

**INVEST
IN YOU**

2026

**Employee
Benefits Guide**



AGROPUR

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Disclaimer: The information described within this guide is only intended to be a summary of your benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description for a complete explanation of your benefits. If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail. You can obtain a copy of the Summary Plan Description from the Benefits Microsite: <https://agropurus.eebenefits.info/>

Welcome

We're at our best when you're at your best. Agropur provides a variety of benefits and programs to help make sure you're physically, mentally, and financially healthy. We are committed to providing resources and support that make it easy to choose the benefits that are right for you. This guide is intended to provide you with an overview of the benefits programs offered by Agropur for the 2026 plan year.

A few things to know before you enroll

1. No action, no coverage

If you do not take action and confirm or waive your elections by the enrollment deadline, all non-company provided benefits will be automatically waived for 2026.

2. Benefits effective date

Once eligible, you must complete your enrollment within 30 days. Your elections will be effective on the first of the month following one month of employment. Some benefits have "guarantee issue" at your first opportunity only, so please carefully consider this before you decline any coverage.

3. Your eligibility

As an Agropur employee who works 30 or more hours a week on a regular basis, you are eligible for all benefits covered in this guide.

If you were hired to work less than 30 hours per week, we review enrollment opportunities annually based on average hours worked. Additionally, employees changing from a part-time to full-time employee status will be offered coverage and are eligible first or the month following one month after the date of the change in status.

Regular part-time employees are eligible for 401(k), EAP and time off.

4. Dependent eligibility

Eligible dependents may be enrolled in some benefits as well.

- Legal spouse
- Dependent children, including stepchildren, legal guardianship, and adoption, up to age 26
- Unmarried grandchildren who are adopted
- Physically or mentally disabled children 26 and older if meeting specific criteria established by Carriers.

Special Note – If you and your spouse or dependents both work for Agropur, benefit coverage cannot be provided in duplicate. i.e. You cannot both be covered more than once on the medical, life & disability, accident plans etc. Providers will not pay for duplicate coverages under the same plan.

5. Required Notices

Please refer to the end of this guide for important notices.

How To Enroll

1. Log in to your Workday account.
2. Go to the "Inbox".
3. Select the "Open Enrollment Change" task.
 - If you are a new hire, select "Benefit Change – New Hire".
4. Review your elections, select "I Agree" and then click "Submit".
5. Print or save your confirmation page and keep it for future reference.

Making changes during the plan year

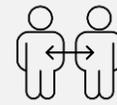
You may change your benefit elections outside of the open enrollment period only if you have a qualifying life event such as:

- The addition of dependents due to birth, adoption, or legal guardianship
- Marriage
- Divorce, legal separation annulment
- A change in employment status for a spouse or a dependent, including termination or commencement of employment
- The loss of dependents due to loss of dependent eligibility, death, or placement of adoption
- Employee or spouse become eligible for Medicare or Medicaid
- A reduction in employee's work schedule to less than 30 hours per week
- Judgment, decree or court order requirement spouse or former spouse to provide coverage for dependent children
- Dependent loss or gains benefit eligibility of an employer's benefit plan
- Open enrollment of the status Public Marketplace Exchange
- Spouse or dependent employer's open enrollment

Changes must be made in Workday within 30 days of the event. Please contact the Employee Service Center with any questions: **866-445-8885**.

2026 Benefits Cost

Many of the benefits costs are determined upon personalized rates. Please refer to Workday or the benefit rate sheet insert provided with this Guide.



Required for Enrollment

Proof of Dependent status such as a marriage license for a spouse or a birth/adoption/guardianship certificate for a child will need to be provided. Please reach out to the Employee Service Center if you do not have and will need to obtain the required proof of dependency at the time of enrollment.

You will also need dependent names, date of birth, SSN, gender, and address.



Medicare Part D

Notice: If you or your dependents are on Medicare or will be eligible within 12 months, federal law offers more prescription drug coverage options. Refer to page 34 for details.



Access benefits information from work or home.

Scan QR code or visit

<https://agropurus.eebenefits.info/>

Benefits Contact Information

| Agropur Benefits Contact | | | |
|---|--|--|--|
| Employee Service Center | 866-445-8885 | | Employee.service.us@agropur.com |
| Coverage | Carrier | Phone Number | Website/Email/Mobile App |
| 401k Plan | Fidelity Investments | 800-835-5095 | www.netbenefits.com Mobile App: NetBenefitsapp |
| Accident, Critical Illness, Hospital Indemnity | MetLife | 800-438-6388 | www.metlife.com/mybenefits Mobile App: MetLife US App |
| Dental MetLife Group ID: 261804 Delta Dental Group ID: 51526 | MetLife or Delta Dental | 888-466-8673 800-236-3712 | www.metlife.com/mybenefits Mobile App: MetLife US App www.deltadentalwi.com Mobile App: Delta Dental |
| Elder & Special Needs Care Support | HomeThrive | 888-777-2199 | https://app.homethrive.com/general/home Registration Code: agropur contact@homethrive.com |
| Employee Assistance Program | MetLife TELUSHealth | 888-319-7819 | TELUS Health One Username: metlifeeap Password: eap Mobile App: TELUS Health One |
| Federal and State Benefits Support | FEDlogic | 877-837-4196 | services@fedlogicgroup.com https://employees.fedlogicgroup.com Employer code: agro25 |
| Flexible Spending Account Health Savings Account | UMB | 877-743-9482 (FSA) 866-520-4472 (HSA) | www.umb.com/benefit-accounts Mobile App: UMB Benefit Spending Accounts |
| Free International Mail Order Rx | CANARx | 866-893-6337 | www.canarx.com Group ID: AGROPUR |
| Identity and Fraud Protection | Aura | 844-931-2872 | my.aura.com Mobile App: Aura: Security & Protections |
| Independent Financial Advice | Francis LLC | 866-232-6457 | https://francisway.com/agropur Mobile App: Francis LLC |
| Leave of Absence and Disability | MetLife | 833-622-0135 | www.metlife.com/mybenefits Mobile App: MetLife US App |
| Legal | LegalShield | 888-807-0407 | https://benefits.legalshield.com/agropur |
| Medical | Anthem of WI | 833-578-4439 | www.anthem.com Mobile App: Sydney Health |
| Pet | MetLife | 800-438-6388 | www.metlife.com/getpetquote |
| Prescription Drugs | RxBenefits <i>utilizing Express Scripts</i> | 800-334-8134 | http://member.rxbenefits.com customercare@rxbenefits.com Mobile App: Express Scripts |
| Vision Group ID: 261804 | MetLife (VSP) | 855-638-3931 | www.metlife.com/mybenefits Mobile App: MetLife US App |

Employee and Family Assistance Program

MetLife - TELUSHealth

We all need help now and then. Problems are just a part of everyday life. Agropur has partnered with TELUS Health to provide an Employee and Family Assistance Program (EFAP) which gives you and your family access to counselors and services that are completely confidential.

Employee and Family Assistance Program

Stress, depression anxiety

Relationship issues, divorce

Family and parenting problems

Work-life solutions from finding child care to hiring a contractor

Legal guidance on adoption, divorce, wills and more

Up to five counseling sessions per employee or dependent per incident per year at no cost.

You can choose between in-person sessions with a provider or convenient telephonic consultations.



Mobile App: TELUS Health One
[TELUS Health One](#)
Username: metlifeeap Password: eap
888-319-7819

Cognitive Behavioral Therapy (CBT)

Virtual cognitive behavioral therapy program, guided by a licensed therapist. Work through structured modules as you journey towards better mental health.

From the comfort of your home. At your convenience. At your own pace.

- Anxiety
- Depression
- Trauma support
- Substance abuse
- Sleep
- Pain management
- Grief and loss
- Burnout



Mobile App: TELUS Health CBT
metlife.cbt.telushealth.com

Financial Advice

Francis LLC

Our company-sponsored financial wellness benefit connects you with down-to-earth financial planners who educate, advise, and coach – without any hidden sales angles – helping you achieve Work-Life-Money balance. Your financial planner will help you set priorities and achieve your money goals, without judgment or financial jargon. This service is offered as an employee benefit and there are no per session co-pays, so you can meet with a financial planner as often as you wish.

