SDC Nutrition

Employee Benefits Guide

Plan year:
1/1/2025-12/31/2025

Provided to you by:

HAUSER

Benefits For You & Your Family

SDC Nutrition strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Open Enrollment Benefits Guide.

Open enrollment is a short period each year when you can make changes to your benefits. This guide will outline all the different benefits **SDC Nutrition** offers so you can identify which offerings are best for you and your qualified dependents.

Elections you make during open enrollment will become effective on **January 1, 2025**. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to the benefits department.

Info on the Go!

Scan with your Smartphone to access your 2025 Benefits Guide and enrollment materials online ANYTIME.

The information in this Enrollment Guide is presented for illustrative purposes and the text contained herein was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

Important Resources

Your Insurance Carriers

Contact Name	Contact Information
Medical **Cigna**	Phone: 1 (800) 244-6224 Website: www.mycigna.com
Dental **Guardian**	Phone: 1 (800) 541-7846 Website: www.guardiananytime.com
Vision **Guardian**	Phone:1 (877) 393-7363 Website: www.guardiananytime.com
Life and AD&D **Lincoln**	Phone: 1 (800) 423-2765 Website: www.lincolnfinancial.com
Disability **Lincoln**	Phone: 1 (800) 423-2765 Website: www.lincolnfinancial.com
HRA **One Digital**	Phone: (724) 935-2310 x 3 Website: www.onedigital.com/pgh-claims

Your Human Resources Team

Contact Name	Title	Email
Kaylyn Wright	HR Manager	kaylynw@sdcnutrition.com

Eligibility & Enrollment

When to Enroll?

Open Enrollment runs from **Monday, December 9th to Monday, December 16th**.
Deadline to submit changes: **Monday, December 16th, 2024**.

If you are a newly hired employee or are enrolling due to a qualifying event you must enroll or waive coverage within 30 days from your date of hire or date of event.

Who is Eligible?

Employees
If you are a full-time employee working 30 or more hours a week, you are eligible to enroll in the benefits described in this guide.

Dependents
In addition to enrolling yourself, you may also enroll any eligible dependents under any plan that offers dependent coverage.

Eligible dependents are defined below:

- Spouse: a person to whom you are legally married by ceremony, common law spouses, and domestic partners (same sex & opposite sex).
- Domestic Partner: a person in a "Domestic Partnership" with an eligible employee in which the partner is at least 18 years of age and has shared residency for at least 12 months
- Dependent Children: You or your spouse's biological, adopted, legal dependents (including grandchildren for whom you have legal custody) up to age 26 regardless of student, financial, residential, or marital status. Dependent coverage terminates at the end of the month in which they turn 26.

How to Enroll?

Review the 2025 Employee Benefits Guide to understand the coverage available and changes to the **SDC Nutrition** Benefit Program.

Please note this is an ACTIVE enrollment meaning that you MUST log in to Paycom to enroll in benefits for this plan year

If you do not log into Paycom and elect your benefits, you will not have coverage as of 1/1/2025. Your current elections will not carry-over, if you do nothing.

Making Changes

You will not be able to make changes to your benefits outside of Open Enrollment unless you, your spouse or dependent children experience an IRS defined qualified life event.

Qualified life events include (but not limited to):

- Marriage
- Divorce
- Legal Separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of spouse, child or other qualified dependent
- Change in residence due to an employment transfer for you or your spouse
- Change in your spouse's benefits or employment status
- Commencement or termination of adoption proceedings
- Change in employment status or change in coverage under another employer-sponsored plan

If you experience a qualified life event or if you have questions, please contact Human Resources. You have 30 days after a qualifying event to notify HR and request a change to your benefit elections.

When will Coverage Terminate?

Coverage will terminate the last day of the month in which you were last employed for medical, dental and vision coverage. Life and disability benefits terminate on the date of termination.

Medical & Prescription Drug Benefits

SDC Nutrition offers a comprehensive benefits program to help you, and your family protect your health and financial security. Your benefits are a valuable part of your compensation; we encourage you to learn how your plans work so you can get the most from them. The **SDC Nutrition** Health Plan is being administered by **Cigna** and operates on the **Cigna Open Access Plus National Network**. These plans encourage you to seek care from **In-Network** providers, which provide the highest level of benefit. If you choose to use an **Out-of-Network** provider, your healthcare services ***will not*** be covered as the medical plan does not offer non-network coverage.

