



2025

YOUR GUIDE TO EMPLOYEE BENEFITS





WHAT'S INSIDE

| | |
|---------------------------------------|----|
| 2025 ENROLLMENT | 3 |
| BENEFIT PLAN HIGHLIGHTS | 4 |
| WELCOME TO YOUR BENEFITS | 5 |
| ENROLLMENT AND ELIGIBILITY | 6 |
| MEDICAL INSURANCE | 7 |
| PRESCRIPTION DRUG COVERAGE | 8 |
| LOWER YOUR PAYROLL CONTRIBUTION | 9 |
| TAX SAVINGS ACCOUNTS | 10 |
| DENTAL | 12 |
| VISION | 13 |
| LIFE INSURANCE | 14 |
| DISABILITY INSURANCE | 15 |
| VOLUNTARY BENEFITS | 16 |
| FINANCIAL BENEFITS | 17 |
| ADDITIONAL BENEFITS | 18 |
| RATES | 21 |
| CONTACT INFORMATION | 23 |
| LEGAL NOTICES | 24 |

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.





2025 ENROLLMENT

DEAR FERRARA COLLEAGUE,

Ferrara's benefits package is an important way we provide our employees with a holistic program, designed to care for your wellbeing and help you plan for your future.

This Benefits Guide highlights key features of our benefits program to assist you in the 2025 Open Enrollment process.

**OPEN ENROLLMENT TIMEFRAME:
NOVEMBER 11, 2024 — NOVEMBER 22, 2024**

Open Enrollment is your annual opportunity to make changes to your benefits, such as medical, dental, vision, and other voluntary benefits, outside of a qualifying life event.

Although this year will be a passive enrollment (which means if you don't take any action, most of your current coverage will continue into 2025, except for Tax Savings Accounts, such as an FSA, HSA, and DCFSA, which must be elected every year), there are several reasons why you should consider actively enrolling and making each benefits election:

1. **Tax Savings:** If you wish to save for healthcare and/or dependent care expenses, while also lowering your taxable income, elect an HSA, FSA, or DCFSA Plan. You must actively enroll in these tax savings accounts annually. (See page 10).
2. **Ferrara Match to Tax Savings Accounts:** You will be eligible for a Ferrara HSA Match (HDHP1 Plan members only) only if you elect to contribute at least \$250 annually to an HSA. DCFSA enrollees may also be eligible for a Ferrara DCFSA Match. (See page 11).
3. **One Dental Plan Option (NEW):** In 2025, we will offer only one dental plan option. In 2024, this was known as the high plan; the 'low' plan will no longer be offered. (See page 12).
4. **Precision Benefits Tool:** You can take advantage of a benefits advisory tool to help you pick the plans that make the most sense for you and your family. (See page 5).
5. **Non-Tobacco Medical Rates (\$1,200 less):** Certify that you (and covered Spouse/Domestic Partner) are not tobacco users, and automatically lower your medical deduction by \$100/month. Current status will continue into 2025 (if you don't actively enroll). Recertification is not necessary unless status has changed since your last certification. (See page 9).

Enrollment Methods: You may enroll online by logging into the Ferrara Benefit Enrollment Center at www.ferrarabenefits.com via your computer or mobile device. You may also enroll over the phone through the Call Center at **888.681.2263**.

Sincerely,
The Total Rewards Team

2025 BENEFIT PLAN HIGHLIGHTS

No increase to Medical Plan rates for the third year in a row.

| | | | |
|---|---|--|--|
|  <p>MEDICAL</p> | <p>HDHP1 plan deductible increasing by \$50 single and \$100 family. This is an IRS requirement so the HDHP1 Plan can be considered a high deductible health plan.</p> |  <p>401(k) ENHANCEMENT</p> | <p>Increasing 401(k) match from maximum of 3.5% to maximum of 4.5%.</p> |
|  <p>DENTAL</p> | <p>Simplifying Dental Options by offering one plan with a more a more robust out-of- network coverage by eliminating the dental “Low Plan”. Offering only one plan which is currently the “High plan”.</p> |  <p>LIFE INSURANCE ENHANCEMENT</p> | <p>Increasing Base Life & Base AD&D from 2X salary to \$550,000 to 2X salary to \$1,000,000.</p> |
|  <p>PRESCRIPTION DRUG COVERAGE</p> | <p>For the Medical PPO Plan: We are moving to co-pays for Prescription Drug coverage instead of coinsurance: \$10 generic/\$35 formulary/\$60 non-formulary</p> |  <p>PARENTAL LEAVE ENHANCEMENT</p> | <p>Increasing parental leave from 6 to 10 weeks.</p> |
|  <p>LONG TERM DISABILITY ENHANCEMENT</p> | <p>Changing Base LTD from 60% salary to max of \$5,000 per month to 60% salary to max of \$15,000 per month.</p> <p>Eliminating Buy-up LTD which was the same as the new Base LTD coverage, so employees no longer have to purchase it.</p> | | |

Requirement to contribute to an HSA in order to receive a Ferrara Matching contribution.

