

Amy's

**2025 Employee  
Benefits Guide**

[www.amys.com](http://www.amys.com) | Amy's Kitchen, Inc.

Revised January 2025



## TABLE OF CONTENTS

BENEFITS ELIGIBILITY & ENROLLMENT	3
<ul style="list-style-type: none"> <li>• Eligibility Period</li> <li>• Making Changes After Your Eligibility Period</li> </ul>	
AMY'S PPO MEDICAL PLANS	4
<ul style="list-style-type: none"> <li>• PPO Plan Information</li> </ul>	
AMY'S ANNUAL EXAM PROGRAM	5
<ul style="list-style-type: none"> <li>• Medical Plan Deductible Credit</li> </ul>	
MEDICAL PLAN BENEFITS	6-12
ACCESSING HEALTH CARE IN THE PROPER SETTING	13
<ul style="list-style-type: none"> <li>• Emergency Room vs. Urgent Care</li> <li>• Telehealth</li> </ul>	
DENTAL & VISION COVERAGE	15
<ul style="list-style-type: none"> <li>• Anthem Blue Cross Dental</li> <li>• VSP Vision</li> </ul>	
FLEXIBLE SPENDING ACCOUNT (FSA)	16
<ul style="list-style-type: none"> <li>• Health Care FSA</li> <li>• Important IRS Rules</li> </ul>	
ADDITIONAL BENEFITS AVAILABLE	17-26
<ul style="list-style-type: none"> <li>• Life and Disability</li> <li>• Travel Assistance Program</li> <li>• Income Protection</li> <li>• Absence Management</li> <li>• Voluntary Life &amp; AD&amp;D</li> <li>• Life + Long Term Care</li> <li>• Accident</li> <li>• Critical illness</li> <li>• Hospital</li> <li>• Identity Theft</li> <li>• Pet Insurance</li> </ul>	
RETIREMENT SAVINGS PLAN	27
<ul style="list-style-type: none"> <li>• 401(K)</li> <li>• Step Up Program</li> </ul>	
BENEFIT CARRIER CONTACTS	28



### Disclaimer

This guide only provides highlights of the benefits offered at Amy's. If there are inconsistencies between this document and the legal plan documents, the legal plan documents will govern. Amy's may modify, amend or terminate any of the company-sponsored benefit plans offered at any time, with or without notice. This document does not serve as a contract or offer of employment.

Please be aware that because of the Affordable Care Act (ACA), all Americans must have health insurance. If you do not have medical coverage that meets the Minimum Essential Coverage requirements under the ACA, through your spouse or another source, we encourage you to enroll in the company health plan or through the Marketplace Exchange. Please contact your local People Department for more information or go to [www.healthcare.gov](http://www.healthcare.gov).

### Amy's Benefits Website

A benefits website has been created for Amy's employees. The benefits website contains all plan summaries, legal plan documents/required notices, claim forms and much more. Type the URL into your browser or scan the QR code with your mobile phone.



[www.mybenefits.cc/amys/](http://www.mybenefits.cc/amys/)

Revised October 2024

# BENEFITS ELIGIBILITY AND ENROLLMENT

Regular employees scheduled to work 24 or more hours per week are eligible for benefits.

## Eligibility Period

You will be provided the opportunity to make your benefit elections as of your date of hire with Amy's. The waiting period for the start date of benefit plans/programs varies as detailed in the table below.

Once you enroll in benefits, your elections are active for the remainder of the Amy's plan year (through December 31).

Plan/Benefit	Effective Date	Eligible Dependents
<ul style="list-style-type: none"> <li>Modern Health</li> <li>Travel Assistance Program</li> <li>Pet Insurance</li> <li>401(k) Plan</li> </ul>	Date of Hire	Dependents are eligible to participate in the benefit programs in green, listed in the Plan/Benefit column to the left.
<ul style="list-style-type: none"> <li>Medical, Dental, and Vision Coverage</li> <li>Flexible Spending Account (FSA)</li> <li>Voluntary Accident, Critical Illness, Hospital, Life + Long Term Care, Identity Theft</li> <li>Employer-Paid Life/AD&amp;D and Voluntary Life/AD&amp;D</li> </ul>	1st of the Month Following (or Coinciding with) 45 Days of Employment	Eligible dependents are defined as: <ul style="list-style-type: none"> <li>Your legal spouse or qualified domestic partner</li> <li>Your children up to age 26</li> <li>Any dependent child over the age of 26 who is incapable of self-support (if they were enrolled prior to attaining age 26)</li> </ul>
<ul style="list-style-type: none"> <li>Short Term and Long Term Disability</li> <li>Salary Continuation Policy</li> </ul>	1st of the Month Following (or Coinciding with) 6 Months of Employment	
<ul style="list-style-type: none"> <li>401(k) Employer Match</li> <li>Scholarship Program</li> </ul>	12 Months from Date of Hire	

## Making Changes After Your Eligibility Period

Because of IRS regulations, you may only make changes to your benefits under the following circumstances:

1. If you have a Qualifying Life Event (QLE), such as a change in the number of your dependents (due to marriage/divorce, birth/adoption of a child), a loss of coverage or change in another group plan. *You have 30 days to request the change to your benefit elections due to a QLE!*
2. During the annual Open Enrollment period. This takes place at the end of October/beginning of November each year. *Changes made during Open Enrollment are effective January 1 - December 31, unless you experience a QLE as described above.*

# AMY'S PPO MEDICAL PLANS



Amy's is proud to offer two nationwide Preferred Provider Organization (PPO) Medical Plan options to you and your family. With our Anthem Blue Cross PPO plans, you'll have the benefits of an extensive, widely recognized network and competitive pricing that Anthem Blue Cross provides, along with bilingual claim and member service support and access to online and mobile tools. These plans offer both in and out-of-network benefits. We highly encourage members to stay within the Anthem network—this will keep your out of pocket expenses lower. When you utilize an out-of-network provider or facility, the Platinum Anthem PPO medical plan will only cover 70% of your expenses after the deductible and the Gold Anthem PPO medical plan will only cover 50% of your expenses after the deductible. In addition, the out of network provider may charge you for the difference between the allowed amount for the service and their billed charge. The benefit summaries for our two medical plan options is laid out over the next few pages.

## How to Find Providers or Verify That Your Current Providers are In-Network

Once you are enrolled in Anthem, you can register on the member portal at [www.anthem.com/ca](http://www.anthem.com/ca) to access the provider directory. You will need your Anthem ID number to register. You can also access the provider list as a guest (without completing registration) by following the steps below:

1. Visit [www.anthem.com/ca](http://www.anthem.com/ca)
2. Select Find Care at the top right of the homepage
3. Make sure the Guests tile is selected
4. Make the below selections in the following drop down menus (shown in the screenshots below)

### Search in CA

What type of care are you searching for?

Medical

Providers for Behavioral Health & Substance Use Disorder Services are listed under Medical Care.

What state do you want to search with?

California

What type of plan do you want to search with?

Medical (Employer-Sponsored)

Select a plan/network

Blue Cross PPO (Prudent Buyer) - Large Group

Continue

### Search Outside of CA

What type of care are you searching for?

Medical

Providers for Behavioral Health & Substance Use Disorder Services are listed under Medical Care.

What state do you want to search with?

Idaho

What type of plan do you want to search with?

Medical (Employer-Sponsored)

Select a plan/network

National PPO (BlueCard PPO)

Continue

5. Select Continue
6. Enter your Zip Code
7. Select Provider criteria

# AMY'S ANNUAL EXAM PROGRAM

## Medical Plan Deductible Credit -

Amy's offers employees and covered spouses/domestic partners a significant incentive for participation in the Amy's Annual Exam Program. Employees will have the opportunity to receive credit towards their medical plan deductible. Employees hired August 31 or earlier in the plan year are required to complete an annual physical exam with basic metabolic blood panel no later than November 30 in order to receive the deductible credit for the following year.

## Reporting Your Participation

When you complete the physical exam with basic metabolic blood panel through your provider's office, you will need to complete and submit the Affidavit Form for your Annual Physical Exam in order to receive your deductible credit.

## Verifying Your Participation

It is your responsibility to confirm that Amy's has received verification of your participation in the program no later than November 30. You can confirm by contacting the Amy's Dedicated Bilingual Employee Service Center. Contact information can be found on page 29 of this booklet.

