premium rating; arranging for medical review and audit activities; and conducting business planning and development. For example, the Plan may use information about your claims to audit the third parties that approve payment for Plan benefits.

The amount of health information used, disclosed or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. If the Plan uses or discloses PHI for underwriting purposes, the Plan will not use or disclose PHI that is your genetic information for such purposes.

HOW THE PLAN MAY SHARE YOUR HEALTH INFORMATION WITH EMMI ROTH USA, INC.

The Plan, or its health insurer or HMO, may disclose your health information without your written authorization to Emmi Roth USA, Inc. for plan administration purposes. Emmi Roth USA, Inc. may need your health information to administer benefits under the Plan. Emmi Roth USA, Inc. agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. The Benefits, Payroll and Human Resources Department and Benefits Committee Members are the only Emmi Roth USA, Inc. employees who will have access to your health information for plan administration functions.

HERE'S HOW ADDITIONAL INFORMATION MAY BE SHARED BETWEEN THE PLAN AND EMMI ROTH USA, INC., AS ALLOWED UNDER THE HIPAA RULES:

- The Plan, or its insurer or HMO, may disclose “summary health information” to Emmi Roth USA, Inc., if requested, for purposes of obtaining premium bids to provide coverage under the Plan or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants’ claims information, from which names and other identifying information have been removed.
- The Plan, or its insurer or HMO, may disclose to Emmi Roth USA, Inc. information on whether an individual is participating in the Plan or has enrolled or disenrolled in an insurance option or HMO offered by the Plan.

In addition, you should know that Emmi Roth USA, Inc. cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by Emmi Roth USA, Inc. from other sources — for example, under the Family and Medical Leave Act, Americans with Disabilities Act, or workers’ compensation programs — is not protected under HIPAA (although this type of information may be protected under other federal or state laws).

OTHER ALLOWABLE USES OR DISCLOSURES OF YOUR HEALTH INFORMATION

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information about your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You’ll generally be given the chance to agree or object to these disclosures (although exceptions may be made — for example, if you’re not present or if you’re incapacitated). In addition, your health information may be disclosed without authorization to your legal representative.

IMPORTANT LEGAL NOTICES

The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

Workers' compensation	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with the laws
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Necessary to prevent serious threat to health or safety	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (or to the target of the threat); includes disclosures to help law enforcement officials identify or apprehend an individual who has admitted participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
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Public health activities	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects
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Victims of abuse, neglect, or domestic violence	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you'll be notified of the Plan's disclosure if informing you won't put you at further risk)
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Judicial and administrative proceedings	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Plan may be required to notify you of the request or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
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Law enforcement purposes	Disclosures to law enforcement officials required by law or legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosures about a death that may have resulted from criminal conduct; and disclosures to provide evidence of criminal conduct on the Plan's premises
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Decedents	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
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Organ, eye, or tissue donation	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
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Research purposes	Disclosures subject to approval by institutional or private privacy review boards, subject to certain assurances and representations by researchers about the necessity of using your health information and the treatment of the information during a research project
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Health oversight activities	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws
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Specialized government functions	Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates
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HHS investigations	Disclosures of your health information to the Department of Health and Human Services to investigate or determine the Plan's compliance with the HIPAA privacy rule
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IMPORTANT LEGAL NOTICES

Except as described in this notice, other uses and disclosures will be made only with your written authorization. For example, in most cases, the Plan will obtain your authorization before it communicates with you about products or programs if the Plan is being paid to make those communications. If we keep psychotherapy notes in our records, we will obtain your authorization in some cases before we release those records. The Plan will never sell your health information unless you have authorized us to do so. You may revoke your authorization as allowed under the HIPAA rules. However, you can't revoke your authorization with respect to disclosures the Plan has already made. You will be notified of any unauthorized access, use, or disclosure of your unsecured health information as required by law.

The Plan will notify you if it becomes aware that there has been a loss of your health information in a manner that could compromise the privacy of your health information.

YOUR INDIVIDUAL RIGHTS

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right.

See the end of this notice for information on how to submit requests.

RIGHT TO REQUEST RESTRICTIONS ON CERTAIN USES AND DISCLOSURES OF YOUR HEALTH INFORMATION AND THE PLAN'S RIGHT TO REFUSE

You have the right to ask the Plan to restrict the use and disclosure of your health information for treatment, payment, or health care operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

An entity covered by these HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service not be disclosed to the Plan for purposes of payment or health care operations if you have paid out of pocket and in full for the item or service.

