



# 2021

## BENEFITS AT A GLANCE

FULL-TIME BENEFIT INFORMATION



TOTAL REWARDS



# TOTAL REWARDS

As a part of achieving our goals at Schwan’s Company, our subsidiaries strive to offer a competitive Total Rewards package that meets the needs of today’s employees.

**BUT WHAT DO WE MEAN BY TOTAL REWARDS?** Total Rewards represents all of the components that make up the compensation and benefits of working for a Schwan’s subsidiary. Here’s a quick look at your Total Rewards:



**COMPETITIVE WAGES.** Your compensation is carefully evaluated on a yearly basis to ensure you are being paid a competitive rate within the industry and communities in which we compete.



**INSURANCE BENEFITS.** We want all employees and their families to have access to important insurance benefits that help make health care and other services more affordable. We offer a wide range of insurance options that cover employees’ needs and their families.

- Health plans
- Disability plans
- Dental plans
- Life insurance plans
- Vision plans
- Voluntary benefits



**EMPLOYEE HEALTH, WELLNESS AND SAFETY.** Employee health, wellness and safety are important to ensuring a high quality of life for employees and executing against our business priorities. We are committed to offering comprehensive programs that create awareness and help employees achieve their personal health and safety goals. All employees are encouraged to use the resources and programs available.

- Health Screenings and RealAge Test
- Health coaching programs
- Heart Disease & Diabetes prevention program
- Tobacco cessation program
- Commitment to safety culture
- Employee & Family Resource Program
- Family support program
- Safety training programs
- Weight Loss Program
- Diabetes management program



**RETIREMENT SAVINGS PLAN.** Through the Schwan’s Company Retirement Savings Plan the company offers retirement benefits, important to planning for a strong financial future. We also provide tools and resources to support you in understanding your financial retirement needs.



**PAID TIME OFF.** We offer paid time off and paid holidays to employees.

## INTRODUCTION

The information included in this material is a brief overview of the benefits for full-time, regular, non-bargaining US employees of the subsidiaries of Schwan’s Company.

### WHO IS ELIGIBLE FOR BENEFITS?

If you are a regular employee working 30 or more hours per week, you are eligible for insurance benefits.

If you are a part-time employee, working less than 30 hours per week, but not seasonal, temporary, casual, or an intern, you are eligible to enroll in the benefits for part-time employees.

*For Retirement Plan eligibility see page 3.*

### WHEN ARE BENEFITS EFFECTIVE?

Group insurance benefits for full-time employees are available to new hires after 30 days of employment. The disability coverage for all employees goes into effect 90 days after your first day at work. The Voluntary Benefit Plans by Aflac are available the 1st of the month following 30 days of employment.

### WHO IS AN ELIGIBLE DEPENDENT?

For health, dental, vision, flex spending accounts and life insurance benefits, eligible family members include your legally married spouse and dependent children to age 26. Common law, except in the case of optional spouse life, and domestic partnerships are not recognized by the plan.

## RETIREMENT SAVINGS PLANS

The Schwan's Company Retirement Savings Plan allows the company to help subsidiary employees save for retirement. The 401(k) program encourages employees to lead the way in their retirement planning. This type of plan provides the opportunity to manage one's own financial destiny, reap the rewards of frequent account contributions, and defer taxes on this total amount.

\*Employees hired as Seasonal, Casual or Merchandisers will not be automatically enrolled into the 401(k) program.