Connecting with a financial planner is easy! Connect in one of three ways:



Visit FrancisWay.com/Agropur



Call 866-232-6457



Download their free mobile app. Scan the QR code or search for Francis LLC at Google Play or the Apple Store. The app allows you to select a financial planner, begin messaging them, and even get your financial wellness roadmap using their assessment tool, the MAP.

Care Support

HomeThrive

Caring for a family member can be confusing and overwhelming, especially when you're also working. Whether you need a little help or a lot, the experts at HomeThrive are available to guide and support you, at no cost. **Receive support for an aging adult or special needs dependent.**

Contact HomeThrive to receive unlimited access to your own master's level social worker (known as a Care Guide) and a digital platform with advice, tools, and support services.

<https://app.homethrive.com/general/home>
Registration code: Agropur

Medical

Anthem of WI

You have three health plans to choose from, administered through Anthem of WI. Two of the plans are a qualified High Deductible Health Plan (HDHP) which provides you with access to a Health Savings Account. The third option includes copays at the time of a visit or when filling a prescription.

How Your Medical Coverage Works

The plan allows you to visit any doctor or facility you choose—however, you will get the best coverage when you choose an in-network provider. To search for an in-network provider go to www.anthem.com/find-care or login to your Sydney Health mobile app.

- Select: Basic search as a guest
 - Medical plan or network
 - State where plan is offered: Wisconsin
 - How you get health insurance: Medical (Employer-Sponsored)
 - Plan or network:
 - Within Wisconsin: Blue Preferred POS (Select Network)
 - Outside Wisconsin: Blue Access PPO

| HDHP 1 and HDHP 2 | | |
|--|---|---|
| Deductible → | Coinsurance → | Out-of-Pocket Maximum |
| You pay 100% until your deductible is met. <i>In-network preventive care is covered 100% and not subject to the deductible.</i> | Once you meet your deductible, the plan will begin to pay a percentage of your eligible healthcare costs. | Once you reach your out-of-pocket maximum, the plan will pay 100% of eligible expenses for the rest of the plan year. |
| Copay Plan | | |
| Copays: Medical and Rx copays apply directly to your out-of-pocket maximum → <i>You do not have to satisfy your deductible before copays are applicable.</i> | | |
| Deductible → | Coinsurance → | Out-of-Pocket Maximum |
| You may pay a copay or towards your deductible depending upon the service you receive. <i>In-network preventive care is covered 100% and not subject to a copay or deductible.</i> | Once you meet your deductible, the plan will begin to pay a percentage of your eligible healthcare costs. | Once you reach your out-of-pocket maximum, the plan will pay 100% of eligible expenses for the rest of the plan year. This can be comprised of your deductible, coinsurance and copays. |

If You Have Family Coverage

Each family member enrolled in a HDHP plan has an individual deductible referred to as an embedded deductible. Similarly, each family member enrolled in a HDHP plan has an individual out-of-pocket maximum referred to as an embedded out-of-pocket maximum. Your family deductible and out-of-pocket maximum can be met by any combination of your family's healthcare costs. One person within your family will not pay more than the embedded deductible before the plan will begin to pay a percentage of their eligible healthcare costs and will not pay more than the individual out-of-pocket maximum.



Download the Sydney Health app | Get convenient, on-the-go access to your health plan, including:

- Find care and compare costs
- See what's covered
- Check claims
- View digital ID cards

You can also set-up an account at www.anthem.com/register to access the same features on your computer.

How the Medical Plans Compare

| Medical | HDHP 1 | | HDHP 2 | | Copay Plan | |
|---|--------------|----------------|--------------|----------------|--|----------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Annual Deductible | | | | | | |
| Individual | \$3,400 | \$4,000 | \$5,000 | \$6,000 | \$1,500 | \$3,000 |
| Family | \$6,800 | \$8,000 | \$10,000 | \$12,000 | \$3,000 | \$6,000 |
| Coinsurance | 20% | 40% | 20% | 40% | 20% | 40% |
| Annual Out-of-Pocket Maximum | | | | | | |
| Individual | \$4,100 | \$4,700 | \$6,000 | \$7,000 | \$3,000 | \$6,000 |
| Family | \$8,200 | \$9,400 | \$12,000 | \$14,000 | \$6,000 | \$12,000 |
| Services <i>What you pay after meeting the deductible</i> | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Preventive Care | Covered 100% | You pay 40% | Covered 100% | You pay 40% | Covered 100% | You pay 40% |
| Telehealth Medical, Therapy & Psychiatry | Covered 100% | You pay 40% | Covered 100% | You pay 40% | Covered 100% | You pay 40% |
| Primary Care Office Visit | You pay 20% | You pay 40% | You pay 20% | You pay 40% | You pay \$30 | You pay 40% |
| Specialist Office Visit | You pay 20% | You pay 40% | You pay 20% | You pay 40% | You pay \$60 | You pay 40% |
| Urgent Care | You pay 20% | You pay 40% | You pay 20% | You pay 40% | You pay \$75 | You pay 40% |
| Emergency Room | You pay 20% | | You pay 20% | | You pay \$250 after deductible and coinsurance | |
| Hospitalization | You pay 20% | You pay 40% | You pay 20% | You pay 40% | You pay 20% | You pay 40% |

Anthem of WI Resources

LiveHealth Online | No appointment necessary to meet with a doctor to assess your condition. Visit a licensed therapist in four days or less. Consults a psychiatrist within two weeks.

Building Healthy Families | Personalized and digital support whether you're trying to conceive, expecting, or raising children.

24/7 Nurseline | Access to a registered nurse to help find a provider, give a referral to LiveHealth Online for a video visit with a board-certified doctor, enroll in health management programs, and offer resources.

Case Management | Nurses supported by clinical experts to help during stressful times by advocating for your treatment, reviewing your health plan, and connecting you with resources to ensure the best care possible.

Prescription Drugs

RxBenefits powered by Express Scripts

Prescription drugs are included in your health plan coverage. Prescription drugs considered preventive care are covered at no cost to you. The network of pharmacies included in the health plan can be accessed by contacting RxBenefits or creating your Express Scripts account to search online or through the mobile app.

| Prescription Drugs | HDHP 1 | | HDHP 2 | | Copay Plan | |
|-----------------------------|-------------|----------------|-------------|----------------|------------------------------|----------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network 30 day retail* | Out-of-Network |
| ACA Preventive Drugs | You pay \$0 | N/A | You pay \$0 | N/A | You pay \$0 | N/A |
| Generic | You pay 20% | N/A | You pay 20% | N/A | You pay \$10 | N/A |
| Brand | You pay 20% | N/A | You pay 20% | N/A | You pay \$35 | N/A |
| Non-Preferred Brand | You pay 20% | N/A | You pay 20% | N/A | You pay \$70 | N/A |
| Specialty | You pay 20% | N/A | You pay 20% | N/A | You pay \$150 | N/A |

*View the Copay Plan SBC for 90 day and mail order copay amounts.

What is a formulary?

A formulary is the list of drugs that are covered by the health plan. Having a list of preferred drugs allows the health plan to better manage costs. If you learn that a drug prescribed is not included on the formulary, please work with your provider to review the equivalent brands available on the formulary. Contact RxBenefits for assistance.

Understanding your Coverage

RxBenefits is a separate pharmacy manager from Anthem of WI, however all your information is conveniently included on the same ID card. RxBenefits utilizes Express Scripts to fill your medications.



