



2026

YOUR GUIDE TO EMPLOYEE BENEFITS





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SI DESEA RECIBIR UNA COPIA DE SU GUÍA DE BENEFICIOS EN ESPAÑOL, COMUNÍQUESE
CON SU REPRESENTANTE LOCAL DE RECURSOS HUMANOS O ESCANEA EL CÓDIGO QR
DONDE ENCONTRARÁ LA GUÍA DE BENEFICIOS PARA REVISAR EN LÍNEA.



WELCOME TO YOUR BENEFITS

HOW TO ENROLL

As a new Ferrara employee, you are eligible for health & welfare benefits on the first day of the month following your hire date. You have 30 days beginning with your hire date to elect these benefits. You can expect to receive a notice (through email or mail) from the Ferrara Benefits Center shortly after your hire date letting you know you may now enroll. You have two options for completing the enrollment process via the **Ferrara Benefit Enrollment Center**.

ONLINE ENROLLMENT:

Log into the Ferrara Benefit Enrollment Center employee portal (through Empyrean) to make your benefits elections directly. You can do this by accessing www.ferrarabenefits.com on your computer or mobile device, or you can download the **EmpyreanGO** app from the Apple App or Google Play store.

Note: If you have not yet registered for account access, or need to reset your username and password, you will need your first and last name, social security number, and date of birth to set up your user ID and password.

ENROLLMENT VIA THE CALL CENTER:

You can complete your enrollment by contacting the Call Center at **888.681.2263** Monday - Friday 8am-5pm CST. Counselors will answer questions, take your elections over the phone, or help you with online self-enrollment.

Note: Spanish speakers will be available to help you complete your enrollment.



ENROLLMENT AND ELIGIBILITY

BENEFIT ELIGIBILITY

You, your spouse or domestic partner, and your children are eligible for coverage under various plans in the Ferrara benefits program.

EMPLOYEES

You may enroll in the benefits program if you are a regular full-time employee who is actively working a minimum of 30 hours per week. 401(k) benefits are available to all employees including part-timers. Health & Welfare benefits become active on the 1st of the month following hire date, and 401(k) benefits after 30 days of employment.

DEPENDENTS

Eligible dependents include your legally married spouse or domestic partner and children up to age 26. Children may include biological, adopted, step-children, and children for whom you or your covered spouse or domestic partner have legal guardianship. You may also cover disabled dependents over the age of 26 who meet IRS guidelines.

DOMESTIC PARTNER COVERAGE

Domestic partners are eligible to enroll in Ferrara's benefit plans. You and your partner must meet specific criteria to qualify for domestic partner coverage. You will find a Domestic Partner Affidavit Form in the Employee Resources section of the Benefits Portal within the Ferrara Benefits Center. Both same-gender and opposite-gender domestic partners are considered non-tax-qualified under IRS rules. When you enroll a non-tax-qualified dependent for coverage under the company's health plans, your share and Ferrara's share of health care premiums may be treated differently for federal and/or state income tax purposes than those for tax-qualified dependents. The differences are:

- Your contributions for the non-tax-qualified dependent will be deducted from your pay on an after-tax basis.
- The value of the Company-provided coverage is considered taxable income to you and will result in additional "imputed income."

The amount of your imputed income will be reported on your W-2 Form and on your paycheck as taxable income and is also subject to FICA and Medicare tax withholding.

DEPENDENT VERIFICATION

When you enroll a new dependent into a benefit, you may be required to provide documentation to the Ferrara Benefits Center authenticating your relationship to the person. For a list of Dependent Verification acceptable documents, [click here](#) or scan the QR code at the bottom of the page.

CHANGING YOUR COVERAGE

Once you make your elections, you will not be able to make changes until the 2026 Open Enrollment period during the fall of 2025, unless you experience a qualifying life event. A qualifying event is a change in your personal life which may impact your eligibility or your dependent's eligibility for benefits. Common qualifying events include getting married or divorced, having a new child, and loss of coverage on another plan.

To change your benefits due to a qualifying event, go to the **Ferrara Benefit Enrollment Center** website. **You must submit changes to your coverage within 30 days of your life event with supporting documentation (60 days for newborn or adoption).**



Scan here to find
Dependent Verification
information.



MEDICAL INSURANCE

All three of the below Blue Cross Blue Shield of IL medical plans utilize the same network of providers. To locate providers within the network, log in to <https://mybam.bcbsil.com>.

Note: When you receive care in-network, you benefit from negotiated discounts with BCBSIL, and Ferrara pays 100% of your preventive care costs!



| BENEFIT | PPO | | HDHP1 | | HDHP2 | |
|--|-----------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| CALENDAR YEAR DEDUCTIBLE | EMBEDDED* | | AGGREGATE* | | AGGREGATE* | |
| Employee | \$750 | \$1,500 | \$1,700 | \$3,400 | \$4,000 | \$8,000 |
| Employee and Spouse or Child | \$1,500 | \$3,000 | \$3,400 | \$6,800 | \$8,000 | \$16,000 |
| Employee and Children or Spouse and Child(ren) | \$2,250 | \$4,500 | \$3,400 | \$6,800 | \$8,000 | \$16,000 |
| OUT-OF-POCKET MAXIMUM | | | | | | |
| Employee | \$3,500 | \$7,000 | \$3,500 | \$7,000 | \$7,500 | \$15,000 |
| Employee and Spouse or Child | \$7,000 | \$14,000 | \$7,000 | \$14,000 | \$9,000 | \$30,000 |
| Employee and Children or Spouse and Child(ren) | \$10,500 | \$21,000 | \$7,000 | \$14,000 | \$9,000 | \$30,000 |
| COINSURANCE | | | | | | |
| All Tiers, You Pay | 20% after deductible | 40% after deductible | 20% after deductible | 40% after deductible | 30% after deductible | 40% after deductible |
| PHYSICIAN OFFICE VISITS | | | | | | |
| Primary Care or Specialist (includes Chiropractic Care) | 20% after deductible | 40% after deductible | 20% after deductible | 40% after deductible | 30% after deductible | 40% after deductible |
| Preventive Care (Including if using Teladoc's Virtual Primary Care system) | 100% covered | 40% after deductible | 100% covered | 40% after deductible | 100% covered | 40% after deductible |
| Urgent Care | 20% after deductible | 40% after deductible | 20% after deductible | 20% after deductible | 30% after deductible | 40% after deductible |
| HOSPITAL SERVICES | | | | | | |
| Inpatient and Outpatient | 20% after deductible | 40% after deductible | 20% after deductible | 40% after deductible | 30% after deductible | 20% after deductible |
| Emergency Room | 20% after deductible | | 20% after deductible | | 20% after deductible | |
| VIRTUAL PRIMARY CARE THROUGH TELADOC | | | | | | |
| Includes Primary Care, Urgent Care, certain Mental Health & Dermatology visits | \$10 copay No deductible | n/a | Covered at 100% | n/a | Covered at 100% | n/a |
| Maximum Benefit Per Year | None | | None | | None | |

*Aggregate Deductible: In the HDHP Plans, if you cover your family members, a family deductible applies. Think of this as a true family deductible which must be reached, regardless of whether it is reached by one or multiple covered persons. Embedded Deductible: In the PPO Plan, when you cover your family members, the individual deductible applies. Each covered person must meet their own deductible, to a maximum of \$2,250 for a full family.

