

2025-2026

BENEFITS GUIDE

UNION TEAM MEMBERS



Here's where to find ...

A Few Notes About Enrolling in Benefits	3	Voluntary Life and AD&D	15
Medical	5	Short-Term Disability Plan	16
BlueCross BlueShield of Tennessee (BCBST) Resources and Programs	7	Enhanced Maternity Benefits	16
Prescription Drug Coverage	8	Voluntary Benefits	17
Telehealth	9	Work/Life Employee Assistance Program (EAP)	19
Health Reimbursement Arrangement (HRA)	10	401(k) Retirement	20
Flexible Spending Accounts (FSA)	11	Biweekly and Weekly Rates	21
Dental Plan	12	Contacts	22
Vision Plan	13	Glossary	23
Group Term Life and Accidental Death and Dismemberment (AD&D) Insurance	14		



Monogram Foods appreciates your commitment to our success. We're equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefit plans. We understand that you may have questions about annual enrollment, and we are dedicated to helping you understand your options.

This guide is not your only resource, of course. Anytime you have questions about benefits or the enrollment process, you can contact your human resources representative or Monogram's Benefit Communication Specialist, call the toll-free phone number, 800.607.1404, or email monogrambenefits@lockton.com. Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan description (SPD) accessible on Paycom.

Scan the QR code with your smartphone camera to access your benefits on monogramtotalrewards.com.



A Few Notes About Enrolling in Benefits

Each year during annual enrollment, you have the opportunity to review your benefit needs and adjust your coverage for the upcoming plan year. Annual enrollment provides you with the opportunity to make changes to your benefit elections without having a qualifying life event or family status change. You are allowed to add or drop your coverage or dependent coverage at this time. At any other time during the plan year, you must experience a qualifying life event in order to make changes to your benefits. **When you experience a family status change or a qualifying life event, you have 30 days from the date of the qualifying event to make necessary changes to your benefits consistent with this event.**

Here are some examples of qualifying life events:

- Birth, legal adoption or placement for adoption
- Marriage, divorce or legal separation
- Dependent child reaches age 26
- Spouse or dependent loses or gains coverage elsewhere
- Death of your spouse or dependent child
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or the state children's health insurance program
- Change in residence that changes coverage eligibility
- Court-ordered change
- Spouse's open enrollment that occurs at a different time than yours

For your convenience, if you are not making any changes to your benefit plan elections, you do not need to contact an enrollment specialist and current elections will remain the same for 2025-2026. **Keep in mind, if it is your first time enrolling in an FSA (healthcare or dependent care FSA) or you are currently enrolled, you still must actively enroll during this annual enrollment time. Those who are currently enrolled in an FSA are not automatically re-enrolled each year. If you are making changes to your current coverage (e.g., changing the level of coverage or changing medical plans), you must contact an enrollment specialist.**

Qualifying life events

IMPORTANT: It is your responsibility to notify a Benefit Communication Specialist at 800.607.1404 and submit your elections within 30 days of the qualifying life event. You will need to provide proof of the event, such as a marriage certificate, divorce decree, birth certificate or loss-of-coverage letter. Failure to do so may result in an inability to change your benefit election(s).



Questions on how to enroll?

Contact Cecilia Chavez or another Benefit Communication Specialist at 800.607.1404 or monogrambenefits@lockton.com.

Eligibility

Annual enrollment is your opportunity to elect coverage in Monogram Foods' benefits plans. All elections made during this period will be effective August 1, 2025, through July 31, 2026. Outside this annual enrollment period, you will not have the chance to add, change or remove benefits unless you experience a qualifying life event. You can find a list of qualifying life events on page 3 of this benefits guide.

Eligible team members

You may enroll in the benefits program if you are a regular full-time team member who is actively working a minimum of 30 hours per week. As a benefits-eligible team member, you have the opportunity to enroll in benefit plans as a new hire or during the annual enrollment period. Eligibility for all benefits is the first of the month following 30 days of employment.

Eligible dependent(s)

As you become eligible for benefits, so do your eligible dependents, under certain circumstances as described below. Eligible dependents include:

- Your legal spouse, who is **not** eligible for coverage under his or her employer's health, dental, or vision plan. If your spouse is eligible for his or her employer's benefit coverage, then he or she is **not** eligible to enroll under Monogram Foods' medical, dental, or vision benefit plans. Additionally, you are responsible for notifying a benefit specialist within 30 days if your covered spouse becomes eligible for coverage through their own employer at any time.
- Your children up to the age of 26. This includes your natural children and those of your spouse, adopted children, stepchildren, foster children or children obtained through court-appointed legal guardianship. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided to and approved by HR.

NOTE: Only eligible dependents as defined above are eligible for Monogram Foods' medical, dental, or vision plan. You are required to provide documentation during enrollment and any dependent audit process. If you are unable to provide the necessary documentation, your dependent(s) will be terminated from the plan.

Helpful tips

Have your dependent/beneficiary information ready, such as Social Security numbers, before beginning the enrollment process. Please remember to add the Social Security numbers of your dependents during enrollment to avoid delays in the enrollment process.



