

2022

Employee Benefit Guide

Hourly Employees



Benefits for 2022

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Benefits for 2022

Introduction

As an employee of Bake Crafters Food Company (Bake Crafters), enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction and security of you and your family are important, not only to your well-being, but ultimately, in terms of achieving the goals of our organization.

For the 2022 plan year, Bake Crafters has worked hard to offer a competitive total rewards package that includes valuable and competitive benefits plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and Bake Crafters is offering an overall benefits package that can be shaped and molded by you to fit your needs.

This benefits booklet is a summary description of your Bake Crafters benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

We hope this benefits booklet, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.

UPDATE ON HEALTH CARE REFORM



Effective January 1, 2019 the Tax Cuts and Jobs Act (TCJA) repealed the individual mandate to maintain health insurance or be responsible for a “shared responsibility payment”. We hope to keep offering these benefits as a valuable part of your total compensation in the future. However, because we offer you coverage that satisfies all the health reform requirements, you will not qualify for any federal assistance to purchase an individual or family policy on the open market (the “marketplace”).

Benefits for 2022

Enrollment Instructions

Enrollment – Online (Simple & Fast!)

Once you have reviewed your options enrollment is simple! Log on to our online enrollment platform review your personal information and make your elections. Following is your log-in information:

Go to: www.benselect.com/enroll

(Please be sure to enter this in the ADDRESS BAR of your browser, NOT a search bar)

User ID: Your social security number (no dashes)

Example: If my SSN is 123-45-6789, then my User ID is: 123456789

Password / PIN Code: Last 4 digits of your social, followed by 2 digit year of birth

Example: If my SSN is 123-45-6789 and my birth date is 1/23/80, then my Password / PIN Code is 678980

If you need help with your online enrollment or have questions about your coverage options, please contact Pamela Schreiner, Jason Bryant or Justin White with our agent's office at 800-323-8624.

Important Enrollment Dates

- OPEN ENROLLMENT: The deadline for open enrollment is Friday, December 10, 2021**
- NEW HIRES: Please complete your enrollment within 30 days of the date you are first eligible.**

Remember, after your effective date, you may only make changes to your insurance elections if you experience a life event such as marriage, divorce, loss or gain of other coverage, etc.

Benefits for 2022

Overview of Benefits Programs

CHANGES AND QUALIFYING EVENTS

When Coverage Begins

- Full time employees, those working over 30 hours per week, become eligible for benefits the first day of the month following 60 days of employment

When Coverage Ends

- Your coverage will end at the end of the month when your employment ends or you no longer meet eligibility requirements

Qualifying Events

Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a “Qualifying Event”. These may include, but are not limited to:

- Changes in employment status
- Changes in legal marital status
- Changes in number of dependents
- Dependent satisfies or ceases to satisfy eligibility requirement
- Gain or Loss of Other Coverage
- Enrollment in Medicare or Medicaid
- A change in the place of residence of the employee, resulting in the current carrier not being available

Changes in coverage due to qualifying life events must be requested within 30 days of the event. Otherwise, you must wait until the next annual enrollment to make the change.

Benefits for 2022

Overview of Benefits Programs

Bake Crafters provides an array of benefits that can help you enjoy increased well-being, deal with an unexpected illness or accident, build and protect your financial security, balance your personal and professional life and meet everyday needs. These benefits are affordable, comprehensive and competitive.

The table below summarizes the benefits available to eligible staff and their dependents. These benefits are described in greater detail in this booklet.

BENEFITS AT-A-GLANCE

Coverage	Carrier
Medical	Cigna
Health Savings Account	Health Equity
Dental	Guardian
Vision	Guardian
Basic Life / AD&D	Guardian
Voluntary Life	Guardian
Voluntary Short-Term Disability	Guardian
Voluntary Long-Term Disability	Guardian
Accident	Guardian
Critical Illness	Guardian

ELIGIBILITY

Employees

- All employees working 30 hours per week or more on a regular, full-time basis

Spouses

- Legally married spouses

Children

- Children to age 26 regardless of student, marital, or dependent status

Benefits for 2022

Medical



SUMMARY OF COVERAGE

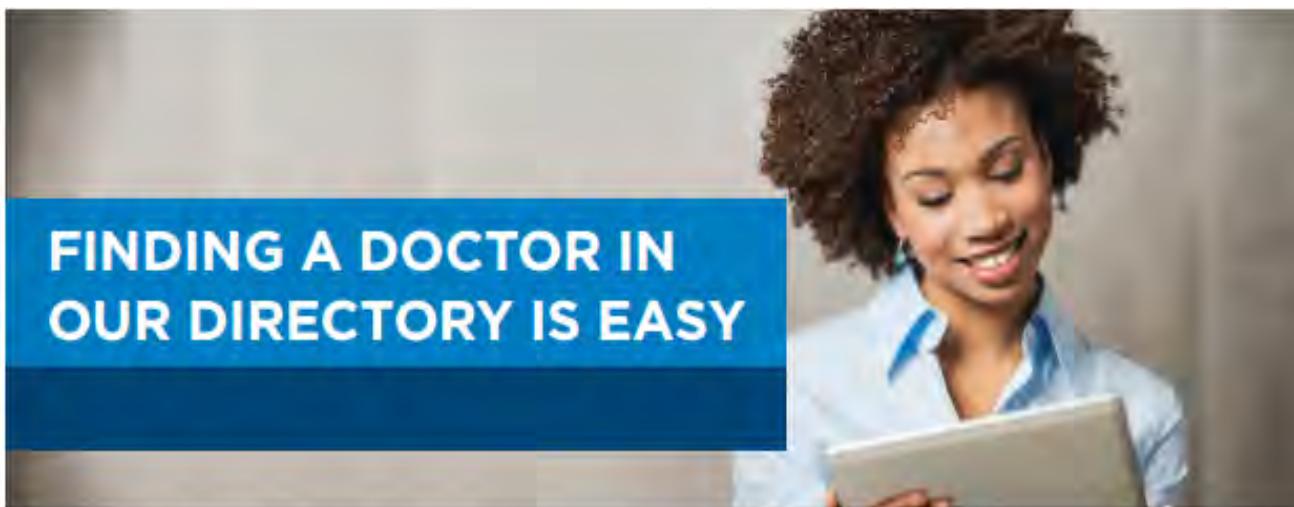
In-Network Benefit / Service	Option 1 5500 HSA 1000	Option 2 4500 HSA 650	Option 3 3500 HSA 300
Deductible			
-Single	\$5,500	\$4,500	\$3,500
-Family	\$11,000	\$9,000	\$7,000
-Embedded / Shared	Embedded	Embedded	Embedded
Coinsurance (%) you pay after Deductible)	30%	30%	30%
Max. Out-of-Pocket (Includes Ded, CPs, & Coins)			
-Single	\$6,400	\$5,400	\$5,000
-Family	\$12,800	\$10,800	\$10,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Physicians Office Visit(PCP / SCP)	30% after deductible	30% after deductible	30% after deductible
WellCare (Annual Physical)	\$0 (No Deductible)	\$0 (No Deductible)	\$0 (No Deductible)
Diagnostic Services			
-Routine (<i>In-office Lab & X-ray</i>)	30% after deductible	30% after deductible	30% after deductible
-Non-Routine (<i>MRI, CT Scan, Etc.</i>)	30% after deductible	30% after deductible	30% after deductible
Inpatient Hospital/Surgery	30% after deductible	30% after deductible	30% after deductible
Outpatient Surgery	30% after deductible	30% after deductible	30% after deductible
Emergency Room Services	30% after deductible	30% after deductible	30% after deductible
Urgent Care	30% after deductible	30% after deductible	30% after deductible
Prescription Drug Benefit			
Tier 1	30% after deductible	30% after deductible	30% after deductible
Tier 2	30% after deductible	30% after deductible	30% after deductible
Tier 3	30% after deductible	30% after deductible	30% after deductible
Specialty Care Rx	30% after deductible	30% after deductible	30% after deductible
Network	CIGNA Open Access Plus	CIGNA Open Access Plus	CIGNA Open Access Plus
Employee Cost: Bi-Weekly			
-Employee Only	\$20.85	\$34.26	\$47.33
-Employee & Spouse	\$250.11	\$278.41	\$305.84
-Employee & Child(ren)	\$208.54	\$234.02	\$258.83
-Employee & Family	\$437.93	\$501.25	\$517.35

* Member may be responsible for any amount over the allowed amount

Benefits for 2022

CIGNA

Tools & Resources



Is your doctor or hospital in the Cigna network? Cigna's online directory makes it easy to find who (or what) you're looking for.

SEARCH OUR NETWORK IN FOUR SIMPLE STEPS



Step 1

Go to [Cigna.com](#), and click on "Find a Doctor" at the top of the screen. Then, under "Not a Cigna Customer Yet?" select "Plans through your employer or school."

(If you're already a Cigna customer, log in to [myCigna.com](#) or the myCigna® app to search your current network. To search other networks, use the [Cigna.com](#) directory.)



Step 2

Enter the geographic location you want to search.



Step 3

Optional - Select one of the plans offered by your employer during open enrollment.



Step 4

Enter a name, specialty or other search word. Click on one of our type ahead suggestions or the magnifying glass icon to see your results.

That's it! You can also refine your search results by distance, years in practice, specialty, languages spoken and more.

Search first. Then choose Cigna.