More detailed explanations of all of these programs are included within this guide.



WELCOME TO YOUR BENEFITS

HOW TO ENROLL

The annual Open Enrollment period, where you can make 2025 benefits decisions for you and your eligible dependents, will occur **November 11 - November 22, 2024**. This is your only opportunity to make changes to many of your benefits (outside of a qualifying life event).

You have two options for completing the Open 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. You may need to re-register using your newer Ferrara email address without the 'usa' if you have not done so already.

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.

OPEN ENROLLMENT:
Monday, November 11, 2024 to
Friday, November 22, 2024

Whether you complete your enrollment online or through the Call Center, a Confirmation Statement reflecting your 2025 benefit elections will be mailed to your home following the Open Enrollment period. Please carefully review your statement, and if you have any questions or see any discrepancies, call the **Ferrara Benefit Enrollment Center** at **888.681.2263** no later than Friday, December 27, 2024 at 4pm CST.

PRECISION BENEFITS ADVISORY TOOL:

You have access to an interactive benefits advisory tool, **Precision Benefits**, that analyzes how your benefits worked for you last year and reviews your current needs to give you a personalized plan recommendation.

If you have any questions around enrollment in the portal, please contact the Call Center at **888.681.2263**.



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. The benefits you elect during this open enrollment period will be in place starting January 1, 2025.

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

Ferrara is happy to announce that there will be no increase in medical rates to be passed on to employees, for the 3rd year in a row!

All three medical plans utilize the same network of Blue Cross Blue Shield of IL 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 | \$1,650 | \$3,300 | \$4,000 | \$8,000 |
| Employee and Spouse or Child | \$1,500 | \$3,000 | \$3,300 | \$7,000 | \$8,000 | \$16,000 |
| Employee and Children or Spouse and Child(ren) | \$2,250 | \$4,500 | \$3,300 | \$7,000 | \$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 | 0% after deductible | n/a | 0% after deductible | 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.

Employees who live in California have the opportunity to enroll in a Kaiser Health Plan. For more information on available Kaiser plans, please reach out to HRTotalRewards@ferrara.com.

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 (PPO) or \$0 after deductible (HDHP Plans), 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 (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

Prescription drug coverage is included in all three of the 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 | HDHP1 | | HDHP2 | | PPO |
|---|----------------------|----------------|----------------------|----------------|---|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | |
| Preventive Drugs Covered at | Covered at 100% | Not covered | Covered at 100% | Not covered | For Medical PPO Plan, we are moving to co-pays for Prescription Drug coverage instead of coinsurance: \$10 generic / \$35 formulary / \$60 non-formulary |
| Retail – Supply Limit | 34 days | | 34 days | | |
| Generic, Brand, and Brand Formulary Drugs | 20% after deductible | Not covered | 20% after deductible | Not covered | |
| Mail Order – Supply Limit | 90 days | | 90 days | | |
| Generic, Brand, and Brand Formulary Drugs | 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.



LOWER YOUR PAYROLL CONTRIBUTION

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

Ferrara will automatically provide a credit in 2025 of \$100 per month toward your Ferrara Medical Plan payroll deduction if you certify during Open Enrollment that you and your covered spouse/domestic partner are tobacco-free. You do not need to recertify unless your status has changed; your current tobacco use status will roll forward into 2025 if you take no action during Open Enrollment.

WELLNESS SCREENING CREDIT (\$600/YEAR)

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.

If you are enrolled in a Ferrara Medical Plan and completed a physical between 10/1/23 - 9/30/24 you will see the wellness credit reflected on your record when going through Open Enrollment. However, if you didn't have a physical during this time period, you can still receive a 2025 wellness credit for completing a physical after September 30. 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 HRTotalRewards@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 AND HDHP2 | HDHP1 AND HDHP2 | PPO |
| Ferrara Funding | <p>HDHP1: If you are enrolled in this plan and elect to contribute at least \$250/year to an HSA, you will receive an Employer Match of \$750 (single) or \$1,250 (family).</p> <p>If your salary is under \$60,000* you will receive an Employer Contribution of \$200 to your HSA (regardless of whether you contribute to an HSA).</p> <p>HDHP2: If you are enrolled in this plan and your salary is under \$60,000* you will receive an Employer Contribution of \$200 to your HSA (regardless of whether you contribute to an HSA).</p> | No | If you are enrolled in the PPO and your salary is less than \$60,000* you will receive an Employer Contribution of \$200 to an FSA (regardless of whether you contribute to your FSA). |
| 2025 Maximum Annual Deferral | \$4,300 – Individual \$8,550 – Family + \$1,000 – Age 55 or older | \$3,300 | \$3,300 |
| 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 \$640 only each year | Up to \$640 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 |

*Based on base annual salary prior to Open Enrollment, as of 11/11/2024.