Medical

BlueCross BlueShield of Tennessee

Monogram Foods is committed to helping you and your dependent(s) maintain health and wellness by providing you with access to the highest levels of care. We offer you three medical plan options to choose from for the 2025-2026 plan year:

- **PPO plan** — You pay copays for many of the services you use. You must meet a plan year deductible before the plan pays 80% of the cost of your eligible expenses. If you meet the plan year out-of-pocket maximum, the plan will cover all remaining expenses at 100%.
- **High-deductible health plan (HDHP)** — Ideal for team members with a healthy lifestyle or those who want more control over their healthcare expenses. With an HDHP, you pay 100% of your medical expenses until you hit your deductible. The plan then pays 80% of the cost of your eligible expenses until you hit the out-of-pocket maximum. The plan will then pay 100% of the cost of your services for the rest of the plan year.
- **Bronze plan (PPO plan)** — Low-cost medical plan with minimal coverage. This plan was created as an option to satisfy the Patient Protection and Affordable Care Act (PPACA).



In-network providers tip

All plans allow you to use out-of-network physicians. However, keep in mind that it is significantly more expensive (for both you and Monogram Foods) if you use an out-of-network doctor, facility or pharmacy. To find in-network providers, visit [bcbst.com](https://www.bcbst.com) and select "Find a Doctor."

Medical and prescription drug plan summary

Medical	PPO plan		High-deductible health plan (HDHP)		Bronze plan	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Deductible						
Team member only	\$1,500	\$5,500	\$3,400	\$6,400	\$3,500	\$7,000
Family	\$3,000	\$11,000	\$6,800	\$12,800	\$7,000	\$14,000
Coinsurance (what the plan pays after the deductible is reached)	80%	50%	80%	60%	80%	60%
Out-of-pocket maximum (includes deductible)						
Team member only	\$5,500	\$22,000	\$5,000	\$15,000	\$7,000	\$21,000
Family	\$11,000	\$44,000	\$10,000	\$27,000	\$14,000	\$42,000
Preventive care (routine adult and child exams and immunizations, routine mammograms, GYN exams, digital rectal exams, PSA test and colorectal cancer screening)	Covered at 100%	50% after deductible	Covered at 100%	60% after deductible	Covered at 100%	60% after deductible
Primary care visit	\$30 copay	50% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Specialist visit	\$45 copay	50% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Urgent care	\$45 copay	50% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Chiropractor	\$45 copay	50% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Emergency room	\$300 copay		80% after deductible		80% after deductible	
Ambulance	80% after deductible		80% after deductible		80% after deductible	
Inpatient care	80% after deductible	50% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Outpatient care	80% after deductible	50% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Prescription drugs						
Retail (30-day supply)						
Tier 1 — generics	\$8 copay	50% after deductible	80% after deductible	60% after deductible	\$10 copay	60% after deductible
Tier 2 — preferred	\$45 copay	50% after deductible	80% after deductible	60% after deductible	50%	60% after deductible
Tier 3 — nonpreferred	\$70 copay	50% after deductible	80% after deductible	60% after deductible	50%	60% after deductible
Tier 4 — self-administered specialty	\$140 copay	Not covered	80% after deductible	Not covered	\$100 copay	Not covered
Mail order (90-day supply)						
Tier 1 — generics	\$24 copay	50% after deductible	80% after deductible	60% after deductible	\$30 copay	60% after deductible
Tier 2 — preferred	\$135 copay	50% after deductible	80% after deductible	60% after deductible	50%	60% after deductible
Tier 3 — nonpreferred	\$210 copay	50% after deductible	80% after deductible	60% after deductible	50%	60% after deductible

Prescription drugs — 100% coverage for preventive generics before the deductible applies.

BlueCross BlueShield of Tennessee (BCBST) Resources and Programs

BCBST resources

BCBST website (bcbst.com)

- Coverage details (copays, deductibles, out-of-pocket maximums, etc.).
- Review your claims activity and history.
- Print a temporary ID card, or order a new ID card.
- See frequently asked questions (FAQs).
- Registered nurses are available to provide immediate assistance and advice on medical treatment.

How to find a preferred BCBST provider

The preferred designation identifies doctors in the BCBST network who have achieved top results on BCBST's quality and cost-efficiency measures. To find one of these doctors, please visit bcbst.com and select "Find a Doctor."

Contacting BCBST

- General inquiries — Call 423.535.5600.
- Customer service — Call 800.565.9140.
- Mental health/substance abuse services — Call 800.888.3773.
- Care management programs — Call 877.960.1850.

If you are deaf or hard of hearing or have a speech disability, dial 711 for TTY relay services. For other language assistance or translation services, please call the customer service number.

BCBST programs

Healthy Maternity

With a little one on the way, you have a lot on your mind. Once you sign up for Health Maternity through BlueCross BlueShield of Tennessee, you will receive:

- One-on-one support from a maternity nurse.
- Weekly emails for each stage of pregnancy and online pregnancy resources.
- Immunization help.
- Emotional support during and after your pregnancy.
- Help from our high-risk maternity nurses or a certified lactation counselor if needed.