There are so many things to love about Cigna. Our directory search is just the beginning.

After you enroll, you'll have access to [myCigna.com](#) – your one-stop source for managing your health plan, anytime, just about anywhere. On [myCigna.com](#), you can estimate your health care costs, manage and track claims, learn how to live a healthier life and more.

Questions? Call **866-494-2111**

Benefits for 2022

CIGNA

Tools & Resources



From programs that help improve your health to tools that help manage your health spending, there's so much you can do on [myCigna.com](#) or the [myCigna® app](#).



Find in-network doctors, hospitals and medical services



Manage and track claims



See cost estimates for medical procedures



Compare quality of care information for doctors and hospitals



Access a variety of health and wellness tools and resources



The myCigna website and app both have an easy, interactive health assessment to help you learn more about your health and what you can do to improve it.



Register today

You can register online or through the app.

1. Go to the [myCigna.com](#) website or launch the [myCigna app](#) and select "Register Now"
2. Enter your requested information
3. Confirm your identity
4. Create your security information and provide your primary email address
5. Review and submit



Feel better-protected

Cigna is as committed to helping protect your health information as we are to protecting your health and well-being. That's why we take certain steps to enhance the security of your personal health information on the myCigna website and app.

- [Enhanced registration](#)
- [Two-step authentication](#)



Enhanced registration

When you register for the first time on the myCigna website or app, you'll be required to provide a primary email address. Having an email address helps Cigna better protect the information in your myCigna account. We can send automatic alerts when you update your email or password. Your email address also can be used when you need help recovering your myCigna user ID or password.



Two-step authentication

With two-step authentication, you have the option of adding an extra layer of security to your myCigna account to further protect your claim, health and account information.

1. First, you'll be encouraged to add, update and verify contact information – email addresses and mobile phone numbers.
2. Once you enable two-step authentication and log in to your myCigna account, you'll be asked to enter your user ID and password, as well as a six digit code that will be sent to either your email address or mobile phone number. You'll also be offered to select "Remember this Device." If this choice is selected, you won't be prompted for a code each time you log in to your myCigna account from that device.



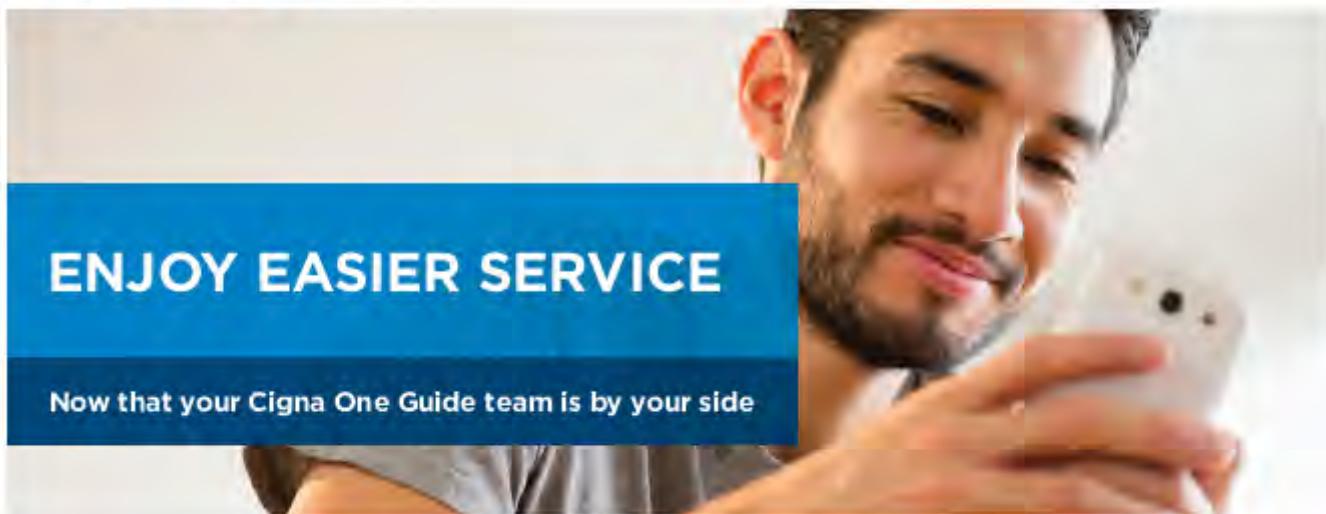
Benefits for 2022

CIGNA

Tools & Resources



Cigna One Guide*



ENJOY EASIER SERVICE

Now that your Cigna One Guide team is by your side

Ready to answer all your health plan questions. And so much more.

Let's face it, understanding and using your health plan isn't always easy. Well, not to worry. Your Cigna One Guide* team is ready and waiting to help. It's our highest level of personal support available.

Simply call us, click-to-chat on [myCigna.com](#) or use the [myCigna](#)* App. You'll automatically be connected with a One Guide representative who will help guide you where you need to go.

Helping you save money. And stay healthy. Your Cigna One Guide team can help you:

Understand your plan

- › Learn how your coverage works
- › Get answers to your health care or plan questions

Get care

- › Find an in-network health care provider, lab or urgent care center
- › Connect with health coaches, pharmacists and more
- › Connect with dedicated, one-on-one support for complex health situations

Save and earn

- › Earn incentives (if provided by your employer)
- › Get cost estimates to avoid surprises



Click, call or chat. Your personal guide is ready and waiting to help.

[myCigna.com](#)

[myCigna App](#)

[800.Cigna24](#)

GET IT ON
 Google play

Available on
 Kindle fire

Download on the
 App Store

Benefits for 2022

Preventative Generics



Preventive medications are used to prevent certain conditions from developing, or to prevent a condition from coming back. These conditions include, but are not limited to, asthma, depression, diabetes, heart attack, high blood pressure, high cholesterol, osteoporosis, prenatal nutrient deficiency and stroke.

About your cost-share for preventive medications.

Not all plans offer the same cost-share for their preventive program. For example, some plans may:

- Require you to pay a copay, coinsurance (the percentage you pay after you meet your deductible) and/or deductible (the amount you pay before your plan starts to pay) for a preventive generic medication.
- Cover preventive generic medications at 100%, or no additional cost (\$0) to you.

Log into the **myCigna** App or website, or check your plan materials, to learn more about the medications included in your plan's preventive program. You can also click on "Price a Medication" to see how much your medication may cost you at the different pharmacies in your plan's network.³



Go generic and save.

Ask your doctor if a preventive generic medication may be right for you. Generics have the same strength and active ingredients as brand name medications, but often cost much less – in some cases, up to 85% less.⁴

Together, all the way.[®]



Benefits for 2022

Preventative Generics & Preferred Brands Drug List



Anxiety/Depression/ Bipolar Disorder

citalopram
escitalopram
fluoxetine
fluoxetine DR
fluvoxamine
fluvoxamine ER
paroxetine
paroxetine CR
paroxetine ER
sertraline

Asthma Related

albuterol
albuterol HFA
Anoro Ellipta
Atrovent HFA
budesonide suspension
caffeine citrate oral solution
cromolyn nebulizer solution
Dulera
Flovent Diskus
Flovent HFA
fluticasone-salmeterol
Incruse Ellipta
ipratropium solution
ipratropium-albuterol
levalbuterol
levalbuterol concentrate
levalbuterol HFA
metaproterenol
montelukast
QVAR RediHaler
Serevent Diskus
Symbicort
terbutaline tablet
theophylline
theophylline anhydrous
Wixela Inhub
Xolair
zafirlukast
zileuton ER

Blood Pressure Related

acebutolol
acetazolamide tablet
acetazolamide ER
aliskiren

amiloride
amiloride-HCTZ
amlodipine
amlodipine-benazepril
amlodipine-olmesartan
amlodipine-valsartan
amlodipine-valsartan-HCTZ
atenolol
atenolol-chlorthalidone
benazepril
benazepril-HCTZ
betaxolol tablet
bisoprolol
bisoprolol-HCTZ
bumetanide tablet
candesartan
candesartan-HCTZ
captopril
captopril-HCTZ
Cartia XT
carvedilol
carvedilol ER
chlorthalidone
clonidine patch, tablet
diltiazem tablet
diltiazem 12hr ER
diltiazem 24hr ER
diltiazem 24hr ER (CD)
diltiazem 24hr ER (LA)
diltiazem 24hr ER (XR)
Dilt-XR
doxazosin
enalapril
enalapril-HCTZ
eplerenone
felodipine ER
fosinopril
fosinopril-HCTZ
furosemide solution, tablet
guanfacine
hydralazine tablet
hydrochlorothiazide
indapamide
irbesartan
irbesartan-HCTZ
isradipine
labetalol tablet
lisinopril
lisinopril-HCTZ
losartan
losartan-HCTZ
Matzim LA

methazolamide
methyldopa
methyldopa-HCTZ
metolazone
metoprolol tablet
metoprolol ER
metoprolol-HCTZ
minoxidil tablet
moexipril
nadolol
nicardipine capsule
nifedipine
nifedipine ER
nimodipine
nisoldipine
olmesartan
olmesartan-amlodipine-HCTZ
olmesartan-HCTZ
perindopril
phenoxybenzamine
pindolol
prazosin
propranolol tablet, solution
propranolol ER
propranolol-HCTZ
quinapril
quinapril-HCTZ
ramipril
Sorine
sotalol tablet
sotalol AF
spironolactone
spironolactone-HCTZ
Taztia XT
telmisartan
telmisartan-amlodipine
telmisartan-HCTZ
terazosin
Tiadylt ER
timolol tablet
torsemide
trandolapril
trandolapril-verapamil ER
triامترنے-HCTZ
valsartan
valsartan-HCTZ
Vecamyl
verapamil capsule, tablet
verapamil ER
verapamil ER PM
verapamil SR

Brand name medications are capitalized and generic medications are lowercase.