RxBenefits

800-334-8134

<http://member.rxbenefits.com>

CustomerCare@RxBenefits.com



Express Scripts

www.express-scripts.com

Mobile app: Express Scripts

- Access real time prior authorization status
- Claim status
- Benefit details and coverage questions
- Pharmacy network look-up
- Mail and specialty scripts
- Compare prices of medicines at multiple pharmacies
- Pharmacy network look-up
- Request mail order and check status
- Refill and renew prescriptions

Filling a Prescription

Utilize your Anthem of WI ID card to fill a prescription at the pharmacy. If you are told the plan does not cover your prescription, please contact RxBenefits for clarification. It could be a prior authorization is needed before a prescription is filled or it's possible the drug is not included on the formulary and your provider needs to prescribe a different brand.

To receive prescriptions via mail order, contact your doctor to request a 90-day prescription and they can e-prescribe it directly to Express Scripts. If you already have a 90-day prescription, create your online account with Express Scripts and locate the mail order form under "Forms & Cards", and follow the instructions on the form.

Please review the full plan documents for details. If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail.

Federal and State Benefits

FEDlogic

Agropur partners with FEDlogic to provide state and federal benefits information and advocacy to you and your household members. The service is confidential, unlimited and free to you as an Agropur employee.

Reasons to Call FEDlogic

- You've reached or are approaching Medicare or retirement age
- You or a household member has recently been diagnosed with a major illness (ALS, Cancer, or on dialysis)
- You need assistance navigating Medicaid or Marketplace insurance options
- You have a child with a disability or born prematurely.
- Your spouse has recently passed away.

How It Works

| | | |
|---|--|---|
| 1 | Make an appointment for a phone consultation. | Call 877-837-4196 to schedule time with a federal and state benefits expert. Be sure to make the appointment at a time when family members are available to listen and ask questions. Calls typically last an hour. |
| 2 | Tell us your story, ask questions, and learn. | Experts will listen to your story and understand your needs, then empower you with unbiased information so you can make the best decisions for your situation. |
| 3 | Enroll in benefits | Once you feel confident you have all the information you need to make the best decision for you and your family, experts will walk you through the application and approval process for applicable federal or state programs. |
| 4 | Relax and celebrate | Without education and advocacy, many people don't tap into all the benefits they've paid into. Now you'll have the peace of mind knowing you're getting all the benefits you deserve. |

Free International Mail Order Rx

CANARx

CANARx allows members of the Agropur Health Plan to receive brand name medications at no cost to you. The medications are available through international pharmacies in Canada, the United Kingdom and Australia. If you are taking an eligible medication and choose to enroll, the medication can be shipped directly to your home in the manufacturer's original sealed container.

Examples of common medications available

| | | |
|-----------|-----------|----------|
| Eliquis | Jardiance | Ventolin |
| Xarelto | Advair | Farxiga |
| Symbicort | Januvia | Flovent |

How it Works

| | | |
|---|---|---|
| 1 | Verify if your medication is available | <ul style="list-style-type: none"> • Go to canarx.com • Select 'View Your Plan' in the upper right-hand corner. Web ID: AGROPUR • Select 'Covered Medications' in the upper right-hand corner. • Choose the medical plan you enroll in. • Search for your medication. |
| 2 | Enroll online | <p>If your medication is available, choose 'Enroll' and complete the online form. You will need the following information available:</p> <ul style="list-style-type: none"> • List of your current medications • Photo ID • Your prescriber's name and phone number |
| 3 | Connect with CANARx | After enrolling online a representative with CANARx will call you to confirm your enrollment and share details about your medication delivery. |
| 4 | Receive your medication | Watch for your medication to arrive in the mail! CANARx will contact you again before your prescription expires to confirm if you are still taking it and help facilitate the refill. |

Health Savings Account

UMB

By enrolling in an Agropur high deductible health plan, you may be eligible to open a tax-free health savings account. The money in your HSA is carried over from year to year so you can budget for current and future expenses. Plus, you own the account so it's yours to keep even if you change jobs or retire.

To be eligible for an HSA:

- You must be covered under one of Agropur's HDHP plans
- You cannot be covered under any other health plan, including a spouse's FSA
- You cannot be enrolled in Medicare, TRICARE, or VA benefits
- You cannot be claimed as a dependent on another person's tax return

HSA

Pay for eligible medical, dental, vision, and prescription expenses, such as:

- Deductibles
- Coinsurance
- Prescription drugs
- Other health-related expenses

Visit www.irs.gov and search for IRS Publication 502 to learn more about eligible expenses.

| | | |
|--------------------------------|---|-------------|
| 2026 annual contribution limit | Individual | \$4,400 |
| | Family | \$8,750 |
| | Catch-up contribution (Age 55 or older) | \$1,000 |
| | Rollover | Full Amount |

How do I utilize my HSA?

After you enroll, you will receive a welcome letter in the mail from UMB. Included will be your account number. You will receive another separate letter that includes your UMB Health Savings Visa debit card and cardholder agreement. Once you receive your welcome letter you can set-up your online account at www.hsa.umb.com



Opt-in for eStatements under your account preferences to avoid a quarterly fee of \$1.50 for paper statements.



Assign a beneficiary under your account preferences.

Investment Options

An HSA is also a powerful investment vehicle and can be a smart addition to your retirement strategy. Money goes into an HSA tax-free, grows tax-free, and comes out tax free, when used for eligible medical expenses. That means you will never be taxed when you use HSA dollars. No other investment account offers this benefit!

| HSA Balance | Investment Options |
|-------------|---|
| <\$1,000 | N/A |
| >\$1,000 | Elect from a wide variety of funds available through UMB HSA Saver. |

Dental

MetLife and Delta Dental

Agropur offers two dental plan options, allowing you to choose the network that best matches your preferred provider. Both plans offer similar coverage.

| Dental | In-Network |
|-------------------------------------|---|
| Annual Deductible | \$50 per individual \$150 per family |
| Annual Benefit Maximum | \$1,500 per individual |
| Lifetime Orthodontia Maximum | \$1,500 per individual |

| Plan Pays | |
|--|--|
| Diagnostic & Preventive Care Oral evaluations, x-rays, cleanings, sealants, fluoride treatment (once per benefit year for children up to age 19) | 100% covered <i>Deductible waived, does not count towards annual benefit maximum.</i> |
| Basic Services Amalgam and resin fillings, oral surgery, endodontic, periodontics, general anesthesia | You pay 20% after deductible |
| Major Services Resins, crowns, fixed, removable bridges, partial or full dentures, crown and bridge repairs, implants | You pay 50% after deductible |
| Orthodontics Child and Adult | You pay 50% |

Please review the full plan documents for details. If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail.

MetLife

MetLife utilizes the PDP Plus (Preferred Dentist) network. Your benefits can be maximized by using an in-network provider.

Locate an in-network provider near you at [metlife.com/mybenefits](https://www.metlife.com/mybenefits) or call 800-942-0854.

MetLife includes additional dental services for individuals with specific medical conditions, called Preventive Plus coverage. An application for the coverage can be completed prior to the service being provided. Contact the Employee Service Center to obtain a copy.



See this video for instructions to register your MyBenefits account with MetLife.

Delta Dental

Delta Dental utilizes the Delta Dental PPO plus Premier network. Your benefits can be maximized by using an in-network provider.

Locate an in-network provider near you at www.deltadentalwi.com or call 800-236-3712

Delta Dental includes additional cleanings and/or fluoride treatment to individuals with specific medication conditions that have oral health implications, called Evidence-Based Integrated Care. To utilize the coverage, you will need to enroll online through your Delta Dental account.



Open the camera on your smartphone and scan the QR code to learn how EBICP can help each condition, or visit deltadentalwi.com/EBICP

Delta Dental includes additional visits, consultations and/or exams for individuals an intellectual or developmental disability.



Scan or visit deltadentalwi.com/SHCNB for additional resources

Vision

MetLife utilizing VSP

MetLife utilizes the VSP provider network. If you visit an in-network provider, there are no claims to file, simply pay your copay and any amount over your allowance, if applicable. If you visit an out-of-network provider, you will pay for your services at the time of your visit and need to submit a claim for reimbursement.

