



2024 BENEFITS AT A GLANCE

FULL-TIME BENEFIT
INFORMATION



At Schwan’s Company, we are dedicated to creating a fulfilling work environment for our employees. As part of our commitment to your success, we offer a comprehensive Total Rewards package designed to meet your needs and exceed your expectations.

WHAT DO WE MEAN BY TOTAL REWARDS?

Total Rewards represents all of the components that make up your compensation and benefits of working at Schwan’s. Take a closer look at the exceptional benefits you’ll enjoy:

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 the needs of employees and their families.

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

RETIREMENT SAVINGS PLAN

Through the Schwan’s Company Retirement Savings Plan the company offers a matching program in the 401(k) of up to 4%, helping you to save for retirement. We also provide tools and resources to support you in understanding your financial retirement needs.

EMPLOYEE HEALTH, WELLNESS AND SAFETY

Your well-being is our priority. We are committed to offering comprehensive programs that promote employee health, wellness, and safety.

- Preventive Care Screenings
- Commitment to Safety Culture
- Safety Training Programs
- Tobacco Cessation Program
- Family Support Program
- Weight Loss Program
- Heart Disease & Diabetes Prevention Program
- Employee & Family Resource Program
- Diabetes Management Program
- Digital Physical Therapy Program
- Women’s Pelvic Health Program

PAID TIME OFF

We understand the importance of work-life balance. We offer paid time off and paid holidays for you to recharge and spend quality time with your loved ones.

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.

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 and domestic partnerships are not recognized by the plan.

RETIREMENT SAVINGS PLANS

The Company Retirement Savings Plan allows the company to help all eligible 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.

Listed below are the highlights of the 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 for all eligible employees including Seasonal, Casual or Merchandisers
Employee contributions to the 401(k) program	Employees can make pre-tax and/or Roth after-tax contributions: <ul style="list-style-type: none"> 1% to 75% of eligible earnings up to IRS limit of \$23,000 or \$30,500 for employees age 50 and older, any time during the year These limits are subject to change each year
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"> 100% on the first 3% employee contribution, then 50% of the next 2% employee contribution for a total company match of 4% Applies to employee total pre-tax and/or Roth after-tax contribution Employee contribution between 1% and 5% will be eligible for the company match. Any employee contribution of 5% or more receives the maximum company match of 4%. Contributions beyond 5% will not be matched
Withdrawals and loans	<ul style="list-style-type: none"> May have 1 outstanding loan against your total account balance Minimum loan of \$1,000 and maximum of 50% of your vested account balance up to \$50,000 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 Over age 59 1/2 may take a withdrawal while still employed
Account distributions upon termination of employment	<ul style="list-style-type: none"> Partial distributions available for accounts greater than \$5,000 Lump sum distribution
Account investment options	<p>Investment options:</p> <ul style="list-style-type: none"> Core Fund Options State Street Target Retirement Non-Lending Series Fund (age base funds) Fidelity BrokerageLink® (self-directed accounts) <p>If an employee does not make an investment election when enrolling into the Plan, the default investment will be the State Street Target Retirement Non-Lending Series Fund</p>

HEALTH PLANS

The Company offers two health plan coverage options administered by Blue Cross Blue Shield of Minnesota (BCBS) and one plan option administered through Surest, a UnitedHealthcare Company (UHC).

PLAN HIGHLIGHTS:

