2026-2027

OPEN ENROLLMENT

Agrana Fruit US, Inc.

Open Enrollment is July 6th – 17th

Here is where to find…

Click here to explore Agrana's **NEW** Open Enrollment Benefits Center!

WELCOME TO AGRANA'S BENEFIT PROGRAM

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

For 2026-2027, we will continue to provide incentives to employees who engage in the Wellness program and activities with us. We ask and hope each of you will partner with us on a Wellness journey. Your medical contributions will align with your annual salary base and your level of engagement in the Wellness program.

In addition to insurance plans, Agrana offers several programs to help employees and their dependents achieve healthier lifestyles. These programs are offered at **NO COST TO YOU**!

Please read this guide carefully. It provides a summary of your plan options and helpful tips for getting the most value from your benefit plans. We understand that you may have questions about annual enrollment, and we will do our best to help you understand your options and guide you through the process.

This guide is not your only resource. Any time you have questions about benefits or the enrollment process, you can contact your Human Resources representative. Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the carrier benefit summaries.

EMPLOYEE SAFETY AND WELLBEING IS PRIORITY #1 FOR AGRANA.

Agrana provides its employees with a comprehensive, holistic approach to their wellbeing needs. Our plan is like no other when it comes to options and contributions compared to the market. By providing multiple and affordable benefit plans, employees have the luxury of selecting the plan(s) that are best for them and their families. We encourage our employees to take advantage of the health and wellness programs that Agrana offers.

Our Benefit plans are designed to work together, like building blocks, to provide employees with an easy-to-use Benefits portfolio. Our partnerships with Aetna, Health Check 360, and First Stop Health continue to be important in building a benefits program with synergies to meet the changing needs of our employees.

Our Telemedicine program benefits work in harmony of each other together to provide you and your family with the best care possible in the most convenient way. These benefits include access to Solution Focused Mental Health and Counseling support. Through our Telemedicine program we are able to offer holistic treatment for our employees by helping them manage their physical and mental health needs. Over the last plan year, we have enhanced our health and wellness programs to provide our employees with the health and wellness solutions that they need.

First Stop Health Solutions

TELEMEDICINE	VIRTUAL PRIMARY CARE	VIRTUAL MENTAL HEALTH
24/7 VIRTUAL URGENT CARE FOR EPISODIC ISSUES	ONGOING SUPPORT FOR CHRONIC CARE & PREVENTION	ACCESS TO SOLUTION-FOCUSED COUNSELING

Agrana Fruit is continuing to team up with **HealthCheck360** to provide you with a comprehensive wellness program. **HealthCheck360** is devoted to improving your health and overall wellbeing with tools, motivation, and support to be a healthier you. You can access the wellness tools via the app or website. You can track your wellness metrics, enroll in a wellness webinar, engage with a wellness coach, and find healthy recipes at no cost to you. Access is a click away. **Scan the QR code to download the new myHC360+ mobile app. Everyone will be required to create a new account on the new myHC360+ app.**

This year, we are excited to introduce our new "Digital Benefits Hub," powered by Acolyte! This interactive benefits experience will help you understand your plan options and compare plans to allow you to make confident benefit decisions around the programs that matter most to you and your family. This new digital experience includes an interactive chat feature, which, when combined with the tools described in this open enrollment guide, are designed to allow you to be a smart consumer and to optimize your benefits experience!

Please take a moment to review and understand how Agrana's benefits plans can work for you!

In good health,

Lori Rajewski
Vice President Human Resources – North America
Agrana Fruit US, Inc.

WHO IS ELIGIBLE?

Benefits are available to all full-time Agrana employees working a minimum of 30 hours per week and their dependents. For those enrolling during Open Enrollment, your benefits will become effective on **August 1, 2026**. For new hires, your benefits will become effective on the 31st day of continuous employment for Medical, Dental, Vision, Life, and AD&D. Your eligibility date for Short-Term Disability (STD) and Long-Term Disability (LTD) is the 91st day of continuous employment.

Eligible dependents include:

Your legal spouse* (does not apply if legally separated or divorced)

**Includes your legal spouse who is unemployed or is not eligible for healthcare benefits through their employer.*

Your children from birth to age 26 for Medical, Vision, and Supplemental Life.
For Dental, your children up to age 19. If a full-time student, then up to age 26.

(Including your natural/legally adopted/stepchildren, and/or your unmarried dependent children of any age who are mentally or physically disabled and who are dependent on you for support)

HOW TO ENROLL

All employees must enroll via paper enrollment forms for FSA and HSA elections. All other changes can be made via UltiPro. You should also take this time to view and confirm your current benefit elections in UltiPro.

To get started, click here to log in: **UKG | Sign in**. Navigate to the **Menu** button at the top-left of the UltiPro home screen, then hover over the **Myself** tab and click on the **Open Enrollment** button.