Locate an in-network provider near you at [metlife.com/mybenefits](https://www.metlife.com/mybenefits) or call 855-638-3931.

| Vision | In-Network |
|--|--|
| Exam | \$10 copay |
| Lenses Single vision, lined bifocal, lined trifocal, lenticular. | \$25 copay <i>Includes: ultraviolet coating; polycarbonate lenses for dependent children.</i> |
| Lens Enhancements Standard progressive and pink I & II tints included at no additional cost. | Premium progressive: \$95-\$105 copay Custom progressive: \$150-\$175 copay Standard polycarbonate: single up to \$31 copay, multifocal up to \$35 copay Scratch resistance coating: up to \$17-\$33 copay Tints: solid plastic \$15 copay, plastic gradient dye \$17 copay Anti-reflective coating: up to \$41-\$85 copay Photochromic: up to \$47-\$82 copay Blue light filtering: up to \$15 copay |
| Frames | \$170 allowance \$190 allowance for featured brands 20% savings on the amount over your allowance \$90 Costco allowance |
| Contact Lenses <i>Instead of glasses</i> | \$170 allowance Up to \$60 copay (fitting and evaluation) |

| Frequencies | |
|---------------------------|-----------------|
| Exams | 1 per 12 months |
| Lenses or Contacts | 1 per 12 months |
| Frames | 1 per 24 months |

Identity & Fraud Protection

Aura

Identity and fraud protection provides you with digital protection from financial fraud and identity theft. Additional services include privacy protection, password manager and customer support if you are comprised. The mobile app provides an all-in-one feature to manage your options and receive alerts.

Coverage Highlights

Financial Fraud Protection

- Credit monitoring and alerts
- Monthly credit score tracker
- Credit, bank and account freeze assistance
- Financial transaction monitoring

Identity Theft Protection

- Privacy assistant
- Dark web monitoring
- SSN & identity authentication alerts
- Criminal, court & public records monitoring

Privacy & Device Protection

- Password manager
- Automated password change
- Safe web browsing

Family Safety *(included if family coverage is elected)*

- Parental controls
- Child cyberbullying protection
- Sex offender geo alerts

Services & Support

- Lost wallet protection with \$500 emergency cash
- 24/7 US-based customer care
- White glove fraud resolution services

See this video for more details.

Open camera app. Hover over code. Click link to video.



Flexible Spending Account

UMB

FSAs can save you money on eligible expenses because you don't have to pay taxes on the amount contributed to the account. However, using an FSA does require careful planning to reap the financial benefits.

There are three types of FSAs to choose from.

Health FSA

Pay for eligible medical, dental, vision, and prescription expenses, such as:

- Deductibles
- Copays
- Coinsurance
- Other health-related expenses

| | |
|--------------------------------|---------|
| 2026 annual contribution limit | \$3,400 |
|--------------------------------|---------|

Your eligibility for an FSA may be misrepresented if you and/or your spouse currently utilize an HSA. Check with the plan administrator or Human Capital to learn more.



Is a Health FSA right for you?

<https://vimeo.com/user17537651/review/466344472/73e75dfa14>

Limited-Purpose FSA

If you contribute to an HSA, you are only eligible to use a Health FSA for dental and vision expenses.

| | |
|--------------------------------|---------|
| 2026 annual contribution limit | \$3,400 |
|--------------------------------|---------|



Is a Limited-Purpose FSA right for you?

<https://vimeo.com/466344045/196b8134fc>

Dependent Care FSA

Set aside tax-free money to care for children under age 13 or an elderly, dependent parent who is unable to care for themselves. Cover care expenses while you work, such as:

- Preschool
- Summer day camp
- Before and after school programs
- Elder care

| | | |
|--------------------------------|------------------------------------|---------|
| 2026 Annual contribution limit | Single/Married (Filing separately) | \$3,750 |
| | Married (Filing jointly) | \$7,500 |

Important Notes

Each account requires a separate election. Funds cannot be moved from one account to another. Contributions cannot be changed unless a qualifying life event occurs and must be made within 30 days of the event.

To view more details on how each FSA type compares, visit <https://hsa.umb.com/fsa>

All accounts are 'use it or lose it'. The FSA plan year is January 1st – December 31st. You can submit 2025 claims through March 15, 2026.

Visit www.irs.gov and search for IRS Publications 502 (Medical and Dental) 503 (Dependent Care) to learn more about eligible expenses.

How do I utilize my FSA?

After you enroll, you will receive a welcome letter and UMB Flexible Spending Visa debit card. Once you receive your welcome letter you can set-up your online account at www.umb.com/benefit-accounts.

Life and AD&D

MetLife

Life insurance protects your loved ones financially in the event of your death. Accidental death and dismemberment (AD&D) provides an additional benefit if you die or experience other covered catastrophic loss due to a covered accident.

Basic Life and AD&D

| | |
|------------------------|---|
| Benefit Amount* | <p>Life: 1 times annual base salary up to \$150,000</p> <p>AD&D: 1 times annual base salary up to \$150,000</p> |
| Benefit Cost | Employer-paid |

For added protection, you can purchase voluntary life insurance for yourself, your spouse, and your dependent child(ren).

Voluntary Term Life and AD&D

| | |
|--|---|
| <p>Benefit Amount</p> <p>A combined election for both Life and AD&D will be required.</p> | <p>Employee: Up to 7 times annual earnings in \$10,000 increments. Maximum: \$1,250,000.</p> <p>Spouse: Up to 100% of employee coverage amount in \$5,000 increments. Maximum \$250,000[^]</p> <p>Child(ren): Up to \$25,000 in \$1,000 increments.[^]</p> |
| Guaranteed Issue Amount¹ | <p>Employee: \$200,000 with no evidence of insurability for new hires.</p> <p>Spouse: \$50,000 with no evidence of insurability for new hires.</p> <p>Child(ren): \$25,000 with no evidence of insurability for newly eligible.</p> |
| Benefit Cost | To view your personalized rates, log in to Workday or refer to the rate sheet. |

Benefits may be reduced for employees over age 65 per ADEA.

* The value of employer-funded life insurance benefits in excess of \$50,000 is taxable to you.

[^] Dependent elections require employee enrollment.

1 If you enroll when first offered, you may receive up to the listed amount without having to answer medical questions.



Learn more about Group Life Insurance

cbmicrosite.com/video/vollife



Remember to update your beneficiaries.

It is important to update your beneficiaries and make sure they are accurate periodically. Having out of date beneficiaries listed will make it difficult to pay the benefit to the correct person in case it is ever needed.

Actively-At-Work Requirement:

New Enrollees must be actively at work on the effective date for coverage to be in force. If not, enrolled coverage will become effective upon return to Active-At-Work/eligible status.

Please review the full plan documents for plan details including exclusions and limitations. This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.

Additional Benefits from MetLife

MetLife offers additional no-cost services as part of the life insurance benefit. You do not need to elect these benefits in order to utilize them.