Log in or register now at bcbst.com/myhealthymaternity or call 800.818.8581.

Livongo diabetes management program

Livongo is a diabetes management program available to team members and dependents enrolled in Monogram's medical plans.

Livongo provides resources and coaches to support those diagnosed with diabetes and pre-diabetes. Through Livongo, you will have access to an advanced glucose meter and blood pressure monitor, all at no cost to you.

Contact Livongo at 800.945.4355 or register for an account at healthy.livongo.com (registration code BCBST-DPP) for more information.

Hinge Health

Hinge's Digital Musculoskeletal (MSK) Clinic is a no-cost program offered to team members and dependents enrolled in Monogram's medical plan. Hinge Health includes app-based physical therapy and guidance from doctors, physical therapists and health coaches plus a wearable pain relief device. Depending on what's right for you, you may also get one-on-one video consultations and a personalized exercise therapy plan.

The first step toward relief is taking an online assessment so Hinge can match you to the therapy that's best for you. Log in to your bcbst.com account, go to Managing Your Health and choose Back and Joint Care.



Prescription Drug Coverage

CVS Caremark

We are pleased to offer robust prescription drug coverage through CVS Caremark. Our plans include a four-tier (generic, preferred brand, non-preferred brand and specialty) prescription drug plan. To find out which tier your prescription falls into, you can visit [bcbst.com](https://www.bcbst.com). With the PPO plan, you will be responsible for copays. With the HDHP and Bronze Plans, you will be responsible for the full cost of the medication until your deductible is met. Once the deductible is met, you will be responsible for applicable cost sharing.

To locate an in-network pharmacy, find the cost of a drug, or get questions answered, log in to your BlueCross BlueShield of Tennessee account at [bcbst.com](https://www.bcbst.com) or call CVS Caremark at 800.565.9140.

You save money when you use generic drugs, and preventive generic medications are covered at 100% prior to meeting your deductible. Generics offer the same ingredients as brand-name drugs at the same level of quality and safety. Always ask your doctor if a generic is available for your condition.

GENERIC DRUGS



These drugs are lowest in cost because many companies can make them.

PREFERRED BRAND-NAME DRUGS



These drugs cost more because only one company makes them.

NON-PREFERRED BRAND-NAME DRUGS



These cost even more. Typically, you can get a comparable drug which is a preferred brand-name or a generic.

SPECIALTY DRUGS



These are high-cost drugs to treat rare and/or complex conditions.

MAKING THE MOST OF YOUR PHARMACY BENEFITS

Monogram Foods wants to ensure that you have access to affordable and convenient options for filling your medications. More information is outlined below to assist you in the process.

- **GETTING YOUR MEDICATION:** You have the option of picking up your medication at a retail pharmacy near you or having a 90-day supply conveniently delivered to your home through CVS Caremark's mail order program. Call 844.740.0604 or go to [bcbst.com/rx](https://www.bcbst.com/rx) plan to get started.
- **PRUDENTRX PROGRAM:** If you are enrolled in the PPO plan, you can take advantage of PrudentRx which allows you to optimize manufacturer copay assistance programs where applicable to receive your drugs at little to no cost. For more information on the program, you can talk with a pharmacy expert at 800.578.4403.
- **FORMULARY DRUG LIST:** Your health plan may not cover the exact drug you take, but it may cover a very similar drug. The formulary can help you and your provider understand how medications will be covered under your plan. The formulary has different levels (or tiers) for different drugs. Formulary drug list (preferred medication list) can be found at [bcbst.com/rx](https://www.bcbst.com/rx).

Telehealth

BlueCross BlueShield of Tennessee

See a doctor immediately, 24/7, with Teladoc. BlueCross BlueShield of Tennessee partners with Teladoc to bring you quality care from the comfort and convenience of home.

What is telehealth?

Live video calls (on a phone, tablet or computer) with a doctor who is available at any time, day or night. No appointment is required.

Doctors can diagnose and treat common medical issues (cold, flu, fever, sinusitis, etc.). You'll typically pay less than you would for a visit to the office or urgent care clinic.

It's easy to get started. Register by logging in to our BCBSTN app or at bcbst.com/teladoc and choosing Talk With a Doctor Now.

General medical (24/7 care)

Need care for non-urgent and common conditions? Get same-day appointments with a certified clinician from wherever you are. Teladoc clinicians diagnose, treat and even prescribe medicine if needed.

Mental health

Have real conversations and see progress with a therapist or psychiatrist of your choice. Available by appointment 7 days a week from the privacy of your own home.

Dermatology

Dealing with a skin issue? Start an online skin review with a dermatologist by uploading images and details of your concern. Get a treatment plan and prescription if needed in 24 hours or less.

Tobacco Cessation

Start a program to help quit tobacco for good. Get the help you need with medications (if necessary) and on-going virtual support from registered nurses, at no cost to team members.