Employee insurance rates begin on page 21.

LOWER-COST VIRTUAL FIRST PRIMARY CARE OPTION THROUGH TELADOC

Virtual Primary Care through Teladoc is a feature of all BCBS health plans. Through Teladoc, members can see board-certified physicians for certain appointment types virtually. Get convenient care for a lower cost! For a \$10 copay under the PPO or free with an HDHP, members can receive services for general medicine, mental health, dermatology, urgent care, and wellness visits. (Wellness visits are free.) Set up your account to get started. Visit [Teladoc.com](https://teladoc.com) (use employer health code FERRARA) or call 800.835.2362 for support. For more information on Virtual Primary Care, [click here](#) or scan the QR code.

Scan here to find
Virtual Primary Care
information.



PRESCRIPTION DRUG COVERAGE - BLUE CROSS PLANS (CVS)

Prescription drug coverage is included in all three of the Blue Cross Blue Shield medical plans and offered in partnership with CVS/Caremark. While your plan may differ in how you are expected to pay for coverage, all medical plans cover the same drugs.

| BENEFIT | PPO | | HDHP1 | | HDHP2 | |
|---|---|----------------|----------------------|----------------|----------------------|----------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Preventive Drugs Covered at | Covered at 100% | Not covered | Covered at 100% | Not covered | Covered at 100% | Not covered |
| Retail - Supply Limit | 34 days | | 34 days | | 34 days | |
| Generic, Brand, and Non-Preferred Brand | \$10 Generic \$35 Brand \$60 Non-Preferred | Not covered | 20% after deductible | Not covered | 20% after deductible | Not covered |
| Mail Order - Supply Limit | 90 days | | 90 days | | 90 days | |
| Generic, Brand, and Non-Preferred Brand | \$20 Generic \$70 Brand \$120 Non-Preferred | Not covered | 15% after deductible | Not covered | 15% after deductible | Not covered |

If you or a covered family member is taking a “maintenance” medication (such as a medication to treat high blood pressure or reduce cholesterol), you can take advantage of the mail order program. When you purchase a maintenance medication via mail, you could pay 5% less for the drug (and you typically receive deeper discounts on the cost of the drug), saving you money compared to what you would pay at a retail pharmacy. Employees are also able to fill 90-day prescriptions at CVS.

Employee insurance rates begin on page 21.



MEDICAL INSURANCE - KAISER PLANS

Available to California employees only.

The chart below provides a brief summary of the Kaiser medical plan options.

| FEATURE/SERVICES | Kaiser HDHP with HSA | | Kaiser HMO | |
|---|--|---|-----------------------------------|--|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Annual Deductible | \$1,700 Single/ \$3,400 Family | No Out of Network Benefits except for Emergency Room which matches the In-Network benefit | \$1,500 Single/ \$3,000 Family | No Out of Network Benefits except for Emergency Room and Emergency medical transportation which matches the In-Network benefit |
| Annual Out-of-Pocket Maximum Individual/Family | \$3,400 Single/ \$6,800 Family | | \$2,500 Single/ \$5,000 Family | |
| Employer Contribution | \$750 Single/ \$1,250 Family | | Not Applicable | |
| Lifetime Maximum | Unlimited | | Unlimited | |
| Preventive Care | Covered 100%, no deductible | | Covered 100%, no deductible | |
| PCP Office Visit for Sickness or Injury | After deductible satisfied, \$20 copay | | \$20 copay | |
| Specialty Physician Office Visit | After deductible satisfied, \$20 copay | | \$20 copay | |
| Emergency Room | After deductible satisfied, \$200 copay (waived if admitted) | | Covered at 20% after deductible | |
| Urgent Care Center Services | After deductible satisfied, \$20 copay | | \$20 copay | |
| Hospital: Inpatient Stay | After deductible satisfied, \$250 copay | | Covered at 20% after deductible | |
| Outpatient Surgery | After deductible satisfied, \$150 copay | | Covered at 20% after deductible | |



PRESCRIPTION DRUG COVERAGE - KAISER PLANS

When you enroll in one of the medical plan options, you automatically receive prescription drug coverage through Kaiser. The prescription drug plan is based on a three tier status (Generic, Brand Name Formulary, and Specialty). You can call the Customer Service number on your ID card to determine the tier status for your medication. There are two ways you can receive your prescription drug benefits:

- Retail pharmacy (a local drug store): You receive up to a 30-day supply and make a copayment for your prescription. To get a prescription filled at a retail pharmacy, just take your prescription and your ID card to your participating pharmacy.
- Mail order drug program: If you are on maintenance medication (for a medical condition that requires ongoing use of medications, such as high blood pressure, diabetes or a thyroid condition), you can use the mail-order prescription service. When you order prescriptions by mail, you can receive up to a 90 day supply.

| DRUG TIER | Retail Network Pharmacy (up to a 30 day supply) | Mail Order Pharmacy (up to a 100 day supply) |
|---|--|---|
| Tier I: Generic | \$10 | \$20 |
| Tier II: Brand Name Formulary and Non-Formulary | \$30 | \$60 |
| Tier IV: Specialty | HMO Plan: \$30 HDHP Plan: 20% coinsurance to a \$250 maximum per script | Not Covered |

** No Tier 3, Brand Name Formulary and Non-Formulary drugs both fall under Tier 2 for these plans.*
Please Note: For the Kaiser HDHP plan, members must first meet their medical/RX integrated deductible before any Prescription Drug benefits are payable. Once the deductible has been met, benefits will begin to be paid.

Employee insurance rates begin on page 21.



LOWER YOUR PAYROLL CONTRIBUTION

TOBACCO-FREE WELLNESS CREDIT (\$1,200/YEAR)

Ferrara will automatically provide a credit of \$100 per month toward your Ferrara Medical Plan payroll deduction if you certify when you enroll that you and your covered spouse/domestic partner are tobacco-free.

WELLNESS SCREENING CREDIT (\$600/YEAR)

FOR BCBS ONLY

At Ferrara, supporting the health and wellbeing of our colleagues is a priority. That's why we highly encourage you to complete an annual physical/wellness exam with your preferred physician (includes annual OBGYN visit). To make staying healthy even sweeter, completing your annual physical can save you up to \$600 annually on Medical Plan contributions! No further action is required on your part once you complete your physical. Ferrara will be informed by BlueCross that you've completed your physical and apply the credit to your medical deduction.

There is generally a 45-60 day delay from the time you have a physical until you see the credit reflected on your Medical payroll deduction.

Please direct all questions about wellness credits to peoplehub@ferrara.com.

KAISER WELLNESS CREDIT

For information on opportunities to receive your wellness credit contact the Total Rewards team at TotalRewards@ferrara.com.