Medical Key Reminders:

- ✓ To limit your out-of-pocket expenses, please seek services from an **In-Network** provider. To find a provider, visit: www.cigna.com and select "Open Access Plus" as the network.
- ✓ If services are provided by an **Out-of-Network** provider, the member is responsible for ALL healthcare costs.

Prescription Drug Coverage

When you elect medical coverage, you are automatically covered under the prescription drug plan, which is administered by **Cigna**. We know prescription drug coverage is important to you and your family, so when you elect medical coverage, you are automatically covered under the prescription drug plan. You may fill your prescriptions at participating retail pharmacies. Under the prescription drug coverage, the mail order option allows you to buy qualified prescriptions in larger 90-day quantities for a slightly higher copay amount as a 30-day supply at the retail pharmacy. Mail order saves you time in trips to the pharmacy as your prescriptions are automatically delivered to your home address.

There are several categories of drugs under the plans. The differences between these categories are described below:

- **Tier 1 –** Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.
- **Tier 2 –** Mid-range cost Medications that provide good overall value. Mainly preferred brand-name drugs.
- **Tier 3 –** Highest-cost Medications that provide the lowest overall value.
- **Tier 4 –** Specialty Medications that treat complex conditions and may require special storage and handling

HELPFUL TIP: Choose Generics - The member pays the applicable copay (if applicable) only if the physician requires brand. If the member requests brand when a generic is available, the member pays the applicable copay plus the difference between. Be sure to discuss this with your physician when he or she writes your prescription.

Medical Benefits

The **SDC Nutrition** Health Plan is being administered by **Cigna** and is paired with the **Cigna OAP Network**. The following chart provides a summary of the main features of the **Medical** benefit options offered by **SDC Nutrition**.

For complete Benefit Summaries or to find a provider, visit the SDC Nutrition benefits website at www.sdcnutritionbenefits.com

MEDICAL CARRIER:

	$5,500 OAP (In-Network Coverage Only)	
Network	**Cigna OAP**	**Out of Network**
Services	**In-Network**	
Deductible: (Individual/Family) *Eligible HRA Reimbursement* **Deductible after HRA**	*Embedded $5,500/$11,000 *$4,500/$9,000* $1,000/$2,000	N/A
Member Coinsurance	0%	N/A
Max. Out-of-Pocket (Includes deductible, coinsurance & copays) - Individual - Family	 $8,950 $17,900	N/A
Physician Office Visit (Primary/Specialist)	$50 copay / $100 copay	NOT COVERED
Preventative Care (Adult/Well-Child)	Covered at 100%	NOT COVERED
Emergency Room	$500 copay	
Urgent Care	$100 copay	NOT COVERED
Inpatient Service *Facility fee*	$750 deductible per day, 5 days max	NOT COVERED
Outpatient Surgery *Facility fee*	$1,000 deductible per admission	NOT COVERED
Prescription Drugs - Retail *(30-day supply)* - Mail Order *(90-day supply, specialty limited to 30-day supply)*	 $10/$65/$125/$250 $25/$163/$213/$250	NOT COVERED

***Embedded** deductible and out-of-pocket (OOP), means that a "per member" deductible and OOP are embedded within the "per family" thresholds. Each covered family member is subject only to their "per member" deductible or OOP, and the family's exposure, as a whole, is limited by the family deductible and OOP limits.*

***Non-Embedded** deductible and out-of-pocket (OOP), means that if dependents are covered, the full family deductible must be met before the plan begins to pay and the family's exposure, as a whole, is limited by the family OOP limit.*

Health Reimbursement Account (HRA)

Only those enrolled in the Cigna Medical Plan are eligible for the HRA

We strive to provide you a competitive benefits package. It's no secret health care costs continue to increase and the cost to provide health care coverage continues to escalate. Like many companies, we need to control these costs to stay competitive. At the same time, we want to be sure our health benefits do what they are intended to do, which is to help you, and your family achieve and maintain your health potential.

For 2025, we will continue to offer a Health Reimbursement Arrangement (HRA). An HRA is an account that helps to cover your health care expenses incurred by you, your spouse, and your dependents. It comes with our Health Plan and helps to offset your deductible.