Coverage Level	Participation in Amy's Annual Exam Program	Deductible Credit-Platinum Anthem Medical Plan	Deductible Credit-Gold Anthem Medical Plan
Employee Only	You (the employee)	\$1,500 100% of your individual deductible	\$750 25% of your individual deductible
Employee + Spouse/Domestic Partner	You (the employee)	\$1,500 50% of your family deductible	\$750 25% of your family deductible
	Your Spouse/Domestic Partner	\$1,500 50% of your family deductible	\$750 25% of your family deductible
Employee + Child(ren) <i>Children are not required to participate.</i>	You (the employee)	\$3,000 100% of your family deductible	\$1,500 25% of your family deductible
Employee + Family <i>Includes Employee, Spouse/Domestic Partner and Child(ren) Children are not required to participate.</i>	You (the employee)	\$1,500 50% of your family deductible	\$750 12.5% of your family deductible
	Your Spouse/Domestic Partner	\$1,500 50% of your family deductible	\$750 12.5% of your family deductible

# MEDICAL PLAN BENEFITS

# COVERED PERSON PAYS

<b>In-Network</b> PPO Prudent Buyer (CA) BlueCard (Outside of CA)	Platinum Anthem Medical Plan	Gold Anthem Medical Plan
Member Coinsurance	0%	20%
Calendar Year Deductible* Individual Family Maximum Family Maximum Deductible Calculation	\$1,500 \$3,000 2+ Members Utilize Plan	\$3,000 \$6,000 2+ Members Utilize Plan
Out-of-Pocket (OOP) Maximum* Individual Family Maximum Family Maximum OOP Calculation Includes Deductible Includes Copays for Medical Services Includes Prescriptions (RX) <i>OOP does not apply to: prescription copays and prescription copay assistance, Dispense-As-Written (DAW) penalties, premiums, balance-billed charges, health care this plan doesn't cover, and any charges incurred for failure to satisfy any applicable pre-certification requirements.</i> Prescription Out-of-Pocket (OOP) Maximum	\$2,500 \$5,000 2+ Members Utilize Plan Yes Yes No, separate RX OOP \$2,000 per covered person	\$5,000 \$10,000 2+ Members Utilize Plan Yes Yes No, separate RX OOP \$2,000 per covered person
Physician Services - including Telehealth Primary Care Physician's Office Visit	\$10 copay, deductible waived	\$0 deductible waived
Specialty Care Services Specialist Office Visit Second Opinion Consultations— services will be provided on a voluntary basis Allergy Treatment/Injections Allergy Serum— dispensed by the physician in the office	\$10 copay, deductible waived \$10 copay, deductible waived \$10 copay, deductible waived \$10 copay, deductible waived	\$0 deductible waived \$0 deductible waived \$0 deductible waived \$0 deductible waived
Preventive Care Routine Preventive Care & Immunizations for children through age 17 Routine Preventive Care for adults Immunizations for adults Mammograms, PSA, Pap Smear Breast Cancer Genetic Testing counseling (BRCA) for women at higher risk	\$0 deductible waived \$0 deductible waived \$0 deductible waived \$0 deductible waived	\$0 deductible waived \$0 deductible waived \$0 deductible waived \$0 deductible waived
Inpatient Hospital: Facility Services Requires Pre-Certification Room - semi-private room Room - Private room Board (includes intravenous delivery of nutrients)	0% after deductible 0% after deductible 0% after deductible	20% after deductible 20% after deductible 20% after deductible
Inpatient Hospital: Professional Services Requires Pre-Certification Primary Care Physician Specialist Surgeon Radiologist Pathologist Anesthesiologist	0% after deductible 0% after deductible 0% after deductible 0% after deductible 0% after deductible 0% after deductible	20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible

\*Deductible and Out-of-Pocket Maximums cross-accumulate for in-network and out-of-network services.

# MEDICAL PLAN BENEFITS

# COVERED PERSON PAYS

<b>In-Network</b> PPO Prudent Buyer (CA) BlueCard (Outside of CA)	Platinum Anthem Medical Plan	Gold Anthem Medical Plan
Outpatient Facility Services Requires Pre-Certification Includes Operating Room, Recovery Room, Treatment	0% after deductible	20% deductible waived
Outpatient Professional Services Primary Care Physician Specialist Radiologist Pathologist Anesthesiologist	0% after deductible 0% after deductible 0% after deductible 0% after deductible 0% after deductible	20% deductible waived 20% deductible waived 20% deductible waived 20% deductible waived 20% deductible waived
Infusion Therapy Requires Pre-Certification if over \$1,500	0% after deductible	20% after deductible
Dialysis Treatment—Outpatient Requires Pre-Certification	0% after deductible	20% after deductible
Emergency Room Services Hospital Emergency Room (copay waived if admitted) Outpatient Facility Ambulance	\$100, then 0% after deductible \$100, then 0% after deductible 0% after deductible	\$250 after deductible 20% after deductible 20% after deductible
Urgent Care Services Urgent Care Office Visit	\$10 copay, deductible waived	\$0 deductible waived
Other Health Care Facilities Requires Pre-Certification—combined 180-day visit limit per calendar year Skilled Nursing Facility Rehabilitation Facility Sub-Acute Facility	0% after deductible 0% after deductible 0% after deductible	20% after deductible 20% after deductible 20% after deductible
Laboratory and Radiology Services Advanced Radiology Requires Pre-Certification Routine Laboratory & Radiology Services EKG/ECG MRI / CT / PET Independent X-ray and/or Lab Facilities	0% after deductible 0% after deductible 0% after deductible 0% after deductible	20% after deductible 20% after deductible 20% after deductible 20% after deductible
Outpatient Short-Term Rehabilitative Therapy Requires Pre-Certification—combined 180-day visit limit per calendar year Physical Therapy ( <i>no pre-cert for first 12 visits</i> ) Speech Therapy ( <i>no pre-cert for first 12 visits</i> ) Occupational Therapy ( <i>no pre-cert for first 12 visits</i> ) Respiratory Therapy Post-Cochlear Implant Aural Therapy Cognitive Therapy (Behavioral)	0% after deductible 0% after deductible 0% after deductible 0% after deductible 0% after deductible 0% after deductible	\$0 deductible waived \$0 deductible waived \$0 deductible waived \$0 deductible waived \$0 deductible waived \$0 deductible waived
Chiropractic Services—24-day visit limit per calendar year Office Visit	\$10 copay, deductible waived	\$0 deductible waived
Acupuncture and Naturopathic Services and Biofeedback—24-day visit limit per calendar year Office Visit	\$10 copay, deductible waived	\$0 deductible waived
Nutritional Counseling	\$10 copay, deductible waived	\$0 deductible waived

# MEDICAL PLAN BENEFITS

# COVERED PERSON PAYS

<b>In-Network</b> PPO Prudent Buyer (CA) BlueCard (Outside of CA)	Platinum Anthem Medical Plan	Gold Anthem Medical Plan
Maternity Care Services High Risk Maternity Care Requires Pre-Certification Initial Visit to Confirm Pregnancy All Subsequent Prenatal Visits Physician Delivery Charges (e.g., global maternity fee) Postnatal Visits (1st 90 days after delivery) Postnatal Visits (from 91st day after delivery on) Delivery—Facility (inpatient hospital, birthing center or home birth)	\$10 copay, deductible waived \$0, deductible waived 0% after deductible \$0, deductible waived \$10 copay, deductible waived 0% after deductible	\$0, deductible waived \$0, deductible waived 20% after deductible \$0, deductible waived \$0, deductible waived 20% after deductible
Family Planning Services Medical Necessity and Pre-Certification Required— \$5,000 limit per calendar year Office Visit Lab and Radiology Tests Counseling Surgical Vasectomy Surgical Tubal Ligation, including Reversals Infertility Treatment (in vitro, GIFT, ZIFT, etc.) Inpatient Facility Outpatient Facility Physician Services	\$0, deductible waived 0% after deductible \$0, deductible waived 0% after deductible 0% after deductible 0% after deductible 0% after deductible 0% after deductible 0% after deductible 0% after deductible	20%, deductible waived 20% after deductible 20%, deductible waived 20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible
Gender Confirmation/Affirmation Services Requires Pre-Certification for other than Physician Services—\$10,000 for travel per surgery or series of surgeries Inpatient Facility Physician Services Hormone Therapy	0% after deductible 0% after deductible 0% after deductible	20% after deductible 20% after deductible 20% after deductible
Home Health Care Requires Pre-Certification— combined 180-day visit limit per calendar year	0% after deductible	20% after deductible
Hospice/Respite Care Requires Pre-Certification— combined 180-day visit limit per calendar year Facility Services	0% after deductible	20% after deductible
Organ Transplant Requires Pre-Certification for other than Physician Services—\$25,000 for travel and lodging per calendar year per family unit Inpatient Facility Physician Services	0% after deductible 0% after deductible	20% after deductible 20% after deductible
Durable Medical Equipment Requires Pre-Certification if over \$2,500 General Equipment (Crutches, Walkers, Casts/Splints) Prosthetics & Orthotics Machinery/Other Durable Medical Equipment External Cochlear Devices and Systems	0% after deductible 0% after deductible 0% after deductible 0% after deductible	20% deductible waived 20% deductible waived 20% deductible waived 20% deductible waived
Mental Health and Substance Abuse Services Inpatient—Requires Pre-Certification Outpatient—If services are provided in an office setting, no pre-certification is required.	0% after deductible \$10 copay, deductible waived	20% after deductible \$0, deductible waived
Hearing Services—\$4,000 maximum every 4 years Physician’s Office / Physician’s Services Inpatient Facility / Outpatient Surgical Facility Hearing Aids/Devices	0% after deductible 0% after deductible 0% after deductible	20% after deductible 20% after deductible 20% after deductible



# MEDICAL PLAN BENEFITS

# COVERED PERSON PAYS

Prescription Drug Network is provided through CVS Caremark: **PLATINUM AND GOLD MEDICAL PLANS**

Retail 30-day Supply, Plan Deductible Waived	In-Network	Out-of Network
Generic	\$10 Copay	\$20 Copay
Brand Name	\$20 Copay	\$40 Copay
Non-Formulary	\$40 Copay	\$80 Copay
Mail Order or Retail (Maintenance Medication Only)	2x Copay, 90 days	Not Applicable

Dispense-As-Written (DAW) Penalties: DAW mandates the use of generic medications unless there is a medical necessity for use of a brand name. Your provider must submit a written request to obtain approval for the use of a brand name medication when a generic is available. Please see the Summary Plan Description (SPD) for full details or contact the Amy's Dedicated Bilingual Employee Service Center to request the appropriate form to request approval.