Listed below are the highlights of the Schwan's Company Retirement Savings Plan:

Eligibility for rollover of prior retirement plan accounts	The process to rollover prior retirement accounts from previous employers may start any time after employment
Eligibility for employee contributions to the 401(k) program	Immediate eligibility – with automatic enrollment <ul style="list-style-type: none"> <li>Employees will be automatically enrolled into the 401(k) program at 1% pre-tax if they do not opt out or enroll at another rate within their first 30 days with the company</li> </ul>
Employee contributions to the 401(k) program	Employees can make pre-tax and/or Roth after-tax contributions: <ul style="list-style-type: none"> <li>1% to 75% of eligible earnings up to IRS limit of \$19,500 or \$26,000 for employees age 50 and older</li> <li>The Plan may impose additional limits to employee contributions</li> <li>These limits are subject to change each year</li> </ul> If an employee does not make an election within 30 days of employment, they will be automatically enrolled at 1% pre-tax contributions
Company Match in the 401(k) Program	Employees will be immediately eligible for the company match upon the start of their own deferrals. <ul style="list-style-type: none"> <li>50% on the first 6% employee contribution, for a total company match of 3%</li> <li>Applies to employee total pre-tax and/or Roth after-tax contribution.</li> <li>Employee contribution between 1% and 6% will be eligible for the company match. Any employee contribution of 6% or more receives the maximum company match of 3%. Contributions beyond 6% will not be matched.</li> </ul>
Withdrawals and loans	<ul style="list-style-type: none"> <li>May have 1 outstanding loan against your total account balance</li> <li>Minimum loan of \$1,000 and maximum of 50% of your vested account balance up to \$50,000</li> <li>Hardship withdrawals allowed for: purchase of a principal residence, prevention of foreclosure or eviction, post-secondary education tuition, unreimbursed medical expenses, funeral expenses and casualty property damage</li> <li>Over age 59 1/2 may take a withdrawal while still employed</li> </ul>
Account distributions upon termination of employment	<ul style="list-style-type: none"> <li>Partial distributions available for accounts greater than \$5,000</li> <li>Lump sum distribution</li> </ul>
Account investment options	Investment options: <ul style="list-style-type: none"> <li>Core Fund Options</li> <li>State Street Target Retirement Non-Lending Series Fund (age base funds)</li> <li>Fidelity BrokerageLink® (self-directed accounts)</li> </ul> If an employee is automatically enrolled into the 401(k) program or if they do not make an investment election when enrolling into the Plan, the default investment will be the State Street Target Retirement Non-Lending Series Fund

## HEALTH PLANS

The Company offers three health plan coverage options administered by Blue Cross Blue Shield of Minnesota (BCBS) and one plan option administered through Bind which utilizes the UnitedHealthcare (UHC) Choice Plus network. All plans require an employee contribution.

### PLAN HIGHLIGHTS:

- PLAN 1:** Plan 1 is a two-part plan with a High Deductible Health Plan (HDHP) and Health Savings Account (HSA), to help you save for future medical expenses. The plan has no co-insurance, so once you've met your deductible all in-network expenses are covered at 100%, including prescription drugs.
- PLAN 2:** Plan 2 is also a two-part plan with a High Deductible Health Plan (HDHP) and Health Savings Account (HSA). It offers low premiums & a higher deductible than Plan 3, but includes a tax advantaged account, providing you more options with how to spend & save for your health care needs. This plan also includes employer funding into your HSA account, two times each year. Funding for new hires will vary based on date of hire. You must be actively enrolled in the Plan at the time of the deposit to be eligible.
- PLAN 3:** Plan 3 has a lower deductible than Plan 1 and 2. Plan 3 introduces copays for doctor's office visits & prescriptions. The plan also comes with a company-funded savings account, called an HRA. Account funding is available as claims are incurred; Plan 3 can also be used in conjunction with a Medical Flexible Spending Account (FSA).
- PLAN 4:** This is a no deductible health plan option that allows you to have a lower cost option and, if needed, activate additional coverage as you go through the year. It also gives you the ability to know your medical costs, even before you get care, so there are no surprises! Additional coverage may be elected and activated at any time throughout the year for 45 plannable procedures, such as back surgery or knee replacement surgery. Once a coverage is activated, additional paycheck deductions will start. Details are available at <https://choosebind.com/schwans>, access code: *schwans2021* or by calling Bind Help at 833-576-6494. With this plan you may contribute to a Medical Flexible Spending Account. This plan is not eligible for an HSA or HRA account.
- WORKING SPOUSE SURCHARGE:** A working spouse surcharge of \$125 per month will be added to your health plan premium contribution, if you have elected health coverage from Schwan's for your spouse and they are eligible for health coverage through his/her employer. Certain exclusions apply, visit <https://benefits.schwanscompany.com> for full details.
- TOBACCO USER HEALTH PLAN RATES:** A higher health plan rate, equal to \$75 per month will be applied to employees enrolled in health coverage who are not tobacco free or have not completed a reasonable alternative program. Tobacco cessation programs are available to employees & dependents enrolled in the health plans.

