INVEST
IN YOU

2027 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 2027 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 2027.

2. Your eligibility and benefits effective date

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 on the first of the month following one month of employment.

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 eligible for benefits first of the month following their status change effective date.

Some benefits have "guarantee issue" at your first opportunity only, so please carefully consider this before you decline any coverage.

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

3. 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.

4. 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 ordered dependent children coverage by a spouse or former spouse
- Dependent loss or gain of benefit eligibility under 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.

Required for Enrollment

Proof of Dependent status such a as 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.

2027 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.

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	netbenefits.com Mobile App: NetBenefitsapp
Accident, Critical Illness, Hospital Indemnity	MetLife	800-438-6388	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	metlife.com/mybenefits Mobile App: MetLife US App deltadentalwi.com Mobile App: Delta Dental
Elder & Special Needs Care Support	HomeThrive	888-777-2199	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 employees.fedlogicgroup.com Employer code: agro25
Flexible Spending Account **Health Savings Account**	UMB	877-743-9482 (FSA) 866-520-4472 (HSA)	umb.com/benefit-accounts Mobile App: UMB Benefit Spending Accounts
Identity and Fraud Protection	Aura	844-931-2872	my.aura.com Mobile App: Aura: Security & Protections
Independent Financial Advice	Francis LLC	866-232-6457	francisway.com/agropur Mobile App: Francis LLC
Leave of Absence and Disability	MetLife	833-622-0135	metlife.com/mybenefits Mobile App: MetLife US App
Legal	LegalShield	888-807-0407	benefits.legalshield.com/agropur
Medical	Anthem of WI	833-578-4439	anthem.com Mobile App: Sydney Health
Pet	MetLife	800-438-6388	metlife.com/getpetquote
Prescription Drugs	RxBenefits *utilizing Express Scripts*	800-334-8134	member.rxbenefits.com customercare@rxbenefits.com Mobile App: Express Scripts
Vision Group ID: 261804	MetLife (VSP)	855-638-3931	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 needed.

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.

Follow these instructions to search as a guest:

- 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

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



Find care and compare costs

See what's covered

Check claims

View digital ID cards

Anthem of WI Resources

Anthem of WI offers resources to help you best utilize your medical insurance. These programs are available on a voluntary basis to enrolled members. You can access all resources through the Sydney Health app.

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. You will receive outreach from a nurse if you are eligible for case management support.

SmartShopper | Compare the cost of 140+ procedures among medical providers before you receive care. If you choose a lower cost provider, you'll receive an incentive payout mailed to your home! Examples of procedures are diagnostic tests like an MRI, surgical procedures like a knee surgery, and screenings like a colonoscopy or mammogram. The reward available to you for switching to a lower cost provider is $25 up to $1,000 and varies by geographic area.

How the Medical Plans Compare

HDHP 1 and HDHP 2		
Deductible →	Coinsurance →	Out-of-Pocket Maximum
You pay 100% until your deductible is met. *In-network preventive care is covered 100% and not subject to the deductible.*	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 → *You do not have to satisfy your deductible before copays are applicable.*		
Deductible →	Coinsurance →	Out-of-Pocket Maximum
You may pay a copay or towards your deductible depending upon the service you receive. *In-network preventive care is covered 100% and not subject to a copay or deductible.*	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 an Agropur medical plan has an individual deductible referred to as an embedded deductible. Similarly, each family member enrolled in an Agropur medical 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 begins to pay a percentage of their eligible healthcare costs and will not pay more than the individual out-of-pocket maximum.

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 / Family	$3,500/$7,000	$4,500/$9,000	$5,000/$10,000	$6,000/$12,000	$1,500/$3,000	$3,000/$6,000
Coinsurance	20%	40%	20%	40%	20%	40%
Annual Out-of-Pocket Maximum Individual / Family	$4,200/$8,400	$5,200/$10,400	$6,000/$12,000	$7,000/$14,000	$3,000/$6,000	$6,000/$12,000
Services *What you pay after meeting the deductible*	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%

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
Generic 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 and 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 medication.

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.

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

An HSA is a flexible way to save and be prepared to 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.

For added flexibility, you may change your HSA election up to once each month to better align with your changing financial needs.

2027 annual contribution limit	Individual	$4,500
	Family	$9,000
	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 *Deductible waived, does not count towards annual benefit maximum.*
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 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 or call 855-638-3931.

Vision	In-Network
Exam	$10 copay
Lenses Single vision, lined bifocal, lined trifocal, lenticular.	$25 copay *Includes: ultraviolet coating; polycarbonate lenses for dependent children.*
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 *Instead of glasses*	$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

2027 annual contribution limit	$3,500

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.