MAKING CHANGES

The primary time for you to make changes to your elections is during our annual Open Enrollment. The only other time you may make changes during the year is if you experience a qualifying event. Qualifying events include, but are not limited to, the following:

- Birth, legal adoption, or placement for adoption.
- Marital status.
- Dependent child has their 26th birthday.
- Spouse gains or loses employment or eligibility with current employer.
- You or your spouse's employment status changes from full-time to part-time or vice versa.
- You or your spouse takes an unpaid leave of absence.
- Your spouse has a significant change in health coverage directly attributable to your spouse's employment.
- Entitlement or loss of coverage under premium subsidies plans from a state (60 days).
- Death of a covered dependent.
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or SCHIP.
- Court-ordered change.

Changes to your coverage due to a qualifying life event must be made within 30 days of that life event. Proof of the qualifying life event is required (marriage certificate, divorce decree, birth certificate, or loss of coverage letter).

Note: Any change you make to your coverage must be consistent with the change in status.

ENROLLMENT DEADLINES

Current Employee	New Hire	Qualified Life Event
ENROLLMENT OPPORTUNITY Annually during the enrollment period **(July 6 - 17, 2026)** **COVERAGE EFFECTIVE DATE** Start of plan year beginning **August 1, 2026**	**ENROLLMENT OPPORTUNITY** Must enroll within 30 days of hire **COVERAGE EFFECTIVE DATE** - Medical, Dental, Vision, Life and AD&D: 31st day of continuous employment - STD and LTD: 91st day of continuous employment	**ENROLLMENT OPPORTUNITY** Changes must be made within 30 days of life event **COVERAGE EFFECTIVE DATE** Date of life event

EMPLOYEE PAYROLL CONTRIBUTIONS

Medical/Rx

Weekly and semi-monthly costs are calculated based on wellness participation and salary. The cost of each medical plan is available to view through the enrollment process.

Dental

Contributions	Semi-monthly	Weekly
Employee	**$6.41**	**$2.96**
Employee + Spouse	**$12.81**	**$5.91**
Employee + Two or More	**$21.79**	**$10.05**

Vision

Contributions	Semi-monthly	Weekly
Employee	**$3.20**	**$1.48**
Employee + Spouse	**$6.06**	**$2.80**
Employee + Child(ren)	**$6.56**	**$3.03**
Family	**$9.48**	**$4.38**

Supplemental Life & AD&D

Age Band	Employee & Spouse Monthly Rate Per $1,000 Benefit
Under 25	**$0.084**
25-29	**$0.097**
30-34	**$0.122**
35-39	**$0.135**
40-44	**$0.148**
45-49	**$0.211**
50-54	**$0.313**
55-59	**$0.569**
60-64	**$0.862**
65-69	**$1.639**
70+	**$2.647**
Child Rate per unit for $25,000 of benefit (all ages)	**$4.075**

Voluntary Long-Term Disability

For Hourly Employees

Age Band	Monthly Employee Rate per $100 of Monthly Covered Payroll
Under 25	**$0.187**
25 - 29	**$0.237**
30 - 34	**$0.324**
35 - 39	**$0.449**
40 - 44	**$0.661**
45 - 49	**$0.899**
50 - 54	**$1.211**
55 - 59	**$1.548**
60 - 64	**$1.548**
65+	**$1.635**

MEDICAL AND PRESCRIPTION INSURANCE

For the 2026-2027 plan year, we will continue to offer three medical plan options for you to choose from, allowing you to select a plan that suits your individual financial and healthcare needs. The difference between the options is in how you pay for your care.

Each option has a different contribution (the amount you pay out of your paycheck on a pre-tax basis). The option with lower contributions has higher deductibles and higher coinsurance. As you consider which option makes the most sense for you, think about whether you prefer to pay more out of your paycheck contributions and less when you need care, or less in paycheck contributions and more out of your pocket when you need care.

In addition to traditional PPO plans, employees will have the opportunity to enroll in a Qualified High Deductible Plan with a Health Savings Account feature. Please read on for details on plan designs, as well as the advantages of opening and utilizing a Health Savings Account (HSA).

Going in-network will save you BIG when you need medical care. You can find in-network providers on the Aetna mobile app or at www.aetna.com.