Specialty Medication—30-day supply Requires pre-certification Must be filled through CVS Specialty Pharmacy	No cost when you enroll in the PrudentRX Copay Program. See description below. <i>If you do not enroll in the Program, you will pay 30% of the cost of the medication.</i>
---	--

## PrudentRx Copay Program for Specialty Medications

The PrudentRx Copay Program assists members by helping them enroll in manufacturer copay assistance programs. If you or covered family members are not currently taking, but will start taking, a new medication covered under the PrudentRx Copay Program, you can reach out to PrudentRx, or they will proactively contact you so that you can take full advantage of the PrudentRx program. PrudentRx can be reached at 1-800-578-4403. To review the PrudentRX medication list, visit the Amy's benefits website at [benefits.filice.com/amys](https://benefits.filice.com/amys).

CVS Pharmacy Advisor Program: The CVS Pharmacy Advisor Program provides member education and counseling by phone or at one of the participating 56,000 retail network pharmacies. You may receive a call from a CVS counselor or be asked if you would like an in-person consultation when you pick up your medication at the pharmacy. This personalized program is intended to help you understand your medication's safety precautions as well as help you stay on track with your refills. We highly encourage you to participate in the program. This is offered at no cost to you.

Health Center Prescription Drugs, 30-day supply	Retail Pharmacy: In-Network Only
Copays when script is written by an Amy's Family Health Center Provider	
Generic	\$5
Brand Name	\$10
Non-Formulary	\$20

## \$5 Maintenance Drug Program—Generic is Mandated When Available

Your cost is \$5 per fill when filled at an in-network pharmacy or through the Mail Order Program

<b>Diabetes</b> Metformin Basaglar Tresiba Novolog Amaryl (glimepiride) Glyburide Glipizide/Glucotrol	<b>Behavioral Health</b> Citalopram Sertraline Escitalopram/Lexapro Venlafaxine (Standard and XR) Bupropion (Standard, IR and XR) Trazodone	<b>Cholesterol</b> Simvastatin Lovastatin Pravastatin Lipitor (atorvastatin) Rosuvastatin
<b>Asthma</b> ProAir (albuterol) Advair (fluticasone/salmeterol) Budesonide/formoterol Flovent (fluticasone diskus) Qvar (beclomethasone) Montelukast Sodium	<b>Hypertension</b> Lisinopril Atenolol Carvedilol Metoprolol Amlodipine Doxazosin Chlorthalidone Candseartan	Losartan Losartan- hydrochlorothiazide Verapamil Diltiazem Furosemide/Lasix Hydrochlorothiazide Enalapril

# MEDICAL PLAN BENEFITS

# COVERED PERSON PAYS

Out-of-Network	Platinum Anthem Medical Plan	Gold Anthem Medical Plan
Member Coinsurance	0%	0%
Calendar Year Deductible*		
Individual	\$1,500	\$3,000
Family Maximum	\$3,000	\$6,000
Family Maximum Deductible Calculation	2+ Members Utilize Plan	2+ Members Utilize Plan
Out-of-Pocket (OOP) Maximum*		
Individual	\$2,500	\$5,000
Family Maximum	\$5,000	\$10,000
Family Maximum OOP Calculation	2+ Members Utilize Plan	2+ Members Utilize Plan
Includes Deductible	Yes	Yes
Includes Copays for Medical Services	Yes	Yes
Includes Prescriptions (RX)	No, separate RX OOP	No, separate RX OOP
<i>OOP does not apply to: prescription copays and prescription copay assistance, Dispense-As-Written (DAW) penalties, premiums, balance-billed charges, health care this plan doesn't cover, and any charges incurred for failure to satisfy any applicable pre-certification requirements.</i>		
Prescription Out-of-Pocket (OOP) Maximum	\$2,000 per covered person	\$2,000 per covered person
Physician Services - including Telehealth		
Primary Care Physician's Office Visit	30%, deductible waived	50%, after deductible
Specialty Care Services		
Specialist Office Visit	30%, deductible waived	50%, after deductible
Second Opinion Consultations— services will be provided on a voluntary basis	30%, deductible waived	50%, after deductible
Allergy Treatment/Injections	30%, deductible waived	50%, after deductible
Allergy Serum— dispensed by the physician in the office	30%, deductible waived	50%, after deductible
Preventive Care		
Routine Preventive Care & Immunizations for children through age 17	30%, deductible waived	50%, after deductible
Routine Preventive Care for adults	30% deductible waived	50%, after deductible
Immunizations for adults	30% deductible waived	50%, after deductible
Mammograms, PSA, Pap Smear	30% deductible waived	50%, after deductible
Breast Cancer Genetic Testing counseling (BRCA) for women at higher risk	30% deductible waived	50%, after deductible
Inpatient Hospital: Facility Services		
Requires Pre-Certification		
Room - semi-private room	30% after deductible	50%, after deductible
Room - Private room	30% after deductible	50%, after deductible
Board (includes intravenous delivery of nutrients)	30% after deductible	50%, after deductible
Inpatient Hospital: Professional Services		
Requires Pre-Certification		
Primary Care Physician	30% after deductible	50%, after deductible
Specialist	30% after deductible	50%, after deductible
Surgeon	30% after deductible	50%, after deductible
Radiologist	30% after deductible	50%, after deductible
Pathologist	30% after deductible	50%, after deductible
Anesthesiologist	30% after deductible	50%, after deductible

\*Deductible and Out-of-Pocket Maximums cross-accumulate for in-network and out-of-network services.

# MEDICAL PLAN BENEFITS

# COVERED PERSON PAYS

Out-of-Network	Platinum Anthem Medical Plan	Gold Anthem Medical Plan
Outpatient Facility Services Requires Pre-Certification Includes Operating Room, Recovery Room, Treatment	30% after deductible	50%, after deductible
Outpatient Professional Services Primary Care Physician Specialist Radiologist Pathologist Anesthesiologist	30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible	50%, after deductible 50%, after deductible 50%, after deductible 50%, after deductible 50%, after deductible
Infusion Therapy Requires Pre-Certification if over \$1,500	30% after deductible	50%, after deductible
Dialysis Treatment—Outpatient Requires Pre-Certification	30% after deductible	50%, after deductible
Emergency Room Services Hospital Emergency Room (copay waived if admitted) Outpatient Facility Ambulance	\$100, then 0% after deductible \$100, then 0% after deductible 0% after deductible	\$250 after deductible 20% after deductible 20% after deductible
Urgent Care Services Urgent Care Office Visit	30%, deductible waived	50%, after deductible
Other Health Care Facilities Requires Pre-Certification—combined 180-day visit limit per calendar year Skilled Nursing Facility Rehabilitation Facility Sub-Acute Facility	30% after deductible 30% after deductible 30% after deductible	50%, after deductible 50%, after deductible 50%, after deductible
Laboratory and Radiology Services Advanced Radiology Requires Pre-Certification Routine Laboratory & Radiology Services EKG/ECG MRI / CT / PET Independent X-ray and/or Lab Facilities	30% after deductible 30% after deductible 30% after deductible 30% after deductible	50%, after deductible 50%, after deductible 50%, after deductible 50%, after deductible
Outpatient Short-Term Rehabilitative Therapy Requires Pre-Certification—combined 180-day visit limit per calendar year Physical Therapy ( <i>no pre-cert for first 12 visits</i> ) Speech Therapy ( <i>no pre-cert for first 12 visits</i> ) Occupational Therapy ( <i>no pre-cert for first 12 visits</i> ) Respiratory Therapy Post-Cochlear Implant Aural Therapy Cognitive Therapy (Behavioral)	0% after deductible 0% after deductible 0% after deductible 0% after deductible 0% after deductible 0% after deductible	50%, after deductible 50%, after deductible 50%, after deductible 50%, after deductible 50%, after deductible 50%, after deductible
Chiropractic Services—24-day visit limit per calendar year Office Visit	30%, deductible waived	50%, after deductible
Acupuncture and Naturopathic Services and Biofeed-back—24-day visit limit per calendar year Office Visit	30%, deductible waived	50%, after deductible
Nutritional Counseling	30%, deductible waived	50%, after deductible