Not all plans consider all of the conditions and medications listed in this document to be part of preventive coverage. Log in to the myGigna App, or check your plan materials, to see which medications your plan covers as preventive.

Benefits for 2022

Preventative Generics & Preferred Brands Drug List (cont'd)



Blood Thinner Related

aspirin-dipyridamole ER
Brilinta
cilostazol
clopidogrel
dipyridamole tablet
Eliquis
Jantoven
prasugrel
warfarin
Xarelto

Cholesterol Related

amlodipine-atorvastatin
atorvastatin
cholestyramine
cholestyramine light
colesevelam
colestipol
ezetimibe
ezetimibe-simvastatin
fenofibrate
fenofibric acid
fluvastatin
fluvastatin ER
gemfibrozil
lovastatin
niacin 500mg tablet
niacin ER tablet
Niacor
omega-3 acid ethyl esters
pravastatin
Prevalite
rosuvastatin
simvastatin
Vascepa

Diabetes Related

Log in to the myCigna app or website, or check your plan materials, to learn more about how your plan covers diabetes-related preventive medications.

acarbose
Basaglar
Bydureon
Byetta
Diabetic Supplies (i.e. lancets, syringes, urine test, alcohol pads)
Farxiga
glimepiride
glipizide
glipizide ER
glipizide XL
glipizide-metformin
glyburide
glyburide micronized
glyburide-metformin
Glyxambi
Humalog
Humulin
Insulin Lispro
Janumet
Janumet XR
Januvia
Jardiance
Levemir
metformin
metformin ER 500mg, 750mg tablet
miglitol
nateglinide
Ozempic

pioglitazone

pioglitazone-glimepiride
pioglitazone-metformin
repaglinide
Rybelsus
Segluromet
Soliqua
Steglatro
SymlinPen
Synjardy
Synjardy XR
Tresiba
Tresiba FlexTouch
Trijardy XR
Trulicity
Victoza
Xigduo XR
Xultophy

Osteoporosis Related

alendronate
calcitonin-salmon
Forteo
ibandronate tablet
raloxifene
risedronate
risedronate DR
Tymlos

Prenatal Vitamins

Your plan considers all prescription strength prenatal vitamins to be "preventive."

Log in to the myCigna App or website to see which tier your plan covers prenatal vitamins on.

Brand name medications are capitalized and generic medications are lowercase.

Not all plans consider all of the conditions and medications listed in this document to be part of preventive coverage. Log in to the myCigna App, or check your plan materials, to see which medications your plan covers as preventive.

Benefits for 2022

CIGNA Patient Assurance Program Drug List



Medications that cost \$25 or less for a 30-day supply.

The Patient Assurance ProgramSM helps make medications more affordable – making it easier to stay on track with the medications that keep you healthy.

About this drug list.

This document shows the medications your plan makes available at \$25 or less for a 30-day supply (and \$75 or less for a 90-day supply) as of July 1, 2020.^{1,2}

All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed alphabetically by the condition they treat. **This list is updated often so it's important to know that this is not a complete list of the medications your plan covers.** Also, your specific plan may not cover all of the medications in this document. Log in to the myCigna[®] App or website and use Price a Medication to see how much your medication costs.³



Not taking a medication on this list?

Call your doctor's office and ask if one of these medications will work for you. If your doctor agrees, ask the office to send a new prescription electronically to your pharmacy.

Diabetes

Farxiga
Glyxambi
Jardiance
Synjardy
Synjardy XR
Trulicity
Xigduo XR

Diabetes – Insulins

Basaglar
Humalog
Humalog Mix
Humulin
Levemir

Benefits for 2022

Medical



KEY TERMS TO REMEMBER



ANNUAL DEDUCTIBLE

The amount you have to pay each year before the plan starts paying a portion of medical expenses. All family members' expenses that count toward a health plan deductible accumulate together in the aggregate; however, each person also has a limit on their own individual accumulated expenses (the amount varies by plan).



OUT-OF-POCKET MAXIMUM

This is the total amount you can pay out of pocket each calendar year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible*, copays and coinsurance.

*Except for Grandfathered medical plans



COPAYS AND COINSURANCE

These expenses are your share of cost paid for covered health care services. Copays are a fixed dollar amount, and are usually due at the time you receive care. Coinsurance is your share of the allowed amount charged for a service, and is generally billed to you after the health insurance company reconciles the bill with the provider.



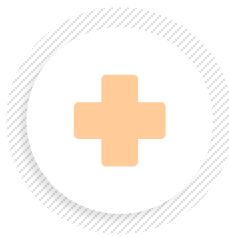
PLAN TYPES

- › EPO/PPO – A network of doctors, hospitals and other health care providers
- › HMO – A network that requires you to select a Primary Care Physician (PCP) who coordinates your health care
- › POS – Combines aspects of a PPO and HMO
- › HDHP – A plan that has higher annual deductibles in exchange for lower premiums.



Benefits for 2022

Medical



Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by Bake Crafters , all covered individuals and family members are **eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.**

WHICH PREVENTIVE CARE SERVICES ARE COVERED?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. Below is a list of common services that are included in the plans offered this year:

- › Routine Physical Exam
- › Well Baby and Child Care
- › Well Woman Visits
- › Immunizations
- › Routine Bone Density Test
- › Routine Breast Exam
- › Routine Gynecological Exam
- › Screening for Gestational Diabetes
- › Obesity Screening and Counseling
- › Routine Digital Rectal Exam
- › Routine Colonoscopy
- › Routine Colorectal Cancer Screening
- › Routine Prostate Test
- › Routine Lab Procedures
- › Routine Mammograms
- › Routine Pap Smear
- › Smoking Cessation
- › Health Education/Counseling Services
- › Health Counseling for STDs and HIV
- › Testing for HPV and HIV
- › Screening and Counseling for Domestic Violence



“An ounce of prevention is worth a pound of cure”

Benefits for 2022

Good Rx: Find Lower Cost Prescriptions



Why We Pay Too Much For Our Prescriptions



Prices for prescription drugs vary widely between pharmacies. U.S. drug prices are neither fixed nor regulated. The cost of a prescription may differ by more than \$100 between two pharmacies across the street from each other!

Cash	\$53.99
Coupon	\$9.99
You save	80%

If you're uninsured, it's easy to get a better price.

While prices for most drugs at pharmacies are very high for the uninsured patient, there are many ways to save 80% or more – coupons, savings tips, pharmacy or manufacturer discounts, cheaper alternative drugs, or just asking for a better price.



If you have insurance, your co-pay might not be the best price.

Hundreds of generic medications are available for \$4 or even free without insurance. Your \$10 co-pay doesn't sound so great when you can get the same drug for 60% less with GoodRx. Plus, many plans have high deductibles or limited formularies that don't cover the drugs you need.



While the price of drugs is decreasing, you're paying more.

When brand-name drugs like Lipitor, Lexapro and Singulair go generic, their price drops from hundreds of dollars to as little as \$4. But insurance companies are pushing more of the cost of drugs (25-80% more than 10 years ago) onto patients.

How GoodRx Can Help

Every week we collect millions of prices and discounts from pharmacies, drug manufacturers and other sources. Here's how you can use it to save:



Use GoodRx's drug price search to compare prices (just like you do for travel or electronics on other sites) for your prescription at pharmacies near you. We don't sell the medications, we tell you where you can get the best deal on them.



GoodRx will show you prices, coupons, discounts and savings tips for your prescription at pharmacies near you.



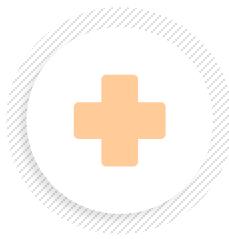
Download [GoodRx's iPhone or Android app](#) to get drug prices and coupons on the go.



If you prefer, GoodRx can send you a [discount savings card](#) which you can keep in your wallet or purse.

Benefits for 2022

Health Savings Accounts



If you choose to participate in any Bake Crafters medical plan plan, you have the opportunity to open a Health Savings Account (HSA). An HSA is a tax-exempt account in which you accumulate savings to pay for medical expenses. This can include medical expenses that go towards your deductible and other qualified expenses that are not covered by your medical plan. You may make contributions to this account by convenient pre-tax payroll deduction. The account is interest-bearing and rolls over from year to year. Following are the maximum amounts that can be contributed annually to your account, according to IRS guidelines for 2022:

Individual: \$ 3,650

Family: \$ 7,300

If you are older than age 55, you may contribute an additional \$1,000 per year as a catch up contribution.

Please note, if you are enrolled in other coverage in addition to your qualifying high deductible health plan (HDHP) with BakeCrafters, you may NOT contribute to the H.S.A. if that plan is not a qualifying HDHP. This includes enrollment in Medicare, Medicaid, TriCare, any government sponsored coverage, or your spouse's plan.

Did you know?

