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**DESSERT
HOLDINGS**
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2025-2026
Benefits Guide

Humble, TX

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Medicare Part D—Prescription Drug Information

If you (and/or your eligible dependents) are covered by Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see notices on page 23 for more details.

This document is an outline of the coverage provided under your employer’s benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the “plan documents”). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer’s benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Welcome

We value and recognize your contribution to the success of Dessert Holdings. One of the ways we demonstrate this is by providing a comprehensive benefits package flexible enough to support you and your family's diverse needs.

This guide outlines the benefits available to you along with information to help you choose the options that best support you and your eligible dependents.

To make the most of your benefits, take some time to review this guide carefully, reflect on your needs, and make the selections that are the right fit for you and your family. Our plan year runs from April 1st 2025 - March 31st, 2026. If you have questions, please contact Human Resources.



Ready to Enroll?

Visit the Prepare Benefits Enroll website at preparebenefits.employeenavigator.com

- If you are a first time user, select **“Register as a new user”** to create a Username & Password
- If you are registered and have forgotten your username/password, select **“Forgot Password”**, then select **“Click Here”** under Employees.
- Enter Company identifier: **dessertholdings**
- From the Home Page, select **Start Benefits** to begin your Open Enrollment elections.
- To change the language of the site, select on your name on the top right corner of the screen. Then, select **“Espanol”**.
- Evidence of Insurability (EOI) may be required for the life and disability plans. A message will appear stating that Evidence of Insurability is required for amounts surpassing what the company has configured as the Guaranteed Issue amount for a particular plan, or if you are considered a late entrant to the plan.

Need help enrolling or have questions about your benefits? Make an appointment with an enrollment counselor utilizing the following link: <https://dessertholdings.benefitsinfo.com>. Appointments available on a first come first serve basis.



Eligibility & Enrollment

Who is Eligible?

EMPLOYEES

All full-time employees working a minimum of 30 hours per week are eligible to participate in benefits.

DEPENDENTS

You may enroll other family members in your benefits coverage. When covering dependents, you must choose the same plans for your dependents as you select for yourself.

Eligible dependents include:

- Your legal spouse
- Domestic Partners (affidavit required)
- Children (biological, adopted or legal dependents) up to age 26 regardless of marital status, student status, financial or employment status.
- Physically or mentally disabled children of any age who are incapable of self-support. Proof of disability may be requested.

When to Enroll

Eligible employees may enroll in insurance benefits coverage effective on:

- **Salaried Staff:** the first of the month following your date of hire.
- **Hourly Staff:** your 61st day of employment

Once you elect your benefits, they remain in effect for the entire plan year - April 1 through March 31, 2026.

If you do not enroll for benefits during your initial eligibility period or during the Open Enrollment period, you will not be able to elect coverage until the following plan year, unless you have a qualifying life event.

Enroll through Prepare Benefits Enroll website at preparebenefits.employeenavigator.com.

Qualifying Life Event

Qualifying life events include, but are not limited to:

- Marriage, divorce, or legal separation
- Death of a spouse or dependent child
- Birth or adoption of a child
- Dependent gains or loses benefits eligibility through another source
- Significant change in your or your spouse's health coverage due to your spouse's employment or change in employment status
- Medicare or Medicaid entitlement for you, your spouse or dependent

If you experience a qualifying life event, you must provide written notice to Human Resources within 30 days of the event. Any benefit changes must be directly related to the qualified life event. Documentation supporting the change will be required.

When Coverage Ends

If your employment with Dessert Holdings ends, your benefits will end on your date of termination.

Other circumstances which may result in termination of coverage for you and/or your dependents include reduction in regular hours, divorce/legal separation, and dependent children reaching age 26.



Medical Benefits

Administered by UnitedHealthcare

Good health is the foundation for a productive life at home and at work. To keep you and your family healthy, you are offered four medical plan options: **Choice Plus HDHP, Choice In-Network Low Plan, Choice Plus High Plan and the Kelsey Plan.**

The Low Plan option offers in network benefits only. This means you must seek care within the Choice Network in order for benefits to be considered. Out-of-network benefits will only be considered in the event of a true emergency. You are not required to elect a primary care physician, although it is encouraged.