TAX SAVINGS ACCOUNTS

Ferrara offers three types of health care tax savings accounts through Optum Financial, and your eligibility is based on the medical plan you choose during enrollment. You contribute to these accounts pre-tax each pay period. When you save funds toward one of these accounts, you lower your taxable income.

| PLAN COMPARISONS | HSA | LIMITED PURPOSE FSA | HEALTH CARE FSA |
|--|---|--------------------------------|--------------------------------|
| | HDHP1, HDHP2 and Kaiser HDHP | HDHP1, HDHP2 and Kaiser HDHP | PPO |
| Ferrara Funding | HDHP1 and Kaiser HDHP: If you are enrolled in the HDHP1 Plan and elect to contribute at least \$250/year to an HSA, you will receive a prorated Ferrara matching contribution. See the next page for details. This does not apply to enrollees in the HDHP2 Plan. HDHP2: No Ferrara HSA Match for enrollees in the HDHP2 Plan. | No | No |
| 2026 Maximum Annual Deferral | \$4,400 – Individual \$8,750 – Family + \$1,000 – Age 55 or older | \$3,400 | \$3,400 |
| Eligible Expenses | Medical, Dental, Vision | Dental, Vision | Medical, Dental, Vision |
| Debit Card | Yes | Yes | Yes |
| Funds Available | Once you accrue them | First day of the plan year | First day of the plan year |
| Carry Over | Yes; unlimited | Up to \$680 only each year | Up to \$680 only each year |
| What Happens to Funds if I Leave Ferrara? | You take it with you if you leave, change plans, or retire | The money does not go with you | The money does not go with you |
| Account Earns Interest? | Yes, after account reaches \$1,000, investment options are available. Learn more when you log in to your Optum Financial HSA Account | No | No |
| Vendor | Optum Financial | Optum Financial | Optum Financial |

TAX SAVINGS ACCOUNT (CONT.)

HEALTH SAVINGS ACCOUNTS (HSA) & FLEXIBLE SPENDING ACCOUNTS (FSA)

HSA's and FSA's allow you to set aside money for healthcare expenses while reducing your taxable income. If you enroll in an HDHP Medical Plan you are eligible to enroll in an HSA. If you enroll in a Medical PPO Plan (or no Medical Plan) you are eligible to enroll in an FSA. For a detailed explanation of HSA and FSA Plans, [click here](#) or scan the QR code at the bottom of this page.

HSA EMPLOYER CONTRIBUTIONS

HSA Employer Match - All Employees enrolled in the HDHP1 Plan or the Kaiser HDHP:

If you are enrolled in the Blue Cross Medical HDHP1 or the Kaiser HDHP Plan and elect to contribute at least \$250 per year to an HSA, you will receive an Employer HSA Match. HDHP2 enrollees are not eligible for an HSA Match.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA):

The Dependent Care FSA lets you set aside pre-tax dollars to use toward qualified dependent care expenses such as day care or after school programs. When you claim aging parents as tax dependents, you can use these funds toward nursing or elder care as well.

For more information on DCFSA Plans, [click here](#) or scan the QR code at the bottom of this page.

FERRARA HSA MATCHING CONTRIBUTIONS (BCBS HDHP1 and Kaiser HDHP members)

| Hire Date | Single Coverage | Family Coverage | Timing of Funding |
|--------------|-----------------|-----------------|---------------------|
| Q1 '26 hires | \$562.50 | \$937.50 | End of April 2026 |
| Q2 '26 hires | \$375.00 | \$625.00 | End of July 2026 |
| Q3 '26 hires | \$187.50 | \$312.50 | End of October 2026 |
| Q4 '26 hires | - | - | n/a |



Scan here to find Savings Account Information.



DENTAL

We partner with MetLife to offer you and your family members Dental Insurance. Your out-of-pocket expenses will usually be lower if you visit a Metlife in-network dentist. Visit [metlife.com](https://www.metlife.com) and select “Find a Dentist” and then the “PDP Plus” network.

| BENEFIT | In-Network | Out-of-Network |
|---|----------------------|---|
| Out-of-Network Reimbursement Type | N/A | Reasonable & Customary (R&C) See below chart for definition. |
| Calendar Year Deductible | | |
| Individual | \$50 | \$50 |
| Family | \$150 | \$150 |
| Calendar Year Maximum | \$1,500/person | \$1,500/person |
| Coinsurance | You Pay | You Pay |
| Preventive (Cleanings, Annual Exams and X-rays, etc.) | 0% no deductible | 0% no deductible |
| Basic (Fillings, Oral Surgery, Non-Surgical Periodontics, Endodontics, etc.) | 20% after deductible | 20% after deductible |
| Major (Crowns, Dentures, Implants, Surgical Periodontics, etc.) | 50% after deductible | 50% after deductible |
| Orthodontia | | |
| Coinsurance | 50% after deductible | 50% after deductible |
| Lifetime Maximum | \$2,000 | \$2,000 |
| Benefit Applies to | All covered members | All covered members |

Employee insurance rates begin on page 21.

OUT-OF-NETWORK (OON) REIMBURSEMENT

OON Coverage: Reasonable & Customary Payments (R&C): MetLife pays out-of-network dentists based on charges determined to be “reasonable & customary” in the member’s geographic area for similar services.



VISION

We partner with EyeMed to offer you and your family members Vision Insurance. Visit eyemed.com to find in-network providers and access a variety of online tools, programs, and additional discounts exclusive to EyeMed members, including the Hearing Health Discount and LASIK.

| BENEFIT | IN-NETWORK | OUT-OF-NETWORK |
|--|--|-----------------|
| Exam | | |
| Individual | \$10 copay | \$30 copay |
| Lenses | | |
| Single | \$10 copay | \$25 allowance |
| Bifocal | \$10 copay | \$45 allowance |
| Trifocal | \$10 copay | \$60 allowance |
| Lenticular | \$10 copay | \$60 allowance |
| Progressive | \$75 – \$120 copay | \$40 allowance |
| Frames (Once every 24 months from the date of service) | \$0 copay; \$150 allowance, 20% off balance over \$150 | \$75 allowance |
| Contacts | | |
| Conventional | \$0 copay; \$150 allowance, 15% off balance over \$150 | \$120 allowance |
| Disposable | \$0 copay; \$150 allowance | \$120 allowance |
| Medically Necessary | \$0 copay; paid in full | \$120 allowance |
| Frequency - Exam | Once every 12 months | |

Employee insurance rates begin on page 21.



LIFE INSURANCE

We know financial security and planning is a top priority for you. This coverage offers financial protection to you and/or your family members under certain circumstances. Life and Disability Insurance will be provided through Prudential.

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Ferrara provides you a benefit of two times your annual salary up to \$1,000,000, at no cost to you, for Life Insurance and Accidental Death & Dismemberment Insurance.

EMPLOYEE VOLUNTARY LIFE AND AD&D INSURANCE

You are eligible to purchase Voluntary Life Insurance in increments of 1, 2, 3, or 4 times your base annual salary up to a maximum benefit of \$850,000. Evidence of Insurability (EOI) may be required if you are newly enrolling or increasing your existing coverage.

DESIGNATING YOUR BENEFICIARY

The Life Insurance and/or AD&D benefit is paid to the beneficiary (or beneficiaries) you designate during enrollment. Please make sure your beneficiary information is accurate. You may change your beneficiary information in the Ferrara Benefits Center at any time.