Benefits	Core Plan		Buy Up Plan		High-Deductible Health Plan	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Deductible - Individual - Family	$1,500 $3,000	$3,000 $6,000	$500 $1,000	$1,000 $2,000	$2,500 $5,000	$5,000 $10,000
Out-of-pocket maximum (includes deductible) - Individual - Family	$5,000 $10,000	$15,000 $30,000	$5,000 $10,000	$15,000 $30,000	$6,650 $13,300	$13,300 $26,600
Common Services						
Preventive Care	No charge	50% after ded	No charge	50% after ded	No charge	50% after ded
Primary Care/Specialist Visits	$35/$50 copay	50% after ded	$25/$45 copay	50% after ded	20% after ded	50% after ded
Inpatient Services	20% after ded	50% after ded	10% after ded	50% after ded	20% after ded	50% after ded
Outpatient Services	20% after ded	50% after ded	10% after ded	50% after ded	20% after ded	50% after ded
Emergency Room	$500 copay	$500 copay	$500 copay	$500 copay	20% after ded	20% after ded
Urgent Care	$50 copay	50% after ded	$50 copay	50% after ded	20% after ded	50% after ded
Prescription Drugs						
Retail (30-day supply)						
Generic	$10 copay	Not covered	$10 copay	Not covered	$10 copay after ded	$10 copay and 50% after ded
Preferred Brand	$30 copay	Not covered	$30 copay	Not covered	$30 copay after ded	$30 copay and 50% after ded
Non-Preferred Brand	$60 copay	Not covered	$60 copay	Not covered	$60 copay after ded	$60 copay and 50% after ded
Mail order (90-day supply)						
Tier 1	$20 copay	Not covered	$20 copay	Not covered	$20 copay after ded	Not covered
Tier 2	$60 copay	Not covered	$60 copay	Not covered	$60 copay after ded	Not covered
Tier 3	$120 copay	Not covered	$120 copay	Not covered	$120 copay after ded	Not covered

This document is intended to merely highlight or summarize certain aspects of the employer's benefit program(s). It is not a Summary Plan Description (SPD) or an official plan document. Your rights and obligations under the program(s) are set forth in the official plan documents. All statements in this summary are subject to the terms of the official plan documents, as interpreted by the appropriate plan fiduciary. In the case of an ambiguity or outright conflict between a provision in this summary and a provision in the plan documents, the terms of the plan documents control. The employer reserves the right to review, change, or terminate the plan, or any benefits under it, for any reason, at any time and without advance notice to any person.

HOW TO BE A SMART CONSUMER

Get the most out of your Aetna medical plan

- Regardless of the plan you are on, **preventive care is covered at 100% at in-network providers**.
- These services are generally NOT preventive if you get them as part of your visit to diagnose, monitor, or treat an illness or injury.
- Screenings, services, and other covered preventive services can vary by age, gender, and other factors. Be sure to talk to your doctor about which services are right for you.
- Examples of covered preventive care include, but are not limited to:
  - ✓ Regular check-ups for adults
  - ✓ Wellness exams for children
  - ✓ Routine gynecological exams for women
  - ✓ Immunizations
  - ✓ Screenings for breast, cervical, colon, and prostate cancer *(subject to age restrictions)*
- Aetna follows preventive recommendations as determined by the US Preventive Services Task Force, Centers for Disease Control & Prevention, and other advisory committees.

24/7 Nurse Line

800.556.1555

- Choose appropriate medical care.
- Find a doctor or hospital.
- Understand treatment options.
- Achieve a healthier lifestyle.
- Answer medical questions.

Pharmacy

- Find an in-network pharmacy or use the drug cost estimator tool by logging in or registering at www.aetna.com.
- Discount sites like GoodRx and WellRx can help you instantly save (please note: prescriptions acquired under these plans do not go through your insurance).
- Ask whether a generic or mail-order option is available.
- Generic contraceptives and diaphragms are covered and available at no cost.
- See if your drug has a Patient Assistance Program.

Aetna Health Mobile App

The Aetna Health app lets you easily access your healthcare information (and access your ID card!) and gives you tools to help estimate costs, manage claims and find providers — anytime and anywhere. You will also receive personalized recommendations to help improve your health. It's built to be your go-to healthcare resource when you're on the go.

Available on the App Store | GET IT ON Google Play

Cost Estimator

Different doctors and hospitals may charge different amounts for the same service.

Aetna's cost estimator tool can help you compare costs based on your own benefits. Register or log in to your account at www.aetna.com or through the mobile app to get started.

WHERE DO I GO FOR THE BEST CARE?

Knowing where to go for medical care can save you lots of time and money! It can also help get you the best care for your situation. Here are some general guidelines to assist you in determining the best option for you.

Nurse Line or Virtual Care

Whether at home or traveling, access to a board-certified doctor is available. You can speak to a nurse or doctor immediately or schedule an appointment based on your availability.

- Allergies
- Nausea
- Pinkeye
- Asthma
- Cold/Flu

Nurse Line: Call 800.556.1555, sign in to www.aetna.com, or connect via your mobile device.

Virtual Care: Please see the next page for more information on virtual care

- **First Stop Health**: www.firststophealth.com

LOWEST COST

Doctor's Office

When you have any medical concern, your primary doctor can oversee your care, provide routine services, and refer you to specialists, if necessary.