	Choice Plus HDHP		Choice In Network Low Plan	Choice Plus High Plan	
	In-Network	Out-of-Network	In-Network only	In-Network	Out-of-Network
Deductible (Calendar Year)					
Individual	\$2,500	\$5,000	\$1,000	\$1,500	\$1,750
Family	\$5,000	\$10,000	\$2,000	\$4,500	\$5,250
Out-of-Pocket Maximum					
Individual	\$5,000	\$10,000	\$3,500	\$4,000	\$4,500
Family	\$10,000	\$20,000	\$9,500	\$12,000	\$13,500
Office Visits, Labs and Testing					
Preventive Care	No Charge	40%*	No Charge	No Charge	40%*
Primary Care Physician (PCP)	10%*	40%*	\$40 copay	\$40 copay	40%*
Specialist	10%*	40%*	\$40 copay	\$40 copay	40%*
Telehealth (Teladoc PCP visits)	\$54	Not Covered	\$25 copay	\$25 copay	Not Covered
Mental Health/ Substance Abuse (Office Visit)	10%*	40%*	\$40 copay	\$40 copay	40%*
Diagnostic X-ray and Lab Tests	10%*	40%*	No Charge	No Charge	40%*
Urgent Care Visit	10%*	40%*	\$75 copay	\$75 copay	\$75 copay
Hospital Services					
Inpatient Services	10%*	40%*	10%*	10%*	40%* after \$250 copay
Outpatient Surgery	10%*	40%*	10%*	10%*	40%*
Emergency Room	10%*	10%*	\$250 copay	\$250 Copay	\$250 Copay



Beginning April 1, 2025 you can connect with Quantum Health through their app, by phone or online. Stay tuned for more information regarding your Care Advocates at Quantum Health.



Click the video link below to learn more about Quantum Health
<https://quantumhealth.wistia.com/medias/xr8kgum64g>.

Medical Benefits

Administered by UnitedHealthcare

The redesigned Kelsey plan allows you to continue to see Kelsey Seybold providers in the Houston area with no increase in cost share. In addition, you will now have access to UnitedHealthcare's large network of Choice Plus providers in Tier 2. If you choose to go outside of the Kelsey network and seek services through a Choice Plus Primary Care Doctor or Specialist, your out-of-pocket will be higher. You will also now have access to out-of-network providers, however, staying within the Tier 1 and Tier 2 networks will result in lower out-of-pocket costs. Out-of-network services are subject to a larger deductible, higher coinsurance and the potential for balance billing by the providers. Primary Care Doctor election and referrals to see specialists are no longer required.

	Kelsey Plan		
	Tier 1 - Kelsey	Tier 2 – Choice Plus	Out-of-Network
Deductible (Calendar Year)			
Individual	\$0	\$2,000	\$4,000
Family	\$0	\$6,000	\$12,000
Out-of-Pocket Maximum			
Individual	\$2,500	\$5,000	\$10,000
Family	\$7,500	\$15,000	\$30,000
Office Visits, Labs and Testing			
Preventive Care	No Charge	No Charge	40%*
Primary Care Physician (PCP)	\$20 copay	\$40 copay	40%*
Specialist	\$40 copay	\$80 copay	40%*
Telehealth (Teladoc PCP visits)	\$20 copay	\$20 copay	Not Covered
Mental Health / Substance Abuse (Office Visit)	\$20 copay	\$40 copay	40%*
Diagnostic X-ray and Lab Tests at a facility	20%	20%	40%*
Urgent Care Visit	\$75 copay	\$75 copay	40%*
Hospital Services			
Inpatient Services	\$1,000 copay then 20%	\$1,000 copay then 20%	40%*
Outpatient Surgery	20%	20%	40%*
Emergency Room	\$250 copay	\$250 copay	\$250 copay





READY FOR AN EASIER HEALTHCARE AND BENEFITS EXPERIENCE?

One-of-a-kind support is coming soon.

When dealing with healthcare and benefits, it can be hard to know where to start. Quantum Health will be your one place to turn when you need assistance.



One number to call
with any questions



One app for
self-service help



One team of experts
dedicated to helping you



QUANTUM HEALTH WILL BE YOUR GO-TO RESOURCE



for healthcare guidance and benefits information

When your benefits kick in, think of Quantum Health as your dedicated team of nurses, claims specialists and benefits experts ready to save you time and:

- Answer claims, billing and benefits questions
- Find in-network providers
- Verify coverage and get prior approval, if needed
- Contact providers to coordinate your treatment
- Review your care options
- Provide information on health issues
- Help you save on out-of-pocket costs
- Help you get the most out of your benefits



No request is too big or small for your Quantum Health Care Coordinators. When you need help, we'll be just a **tap, click, chat or call away.**

Contact your Care Coordinators beginning April 1, 2025.
Watch for more information soon.