VOLUNTARY LIFE AND AD&D INSURANCE

SPOUSE/DOMESTIC PARTNER AND DEPENDENT CHILD

You may also choose to purchase voluntary spouse and/or dependent Life and AD&D coverage. Spouse coverage is available in increments of \$5,000 up to a maximum of \$100,000, not to exceed 100% of employee coverage. Dependent child Life and AD&D coverage is available in increments of \$2,000, up to a maximum of \$20,000. Evidence of Insurability is never required for child Life and AD&D coverage.

Employee insurance rates begin on page 21.



DISABILITY INSURANCE

SHORT-TERM DISABILITY (STD)

FOR ILLNESSES, NON WORK-RELATED ACCIDENTS, AND MATERNITY

Ferrara provides Short-Term Disability Insurance to help provide financial security until you get back on your feet and return to work. The plan covers 60% of your pre-disability base income for illnesses or non-work-related accidents, and 100% for maternity cases. If a maternity case extends beyond eight weeks post-delivery, the benefit will transition to 60% coverage.

If you live in California, you will receive State paid benefits.

LONG-TERM DISABILITY (LTD)

Ferrara provides LTD Insurance to offer you financial assistance in the event you are unable to work for an extended period of time (typically longer than 6 months) due to a non-work-related illness or injury. The LTD Plan covers 60% of your pre-disability base earnings, to a maximum of \$15,000 per month.

Employee insurance rates begin on page 21.



VOLUNTARY BENEFITS

VOYA VOLUNTARY BENEFITS

Voya will coordinate your claims with your Blue Cross Insurance plan for easy claim processing.

CRITICAL ILLNESS INSURANCE

You can protect yourself from the unexpected cost of a serious illness.

Health insurance is not always enough to cover the unforeseen expenses associated with a serious medical condition. We partner with Voya to offer Critical Illness Insurance, which pays a lump sum if you are diagnosed with a covered condition on or after your coverage effective date. You can use this money however you like, for example: to help pay for expenses not covered by your medical plan, lost wages, home healthcare, or any regular household expenses.

You can enroll yourself, children, and spouses/domestic partners into Critical Illness insurance. For more detailed information, including commonly covered conditions, [click here](#) or scan QR code at the bottom of this page.

HOSPITAL INDEMNITY INSURANCE

Receive cash payments to help cover the cost of a hospital stay.

We partner with Voya to offer Hospital Indemnity Insurance, which allows financial peace of mind when you or a loved one are admitted for a hospital stay. A hospital benefit is paid per admission, in addition to a daily benefit amount; this includes hospitalizations due to pregnancy. Funds can be used to pay expenses such as deductibles, coinsurance, and non-medical expenses like groceries, car payments, and childcare. There are no pre-existing limitations for this benefit.

You can enroll yourself, children, and spouses/domestic partners into Hospital Indemnity insurance. For more detailed information, [click here](#) or scan the QR code at the bottom of this page.



Scan here to find
Critical Illness, Hospital, &
Accident Insurance Info.



ACCIDENT INSURANCE*

Major injuries are painful. But the financial impact of the medical treatment doesn't have to be.

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact. We partner with Voya to offer Accident Insurance, which pays you cash benefits for specific injuries and events resulting from a covered accident that occurs on or after your coverage effective date. The benefits are paid for accidents that occur on or off the job, so you have 24-hour coverage.

You can enroll yourself, children, and spouses/domestic partners into Accident Insurance. Enrollees in the HDHP1 & HDHP2 automatically receive this benefit through Ferrara. For more information, [click here](#) or scan QR code at the bottom of this page.

***Accident plan for HDHP1 and HDHP2 members are paid for by Ferrara!**

Employee insurance rates begin on page 21.

FINANCIAL BENEFITS

When you are financially fit, you are less likely to feel physical and emotional strain. With that in mind, Ferrara offers all employees a Financial Wellness Benefit and a 401(k) Retirement Plan with a Company Match.

FINANCIAL WELLNESS BENEFIT

Plan for your financial future with Ferrara's FREE Financial Wellness Program through Creative Planning. The program offers:

- One-on-One Financial Wellness Coaching in English and Spanish
- 401(k) investment advisory services
- Educational workshops

For more information, [click here](#) or scan QR code at the bottom of this page.

401(K) RETIREMENT SAVINGS PLAN

You will become eligible to participate in the 401(k) Retirement Plan after 30 days of employment. You will receive more information about the 401(k) Plan directly from Empower. The Plan has an auto-enrollment feature which means that if you do not actively opt out of contributions, or make an affirmative election, you will be auto-enrolled at a 3% contribution rate once you have met the 30-day waiting period. Please carefully review the information you receive from Empower.

You can contribute between 1-90%* of your eligible earnings up to the IRS annual limit on either a pre-tax or ROTH (after-tax) basis. You may change your contribution election at any time through Empower by visiting www.empowermyretirement.com. Your change will be reflected in payroll as soon as administratively possible, generally within 1-2 pay periods.

*The maximum contribution of pre-tax and/or Roth after-tax dollars is 90% of compensation or \$24,500, whichever is less. The IRS allows participants age 50 and older ** to contribute an additional \$8,000 even after the maximum contribution has been met.

**An exception are participants ages 60-63, details below.

"Super Catch-up" for those ages 60-63

"Super Catch-up" for those ages 60-63 In 2026 is \$11,250. An account holder can take advantage of this additional catch-up contribution if they attain age 60 but are not older than age 63 by the end of the calendar year.

FERRARA MATCH

If you are eligible and contributing to the 401(k) plan, Ferrara will match 100% of the first 4% of eligible pay you contribute, and 50% of your additional contributions up to 6% of pay. The maximum match is 5% if you contribute 6% or more to the plan. The match formula is listed below.

| EMPLOYEE CONTRIBUTION | FERRARA MATCH |
|-----------------------|---------------|
| 1% | 1% |
| 2% | 2% |
| 3% | 3% |
| 4% | 4% |
| 5% | 4.5% |
| 6% | 5% |

VESTING

- You are always 100% vested in your personal contributions (including rollovers from previous employers) and any investment earnings on these amounts.
- You become 100% vested in Ferrara's matching contributions and any investment earnings on these amounts after completing 2 years of service.



Scan here to find
Financial Wellness
Information.



ADDITIONAL BENEFITS

NOOM: FREE DIGITAL WELLNESS PROGRAM FOR NUTRITION AND WEIGHT MANAGEMENT

NOOM is a digital wellness platform available to Ferrara employees. It uses science-backed strategies and personalized coaching to help you build healthier habits around nutrition and eating. If your goal is weight loss, NOOM can help you lose weight and keep it off for good. The program will help you better understand your relationship with food, how to be more mindful of your habits, and give you the knowledge and support you need for long-lasting change.

For more information on NOOM, [click here](#) or scan the QR code at the bottom of this page.