- Routine checkup
- Preventive Services
- Immunizations
- Manage your overall health

LOWEST COST

Urgent Care/ Retail Clinic

When you need care quickly, your primary doctor is not available, and your condition is not life-threatening. Some examples include:

- Sprains/Strains
- Flu and fever (below 104°)
- Minor broken bones
- Earache/Sore throat
- Rash

MEDIUM COST

Emergency Room

When you need immediate treatment of a serious or critical condition:

- Severe/life-threatening symptoms
- Extreme pain
- Severe head injury
- Shortness of breath
- Excessive bleeding
- Broken bones

HIGHEST COST

VIRTUAL CARE

Agrana provides access to virtual care through First Stop Health. This service is provided **FREE** for all employees and their dependents, regardless of enrollment in a medical plan.

First Stop Health's services are available 24/7 and provide unlimited consultations, letting you get the care you need — including most prescriptions — for a wide range of minor acute conditions. You have access to U.S.-based physicians who can diagnose and treat via secure phone and online access, without leaving your home or office. When, where, and how it works best for you.

First Stop Health
www.firststophealth.com
888.691.7867

VIRTUAL PRIMARY CARE

Through our continued partnership with First Stop Health, we offer all employees Virtual Primary Care. First Stop Health Primary Care Providers offer the benefit of personalized, ongoing care from the comfort of your home! This service is provided regardless of medical enrollment and includes care for:

Urgent Care Issues

Talk to a doctor in minutes for a sinus infection, UTI, cold, flu, rash, headache, and more.

Prevention & Wellness

Check in on your current health and make a personalized plan to stay healthy and strong.

Mental Healthcare

Diagnosis and prescriptions for depression, anxiety, and more. You have virtual counseling, too! **FSH Counselors are available 24/7, and appointments can be scheduled within three days.**

Health Management

Support managing asthma, diabetes, hypertension, obesity, high cholesterol, smoking, COPD, and more.

Referrals, Tests and More

Just like at an in-person visit, First Stop Health doctors can:

- Order labs, tests, and screenings
- Provide sick notes and documentation
- Refer you to in-network specialists

What's New for 2026?

Employees and their eligible dependents can now meet virtually with Registered Dietitians, Board-Certified Health Coaches, and Certified Diabetes Care & Education Specialists (CDCES), getting expert guidance exactly when they need it!

Top Reasons to Call

1. Sore Throat or Cough
2. Sinus Infection
3. Urinary Tract Infection
4. Skin Rash
5. Eye infection
6. Mental Health Concerns

Care on your time.

- On-demand visits for urgent care issues.
- Scheduled visits (that start on time!) for primary care.

Includes your family.

- Available to all employees and their dependents.
- First Stop Health can treat urgent care issues in those <18. Adults can use FSH for both primary and urgent care.

HEALTH SAVINGS ACCOUNT (HSA)

FLORES

AVAILABLE TO PARTICIPANTS IN THE HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

Agrana will continue to partner with Flores for Health Savings Account administration. A Health Savings Account (HSA) is a tax-advantaged savings account that can be used for your qualified healthcare expenses. You own your HSA and can contribute to the account with pre-tax payroll deductions based on your needs.

Did you know an HSA provides triple tax benefits? The money you contribute is pre-tax, and the interest that accumulates in the account is tax-free. In addition, money withdrawn from an HSA isn't taxed, provided you use it for qualified healthcare expenses. Like a savings account, you will only be able to withdraw funds that are in the account.

As an added benefit, Agrana will make monthly contributions to your HSA account! NEW FOR 2026, there are increased Tier 1 Engaged contributions!

Annual Contributions	Tier 1 Engaged	Tier 2 Engaged
Employee Only	**$750**	$375
Employee + 1	**$1,000**	$500
Employee + 2 (or more)	**$1,500**	$750

HSA Advantages

	You can use the account to pay for qualified healthcare expenses.
	Unspent dollars roll over each year and are yours to keep if you retire or leave the company.
	You can invest your HSA funds, so your available healthcare dollars can grow over time.

- You will have access to HSA funds as they are payroll-deducted.
- HSA is funded per pay period. Your deduction amount can be changed at any time.

You are eligible if:

- You are enrolled in the HDHP
- You are not covered by a spouse's plan
- No one else can claim you as a dependent
- You are not enrolled in Medicare, TRICARE, or TRICARE for Life
- You have not received VA benefits in the past 3 months

How Do I Access / Make Contributions to my HSA?

You can manage your HSA at www.flores247.com. You'll set up your payroll contributions during your enrollment period and can make changes at any time throughout the year (although it may take between 1–2 payroll periods for any changes to be processed).

How Much Can Be Deposited into an HSA in 2026 & 2027?