Available to all Employees

| | |
|---|---|
| <p>Willscenter.com</p> <ul style="list-style-type: none"> • Register as a new user • Follow the instructions to create your online document | <p>Having a will is one of the most important things you can do for your family. You have access to MetLife's online will preparation services provided by SmartLegalForms to create a binding will, living will, or assign a power of attorney.</p> |
| <p>Grief Counseling 888-319-7819 Metlifegc.lifeworks.com</p> <ul style="list-style-type: none"> • Username: metlifeassist • Password: support | <p>Grief comes in many forms and affects us in different ways. Whether it's coping from a loss or a major life change, the professional counselors and services through LifeWorks US Inc. are ready to support you and your family.</p> <ul style="list-style-type: none"> • Confidential support 24/7: loss of a loved one, loss of a job, serious medical diagnosis, divorce • Confidential Legal and Financial Consultation: 30 minutes consultation to assist with a loss or 1 hour consultation with a certified financial planner to assist with education, strategies and options. |
| <p>Funeral Planning Services 866-853-0954 finalwishesplanning.com</p> | <p>Losing a loved one can be one of life's most difficult moments. Through Dignity Memorial, you and your family will have access to compassionate counselors and discounts on funeral services.</p> <ul style="list-style-type: none"> • Discounts up to 10% off funeral, cremation and cemetery services • Expert assistance and planning services 24/7 • Bereavement Travel Services |
| <p>Travel Assistance metlife.com/travelassist</p> | <p>Receive access to emergency services while you travel: medical, legal, transportation and financial assistance 24 hours a day, 365 days a year when you are 100 or more miles from home.</p> |

Available to Employees with Voluntary Life Insurance

| | |
|---|---|
| <p>Will Prep 800-821-6400</p> | <p>Protect your family's financial future with will preparation services. Choose from over 18,000 network attorneys in-person or by phone for a one-on-one consultation.</p> <ul style="list-style-type: none"> • Unlimited access to talk with an attorney as many times as needed to prepare, update or revise a will. |
| <p>Estate Resolution 800-821-6400</p> | <ul style="list-style-type: none"> • Unlimited one-on-one consultations to talk with an attorney about authenticating an estate. Select from a network of over 18,000 attorneys. • Preparation and court representation: receive prepared estate documents and in-court professional representation to help execute the transfer of probate assets from the estate. • Help with correspondence and tax filings |
| <p>Digital Estate Planning Legalplans.com/estateplanning</p> <ul style="list-style-type: none"> • Create a username and password • Follow the instructions to create your online document | <p>Create estate planning documents from the comfort of your own home, with real time ID verification and video notary. Including:</p> <ul style="list-style-type: none"> • Last Will and Testament • Advance Healthcare Directive (living will) • Durable Financial Power of Attorney |

Disability and Leave of Absence

MetLife

If you become disabled due to a non-work-related covered injury or illness, disability income benefits may provide a partial replacement of lost income. Agropur offers both short-term disability (STD) and long-term disability (LTD) to eligible employees.

Short-Term Disability

| | |
|-------------------------|--|
| Benefit Amount | Replaces 60% of earnings, up to \$2,500 per week |
| Benefit Begins | Injury: 1 st day Illness: after 7 days |
| Benefit Duration | Up to 26 weeks |

Long-Term Disability

| | |
|-------------------------|--|
| Benefit Amount | Replaces 60% of earnings, up to \$10,000 per month |
| Benefit Begins | After a period of 180 days |
| Benefit Duration | Up to Social Security normal retirement age |

Pre-Existing Condition Limitations:

If you file a claim within the exclusion period following your plan effective date, the carrier will review to determine if the condition existed during the look back period. If so, benefits may be denied.

Statutory Benefits Offset:

Your short-term disability benefit will be reduced by benefits from State Disability/Paid Family & Medical Leave for which you may be eligible.

Requesting a Leave of Absence

As soon as you know about the need for a leave of absence, contact MetLife to start a claim. MetLife will help you determine which types of leave apply to your situation (the Family Medical Leave Act, Parental Leave, Short Term Disability, etc) and inform you of the actions you need to take. You should also notify your supervisor of the upcoming leave as soon as known.

[metlife.com/mybenefits](https://www.metlife.com/mybenefits) | 877-638-8262

Select your communication preferences during your initial claim discussion to ensure you receive all future communications about your leave.

Accident

MetLife

Accident insurance supplements the medical plan with fixed payments for a covered accident. You can use the benefit payment as you see fit – month-to-month expenses, deductibles, child-care – anything that helps your family navigate back to health with a less stressful recovery.

Coverage Highlights

Accident Hospital Care

Accident General Care

Accidental Injuries

Accidental Death and Dismemberment

Health Screening Benefit

See the following page for instructions on how to file a claim.

\$100/covered member with proof of a covered health screening such as blood test for triglycerides or cholesterol, mammogram, eye or dental exam.

Here is a Benefit Payment Example

Kathy's daughter, Molly, was riding her bike to school. On her way there she fell to the ground, was knocked unconscious, and was taken to the local emergency room by ambulance for treatment. The doctor diagnosed a concussion and broken tooth. He ordered a CT scan to check for facial fractures too, since Molly's face was very swollen. Molly was released to her primary care doctor for follow-up treatment, and her dentist repaired her broken tooth with a crown.

| Covered Event | Benefit Payment Amount |
|--|------------------------|
| Ambulance (ground) | \$300 |
| Emergency care | \$150 |
| Physician Follow-up (\$75 x 2) | \$150 |
| Medical Testing | \$150 |
| Concussion | \$250 |
| Broken tooth (repaired by crown) | \$250 |
| Total benefits paid by the plan | \$1,250 |

Actively-at-Work Requirement:

New Enrollees must be actively at work on the effective date for coverage to be in force. If not, enrolled coverage will become effective upon return to Active-at-Work/eligible status.

Please review the full plan documents for plan details including exclusions and limitations. This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.

Critical Illness

MetLife

Critical Illness insurance provides an immediate lump-sum payment following a diagnosis. Utilize the funds however you see fit – to meet regular expenses or pay for the out-of-pocket medical expenses from care.

Coverage Highlights

| | |
|---|---|
| Benefit Amount | <p>Employee: \$5,000 - \$50,000 \$5,000 increments</p> <p>Spouse: 50% of employee coverage amount</p> <p>Children: 50% of employee coverage amount</p> |
| 100% of Elected Coverage Amount | Benign brain tumor, invasive cancer, coma, loss of ability to speak, hear, sight, paralysis of two or more limbs, heart attack, kidney failure, major organ transplant, ALS, Alzheimer's Disease, multiple sclerosis, muscular dystrophy, Parkinson's Disease, Systemic Lupus Erythematosus, severe burn |
| 50% of Elected Coverage Amount | Coronary artery bypass, sudden cardiac arrest, |
| 25% of Elected Coverage Amount | Non-invasive cancer, Huntington's Disease, dementia, transient ischemic attack, with hospitalization of three consecutive days: bacterial cerebrospinal meningitis, COVID-19, diphtheria, encephalitis, Legionnaire's Disease, malaria, necrotizing fasciitis, osteomyelitis, rabies, tetanus, tuberculosis |
| Skin Cancer | 10% of benefit amount, not less than \$250 |
| Childhood Diseases 100% of Coverage Amount | Cerebral Palsy, Cleft Lip or Cleft Palate, Cystic Fibrosis, Diabetes (Type 1), Down Syndrome, Sickle Cell Anemia, Spina Bifida. |
| Recurrence Benefit | Payable for a covered condition which occurs again after 90 days of the original occurrence. |
| Health Screening Benefit | \$100/covered member with proof of a covered health screening such as blood test for triglycerides or cholesterol, mammogram, eye or dental exam. |

Hospital Indemnity

MetLife

If you are hospitalized, hospital indemnity insurance can help you take care of out-of-pocket expenses and medical costs beyond what your existing health insurance plan covers. **This includes both planned and unplanned surgeries and childbirth. There are no preexisting conditions on the plan.**

Coverage Highlights

| | |
|---|--|
| Admission | \$1,000 for the day of admission |
| ICU Supplemental Admission | \$2,000 for the day of admission |
| Confinement paid for up to 30 days per year | \$100 per day |
| ICU Supplemental Confinement paid for up to 15 days per year | \$200 per day |
| Health Screening Benefit | \$100/covered member with proof of a covered health screening such as blood test for triglycerides or cholesterol, mammogram, eye or dental exam, |

File your Health Screening Benefit

The Accident, Critical Illness, and Hospital Indemnity plans each offer a \$100 benefit per covered member for completion of a health screening benefit annually. Consider how this reimbursement can help offset the cost of electing these benefits!



Login to your [MetLife.com/mybenefits](https://www.metlife.com/mybenefits) account or call 1-800-438-6388 to submit your claim. You will be asked to provide your healthcare provider's contact information, the date and location of the screening.

Actively-at-Work Requirement:

New Enrollees must be actively at work on the effective date for coverage to be in force. If not, enrolled coverage will become effective upon return to Active-at-Work/eligible status.