EMPLOYEE ASSISTANCE PROGRAM (EAP) - SUPPORTLINC

The Employee Assistance Program (EAP) offers FREE expert guidance to Ferrara employees and their families, including dependents up to age 26 living outside the home. Support is provided through SupportLinc to help address and resolve everyday issues such as:

- **In-the-moment emergency support** - reach a licensed clinician by phone 24/7/365 for immediate assistance.
- **Short-Term counseling** - 8 FREE mental health visits with a licensed counselor per issue, per year.
- **Caregiver Support** - Referrals for child care, elder care, and pet care.
- **Convenience resources** - Referrals for home repair, housing needs, education, and so much more!
- **Retirement assistance** - Retirement Coaches can help employees nearing retirement with Estate planning, wills, trusts, money management, real estate and relocation. In addition, they search for home repair, community activities, volunteer opportunities and travel.

For more information on SupportLinc, [click here](#) or scan the QR code at the bottom of this page, group code is ferrara.

COLOR: FREE CANCER SUPPORT PROGRAM

Color is a free program that can help you prevent cancer, get care for it, and live your life after. This benefit is available to all employees enrolled in a Ferrara Medical Plan.

For more information, visit color.com/Ferrara.



Scan here to find NOOM,
Supportlinc, and Color
information

ADDITIONAL BENEFITS (CONT.)

PHYSICAL AND MENTAL WELLBEING PROGRAMS

TELADOC FOR DIABETES AND HYPERTENSION

Teladoc for Diabetes and Hypertension are two programs that are available at no cost to you and your family members with diabetes and high blood pressure that are enrolled in a Ferrara BCBS Medical Plan. The Diabetes Management program includes unlimited strips and lancets, connected blood sugar meter, personalized insights and more! The Hypertension Solution offers 1-on-1 coaching, a connected monitor, real-time tips, and more.

For more information about the Teladoc Diabetes Program [click here](#) or scan the QR code at the bottom of this page.

For more information about the Teladoc Hypertension Program [click here](#) or scan the QR code at the bottom of this page.

HINGE HEALTH FOR MUSCLE & JOINT PAIN

Hinge Health is a digital exercise therapy program offered at no cost to employees and dependents (age 18+) enrolled in a Ferrara BCBS Medical Plan. Hinge Health gives you the tools you need to conquer back and joint pain, recover from injuries, prepare for surgery, and stay healthy and pain free. You can complete your customized care plan anywhere, any time. The program includes:

- Wearable sensors for live feedback in the Hinge Health App
- Unlimited 1-on-1 health coaching
- Personalized exercise therapy

For more information about Hinge Health, [click here](#) or scan the QR code at the bottom of this page.

MAVEN FERTILITY & FAMILY BENEFITS

Maven offers all Ferrara benefit-eligible employees FREE programs to support:

- Fertility
- Adoption
- Surrogacy
- Maternity
- Parenting & Pediatrics
- Menopause

Maven Wallet: A lifetime maximum of up to \$15,000 for fertility benefits not already covered by insurance.

Maven Milk: This program helps moms transition back to work and get breast milk home to baby—easily, reliably, and safely.

Maven Milk offers simple breast milk shipping and convenient domestic and international travel kits for every type of travel.

For more information on Maven Milk, [click here](#) or scan the QR code at the bottom of this page.

CALM APP

Ferrara employees have access to a FREE Calm Subscription. Users experience lower stress, less anxiety, improved focus and more restful sleep with Calm. Whether you have 30 seconds or 30 minutes, Calm content is made to suit your schedule and needs.

For more information on Calm, with login information, [click here](#) or scan the QR code at the bottom of this page.



Scan here to find information on Wellbeing programs.



ADDITIONAL BENEFITS (CONT.)

TIME AWAY FROM WORK

Ferrara provides all regular full-time employees Paid Time Off which can be used for personal time, vacation, or sick time.

PAID PARENTAL LEAVE

To help support new parents and to enable our employees to bond with a newborn, newly adopted, or newly placed child, Ferrara offers a Parental Support Policy. Ferrara provides 10 weeks of paid leave, followed by a 4-week phased-in return-to-work period.

PET INSURANCE

Help make sure your furry family members are protected against unplanned vet expenses for covered accidents or illnesses with MetLife Pet Insurance. You can enroll year-round.

For more information on how to sign up for Pet Insurance, [click here](#) or scan QR code at the bottom of this page.

TUITION REIMBURSEMENT

Ferrara offers a tuition reimbursement program, up to the annual limit of \$5,250, to reimburse some tuition expenses for employees pursuing a college degree. Participation needs to be approved by your Manager and P&O in advance.

STUDENT LOAN REFINANCING

You have the option to refinance directly with Candidly at no cost to you through Ferrara's retirement vendor, Empower Retirement. For more information visit empower-retirement.com.

ALLSUP

Allsup is a free service that provides voluntary Medicare education and plan selection services, including one-on-one consultations and a comprehensive assessments of Medicare plans. For Ferrara employees nearing retirement age, they can provide an in-depth analysis of plans tailored to individual healthcare needs and assist in the enrollment process if a Medicare plan is chosen.

For more information on Allsup, [click here](#) or scan the QR code at the bottom of the page.

SCHOLARSHIP PROGRAM

Ferrara is committed to the success of our employees and our future generations. The Ferrara Scholarship Program provides employees' dependents the opportunity to pursue a degree in higher education by assisting with the cost of tuition and eligible fees to attend college. To learn more, contact your P&O Representative.

LEGAL ASSISTANCE

With Legal Insurance through ARAG, your Network Attorney fees are 100% paid in full for a wide variety of covered legal matters. Legal Insurance covers a broad range of services, like: wills and estate planning, real estate and home ownership, traffic tickets and license suspension, disputes with a landlord, small claims court, consumer fraud, personal property disputes, student loan debt, bankruptcy, and tax audit.

For more information on Legal Assistance insurance, [click here](#) or scan QR code at the bottom of this page.

IDENTITY THEFT PROTECTION

Allstate leads the identity protection industry. Get alerts for credit inquiries, accounts opened in your name, unsavory content on your social media account, compromised credentials, and financial transactions.

For more information on Identity Theft Protection, [click here](#) or scan QR code at the bottom of this page.

Employee insurance rates begin on page 21.

Scan here to find info.
on Pet, Legal, & Identity
Theft insurance.