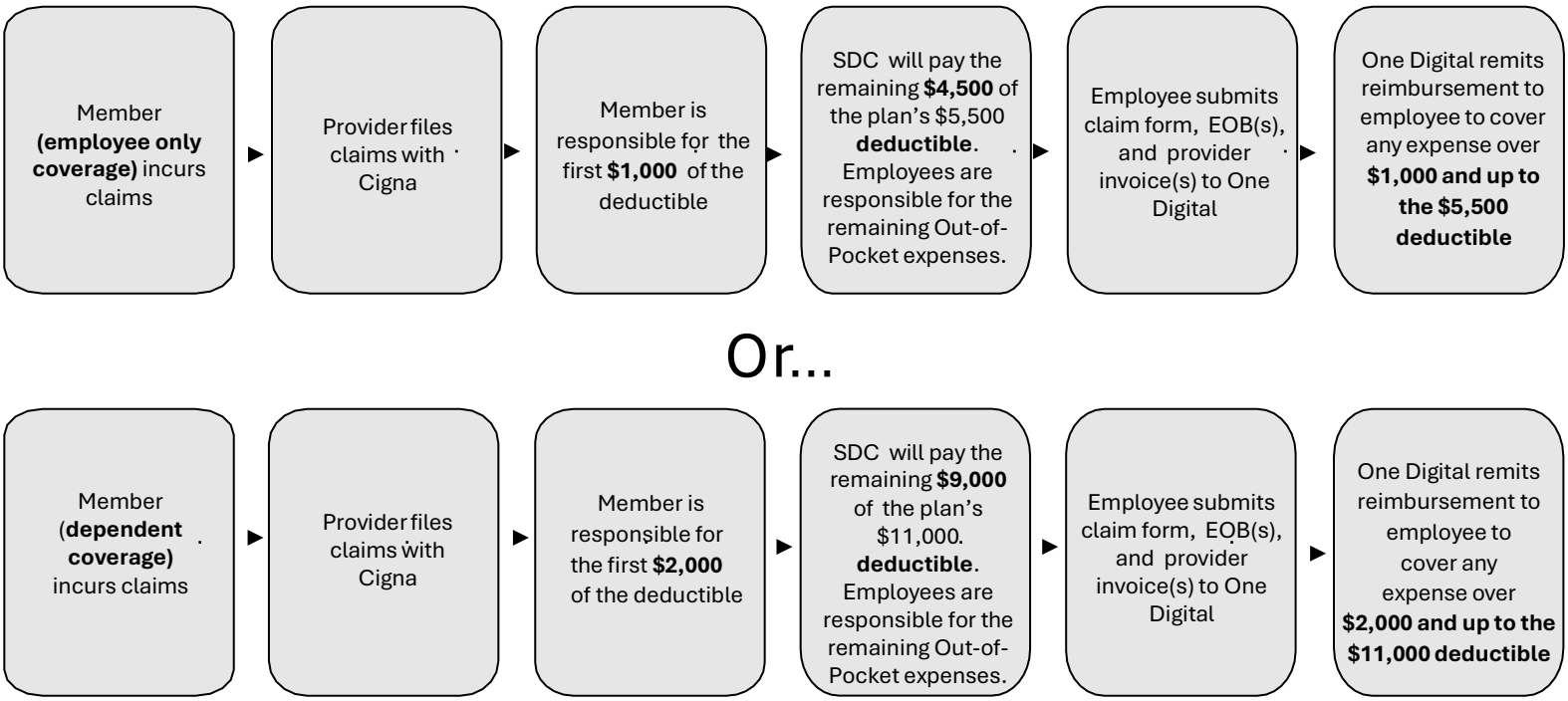
Note: The HRA only covers eligible in-network medical deductible expenses. Copays and coinsurance do not apply towards the deductible and are therefore not reimbursable through the HRA. The HRA does not cover any claims incurred under the dental or vision plans.

HRA's offer you the following advantages:

•**100% Company funded.** HRA's are paid solely with employer dollars. **SDC Nutrition's** deductible funding amounts for 2025 are as follows:

EE Only: $4,500 **EE + Spouse:** $9,000 **EE + Child(ren):** $9,000 **Family:** $9,000

•**Favorable tax treatment**. Coverage under an HRA and expenses reimbursed through the HRA are excludable from your gross income.