**FOR COMPLETE INFORMATION REGARDING THE BENEFIT PLAN OPTIONS AVAILABLE VISIT [HTTPS://BENEFITS.SCHWANSCOMPANY.COM](https://benefits.schwanscompany.com)**

PLAN DETAILS	PLAN 1	PLAN 2	PLAN 3	PLAN 4
<b>SPENDING ACCOUNT ELIGIBLE</b>	HSA Account <i>Carrier: BCBS of MN</i>	HSA Account <i>Carrier: BCBS of MN</i>	HRA Account and Medical Flexible Spending Account <i>Carrier: BCBS of MN</i>	Medical Flexible Spending Account <i>Carrier: Bind with UnitedHealthcare Choice Plus</i>
<b>EMPLOYER ACCOUNT FUNDING</b>	None	\$300 Individual \$600 Family	\$300 Individual \$600 Family	\$0
<b>DEDUCTIBLE</b> <i>*True Family deductible means that the family must meet the deductible before the health plan will pay any benefits.</i>	\$5,000 Individual \$10,000 Family <i>Plan will pay 100% for any family member who meets the individual deductible (\$5,000)</i>	\$3,000 Individual \$6,000 Family <i>*True family deductible</i>	\$2,000 Individual \$4,000 Family <i>*True family deductible</i>	\$0
<b>OUT-OF-POCKET MAXIMUM</b> (Includes Deductible, in-network)	In-Network: Nothing additional beyond deductible of \$5,000 Individual or \$10,000 Family	\$5,000 Individual \$10,000 per Family but no more than \$8,550 per Individual	\$4,000 Individual \$8,000 Family	\$6,500 Individual \$13,000 Family
<b>COINSURANCE (IN-NETWORK)</b> (What the plan pays once the deductible is met)	100% In-Network	80% In-Network	80% In-Network	This plan does not have coinsurance
<b>MEDICAL SERVICES</b> Primary Care/Specialist/Urgent Care	The Plan Pays: 100% coverage after Deductible is met	Member pays: Deductible + 20% Coinsurance  All other services: Deductible + 20% Coinsurance	Member pays: \$25 copay for Primary Care \$50 copay for Specialist & Urgent Care  All other services: Deductible + 20% Coinsurance	Member pays up to: \$70 to \$150 for Primary Care or Specialists \$150 for Urgent Care \$30 for Retail Clinic \$10 Virtual Visit with Doctor on Demand
<b>PREVENTIVE CARE</b> (i.e., check-ups, screenings, and immunizations)	The Plan Pays: 100% of allowed amount			
<b>DIABETES, HIGH BLOOD PRESSURE AND HIGH CHOLESTEROL CONDITION MANAGEMENT</b> (Includes: Evidence-based lab/X-ray and other services required to manage condition)	The Plan Pays: 100% of allowed amount (In-Network)			Member pays based on services received and prescription cost.
<b>PRESCRIPTION DRUGS</b>	The Plan Pays: 100% coverage after Deductible is met  Use PrimeMail (mail order) and/or a 90DayMyWay pharmacy for your prescription refills if you are or will be taking a drug for more than two months. Using these options saves you money. Visit <a href="https://myprime.com">MyPrime.com</a> for more information	Member pays: 20% of allowed amount after deductible  Use PrimeMail (mail order) and/or a 90DayMyWay pharmacy for your prescription refills if you are or will be taking a drug for more than two months. Using these options saves you money. Visit <a href="https://myprime.com">MyPrime.com</a> for more information	Member pays: \$12 copay for Tier 1 \$35 copay for Tier 2 \$70 copay for Tier 3 \$125 copay for Specialty Drugs  Use PrimeMail (mail order) and/or a 90DayMyWay pharmacy for your prescription refills if you are or will be taking a drug for more than two months. Using these options saves you money. Visit <a href="https://myprime.com">MyPrime.com</a> for more information	Member pays up to: Retail Pharmacy- 30 Days Supply: Tier 1 \$15 / \$35 (Preferred/ Non-Pref. Pharmacy) Tier 2 \$200 Tier 3 \$325  Specialty: Tier 1 \$550 Tier 2 \$600 Tier 3 \$650  Visit <a href="https://choosebind.com/schwans">https://choosebind.com/schwans</a> , access code: <i>schwans2021</i> to look up your specific prescription drug costs
<b>AFFORDABLE CARE ACT (ACA)</b> 100% Prescription Drug Coverage	Some prescription drugs are covered at 100% as required under the ACA. For a full listing of the drugs covered at 100% visit <a href="https://benefits.schwanscompany.com">https://benefits.schwanscompany.com</a>			