Please review the full plan documents for plan details including exclusions and limitations. This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.

401k Retirement Plan

Fidelity Investments

Agropur offers eligible employees the opportunity to participate in the 401(k)-plan administered by Fidelity. Invest in your future.

Eligibility & Enrollment

You can participate in the 401(k) plan if:

- You are at least 18 years of age, and
- You have completed 30 days of service
- Seasonal employees and interns who are age 18 and who have completed 1 year of service and 500 hours.

Automatic Enrollment

Once eligible, you will be automatically enrolled at a 4% pre-tax contribution rate. You may choose to increase or decrease this contribution rate. Your contributions will be invested in the Plan's default target date fund closest to the year you might retire based on your current age.

Employee Contributions

You can contribute up to 85% of your eligible earnings up to the IRS annual limits on a pre-tax and/or Roth basis. You are always 100% vested in your personal contributions and any investment earnings on these amounts.

Company Contributions

Company Match Contributions

Eligible employees for the company match include:

- 1st of the month following 6 months of continuous service for all employees meeting the Eligibility rules

Once eligible, Agropur will match 100% of every dollar you contribute, up to 4% of your pay on a per paycheck basis. You are always 100% vested in your company, matching contributions, and any investment earnings on these amounts.

Company Non-Discretionary Contributions

Once you meet the Company Match Contribution eligibility, annually, Agropur will make an additional non-elective 3% lump sum contribution to your 401(k) account. The vesting period for this contribution is based on a 5-year schedule.

2026 IRS Contribution Limits

- \$24,500
- Catch-up contributions – begin once the individual reaches the standard annual IRS limit:
 - Individuals aged 50 and over: additional \$7,500*
 - Individuals aged 60-63: additional \$11,250*
- *Individuals earning more than \$145,000 in 2025, must contribute catch-up contributions on a Roth post-tax basis.

Ready to Enroll in the 401k?

To access your account, make changes to your plan or name a beneficiary for your 401(k) benefit, you must visit www.netbenefits.com or call Fidelity Investments directly at (800) 835-5095.

Designate your Beneficiary

It is important to designate a beneficiary for your retirement savings account, who would receive the benefits if you passed away. To update your beneficiary:

- Log into Fidelity
- Select Profile, then Beneficiaries
- Follow the steps



Scan to download the NetBenefits smartphone and iPad app

Protect yourself from cyberfraud.

Be sure to establish an online account with Fidelity and periodically review your account. It is best practice to have 2-factor authentication enabled at login.

Consider enabling MyVoice the next time you call Fidelity which will create a unique voiceprint for additional protection.

Investment Funds

A range of investment options so you can choose the mix that's right for you or make it easy by choosing a target date fund.

Accessing your Balance**Loans**

The retirement plan is intended for the future, but we understand life happens. Therefore, you may be eligible to borrow from your account.

Withdrawals

You may withdraw your funds when you attain age 59 1/2, terminate your employment, retire, become permanently disabled or die. Refer to the Summary Plan Description or call Fidelity for assistance.

Rollovers

You may roll over eligible pre-tax and Roth contributions from another eligible plan. If you are a new hire or newly eligible, you will receive information from Fidelity on how to enroll and register your account.

Contact Fidelity at 800-835-5095 for more information.

Legal

LegalShield

The legal benefit offers legal services to you, your spouse, and dependent children under age 26 who have never married and are living at home or full time in college, dependent children under age 19 for whom the participant is legal guardian and/or physically or mentally challenged children living at home. You receive access to a team of attorneys to help you take care of life's planned and unplanned events.

| | Typical Attorney Cost | LegalShield Cost |
|------------------------------------|-----------------------|--|
| General legal consultation | \$275 | \$0 |
| Will preparation | \$1,700 | \$0 |
| Representation in traffic matter | \$800 | \$0 |
| Prepare purchase/selling agreement | \$1,200 | \$0 |
| Review leave/rental agreement | \$800 | \$0 |
| Prepare a prenuptial agreement | \$2,500 | \$0 |
| Total | \$7,275 | \$10.62 per semi-monthly pay period <i>\$255 annually</i> |

Average cost basis for typical attorney costs reflected above are based on the state of WI. Exact costs are determined by law firms. The average hourly rate is based on LegalShield Provider Law Firm's lowest and highest hourly rates.

Pet Insurance

MetLife

You have access to discounts on pet insurance through MetLife. Pet insurance can help reimburse you for covered vet visits, accidents, illness and more. This is an individual policy that will be priced according to your pet's age, breed, location and the coverage amount you elect.

You will be able to select:

- Coverage level, starting at \$500
- Deductible level, ranging from \$0 - \$2,500
- Reimbursement percentages, ranging from 50%-90%

Policies include coverage for things like accidental injuries, illnesses, exam fees, surgeries, medications, ultrasounds, hospital stays, and x-rays. Policies do not cover pre-existing conditions.

If you choose to enroll, you will make payment direct to MetLife. You can set-up automatic payment via credit card through the online portal or call center. You can set-up ACH payment through the call center only.



Have questions about your benefits after reviewing this Guide?

Please contact the Employee Service Center for support.
866-445-8885 | employee.service.us@agropur.com

You and your family have access to benefit information anytime online at <https://agropurus.eebenefits.info>

Agropur inc. Important Disclosures & Notices

Availability of Summary of Benefits Coverage (SBC)

As required by the Affordable Care Act, SBCs are available on

<https://agropurus.eebenefits.info/> SBCs summarize important information about any health coverage options in a standard format, to help you compare across options. If you would like a paper copy of the SBCs free of charge, you may also email the ESC at employee.service.us@agropur.com

Benefits during a Leave of Absence

Your health benefits may be protected and maintained during a leave of absence, such as a leave qualifying under the Family Medical Leave Act. Other leaves of absence may, however, render you ineligible to participate in the health plan. If coverage is lost due to a leave of absence, you may be eligible to continue coverage under COBRA. Similarly, if you become ineligible for health benefits due to a leave of absence for military reasons, you may be eligible to continue that coverage under USERRA. Please contact your Human Resources Department or your manager for more information regarding what benefits are protected and maintained during a leave of absence and for more information about FMLA, COBRA and USERRA. ❖

Premium Assistance under Medicaid and The Children's Health Insurance Program (CHIP)

If an Employee or an Employee's children are eligible for Medicaid or CHIP and are eligible for health coverage from an employer, the state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If the Employee or his/her children are not eligible for Medicaid or CHIP, they will not be eligible for these premium assistance programs but they may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If an Employee or his/her dependents are already enrolled in Medicaid or CHIP and they live in a State listed below, they may contact the State Medicaid or CHIP office to find out if premium assistance is available.

If an Employee or his/her dependents are NOT currently enrolled in Medicaid or CHIP, and they think they (or any of their dependents) might be eligible for either of these programs, they can contact the State Medicaid or CHIP office or dial **1-877-KIDS NOW** or visit www.insurekidsnow.gov to find out how to apply. If they qualify, ask if the state has a

program that might help pay the premiums for an employer-sponsored plan.