RIGHT TO RECEIVE CONFIDENTIAL COMMUNICATIONS OF YOUR HEALTH INFORMATION

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

RIGHT TO INSPECT AND COPY YOUR HEALTH INFORMATION

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a "designated record set." This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. The Plan may deny your right to access, although in certain circumstances, you may request a review of the denial.

IMPORTANT LEGAL NOTICES

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request (60 days if the health information is not accessible on site), the Plan will provide you with one of these responses:

- The access or copies you requested
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request

You may also request your health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage. If the Plan doesn't maintain the health information but knows where it is maintained, you will be informed where to direct your request.

If the Plan keeps your records in an electronic format, you may request an electronic copy of your health information in a form and format readily producible by the Plan. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous, and specific. Any charge that is assessed to you for these copies must be reasonable and based on the Plan's cost.

RIGHT TO AMEND YOUR HEALTH INFORMATION THAT IS INACCURATE OR INCOMPLETE

With certain exceptions, you have a right to request that the Plan amend your health information in a designated record set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the designated record set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will take one of these actions:

- Make the amendment as requested
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

RIGHT TO RECEIVE AN ACCOUNTING OF DISCLOSURES OF YOUR HEALTH INFORMATION

You have the right to a list of certain disclosures of your health information the Plan has made. This is often referred to as an "accounting of disclosures." You generally may receive this accounting if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information for up to six years before the date of your request. You do not have a right to receive an accounting of any disclosures made in any of these circumstances:

- For treatment, payment, or health care operations
- To you about your own health information
- Incidental to other permitted or required disclosures
- Where authorization was provided
- To family members or friends involved in your care (where disclosure is permitted without authorization)
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances
- As part of a "limited data set" (health information that excludes certain identifying information)

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You'll be notified of the fee in advance and have the opportunity to change or revoke your request.

IMPORTANT LEGAL NOTICES

RIGHT TO OBTAIN A PAPER COPY OF THIS NOTICE FROM THE PLAN UPON REQUEST

You have the right to obtain a paper copy of this privacy notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

CHANGES TO THE INFORMATION IN THIS NOTICE

The Plan must abide by the terms of the privacy notice currently in effect. This notice took effect on January 1, 2016. However, the Plan reserves the right to change the terms of its privacy policies, as described in this notice, at any time and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan's privacy policies described in this notice, you will be provided with a revised privacy notice mailed to your home address.

COMPLAINTS

If you believe your privacy rights have been violated or your Plan has not followed its legal obligations under HIPAA, you may complain to the Plan and to the Secretary of Health and Human Services. You won't be retaliated against for filing a complaint. To file a complaint, contact the VP of Human Resources.

CONTACT

For more information on the Plan's privacy policies or your rights under HIPAA, contact Denise Lofquist at 608-285-9800 or denise.lofquist@emmiroth.com.

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: GENERAL INFORMATION

To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

DOES EMPLOYER HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.61% (for 2022) of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

IMPORTANT LEGAL NOTICES

HOW CAN I GET MORE INFORMATION?

For more information about your coverage offered by your employer, please check your summary plan description or contact Michelle Kern at 608-285-9923 or michelle.kern@emmiroth.com.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name: Emmi Roth USA, Inc.	4. Employer Identification Number (EIN): 39-166642
5. Employer address: 5525 Nobel Drive, Suite 100	6. Employer phone number: 608-285-9800

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

7. City: Fitchburg	8. State: WI	9. Zip code: 53711
10. Who can we contact about employee health coverage at this job? Michelle Kern		
11. Phone number (if different from above): 608-285-9923	12. Email address: michelle.kern@emmiroth.com	

HERE IS SOME BASIC INFORMATION ABOUT HEALTH COVERAGE OFFERED BY THIS EMPLOYER:

As your employer, we offer a health plan to:

- All employees. Eligible employees are: as defined by plan documents
- Some employees. Eligible employees are: as defined by plan documents

With respect to dependents:

- We do offer coverage. Eligible dependents are: as defined by plan documents
- We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

IMPORTANT LEGAL NOTICES

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? First of the month following date of hire (Continue)

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

Yes (Go to question 15)

No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$41.63

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard. (Premium should reflect the discount for wellness programs. See question 15.)

a. How much will the employee have to pay in premiums for that plan? \$_____

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986).

ABOUT THIS GUIDE

This benefit summary provides selected highlights of the Emmi Roth employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at Emmi Roth. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between information provided through this summary and the actual terms of the policies, contracts and plan documents are governed by the terms of these policies, contracts and plan documents.

Emmi Roth reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The Plan Administrator has the authority to make these changes.



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