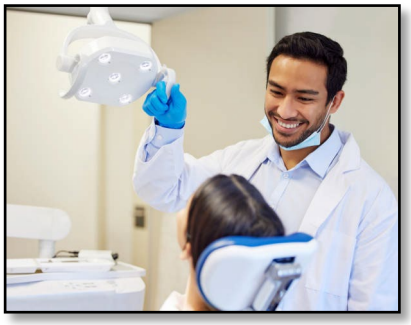


Vision and Dental Benefits

The following chart shows the features of the **Vision** benefit option offered by Guardian. A complete benefit summary is available on www.sdcnutritionbenefits.com

Network: Davis/Full Feature		
Services	**In-Network**	**Out-of-Network**
Annual Eye Exam *(Every 12 months)*	**Network Provider:** $10 Copay	Up to $50
Standard Frame *(Every 12 months)*	**Network Provider:** $150 allowance; 20% off additional balance	Up to $48
Standard Plastic Lenses *(Every 12 months in lieu of contact lenses)*		
Single Vision Bifocal Trifocal	$25 Copay $25 Copay $25 Copay	Up to $48 Up to $67 Up to $86
Contact Lenses *(Every 12 months in lieu of frames and lenses)*		
Elective Medically Necessary	$150 allowance; 15% off additional balance Covered in full	Up to $210 Up to $105

	Network: DentalGuard Preferred
Services	**Base Dental**
Deductible *(Applies to Basic & Major Services)*	$50 Individual $150 Family
Preventative Services *(Deductible waived)*	100%
Basic Services *(Fillings, oral surgery/extractions, root canal, general anesthesia)*	80%
Major Services *(Bridges/dentures/crowns)*	50%
Annual Maximum	**$1,000**
Reimbursement	90th Percentile



SDC Nutrition offers a **Dental** plan through Guardian. The chart above shows the highlights of our **Dental** option. A complete benefit summary is available on www.sdcnutritionbenefits.com

Cost of Coverage

SDC Nutrition pays a portion of your insurance premiums; however, we do require employees contribute toward their health care costs as well. Employees pay a dollar amount based on the level of coverage they select. The following Employee Payroll Deductions will be effective for this plan year and will be reflected on your first paycheck after your effective date.

MEDICAL Plan Payroll Deductions (Per 24 Pay Periods)

Plan Name	Employee	Employee + Spouse	Employee + Child(ren)	Family
$5,500 OAP	$43.74	$98.86	$159.00	$225.17

DENTAL Plan Payroll Deductions (Per 24 Pay Periods)

Plan Name	Employee	Employee + Spouse	Employee + Child(ren)	Family
Dental	$11.07	$15.00	$15.00	$15.00

VISION Plan Payroll Deductions (Per 24 Pay Periods)

Plan Name	Employee	Employee + Spouse	Employee + Child(ren)	Family
Vision	$2.71	$2.71	$2.71	$4.33

Life/AD&D and Disability Benefits

Voluntary Life and Accidental Death & Dismemberment (AD&D)

SDC Nutrition now provides full-time employees with the opportunity to purchase Voluntary Life and AD&D insurance. Coverage is available through Lincoln.

Employees can purchase Voluntary Life Insurance through after-tax premium payroll deductions for yourself and your dependents.

Premiums vary based on age and benefit level.

To view your premium, enter your election in Paycom

Employee	Spouse	Child(ren)
Increments of $10,000 to a maximum of 5x salary or $500,000 (whichever is less) **Guarantee Issue Amount $150,000** **Age Reduction:** **35% at age 65** **50% at age 70**	Increments of $5,000 to a maximum of $50,000 or 50% of the employee election **Guarantee Issue Amount $10,000** **Age Reduction:** **35% at age 65** **50% at age 70**	**14 days to 6 months:** $250 **6 months to 26 years:** $10,000 **Guarantee Issue Amount $10,000**

Evidence of Insurability (EOI) is Required:

✓ If you are electing over Guaranteed Issue for yourself or spouse

2025 Enrollment: Employees can enroll themselves and their dependents in Voluntary Life coverage up to the Guarantee Issue without answering any health question via Evidence of Insurability (EOI).