RATES

MEDICAL AND PRESCRIPTION DRUG COVERAGE

Rates in chart assume non-tobacco user and application of wellness credit. **NOTE:** Additional charges will apply (see bottom of chart) for tobacco users and those who have not completed a wellness screening.

| COVERAGE TYPE | PPO | | | | HDHP1 | | | | HDHP2 | | | |
|--|----------|-----------|----------|------------|----------|-----------|----------|------------|---------|-----------|----------|------------|
| | Weekly | Bi-Weekly | Monthly | Annually | Weekly | Bi-Weekly | Monthly | Annually | Weekly | Bi-Weekly | Monthly | Annually |
| UNDER \$60,000 | | | | | | | | | | | | |
| Employee Only | \$31.55 | \$63.10 | \$136.73 | \$1,640.71 | \$20.71 | \$41.42 | \$89.73 | \$1,076.80 | \$16.86 | \$33.71 | \$73.04 | \$876.47 |
| Employee + Spouse/ Domestic Partner | \$85.04 | \$170.08 | \$368.51 | \$4,422.16 | \$59.67 | \$119.33 | \$258.56 | \$3,102.67 | \$48.09 | \$96.18 | \$208.39 | \$2,500.65 |
| Employee + Child | \$65.73 | \$131.45 | \$284.81 | \$3,417.72 | \$43.54 | \$87.09 | \$188.69 | \$2,264.34 | \$33.89 | \$67.78 | \$146.86 | \$1,762.35 |
| Employee + Children | \$95.44 | \$190.89 | \$413.59 | \$4,963.03 | \$65.04 | \$130.08 | \$281.84 | \$3,382.11 | \$50.93 | \$101.86 | \$220.69 | \$2,648.24 |
| Family | \$122.19 | \$244.38 | \$529.50 | \$6,353.97 | \$98.63 | \$197.26 | \$427.39 | \$5,128.67 | \$79.32 | \$158.65 | \$343.74 | \$4,124.83 |
| \$60,000 - \$99,999 | | | | | | | | | | | | |
| Employee Only | \$33.71 | \$67.41 | \$146.06 | \$1,752.74 | \$22.32 | \$44.64 | \$96.72 | \$1,160.64 | \$18.27 | \$36.55 | \$79.19 | \$950.28 |
| Employee + Spouse/ Domestic Partner | \$89.87 | \$179.74 | \$389.44 | \$4,673.26 | \$63.23 | \$126.45 | \$273.98 | \$3,287.80 | \$51.07 | \$102.14 | \$221.31 | \$2,655.72 |
| Employee + Child | \$69.59 | \$139.18 | \$301.55 | \$3,618.61 | \$46.30 | \$92.60 | \$200.63 | \$2,407.55 | \$36.16 | \$72.33 | \$156.71 | \$1,880.52 |
| Employee + Children | \$100.79 | \$201.58 | \$436.77 | \$5,241.19 | \$68.87 | \$137.74 | \$298.43 | \$3,581.22 | \$54.05 | \$108.10 | \$234.22 | \$2,810.64 |
| Family | \$128.88 | \$257.76 | \$558.47 | \$6,701.66 | \$104.14 | \$208.27 | \$451.26 | \$5,415.10 | \$83.87 | \$167.33 | \$363.42 | \$4,361.04 |
| \$100,000 - \$150,000 | | | | | | | | | | | | |
| Employee Only | \$35.86 | \$71.72 | \$155.40 | \$1,864.78 | \$23.93 | \$47.86 | \$103.71 | \$1,244.48 | \$19.69 | \$39.39 | \$85.34 | \$1,024.08 |
| Employee + Spouse/ Domestic Partner | \$94.70 | \$189.40 | \$410.36 | \$4,924.37 | \$66.79 | \$133.57 | \$289.41 | \$3,472.94 | \$54.05 | \$108.11 | \$234.23 | \$2,810.76 |
| Employee + Child | \$73.45 | \$146.90 | \$318.29 | \$3,819.50 | \$49.05 | \$98.11 | \$212.56 | \$2,550.77 | \$38.43 | \$76.87 | \$166.55 | \$1,998.60 |
| Employee + Children | \$106.14 | \$212.28 | \$459.94 | \$5,519.34 | \$72.70 | \$145.40 | \$315.03 | \$3,780.32 | \$57.18 | \$114.35 | \$247.76 | \$2,973.12 |
| Family | \$135.56 | \$271.13 | \$587.45 | \$7,049.36 | \$109.64 | \$219.29 | \$475.13 | \$5,701.54 | \$88.41 | \$176.82 | \$383.11 | \$4,597.32 |
| OVER \$150,000 | | | | | | | | | | | | |
| Employee Only | \$38.02 | \$76.03 | \$164.73 | \$1,976.81 | \$25.54 | \$51.09 | \$110.69 | \$1,328.31 | \$21.11 | \$42.23 | \$91.49 | \$1,097.88 |
| Employee + Spouse/ Domestic Partner | \$99.53 | \$199.06 | \$431.29 | \$5,175.48 | \$70.35 | \$140.69 | \$304.84 | \$3,658.07 | \$57.03 | \$114.07 | \$247.15 | \$2,965.80 |
| Employee + Child | \$77.32 | \$154.63 | \$335.03 | \$4,020.38 | \$51.81 | \$103.61 | \$224.50 | \$2,693.99 | \$40.71 | \$81.41 | \$176.39 | \$2,116.68 |
| Employee + Children | \$111.49 | \$222.98 | \$483.12 | \$5,797.49 | \$76.53 | \$153.05 | \$331.62 | \$3,979.43 | \$60.30 | \$120.60 | \$261.29 | \$3,135.48 |
| Family | \$142.25 | \$284.50 | \$616.42 | \$7,397.06 | \$115.15 | \$230.31 | \$499.00 | \$5,987.97 | \$92.95 | \$185.91 | \$402.80 | \$4,833.60 |
| ADDITIONAL CHARGE (IF APPLICABLE) | | | | | | | | | | | | |
| Tobacco User | \$23.07 | \$46.15 | \$100.00 | \$1,200.00 | \$23.07 | \$46.15 | \$100.00 | \$1,200.00 | \$23.07 | \$46.15 | \$100.00 | \$1,200.00 |
| No Wellness Screening | \$11.54 | \$23.08 | \$50.00 | \$600.00 | \$11.54 | \$23.08 | \$50.00 | \$600.00 | \$11.54 | \$23.08 | \$50.00 | \$600.00 |

DENTAL COVERAGE

| COVERAGE TYPE | WEEKLY* | BI-WEEKLY* | ANNUALLY* |
|------------------------------------|----------|------------|-----------|
| Employee Only | \$ 5.97 | \$ 11.94 | \$ 310.56 |
| Employee + Spouse/Domestic Partner | \$ 11.94 | \$ 23.89 | \$ 621.12 |
| Employee + Child | \$ 9.15 | \$ 18.31 | \$ 476.04 |
| Employee + Children | \$ 12.33 | \$ 24.67 | \$ 641.40 |
| Family | \$ 19.12 | \$ 38.23 | \$ 994.08 |

RATES (CONT.)

MEDICAL AND PRESCRIPTION DRUG COVERAGE - KAISER PLANS

| COVERAGE TYPE | WEEKLY | BI-WEEKLY | MONTHLY | ANNUALLY |
|--|---------|-----------|----------|------------|
| KAISER HMO MED & RX | | | | |
| Single | \$16.81 | \$33.62 | \$72.85 | \$874.20 |
| Two Party | \$58.93 | \$117.86 | \$255.37 | \$3,064.44 |
| Family | \$88.18 | \$176.35 | \$382.10 | \$4,585.20 |
| KAISER HDHP MED & RX | | | | |
| Single | \$1.67 | \$3.35 | \$7.25 | \$87.00 |
| Two Party | \$30.24 | \$60.47 | \$131.02 | \$1,572.24 |
| Family | \$41.91 | \$83.81 | \$181.59 | \$2,179.08 |
| ADDITIONAL CHARGE (IF APPLICABLE) | | | | |
| Tobacco User | \$23.07 | \$46.15 | \$100.00 | \$1,200.00 |
| No Wellness Screening | \$11.54 | \$23.08 | \$50.00 | \$600.00 |

*Rates are rounded to the nearest cent; slight variances may occur as a result.