2027 annual contribution limit	$3,500

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

2027 Annual contribution limit	Single/Married (Filing separately)	$3,750
	Married (Filing jointly)	$7,500

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) provide an additional benefit if you die or experience other covered catastrophic loss due to a covered accident.

Basic Life and AD&D	
Benefit Amount*	**Life:** 1 times annual base salary up to $150,000
Benefit Amount A combined election for both Life and AD&D will be required.	**Employee:** Up to 7 times annual earnings in $10,000 increments. Maximum: $1,250,000. **Spouse:** Up to 100% of employee coverage amount in $5,000 increments. Maximum $250,000^ **Child(ren):** Up to $25,000 in $1,000 increments.^

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
- The FSA plan year runs from January 1 – December 31. Claims incurred in 2026 can be submitted through March 15, 2027. Health Care FSA funds and Limited Purpose FSA Funds are available on January 1 of the plan year. Dependent Care funds are available only as contributions are made to your account
- FSA - All accounts are 'use it or lose it'

* 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	
Willscenter.com • Register as a new user • Follow the instructions to create your online document	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.

Grief Counseling 888-319-7819 one.telushealth.com • Username: metlifeassist • Password: support	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. • 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.
Funeral Planning Services 866-853-0954 finalwishesplanning.com	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. • Discounts up to 10% off funeral, cremation and cemetery services • Expert assistance and planning services 24/7 • Bereavement Travel Services
Travel Assistance metlife.com/travelassist	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.
Available to Employees with Voluntary Life Insurance	
Will Prep 800-821-6400	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. • Unlimited access to talk with an attorney as many times as needed to prepare, update or revise a will.
Estate Resolution 800-821-6400	• 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
Digital Estate Planning Legalplans.com/estateplanning • Create a username and password • Follow the instructions to create your online document	Create estate planning documents from the comfort of your own home, with real time ID verification and video notary. Including: • 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: 1st 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 | 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	**Employee**: $5,000 - $50,000 *$5,000 increments* **Spouse:** 50% of employee coverage amount **Children:** 50% of employee coverage amount
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 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.

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

Complete the Questionnaire	employees.fedlogicgroup.com/questionnaire This gives FEDlogic background information about you and your family so they can direct to you the right team member.
Tell us your story, ask questions, and learn.	You will be contacted. An expert will listen to your needs, then empower you with unbiased information so you can make the best decisions for your situation.
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. Don't forgot to edit your Ingersoll Rand benefit elections if applicable.

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 *$255 annually*

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:

a. Coverage level, starting at $500

b. Deductible level, ranging from $0 - $2,500

c. 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 | Through Workday Help | General Questions Text Option 833-411-5711

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

Agropur Inc. Health Plan: Important Disclosures & Notices

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, 2026. V8. 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://health.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: https://www.dhcs.ca.gov/services/health-insurance-premiumpayment-program-cost-avoidance/
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 711
Health Insurance Buy-In Program (HIBI) Website:
https://www.mycohibi.com/
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.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

ILLINOIS – Medicaid
Illinois Medicaid Premium Assistance Information
Medicaid Application Website:
https://abe.illinois.gov
HIPP Hotline Number: 217-524-8268
HIPP Email: mhfs.boc.hipp@illinois.gov

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
Medicaid Phone: 1-800-338-8366
Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services
Hawki Phone: 1-800-257-8563
HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)
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: KIHIPP.PROGRAM@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: https://www.ldh.la.gov/healthy-louisiana
Medicaid Customer Service Line: 1-888-342-6207
Louisiana Medicaid email: healthy@la.gov
Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp
LaHIPP phone: 1-877-697-6703
LaHIPP email: La.HIPP@la.gov
LaHIPP fax: 1-888-716-9787
LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084

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/applications-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: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid
Website: http://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:
https://www.nj.gov/humanservices/dmahs/individuals-families/familycare/
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)
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 RIte 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://bms.wv.gov/
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, 2026, 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 ❖

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 be asked to complete a voluntary health risk assessment that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions. You are not required to complete the wellness screening. Employees who choose to participate in the wellness program will receive a financial discount off of their premium. Although employees are not required to participate in the wellness screening, only employees who do so will receive the incentive.