Teladoc rates

	PPO	HDHP	Bronze
General medical	\$10 copay	\$55 until deductible, then you pay 20%	\$55 until deductible, then you pay 20%
Mental health	\$30 copay	Before deductible: Therapist \$90/visit	Before deductible: Therapist \$90/visit
		Psychiatrist \$220 for initial visit, \$100 for subsequent visits	Psychiatrist \$220 for initial visit, \$100 for subsequent visits
		After deductible: 20%	After deductible: 20%
Dermatology	\$45 copay	\$85 until deductible, then you pay 20%	\$85 until deductible, then you pay 20%



Be Informed

Sign up for telehealth when you are feeling well so you don't have to when you are ill. Register by logging in to our BCBSTN app or at bcbst.com/teladoc and choosing Talk With a Doctor Now.

Health Reimbursement Arrangement (HRA)

BlueCross BlueShield of Tennessee

To offset your out-of-pocket medical expenses, Monogram Foods provides a health reimbursement arrangement (HRA) if you enroll in the high deductible health plan.

Throughout the year, you can use the money in your HRA to pay for eligible medical expenses for yourself and your covered dependent(s). If you use all the money in your HRA, you will pay the rest of your medical expenses out of pocket.

For medical expenses, BCBST will pay the HRA funds directly to your provider. For prescription expenses, the HRA will reimburse at the point of sale if there are HRA funds available. Reimbursement will be sent directly to your home address.

Team members with individual coverage will have up to \$500 in HRA dollars, and dependent coverage will have up to \$1,000 in HRA dollars. The HRA is embedded, meaning while a family may receive a maximum reimbursement of \$1,000, each individual within the family is limited to \$500.



Flexible Spending Accounts (FSA)

Surency

Monogram Foods will continue to offer healthcare and dependent care flexible spending accounts (FSAs). An FSA lets you redirect a portion of your salary on a pretax basis into a reimbursement account, allowing you to save money on taxes. The IRS has a strict use-it-or-lose-it rule. With the healthcare FSA option, you may roll over up to \$660 of unused funds in the following plan year. With the dependent care FSA option, all unused funds at the end of the plan year will be forfeited. You cannot transfer funds from one FSA to another.

You must actively enroll in an FSA during annual enrollment. You are not automatically re-enrolled each year.

If you are currently contributing in your own HSA or your spouse's HSA, you are only eligible to participate in the dependent care FSA. Monogram offers team members two FSA options: **1) healthcare FSA, 2) dependent care FSA**. As a reminder, if you choose to enroll, the minimum FSA contribution is \$250.

	Option 1: Healthcare FSA	Option 2: Dependent care FSA
2025 limit	\$3,300	\$5,000
Eligibility	You are eligible if you are not currently contributing to your own HSA or your spouse's HSA.	You are eligible, even if you are currently contributing to your own HSA or your spouse's HSA.
Eligible expenses*	Out-of-pocket medical, dental, vision and prescription drug expenses	Daycare, before- and after-school care, nanny/nursery school, and elder care expenses
When are funds available?	Full annual election is available August 1, 2025.	You can be reimbursed up to the amount available in your account.
Payment or reimbursement options	<ul style="list-style-type: none"> ■ Debit card ■ Direct deposit ■ Check 	<ul style="list-style-type: none"> ■ Debit card
Deadline for services	Services must be incurred by July 31, 2026.	Services must be incurred by July 31, 2026.
Carryover maximum	\$660	\$0
*For a complete list of eligible expenses, see IRS Publication 502 and 503 at irs.gov .		

Debit card

You will be issued a debit card (Surency Flex Benefits card) to facilitate the payment of eligible FSA expenses based on the funds available in your healthcare FSA or dependent care FSA. If newly enrolling, you can expect to receive your Surency card within two weeks of enrolling in your account. You may request an additional Surency card for your spouse or dependent(s) at no additional charge. Rather than forcing you to pay out of pocket and wait to be reimbursed, the Surency card allows you to pay for eligible expenses when the services are provided (or when an eligible product is purchased). When paying for eligible expenses, swipe your Surency card at the point of purchase.

Dental Plan

Delta Dental of Tennessee

Monogram partners with Delta Dental of Tennessee to offer dental coverage. Although you can choose any dental provider, when you use an in-network dentist, you will generally pay less for treatments because your share of the cost will be based on negotiated discount fees. With out-of-network dentists, the plan will pay at the 90th percentile of usual and customary. Members may be balance billed for the remaining charge(s).

Dental exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

To see a current provider directory, please visit deltadentaltn.com.

Delta Dental of Tennessee

View covered services, claim status or your account balance; find a dentist; update your information; and much more at deltadentaltn.com.

	In-network
Deductible	
Individual	\$0
Family	\$0
Annual plan maximum (per individual)	\$1,500
Diagnostic and preventive	
Oral exams, X-rays, cleanings, fluoride, space maintainers, sealants	100%
Basic	
Oral surgery, fillings, endodontic treatment, periodontic treatment	90%
Major	
Crowns, jackets, dentures, bridge implants	60%
Orthodontia	
Adults and dependent children	60%
Lifetime orthodontia plan maximum (per individual)	\$1,500

REMINDER: You may receive preventive dental exams twice annually during the calendar year at no out-of-pocket cost.* You may receive your dental exam at any time between January 1 through December 31, without the need to wait 6 months between appointments.

*Subject to an annual maximum of \$1,500.