<55*

2026

- Up to $4,400 for individual
- Up to $8,750 for family

2027

- Up to $4,500 for individual
- Up to $9,000 for family

*Not enrolled in Medicare

55+*

The maximum contribution increases by $1,000:

- Up to $5,400 for individual
- Up to $9,750 for family

*Not enrolled in Medicare

Important Note: Annual deposit limits include both your contributions and Agrana contributions combined.

FLEXIBLE SPENDING ACCOUNT (FSA)

FLORES

PLEASE NOTE:

You MUST make a new election for the FSA or DCFSA before July 17, 2026, for the plan year that begins August 1. If you do not make an election for the FSA or DCFSA plans, your coverage will NOT roll over to the 2026-2027 plan year.

What is a Flexible Spending Account?

A flexible spending account (FSA) is an account that can reimburse you for qualified healthcare or dependent care expenses. You can fund qualified expenses with pre-tax dollars deducted from your paychecks.

When electing an FSA, you will set an annual contribution amount. FSAs do not roll over year to year, so plan accordingly to avoid funds being forfeited at the end of the year. **For both the Healthcare and Dependent Care FSA (DCFSA), you must use all your contributions for the 2026-2027 plan year by October 15, 2027. You will have until October 31, 2027 to file any claims incurred before October 15, 2027**.

You can choose to participate in a Healthcare FSA and a Dependent Care FSA simultaneously - or choose just one. It's not necessary to "sign up" specific family members for these accounts.

New employees may enroll in an FSA during their designated benefits election period. Please note that changes to your elections can only be made if you experience a qualified life change.

Healthcare FSA

A Healthcare FSA reimburses employees for eligible medical expenses, up to the amount contributed for the plan year. Eligible healthcare expenses include many of the out-of-pocket expenses you pay to maintain your health and well-being (including deductibles, copays, prescription eyeglasses, vision exams, dental expenses, and more).

You may contribute up to **$3,400 annually** (funds will be available as of the election effective date).

You may not enroll in a Healthcare FSA account if you enroll in the HDHP medical plan. The Healthcare FSA is best paired with the Core or Buy Up medical plans.

Dependent Care FSA

You may use pre-tax dollars from your Dependent Care FSA to pay expenses for the care of a dependent child, spouse, or elderly parent inside your home (from a qualified provider), and expenses outside your home, such as babysitters, nursery schools, or day care centers.

NEW FOR 2026, the Dependent Care FSA annual maximum has increased from $5,000 to $7,500!

You may contribute up to **$7,500 annually** (or $3,750 if you are married and file a separate tax return). You can only be reimbursed up to the amount that you have contributed.

Please visit the Flores website at www.flores247.com to learn more about FSAs and eligible expenses. A full listing can also be found on www.irs.gov.

WELLNESS PROGRAM

HealthCheck360

HealthCheck360 provides you with resources to live happier and healthier lives through a combination of tools and outreach. Wherever you are, HealthCheck360 is there, providing direction and encouragement through easy-to-use trackers to help you set personal goals.

Tracking Made Easy

It's easier than ever for you to log your nutrition, activity, and weight. HealthCheck360 believes in whole-self wellness and offers additional trackers for body measurements, glucose, heart rate, blood pressure, cholesterol, mood, and an online journal. These tracking tools educate you on your lifestyle and habits and provide valuable insight into the connection between various health metrics.

Online Support

Getting and staying healthy can be tough. At HealthCheck360 we understand the challenge. You are supported every step of the way as you embark on lifestyle changes. You earn badges for wellness achievements on and off the site and receive encouraging feedback along your journey to achieving your wellness goals.

Engaging Challenges

Have fun while getting healthy with the interactive challenges on myHealthCheck360.com. You can see leaderboards in real time, supporting healthy competition with your friends and coworkers.

Scan the QR code to download the NEW myHC360+ app!
You will be required to create a new account

Company Code: AGRAN
Unique ID: Last 4 SSN

How can I earn the incentive?

The window to complete screenings and participate in activities to earn points has closed. If you are interested in participating in the future, keep an eye out for more information.

What is the 2026 incentive for participating?

Participants who participated in the wellness program will receive a discount on their premiums. If you did not participate, you will not receive a discount.

If you have any questions about the number of points you have earned or if you have earned the premium discounts, you can reach the HealthCheck360 team at 866.511.0360 or mycareteam@healthcheck360.com.

DENTAL

AETNA

Agrana offers you and your eligible dependents the opportunity to enroll in dental coverage through Aetna. The Dental Plan is a PPO plan that includes a network of participating dental providers. Charges for services received from PPO dental providers are lower than those from non-PPO dental providers. Using a PPO dentist allows you to maximize your annual benefit. **NEW FOR 2026, Agrana's dental coverage will be on a new, expanded dental network!** When searching for providers, make sure to select the **Dental PPO/PDN with PPO II and Extended Network**.