Not only can your health savings account be used to pay for direct medical expenses, you may also pay for other health-related expenses from this tax-free account as well. *The expenses must be primarily to alleviate or prevent a physical or mental defect or illness, including dental and vision.* Following is a short list of health-related expenses for which you can pay with monies from a health savings account. This list is not all inclusive, and the IRS may modify eligible expenses from time to time.

- Acupuncture
- Alcoholism
- Ambulance
- Annual Physical Examination
- Artificial Limb
- Artificial Teeth
- Autoette
- Bandages
- Birth Control Pills
- Body Scan
- Braille Books and Magazines
- Breast Pumps and Supplies
- Breast Reconstruction Surgery
- Capital Expenses
- Car
- Chiropractor
- Christian Science Practitioner
- Contact Lenses
- Crutches
- Dental Treatment
- Diagnostic Devices
- Disabled Dependent Care Expenses
- Drug Addiction
- Drugs
- Eye Exam
- Eyeglasses
- Eye Surgery
- Fertility Enhancement
- Founder's Fee
- Guide Dog or Other Service Animal
- Health Institute
- Health Maintenance Organization (HMO)
- Hearing Aids
- Home Care
- Home Improvements
- Hospital Services
- Insurance Premiums
- Intellectually and Developmentally Disabled, Special Home for
- Laboratory Fees
- Lactation Expenses
- Lead-Based Paint Removal
- Learning Disability
- Legal Fees
- Lifetime Care—Advance Payments
- Lodging
- Long-Term Care
- Meals
- Medical Conferences
- Medical Information Plan
- Medicines
- Nursing Home
- Nursing Services
- Operations
- Optometrist
- Organ Donors
- Osteopath
- Oxygen
- Physical Examination
- Pregnancy Test Kit
- Prosthesis
- Psychiatric Care
- Psychoanalysis
- Psychologist
- Special Education
- Sterilization
- Stop-Smoking Programs
- Surgery
- Telephone
- Television
- Therapy
- Transplants
- Transportation
- Trips
- Tuition
- Vasectomy
- Vision Correction Surgery
- Weight-Loss Program
- Wheelchair
- Wig
- X-ray

Benefits for 2022

Health Savings Accounts



Employer H.S.A. Contributions

If you choose to contribute to a health savings account, your employer will generously contribute to your HSA in the following amounts:

- **Option 1: \$1,000 per year (\$38.46 per pay period)**
- **Option 2: \$650 per year year (\$25.00 per pay period)**
- **Option 3: \$300 per year year (\$11.53 per pay period)**

You may choose to contribute additional dollars on a pre-tax basis up to the annual maximum allowed.

Questions about your H.S.A.?

When you participate in either plan option, you may utilize a health savings account. Health Equity is the financial institution we use to administer our H.S.A. accounts. If you have questions about your account, want to check the balance, or need additional information, go to www.healthequity.com or call their customer service line at 866-346-5800.



Benefits for 2022

TelaDoc and Other Benefits

(Available only to those enrolled in Medical)

BakeCrafters provides to employees enrolled in the medical, the benefits of TELADOC services, as well as other services such as NurseLine, Health Advocacy, and more! This is available at no cost to you if you elect medical coverage.



Your employer is giving you access to several convenient benefits. This program includes your immediate family—so everyone is healthy and happy!

Teladoc

Feel better now! 24/7 access to a doctor is only a call or click away—anytime, anywhere with no consult fee. You can talk to a doctor by phone or online video consult to get a diagnosis, treatment options and prescription if necessary. Save time and money by avoiding crowded waiting rooms in the doctor's office, urgent care clinic or ER.

Health Advocacy

Healthcare is becoming harder to understand. Personal Health Advocates help you find your way through insurance and healthcare systems. They can also locate doctors, specialists, hospitals, dentists and pharmacies. Advocates research treatments, resolve claims and provide medical explanations so you can make more informed decisions.

Medical Bill Saver™

Major issues can add up to major bills! Call Medical Bill Saver™ and rest easy. Skilled negotiators will attempt to negotiate discounts on your behalf, no matter your benefit status. Negotiations can lead to a reduction in your costs.

NurseLine™

You're in good hands. You and your family have a place to turn to for trusted advice and information when you need it most. Rest assured—highly trained registered nurses are on-call 24/7 to answer your questions.

Doctors Online

The fast, easy way to get health information from an online resource you can trust. You have 24/7 access to doctors, pharmacists, psychologists, dentists, dieticians and more by email or smartphone app. You'll get treatment options and advice you understand. With Doctors Online, the doctor's always in!

Benefits for 2022

TelaDoc and Other Benefits

(Available only to those enrolled in Medical)



Teladoc's U.S. board-certified doctors are available 24/7/365 to resolve many of your medical issues through phone or video consults. Set up your account today so when you need care now, **a Teladoc doctor is just a call or click away.**

SET UP YOUR ACCOUNT

It's quick and easy online. Visit the Teladoc website at Teladoc.com/Feelbetter, click "Set up account" and provide the required information. You can also call Teladoc for assistance over the phone.

REQUEST A CONSULT

Once your account is set up, request a consult anytime you need care.

PROVIDE MEDICAL HISTORY

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

Online: Log into Teladoc.com/Feelbetter and click "My Medical History".

Mobile app: Log into your account and complete the "My Health Record" section. Visit Teladoc.com/mobile to download the app.

Call Teladoc: Teladoc can help you complete your medical history over the phone.

Talk to a doctor anytime for Free

 Teladoc.com/Feelbetter

 Facebook.com/Teladoc

 1-855-VIP-DOCS

 Teladoc.com/mobile



Download
the app:

WHEN CAN I USE TELADOC?

Teladoc does not replace your primary care physician. It is a convenient and affordable option for quality care.

- When you need care now
- If you're considering the ER or urgent care center for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short-term prescription refills

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Respiratory infection
- Sinus problems
- And more!



Benefits for 2022

Dental Coverage



SUMMARY OF COVERAGE

Below is the dental plan available to you through Guardian.

A Dental insurance plan through Guardian:

- Provides coverage for key preventive services such as regular checkups and cleanings to keep you and your family healthy
- Helps offset potentially expensive dental procedures, such as crowns and fillings
- Gives you access to one of the nation's largest dental networks so care is convenient to you
- Makes it easy to find a high quality certified network dentist by accessing guardiananytime.com or Guardian's find a provider mobile app
- Fast and easy claim payments

About Your Benefits:

PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	PPO	
Your Network is	DentalGuard Preferred	
Your Bi-weekly premium	\$16.56	
You and Spouse	\$36.42	
You and Child(ren)	\$29.81	
You, Spouse and Child(ren)	\$54.25	
Calendar year deductible	In-Network	Out-of-Network
Individual	\$50	\$50
Family limit	3 per family	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	In-Network	Out-of-Network
Preventive Care	100%	100%
Basic Care	80%	80%
Major Care	50%	50%
Orthodontia	Not Covered (applies to all levels)	
Annual Maximum Benefit	\$1250	\$1250
Preventive Services Exempt from Maximum	Yes	
Lifetime Orthodontia Maximum	Not Applicable	
Dependent Age Limits	26	

Benefits for 2022

Dental Coverage



SUMMARY OF COVERAGE

A Sample of Services Covered by Your Plan:

		PPO <i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	2 in 12 Months	
	Fluoride Treatments	100%	100%
	Limits:	Under Age 19	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
Basic Care	X-rays	100%	100%
	Anesthesia*	80%	80%
	Fillings†	80%	80%
	Perio Surgery	80%	80%
	Periodontal Maintenance	80%	80%
	Frequency:	2 in 12 months	
	Root Canal	80%	80%
	Scaling & Root Planing (per quadrant)	80%	80%
	Simple Extractions	80%	80%
Major Care	Surgical Extractions	80%	80%
	Bridges and Dentures	50%	50%
	Inlays, Onlays, Veneers**	50%	50%
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%
	Single Crowns	50%	50%

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia – restrictions apply. †For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date..

Find A Dentist:

Visit www.GuardianAnytime.com
Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00568050

Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.

Benefits for 2022

Dental Coverage



SUMMARY OF COVERAGE

Preventive Advantage – *Additional Details*

Enjoy preventive dental care, with no deduction from your plan's annual maximum.

With Preventive Advantage, you can receive all preventive care, including exams, cleanings, x-rays and fluoride treatments, without having the benefit expenses deducted from your annual maximum. That means you can stretch your benefit even further for even more savings to you.

- Simply pay the applicable co-insurance and deductible for Preventive care (if any)
- The entire annual maximum amount is preserved for other dental needs
- Preventive care will continue to be covered even after the annual maximum is met

Dentists recommend oral exams and cleanings every six months. Now you can take good care of your oral health without having to balance the need for dental procedures.

Take advantage of Preventive Care for good oral health	...and save the annual maximum for other dental care needs, such as:
<ul style="list-style-type: none">▪ Oral exams▪ Cleaning▪ X-Rays▪ Fluoride treatments	<ul style="list-style-type: none">▪ Fillings▪ Root canal▪ Crowns▪ Oral surgery▪ Dentures and bridgework

Here's how this benefit works for you:

Joe visits the dentist for his annual cleaning. His deductible is \$25. The cleaning costs \$125. All expenses above the deductible are covered and, with the Preventive Advantage plan option, will not reduce the Annual Maximum.

Benefits for 2022

Vision Coverage



SUMMARY OF COVERAGE

Below is the vision plan available to you through Guardian utilizing the VSP Choice Network.