# MEDICAL PLAN BENEFITS

# COVERED PERSON PAYS

Out-of-Network	Platinum Anthem Medical Plan	Gold Anthem Medical Plan
<p>Maternity Care Services                      High Risk Maternity Care Requires Pre-Certification                      Initial Visit to Confirm Pregnancy                      All Subsequent Prenatal Visits                      Physician Delivery Charges (e.g., global maternity fee)                      Postnatal Visits (1st 90 days after delivery)                      Postnatal Visits (from 91st day after delivery on)                      Delivery—Facility (inpatient hospital, birthing center or home birth)</p>	<p>30%, deductible waived                      30%, deductible waived                      30% after deductible                      30%, deductible waived                      30%, deductible waived                      30% after deductible</p>	<p>50%, after deductible                      50%, after deductible                      50%, after deductible                      50%, after deductible                      50%, after deductible                      50%, after deductible</p>
<p>Family Planning Services                      Medical Necessity and Pre-Certification Required— \$5,000 limit per calendar year                      Office Visit                      Lab and Radiology Tests                      Counseling                      Surgical Vasectomy                      Surgical Tubal Ligation, including Reversals                      Infertility Treatment (in vitro, GIFT, ZIFT, etc.)                      Inpatient Facility                      Outpatient Facility                      Physician Services</p>	<p>30%, after deductible                      30%, after deductible                      30%, after deductible                      30%, after deductible                      30%, after deductible                      30%, after deductible                      30%, after deductible                      30%, after deductible                      30%, after deductible</p>	<p>50%, after deductible                      50%, after deductible                      50%, after deductible                      50%, after deductible                      50%, after deductible                      50%, after deductible                      50%, after deductible                      50%, after deductible                      50%, after deductible</p>
<p>Gender Confirmation/Affirmation Services                      Requires Pre-Certification for other than Physician Services—\$10,000 for travel per surgery or series of surgeries                      Inpatient Facility                      Physician Services                      Hormone Therapy</p>	<p>30% after deductible                      30% after deductible                      30% after deductible</p>	<p>50% after deductible                      50% after deductible                      50% after deductible</p>
<p>Home Health Care Requires Pre-Certification— combined 180-day visit limit per calendar year</p>	<p>30% after deductible</p>	<p>50% after deductible</p>
<p>Hospice/Respite Care Requires Pre-Certification— combined 180-day visit limit per calendar year                      Facility Services</p>	<p>30% after deductible</p>	<p>50% after deductible</p>
<p>Organ Transplant                      Requires Pre-Certification for other than Physician Services—\$25,000 for travel and lodging per calendar year per family unit                      Inpatient Facility                      Physician Services</p>	<p>30% after deductible                      30% after deductible</p>	<p>50% after deductible                      50% after deductible</p>
<p>Durable Medical Equipment                      Requires Pre-Certification if over \$2,500                      General Equipment (Crutches, Walkers, Casts/Splints)                      Prosthetics &amp; Orthotics                      Machinery/Other Durable Medical Equipment                      External Cochlear Devices and Systems</p>	<p>30% after deductible                      30% after deductible                      30% after deductible                      30% after deductible</p>	<p>50% after deductible                      50% after deductible                      50% after deductible                      50% after deductible</p>
<p>Mental Health and Substance Abuse Services                      Inpatient—Requires Pre-Certification                      Outpatient—If services are provided in an office setting, no pre-certification is required.</p>	<p>30% after deductible                      30%, deductible waived</p>	<p>50% after deductible                      50% after deductible</p>
<p>Hearing Services—\$4,000 maximum every 4 years                      Physician’s Office / Physician’s Services                      Inpatient Facility / Outpatient Surgical Facility                      Hearing Aids/Devices</p>	<p>30% after deductible                      30% after deductible                      30% after deductible</p>	<p>50% after deductible                      50% after deductible                      50% after deductible</p>

# ACCESSING HEALTH CARE IN THE PROPER SETTING

---

Emergency Room (ER) or Urgent Care (UC): Which one should you go to?



## EMERGENCY ROOM VISIT

1. Life-threatening
2. Average wait time is 4 hours

### Copay:

Platinum Medical plan is \$100 after deductible  
Gold Medical plan is \$250 after deductible



## URGENT CARE VISIT

1. Non-life-threatening
2. Average wait time is 1 hour

### Copay:

Platinum Medical plan is \$10  
Gold Medical plan is \$0 charge

Go to Emergency Room for these symptoms:

- Coughing up blood
- Fever over 102
- Trouble breathing
- Burning during urination with lower back pain

Go to Urgent Care for these symptoms:

- Cough
- Cold
- Fever
- Burning during urination with a fever less than 102

---

Preventative vs. Diagnostic Care: Knowing the difference

**Preventive care** helps protect you from getting sick. If your doctor recommends services when you have no symptoms, that's preventive care. Our health plans offer preventive care services and immunizations at no cost to you. As long as you use a doctor, pharmacy, or lab in your plan's network, you won't have to pay anything. If you go to doctors or facilities that are not in your plan, you may have to pay out of pocket. For a full list of preventative services visit: [mybenefits.cc/amys/](https://mybenefits.cc/amys/)

**Diagnostic care** is when you have symptoms, and your doctor recommends services to determine what's causing those symptoms.

# ANTHEM'S SYDNEY MOBILE APP



Anthem 

## The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

Use Sydney<sup>SM</sup> Health to keep track of your health and benefits — all in one place. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.

### Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you, such as gender, languages spoken, or location. You'll be matched with the best results based on your personal needs.

### My Health Dashboard

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals. It also offers a customized experience just for you, such as syncing your fitness tracker and scanning and tracking your meals.

### Chat

If you have questions about your benefits or need information, Sydney Health can help you quickly find what you're looking for and connect you to an Anthem representative.

### Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker or talk to a doctor via chat or video session.

### Community Resources

This resource center helps you connect with organizations offering no-cost and reduced-cost programs to help with challenges such as food, transportation, and child care.

### My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.

### ¿Prefieres obtener información en español?

Tienes opciones. Si tu teléfono móvil ya está configurado en español, la aplicación Sydney Health también estará en español. Si no es así, selecciona el **menú** dentro de la aplicación Sydney Health y elige **el idioma de la aplicación**. También puedes visitar [espanol.anthem.com/ca](http://espanol.anthem.com/ca).



### Download the Sydney Health app today

Use the app anytime to:

- Find care and compare costs.
- See what's covered and check claims.
- View and use digital ID cards.
- Check your plan progress.
- Fill prescriptions.



Scan the QR code to download the Sydney Health app.

You can also set up an account at [anthem.com/ca/register](http://anthem.com/ca/register) to access most of the same features from your computer.

# DENTAL & VISION COVERAGE

## Our Dental Plan



DENTAL PLAN FEATURES	PLAN BENEFITS
Calendar Year Deductible Individual Family	\$25 \$75
Maximum Annual Benefit (per person):	\$1,500
Preventive Services (deductible waived): Exams, Cleanings, X-rays & Fluoride Treatments	Your Responsibility = 0%
Restorative Services: Fillings, Simple Extractions, Space Maintainers, Root Canal, Periodontal, Emergency Treatments	Your Responsibility = 20%
Major Services: Crowns, Bridges, Implants & Dentures	Your Responsibility = 50%
Orthodontia (children and adults):	Lifetime Benefit = \$1,500/person

Dental benefits are offered through Anthem Blue Cross. Your dental plan uses the Dental Complete network.

Please note: Out-of-network dental services are subject to Usual, Reasonable and Customary (UCR) fees. UCR fees may mean additional costs to you if your dentist charges above the carrier contracted fees for services (“balance billing”). Seeking care from an in-network dentist ensures no balance billing.

## Our Vision Plan



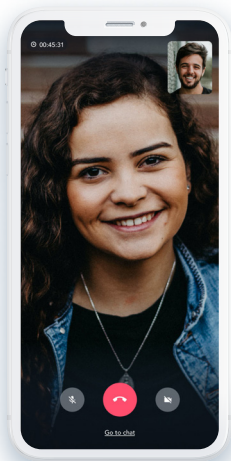
VISION PLAN	VSP Vision	
	In-Network	Out-of-Network
Service		
Eye Exams:	Copay \$20 then covered at 100% (Every 12 months)	Up to \$50
Eyeglass Lenses:	Copay \$0 (combined with exam) Single vision, lined bifocal or trifocal lenses Polycarbonate lenses for dependent children (Every 12 months. Additional lens options available. Please see benefits summary for additional associated costs.)	Single vision - up to \$50 Lined bifocal - up to \$75 Lined trifocal - up to \$100
Frames:	\$150 Maximum Allowance 20% additional discount over allowance	Up to \$70
Contact Lenses: in lieu of glasses	Copay up to \$60 \$150 Maximum Allowance (includes fitting & evaluation) (Every 12 months)	Up to \$105

If you enroll in the Amy's Medical Plan, you are automatically enrolled in vision care coverage through VSP.

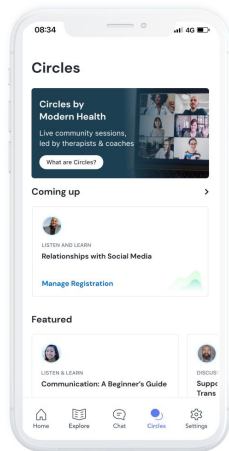
Please note: Benefits listed are covered every 12 months, not every calendar year. For example, if you have an eye exam on April 1, you will be eligible for your next eye exam on April 1 of the following year.