Service Provided	Benefit
Annual Deductible (waived for Preventive and Orthodontic)	
Individual	$50
Family	$150
Calendar Year Maximum	$2,000
Preventive Services	
Oral exams, cleanings, bitewing x-rays, full mouth x-rays, space maintainers, fluoride treatments, sealants	100%
Basic Services	
Root canals, periodontal maintenance and surgery, fillings, extractions	80%
Major Services	
Inlays/onlays, crowns, dentures, implants, bridges	50%
Orthodontia (Includes dependent children and adults)	
Coinsurance	50%
Lifetime Orthodontia Maximum	$3,000

VISION

AMERITAS

Agrana's vision benefits will continue to be administered through Ameritas using the EyeMed Insight network! Ameritas provides vision care decision tools and education to support your eye health and wellness needs.

An annual eye exam is a critical component of an overall wellness plan, as it can lead to the detection of serious diseases like high blood pressure and diabetes. To search for an in-network provider, go to www.ameritas.com, choose **Find a Health Provider**, scroll down to **Find a Vision Provider**, choose **Eyemed**, choose the **Insight Network** from the Network dropdown, and **enter your home zip code**.

Benefits	In-network	Out-of-network
Eye Exam (Once per twelve months)		
Eye Exam with Dilation as Necessary	$10 copay	Up to $35 reimbursement
Standard Lenses (Once per twelve months)		
Single vision	$25 copay	Up to $25 reimbursement
Bifocal	$25 copay	Up to $40 reimbursement
Trifocal	$25 copay	Up to $65 reimbursement
Frames (Once per twelve months)		
Frames	$180 allowance + 20% off amount over allowance	Up to $90 reimbursement
Contact Lenses (Once per twelve months)		
Standard exam (Includes lens fitting and follow-up)	Up to $40	Not covered
Premium exam (Includes lens fitting and follow-up)	10% discount	Not covered
Medically necessary	$0 copay	Up to $200 reimbursement
Conventional	$180 allowance + 15% off amount over allowance	Up to $144 reimbursement

Sight Protect Safety Glasses

Agrana's safety glasses program will continue to be through Sight Protect. **This program replaced the Essilor Program and Industrial Eyes program through EyeMed for the 2025-2026 plan year.** This program offers a wide selection of frames and offers the most accessible network in the market. Employees will be able to visit up to 4,000 eye care providers, including LensCrafters, Pearle Vision, and Target Optical. To learn more, scan the QR codes shown below or visit www.sight-protect.com.

Program

Provider Locator

Frame Catalog

LIFE AND DISABILITY INSURANCE

THE HARTFORD

Life Insurance

Agrana provides Basic Life and Accidental Death and Dismemberment (AD&D) insurance at no cost to you!

Insurance coverage	Benefit
Basic Life and AD&D	1x basic annual earnings, up to $500,000

If you would like additional coverage, Supplemental Life insurance is available to all full-time employees, spouses, and dependent children**. Supplemental AD&D will continue to be an automatic enrollment to match your supplemental life benefit.** You must enroll in coverage for yourself in order to cover your spouse or children.

If you are currently enrolled in Supplemental Life, you can increase your coverage at Open Enrollment by $10,000, up to the Guaranteed Issue amount, with no Evidence of Insurability. If you did not enroll in Supplemental Life when you were first eligible, you will be required to complete an Evidence of Insurability (EOI) form and be approved before coverage can begin. The cost of coverage increases as you move through the age bands.

* Guarantee Issue amounts are different for employees aged 60 and above

Note: Benefits reduce by 55% at age 70, 70% at age 75, 80% at age 80, and 85% at age 85.

Supplemental Life	Amount
Employee	
Benefit	Up to 5x your annual earnings, up to a maximum of $750,000 in increments of $10,000
Guarantee Issue	Up to $200,000 without medical questions
Spouse	
Benefit	Up to 50% of the employee's amount, up to a maximum of $250,000 in increments of $5,000
Guarantee Issue	Up to $50,000 without medical questions
Children	
Benefit—Age: 15 days to 26 years	$25,000 per child
Guarantee Issue	$25,000

Disability

These plans give you income protection in the event you are ill or injured in a non-work-related injury and can't come to work. If you don't enroll in disability coverage when it's first available, you may be required to complete an Evidence of Insurability (EOI) form.