Copay

Exams Copay	\$ 10
Materials Copay (waived for elective contact lenses)	\$ 25

Sample of Covered Services

	In-network	You pay (after copay if applicable):	Out-of-network
Eye Exams	\$0	Amount over \$39	
Single Vision Lenses	\$0	Amount over \$23	
Lined Bifocal Lenses	\$0	Amount over \$37	
Lined Trifocal Lenses	\$0	Amount over \$49	
Lenticular Lenses	\$0	Amount over \$64	
Frames	80% of amount over \$130 ¹	Amount over \$46	
Costco Frame Allowance	Amount over \$70		
Contact Lenses (Elective)	Amount over \$130	Amount over \$100	
Contact Lenses (Medically Necessary)	\$0	Amount over \$210	
Contact Lenses (Evaluation and fitting)	Up to \$60	Not Applicable	
Cosmetic Extras	Avg. 20-25% off retail price	No discounts	
Glasses (Additional pair of frames and lenses)	20% off retail price**	No discounts	
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts	

Service Frequencies

Exams	Every calendar year
Lenses (for glasses or contact lenses)††	Every calendar year
Frames	Every two calendar years†††
Network discounts (glasses and contact lens professional service)	Limitless within 12 months of exam.

Dependent Age Limits

To Find a Provider:	Register at VSP.com to find a participating provider.
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Your Bi-weekly premium	\$ 3.50
You and Spouse	\$ 7.00
You and Child(ren)	\$ 7.36
You, Spouse and Child(ren)	\$11.52

Benefits for 2022

Basic Life / AD&D



SUMMARY OF COVERAGE

A Life insurance plan through Guardian provides:

- The foundation of a smart financial plan that helps protect you and those who depend on you
- Affordable group rates
- Flexibility to update your coverage as your life changes or take it with you if you change jobs or retire

About Your Benefits:

BASIC LIFE	
Employee Benefit	Your employer provides \$15,000 Basic Term Life coverage for all full time employees.
Accidental Death and Dismemberment	Your Basic Life coverage includes Enhanced Accidental Death and Dismemberment coverage.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	Guarantee Issue coverage up to \$15,000 per employee
Premiums	Covered by your company if you meet eligibility requirements
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	33% at age 70, 50% at age 75

Benefits for 2022

Voluntary Life / AD&D



SUMMARY OF COVERAGE

You have the opportunity to purchase additional life insurance, beyond what your employer has provided for you. Having adequate life insurance can help your family manage expenses and make a difficult transition less painful. Life insurance provides the people you love with financial support when you can't be there—and when they need it most.

VOLUNTARY TERM LIFE

Employee Benefit	\$10,000 increments to a maximum of \$500,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Enhanced employee, spouse, and child(ren) coverage. Maximum 1 times life amount.
Spouse Benefit	\$5,000 increments to a maximum of \$100,000. See Cost Illustration page for details.‡
Child Benefit	Your dependent children age 14 days to 26 years. \$1,000 increments to a maximum of \$10,000. Subject to state limits. See Cost Illustration page for details.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount when you sign up for coverage during the initial enrollment period.	We Guarantee Issue coverage up to: Employee Less than age 65 \$100,000, 65-69 \$50,000, 70+ \$10,000. Spouse Less than age 65 \$25,000, 65-69 \$10,000, 70+ \$0. Dependent children \$10,000.
Premiums	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	35% at age 70, 50% at age 75

Benefits for 2022

Voluntary Life / AD&D



Life and AD&D Q&A

Why should I consider life insurance?

Life insurance provides additional financial support for your beneficiaries. Depending upon your circumstances, life insurance proceeds can help them cover household expenses or pay any debt (e.g. mortgage or student loans) you might leave behind. It can assist with the cost of your funeral or medical bills or allow you to leave an inheritance to your loved ones or to an organization you care about.

How much life insurance do I need?

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses.

To help you assess your needs, you can also go to Guardian Anytime and view a video:<https://www.guardiananytime.com/gafd/wps/portal/fdhome/employees/products-coverage/disability>

Do I have to answer health questions to enroll for coverage?

You will be required to answer health questions if you decline coverage and later want to elect it or increase coverage at a later date, or if you requested an amount higher than the Guaranteed Issue limit noted in the table on page 21. The health questions are included in the "Evidence of Insurability" application which must be approved by Guardian before the coverage takes effect.

Can I access my life insurance if I become terminally ill?

You may apply to receive a portion of your death benefit to help cover medical and living expenses if you become terminally ill.

What happens if I become totally disabled?

If Guardian determines that you are totally disabled, your life insurance coverage may continue at no cost. This benefit is called Waiver of Premium and you must meet certain requirements as detailed in the Certificate of Coverage. See your benefits administrator for more details.

What happens if I leave my employer?

If you leave your employer, you may apply to continue group life insurance coverage or convert to an individual policy.

Can I increase my coverage at a later date?

There may be opportunities to adjust your coverage as your needs change (e.g. you get married or have a baby). Consult your benefits administrator for more information. Please note that an Evidence of Insurability application may be required.

Benefits for 2022

Voluntary Life / AD&D



Policy Election Amount	Bi-weekly premiums displayed.								
	Policy Election Cost Per Age Bracket								
Employee	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
\$10,000	\$.50	\$.50	\$.76	\$1.07	\$1.67	\$2.62	\$4.29	\$5.42	\$9.06
\$20,000	\$1.00	\$1.00	\$1.51	\$2.13	\$3.34	\$5.23	\$8.58	\$10.85	\$18.12
\$30,000	\$1.50	\$1.50	\$2.27	\$3.20	\$5.01	\$7.85	\$12.86	\$16.27	\$27.18
\$40,000	\$1.99	\$1.99	\$3.03	\$4.27	\$6.68	\$10.47	\$17.15	\$21.69	\$36.24
\$50,000	\$2.49	\$2.49	\$3.79	\$5.33	\$8.35	\$13.09	\$21.44	\$27.12	\$45.30
\$60,000	\$2.99	\$2.99	\$4.54	\$6.40	\$10.03	\$15.70	\$25.73	\$32.54	\$54.36
\$70,000	\$3.49	\$3.49	\$5.30	\$7.46	\$11.70	\$18.32	\$30.01	\$37.96	\$63.42
\$80,000	\$3.99	\$3.99	\$6.06	\$8.53	\$13.37	\$20.94	\$34.30	\$43.39	\$72.48
\$90,000	\$4.49	\$4.49	\$6.81	\$9.60	\$15.04	\$23.55	\$38.59	\$48.81	\$81.54
\$100,000	\$4.99	\$4.99	\$7.57	\$10.66	\$16.71	\$26.17	\$42.88	\$54.23	\$90.60
\$110,000	\$5.48	\$5.48	\$8.33	\$11.73	\$18.38	\$28.79	\$47.17	\$59.65	\$99.66
\$120,000	\$5.98	\$5.98	\$9.08	\$12.79	\$20.05	\$31.40	\$51.45	\$65.08	\$108.72
\$130,000	\$6.48	\$6.48	\$9.84	\$13.86	\$21.72	\$34.02	\$55.74	\$70.50	\$117.78
\$140,000	\$6.98	\$6.98	\$10.60	\$14.93	\$23.39	\$36.64	\$60.03	\$75.92	\$126.84
\$150,000	\$7.48	\$7.48	\$11.35	\$15.99	\$25.06	\$39.25	\$64.32	\$81.35	\$135.90
Policy Election Amount									
Spouse									
\$5,000	\$.25	\$.25	\$.38	\$.53	\$.84	\$1.31	\$2.14	\$2.71	\$4.53
\$10,000	\$.50	\$.50	\$.76	\$1.07	\$1.67	\$2.62	\$4.29	\$5.42	\$9.06
\$15,000	.75	.75	\$1.14	\$1.60	\$2.51	\$3.93	\$6.43	\$8.14	\$13.59
\$20,000	\$1.00	\$1.00	\$1.51	\$2.13	\$3.34	\$5.23	\$8.58	\$10.85	\$18.12
\$25,000	\$1.25	\$1.25	\$1.89	\$2.67	\$4.18	\$6.54	\$10.72	\$13.56	\$22.65
\$30,000	\$1.50	\$1.50	\$2.27	\$3.20	\$5.01	\$7.85	\$12.86	\$16.27	\$27.18
\$35,000	\$1.75	\$1.75	\$2.65	\$3.73	\$5.85	\$9.16	\$15.01	\$18.98	\$31.71
\$40,000	\$1.99	\$1.99	\$3.03	\$4.27	\$6.68	\$10.47	\$17.15	\$21.69	\$36.24
\$45,000	\$2.24	\$2.24	\$3.41	\$4.80	\$7.52	\$11.78	\$19.30	\$24.40	\$40.77
\$50,000	\$2.49	\$2.49	\$3.79	\$5.33	\$8.35	\$13.09	\$21.44	\$27.12	\$45.30
\$55,000	\$2.74	\$2.74	\$4.16	\$5.86	\$9.19	\$14.39	\$23.58	\$29.83	\$49.83
\$60,000	\$2.99	\$2.99	\$4.54	\$6.40	\$10.03	\$15.70	\$25.73	\$32.54	\$54.36
\$65,000	\$3.24	\$3.24	\$4.92	\$6.93	\$10.86	\$17.01	\$27.87	\$35.25	\$58.89
\$70,000	\$3.49	\$3.49	\$5.30	\$7.46	\$11.70	\$18.32	\$30.01	\$37.96	\$63.42
\$75,000	\$3.74	\$3.74	\$5.68	\$8.00	\$12.53	\$19.63	\$32.16	\$40.67	\$67.95