# Your home for mental wellness is here.

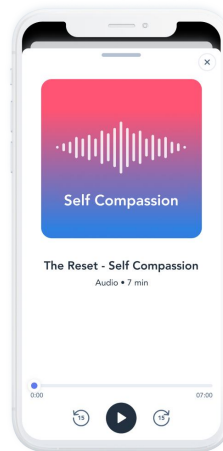
Welcome to Modern Health, your resource for mental wellness benefits so you can be the best version of yourself, at home and at work.



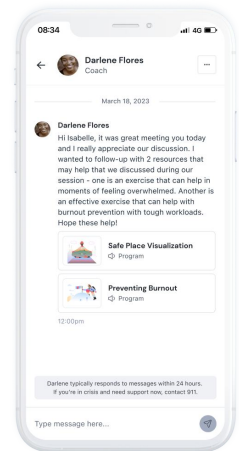
**One-on-one  
coaching & therapy**



**Live and on-demand  
group sessions**



**Meditations  
& programs**



**Unlimited  
texting with providers**

Modern Health provides support for all aspects of life:



**Emotional  
Health**



**Professional  
Health**



**Social  
Health**



**Physical  
Health**



**Financial  
Health**

Take the first step  
**toward prioritizing you:**

Scan this QR code or visit [my.modernhealth.com](https://my.modernhealth.com) to get started.  
Questions? Email us at [help@modernhealth.com](mailto:help@modernhealth.com).

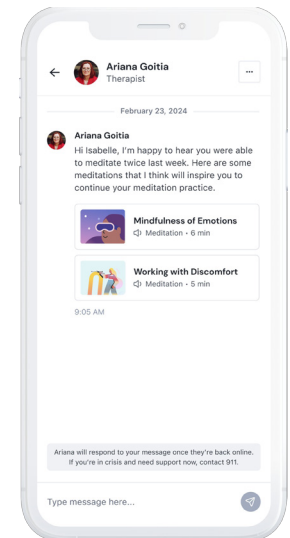
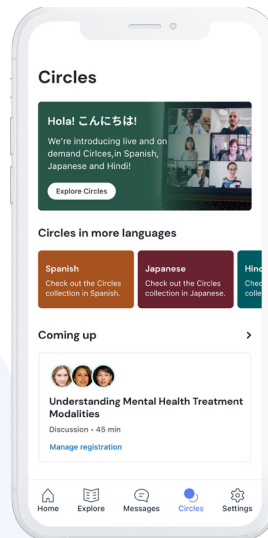
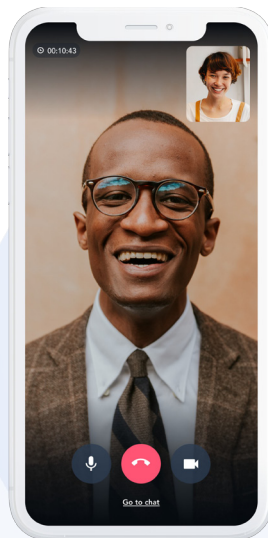
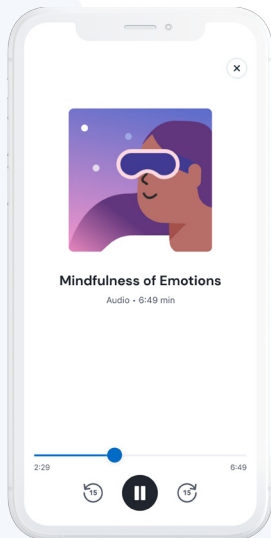




# Getting Started with Modern Health

Modern Health is your mental wellness benefit through your employer, that provides you access to personalized 1:1, group, and self-serve resources for your well-being, so that you can be the best version of yourself — at home, at work, and in your relationships.

- 1 Scan this QR code. After your download is complete, select “Join Now” from the welcome page from the mobile app.
- 2 Use the first and last name you have on file with your employer.
- 3 Enter your Company name, then your company email, and a password of your choice.
- 4 Select “Register” on the web” or “Agree & Join” on the Mobile app to complete registration.



If you have trouble registering for Modern Health, please don't hesitate to reach out to [help@modernhealth.com](mailto:help@modernhealth.com) with a note or screenshot. The Modern Health customer support team will verify the information against what they have on file with your employer to provide you the best instructions on how to successfully access Modern Health.



## Modern Health is your mental wellness benefit.

Access to personalized 1:1, group, and self-serve resources for your wellbeing, so that you can be the best version of yourself — at home, at work, and in your relationships. Scan this QR to get started. Or visit [my.modernhealth.com](https://my.modernhealth.com).



# Coaching vs. Therapy Guide

Here's a quick guide to help you understand the differences between coaching and therapy:

## Coaching

Coaching is the process through which a **certified coach uses evidence-based approaches** to help you gain a deeper awareness of a challenge you may be facing, identify growth opportunities, and create action plans to move towards your goals.

**Address non-clinical symptoms**  
such as burnout and stress



- **Actions** to make progress from the present
- The **"How"** in achieving goals



- Maximize potential
- Optimize skills
- Increase productivity
- Goals oriented



- Building healthy habits
- Reducing stress
- Mindfulness
- Anxiety around relationships
- Productivity
- Burnout
- Communication skills
- Financial well-being
- Professional development

**30-minutes**



Providers are **ICF-Certified**  
(Gold standard of coaching)



**Clinical Symptoms**

**Focus Areas**

**Outcomes**

**Common  
Discussion Topics**

**Session Length**

**Provider  
Credentials**

## Therapy

Therapy is a treatment in which you and a **licensed therapist work together** to understand mental health concerns and develop a plan for addressing them. Therapy is appropriate if there's a clinical concern, as defined by the duration of symptoms, severity, and clinically significant interference with social, emotional, and/or occupational functioning.

**Address clinical concerns**  
such as ADHD and depression



- **Feelings and beliefs**
- The **"Why"** in behavioral patterns



- Address clinical symptoms
- Reduce clinical distress and functional impairment
- Increase ability to manage clinical symptoms



- ADHD
- Anxiety
- Depression
- Eating disorder
- Grief
- OCD
- Trauma

**45-60 minutes**



Providers are **licensed or registered**. (In the US, providers have a minimum of Master's Degree.)

**Modern Health is your mental wellness benefit.**

Access to personalized 1:1, group, and self-serve resources for your well-being, so you can be the best version of yourself — at home, at work, and in your relationships. Scan this QR to get started. Or visit [my.modernhealth.com](https://my.modernhealth.com).



# FLEXIBLE SPENDING ACCOUNT



## Amy's offers Health Care Flexible Spending Account (HCFSA).

The Health Care FSA plan is administered by isolved and allows you to use pre-tax dollars to pay for IRS-qualified health care expenses. The Health Care FSA allows you to pay for certain health care expenses that are not covered or only partially covered by your health care plans (medical, dental, vision and prescription drug). Eligible employees may participate in the Health Care FSA account. Each year, you decide how much to contribute to your FSA on a pre-tax basis. The annual amount you elect is deducted from your paycheck in equal amounts each pay period. As you incur eligible expenses during the year, you may use your debit card or request reimbursement from the plan administrator.

You can use your health care FSA dollars for:

- Copays for office visits
- Copays for prescription drugs
- Deductibles (if applicable)
- Over-the-counter medications
- Laser eye surgery
- Orthodontia

There are certain IRS-approved household items, such as Band-Aids, sunscreen, feminine care products, first aid supplies and much more! For additional information and to view an exhaustive list of expenses, visit <https://mybenefits.cc/amys/>

Eligible expenses incurred by you or any of your eligible dependents may be claimed on your federal income tax return. You may contribute up to the annual plan maximum per year to the Health Care FSA. The plan maximum is announced annually during Open Enrollment. You will receive a debit card to use at participating vendors. This card will only work for eligible FSA expenses.

### Out-of-Network Expenses & the FSA

We highly encourage health plan members to seek care from in-network providers as this helps keep your out-of-pocket costs lower. If you do obtain services that are out-of-network due to necessity or preference, you can use your FSA dollars to help pay for the patient responsibility that the health plans do not cover.



## IMPORTANT IRS RULES RELATED TO FSAS

- Amy's has modified the Health Care FSA "use-it-or-lose-it" provision to allow up to a \$640 rollover of FSA funds to the following plan year. Your rollover amount is available on January 1st of the following year.
- You cannot change or stop your contributions to the HCFSA during the year unless you have a qualifying change in status (see page 3 for more information on status changes).
- You have 90 days after the end of the plan year to submit claims for expenses incurred in the prior year.

# LIFE AND DISABILITY



You are automatically enrolled in this coverage.

Amy's provides all eligible employees with Basic Life and Accidental Death & Dismemberment (AD&D) Insurance through Prudential at no cost to you. As a benefits-eligible employee, you are automatically enrolled in this coverage on the 1st of the month following or coinciding with 45 days from your date of hire. Be sure to complete beneficiary information at time of enrollment and update your information as appropriate.

## Basic Life Insurance

Hourly Employees: In the event of your death, this plan pays your beneficiary a benefit of \$50,000.

Exempt\*: In the event of your death, this plan pays your beneficiary a benefit equal to one times your annual base salary to a maximum of \$200,000.

## Basic AD&D Insurance

Hourly Employees: In the event of your accidental death, this plan pays your beneficiary an additional benefit of \$50,000.

Exempt\*: In the event of your accidental death, this plan pays your beneficiary an additional benefit equal to one times your annual salary to a maximum of \$200,000.