## DENTAL PLAN

The dental plan is administered by Delta Dental of Minnesota and is available with required employee contributions. There are two dental plan options to choose from. Here is a summary of the benefits:

### DENTAL PLAN & DENTAL BUY-UP PLAN

DENTAL SERVICE	YOUR DELTA DENTAL BENEFIT
Diagnostic and Preventive Care	100% covered – no deductible
Basic Service	80% covered after deductible
Endodontics (Root Canal therapy)	80% covered after deductible
Periodontics (Gum disease care)	80% covered after deductible
Oral Surgery	80% covered after deductible
Major Restoratives (Crowns)*	50% covered after deductible
Prosthetics (Bridges, Dentures)*	50% covered after deductible
Deductible per calendar year	\$50 per covered person/\$150 per family maximum
Annual Maximum per calendar year	\$1,250 per covered person
Eligible Dependents	Legally-married spouse and dependent children up to age 26
ADDITIONAL DENTAL SERVICES FOR BUY-UP PLAN ONLY	
Basic Service (including Posterior Resins)	80% covered after deductible
Orthodontics**	50% covered
Annual Maximum per calendar year	\$1,500 per covered person
Orthodontic Maximum	\$1,500 separate lifetime maximum
Night Guard	50% covered after deductible
Dental Implant	50% covered after deductible

*This is only a summary. The Master Contract will be used for all claim processing.*

*\*12-month waiting period on the regular Dental Plan and a 6-month waiting period on the Dental Buy-Up Plan from your date of hire may apply.*

*\*\*6-month waiting period from your date of hire may apply. Available for dependent children ages 8-18*

## VISION PLAN

The vision insurance plan is administered by BlueCross BlueShield of MN and uses the national Davis Vision network. There are two vision plan options to choose from. Here is a summary of the benefits:

### VISION VALUE STANDARD PLAN & PREMIER ENHANCED PLAN

	VALUE STANDARD PLAN	PREMIER ENHANCED PLAN
<b>EYE EXAM</b> (Once every 12 months)	\$10 copay	\$10 copay
<b>EYEGASSES</b> (Once every 12 months) Includes: Single vision, lined bifocal, trifocal, lenticular, polycarbonate (dependent children)	Frames: Davis Vision Exclusive Collection* Fashion level- 100%, no copay/ Designer level- 100%, no copay / Premier level- 100%, \$25 copay	\$10 copay Frames: Davis Vision Exclusive Collection* Fashion level- 100%, no copay/ Designer level- 100%, no copay / Premier level- 100%, no copay
<b>CONTACT LENSES</b>	benefits available for eyeglass lenses OR contact lenses (Once every 12 months)	Benefits available for eyeglass lenses AND contact lenses (Once every 12 months)
Collection contact lenses <sup>†</sup> - Disposable - Non Disposable - Evaluation, fitting and follow-up care	- up to 4 boxes/multi-packs - up to 2 boxes/multi-packs - 100% after \$25 copay	- up to 8 boxes/multi-packs - up to 4 boxes/multi-packs - 100% after \$10 copay
Non-collection contact lenses allowance <sup>††</sup> - Evaluation, fitting and follow-up care for standard lenses - Evaluation, fitting and follow-up care for specialty lenses	Plan pays up to \$130 plus 15% of remaining costs** - 100% after \$25 copay -\$25 copay; after copay, plan pays up to \$60 plus 15% of remaining costs**	Plan pays up to \$150 plus 15% of remaining costs** - 100% after \$10 copay -\$10 copay; after copay, plan pays up to \$60 plus 15% of remaining costs**
Visually required contact lenses (preauthorization required) - Materials - Evaluation, fitting and follow-up	- 100% - 100% after \$25 copay	- 100% - 100% after \$10 copay

*\*Davis Vision Exclusive Collection available at most independent providers and private practice locations. Collection is subject to change.*

*\*\*Additional discount not available at Costco, Walmart and Sam's Club.*

*† Available in private practice locations.*

*†† Available in participating retail locations.*

*This is only a summary. The Master Contract will be used for all claim processing. These plans provide vision coverage only. The vision plan's benefit booklet will contain more details on standard plan exclusions and frequency limitations.*

## LIFE INSURANCE PLANS

### BASIC LIFE INSURANCE:

The Company provides eligible employees Basic Life with Accidental Death and Dismemberment (AD&D) coverage through Securian Life Insurance Company. This coverage is provided at no cost to employees and the benefit is equal to your annual earnings as defined by the plan (\$12,500 minimum, \$1 million maximum).

### OPTIONAL LIFE INSURANCE:

The Company offers additional life insurance through Securian Life Insurance Company. The employee pays the premium for this insurance.

**EMPLOYEE BENEFIT:** Flat benefit amounts ranging from \$20,000 to \$1,000,000.

**SPOUSE BENEFIT:** Flat benefit amounts ranging from \$10,000 to \$250,000.

**CHILD BENEFIT:** Increments of coverage at \$2,500, \$5,000, \$7,500, \$10,000 and \$20,000. Children are eligible from birth to age 26.

**EMPLOYEE AD&D:** It provides an additional benefit (equal to your Optional Life amount) if you suffer dismemberment, paralysis, loss of sight, speech, or hearing or accidental death. Available to employees only.

## FLEXIBLE BENEFIT PLAN

The Company offers a flexible benefit plan to help you take advantage of paying for selected items on a pre-tax basis.

### GROUP HEALTH COVERAGE PREMIUMS:

The payroll premiums for health, dental and vision coverage will be deducted pre-tax through this component of the flexible benefit plan.

### MEDICAL FLEXIBLE SPENDING ACCOUNT:

Expenses which are not covered by health, dental or vision plans (includes your spouse's plan) may be reimbursed to you pre-tax from this component. Pre-tax contributions are deducted from your pay. The minimum is \$200/year up to a maximum of \$2,750/year.

### DEPENDENT/DAY CARE FLEXIBLE SPENDING ACCOUNT:

If you have day care for eligible dependents, before or after-school care, nursery school or elder care expenses, you may be reimbursed for them on a pre-tax basis through this component. You can contribute from \$200 up to \$5,000/year to the dependent/day care spending account (up to \$2,500 if you are married and filing separately).

## VOLUNTARY BENEFIT PLANS

Voluntary Benefits are different from major medical insurance. It's insurance for daily living. If you're sick or injured, the benefit pays cash directly to you (unless otherwise assigned) to help address out-of-pocket medical costs, everyday expenses – whatever you choose. The voluntary benefit offerings are brought to you by Aflac.