Children:

Cost for \$10,000 coverage for child(ren) is \$1.28 per pay period

Benefits for 2022

Disability Insurance Short Term & Long Term



SUMMARY OF COVERAGE

A Disability insurance plan through Guardian provides:

- Income protection while you are unable to work
- Affordable group rates
- Fast claim payments paid directly to you that can help pay for expenses while you recover
- Extensive resources and support to help you get back to work and a productive life

About Your Benefits:

	Short-Term Disability	Long-Term Disability
Coverage amount	60% of salary to maximum \$1000/week	60% of salary to maximum \$5000/month
Maximum payment period: Maximum length of time you can receive disability benefits.	11 weeks	Social Security Normal Retirement Age
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 15	Day 91
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 15	Day 91
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required	Health Statement may be required
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when applicant signs up for coverage during the initial enrollment period.	We Guarantee Issue \$1000 in coverage	We Guarantee Issue \$5000 in coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	Planholder Determines	Planholder Determines
Pre-existing conditions: A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months look back; 12 months after 2 week limitation	3 months look back; 12 months after exclusion
Premium waived if disabled: Premium will not need to be paid when you are receiving benefits.	Yes	Yes
Survivor benefit: Additional benefit payable to your family if you die while disabled.	No	3 months

UNDERSTANDING YOUR BENEFITS—DISABILITY (Some information may vary by state)

- **Disability (long-term):** For first two years of disability, you will receive benefit payments while you are unable to work in your own occupation. After two years, you will continue to receive benefits if you cannot work in any occupation based on training, experience and education.
- **Earnings definition:** Your covered salary excludes bonuses and commissions.
- **Special limitations:** Provides a 24-month benefit limit for specific conditions including mental health and substance abuse. Other conditions such as chronic fatigue are also included in this limitation. Refer to contract for details.
- **Work incentive:** Plan benefit will not be reduced for a specified amount of months so that you have part-time earnings while you remain disabled, unless the combined benefit and earnings exceed 100% of your previous earnings.

Benefits for 2022

Disability Insurance Short Term & Long Term



SUMMARY OF COVERAGE

A SUMMARY OF DISABILITY PLAN LIMITATIONS AND EXCLUSIONS

- Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.
 - You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.
 - Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.
 - For Long-Term Disability coverage, we pay no benefits for a disability caused or contributed to by a pre-existing condition unless the disability starts after you have been insured under this plan for a specified period of time. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse.
 - For Short-Term Disability coverage, benefits for a disability caused or contributed to by a pre-existing condition are limited, unless the disability starts after you have been insured under this plan for a specified period of time. We do not pay short term disability benefits for any job-related or on-the-job injury, or conditions for which Workers' Compensation benefits are payable.
 - We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane. We do not pay benefits for charges relating to legal intoxication, including but not limited to the operation of a motor vehicle, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed. We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss of earnings is not solely due to disability.
 - This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department.
 - If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. State variations may apply.
 - When applicable, this coverage will integrate with NJ TDB, NY DBL, CA SDI, RI TDI, Hawaii TDI and Puerto Rico DBA.
- Contract #s GP-I-STD94-1.0 et al; GP-I-STD2K-1.0 et al; GP-I-STD07-1.0 et al; GP-I-STD-15-1.0 et al. Contract #s GP-I-LTD94-A,B,C-1.0 et al; GP-I-LTD2K-1.0 et al; GP-I-LTD07-1.0 et al; GP-I-LTD-15-1.0 et al.

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

Benefits for 2022

Short Term Disability



Employee Bi-Weekly Cost

	Election Cost Per Age Bracket								
	< 25	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60+
\$20,000 Annual Salary \$231 Weekly Benefit	\$3.63	\$3.39	\$3.67	\$3.31	\$3.45	\$3.19	\$3.85	\$4.37	\$6.91
\$30,000 Annual Salary \$346 Weekly Benefit	\$5.43	\$5.08	\$5.49	\$4.95	\$5.17	\$4.78	\$5.77	\$6.55	\$10.35
\$40,000 Annual Salary \$462 Weekly Benefit	\$7.25	\$6.78	\$7.34	\$6.61	\$6.91	\$6.38	\$7.70	\$8.74	\$13.82
\$50,000 Annual Salary \$577 Weekly Benefit	\$9.05	\$8.47	\$9.16	\$8.26	\$8.63	\$7.96	\$9.61	\$10.92	\$17.26
\$60,000 Annual Salary \$692 Weekly Benefit	\$10.86	\$10.16	\$10.99	\$9.90	\$10.35	\$9.55	\$11.53	\$13.10	\$20.70
\$70,000 Annual Salary \$808 Weekly Benefit	\$12.68	\$11.86	\$12.83	\$11.56	\$12.08	\$11.15	\$13.46	\$15.29	\$24.17
\$80,000 Annual Salary \$923 Weekly Benefit	\$14.48	\$13.55	\$14.65	\$13.21	\$13.80	\$12.74	\$15.38	\$17.47	\$27.61
\$90,000 Annual Salary \$1,000 Weekly Benefit	\$15.69	\$14.68	\$15.88	\$14.31	\$14.95	\$13.80	\$16.66	\$18.92	\$29.91
\$100,000 Annual Salary \$1,000 Weekly Benefit	\$15.69	\$14.68	\$15.88	\$14.31	\$14.95	\$13.80	\$16.66	\$18.92	\$29.91
\$110,000 Annual Salary \$1,000 Weekly Benefit	\$15.69	\$14.68	\$15.88	\$14.31	\$14.95	\$13.80	\$16.66	\$18.92	\$29.91
\$120,000 Annual Salary \$1,000 Weekly Benefit	\$15.69	\$14.68	\$15.88	\$14.31	\$14.95	\$13.80	\$16.66	\$18.92	\$29.91

Please Note: If you decline coverage during your initial eligibility period or open enrollment and want to elect coverage or increase coverage at a later date, you are required to complete and submit an Evidence of Insurability application, which must be approved by Guardian prior to coverage taking effect.

Benefits for 2022

Long Term Disability



Employee Bi-Weekly Cost

	Election Cost Per Age Bracket								
	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
\$20,000 Annual Salary									
\$1,000 Monthly Benefit	\$2.63	\$2.87	\$3.81	\$6.35	\$8.62	\$11.27	\$13.58	\$15.04	\$21.42
\$30,000 Annual Salary									
\$1,500 Monthly Benefit	\$3.95	\$4.30	\$5.71	\$9.52	\$12.92	\$16.90	\$20.37	\$22.56	\$32.12
\$40,000 Annual Salary									
\$2,000 Monthly Benefit	\$5.26	\$5.74	\$7.62	\$12.69	\$17.23	\$22.54	\$27.15	\$30.07	\$42.83
\$50,000 Annual Salary									
\$2,500 Monthly Benefit	\$6.58	\$7.17	\$9.52	\$15.87	\$21.54	\$28.18	\$33.95	\$37.60	\$53.54
\$60,000 Annual Salary									
\$3,000 Monthly Benefit	\$7.89	\$8.61	\$11.42	\$19.04	\$25.85	\$33.81	\$40.73	\$45.12	\$64.25
\$70,000 Annual Salary									
\$3,500 Monthly Benefit	\$9.21	\$10.04	\$13.33	\$22.21	\$30.15	\$39.44	\$47.52	\$52.63	\$74.95
\$80,000 Annual Salary									
\$4,000 Monthly Benefit	\$10.52	\$11.48	\$15.23	\$25.39	\$34.46	\$45.08	\$54.31	\$60.16	\$85.67
\$90,000 Annual Salary									
\$4,500 Monthly Benefit	\$11.84	\$12.91	\$17.14	\$28.56	\$38.77	\$50.71	\$61.10	\$67.67	\$96.37
\$100,000 Annual Salary									
\$5,000 Monthly Benefit	\$13.15	\$14.35	\$19.04	\$31.73	\$43.08	\$56.35	\$67.89	\$75.19	\$107.08
\$110,000 Annual Salary									
\$5,000 Monthly Benefit	\$13.15	\$14.35	\$19.04	\$31.73	\$43.08	\$56.35	\$67.89	\$75.19	\$107.08
\$120,000 Annual Salary									
\$5,000 Monthly Benefit	\$13.15	\$14.35	\$19.04	\$31.73	\$43.08	\$56.35	\$67.89	\$75.19	\$107.08

Please Note: If you decline coverage during your initial eligibility period or open enrollment and want to elect coverage or increase coverage at a later date, you are required to complete and submit an Evidence of Insurability application, which must be approved by Guardian prior to coverage taking effect.