VISION COVERAGE

| COVERAGE TYPE | WEEKLY ¹ | BI-WEEKLY ¹ | MONTHLY ¹ |
|--|---------------------|------------------------|----------------------|
| Employee Only | \$1.36 | \$2.72 | \$5.90 |
| Employee + Spouse/ Domestic Partner | \$2.59 | \$5.17 | \$11.21 |
| Employee + Child | \$2.72 | \$5.45 | \$11.80 |
| Employee + Children | \$2.72 | \$5.45 | \$11.80 |
| Family | \$4.00 | \$8.01 | \$17.35 |

SUPPLEMENTAL LIFE INSURANCE

| COVERAGE TYPE | WEEKLY ¹ | BI-WEEKLY ¹ | MONTHLY ¹ |
|---|--|--|--|
| Employee Supplemental Life Insurance - Per \$1,000 of Coverage | | | |
| Under 25 | \$0.01 | \$0.02 | \$0.05 |
| 25-29 | \$0.01 | \$0.03 | \$0.06 |
| 30-34 | \$0.02 | \$0.04 | \$0.08 |
| 25-39 | \$0.02 | \$0.04 | \$0.09 |
| 40-44 | \$0.03 | \$0.06 | \$0.13 |
| 45-49 | \$0.05 | \$0.09 | \$0.21 |
| 50-54 | \$0.07 | \$0.15 | \$0.32 |
| 55-59 | \$0.11 | \$0.22 | \$0.47 |
| 60-64 | \$0.16 | \$0.31 | \$0.68 |
| 65-69 | \$0.29 | \$0.59 | \$1.27 |
| 70+ | \$0.50 | \$0.99 | \$2.15 |
| Supplemental Accidental Death and Dismemberment (AD&D) - Per \$1,000 of Coverage | | | |
| AD&D Rates | \$0.01 | \$0.01 | \$0.025 |
| Spouse/Dependent Life Insurance - Per \$1,000 of Coverage | | | |
| Spouse/Domestic Partner: coverage amounts of \$5,000-\$100,000 in \$5,000 increments | Spouse Rates based on Employee's Age (see chart above) | Spouse Rates based on Employee's Age (see chart above) | Spouse Rates based on Employee's Age (see chart above) |
| Child: coverage amounts of \$2,000-\$20,000 in \$2,000 increments | \$0.03 | \$0.06 | \$0.12 |
| Spouse/Domestic Partner & Child AD&D Insurance - Per \$1,000 of Coverage | | | |
| Spouse/Domestic Partner: coverage amounts of \$5,000-\$100,000 in \$5,000 increments | \$0.004 | \$0.007 | \$0.016 |
| Child: coverage amounts of \$2,000-\$20,000 in \$2,000 increments | \$0.004 | \$0.007 | \$0.016 |

CONTACT INFORMATION

| | | | |
|---|--|--|---|
|  | 401(k) Retirement Empower Retirement 1.800.338.4015 www.empowermyretirement.com |  | Commuter Benefits, HSAs, FSAs, DCFSAs Optum Financial 1.877.292.4040 secure.optumfinancial.com |
|  | Medical Blue Cross and Blue Shield of Illinois 1.800.828.3116 Bcbuil.com Prescription Drug CVS/Caremark 1.866.409.8519 caremark.com |  | Financial Wellness Benefit Creative Planning* Claudia.nybo@creativeplanning.com |
|  | Dental & Pet Insurance MetLife 1.800.GET.MET8 MetLife.com |  | Legal ARAG 1.800.247.4184 www.ARAGLegalCenter.com |
|  | Vision EyeMed 1.866.800.5457 Eyemed.com |  | Life and Disability Prudential 1.888.598.5671 www.prudential.com |
|  | Ferrara Benefit Enrollment Center 1.888.681.2263 www.FerraraBenefits.com OR EmphyreanGO app Hours of Operation: 8:00am-5:00pm CT Monday - Friday |  | Employee Assistance Program (EAP) SupportLinc 1.888.881.LINC supportlinc.com |
|  | Calm www.calm.com/b2b/ferrara-candy-company/subscribe |  | Allstate Identity Protection 1.800.789.2720 www.myaip.com |
|  | Accident, Critical Illness, Hospital Indemnity VOYA 1.877.236.7564 EBRC - Ferrara Candy Corporation |  | Fertility, Family Forming, Maternity, Parenting, Pediatrics and Menopausal Support www.mavenclinic.com/join/ferrara |
|  | Medicare Coordination Allsup 888.271.1173 www.allsupllc.com |  | Wellness Program for Nutrition Noom partnersupport@noom.com |
|  | Medical and Prescription Drug Kaiser Permanente 1.800.464.4000 www.Kp.org |  | Wellness for Joint & Muscle Pain For BCBS members only: Hinge Health my.hingehealth.com 855.902.2777 |
|  | Virtual Medical Care, Diabetes and Hypertension Programs for BCBS Members Only Teladoc Teladoc.com |  | Ferrara Employee Benefits Resource Center flimp.live/Ferrara-Benefits-Resource-Center |
|  | Cancer Care Color www.color.com/cancer | | |

*Creative Planning, LLC is the 3(21) advisor to the Ferrara Candy Company 401k plan and its role is to the plan participants; Creative Planning, LLC is an SEC registered investment advisor and is not associated with the broker-dealer.

NOTICES & DISCLOSURES

ABOUT THIS GUIDE

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Descriptions (SPDs), plan document, and/or certificate of coverage for each plan. Your SPDs can be requested for a copy free of charge by calling **1-773-243-4300**.

Enclosed are important notices about your rights under your health and welfare plan (Ferrara Health and Welfare Plan) the "Plan." The information in the accompanying guide provides updates to your existing SPDs as of 1/1/2026 and is intended to be a Summary of Material Modification.

If any discrepancy exists between this guide and the official documents, the official documents will prevail. Ferrara reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

REMINDER OF AVAILABILITY OF PRIVACY NOTICE

This is to remind plan participants and beneficiaries of the Ferrara Health and Welfare Plan (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and discloses protected health information (PHI). You can obtain a copy of the Ferrara Health and Welfare Plan Privacy Notice upon your written request to the Human Resources Department, at the following address:

Ferrara Human Resources
404 W. Harrison Street, Suite 650
Chicago, IL 60607

If you have any questions, please contact the Ferrara Human Resources Office at **1-773-243-4300**.

PATIENT PROTECTION NOTICE

Ferrara Health and Welfare Plan generally allows 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.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

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; including coverage for nipple and areola reconstruction (including re-pigmentation) to restore physical appearance of the breast, and chest wall reconstruction with aesthetic flat closure;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at **1-773-243-4300**.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT DISCLOSURE

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

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted, and you will continue to pay the same amount as if you were not absent.

If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact peoplehub@ferrara.com for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition

exclusions, except for service-connected illnesses or injuries, as applicable.