- SUREST:** 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! This plan also has the lowest premiums of all health plan options. Additional coverage may be elected and activated at any time throughout the year for 42 plannable procedures, such as back surgery or knee replacement surgery. Once a coverage is activated, additional paycheck deductions will start. Details are available at [Join.Surest.com/Schwans](https://www.join.surest.com/Schwans), access code: *Schwans2024* or by calling Surest Member Services at 866-683-6440. With this plan you may contribute to a Medical Flexible Spending Account.
- PPO:** The PPO plan is a traditional lower deduction option, with copays for doctor's office visits and prescriptions, but has the highest premiums of all plan options. This plan can be used with a Medical Flexible Spending Account (FSA).
- WORKING SPOUSE SURCHARGE:** One of the ways we can manage the rising costs for health care is to strongly encourage spouses of Schwan's employees who are eligible for health care from their employer to enroll in those plans. Therefore, a working spouse surcharge of \$250 per month will be added to your health plan premium contribution, if you have elected health coverage from the company 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 SURCHARGE:** A tobacco user surcharge of \$100 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 at no cost 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 *	SUREST	HSA	PPO
SPENDING ACCOUNT ELIGIBLE	Medical Flexible Spending Account	HSA Account	Medical Flexible Spending Account
CARRIER	<i>Surest using the UnitedHealthcare Choice Plus Network</i>	<i>Blue Cross Blue Shield of MN</i>	<i>Blue Cross Blue Shield of MN</i>
PREVENTIVE CARE (i.e., check-ups, screenings, and immunizations)	100% of allowed amount	100% of allowed amount	100% of allowed amount
DEDUCTIBLE	\$0	\$5,000 Individual / \$10,000 Family	\$1,500 Individual / \$3,000 Family
OUT-OF-POCKET MAXIMUM (Includes Deductible)	\$6,500 Individual / \$13,000 Family	In-Network: Nothing additional beyond deductible of \$5,000 Individual / \$10,000 Family	\$4,000 Individual / \$8,000 Family (\$4,000 individual)
MEDICAL SERVICES Primary Care / Specialist / Urgent Care / Virtual Care	Member pays: \$0 for Virtual Care Urgent or Acute Care \$70 to \$150 for Primary Care or Specialists \$110 for Urgent Care	Member pays: Deductible from above: 100% coverage after Deductible is met	Member pays: \$10 copay for Virtual Care (e-visits) \$30 copay for Primary Care \$50 copay for Specialist & Urgent Care All other services: Deductible + 20% Coinsurance
PRESCRIPTION DRUGS	Member pays: Retail Pharmacy-30 Days Supply: Tier 1 \$15 / \$35 (Preferred / Non-Preferred Pharmacy) Tier 2 \$200 Tier 3 \$325 Specialty: Tier 1 \$550 Tier 2 \$600 Tier 3 \$650 Visit Join.Surest.com/Schwans , access code: <i>Schwans2024</i> , to look up your specific prescription drug costs	Member pays: Deductible from above: 100% coverage after Deductible is met Use PrimeMail (mail order) and/or a 90DayMyWay pharmacy for your prescription refills if you are taking a drug for more than two months. Using these options save you money. Visit MyPrime.com for more information	Member pays: Tier 1 or 2 \$10 Tier 3 \$30 Tier 4 \$50 Specialty \$200 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 MyPrime.com for more information
EMERGENCY ROOM	\$1,200	100% coverage after Deductible is met	\$150 copay
AFFORDABLE CARE ACT (ACA) 100% Prescription Drug Coverage	Some prescription drugs are covered at 100% as required under the ACA. These include select drugs within the following categories: breast cancer preventive drugs, contraceptives, tobacco cessation, over the counter supplements, and colonoscopy bowel preparation drugs. For a full listing of the drugs covered at 100% visit https://benefits.schwanscompany.com . Once logged on to the benefits website homepage go to <i>Insurance Benefits > Pharmacy Benefits</i> .		
RECURRING CHRONIC CONDITIONS	Member pays based on services received and applicable prescription copays.	100% of allowed amount In-Network Certain medications & equipment to manage chronic conditions are covered at 100% of the allowed amount before the deductible is met, when In-Network. For a list of covered items visit https://benefits.schwanscompany.com . Once logged on, go to <i>Insurance Benefits > Pharmacy Benefits</i> .	Member pays based on services received and applicable prescription copays.

*In-Network

DENTAL PLAN

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

DENTAL BASE PLAN & DENTAL BUY-UP PLAN

DENTAL SERVICE	DENTAL BASE PLAN	DENTAL BUY-UP PLAN
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)	Not covered	50% covered after deductible
Prosthetics (Bridges, Dentures)	Not covered	50% covered after deductible
Deductible per calendar year	\$50 per covered person/\$150 per family maximum	
Annual Maximum per calendar year	\$1,000 per covered person	\$1,500 per covered person
Eligible Dependents	Legally-married spouse and dependent children up to age 26	
Orthodontics	Not covered	50% covered (Available for dependent children ages 8-18)
Orthodontic Maximum	Not covered	\$1,500 separate lifetime maximum
Night Guard	Not covered	50% covered after deductible
Dental Implant	Not covered	50% covered after deductible

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

VISION PLAN

The vision insurance plan is administered by EyeMed. Here is a summary of the benefits:

VISION PLAN

	VISION PLAN
EXAM COVERAGE (Once every calendar year)	\$10 copay Fit and Follow-up Standard – \$10 copay; contact lens fit and two follow-up visits
FRAME COVERAGE (Once every calendar year)	\$0 copay; 20% off balance over \$150 allowance
LENS COVERAGE (Once every calendar year)	\$20 copay for single vision, Bifocal, Trifocal & Lenticular standard plastic lenses
LENS OPTIONS (Once every calendar year)	Polycarbonate – Standard \$40 copay (under 19 years of age: \$0 copay) Anti Reflective Coating – Standard: \$40 copay Progressive – Standard: \$70 copay Progressive – Premium: \$70 copay 20% off retail price less \$120 allowance Anti Reflective coating – Standard: \$40 copay Scratch Coating – Standard Plastic: \$0 copay Tint – Solid and Gradient: \$0 copay
CONTACT LENSES (Once every calendar year)	Conventional \$0 copay; 15% off balance over \$150 allowance Disposable \$0 copay; 100% of balance over \$150 allowance
Both the frame and contact lens benefit may be used in the same plan year. Lenses for frames received in the same year as contacts will be eligible for a 20% discount.	

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 (\$10,000 minimum, \$500,000 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 \$5,000, \$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 \$3,050/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).

COMMUTER SPENDING ACCOUNT:

This account allows you to purchase up to \$315 per month in transit & parking cards or passes using pre-tax payroll contributions. Transit pass options include but are not limited to: HealthEquity® Visa® Commuter Card, MBTA, Amtrak, Martz Lines Passes, Amtrak Tickets/Passes. Passes may be purchased directly through the administrator, Health Equity. Purchases must be made by the 4th of each month, for the next month.

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 Prudential. 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 50% or 66⅔% benefit with premium sharing between you and Schwan's. A covered disability may include non-work related illnesses, injuries, and childbirth. For birthing mothers enrolled in the disability plan, you will receive 100% of your covered pay for 8-weeks following the birth of the child. You can use vacation or flexible time off to extend your paid time off up to 11 weeks total.

	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	\$120,000	\$180,000
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	50% of your eligible pay up to \$5,000 (monthly)	66⅔% of your eligible pay up to \$10,000 (monthly)
Maximum duration of benefits	Up to age 61 – up to 60 months of benefits; Age 61-69 refer to plan document for specific months of coverage.	
Rate	\$.170 per \$100 of eligible pay up to a maximum of \$204.00 per year	\$.366 per \$100 of eligible pay up to a maximum of \$658.80 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>

WELLBEING SUPPORT

THE COMPANY IS INVESTED IN THE WELLBEING OF YOU AND YOUR FAMILY.
Here are the many resources provided to support your needs.



sword

Virtual physical therapy program to help you overcome your back, joint and muscle pain at home.



bloom

A digital pelvic therapy solution for women in all stages of life including pregnancy, postpartum, and menopause.



Teladoc
HEALTH

Teledoc Health (formerly Livongo) is a diabetes management program (you'll get unlimited strips, connected glucose meter, personalized insights and more). It also provides services for pre-diabetes, high blood pressure and weight management.



Included
HEALTH

Your personal health assistant, for support of treatment options, navigation for complex or chronic conditions, and assistance in finding a primary care physician.



Fidelity

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 & provides a company match with employee deferrals.



LifeMatters

A free and confidential employee and family resource program. Support for stress, anxiety, depression, mental health conditions, legal issues, finances & more. Caring qualified professionals are available 24/7.

OTHER HEALTH & WELLNESS RESOURCES

- FLU SHOTS
- MATERNITY MANAGEMENT PROGRAM
- TOBACCO CESSATION PROGRAM
- VIRTUAL CARE THROUGH DOCTOR ON DEMAND

OTHER AVAILABLE BENEFITS

- 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, 2024

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
SUREST	\$13.85	\$25.62	\$34.62	\$46.15
HSA	\$15.46	\$30.00	\$39.23	\$53.08
PPO	\$57.69	\$110.77	\$138.46	\$191.54
DENTAL BASE PLAN	\$1.15	\$3.00	\$2.54	\$3.92
DENTAL BUY-UP PLAN	\$3.97	\$9.36	\$8.10	\$13.41
VISION PLAN	\$1.53	\$3.22	\$2.76	\$3.99
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	\$.170 per \$100 of eligible pay up to a maximum of \$204.00 per year			
DISABILITY LTD BUY-UP PLAN	\$.366 per \$100 of eligible pay up to a maximum of \$658.80 per year			

This information is provided for your review as part of your consideration of acceptance of employment. By receiving it you agree to treat it as Schwan's confidential and proprietary information and will not use or disclose it to anyone.

This information is for the sole use of the intended recipient and may contain information that is proprietary, confidential, trade secret, privileged, attorney work product or otherwise protected by applicable law. Any unauthorized review, use, disclosure or distribution is prohibited and may be a violation of law.

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