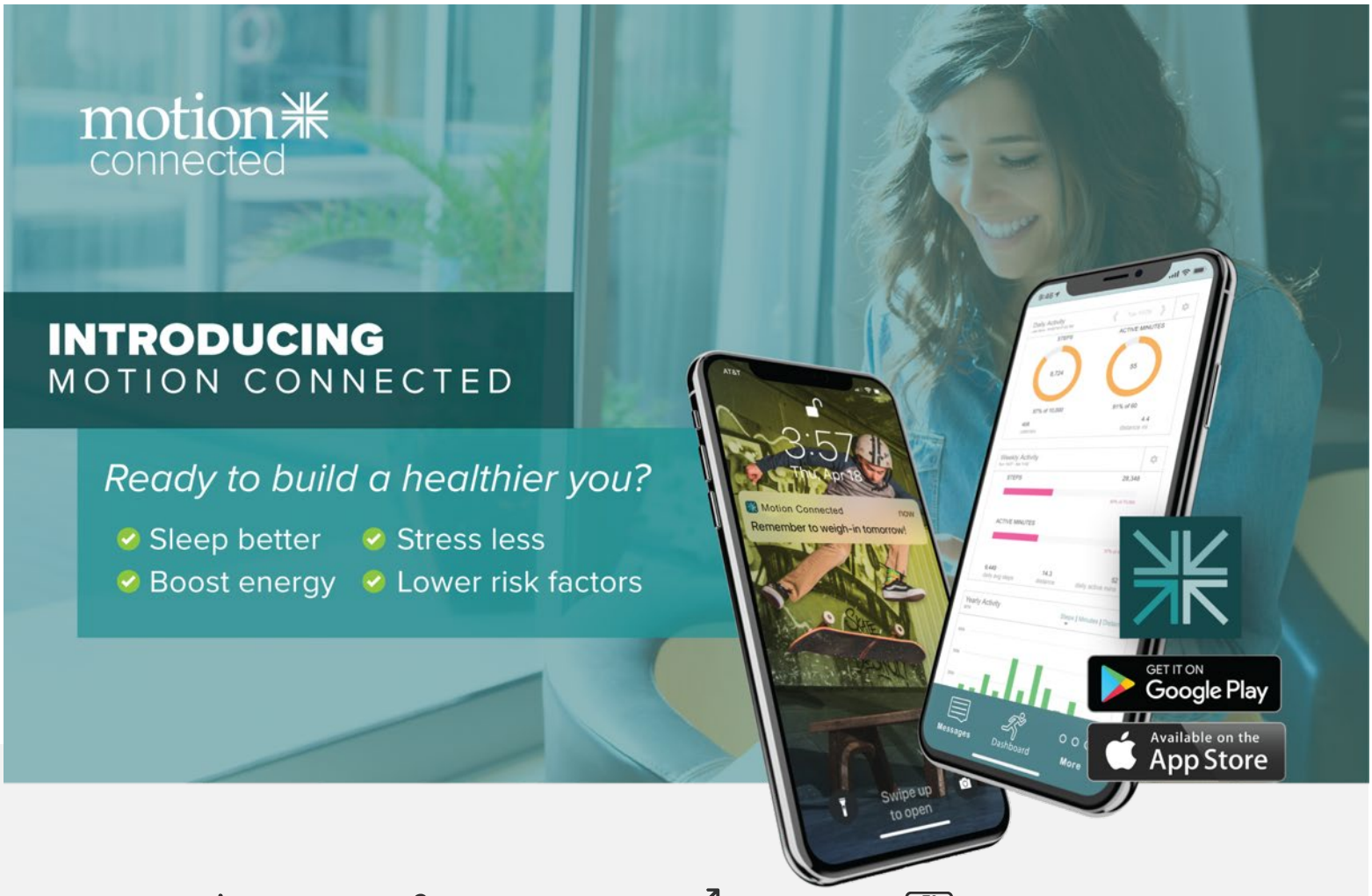
*EOI will be required for enrollment beyond 2025 for those who waived coverage in 2025 or those looking to increase coverage

Voluntary Short-Term and Long-Term Disability

If you become disabled and cannot work, no benefit becomes more important to your financial security than Disability Income protection. Disability coverage is provided by Lincoln. **Premiums for this benefit are paid for by the employee**. To view your cost, enter your election in Paycom.