Your ERISA Rights

As a participant in the Ferrara benefit plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

ERISA provides that all plan participants shall be entitled to receive information about their plan and benefits, continue group health plan coverage, and enforce their rights. ERISA also requires that plan fiduciaries act in a prudent manner.

RECEIVE INFORMATION ABOUT YOUR PLAN AND BENEFITS

You are entitled to:

- Examine, without charge, at the plan administrator's office, all plan documents—including pertinent insurance contracts, trust agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the plan's administrator, copies of documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series), and updated Summary Plan Description. The administrator may make a reasonable charge for the copies.
- Receive a summary report of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this Summary Annual Report.

CONTINUED GROUP HEALTH PLAN COVERAGE

You are entitled to:

- Continued health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review the Summary Plan Description governing the plan on the rules governing your COBRA continuation coverage rights.

PRUDENT ACTIONS BY PLAN FIDUCIARIES

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plans. The people who operate your plans are called "fiduciaries," and they have a duty to act prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

NOTICES & DISCLOSURES

ENFORCE YOUR RIGHTS

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to:

- Know why this was done;
- Obtain copies of documents relating to the decision without charge; and
- Appeal any denial.

All of these actions must occur within certain time schedules.

Under ERISA, there are steps you can take to enforce your rights. For instance, you may file suit in a federal court if:

- You request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator;
- You have followed all the procedures for filing and appealing a claim (as outlined earlier in this summary) and your claim for benefits is denied or ignored, in whole or in part. You may also file suit in a state court;
- You disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order; or
- The plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights. You may also seek assistance from the U.S. Department of Labor.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if the court finds your claim frivolous.

ASSISTANCE WITH YOUR QUESTIONS

If you have questions about how your plan works, contact the Human Resources Department. If you have any questions about this statement or your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office listed on EBSA's website: <https://www.dol.gov/agencies/ebsa/about-ebsa/about-us/regional-offices>.

Or you may write to the:

Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the Employee Benefits Security Administration at: **1-866-444-3272**. You may also visit the EBSA's website on the Internet at: <https://www.dol.gov/agencies/ebsa>.

Summaries of Benefits and Coverage (SBCs)

AVAILABILITY NOTICE

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC can be requested for a copy free of charge by calling **1-773-243-4300** (a toll-free number).

Notice Regarding Wellness Program

REASONABLE ALTERNATIVE STANDARD NOTICE FOR HEALTH CONTINGENT WELLNESS PROGRAMS

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees.

If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 1-773-243-4300, and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

EEOC NOTICE REGARDING WELLNESS PROGRAM

The Ferrara Wellness Credit 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 an annual wellness visit. You are not required to complete, however, employees who choose to participate in the wellness program will receive a monthly wellness credit of \$50 (up to \$600 per year) towards their contributions for completing an annual physical. Although you are not required to complete the annual preventative medical examination, only employees who do so will receive a monthly wellness credit of \$50 (up to \$600 per year) towards their medical contributions.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting The Ferrara Human Resources Center at **1-773-243-4300**.

The information from your annual physical will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

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

NOTICES & DISCLOSURES

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

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact The Ferrara Human Resources Center at **1-773-243-4300**.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the Ferrara group health plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, 60 days after the birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact The Ferrara Human Resources Center at **1-773-243-4300**.

MEDICARE PART D NOTICE OF CREDIBLE COVERAGE

Important Notice from Ferrara About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Ferrara 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. Ferrara has determined that the prescription drug coverage offered by the Ferrara Health and Welfare 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 through December 7th.

However, if you lose (or are losing) 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 Ferrara coverage will not be affected.

Your Ferrara coverage pays for other medical expenses in addition to prescription drugs. This coverage provides benefits before Medicare coverage does (i.e., the plan pays primary). You and your covered family members who join a Medicare prescription drug plan will be eligible to continue receiving prescription drug coverage and these other medical benefits. Medicare prescription drug coverage will be secondary for you or the covered family members who join a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and voluntarily drop your current medical and prescription drug coverage from the plan, be aware that you and your dependents may not be able to get this coverage back until the next annual enrollment or you experience a qualifying life event.

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 Ferrara 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 19 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 Ferrara 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 for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.
- 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.ssa.gov**, or
- Call **1-800-772-1213**. TTY users should call **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: 10/27/2025

Name of Entity/Sender:

Ferrara Candy Company Comprehensive Health and Welfare Benefits Plan

Contact:

Employee Benefits Advisory Committee
Address: 404 W. Harrison Street, Suite 650
Chicago, IL 60607
Phone Number: 1-773-243-4300.

Date: 10/27/2025

Name of Entity/Sender:

Ferrara Candy Company Comprehensive Health and Welfare Benefits Plan
Contact: Employee Benefits Advisory Committee

Address: 404 W. Harrison Street, Suite 650
Chicago, IL 60607
Phone Number: **1-773-243-4300**.

NOTICES & DISCLOSURES

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of March 17, 2025. Contact your State for more information on eligibility –

1. ALABAMA – Medicaid

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

2. ALASKA – Medicaid

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

3. ARKANSAS – Medicaid

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

4. CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program
Website: <http://dhcs.ca.gov/hipp>
Phone: 1-916-445-8322 Fax: 1-916-440-5676
Email: hipp@dhcs.ca.gov

5. 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+: <https://www.colorado.gov/pacific/hcpfchildhealth-plan-plus>
CHP+ Customer Service: 1-800-359-1991/
State Relay 711
Health Insurance Buy-In Program (HIBI):
<https://www.colorado.gov/pacific/hcpf/health-insurancebuy-program>
HIBI Customer Service: 1-855-692-6442

6. FLORIDA – Medicaid

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

7. GEORGIA – Medicaid

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

8. INDIANA – Medicaid

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

9. IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

10. KANSAS – Medicaid

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

11. KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)

Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx> Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov>

12. LOUISIANA – Medicaid

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

13. MAINE – Medicaid

Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>
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

14. MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840 TTY: 1-617-886-8102

15. MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/childrenand-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739

16. MISSOURI – Medicaid

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

17. MONTANA – Medicaid

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

18. NEBRASKA – Medicaid

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

19. NEVADA – Medicaid

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

20. NEW HAMPSHIRE – Medicaid

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

21. NEW JERSEY – Medicaid and CHIP

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

22. NEW YORK – Medicaid

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

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

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

23. NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 1-919-855-4100

24. NORTH DAKOTA – Medicaid

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

25. OKLAHOMA – Medicaid and CHIP

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

26. OREGON – Medicaid

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

27. PENNSYLVANIA – Medicaid

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

28. RHODE ISLAND – Medicaid and CHIP

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

29. SOUTH CAROLINA – Medicaid

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

30. SOUTH DAKOTA – Medicaid

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

31. TEXAS – Medicaid

Website: <http://gethiptexas.com/>
Phone: 1-800-440-0493

32. UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

33. VERMONT – Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

34. VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp>
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-800-432-5924

35. WASHINGTON – Medicaid

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

36. WEST VIRGINIA – Medicaid and CHIP

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

37. WISCONSIN – Medicaid and CHIP

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

38. WYOMING – Medicaid

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

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

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

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

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