Benefits for 2022

Voluntary Accident



Accident insurance through Guardian provides you:

- A cash benefit for covered injuries, treatments and services, in addition to whatever your medical plan may cover.
- Payments go directly to you, not the doctor
- Easy enrollment with no medical questions

About Your Benefits:

ACCIDENT	
COVERAGE - DETAILS	
Your Bi-weekly premium	\$5.51
You and Spouse	\$7.85
You and Child(ren)	\$8.58
You, Spouse and Child(ren)	\$10.91
Accident Coverage Type	On and Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment.	Included
ACCIDENTAL DEATH AND DISMEMBERMENT	
Benefit Amount(s)	Employee \$15,000 Spouse \$7,500 Child \$7,500
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500
WELLNESS BENEFIT - Per Year Limit	\$50
Child(ren) Age Limits	Children age birth to 26 years
FEATURES	
Accident Emergency Room Treatment	\$150
Accident Follow-Up Visit - Doctor	\$25 up to 6 treatments
Air Ambulance	\$500
Ambulance	\$100
Appliance - Wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck	\$100
Blood/Plasma/Platelets	\$300
Burns (2nd Degree/3rd Degree)	9 sq inches to 18 sq inches: \$0/\$2,000 18 sq inches to 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000
Burn - Skin Graft	50% of burn benefit

Benefits for 2022

Voluntary Accident



FEATURES (Cont.)

Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate.	20% increase to child benefits
Coma	\$7,500
Concussions	\$50
Dislocations	Schedule up to \$3,600
Diagnostic Exam (Major)	\$100
Emergency Dental Work	\$200/Crown, \$50/Extraction
Epidural pain management	\$100, 2 times per accident
Eye Injury	\$200
Family Care	\$20/day up to 30 days
Fracture	Schedule up to \$4,500
Hospital Admission	\$750
Hospital Confinement	\$175/day - up to 1 year
Hospital ICU Admission	\$1,500
Hospital ICU Confinement	\$350/day - up to 15 days
Initial Physician's office/Urgent Care Facility Treatment	\$50
Joint Replacement (hip/knee/shoulder)	\$1,500/\$750/\$750
Knee Cartilage	\$500
Laceration	Schedule up to \$300
Lodging - The hospital must be more than 50 miles from the insured's residence.	\$100/day, up to 30 days for companion hotel stay
Occupational or Physical Therapy	\$25/day up to 10 days
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$150/day up to 15 days
Ruptured Disc With Surgical Repair	\$500
Surgery	Schedule up to \$1,000 Hernia: \$125
Surgery - Exploratory or Arthroscopic	\$150
Tendon/Ligament/Rotator Cuff	1: \$250 2 or more: \$500
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$400, 3 times per accident
X - Ray	\$20

Benefits for 2022

Voluntary Accident



Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00568050

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF ACCIDENT LIMITATIONS AND EXCLUSIONS:

Employees must be working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subject to satisfactory financial evaluation.

We don't pay benefits for any Injury caused by or related to directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; treatment rendered or hospital confinement outside the United States or Canada; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any

kind of aircraft, including any aircraft owned by or for the policyholder, except as a fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; riding in or driving any motor-driven vehicle in a race, stunt show or speed test; participation in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, or skydiving; an accident that occurred before the covered person is covered by this plan; injuries to a dependent child received during birth; voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (1) it was prescribed for a covered person by a doctor, and (2) it was used as prescribed. In the case of a non-prescription drug, this Plan does not pay for any Accident resulting from or contributed to by use in a manner inconsistent with package instructions. "Controlled substance" means anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time. Job related or on the job injuries for the employee are excluded if Accident coverage is off job only.

Contract # GP-I-AC-IC-12

If Accident insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits.

Benefits for 2022

Voluntary Critical Illness



A Critical Illness insurance plan through Guardian provides:

- A cash benefit for a wide range of serious illnesses such as cancer, stroke or heart attack, in addition to whatever your medical insurance may cover.
- Payments are made directly to you and can be used for any purpose.

Benefit Amount(s)	Employee may choose a lump sum benefit of \$5,000 to \$20,000 in \$5,000 increments.	
CONDITIONS		
Cancer	1st OCCURRENCE	2nd OCCURRENCE
Invasive Cancer	100%	50%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	\$250 per lifetime	Not Covered
Vascular		
Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Coronary Arteriosclerosis	30%	0%
Other		
Organ Failure	100%	50%
Kidney Failure	100%	50%
ADDITIONAL CONDITIONS		
1st OCCURRENCE ONLY		
Addison's Disease	30%	
ALS (Lou Gehrig's Disease)	100%	
Alzheimer's Disease	50%	
Coma	100%	
Huntington's Disease	30%	
Loss of Hearing	100%	
Loss of Sight	100%	
Loss of Speech	100%	
Multiple Sclerosis	30%	
Parkinson's Disease	100%	
Permanent Paralysis	50% for 1 limb, 100% for 2 limbs	
Severe Burns	100%	
Childhood Conditions		
1st OCCURRENCE ONLY		
Cerebral Palsy	100%	
Cleft Lip/Palate	100%	
Club Foot	100%	
Cystic Fibrosis	100%	
Down's Syndrome	100%	
Muscular Dystrophy	100%	
Spina Bifida	100%	
Type I Diabetes	100%	

Benefits for 2022

Voluntary Critical Illness



Spouse Benefit	May choose a lump sum benefit of \$2,500 to \$10,000 in \$2,500 increments up to 50% of the employee's lump sum benefit.
Child Benefit- children age Birth to 26 years	25% of employee's lump sum benefit
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages	50% at age 70
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period or the annual open enrollment period.	We Guarantee Issue up to: \$20,000 For a spouse: \$10,000 For a child: All Amounts
	Health questions are required if the elected amount exceeds the Guarantee Issue.
Portability: Allows you to take your Critical Illness coverage with you if you terminate employment.	Included
Pre-Existing Condition Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	12 months prior, 12 months after

WELLNESS BENEFIT

Employee Per Year Limit	\$75
Spouse Per Year Limit	\$75
Child Per Year Limit	\$75

The wellness benefit provides a per year benefit for completed certain wellness screenings or procedures such as mammography, colonoscopy, pap smear, PSA, serum cholesterol testing, completion of smoking cessation and weight reduction programs. This benefit is paid even if medical insurance is paying 100% of the cost.

Condition Definitions

- **Stroke:** Stroke must be severe enough to cause neurological deficits at least 30 days after the event.
- **Heart Failure:** An insured must be placed on an organ transplant list in order to be eligible for the Heart failure benefits.
- **Coronary Arteriosclerosis:** Coronary Arteriosclerosis must be severe enough to require a coronary artery bypass graft.
- **Organ Failure:** Organ failure includes both lungs, liver, pancreas or bone marrow and requires the insured to be placed on an organ transplant list.
- **Kidney Failure:** An insured must be placed on an organ transplant list in order to be eligible for the Kidney failure benefits.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00568050.

Benefits for 2022

Voluntary Critical Illness



Employee Bi-Weekly Cost				
TOBACCO				
Age	\$5,000	\$10,000	\$15,000	\$20,000
<25	\$0.97	\$1.94	\$2.91	\$3.88
25–29	\$1.13	\$2.26	\$3.39	\$4.52
30–34	\$1.64	\$3.28	\$4.92	\$6.55
35–39	\$2.49	\$4.98	\$7.48	\$9.97
40–44	\$4.27	\$8.54	\$12.81	\$17.08
45–49	\$7.02	\$14.03	\$21.05	\$28.06
50–54	\$10.87	\$21.74	\$32.61	\$43.48
55–59	\$16.20	\$32.40	\$48.60	\$64.80
60–64	\$23.08	\$46.15	\$69.23	\$92.31
65–69	\$30.67	\$61.34	\$92.01	\$122.68
70–74	\$42.58	\$85.15	\$127.73	\$170.31
75+	\$53.77	\$107.54	\$161.31	\$215.08

NON TOBACCO				
Age	\$5,000	\$10,000	\$15,000	\$20,000
<25	\$0.90	\$1.80	\$2.70	\$3.60
25–29	\$1.04	\$2.08	\$3.12	\$4.15
30–34	\$1.36	\$2.72	\$4.08	\$5.45
35–39	\$1.89	\$3.78	\$5.68	\$7.57
40–44	\$2.84	\$5.68	\$8.52	\$11.35
45–49	\$4.25	\$8.49	\$12.74	\$16.98
50–54	\$6.09	\$12.18	\$18.28	\$24.37
55–59	\$8.54	\$17.08	\$25.62	\$34.15
60–64	\$11.61	\$23.22	\$34.82	\$46.43
65–69	\$15.05	\$30.09	\$45.14	\$60.18
70–74	\$21.78	\$43.57	\$65.35	\$87.14
75+	\$30.42	\$60.83	\$91.25	\$121.66

Your rates are locked in at the age of issue. Your cost will not increase with age once enrolled.

Spouse Bi-Weekly Cost				
TOBACCO				
Age	\$2,500	\$5,000	\$7,500	\$10,000
<25	\$0.48	\$0.97	\$1.45	\$1.94
25–29	\$0.57	\$1.13	\$1.70	\$2.26
30–34	\$0.82	\$1.64	\$2.46	\$3.28
35–39	\$1.25	\$2.49	\$3.74	\$4.98
40–44	\$2.13	\$4.27	\$6.40	\$8.54
45–49	\$3.51	\$7.02	\$10.52	\$14.03
50–54	\$5.43	\$10.87	\$16.30	\$21.74
55–59	\$8.10	\$16.20	\$24.30	\$32.40
60–64	\$11.54	\$23.08	\$34.62	\$46.15
65–69	\$15.33	\$30.67	\$46.00	\$61.34
70–74	\$21.29	\$42.58	\$63.87	\$85.15
75+	\$26.88	\$53.77	\$80.65	\$107.54

NON TOBACCO				
Age	\$2,500	\$5,000	\$7,500	\$10,000
<25	\$0.45	\$0.90	\$1.35	\$1.80
25–29	\$0.52	\$1.04	\$1.56	\$2.08
30–34	\$0.68	\$1.36	\$2.04	\$2.72
35–39	\$0.95	\$1.89	\$2.84	\$3.78
40–44	\$1.42	\$2.84	\$4.26	\$5.68
45–49	\$2.12	\$4.25	\$6.37	\$8.49
50–54	\$3.05	\$6.09	\$9.14	\$12.18
55–59	\$4.27	\$8.54	\$12.81	\$17.08
60–64	\$5.80	\$11.61	\$17.41	\$23.22
65–69	\$7.52	\$15.05	\$22.57	\$30.09
70–74	\$10.89	\$21.78	\$32.68	\$43.57
75+	\$15.21	\$30.42	\$45.62	\$60.83

Spouse cost based on employee age / spouse's tobacco status.