Health Savings Account (HSA)

If you enroll in the Choice Plus High Deductible Health Plan, you are eligible to open a Health Savings Account (HSA). An HSA is an account that you can fund with pre-tax payroll contributions, so you are reducing your taxable income. The money **goes into the account tax-free and comes out tax-free** as long as you use the funds for qualified healthcare expenses.

Qualified expenses include deductibles, coinsurance, dental expenses, vision expenses and more. The funds can be used for both you, and your tax dependents, even if they are not covered under the plan.

The maximum amount that you can put into the account for 2025 is \$4,300 if you have single coverage and \$8,550 if you are covering dependents.

If you are age 55 and over, you can deposit an additional \$1,000. This is known as a catch-up contribution.

Funds that go into the account remain yours, even if you leave Dessert Holdings. Unused funds will rollover year to year and can begin to earn interest. You can continue to fund the account as long as you remain enrolled in a qualified health plan (HDHP). If you change plans in the future, your funds will still be available, however, you will no longer be eligible to contribute.

You can open a health savings account through any financial institution of your choice. Visit hsasearch.com to compare providers. If you choose not to contribute through payroll deduction, you can contribute to your account directly and claim a tax deduction at the end of the year.

To be eligible you also cannot be covered under Medicare, be claimed as someone else's tax dependent and you cannot be covered under another non-qualified medical plan.



Pharmacy Coverage

Administered by RxBenefits

If you enroll in one of Dessert Holdings medical plans, you will automatically receive prescription drug coverage through RxBenefits. When you need prescriptions, you can purchase them through a local retail pharmacy or, for medications you take on an ongoing basis, through the mail order program.

Mail Order Program

The mail order program offers a convenient and cost-effective way to fill prescriptions for medications you take on a regular basis (maintenance medications). When you use the mail order program, you receive a 90-day supply of medication. Your medications are mailed directly to your home. To order prescriptions through the mail order program, you must fill out a mail order form with a 90-day prescription from your doctor and your payment. Initial orders can take 10-14 business days to process. A mail order enrollment form can be found on caremark.com.

Specialty Prescription Program

If you have a chronic condition and take specialty medications, you must purchase these through a designated specialty pharmacy that provides the best available pricing and additional support. A list of specialty medications and the conditions they treat is available at CVSSpecialty.com.

	Choice Plus HDHP	Choice In Network Low Plan	Choice Plus High Plan	Kelsey Plan
	In-Network	In-Network	In-Network	Kelsey or Choice Plus
Out-of-pocket Maximum (Individual / Family)	\$2,000/\$4,000	\$1,000/\$2,000	\$600/\$1,200	\$1,000 / \$2,000
Retail (30-day supply)				
Tier 1	10% after deductible	\$20 Copay	\$20 Copay	\$20 Copay
Tier 2	10% after deductible	\$40 Copay	\$40 Copay	\$40 Copay
Tier 3	10% after deductible	\$70 Copay	\$70 Copay	\$70 Copay
Specialty Medications	10% after deductible	30%	30%	30%
Mail Order (90-day supply)				
Tiers 1 - 3	10% after deductible	2 times Retail copay	2 times Retail copay	2 times Retail copay



24/7 doctor visits via phone or mobile app



What to know

Teladoc Health gives you round-the-clock access to U.S. board-certified doctors, from home or on the go. Call or connect online using the Teladoc Health mobile app for affordable medical care, when you need it.

- Talk to a doctor anytime, anywhere you happen to be
- Receive quality care via phone, video or mobile app
- Prompt treatment with 24/7 on-demand access
- A network of doctors that can treat every member of the family
- Prescriptions sent to pharmacy of choice if medically necessary
- Teladoc is less expensive than the ER or urgent care

Get the care you need

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink eye
- Respiratory infections
- Sinus problems
- Skin problems
- And more

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician.



Talk to a doctor anytime!
Visit teladochealth.com,
download the Teladoc Health app
or call 1-800-Teladoc.



Dental Benefits

Administered by UnitedHealthcare

Our dental plans help keep your smile healthy. Dessert Holdings dental plans are administered through UnitedHealthcare and provide you and your family with coverage for typical dental expenses, such as cleanings, X-rays, fillings and crowns.

The dental plans allows you the freedom to visit any dentist, without referrals, for your dental care. If you receive care from one of UnitedHealthcare's preferred dentists, you will pay less for your care. If you choose a non-preferred dentist, your share of costs will generally be higher, and you may need to file your own claims.