If you are seriously injured as the result of an accident (for example: lose your eyesight, paralysis), this plan will pay a partial benefit to you.



\*If an employee classified as exempt makes less than \$50,000 annually, this plan pays a minimum benefit of \$50,000.

## Travel Assistance Program

Prudential provides employees with 24-hour, 365-days-a-year travel assistance whenever you or your family members are travelling domestically or internationally 100+ miles from home. This service is brought to you by IMG Travel Assistance. Services include but are not limited to:

- Medical assistance services
- Prescription transfer and shipping
- Pre-trip assistance and cultural information
- Lost document and baggage or passport
- Bail bond services
- Medical referrals and telemedicine
- Translation or interpreter service
- Emergency cash
- Locating legal service
- Urgent message relay on your behalf to your family and friends
- Emergency transportation services, such as emergency evacuation, repatriation, family or friend travel arrangements and return or dependent children.

Just in case you become ill or injured and are unable to work.

If you become ill or injured and are unable to work, Amy's provides income protection benefits through Prudential at no cost to you. These benefits have been designed to protect your income in the case of either a short term disability or a longer period of disability. Please note that specific restrictions apply to these benefits. In addition, because Amy's pays for the cost of these premiums, any benefit, if received, would be taxable.

---

### Short-Term Disability Insurance (STD)

STD coverage provides financial assistance if you are unable to work for a limited period of time due to an illness or injury that is not work-related. You are automatically enrolled in this coverage on the first of the month following six months of employment.

- STD weekly benefits may replace up to 60% of your pre-disability salary, to a maximum benefit of \$1,400 per week.
- Your STD benefits will be offset by federal or state disability benefits so that the total benefit amount is not greater than 60% of your weekly earnings.
- STD benefits begin after a 7-day waiting period when your disability is due to a non-work related injury or illness.
- Your STD benefits may continue for up to a maximum of 25 weeks.

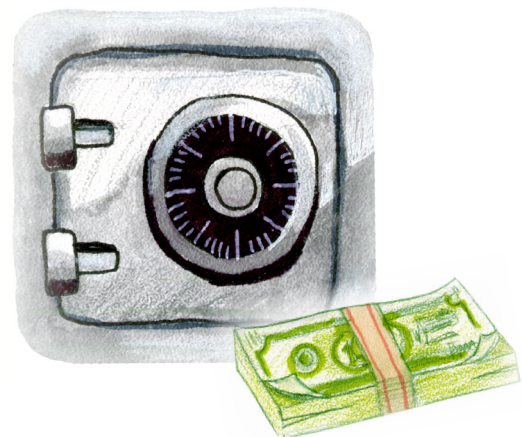
### Long-Term Disability Insurance (LTD)

LTD coverage provides financial assistance if you are not able to return to work after 180 days of disability due to an illness or injury that is not work-related. You are automatically enrolled in this coverage on the first of the month following six months of employment.

- LTD benefits may replace up to 60% of your pre-disability salary, to a maximum benefit of \$6,000 per month.
- Any LTD benefits are offset by income from other sources, including Social Security or Workers' Compensation, so that the maximum monthly benefit you receive is not greater than 60% of your monthly earnings.
- LTD benefits begin only after you have been continuously disabled for 180 days.

### Salary Continuation Policy

In addition to the disability coverages above, you may be eligible for a Salary Continuation Policy. This policy is designed to supplement STD benefits. Eligibility for this additional coverage is based upon your salary. For details, contact your Amy's Benefits Team at [amysbenefits@amys.com](mailto:amysbenefits@amys.com).



# ABSENCE MANAGEMENT



## Amy's Provides One Simple Process to Request Leaves

Amy's complies with all state and federal regulations related to leaves of absence and partners with Tristar in order to ensure compliance. Contact Tristar to report a leave of absence.

## Who Is Responsible for Notifying Amy's Kitchen of My Leave of Absence?

It is your responsibility to follow the normal Amy's Kitchen, Inc. leave of absence reporting procedures and notify your supervisor or manager of your leave of absence in addition to notifying Tristar. Unless it's an emergency, leaves of absence must be submitted a minimum of thirty (30) days in advance of the leave of absence.

## How Do I Notify Tristar About a Leave of Absence?

- If you need to report a leave of absence, call Tristar at 844-702-2352 which offers bilingual service; or
- Report it online at [amys.ess-absencetracker.com](https://amys.ess-absencetracker.com). From the login page for TRISTAR Self-Service, Register a new account with your work email. (You will receive an email from AbsenceSoft to create a password) e bottom right area of the home page. You will log in to AbsenceTracker. To create a new case you will click on the icon "New Request". Once you complete the request a specialist will reach out to you within two business days to discuss your case

## PAID

Regular full-time and part-time employees (working a minimum of 24 hours per week) are entitled to the following paid holidays:

- New Year's Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day



## OTHER AMY'S BENEFITS

### Scholarship Program

Amy's promotes and fosters college-level education for the children of our employees through a Scholarship Program. This program, which started in the year 2000, has granted thousands of dollars in college scholarships. Applications for scholarships are distributed in the spring of each year. We encourage all employees who have completed 12 months of employment and who have children attending or preparing to attend college to apply for this program.

### Employee Discount Program for Amy's Food

Amy's offers our employees discounts on Amy's products. For more information on the company discount program, contact your local People Team.

### Amy's Education Assistance Program

Amy's recognizes that the skills and knowledge of our employees are critical to the success of the company. The Educational Assistance program encourages personal development through formal education and assists employees with improving job-related skills or enhancing their ability to advance to another position within

Amy's. All regular full-time employees who have been employed by Amy's for at least 6 months may apply for Educational Assistance. Approved courses are eligible for reimbursement of up to \$2,000 per calendar year. For more information, contact your local People Team.

### Voluntary Life and AD&D Insurance

You may also elect to purchase Voluntary Life and/or Accidental Death and Dismemberment (AD&D) Insurance for yourself and your eligible dependents. You must elect Voluntary Life and AD&D coverage for yourself in order to cover your spouse and/or child(ren). During your initial new hire eligibility period you/your spouse can enroll up to the Guarantee Issue Amount of the policy without Evidence of Insurability (EOI)\*.

If you or your spouse/domestic partner do not enroll in the Voluntary Life and AD&D plan when you are first eligible, you may enroll at a later date. However, ALL coverage amounts will require EOI and are subject to approval by Prudential.

Rate information is available on Amy's benefits website and on the Voluntary Life and AD&D enrollment form. Please ask your local People Team or the Amy's Dedicated Bilingual Employee Service Center for more information.

#### Employee

- Purchase an amount between \$10,000 and \$500,000 in increments of \$10,000
- Guarantee Issue Amount: \$200,000 up to 3x your annual salary
- Maximum amount equal to five times your annual salary

#### Spouse/Domestic Partner

- Purchase an amount between \$5,000 and \$500,000 in increments of \$5,000
- Maximum amount equal to 100% of your employee-elected coverage
- Guarantee Issue Amount: \$25,000
- Benefits will be paid to the employee

#### Child(ren)

\*Evidence of Insurability (EOI): Proof of good health/Evidence of Insurability (EOI), is an application process in which you provide information on the condition of your health or your dependent's health in order to be

.....

## Voluntary Benefits



Voluntary Benefits are benefits that we offer at a discounted group rate but are paid for fully by an employee through a payroll deduction, but you can still enroll in these programs now if you are interested.

### Voluntary Life + Long Term Care

You may also elect to purchase Voluntary LifeTime Term + Long Term Care coverage for yourself and your eligible dependents. You must elect Voluntary Life + LTC coverage for yourself in order to cover your spouse and/or child(ren).

#### LifeTime Benefit Term Provides You with the Protection Your Family Needs

LifeTime Benefit Term helps protect you and your family if you were no longer able to provide for them. Your family can receive cash benefits paid directly to them upon your death that they can use to help cover expenses like mortgage payments, credit card debt, childcare, college tuition and other household expenses. Cash benefits can also be paid directly to you while you are living for long term care expenses.

#### You Decide How You Want to Use LifeTime Benefit Term Benefits

When you make the promise to protect your family with LifeTime Benefit Term, there are several ways it can work.

##### As Life Insurance

LifeTime Benefit Term protects your family with money that can be used any way they choose. It is most often used to pay for mortgage or rent, education for children and grandchildren, retirement, family debt, and final expenses.

##### For Long Term Care (LTC)

If you become chronically ill, LifeTime Benefit Term will pay you 4% of your death benefit each month you receive Long Term Care. You can use this money any way you choose, and your life insurance premiums will be waived.

- Your death benefit will reduce proportionately each month as you receive benefit payments for Long Term Care. After 25 months of receiving Long Term Care Benefits, your death benefit will reduce to zero.
- With Extension of Benefits\*, if you continue to need LTC after you have exhausted your Death Benefits, you can receive up to 25 more months of benefits, for a total of 50 months of LTC benefits.

Rates for the LifeTime Term + Long Term Care plan will vary based on age and smoking/non smoking and will be provided to you at the time of enrollment.