Child Bi-Weekly Cost:

\$2,500—\$0.65

\$5,000 —\$1.29 or

Please note that the children's amount of coverage is limited to 25% of the employee's elected amount.

Benefits for 2022

Employee Assistance Program

Employee Assistance Program

We all need a little support every now and then.

Guardian's Employee Assistance Program gives you and your family members access to confidential personal support, across everything from stress management and nutrition to handling legal or financial issues.

The services available include consultations with experts, as well as access to resources and discounts designed to help you in a variety of different ways.

How it can help



Consultative services are available to provide direct support and assistance



Work/life assistance that can help you save money and balance commitments



Access legal and financial assistance and resources – including WillPrep Services



How to access

To access the WorkLifeMatters Employee Assistance Program, you'll need a few personal details.



Visit

ibhworklife.com



User ID
Matters



Password
wlm70101

For more information or support, you can reach out by phoning **1800 386 7055**. The team is available 24 hours a day, 7 days a week¹.

Benefits for 2022

401(k) Retirement Plan



Bake Crafters Food Company 401(k) Retirement Plan has been adopted to provide you with the opportunity to save for retirement on a tax-advantaged basis. This Plan is a type of qualified retirement plan commonly referred to as a 401(k) Plan. To be eligible to join our 401(k) Retirement Plan, you must have attained age 21, and completed 6 consecutive months of employment and enter the plan on the next quarterly entry date.

If you choose to participate in the 401(k) Retirement Plan, Bake Crafters will make a matching contribution equal to 100% of your salary deferrals that do not exceed 3% of your compensation plus 50% of your salary deferrals between 3% and 5% of your compensation.

Safe Harbor Plan	
Employee Contributions (Salary Deferrals)	Employer Match
3.00%	3.00%
4.00%	3.50%
5.00%	4.00%

You choose how much salary you wish to contribute to the 401(k) Retirement Plan. The Internal Revenue Service has maximum annual contribution (or salary reduction) limits which you should verify every year. You also will choose how your plan account will be invested with the company's Registered Representative.

A copy of the Summary Plan Description is available online at the ADP Workforce Now Employee Portal and in the Human Resources office. If you would like to receive a copy you please request directly to careers@bakecrafters.com or by contacting your Human Resources Associate.

Voya Financial® Contact Information

Customer Service Center

•800-584-6001 Employees that are participating in the plan

Customer Service Center

•888-654-8065 Employees who would like to enroll in the plan (once they are eligible) to complete their enrollment with a customer service representative

www.voyaretirementplans.com

Benefits for 2022

Vacation & Holiday Policy



Holidays

Bake Crafters gives seven days (56 hours) of time off to eligible employees on the following holidays:

Holiday	Day Paid	Hours paid
New Year's Day	January 1	1 day (8 hours)
Memorial Day	Last Monday in May	1 day (8 hours)
Independence Day	July 4	1 day (8 hours)
Labor Day	First Monday in September	1 day (8 hours)
Thanksgiving	Fourth Thursday in November	1 day (8 hours)
Christmas Eve	December 24	Half day (4 hours)
Christmas	December 25	1 day (8 hours)
New Year's Eve	December 31	Half day (4 hours)

Paid Time-Off (PTO)

Bake Crafters provides Paid Time-Off (PTO) to eligible employees. Eligible employees will begin to earn PTO on regular work hours on your first day of employment according to the schedule below. The amount of PTO you receive each year depends on how long you have been employed.

We calculate the length of your eligible service on the basis of a "benefit year." A benefit year is the 12-month period that begins when you start your employment with Bake Crafters as a regular full-time or part-time employee.

PTO is calculated based on regular hours worked, including Holiday hours and PTO hours taken; it excludes overtime hours. PTO is calculated at your base pay rate as of the time of the absence, not including pay for overtime or any special forms of compensation such as incentives, commissions, and bonuses.

Before you can use Paid-Time Off you must have worked for Bake Crafters for period of 60 calendar days. After the waiting period, you may request to use your earned PTO, including the time accrued during the waiting period.

PTO Accrual Chart
Calculation for accruing Paid Leave – Years of Service based On Anniversary Date

Exempt (Salaried) and Non-Exempt (Hourly) Employees						
Year	Months	Annual	Annual	Hourly	PPP	Maximum
		PTO Hrs	PTO Weeks	Accrual	Accrual	Accrual Limit
1	0	23	80	2	0.03846	3.0769
3	24	83	120	3	0.05769	4.6154
8	84	167	160	4	0.07692	6.1538
15	168		200	5	0.09615	7.6923
						300

Benefits for 2022

Legal Notices

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that addresses the privacy and security of certain individually identifiable health information, called protected health information (or PHI). You have certain rights with respect to your PHI, including a right to see or get a copy of your health and claims records and other health information maintained by a health plan or carrier. For a copy of the Notice of Privacy Practices, describing how your PHI may be used and disclosed and how you get access to the information, contact Human Resources.

Women's Health and Cancer Rights Act Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Woman'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:

1. All stages of reconstruction of the breast on which mastectomy was performed.
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses.
3. Treatment of physical complications of the mastectomy, including lymphedema.

These will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this benefits plan. If you would like more information on WHCRA benefits, call your plan administrator Diane Sewell at 423-402-8429.

Newborns' and Mothers' Health Protection Act Disclosure

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

Patient Protection Notice

Your carrier generally may require the designation of a primary care provider. You have the right to designate any primary care provider who participates in your network and who is available to accept you or your family members. Until you make this designation, your carrier may designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Diane Sewell at 423-402-8429.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from your carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in your network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Diane Sewell at 423-402-8429.

Benefits for 2022

Legal Notices

HIPAA Special Enrollment Notice

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 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy. To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact the plan administrator Diane Sewell at 423-402-8429.

Genetic Information Nondiscrimination Act (GINA) Disclosures

Genetic Information Nondiscrimination Act of 2008

The Genetic Information Nondiscrimination Act of 2008 ("GINA") protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Benefits for 2022 Legal 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 **I-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 **I-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 January 31, 2020. Contact your State for more information on eligibility –

GEORGIA – Medicaid	PENNSYLVANIA – Medicaid
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	Website: https://www.dhs.pa.gov/providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
I-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 four 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, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20220 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Benefits for 2022

Legal Notices

USERRA Notice

Your Rights Under USERRA

A. The Uniformed Services Employment and Reemployment Rights Act

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

B. Reemployment Rights

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- You ensure that your employer receives advance written or verbal notice of your service;
- You have five years or less of cumulative service in the uniformed services while with that particular employer;
- You return to work or apply for reemployment in a timely manner after conclusion of service; and
- You have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

C. Right to Be Free from Discrimination and Retaliation

If you:

- Are a past or present member of the uniformed service;
- Have applied for membership in the uniformed service; or
- Are obligated to serve in the uniformed service; then an employer may not deny you
 - Initial employment;
 - Reemployment;
 - Retention in employment;
 - Promotion; or
 - Any benefit of employment because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

D. Health Insurance Protection

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

E. Enforcement

- The U.S. Department of Labor, Veterans' Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.

For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its Web site at <http://www.dol.gov/vets>. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.

- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the Internet at this address: <http://www.dol.gov/vets/programs/userra/poster.htm>. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees. U.S. Department of Labor, Veterans' Employment and Training Service, 1-866-487-2365.

Benefits for 2022

Contact Information

Carrier Information

Medical: **Cigna**

www.cigna.com (Register for myCigna)

866-494-2111

Group #631525

24 hours a day, 7 days a week

Dental, Vision, Basic Life,
Voluntary Life, Disability, Worksite:
Guardian

888-600-1600

Go to www.guardiananytime.com to access secure information about your Guardian benefits, claim forms, and more.

Group ##00568050

Customer Service: 1-866-346-5800

www.healthequity.com

Health Savings Accounts:
Health Equity

Create an account for real-time account balances, to order duplicate cards, and update address.

Retirement Plan:
Voya Financial

Current Participants: 800-584-6001

To Enroll When Eligible: 800-654-8065

Plan #81B531

www.voyareirementplans.com
Contact: Merrie Crawford

Bake Crafters Single Point of Contact

Diane Sewell
Payroll & Benefits

diane.sewell@bakecrafters.com

423.402.8429

Brock Insurance Agency

Main Line: 800-323-8624

- Service Team Benefits@brockins.com
- Pamela Schreiner, Account Manager pamelas@brockins.com
- Justin White, Advisor justinw@brockins.com



Bake Crafters

2022 Employee Benefit Guide