For a list of UnitedHealthcare preferred dentists, visit www.uhc.com. Choose "Find a Doctor" then choose "Find Dental Providers", select "Employer and Individual Plans" and then enter your zip code. The network you want to select is the **"National Options PPO 30"**.

	Base Plan		Buy Up Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Annual Benefit Maximum	\$1,250 per person		\$1,750 per person	
Preventive Services (Exams, Routine Cleaning and X-rays)	Covered at 100%	Covered at 100%*	Covered at 100%	Covered at 100%*
Basic Services (Fillings, Oral Surgery)	20% after deductible	20% after deductible*	20% after deductible	20% after deductible*
Major Services (Crowns, Dentures, & Bridges)	50% after deductible	50% after deductible*	50% after deductible	50% after deductible*
Orthodontia - Adults & Children	Not Covered		50% up to \$1,500 per lifetime (Adults and Children)	

***Out-of-Network Providers:** When you use out-of-network providers, your benefits will be paid based the Reasonable and Customary charge which is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), or (2) the charge of most dentists in the same geographic area for the same or similar services as determined by UnitedHealthcare (the 'Customary Charge').

Prevention First - We love to see you smile!

Your dental health is an important part of your overall health. Regular dental visits tell your dentist about your overall health, including if you may be developing diabetes, heart disease and some forms of cancer. Be sure to take advantage of your preventive dental visits.



Vision Benefits

Administered by UnitedHealthcare

The vision plan offered by Dessert Holdings promotes preventive care through regular eye exams and provides coverage for corrective materials, such as glasses and contact lenses. The vision plan is administered by UnitedHealthcare utilizing the UnitedHealthcare Vision Network.

If you enroll in vision coverage, you can visit any eye care provider you choose. However, if you choose providers who are in-network, you will receive a greater discount on services.

The vision plan is designed to cover eye care needs that are visually necessary. You must pay extra if you choose certain cosmetic or elective eye wear, so be sure to ask your eye doctor what items are covered by the plan before you purchase materials.

UnitedHealthcare Vision Plan		
Plan Features	In-Network	Out-of-Network
Exams (once every 12 months)	\$10 copay	Up to \$40
Lenses (once every 12 months)		
Single	\$25 copay	Up to \$40
Bifocal	\$25 copay	Up to \$60
Trifocal	\$25 copay	Up to \$80
Contact Lenses (once every 12 months) - in lieu of frames		
Fitting & Evaluation	Covered in full if purchasing Formulary contact lenses	Not covered
Contact Lenses	\$130 allowance	Up to \$130
Frames (once every 24 months)	\$130 allowance You will receive an additional 30% savings on the amount that you pay over your allowance	Up to \$45

As a UnitedHealthcare member, you also have access to additional discounts

- 20% off of additional pairs of eyeglasses or prescription sunglasses.
- Up to 35% off the national average price of Traditional LASIK through QualSight LASIK.
- Discounts on custom-programmed hearing aids when purchase from UnitedHealthcare Hearing.



2025-2026 Salaried Biweekly Employee Contributions

Medical	Choice Plus HDHP	Choice In Network Low Plan	Choice Plus High Plan	Kelsey Plan
Employee Only	\$38.73	\$48.21	\$125.30	\$26.84
Employee + Spouse	\$262.88	\$279.68	\$343.54	\$271.44
Employee + Child(ren)	\$235.19	\$237.71	\$299.68	\$226.20
Family	\$369.23	\$419.51	\$482.43	\$414.71

Dental	PPO Base Plan	PPO Buy Up Plan
Employee Only	\$1.15	\$3.05
Employee + Spouse	\$4.76	\$8.69
Employee + Child(ren)	\$5.64	\$10.29
Family	\$7.57	\$13.81

Vision	UnitedHealthcare Vision
Employee Only	\$1.24
Employee + Spouse	\$2.35
Employee + Child(ren)	\$2.76
Family	\$3.88



2025-2026 Hourly Weekly Contributions

Medical	Choice Plus HDHP	Choice In Network Low Plan	Choice Plus High Plan	Kelsey Plan
Employee Only	\$19.37	\$24.11	\$62.65	\$13.42
Employee + Spouse	\$131.44	\$139.84	\$171.77	\$135.72
Employee + Child(ren)	\$117.60	\$118.86	\$149.84	\$113.10
Family	\$184.62	\$209.76	\$241.22	\$207.36