### GROUP ACCIDENT INSURANCE:

After an accident, you may have expenses you've never thought about. Group Accident insurance from Aflac helps with out-of-pocket costs that arise when you have a covered accident such as a fracture, dislocation, or laceration.

#### ➤ BENEFITS:

- More than 50 events that trigger benefits payments, including Fractures, Dislocations, Ambulance, and Physical Therapy, among others.
- Medical Fees Benefit
- Hospital Admission Benefit
- Hospital Confinement Benefit
- Guaranteed-issue coverage (which means you may qualify for coverage without having to answer health questions)
- Portable coverage that allows you to retain coverage at the same rate if your employment status changes (with certain stipulations)

### GROUP HOSPITAL INDEMNITY INSURANCE

Does your major medical insurance cover all of your bills? Even a minor trip to the hospital can present you with unexpected expenses and medical bills. Aflac's Group Hospital Indemnity insurance pays cash benefits that can be used to help with those out-of-pocket hospital expenses that may not be fully covered by major medical insurance.

#### ➤ BENEFITS:

Provides a per confinement or per day benefit for:

- Hospital Admission
- Hospital Confinement
- Hospital Intensive Care
- Intermediate Intensive Care Step-Down Unit

### GROUP CRITICAL ILLNESS INSURANCE

The Aflac Group Critical Illness insurance plan can help with the treatment costs of covered critical illnesses, such as cancer, a heart attack, or a stroke. With Group Critical Illness insurance, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

#### ➤ BENEFITS:

- Lump-sum benefit for a covered critical illness such as: cancer (internal or invasive), heart attack, stroke, major organ transplant, and end-stage renal failure
- Health Screening Benefit



## DISABILITY PLAN

The disability plan options include Short-Term Disability (STD) benefits administered by Sedgwick and Long-Term Disability (LTD) administered by Cigna. Eligible full-time employees will be automatically enrolled in a 60% STD benefit at no cost to the employee. You can elect a 70% STD Buy-Up Plan.

Two LTD plans will be available and you can enroll in a 60% or 70% benefit with premium sharing between you and Schwan's. A covered disability may include non-work related illnesses, injuries, and childbirth.

	STD PLAN	STD BUY-UP PLAN
Eligibility waiting period	90 days	90 days
Maximum covered pay	\$65,000	\$148,571
STD benefit waiting period	7 calendar days	7 calendar days
Benefit	60% of your eligible pay up to \$750 (weekly)	70% of your eligible pay up to \$2,000 (weekly)
Maximum duration of benefits	26 weeks	26 weeks
Rate	No cost to employee	\$.27 per \$100 of eligible pay up to a maximum of \$401.14 per year
Vacation	Vacation may be used during the STD benefit waiting period upon employee request.	Vacation may be used during the STD benefit waiting period upon employee request.

	LTD PLAN	LTD BUY-UP PLAN
Eligibility waiting period	90 days	90 days
Maximum covered pay	\$65,000	\$150,000
LTD benefit waiting period	The later of 180 days or the exhaustion of STD	The later of 180 days or the exhaustion of STD
Benefit	60% of your eligible pay up to \$3,250 (monthly)	70% of your eligible pay up to \$8,750 (monthly)
Maximum duration of benefits	Social Security Normal Retirement Age (SSNRA)	Social Security Normal Retirement Age (SSNRA)
Rate	\$.25 per \$100 of eligible pay up to a maximum of \$162.50 per year	\$.47 per \$100 of eligible pay up to a maximum of \$705.00 per year

For both the STD and LTD plans, the employee will be taxed on the employer contribution portion of the benefit when received. Additional details are available on the benefits website: <https://benefits.schwanscompany.com>

## HEALTH & WELLNESS

Your health matters. It matters not only to you, but also to your family, and to the Company. We are committed to offering tools and resources to help get the care that you and your families need. Together, the Company and our partners offer you free, easy-to-use, completely confidential programs that can make a big difference in your life. We encourage you to make your health a priority with the Wellness Your Way program.