How LifeTime Benefit Term Can Be Used					
Three Options	Life Situation	Death Benefit	Long Term Care	Long Term Care Extension	Total Benefits
<b>1. Life Insurance</b>	You lead a full life and do not need Long Term Care (LTC)	\$100,000	---	---	\$100,000
<b>2. Long Term Care (LTC) insurance</b>	You lead a full life and need assisted living or nursing home care	---	\$100,000	---	
<b>3. Split your Death Benefit for LTC &amp; life insurance</b>	You lead a full life but also need some LTC funds (Example: 4% of \$100,000 for 12 months)	\$52,000	\$48,000	---	
Additional Coverage for Long Term Care and Death Benefits					
<b>Extra Long Term Care for up to 25 additional months</b>	You lead a full life and need extended benefits for assisted living or nursing home care	---	---	\$100,000	\$100,000
<b>Restore your Death Benefit</b>	If you deplete your entire Death Benefit due to LTC, we restore your Death Benefit to 50% of your original death benefit, not to exceed \$50,000	\$50,000	---	---	\$50,000
<b>Option 1, 2 or 3 + Extra LTC Coverage + Restoration of Death Benefit = TOTAL COVERAGE</b>					<b>\$250,000</b>

This example is for illustrative purposes for employee-only coverage.





# Group Accident Insurance



## How does it work?

Accident Insurance provides a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur off the job. And it includes a range of incidents, from common injuries to more serious events.

## Why is this coverage so valuable?

It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles. You'll have base coverage without medical underwriting. The cost is conveniently deducted from your paycheck. You can keep your coverage if you change jobs or retire. You'll be billed directly.

## Who can get coverage?

You	If you're actively at work*
Your spouse	Can get coverage as long as you have purchased coverage for yourself.
Your children	Dependent children from birth until their 26th birthday, regardless of marital or student status.

\*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. See Schedule of benefits for a complete listing of what is covered.

## What's included?

### Be Well Benefit

Every year, each family member who has Accident coverage can also receive \$50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

### Organized Sports Benefit

Each family member that has Accident coverage is eligible for a 10% increase in payable benefits within the Injury and Treatment schedule of benefit categories. See disclosures and schedule of benefits for more information.

## How much does it cost?

Your monthly premium	Option 1	Option 2
You	\$3.70	\$2.65
You and your spouse	\$6.70	\$4.86
You and your children	\$9.21	\$6.50
Family	\$12.21	\$8.71



Amy's Kitchen

# Group Critical Illness Insurance



## How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want.

## Why should I buy coverage now?

- It's more accessible when you buy it through your employer and the premiums are conveniently deducted from your paycheck.
- Coverage is portable. You may take the coverage with you if you leave the company or retire. You'll be billed at home.

### Be Well Benefit

Every year, each family member who has Critical Illness coverage can also receive a payment for getting a covered Be Well Benefit screening test, such as:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Annual exams by a physician include sports physicals, well-child visits, dental and vision exams</li> <li>• Screenings for cancer, including pap smear, colonoscopy</li> <li>• Cardiovascular function screenings</li> </ul> | <ul style="list-style-type: none"> <li>• Screenings for cholesterol and diabetes</li> <li>• Imaging studies, including chest X-ray, mammography</li> <li>• Immunizations including HPV, MMR, tetanus, influenza</li> </ul> |
|---|--|

## Who can get coverage?

You:	Choose \$10,000, \$20,000 or \$30,000 of coverage with no medical underwriting to qualify if you apply during this enrollment.
Your spouse:	Spouses can only get 100% of the employee coverage amount as long as you have purchased coverage for yourself.
Your children:	Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 100% of yours. They are covered for all the same illnesses plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome, spina bifida, type 1 diabetes, sickle cell anemia and congenital heart disease. The diagnosis must occur after the child's coverage effective date.

## Why is this coverage so valuable?

- The money can help you pay out-of-pocket medical expenses, like deductibles.
- You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions and for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit can pay 100% of your coverage amount. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.

## What's covered?

### Critical Illnesses

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Heart attack</li> <li>• Stroke</li> <li>• Major organ failure</li> <li>• End-stage kidney failure</li> <li>• Sudden cardiac arrest</li> </ul> | <ul style="list-style-type: none"> <li>• Coronary artery disease Major (50%):<br/>Coronary artery bypass graft or valve replacement</li> <li>• Minor (10%):<br/>Balloon angioplasty or stent placement</li> </ul> |
|--|---|

### Cancer conditions

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Invasive cancer — all breast cancer is considered invasive</li> <li>• Non-invasive cancer (25%)</li> </ul> | <ul style="list-style-type: none"> <li>• Limited Skin cancer — \$500</li> </ul> |
|---|---|

### Progressive diseases

- Amyotrophic Lateral Sclerosis (ALS)
- Dementia, including Alzheimer's disease
- Multiple Sclerosis (MS)
- Parkinson's disease
- Huntington's Disease
- Lupus
- Muscular Dystrophy
- Myasthenia Gravis
- Systemic Sclerosis (Scleroderma)
- Addison's Disease

### Supplemental conditions

- Loss of sight, hearing or speech
  - Benign brain tumor
  - Coma
  - Permanent Paralysis
  - PTSD
- Paid at 25%**
- Infectious Diseases (Requiring Hospitalization)
  - Pulmonary Embolism
  - Transient Ischemic Attack (TIA)
  - Bone Marrow/Stem Cell

Please refer to the certificate for complete definitions of these covered conditions. Coverage may vary by state. See exclusions and limitations.



Amy's Kitchen

# Group Hospital Insurance



## How does it work?

Group Hospital Insurance helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.

## Why is this coverage so valuable?

- The money is payable directly to you — not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles.
- You get accessible rates when you buy this coverage at work.
- The cost is conveniently deducted from your paycheck.
- The benefits in this plan are compatible with a Health Savings Account (HSA).
- You may take the coverage with you if you leave the company or retire. You'll be billed directly.

## Be Well Benefit

Every year, each family member who has Hospital coverage can also receive \$50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, wellchild visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Group Hospital Insurance can pay benefits that help you with the costs of a covered hospital visit.

## Who can get coverage?

You:	If you're actively at work.
Your spouse:	Can get coverage as long as you have purchased coverage for yourself.
Your children:	Dependent children newborn until their 26th birthday, regardless of marital or student status

Employee must purchase coverage for themselves in order to purchase spouse or child coverage. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage.

## How much does it cost?

Your monthly premium	
You	\$13.88
You and your spouse	\$29.26
You and your children	\$19.51
Family	\$34.89

Coverage may vary by state. See exclusions and limitations. The plan does not include a pre-existing condition limitation. You are covered from day one. If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at <https://www.medicare.gov/publications/02110-medigap-guide-health-insurance.pdf>



# 360° Identity Theft Protection

with full-service restoration



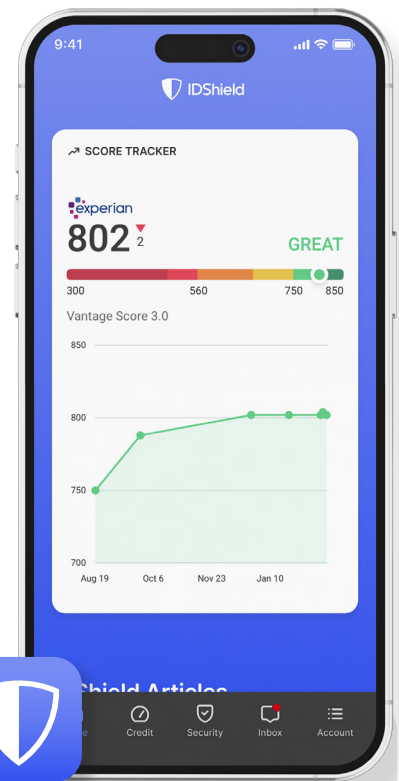
## IDShield Helps You Protect Your Identity and Reputation!

With IDShield You Will Receive:

- ✓ \$5 Million Identity Fraud Protection Plan
- ✓ Online Privacy and Reputation Management
- ✓ Device Protection
- ✓ Financial Account Monitoring
- ✓ Identity, Credit and Social Media Monitoring
- ✓ Credit Score Tracker
- ✓ Real-Time Alerts

In the event of identity theft, a **dedicated licensed private investigator will restore your identity** back to its pre-theft status — guaranteed.

**Always Connected.  
Always Protected.**



### Who is Covered?

#### Individual Plan:

- The participant only

#### Family Plan:

- The participant
- Participant's spouse/domestic partner
- Dependent children under the age of 26
- Parents

Dependent children ages 18-26 and parents of the participant or participant's spouse/ domestic partner are eligible for consultation and restoration services only. Monitoring services are unavailable for parents. Dependent children over age 26 who are physically disabled or mentally incapacitated are also eligible for consultation and restoration services.

### Affordable Identity Protection

**\$8.45/monthly**

Individual Plan

**\$15.50/monthly**

Family Plan

**For more information, visit: [www.shieldbenefits.com/amyskitchen](http://www.shieldbenefits.com/amyskitchen)**

IDShield is a product of Pre-Paid Legal Services, Inc. ("PPLSI") and provides access to identity theft protection and restoration services. IDShield plans are available at individual or family rates. A family plan covers the named member, named member's spouse or domestic partner and eligible dependent children under the age of 18. Consultation and restoration services are available for eligible dependent children ages 18 to 26 who permanently reside in the same residence as the named member. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Protection Plan ("Plan") is issued through a nationally recognized carrier. PPLSI is not an insurance carrier. This covers certain fraud expenses and legal costs as a result of a covered identity fraud event. See a Plan for complete terms, coverage, conditions, limitations, and family members who are eligible under the Plan.