Vision Plan

EyeMed

EyeMed's vision care benefits include coverage for eye exams, standard lenses and frames, contact lenses, and discounts for laser surgery. The vision plan is built around a network of eye care providers, with better benefits at a lower cost to you when you use providers who belong to EyeMed's network. When you use an out-of-network provider, you will have to pay more for vision services.

Eye exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

	In-network	Out-of-network
Routine eye exam (once per plan year)	\$10 copay	\$40 allowance
Frames	\$0 copay up to \$150 allowance	\$105 allowance
Standard lenses (once per plan year)*		
Single vision	\$10 copay	\$30 allowance
Bifocal	\$10 copay	\$50 allowance
Trifocal	\$10 copay	\$70 allowance
Contact lenses*		
Medically necessary	Covered in full	\$300 allowance
Elective	\$0 copay up to \$150 allowance	\$105 allowance
Contact lens fit and follow-up	Up to \$40 copay	Not covered

REMINDER: Vision benefits are based on a benefit plan year. For example, if you receive an exam on June 1, you must wait 12 months to receive your next exam.

*With EyeMed as our vision partner, you may receive both contact lenses and frames in the same benefit year.



Group Term Life and Accidental Death and Dismemberment (AD&D) Insurance

Lincoln Financial

Monogram Foods' group term life, AD&D, voluntary term life, and voluntary AD&D will be offered through Lincoln Financial. Monogram Foods' comprehensive benefits package includes financial protection for you and your family in the event of an accident or death. Basic life and AD&D coverage through Lincoln Financial are offered to Monogram team members at no cost to the team member.

In the event of your death, the life insurance policy provides a benefit to the beneficiary you designate. If your death is the result of an accident or if an accident leaves you with a covered debilitating injury, you are covered under the AD&D insurance for the same amount.

Basic life and AD&D — Lincoln Financial	Benefit	Who pays?
Union team members	\$25,000	100% paid by Monogram Foods

Age reduction schedule

- Ages 65 to 69: Benefit decrease to 67% of original benefit.
- Ages 70+: Benefit decrease to 34%.

Accidental death and dismemberment

The group term life coverage includes accidental death and dismemberment coverage. AD&D insurance provides additional coverage in the event of accidental death, loss of limb or eyesight, brain damage, etc. In the event of a covered accident that results in your death, AD&D coverage is in addition to your group term life.



Voluntary Life and AD&D

Lincoln Financial

You have the opportunity to purchase voluntary life and AD&D insurance for yourself, your spouse and/or your dependent children. Your cost for this coverage is based on the amount you elect and the team member's age. You must purchase voluntary life and AD&D insurance for yourself in order to purchase spouse and/or dependent child(ren) coverage. If you do not enroll in this coverage when first eligible, you can elect during annual enrollment or in the event of a family status change.

Voluntary life and AD&D — Lincoln Financial	Benefit	Guaranteed issue amount*	Who pays?
Union team members	Increments of \$25,000 up to a max of \$250,000	\$250,000	100% paid by the team member
Spouse	Increments of \$5,000 up to a max of \$125,000	\$50,000	100% paid by the team member
Child(ren) (from birth to age 26)	\$10,000	\$10,000	100% paid by the team member

Monthly voluntary team member life rates per \$1,000 of coverage					
Team member age	Team member	Spouse	Age	Team member	Spouse
Under 25	\$0.07	\$0.07	50-54	\$0.36	\$0.36
25-29	\$0.07	\$0.07	55-59	\$0.61	\$0.61
30-34	\$0.08	\$0.08	60-64	\$0.91	\$0.91
35-39	\$0.10	\$0.10	65-69	\$1.47	\$1.47
40-44	\$0.15	\$0.15	70-74	\$2.35	\$2.35
45-49	\$0.24	\$0.24	75+	\$2.35	\$2.35
Voluntary AD&D team member rate per \$1,000 of coverage			Voluntary life child rate per \$1,000 of coverage		
\$0.040			\$0.17		

Example

If the rate is \$0.080 per \$1,000 and a team member elects \$20,000 in coverage, the monthly premium will be \$1.60.

$$\begin{array}{rcccl}
 \$0.080 & & \times & 20 & = & \$1.60 \\
 \text{Plan rate (determined by age)} & & & \text{Coverage per \$1,000} & & \text{Monthly premium}
 \end{array}$$

*Guaranteed issue amount is the amount of coverage you can receive regardless of your health status or age. If you would like to elect an amount above the guarantee issue, you will be subject to medical underwriting. Team member election increases more than one level (\$25,000) and any increase to spouse coverage will also require evidence of insurability to be completed. To submit your EOI online, visit mylincolnportal.com. You will be asked to register by creating a username and password.

Short-Term Disability Plan

Lincoln Financial

Monogram Foods recognizes the importance of protecting your finances in the event of a disability. Even if you are unable to work due to a disability, you still need to cover your regular monthly expenses such as mortgage or rent, utility bills, food or other necessities. Monogram Foods offers a short-term disability plan by Lincoln Financial to provide financial assistance in case you become disabled or unable to work.