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

Employees living in one of the following States may be eligible for assistance paying employer health plan premiums. The following list of States is current as of July 31, 2025. V 0.6.0. The most recent CHIP notice can be found at <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/chipra>. Contact the respective State for more information on eligibility –

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility:
<https://dhss.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program
Website: <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

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

Health First Colorado Website:
<https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+ Website:
<https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service:
1-800-359-1991/State Relay 771

Health Insurance Buy-In Program (HIBI)
Website: <https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website:
<https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website:
<https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website:
<https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2

INDIANA – Medicaid

Health Insurance Premium Payment Program
All other Medicaid
Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dfr/>
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: [iowa Medicaid | Health & Human Services](http://iowa.gov/Health&HumanServices)
Medicaid Phone: 1-800-338-8366
Hawki Website: [Hawki - Healthy and Well Kids in Iowa | Health & Human Services](http://iowa.gov/Health&HumanServices)
Hawki Phone: 1-800-257-8563
HIPP Website: [Health Insurance Premium Payment \(HIPP\) | Health & Human Services \(iowa.gov\)](http://iowa.gov/HealthInsurancePremiumPayment(HIPP)|Health&HumanServices)
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website:
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website:
<https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

Website: 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: https://www.mymaineconnection.gov/benefits/s/?language=en_US
 Phone: 1-800-442-6003
 TTY: Maine Relay 711
 Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/application-s-forms>
 Phone: 1-800-977-6740
 TTY: Maine Relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
 Phone: 1-800-862-4840
 TTY: 711
 Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>
 Phone: 1-800-657-3672

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
 Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
 Phone: 1-800-694-3084
 Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
 Phone: 1-855-632-7633
 Lincoln: 402-473-7000
 Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>
 Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
 Phone: 603-271-5218
 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
 Phone: 1-800-356-1561
 CHIP Premium Assistance Phone: 609-631-2392
 CHIP Website: <http://www.njfamilycare.org/index.html>
 CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

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

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
 Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>
 Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
 Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
 Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
 Phone: 1-800-692-7462
 CHIP Website: [Children's Health Insurance Program \(CHIP\) \(pa.gov\)](http://www.pa.gov/childrens-health-insurance-program-chip)
 CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

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

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
 Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>
 Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
 Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>
 Email: upp@utah.gov
 Phone: 1-888-222-2542
 Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
 Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>
 CHIP Website: <https://chip.utah.gov/>

VERMONT – Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
 Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
 Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
 Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/http://mywvhipp.com/>
 Medicaid Phone: 304-558-1700
 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

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

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
 Phone: 1-800-251-1269

To see if any other States have added a premium assistance program since July 31, 2025, 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
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Notice Regarding Wellness Program

The Agropur 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 also be asked to complete a wellness screening. You are not required to participate in blood tests or other medical examinations. Employees who choose to participate in the wellness program will receive a financial discount off their medical premium. Although employees are not required to participate in the wellness screening, only employees who do so will receive the discount.

We are required by law to maintain the privacy and security of your personally identifiable health information. The Agropur Wellness Program will never disclose any of your personal information 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 a discount. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. In addition, all medical information obtained through the wellness program will be maintained separate from your personal 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. 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. ❖

Patient Protection Notice

If the Agropur inc. Health Plan generally requires 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. If the plan or health insurance coverage designates a primary care provider automatically, you will be able to designate a new provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Human Resources. ❖

Women's Health and Cancer Rights Act of 1998

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. ❖

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers offering group health insurance coverage 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 normal 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 or 96 hours, as applicable. Additionally, no group health plan or issuer may require that a provider obtain authorization from the Plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). ❖

Medical Child Support Orders

A Component Benefit Plan must recognize certain legal documents presented to the Plan Administrator by participants or their representatives. The Plan Administrator may be presented court orders which require child support, including health benefit coverage. The Plan Sponsor must recognize a Qualified Medical Child Support Order (QMCSO), within the meaning of ERISA section 609(a)(2)(B), under any Component Benefit Plan providing health benefit coverage.

A QMCSO is a state court or administrative agency order that requires an employer's medical plan to provide benefits to the child of an employee who is covered, or eligible for coverage, under the employer's plan. QMCSOs usually apply to a child who is born out of wedlock or whose parents are divorced. If a QMCSO applies, the employee must pay for the child's medical coverage and will be required to join the Plan if not already enrolled.

The Plan Administrator, when receiving a QMCSO, must promptly notify the employee and the child that the order has been received and what procedures will be used to determine if the order is "qualified." If the Plan Administrator determines the order is qualified and the employee must provide coverage for the child pursuant to the QMCSO, contributions for such coverage will be deducted from the employee's paycheck in an amount necessary to pay for such coverage. The affected employee will be notified once it is determined the order is qualified. Participants and beneficiaries can obtain a copy of the procedure governing QMCSO determinations from the Plan Administrator without charge. ❖

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law took effect in 2014, a new way to buy health insurance became available: the Health Insurance Marketplace. To assist Employees as they evaluate options for themselves and their family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by their employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help individuals and families find health insurance that meets their needs and fits their budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance

options. Employees may also be eligible for a new kind of tax credit that lowers their monthly premium right away. The open enrollment period for health insurance coverage through the Marketplace began on Nov. 1st, and ended on Dec. 15. Individuals must have enrolled or changed plans prior to Dec. 15, for coverage starting as early as Jan. 1st. After Dec. 15th, individuals can get coverage through the Marketplace only if they qualify for a special enrollment period.

Can individuals Save Money on Health Insurance Premiums in the Marketplace?

Individuals may qualify to save money and lower monthly premiums, but only if their employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on premiums depends on household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If the Employee has an offer of health coverage from his/her employer that meets certain standards, they will not be eligible for a tax credit through the Marketplace and may wish to enroll in their employer's health plan. However, an individual may be eligible for a tax credit that lowers their monthly premium, or a reduction in certain cost-sharing if their employer does not offer coverage at all or does not offer coverage that meets certain standards. If the cost of a plan from an employer that would cover the Employee (and not any other members of their family) is more than 9.96% of household income for the plan year beginning in 2026, or if the coverage the employer provides does not meet the "minimum value" standard set by the Affordable Care Act, the Employee may be eligible for a tax credit.*

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

How Can Individuals Get More Information?

For more information about coverage offered by the Employer, please check the summary plan description or contact Human Resources.

The Marketplace can help when evaluating coverage options, including 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 the area.

* 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% of such costs. ❖

Special Enrollment Rights

If an employee declines enrollment for him/herself or for their dependents (including their spouse) because of other health insurance coverage, they may be able to enroll him/herself or their dependents in this Plan in the future, provided they request enrollment within 30 days after their other coverage ends. Coverage will begin under this Plan no later than the first day of the first month beginning after the date the plan receives a timely request for enrollment.

If an employee acquires a new dependent as a result of marriage, birth, adoption, or placement for adoption, they may be able to enroll him/herself and their dependents provided that they request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If an employee adds coverage under these circumstances, they may add coverage mid-year. For a new spouse or dependent acquired by marriage, coverage is effective no later than the first day of the first month beginning after the date the plan receives a timely request for the enrollment. When a new dependent is acquired through birth, adoption, or placement for adoption, coverage will become effective retroactive to the date of the birth, adoption, or placement for adoption. The plan does not permit mid-year additions of coverage except for newly eligible persons and special enrollees.

Individuals gaining or losing Medicaid or State Child Health Insurance Coverage (SCHIP)

If an employee or their dependent was:

- covered under Medicaid or a state child health insurance program and that coverage terminated due to loss of eligibility, or
- becomes eligible for premium assistance under Medicaid or state child health insurance program, a special enrollment period under this Plan will apply.

The employee must request coverage under this Plan within 60 days after the termination of such Medicaid or SCHIP, or within 60 days of becoming eligible for the premium assistance from Medicaid or the SCHIP. Coverage under the plan will become effective on the date of termination of eligibility for Medicaid/state child health insurance program, or the date of eligibility for premium assistance under Medicaid or SCHIP. ❖

HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW INDIVIDUAL MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

HIPAA Notice of Privacy Practices

The Agropur inc. Group Medical Plan (the "Plan"), which may include other health and welfare benefit offerings, are required by law (under the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 HIPAA's privacy rule) to take reasonable steps to ensure the privacy of personally identifiable health information. This Notice is being provided to inform employees (and any of their dependents) of the policies and procedures Agropur inc. has implemented and their rights under them, as well as under HIPAA. These policies are meant to prevent any unnecessary disclosure of individual health information.