Dental	PPO Base Plan	PPO Buy Up Plan
Employee Only	\$0.57	\$1.52
Employee + Spouse	\$2.38	\$4.35
Employee + Child(ren)	\$2.82	\$5.14
Family	\$3.78	\$6.91

Vision	UnitedHealthcare Vision
Employee Only	\$0.62
Employee + Spouse	\$1.18
Employee + Child(ren)	\$1.38
Family	\$1.94



Life & AD&D Insurance

Basic Life Insurance

Dessert Holdings provides Basic Life and Accidental Death and Dismemberment (AD&D) insurance through New York Life at no cost to eligible employees. The benefit amount is 1 times your annual salary up to \$150,000.

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

You may purchase life insurance for yourself, your spouse, and/or your dependent children through New York Life. Participation is voluntary, and premiums are paid by you. You must elect coverage for yourself in order to purchase coverage for your spouse and/or dependent children.

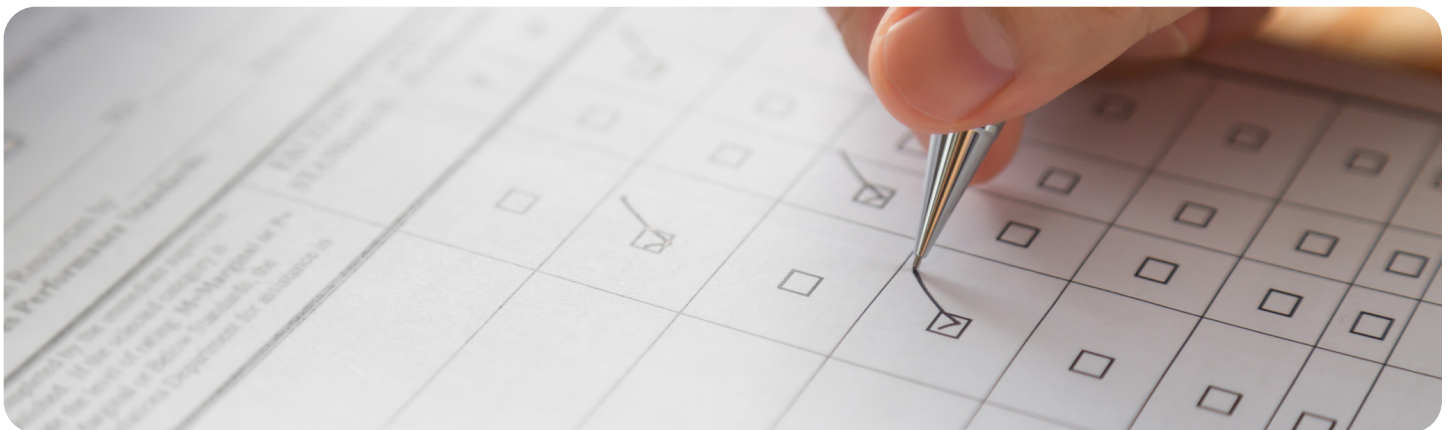
Benefit	Employee	Spouse	Children
Benefit Increments	\$10,000	\$5,000	\$2,000
Benefit Maximum	Lesser of 5x your annual salary or \$500,000	\$250,000 or 50% of employee amount	\$10,000
Guarantee Issue	\$250,000	\$30,000	All guarantee issue
Guarantee Issue during Open Enrollment	During this open enrollment period all employees are able to enroll themselves and their eligible dependents up to the guaranteed issue limit without having to answer any health questions. If you do not enroll during this open enrollment period and you want to enroll at a later date, evidence of insurability will be required for any amount you elect.		

Evidence of Insurability & Guarantee Issue

New York Life requires you to show that you are in good health before they will agree to provide certain levels of coverage. This is called Evidence of Insurability (EOI). You will generally need to provide evidence of insurability: If you waive coverage when you are initially eligible and enroll for the first time at a later date, or select coverage of any amount over the Guarantee Issue amount. Coverage that requires EOI will not be in effect until you receive approval from New York Life.

Keep Your Beneficiaries Up to Date

During enrollment, be sure to designate a beneficiary (the person who will receive this benefit) for your life and AD&D insurance. Make sure to keep this person's information updated so your benefit is paid according to your wishes.



Visit the Dessert Holdings' microsite to learn more about your New York Life benefits and value added services.