Short-Term Disability - Employer paid		Long-Term Disability - Employee paid for Hourly employees; Employer paid for Salaried employees	
Elimination Period	0 days (injury); 7 days (sickness)	Elimination Period	90 days
Benefit	60% of weekly earnings	Monthly Benefit	60% of monthly earnings
Maximum Benefit	$600/week (Hourly) or $8,000/ month (Salaried)	Maximum Monthly Benefit	$10,000
Maximum Benefit Period	13 weeks	Maximum Benefit Period	SSNRA

AETNA DISCOUNT PROGRAMS

Disease Management Program

The Disease Management Program provides education materials for thirty (30) medical conditions, as well as nurse case management for complex cases such as cancer, diabetes, asthma, low back pain, and heart conditions. If you are interested in the Disease Management Program or have questions about the program, you can contact Aetna at 866.269.4500.

Healthy Actions

The Healthy Actions program provides an online Health Assessment, Tailored Health Reports, Personalized Action Plans, and recommended Healthy Living Programs. Additionally, 4–6-week programs for fitness, nutrition, healthy aging, and stress management are available at no cost to you. For more information visit www.aetna.com and log in to Aetna Navigator.

Aetna Navigator Online Member Self-Service

Aetna provides members enrolled in the medical plan with instant access to information about their medical plan, claims, and tools to help them make wise healthcare choices. You can access Aetna's navigator at www.aetna.com.

Tools include:

- Online EOB.
- Look up doctors and hospitals.
- Cost treatment estimator.
- Research health conditions and treatments.
- Wellness articles and chat rooms.

Logging On To Aetna Navigator

- Step 1: Connect to Aetna's website at www.aetna.com.
- Step 2: From the Aetna home page, enter the Aetna Navigator secure member site by entering your username and password.
  - If you do not already have a username and password, click on "Register Now", select the option for "I am an Aetna member" and complete the information requested.

Employees and their dependents enrolled in the benefit plan are eligible for discount programs and services offered through Aetna. Log on to Aetna Navigator (www.aetna.com) for more information.

Weight Management Program

The Weight Management program can help you manage your weight using a non-diet approach. Get support to help build your confidence, become more active, eat healthier, and change your habits. Use the program online, over the phone, or both.

Aetna Fitness Discount Program

- FREE guest pass at most gyms.
- Flexible membership options.
- Easy billing through your bank account or credit card.
- Membership transfer to another gym or person.
- Freezing and travel privileges, allowing you to freeze your membership or see different gyms when traveling.
- Discounts on home exercise equipment.

Aetna Weight Management Discount Program

- **Save on CalorieKing**: Learn independent, long-term weight control. Join an Annual or Monthly program.
- **Save on eDiets**: Choose a Meal Delivery Plan with food shipped right to your door or an Online Diet plan.
- **Save on Jenny**: Choose from a wide range of program options to meet your individual needs and weight-loss goals.
- **Save on Nutrisystem**: Lose weight and learn how to keep it off with a personalized weight loss meal plan.

Aetna Vision Discount Program

To help keep your vision healthy, Aetna offers a vision discount program for routine care. For those enrolled in an Aetna medical plan, this program can be used in addition to your vision benefit offered through EyeMed to take advantage of more savings! Please note that discount offers are not insurance. *This is a separate discount program from Agrana's Vision plan and does not coordinate with any EyeMed benefits.*

- Save on visits to the many doctors in private practice.
- Discounts are available at most National chains (LensCrafters, Target Optical, and Pearle Vision).
- Your eye exams are always discounted. So even if your plan covers your first exam, you can save on another one from any participating doctor.
- Contact lens replacement—delivered to your door.
- Savings on LASIK eye surgery.
- Savings on eyeglass chains, lens cases and cleaners, and nonprescription sunglasses.

Aetna Natural Products and Services Online

- Massage therapy
- Acupuncture
- Chiropractic visits
- Nutrition services
- Discounts on health and wellness products

Aetna Hearing Discount Program

Hearing Care Solutions	HearPO
Savings on a large choice of hearing aids	Discounted hearing aids, exams, hearing aid repairs
2-year supply of batteries with mail order discounts for use after original supply runs out	Discounts on programmable and digital hearing aids
In-office service for one year	Online medical consultations (Vital Health Network)
Free cleanings, checks, and battery-door replacement for the life of your hearing aid	Free follow-up for one year

Please note: Aetna's discount programs are available to all members enrolled in an Agrana medical plan, including spouses and dependent children.