	Voluntary Short-Term Disability (STD)	Voluntary Long-Term Disability (LTD)
Benefits Begin	15th day for accident, 15th day for illness	90 days
Income Replacement	60%	60%
Maximum Benefit	$1,500 weekly	$10,000 Monthly
Maximum Benefit Period	11 weeks	Social Security Normal Retirement Age
Pre-Existing Condition	3 months lookback; 12-month exclusion	3 months lookback; 12-month exclusion

Motion Connected



Get Active | Compete in Challenges | Monitor Health Progress | Learn New Skills | Earn Points

SDC NUTRITION INVITES YOU TO JOIN MOTION CONNECTED!

Motion Connected is a total wellbeing solution experience to help you build a healthier tomorrow. You can learn new health skills with encouraging health education, connect and compete with coworkers in fun themed activity challenges, and be rewarded for your healthy action in a motivating points program. Are you ready?

GET STARTED TODAY

1. Go to www.motionconnected.com/app on your mobile phone or computer. Or scan this to download the app.
2. Click or tap on "Create Account"
3. Use this activation code to create an account: B2A-X371A-1E3

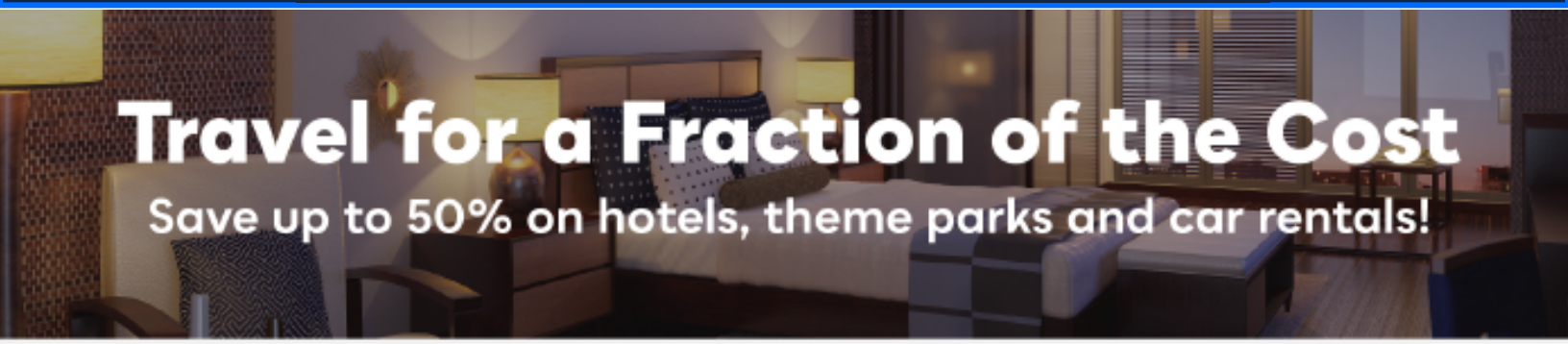
4. Go to the "Link Device" page to connect your compatible activity tracker or shop The Wellness Outlet, a discounted Fitbit & Garmin store.

Available on the App Store

GET IT ON Google Play

Open your camera & scan me to download the app!

Employee Discount Program



Travel for a Fraction of the Cost

Save up to 50% on hotels, theme parks and car rentals!

Enjoy wholesale rates on over 850K HOTELS worldwide you won't find anywhere else!

HYATT HOTELS & RESORTS · Holiday Inn · Hilton HOTELS & RESORTS · MARRIOTT · KIMPTON HOTELS & RESTAURANTS · SHERATON

Experience more for less with fun discounts on popular THEME PARKS and activities!

Disneyland Resort · Walt Disney World · Universal Orlando Resort · SeaWorld · LEGOLAND · Busch Gardens · Universal Studios Hollywood

Get where you need to go for less with CAR RENTAL deals at popular providers!