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 & FSA EMPLOYER CONTRIBUTIONS

Salary Based HSA/FSA Employer Contributions:

- If you enroll in the Medical HDHP1 or HDHP2 and your salary is less than \$60,000* you will receive an Employer Contribution to your HSA (regardless of whether you contribute to an HSA).
- If you enroll in the Medical PPO and your salary is less than \$60,000* you will receive an Employer Contribution to your FSA (regardless of whether you contribute to an FSA).

*Based on base salary as of 10/13/24 (prior to Open Enrollment)

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

If you elect to contribute at least \$250/year to your HSA, you will receive an Employer Match of \$750 (if you have single coverage) or \$1,250 (if you have Single + 1 or more dependents).

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA):

WITH \$600 EMPLOYER MATCHING CONTRIBUTION

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. Ferrara offers a \$600 matching contribution into qualifying employees' DCFSA accounts.

- If you earned under \$60,000 in 2024* and contribute at least \$120/year to a DCFSA, you will receive a \$600 Employer Match.
- If you earned between \$60,000 - \$155,000* in 2024 and contribute at least \$300/year to a DCFSA, you will receive a \$600 Employer Match.

*Based on 2024 W2 earnings

IMPORTANT NOTE: The Dependent Care FSA is subject to Nondiscrimination Testing, to ensure the Plan does not provide disproportionate tax benefits to highly compensated employees (as defined by the IRS). The testing will be complete in early 2025 and if you are impacted by the test, you will be notified by the Total Rewards Team shortly thereafter.

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

TIMING OF HSA, HEALTHCARE FSA, DCFSA EMPLOYER CONTRIBUTION FUNDING

If you qualify to receive an employer contribution or match to your tax savings account(s) (as described above), Ferrara will post the contribution to your Optum HSA, FSA, or DCFSA account no later than January 30, 2025.

HEALTH I

CLAIMANT INFORMATION

1. MEDICARE ☐ (Medicare #) MEDICAID ☐ (Medicaid #)

2. PATIENT'S NAME (First Name, Middle Initial, Last Name)

3. PATIENT'S ADDRESS (No., Street)

CITY

ZIP CODE TELEPHONE ()

4. OTHER INSURANCE NAME

5. OTHER INSURANCE POLICY OR GROUP NUMBER 9132157

6. OTHER INSURANCE TYPE

7. EMPLOYEE'S SIGNATURE

DATE

8. EMPLOYEE'S ID NUMBER

9. EMPLOYEE'S SOCIAL SECURITY NUMBER



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.

For 2025 we are simplifying the dental options to one plan with an expanded network for people who wish to see out-of-network providers. **If you are currently enrolled in the Low Ferrara Dental Plan, and don’t actively enroll during Open Enrollment you will be moved from the ‘Low’ plan to the Ferrara Dental Plan in 2025. If you are in the current “High” plan, you will remain in the same plan, but it will be renamed “Ferrara Dental Plan”.**

| 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 | \$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.

CHANGE

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

Ferrara provides you a benefit of two times your annual salary (up to \$1,000,000, this increased amount is up from \$550,000, and is effective as of 1/1/2025), 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.

CHANGE

BASE LONG-TERM DISABILITY

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. Effective January 1, 2025, the Base LTD Plan covers 60% of your pre-disability base earnings, to a maximum of \$15,000 per month (up from a max of \$5k per month). This increase eliminates Buy-up LTD.

Employee insurance rates begin on page 21.



VOLUNTARY BENEFITS

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 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 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.

401k enrollment is not part of this Open Enrollment process since you can make changes throughout the year.

*The combined plan and 2025 IRS limits for before-tax and Roth after-tax contributions are 90% of compensation or \$24,000, whichever is less. The IRS allows participants age 50 or older** to contribute an additional \$8,000 once they have met the \$24,000 limit.

**An exception are those 60-63, details below.

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

In 2025, the projected IRS catch-up limit for 401(k) contributions for those aged 60 to 63 is \$12,000 (or \$36,000 total).

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.



Scan here to find
Financial Wellness
Information.

CHANGE

FERRARA MATCH

Ferrara is increasing the 401(k) employer matching contribution. The current maximum match is 3.5% if you contribute 6% or more to the plan. In 2025, the maximum match will be 4.5% if you contribute 6% or more to the plan. The new match formula is listed below.

| EMPLOYEE CONTRIBUTION | FERRARA MATCH |
|-----------------------|---------------|
| 1% | 1% |
| 2% | 2% |
| 3% | 3% |
| 4% | 3.5% |
| 5% | 4% |
| 6% | 4.5% |

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.