# Pet insurance

from Nationwide®



Fetch the best health coverage for your pet through your voluntary benefits package. With two budget-friendly plans, there's never been a better time to sign up for My Pet Protection®, available only through your workplace benefits program.

Nationwide offers two plans for you to choose from: My Pet Protection® and My Pet Protection® with Wellness500.<sup>1</sup>

Both plans are guaranteed issuance,<sup>2</sup> have a \$250 annual deductible and include medical coverage with the choice of 50% or 70% reimbursement levels.<sup>3</sup>

	My Pet Protection®	My Pet Protection® with Wellness500
Accidents	✓	✓
Injuries	✓	✓
Illnesses	✓	✓
Hereditary and congenital conditions	✓	✓
Diagnostics and imaging	✓	✓
Procedures and surgeries	✓	✓
Wellness exams		✓
Vaccinations		✓
Flea prevention		✓
Spay or neuter		✓
And more	✓	✓



Did you know? Nationwide is the industry-first provider of coverage for birds and exotic pets.

## How to use your pet insurance plan

1 Visit any vet, anywhere.

2 Submit claim.

3 Get reimbursed for eligible expenses.

Online: <https://benefits.petinsurance.com/amys> Ph: 877-738-7874

[1] Existing members can enroll in My Pet Protection® with Wellness500 during their respective renewal period only. Products and discounts not available to all persons in all states. [2] Guaranteed issuance means any new pets enrolling into a My Pet Protection Plan are eligible for enrollment regardless of health status. Guaranteed issuance does not mean guaranteed coverage since certain exclusions could apply. [3] These are examples of general coverage; please review plan document for specific coverages. Some exclusions may apply. Certain coverages may be excluded due to pre-existing conditions. See policy documents for a complete list of exclusions and annual limits.

Products underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH; National Casualty Company (all other states), Columbus, OH. Agency of Record: DVM Insurance Agency. All are subsidiaries of Nationwide Mutual Insurance Company. Subject to underwriting guidelines, review and approval. Products and discounts not available to all persons in all states. Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Nationwide, the Nationwide N and Eagle, Nationwide is on your side, VetHelpline® and Nationwide PetRxExpress™ are service marks of Nationwide Mutual Insurance Company. Third party marks are the property of their respective owners. ©2024 Nationwide. 23GRP9695A



Nationwide®

# RETIREMENT SAVINGS PLAN

---

A convenient, tax-advantaged way to save for your future

## 401(k)

The Amy's 401(k) Plan provides you with a convenient, tax-advantaged way to save for your future and build on your long-term retirement goals.

- You are automatically enrolled at 4% on your first day of employment, and you will receive a welcome packet via mail.
- You can opt out within your first 90 days of hire.
- Beneficiary information is completed online with Transamerica at [www.transamerica.com/login](http://www.transamerica.com/login).
- Includes an employer match (see details below).
- 1% salary deferral is automatically applied after your first year of employment. See details included in the Step Up Program section below.
- You may change your investment options anytime.

As a new hire, you may elect the percentage you wish to contribute each pay period and choose the investment accounts you wish to invest in. If you do not select a percentage or investment, Amy's will automatically enroll you at 4% and your funds will be automatically deposited into the default investment account. If you do not choose to enroll in the company-sponsored 401(k) on your date of hire, you may elect to do so at the start of each quarter by contacting your local People Team or by visiting [www.transamerica.com/login](http://www.transamerica.com/login).

---

## Step Up Program

This program is part of the automatic enrollment process where you are enrolled automatically at 4% upon date of hire. Amy's automatically increases your salary deferral from 4% to 5% on the first of the year after completing one year of employment.

- 2024 hires step up 1/1/2026
- 2025 hires step up 1/1/2027

Amy's will again automatically step up from 5% to 6% on the 1st day of the following plan year, and continue the 1% increase each year thereafter until a maximum of 15% is reached. This will only be done if there are no changes made

## Important features of the 401(k) plan include:

- You can contribute between 1% and 100% of your eligible compensation, up to the IRS annual maximum. If you are age 50 or older, you may also make "catch-up" contributions.
- Once you have been employed by Amy's for twelve consecutive months and you have worked at least 1,000 hours during these twelve months, you will be eligible to participate in the matching feature of the plan. The matching feature of the plan means that Amy's will match your 401(k) contribution in the following manner: 100% of your first 3% contribution to the plan and 50% of your next 2% contribution to the plan. The employer match is 100% vested.
- Your contributions are deducted from your eligible compensation before federal (and most state) income taxes are withheld from your paycheck. As a result, your taxable income is reduced so you pay less in taxes and have more take-home pay.
- You may increase or decrease your 401(k) contribution via phone or online at any time.
- You can invest your contributions in select investment funds offered by the plan. Each investment option has a varying level of risk.



# BENEFIT CARRIER CONTACTS

Scan to  
access your  
benefits  
website



A quick reference guide

PLAN	PHONE	WEBSITE/EMAIL	POLICY NUMBER
<b>MEDICAL</b>			
Administered by: Anthem Blue Cross	800-227-3771	<a href="http://www.anthem.com">www.anthem.com</a>	L03541
<b>DENTAL</b>			
Anthem Blue Cross	844-729-1565	<a href="http://www.anthem.com">www.anthem.com</a>	L03541
<b>VISION</b>			
VSP	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>	40161694
<b>FLEXIBLE SPENDING ACCOUNTS (FSA)</b>			
iSolved	866-370-3040	<a href="mailto:fbamail@iSolved.com">fbamail@iSolved.com</a> <a href="http://infinconsumer.lh1ondemand.com">infinconsumer.lh1ondemand.com</a>	CN176191
<b>LIFE, AD&amp;D AND DISABILITY</b>			
Prudential Basic Life & AD&D	800-524-0542		
Prudential Voluntary Life & AD&D	800-524-0542	<a href="http://www.prudential.com">www.prudential.com</a>	70368
Prudential Short & Long-Term Disability	877-367-7781		
<b>LEAVE OF ABSENCE REPORTING</b>			
Tristar	844-702-2352	<a href="http://amys.ess-absencetracker.com">amys.ess-absencetracker.com</a>	
<b>MENTAL WELLNESS</b>			
Modern Health	866-535-6463	<a href="http://my.modernhealth.com">my.modernhealth.com</a>	N/A
<b>TRAVEL ASSISTANCE</b>			
Travel Assistance—IMG Global	855-847-2194	<a href="http://www.imglobal.com">www.imglobal.com</a> / <a href="mailto:assist@imglobal.com">assist@imglobal.com</a>	N/A
<b>ACCIDENT / CRITICAL ILLNESS/ HOSPITAL</b>			
UNUM	800-635-5597	<a href="http://www.unum.com">www.unum.com</a>	973856,973857,973858
<b>LIFE + LONG TERM CARE</b>			
Chubb	855-241-9891	<a href="mailto:csmail@gotoservice.chubb.com">csmail@gotoservice.chubb.com</a>	TBD
<b>IDENTITY THEFT</b>			
IDShield	888-807-0407	<a href="http://www.shieldbenefits.com/amyskitchen">www.shieldbenefits.com/amyskitchen</a>	Amy's Kitchen
<b>PET INSURANCE</b>			
Nationwide	877-738-7874	<a href="http://benefits.petinsurance.com/amys">benefits.petinsurance.com/amys</a>	R0118208
<b>401(k) PLAN</b>			
Transamerica	800-755-5801	<a href="http://www.trsrretire.com">www.trsrretire.com</a>	QK63038
<b>AMY'S BILINGUAL EMPLOYEE SERVICE CENTER</b>			
	541-414-6131	<a href="mailto:employeehelp@amys.com">employeehelp@amys.com</a>	
<b>AMY'S BENEFITS WEBSITE</b>			
		<a href="https://mybenefits.cc/amys/">https://mybenefits.cc/amys/</a>	



# Employee Costs Plan Year 2025

## Bi-weekly Rates

Effective January 1, 2025 - December 31, 2025

Coverage Level	Anthem Platinum Medical + VSP Vision	Anthem Gold Medical + VSP Vision	Anthem Dental
Employee Only	\$107.93	\$55.09	\$4.39
Employee + Spouse/ Domestic Partner*	\$354.56	\$222.19	\$16.81
Employee + Child(ren)	\$264.34	\$161.22	\$18.10
Family	\$533.56	\$343.85	\$33.76

\*A domestic partner and/or a domestic partner's child(ren) is not considered a legal tax dependent under federal law. As a result, if you elect to have your partner or their children covered under your health plan(s), you will pay income tax and Social Security payroll tax on the portion of the insurance premium that your employer contributes towards the portion of cost for their coverage (this is known as imputed income). In addition, your portion of cost for their coverage will be deducted from your paycheck on an after-tax basis.



*Amy's*<sup>®</sup>  
We love to  
Cook for you<sup>®</sup>