Health plan enrolled employees and their enrolled spouses have the opportunity to participate in the Wellness Your Way Program, in partnership with Sharecare, to learn about their health & take actions to improve their wellbeing. Each enrolled family can earn incentives of up to \$1,400 through the program! Each activity completed will earn you points to spend in the Sharecare marketplace.

➤ **HEALTH SCREENINGS** Your Health Screening values will give you the facts and let you know if you have a risk that needs attention. Your screening will include measurements for height, waist circumference, weight, blood pressure, Body Mass Index, HDL & LDL Cholesterol, triglycerides, and glucose. There are multiple way to complete your Health Screening. Visit <https://benefits.schwanscompany.com> to learn more.

➤ **REALAGE TEST** is based on science that shows the true age of the body you're living in based on how you live and your medical conditions. Once you complete the RealAge Test, the Sharecare platform will be personalized just for you, based on your RealAge responses, with topics, articles and videos that may be important to your needs. Sharecare will arm you with information on how your lifestyle choices help you stay young – or make you age faster – than your calendar age.

➤ **REALAGE PROGRAM** – A personalized program which helps you set goals and focus on areas such as stress, sleep, nutrition and activity.

➤ **TOOLS TO HELP MANAGE YOUR HEALTH** – Through the Sharecare app you will be able to easily see your health conditions and will have access to tools to help track your medication use.

➤ **EARN REWARDS YOUR WAY** by participating in these wellness activities to earn points to be used toward HSA/HRA contributions, Fitbits, Visa, Amazon or other gift cards. You choose!

## OTHER HEALTH & WELLNESS RESOURCES

- NATURALLY SLIM WEIGHT LOSS PROGRAM
- OMADA HEART DISEASE & DIABETES PREVENTION PROGRAM
- LIVONGO DIABETES MANAGEMENT PROGRAM
- FLU SHOTS
- GRAND ROUNDS EXPERT SECOND OPINION & TREATMENT DECISION SUPPORT SERVICE
- MATERNITY MANAGEMENT PROGRAM
- TOBACCO CESSATION PROGRAM
- CLEO FAMILY SUPPORT PROGRAM
- VIRTUAL CARE THROUGH DOCTOR ON DEMAND

## LIFEMATTERS® EMPLOYEE AND FAMILY RESOURCE PROGRAM

It is not uncommon for people to view these types of programs as a counseling program only. While they assist hundreds of people daily through phone and in-person counseling sessions, they offer many other services to our employees and their families. From locating child or elder care, writing a will or planning a party, this resource is available to help, 24 hours a day, 365 days a year. This program is provided at no cost to you and your family.

## OTHER AVAILABLE BENEFITS

- VIRTUAL CARE THROUGH DOCTOR ON DEMAND
- ADOPTION ASSISTANCE
- BEREAVEMENT LEAVE
- EMERGENCY TRAVEL ASSISTANCE
- EMPLOYEE DISCOUNTS
- HOLIDAYS
- JURY DUTY
- LEAVE ASSISTANCE PROGRAM
- LEAVES OF ABSENCE
- SERVICE AWARD PROGRAM
- VACATION

## ADDITIONAL INFORMATION

This pamphlet is a brief overview of the programs offered to employees of Schwan's Company subsidiaries (collectively "Company"). If there are any differences between this pamphlet and actual plan documents or company policies, the plan documents or company policy will govern. The Company has the exclusive right to interpret provisions of its documents and policies as they apply to the benefit program(s) which it administers. The Company reserves the right to amend, modify, or terminate the programs. No provision in this pamphlet or the programs described herein shall be construed as a promise of continued employment with the Company.