Short-term disability (STD) plan

STD benefits are designed to replace a portion of your income for a non-work-related short-term injury or illness. 80% of the STD benefit is paid by Monogram Foods, while team members pay the remaining 20%. Additionally, any income replacement benefits received are taxable.

Short-term disability	Union team members
Weekly benefit amount	50%
Weekly benefit maximum	\$800
Benefits begin	The 15th day after illness or injury
Benefits duration	Up to 13 weeks
Preexisting condition limitation	None

Coordination of disability benefits

Your benefit may be reduced if you receive disability benefits from retirement, Social Security, workers' compensation, state disability insurance, no-fault benefits or return-to-work earnings. Refer to your certificate of coverage for more details.

Enhanced Maternity Benefits

Lincoln Financial

- Available to all full-time team members that have 12 months of service and 1,250 hours
- Benefit will provide 100% pay for 12 weeks continuously from date of delivery
- Benefit will run concurrent with any applicable STD benefits
- Benefit is provided per event



Voluntary Benefits

Critical illness insurance

Lincoln Financial

By purchasing critical illness insurance, you can protect your finances from the burden of extra medical and out-of-pocket expenses that can accompany certain covered medical conditions.

Most medical plans provide coverage for hospital and medical expenses associated with critical illnesses such as stroke, heart attack, kidney failure, major organ transplant, coma and paralysis. Even so, there are many expenses that aren't covered that can be financially devastating. With critical illness coverage, you can be prepared financially for costs like:

- Copays, deductibles and coinsurance
- Transportation and lodging needs
- Child care and other domestic help expenses
- Possible loss of income

You can use critical illness coverage more than once. Depending on the illness, a set amount of money is paid directly to you to be used however you choose.

Accident insurance

Lincoln Financial

Accidents can happen when you least expect it. Even day-to-day activities, such as cooking, riding a bike or driving, can lead to accidental injuries. Your medical plan's copays, coinsurance and deductibles add up quickly after a sudden or unexpected injury. While you can't predict when an accident will happen, you can be prepared financially.

Accident insurance provides a lump-sum payment based on the accident/injuries sustained; it's paid directly to you, and you decide the best way to spend it. It's that simple. Whether it's to pay medical expenses, the mortgage, car payments or even utility bills, you decide.

Other advantages of accident insurance are:

- Cash benefits provided for expenses that may not be covered under your medical insurance.
- There are no health questions to answer.
- There is no limit to the amount of accidents you can claim under the policy (with exception to policy rules).
- Covered individuals can receive a cash benefit for a covered health screening per year with no waiting period required.

Voluntary Benefits

Hospital indemnity insurance

Lincoln Financial

When you're faced with a hospitalization, there will be medical expenses and out-of-pocket costs that aren't covered by your primary health insurance plan. Hospital indemnity insurance can help ease the financial burden of a hospital admission; you can focus on your recovery and less on your finances. This insurance pays a benefit when you are admitted to a hospital for a covered accident or sickness.

You may receive a benefit for the following:

- \$1,000 each covered hospital admission.
- \$100 each day of your covered hospital stay, up to 30 days.
- \$200 each day of your covered intensive care stay, up to 30 days.

Covered individuals can also receive a cash benefit for a covered health screening per year.

Whole life insurance

Voya

Whole life insurance through Voya is a portable form of life insurance that is designed to provide long-term insurance protection for you during your working years and beyond. The elected coverage amount and policy premiums are guaranteed to be fixed for the duration of the policy, provided the required premium payments are made. The policy includes long-term care coverage that provides monthly payments in the event that you require assistance with activities of daily living. Coverage can be taken with you if you no longer work at Monogram.

Rates are based upon coverage amount chosen, age, and tobacco status and 100% paid by the team member. To find out your rate, or to enroll in Voya Whole Life, contact a Benefit Communication Specialist at 800.607.1404.

Pet insurance

Pet Benefit Solutions

While it's hard to anticipate accidents or illnesses, pet insurance makes it a little easier to be prepared for them. From preventive care visits to significant medical incidents, Wishbone through Pet Benefit Solutions can help you find the right protection. Visit wishboneinsurance.com/monogramfoods to receive a quote today.



Benefits of voluntary coverage

- Coverage is affordable and offered to you at group rates.
- You own the policy. You take it with you if you leave Monogram Foods or retire.
- Coverage is effective on the first day of the month in which payroll deductions begin.
- Premiums are conveniently deducted from your paycheck.
- You can insure your spouse and children.

Work/Life Employee Assistance Program (EAP)

Lincoln Financial EAP

We all know that life can be challenging at times. Issues like illness, debt and family problems can leave us feeling worried or anxious and not able to be at our best. Monogram Foods will continue to offer team members an employee assistance program (EAP). Lincoln Financial's EAP services provide confidential support and resources for you and your dependents at no charge. You can seek expert guidance for any kind of issue, from everyday matters to more serious problems affecting your well-being.