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Agropur Inc. may use aggregate information it collects to design a program based on identified health risks in the workplace, 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 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. 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 10.22% of household income for the plan year beginning in 2027, 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:

1. covered under Medicaid or a state child health insurance program and that coverage terminated due to loss of eligibility, or
2. 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
This Notice of Privacy Practices (the "Notice") describes the legal obligations of the Agropur Inc. Health Plan (the "Plan") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information (PHI) is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to:

a. Your past, present, or future physical or mental health or condition;
b. The provision of health care to you; or
c. The past, present, or future payment for the provision of health care to you.

We are required by law to:

a. maintain the privacy of your PHI;
b. provide you with certain rights with respect to your PHI;
c. provide you with a copy of this Notice of our legal duties and privacy practices with respect to your PHI; and
d. follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your PHI that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices.

HOW THE PLAN MAY USE AND DISCLOSE YOUR PHI

Under the law, we may use or disclose your PHI under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your PHI. Not every use or disclosure in a category will be listed. Note that we will use and disclose PHI as described below unless otherwise prohibited or restricted by applicable state or other law, and that information can lose its protected status as PHI once re-disclosed by a recipient:

1. For Treatment: When and as appropriate, we may use or disclose medical information about you to facilitate medical treatment or services by health care providers. For example, we might disclose information about you with physicians who are treating you.

2. For Payment: We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or pre-certification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

3. For Health Care Operations: We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with

conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. However, we will not use your genetic information for underwriting purposes.

4. To Plan Sponsors: For the purpose of administering the plan, we may disclose PHI to certain employees of the Employer. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your PHI cannot be used for employment purposes without your specific authorization.

5. To Business Associates: We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your PHI, but only after they agree in writing with us to implement appropriate safeguards regarding your PHI by entering into a Business Associate Agreement with us.

6. 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.

7. As Required by Law: We will disclose your PHI when required to do so by federal, state, or local law. For example, we may disclose your PHI when required by national security laws or public health disclosure laws.

8. Health Oversight Activities: We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

9. Threats to Health or Safety: We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your PHI in a proceeding regarding the licensure of a physician.

10. Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

11. Law Enforcement Purposes: We may disclose your PHI if asked to do so by a law-enforcement official:

a. in response to a court order, subpoena, warrant, summons, or similar process;
b. to identify or locate a suspect, fugitive, material witness, or missing person;
c. about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
d. about a death that we believe may be the result of criminal conduct; and
e. about criminal conduct.

12. Coroners, Medical Examiners, or Funeral Directors: For the purpose of identifying a deceased person, we may release PHI to identify a deceased person or to determine a cause of death or other duties as authorized by law.

13. Organ or Tissue Donation: If you are an organ donor, we may release your PHI after your death to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

14. Military and National Security: If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

15. Workers’ Compensation: We may release your PHI for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

16. Treatment Alternatives or Health-Related Benefits and Services: We may use and disclose your protected health

information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

17. Government Required Disclosures: We are required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Authorizations: Other uses or disclosures of your PHI not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your PHI for marketing; and we will not sell your PHI, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

HOW THE PLAN MAY USE AND DISCLOSE YOUR PHI

Under the law, we may use or disclose your PHI under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your PHI. Not every use or disclosure in a category will be listed. Note that we will use and disclose PHI as described below unless otherwise prohibited or restricted by applicable state or other law, and that information can lose its protected status as PHI once re-disclosed by a recipient:

We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the PHI pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person.

To request restrictions, you must make your request in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply-for example, disclosures to your spouse.

Right to Inspect and Copy: You have the right to inspect and copy certain PHI that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if possible. If we cannot agree on an electronic form and format, or you request a paper copy, we will provide you with a paper copy. We may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

To inspect and copy your PHI, you must submit your request in writing. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request.

Right to Amend: If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing. In addition, you must provide a reason that supports your request.

Right to an Accounting of Disclosures: You have the right to request an "accounting" of certain disclosures of your PHI. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. There may be a charge for the cost of providing lists beyond the last 12-month period.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing. Your request must specify how or where you wish to be contacted, but you do not have to provide a reason for your request. We will accommodate all reasonable requests.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Right to be Notified of a Breach: You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured PHI.

Contact Information and Complaints: If you have any questions about this Notice or about our privacy practices, and for any correspondence or requests related to the contents of this Notice, please contact Agropur Inc., 3500 E Destination Drive, 866-445-8885.

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the

Plan, contact the person listed in the Contact Information section of this Notice. All complaints must be submitted in writing.

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us. ❖

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: November 20, 2026
Name of Entity/Sender: Agropur Inc.
Contact--Position/Office: Human Resources
Address: 3500 E Destination Drive
Phone Number: 866-445-8885 ❖