Use and Disclosure of individually identifiable Health Information by the Plan that Does Not Require the Individual's Authorization: The plan may use or disclose health information (that is protected health information (PHI)), as defined by HIPAA's privacy rule) for:

1. Payment and Health Care

Operations: In order to make coverage determinations and payment (including, but not limited to, billing, claims management, subrogation, and plan reimbursement). For example, the Plan may provide information regarding an individual's coverage or health care treatment to other health plans to coordinate payment of benefits. Health information may also be used or disclosed to carry out Plan operations, such as the administration of the Plan and to provide coverage and services to the Plan's participants. For example, the Plan may use health information to project future benefit costs, to determine premiums, conduct or arrange for case management or medical review, for internal grievances, for auditing purposes, business planning and management activities such as planning related analysis, or to contract for stop-loss coverage. Pursuant to the Genetic Information Non-Discrimination Act (GINA), the Plan does not use or disclose genetic information for underwriting purposes.

2. Disclosure to the Plan Sponsor:

As required, in order to administer benefits under the Plan. The Plan may also provide health information to the plan sponsor to allow the plan sponsor to solicit premium bids from health insurers, to modify the Plan, or to amend the Plan.

3. Requirements of Law:

When required to do so by any federal, state or local law.

4. Health Oversight Activities:

To a health oversight agency for activities such as audits, investigations, inspections, licensure, and other proceedings related to the oversight of the health plan.

5. Threats to Health or Safety:

As required by law, to public health authorities if the Plan, in good faith, believes the disclosure is necessary to prevent or lessen a serious or imminent threat to an individual's health or safety or to the health and safety of the public.

6. Judicial and Administrative

Proceedings: In the course of any administrative or judicial proceeding in response to an order from a court or administrative tribunal, in response to a subpoena, discovery request or other similar process. The Plan will make a good faith attempt to provide written notice to the individual to allow them to raise an objection.

7. Law Enforcement Purposes:

To a law enforcement official for certain enforcement purposes, including, but not limited to, the purpose of identifying or locating a suspect, fugitive, material witness or missing person.

8. Coroners, Medical Examiners, or

Funeral Directors: For the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law.

9. Organ or Tissue Donation:

If the person is an organ or tissue donor, for purposes related to that donation.

10. Specified Government

Functions: For military, national security and intelligence activities, protective services, and correctional institutions and inmates.

11. Workers' Compensation:

As necessary to comply with workers' compensation or other similar programs.

12. Distribution of Health-Related Benefits and Services:

To provide information to the individual on health-related benefits and services that may be of interest to them.

Notice in Case of Breach

Agropur inc. is required to maintain the privacy of PHI; to provide individuals with this notice of the Plan's legal duties and privacy practices with respect to PHI; and to notify individuals of any breach of their PHI.

Use and Disclosure of Individual Health Information by the Plan that Does Require Individual

Authorization: Other than as listed above, the Plan will not use or disclose without your written authorization. You may revoke your authorization in writing at any time, and the Plan will no longer be able to use or disclose the health information. However, the Plan will not be able to take back any disclosures already made in accordance with the Authorization prior to its revocation. The following uses and disclosures will be made only with authorization from the individual: (i) most uses and disclosures of psychotherapy notes (if recorded by a covered entity); (ii) uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this notice.

Individual Rights with Respect to Personal Health Information: Each individual has the following rights under the Plan's policies and procedures, and as required by HIPAA's privacy rule:

Right to Request Restrictions on Uses

and Disclosures: An individual may request the Plan to restrict uses and disclosures of their health information. The Plan will accommodate reasonable requests; however, it is not required to agree to the request, unless it is for services paid completely by the individual out of their own pocket. A wish to request a restriction must be sent in writing to HIPAA Privacy Officer, at Agropur inc., 3500 E Destination Drive Appleton, WI 54915, 866-445-8885.

Right to Inspect and Copy Individual Health Information:

An individual may inspect and obtain a copy of their individual health information maintained by the Plan. The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline. A written request must be provided to HIPAA Privacy Officer at Agropur inc., 3500 E Destination Drive Appleton, WI 54915, 866-445-8885. If the individual requests a copy of their health information, the Plan may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with their request.

Right to Amend Your Health

Information: You may request the Plan to amend your health information if you feel that it is incorrect or incomplete. The Plan has 60 days after the request is made to make the amendment. A single 30-day extension is allowed if the Plan is unable to comply with this deadline. A written request must be provided to HIPAA Privacy Officer, at Agropur inc., 3500 E Destination Drive Appleton, WI 54915, 866-445-8885. The request may be denied in whole or part and if so, the Plan will provide a written explanation of the denial.

Right to an Accounting of

Disclosures: An individual may request a list of disclosures made by the Plan of their health information during the six years prior to their

request (or for a specified shorter period of time). However, the list will not include disclosures made: (1) to carry out treatment, payment or health care operations; (2) disclosures made prior to April 14, 2004; (3) to individuals about their own health information; and (4) disclosures for which the individual provided a valid authorization.

A request for an accounting form must be used to make the request and can be obtained by contacting the HIPAA Privacy Officer at Agropur inc., 3500 E Destination Drive Appleton, WI 54915, 866-445-8885. The accounting will be provided within 60 days from the submission of the request form. An additional 30 days is allowed if this deadline cannot be met.

Right to Receive Confidential

Communications: An individual may request that the Plan communicate with them about their health information in a certain way or at a certain location if they feel the disclosure could endanger them. The individual must provide the request in writing to the HIPAA Privacy Officer at Agropur inc., 3500 E Destination Drive, Appleton, WI 54915, 866-445-8885. The Plan will attempt to honor all reasonable requests.

Right to a Paper Copy of this

Notice: Individuals may request a paper copy of this Notice at any time, even if they have agreed to receive this Notice electronically. They must contact their HIPAA Privacy Officer at Agropur inc., 3500 E Destination Drive, Appleton, WI 54915, 866-445-8885 to make this request.

The Plan's Duties: The Plan is required by law to maintain the privacy of individual health information as related in this Notice and to provide this Notice of its duties and privacy practices. The Plan is required to abide by the terms of this Notice, which may be amended from time to time. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for

all health information that it maintains.

Complaints and Contact Person:

If an individual wishes to exercise their rights under this Notice, communicate with the Plan about its privacy policies and procedures, or file a complaint with the Plan, they must contact the HIPAA Contact Person, at Agropur inc., 3500 E Destination Drive Appleton, WI 54915, 866-445-8885. They may also file a complaint with the Secretary of Health and Human Services if they believe their privacy rights have been violated. ❖

Important Notice from Agropur inc. Health Plan about Your Prescription Drug Coverage and Medicare (Creditable Coverage)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Agropur inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about

where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Agropur inc. has determined that the prescription drug coverage offered by the Agropur inc. Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered

Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Agropur inc. coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Agropur inc. coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Agropur inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about this Notice or Your Current Prescription Drug Coverage

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Agropur inc. changes. You also may request a copy of this notice at any time.

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. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: February 11, 2026
Name of Entity/Sender: Agropur inc.
Contact--Position/Office: Human Resources
Address: 3500 E Destination Drive
Appleton, WI 54915
Phone Number: 866-445-8885 ❖

HIPAA NOTICE OF PRIVACY PRACTICES ADDENDUM

Effective February 16, 2026

Our Notice of Privacy Practices describes how we may use or disclose your Protected Health Information. The following is an update required by the U.S. Department of Health and Human Services (HHS) about the confidentiality of medical records pertaining to substance abuse disorder treatment.

Substance Use Disorder (SUD) Treatment Information. Some of your health information may be part of a SUD patient record and subject to additional protections under federal law (42 CFR Part 2) governing confidentiality of SUD patient records.

If we receive or maintain any information about you from a SUD treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general consent you provide to the Part 2 Program to use and disclose the SUD patient record for purposes of treatment, payment or health care operations, we may use and disclose your SUD patient record for treatment, payment and health care operations purposes as described in this Notice. If we receive or maintain your SUD patient record through specific consent you provide to us or another third party, we will use and disclose your SUD patient record only as expressly permitted by you in your consent as provided to us. In no event will we use or disclose your SUD patient record, or testimony that describes the information contained in your SUD patient record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