Here's what the program offers, at no cost to you:

- **EAP:** Five face-to-face visits with experienced clinicians (per occurrence), without any per-session cost to you
- **Legal resources:** Unlimited phone access to Lincoln Financial's legal professionals, an initial consultation at no charge with a local attorney and discounts on additional services
- **Financial resources:** Unlimited phone access to financial professionals for information regarding personal finance and related issues
- **Work/life resources:** Information and referrals on child care, elder care, adoption, relocation and other personal convenience matters
- **Health risk assessments:** Online access to a health risk assessment survey and a variety of health management tools and information
- **Online will preparation:** You can complete an online will and download it to your computer

The EAP provides counseling on all aspects of life, including:

- | | |
|--|-------------------------------------|
| ■ Difficulties in relationships. | ■ Personal and life improvement. |
| ■ Emotional/psychological issues. | ■ Legal or financial issues. |
| ■ Stress and anxiety issues with work or family. | ■ Depression. |
| ■ Alcohol and drug abuse. | ■ Child care and elder care issues. |
| | ■ Grief issues. |

Assistance around the clock

Whenever you need assistance with a work/life issue, the EAP is there for you, 24 hours a day. Specialists are available for confidential 24/7 assistance and support.



Lincoln Financial EAP

For more information and resources:

Call: 888.628.4824

Go online:

guidanceresources.com

Username: LFGSupport

Password: LFGSupport1

401(k) Retirement

Lincoln Financial

The Monogram 401(k) retirement plan is designed to help you prepare for retirement and attain your financial goals. The 401(k) retirement plan makes it easy for you to save money on a tax-deferred basis.

Eligibility

Full-time and part-time team members may participate in the 401(k) plan on the first of the month following five months of service with Monogram Foods.

Contributions

Pretax 401(k) contributions

Pretax contributions allow you to reduce your current taxable income. In addition, any earnings on your contributions are tax-deferred. Any contributions and earnings are fully taxable as ordinary income when you withdraw them.

Roth 401(k) contributions

With a Roth 401(k), your contributions are made with after-tax income, so you see no immediate tax benefit. Any earnings from those contributions are tax-free when you withdraw your funds.

Employer matching contributions

Monogram Foods will match the first 3% you contribute, then 50% of the next 2% you contribute. You are immediately 100% vested in both your contributions to your 401(k) account and in the Monogram Foods' matching contribution.

Beneficiary designation

An important aspect of estate planning is making beneficiary designations and keeping them up to date after life changes. Please remember to make sure you have a designated beneficiary assigned to your 401(k) retirement.

2025 401(k) limits

- Combined elective deferrals, whether to a traditional 401(k), Roth 401(k), or both cannot exceed the annual limit of \$23,500.
- If you are age 50 or older, you may contribute an additional \$7,500 in the form of catch-up contributions.
- The overall annual contribution limit, including employee and employer contributions, is \$70,000.



How to enroll

Visit lincolffinancial.com/register to register for online account access. Follow the prompts, and after registration, you'll be directed to the Monogram Foods account page to enroll in the plan. Choose your contribution rate and investment option and you're enrolled!

Biweekly and Weekly Rates

Monogram Foods covers a majority of the cost for your medical and dental insurance. If you enroll in the vision plan, you pay the full cost for that coverage. Your premiums for medical, dental and vision coverage will be deducted from your biweekly or weekly paycheck on a pretax basis. All rates below will be effective August 1, 2025, through July 31, 2026.

Medical and prescription payroll contributions

	PPO plan		HDHP		Bronze plan	
	Biweekly	Weekly	Biweekly	Weekly	Biweekly	Weekly
Team member	\$97.99	\$48.99	\$57.57	\$28.79	\$38.11	\$19.05
Team member + spouse	\$261.07	\$130.54	\$148.32	\$74.16	\$117.46	\$58.73
Team member + child(ren)	\$201.56	\$100.78	\$137.39	\$68.69	\$107.61	\$53.81
Family	\$346.72	\$173.36	\$243.08	\$121.54	\$195.10	\$97.55

Dental payroll contributions

	Biweekly contribution	Weekly contribution
Team member	\$6.75	\$3.37
Team member + spouse	\$12.75	\$6.38
Team member + child(ren)	\$15.30	\$7.65
Family	\$24.67	\$12.33

Vision payroll contributions

	Biweekly contribution	Weekly contribution
Team member	\$2.92	\$1.46
Team member + spouse	\$5.83	\$2.92
Team member + child(ren)	\$6.13	\$3.07
Family	\$9.63	\$4.82

Please note:

If you use tobacco products, you will pay a \$50 surcharge per biweekly pay period or \$25 per weekly pay period for your medical coverage. Monogram offers a Tobacco Cessation program, through Teladoc, at no cost to team members.