<https://www.newyorklife.com/group-benefit-solutions/dessertholdings>

Disability Coverage

Voluntary Short-Term Disability (STD)

You have access to voluntary short-term disability (STD) and long-term disability (LTD) through New York Life. Disability plans are also known as paycheck protection plans or income replacement plans. These are important benefits for you to evaluate as they provide income replacement for you and your family if you become sick or injured in a non-work related incident and are unable to work.

Plan Feature	Short-Term Disability	
Eligibility	Hourly Employees and Salaried Employees (under \$100k annual salary)	Salaried Employees (over 100k annual salary)
Benefit Amount	60% of weekly earnings	60% of Weekly Earnings
Weekly Benefit Maximum	Option 1 - \$500 Option 2 - \$1,200	\$1,500
Benefit Start Date	14th day of Accident or Sickness	8th day of Accident or Sickness
Benefit Period	26 weeks	13 weeks

Voluntary Long-Term Disability (LTD)

Plan Feature	Long-Term Disability	
Eligibility	Hourly Employees and Salaried Employees (under \$100k)	Salaried Employees (over 100k - Employer Paid)
Benefit Amount	60% of monthly earnings	60% of monthly earnings
Monthly Benefit Maximum	\$5,000	\$10,000
Benefit Start Date	180th day of Accident or Sickness	90th day of Accident or Sickness
Benefit Period	Your 65th birthday	Your 65th birthday



New York Life Employee Assistance Program

This EAP resource is available to all eligible employees and their families through New York Life.

Life is filled with change and uncertainty. The responsibilities and demands on our time can be overwhelming. It happens to all of us.

Whether your family is dealing with a change, financial challenges, struggling emotionally or is in need of an extra set of hands to balance it all, the life assistance program, can connect you to tons of resources to help make life more manageable.

The EAP includes up to three in-person or virtual sessions per incident per year.

Well-being coaching: You and your family will have access to certified coaches who can work with you, one on one to address health and wellbeing goals. Up to five sessions per year are available and will be conducted by phone.

800.344.9752

WWW.GUIDANCERESOURCES.COM

WEB ID: NYLGBS

Services are free, confidential and available to employees and their family members 24/7/365.

EAP SERVICES CAN HELP YOU WITH:

- Relationship Issues/Divorce
- Workplace Concerns
- Anxiety & Depression
- Alcohol or Drug Abuse
- Parent/Child Problems
- Legal Consultation
- Difficulty with School/Peers
- Elder Care/Child Care
- Balancing Work & Family
- Locating Resources



UNUM Voluntary Benefits

BECAUSE LIFE HAPPENS

Accidents happen, illnesses happen, and so do hospital stays. That’s why Dessert Holdings will offer the following voluntary products to our employees.

Accident Plan

Accident insurance provides benefits to help cover out-of-pocket medical expenses related to an accidental injury. Benefits are paid based on the type of injury and service performed.

Covered benefits include: ambulance services, follow up care, hospital stays and surgeries. A separate benefit is also payable for injuries such as fractures, dislocations, burns and lacerations. Consult the actual plan document for a list of covered benefits. Biweekly and weekly rates are outlined below.

Biweekly			
Employee	Employee + Spouse	Employee + Child	Family
\$3.25	\$5.42	\$5.91	\$8.08

Weekly			
Employee	Employee + Spouse	Employee + Child	Family
\$1.62	\$2.71	\$2.96	\$4.04

Click [here](#) to learn more about the voluntary benefits offered by UNUM

Critical Illness

Critical Illness insurance provides cash benefits to help cover out-of-pocket costs that come with the diagnosis of a covered illness such as a heart attack, stroke or cancer.

You can choose between three plan amounts: \$5,000, \$10,000 or \$20,000. You can also choose to cover your eligible dependents. Dependents are eligible for 50% of the employee amount.

Cost: Critical Illness rates are based on your age, benefit amount and tobacco use. You will be able to view your bi-weekly and weekly costs in the Prepare Benefits Enroll system as you go through the enrollment process.