ADDITIONAL BENEFITS

Employee Assistance Program

Description	We are pleased to offer an Employee Assistance Program to support you and your family during difficult times at **no cost to you**. This program is available to you and all members of your household. Children living away from home are covered up to age 26. ▪ Unlimited access to Master's-level counselors by phone 24/7. ▪ Up to 3 face-to-face visits per issue per year with a counselor at no cost. Sessions are available face-to-face, online with video, or by phone. ▪ Available to help with a wide range of issues, including: Anxiety, relationship support, depression, stress management, work/life balance, family issues, grief and loss, self-esteem and personal development, substance misuse, and more. ▪ Financial, legal, and online will resources. ▪ Unlimited access to helpful tools and resources online. ▪ Referrals available.
Contact Information	**Aetna EAP** Available 24/7 at 888.238.6232, TTY: 711 www.resourcesforliving.com Company ID: AGRANAUS Password: EAP

Travel Assistance

Description	The travel assistance program through International Medical Group, in partnership with The Hartford, is available at no cost and provides you, your spouse, and your children with a program to help find medical assistance when traveling 100+ miles away from home for 90 days or less. The emergency travel assistance services provided by The Hartford also include: ▪ Pre-trip information that helps you feel safe and secure while traveling. ▪ Emergency medical payments, medical referrals, monitoring, or evacuation. ▪ Transport of a friend or relative to you. ▪ Return of mortal remains. 24/7 ID theft protection is also available whether at home or away. This service provides prevention education, advice, and help with administrative tasks resulting from identity theft.
Contact Information	**International Medical Group** U.S. and Canada (toll-free): 800.243.6108 Outside U.S.: 202.828.5885

Section 125 Cafeteria Plan

Description	Agrana offers a Cafeteria Plan under Section 125 of the IRS Code, allowing you to use pre-tax dollars to purchase eligible benefits. If you elect to purchase benefits under the plan, you are required to maintain your benefit election(s) until the next annual enrollment unless you have a status change during the year as defined by the IRS. Medical, Dental, and Vision premiums are deducted from your salary before taxes. As a result, you pay fewer taxes and keep more of what you earn.

IMPORTANT REMINDERS

You **MUST** re-enroll in the HSA and FSA plan(s). These elections will not automatically carry over.

Changes in Eligible Dependents

Agrana would like to remind everyone of their individual responsibility to notify Human Resources when there is a change in eligible dependent status.

Out-of-Network Charges

For the medical and dental plans, if you seek care from an out-of-network provider, you will be responsible for any amounts above the Usual and Customary (U&C) Charges in addition to your deductible and coinsurance. Amounts above U&C do not count towards your out-of-pocket maximum.

New Hires must complete an enrollment form and submit it to Human Resources within thirty (30) days of your date of hire.

Telemedicine/Virtual Care

Agrana offers virtual care for you and your dependents regardless of enrollment in a medical plan. This service is available to you at **no cost**. The telemedicine/virtual care program, offered through First Stop Health, is a convenient and confidential way to virtually see a doctor on your time.

To contact First Stop Health, please call 888.691.7867 or visit www.firststophealth.com.

Be A Responsible Consumer

Use Network Providers

Check before each appointment to make sure your provider is still a participating provider in the network. In-network providers give a significant discount and are reimbursed at a higher coinsurance level.

Preventive Care

The use of preventive care helps keep employees healthier and, over the long term, will help reduce healthcare costs, keeping your employee contributions down.

Only Use the Emergency Room for Emergencies

In non-emergency situations, call your primary care physician's office or the nurse line to help you determine the right place to seek care.

A medical emergency is a sudden illness or injury serious enough to threaten your life or cause permanent damage if it is not treated immediately. In a true medical emergency, the plan pays benefits as if you had used a network provider. Your first priority is to get the care you need right away, without worrying about going to a network provider. If you are admitted to any hospital in an emergency, call your insurance company within 24 hours. A family member, a doctor, or a nurse can call for you.

Compare Prescription Drug Pricing

Check to see if there is a generic equivalent to any brand-name prescriptions you are taking.

CONTACTS

Medical

Aetna

Member services: 888.266.5519
24/7 Nurse Line: 800.556.1555
General website: www.aetna.com

Telemedicine, Virtual Primary Care and Mental Health Services

First Stop Health

Customer service: 888.691.7867
Website: www.firststophealth.com

Dental

Aetna

Member services: 877.238.6200
General website: www.aetna.com

Vision

Ameritas

Customer service: 866.289.0614
Website: www.eyemedvisioncare.com

Sight Protect Safety Glasses Program

Customer service: 866.798.9192
Website: www.sight-protect.com

Health Savings Account

Flores

Customer service: 800.532.3327
Website: www.flores247.com

Flexible Spending Account

Flores

Customer service: 800.532.3327
Website: www.flores247.com

Life & Disability

The Hartford

Life & AD&D Claims: 888.563.1124
Disability Claims: 888.277.4767
General website: www.thehartford.com

Employee Assistance Program

Aetna’s Resources for Living

Member services: 888.238.6232
General website: www.resourcesforliving.com

Simple Steps

Aetna

Member services: 888.266.5519
General website: www.aetna.com

Travel Assistance

International Medical Group

US and Canada: 800.243.6108
Collect from other locations: 202.828.5885
Email: assist@imglobal.com

All changes must be made by July 17, 2026!

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern. Please scan the QR code below to view your Annual Notices.