Hertz · AVIS · Budget · enterprise · National

How to Get Started

WEB:

1. Visit thehausergroup.accessperks.com
2. Click 'Sign Up' and register with code HAUSERPERKS
3. Search your travel deals and save!

access perks

Important Notices

Notice of Patient Protections & Prior Authorization Procedures

Your **Cigna** plans allow you to visit any doctor or hospital you choose. However, Prior Authorization is required for certain services. Make sure Your Provider obtains Prior Authorization before any planned hospital stays (except maternity admissions), skilled nursing and rehabilitative facility admissions, certain outpatient procedures, Advanced Radiological Imaging services, certain Specialty Drugs, and Durable Medical Equipment costing $500 or more. Contact **Cigna** Customer Service using the number on the back of your medical ID card or online at www.cigna.com to find out which services require Prior Authorization. You can also call the customer service department to find out if your admission or other service has received Prior Authorization. For more information, please refer to your Evidence of Coverage document located online www.cigna.com

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; 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 deductibles and coinsurance apply:

- **$5,500 OAP: $5,500 Deductible / $11,000 Family Deductible / 0% Coinsurance**

If you would like more information on WHCRA benefits, call your plan administrator **1-866-801-4409**.

Newborns and Mothers' Health Protection Act

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not 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 delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier. Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your Out-of-Pocket costs, you may be required to obtain precertification. For information on precertification, contact your plan administrator.

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Human Resources.

Important Notices

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 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).**

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, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

Important Notices

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party- liability/childrens-health-insurance-program-reauthorization- act-2009-chipra Phone: 678-564-1162, Press 2	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
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
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	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – 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	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

Important Notices

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium- assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website:https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	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, 2024, 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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Notice of Privacy Practices

Cigna is required to maintain the privacy of all medical information as required by applicable laws and regulations; provide a notice of privacy practices to all Members; inform Members of the Plan's legal obligations; and advise Members of additional rights concerning their medical information. For more information, please refer to your Evidence of Coverage document located online at www.cigna.com
All Members will be notified of any changes by receiving a new notice of the Plan's privacy practices. You may request a copy of this notice of privacy practices at any time by contacting **Cigna.**

Uniformed Services Employment and Reemployment Rights Act of 1994

A Subscriber may continue his or her Coverage and Coverage for his or her Dependents during military leave of absence in accordance with the Uniformed Services Employment and reemployment Rights Act of 1994. When the Subscriber returns to work from a military leave of absence, the Subscriber will be given credit for the time the Subscriber was covered under the Plan prior to the leave.

Important Notices

Important Notice from SDC Nutrition About Your Prescription Drug Coverage and Medicare for plans:

- **$5,500 OAP**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage **SDC Nutrition** 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. **SDC Nutrition** has determined that the prescription drug coverage offered by the **Cigna 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.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
Since the coverage under your **Cigna Plan is** creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, 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 (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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 **Cigna Plan** coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage.
If you do decide to join a Medicare drug plan and drop your current Whetstone Distribution coverage, be aware that you and your dependents will not be able to get this coverage back until next Annual Open Enrollment or a mid- year qualifying event.

Important Notices

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Date:	01/01/2025
Name of Entity/Sender:	SDC Nutrition
Office Contact/Position:	Kaylyn Wright/ HR Manager
Phone:	412-275-3351
Address:	170 Industry Drive, Pittsburgh, PA 15275

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

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[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.

[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

Important Notices

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting- medicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact **your Human Resources Department.**

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name		4. Employer Identification Number (EIN)
SDC Nutrition		
5. Employer address		6. Employer phone number
170 Industry Drive		412-275-3351
7. City	8. State	9. ZIP code
Pittsburgh	PA	15275
10. Who can we contact about employee health coverage at this job?		
Kaylyn Wright		
11. Phone number (if different from above)	12. Email address	
	kaylynw@sdcnutrition.com	

Important Notices

Here is some basic information about health coverage offered by this employer:

• As your employer, we offer a health plan to:

[X] All employees. Eligible employees are:

Full-time Employees

[ ] Some employees. Eligible employees are:

• With respect to dependents:

[X] We do offer coverage. Eligible dependents are:

1. Legal Spouses (same sex marriages/unions)
2.Dependents up to age 26

[ ] We do not offer coverage.

[X] If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

Important Notices

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

[X] **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? (mm/dd/yyyy) (Continue) _____

[ ] **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*? [X] Yes (Go to question 15) [ ] No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? $87.48

b. How often? [ ] Weekly [ ] Every 2 weeks [ ] Twice a month [X] Monthly Quarterly [ ] Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

[ ] Employer won't offer health coverage

[ ] Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? $

b. How often? [ ] Weekly [ ] Every 2 weeks [ ] Twice a month [ ] Monthly [ ] Quarterly [ ] Yearly

- An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)