**IMPORTANT: This is a fixed indemnity policy,
NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit **HealthCare.gov** or call **800.318.2596** (TTY: 855.889.4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

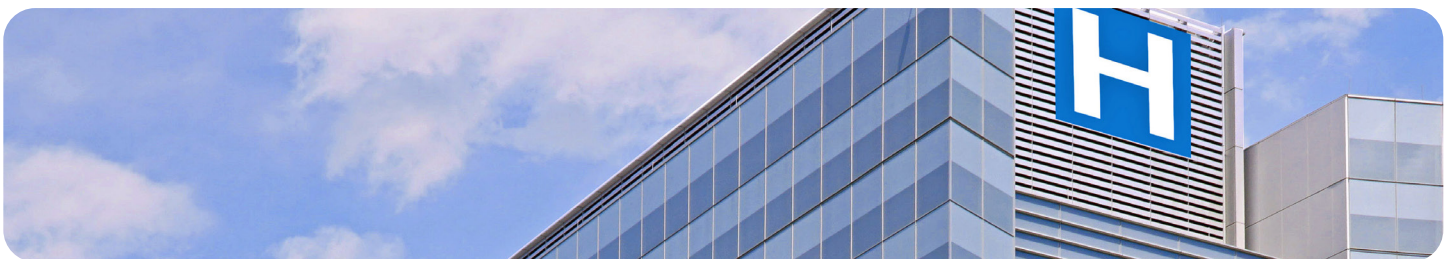
- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (**naic.org**) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Hospital Indemnity

The hospital plan pays a fixed dollar amount for a hospital stay in addition to a daily hospital confinement benefit. If you have a qualified hospital stay, you will receive a \$2,000 benefit for the admission and a daily confinement benefit of \$100 per day. If you happen to be in the ICU, the benefit per day increases to \$200 and the confinement benefit increases to \$3,500. Biweekly and weekly rates are outlined below.

Biweekly			
Employee	Employee + Spouse	Employee + Child	Family
\$5.37	\$11.98	\$9.02	\$15.62

Weekly			
Employee	Employee + Spouse	Employee + Child	Family
\$2.69	\$5.99	\$4.51	\$7.81



401(k) Retirement

Administered by Fidelity

Enroll in the Dessert Holdings Retirement Plan Today! Enrolling in the 401(k) plan is the right step towards a more secure retirement. It's easy to join the plan and make that great investment in yourself.

Eligibility

New employees are eligible to enroll in a retirement plan through Fidelity on the first day of the pay period of the new quarter following completion of 6 months of service. Example: A new employee starts on May 26th; after 6 months of service, it will be November 26th. The new quarter starts on January 1st, and the new pay period begins on Monday, January 2nd.

How to Access

1. Go to Fidelity NetBenefits® at www.401k.com
2. Set up your password. If you already a Fidelity customer, you can use your existing password. Please note, you will be prompted to enter your email address.
3. Click on the link to enroll.

If you have questions or need help before getting started, visit www.401k.com or call Fidelity at **1.800.890.4015**.

Employee Contributions

1% to 100% of eligible compensation up to a maximum of \$23,500 for 2025. If you are age 50 or over by the end of the tax year, you can make an additional deferral of up to \$7,500.

Company Match

100% of the first 3% in eligible compensation deferred, and 50% of the next 2% in eligible deferred compensation.

Vesting Schedule

Employee contributions and Safe Harbor match - 100% immediate.



Legal Notices

Patient Protections Disclosure

Dessert Holdings group health plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

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

Women's Health & Cancer Rights Act

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

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

Breast reconstruction benefits are subject to deductibles and co-insurance limitations that are consistent with those established for other benefits under the plan. Therefore, the following in-network deductibles and coinsurance apply:

- **Choice Plus HDHP** - \$2,500 individual deductible; \$5,000 family deductible, 10% coinsurance
- **Choice In Network Low Plan** - \$1,000 individual deductible; \$2,000 family deductible, 10% coinsurance
- **Choice Plus High Plan** - \$1,500 individual deductible \$4,500 family deductible, 10% coinsurance
- **Kelsey Plan** - \$0 individual deductible; \$0 family deductible, 20% coinsurance

If you would like more information on WHCRA benefits, please call Quantum.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96

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

Health Insurance Portability and Accountability Act (HIPAA)

PROTECTING YOUR HEALTH INFORMATION PRIVACY RIGHTS

Dessert Holdings is committed to the privacy of your health information. The administrators of the Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources.

HIPAA SPECIAL ENROLLMENT RIGHTS

Our records show that you are eligible to participate in Dessert Holdings Group Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your

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

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan.

However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Human Resources at **651.435.6848**.

Notice Of Creditable Coverage

IMPORTANT NOTICE FROM DESSERT HOLDINGS ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Dessert Holdings and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Dessert Holdings has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December

7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current coverage with Dessert Holdings will not be affected. You can keep this coverage if you join a Medicare drug plan and this plan will coordinate with your Medicare drug coverage. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your medical and prescription drug coverage through Dessert Holdings, be aware that you and your dependents may not be able to get this coverage back until the next open enrollment period.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with Dessert Holdings, and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE...