Contacts

Medical

BCBST

Member services: 800.565.9140
Nurseline: 800.262.2873
Technical support: 800.924.7141
Livongo: 800.945.4355
Hinge Health: 855.902.2777
Teladoc: 800.TELADOC
Tobacco cessation program via Teladoc: 888.283.6691
Website: bcbst.com

Prescription Drug

CVS Caremark

Member services: 800.565.9140
Website: bcbst.com/rxplan

FSA (Healthcare and Dependent Care FSA)

Surency

Customer service: 866.818.8805
Website: surency.com

Dental

Delta Dental TN

Customer service: 800.223.3104
Website: deltadentaltn.com

Vision

EyeMed

Customer service: 866.939.3633
Website: eyemedvisioncare.com

Life and AD&D

Lincoln Financial

Customer service: 800.487.1485
Website: mylincolnportal.com
Code: MONOGRAM-EE
EOI questions: 888.287.8494 — Option 2

Whole Life

Voya

Customer service: 877.236.7564
Website: voya.com

Short-Term Disability and Voluntary Benefits

Lincoln Financial

Customer service: 800.423.2765
Website: mylincolnportal.com
Code: MONOGRAM-EE
New claims: 888.408.7300
Existing claims: 800.291.0112

Pet Insurance

Pet Benefit Solutions

Customer service: 800.891.2565
Email: customercare@petbenefits.com
Website: wishboneinsurance.com/monogramfoods

Employee Assistance Program

ComPsych provided by Lincoln Financial

Customer service: 888.628.4824
Website: guidanceresources.com
Username: LFGSupport
Password: LFGSupport1

Retirement/401(k)

Lincoln Financial

Customer service: 800.234.3500
Website: lincolnfinancial.com

Medicare Advocacy

Transitions Benefit Group

Customer service: 800.936.1405
Website: transitionsrbg.com

Benefit Communication Specialist

Lockton

Customer service: 800.607.1404
Email: monogrambenefits@lockton.com

Final notes

This summary of benefits is not intended to be a complete description of Monogram Foods' insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document rather than by this or any other summary of the insurance benefits provided by the plan.

In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Monogram Foods maintains its benefit plans on an ongoing basis, Monogram Foods reserves the right to terminate or amend each plan in its entirety or in any part at any time.

Please contact your Monogram Foods human resources representative with questions regarding the information provided in this overview.

Glossary

AGE REDUCTION: The group term basic life and AD&D insurance coverage are subject to a reduction in benefit amount as you age.

COINSURANCE: Coinsurance is your share of the costs of a covered healthcare service, calculated as a percent (for example, 20%) of the allowed amount for the service. Your coinsurance will begin after you have met your deductible. For example, if the health plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health plan pays the rest of the allowed amount.

COPAY: A copay is a fixed dollar amount you pay for a healthcare service. The amount can vary by the type of service. Your copays will not count toward your deductible but will count toward your out-of-pocket maximum.

DEDUCTIBLE: The deductible is the amount you owe for covered healthcare services before your plan begins to pay benefits. For example, if your deductible is \$3,000, your plan won't pay anything until you've met your \$3,000 deductible for covered healthcare services subject to the deductible. Preventive care is not subject to the deductible as it is covered 100% by any medical plan option.

EMBEDDED DEDUCTIBLE: If you are on a family medical plan with an embedded deductible, your plan contains two components: an individual deductible and a family deductible. Having two components to the deductible allows each member of your family to have your insurance policy cover their medical bills prior to the entire dollar amount of the family deductible being met. The individual deductible is embedded in the family deductible.

EXPLANATION OF BENEFITS (EOB): An EOB is a statement from the insurance company showing how claims were processed. The EOB tells you what portion of the claim was paid to the healthcare provider and what portion of the payment, if any, you are responsible for.

IMPUTED INCOME: Federal regulations require payment of income and Social Security taxes on the value of the life insurance premiums in excess of \$50,000 when paid for by your employer. The value of dependent life coverage paid for by your employer is also taxable. These values are known as imputed income. Contact your tax professional for information regarding these tax consequences if you have questions or concerns.

INDIVIDUAL MANDATE: Federal health reform mandates most U.S. citizens have health insurance for themselves and their dependents. Monogram Foods helps you stay insured by offering affordable healthcare for all team members who work at least 30 hours each week.

IN-NETWORK VS. OUT-OF-NETWORK: A network is composed of all contracted providers. Networks request providers to participate in their network, and in return, providers agree to offer discounted services to their patients. If you pick an out-of-network provider, your claims will be higher because you will not receive the discounts the in-network providers offer.

OUT-OF-POCKET MAXIMUM: The out-of-pocket maximum is designed to protect you in the event of a catastrophic illness or injury. Your out-of-pocket maximum includes your deductible, coinsurance and copays that come out of your pocket. After you have paid the specified out-of-pocket amount during a policy year, the plan pays the remaining covered services at 100%.

PORTABILITY AND CONVERSION: Portability and conversion are available for your term life policies if your employment with Monogram Foods ends. Portability allows you to continue your term life coverage, while the conversion option allows you to convert your term life policy into an individual whole life policy.

PREVENTIVE CARE: Routine healthcare services can minimize the risk of certain illnesses or chronic conditions. Examples of preventive care services include but are not limited to physical exams, mammograms, flu vaccines, prostate tests and smoking cessation. A full list can be found at uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations.

REASONABLE AND CUSTOMARY: The amount of money a health plan determines is the normal or acceptable range of charges for a specific health-related service or medical procedure. If your healthcare provider submits higher charges than what the health plan considers normal or acceptable, you may have to pay the difference.

All changes must be made by June 20!

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