ADDITIONAL BENEFITS

NOOM: FREE DIGITAL WELLNESS PROGRAM FOR NUTRITION AND WEIGHT MANAGEMENT

NOOM is a digital platform that uses science and personalization to help you develop better habits around nutritious 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

EAP offers FREE expert guidance via SupportLinc, to help address and resolve everyday issues including:

- **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.



Scan here to find
NOOM & Supportlinc
Information.

ADDITIONAL BENEFITS (CONT.)

PHYSICAL AND MENTAL WELLBEING PROGRAMS

LIVONGO FOR DIABETES AND HYPERTENSION

Livongo 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 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 Livongo Diabetes Program [click here](#) or scan the QR code at the bottom of this page.

For more information about the Livongo 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 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 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. Additional Time Away includes paid holidays, jury duty, voting time, military service, bereavement, and STD/LTD for longer-term medical leaves of absence.

CHANGE

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. In 2025 the policy will provide 10 weeks of paid leave, up from 6 weeks. The leave is followed by a 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 Human Resources 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.

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 HR 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

Great news!

Your medical plan rates are staying the same for the third year in a row!

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

RATES (CONT.)

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 *Formerly ConnectYourCare |
|  | Medical Blue Cross and Blue Shield of Illinois 1.800.828.3116 Bcbsil.com 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 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 https://www.calm.com/b2b/ferrara-candy-company/subscribe |  | Allstate 1.800.789.2720 |
|  | Accident, Critical Illness, Hospital Indemnity VOYA 1.877.236.7564 |  | Fertility, Family Forming, Maternity, Parenting, Pediatrics and Menopausal Support https://mavenclinic.com/join/ferrara |

*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, or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail. Ferrara reserves the right to make changes at any time to the benefits, costs, and other provisions relative to benefits.

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**.

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;
- 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. Therefore, the following coinsurance applies:

HDHP1 and PPO - 20% coinsurance,
HDHP2 - 30% coinsurance.

If you would like more information on WHCRA benefits, call your plan administrator **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 HRTotalRewards@ferrarausa.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. 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 this summary plan description governing the plan on the rules governing your COBRA continuation coverage rights.
- Reduce or eliminate exclusionary periods of coverage for pre-existing conditions under your group health plan, if you have credible coverage from another plan. You should be provided a certificate of credible coverage, free of charge, from your group health plan or health insurance issuer when:

- You lose coverage under the plan;
- You become entitled to elect COBRA continuation coverage;
- You request it up to 24 months after losing coverage.

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, you may file suit in a federal court. 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. This should occur 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 and Employer Hotline of the Employee Benefits Security Administration at: **1-866-444-3272**.

You may also visit the EBSA's web site on the Internet at: <https://www.dol.gov/agencies/ebsa>.

NOTICE REGARDING EEOC 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 an a monthly wellness credit of \$50 (up to \$600 per year) towards their medical 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.

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.

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 your doctor or primary physician 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**.

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 July 31, 2023. 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.flmedicaidtprerecovery.com/flmedicaidtprerecovery.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://kidshhealth.ky.gov/Pages/index.aspx>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov>

12. LOUISIANA - Medicaid

Website: www.medicicaid.la.gov or www.idh.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/children-and-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: HSHIPPProgram@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://gethipptexas.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/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, 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

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 Candy Company 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 [Insert Name of Plan] is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current Ferrara Candy Company coverage will not be affected. If you continue to be actively employed by the Company after you reach age 65, your health benefits remain in effect even though you are eligible for Medicare. Your Spouse may also continue to be covered under this Plan if he/she reaches age 65 and is eligible for Medicare. If you or your Spouse is enrolled in Medicare because of your age, this Plan pays first, and Medicare pays second, as long as you remain actively employed by the Company and in an eligible employment status. If you, your Spouse, or your Dependent Child is enrolled in Medicare because of end stage renal disease ("ESRD"), this Plan pays first for the first 30 months that Medicare benefits are available because of ESRD, and Medicare pays second for that 30-month period. However, after the end of the 30-month period, Medicare will pay first, and this Plan will pay second.

If you do decide to join a Medicare drug plan and drop your current Ferrara Candy Company coverage, be aware that you and your dependents may not be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with 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 nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact your local Human Resources office if you have any questions. 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...

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

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

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

Date: September 19, 2023

Name of Entity/Sender:
Ferrara Candy Company Comprehensive Health and Welfare Benefits Plan

Contact Position/Office:
Employee Benefits Advisory Committee

Address:
404 W Harrison, Suite 650, Chicago, IL

Ferrara®