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

- Visit **www.medicare.gov**.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help.
- Call **1.800.MEDICARE (1.800.633.4227)**. TTY users should call **1.877.486.2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov**, or call them at **1.800.772.1213** (TTY **1.800.325.0778**).

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

Date:	April 1, 2025
Name of Entity/Sender:	Dessert Holdings
Contact:	Human Resources
Address:	30 E 7th St., Suite 2600, St. Paul, MN 55101
Phone Number:	651.435.6848

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are **not** currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **877.KIDS.NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **866.444.EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your state for more information on eligibility.

ALABAMA – Medicaid http://myalhipp.com 855.692.5447	INDIANA – Medicaid Health Insurance Premium Payment Program Family and Social Services Administration http://www.in.gov/fssa/dfr/ 800.403.0864 All other Medicaid https://www.in.gov/medicaid/ 800.457.4584
ALASKA – Medicaid The AK Health Insurance Premium Payment Program http://myakhipp.com/ 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	IOWA – Medicaid and CHIP (Hawki) Medicaid: https://hhs.iowa.gov/programs/welcome-iowa-medicaid 800.338.8366 Hawki: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki 800.257.8563 HIPP: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp 888.346.9562
ARKANSAS – Medicaid http://myarhipp.com 855.MyARHIPP (855.692.7447)	KANSAS – Medicaid https://www.kancare.ks.gov/ 800.792.4884 HIPP Phone: 800.967.4660
CALIFORNIA – Medicaid Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 Fax: 916.440.5676 Email: hipp@dhcs.ca.gov	KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 KIHIPPPROGRAM@ky.gov KCHIP: https://kynect.ky.gov 877.524.4718 Medicaid: https://chfs.ky.gov/agencies/dms
COLORADO – Medicaid and CHIP Health First Colorado (Colorado's Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.mycohibi.com/ HIBI Customer Service: 855.692.6442	LOUISIANA – Medicaid www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)
FLORIDA – Medicaid www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html 877.357.3268	MAINE – Medicaid Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US 800.442.6003 TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms 800.977.6740 TTY: Maine relay 711
GEORGIA – Medicaid GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra 678.564.1162, Press 2	MASSACHUSETTS – Medicaid and CHIP https://www.mass.gov/masshealth/pa 800.862.4840 TTY: 711 Email: masspremassistance@accenture.com

MINNESOTA – Medicaid
https://mn.gov/dhs/health-care-coverage/ 800.657.3672
MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
MONTANA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084 Email: HHSHIPProgram@mt.gov
NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178
NEVADA – Medicaid
http://dhcfp.nv.gov 800.992.0900
NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program 603.271.5218 Toll free number for the HIPP program: 800.852.3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 800.356.1561 CHIP: http://www.njfamilycare.org/index.html 800.701.0710 (TTY: 711) Premium Assistance: 609.631.2392
NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
NORTH CAROLINA – Medicaid
https://dma.ncdhhs.gov 919.855.4100
NORTH DAKOTA – Medicaid
https://www.hhs.nd.gov/healthcare 844.854.4825
OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org 888.365.3742
OREGON – Medicaid and CHIP
http://healthcare.oregon.gov/Pages/index.aspx 800.699.9075
PENNSYLVANIA – Medicaid and CHIP
https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html 800.692.7462 CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx CHIP Phone: 800.986.KIDS (5437)
RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 888.549.0820
SOUTH DAKOTA – Medicaid
http://dss.sd.gov 888.828.0059
TEXAS – Medicaid
https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program 800.440.0493

UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP) https://medicaid.utah.gov/upp/ Email: upp@utah.gov 888.222.2542 Adult Expansion: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program: https://medicaid.utah.gov/buyout-program/ CHIP: https://chip.utah.gov/
VERMONT – Medicaid
https://dvha.vermont.gov/members/medicaid/hipp-program 800.250.8427
VIRGINIA – Medicaid and CHIP
https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid and Chip: 800.432.5924
WASHINGTON – Medicaid
https://www.hca.wa.gov/ 800.562.3022
WEST VIRGINIA – Medicaid and CHIP
https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP (855.699.8447)
WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

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Paperwork Reduction Act Statement

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

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



This benefits guide prepared by



Gallagher

Insurance | Risk Management | Consulting