The Company does not administer or regulate the operation of the Life Insurance program, Long-Term Disability Insurance program, Vision Plan, or the other voluntary benefit plans or programs such as the discount arrangements. These programs are offered by, and administered through, the respective insurance companies and businesses. The Company does not assume any responsibility for, or any liability related to, these optional benefits. The Company only communicates enrollment information and, when appropriate, forwards the premium payments that you authorize on a pass through basis to the respective insurance companies. Claims for benefits and any issues regarding the administration of those optional benefits are the exclusive responsibility of those companies.

The Plan offerings as described in these materials are intended for all full-time benefits eligible, non-union employees of the subsidiaries of Schwan's Company. U.S. Assignment employees may be excluded.



# EMPLOYEE WEEKLY CONTRIBUTIONS

JANUARY 1, 2021

To determine the bi-weekly employee premium, multiply the weekly rate by two.

BENEFIT	EMPLOYEE ONLY	EMPLOYEE + CHILD/CHILDREN	EMPLOYEE + SPOUSE	EMPLOYEE + SPOUSE+ CHILD/CHILDREN
HEALTH PLAN 1 Non-Tobacco user	\$13.85	\$26.54	\$33.46	\$42.69
HEALTH PLAN 1 Tobacco user*	\$31.15	\$43.85	\$50.77	\$60.00
HEALTH PLAN 2 Non-Tobacco user	\$23.08	\$39.23	\$49.62	\$58.85
HEALTH PLAN 2 Tobacco user*	\$40.38	\$56.54	\$66.92	\$76.15
HEALTH PLAN 3 Non-Tobacco user	\$43.85	\$85.38	\$98.08	\$126.92
HEALTH PLAN 3 Tobacco user*	\$61.15	\$102.69	\$115.38	\$144.23
HEALTH PLAN 4 Non-Tobacco user†	\$12.69	\$23.08	\$30.00	\$36.92
HEALTH PLAN 4 Tobacco user†	\$30.00	\$40.38	\$47.31	\$54.23
DENTAL PLAN	\$2.47	\$5.91	\$5.05	\$8.33
DENTAL BUY-UP PLAN	\$3.97	\$9.36	\$8.10	\$13.41
VISION VALUE STANDARD PLAN	\$1.47	\$3.08	\$2.49	\$4.54
VISION PREMIER ENHANCED PLAN	\$2.25	\$4.72	\$3.82	\$6.96
GROUP ACCIDENT INSURANCE	\$1.13	\$2.93	\$1.92	\$3.72
GROUP HOSPITAL INDEMNITY INSURANCE - LOW PLAN	\$2.72	\$4.09	\$5.01	\$6.37
GROUP HOSPITAL INDEMNITY INSURANCE - HIGH PLAN	\$4.40	\$6.73	\$8.43	\$10.76
GROUP CRITICAL ILLNESS INSURANCE	Based on age, tobacco use and amount of coverage you elect			
OPTIONAL LIFE INSURANCE	Based on age and amount of coverage you elect			
DISABILITY STD PLAN	No cost to employee			
DISABILITY STD BUY-UP PLAN	\$.27 per \$100 of eligible pay up to a maximum of \$401.14 per year			
DISABILITY LTD PLAN	\$.25 per \$100 of eligible pay up to a maximum of \$162.50 per year			
DISABILITY LTD BUY-UP PLAN	\$.47 per \$100 of eligible pay up to a maximum of \$705.00 per year			

\*Tobacco user premiums reflect a higher rate, equal to \$75 per month for employees who are not tobacco free or have not completed a reasonable alternative program. For more information on how to enroll and complete a reasonable alternative program, if enrolled in Plans 1, 2 or 3, call BCBS of MN at 888-662-BLUE (2583) or TTY 711. If enrolled in Plan 4, call Bind at 855-374-7727 or go to [account.pivot.co/partner/bind](http://account.pivot.co/partner/bind) Code: bind

†Premiums do not reflect additional premiums required for additional coverage activations, if needed.

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The most recent plan information and any corporate policies override the information found in this brochure.